Evaluating the experiences of children, young people, and families participating in a RootED intervention to reduce school exclusions

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December 2024

EXECUTIVE SUMMARY

This research was commissioned to Dr Sarah Martin-Denham, Associate Professor of Care and Education at the University of Sunderland. Social Finance is a not-for-profit enterprise which with partners helps to design, fund and scale solutions to challenging social problems in the UK and across the world.

Data was collected through 41, 1:1 and 1:2 semi-structured in-depth conversations, with children (n=22) accessing a Power2 intervention and their parents (n=14) in North West England. Five children took part in two conversations, one in March 2024 and the second in July 2024.

The methodology for this research is grounded in a phenomenological interpretive position, with a belief in the importance of lived experiences. The data was analysed using reflexive thematic analysis as a method suitable for identifying themes and an accepted phenomenological approach. Themes and patterns in the dataset were identified through inductive analysis – reading and re-reading the data. Two key reports published by Social Finance influenced the RootED approach:

1. **Who's at risk of exclusion? An analysis in Cheshire West and Chester (Social Finance, 2020)**

2. **It's time to ACT: Countering the impact of Covid-19 on pupils and schools (Social Finance, 2021)**

In 2017, the Impact Incubator at Social Finance UK began work on the MAE programme, which is focused on preventing school exclusions. Working with their partners in Cheshire West, Chester and Gloucestershire they co-designed the RootED model. The model focuses on early intervention to prevent school exclusions by providing additional capacity so children can access support before reaching crisis.

The RootED approach aims to 'create additional capacity at key points in the local education system to ensure timely and holistic intervention for the child or young person, supporting them to feel healthier, empowered, more resilient and ultimately to realise their potential' (Social Finance, 2022).

This research evaluates the experiences of children, young people, and families taking part in a RootED intervention provided by Power2 to reduce school exclusions.

The aim of the research was to evaluate the experiences of children, young people, and families participating in a RootED intervention to reduce school exclusions.

THE OBJECTIVES WERE:

01. Identify barriers to accessing the intervention, from referral to completion

02. Determine if the RootED model has benefited children and families

03. Identify what aspects of RootED children and families found most valuable

04. Determine any changes in the lives of children because of RootED

05. Evaluate if participation affects the degree of trust that children and families have in schools

06. Explore if RootED impacts the wellbeing/ mental health of the children

07. Provide recommendations on how the RootED model could be improved

KEY FINDINGS

FINDING 1: The first theme identified was: 'Protective factors to accessing and surviving in mainstream school'. Within this theme, four sub-themes were identified. First, 'stable relationships', children and parents emphasising the importance of positive and enduring relationships with adults and peers in school, as well as the Power2 programme leads. Not all children were able to identify a significant adult in mainstream school who they had a positive relationship with, but all had a positive relationship with their Power2 lead. Second, 'being heard'. Children felt heard by their Power2 lead emphasising that they employed noticeable listening techniques and offered them a much-needed outlet for sharing anxieties and challenges that they did not feel comfortable sharing with peers, parents or other school staff. Third, 'emotional regulation', specific techniques they learned during the Power2 programme to help them cope in difficult classroom environments. Techniques and tools involved breathing techniques, fiddle toys, movement breaks, and opening up to their Power2 worker or other significant adults. Positive outcomes of emotional regulation included enjoying school more, reduction in mental ill health and the number of sanctions they received. Fourth, 'raising confidence'. One of the most common reasons for a Power2 referral was low confidence and struggling to cope in mainstream school. During the Power2 intervention children's confidence was reported to increase in a variety of ways, including their ability to cope in stressful situations, increased social interactions, and increased likelihood of attending lessons. Children and parents were particularly complimentary of Power2's effectiveness in this regard.

FINDING 2: The second theme identified was: 'Barriers to accessing and remaining in mainstream school'. Within this theme, two sub-themes were identified. First, 'unmet needs'. Having mental ill health and or disabilities made it difficult to survive, let alone thrive in mainstream school. Children encountered particular challenges in overwhelming classroom environments, with large class sizes, noise and behaviour expectations. These difficulties were compounded by inconsistent use of reasonable adjustments and a lack or loss of friendships. Second, 'sanctions', experiences ranged from feelings of anxiety surrounding sanctions, and receiving sanctions for menial offences, to complete indifference towards sanctions. Participants also felt that being placed in isolation was an ineffective deterrent.

FINDING 3: This final theme was: 'The risk factors when withdrawing mental health support'. Children and parents consistently and passionately expressed concern about the Power2 intervention ending. Parents reported feelings of 'fear' and 'dread' when asked how they felt their children would cope once they no longer had Power2 support.

RECOMMENDATIONS

Based on the research findings, the following recommendations for RootED are proposed:

RECOMMENDATION 1. Interventions to include partnership working with and training for mainstream schools, covering legal duties under relevant Acts and evidence-based practices for supporting children and young people with social, emotional and mental health difficulties

RECOMMENDATION 2. Review length of RootED interventions to ensure children with disabilities have sufficient time to adapt to receiving the intervention and withdrawing on completion

RECOMMENDATION 3. Longitudinal study to determine the long-term benefits, value and impact of the RootED intervention.

ACKNOWLEDGEMENTS

PLEASE REFERENCE THIS REPORT AS:

In this report the term 'parent' is used to describe the legal guardian of a child and 'children' includes 'children and young people'

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ACRONYMS

ADHD	Attention Deficit Hyperactivity Disorder	SEMH	Social, Emotional and Mental Health
DfE	Department for Education	SEN	Special Educational Needs
EHCP	Education, Health and Care Plan	SEND	Special Educational Needs and/or Disability
MAE	Maximising Access to Education	WHO	World Health Organisation

GLOSSARY OF TERMS

Child and Adolescent Mental Health Services	Child and Adolescent Mental Health Services provide services to children and young people with emotional, behavioural or mental health difficulties
Education, Health and Care Plan	A legal plan that details the education, health and social care support provided to a child or young person who has a Special Educational Need or disability
Gatekeeper	An individual whose permission would be required in order to conduct research with certain participants. They may also be willing to help with recruitment of research participants where the researcher has no direct access to potential participants
Ofsted	A non-ministerial Government department that has responsibility for the inspection of children's services, schools, and local SEND provision in England
Parent(s)	Those with parental responsibility for a child as defined under section 3(1) of the Children Act 1989
Persistent Absence	10% or more of possible sessions are missed; severely absent if 50% or more of possible sessions are missed
Permanent Exclusion	When a school decides that a child is no longer allowed to attend a school
Special Educational Needs Co-ordinator (SENCO)	The Special Educational Needs Co-ordinator is a qualified teacher with responsibility for coordinating SEN provision in a maintained nursery or school
Special Educational Needs and Disabilities (SEND)	A child or young person has SEN if they have a learning difficulty or disability that calls for them to have special educational provision. A child or young person has a disability if they have a mental or physical impairment that meets the definition of disability
Suspension	An exclusion for a fixed period

1.0 INTRODUCTION

This section provides the definitions of suspension and permanent exclusion (1.1) and a discussion of the following: outcomes for children and young people (herein referred to as 'children') excluded from school (1.2), the prevalence of suspensions and permanent exclusions in England (1.3), the prevalence of mental ill health of children in England (1.4). Sections 1.5 discusses early identification of special educational needs and disabilities (SEND), 1.6 introduces Power2. The introduction closes by sharing the aims and objectives of the research (1.7).

1.1 DEFINITIONS OF SUSPENSION AND PERMANENT EXCLUSION

The Education Act 2011 is the main statute which sets out what a school should do when excluding a child. Exclusion is formally sending a child home from school for disciplinary reasons. There are two types of exclusion: suspension (fixed period) and permanent exclusion (Education Act, 2011; DfE, 2024a). A suspension is when a child is removed temporarily from school. A child can only be suspended for up to 45 school days in one school year, even if they've changed schools. A permanent exclusion means a child can no longer attend that school (DfE, 2024a).

1.2 OUTCOMES FOR CHILDREN AND YOUNG PEOPLE EXCLUDED FROM SCHOOL

The impact of school exclusion has been widely researched, and many detrimental effects are associated with these practices (Daniels, 2011; Martin-Denham, 2023). Among these detrimental outcomes are difficulties reintegrating children and young people (hereafter referred to as 'children') into secondary school (Parsons and Howlett, 2000; Martin-Denham, 2020a; 2020b; 2020c), increased risk of poor educational outcomes (Social Exclusion Unit, 1998; Office of the Children's Commissioner 2017), and short- and long-term mental health and wellbeing difficulties for both the children and their wider family (Martin-Denham, 2020a; 2020b; 2022a; 2022b; 2023; Obsuth et al., 2023).

Osler and Vincent (2003), Dupper, Theriot and Craun (2009), Gazeley (2010) Martin-Denham (2021c) found few headteachers who believed school exclusion had a positive effect on behaviour.

The HM Government (2022) special educational needs and disability (SEND) review revealed poor experiences and outcomes for children with SEND, and that effective practice, such as prompt identification of needs and co-production of support with children and caregivers, was rarely observed. They highlighted the need for Integrated Care Boards to improve coordination between physical and mental health care to aid in the early identification and intervention of children with SEND. The review also proposed new legislation for national SEND standards to make certain processes mandatory, such as identification of needs, timeliness of assessments, who should be involved, and how evidence and information should be recorded and monitored.

1.3 THE PREVALENCE OF SUSPENSIONS AND PERMANENT EXCLUSIONS IN ENGLAND

The upward trajectory of permanent exclusions and suspensions across England is concerning (DfE, 2024b). Table 1 illustrates the trend of national exclusions and suspensions on a national level. They increased from 2013 onwards, decreasing during the COVID-19 pandemic and increasing year-on-year after the pandemic, to higher rates than pre-pandemic figures. The percent of children who have had at least one suspension has doubled since 2019/20.

TABLE 1. National school exclusion and suspension rates for the last five school years (DfE, 2024b)

Year	Permanent exclusion rate	Suspension Rate	*1 ≤ suspension rate
2013/14	0.06	3.50	1.86
2014/15	0.07	3.88	1.98
2015/16	0.08	4.29	2.11
2016/17	0.10	4.76	2.29
2017/18	0.10	5.08	2.33
2018/19	0.10	5.36	2.44
2019/20	0.06	3.76	1.87
2020/21	0.05	4.25	2.20
2021/22	0.08	6.91	3.02
2022/23	**0.11**	**9.33**	**3.61**

* The percentage of children that had at least one suspension

This study aimed to evaluate the Power2 intervention in the North West of England as one element of the Social Finance RootEd programme. Of England's ten main geographical regions, the North West had the second-highest permanent exclusion rate in the 2022/23 school year (behind only the North East) and the fifth-highest suspension rate. The participants of this research were from Cheshire West and Chester, a local authority whose exclusion rates are rising similarly to national trends, as shown in Table 2. However, permanent exclusion rates in this local area are consistently below national averages:

TABLE 2. Comparison of exclusion and suspension rates in Cheshire West and Chester and national figures (DfE, 2024b)

Year	Permanent exclusion rate		Suspension Rate		*1 ≤ suspension rate	
	Cheshire West and Chester	National	Cheshire West and Chester	National	Cheshire West and Chester	National
2018/19	0.09	0.10	4.04	5.36	1.84	2.44
2019/20	0.06	0.06	3.36	3.76	1.56	1.87
2020/21	0.06	0.05	4.95	4.25	1.93	2.20
2021/22	0.08	0.08	5.00	6.91	2.32	3.02
2022/23	0.10	0.11	7.50	9.33	2.89	3.61

1.4 THE PREVALENCE OF MENTAL ILL HEALTH OF CHILDREN AND YOUNG PEOPLE IN ENGLAND

Mental health difficulties are one of the growing causes of poor quality of life in the world (World Health Organisation (WHO), 2014). The WHO (2014) defines mental health as: 'A state of well-being in which every individual realises his or her potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community'. Mental health needs were first acknowledged as special educational needs (SEN) in the SEND code of practice for England (DfE and Department of Health (DoH), 2015). This was a deliberate move away from 'behaviour, emotional and social development' in the Department for Education and Skills (2001) Code, to encourage schools to establish the underlying reason for the new broad area of need (SEMH difficulties) (DfE and DoH, 2015).

The DfE publishes SEND statistics annually, including the number of students with each primary need. The primary need most closely representative of poor mental health is 'Social, Emotional and Mental Health' (SEMH). The number of pupils with this primary need has steadily risen over the last eight years (Figure 1), as has the percentage of all SEND accounted for by the SEMH primary need (Figure 2).

FIGURE 1. Number of pupils with the SEMH primary need over the last eight years (DfE, 2024c)
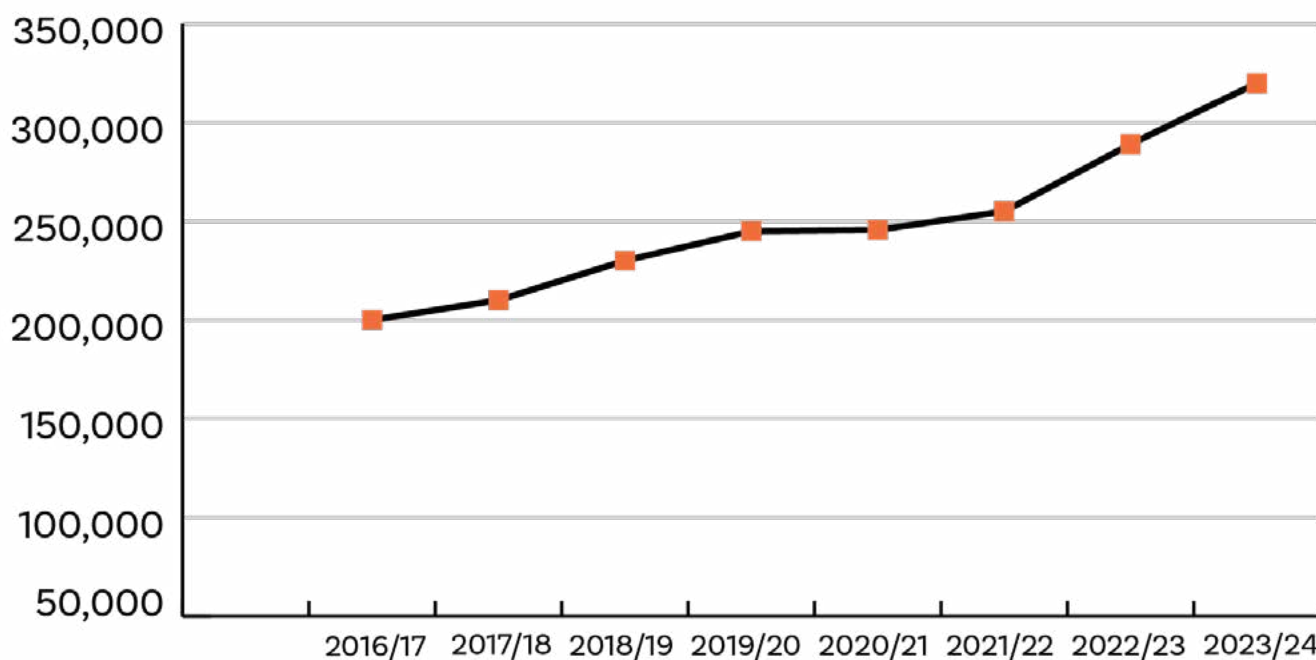
FIGURE 2. Percentage of pupils with SEND who had the SEMH primary need (DfE, 2024c)
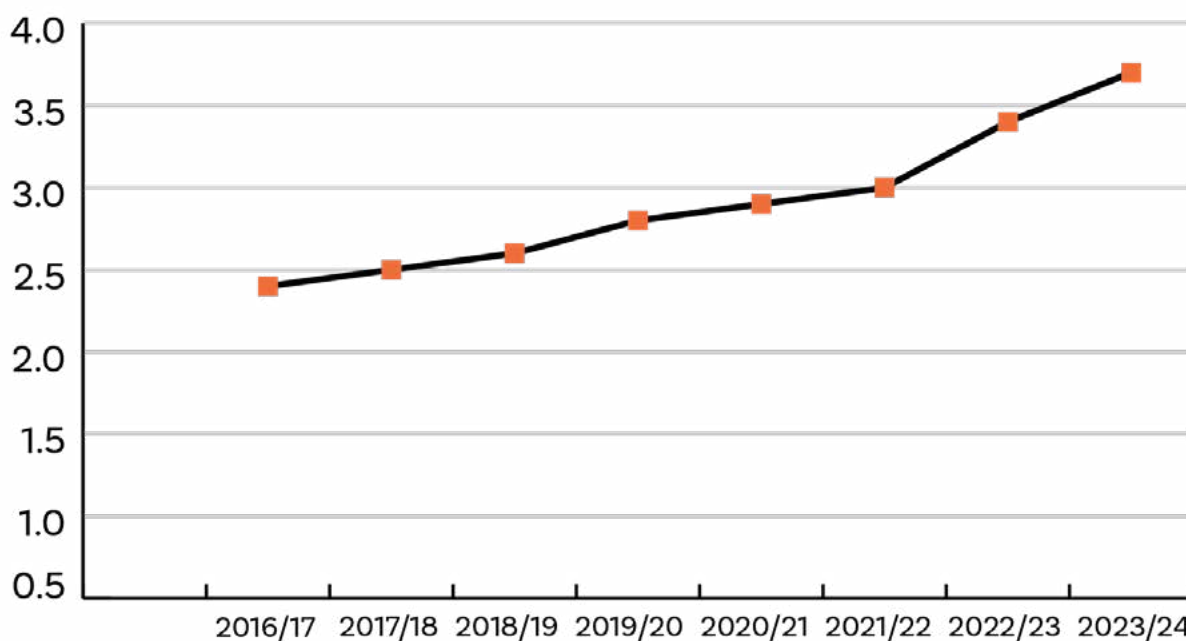
It should be noted that some children with mental ill health will not be represented in these statistics due to the lengthy processes involved in receiving a diagnosis (Martin-Denham, 2023). Furthermore, not having a diagnosis does not mean you are experiencing good mental health (Fusar-Poli et al., 2020).

1.5 EARLY IDENTIFICATION OF SPECIAL EDUCATIONAL NEEDS AND DISABILITIES

The importance of early identification of SEND has been prevalent in several reviews: Bercow Report (Department for Children, Schools and Families (DCSF), 2008); Lamb Inquiry (DCSF 2009); Salt Review (DCSF 2010); Ofsted SEND Review (Ofsted, 2010); Timpson Review (DfE, 2019a) and the SEND Review (HM Government, 2022). Horridge (2019) also emphasises the visible and accurate documentation of needs.

Sinclair and Zaidi (2023) suggested that inconsistencies across local authorities increased challenges caused by late identification or misidentification of needs, reducing parental confidence in the SEND system. Research indicates that some mainstream schools are not meeting their Equality Act (2010) duties in providing reasonable adjustments to prevent substantial disadvantage (Martin-Denham et al., 2017; Martin-Denham, 2020a, 2020b, 2020c, 2021c, 2022).

1.6 POWER2

This research evaluates the experiences of children, young people, and families taking part in a RootED intervention provided by Power2 to reduce school exclusions. Power2 is an organisation which aims to 'develop crucial life skills, improve confidence and boost self-esteem through mentoring and positive psychology' (Power2, 2024). The children in this study were accessing three of Power2s interventions: Power2 Thrive, Power2 Progress, and 1:1 support based on the Power2 Rediscover framework.

Power2 Thrive is a 16-week early intervention in which children are encouraged to engage with their community and their own aspirations through:

- Becoming mentors to nursery children, acting as role models and developing key interpersonal skills

- Taking part in classroom sessions each week to discuss learnings from mentoring, talk about mental health and develop their own toolkit relating to positive mental health and wellbeing, aspirations and attainment

- Achieving a NFCE Level 1 Award in Interpersonal Skills and identifying goals

Power2 claim that this programme has resulted in 90% of participants becoming less shy and withdrawn, 88% improving their wellbeing, and 83% improving their self-esteem (Power2, 2022a).

Power2 Progress is a similar programme, which pairs up year 6 and year 8 pupils. The benefits to Year 8 students are described as follows: 'Year 8 students benefit from the experience of mentoring and inspiring a younger pupil and achieve an accredited NCFE Level 1 Award in Developing Effective Thinking Skills at the end of the 13-week programme'. The outcomes of this programme, as stated on the Power2 website, were that 91% of year 8 participants improved their attitude towards education, 80% improved their attendance, and 75% of year 6 participants improved their self-confidence. (Power2, 2022b)

Power2 Rediscover was developed as a 'direct response to the COVID-19 crisis'; however, the lasting impact on children led to its integration as a 'key part' of the Power2 portfolio. It is delivered by Power2 as a ten-week programme but also (as for RootEd) provided as longer-term 1:1 support. The one-to-one sessions, delivered by Power2 trained facilitators, are adapted to the needs of the child and include topics such as:

- Helping participants develop positive routines, healthy habits and sleeping patterns

- Tackling feelings of loneliness and isolation by making sure young people know there is someone out there for them

- Practical and emotional support for engaging with school and learning

- Planning for the future by setting goals and aspirations for both the long and short term

- Providing young people with tools to manage their mental health and well-being.

- Power2 found that 85% of participants improved their wellbeing, 80% improved their self-confidence, and 73% made educational progress (Power2, 2020)

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2.0 METHODOLOGY AND METHODS

The research approach was grounded in a phenomenological interpretive stance that the social world is 'culturally derived and historically situated' (Crotty, 1998, p.66). Heidegger recognised the necessity of preventing preconceived notions from obstructing interpretation of the experiences of others (Smith, Flowers and Larkin, 2009). Additionally, he discussed the concept of 'being in the world' and immersing oneself in these experiences (Heidegger, 1996). The researchers felt a phenomenological approach was most suited to finding out about the lived experiences and viewpoints of children and parents who accessed Power2 interventions.

2.2 DATA COLLECTION METHODS

Data was collected through 41, 1:1 and 1:2 semi-structured in-depth conversations, with children (n=21) accessing a Power2 intervention and their parents (n=14). Five children participated in two conversations, one in March 2024 and the second in July 2024. Audio recordings were not taken of one child who was visited twice at her request, due to her challenges with selective mutism. Instead, she wrote sentences that were included in the thematic analysis.

The conversations with the children were face-to-face in their schools. Some parents participated through a phone interview, others face-to-face in their child's school. Two visits were made to each school to follow up on the ongoing effectiveness of the Power2 intervention. The Power2 leads were not present at the time of the recorded conversations.

2.3 VALIDITY, RELIABILITY AND BIAS

Everyone has an element of bias in their views, perceptions and understandings. As the sole interviewer, the principal investigator ensured that opportunities were given for participants to share and expand on their views rather than use an interpretation of assumed meaning.

Triangulation strengthened the validity and reliability of the research findings. Three strategies were applied to validate the qualitative conceptual themes to ensure the participants were fairly represented: peer debriefing (Creswell, 2007), member checking (Merriam, 1998) and analyst triangulation to verify the trustworthiness and establish credibility (Doyle, 2007). The children and parents were involved in member checking as a collective endeavour through ongoing clarification of their responses (Birt et al., 2016; Livari, 2018).

2.4 ETHICAL CONSIDERATIONS AND PROCESSES

Ethical approval was gained from the University of Sunderland Ethics Committee (Application 024067). General Data Protection Regulation (GDPR) guidelines were recognised and adhered to with informed consent, the right to withdraw and safe data storage. Participants' identifiable characteristics were replaced with pseudonyms (Information Commissioner's Office, 2020). The British Educational Research Association guidelines for educational research (BERA, 2024) were adhered to.

As with my other research involving children and young people, 'interviews' were reframed as 'conversations' to be seen as less threatening and invasive. It was essential to acknowledge the position of power held by ethnicity (White British) and academic position (Associate Professor) (Wallerstein et al., 2019). In preparation for conversations with children, meetings were held with gatekeepers (Power2 programme leads) to address any accessibility issues and to co-create solutions.

All participants were invited to bring a friend/parent to the conversation or have any school staff member accompany them. The involvement of children and young people was safeguarded, and NSPCC guidelines were adhered to (NSPCC, 2020). Both parental and child consent were required for children to participate. A comic strip was available to explain the research to the children, as this felt more accessible than a formal information sheet. All children and young people were given alternative ways to participate (for example, using art) rather than participating in a discussion. It was of utmost importance that alternative approaches to gathering their views were available so that no children's views were excluded.

2.5 RECRUITMENT OF PARTICIPANTS

Power2 were the gatekeepers who recruited the children and parents. The criteria used to recruit the children was that they were actively taking part in a Power2 intervention at the time of the research. They gained both parent and child consent to take part. Power2 invited all children across the three schools who were currently engaged in a Power2 intervention as part of RootED. They sought agreement from the parents to share an email/phone number with the principal investigator and they were contacted directly to make arrangements. Consent was reaffirmed prior to each conversation.

2.6 THE PARTICIPANTS

The children were all on roll at three mainstream secondary schools in the North West of England. School staff identified the children as requiring additional mental health support from Power2 as they were not thriving in the secondary school environment. Some were struggling to attend school and were persistently absent; others had a level of anxiety that meant they were unable to manage in the classroom environment. Many of the children attended an internal provision within the mainstream school. Some were often sanctioned through detention, isolation, suspension or permanent exclusion. The commonality among the children was that they needed mental health support above what their schools could provide.

Table 3 shows the number of children and parents who participated from each school and the Power2 programme being accessed. Table 4 details the children's school year. Demographic information is provided in Table 5 and interview lengths are shown in Tables 6 and 7.

Data was collected through 41, 1:1 and 1:2 semi-structured in-depth conversations, with children (n=22) accessing a Power2 intervention and their parents (n=14). Five children participated in two conversations, one in March 2024 and the second in July 2024. Audio recordings were not taken of one child who was visited twice at her request due to her challenges leading to situational mutism. Instead, she provided written contributions that were included in the thematic analysis.

TABLE 3. Breakdown of schools and Power2 programmes accessed

Year	Category	Children	Parents
School	School 1	15	11
	School 2	4	2
	School 3	3	1
Power2 Programme	Power2 Progress	7	6
	Power2 Thrive	5	4
	Power2 Rediscover	10	4

TABLE 4. Demographic characteristics: School year

NC Year	Children
Year 7	1
Year 8	8
Year 9	9
Year 10	3
Year 11	1

TABLE 5. Demographic characteristics: Gender

Participant	Male	Female
Children	12	10
Parents	0	14

TABLE 6. Power2 Interview counts – Visit 1

Participant Group	Target number of participants	Final number of participants
Children	5-10	9
Parents		4

TABLE 6. Power2 Interview counts – Visit 12

Participant Group	Target number of participants	Final number of participants
Children	25	17
Parents		10

When the children and parents were asked to recall how they had been referred to Power2, not all could recall an exact contact. Those who did remember said they were referred to the programme by headteachers, heads of year, and other teaching staff. All the parents commended the referral process as quick and easy without stating any difficulties or delays. As for participants' reasons for referral to Power2, there were reports of struggling to attend school, unmet needs, and a deterioration of self-confidence.

2.7 APPROACH TO DATA ANALYSIS

Reflexive thematic analysis was chosen to analyse the interview data, as it is a 'flexible, straightforward and accessible' method (Pirrie et al., 2011, p. 146) and an accepted phenomenological approach (Guest, MacQueen and Namey, 2012). Thematic analysis values subjective, aware, situated and questioning researchers (Braun and Clarke, 2019) and is useful when there are higher numbers of interviews (Chadwick, 2013). Themes and patterns in the dataset were identified through inductive analysis – reading and re-reading the data (Patton, 2002) following the process detailed in Table 8 and presented in Appendices 1-6. This active approach allowed for identifying themes (DeSantis and Ugarriza, 2000) that 'underpins and connects the observations', the 'so what' of the data (Clarke and Braun, 2018, p. 108-109). Refining of themes was continual, as Braun and Clarke (2006, p. 22) suggested, 'one test for this is to see whether you can describe the scope and content of each theme in a couple of sentences. If you cannot do this, further refinement of that theme may be needed.' To address this, ongoing refinement of the themes and subthemes occurred until the test was satisfied.

TABLE 8. Phases of thematic analysis

Phase	Description of the process
Familiarisation with the data	Refamiliarising through immersion with the dataset and notes taken during the conversations. Listening to audio files and reading and re-reading the transcripts
Coding	Coding interesting features, systematic approach across the data corpus
Generating initial themes	Collating codes into potential themes, gathering the data into each theme
Developing and reviewing themes	Checking the themes work in relation to the coded extracts and the entire data corpus
Refining, defining, and naming themes	Ongoing analysis to refine each theme and create the overall story of the data. Generating clear names to define each theme
Writing up	Final opportunity for analysis, returning to the objectives and eliciting compelling extract examples

BRAUN AND CLARKE (2022)

Appendix 1, Figure 3 shows the initial notes taken during the conversations with children and parents as part of phase 1 of thematic analysis. Initial coding of the interview data through phase 2 of thematic analysis resulted in 35 codes (Appendix 2, Figure 4). Phase 3 (Appendix 3, Table 9) outlines the four candidate themes and twenty-one subthemes. The development and review of themes (phase 4) can be found in Appendix 4, Figure 5. and the refining and naming of themes for phase 5 (Appendix 5, Figure 6).

Three final themes were identified. First, protective factors for accessing and remaining in mainstream school; second, the barriers to accessing and remaining in mainstream school; and third, the risk factors when withdrawing mental health support.

3.0 FINDINGS AND DISCUSSION

The following section presents the findings of the thematic analysis of the 41 conversations. Three themes and six subthemes were identified, as shown in Figure 7. First, the protective factors for accessing and remaining in mainstream school with the subthemes, sanctions and unmet needs (section 3.1), the barriers to accessing and remaining in mainstream school with the subthemes, stable relationship, being heard, emotional regulation and raising confidence (section 3.2), and risk factors when withdrawing mental health support, no subthemes (section 3.3). Quotes are presented with each participant's pseudonym such as 'Child 1' or 'Parent 3'.

FIGURE 7. Final themes and subthemes

Protective factors for accessing and surviving in mainstream school

- Stable Relationships
- Being heard
- Emotional regulation
- Raising confidence

Barriers to accessing and remaining in mainstream school

- Unmet needs
- Sanctions

Risk factors from withdrawing support

3.1 PROTECTIVE FACTORS FOR ACCESSING AND REMAINING IN MAINSTREAM SCHOOL

The theme 'protective factors for accessing and remaining in mainstream school' identifies the improved mental health outcomes achieved from having stable relationships (3.1.1), being heard (3.1.2), emotional regulation (3.1.3) and raising confidence (3.1.4). Many of the children were not yet thriving in mainstream school but managed to remain in school and navigate their secondary school's environment, policies and expectations with the support of significant relationships from some school staff and Power2 programme leads.

3.1.1 STABLE RELATIONSHIPS

During conversations with children and parents, they shared that they had secured positive and stable relationships with a limited number of school staff and all Power2 leads. Where stable relationships existed, children trusted them to a level where they would openly share their worries and ask advice on mental health, friendships and other issues.

Most, but not all children could name one significant adult within their mainstream provision. They were usually tutors or subject teachers. These teachers were going beyond what would usually be expected to support the children's mental health and wellbeing:

> 'My form teacher, that's the only teacher I would go to. She just understands. She'd see I wouldn't be in in the morning and then she'd come and pick me up' (Child, 2)

> 'He works full-time in the hub. I'm the only kid in there most times in my dinner break. I don't go out because I ain't got no friends. He sits in there with me, we watch Family Guy on the computer. We have a proper good laugh, and he's just one of them teachers that I know I can speak to. I don't play basketball. I'm not a football person, but I started to go to basketball after school with him' (Child, 8)

Children and parents valued the reasonable adjustments teachers provided. This appeared to secure their relationships as the children were better supported to access learning in classrooms. Child 1 described how their science teacher 'supports me with everything'. Having a positive relationship with a member of staff in a place they felt safe was critical to enjoying and accessing mainstream school:

> 'I do like school but I'm not a fan of school at the same time. I like school because there's support networks. If I need something when I get overwhelmed, I either go to the library to speak to a teacher I like. They're my safe places if something happens in school' (Child, 11)

> 'School-wise, we had meetings to try and figure out what she was getting anxiety over. Once they started allowing her to wait behind until all the children had gone to class, that helped. She knows that she doesn't have to go in the corridor full of people. She's got her own tutor, a PA that goes to classes with her if she needs it' (Parent, 13)

Teachers who had the time to talk to children and gain insight into their challenges were valued by children and parents.

> 'I speak to one teacher, she's like, "I can't really say I get what you're feeling because I don't, because I haven't been through it", that's fine because I know that she's being honest with me, which is good. I always have a catch up with her and at the end of the lesson' (Child 11)

> 'He comes home one day, and he goes, "I have a favourite teacher." He said, "we sat down, had a really good chat. She understands what I'm going through. She understands how I feel"' (Parent 12)

Power2 leads were often cited as critical to the intervention's success. If the leads were at the school, they would ensure they were available should a child need a short-notice appointment. The children described how availability from a stable and consistent member of the Power2 team mattered to their mental health and wellbeing: 'If she can see you're struggling, she'll book you an appointment for that day. I don't really go to teachers. I'd usually go to her because I feel I can trust her more than everyone' (Child, 2) and 'I like sticking to one person because they know everything. Every time they know what's going on, they know how to talk to me' (Child, 8).

Parent 12 used the term 'bond' to describe the relationship between her son and the Power2 lead. She valued the stability of their relationships and that, through this he had 'someone he can go and speak to get everything off his chest. It's somewhere we can go to escape from whatever's going on in his head.' She also recognised that, as his mother, she was supported, 'she's good for me. She'll text me and she rings me.'

Some children expressed that the Power2 team were good at offering friendship advice, not telling them what to do but supporting them in reflecting and acting in their best interests.

'Some of my mates were taking advantage of me. She made me write it all down. She was like, 'I'm not going to tell you what to do, but just look at the bad things they're doing to you and look at the three good things they're doing for you'' (Child, 2)

The parents valued the opportunity for their children to have confidential conversations with the Power2 leads. They felt it was important that their children had someone they could talk to that was not them:

'She just says they speak, but everything's confidential. Obviously, I know if she had any concerns, she would tell me, but I like her to have somebody to speak to anyway because she doesn't tend to speak to me' (Parent, 1)

'They're just really calm and patient, so if you needed to speak to them, they were just there, and you can see that they are quite good to speak to if you've got any worries' (Child, 2)

The importance of an available adult who had time to listen when they were upset or needed support was a recognised as a protective factor supporting the children to attend school. Parents expressed concerns about how their child would cope when the Power2 programme ended:

'He said to me, "I don't want her to go because I won't have anybody in the school I can speak to." I will be absolutely devastated if she leaves. She is literally the only person other than obviously the family that he's got' (Parent, 12)

For many, the positive impact of Power2 transcended to out-of-school environments.

'My life is great now. I have a really good relationship with my Mum. I know once they go [Power2], I will always have my Mum to speak to. Even though my Mum is the one that punishes me, she is the one I speak to. She understands' (Child, 8)

'He was recognised by a child he worked with from going into primary school. They had a good conversation outside the car. I was like, "this is amazing, you made a friend"' (Parent, 8)

The consistent day for the Power2 programme provided reassurance to children and parents that they would have someone to speak to about any arising or ongoing challenges they were experiencing:

'It's weekly based and its regular. I know I can rely on Tuesday, that's why I love Tuesday. I come into school, I go to maths, I see [programme lead] now, and then I go to tutoring for my maths and English, one-to-one, and then I go home, because I'm on a reduced timetable'* (Child, 8)

'He'll come home and be like, 'I saw [my programme lead] today.' He doesn't tell me that them are his good days. He just says, "Saw her today," and then I'm like, so that's why he was up and ready this morning because he knew he had someone to go and speak to in school, whereas other times he'll come into school, and he just walks around' (Parent, 12)

3.1.2 BEING HEARD

Children and parents described the positive impact of the Power2 programmes in providing space and time to be listened to and heard. Having someone to listen to their problems and anxieties was discussed as a benefit of the Power2 programmes:

'Not being on the phone when we're talking and everything, she listens. She repeats what I'm saying, like re-asks the question. She talked to me about stuff, telling me what was good and what wasn't good. She stopped me from getting excluded, like eight times' (Child, 1)

'She asks me how my day is. I speak a bit about home and how my life's going and what's happened, and if I could do anything better. She's just someone to speak to, someone I can rely on to trust and open up to. It isn't that she just listens, it's that she cares and listens' (Child, 8)

'She just helped me and listened to me. Say if I was upset and I wouldn't want to talk about it, she'd help me. I don't know. She was just a really nice person. She just always listened' (Child, 10)

'If I've got stuff to get off my chest, stuff you wouldn't say to your mates, just blurt out and I can rant to her, and then she helps me with everything. She's done so much' (Child, 17)

The children talked about how taking part in a Power2 intervention supported them to access mainstream secondary school, 'I might go in and see my programme leader, tell her what's going on. Then, try and keep my head down and just get on with it, wait until the end of the day' (Child, 2).

'No one in the room is the same. We're all different in our own ways. That's helpful to see how other people might struggle, from how you struggle. It's not like you only know your one way because you get to see

others find their ways how to help them. So, it gives you ways to help yourself as well' (Child, 3)

'When you talk about it, some people agree with you and are like, "Yes, I get like that sometimes too"' (Child, 7)

'I think it's really good that he's in a group where they can talk about how they're feeling and explore that side a bit more' (Parent, 5)

'Just talking to someone else and hearing other people, so I do think it is a positive thing' (Parent, 11)

Having a Power2 programme lead or Power2 group to provide mentoring was an effective way of supporting the children to create solutions to day-to-day or ongoing challenges in school. For example:

'If I told a teacher I was getting bullied or just got hit or something, they were trying to sort it out but made things worse for me. Whereas if I told [my programme lead], she would tell me how to avoid it and how to deal with it, and if I dealt with it right… Basically make me a better person' (Child, 8)

'If I've had something bad with the teachers, she'll help me with what to say to them. They'll listen, give solutions to the problems, and they'll actually listen, and not say, "Oh well, you just need to go to your lessons," because they understand that it's just hard to go to lessons when someone's acting like that towards you' (Child, 11)

3.1.3 EMOTIONAL REGULATION

A key benefit of the Power2 programme identified by the children was that it provided them with approaches and strategies to manage their thoughts, emotions, behaviours, impulses and choices that they could apply when in mainstream school, such as:

BREATHING TECHNIQUES

'She was practicing this breathing technique with me the other day, and we had to go around the shape and breathe and say them little pictures. So go across, breathe, and then hold it in for a longer bit, and then go across, breathe, and hold it in a longer bit. So, we were doing that, and I filled out a sheet with little boxes' (Child, 18)

FIDDLE TOYS

'If it's something that makes loads of noise, that's not good, but blue tac and stuff, it doesn't really make a noise, so it's fine. It just lets me calm down' (Child, 1)

'She's helped with my anger. She's given me things to do. Do you know when you get upset or annoyed? Then, people do that and then do that. I get a bobble, and I flick it off my wrist and it calms me down' (Child, 2)

MOVEMENT

'She walks around with me sometimes when I don't want to go to her room. It just lets me calm down. She's stopped me from being excluded most of the time' (Child, 1)

OPENING UP

'Whenever I have a moment, I always come to her and she always lets me write it down, lets me get my emotions out. If I need a cry, there's a shoulder there in school. That's just really helped. I dread coming to school every morning' (Child, 2)

'Because I have ADHD and autism. I struggle with talking about my emotions, but around people from Power2, I just can open up. I feel less like I still fidget and all. That's just with ADHD. I feel more relaxed and calm when I'm with the group' (Child, 4)

'I release everything, and I feel like I'm back to me, because when I keep things in that's when I start to get a kickoff out of nowhere, but now that I'm speaking to [Power 2] there's no kick offs anywhere. I'm not losing my temper; I'm not getting angry' (Child, 8)

Children recognised that having a member of the Power2 team on hand, outside of appointment times supported their emotional regulation, 'now, I feel a lot better. I'm not having fights and I'm not crying as much. If I do, I come to [my programme lead]' (Child, 2) and 'they do help you a lot with what you're struggling with, and if you need help, they're right there with you.' Others commented:

'It's changed my behaviour because Year 8 and 7, I was terrible, but Year 9, I've actually been all right. It's not changed completely. I'm bad now and then, but it's been a lot better since Year 8 and 7' (Child, 18)

'I tell her about my day and stuff, and then we'll do a bit of work. We'll talk about my behaviour. I used to skip a lot of lessons. Ever since I started speaking to her, I've noticed a big change. My mum has as well. My mum said I'm acting a lot more grown up now. I'm a lot more responsible for myself. I know what's right, what's wrong' (Child, 19)

'I've been able to control my emotions a little more since Power2. It allows me to calm down when I'm stressed. Before I even knew this existed, I had no one to talk to about my anger' (Child, 22)

Parents agreed that the improvement in their children's social, emotional and mental health was attributed to the Power2 interventions, evidenced in the following ways:

A REDUCTION IN MENTAL ILL HEALTH

'He was self-harming last year. The Power2 programme lead was the one I contacted and then she spoke to him, and he opened up to her. If it wasn't for Power2 and the support he's had from it, I feel like it could have gone a completely different way because I know he was suicidal. He really was suicidal, and he was 12 years old, and no 12-year-old should feel like that. They've 100 per cent prevented something serious happening' (Parent, 12)

'She did slowly start getting introduced to classes. She does attend two classes I think it is now, so she has improved on that way' (Parent, 13)

ENJOYING SCHOOL

'She doesn't go off the handle. She still does every now and then, you know what I mean, but she seems so much more settled. She loves her sessions with her as well. She adores her. She wants to actually go to school as well!' (Parent, 1)

'Since this programme, she's been enjoying going to school again' (Parent, 3)

A REDUCTION IN SANCTIONS

'Since she started Power2, she's only had behaviour points once in about four weeks, which is really good for her. She was she was getting a couple of hundred a week. Its just achievement points she's getting. So, it's definitely having a good impact. She's not getting any behaviour points and I'm not getting phone calls off the school' (Parent, 4)

Many of the children shared that they accessed effective SEMH provision in their mainstream schools. These provisions tended to be spaces away from mainstream classrooms with small numbers of children that supported emotional regulation through:

MOVEMENT BREAKS

'It's only five minutes outside, or I have a sensory walk' (Child, 10)

THERAPEUTIC SUPPORT

'The school have emotional support animals, so he's allowed to go in at a quarter-to-eight in the morning and go and spend time with the emotional support animals, because that's the only way we can get him in to school' (Parent, 5)

WITHIN SCHOOL SEMH PROVISION

'In the provision, they have the smaller classes. It is like counselling. They had for his mental health towards the end of Year 8 to try and get him into school a bit more and things like that, that the school provided. I'm not sure if it helped, but he did that. It was to try and keep him in lessons and try and deal with his anxiety and things' (Parent, 6)

'He's in a small group and it's just like a junior school classroom. It is so welcoming and friendly, and there's pictures of everybody on the wall. So, to go from, 'I don't want to go to school,' to that was wonderful' (Parent, 8)

Other parents talked about the positive impact of ADHD medication on their child's ability to remain emotionally regulated during the school day, 'it's helped her [medication for ADHD]. Since she's started on it, she's had a lot more achievements, more focus. Like start of the last year head, head of the year awards and things like that' (Parent, 4)

3.1.4 RAISING CONFIDENCE

The range of activities and 1:1 support provided by Power2 as part of their programmes were acknowledged as factors influencing children's confidence in terms of interaction with teachers and peers and their ability to cope in stressful situations, for example:

CONFIDENCE

'I think the reason my confidence is so b*ig is because of Power2'* (Child, 4)

'I feel like I speak to people more now than I would normally' (Child, 5)

'It just gives me a lot more confidence [Teens and Toddlers]. I think I wouldn't be as more confident as what I normally was' (Child, 7)

Many children shared specific examples of how the Power2 programmes gave them newfound confidence in their:

INTERACTION WITH OTHERS

'I've started seeking more help from the teachers, which I usually wouldn't do. I talk to my classmates; I'm slightly better in group work. Don't get me wrong, I hate group work, I'd rather just do an independent project but I'm slightly better in those kinds of situations, like it's not as awkward as it used to be' (Child, 6)

'It's helped him move forward [the Power2 programme], meeting different people and being able to talk to them. He said, "I had a chat, I had to talk to them," and he was saying about his confidence and how he'd met different people and how to approach people. He said: "I feel like there are now people that I could go to, like friends, because we can talk about things"' (Parent 7)

ABILITY TO COPE WITH STRESSFUL SITUATIONS

'Going to the primary school and meeting new people. Usually, that would put me under a lot of stress, but now that I've been in Thrive, it's helped me deal with stress in situations where there's lots of crowding. When I was in Reception, I was reading a story with the child and there was loads of background noise, it was slightly annoying. Usually I'd start breaking down, but I didn't. I kept my composure; I just kept reading the story' (Child, 7)

A parent recalled a conversation with her son about how the Power2 programme enabled their child to instigate a conversation at school:

'He said: "No-one was talking, mum," so I thought it's up to me then. I'll break the ice. Then once I decided to talk, everyone else decided to join in." I thought that was good for him to stand up to be the first one to talk, and that's really good for him' (Parent, 6)

It was clear from the conversations with the children and parents that, at first, they might find joining a new programme challenging. But over time, their confidence grew, and they would look forward to the sessions:

'You do get comfortable after a bit because everyone's always so nice to you and caring. At first, it is hard. It's easier to be yourself around them (year 6 children) than the others in the room. I find that has boosted my confidence a lot, speaking to them in there because they're all really nice. You feel like you're helping them to get ready for their next year and everything like that' (Child, 3)

'First of all, he was a bit apprehensive. He goes, "I don't know if I want to do this." But when he came home, he said, 'Yes, mum, it's brilliant.' Every Wednesday then it was, 'Oh, I've got Power2 today, mum.' It's given the confidence that he can do this' (Parent, 7)

'It was really good and the fact that he went to another school, out of his comfort zone, and that he engaged with a child he didn't know was fantastic, because he struggles with his communication, especially when he's under stress. He goes mute. I think it's done him quite a good service because he knows he can cope doing that' (Parent, 8)

The children and parents could not have spoken more highly of the Power2 programmes. The children's newly found confidence at school positively impacted their daily lives. It appeared transformational, 'He's just this polite, quiet, lack of confidence young boy who's completely changed with the Power2 programme. It's absolutely done wonders for him' (Parent, 10). The programme was also identified as beneficial in supporting the children to understand their emotions and those of others:

'She helped me find it within me [my confidence]. It was already there, but she just helped me find it because I've always had the dream of being dead mature or being able to handle everything by myself. Ever since I started doing sessions with her, I've just felt more responsible, more mature' (Child, 19)

3.2 BARRIERS TO ACCESSING AND REMAINING IN MAINSTREAM SCHOOL

The theme 'barriers to accessing and remaining in mainstream school' captures the wide-ranging difficulties the children encountered accessing their

mainstream secondary school. Two subthemes were identified, unmet needs (3.1.1) and sanctions (3.1.2).

3.2.1 UNMET NEEDS

All children and parents believed the barriers to mainstream school were, in part, due to unmet special educational needs or disabilities (SEND). Such as, struggling to concentrate and sit still in class:

> 'Because I've got ADHD, I really struggle to focus. Do you know when people are talking, having a conversation with teachers and they say, 'Look at me'? I can't. I struggle to look at people in the eyes' (Child, 2)

> 'If I'm in a class and I'm hyper, I just want to be alone - but you can't' (Child, 10)

Lengthy waiting lists for CAMHS, CYPS [Children and Young Peoples Service] and paediatrics are compounding assessment and identification of disabilities such as ADHD and Autism and therefore, access to medication.

> 'There's an 18-month waiting list [for an autism assessment], and then by the time then, he will be 15. It's a long time, and I don't know how long he's going to be able to cope in this school for. So, I'm trying to get the education, health and care plan (EHCP), and I'm just not getting anywhere with it at all' (Parent, 12)

The impact of not receiving reasonable adjustments recommended by health professionals was believed to lead to school exclusion:

> 'He's been suspended for having Blu Tack, just playing with it, where his paediatrician has stated he needs to have something in his hand, he needs a fidget toy. I said to the paediatrician, 'He's not allowed. It's against school policy.' The paediatrician said, "Look, part of his support plan with us for trying to control it and manage it, he needs something." The school have point-blank refused' (Parent, 12)

Some children were navigating changes to doses of ADHD medication that rendered them unable to self-regulate. Unstable doses or a lack of availability of ADHD medication negatively impacted their concentration, 'without my tablets and everything, I can't cope. It doesn't help with my anger anymore. Say you're in a room and there's nothing to do, you're just staring at a wall, that's how it felt. Everything was just proper boring' (Child, 1). Without ADHD medication, the school was reported to be unwilling to accommodate him in school, 'I think it was ten o'clock in the morning, so he'd been in for about an hour and a half, and then they were like, 'We don't think you should bring them in tomorrow because if he hasn't got his medication, then how are we going to cope?' They said, "if it doesn't start changing with him going to lessons and stuff like that, then I'm going to have to start looking into homeschooling"' (Parent 12). The issue was that her son's dose of medication had been increased and was not as effective as previously.

The period between getting an assessment, diagnosis and treatment for ADHD created a barrier to thriving in school:

> 'She used to get quite angry over things and get quite upset. She struggled a lot until a couple of months ago. She's not doing that as much since starting ADHD medication. I was called into the school twice before she was diagnosed. It felt like all they were focusing on is that she was naughty, she'd done the things because she was naughty and that wasn't the case' (Parent, 4)

Furthermore, schools not connecting a child's responses to unmet needs was common:

> 'They weren't acknowledging the fact that he had ADHD and autism, and they just seen him as a naughty child, and would quite often tell him he was a naughty child and would put him down quite a lot' (Parent, 5)

> 'He is being assessed at the minute for ADHD. The teachers do know what strategies are put in place for him, but half the time, I don't think they read up about it' (Parent, 14)

Changes in routine negatively impacted children with disabilities, particularly for those with autism. A parent of a child with situational mutism and autism described how badly her child is impacted by changes in routine 'she gets upset' (Parent, 13). Another parent described that her child with SEMH can't remain in noisy lessons, 'if there's noisy kids in the class, he doesn't do well in those lessons. He has to do a five-minute pass-out. He stands outside and calms himself down and then goes back in. He likes structured lessons' (Parent 6). Child 1 described that when he couldn't go to class, the teachers would say they had to call his mum. He felt this response was passing the challenge to his mum, whereas they should 'figure out a way to fix the problem.' Other children agreed, 'I struggle with my work, and when I'm in lessons, barely any teachers - they don't ask me what I'm struggling with, they just expect me to know it' (Child, 1)

Parents expressed concern about schools not providing sufficient support for children with SEND.

This included both practical resources and staffing:

'She's 13, dealing with her autistic struggles, the support from her school isn't consistent. I have to say I agree with her because she gets the support for a short time, then it stops' (Parent, 9)

'He has autism, so empathy's something that he struggles with. People think they don't have empathy. They can have empathy, and I think from an autism perspective, it can be more as they understand it. They've felt how that child felt. They feel anxious, and what helped them when they were anxious' (Parent, 11)

'He's got buds for when it's too loud. Power2 got him them' (Parent, 12)

Some children and parents talked about unmet needs in terms of meaningful friendships due to a lack of confidence, moving areas or following the transition from primary to secondary school:

'She was thriving in primary school. She was the only one from her primary school who went to that high school. It was a whole new bunch of people in high school, so she did struggle in Year 7' (Parent, 3)

'Moving up to a new area and not knowing anyone. I don't necessarily wear all the clothes the lads do, so it's hard for me to fit in. There's not much you can do if you don't have mates. The school has tried but I just don't have the confidence' (Child, 8)

'I don't have a lot of people to normally hang around with because I was hanging around with her [a friend she fell out with]. So, I have no one. I don't go to lessons a lot of the time because what am I supposed to do in a lesson? They'll just be staring at me, and I'll have no one to sit with' (Child, 11)

Although most children and parents could name at least one supportive adult within mainstream school many felt teachers were too busy to provide support. For example:

'When I try to explain to teachers what's going on, they don't give me a chance to speak. I take ages to figure out what to say. If I'm trying to explain, they just walk away if I take too long' (Child, 1)

'There are children that act up and misbehave, and they get more notice than my daughter that sits there panicking. Behind the smiley face there's a struggle. She said, "What's the point, because they'll only speak to you for so long?" and then one comment was made [from a teacher] that she needs to try and stand on her own two feet and deal with things' (Parent, 9)

One child described how they had given up trying to talk with teachers due to the lack of time to listen, 'I rarely speak to them. I just see them when I've got a lesson with them, and I'll answer my name to the register and then I won't say another word to them' (child 2). Children and parents recognised that teachers were under pressure to focus on GCSE attainment despite large class sizes and escalating mental ill health needs in their schools:

'They're [teachers] more concerned of getting the work done than what's wrong with the students. That isn't the teacher's fault, because they have got loads of students and they've got a big responsibility, but I just feel like it's easier for someone with a small group, to help and support me more' (Child, 8)

'They don't get picked up [children with mental ill health] in a thousand children in the school. I'm not saying they're counsellors or anything, but they can watch and see. The children do get overlooked these days because the class sizes are so big. The schools are just busy' (Parent, 7)

Others felt disheartened by teachers' responses to attempts to engage with them, 'teachers, they're miserable. I'll say something and they'll just blank me' (Child, 18) and:

'I've been called rude and pathetic today, by two teachers. I asked one of my mates for a drink and she was like, 'It's pathetic, you can't go 40 minutes without a drink.' I was like, 'I'm thirsty.' I wanted a drink' (Child, 17).

Some parents expressed frustration at not being listened to by teachers and headteachers about the need for SEN provision for their children:

'Being he has his processing difficulties - he never got picked for anything because he couldn't really read properly. I tried and I tried. I sat with him for hours trying to read and going into school. The headteacher didn't want to know' (Parent, 7)

'I spoke to the school about an EHCP and they just keep saying, "You won't get it. There's not enough evidence for it." When in my eyes, there's more than enough evidence. They're supposed to know the problems with ADHD and autism. They should understand all the signs and symptoms of when a child is struggling, and to me, they don't understand him.' (Parent, 12)

Some children felt that when disclosing bullying to teachers, they didn't respond in the way they had hoped or expected:

'The teachers, they kind of understand it [the impact of the bullying], but not all of them. I'll go to them and say, "I'm not able to go to my lessons without them laughing at me." I kept telling the school, but they didn't do anything. I was getting annoyed, so I threw his water bottle. He started punching me and everything. Then he kicked me in the face' (Child, 11)

'Whenever I'm doing my work, someone behind me taps me on the shoulder and they say it wasn't them. They keep on doing it and doing it. I tell them [the teachers], but they say just ignore them, and it's hard to ignore them. It really gets annoying, and I end up just walking out and walking around the building' (Child 22)

Many of the children reported ongoing bullying that impacted their day-to-day lives:

'I was bullied badly [since primary school]. It wasn't physical, but I was just constantly getting verbally abused by someone. It's left a mark on me, but it's more like a bruise than a scar. It'll last a long time, but it will eventually heal' (Child, 6)

'She got bullied quite a lot in Year 7, to the point people were trying to jump her on the way in from school. I pick her up every day because she's not confident enough to walk home on her own or with friends. She doesn't really go out at home; she doesn't really socialise outside of school hours' (Parent, 3)

'She did start drama last year. Some of the girls were bullying her, and there was an incident where she auditioned for the play and she didn't get it, and they all laughed at her, so she didn't go back' (Parent, 4)

'I got the police involved in the end. He rang me and he was screaming and shouting down the phone. I was like, "breathe. What's going on?" He went, "Mum, he just jumped up, jumped behind me…." He grabbed him, turned him around and he kneed him in the face. He broke his nose' (Parent, 12)

Many of the children reported experiencing mental ill health and low confidence due to experiences at school and childhood adversities such as being care experienced or bereavement. Often this would result in mental ill health.

One child described how they struggled to cope in school after a family member passed away:

'I was really sad [Grandmother passed away] and I had social services involved with me all the time doing stupid things with girls, having fights all the time. I just went really downhill' (Child, 2)

Exposure to domestic violence and abuse at home negatively impacted children's mental health. One parent explained that following a domestic incident at home:

'She was referred to services because I had a domestic at home, it really unsettled her. She was affected by it, so we had social services involved. It's just her temper and stuff she finds hard to manage, but she does well at school. It's just a problem within herself' (Parent, 1)

Most parents expressed that their children were having difficulties on a morning to get their child to go to school:

'We were having trouble getting her into school, she was getting up in the morning saying I don't want to go to school, I'm sick, I'm this and that' (Parent, 3)

'He's not great in school, to be honest with you. His anxiety is quite high, so some days he can't get into school. He misses quite a lot of school because of his anxiety' (Parent, 6)

The extent of mental ill health for some children meant they were unable to go into mainstream lessons. Parents expanded on their child's mental health difficulties, citing low confidence and anxiety as reasons that their child could not access their education. For some it was particular lessons, others busy social spaces, noise or lack of reasonable adjustments that compounded their inability to access learning and teaching:

'I don't really go to many classes because I go home early at one. I am not allowed to wander around, but I do anyway. It's just I don't like social places That's what my music helps with' (Child, 1)

'Some days I'm in full day, some days I go home for half a day. Sometimes I feel like I do need the break from school and that's why they've put that in place for me, like a special timetable' (Child, 8)

'He does struggle, especially PE, practical lessons, and science. He's a worrier, and he's hyper-aware of things that could go wrong. He runs from the classroom to his next classroom, so he doesn't have to talk to anybody, or somebody can't bump into him. He gets sat in a room where the kids would go if they are overwhelmed, he didn't do much work in there. They didn't have enough staff, and he just wasn't supported. Despite what we were promised, we never got it' (Parent 8)

'She would get anxiety going to secondary school, so it was mainly going into large crowds of people, being noisy' (Parent, 13)

Many parents used the term 'overwhelming' to describe their child's experience of school, 'she finds it hard to maintain eye contact and stuff like that, and to have an actual conversation with someone' (Parent, 2). The mood of teachers determined how children felt about school, 'some teachers do wake up and just can't be bothered with the day. I get it, to be fair, but some of us are only kids. It just messes your mood for the day' (Child 19). Many children described finding school 'overwhelming' finding it 'hard to cope'. Child 11 reported that, when they struggled, teachers would 'just tell me to go to my lesson', and that classroom adversity, combined with difficulty at home was 'too much' for them. Children also expressed recounted how they would 'retaliate' to loud noises at school, such as teachers/children shouting or doors slamming (Child 2).

The parents all described that when the school put in place interventions it helped relieve their child's mental ill health, but that this was only a temporary as 'when they take away the support, they struggle again' (Parent, 9). Their child had a high-level of anxiety and could not be in school all day, and benefited from support, but since the support has ended, they have been 'keeping it in, coming home and melting down, or melting down in the toilets'. The lack of support was due to 'CAMHS [Child and Adolescent Mental Health Services] being a massive wait' and not receiving support in school because 'Her grades are so high, and her attendance is high. Because she's doing so well academically, they won't give her any mental health support' The impact of mental ill health on children, understandably meant they couldn't emotionally regulate during lessons:

'We both got taken off my mum, but I was allowed back, and he wasn't. Let's say in art, I'll do little sketches, or the writing because I can't focus. Then, if my writing goes bad, I start crying and then I rip it up. It annoys me if I don't do things properly. If my hair doesn't go properly, I don't come in' (Child, 2)

3.2.2 SANCTIONS

Related to the theme of unmet needs, children and parents commented on the extent to which sanctions imposed on children would negatively impact their mental health, education and wellbeing. Some children and parents felt that sanctions were a consequence of a misalignment between children's needs and teachers' expectations and flexibility in their responses to behaviours:

'[Before I was] assessed for ADHD, it [blue tac] was just in my hands, because I have to mess with something, otherwise I just get bored. Then they excluded me because apparently, I wasn't focusing, when I was' (Child, 1)

'I used to go into lessons, but I rarely do anymore. It's just when I go into them, I get stressed and I end up walking around the building, and when people see me walking around the building, I end up getting in trouble' (Child, 22)

'I felt like they've just seen her as naughty, then when we got her diagnosed... I think they still do treat her as naughty a little bit, but they also can't now because they've got to understand it's not completely... She's not an angel, but they've got to understand that it's not all behaviour' (Parent, 4)

'I literally had to beg them to keep them in the school. Luckily for him, he was actually diagnosed two weeks before. I think without that diagnosis, then I think they would have kicked him out of the school, to be honest' (Parent, 12)

Children reported being excluded from school for a variety of reasons, including fighting (Child, 1) using their phone (Child, 11) and fidgeting due to boredom (Child, 18). Children also reported that exclusions could occur for behaviour infringements they perceived to be minor. Child 10 recounted that they were 'being sanctioned all the time', and others elaborated on the reasons:

'If you don't have a blazer on, if you don't have your tie on, if your top button's not up. You have to wear black socks. You're not allowed grey socks. I lost my school shoes, and I had to wear my trainers for about a few months. I got loads of sanctions' (Child, 18)

'They're very, very, very strict. They pick on you for the smallest things. You could come here with a bit of highlighter on your nose, you get put in iso [isolation] for it' (Child 2)

On occasion, children said they were excluded for retaliating to bullying from other children:

'When my friends get picked on, I'm always the one that stands up for them, so I just kick off and I get in trouble' (Child, 2)

'I had to fight someone because someone said something about my dead sister, so I hit him in the mouth. So, that's the only time I got excluded. My Mum said that was fair enough. As long as I don't get it again, she said it's fine, which I haven't' (Child, 8)

Some children were sent to isolation [internal segregation] as an alternative to school exclusion.

They talked about their experiences of the sanction of isolation:

> *'When I'm doing work, I'm not distracting anyone, and they still put me in isolation, and then that puts me off my work. You're not really allowed to speak'* (Child, 11)

> *'There are computers [in isolation]. There's no internet at all. Well, there is, but they've blocked it on everything apart from Maths homework and English homework. There's some learning IT. There are only four things you can do for the whole day'* (Child, 18)

Perceptions of sanctions ranged from apathetic to anxious. Parent 8 said that their child would 'worry' about sanctions and would 'run from class to class' to avoid getting in trouble. One child believed that children were not worried about sanctions:

> *'They're [children in detention] not really bothered. It's just like they're kids. They're just going to play about. They aren't going to take it seriously. They've still got years 'til their options'* (Child, 19)

One of the parents also expressed that their child was not deterred by sanctions:

> *'As soon as he started, he was getting into trouble, and detentions and stuff like that. He's got an attitude as if to say he doesn't care. It doesn't faze him about being in trouble. It literally just goes over his head'* (Parent, 14)

3.3 RISK FACTORS FROM WITHDRAWING MENTAL HEALTH SUPPORT

The theme 'risk factors when withdrawing mental health support' identifies the continuing support needs of the children who participated in the Power2 programmes. The parents raised concerns about how children would manage in mainstream school and maintain the progress they made without Power2 programme leads providing support:

> *'She was dreading today because it's the last day. I'm kind of anxious how she's going to cope when next week there's no Thrive, no Power2 support, nothing. It has really helped in regards to everything. She's got her autism assessment in the holidays, and that's emotionally draining. Then it's going back to school, she's got no Thrive to look forward to on a Tuesday'* (Parent, 9)

> *'She's been amazing for him, and I just know that if she does move on, then I've got a horrible feeling he's going to dip again because he's got that bond with her. He's going to lose his support network. As a parent, that's scary for me as well because I don't want him to go back into his shell'* (Parent, 12)

Parents of children with disabilities such as Autism and ADHD were particularly concerned about the Power2 programme ending as their children had complex needs that required ongoing SEMH support not sufficiently available or of high enough quality within their mainstream provision.

> *'The only downside is that it's stopped. Twelve weeks is quite a long time. Kids on the autistic spectrum, they reckon it takes about 12 weeks for them to really get comfortable and get used to everything'* (Parent, 8)

> *'There's still stuff that needs to be discussed and that... I do enjoy talking to her a lot. I'm still not at that point where I'm like comfortable to be around a lot of people'* (Child, 19)

Some of the children were also having their mainstream SEMH provision removed due to moving into key stage 4. Parents were concerned about how their children would navigate this transition away from bespoke support without the adults they had formed secure attachments to,

> *'she needs constant reassurance and support. I think she needs a bit more mental health support within school'* (Parent, 9)

Every parent said they would rate Power2 as 5/5 (excellent). Both children and parents recommended that the Power2 programmes should be made available to more children.

> *'Don't ever let them give it up if they can afford to keep it running. I think children nowadays need even more organisations like this. I just think that it's got tougher and tougher. The children will find it harder and harder. They just need that help'* (Parent, 7)

> *'Every school should have someone from Power2, just someone there that people can go to. I think it's nice to get people back on track. II think it's nice to have that second chance. I think it definitely would help people that are about to be excluded or step out and that'* (Child, 17)

4.0 CONCLUSION

The aim of the research was to evaluate the experiences of children, young people, and families participating in a RootED intervention. The conclusions drawn from the research are presented and are related to each of the seven objectives in turn.

O1: Identify barriers to accessing the intervention, from referral to completion

All parents commended the referral process; there were no obstacles or delays encountered. The mainstream school representatives were clear in their discussions with the parents about the rationale for their child being put forward for the Power2 intervention. All parents spoke highly of the communication between the secondary mainstream school, Power2 and themselves during the referral process.

Accessing the intervention for the first time was challenging for many of the children. Once they had attended the first session, they became more confident to continue attending. In time, all children would look forward to the Power2 sessions. Children with autism took longest to settle into and become comfortable and confident in attending the sessions. Compared to the other children they needed more time to build relationships with the Power2 lead.

The period between getting an assessment, diagnosis and treatment for ADHD created a barrier to remaining in school. Not all three schools were believed to be identifying and putting in place strategies for dysregulated behaviours. At times, this created a barrier to attending the RootED intervention as they felt unable to attend school and would therefore not receive their intervention with Power2. Children who were having a negative experience in mainstream school were more likely to be absent. The impact and extent of mental ill health meant some children were unable to go to mainstream lessons. Low confidence and anxiety were factors leading to children not accessing their education. For some it was lessons, others busy social spaces, noise or lack of reasonable adjustments that compounded their inability to go to lessons. Those with disabilities had the most difficulty in attending school due to the expectations of them to participate in activities they found too overwhelming.

Many of the children reported experiencing mental ill health and low confidence due to experiences at school and childhood adversities such as being care experienced or bereavement. Also, the impact of sanctions such as detention, isolation and school exclusion compounded SEMH. It could be the case that there is a misalignment between children's needs and teachers' expectations and school level flexibility in responses to behaviours arising from disabilities. This study has reinforced findings in research (Martin-Denham, 2020a) that schools are continuing to place children in isolation for minor infringements of harsh school policies. For example, not wearing a blazer, the wrong colour socks or wearing trainers. These children became disillusioned with school and were more likely to not attend.

O2: Determine if the RootED model has benefitted children and families

As shown in the presentation of findings the RootED model provided through Power2 benefitted children and families in numerous ways. The children taking part in Power2 Thrive and Power2 Progress were meeting with others who were also identified as needing additional SEMH support. This allowed them to understand that they were not the only ones experiencing adversity, this fostered a sense of belonging and friendship.

The range of activities and 1:1 support provided by Power2 were acknowledged as protective factors for remaining in secondary school. Parents believed it was the Power2 intervention and having an available adult in school that raised their children's confidence in mainstream school. This newfound confidence enabled most children to start conversations, interact with some teachers and begin to cope in situations they would have found too stressful. The parents noticed their children were more open to talking about their school day during the Power2 intervention.

The benefits of RootEd from the perspective of the children and parents in this study are clear. What is not known is the ongoing benefit the programme will have. For many of the children the Power2 intervention provided a lifeline, a safe space where they could talk about their lives and feelings and where possible act on solutions. There is a risk in withdrawing SEMH support for children who have become dependent on it, need more of it, or where there are not stable and positive relationships in the mainstream school.

O3: Identify what aspects of RootED children and families found most valuable

The Power2 intervention as part of RootED was valued by all children and parents. The aspects of Power2 that the children found most valuable was having a positive and stable relationship with the lead. Through the building of trust, the children shared their worries and reflected on solutions. This relationship built on trust and safety was important as not all children had an equivalent relationship with an adult in their mainstream school. It is important to note that mainstream school staff who were significant to the children in terms of providing mental health support were doing so, often in their own time.

Children described feeling most safe when they were with their programme lead. Feeling heard, having someone available to listen to their adversities was valued, as was the advice and guidance in overcoming or managing emotional deregulation, sanctions and friendships. Children's confidence grew as they developed skills to navigate the complexities of relationships and expectations in mainstream school. Equally, the parents valued the support. Many spoke of valuing not only the impact the support from the programme but on themselves. Parents noted their children became increasingly confident and open to talking about their school day, some for the first time since starting secondary school. The parents appreciated that the programme leads would check in on their mental health.

Children and parents valued reasonable adjustments provided by teachers and this was recognised as playing a critical role in securing positive relationships, good mental health and academic outcomes. A positive relationship with an adult, in a place they felt safe, was critical to enjoying and accessing mainstream school. Children being heard mattered; they were more likely to express their feelings and wishes with those whom they had formed a positive relationship with.

The Power2 programme provided reassurance to children and parents that they would regularly have some to speak to during the school day. The consistent day of the week that the Power2 intervention would take place supported access to the programme. Parents would have far less problems in getting their child to go to school on a Power2 day.

O4: Determine any changes in the lives of children because of RootED

The children's newly found confidence at school and home that was attributed to the Power2 interventions. It is important to note that many of the children were also benefitting from SEMH support within their mainstream schools. This included movement breaks, access to an internal provision and in one school therapy animals. Other positive changes in children's lives were effective ADHD medication that improved emotional regulation and concentration and reduced impulsiveness.

Changes in children's lives included acquiring new skills to come to decisions on their own that were in their best interests, particularly in relation to friendships and responding to bullying. Power2 gave some relief to mental ill health though it is not possible to say if this is permanent or how school-based support, medication or other factors contributed.

O5: Evaluate if participation affects the degree of trust that children and families have in schools

It was not apparent that accessing Power2 positively impacted the degree of trust between the child, parents, and the school. However, Power2 leads were often cited as critical to the intervention's success. The importance of an available adult who had time to listen when they were upset or needed support was a recognised as a protective factor supporting the children to attend school.

O6: Explore if RootED impacts the wellbeing/mental health of the children

The children and parents talked with confidence and gratitude about the positive legacy that the Power2 programmes had on their or their children's mental health and wellbeing, emotional regulation, confidence, and relationships. The evidence from this study suggests that taking part in a Power2 intervention supports children by giving them the time and space to be listened to and heard. The experiences of the children and parents in this study was that not all teachers had the time to listen and provide support to the extent of the Power2 leads due to their workloads and other duties.

A key benefit of the Power2 programme was that it provided children with disabilities such as autism, ADHD, situational mutism with approaches and strategies to better manage their thoughts, emotions, behaviours and impulses. The Power2 leads would teach breathing techniques, provide fiddle toys and use the creative arts to help children reflect on their feelings and anxieties.

Power2 leads were available during the school day for appointments and ad hoc. This was particularly important for children who did not feel an attachment to a member of staff in their mainstream school or who were going through particularly challenging periods in their lives leading to self-harming behaviours or not being able to go into mainstream classrooms because of high levels of anxiety. There was a notable difference in a reduction of behaviours that concern that parents attributed to the Power2 intervention. This included reduced self-harming behaviours, sanctions and suspensions.

O7: Provide recommendations on how the RootED model could be improved

The recommendations are drawn from the research findings of this study only. The recommendations are reflective of the fact that the funding for Power2 in the local area has been withdrawn.

RECOMMENDATION 1. Interventions to include partnership working with and training for mainstream schools, covering legal duties under relevant Acts and evidence-based practices for supporting children and young people with social, emotional and mental health difficulties.

RECOMMENDATION 2. Review length of RootED interventions to ensure children with disabilities have sufficient time to adapt to receiving the intervention and withdrawing on completion.

RECOMMENDATION 3. Commission a longitudinal evaluation to determine the long-term benefits, value and impact of the RootED suite of interventions.

4.1 LIMITATIONS

The findings of this research cannot claim certainty. The research was conducted in one Town in the North West of England; the findings may not be representative of the impact of RootED and Power2 in other areas. Furthermore, Power2 acted as gatekeepers and it could have been the case that this influenced parents to take part. Only the views of children and parents who accessed RootED were included in the study. Therefore, the mainstream secondary school did not have an opportunity to express their views.

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APPENDICES

APPENDIX 1. PHASE 1: THEMATIC ANALYSIS: INITIAL NOTES

FIGURE 3. Initial notes

traditional mainstream model not working for some children
Disabilities and SEN can impact access to the school environment and the building of relationships ~ teacher knowledge and time to talk and listen to children. Some children need more time to talk and support than is available.

Hubs / isolation used ~ two very different approaches.

The Power2 programme allows for a broad range, if not full spectrum of needs. Having an adult available and a structured activity programme is beneficial ~ no negatives of Power2

APPENDIX 2. PHASE 2: DEVELOPING INITIAL CODES

FIGURE 3. Initial codes

Name	Files	References
∨ ○ Barriers to school	0	0
○ Bullying	5	9
○ Busy or unsupportive staff	2	5
○ Care experienced	2	2
○ Curriculum	2	2
○ Cycle of absence	1	2
○ Disability	5	8
○ Formal exclusion	3	4
○ Lack of friends	3	6
○ Learning support	2	2
○ Medication	1	2
○ Mental health	9	16
○ No access to Power2	1	1
○ Sanctions	4	7
∨ ○ Positive in school provision	0	0
○ Impact on education	2	2
○ SEMH provision	4	9
○ Significant adults	4	9
∨ ○ Positives Power2 programmes	0	0
○ Activities	8	13
○ Availability	5	6
○ Giving coping strategies	4	4
○ Impact on behaviour	6	8
○ Impact on confidence	7	12
○ Impact on education	7	7
○ Impact on relationships	5	5
○ Impact on SEMH	3	7
○ Overall	10	16
○ Preventing school exclusion	1	1
○ Talking and listening	8	17
○ Teens and Toddlers	2	2
○ What was difficult	1	1
∨ ○ Recommendations	0	0
○ All is good	3	3
○ Ongoing support	6	6
○ Open to more children	4	7
○ Regulation support	1	2
○ Referral process	8	9
○ What else they need – want	1	2

APPENDIX 3. PHASE 3: GENERATING INITIAL THEMES

TABLE 9. Initial themes

Barriers to mainstream school	What is working well in school	Positives Power2 programmes	Next steps
Bullying	SEMH provision	Activities	Ongoing support
Unsupportive adults	Significant adults	Availability	Open to more children
Having a disability		Giving coping strategies	
Significant friendships		Impact on confidence	
Medication		Impact on education	
Mental health & confidence		Impact on relationships	
Sanctions		Impact on SEMH	
		Overall	
		Referrals	
		Talking and listening	

APPENDIX 4. PHASE 4: DEVELOPING AND REVIEWING THEMES

FIGURE 5. Developing and reviewing themes and subthemes

Name	Files	References
Barriers to school	0	0
Bullying	6	10
Having a disability	14	30
Medication	2	3
mental health & con...	14	28
Sanctions	9	22
Significant friendshi...	4	7
Unsupportive adults	7	15
Next steps	0	0
Ongoing support	14	24
Open to more childr...	3	5
Positives Power2 prog...	0	0
activities	16	32
Availability	5	6
impact on confidence	14	28
impact on education	8	9
impact on relations...	9	13
impact on SEMH	12	21
Recommend progra...	17	30
Suggesting strategies	7	8
Talking and listening	13	28
Referral process	14	15

APPENDIX 5. PHASE 5: REFINING, DEFINING AND NAMING THEMES

FIGURE 6. Developing and reviewing themes and subthemes

Name	Files	References
○ Barriers to thriving in mainstream school	0	0
○ Bullying	6	10
○ mental health & confidence	17	33
○ Sanctions	14	41
○ Significant friendships	5	8
○ Unmet needs	16	37
○ Unsupportive adults	10	19
○ Life changing	0	0
○ Activities	18	37
○ Impacting confidence	18	37
○ Impacting education	10	16
○ Impacting relationships	7	9
○ Impacting SEMH	19	38
○ Talking and listening	19	41
○ Next steps	0	0
○ Ongoing support	13	23
○ SEMH provision	13	24
○ Significant adults	7	12

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