

1 **A qualitative exploration of the experiences of young people and**  
2 **their parents regarding the impact of missing school to attend**  
3 **hospital based orthodontic appointments.**

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1 **A qualitative exploration of the experiences of young people and their parents regarding**  
2 **the impact of missing school to attend hospital based orthodontic appointments.**

3  
4 Abstract

5 **Objective:**

6 To explore the experiences of young people and their parents regarding the impact on school  
7 performance due to time away from school for orthodontic appointments and to explore their  
8 views about a possible extension to the current service.

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10 **Design:**

11 Qualitative study using semi-structured interviews

12 **Setting:**

13 UK district hospitals.

14 **Participants:**

15 Eleven pairs of interviewees: Young people undergoing fixed appliances and their parents.

16 **Methods:**

17 Semi-structured interviews were conducted with young people and their parents. The  
18 interviews were audio recorded and transcribed verbatim. A framework approach was used  
19 to analyse the data.

20 **Results:**

21 Thematic analysis of the data identified five main themes which were (i) Expectations of the  
22 treatment process and appointments, (ii) Impact of school absences and treatment, (iii)  
23 Appointments, (iv) Implications for young people, parents, and others and (v) Satisfaction  
24 with treatment. These themes were then further subdivided and analysed.

25  
26 **Conclusion:**

27 Young people and parents felt that attending appointments for orthodontic treatment had  
28 minimal impact on a young person's school performance. However, some young people did  
29 engage in coping mechanisms in order to ensure this was the case. Young people and parents  
30 advised they were satisfied with the process of the treatment despite the time missed at  
31 school/work. Some young people and parents saw a real benefit to appointments that could  
32 be fitted into a 'NHS seven-day' service model, but this did not apply to all interviewees.

33  
34 **Keywords**

35 NHS seven-day service, orthodontic appointments, participant perspectives, young person  
36 satisfaction, school performance

1 **Introduction**

2 The majority of young people undertaking and completing fixed appliance orthodontic  
3 treatment are teenagers (NHS Digital, Hospital Episode Statistics for England. Outpatient  
4 statistics, 2020-21) and are thus likely to be attending educational institutions on a full-time  
5 basis. Prior to the COVID-19 pandemic, evidence suggested that the average young person  
6 receiving hospital based fixed appliance treatment completed treatment in 19.58 to 20.22  
7 months, requiring an attendance of between 15.47 and 20.15 appointments (Tsihklaki et al.  
8 2016). Given that most orthodontic appointments are during the traditional working hours of  
9 09:00 to 17:00 hrs; it is likely that a high proportion of these appointments take place during  
10 school hours and pupils will be absent from school. This means that the equivalent of several  
11 days of school could potentially be missed during a course of treatment, depending on what  
12 time of the day the appointments take place and whether young people return to school after  
13 these appointments.

14 The common consensus that student absenteeism from school leads to a poorer  
15 performance at school is based on American studies of high school attendance and  
16 academic achievement, such as those performed by Ehrenberg et al. (1989) and Gottfried  
17 (2010). This is also a core component of the Department for Education (DoE) 2016 guidance  
18 on school absenteeism, which states that:

19 *“Children should attend school regularly to benefit from their education. Missing out on*  
20 *lessons leaves children vulnerable to falling behind.”* The DoE also states that both primary  
21 and secondary school aged children are affected by absenteeism. However, much of the  
22 evidence fails to differentiate between the different types of absenteeism, i.e. authorised vs  
23 unauthorised, and in turn their individual effects on school performance or academic  
24 achievement. In the studies by Hancock et al. (2013, 2017), authorised absences were found  
25 to have much less of an impact on academic performance than unauthorised absences.  
26 Within dental research, the relationship between absenteeism and school performance has  
27 been studied in relation to the effects of poor oral health. Much of the evidence suggests that  
28 there is a correlation between poor oral health and reduced academic achievements due to  
29 the psychological impact on the child and greater amounts of time away from school due to  
30 pain (Blumenshine et al. 2008, Guarnizo-Herreno and Wehby et al., 2012, Ravaghi et al.,  
31 2016). In contrast, there is a paucity of evidence investigating the impact of attending  
32 orthodontic appointments on school performance.

33  
34 The aims of this study were therefore to explore the experiences of young people and their  
35 parents regarding the impact on school performance due to time away from school for  
36 orthodontic appointments. It was also intended to explore their views about a possible  
37 extension to the available appointment times/hours for the current service.

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40 **Methods**

41 This was a qualitative study in which data collection occurred through in-depth interviews  
42 and the data were subsequently managed using a thematic approach. Semi-structured  
43 interviews were conducted to explore the experiences of young people and their parent(s) as  
44 detailed in the aims. Sponsorship and approval for the study was obtained from University  
45 College London Hospitals NHS Foundation Trust and ethical approval was obtained from the  
46 London-Hampstead Research Ethics Committee.

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The study recruited a convenience sample of young people, and their parents. In keeping with the qualitative methodology, no sample size calculation or statistical testing was performed. Young people were eligible for inclusion if they had completed a course of fixed appliance treatment at either St Richard's and Worthing Hospitals (University Hospitals Sussex NHS Foundation Trust) and the accompanying parent/legal guardian was also interviewed. All young people were between 12 and 18 years of age, in full time education, and had completed treatment within the last 6 months. Young people were excluded if they could not participate in an interview for any reason, if they had a cleft lip/palate, other craniofacial syndrome or extensive hypodontia (greater than one missing tooth per quadrant), as it was felt that the young person's journey may be different due to appointments with other dental or medical specialties.

Potential participants were introduced to one of the members of the research team at a routine appointment shortly before debond or on the day of debond. The study was explained in detail, with all young people and parents being made aware that the interviewer was a clinician in the department and that this study was part of an academic degree. They were given the opportunity to ask any questions and also provided with participant information leaflets. All participants were given at least 6 weeks to review this material and to decide whether to participate prior to providing written consent to be interviewed. Participants were not offered any incentives for taking part.

Interviews were undertaken between January and April 2019 by a single interviewer (TO) who was an orthodontic registrar in the department but had not been involved in the actual orthodontic treatment for the majority of the young people interviewed. (TO) had previously undertaken training in qualitative interviewing techniques. The interviews were audio recorded with the consent of the participants. Interviews took place in a quiet non-clinical area at either of the hospitals where the young person had received their orthodontic treatment, with just the interviewer and the participants present. Whilst it could be argued that a neutral setting would have had some advantages, the convenience of undertaking the interviews at the hospital, in conjunction with an existing appointment, was felt to be important and it was ensured that a quiet non-clinical area was utilised for all interviews. On completion of the interviews, the recordings were uploaded to a secure site and transcribed verbatim by a professional transcription company.

Topic guides were developed to guide the interviews and there were separate guides for young people and their parents; the interviewer was free to deviate from the guide where appropriate though. The topic guides were trialled in several practice interviews prior to commencing the study. The guides were modified as successive interviews took place; for example, when new concepts arose these additional topics were added to be explored in future interviews. Interviews were continued until they reached a 'saturation point' and limited additional data was being obtained. After each individual interview, the interviewer listened to the recording to reflect on the discussions and to consider whether any other aspects could have been covered. The team also met after four of the initial interviews to critique them and to determine whether any changes to the process were required.

1 Data management and subsequent analysis followed a thematic approach using the  
2 Framework method (Ritchie et al, 1994). This is a systematic qualitative approach to data  
3 analysis in which the research team initially familiarized themselves with the data by reading  
4 each transcript several times independently, identifying the main themes and colour coding  
5 them for clarity. The main themes were agreed following discussion within the team, and  
6 subsequently subthemes were identified within each main theme. The 'framework' was a  
7 Microsoft Excel© spreadsheet with a worksheet for each main theme; for each worksheet,  
8 individual participants were assigned a row, and the columns represented the subthemes.  
9 Quotes from the transcripts were copied into the relevant cells, with the line numbers from  
10 the transcripts, in order to allow easy identification and referencing. The findings were then  
11 interpreted and summarised. The advantage of using this type of analysis includes its ability  
12 to summarise data whilst still retaining links to the raw data.

13

## 14 **Results**

15 Interviews were conducted with 11 pairs of participants: the group of young people included  
16 8 females and 3 males and parents included 7 mothers and 4 fathers. The duration of  
17 interviews ranged from 19 to 39 minutes, with the average being 27 minutes.

18

19 The young people were aged between 14 and 17 years and were all in secondary education  
20 establishments. The average orthodontic treatment duration was 20.90 months. Parents who  
21 took part in the interviews had a broad range of occupations, however the majority worked  
22 in the education sector. Young people were from both single and two parent families. A  
23 summary of demographics is presented in Tables 1 and 2.

24

25 Five key themes were identified from the interviews, and these were further divided into  
26 subthemes:

- 27 (i) Expectations of the treatment process and appointments
- 28 (ii) Effects of school absences and treatment
- 29 (iii) Appointments
- 30 (iv) Implications for young people, parents, and others
- 31 (v) Satisfaction with the treatment process

32

33 All of the young people were found to have had some time away from school in order to  
34 attend their appointments. The average time away from school at each appointment was in  
35 the region of 1-2 hours and generally involved missing 1 or 2 lessons per appointment.

36

### 37 **Theme 1: Expectations of the treatment process and appointments (Table 3)**

38 The majority of young people and parents had anticipated that time away from school and  
39 work would be required in order to attend orthodontic appointments. These expectations  
40 tended to be based on experiences of friends and other family members, and also the  
41 information they obtained at their initial consultation appointment. However, some young  
42 people and parents had expected that there would be more flexibility when it came to  
43 arranging appointments.

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45 *Table 3: Theme 1 - Expectations of the treatment process and appointments*

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### 47 **Theme 2: Effects of school absences and treatment (Table 4)**

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A number of young people discussed the impact that the treatment itself had on their school day. They talked about pain or discomfort, particularly at the start of treatment but most young people reported that it did not have an impact on their focus or concentration during lessons. Amongst those who felt their focus and concentration were affected, coping mechanisms were utilised, such as finding a quiet space away from peers or not returning to school immediately following treatment.

In general, participants did not believe that missing school to attend appointments had an impact on school performance in terms of achieving good grades or being successful in examinations, even when missing school during examination periods. Parents discussed that they felt that the lack of impact was due to their child's own personal work ethic.

Missing school often required a young person to actively catch up on the missed work and some did report that this was burdensome.

*Table 4: Theme 2 - Effects of school absences and treatment*

### **Theme 3: Appointments (Table 5)**

For parents, it was important that their child did not miss too much time from school, and they saw this as a priority. Many participants therefore actively attempted to arrange appointments outside school hours. For some young people who had an early start and finish time to their school day, this was easier to accomplish.

The majority of participants felt that it would be ideal to have appointments outside the traditional 09:00 to 17:00 hrs time slots. Appointments at weekends, before school and after school (extending into the evenings), were the preferred choice for many participants. However, others were concerned that appointments outside the traditional time slots would negatively impact on family time and the ability to engage in social activities.

Many parents felt that the service provided a generally good level of flexibility around booking appointments. Nevertheless, some participants felt that the appointment system was inflexible and was more department centred rather than patient centred. Several parents compared the availability of their child's orthodontic appointments with other NHS services and felt that orthodontic appointments should reflect that of their general dental practitioner or general medical practitioner, with early morning or evening appointments also being available.

*Table 5: Theme 3 – Appointments*

### **Theme 4: Implications for young people, parents, and others (Table 6)**

Most young people appeared to cope well with time away from school, although some found that taking time out of school to attend their appointments induced a high level of anxiety. Heightened levels of anxiety or stress were also reported by parents in relation to getting their child to their appointments against a background of traffic, work commitments and taking other children to and from school.

1 Parents reported that taking time off work to attend their child's appointments often had  
2 impacts for their employer and/or colleagues and this was particularly apparent amongst  
3 parents who worked in schools. A small number of parents reported that accompanying their  
4 child to their appointment, resulted in loss of earnings. Despite this, parents discussed having  
5 to make "financial trade-offs".

6  
7 The majority of young people and parents felt that attending orthodontic appointments had  
8 a limited impact on their family. The impacts which were discussed included siblings having  
9 to attend the orthodontic appointments also or having to make additional childcare  
10 arrangements.

11  
12 *Table 6: Theme 4 - Implications for young people, parents and others*

### 13 **Theme 5: Satisfaction with the treatment process (Table 7)**

14 Participants were satisfied with the overall treatment process and felt that there was little  
15 that could be improved regarding their overall satisfaction. Missing school to attend  
16 appointments had a minimal impact on overall satisfaction for most participants and, for  
17 many, it was an expectation of treatment.

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20 The restrictions of appointments to the traditional 09:00-17:00 hrs time frame was found to  
21 have a limited impact on satisfaction, despite the possible inconveniences that arose. Many  
22 attributed this to the "status quo" of NHS outpatient services. However, a small number of  
23 participants did suggest that the traditional appointment slots negatively impacted on their  
24 level of satisfaction.

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26 *Table 7: Theme 5 - Satisfaction with treatment*

## 27 **Discussion**

28  
29 Expectations of time away from school due to orthodontic appointments was common  
30 amongst the majority of participants and this was predominantly based on talking to friends  
31 and family members who had experienced fixed appliance treatment. This expectation was  
32 also seen in the studies by Bennet et al. (2001) and Kazanci et al. (2016). For many parents,  
33 this was a negative aspect of their child's treatment, which was also seen in the study by  
34 Dalziel and Henthorne (2005). Despite this, the findings of the current study suggest that it  
35 did not have a significant impact on overall satisfaction for the majority of participants. This  
36 correlates well with the SERVQUAL consumer theory by Parasuraman and Berry (1985), in  
37 which satisfaction or dissatisfaction was seen as a construct of the relationship between prior  
38 expectations and the value accredited to the goods or services received. In the current study,  
39 participants placed a high value on the treatment they received and so their prior expectation  
40 of missing school seemed to have minimal impact on their satisfaction with the delivery of  
41 the treatment.

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44 Most young people experienced some form of discomfort during their treatment. However,  
45 the degree to which pain or discomfort impacted on their ability to concentrate or focus at  
46 school varied. Discomfort did not pose a problem for the majority, while others found the  
47 need to engage in coping mechanisms. This included choosing not to return to school after

1 their appointment, which could further compound the length of time away from school and  
2 so might be a potential concern for participants. The finding that the discomfort had no  
3 impact for the majority of participants was in accordance with the study by Bernabe et al.  
4 (2008) investigating the impact of fixed appliances on daily performance in Brazilian  
5 adolescents.

6  
7 Participants did not believe that attending orthodontic appointments had an impact on the  
8 young person's school performance. The limited impact was deemed to be the result of a  
9 combination of active involvement in identifying what they had missed and the ease with  
10 which it is possible to catch up due to the increasing use of technology in schools. The positive  
11 effects of this incorporation of modern technology into schools is well documented and  
12 highlighted in a meta-analysis by Tamim et al (2011).

13  
14 All young people within the study received some of their treatment during the school day and  
15 required time away from school. Participants tended to choose early morning appointments  
16 or the last ones of the day if they were available. Participants additionally avoided booking  
17 appointments too close to important events such as examinations, in order to reduce the  
18 potential effect that treatment might have on these events. Many participants favoured the  
19 option of being able to arrange appointments outside the traditional 09:00 to 17:00 hr  
20 timeslots in an attempt to reduce the amount of time away from school, thereby reducing  
21 the burden of missed schoolwork, or to lessen the potential impact that time away from  
22 school may pose. The study participants' wish for non-traditional appointment times differed  
23 from the findings of Bussell and Ward (2008) and Siddiqui and Ward (2017) in an orthodontic  
24 department in Blackburn. However, the results are in accordance with the findings of Harrison  
25 and Churchill (2017) in their study of paediatric ophthalmology outpatients. The differences  
26 found in this current study could signify a change in the attitude of young people and parents  
27 towards appointments outside traditional times.

28  
29 From the interviews it also became apparent that the impact of attending orthodontic  
30 appointments was not just limited to that individual's school performance. Parents also  
31 discussed that attendance at appointments had impacted on, or had the potential to impact  
32 on, their personal employment, finances, their own levels of stress, and effects on other  
33 family members. Many parents described that in order for their child to attend appointments,  
34 they had to take time away from their employment. This was problematic for some parents  
35 as it meant sacrificing pay or annual leave, or their colleagues had to cover the workload. The  
36 flexibility of job roles for some parents helped to negate this effect and this was also seen in  
37 the study by Smith et al. (2003) which investigated costs to families when attending  
38 outpatient appointments. Holm et al. (2016) also found that parents sustained a financial  
39 impact as a result of their child attending appointments in paediatric fracture clinics. Similar  
40 research in less affluent areas may have different findings and this would be interesting to  
41 study in future research. Parents also discussed that appointments at the end of the school  
42 day often involved additional childcare arrangements for siblings and the costs associated  
43 with that. This was also found in the study by Sach et al. (2005) looking at costs accrued by  
44 families attending a paediatric cochlear implant program.

45  
46 Participants advised that despite any perceived "negative aspects of treatment", including  
47 time away from school and the limited flexibility of appointment times, these had a very



1 limited impact on their overall satisfaction with the delivery of the treatment. This finding  
2 complements the evidence found in the systematic review by Pachêco-Pereira et al. (2015).  
3 The limited impact posed by attending appointments during the school day on overall  
4 satisfaction with the process of their care may be the result of compromises that participants  
5 are willing to make in order to receive NHS treatment or that the positive outcomes of  
6 treatment outweigh the negatives and so overall satisfaction is achieved. Cheraghi-Sohi et al.  
7 (2008) proposed it may reflect the value participants place on certain attributes of care.

8  
9 There were clearly some limitations to this study. Convenience sampling was employed, and  
10 this may reduce the generalisability of the findings, something which has long been debated  
11 in qualitative research. Despite this, the diversity was typical of the population of young  
12 people treated in the orthodontic departments at St Richard's and Worthing Hospitals.  
13 Additionally, the participants shared comparable statistics with young people undergoing  
14 orthodontic treatment in the general population such as a female dominance and a greater  
15 number of young people coming from more affluent families (Child Dental Health Survey  
16 2013). This study was also performed prior to the COVID- 19 pandemic, and it would be  
17 interesting as part of future research to see how participants' perceptions may have changed.

18 There are also limitations associated with how the interviews were conducted. For example,  
19 the interviewer was a clinician in the department which may introduce some personal bias.  
20 However, the interviewer aimed to always pose non leading questions, conducted interviews  
21 after treatment was completed and reiterated to participants that the opinions raised in the  
22 interviews would not affect the care they received. Additionally, parents and young people  
23 were interviewed together, and their responses may have been different if they had been  
24 interviewed separately, this may particularly apply to the young person's responses.  
25 However, Schless and Mendels (1978) identified that by pairing participants, greater amounts  
26 of information could be elicited, and this was also seen in this study, when the presence of an  
27 additional participant enhanced recall in some interviews. Interviewing in pairs was also  
28 convenient for the participants as only a single interview time was required, and this is clearly  
29 important when considering the ethical aspects of research.

30  
31 There were 11 pairs of interviewees, with a total of 22 participants so it could also be argued  
32 that the sample size was relatively small. However, a distinctive characteristic of qualitative  
33 research is that sample size calculations are not performed, and the validity of data collected  
34 is not dependant on obtaining a large quantity of data but rather the richness and quality of  
35 that data (Malterud 2001, Malterud et al 2016).

### 36 37 **Conclusions**

- 38 • The majority of participants within this study concluded that time away from school  
39 in order to attend orthodontic appointments had only a limited impact on school life and little  
40 effect on overall of satisfaction with the delivery of their care.
- 41 • However, time away from school to attend appointments was found to impact on the  
42 participants' family life, finances, and parental employment.
- 43 • The majority of young people/parents said they would have accessed non-traditional  
44 appointment times had they been available.

### 45 46 **Declaration of conflicting interests**

1 The author(s) declared no potential conflicts of interest with respect to the research,  
2 authorship, and/or publication of this article.

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6

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**Tables**

Table 1 Demographics of treated young people

	<b>Class I (n= 2)</b>	<b>Class II Div 1 (n= 3)</b>	<b>Class II Div 2 (n= 1)</b>	<b>Class III (n= 5)</b>
<b>Average length of treatment (months)</b>	25.5 (Range 20-31)	21.3 (Range 14-27)	23.0	18.4 (Range 9-29)
<b>Educational system</b>	2 <sup>nd</sup> School 2 6 <sup>th</sup> Form 0 College 0	2 <sup>nd</sup> School 3 6 <sup>th</sup> Form 0 College 0	2 <sup>nd</sup> School 0 6 <sup>th</sup> Form 0 College 1	2 <sup>nd</sup> School 2 6 <sup>th</sup> Form 2 College 1
<b>Average Age of participant (years)</b>	15.5 (Range 15-16)	14.7 (Range 14-15)	17	15.4 (Range 14-17)
<b>Gender of Participant</b>	Females 2 Males 0	Females 2 Males 1	Females 1 Males 0	Females 3 Males 2

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10 Table 2 Parent/guardian demographics

<b>Parent occupation</b>	<b>Accompanying parent (n=11)</b>	
	Mother	Father
Education	2	1
Working from home	1	
Marketing	1	
Self-employed		1
Civil service	3	1
Student	1	

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Table 3: Theme 1 - Expectations of the treatment process and appointments

<b>Subthemes</b>	<b>Quotes</b>
<b>Expectations of the treatment process and appointments</b>	<i>"I've had friends that have had braces on and then I got quite good leaflets and stuff" (Patient 8)</i>

	<i>"I thought there would have been much more flexibility in appointment times, I was prepared to wait for that time... but there was just no flexibility" (Parent 7)</i>
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Table 4: Theme 2 - Effects of school absences and treatment

<b>Subthemes</b>	<b>Quotes</b>
<b>Receiving treatment, pain and impact on the school day</b>	<i>"I was in quite a lot of pain for a while, but it didn't really affect my school grades. My cognitive ability and my pain receptors sort of are separate." (Patient 1)</i>
<b>Impact at school</b>	<i>"I just went down to the library and did my work in the silence ... it was only one time." (Patient 2)</i>  <i>"No, not at all, it was during my GCSEs, and it didn't have an impact on them at all." (Patient 4)</i>
<b>Personal responsibility and planning</b>	<i>"I'd say that was down to you and your character though.... your work ethic." (Parent 1)</i>  <i>"Yeah, I used to go to my teachers afterwards and check what I've missed" (Patient 1)</i>  <i>"It's me having to catch up in my spare time probably. It was a little bit [of a burden] .... (Patient 8)</i>

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Table 5: Theme 3 - Appointments

<b>Subthemes</b>	<b>Quotes</b>
<b>Appointment times/ Scheduling</b>	<i>"We deliberately asked for, and got, an appointment that was after the exams finished, just to avoid any uncertainty...." (Parent 44)</i>
<b>Traditional vs non-traditional appointment times</b>	<i>"I'd prefer like eight o'clock in the morning-ish .... Monday through to Friday...I can then go to school, and I can just go home and relax, and I don't need to like come back out again" (Patient 3)</i>  <i>"Mm, I'm quite busy at weekends so probably not, we do family stuff then". (Patient 4)</i>  <i>"I would come any time out of office hours, if it meant that it didn't cause me grief at work....it would be perfect and not a problem." (Parent 6)</i>
<b>Perceptions of flexibility</b>	<i>"Well, everybody here has been so accommodating.... the balance was good." (Parent 1)</i>  <i>"I tried to get an appointment at the very end of the day, there was just no flexibility" (Parent 7)</i>

	"I was expecting them to be a little bit more flexible. <b>(Parent 11)</b>
<b>Comparison with other services</b>	"If one night a week there was later appointments, just like there is with my dentist or my or, you know, all the other professionals." <b>(Parent 7)</b>

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Table 6: Theme 4 - Implications for Young people, parents and others

<b>Subthemes</b>	<b>Quotes</b>
<b>Impact on self (treated young person)</b>	"When she has any appointments, her anxiety levels raise dramatically. It's the pressure of having to walk out of school to go to an appointment and then having to return and that's something that plays on her mind a lot." <b>(Parent 8)</b>
<b>Impact on parents</b>	"My stress levels occasionally.... Only because of trying to make it in time to collect her from riding and then rushing from work to her school and here [the appointment] .....sometimes it's a bit stressful". <b>(Parent 5)</b>
<b>Impact on employer</b>	"When I'm not there they've got to get cover in for me, so it's not just a case of, "Right, you can go", it's, "Well who's covering you?" They're doing extra shifts to cover, so that person then has extra childcare issues, it's just a massive knock-on effect." <b>(Parent 7)</b>
<b>Impact on family</b>	"It sometimes meant that **** [sibling] gets dragged along to appointments." <b>(Patient 1)</b>
<b>Impact on finances</b>	"Obviously, the trade-off is that she [my wife] won't be earning the time that she's here for an appointment." <b>(Parent 8)</b>  "If it hadn't been available under the NHS, we would still have had it done. <b>(Parent 1)</b>

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Table 7 Theme 5: Satisfaction with delivery of care

<b>Subthemes</b>	<b>Quotes</b>
<b>Overall satisfaction</b>	"It's been really good; we've been kept informed.... very slick. It went better than I thought it would." <b>(Parent 4)</b>
<b>Satisfaction and missed school</b>	"No, the appointment times did not affect my satisfaction. Because I can understand why that's what's offered." <b>(Parent 5)</b>
<b>Satisfaction and appointment times</b>	I'm no less satisfied about ****'s teeth because of the way the appointments are because there was no other option." <b>(Parent 11)</b>  "I guess, yeah, I think having more flexibility with times would probably have made me more satisfied." <b>(Patient 10)</b>

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