

**Transitioning to secondary school: The experiences of young people with  
burn injuries**

**Jennifer Melville**

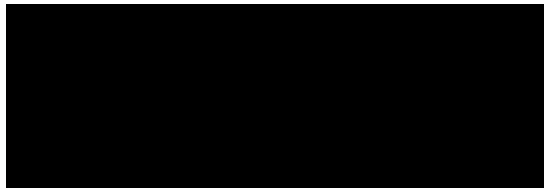
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I confirm that the work presented in this thesis is my own. Where information has been derived from other sources, I confirm that this has been indicated in the thesis.

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Date: September 2017

## Overview

The transition to secondary school is anticipated with a combination of both excitement and trepidation by most young people. Within clinical settings, young people with a burn injury and their parents/carers often express high levels of concern about this move. However, little is known about how transition to secondary school is actually experienced and managed by this group.

Part 1 is a literature review evaluating the quality of the evidence base on interventions to support the transition to secondary school amongst the general student population. A total of nine studies evaluating different types of interventions were identified for inclusion in the review. The evidence base was small and the quality of the studies was generally poor, with only a few good quality studies providing evidence of effective transition interventions.

Part 2 is a qualitative study that explores the experience of transition to secondary school for adolescents with burn injuries. Semi-structured interviews were conducted with 11 adolescent participants and transcripts were analysed using Framework Analysis approach. Overall, the participants' descriptions of academic, institutional and psychosocial adjustment in transition were consistent with research on general student populations. However, most of the participants also reported that starting secondary school brought additional challenges related to their burn injuries around navigating social acceptance.

Part 3 is a critical appraisal of the process of developing and carrying out the qualitative study with an adolescent clinical population. In particular, it reflects on dilemmas encountered in seeking ethical approval, the researcher's learning on building rapport with participants and on the impact of previous affiliations between the researcher and some participants in the study.

## Table of Contents

List of Tables and Figures.....	5
Acknowledgements .....	6
<b>Part 1: Literature Review</b>	7
Abstract .....	8
Introduction .....	9
Method .....	18
Results .....	21
Discussion .....	41
Conclusions.....	47
References .....	48
<b>Part 2: Empirical Paper</b>	58
Abstract.....	59
Introduction.....	60
Method.....	67
Results.....	76
Discussion.....	93
Conclusions.....	103
References.....	104
<b>Part 3: Critical Appraisal</b>	117
Introduction.....	118
Talking to young people with a burn injury–seeking permission.....	119
Talking to young people with a burn injury–conducting the interviews..	123
Conclusions.....	129
References .....	131
Appendix A: Search Protocol.....	135
Appendix B: Search Strategy & Results.....	142
Appendix C: Data Extraction Form.....	144
Appendix D: NHS Research Ethics Committee Approval Letter.....	150
Appendix E: Local Research Ethics Committee Approval Letter.....	156
Appendix F: Sampling Matrix.....	160
Appendix G: Semi-structured Interview Schedule.....	162
Appendix H: Young Person Participant Information Sheet.....	167
Appendix I: Parent/Carer Participant Information Sheet.....	170
Appendix J: Parent/Carer Consent Form.....	174
Appendix K: Young Person Assent Form .....	176
Appendix L: Analytical framework.....	178
Appendix M: Worked example of coding.....	180
Appendix N: Distribution of quotations by participant.....	182

## List of Tables and Figures

### Part 1: The Literature Review

Figure 1: Types of adjustment in school transition.....	14
Figure 2: Study selection flow diagram.....	20
Table 1: Quality Assessment Scores.....	22-23
Table 2: Study characteristics for included publications.....	25-30
Table 3: Summary of intervention approach, types of adjustment targeted and measured.....	38

### Part 2: Empirical Study

Figure 1: Diagrammatic representation of thematic framework related to navigating acceptance.....	79
Table 4: Characteristics of participants.....	71
Table 5: Summary of themes and sub-themes.....	78

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## **Part 1: Literature Review**

**A systematic review of the quality of the evidence on interventions to support the transition from primary to secondary school**

## **Abstract**

**Aim:** Evidence suggests that the quality of the transition to secondary school is associated with both short- and long-term risks for a young person's academic achievement, and their social and psychological well-being. Transition planning by schools is starting to involve the use of formal interventions. This review aims to provide a critical evaluation of the quality of the evidence base of interventions to support the transition to secondary school for the general student population.

**Method:** Studies were identified from a search of PsycINFO, CINAHL Plus, SCOPUS, Medline, ERIC (Ebasco) and ERIC (Proquest) databases. Only quantitative studies from peer-reviewed journals have been included. The Kmet, Lee and Cook (2004) quality assessment criteria were used to guide a methodological evaluation of the studies and studies were then critiqued using a narrative synthesis.

**Results:** Ten studies met the inclusion criteria for the review. One study was excluded as it fell below the quality assessment threshold. The remaining nine studies each involved different interventions to support transition. Studies used a variety of designs and outcome measures. Overall, the evidence base for interventions to support transition is small; in its early stages of development with only a few good quality studies.

**Conclusion:** The review found evidence to support the effectiveness of peer mentoring, one adult-led group intervention; systemic bridging units and some cognitive interventions in supporting transition. However, there remains no consensus on the definition of a "good transition"; on the components of an effective intervention; or on how and what to measure in the transition experience. Future studies would benefit from having more robust designs and evaluations of different interventions in the same population to compare effectiveness.



## **Introduction**

The transition to secondary school marks a significant contextual change in a child's lifespan (Pratt & George, 2005; Sirsch, 2003; Zeedyk et al., 2003). This transition is often anticipated with a mixture of excitement and concern by young people and their parents/carers (Evangelou et al., 2008; Lucey & Reay, 2000; Marston, 2008; Neal, Rice, Ng-Knight, Riglin & Frederickson, 2016; Qualter, Whiteley, Hutchinson & Pope, 2007; Riglin, Frederickson, Shelton & Rice, 2014; Rice, Frederickson, & Seymour, 2011; Zeedyk et al., 2003). Qualitative research has identified young people's and parental concerns about transition group around issues of social and institutional adjustment. Concerns about social adjustment focus on bullying, being teased by older students, losing old friends and making new ones (Mizelle & Irwin, 2000; Quarlter et al., 2007; Rice et al., 2015; Topping, 2011). Examples of concerns about institutional adjustment include having to get along with a large number of teachers, academic work, homework, detentions, discipline, and getting lost in an unfamiliar setting (Mizelle & Irwin, 2000; Rice et al., 2015; Topping, 2011). Teachers' transition concerns tend to focus on issues of academic achievement and curriculum continuity, and the well-evidenced academic performance dip for many young people that occurs after they start secondary school (McGee, Ward, Gibbons & Harlow, 2004; Midgley et al., 1989; Tonkin & Watt, 2003; Topping, 2011).

The multiple changes characteristic of adolescence, such as the onset of puberty, social identity and value formation, increased autonomy, group affiliations and cognitive development, combine to make this a critical stage in an individual's developmental trajectory (Anderson, Jacobs, Schramm & Splittgerber, 2000; Carr, 2003; Smith, 1997; Larson & Richards, 1991; Measor and Fleetham, 2005; Warin & Muldoon, 2008). The expanding literature on transition to middle, high or secondary

school demonstrates a growing interest and concern over the impact and influence of this school transition in adolescence (Hanewald, 2013; Tonkin & Watt, 2003; Topping, 2011; West, Sweeting & Young, 2010).

**What are the short-term and long-term psychosocial outcomes associated with secondary school transition?**

Research has shown correlations between the transition to secondary and psychological and social well-being, and academic performance (Simmons & Blyth, 1987). There is a substantial literature evidencing an association between school transition and a regression in academic performance, which can take years to re-establish to baseline (Midgley et al., 1989; Roeser, Midgley & Urdan, 1996; Simmons & Blyth, 1987; Simmons, Blyth, Van Cleave & Bush, 1979; Galton, Gray & Ruddock, 1999). Other research has demonstrated the potential negative effect of secondary school transition on individual characteristics such as self-concept and self-confidence (Fenzel, 2000; Harter, Whitesell & Kowalski, 1992; Midgley et al., 1989; Roeser et al., 1996; Simmons & Blyth, 1987). Poor transitions have been correlated with higher levels of depression, poorer peer relationships and lower self-esteem (West et al., 2010). Antisocial behaviour has been shown to correlate with high levels of school concerns at transition, but is negatively correlated with high levels of peer concerns, suggesting that it is an adaptive behaviour to the specific difficulties an individual may experience (West et al., 2010). Transition generally, and transition difficulties in particular, can act to amplify psychological distress and perceptions of a loss in quality of school life (Angold & Rutter, 1992; Eccles et al., 1993; Harter et al., 1992; Hirsch & Rapkin, 1987; Nottelmann & Welsh, 1986; Roeser et al., 1996; Simmons et al., 1979; Trent, Russell & Cooney, 1994). Longitudinal research has shown that poor transitions correlate with a higher risk of post-secondary-school poor self-esteem, higher rates of depression and fewer qualifications than for

young people who experienced positive transitions (West et al., 2010). Lower academic attainment has been correlated with lower socioeconomic status, unemployment, poor health status and higher mortality rates in adult life (Mirowsky & Ross, 2003).

For most young people concerns about and initial difficulties in adjusting to secondary school transition are normative, and dissipate by the end of the first term (Galton, Gray & Ruddock 1999, 2003; Galton, Morrison & Pell, 2000; McGee et al., 2004; Measor & Woods, 1984; Rice et al., 2011; Waters, Lester & Cross, 2014; Zeedyk et al., 2003). Nonetheless, for some children difficulties with adjustment can persist throughout the first couple of years of secondary school (Anderson et al., 2000; Evangelou et al., 2008; Galton et al., 1999; West et al., 2010; Zeedyk et al., 2003). It has been estimated that up to 30% of young people may still experience difficulties at the end of the first year of transition (Lohaus, Elben, Ball & Klein-Hessling, 2004). The move to secondary school can influence the developmental trajectories of young people in terms of creating new opportunities and/or the encountering of new risks as the adolescent adjusts to their new social, academic and institutional contexts.

### **What factors influence transition?**

There is a growing body of literature that explores resilience and risk with regard to transitioning to secondary school. A large-scale longitudinal study has found that the protective factors enhancing the likelihood of successful transition include: “female gender; higher socio-economic status; low parent transition concerns; high positive life events; high learning motivation; high self-control and low psychological adjustment difficulties” (Rice et al., 2015, p. 32). Risk factors that interfere with a successful transition include psychological adjustment difficulties, including low self esteem and anxiety, high child and parent transition concerns; low learning motivation

and younger age at transition (Ng-Knight et al., 2016; Riglin et al., 2013; West et al., 2010). Psychological adjustment difficulties (externalising and internalizing difficulties) were associated with students experiencing difficulties in settling well at secondary school, lower academic attainment levels and higher drop-out rates (Riglin et al., 2013, 2014; Rutter, Kim-Cohen & Maughan, 2006; West et al., 2010).

### **What does a successful transition look like?**

Despite the increasing interest in secondary school transition over the past 40 years, consensus on a definition of a “good” transition has not emerged (Benner, 2011; Hanewald, 2013; West et al., 2010). As part of a longitudinal study in the UK of children’s social, cognitive and behavioural development (Sylva et al., 2012), the following key factors were identified as essential features of a student’s good transition to secondary school:

- *developing new friendships and improving their self esteem and confidence,*
- *having settled so well in school life that they caused no concerns to their parents,*
- *showing an increasing interest in school and school work,*
- *getting used to their new routines and school organisation, and*
- *experiencing curriculum continuity* (Evangelou et al., 2008, p. 12).

In another large-scale longitudinal study, the School Transition and Adjustment Research Study (STARS), Rice et al. (2015) suggest that the key components of a successful transition include academic and behavioural involvement in the school and the development of a sense of belonging.

There is general agreement in the literature that transition is a multi-dimensional process, usually conceptualised as continuing for at least the full first year of secondary school, involving three types of adjustment (Anderson et al., 2000;

Evangelou et al., 2008; Kennelley & Monrad, 2007; Riglin et al., 2013):

- 1) **Academic adjustment** - including curriculum interest and continuity; achievement; new ways of being taught; academic confidence; difficulty of work; increases in homework, etc.
- 2) **Institutional adjustment** – including adjusting to a new unfamiliar environment; changing classrooms; being taught by many teachers; a larger student body; stricter disciplines; older children; responsibility for own equipment, etc.
- 3) **Psychosocial adjustment** – including social support; social acceptance; social competence; self-concept; self-confidence; forming friendships; internalising/externalising difficulties; school concerns/anxiety; peer concerns, etc.

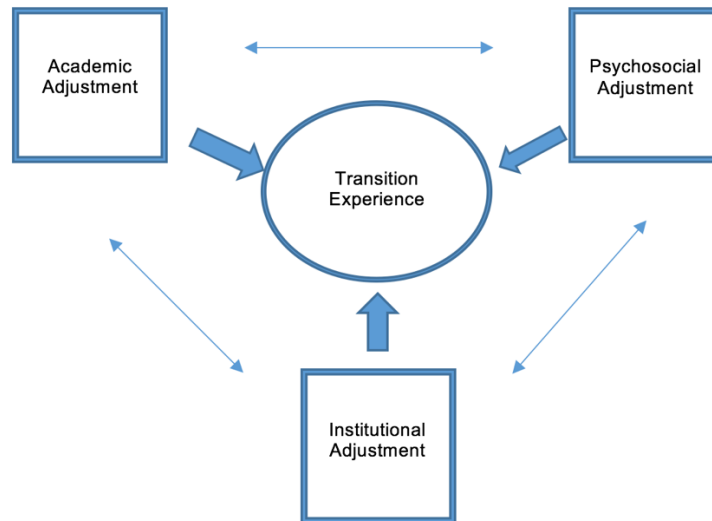
Adjustment in all three areas is important to support a successful transition. A simple model of this is represented Figure 1 below. Despite a general move towards conceptualising transition as a process operating across academic, institutional and psychosocial processes of adjustment, no theory of change has yet to be developed and tested for each of these domains and how the domains interact with one another.

### **How can the quality of a transition to secondary school be measured?**

The two validated measures specifically designed to address transition are the Interpersonal School Transition Anxiety Scale (I-STAS) (Loke & Lowe, 2014) and the School Concerns Questionnaire (SCQ) (Thomasson, Field, O'Donnell, & Woods, 2006). The I-STAS measures anxiety about interpersonal relationships during transition to secondary school broken down into three factors - peer, teacher, and parent relationships. The SCQ is a more generic measure that seeks to identify a

broader range of school concerns than the I-STAS. It is a simple self-report measure with 17 items. This measure has been validated on a UK sample of Year 6 and

*Figure 1: Types of adjustment in school transition*



Year 7 students. Factor analysis suggests that there are three factors: Factor 1 includes institutional concerns (timetable, changing classes, size of school and remembering equipment); Factor 2 includes concerns about breaks and PE classes; and Factor 3 includes concerns about being bullied and older children (Rice et al., 2015). Measures of academic adjustment, interest, motivation and curriculum consistency are not addressed in either of these two transition-specific measures.

Historically studies have used a variety of measures to evaluate transition impact and/or interventions to support transition. These have been a combination of validated psychosocial measures, unvalidated questionnaires designed for specific studies and quantifiable measures such as grades, attendance rates or qualifications obtained (Rice et al., 2015). The SCQ captures some of the more concrete aspects of institutional adjustment, but abstract aspects relating to individual school characteristics such as sense of belonging, school culture or ethos are not included.

There is a gap in the literature on transition which relates to factoring in the school-specific qualities into investigations of transition experiences (West et al., 2010). The person-environment-fit theory argues that an individual's motivation and mental health are impacted by the "fit" between an individual's personal characteristics and the characteristics of their social environment (Eccles & Midgley, 1989; Eccles et al., 1993). In the context of secondary school transition, this theory posits that if the school's culture or institutional context does not fit well with the adolescent's psychological needs, this will have a deleterious effect on the adolescent's motivation, engagement and performance (Eccles & Midgley, 1989; Eccles et al., 1993). An operationalised and validated measure to capture the sociocultural characteristics of the schools involved in transition has not yet been developed.

### **What can be done to support secondary school transition? – Interventions**

Transition planning is an established practice in the UK, but the form and content of transition support activities vary significantly between local authorities and between schools within a given local authority (Boyd, 2005; Evangelou et al., 2008; Measor & Fleetham, 2005; Neal et al., 2016; Rice et al., 2015). Concern over some of the potential negative short- or long-term impacts of transition on young people has generated an interest in specific transition interventions which seek to support a smoother and more successful transition from primary to secondary school (Hanewald, 2013). Galton, Gray and Ruddock (1999) suggest five categories of action that schools should address when trying to facilitate smooth transitions: administrative; social and personal; curriculum; pedagogy; and management of learning. A good transition intervention would incorporate activities to support transition across all five areas.

Transition interventions can be broadly categorised into academic interventions and psychosocial interventions. Academic interventions tend to focus on specific subjects and try to identify ways to ensure curriculum continuity across the transition to secondary school and mitigate against the academic performance gap associated with this move. Neal et al. (2016) suggest classifying psychosocial interventions into those which target change using a cognitive, behavioural or systemic approach. Cognitive interventions target maladaptive thinking about the individual themselves, those around them and the future (Beck & Emery, 1985). A transition intervention employing cognitive techniques may seek to modify worries or negative thoughts about the new school by providing opportunities to develop more balanced thinking, including more adaptive or realistic interpretations, about the unfamiliar situation. Behavioural interventions are based on principles of operant conditions which suggest that anxiety is negatively reinforced and maintained when individuals seek to avoid negative feelings by avoiding situations which may be distressing (Skinner, 1974). Behavioural transition interventions are based on the idea that exposure to the feared situation will reduce the anxiety associated with it, such as open days, school visits, etc. Systemic transition interventions focus on how the multiple systems in which young people live, including family, peer group, teachers, etc., will influence their experiences, concerns and well-being (Neal et al., 2016). Systemic transition interventions involve developing young people's support systems by making connections and building relationships between their primary and secondary schools, such as bridging projects across Year 6 to Year 7, or mentoring programmes (Rice et al., 2011).

There are several limitations currently in this area of research. Transition intervention studies to date have employed a wide variety and quality of designs,



methodologies and outcome measures, and have targeted different populations. This makes both replicability and comparability difficult (West et al., 2010; Neal et al., 2016). In addition, the field is in its early stages of establishing how, why and for whom an intervention may work. The challenges in the effort to posit a theory of change for transition interventions are compounded by the lack of a common definition of what a successful transition looks like and how it should be measured.

### **Relevant literature reviews**

Whilst there have been reviews of factors influencing school transition, these have not provided comprehensive and systematic reviews of the evidence for interventions designed to support transition to secondary school (Hanewald, 2013; Riglin et al., 2013; Topping, 2011; Woods & Pooley, 2015).

### **Current review question**

The current review question is “what is the quality of the evidence on interventions aimed at supporting the transition from primary to secondary school?” The review includes only studies which involve a single primary to secondary school transition at the age of 11-12 years (Year 6 to Year 7). It employs a narrative approach to synthesise the evidence as it was expected that a quantitative comparison would be precluded by the considerable heterogeneity in design, method, participants and types of interventions and outcomes between studies (Popay et al., 2006). The review evaluates the quality of the research design and methodology in the context of summarising study findings. It also considers the comprehensiveness of each intervention in terms of addressing and measuring academic, institutional and psychosocial adjustment.

## Method

The following PICOS model (Higgins, Green & Scholten, 2008) was used to structure the current search protocol:

**Population:** Young people about to undertake or who have made the transition to secondary school (Year 6 to Year 7). The target population is the general population of typically developing students.

**Intervention:** Secondary school transition interventions that specifically targeted the transition from primary to secondary school, e.g. interventions to support general mental health (for example, to reduce incidence of depression) over the same timeframe but not specifically focused on transition, were not included.

**Comparator:** The general population of students undertaking the transition to secondary school (Year 6 to Year 7).

**Outcomes:** Must include validated psychosocial outcome measures for young people aged 10–12 years; may also include measures of academic achievement; and behavioural assessments (including attendance records, disciplinary records, etc.).

**Setting:** Primary, secondary schools and/or home setting .

Databases included in the search were: PsycINFO, CINAHL Plus, SCOPUS, Medline, ERIC (Ebasco) and ERIC (Proquest). The search terms included: “secondary school”, “high school”, “transition\*” and “intervention\*”. Each term was searched using the “mapped to subject heading” and “keyword” functions where possible. Search limitations were set to peer-reviewed journals from 1996-2016, human studies and articles written in English on all searches. The subject heading and keyword searches for each term were combined using “OR”. The combined

searches for “secondary school” and “high school” were then combined using “OR”. All of the above combined search terms were combined using “AND” to identify the initial pool of studies to be reviewed. For a full version of the search protocol see Appendix A. See Appendix B for a detailed description of the search strategies utilised on each database respectively.

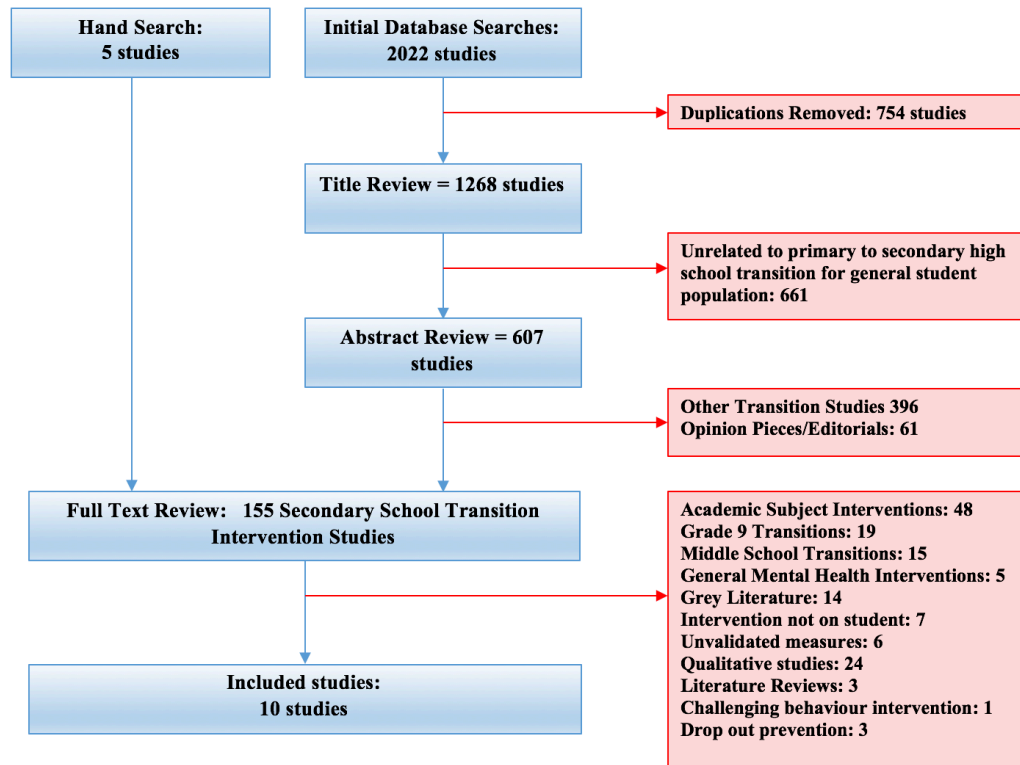
### **Study selection and data extraction**

The papers were reviewed by the researcher, initially sorting by titles, then reviewing abstracts and then finally reading the full text of the article. The combined searches produced 2022 studies, which reduced to 1268 after duplicates were removed. A title search of these studies eliminated 661 studies which were irrelevant to the review question. An abstract search of the remaining 607 studies identified 150 studies which related to secondary school transition interventions. A further five intervention studies were identified through hand searches of reference lists. Figure 2 shows a flow diagram of the study selection process. A full text review of the 155 intervention studies identified was undertaken and studies were reviewed against the following inclusion criteria:

1. Specifically evaluating an intervention to support the transition from primary to secondary school at Year 6 to 7 (11-12 years old).
2. The transition involving moving into a senior school environment (not a middle school) at the age of 11-12 years.
3. The intervention was targeted at typically developing students/young people in mainstream education.
4. Quantitative studies.
5. Intervention included an evaluation of some psychosocial outcome factors using validated measures.

6. The participants in the study were students about to, currently experiencing or had recently undergone transition to secondary school.

Figure 2: Study selection flow diagram



Ten articles were identified that related to generic psychosocial interventions to support the transition to secondary school for students transitioning to secondary school from Year 6 to Year 7.

### Quality appraisal

These ten articles were then screened using the Kmet et al. (2004) quality assessment appraisal tool. This tool was chosen as it allows for a range of study designs to be evaluated. Quantitative studies are assessed as meeting (assigned a score of two), partially meeting (assigned a score of one) or not meeting (assigned a score of zero) 14 checklist items. The 14 checklist items predominantly focus on study design and analytic factors that contribute to the internal and external validity. An

overall score is calculated by dividing the obtained scores by the total possible score across the 14 items; this produces a score that can range from zero to one. This tool was used only to determine an overall threshold of quality of studies for inclusion in the review. The quality scores were not used to compare the studies quantitatively as part of the appraisal. This was due to the heterogeneity of study designs which made meaningful direct comparisons infeasible. Kmet et al. (2004) have adopted a cut-off score of 0.6 which was used in this review. Any study which scored below this threshold was excluded at the screening stage.

After quality scoring, one study (Lyons & Woods, 2012) was excluded due to poor quality, as it only scored 6/12 or 0.5. Data were extracted from each of the remaining studies using a customised data extraction protocol based on the quality assessment categories in the Cochrane Handbook (Reeves, Deeks, Higgins & Wells, 2008). See Appendix C for a copy of the data extraction protocol. The Kmet et al. (2004) quality criteria were used to inform a narrative quality assessment and comparison between studies in the critical appraisal.

## **Results**


### **Summary of findings**

The final sample identified by the search strategy was ten quantitative studies evaluating interventions to support young people undergoing the transition from primary to secondary school. After the quality assessment screening process, one study (Lyons & Woods, 2012) was eliminated as it fell below the threshold for inclusion (0.6/1.0). See Table 1 for a summary of the quality assessment screening scores. The remaining nine studies considered in this review included a variety of

Table 1: Quality assessment scores

Study	Quayle (2001)	Cox (2016)	Neal (2016)	Ellis (2009)	Qualter (2007)	Bloyce (2012)	Tonkin (2003)	Yadav (2010)	Slater (2004)	Lyons (2012)
1. Question/objective sufficiently described?	√	√	√	√	√	√	√	√ x	√ x	√
2. Study design evidence and appropriate?	√	√	√	√	√	√	√	x	√	x
3. Method of subject/comparison group selection or source of information/input variables described and appropriate?	√	√	√	√	√	√	√ x	√	√ x	N/A
4. Subject (and comparison group if appropriate) characteristics sufficiently described?	x	√	√	x	√ x	√	x	√	√ x	x
5. If interventional and random allocation was possible, was it described?	√ x	√	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
6. If interventional and blinding of investigators was possible, was it reported?	√	N/A	N/A	N/A	N/A	N/A	N/A	N/A	√	N/A
7. If interventional and blinding of subjects was possible, was it reported?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
8. Outcome and (if applicable) exposure measures well defined and robust to measurement/ misclassification bias? Means of assessment reported?	√	√	√	√	√	√	√	√	√	√ x
9. Sample size appropriate?	x	x	√	√	√	√	√ x	√ x	x	N/A
10. Analytic methods described/justified and appropriate?	√	√	√	√	√	√	√	√	N/A	N/A

Study	Quayle (2001)	Cox (2016)	Neal (2016)	Ellis (2009)	Qualter (2007)	Bloyce (2012)	Tonkin (2003)	Yadav (2010)	Slater (2004)	Lyons (2012)
11. Some estimate of variance is reported in the main results?	x	x	x	x	x	√ x	x	x	N/A	N/A
12. Controlled for confounding?	√	√	√	√	√ x	x	x	N/A	N/A	N/A
13. Results reported in sufficient detail?	√	√	√	√	√	√	√	√	x	√
14. Conclusions supported by results?	√	√	√	√	√	√	√	√	√	√ x
Total Score:	19/26	20/24	20/22	18/22	18/22	19/22	14/22	14/20	11/18	6/12
	0.73	0.83	0.91	0.82	0.82	0.86	0.64	0.7	0.61	0.5

√= yes; √ x = partial; x = no; NA = Not Applicable; Excluded = 

designs, two of which were randomised control designs (Quayle, Dziurawiec, Roberts, Kane & Ebsworthy, 2001; Cox, Bamford & Lau, 2016). Each study evaluated a different type of intervention, targeting various outcome measures and involving a mixture of group and/or individual support. All studies involved students ranging from 10-12 years in age. Sample sizes ranged from 24 to 930 participants.

An area of strength across the studies included clearly defined study purposes/hypotheses (criterion 1); the use of validated and operationally defined measures of outcome variables (criterion 8); detailed discussion of analytical methods and results (criteria 10 and 13); and conclusions that had clear links to the study results (criterion 14). Studies received lower scores in criteria related to participant characteristics not being sufficiently described (criterion 4); inappropriate sample sizes (criterion 9); not providing estimates of variance (criterion 11); and not controlling for confounding factors (criterion 12).

Table 2 provides a summary of study details. The remainder of this section addresses the aims of the review by critically appraising the quality of the nine studies. It first outlines the key characteristics of the studies, including associations between interventions and outcomes. Studies are then synthesised in terms of how the interventions incorporated and measured outcomes in the three domains of academic, psychosocial and institutional adjustment in the transition process.

### **Key characteristics of studies**

#### *Aims of studies*

Eight of the studies aimed to evaluate a single specific intervention's effectiveness in facilitating the transition to secondary school. One study undertook a large-scale comparison of the effectiveness of a range of cognitive, behavioural and



Table 2: Study characteristics for included publications

Authors & Country	Study Aim & Intervention Description	Design	Sample	Measures	Evaluation & Follow-up	Key findings
Bloyce, 2012 UK	To investigate effect of the Transfer Support Team (TST) intervention for children who were highly anxious about transition.  Involved six adult-led group sessions pre-transition on the organisational, social and academic aspects of transition; and a further six optional sessions offered post-transition. Delivered by specialist teaching assistants and assistant educational psychologists.	Cross-Sectional  Quasi-Experimental Design	<b>Intervention Group:</b> N= 351 Anxious Year 6 students  Age: 10-11 years  Male: 61.2% Female: 38.2%  Ethnicity, FSM, SEN, ESL noted but not reported in detail  <b>Non-equivalent benchmark group:</b> N= 106 Year 6 students  Age: 10-11 years	SDQ SCQ <b>Student self-report</b>	T1 - Pre-intervention - Year 6 Spring/Summer Term  T2 - Mid-intervention - Year 6, Late Summer Term  T3 - Post-intervention - Year 7, Autumn Term	Significant drop in school concerns for the intervention group post-intervention and post-transition ( $\eta^2_{p=.52}$ ).  School-related anxiety scores between intervention group and comparator group no longer significant post-intervention.  Intervention group's SDQ scores on emotional difficulties and peer problems significantly reduced ( $d=.58$ ).  School concerns significantly correlated with emotional difficulties ( $r=.41$ ) but not peer problems.

Authors & Country	Study Aim & Intervention Description	Design	Sample	Measures	Evaluation & Follow-up	Key findings
Cox, 2015 UK	To investigate effect of Cognitive Bias Modification of Interpretations (CBM-I) intervention on concerns about school transition and anxiety.  Week-long home-based intervention in which the child and his or her parents complete a workbook on ambiguous situations and benign attributions.	Cross-Sectional  Randomised Control Trial	<i>N</i> = 34 Year 6 student-parent dyads  Age: <i>M</i> =11.43 y, <i>SD</i> =0.43 y  Female: 63.16% Male: 36.84%  <b>Intervention Group:</b> <i>N</i> =17 <b>Comparator Group:</b> <i>N</i> =17	ASI SCQ SCAS <b>Student self-report</b>	T1 – Pre-intervention - Year 6, Summer Term (Day 1 of intervention)  T2 – Post-Intervention - Year 6, Summer Term (Day 5 of intervention)	Both groups demonstrated a significant reduction in general anxiety ( $\eta^2_p = .19$ ) and school concerns ( $\eta^2_p = .23$ )  Intervention had a significant effect on benign interpretations for the intervention group ( $d = -2.11$ ), but no effect found for changes in negative interpretations.  Changes in negative interpretations correlated with changes in school concerns ( $r = .51$ ).  Baselines anxiety scores led to differential training effect in the intervention group ( $r = .53$ ).
Ellis, 2009 Australia	To investigate the effectiveness of the Peer Support Programme.  Manualised 12-week group intervention facilitated by Year 10/11 students/mentors.	Longitudinal  Quasi-Experimental with a control group	<i>N</i> =930 Year 7 students across three schools  <b>Intervention Group:</b> <i>N</i> =452 Year 7 students  <b>Control Group:</b> <i>N</i> = 478 Year 7 students (taken from previous year group)	SDQII-S ROPE CSI-S APRI <b>Self-report</b>	T1 – Pre-intervention (beginning of Year 7)  T2 – Post-intervention (end of Term 1, Year 7)  T3 – three months post-intervention	Intervention group demonstrated significantly higher scores in:  School Competence (verbal and general but not maths) scores, maintained at follow-up.  School Citizenship (lower pro-bullying and higher honesty/trustworthy scores), maintained at follow-up.  Connectedness scores for opposite-sex but not same-sex relationships, and a delayed effect at follow-up showed significant improvement in co-operative team working.  Resourcefulness scores for open-thinking and stress management post-intervention and scores for time efficiency and problem avoidance at follow-up.

Authors & Country	Study Aim & Intervention Description	Design	Sample	Measures	Evaluation & Follow-up	Key findings
Neal, 2016 UK	Longitudinal investigation of effectiveness of cognitive, behavioural and systemic secondary school transition interventions on child general and school anxiety.	Longitudinal Observational Study	<i>N</i> = 621 Year 6 students  SEN = 89  Age, <i>M</i> = 11.21 years (SD=.29)  Male:Female = 311:310  FSM – 12.6% Minority – 37% ESL - 27.7%	SCARED <b>Student self-report and parent report</b>	T1 – Pre-transition – Year 6, May  T2 – Post-transition - Year 7, November	Main effect for only systemic interventions on reducing school anxiety in typically developing children. ( $R^2 = .007$ )  Systemic bridging units were associated with the largest reduction in school anxiety in typically developing children ( $R^2 = .016$ ).  Children with baseline school anxiety above the clinical threshold showed greater response to systemic strategies.
Qualter, 2007 UK	To investigate effect of Emotional Intelligence (EI) Training Intervention on experience of transition in terms of psychological and school-based measures.  Delivered by post-graduate psychology students who facilitated group session; Year 10 mentors worked individually with participants weekly; and students completed workbooks.	Cross-Sectional  Quasi Experimental Design	<b>Intervention Group:</b> <i>N</i> = 170 Year 7 students 2003-2004  Age range = 11-12 years Male:Female = 76:94  <b>Comparator Group:</b> <i>N</i> =169 Year 7 students, 2002-3  Age range = 11-12 years Male:Female = 97:72	Bar-on EQ-I SPPC Ravens <b>Student self-report</b>  <b>Teacher reports</b> on behaviour, effort, Concentration, homework, attendance, grades	T1 – Pre-intervention - Year 7, September  T2 – Post-intervention - Year 7, June	Children with moderate and high EI baseline skill scores performed significantly better on psychological and school-based measures of transition than children with low baseline EI skill scores.  Intervention increased EI skills only in group with low skills at baseline, reduced EI skills in moderate and high EI baseline groups.  Intervention had significant effect on scholastic and social competence scores, but not on behavioural, athletic, appearance competence and global self-worth scores.

Authors & Country	Study Aim & Intervention Description	Design	Sample	Measures	Evaluation & Follow-up	Key findings
Quayle, 2001 Australia	To investigate if the group receiving the Optimism & Lifeskills Programme had fewer depressive symptoms; less negative attributional style; higher self-worth; less loneliness; and less social dissatisfaction.  Intervention involved eight x 80 minute group sessions; homework; and student workbooks. Led by post-graduate psychology students.	Longitudinal  Randomised Control Trial	<i>N</i> =47 (Year 7 students)  Age = not reported  Gender = 100% female  SES = High (private school students)	CDI CASQ Adaptation of CLQ SPPC <b>Student self-report</b>	T1 – Pre-intervention - Year 7, beginning  T2 – Post-intervention – Year 7, end of Autumn Term  T3 – six-month follow up – Year 7, end of Term 2/start of Term 3	Depressive symptoms significantly lower and self-worth scores significantly higher in intervention group than wait-list control group.
Slater, 2004 UK	To investigate effect of peer counselling on experience of transition to secondary school.  Intervention involved individual and group peer counselling sessions delivered by 15-year-old students trained in basic counselling skills, conflict mediation and mentoring skills.	Longitudinal  Mixed Methods - Quasi-Experimental	Intervention Group: <i>N</i> = 24 Year 7 students  Age range = 11-12 years  Comparator Group: <i>N</i> =12 Year 7 students in different School  Age range = 11-12 years	SDQ NSSQ GHQ <b>Student self-report</b>	T1 – Pre-intervention - Year 7, start  T2 – Post-intervention - Year 7, middle  T3 – Follow up - Year 7, end	Only trends reported. Difficult to interpret as trend improvements in measures seen in both groups. Baseline difference in stress scores (GHQ) also make interpretation difficult.

Authors & Country	Study Aim & Intervention Description	Design	Sample	Measures	Evaluation & Follow-up	Key findings
Tonkin, 2003 Australia	To investigate if the “Step Up to Year 7” transition intervention enhanced self-concept in the dimensions of academic competence, social acceptance and global self-worth.  Intervention involved changing the institutional context so students stayed in the same group for home form, English, religious studies and history; with introduction of an Ethics programme; and diary keeping.	Longitudinal  Mixed Methods – Quasi-Experimental	<i>N</i> = 123 Year 7 Students  Age range = 11-12 years	SPPC  <b>Student self-report</b>	T1 – Pre-intervention - Year 7, start  T2 – Post-intervention - Year 7, middle  T3 – Follow-up - Year 7, end	Control school scored significantly higher on global self-worth and social acceptance than intervention school at all time points.  Intervention school showed increase in behavioural problems, but a significant increase in social acceptance scores. However, control school’s scores on social acceptance were consistently higher than the control school scores at all time points.  Children who stayed within same school during transition (junior to senior) did significantly better and maintained this gap on scholastic competence and social acceptance than new joiners.
Yadav, 2010 UK	To investigate effect of mentoring on “at risk” children experiencing the transition to secondary school.  Mentoring provided by trained teachers, foster carers and nurses over ten months of weekly individual sessions; participants had access to groups; and mentors made home visits with parents presents.	Cross-sectional  Cohort Study	<i>N</i> =86 Year 6 students  Age, <i>M</i> = 10 years 11 months  Male:Female = 59:27  Ethnicity: 92% White  SES: Low income area	SDQ B/G Esteem scale  <b>Student and parent report</b>	T1 – Pre-intervention - Year 6, January  T2 – Mid Intervention - Year 6, July  T3 – Post-Intervention - Year 7, October	Significant change was seen for overall SDQ ( $\eta^2_p = .52$ ), with significant improvements on each component post-intervention.  Participants in the clinical range for SDQ reduced from 44% to 22.4% post-intervention.  Significant improvements in self-esteem ( $\eta^2_p = .46$ ) and locus of control ( $\eta^2_p = .12$ ) post-transition.

## **Abbreviations**

**ESL = English as a Second Language**

**FSM = Free School Meals**

**SEN = Special Educational Needs**

**SES = Socioeconomic Status**

## **Outcome measure abbreviations:**

**APRI** - Adolescent Peer Relations Instrument (Parada, 2000).

**ASI** - Ambiguous Sentence Inventory (translated from Vassilopoulos & Banerjee, 2008).

**Bar-on EQ-I** - Bar-on Emotional Quotient Inventory (Bar-On & Parker, 2000).

**B/G Esteem Scale** - (Maines & Robinson, 1988).

**CASQ** - Children's Attributional Style Questionnaire (Seligman et al., 1984).

**CDI** - Children's Depressive Inventory (Kovacs, 1992).

**CLQ** (adaptation) - Child Loneliness Questionnaire (Asher, Hymel & Renshaw, 1984).

**CSI-S** - Coping Strategy Indicator (Amrikhan, 1990).

**GHQ** - General Health Questionnaire (Goldberg & Williams, 1988).

**NSSQ** - Norbeck Social Support Questionnaire (Norbeck, 1983).

**Ravens** - Coloured Progressive Matrices (Raven, Court & Raven, 1990).

**ROPE** - Review of Personal Effectiveness Scale (Richards & Neill, 2000).

**SCARED** - Screen for child anxiety related emotional disorders (Birmaher et al., 1997).

**SCAS** - Spence Children's Anxiety Scale (Spence, 1998).

**SCQ** - School Concerns Questionnaire (Thomasson, Field, O'Donnell & Woods, 2006).

**SDQ** - Strengths & Difficulties Questionnaire (Goodman, 1997).

**SDQII-S** - Self Description Questionnaire - II (Marsh, 1990).

**SPPC** - Self-perception profile for children (Harter, 1985).

systemic transition interventions on anxiety in the transition experience (Neal et al., 2016).

### *Setting & Design*

The studies were published between 2001 and 2016; six studies were conducted in the UK and three were conducted in Australia (Ellis, Marsh & Craven, 2009; Quayle et al., 2001; Tonkin & Watt, 2003). The focus on UK and Australian studies resulted from the exclusion of studies related to middle school transitions and/or transitions to secondary/high school at time points other than Year 6 to Year 7. Eight of the studies were conducted in school settings and one involved a parent-led home-based intervention (Quayle et al., 2001). Four of the studies were cross-sectional using a variety of designs ranging from randomised control designs (Cox et al., 2016); quasi-experimental designs without randomisation (Bloyce & Frederickson, 2012; Qualter et al., 2007); and a cohort study (Yadav, O'Reilly & Karim, 2010). The remaining five studies were longitudinal designs which ranged from experimental design with a randomised control group (Quayle et al., 2001); quasi-experimental with a control group (Slater & McKeown, 2004); mixed-methods quasi-experimental design with a control group (Ellis, Marsh & Craven, 2009; Tonkin & Watt, 2003); and an observational study (Neal et al., 2016).

### *Outcome measurement and length of follow-up*

There was considerable variability between studies in evaluation timing and follow-up. One study only took measures in Year 6 pre- and post-intervention with no evaluation after transition (Cox et al., 2016). Most studies undertook evaluations within Year 7 (Ellis et al., 2009; Qualter et al., 2007; Quayle et al., 2001; Slater & McKeown, 2004; Tonkin & Watt, 2003). Three studies gathered data in both Year 6 and in Year 7 (Bloyce & Frederickson, 2012; Neal et al., 2016; Yadav et al., 2010).

The longitudinal studies undertook follow-up evaluations three- to six-months post-intervention (Ellis et al., 2009; Neal et al., 2016; Quayle et al., 2001; Slater & McKeown, 2004; Tonkin & Watt, 2003).

### **Associations between interventions and outcomes**

#### *Interventions associated with positive change*

A study targeting students with higher than average levels of anxiety about the secondary transfer employed the “Transfer Support Team” programme (Bloyce & Frederickson, 2012). This involved six adult-led group sessions pre-transfer covering the social, academic and institutional issues related to transition and six optional sessions post-transfer. Results suggested that the anxiety scores dropped for the intervention group at post-intervention (spring in primary school) and then continued to reduce at post-transfer point with large effect sizes. The intervention group had significantly higher anxiety scores pre-intervention, but scores had dropped to levels of control group post-intervention and post-transfer - with a small effect size reported. The intervention group reported significant reductions in emotional and peer problems with large effect sizes, but no effect on pro-social behaviours. A significant correlation between school concerns and emotional difficulties was found, but there were no correlations between school concerns and peer problem and pro-social behaviour difficulties.

This was a fairly good quality study which was adequately powered. However, a significant weakness in this study was the use of a non-equivalent comparator group. A control group of anxious students would have been more appropriate in determining the specificity of the effectiveness of the Transfer Support Team intervention in comparison with other types of transition interventions and in relation to the normative process of anxiety reduction in years 6 and post-transition.



A parent-led home-based intervention employed workbook exercises and imagery training seeking to modify cognitive bias by reducing negative interpretations and increasing benign interpretations (Cox et al., 2016). The comparator group received a home-based intervention that involved parent-led discussions about transition-related issues and imagery training. The study sought to evaluate the intervention's ability to reduce cognitive bias (seeking to reduce negative interpretations and increase benign interpretations of ambiguous situations) and then measure the effect of this reduction on school concerns and general anxiety. The intervention was associated with significant improvements in benign interpretations with a moderate effect size, but no association was seen on negative interpretations. Both the intervention and treatment as usual interventions were associated with reductions in school and general anxiety with large effect sizes. The intervention group showed a significant correlation between changes in negative interpretations and changes in school concerns and also that differences in baseline anxiety and school concern scores led to a differential training effect, with those participants starting with higher scores experiencing a greater reduction in general anxiety and school concern scores.

This was a good quality study which used a randomised-control design without any blinding of participants or investigators. Participants were sampled from the same population using a convenience sampling approach with robust randomisation procedures, although the sample size was small.

Another study evaluated the effectiveness of the Australian "Peer Support Programme" (PSP) at facilitating transition through developing school competence, school citizenship, sense of self and possibility and resourcefulness (Ellis et al., 2009). The Peer Support Programme is a manualised 12-week group which is facilitated by

Year 10/Year 11 students. The study found that students in the intervention group showed significant improvements in aspects of school competence, school citizenship, connectedness and resourcefulness, and these improvements were retained at follow-up. There were sleeper effects seen at follow-up for time efficiency, problem avoidance, emotional stability and active involvement scores. The intervention did not have an effect on self-efficacy, self-esteem or self-confidence scores.

This was a good-quality large-scale mixed-methods design involving students from three state high schools, with a three-month follow-up evaluation. The analysis was robust and isolated intervention effects, school effects and individual effects. Areas of weakness in the study included there being no description of intervention and control group characteristics and the use of a control group from the previous year's intake of Year 7 students. However, the large-scale and multi-site nature of the study may have compensated for possible between-year confounding factors at any single school.

An observational study compared the longitudinal effectiveness of cognitive, behavioural, and systemic interventions on secondary school transition (Neal, 2016). This was a large-scale study which involved classifying retrospectively the approach of the transition support activities to which each student was exposed in order to evaluate the comparative impact of approaches in transition interventions on general and school-related anxiety. The study found that only systemic interventions were associated with a significant reduction in school anxiety in typically developing children with a small effect size. In particular, systemic bridging units which involved academic project work which spanned across Year 6 to Year 7 were effective at reducing school-related anxiety. The study also found that students with clinical levels of pre-intervention school anxiety showed higher levels of anxiety reduction

than their peers who had lower baseline scores. None of the intervention approaches were associated with reductions in general anxiety scores.

This was a good quality large-scale observational study; sampling procedures were robust and sample sizes were large. The study population was clearly described and the evaluation triangulated student, parent and teacher reports. However, a weakness of this study is that although an effect was found only for systemic interventions, most students were exposed to at least nine intervention strategies, which included behavioural and cognitive approaches. It is therefore difficult to separate out the various possible intervention effects on the transition experience or in fact preclude the possibility that it is the amalgamation of interventions which is most effective at reducing anxiety.

A pilot study of the “Aussie Optimism and Life Skills Programme” involved group sessions and homework exercises based on Ellis’ ABC model; Beck’s cognitive triad; Seligman’s attributional style training and social problem-solving skills (Quayle et al., 2001). Groups were facilitated by post-graduate psychology students. Results showed the intervention group at six-month follow up had significantly fewer depressive symptoms and higher self-worth scores. This study was the only study that used an equivalent no-intervention comparator group (wait-list control). However, the reliability of the results was vulnerable to high levels of attrition and poor attendance rates in the intervention group. Sample sizes were also small.

A ten-month weekly mentoring intervention with children at risk of being excluded from school was delivered by trained teachers, teaching assistants, foster carers and nurses trained in Cognitive Behavioural Therapy (CBT), solution-focused therapy and mediation and conflict resolution. The intervention involved individual mentoring sessions and group sessions focusing on anger management and friendships

which were open to the whole school. The study reported improvement in pre- to post- and then follow-up intervention scores on measures of self-esteem with large effect sizes; a significant decrease in stress measures from post- to follow-up scoring with large effect sizes; improvement in locus of control with a large effect size (only post-transition); and significant improvement on the SDQ with large effect sizes (Yadav et al., 2010). The lack of a comparator group limits the conclusions that can be drawn about the effectiveness of this specific intervention in comparison with other transition interventions. In addition, there were no outcomes that related specifically to school transition, so it is unclear in terms of the effect of the intervention on the experience of transition.

*Interventions associated with no change or negative change*

Another intervention involved group sessions led by post-graduate psychology students focusing on developing Emotional Intelligence (EI) skills related to transition and individual mentoring provided by Year 10 students (Qualter et al., 2007). The study found that higher EI skills were associated with easier transitions in terms of school performance and behaviour from teacher reports. However, the intervention effects were mixed. After controlling for intelligence, participants who started with low EI scores demonstrated an increase in their EI scores post-intervention, and there were improvements in measures of transition adjustment. However, participants scoring in the moderate to high ranges at baseline demonstrated a drop in EI scores, with the scores for high baseline participants dropping significantly. Behavioural self- and teacher evaluations also reported a deterioration post-intervention for this group. The intervention had a differential effect depending on baseline EI scores and seemed to have a negative effect on some measures of transition adjustment for participants who were moderate/high at baseline.

The “Step up to Year 7” programme involved a year-wide change in transition practices at a single school that included students remaining in the same form groups for three of their academic lessons, the introduction of an Ethics programme, the use of a diary and the introduction of streamed learning (Tonkin & Watt, 2012). The intervention sought to improve measures of self-concept, including social acceptance, scholastic competence, behaviour and global self-worth. The results of the study suggest that the non-intervention comparator group had higher scores at baseline and retained higher scores at follow-up for social acceptance, global self-worth and scholastic competence. There was also a reported increase in conduct problems at the intervention school. A secondary hypothesis in this study involved comparing the effect of transition on students who remained within the same school from primary to secondary versus those who changed into a new institutional context for secondary school. The findings suggest that students who stayed in the same school did better and continued to do better than students who started at a new school, in terms of scholastic competence and social acceptance. A significant factor which may have influenced the null result reported in this study was the selection of a non-equivalent comparator group from a different school. The scores on baseline outcome measures were significantly different between the two populations.

A study evaluating the effect of a peer counselling programme on stress, internalising/externalising difficulties and perceived social support had sample sizes that were too small to support statistical analyses and it only reported trends (Slater & McKeown, 2004). Results did not report mean scores and standard deviations but represented data in graph form only, making interpretation difficult.

## Types of interventions

As each of the studies related to a different type of intervention, this section synthesises studies first by approach (systemic, cognitive, behavioural and/or academic) and then by the types of adjustment (academic, institutional or psychosocial) targeted and measured. Table 3 represents a summary of the studies' approaches, types of adjustment targeted by the intervention activities and types of outcomes measured.

*Table 3: Summary of intervention approach, types of adjustment targeted and measured*

Study	Approach			Types of Adjustment Targeted			Types of Adjustment Measured		
	Systemic	Cognitive	Behavioural	Academic	Institutional	Psychosocial	Academic	Institutional	Psychosocial
Bloyce (2012)	✓	✓	✓	✓	✓	✓		✓	✓
Cox (2016)	✓	✓			✓	✓		✓	✓
Neal (2016)	✓	✓	✓			✓			✓
Ellis (2009)	✓	✓	✓	✓	✓	✓	✓	✓	✓
Qualter (2007)	✓	✓				✓	✓	✓	✓
Quayle (2001)	✓	✓	✓			✓			✓
Slater (2004)	✓	✓	✓	✓	✓	✓	✓	✓	✓
Tonkin (2012)	✓	✓		✓	✓	✓	✓	✓	✓
Yadav (2010)	✓	✓	✓			✓			✓

### Key

Studies targeting all three types of adjustment	
Studies measuring all three types of adjustment	

### *Intervention approach*

The interventions included various combinations of systemic, behavioural, cognitive and academic approaches. All eight of the studies on specific interventions involved a systemic component in their approach in terms of building support systems through group or family work. Seven of these studies were delivered in group sessions (Bloyce & Frederickson, 2012; Ellis et al., 2009; Qualter et al., 2007; Quayle et al., 2001; Tonkin & Watt, 2003; Slater & McKeown, 2004; Yadav et al., 2010); two also included individual sessions (Slater & McKeown, 2004; Yadav et al., 2010) and one of these also included additional family support sessions (Yadav et al., 2010). One intervention study involved parent-led home-based activities (Cox et al., 2016).

Across the nine studies reviewed, two studies focused activities on a cognitive approach; one focusing on changing negative attributional styles (Cox et al., 2016) and the other on developing EI skills (Qualter et al., 2007). Another study used a cognitive-behaviour approach to reduce depressive symptoms through reducing negative-bias and imaginal exposure (Quayle et al., 2001). Five studies used systemic approaches involving peer counselling (Ellis et al., 2009; Slater & McKeown, 2004); mentoring in group, individual and family sessions (Yadav et al., 2010); and group work (Bloyce & Frederickson, 2012; Tonkin & Watt, 2003). All five of these studies included aspects of cognitive and behavioural techniques in the programme (e.g. solution-focused problem solving; specific CBT skills; problem solving; exposure principles; coping, resourcefulness and social skills training). The remaining study was an observational study which compared the effectiveness of a broad range of cognitive, behavioural and systemic interventions on transition adjustment (Neal et al., 2016).

### *Types of adjustment targeted and measured by the intervention*

Intervention activities varied in terms of targeting the domains of academic, institutional and psychosocial adjustments. Four studies designed their intervention activities to address all three domains of adjustment (Bloyce & Frederickson, 2012; Ellis et al., 2009; Slater & McKeown, 2004; Tonkin & Watt, 2003). Three of these studies measured outcomes relevant to all domains (Ellis et al., 2009; Slater & McKeown, 2004; Tonkin & Watt, 2003), whilst the other only measured institutional and psychosocial adjustment (Bloyce & Frederickson, 2012). One study targeted institutional and psychosocial adjustment and measured outcomes in both domains (Cox et al., 2016). Two studies targeted intervention activities exclusively on psychosocial adjustment and measured outcomes related to this domain only (Quayle et al., 2001; Yadav et al., 2010). One studied focused intervention activities on psychosocial adjustment only but measured psychosocial, institutional and academic outcomes (Qualter et al., 2007). It was not possible to identify the types of adjustment targeted across all of the transition interventions evaluated in the observational study, however, the areas of adjustment measured related to outcomes of institutional and psychosocial adjustment (Neal et al., 2016).

### **Summary of quality assessment of studies**

The studies employed various designs and methodologies and each tested a different type of transition intervention. The interventions ranged across approaches (academic, cognitive, behavioural and/or systemic), targeting different types of adjustment (academic, institutional or psychosocial) and using various outcome measures of transition adjustment. This made direct comparisons of effectiveness between interventions difficult.



Study designs ranged from randomised control, quasi-experimental and observational, to cohort studies. All studies used validated self-report measures and some also included validated parent- or teacher-report measures. Follow-up periods for the studies varied from early on in the transition process to a year post-transition. Sampling methodologies were variable and open to bias, including sampling intervention and control groups from different populations in some studies. Sample sizes were small for some studies and no power analyses were provided in any of the studies. No estimates of variance were provided in the analyses. External validity of some studies is unclear due to poor quality reporting of population characteristics. Overall, the number of studies of interventions to support the transition from primary to secondary school at the Year 6 to Year 7 point was limited and the evidence base is in its early stages of development, with only a few good quality studies that have reliable and potentially transferable results.

### **Discussion**

The review sought to explore the quality of the evidence base on interventions to support the transition to secondary school at Year 6 to Year 7. The electronic search strategy was supplemented with hand searching and searching the reference lists of the included studies and related literature reviews to ensure that all relevant studies had been identified and that the conclusions of this review were based on all available evidence. The inclusion criteria produced ten papers for inclusion in the review, but one study was excluded as it fell below the quality threshold for the review.

Overall, the research considered in this review suggests the following implications for transition support: one group intervention targeting students who were highly anxious about transition students; a parent-led manualised cognitive intervention; and systemic interventions, in particular bridging units, were associated

with reductions in school-related anxiety (Bloyce & Frederickson, 2012; Cox et al., 2016; Neal et al., 2016). Additionally, a peer mentoring programme demonstrated improvements across a broad range of measures of institutional, academic and psychosocial adjustment, with benefits largely maintained at follow-up (Ellis et al., 2009).

Two other group interventions targeting cognitive factors and students at risk of exclusion respectively demonstrated improvements in self-esteem, depression, anxiety and locus of control scores (Yadav et al., 2012; Quayle et al., 2001). However, these studies did not include transition-specific outcome measures, so the interventions' influence on the experience of transition remains unclear.

The intervention that specifically targeted institutional changes such as teacher and class group continuity was not effective (Tonkin & Watt, 2003). Similarly, work on the results on the role of EI and its influence on transition were contradictory - and the potential role of this construct in smoothing secondary school transitions requires further investigation (Qualter et al., 2007).

The strengths of the reviewed studies include clear study aims; most studies clearly described statistical analysis and conclusions were commensurate with the results. The nine studies largely targeted psychosocial aspects of adjustment in the transition to secondary school. Some studies also targeted aspects of institutional adjustment. Facilitating academic adjustment was addressed directly in only one of the transition interventions (Ellis et al., 2009). Only four of the studies measured outcomes across the three areas of adjustment (psychosocial, academic and institutional). Most interventions only measured one or two types of adjustment.

Both the heterogeneity in methodology and interventions of the studies included in the review have made it difficult to synthesise and compare results on the

effectiveness of different interventions in supporting young people to adjust to the transition to secondary school based on the outcome data reported. It has also been difficult to specify the generalisability of the results due to weaknesses in sampling procedures, some small sample sizes and a lack of detailed descriptives for some of the intervention and control groups. None of the studies provided power analyses or estimates of variance in their result reporting.

The review has also highlighted methodological and theoretical difficulties with transition interventions in the UK and similar systems. The design of studies was largely quasi-experimental which was related to resource limitations and ethical concerns about not offering transition support to a control group. This created a challenge for interpretation of the research. There is a normative process of adjustment in the transition to secondary school which involves initial raised anxiety and concern followed by a period adjustment, usually by the end of the first term (Galton et al., 1999, 2003; Galton et al., 2000; McGee et al., 2004; Measor & Woods, 1984; Rice et al., 2011; Zeedyk et al., 2003). For many of the studies in this review, the lack of a control group or a comparator group drawn from the same population made it difficult to differentiate an intervention's effectiveness from this normative process.

These findings are consistent with previous work which has indicated difficulties in the field in terms of identifying what works for whom and why in transition support. This can be explained in part by the lack of an agreed definition of a "good transition", a lack of agreement on how to measure it and the lack of a theory of change to underpin the interaction of the aspects of adjustment (psychosocial, institutional and academic). There is wide acknowledgement that the small scale of

many transition studies is a significant issue in establishing effectiveness and generalisability (Galton et al., 2000; West et al., 2010).

There is a developing interest in the literature on transition which highlights the significance of school culture/ethos/characteristics on a student's experience of transition (Neal et al., 2013; West et al., 2010). A school's culture presents a significant confounding factor in determining the nature and quality of the experience of joining and attending the institution. In seeking to identify the effectiveness of a given intervention, it is necessary to compare the impact of the intervention in multiple school contexts to identify the role of school culture on transition (West et al., 2010). Only one study undertook a multi-school approach involving intervention groups in each setting with an analysis that controlled for school effects (Ellis et al., 2009). Other studies did, however, take aspects of the school environment into account. The "Step up to Year 7" programme sought to change the institutional context of Year 7 to facilitate transition (Tonkin & Watt, 2003). Interestingly, in this case the intervention school students had lower scores on measures for social acceptance and global self-worth than those of the control school. Qualitative feedback by the Head of Year 7 at the intervention school suggested that their school was dominated by a pressured academic culture driven by "pushy" parents (Tonkin & Watt, 2003). In this instance, it may be less the structures of the institution than the culture or values of the institution that was influencing student experience. Neal et al.'s (2016) longitudinal study found that only systemic interventions which built relationships between the individual and teachers and students in their new school, in particular bridging units, were associated with reductions in school-related anxiety. These results suggest that difficulties and resiliency in transition are better understood as falling within in the relational space between the individual and the new context. This is consistent with

the long-standing observation about the importance of the “fit” between environment and an individual’s personal characteristics for motivation and engagement in school contexts (Eccles et al., 1993).

### **Limitations of the review**

The search strategy for this review was comprehensive within the confines of the inclusion criteria, but it did not include non-English studies, the grey literature or research theses. Broader inclusion of these types of literature may have presented studies which addressed some of the difficulties highlighted above. The inclusion of transition studies related to other time-points in transition (e.g. middle school and high school in other countries) may have generated a higher-quality evidence base.

The included studies were systematically quality assessed using an established quality assessment framework (Kmet et al., 2004) and data were systematically extracted using a protocol. It is a limitation of the review that all the studies were not quality appraised by at least two reviewers due to the resource constraints of the review.

The use of a single quality assessment scoring system on such a heterogeneous group of study designs was a further limitation of the review. The quality assessment tool used was validated across heterogeneous designs; however, the use of scores to compare studies quantitatively across designs was not supported. Thus only a narrative synthesis was possible.

The review attempted to undertake relevant statistical standardisation analyses to compare the results between studies, but the variable quality of data reporting in the studies meant that a comprehensive standardised results comparison was not possible. A further limitation of the review is that it did not control for publication bias.

### **Suggestions for future work**

The overall quality of the evidence base for interventions supporting the transition to secondary school would be improved by consistent reporting of adequate population descriptions, sample sizes, robust reporting of effect sizes and estimates of variance. More studies exploring the relationship between transition experience and the academic, institutional and psychosocial aspects of adjustment, and the interaction between these respective aspects of adjustment, are needed. The development of a validated transition-specific outcome measure with factors that span these three types of adjustment would enable more effective evaluation of interventions and more meaningful comparisons between different types of interventions. A recently developed transition-specific measure, START (School Transition Adjustment Rating Tool), was designed as part of a longitudinal study to address the major concerns and challenges of secondary school (Rice et al., 2011). The reliability and validity of the measure has not yet been demonstrated, and further work of this kind is needed.

More studies which directly compare different interventions in the same population are needed, as are studies which are able to employ a no-intervention control group to differentiate the normative process of adjustment to the transition to secondary school from intervention effects. This, however, creates significant ethical issues, as we know that most children struggle with this transition and it is normal practice to attempt to help them acclimatise to their new environment. Perhaps control groups that involve treatment as usual would be more practical and ethical but, in such studies, the confounding issue of the normative process of adjustment should be more clearly acknowledged.

Future work may also explore the relationship of school culture or context on transition experiences by investigating the impact of specific interventions in multiple

secondary schools, as was done in the Ellis et al. (2009) study reviewed here. This work would help to clarify whether or not it is the point of transition which is best targeted to help young people adjust to their new context; the context itself that needs to be targeted, or some combination of the two.

Finally, none of the studies reviewed included a cost-effectiveness analysis. Given that almost every child in the UK will undergo the transition to secondary school, the scale of the endeavour to support smooth transitions requires that both clinically effective and cost-efficient transition support options should be identified. Future work would benefit from including cost-effectiveness data as part of a study's evaluation.

### **Conclusions**

Despite the relatively long-standing and wide-ranging array of interventions supporting the transition to secondary school, the search identified only a small number of intervention studies - and only four of these were of a good quality. The research to date has largely focused on aspects of psychosocial adjustment, with less attention on exploring concurrent institutional and academic aspects of adjustment in school transition. The evidence here suggests associations between one adult-led group intervention, peer mentoring and systemic interventions with positive transition experience and reductions in general and school-related anxiety. Specific cognitive and/or behavioural interventions were also associated with reduced depressive symptoms and school-related anxiety. However, there remains a considerable amount of theoretical work to be undertaken to identify a consistent definition of what a successful transition should look like; how to measure it, and an evidenced theory of change for the adjustment to secondary school upon which to build a repertoire of interventions to support successful transitions.

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## **Part 2: Empirical Study**

**A qualitative analysis of the transition to secondary school for young people  
with burn injuries**

## Abstract

**Aims:** The move to secondary school marks a significant ecological shift in a young person's developmental trajectory. Young people with burn injuries may face additional challenges in managing this move. There is considerable clinical concern amongst professionals, parents/carers and the young people with burn injuries themselves about the transition to secondary school. To date, however, there has been no research exploring this area. This study investigates the experience of transitioning to secondary school for young people with burn injuries.

**Method:** Semi-structured interviews were conducted with 11 young people with burn injuries ranging in age from 12-14 years. A Framework Analysis approach was used to analyse the data and identify themes.

**Results:** The young people in this study described a range of transition experiences from "easy" to "difficult". Overall, their descriptions of academic, institutional and psychosocial adjustment in transition were consistent with research on general student populations. However, within the domain of psychosocial adjustment, most of the participants reported additional tasks and challenges related to their burn injuries around navigating social acceptance. In particular, this involved having to re-engage in talking about their burn scars, showing their burn scars and managing other people's behaviours and reactions.

**Conclusions:** The overall quality of the experiences described by most participants of transitioning to secondary school were characterised by positive adjustment to the new context. However, there were additional challenges that presented with regard to social acceptance within their peer groups. This study provides important information on the potential barriers to and facilitators of these aspects of successful secondary school transition for young people with a burn injury.

## **Introduction**

Secondary school transition can act as a point of stress in a young person's developmental trajectory, which may accentuate resources and/or vulnerabilities (Evangelou et al., 2008; Lucey & Reay, 2000; Qualter, Whiteley, Hutchinson & Pope, 2007; Riglin, Frederickson, Shelton & Rice, 2013; West, Sweeting & Young, 2010). Little is known about how young people with burn injuries manage this significant life event. This study investigates the experience of transitioning to secondary school for young people with burn injuries.

### **Psychosocial functioning in young people with a burn injury**

There is clear clinical evidence that the majority of children do well after a burn injury both physically and in terms of psychosocial adjustment (Blakeney et al., 1988, 1993, 1998; Lawrence, Rosenberg & Fauerbach, 2007; Meyers-Paal et al., 2000; Stoddard, Norman, Murphy & Beardslee, 1989). However, there is also evidence that for some the psychological and/or social adjustment after a burn injury can be difficult. Studies have found that 20-50% of the paediatric-burns patients studied experienced clinical anxiety and depression, with higher prevalence rates for female than male burn-injured adolescents (Bakker, Martens, Van Son & Van Loey, 2013; Stoddard et al., 1989; Tarnowski, Rasnake, Gavaghan-Jones & Smith, 1991). After protracted hospitalisation, children may experience difficulties returning to school (Arshad et al., 2015). In other studies, there is evidence that children with a burn injury may not experience internalising or externalising problems at the clinical level but may struggle with socially adaptive behaviours which will impact on their well-being and social adjustment (Meyer, Blakeney, LeDoux and Herndon, 1995; Rivlin & Faragher, 2007). The overall picture on psychosocial adjustment and its predictors in this population is thus mixed.

## **Negotiating adolescence**

Negotiating adolescence with its focus on peer relationships, independence, identity construction and body image can bring challenges for all young people (Heaven, 2001). In particular, social identity and peer acceptance take on a greater level of importance, with a particular emphasis on how adolescents believe they are accepted and perceived by others and how they perceive themselves socially (Heaven, 2001; Wigfield, Lutz & Wagner, 2005). Appearance-related concerns are also prevalent at this developmental stage (Lovegrove & Rumsey, 2005). These perceptions inform a young person's social confidence and competence and can have an impact on their successful negotiation of relationships and the formation of new social networks (Carr, 2003). At the same time as they are undertaking these developmental tasks, most young people undergo a significant shift in their social ecology - the move to secondary school which brings with it the requirement of integrating into a new peer group and making new friends (Mizelle & Irvin, 2000).

These common challenges can have a particular salience for adolescents living with visible difference. A visible difference can act as an underlying stressor throughout the lifespan, which may exacerbate the pressures associated with various developmental stages (Landown, Lloyd & Hunter, 1991). Another study found that changes in schools and social groups can be a particular challenge to children with a visible difference (Bradbury, 1997). Harcourt and Rumsey (2007) concur that children with a visible difference can find it particularly taxing to join a new school, neighbourhood or social network where "a visible difference is likely to be a source of novelty and intrigue" (p. 115). The Changing Faces Schools Team recorded that 30.9% of their requests for support from parents and schools related to children with a visible difference entering a new school (Frances, 2000). A qualitative study looking

at the experience children with facial vitiligo<sup>1</sup> found that those between 10-13 years experienced a heightened concern about their appearance and they attributed this to anxious anticipation of the move to secondary/high school. Specific concerns included larger school size, new relationships, higher academic expectations (which resulted in a heightened sense of visibility), romantic relationships, PE classes and communal changing and shower facilities (Hill-Beuf & Porter, 1984).

### **Research on the transition to secondary school**

There is a sizeable literature on secondary school transition in the general population; however, less is known about how young people with burn injuries manage this move. A successful school transition is defined as academic, psychosocial and institutional adjustment to the new context (Evangelou et al., 2008; Rice, Frederickson & Seymour, 2011; Riglin et al., 2013; West et al., 2010). Research suggests that protective factors associated with successful secondary school transitions include: female gender; higher socio-economic status; low parent transition concerns; high positive life events; high learning motivation; high self-control; and low psychological internalising/externalising difficulties (Rice et al., 2011; Riglin et al., 2013). Risk factors associated with difficult transitions include: psychological adjustment difficulties, including low self-esteem and anxiety; internalising or externalising difficulties; high child and parent transition concerns; being bullied; negative life events; low learning motivation; and younger age at transition (Riglin et al., 2013; West et al., 2010). Longitudinal studies have associated poor school transitions with multiple immediate vulnerabilities, including lower academic attainment levels, higher rates of depression and higher drop-out rates (Riglin et al., 2013; Riglin, Petrides, Frederickson & Rice, 2014; Rutter, Kim-Cohen, & Maughan,

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<sup>1</sup> Vitiligo is a skin depigmentation condition which results in whitened patches of skin.

2006; West et al., 2010). Longer-term risks correlated with lower academic attainment include lower income, unemployment, higher mortality rates and poor health status (Mirowsky & Ross, 2003). Thus, the current literature avers that the nature of a secondary school transition can influence the developmental trajectories of young people (Hanewald, 2013; Rice et al., 2011; Riglin et al., 2013; Topping, 2008; West et al., 2010).

### **Transition to secondary school for young people with burn injuries**

Secondary school brings with it a growth of independence associated with adolescence and a relative lack of supervision compared to primary school. These developments may create contexts in which responses of others to an individual's visible difference (ranging from noticing to teasing or bullying) will be navigated with less support from family/teachers/adults. This can provide both opportunities for the development of new skills and competencies, but may result in the accentuation of vulnerabilities (Byrne et al., 1986; Rumsey & Harcourt, 2007). Research within the paediatric burns population suggests several areas of risk or vulnerability which may be relevant to a secondary school transition. Secondary school, or any new social context involving meeting new people, can present the need to re-engage with questions about burn injuries/scars in the context of forging new relationships. Blakeney et al. found that adolescents with burns struggled with their lack of anonymity in a crowd in secondary school (2005). Children with burn injuries can also be vulnerable to bullying and stigmatisation (Lawrence, Rosenberg, Mason & Fauerbach, 2011; Maddern, Cadogan & Emerson, 2006; Rimmer et al., 2007). Rimmer et al. found that 68% of children with visible scars and 54% of children with hidden scars reported experiencing bullying at school (Rimmer et al., 2007). Although teasing about appearance-related issues is common amongst adolescents (Lovegrove

& Rumsey, 2005), research has found that cohorts of adolescence with visible difference experienced higher levels of appearance-related teasing (Carrol & Shute, 2005; Horlock, Vögelin, Bradbury, Grobbelaar & Gault, 2005; Locker, Jokovic & Tompson, 2005).

An additional risk factor in negotiating a transition to a new context for some young people with burn injuries may include weaker social skills and lower social competence (Bakker et al., 2013; Meyer et al., 1995). One study found that 40-50% of adolescents with burn injuries demonstrated a lack of social competence that could impair their psychosocial well-being (Blakeney et al., 2005). Another study found that 19% of children and adolescents with burn injuries had higher levels of relational difficulties with peers than a normative group (10%) (Willebrand et al., 2011). In other studies, however, paediatric burn-injured populations were not differentiated from normative groups in terms of social functioning (Blakeney et al., 1993b; Meyers-Paal et al., 2003). Bakker et al. (2013) suggest the differences in findings across studies may be the result of the use of different outcome measures tapping into different constructs.

Social acceptance by peers, social networks and friendships may be particularly pertinent to the psychosocial adjustment of young people living with a visible difference. There is evidence that social acceptance and friendships mediate appearance-related distress and emotional distress in adolescents with cleft palates (Feragen, Kvaalem, Rumsey & Borge, 2010). Similarly, in a paediatric burns population, perceived social support from friends accounted for a significant amount of the variance on measures of body image ( $R^2=.08-.16$ , depending on subscale), self-esteem ( $R^2=.16$ ) and the Beck Depression Index ( $R^2=.22$ ) (Orr, Reznikoff & Smith, 1989). Another study also found that peer support played an important role in



the psychosocial adjustment of adolescents with burn injuries (Blackney et al., 2005). This research suggests that social acceptance, social networks and friendships may play a particularly important part in the general psychosocial adjustment of children living with a visible difference. As such, the ecological shift in the transition to secondary school and its potential to disrupt social contexts, networks and friendships may create a particular risk to adjustment for young people with burn injuries.

The generic literature on transition to secondary school suggests that transition is an important factor in terms of both a young person's experiences of secondary school and their future attainment and opportunities. The burns-related research suggests that there are a wide range of stressors and potential vulnerabilities which may combine to create additional challenges for young people with burn injuries in the transition to secondary school. In particular, difficulties created by the lack of visual anonymity and having to re-engage in explanations of scars; teachers who do not know you and do not understand your needs; and the potential loss of old friendships and social networks in starting at a new school. The risks outlined in the general transition literature of threats to successful transition including, internalising/externalising difficulties, the impact of negative life events and parental transition concerns may also be particularly relevant in an adolescent burn-injured population. In clinical practice, parental and child concerns are frequently expressed about managing this move. As such, the transition to secondary school, with its opportunities and risks for the development of the individual, is worth exploring more in this group (Bakker et al., 2013). To date, no research has been carried out at the transition to secondary school for adolescents with burn injuries.

### **Study design**

The heterogeneity of the population of children with burn injuries presents

challenges for quantitative research studies. Burn-injured paediatric populations present with a wide range of clinical factors related to burn injuries which include size and severity (depth) of burn injuries, age at injury, time since injury, location (visible or not visible scarring) and number of procedures required for treatment (Griffiths et al., 2015). Overall, research into the burn-related factors that correlate with psychosocial adjustment post-burn is inconclusive in terms of finding a relationship between size, severity and location of burn injuries (Bakker et al., 2013; Blakeney et al., 1998; Byrne et al., 1986; Knudson-Cooper, 1981; Meyer et al., 1994; Noronha & Faust, 2006; Orr et al., 1989; Simons, Ziviani & Copley, 2010; Willebrand et al., 2011). There is more consistent evidence to support an association between age at injury, social support (friendships), family support, parental variables and socioeconomic status on psychosocial outcomes for children and adolescents with burn injuries (Bakker et al., 2013; Barnum, Synder, Rapooff, Mani & Thompson, 1998; Beard, Herndon & Desai, 1989; Blakeney et al., 1998; Blakeney, Portman & Rutan, 1990; Clarke & Martin, 1978; LeDoux, Meyer, Blakeney & Herndon, 1998; Meyer et al., 1994; Noronha & Faust, 2006; Quezada, González & Mecott, 2016; Sawyer, Minde & Zuker, 1983; Simons et al., 2010; Willebrand et al., 2011). In addition, psychosocial adjustment is not evaluated in a consistent way across studies and burn-injured paediatric clinical populations tend to be small; this, combined with heterogeneity and the lack of consistency in psychosocial adjustment measurement, presents challenges for quantitative research (Griffiths et al., 2015).

Qualitative work provides an alternative methodology which is less dependent on large and more homogeneous samples, and it provides a framework for a systematic exploration of the understudied phenomenon of school transition in this population. A qualitative approach which seeks to elicit rich descriptions of lived experience can

provide important and useful information on the complexity of factors which interact in the process of psychosocial adjustment to living with a burn injury. In particular, exploring the aspects of the individual's personal resources and their social ecology that are important in supporting a successful transition to secondary school, i.e. beliefs, behaviours, personal resources, friendships, family, social, school and community support. This information can then be used to inform both future quantitative work and the foci for clinical interventions.

### **Current study**

This study used a Framework Analysis approach to explore the experiences of young people with burn injuries related to the transition to secondary school (Ritchie & Spencer, 1994). Framework Analysis allows the ability to integrate both a deductive approach which incorporates a model of successful transition (including aspects of psychosocial, institutional and academic adjustment) into the initial coding categories and analytical framework; and inductive techniques in undertaking a thematic analysis of the data (Gale, Heath, Cameron, Rashid & Redwood, 2013). It also provides a robust structure for comparing between and within subject themes (Ritchie & Spencer, 1994). The study addressed the following research questions:

1. What is the range of experiences which occur during the transition to secondary school for young people with burn injuries?
2. What challenges and opportunities were experienced in this transition for adolescents with burn injuries?
3. What were the facilitators of/barriers to a successful transition?

### **Method**

#### **Ethics approval**

Ethics approval for the research project was obtained from an NHS Research

Ethics Committee (see Appendix D) and locally from the NHS Trust Research and Development Department (see Appendix E).

### **Recruitment**

Participants were recruited from a Regional Burn Service and its affiliated Children's Burns Club, a charity which provides psychosocial support for paediatric burn survivors. The target population were patients or club members who met the following inclusion criteria:

1. Adolescent was currently aged 12-14 years (in Years 7-9) and had undergone the transition from primary to secondary school (dates of birth from 1 September 2002 to 31 August 2005).
2. Adolescent had a burn injury of >1% TBSA (Total Body Surface Area) and/or has had a skin graft.

The following exclusion criteria were applied:

1. The burn injury had happened within the previous 12 months.
2. Any outstanding or unresolved child protection issues related to the burn injury.
3. If there had been any death experienced in the family related to the burn injury.
4. Children with a learning disability diagnosis or statement of special educational needs (a confounder with regard to school transition).
5. Children who had been taken into Foster Care since the accident.
6. Families in which parents and children whose comprehension of English was not sufficient to be able to understand and respond to the interview questions without a translator.

The exclusion criteria were developed in partnership with the Regional Burns Centre's

Psychological Team in line with local research governance standards which focused on ensuring the safety and protection of potential participants and reducing confounding factors.

Eligible participants were identified by the Trust information officer and screened by the Head of Psychological Therapies Services. Recruitment was initiated by invitation letter from the Director of the Burns Service introducing the researcher and the study to potential participants. Follow-up telephone calls were undertaken by a clinical psychologist working in the hospital to confirm receipt of letter and answer any questions about the study. Potential participants could opt-in directly to the researcher or ask the psychologist to pass on their details to the researcher.

### **Sampling**

Both purposive and theoretical sampling methodologies were used to recruit participants to ensure a rich and diverse range of experiences were identified (Ritchie, Lewis, McNaughton Nicholls & Ormston, 2013; Strauss & Corbin, 1998). A sampling matrix was developed with target quotas for age, gender and burn-related variables (see Appendix F). This matrix was informed by the research base on the correlations between burns-related factors and psychosocial adjustment within a paediatric burn-injured population (Griffiths et al., 2015; Noronha & Faust, 2006).

Different sampling approaches were used at different stages in the research. Initially, sampling was open and unstructured and involved identifying all potentially eligible participants listed on the patient administrative system as at February 2017. Every thirteenth participant was sent a letter of invitation from the list. Seventy invitations were sent to 34 boys and 34 girls (in two cases the gender was unknown). The next stage in sampling involved identifying a heterogeneous sample in order to

capture the range of experiences of transition in this population. The subsequent invitation letters focused on more medically severe cases and also targeted those in the Children's Burns Club. Seventy-two invitations were sent to 35 boys and 34 girls (in three cases the gender was unknown). The clinical psychologist undertaking follow-up telephone calls made 43 attempted contacts. She was able to discuss the study with the parents/carers of 14 girls and 7 boys. In total, 13 adolescents volunteered. Two of these young people were excluded prior to interview as one had a statement of special educational needs and the other had suffered scarring due to meningitis.

The study employed the concept of theoretical saturation to determine that a sufficient number of participants had been interviewed to capture a broad range of experiences of transitioning to secondary school (Williams & Morrow, 2009). Theoretical saturation occurs when no new themes are identified in the data and a rich data set of experiences has been established (Williams & Morrow, 2009; Strauss & Corbin, 1998). This occurred after nine interviews. The quotas in the sampling matrix were achieved for all burn-related categories except "Total Burn Surface Area >30%" after ten interviews. It was also only possible to recruit five out of the target six girls. The final sample size was 11 participants.

### **Participant characteristics and setting**

Participant characteristics are summarised in Table 1. There were six boys and five girls who took part with a mean age of 13 years 6 months (range: 12 years 2 months to 14 years 10 months). When dressed in a school uniform, five participants had burn injuries that were visible and six participants had burn injuries that were not visible. Six participants were injured at or under the age of 24 months and five were injured between the ages of six and nine years. The ethnic distribution of the

participants was as follows: Afro-Caribbean British (4); White British (3); Polish (1); British Asian (1); White-Caribbean Mixed Race (1); and South African (1). Ten interviews were conducted in participants' homes and one interview was conducted in a hospital clinic room.

*Table 1. Characteristics of participants*

<b>Participant</b>	<b>Gender</b>	<b>Age</b>	<b>School year</b>	<b>Scars visible in school uniform</b>	<b>Burn size</b>	<b>Loss of physical function</b>
P1	Male	13	8	No	≈10%	No
P2	Male	12	8	No	<5%	No
P3	Female	14	9	Yes	24%	No
P4	Male	14	9	Yes	1%	Yes
P5	Female	12	7	No	2%	No
P6	Male	13	8	Yes	≈10%	Yes
P7	Female	14	9	No	10%	No
P8	Male	12	7	No	14%	No
P9	Female	12	7	Yes	9%	Yes
P10	Male	14	9	Yes	≈10%	No
P11	Female	13	8	No	<5%	No

### **Interview**

The interview schedule was developed based on established guidelines on interview questions and conducting qualitative research (Ritchie et al., 2013; Smith, Flowers & Larkin, 2009). The interview schedule from the STARS Longitudinal Study was also consulted for secondary school transition questions (Evangelou et al., 2008). The initial interview schedule was reviewed by the researcher's supervisors,

the Ethics Committee and a focus group of young people with burn injuries and the suggested changes were incorporated. The main questions were designed to be minimally directive and open, with the intention of capturing the whole range of experiences of transitioning. For example, “How did you feel about moving from primary to secondary school before it happened?” and “Once you started at secondary school, how did it go?”. However, more direct questions relating specifically to issues around the adolescents’ burn injuries and more specific prompts were also included, such as “Did anyone ask you about your scar/s?”. As the the interviews progressed, new questions were introduced as unanticipated experiences were shared and the researcher’s understanding of the experiences of transition expanded. An example of this included: “How do you feel about being called upon in class?”. See Appendix G for a copy of the interview schedule.

### **Data collection**

The researcher arrived at the interview location; the adolescent participant and a parent/carer were each given an information sheet (see Appendices H & I) and invited to ask any questions about the study. The researcher explained about confidentiality and anonymity. Written consent was obtained from parents/carers (see Appendix J) and written assent was obtained from adolescent participants (see Appendix K). Participants were asked if they preferred to be on their own or with a parent during the interview. Prior to starting the interview, the researcher explained that all participants could choose whether or not they wanted to answer specific questions and that he or she could stop the interview at any stage.

Four interviews were conducted with a parent(s)/carer(s) present. Seven interviews were conducted separately with the young person. The average interview length was 57 minutes (range: 38-96 minutes).



## **Analysis**

All interviews were transcribed verbatim, then a Framework Analysis approach was used as the overall model guiding analysis at the coding stages (Ritchie & Spencer, 1994). Framework Analysis identifies specific steps in the process of data analysis which were as follows (Ritchie & Spencer, 1994; Ritchie et al., 2013) after two interviews, the process of interim analysis was initiated (Pope, Zeibland & Mays, 2000). Initially, this involved a process of data familiarisation and the formulation of an initial analytical framework (Gale et al., 2013). This framework resulted from a combination of deductive processes based on each research question and factors identified in the literature on transition to secondary school; and inductive processes resulting from the coding categories elicited from the data. See Appendix L for a diagram of the analytical framework. Transcripts were coded into this analytical framework in a manner that sought to stick as close to each participants' own language as possible. The Nvivo (11.0) qualitative data analysis software was used to organise the data, which allowed data units to be simultaneously coded against the analytical matrix and each individual participant file, allowing the integrity of each individual's entire account to be maintained. This was an iterative process as new data influenced the development of new coding categories in the analytical framework (Gale et al., 2013). The grounded theory practice of constant comparison was employed throughout this stage (Boeije, 2002). When all the interviews had been coded, the process of mapping a thematic matrix was informed by the Braun and Clarke (2006) approach to thematic analysis. The Framework Analysis method of mapping the identified themes both onto individuals and across participants was also undertaken (Ritchie & Spencer, 1994; Ritchie et al., 2013). Thematic categories were then refined by identifying similarities and connections within and across levels of the thematic

matrix to identify the final set of themes and sub-themes presented in the results section.

### *Credibility Checks*

Established criteria were used to ensure that analysis was undertaken in a systematic and rigorous manner (Barker & Pistrang, 2005; Elliot, Fischer & Rennie, 1999; Mays & Pope, 2000). Coding and thematic classification were grounded in the data and interpretations were reflexively considered throughout the analysis (Fischer, 2009; Tufford & Newman, 2012). The initial analytical framework proposed was constantly revisited and revised in line with new evidence. Due to resource constraints, the coding and data analysis in this project was only undertaken by a single researcher, so it was not possible to establish inter-rater reliability (Mays & Pope, 2000). The researcher's supervisors read transcripts and audited coding. See Appendix M for a worked example of coding. The production of the thematic framework resulted from an iterative process involving the researcher producing a draft thematic matrix and separate thematic summary sheets which were regularly discussed with the researcher's supervisors. A reflexive diary was used throughout the process to map the development of ideas and themes and consider their influence on ways of interpreting the data (Hill et al., 2005; Morrow, 2005). Member checks in the form of a summary of each participant's interview were also sent to participants, who were invited to contact the researcher if they wanted to correct or discuss any aspects of the summaries (Barker & Pistrang, 2005; Williams & Morrow, 2009).

### *Researcher's perspective*

Qualitative research requires the researcher to make interpretations of patterns of meaning from the data collected. This is a fundamentally subjective endeavour and, to ensure that this analytical process is robust, it is important that the influence of the

researcher's perspective (previous ideas, experience, values and beliefs) is acknowledged and mediated by an openness to the data (Ahern, 1999; Fischer, 2009; Tufford & Newman, 2012; Williams & Morrow, 2009). The disclosure of perspective/preconceptions known as "bracketing", and the on-going process of reflection and reflexivity throughout the data collection and analysis of data known as "iterative bracketing", have become an established part of qualitative methodology (Ahern, 1999; Fischer, 2009; Tufford & Newman, 2012). Both of these approaches were employed in this study.

I previously worked as an assistant psychologist in the Children's Burns Club and had undertaken hospital-based clinical work with children with burn injuries and their parents. The work in the Children's Burns Club involved providing psychosocial support to club members and their families at workshops, day events, family/camper weekends and a week-long burns camp. I had also undertaken psychological screening assessments with burn-injured patients in an outpatient clinic. This work has helped me to develop skills and confidence in talking about visible difference and has provided me with direct learning about the physical and psychological processes which can be involved in burn rehabilitation. However, in my role as the researcher in this project, it has been important to position myself neutrally with regard to the subject matter being investigated. My clinical experience has tended to be with young people and families who were struggling with aspects of coming to terms with a burn injury. This work may have predisposed an assumption that young people with burn injuries will struggle more than non-burn-injured children in the transition to secondary school. Additionally, the fact that I am training as a psychologist was also considered as a potential source of bias towards being primed to notice and explore psychological content/themes. The importance of seeking to remain neutral and

curious was held in mind when constructing the interview schedule, conducting the interviews, in designing the recruitment matrix and in the data analysis process. In particular, the interview schedule and the analytical framework were designed to encourage exploration of all aspects of transition to secondary school, i.e. academic, institutional and psychosocial adjustment.

## **Results**

### **Context**

Ten of the 11 participants were still attending the school they had transitioned to in Year 7, the remaining participant had changed schools in the middle of Year 7 due to a family relocation. All participants were attending state secondary schools. Seven attended mixed comprehensive or academy schools; four were at single-sex schools; two were at a Catholic school; and one attended a selective grammar school.

All of the secondary schools to which the participants transitioned offered at least one if not multiple familiarisation opportunities for future students prior to starting, including: school visits (11); induction days (11); parents' evenings with child present (5); workshops in feeder primary schools (1); summer school or camp (3); and summer workshops at new school (2). Ten of the participants were attending the school that had been their/their parent's first choice, one was attending a school that had been their third or fourth choice (P2). Overall, seven participants described their transition experience as "good", "smooth" or "fairly easy"; one reported having a mixed experience; and three indicated transition had been difficult and that they were still struggling to adjust to aspects of their new school context between one and three years post-transition. Of the three participants who had found transition difficult, one was planning to stay at his present school, one indicated that she would like to leave at the end of Year 7 and the final one was leaving at the end of Year 9.

## **Overview of experiences related to academic, institutional and psychosocial adjustment**

In terms of the three aspects of adjustment in the transition to secondary school, the group did not indicate any significant difficulties with academic adjustment, although all noted more difficult and time-consuming school and homework. Two participants struggled with aspects of institutional adjustment related to approaches to discipline at the school. In terms of overall psychosocial adjustment, most participants (9/11) reported that within the first term of secondary school they had started to make friendships, were developing positive relationships with teachers, were feeling like they belonged and were settled in school. However, psychosocial adjustment was also the domain that most participants with visible and non-visible scars indicated where they had faced the most challenges. The rest of this section expands on the themes raised with respect to burn-related psychosocial adjustment.

### **Themes from the interviews**

The themes identified clustered around the overarching central construct of social acceptance, defined here as being liked and accepted by one's broader peer group (Nangle, Erdley, Newman, Mason & Carpenter, 2003). Social acceptance is a normative developmental task of adolescence which is put into relief by the transition to secondary school for all young people. However, the majority of participants described experiences that suggest that for many of these young people with a burn injury, the process of navigating social acceptance in the transition to secondary school brought with it additional tasks and challenges. Three themes were identified which related to "talking about my burn scars"; "showing my burn scars"; and "things other people do". Table 2 illustrates these themes and their subsequent sub-themes, and Figure 1 is a diagrammatic representation of the thematic framework.

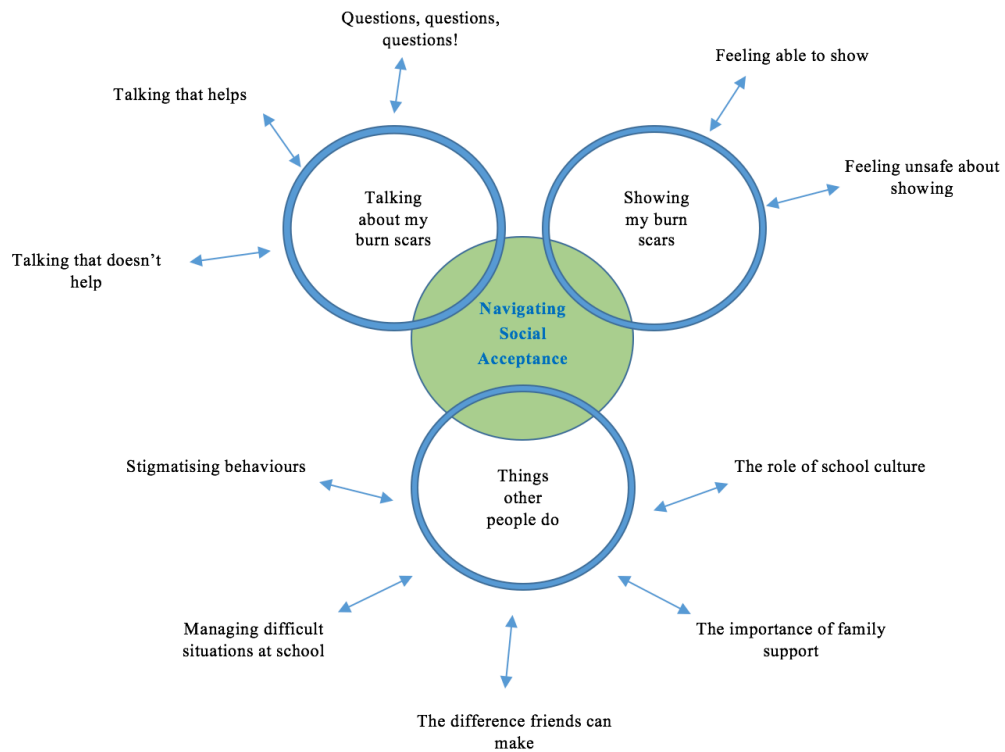
## 1.0 Talking about my burn scars

Most of the participants reported that the transition to secondary school brought situations that involved talking about their burn scars.

*Table 2: Summary of themes*

<b>Themes</b>	<b>Sub-themes</b>
1.0 Talking about my burn scars	1.1 Questions, questions, questions! 1.2 Talking that helps 1.3 Talking that does not help
2.0 Showing my burn scars	2.1 Feeling able to show 2.2 Feeling unsafe about showing
3.0 Things other people do	3.1 Stigmatising behaviours 3.2 Managing difficult situations at school 3.3 The difference friends can make 3.4 The importance of family support 3.5 The role of school culture

Figure 1. Diagrammatic representation of thematic framework related to navigating social acceptance



### 1.1 Questions, questions, questions!

Upon starting secondary school, the majority of young people reported having to re-engage in answering questions about their burn scars as they met new people and negotiated the new context. For young people with visible scars, the questions occurred immediately and regularly: *“It’d be random like, obviously in the first couple days they’d be like “oh, excuse me, what’s that?” (P10) and “[w]ell I answered it time and time again, then they ask how it happened and then it comes to a point when you just can’t be bothered anymore” (P4).* For others with scars not normally visible, as time passed there were more situations in which scars were noticed (e.g. PE class) and questions followed, *“in PE they asked when I took off my*

*tights*” (P11) and “*they asked when we were changing the first time*” (P8).

The participants reported that most people seemed curious or unfamiliar with burn scars and the most common questions were related to “what is it?”, “are you OK?” and “how did it happen?” - “*I think, they're just wondering what it is, like what actually happened*” (P3).

The frequency of questions varied across the sample. Those with visible scars tended to report that it happened every time they met someone new. Others described the frequency as more intermittent: “*it doesn't happen like constantly, like every day, but it depends, sometimes it will be a month, then they'll say something*” (P5).

There were, however, some participants with non-visible scars who reported much lower incidence of burn-related questioning. Two of these participants reported only encountering the occasional question at the beginning of Year 7, explaining that “*my burn scars are not noticeable really*” (P8) and “*people don't notice them much*” (P11). Two other participants did not recall experiencing any questions related to their burn scars at all: “*no one asked about them*” (P1) and “*no questions at all 'cause you can't see it*” (P2).

### *1.2 Talking that helps*

There was a general consensus that the tone of the question made a significant difference to how comfortable the young person felt answering. One participant offered advice to people who are curious: “*confront them nicely, I like when people say like 'excuse me, if you don't want to tell me it's fine, but blah blah blah my scar?' That's nice to hear*” (P10). Participants who had positive experiences of sharing their stories with friends emphasised that what made them feel most comfortable was that the friend did not keep pushing for more information:



*He's one of the people, that they understand, they're just like 'oh what happened?' and they don't make a big deal, like someone who's like 'oh what happened', and I said, 'I got burned', and he was like 'OK'. (P10)*

A key element here was that the young person with the burn injury was choosing to give more information instead of feeling obliged to offer information. A variant on this idea involved the other person not initiating the discussion at all but waiting for the information to be shared:

*I don't know, we just clicked instantly...he, it was easy to talk to him about everything that had happened...it was easy to listen as well... Straight away...he didn't have to ask loads of questions, it was just easy...I chose to tell him, he didn't ask. (P3)*

Helpful talking was respectful, not intrusive - and ideally initiated by the young person with the burn injury.

Many participants reported that their parents had been involved in helping teachers to learn about their story. This support was particularly important if the young person was encountering difficulties, but was also appreciated in terms of relieving the pressure on the young person to talk about their burn injury. The parents of two of the participants had approached the secondary school prior to their child starting to help other adults at the school understand their stories and ease their child's integration (P4, P6). A further five parents met with teachers or pastoral leads as issues arose in Year 7 and Year 8 (P3, P5, P7, P9, P10).

### *1.3 Talking that doesn't help*

Many participants explained that when people were insistent in their questioning, it felt intrusive, unwanted and did not create a situation in which talking felt safe or positive. The idea that the questioner felt entitled to the information was also seen as inappropriate: *"Yaah, they can't just go away. They can't just deal, like*

*they need to know things*” (P9). Repeated questions from the same person were interpreted on a continuum between inattentiveness to unkindness. One participant reported experiences in which someone repeatedly asked the same question about the scar. This left the participant feeling like the other person was not listening: *“It just makes you feel uncomfortable in a situation where people aren't listening... And asking even more questions”*(A3). Another participant shared that she was left with the feeling that the other person’s intentions were unkind, but in an implicit manner, which made it difficult to confront and name, *“if they've never asked before then I don't mind telling them...but it's when it gets to the point that they're [the same person] asking all the time...like what's that about...?”*(P5). Some participants found that questions from people they did not know well felt inappropriate:

*It's alright sometimes, if I've known, if I'm closer to them, I'll tell them. But other people who don't usually talk to me, when they ask it's a bit weird as to why they're asking, when they don't usually talk to me.* (P3)

Similarly, another participant advised other young people to respect that talking about a burn scar is a personal issue and asking outside of the context of having a relationship with the young person is not helpful: *“Ok...like try your best...um...like try get close them but like, like don't like just say ‘what happened to you?’ Like try like slowly saying it”* (P9). However, some participants reflected that questions from people you do not know was an inevitable part of looking different that they had come to accept: *“I would say, every time I meet someone new they go ‘oh what's that?’... people notice any difference”* (P10), and *“it was a new place, new people...ya know what's gonna happen”* (P4).

Several participants emphasised how unhelpful it was when their stories were not held in confidence by other people: *“sometimes when I tell someone about it, and*

*then ...someone else asks, ...and then they want to know and I'm like no and then the person I told, the person I think won't tell anyone, they tell that person.” (P9).*

In other instances, not talking created difficulties. Participants described a balance between talking and not talking which appeared delicate and burdensome to negotiate particularly when one did not want to talk, but felt they had to in order to maintain social connectedness. One participant explained that “[i]f someone asks you, be open about it, answer them, then especially, in your first secondary days, don't say like ‘oh go away’, ‘cause suddenly the whole school is looking at you like some negative person” (P10). However expedient in terms of smoothing social interactions this recommended openness may be, for others the tension between the questions feeling uncomfortable and the burden of sharing was noted:

*...so first of all don't be pushy...and don't try and make a joke out of it, 'cause that will probably just make them lash out at you, because they'll be very tense about it as soon as you bring it up, and they might just snap at you, when they don't even want to, but they just feel so defensive they'll snap at you maybe.*  
(P6)

Another participant who remained isolated throughout Year 7 reflected that she believed that her refusal to answer questions had contributed to her difficulties and alienated others (P9).

## **2.0 Showing my burn scars**

The data in relation to “showing” suggested a complex interplay between an individual’s beliefs about showing, the context of showing and their behaviours.

### *2.1 Feeling able to show*

Some young people described already having developed a very clear idea by the time they started secondary school that showing their burn scars was their preferred approach and they acted consistently with this belief:

*I think you should be open about it. If someone asks it's good, it's to build confidence and that, to get used to it. 'Cause you're gonna have to get used to it at some point, can't avoid it for the rest of your life. You can't say, no one's gonna see this scar, no one's gonna talk about it, and that's it... be open about it, don't hide it, you shouldn't hide something like that. (P10)*

Another participant experienced no tension between his belief that showing was preferred and acting in line with this belief; however, this occurred in a context in which no one had commented on his burn scars (P1).

For one young person maintaining consistency with her belief that showing was her preferred action in the new and exposing context of the PE changing rooms felt too difficult to manage without support. The approach she took was to speak with the PE teacher and ask her to speak to the class (without the young person being present) prior to their first changing session. This was a successful strategy which created a situation that felt manageable and allowed the girl to be more comfortable changing with the others (P3).

### *2.2 Not feeling safe showing*

For another participant who also held strong beliefs about the importance of showing and not hiding her scars, the context of PE changing rooms in secondary school was too difficult to manage and at first she secretly used a separate space to change:

*So there's these changing rooms, so I went into one of them for the first month or so and then I got locked in the changing room once and I came out and the*

*teacher had a massive go at me for being the last one out and the door being locked, and at the parents' evening my mum did explain to them why I was going in there. (P7)*

Other participants also felt uncomfortable in PE changing rooms initially, but endured this discomfort until people got used to their scars (P5, P8, P11). One young person described a much more difficult process in terms of showing his burn scars. He explained that *"I always felt very odd getting changed in the changing room...I always felt like people stared and I never particularly liked it, it made me feel like a kind of freak"* (P6). This discomfort extended to his relationships with friends with whom he felt it was unsafe to show his scars: *"They never knew. I was in bottom set PE class and they were in the top set PE class so they never saw me changing."* (P6). This young person held a personal belief that talking about his burn injury was acceptable in some contexts, but his repeated experiences of social rejection and bullying meant that he held different ideas from the other participants on the usefulness of showing his scars.

### **3.0 Things other people do**

Almost all participants expressed concerns about making friends prior to starting at their new school and some explicitly related these concerns to their burn injuries and a fear of rejection related to their appearance. One young person who had had a difficult time in primary school worried: *"People might judge me like...I don't know they might not like how I look or what like my burns and that"* (P9). Another participant explained that he had been dreading the social aspects of starting secondary school because: *"I was just scared that somebody would um just come up to me, you're a weirdo and I don't wanna, I don't like you, and everyone else saying the same thing to me. I was so scared about that"* (P6).

Overall, once starting secondary school participants described a range of experiences from peer acceptance to stigmatisation in social encounters with other young people. For one young person, his burn injury was not a factor in his social world with no one ever commenting on it (P1). He held a belief that people did not notice or care. Other young people with “not really noticeable scars” did not report any experiences of burn-related rejection or stigmatisation by peers. And another participant commented with pleasant surprise that during a difficult period in Year 8 he had *not* been singled-out over his burn scars: “*everything was bad, funny thing is, throughout all of that, nobody was making fun of that (lifts hand with scar)*” (P4). Others, however, described experiencing various types and degrees of stigmatising behaviours from peers related to their burn scars.

### *3.1 Stigmatising behaviours*

#### *Staring*

Most participants relayed experiences of being stared at by other students when they had joined their secondary school: “*yah I have to get used to people staring at me*” (P10); “*the first day I went in I was alright with it, but I felt people staring at me*” (P6); and “*if they kept staring at me, I’d say I got burnt when I was seven and then they just turn[ed] away and just left me*” (P7).

Other participants reported feeling self-conscious when called on in class. One participant advised teachers that one way they could “look out” for young people with burn injuries was not to ask them too many questions in class because it may make them feel uneasy: “*if they just wanna sit at the back of the class and not really be noticed, if you’re asking them to [answer] questions, then obviously the entire class is going to turn and look*” (P4). Another participant described experiencing lingering stares when she answered questions in class:

*When the teacher asks you a question... you want to answer it, but you don't want to say anything 'cause everyone's looking at you, and then after she'd finish talking to you...they'd all still stare and look...but when you're in that situation you don't know what they're looking at...you have the instinct that they're looking at your burn injury, you have the instinct they're just staring, you don't know. (P3)*

### *Singling out*

Other participants described being approached by other students in ways that felt uncomfortable and unacceptable to them. An example of this included pointing and being approached by a group of people:

*P: If you want to ask them, cool, but don't say to your friends, oh let's go ask him.*

*I: As a group?*

*P: Yah, that's terrible... don't go up as a group to them, like 'wow, what's that?' ...No pointing!...my friends still do this [when they see someone who looks different], not when I'm around, but they still do it, 'oh you see that!'. You do not point! You don't point! (P10)*

Another young person described experiencing people being dared to come and ask her about her burn scar: “*Or maybe some people get dared...I've had that sometimes*” (P5).

### *Cruel words*

There were also several examples when peers were cruel and insulting:

*Sometimes...they would come up to me and ask, 'oh can I touch it' and then they'd be like 'uh it doesn't feel very nice' and sometimes I'd think to myself, if you had something like that maybe you'd understand like, you wouldn't like call 'gross' or stuff like that...that's my skin, it's part of me. (P5)*

In another example, a participant's burn injury was described to her as looking like “maggots” (P3). One young person who had lost a finger in a burn accident described another boy trying to embarrass him by ridiculing his burn injury: “*he used to go 'high*

*four*” (P4). And another participant whose mobility had been affected by his scars reported repeated experiences of being ridiculed for the slowness of his running, this included being called “*lazy*” (P6) and people denying that he had a physical disability.

### *Rejection and bullying*

There were a few instances in which participants experienced rejection by peers. One participant described the experience of witnessing other people noticing the burn scars on her hand and this resulting in behaviours that made her feel isolated and rejected: “*sometimes I, when I sit ... people just like look at my hand and then they like move up a bit, like to the side*” (P9). Another example involved a participant who had had boyfriends who broke up with her because their friends were saying things about her scars (P5).

For one participant, the fear of the “bullies” at his school finding out about his non-visible burn scars was significant. He had experienced both burn-related and non-burn-related bullying and believed that his burn scars made him vulnerable to future difficulties:

*[I]t's hard to move into secondary school, and when you're being bullied...it's always a worry, you don't want to tell someone about your burns ...if that person decides to tell someone else... until a bully finds out, and then the bully starts taking you on about it. (P6)*

### *3.2 Managing difficult situations at school*

A common coping mechanism among participants in reaction to stigmatising behaviours was to mask their feelings/reactions:

*Just when people say stuff don't let it bother you, it will inside, just don't show it, then they go and get a reaction out of it and then they are gonna carry on, and maybe if you just let it drift away they won't do it anymore. (P5)*



Another participant felt that confronting people who behaved inappropriately was the approach that would most likely succeed in nipping the hurtful behaviours in the bud:

*P: No, they just, they're just doing it to annoy you, they're just doing it to get on your nerves and don't let 'em, don't let 'em get on your nerves.*

*I: What happens when you let 'em get on your nerves?*

*P: They'll do it more, they'll just carry on and carry on, and won't stop, they'll know you're an easy target if you stand up for yourself straight away, and show you're not an easy target, if they've got nothing on you. (P3)*

Almost all the participants indicated that they would ask a teacher or adult at school for help if a problem became too difficult to manage on their own. One participant described asking a librarian to report a bullying incident on his behalf (P6) and another explained that sometimes it is important “*to not just keep it to yourself, like tell someone...a teacher, head teacher, the head of year, any teacher, adult, friend...family and stuff like that and then it's a lot easier*” (P7).

Participants explained specifically the types of support that were helpful in general from teachers or other adults at school. They wanted someone to keep an eye out for problems, especially in the early weeks: “*um I just, just put some extra effort in for the first few weeks until you notice that the kid has solid friendship group, whose mates will be there to stick up for them if something goes wrong*” (P6). At the same time, the young people did not want the teacher hovering or fussing over them: “*they should...be supportive, but like not ask about it like every day or every week*” (P5). Additionally, many participants explained that the most helpful thing teachers can do is “*ask the young person*” (P3) how they want to be supported and let the young person make decisions about what to do:

*I'm not saying treat 'em differently to the other students but ask them before you pick on them, ask them if they want to be called on in lessons...and stuff*

*like that... but make sure you're not doing [things] so they're embarrassed.*  
(P3)

### 3.3 *The difference friends can make*

It is important to note that for almost all the participants who had experienced some form of being treated differently and/or stigmatisation, they had also experienced being accepted by, included in and supported by, friendship groups. Most participants moved with at least a few friends to secondary school. Participants explicitly connected moving with friends with being important to managing questions about his or her burn scars: “[P]eople ask loads of questions and if most of ‘em already knew it would be a lot easier” (P3). This young person explained how one of her friends helped out when she started secondary school: “[he] doesn't say it in a nasty way, it's just like, ‘look she don't want to answer you can you move on’ and then they just don't answer back, they just go” (P3). Three participants made special applications to get into a school outside their catchment area arguing that moving with friends was particularly important in terms of integration into the new school because of their burn injury (P3, P4 and P10).

This experience of support from friends was not ubiquitous in the group. One participant described feeling like her friends did not understand how difficult it could be to manage with her burn scars and that their lack of understanding was hurtful: “They [her friends] don't seem upset for me...they don't understand what it's like, like to have a burn, and feel the way people like say stuff to you, and the way you feel” (P5). Two other participants did not have any primary school friends attending their secondary school and both struggled with peer acceptance and finding friends. Both of these participants explained that they found it hard because they felt as if there was no one there to help with the questions and comments: “I don't particularly have a

*friendship group either so I've got no one to stick up for me, so I am very very very much the weird guy, the one that no one likes"* (P6).

### *3.4 The importance of family support*

Many young people identified the importance of parental/family support in nurturing their confidence to manage other people's negative reactions to their scars. This support included enabling opportunities to learn how to manage questions when they were younger (e.g. through attending clubs, theatre groups, sports, swimming in public); parents who were always willing to listen and support their children when they encountered difficulties; and parents who encouraged their children to talk about and show their burn scars. One participant directly linked her mother's openness about her burn (parental modelling of talking and showing) to easing her secondary school transition, explaining that it made "*a lot of difference because maybe I dealt with it better, with it at school, [with] that attitude*" (P5). Similarly, another girl explained that her mother always encouraged her to talk and show her burn scars so now "*I can express what's happened to me, I can tell people and be, I know who I am and that no one else can change it*" (P7).

### *3.5 The role of school culture*

There was evidence in the interviews that different school cultures influenced how other students and the participants themselves related to difference and how that played a role in fostering acceptance for visible difference. Although all participants described their school as having a "no bullying" policy, the efficacy of the implementation of this policy and its permeation into the culture of the school varied significantly. Two participants described their schools as ineffectual at noticing and reacting to difficulties; one of these examples had resulted in significant experiences of social isolation and stigmatisation (A9), whilst the other had not (A4). Most

participants described their school's approach to "bullying" as reactive but not preventative. They explained, however, that once a problem had arisen the teachers had been able to deal with it in a helpful manner (P1, P2, P3, P5, P6, P8). Another participant explained that his school was quite small with a very strict approach to discipline, which he believed had resulted in "*no bullying at all*", and he reported that he had "*never even seen bullying*" (P10).

There was one example of a school which specifically embraced a proactive approach to managing difference and fostering self-confidence in its students. It had implemented an adult- and peer-mentoring programme which sought to engender a culture of inclusion and acceptance. The participant attending this school described the effect of this ethos on herself and other students whom she described as being "different". She explained that her mentors had taught her:

*[D]on't cover it up, be who you are, express it...you only get a short amount of time to express and the people will know it, and they'll remember who you are...and really take you as who you are and they won't just leave you out, like they'll be friends with you. (P7)*

This participant described her heartfelt belief in difference as a positive thing and that this was a common belief at her school. She also explained that the school had a series of "heroes" (student mentors) who stepped in when someone was being bullied or socially isolated. This was in contrast to other schools in which participants entreated other students to "step up" when they saw someone with a burn injury being targeted for their difference: "*When you see someone else being rude to them, step up for them*" (P9) and "*[d]on't be a bystander...don't let it happen...make sure you stick up for what you know is right, and tell somebody... 'cause it would be as much your fault as it would be the bully's fault...if you do nothing*" (P3).

## **Discussion**

This study explored the experience of young people with burn injuries transitioning to secondary school with a particular focus on seeking to identify if there were burn-related challenges, opportunities, barriers and facilitators in the process of adjustment to the new context. The overall context described by the group included a full range of transitioning experiences from “easy” to “difficult”. The participants all reported managing the process of academic and institutional adjustment within the first term at the new school. Some participants also reported straightforward psychosocial adjustment processes. However, most participants also described a range of tasks and challenges that they had had to negotiate related to their burn scars around navigating social acceptance. The facilitators to transition identified included “talking that helps”, friendships, parental and teacher support and school culture. For those who had experienced more problematic psychosocial adjustment in transition, issues were raised around difficulties with intrusive social interactions, concern about showing their burn scars, social isolation, bullying and stigmatisation.

### **The experience of transitioning to secondary school**

The range of overall experiences of transition to secondary school in this sample are consistent with experiences in the general population. Research indicates that most young people manage to adjust to many of the new institutional, academic and psychosocial demands of secondary school by the end of the first term (Galton, Gray & Ruddock 1999, 2003; Galton, Morrison & Pell, 2000; McGee, Ward, Gibbons & Harlow, 2004; Measor & Woods, 1984; Rice et al., 2011; Zeedyk et al., 2003). However, approximately 30% of young people undertaking transition experience ongoing adjustment difficulties at the end of Year 7 with related internalising, externalising and relational difficulties (Lohaus, Elben, Ball & Klein-Hessling, 2004).

The sample size and qualitative approach of the research precludes reliably situating the young people interviewed here in relation to these general trends. However, it is worth noting anecdotally that the group broadly reflected this overall pattern of adjustment, with only two of the 11 describing themselves as still struggling with transition adjustment difficulties at the end of Year 7.

### **Barriers to social acceptance**

Quantitative studies with burn-injured populations and other groups with a visible difference have failed to find a consistent correlation between “visibility” of the scar/condition and overall psychosocial adjustment (Feragen et al, 2010; Soon, 2015). There is some evidence of visibility being associated with higher incidence of bullying and stigmatisation in young people with burn injuries (Rimmer et al., 2007). The experiences described by the participants here did not suggest that the visibility of a young person’s burn scars had a significant effect on the overall quality of experience of school transition or social acceptance. However, the data have provided important information on how visibility did affect the onset and frequency of social intrusions. This suggests an important experiential difference in the process of school transition that visibility of scars may influence.

Other research in child and adolescent visible difference has remarked on the heterogeneous nature of experiences of social acceptance (Rumsey & Harcourt, 2007). Many of the young people in this study experienced intrusive social encounters related to questions and sometimes stigmatising behaviours about their burn scars. The types of, degree of and the young people’s frustration with, appearance-related intrusive and stigmatising social encounters were consistent with research on other people with burn scars or other types of visible difference (Beak, 2015; Carroll & Shute, 2005; Feragen & Borge, 2010; Frances, 2000; Lawrence et al., 2011; Rumsey & Harcourt, 2005,

2007; Thompson & Broom, 2009; Rimmer et al., 2007). Research has demonstrated a relationship between experiences of appearance-related social harassment/stigmatisation with internalising difficulties, social avoidance and dissatisfaction with appearance (Feragen & Borge, 2010; Stock & Feragen, 2016). The two participants who had experienced the most difficult processes of navigating social acceptance in this study also reported more frequency in experiences of stigmatising behaviours by others. At the same time, most participants reported that experiencing stigmatisation or social harassment was, for most, only a part of their experience of social integration and peer acceptance. The more negative experiences of stigmatisation had not precluded the majority of the young people from keeping old friends and making new friends while settling into their new social environment. The qualitative data here adds further to this literature by suggesting that for many of the young people, experiences of rejection and acceptance interacted in a fluid manner and should not be understood as exclusive. The descriptions here suggest that it was not a matter for most participants of *either* being socially excluded *or* accepted, instead they had experiences of *both* exclusion *and* acceptance.

### **Facilitators of social acceptance**

#### *Personal Resources*

The repeated experiences of having to answer questions related to burn scars and also manage stigmatising behaviours by others was facilitated by having good social skills, confidence and assertiveness. The research in burns suggests that social skills may be an area of relative weakness for burn survivors, which may be a factor, which correlates with poor general psychosocial adjustment (Bakker et al., 2013; Meyer et al., 1995). The descriptions provided here by participants on experiences of the transition to secondary school and the increased demand to manage social

intrusions may suggest the need for a higher than average degree of social competence. As such, social skills and social competence may play a pivotal role in influencing the psychosocial adjustment of an individual with a burn injury undergoing this transition.

### *Friends*

Making friends and social acceptance are an important part of adolescent development and are frequently cited as among the most common pre-transition worries in the general population of students (Evangelou et al., 2008; Zeedyk et al., 2003). These pre-transition concerns were mirrored by the participants in this study. Overall, the evidence here suggests that the majority of the group were successful at managing this process. The evidence base on the importance of friendships to positive psychosocial adjustment after a burn injury is well-established (Bakker et al., 2013; Davidson, Bowden, Tholen, James & Feller, 1981; Feragen et al., 2010) The results here provide rich explanations of specific ways that friendships had protected and enabled young people with burn injuries to manage the unwanted attention their burn injury may have garnered and helped to manage their story as they started secondary school. Primary school friends played an important role in the process of acceptance by providing a safe space where talking about burn scars was less prevalent and, in some cases easing interactions with new people. In contrast, for the two participants who had joined secondary school with no established friendships, their experiences of navigating social acceptance in their peer group were predominantly characterised by rejection and isolation.

### *Parents and teachers*

Several young people highlighted the importance of parental modelling and support around accepting their burn scars and developing confidence in managing difficult situations in transition. Parental support is well-evidenced as an important



factor in psychosocial adjustment post-burn injury (Landolt, Grubenmann & Meuli, 2002; LeDoux et al., 1998; Meyer et al, 1994; Simons et al., 2010).

Participants also cited support from teachers or other adults in the school in easing their integration into their peer groups. There is a growing evidence base on the role of school-based pastoral care in supporting students who are experiencing social isolation and/or bullying (Ttofi & Farrington, 2011; Waasdorp, Bradshaw & Leaf, 2012). However, there is less known on what specific skills, knowledge and approaches are most helpful for teachers in supporting young people with burn injuries at secondary school. The data here provides important information on the specific types of difficulties encountered related to having a visible difference and the types of support the young people found helpful. In particular, participants identified that it was useful when a teacher kept a discrete eye out for problems; asked the young person if and what type of support would be helpful; and was aware of how being called on in a group may make the young person feel vulnerable to staring and unwanted attention.

#### *Role of context*

There is a gap in the general literature in our understanding of the role of school-specific qualities or school culture in easing secondary school transition (West et al., 2010). There is emerging evidence on the role of “school climate” on bullying within primary, middle and secondary schools (Gage, Prykanowski & Larson, 2014). The person-environment-fit theory is frequently cited in academic educational research and suggests that an individual’s motivation and mental health are impacted by the fit between an individual’s personal characteristics and the characteristics of the social environment (Eccles & Midgley, 1989; Eccles et al., 1993). The results here suggest that school culture or ethos had an influence on how young people with burn

injuries experienced the transition to secondary school. In particular, how schools integrate “difference” into their community and also the responses they provide when difficulties are encountered were influential in smoothing social difficulties within their peer groups for many participants.

### **Quality appraisal**

The study was designed and executed in line with criteria for assuring rigour in qualitative research (Barker & Pistrang, 2005). A child and adolescent developmental perspective was used as an overarching interpretative framework to situate the themes and subthemes in a coherent context. The themes were grounded in the data, stayed as close to the participants’ words as possible and were illustrated with direct quotations across the sample (Ponterotto & Grieger, 2007). See Appendix N for the percentage of quotations by each participant. The researcher engaged in a reflective, reflexive approach throughout the design, data collection and analysis stages (Ahern, 1999; Fisher, 2009; Tufford & Newman, 2012). This included keeping a reflective diary and regularly discussing the dilemmas that arose throughout the design and data collection stages of the research with supervisors. In particular, these reflections focused on considering the influence of the researcher’s position as an adult, a helping professional and her previous affiliation with some participants through the Children’s Burns Club, on data collection and analysis. Multiple credibility checks were employed including the auditing of coding, iterative consideration of initial themes and employing consensual approach in finalising thematic structure with the researchers’ supervisors.

### **Study limitations**

There were several methodological limitations which need to be considered when interpreting the findings. Due to limitations in time and resources, it was not

possible to share the final thematic framework with participants and explore testimonial validity (Stiles, 1999). Nor was it possible to have more than one person code the data (Barker & Pistrang, 2005). These would have been valuable additional credibility checks.

In addition, it is likely that those individuals who volunteered for the study were more willing and able to reflect on their experiences of living with a burn injury than those who did not volunteer. This may have impacted on the quality of their experiences of transition. A further factor that needs to be considered is that six of the 11 participants were members of the Children's Burns Club, which provides support to young people post-burn-injury to facilitate psychosocial adjustment, which may also have influenced their transition experiences. As such, the sample may be reflecting and possibly over-representing the more positive end of the spectrum of secondary school transition for young people with burn injuries within the broader cohort.

The age range of participants from 12-14 years should also be considered. This range was chosen to enable adequate recruitment and allow for longer processes of transition to be captured. However, this meant that some participants were reflecting back up to two years to recount their experiences of transition. These recollections will have been influenced by all the experiences that they had accrued in the interim around school adjustment generally and burn-related psychosocial adjustment specifically. In addition, although the sample was diverse and well-represented in terms of gender, age, ethnicity, burn size and location, it was not possible to recruit anyone with greater than 30% of total-body-surface-area burns. This is a significant limitation, as the experiences of transitioning to secondary school of those with larger burns were not explored.

A further limitation of the study is the small sample size and the generalisability of the results. This sample was, however, consistent with the conventional range of sample sizes for qualitative studies (Baker, Edwards & Doige, 2012; Guest, Bunce & Johnson, 2006). In addition, the representativeness of the findings is arguably strengthened by the diversity of the sample and the large catchment area for the recruitment, including both rural and urban areas (Williams & Morrow, 2009).

### **Research Implications**

This study suggests a complex interplay between individual resources and experiences, support from others, context and the behaviours of others in the psychosocial adjustment of young people with burn injuries undertaking the transition to secondary school. In particular, “context” emerged as a potential factor in how the young people in this study adjusted to the tasks of transition in general and those specifically associated with negotiating those tasks with a visible difference. The results suggest that school culture can play an important role in supporting those living with a burn scar(s) as they are joining a new school, but to date no research has been undertaken on the role of school culture in transition experiences of those with a visible difference. Future work that specifically integrates an exploration of the ethos of the new context with the individual’s resources, resiliency and vulnerabilities is recommended.

Empirical research has demonstrated the mediating role of social acceptance in the development of friendships for young people in general and for those with a visible difference specifically (Bukowski, Pizzamiglio, Newcomb & Hoza, 1996; Feragen et al, 2010; Nangle et al., 2003). The descriptions here suggest that the relationship between social acceptance by the peer group and individual

friendships may have a bidirectional quality. Empirical studies exploring the role of friendships in mediating peer acceptance for those with a visible difference would be valuable.

Future research focusing on parental/carer perspectives on the issues predominant in transitioning to secondary school for young people with burn injuries is also needed, i.e. particularly in seeking to explore what types of concerns of parents/carers and the types of support they have found most useful in easing their child's experience. Other areas of paediatric burns research have found a divergence in parental and child perceptions of experiences of social rejection and stigmatisation (Lawrence et al, 2011). A comparison between the perspectives of the young person and the parent/carer about the experience of transition to secondary school would be useful.

### **Clinical recommendations**

A number of clinical recommendations can be drawn from the accounts of transition to secondary school by young people in this study to support others about to undergo this move:

#### *1) Skills in talking about burn scars*

The importance of having the skills and confidence to manage one's story when having to navigate social integration into a new context was repeatedly illustrated in the responses from participants. For those who struggled most, their confidence and ability to "control" the conversation tended to be less developed. Opportunities for training on managing conversations, particularly unwanted ones, relating to visible difference is recommended for both young people and their parents/carers. Adopting established short-term social skills training programmes to support individuals with a visible difference and incorporating the information

participants provided here - about “talking that helps” and “talking that doesn’t help” into training - is recommended (Blakeney et al., 2005; Fauerbach, Pruzinshy & Saxe, 2007; Kish, 2010).

2) *Preparing the school for the issues related to managing with a visible difference*

Some of the parents of the young people interviewed in this study had approached their child’s school prior to starting to familiarise the adults (teachers, etc.) with their child’s story and any particular concerns that they had about transition. The role of a school’s culture and approach to “difference” may be particularly important to easing the transition for young people with a visible difference. It is recommended that school-focused interventions be considered that seek to foster a culture of inclusion and familiarity in thinking and talking about difference for both teachers and students. The Changing Faces School’s Team has developed interventions for schools in supporting students with a visible difference (Frances, 2000). In particular, participants here suggested it would be helpful to support schools to: raise awareness around the situations which may be uncomfortable for a young person with a visible difference (e.g. impact of staring, teasing, etc.); provide psycho-education addressing prejudice and bias related to visual difference; promote positive thinking about difference; encourage teachers to always ask the young person how they would like to manage difficult situations; and keeping a discreet eye out for problems.

3) *Meeting others with burns*

The descriptions of feeling different and for some isolated suggests that it may be useful prior to transition to secondary school to support opportunities to meet other young people with burn injuries who are about to undergo the process of transition or those who have already completed transition (Cox, Call, Williams & Reeves, 2004).

This would provide important peer-support and peer-mentoring opportunities for sharing experiences (both positive and negative), preparing the individuals for what to expect and sharing ideas about managing and coping as they integrate into new peer groups.

### **Conclusions**

The group of young people with burn injuries in this study described experiences of transition that were broadly comparable in overall nature to the general population, but for many this had also involved additional tasks and challenges around navigating social acceptance in their new school contexts. The nature of the experience of transition to secondary school for these young people with burn injuries involved a complex and unique interplay of multiple factors, including burn-related variables, personal skills and resources, life experiences, systems of support and the culture of the school into which they are entering.

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### **Part 3: Critical Appraisal**

## **Introduction**

This paper reflects on some of the issues and challenges that arose in the process of undertaking qualitative research in Part 2 of this thesis which aimed to explore the experiences of transitioning to secondary school for young people with burn injuries. It focuses on the process of getting ethical permission to work with a child and adolescent clinical population; and on issues of engagement in the interviews. It includes an on-going reflection on the various positions that the researcher assumed at different stages in these processes; and on the effects that these positions had on some of the dilemmas encountered in undertaking the research (Das, 2010).

### **Talking to young people with a burn injury – seeking permission**

Koocher (1974) delineates the four levels of “getting permission” when one is seeking to undertake research with child and adolescent participants related to difficult subject matter as: institutional ethics permission; local research setting permission; parent/carer permission and child/adolescent permission. This section of the discussion will focus on the first level of permission seeking - institutional ethics procedures - and the ethical dilemmas encountered related to research involving burn-injured young people.

#### *NHS Ethics approval*

This study involved a NHS clinical population and was subject to the established NHS Ethics Committee approvals process. The ethical standards for research within the NHS indicate that: “*The dignity, rights, safety and wellbeing of participants must be the primary consideration in any research study*” (DoH, 2005, p.7). This is operationalized through providing complete and accessible information,

enabling freedom of choice and ensuring protection from harm. Studies are quality assured and assessed through a written application and attendance at a local NHS Research Ethics Committee (REC) meeting.

#### *Dilemmas in ensuring protection from harm*

There were some dilemmas that arose in the process of trying to protect my potential participants from harm. Throughout the application preparation process, protecting the participants from harm was at the centre of everyone's mind including the researcher, the researcher's academic and external supervisors and the Joint Research Office officer. There emerged, however, within this process of seeking to safeguard potential participants, a tension around what constituted "harm". At times, there was also a subtle, and I would suggest unintentional, pathologising of what it means to be a young person living with a burn injury. Both of these issues are illustrated below.

The preparation of the Young Person Participant Information Sheet (PIS) required that I comply with prescribed guidelines on content. The Health Research Authority (HRA) website provides clear direction on wording directly related to potential harm and benefit (HRA, 2017). I was also provided with child and adolescent proforma PISs by my JRO officer and my supervisors who all advised me to comply closely to the wording prescribed.

#### *The young people's role as active agents in defining their position*

I drafted an initial Young Person PIS. I was allowed to attend for an evening session at the National Burns Camp in August 2016 and ran a Focus Group with 20, 15 and 16 year olds to review the participant documentation and interview schedule. The most heated debate ensued around the Young Person PIS's risk section. The original version of the risk section read as follows:

***What are the risks of taking part in the study?***

*We do not think that any harm can come to you or your family as part of taking part in this study. But it may be that for some people, talking with the researcher brings up painful memories. If this happens and you find it distressing, the researcher will give you the details of the Psychological Therapies Service which works with the Burns Team or she can contact the Team for you if you would prefer.*

The group indicated that reading this made them feel anxious that the researcher did not know whether or not the young person would be harmed, “*we do not think...*”, and that the words “*painful memories*” and “*distressing*” were too threatening. We discussed how people may become upset in the interview and that I, as the researcher, had a responsibility to warn them about any potential harm. The group acknowledged this and agreed but still felt the wording was inappropriate. There followed a detailed discussion which pivoted around the group challenging the idea that “harm” and “being upset” were the same thing. One young person’s opinion was that: “*if you get upset [when talking] you’ve already been upset in your head so this isn’t a risk, it is what has already happened. The thing that made you upset is the harmful thing.*” Another young person added “*the accident hurt me, not talking about it!*”.

Subsequently, the group suggested words that they felt were less threatening for this section and they were included in the revised Young Person’s PIS (see Appendix H), which was accepted without revision by the Ethics Committee. This discussion made me reflect on how in seeking to protect potential participants from harm, the wording of the document had generated feelings of anxiety and a lack of confidence in the competence of the researcher. This had made the young people in the focus group feel unsafe. I was also confronted with such a clear expression of resilience in the group. It made me realise that there had been an underlying assumption in the original wording that the young people were particularly vulnerable,



perhaps with an implication of an inability to cope (Kirk, 2007). However, the Group provided a different idea about their abilities; the idea that they had already survived the “harm” and that talking about it was manageable to them. This discussion helped me to reposition the young people “*as active agents rather than passive objects of research*”(Kirk, 2007, p. 1252). It reminded me to hold in mind what my previous work with this group had taught me about recognising qualities of resilience alongside vulnerabilities, instead of focusing on the latter. I reflected at this point at how the written process of the Ethics application had seemed quite pathologising of the group.

#### *The influence of permission seeking on how I positioned myself*

The next stage of the permission seeking process was to attend the local NHS REC meeting. My experience of the meeting was very different from what I had anticipated. I had been warned by other colleagues and trainees that the meeting would be quite adversarial and because I was proposing to do research with a clinical group of young people that the discussion would focus around risk of harm, plans for managing distress, etc. In fact, the Committee seemed confident in my awareness and understanding of my responsibilities for keeping the children safe from harm. The majority of the changes required in my study pivoted around my interview schedule which they felt was biased at times with the assumption that the young people would encounter difficulties. In essence, their main critique was that I had assumed a problem-based perspective and had pathologised the group. Constructive suggestions were made around how to ask more neutral and open questions such as “And once you started secondary school, how did it go?” instead of “Did you encounter any difficulties?”. I reflected with my supervisor on my experience of the pathologising

effect of the written Ethics application process and how I had subsequently, unwittingly, adopted a pathologising position in relation to my clinical population.

### *Balancing safety and dignity*

There is a tension in the process of pursuing research with young people addressing potentially difficult subject matter, between giving voice to their experience and protecting them from further distress (Kirk, 2007; Koocher, 1974). This tension presented itself throughout the permission seeking process with my own position shifting along a continuum which prioritised different types of information related to life with a burn injury. Overall, this experience has illustrated to me how applying for ethical approval influenced my conceptualisation and presentation of the population I was going to work with. The Ethics application required that I look at my study and the potential population through a lens that sought to protect the individuals, but this may also have inadvertently led me to focus on the vulnerabilities and difficulties of living with a burn injury. The NHS REC committee repositioned me more neutrally and suggested less pathologising language in the interview schedule. This reminded me to attend to remaining open to a full range of possible experiences was essential to my competence as a qualitative researcher (Ahern, 1999). It was important to consider reflexively these issues, that arose during my experience of applying for Ethical permission prior, prior to starting interviews and the analysis stage of the research to ensure that they did not bias my focus, interests or assumptions about this group and their experiences (Ahern, 1999). This process of reflection reminded me that the guidelines on research quality standards regarding my responsibilities included a duty of care to ensure the safety of my participants but also to balance this with protecting their “*dignity*” (DoH, 2005).

## **Talking to young people with a burn injury - conducting the interviews**

### *Engagement*

I experienced a sharp learning curve around interviewing young people in qualitative research. The first interview I undertook with a participant and his parents felt stilted and difficult. The adolescent was quite monosyllabic and seemed disengaged. In line with guidelines on conducting qualitative research, I listened to the recording of the interview (Britten, 1999). I noticed how different this conversation was from my therapeutic conversations with adolescents, during which I was almost always able to engage the young person in conversation. It was clear to me in listening that I had been nervous and doubting my ability to engage the young person (Harden, Backett-Milburn & Jackson, 2000). I had been very conscious that qualitative interviews were different from a therapeutic encounter and in my earnestness not to conflate the two, it appeared that I had abandoned some of my core skills around building rapport (Orb, Eisenhaur, & Wynaden, 2001). I reflected that I had done most of the talking in the first interview because I was filling in the silences. I also noticed that the young person's parents were filling in the silences at times. I reflected on how much adult anxiety was in the room relating to this young person's economical communication. It seemed that in a situation in which the adults were rushing to fill the gaps, that this had left no space for the young person's words. The interview was quite formal and awkward at times, and I left with the conviction that I needed to change how I positioned myself in future interviews.

It was clear that I had not established a context that had enabled the young person to feel like an active participant in the research interview (Davis, 1998). I was aware that I needed to think about how to establish rapport more effectively, especially given that subsequent interviews may touch on sensitive subject matter (Gill et al.,

2008). I also held in mind that children and young people can find one-to-one interviews with adults intimidating (Hood et al, 1996). This discomfort may also be underpinned by perceived power differences which may be around due to my role as an adult and as a helping professional. Guidance in qualitative interviewing has identified rapport as a factor in reducing perceived social distance between people (Kirk, 2007; Miller & Glassner, 1997). I had been very unstructured in my rapport building efforts in my first interview and decided to take a more task-based approach; attempting to reduce some of the demand characteristics of direct conversation on the participants before they felt comfortable with me (Harden et al., 2000; Kirk, 2007). I decided to focus on rapport building exercises which brought the young person's "expertise" into the centre of the conversation, hoping that this would help engender confidence and comfort in talking (Freeman, Epston & Lobovits, 1997). In the end, I decided on a strengths-based familiarisation task which focuses on positively connoting their life of the young person. The exercise positions the young person as the "expert" on their life but also explores specific domains of interest and competence (Freeman, Epston & Lobovits, 1997). This exercise also provided very useful information that helped the conversation flow more smoothly when we discussed school transition as I had already been introduced to key figures in the young person's life and they didn't have to stop and explain. Another technique I consciously adopted to build rapport and reduce potential perceived social distance between us was to share my own experience with them as they told me about their interests (Harden et al., 2000; Kirsch, 2005). This included discussing sports I also played, pointing out when we shared a common interests or discussing in detail online video games. These adaptations were effective and subsequent interviews went more smoothly, with the participants doing the majority of the talking and feeling comfortable discussing

sensitive topics.

### *Researcher's position*

I employed iterative bracketing throughout the research process, this involved regular meetings with my supervisors, keeping a detailed research diary at each stage of the research process and regularly consulting it in the design, data collection and analysis stages of the project (Ahern, 1999; Fischer, 2009; Tufford & Newman, 2012). There were three interviews, in particular, which raised several issues with regards to the influence of either my previous relationship with the young person through the Children's Burns Club (CBC) and/or my ongoing affiliation with the organisation. Research with minority ethnic communities has explored the positioning of the researcher as an "insider" when they are members of the same ethnic group as participants. There is evidence that this "insider" position can have an influence on both a willingness to participate and disclose in qualitative research (Das, 2010; Mani, 2006). It has been hypothesised that common cultural experiences and understandings shared by the researcher and the participants may create a context in which sharing one's story feels safe (Das, 2010). This discussion will borrow this idea of "insider" status; not through the shared life experience of having a burn injury, but through my previous and on-going affiliation with some of the participants through the CBC.

### *"Insider" status - opening up talking*

It is common in research with child and adolescent clinical participants that it is difficult to recruit more psychologically distressed participants to research projects (Betan, Roberts & McCluskey-Fawcett, 1995). The two participants who presented with the most difficult transitions including frequent experiences of stigmatisation,

bullying and social isolation were both member of the CBC. It transpired that affiliation with the CBC was integral to their consenting to participate.

Near the end of the interview, the mother of the first young person explained to me that her son had never spoken in detail about his experiences at school before or about his burn injury, with anyone other than her. The young person explained that “*I don’t mean to be rude, but I don’t have much time for psychologists*” but that because I (the researcher) was part of the CBC, he decided to agree to participate. In this instance it appeared that my “outsider” status as a helping professional was subordinated to my “insider” status as an adult working in the CBC. He had just joined the CBC a few months earlier but we had not met previously; he explained that the adults in the Club “*were different*”, and that he found it was easier to be with them. In this instance, if I was going to be trusted with this young person’s story, it was important that I had experience of working with, and supporting, young people with burn injuries.

The aunt of another young person who participated in the study explained that the reason the young person agreed to take part was because it was me who would be doing the interview. The young person and I had had a lot of contact three years earlier. I had recruited her to the CBC and had been the keyworker for her and her family on the first family weekend they attended. We also attended a week-long long residential camp together.

When I arrived for the interview, her Aunt and adult Cousin explained how difficult starting secondary school had been for her and that she had not made any friends. I interviewed her and she did manage to disclose many painful experiences and talk about how difficult the year had been. This opened up the opportunity to think about what support may be helpful to her, and she allowed me to talk with her

Aunt and Cousin and everyone agreed that inviting the CBC's psychologist in to support the school could be useful. The Aunt attributed this "*opening up*" to her fondness of me and the Aunt's belief "*that you understand her better*" (meaning I was familiar with issues young people with burns struggle with). I think had I not had a previous relationship with this young person in which I had proven my trustworthiness, then it is unlikely she would have agreed to participate in the study and shared the more painful parts of her story.

In these two instances, my affiliation with the CBC seemed to open up the possibility of talking about the experience of transitioning to secondary school for these two young people. The participants and their families described a belief that my previous clinical work and affiliation with the CBC meant that I would be familiar with the types of difficulties the young people had encountered, and that I would be a safe person with whom to share their difficult experiences. In these cases, it appears that my "insider" status may have influenced the recruitment process and enabled those on the more distressed end of the continuum to feel able to participate.

*"Insider" status - closing down talking*

The final interview I would like to discuss, I was left wondering if my affiliation with club and familiarity to the participant had the opposite effect - that it closed down communication. In this situation, the young person's mother had shared with me several experiences of aggressive cyber bullying and situations in which ex-boyfriends had been very hurtful to her daughter. The young person and I had met three years earlier at the week-long residential camp but had not spoken beyond greeting each other. She was a friendly and open girl and always greeted me warmly at subsequent CBC events. When I asked questions in the middle of the interview about bullying, cyber-bullying or if friends had ever betrayed her trust, she looked at

me quite intensely and simply said “*no those things have never happened*”. My previous relationship with her was not as developed as with the young person previously discussed, so it was possible that I had simply not earned her trust sufficiently for her to share these painful memories with me. In terms of our rapport, however, the conversation in the interview flowed easily and she was open and forthcoming in other disclosures around stigmatising behaviours and social intrusions by other students.

Afterwards, I pondered what I could have done to have made the space feel safer for her. This led me to think about the challenges of discussing painful experiences of living with a visible difference in which issues of shame may be around (Kent & Thompson, 2002; MacGregory, 1990; Noltensmeyer & Meisenbach, 2016; Smart Richman & Leary, 2009; Soon, 2015; Thompson & Broom, 2009). I considered that perhaps if I had been a complete stranger, someone who she would never see again, it might have felt safer to talk. I wondered if the prospect of seeing me at future CBC events meant that I was not “safe” to hold the some of the most painful parts of her story? Maybe she was concerned about how this information would affect my view of her? Or maybe these experiences were discordant with her identity as popular and socially successful? Or perhaps she held concerns about confidentiality going forward, and wondered would I share her story with other people in CBC? Or maybe that others would be able to figure out it was her if I quoted her in my study? In this instance, my affiliation with the CBC may have acted to close down the possibility for talking and exploring this young person’s experience.

Mani (2006) reflects that on researching as an “insider” within her own ethnic community, it was necessary to strike a balance between reducing unhelpful social distances between the researcher and the participant, but also ensuring that their



worlds remain separate enough to enable safe sharing of information (Mani, 2006). The risk of too much overlap may be to raise concerns about issues of reputation, privacy and confidentiality (Das, 2010; Mani, 2006). I reflected that I had not adequately anticipated balancing these factors in this instance. In the future, if I were engaged in research with this group again, prior to starting the interview it would be important to raise the issue of previous and on-going affiliation through the CBC explicitly. I would seek to explore with the potential participants the opportunities and risks that our affiliation may create in context of the research (Kirk, 2007).

These cases raise interesting dilemmas related to recruitment to and engagement in qualitative research projects discussing potentially sensitive subject matter. It seems that previous researcher affiliation with potential participants, in person or by proxy through the CBC, may have played a role in recruiting from the more typically difficult to reason group of research participants, i.e. those with higher levels of psychological distress (Betan et al., 1995). However, there was also evidence that previous and potentially on-going affiliation with a potential participant brings with it its own challenges to creating a safe space to discuss sensitive subject matter within a qualitative research interview.

### **Summary**

The empirical study aimed to capture the range of experiences of transition to secondary school for young people with burn injuries. There were several challenges that presented over the course of the project in terms of researching within a clinical population of young people, involving potentially sensitive subject matter. This discussion has sought to explore some of the dilemmas and tensions at different stages in the research. It particularly focused on the dilemmas and learning that occurred in

the Ethics approval process, and around the role that researcher-participant affiliations played in conducting the interviews.

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**APPENDIX A**  
**Search Protocol**

**Systematic review of papers “evaluating the quality of the evidence on interventions to support students undergoing the transition from primary to secondary school (Year 6 to Year 7).”**

**A.1 OBJECTIVE**

To evaluate the quality of the evidence base on interventions to support students transitioning from primary school to secondary school in Year 6 – Year 7.

**A.2 METHOD**

The framework for the systematic review adopted the “PICOS” format, representing Participants, Interventions, Comparators and Outcomes (Higgins, Green & Scholten, 2008). The following PICOS model was used to structure the current search protocol:

**Population:** Young people about to undertake or who have made the transition to secondary school (Year 6- Year 7, students aged 11-12 years). The target population is the general student population, students with special educational needs were excluded.

**Intervention:** Secondary school transition interventions that specifically targeted the transition from primary to secondary school. E.g. Interventions to support general mental health (for example, to reduce incidence of depression) over the same time frame but not specifically focused on transition were not included.

**Comparator:** The general population of students undertaking the transition to secondary school (Year 6 to Year 7).

**Outcomes:** Must include validated psychological and social outcome measures for young people aged 10 – 13 years; may also include measures of academic



achievement; behavioural assessments (including attendance records, disciplinary records, etc.).

**Setting:** Primary/secondary schools or home-based.

## **A.2.1 Criteria for considering studies for this review**

### A.2.1.1 Types of Studies

Peer-reviewed papers that compare intervention participants' data against general student cohort data using quantitative methodologies will be included. Opinion papers, review papers, governmental research studies (grey literature), qualitative and single case studies will be excluded.

### A.2.1.2 Types of Participants

The indexed participants will be boys and girls aged 10-12 years old who were involved in a psychosocial intervention to support their transition to secondary school. Studies focused on index participants with identified learning difficulties, including ASD and ADHD diagnoses (more than 50% of the participants in study) will be excluded from the review. There is a large literature on transitions for young people with learning difficulties including ASD and ADHD which suggests that learning difficulties can create specific challenges for transitions which may not generalize to the broader student population.

Data will be self-reported or reported by parents, teachers or mentors who know the indexed participant.

### A.2.1.3 Types of Comparators

Comparator groups will be groups undertaking a different transition intervention, groups provided with general transition support or groups provided with no transition support. Data for each group will be reported separately.

#### A.2.1.4 Types of Outcomes

The focus of this review is on studies that describe the institutional, academic and psychosocial adjustment to transitioning to secondary school. Studies which exclusively target academic outcomes will be excluded. Psychosocial outcome measures will be any index of psychological or social functioning including indices of mental health disorder such as anxiety and depression, indices of psychological functioning such as attachment, mood, quality of life, self-esteem and indices of social functioning such as social skills, social inclusion and peer relationships.

The outcome data will be provided via questionnaire-based data that has been quantitatively analysed.

#### **A.2.2 Search Methods for Identifying Relevant Studies**

##### Electronic Searches

Relevant studies, published from January 1<sup>st</sup>, 1996 to January 1<sup>st</sup>, 2017, will be identified from:

Pubmed

PsycINFO

Medline

CINAHL Plus

ERIC (Proquest)

ERIC (EBASCOhost)

SCOPUS

The search terms used for each database are outlined in the Search Protocol in Appendix B.

### **A.2.3 Searching other resources**

#### A.2.3.1 References from published studies

A citation and reference search from the papers identified in the core search will be performed to look for any additional, relevant studies that also fit the core search criteria.

#### A.2.3.2 Unpublished literature

A search of unpublished dissertations has been included in the formal search strategy. Attempts will be made to access relevant unpublished studies via direct contact with the author of these identified unpublished studies.

#### A.2.3.3 Language

Only studies reported in English were included.

### **A.2.4 Data Collection and Analysis**

#### A.2.4.1 Study Selection: Phase 1

The researcher will review titles and then abstracts generated by the search and eliminate studies systematically due to duplication, irrelevance or because they do not meet the inclusion criteria. A study attrition flow diagram will be constructed contemporaneously.

#### A.2.4.2 Study Selection: Phase 2

The researcher will access and read all papers remaining in the review. Further papers may be eliminated due to duplication, irrelevance or for failing to meet inclusion criteria. Information from the papers included in the study will be entered onto the data extraction table and assessed for quality based on the criteria below.

#### A.2.4.3 Data Extraction

Data will be extracted systematically from each paper using a data extraction proforma (Appendix C), which was adapted from the data extraction checklist described in the Cochrane Handbook (Reeves, Deeks, Higgins, & Wells, 2008). Data will be checked and entered. The researcher will contact study authors if further clarification of the study is needed.

#### A.2.4.4 Meta analysis

It is not anticipated that there will be sufficient studies of an equivalent nature to enter into a meta-analysis.

#### A.2.4.5 Analysis

The participants, outcome measures and outcomes will be summarized. The methodological quality of the studies will be compared based on the criteria listed in the section titled Quality Assessment.

#### A.2.4.6 Quality Assessment

The quality of the studies included in the search will be evaluated according to the following indices sourced from the Cochrane Handbook (Reeves et al., 2008):

- 1) Adequate Sample Size: This will be determined by identifying the statistical analysis used and calculating the sample size required for adequate power.
- 2) Representative Sampling Method: This will be determined by evaluating whether there were systematic biases in the way in which participants were sampled.
- 3) Validity and reliability of outcome measurement: This will be determined by whether or not the study utilised outcome measures with good reliability and validity data.

4) Validity of comparison group: The comparison group will be evaluated in terms of systematic differences to the clinical group as well as sampling biases in order to determine potential sources of error in between group comparisons.

5) Appropriateness of statistical analysis: The statistical analysis used will be reviewed to ensure that it is the most appropriate means of analysing between group differences given the nature of the data, the sample size and the question being tested.

6) Reporting biases: Papers will be checked to ensure that the conclusions reported by the authors are appropriately supported by their results.

7) Any other biases.

## **APPENDIX B**

### **Search Strategy and Results**

	<b>PsycINFO</b>	<b>SCOPUS</b>	<b>Pubmed</b>	<b>Medline</b>	<b>ERIC (Proquest)</b>	<b>CINAHL Plus</b>	<b>ERIC (EBASCOhost)</b>
<b>Search 1</b> <b>“transition”</b>	#1: Transition* (MtSH) exp School transition/ #2: Transition*	#1: Transition* (KW) #2: Transition*	#1: Transition*	#1: Transition*	#1: Transition* #2: Transition* (MtSH) exp Intervention/	#1: Transition*	#1: Transition*
	#3: Combine `#1 OR #2	#3: Combine #1 OR #2			#3: Combine #1 OR #2		
<b>Search 2</b> <b>“high school” or</b> <b>“secondary school”</b>	#4: High School (MtSH): High Schools #5:High School #6: Secondary School (MtSH) exp Secondary education/ or High school students /or Schools/ or High schools/ of School based intervention #7:Secondary School	#4: High School (KW) #5: High School #6: Secondary School (KW) #7: Secondary School	#2: High School #3: Secondary School	#2: High School (MtSH) exp Schools/ #3: High School #4: Secondary School (MtSH) exp Schools/ #5: Secondary School	#4: High School (MtSH) exp High Schools/ or High School transition #5: High School #6: Secondary School (MtSH) exp Secondary School Student/ or Secondary School #7: Secondary School	#2: High School #3: Secondary School	#2: High School #3: Secondary School
	#8: Combine #4 OR #5 OR #6 OR #7	#8: Combine #4 OR #5 OR #6 OR #7	#4: Combine #2 OR #3	#6: Combine #2 OR #3 OR #4 OR #5	#8: Combine #4 OR #5 OR #6 OR #7	#4: Combine #2 OR #3	#4: Combine #2 OR #3
<b>Search 3</b> <b>“intervention”</b>	#9: Intervention* (MtSH) exp Intervention/ or School based intervention #10 Intervention	#9: Intervention* (KW) #10: Intervention*	#5: Intervention*	#6 : Intervention* (MtSH) exp Early intervention (education) # 7: Intervention*	#9: Intervention* (MtSH) exp intervention/ or intervention 04938/ or program effectiveness #10: Intervention*	#5: Intervention* (Search Phrase) exp Intervention strategies/ or Intervention programme/ or Intervention Study #6: Intervention*	#5: Intervention* (Search Phrase) exp Intervention strategies/ or Intervention programme/ or Intervention Study #6: Intervention*
	#11: Combine #9 OR #10	#11: Combine #9 OR #10		#8: Combine #6 OR #7	#10: Combine #9 OR #10	#7: Combine #5 OR #6	#7: Combine #5 OR #6
	#3 AND #8 AND #11	#3 AND #8 AND #11	#1 AND #4 AND #5	#1 AND #6 AND #8	#3 AND #8 AND #10	#1 AND #4 AND #7	#1 AND #4 AND #7
<b>Results</b>	<b>921</b>	<b>178</b>	<b>134</b>	<b>316</b>	<b>142</b>	<b>90</b>	<b>241</b>

**APPENDIX C**

**Data Extraction Form**



**STUDY ID:**

**PART ONE: ELIGIBILITY**

**1. Type of Study**

Is the study a quantitative study?

YES                      NO                      MIXED METHODS

**If you have answered “NO” to this question STOP HERE.**

Did the study specifically focus on interventions to support the transition from primary to secondary school?

YES                      UNCLEAR                      NO

Was the transition from primary to secondary at the Year 6 to Year 7 time point?

YES                      UNCLEAR                      NO

Was the study an experimental design? (descriptive, comparator, other?)

YES                      UNCLEAR                      NO

**If you have answered “NO” to this question STOP HERE.**

**2. Participants & Outcomes**

Are at least 50% of the participants part of the general student population (e.g. not SEN, learning disabled, ASD, ADHD)?

YES    UNCLEAR    NO

Has the data been elicited from the indexed student, their parent, a teacher, a mentor or other professional involved in the students education?

YES    UNCLEAR    NO

Did the study include measures of psychological function in the form of mental health disorders or specific areas of psychological function or specific areas of social function?

YES    UNCLEAR    NO

Were the outcome measures for psychological/social function validated?

YES    UNCLEAR    NO

If you have answered NO to any of the questions about participants or outcomes please STOP HERE. If you have answered YES for all questions, please proceed to Part 2.

**PART 2: INFORMATION ABOUT THE STUDY**

**Quick Reference Overview:**

<b>Article Title:</b>	
<b>Year:</b>	
<b>Design Description:</b>	
<b>Population:</b>	
<b>Sample Size:</b>	
<b>Effect Size:</b>	
<b>Power Analysis:</b>	
<b>Intervention:</b>	
<b>Comparator:</b>	
<b>Outcomes:</b>	
<b>Setting:</b>	

**Detailed consideration:**

<b>Characteristics of the study</b>	<b>DATA EXTRACTION/COMMENTS</b>
Country where the study was conducted	
How were participants sourced?	
Was the study funded and how?	
<b>Characteristics of the participants</b>	
Inclusion criteria (please describe)	
Exclusion criteria (please describe)	
Number of potential participants (i.e. those approached for inclusion)	
Number who did participate	
Were responders and non-responders compared	
<b>Demographic Characteristic of Intervention Group</b>	
Age range (mean, S.D.) of participants	
Gender – number/% female and male	
Ethnicity of participants	
Socioeconomic status of	

participants	
Specific mental health/psychosocial/behavioural difficulties? Specified and how identified?	
<b>Demographic Characteristics of Comparison Group</b>	
Age range of participants	
Age of participants (mean, S.D.)	
Gender – number/%male	
Ethnicity of participants	
Socioeconomic status of participants	
Specific mental health/psychosocial/behavioural difficulties? Specified and how identified?	
<b><u>Outcome Measures</u></b>	
What was/were the outcome(s)?	
How was outcome assessed?	
Who completed the outcome measure (student, parent, teacher other)	
How were the outcome data obtained? (face-to-face, telephone interview, postal, other)	
Place of outcome assessment (inpatient, outpatient, home)	

<b>PART THREE: Study Quality</b>	<b>DATA EXTRACTION</b>
<b>Study Design:</b>	
Were hypotheses stated prior to the start of the study?	
Were all aspects of the study conducted prospectively? Including bias protocol?	
Description of intervention?	
<b>Controls for Selection Bias:</b>	
How were the participants selected? (convenience sample, all patient from data base included etc)	
Comparability of Groups –	
Was the sample size adequate for statistical power in comparison studies?	

Were comparison groups appropriate (size, population, demographics) for the study?	
<b>Controls for Confounders:</b>	
Were confounding factors considered? If so, which?	
Were confounders identified prospectively?	
What methods were used to control for any confounding?	
(i) restricted participant selection so that all groups had the same value for the confounder (e.g. restricting the study to male participants only);	
(ii) demonstrated balance between groups for the confounder;	
(iii) matched on the confounder; or	
(iv) adjusted for the confounder in statistical analyses to quantify the effect size.	
<b>Controls for Performance Bias:</b> Fidelity of intervention? What was actually done to each group? Is this clear?	
<b>Controls for Detection Bias:</b>	
How were the outcomes measured?	
Were measures used for outcome assessment reliable and valid?	
Were assessors blind to the different groups?	
Was follow-up long enough? Could effect have been transitory?	
Was dose response demonstrated?	
<b>Controls for Reporting Bias:</b>	
Were all results reported?	
Was there selective reporting?	
Was the method of analysis (qualitative and quantitative) adequately described and appropriate to answer the research questions?	
Are tables/graphs adequately labelled	

and understandable?	
What are the results of this piece of research? Results reported in sufficient detail?	
Some estimate of variance is reported for the main results?	
Are the authors' conclusions adequately supported by the information cited?	

**Any further comments about this study?**

Is further information required from the authors? YES NO

If yes, give details:

## **APPENDIX D**

### **Confirmation of NHS Research Ethics Committee Approval**



## Health Research Authority

### London - Bloomsbury Research Ethics Committee

HRA RES Centre Manchester  
Barlow House 3rd Floor  
4 Minshull Street  
Manchester  
M1 3DZ

Telephone: 0207 104 8002

**Please note:** This is the favourable opinion of the REC only and does not allow you to start your study at NHS sites in England until you receive HRA Approval

02 December 2016

**Dr Kristina Soon**  
Senior Clinical Tutor  
University College London  
Research Department of Clinical, Educational and Health Psychology  
University College London  
Gower Street, London  
WC1E 6BT

Dear Dr Soon

**Study title:** A qualitative analysis of the experience of young people with a burn injury and their parents of the transition to secondary school  
**REC reference:** 16/LO/1967  
**IRAS project ID:** 211036

Thank you for responding to the Committee's request for further information on the above research and submitting revised documentation.

The further information has been considered on behalf of the Committee by the Chair, Ms Clare Madin and Ms Sally Doganis

We plan to publish your research summary wording for the above study on the HRA website, together with your contact details. Publication will be no earlier than three months from the date of this opinion letter. Should you wish to provide a substitute contact point, require further information, or wish to make a request to postpone publication, please contact the REC Assistant, Miss Ewa Grzegorska, [nrescommittee.london-bloomsbury@nhs.net](mailto:nrescommittee.london-bloomsbury@nhs.net).

#### Confirmation of ethical opinion

On behalf of the Committee, I am pleased to confirm a favourable ethical opinion for the above research on the basis described in the application form, protocol and supporting documentation as revised, subject to the conditions specified below.

A Research Ethics Committee established by the Health Research Authority

### **Conditions of the favourable opinion**

The REC favourable opinion is subject to the following conditions being met prior to the start of the study.

Management permission must be obtained from each host organisation prior to the start of the study at the site concerned.

Management permission should be sought from all NHS organisations involved in the study in accordance with NHS research governance arrangements. Each NHS organisation must confirm through the signing of agreements and/or other documents that it has given permission for the research to proceed (except where explicitly specified otherwise).

Guidance on applying for NHS permission for research is available in the Integrated Research Application System, [www.hra.nhs.uk](http://www.hra.nhs.uk) or at <http://www.rdforum.nhs.uk>.

Where a NHS organisation's role in the study is limited to identifying and referring potential participants to research sites ("participant identification centre"), guidance should be sought from the R&D office on the information it requires to give permission for this activity.

For non-NHS sites, site management permission should be obtained in accordance with the procedures of the relevant host organisation.

Sponsors are not required to notify the Committee of management permissions from host organisations

### Registration of Clinical Trials

All clinical trials (defined as the first four categories on the IRAS filter page) must be registered on a publically accessible database within 6 weeks of recruitment of the first participant (for medical device studies, within the timeline determined by the current registration and publication trees).

There is no requirement to separately notify the REC but you should do so at the earliest opportunity e.g. when submitting an amendment. We will audit the registration details as part of the annual progress reporting process.

To ensure transparency in research, we strongly recommend that all research is registered but for non-clinical trials this is not currently mandatory.

If a sponsor wishes to contest the need for registration they should contact Catherine Blewett ([catherineblewett@nhs.net](mailto:catherineblewett@nhs.net)), the HRA does not, however, expect exceptions to be made. Guidance on where to register is provided within IRAS.

**It is the responsibility of the sponsor to ensure that all the conditions are complied with before the start of the study or its initiation at a particular site (as applicable).**

### **Ethical review of research sites**

#### NHS sites

The favourable opinion applies to all NHS sites taking part in the study, subject to management permission being obtained from the NHS/HSC R&D office prior to the start of the study (see "Conditions of the favourable opinion" below).

A Research Ethics Committee established by the Health Research Authority



## Approved documents

The final list of documents reviewed and approved by the Committee is as follows:

<i>Document</i>	<i>Version</i>	<i>Date</i>
Contract/Study Agreement [Statement of Activities]	Version 1.0	31 August 2016
Contract/Study Agreement [Schedule of Events]	Version 1.0	31 August 2016
Copies of advertisement materials for research participants [Study Advertisement Poster]	Version 1.0	31 August 2016
Covering letter on headed paper [Cover Letter]	Version 1.0	31 August 2016
Evidence of Sponsor insurance or indemnity (non NHS Sponsors only) [Letter of Sponsor Insurance]	Version 1.0	14 October 2016
GP/consultant information sheets or letters [Consultant Letter]	Version 1.0	31 August 2016
Interview schedules or topic guides for participants [Interview Schedule]	Version 2.0	16 November 2016
IRAS Application Form [IRAS_Form_14102016]		14 October 2016
IRAS Application Form XML file [IRAS_Form_14102016]		14 October 2016
IRAS Checklist XML [Checklist_14102016]		14 October 2016
IRAS Checklist XML [Checklist_21112016]		21 November 2016
Letter from funder [Evidence of Funding]	Version 1.0	31 August 2016
Letters of invitation to participant [Letter of Invitation to Participants]	Version 1.0	31 August 2016
Letters of invitation to participant [Participant thank you letter ]	Version 1.0	31 August 2016
Other [Certificate of Sponsor Insurance]	Version 1.0	14 October 2016
Other [Participant Card - Contact details for support services]	Version 1.0	16 November 2016
Participant consent form [Parent Consent Form]	Version 2.0	16 November 2016
Participant consent form [Young Person Assent Form]	Version 2.0	16 November 2016
Participant information sheet (PIS) [Young Person PIS]	Version 1.0	31 August 2016
Participant information sheet (PIS) [Parent/Carer PIS]	Version 2.0	16 November 2016
Referee's report or other scientific critique report [Peer Review of Project]	Version 1.0	31 August 2016
Research protocol or project proposal [Protocol]	Version 1.0	31 August 2016
Sample diary card/patient card [Participant Demographic Information]	Version 2.0	16 November 2016
Summary CV for Chief Investigator (CI) [CV - Chief Investigator]	Version 1.0	31 August 2016
Summary CV for student [CV - Research Student ]	Version 1.0	31 August 2016
Summary CV for supervisor (student research) [CV - Research Supervisor - K. Soon]	Version 1.0	31 October 2016
Summary CV for supervisor (student research) [Academic Supervisor - W. Mandy]	1.0	18 October 2016
Summary, synopsis or diagram (flowchart) of protocol in non technical language [Study Flow Chart]	Version 1.0	31 August 2016

## Statement of compliance

The Committee is constituted in accordance with the Governance Arrangements for Research Ethics Committees and complies fully with the Standard Operating Procedures for Research Ethics Committees in the UK.

## After ethical review

### Reporting requirements

The attached document "*After ethical review – guidance for researchers*" gives detailed guidance on reporting requirements for studies with a favourable opinion, including:

- Notifying substantial amendments
- Adding new sites and investigators
- Notification of serious breaches of the protocol
- Progress and safety reports
- Notifying the end of the study

The HRA website also provides guidance on these topics, which is updated in the light of changes in reporting requirements or procedures.

## User Feedback

The Health Research Authority is continually striving to provide a high quality service to all applicants and sponsors. You are invited to give your view of the service you have received and the application procedure. If you wish to make your views known please use the feedback form available on the HRA website: <http://www.hra.nhs.uk/about-the-hra/governance/quality-assurance/>

## HRA Training

We are pleased to welcome researchers and R&D staff at our training days – see details at <http://www.hra.nhs.uk/hra-training/>

<b>16/LO/1967</b>	<b>Please quote this number on all correspondence</b>
-------------------	---

With the Committee's best wishes for the success of this project.

Yours sincerely



**On behalf of  
Reverend Jim Linthicum  
Chair**

**Email:** nrescommittee.london-bloomsbury@nhs.net

**Enclosures:** "After ethical review – guidance for researchers"

A Research Ethics Committee established by the Health Research Authority

**Copy to:**

Ms Tania West

Mrs Mandy Austin,  
Mid Essex Hospital Services NHS Trust

A Research Ethics Committee established by the Health Research Authority

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**APPENDIX E**

**Local Trust Research & Development Department Approval Letter**

## TRUST APPROVAL LETTER

Jennifer Melville  
Trainee Clinical Psychologist  
St Pancras Hospital  
4 St Pancras Way  
London  
NW1 0PE

**Research and Development Department**

Broomfield Hospital  
West Wing 2  
Court Road  
Broomfield  
Chelmsford  
Essex CM1 7ET  
Main Switchboard: 01245 443673  
R&D Department: 01245 515136  
[Mandy.austin@meht.nhs.uk](mailto:Mandy.austin@meht.nhs.uk)

Letter prepared on 16<sup>th</sup> January 2017  
Effective from date of signature

Dear Jennifer

**Re: A qualitative analysis of the experience of young people with a burn injury and their parents of the transition to secondary school**  
IRAS: 211036 REC: 16/LO/1967 R&D 1185

We are writing on behalf of Mid Essex Hospital Services NHS Trust (MEHT) to advise that the above study was given R&D approval. MEHT has NOT agreed to act as sponsor. The following documents were reviewed by the R&D Department:

Document	Version	Date
REC approval		2 <sup>nd</sup> December 2016
HRA approval		12 <sup>th</sup> January 2107
Statement of activities		
Schedule of events		
Study Poster	1	31 <sup>st</sup> August 2016
Consultant Letter	1	31 <sup>st</sup> August 2016
Interview schedules or topic guides	2	16 <sup>th</sup> November 2016
Evidence of Funding	1	31 <sup>st</sup> August 2016
Letter of invitation to participant	1	31 <sup>st</sup> August 2016
Participant Thank you letter	1	31 <sup>st</sup> August 2016
Contact details card for support services	1	16 <sup>th</sup> November 2016
Parent Consent Form	2	16 <sup>th</sup> November 2016
Young Person Assent Form	2	16 <sup>th</sup> November 2016
PIS Young Person	1	31 <sup>st</sup> August 2016
Parent / Carer PIS	2	16 <sup>th</sup> November 2016
Protocol	2	16 <sup>th</sup> November 2016
Participant Demographic Information	2	16 <sup>th</sup> November 2016
Study Flow Chart	1	31 <sup>st</sup> August 2016
CV for J Melville		11 <sup>th</sup> January 2017
GCP for J Melville		6 <sup>th</sup> January 2017
Data protection registration		
Letter of Access for J Melville		11 <sup>th</sup> January 2017

Chairman : Professor Sheila Salmon

Acting CEO: Cathy Geddes

Version 7 February 2015

Jennifer Melville  
Trainee Clinical Psychologist  
St Pancras Hospital  
4 St Pancras ay  
London  
NW1 0PE

11<sup>th</sup> January 2017

Dear Jennifer

**Letter of access for research for the study – A qualitative analysis of the experience of young people with a burn injury and their parents of the transition to secondary school (R&D1185)**

As an existing NHS employee you do not require an additional honorary research contract with this NHS organisation. We are satisfied that the research activities that you will undertake in this NHS organisation are commensurate with the activities you undertake for your employer. Your employer is fully responsible for ensuring such checks as are necessary have been carried out. Your employer has confirmed in writing to this NHS organisation that the necessary pre-engagement check are in place in accordance with the role you plan to carry out in this organisation. This letter confirms your right of access to conduct research through Mid Essex Services NHS Trust for the purpose and on the terms and conditions set out below. This right of access commences on date of the Trust approval letter for the study and ends 31<sup>st</sup> December 2017 unless terminated earlier in accordance with the clauses below.

You have a right of access to conduct such research as confirmed in writing in the letter of permission for research from this NHS organisation. Please note that you cannot start the research until the Principal Investigator for the research project has received a letter from us giving permission to conduct the project.

You are considered to be a legal visitor to Mid Essex Services NHS Trust premises. You are not entitled to any form of payment or access to other benefits provided by this organisation to employees and this letter does not give rise to any other relationship between you and this NHS organisation, in particular that of an employee.

While undertaking research through Mid Essex Services NHS Trust, you will remain accountable to your employer, St Pancras Hospital, 4 St Pancras Way, London, but you are required to follow the reasonable instructions of your nominated manager, Tracey Camburn, R&D Co Director, in this NHS organisation or those given on her behalf in relation to the terms of this right of access.

Where any third party claim is made, whether or not legal proceedings are issued, arising out of or in connection with your right of access, you are required to co-operate fully with any investigation by this NHS organisation in connection with any such claim and to give all such assistance as may reasonably be required regarding the conduct of any legal proceedings.

You must act in accordance with Mid Essex Services NHS Trust policies and procedures, which are available to you upon request, and the Research Governance Framework.

Approval for this study is granted on the understanding that you will abide by the requirements of the Research Governance Framework issued by the Department of Health and all other relevant legislation. It is your responsibility to ensure that this project is conducted in accordance with the agreed protocol and that all storage and transfer of data complies with the Data Protection Act 1998. We would be grateful if you would ensure compliance with these instructions and the Trust R&D Operational Policy, which can be found on the Intranet.

Once the study is underway you will need to keep us informed of its progress. You will be required to complete a Project Annual Status Form issued by the MEHT R&D Department. Additionally, you should be aware that you might be required to participate in the audit of compliance to the Research Governance Framework, which is undertaken in a proportion of the projects each year. Finally when your project has reached completion you will be expected to complete an R&D Project Closure Form.

You will also need to inform the MEHT R&D Department if there are any changes to personnel, the protocol or any other documentation involved in the study. If the Principal Investigator (PI) retires, leaves the Trust or abdicates responsibility for this trial there must be a clear handover to the new PI which must be communicated in writing to the R&D Department.

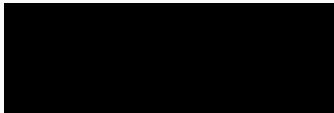
Furthermore, please note that any individual or members of a team intending to conduct research within MEHT, in accordance with Trust Policy and Department of Health Research Governance Framework, must have undertaken Good Clinical Practice (GCP) training. This is valid for two years.

You are reminded that failure to comply with any of the specifics detailed within this formal R&D approval letter could result in withdrawal of R&D approval. If you have any queries about any of the arrangements for this study please contact Mandy Austin, R&D Coordinator on Ext 5136, who will be happy to assist you.

This letter has been sent via email, with a read receipt requested. This will act as acceptance to the conditions outlined above, unless the R&D Department is informed of any issues within 48 hours of receipt of this document.

We wish you every success with the project.

Yours sincerely



**Tracey Camburn**  
R&D Co Director

Tracey Camburn R&D Director
<b>17 JAN 2017</b>
Mid Essex Hospital Services NHS Trust Broomfield Hospital Broomfield Court, 1st Floor, Court Road Chelmsford, CM1 7ET

**Cc Lauren Perkins, R&D & Innovation Manager**  
**Christian Barnett, Study Delivery Manager**  
**Helen Gerrish, Research Nurse MEHT**  
**Mandy Giles, MEHT**

**APPENDIX F**  
**Sampling Matrix**



Gender	Burn Size			Visibility (when dressed in school uniform)		Year		
	<10% TBSA* Burn Size	10- 30% TBSA	>30% TBSA	Yes	No	7	8	9
<b>Girls</b>								
<b>5</b>	<b>2</b>	<b>3</b>	<b>0</b>	<b>3</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>2</b>
<b>6</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>
<b>Boys</b>								
<b>6</b>	<b>3</b>	<b>3</b>	<b>0</b>	<b>3</b>	<b>3</b>	<b>1</b>	<b>3</b>	<b>2</b>
<b>6</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>

\*Total body service area (1% is estimated at the size of a hand).

**Red = Achieved**

**Black = Target sample quota**

## **APPENDIX G**

### **Semi-structured Interview**

## Interview Schedule

### Section 1: Context Questions

1. *Where did you go to primary school?*
2. *What school did you go to next? When was that?*
3. *Are you still at the same school now?*

**Explain focus:** In our discussion today, I'd like to ask you some questions about your experience of joining secondary school. To start with I am really interested you in your thoughts, feelings and memories of the time just before the transition. So if you could try to remember how it felt before you made the move, before you knew what it would actually be like, when I am asking the next few questions that would be really helpful. We will have time after that to talk about what actually happened.

### Section 2: Anticipation of what transition involved/would mean

**QUESTION: How did you feel about moving from primary to secondary school before it happened?**

*Prompts: (if necessary)*

1. Were you looking forward to starting secondary school? If so, why?
2. Do you think your parents were looking forward to it too? How about your friends?
3. Did you have any concerns?
4. Were there any plans to help with the transition? What were they? Who helped with these? What did they do? Was this helpful? Open days? Visits in school hours? Activities prior to transition? Meeting form teacher? Other students prior to starting?

5. If not covered, ask if s/he had friends from primary school who were going to be at their new school?

### **Section 3: What actually happened in the transition**

**Question: Once you started at secondary school, how did it go?**

**How was it? What happened?**

*Prompts: (if necessary)*

1. What were the best bits? or What surprised you in a good way?
2. What were the worst bits? or What was more difficult?
3. Were there plans in place to help with the transition? If so, who helped with these plans? Were the plans helpful?
4. Did the school do things to help you and the other students in year 7 make the transition to secondary school?
5. What's your school like? Is it friendly/clikey/competitive?
6. Do you feel settled in the school now? How long did that take? Do you feel like you belong in the school? Do you feel part of a community? If so, can you give an example?
7. How were your friendships? Do you have a best friend?
8. Did you have any difficulties with friendships? Tell me about those? What did you do about these difficulties? Did you ask for help? Did anyone help?
9. Did you do after school or lunch time activities? If yes, what activities? If no, why?
10. Are you in any clubs outside of school? Were they a support? If so, how?
11. How were things with your teachers?
12. How did you find the school work? How did you do? How was concentrating/focusing in class?

13. How did/do you find answering questions in class? (Prompt if appropriate - Other people with burn injuries sometimes say it makes them feel self-conscious, like everyone is looking at them, do you ever feel that way?)
14. How did you cope with changing classes? Finding your way around the school? Having all the right books/equipment?
15. Did anyone ask you about your scar/s? Did anyone stare? Or make you feel uncomfortable in any way? If so, what did you do? Did you talk to anyone about this? Did you ask for help? If so, what did that person do to help? Was it helpful?
16. Does anyone else in your school have a burn injury/scars?
17. Was there anyone who was particularly helpful with your transition? Particularly unhelpful?

#### **Section 4: What do you now know about making the transition to secondary school**

##### **Questions:**

- 1. What advice would you give to other young people with a burn injury about how to manage the transition to secondary school? What to look out for? What to prepare for?**
- 2. What advice would you give to parents who have an adolescent with a burn-injury making the transition to secondary school? Prompts: What did your parents do that helped you? What do you wish they had done differently?**
- 3. What advice would you give to teachers about how best to support young people with a burn injury who are about to transition to secondary school?**

- 4. What advice would you give to other young people who don't have a burn injury about how they could support a young person with a burn injury who is just starting secondary school? Make it easier for them?**

**Winding down: (choose as appropriate)**

I was wondering if you could tell me about an activity that you particularly enjoy or are good at in your life? What is it about it that you enjoy?

How do you like to relax? What is it about that that you particularly enjoy?

Can you think of something that you've done recently that you really enjoyed? What was it that was so fun about that?

**APPENDIX H**

**Young Person Participant Information Sheet**



## PARTICIPANT INFORMATION SHEET FOR YOUNG PEOPLE

*A study looking at the move to secondary school for young people with a burn injury.*

### Would you help us with our research?

We would like to ask you to think about helping us with our research study. A research study is a way to learn more about people.

Please read this information carefully and talk to your mum, dad or carer about the study.

You can also ask the researcher if there is anything that is not clear or if you want to know more.



### Why are we doing this research?

We want to try and find out what kinds of experiences young people with burn injuries actually have of moving to secondary school.

We want to learn the good things and the difficult things that can happen.



This information will help us to support other young people about to start secondary school and prepare them for the sorts of things that may happen.

### Why have I been asked to take part?

You have been invited to take part because you have had a burn injury and are treated at the St Andrew's Burns Service.

### Do I have to take part?

**No! It is entirely up to you. Take time to decide if you want to take part. If you don't then that's fine, you'll still be looked after in the St Andrew's Burns Service just the same.**

**You are free to stop taking part at any time during the study, even in the middle of the interview. You don't have to give a reason and no one will be cross. Just say "I don't want to do it anymore".**



### How will this study help people like me?

We will use what we learn from the study to support other young people with burn injuries who are about to make the transition to secondary school. We want to use the information to help them be more prepared and confident.





### What will happen to me if I take part?

- The researcher will interview you and at least one of your parents/carers for about one hour each. She will ask questions about how you found moving from primary to secondary school.



- These conversations will be recorded so she does not have to take notes and can pay attention to what you are saying.
- You can have your parent/carer with you or you can do it on your own.
- Your parent/carer will be asked to fill out a sheet giving us some details on you, your family and your burn injury.



- You can do the interviews in the clinic at the hospital or in your home. You and your parents/carers can decide what is best for you.



- To thank you for your time and effort, we will be offering all the young people who take part in the study a **£10 Amazon voucher** after the interview has finished.

### Are there any risks in doing the study?

If you have had difficult experiences and you decide to share them in the interview, sometimes this can be upsetting.



If this happens and you want support, we have services that can help. The researcher will have details of the Psychological Therapies Service that works in the St Andrew's Children's Burns Service and can contact them for you if you want.

### If I have any questions, who can I ask?

You can ask the researcher:

Jennifer Melville, Trainee Clinical Psychologist, University College London, 07908115004, Jennifer.Melville.14@ucl.ac.uk

### Who will know I am doing this study?

The researcher, her teachers and the team at the St Andrew's Children's Burns Service who look after you will know you are in the study. All information that is collected about you during the research is kept strictly **private** and **confidential**.




When the study is finished, the researcher will write a report about what has been learned. This information will be shared with people who work with young people with burn injuries. This report will not include your name or say that you were in the study.

**APPENDIX I**

**Parent/Carer Participant Information Sheet**



Mid Essex Hospital Services   
NHS Trust  
St Andrew's Centre



## **PARTICIPANT INFORMATION SHEET FOR PARENTS/CARERS**

**Study title:** *A study looking at the transition to secondary school for young people with burn injuries.*

**Researcher:** Jennifer Melville, Trainee Clinical Psychologist

### **Invitation:**

We would like you and your child to help us with our research study. Please read this information and talk to your child about the study. Ask us if there is anything that is not clear or if he/she wants to know more. Take time to decide if you and your child want to take part. It is entirely up to you and your child if you want to do this. If you decide that you don't then that's fine, your child will continue to be looked after at St Andrew's Children's Burns Service just the same.

### **Why are we doing this research?**

We know that parents and young people with burn injuries are often concerned about changing schools but there has not been much research looking at what a move to secondary school is actually like. We want to try and find out what kinds of experiences young people with burn injuries actually have of moving to secondary school.

### **Why have we been asked to take part?**

Your child has been chosen because he/she has had a burn injury and is treated at the St Andrew's Children's Burns Service.

### **Do we have to take part?**

No! It is entirely up to you and your child. You and your child are free to stop taking part at any time during the research without giving a reason. If you decide to stop, this will **not** affect the care your child receives at the St Andrew's Children's Burns Unit.

### **What will happen to us if I take part?**

We would like to interview at least one parent/carer and their child for about an hour each. A researcher will ask questions about how you and your child found the move from primary to secondary school. These conversations will be recorded. You can be with your child during his/her interview if you would like. We will also ask you to fill out a sheet that gives us some details on your child, your family and your child's burn injury. We can do the interviews at the hospital or in your home. You can decide what would be best for you.

It may be necessary to contact you by telephone after the interview for a brief discussion on any points or quotations that the researcher felt needed further clarification. The researcher will ask you if you are happy for her to contact you if this is necessary and how you would like her to contact you before you participate in the interview.

In exchange for your child's time and effort, we will be offering all the young people who participate a £10 Amazon voucher after the interview has been completed.

**Will the study help my child?**

Participating in the study will not necessarily directly benefit your child.

The information we get will help us to make sure that we are able to develop better ways of supporting young people with burn injuries who are about to make the transition to secondary school. Young people with burn injuries who have been helping us design the study have indicated that helping other children with burn injuries is important to them.

**What are the risks of taking part in the study?**

We do not think that any harm will come to you or your family as part of taking part in this study. However, sometimes the discussion may bring up difficult or painful memories which can be upsetting. If this happens and you want support, we have services that can help. The researcher can give you details of the Psychological Therapies Service that works in the St Andrew's Children's Burns Service or they can contact the Service on your behalf.

Contact details:

**Psychological Therapies Services**  
Mid Essex Hospital Services NHS Trust  
Broomfield Hospital  
Chelmsford, Essex  
CM1 7ET  
Tel: 01245 516741

**Will anyone else know we are doing this?**

The people in our research team and the team in the Burns Unit who look after your child will also know will know you and your child are taking part.

All information that is collected about your child and you during the research will be kept strictly confidential and any information that has names and contact details on it will be kept in a locked secure place.

The only time the researcher would not be able to keep information confidential was if you or your child told her something that indicated that either of you were at risk of coming to harm or someone else was at risk. If that situation occurred, she may need to speak with other professionals in order to keep everyone safe.

All the personal information collected about you and/or your child will be kept securely in a locked drawer in a locked room in the Research Department of Clinical, Educational and Health Psychology, University College London. Only the Research Team will have access to this drawer.

Information will be transported from interviews to the locked storage room in a locked portable container. Any information stored electronically will be stored on the University College London computer system which is secure and password protected or on a locked and password protected memory stick.

The researcher will type out the interviews herself. These transcripts will not have any information to identify either you or your child (they will be anonymised).

**What will happen to the results of the research study?**

When the study has finished we will present our findings to people who work with young people with burn injuries. We will also put the results in magazines and websites that people who work with young people with burn injuries read. We will put a brief summary on the hospital research website so that you and your child will be able to read about our results too. This will be available at the end of the

study, in *Autumn 2017*, on [www.meht.nhs.uk](http://www.meht.nhs.uk). The results will also be included as part of the educational qualification of the researcher who interviews you and your child. All the results presented to other people or published in magazines or websites will be anonymous, which means that you and your child will not be able to be identified from them.

**Contact information:**

Jennifer Melville  
Researcher & Trainee Clinical Psychologist  
University College London  
Tel: 07908115004  
Email: [Jennifer.Melville.14@ucl.ac.uk](mailto:Jennifer.Melville.14@ucl.ac.uk)

**APPENDIX J**  
**Parent/Carer Consent Form**



Centre Number:  
Study Number:  
Participant Identification Number for this trial:

**CONSENT FORM**

Title of Project: Transition to secondary school for young people with a burn injury

Name of Researcher: Jennifer Melville, Trainee Clinical Psychologist

Please initial box

- 1. I confirm that I have read the information sheet dated.....16.11.16 (version...2.0...) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
- 2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my medical care or legal rights being affected.
- 3. I understand that relevant sections of my child's medical notes and data collected during the study, may be looked at by Jennifer Melville, from UCL, regulatory authorities or from the NHS Trust, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my child's records.
- 4. I understand that the information collected about me will be used to support other research in the future, and may be shared anonymously with other researchers.
- 5. I agree to the usage of direct quotations from my interview which have been anonymised.
- 6. I agree to my Consultant and my GP being informed of my participation in the study.
- 7. I agree to take part in the above study.
- 8. I agree to my child's GP and Burns Consultant being informed of our participation in this study.

_____	_____	_____
Name of Participant	Date	Signature

_____	_____	_____
Name of Person taking consent	Date	Signature

**APPENDIX K**

**Young Person Assent Form**





Mid Essex Hospital Services **NHS**  
NHS Trust  
St Andrew's Centre



## PARTICIPANT ASSENT FORM (Young people aged 11-13 years old)

1. I have read the Participant Information Sheet.
2. I know that I don't have to take part if I don't want to and I can change my mind at any time.
3. It is OK for the person doing the research to record my interview.
4. It is OK for the person doing the research to use direct quotes from my interview if they do not use my name.

Please put a circle around the "No" or the "Yes" to let us know if you are happy to be part of the study:

**NO**

**YES**

Your name: \_\_\_\_\_

Your signature: \_\_\_\_\_

Date: \_\_\_\_\_

Researcher's Name: Jennifer Melville

Researcher's signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **APPENDIX L**

### **Analytical Framework**

Analytical Framework - Process of Transitioning to Secondary School

Analytical Framework - Process of Transitioning to Secondary School									
Anticipating Transition	Experiencing Transition				Looking back at transition			Other	
	First Day of School	Institutional Adjustment	Academic Adjustment	Psychosocial Adjustment		Overall Evaluation of Transition	Advice to others about transition with a burn injury	Things you would change	Misc.
				General	Burn-related				
Choosing a school	Getting to school	Getting around the school	Academic Performance – dropped	Old friends	Attitude to burn – self	Positive	Advice to other young people with burn injury	Things you think went well	Memorable Quotes
Familiarisation Activities – school visits, etc.	Break/lunch Teachers	Getting to classes on time Correct books/equipment	Academic Performance – maintained	Friends Bullying	Attitude to burn – others Talking about burns – self	Mixed Negative	Advice to Teachers Advice to parents		
Anticipation – positive Negative mixed	Getting around the school – getting lost	Relationship with teachers	Teaching quality – student evaluation	Fitting in Extracurricular activities	Talking about burns- others Bullying/teasing – current/past		Advice to other young people about how to support YP with burn injury		
Ready to move?	Older students	PE class – equipment on right day	Understanding new material	Settling in – feelings Difficulties with friendships	Stigmatising behaviours Standing up for yourself				
Moving with friends?	Sticking with old friends	Discipline – detentions	Interested in new subjects	Relationships with teachers	Managing others Showing burn scars				
Siblings at same school?	Making new friends	Strictness of school	School work - ok School work – too difficult	Social groups – cliquey Social groups – fluid	Visibility of scars People noticing my burn				
New independence	Making start easier	Class groups – size	Homework – quantity	Inclusive of difference	Being singled out				
New opportunities	Overall evaluation of first day	School - size	Homework – difficulty Detentions related to academic work	Teachers helpful Older children intimidate younger ones Older children are helpful Older children ignore us	Strength/courage Empathy for others Support from friends/teachers/ adults at school/ family				

## **APPENDIX M**

### **Worked example of coding**

Extract	Codes	Initial Themes	Final Themes
<p>P3 -Don't hide away...don't try and cover up your past...that's all..</p> <p>I - And what about your burns?</p> <p>P3 - Don't cover 'em up [burn injuries], let 'em be on show, let everyone know what's happened to you and what you've become...you survived that day...so show everyone show everyone you survived it!...you're stronger than what you think of, and you're stronger than people who want to sit and ask questions and be nasty to you...you're alot stronger than them.</p> <p>I – ‘Cause I mean, I don't know that they haven't been through something similar but...</p> <p>P3 - Yah</p>	<p>Talking about scars - others</p> <p>Showing scars</p> <p>Advice to others with burn injuries</p> <p>Strength/courage</p> <p>Standing up for yourself</p> <p>Surviving</p>	<p>Talking that doesn't helps</p> <p>Showing scars</p> <p>Transformational aspects of having a burn – strength/surviving</p> <p>Managing others</p>	<p>Talking about my burn scars</p> <p>Showing my burn scars</p> <p>Things other people do</p>
<p>I - But would you guess that most of them haven't</p> <p>P3 - No, they just, they're just doing it to annoy you, they're just doing it to get on your nerves and don't let 'em, don't let 'em get on your nerves...</p> <p>I - What happens when you let 'em get on your nerves?</p> <p>P3 - They'll do it more...they'll just carry on and carry on....and won't stop...they'll know you're an easy target if you stand up for yourself straight away, and show you're not an easy target, it they've got nothing on you...</p>	<p>Strength/courage</p> <p>Stigmatising behaviours</p> <p>Standing up for yourself</p> <p>Bullying/Teasing</p> <p>Talking about scars - others</p>	<p>Managing other people's behaviours</p> <p>Transformational aspects of having a burn – courage</p> <p>Talking that doesn't helps</p>	<p>Things other people do</p> <p>Talking about my burn scars</p>
<p>I - ... so what about advice for teachers, how can teachers support a young person with a burn injury and be useful for them?</p> <p>P3 - Um...when you first come into the school the teachers are very intimidating, cause you've never met them before, they're older, they're just there...I'm not saying treat 'em differently to the other students but ask them before you pick on them, ask them if they want to be called on in lessons...and stuff like that...don't treat 'em differently but make sure you're not doing it so they're embarrassed and don't want to come into lessons anymore....</p> <p>I - Yah, so something about the teachers have a responsibility to know what kind of issues might be around for a young person with a burn injury and check it out with them?</p> <p>P3 - And talk to their parents, make sure you know their background before you go and say anything...</p>	<p>Advice to teachers</p> <p>Talking – others - teachers</p> <p>Support - teachers</p> <p>Talking – other – parents</p> <p>Support - parents</p> <p>Being singled out</p>	<p>Talking that helps</p> <p>Support that makes a difference</p> <p>Talking that doesn't helps</p>	<p>Talking about my burn scars</p> <p>Things other people do</p>



APPENDIX N

**Percentage of quotations by participant**

