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A qualitative study of the parental perspective on the problems
of children attending a Primary Pupil Referral Unit

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A thesis submitted for the degree of Professional Doctorate in
Psychoanalytic Child and Adolescent Psychotherapy

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Abstract

In the academic year of 2017/2018, there were 1210 permanent exclusions and 66,105 fixed term exclusions across all UK primary schools (DfE, 2019), whilst the number of primary school aged children in Pupil Referral Units (PRU) in England has more than doubled since 2011 (Weale, 2019). It is the most vulnerable children in society who experience school exclusion (DfE, 2019). There is limited research on the experiences and views of parents of primary aged children attending a Pupil Referral Unit and this small-scale study attempts to address this gap in the literature. The aim is to both explore and understand the problems of children attending a PPRU from the perspective of their parents and their perception of the sources from which these problems emanate. Seven mothers of primary aged children attending a PRU took part in semi-structured interviews. Data was analysed using Thematic Analysis and findings were presented as key themes that arose from hearing the experiences of the mothers: Understanding the problem, No one cares and Exclusion, isolation and loneliness. This study highlighted important difficulties the mothers identified in their children, including mental health issues. Furthermore, the study also shows how the mothers had an overall negative experience with their children's previous educational setting. Finally, the study also indicates another layer in how parents' own difficulties impact upon their children. With the primary focus on parental views, the study's implications for mental health professionals working in Alternative educational Provisions (including PRUs) are discussed. It is proposed that empowering parents by enhancing their own understanding and increasing their involvement will be significant in promoting wellbeing for this vulnerable population.

Abbreviations

ADHD: Attention Deficit Hyperactive Disorder

AP: Alternative Provision

ASD: Autistic Spectrum Disorder

CAMHS: Child and Adolescent Mental Health Services

DfE: Department for Education

EBD: Emotional and Behavioural difficulties

IQ: Intelligence Quotient

LA: Local Authority

OCD: Obsessional Compulsive Disorder

Ofsted: Office for Standards in Education

PPRU: Primary Pupil Referral Unit

PRU: Pupil Referral Unit

SEN: Special Educational needs

SEND: Special Educational Needs and disabilities

SEMHD: Social, emotional and mental health Difficulties

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1. Introduction

1.1 Overview

This study hopes to contribute to current literature and understanding around the experiences of parents of children who attend a Primary Pupil Referral Unit (PPRU¹). The research was undertaken as part of a four-year Doctorate in Child and Adolescent Psychotherapy through the Tavistock and Portman NHS Foundation Trust and the University of Essex. This small-scale research project was carried out during the two final years of the training and was conducted in the PPRU where I worked as a Trainee Child and Adolescent Psychotherapist. The aim of this research is to explore parents' conceptualisation and ideas of the problems and difficulties of their primary school aged children aged who attend a PPRU. This chapter provides a rationale for the study, including my personal interest in the topic, as well as the context and definition of the topic. An outline of the next chapters will be provided.

1.2 Rationale

The rationale and interest behind this research comes from my experience of working for four years as a Trainee Child and Adolescent Psychotherapist in a PPRU. Here, I was presented with a conflict in that on the one hand, I was able to appreciate the huge potential for Child and Adolescent Psychotherapists working in these settings, whilst on the other hand, there was a lack of studies which explored parental views of the difficulties of children attending a PPRU from a psychoanalytic perspective. Despite wide interest and research into school exclusion and the literature showing that precipitating or causal factors do involve a complex interaction of family, social, emotional and economical influences, the "*studies*

¹ In this thesis I will use PPRU when referring exclusively to Primary Pupil Referral Units and PRU when referring to Secondary or mixed (both Primary and Secondary) Pupil Referral Units.

that give voice to parents' views are few" (Smith, 2009, p.89) and their stories and perspectives rarely heard (Parker *et al.*, 2016; McDonald & Thomas, 2003). Therefore, understanding the experiences of parents and their role within school exclusion is of extreme importance. During my four years of working in a PPRU I have observed many parents arrive at the service to drop their children with a mixture of emotions: from relief and hope to dread and worries around being judged. I have also seen the positive impact on the children when the parents engage well with the PPRU staff and other agencies based at the school, such as CAMHS and Children's Social Care. My understanding is that the role of Child and Adolescent Psychotherapists working with parents is one of helping them to think about the troubles that bring their children to the service and I hope that this study will contribute to this and that, as a consequence, we can learn more about parents' own perceptions and experiences. Malberg (2008) articulates clearly what it feels like to work in a PRU and I hope this research project is a good example of the sort of thinking Child and Adolescent Psychotherapists can bring to such difficult environments:

All it takes is the desire and the humility to stand in front of closed doors and continue to think whilst waiting in the rain. In other words, being a true surviving, thinking object, providing in this way a new developmental experience for the system and those in it. Most importantly, we need to allow ourselves to be informed and influenced by the new culture we encounter when the door opens. (p.110)

1.3 Setting the scene

The number of permanent exclusions in England has increased from 7,700 in 2016/17 to 7,900 in 2017/18. In primary schools, the rate of permanent exclusions rose by 0.03 per cent in 2017/2018 but reduced to 0.03 in 2018/2019. Overall, in 2018/2019 the rate of permanent exclusions has remained the same. However, the number of permanent exclusions has decreased by 11, to 7,894 permanent

exclusions in 2018/19. The rate of fixed period exclusions has increased, from 5.08 to 5.36 in 2018/19. This continues an increasing trend from 2013/14. The number of fixed period exclusions has increased from 410,800 to 438,300 (DfE, 2020). The most common reason for exclusion from school (both fixed term and permanent) was persistent disruptive behaviour. Other common reasons reported are: physical assault, verbal assault, problems related to drug and alcohol, sexual misconduct, theft, damage to property, bullying and racial abuse. Different schools use exclusion in different ways; however, there are longstanding trends in higher exclusion rates. These include boys, children with Special Educational Needs (SEN), those who have been known by Children's Social Care Services and those who are more disadvantaged (DfE, 2019). Exclusion rates also vary by ethnicity (DfE, 2019). The most vulnerable group with the higher rates of school exclusion could be defined as: boys, pupils known to be eligible for and claiming free school meals, pupils with identified SEN support, Gypsy/Roma Traveller or Irish Heritage and Black Caribbean pupils. Pupils with SEN support had the highest exclusion rate – six times higher than the rate of pupils with no SEN (0.35% versus 0.06%) (DfE, 2018). Although the overall number of students affected by exclusion is still small, this trend could potentially lead to enormous costs to both society and the pupils themselves. The lack of out of school educational provision is also concerning (Coram report, 2019).

1.3.1 Definition of school exclusion

The first time school exclusion was presented as a measure that can be invoked by the head teacher as a way of managing serious and persistent inappropriate, disruptive or challenging pupil behaviour was in the 1944 Education Act (Daniels, 2011; Barker, 2010). Before the 1981 Education Act, disruptive behaviour was seen as “maladjustment” and therefore a psychopathology, which needed to be treated in a special environment (e.g. a special school) with the aim of developing a better adjusted personality.

By the mid-1980s, there was a shift from the so called 'medical model' of maladjustment to the difficulties being understood as SEN, which aimed at providing special provision in mainstream school (Jones, 2003). This movement from 'maladjusted' to those with 'Emotional and Behavioural Difficulties' and most recently 'Social, Emotional & Mental Health Difficulties' could be seen as a reflection of a greater acknowledgement of the role of social and environmental factors that may impact on a child presenting with disruptive or challenging behaviour in school. However, the most commonly accepted view currently in the UK is that school exclusion is driven by a complex combination of social, emotional and health problems. As Parsons *et al.* (2001) states: *"exclusion is not merely a disciplinary issue – it is bound up with special educational needs and difficult or upsetting circumstances at home and sometimes within the community as well"* (p.49).

An exclusion from school can be either permanent or fixed term and is defined in the UK as a *"disciplinary sanction that prevents pupils from attending school either for a fixed period or permanently"* (Gazeley, 2010, p.451). Parker *et al.* (2015) highlight how school exclusion, defined as *"the removal of a pupil from the school environment"* can be *"used as a disciplinary tool across education systems internationally"* (p.229). The legislation from the Department for Education (DfE, 2017) makes it clear that a pupil can be excluded for one or more fixed periods which when combined do not surpass a total of 45 days in any one school year. When children are excluded for six school days or longer, the school has a duty to arrange suitable full time educational provision. Responsibility is on parents and carers to ensure that the young person is not present in public settings during school hours and that work sent home is completed. When a head teacher excludes a pupil, they must without delay let parents know in writing the type and length of exclusion and the reason for it. Parents are also invited to share their views and details on how to appeal to an independent committee. In the case of a permanent exclusion, arranging suitable full-time education is the duty of the local authority for the

area where the pupil lives. Following permanent exclusion, pupils may attend a number of different provisions, i.e. a PRU (Pupil Referral Unit), receive home tuition, and attend a special school or an alternative setting (DfE, 2017).

1.3.2 Alternative Provisions including Pupil Referral Units

Alternative provision (AP) is defined as: *“education arranged by local authorities or schools for pupils of compulsory school age who, because of exclusion, illness or other reasons, would not otherwise receive suitable education; education arranged by schools for pupils on a fixed period exclusion; and pupils being directed by schools to off-site provision to improve their behaviour”* (Apland *et al.*, 2017, p.6). The term AP includes a wide range of providers, such as: colleges, workplaces, charities, work-based learning providers, special schools and academies, free schools, independent schools, Pupil Referral Units and units that are run by a group of local schools for pupils who are in danger of being excluded. In a recent report by The House of Commons Education Select Committee (2018) APs were described as *“too often seen as a forgotten part of the education system, side-lined and stigmatised as somewhere only the very worst behaved pupils go”* (p.3). This, however, runs counter to the 2016 Ofsted report, detailing the results of its three-year survey of APs, with strong evidence that pupils had positive comments on the impact the provision was having on their behaviour, attitudes, attendance and outcomes. The pupils also reported that it had helped them with their learning, confidence, and ambition and stopped them from getting into serious trouble. However, not all pupils had positive comments and the report also states how some pupils felt isolated and had no choice about attending the AP (Ofsted, 2016). In a report commissioned by the Office of the Children's Commissioner, the authors found evidence of pupils having a positive experience of APs, including being able to focus better on their schoolwork when they were away from the distractions of their peers in mainstream school and enjoying a calmer and quieter

setting than mainstream schools. Some pupils reported finding APs restrictive and having strict rules (Apland *et al.*, 2017).

The main type of out-of-school AP are Pupil Referral Units (PRUs), which hold the largest number of permanent excluded pupils. They are maintained by the Local Authority (LA) and provide education for a wide range of students, for example those who have been permanently or temporarily excluded or refuse to attend mainstream education. Pupils can be either dual registered (simultaneously with a PRU and mainstream school) attending both at the same time on a part-time basis, or solely registered with the PRU, (Apland *et al.*, 2017). More recently, some PRUs have become AP academies, partly by encouragement from the Department of Education. To avoid permanent exclusion some children are placed on part time timetables at their mainstream school or receive home education. Despite recognising that PRUs have a significant role in behaviour, learning and attendance improvements, Curtis (2009) raised concerns over PRUs being used as a 'dumping ground' for schools dealing with complex children who present with disruptive behaviour. Research has shown that children can at times feel safer, more engaged and happier in a PRU or small special school following a challenging and even harmful experience in mainstream school (Cole, 2015). In a qualitative study conducted by Jalali and Morgan (2018), in which they interviewed 13 secondary and primary school-aged children, attending three different Pupil Referral Units, pupils reported positive experiences, including feelings of belonging and that it felt more like a family. The 2016 Ofsted report corroborates this view, pointing out that the overwhelming majority of pupils had positive experiences and comments about their current AP. They reported feeling supported, confident, more ambitious, learning well, avoiding getting into trouble and noticing improvements on their attitudes, behaviour, attendance and outcomes. Some negative views were also noted, including feeling isolated, not having a choice about coming to the PRU and not enough information being shared about their difficulties between mainstream and AP (Ofsted, 2016).

Similarly, Trotman *et al.* (2015) found evidence of pupils' descriptions of a PRU as a calm and supportive environment. Nicholson & Putwain (2018) interviewed 35 pupils who stated they preferred their AP more than the mainstream school, mainly due to the AP's structure, individualised support, clarity in teaching and expectations, understanding shown of challenges outside school, reassurance and the staff's belief in their academic capability. The pupils reported being able to believe more in themselves and their capacities, experiencing the staff as caring and supportive and allowing for the generation of more positive, healthy peer relationships, all of which was beneficial in creating a sense of belonging among the pupils. This is further supported by Alvarez-Hevia (2018), who conducted research in a primary PRU in the north-west of England, in which mentors and teachers participated in focus groups. Here, a key finding was the importance of the emotional involvement and relationship of teachers and mentors working with these pupils. The study by Trotman *et al.* (2015) also highlighted how the teachers' ability to use humour and enjoyment was a fundamental component of successful interactions and teaching in a Pupil Referral Unit. During a professionals' debate conducted by Menzies & Baars (2015), evidence was found in regards to the importance of APs, which the professionals communicated should be valued, welcomed and celebrated, rather than treated as a 'necessary evil'.

1.4 Aims and objectives

The aim of this study is to answer two questions, both of which will be examined from a parental perspective:

- First, what do parents perceive to be the problems of children excluded from primary school?

- Second, what do parents perceive to be the sources from which these problems emanate?

By interviewing a select group of parents/carers the aim is to understand their views of the difficulties experienced by their children, who cannot attend a mainstream school because of social, emotional and/or mental health needs and as a consequence have been permanently excluded from primary school and are currently attending a specialist therapeutic and educational placement. This study was born out of recognition that very little consideration has been given to the experiences and voices of parents of primary school aged children who have been excluded from mainstream education. Psychoanalytic theory, particularly object-relations theory, including Klein (1935, 1946) and Bion (1962b), will be used to understand the parents' communication, looking into ideas such as containment and projection.

1.5 Structure

Chapter two will explore the existing literature in relation to the topic of school exclusion and parental perspectives, including the importance of giving a voice to the parents and learning about their views. The chapter will identify gaps within the current literature, which will further provide a justification for this study.

Chapter three will focus on the chosen methodology for the study, describing the research design, setting, participants and procedures. It will outline the research methodology and describe the process undertaken. It will also examine the procedure for analysis.

Chapter four will present the results. The chapter will detail the findings from the analysis of the qualitative data derived from the interviews carried out with the parents.

Chapter five will discuss the findings in relation to the existing literature and reflect upon the strengths and limitations of the study as well as the implications for this piece of research.

2. Literature review

2.1 Introduction

This review summarises the current literature related to parental views of difficulties and problems of their children who attend a Primary Pupil Referral Unit (PPRU). This literature review begins with a description of the methodology used in the search for relevant literature. It will then proceed to describe the literature around reasons and factors behind school exclusion, outcomes for excluded pupils and parental views on school exclusions. The remit of this literature review also includes psychoanalytic ideas around containment and projection, as well as parental reflective function and working with parents from a Child Psychotherapy perspective.

2.2 Methodology for the review

A systematic approach to reviewing the literature was conducted to identify relevant publications specific to the areas of school exclusion, parental perspective and Alternative Provisions. The literature search was carried out using Boolean Search Logic. The research was conducted via the Tavistock Library website, using the electronic resources available via both the PsycINFO and Education source databases. The relevance was determined by reading the abstracts and refining the results based on the inclusion and exclusion criteria (please see table below). The literature that focused on parental perspectives of primary aged children in a PRU was deemed the most relevant.

Inclusion criteria	Exclusion criteria
<ul style="list-style-type: none"> - Studies focussing on school exclusion - Studies focussing on Pupil Referral Units/Alternative provisions - Any gender - Written in English - Studies produced / published after 1990 - Qualitative and Quantitative studies 	<ul style="list-style-type: none"> - Studies not focussing on school exclusion - Studies not focussing on Pupil Referral Units/Alternative Provisions - Not written in English - Studies produced / published before 1990

I started by identifying the important keywords: “school”, “exclusion”, “and PRU”, “pupil referral unit, parents”, “views and perspectives”. Next, each keyword was searched, using a truncation symbol (to widen my search) and Boolean operators (because I was using more than one search word) and then the different themes combined to create a new search, as per tables below:

PsycINFO database search:

Search terms	Results found (Inclusion & Exclusion criteria applied to abstracts)	Selected for in depth review of full article

School + exclusion	31	7
School + exclusion + parent + view (or perspective)	15	3
Pupil + Referral + unit	13	10
Alternative + provision	16	5

Education Source (via EBSCOhost) database search:

Search terms	Results found (Inclusion & Exclusion criteria applied to abstracts)	Selected for in depth review of full article
School + exclusion	57	6
School + exclusion + parent + view (or perspective)	28	2
Pupil + Referral + unit	28	7
Alternative + provision	55	5

Further sources of reference include: database and literature found on the Department for Education (DfE) website, and other references identified within key texts selected from literature reviews. Manual/hand searches of relevant articles were also undertaken.

2.3 Findings from the Literature Review

2.3.1 Reasons and factors behind school exclusion

It is the school's head teacher's decision to exclude a pupil and all schools must record the exclusions, according to the Department for Education (2018). Excluding a pupil is a tool for ensuring disciplinary action when a pupil is displaying physical, verbal or racial abuse, sexual misconduct, damage, theft, bullying or incidents which involve alcohol and drugs (DfE, 2018). The Department for Children, Schools and Families (2008) suggests that excluding a child permanently from school is a serious decision and it should *"be the final step in a process for dealing with disciplinary offences following a wide range of other strategies which have been tried without success. It is an acknowledgement by the school that it has exhausted all available strategies for dealing with the child and should normally be used as a last resort"* (p.12). The data from the Department for Education (2018) shows that persistent disruptive behaviour was the most common reason for exclusion in England both in primary and secondary mainstream schools:

Reason	Number of permanent	Percentage of permanent exclusions in

	exclusions in 2016/17	2016/17
Persistent disruptive behaviour	2755	35.7
Other	1355	17.6
Physical assault against a pupil	1025	13.3
Physical assault against an adult	745	9.7
Verbal assault against an adult	655	8.5
Drug and alcohol related	565	7.3
Verbal assault against a pupil	330	4.3
Sexual misconduct	105	1.3
Damage	95	1.2
Theft	40	0.5
Racial abuse	25	0.3
Bullying	25	0.3

Total	7720	100
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School exclusions in England by reason for exclusion, 2016-17 (DfE, 2018).

It is important to be cautious when looking at official statistic gathered by the DfE, as it can often be an underestimated number (Vulliamy & Webb, 2001). In the past, Smith (2009) has demonstrated discrepancies in the data gathered by the National Pupil Database and the DfE within the same academic year. It is possible that this is a result of informal exclusions (such as sending a pupil home after an incident) or a managed move, which are often possibly not recorded. Schools often under record exclusions because they can be used as a measure for how well they perform (Munn *et al.*, 2000).

In a review of government policy and guidance documents from 1997 to 2015, as well as some pertinent research from 1997 to 2015, Cole (2015) argues that school exclusion is a mental health, a social, a political as well as an educational issue. He believes it is a social issue because of the link to disadvantage, family and societal difficulties; an educational issue because of how schools are run, as well as the staff's values and skills; and a political issue because of the influence of national policies on academic standards. He explains that the term SEMHD (social, emotional and mental health difficulties) was adopted in the 2014 Special educational needs and disability Code of Practice to better reflect how these interacting factors contribute to the bigger picture of school exclusion. He also argues that excluded pupils experience a combination of risk factors as well as the absence of protective resilience factors that are essential for good mental health. In understanding the needs of children at risk of exclusion (or who have already been excluded) he notices that aggression and defiance, for example *"have been displayed by nearly every child prior to school exclusion"* (p.13). Cole (2015) also found in his

review that the “*vast majority of children in PRUs have serious behavioural problems, associated with earlier exclusions and risk of renewed exclusion*” adding that “*research into the needs of children in PRUs is highly relevant*” (p.23). It is clear from this thorough review that the families affected by school exclusion suffer from a combination of different intertwined risk factors and that school exclusion ultimately contributes even further towards a disadvantaged position in society. It seems important to examine these risk factor both as standalone issues, but also to notice its complexity, given how much comorbidity there is, and that the majority of families present with a picture that includes a composite of risk factors. At times, the literature can locate the problems within the child, as opposed to questioning what schools define as “challenging/disruptive behaviour” and such a focus can potentially contribute to other issues linked to exclusions being missed.

A number of studies have identified individual, family and environmental risk factors that are generally present in the lives of children at risk or who have experienced school exclusion (Cole, 2015; Gazeley, 2010; Gill *et al.*, 2017; Kulz, 2015; McCluskey, 2008; Menzies & Baars, 2015; Munn & Lloyd, 2005; Paget *et al.*, 2018; Parker *et al.*, 2016 and Parsons, 1999, 2009a).

These factors encompass a diverse number of domains including low self-esteem, academic failure, communication problems, parental conflict, family breakdown, abuse, parental mental health issues, impairing levels of psychopathology, including developmental and learning difficulties parental criminality, experience of trauma and bereavement, poverty (including being eligible for Free School Meals), poor housing, low attainment, unsafe family environment, juvenile offending, social deprivation, being from a minority ethnic background, male gender, social communication and language difficulties, amongst others.

In relation to the link between mental health difficulties and school exclusion Cole (2015) hypothesises that in England, there could be up to half a million children with mental health difficulties at risk of exclusion. In a data analysis from the British Child and Adolescent Mental Health Survey (2004 and 2007), which was conducted with over 5000 families and teachers, Ford *et al.* (2018) identified how complex the processes and reactions around pupils' mental health and school exclusion are. They identified statistically significant bi-directional associations between psychological distress and exclusion. They argued that those with emotional and/or mental health difficulties were at increased risk of exclusion: *"baseline psychopathology was a significant predictor of a child's likelihood of being excluded, despite adjusting for common correlates of exclusion"* (p.7). They also noticed how the younger the child was when psychological distress first developed, the higher the likelihood of exclusion. Importantly, they also noticed that the school exclusion was also a trigger to aggravating already existing emotional and mental health problems among those excluded. Therefore, it is important to notice the complexity in relation to the issue of bi-directionality in mental health and school exclusion. For example, a child with a history of trauma who presents in a challenging manner in the classroom will have more chance of being excluded from school. This experience has the potential of being a re-traumatising event, contributing even further to the deterioration of their mental health. Mental health problems can both lead to exclusion and be a result of it.

The higher rates of school exclusion in pupils with Social, Emotional and Mental Health needs (SEMH) can also be seen as a reflection of how challenging it can be for schools and parents in identifying and meeting those needs. This is in line with a survey completed by the DfE in 2017 which shows that just 53% of newly qualified teachers felt their training prepared them well for teaching pupils across all

ethnic backgrounds and pupils with SEND. This, together with reduced funding and staff levels as well as cuts to support available from local authorities, were factors identified as limiting schools' scope to buy in specialist support (Graham *et al.*, 2019).

The literature (Graham *et al.*, 2019) shows that risks factors that are associated with current patterns of school exclusion perpetuate society-wide stereotyping and discrimination, mainly along the lines of class, race, gender and disadvantage. These multiple, inter-related driving factors behind school exclusion need to be understood in the context of seeing schools as microcosms of society and school exclusions as a mirror of wider societal exclusions. For example, Graham *et al.* (2019) point to how social class can shape parent-school relationships, so for example, middle class parents tend to be seen as more effective in challenging school decisions and advocating on behalf of their child. Their report also found evidence of research into how racism and lack of awareness of diversity also played a part in school exclusions. Similarly, a recent report published by the Department for Education (DfE, 2019) aimed at understanding the on-going school exclusion of pupils in England who are Black Caribbean boys, Gipsy, Roma and Traveller (GRT) children, children with special educational needs or disabilities (SEND) and those eligible for Free school meals (FSM), found consistent evidence of how certain vulnerabilities (both individually or combined) increases the risk of exclusion in children. The authors argued how these *“patterns of exclusions were perpetuating society-wide stereotyping and discrimination, particularly along the lines of class, race, gender and disadvantage”* (p.6).

Further evidence of ethnicity issues associated with school exclusion can be seen in Gill *et al.*'s (2017) extensive secondary data analysis for the Institute of Public Policy Research. In this review, they found evidence of unconscious racist stereotyping in teachers' perceptions, especially of Black pupils'

behaviour and personalities, as well as inconsistencies in their treatment of challenging behaviour. This left pupils feeling both racially stereotyped and that they were being treated unfairly, resulting in further isolation and disruptive behaviour. Gender differences in exclusion with higher rates amongst boys is still an area that needs further research, however Gill *et al.* (2017) point out some different theories relevant to gender issues, including how males tend to externalise mental distress through their behaviour whereas females are more likely to internalise distress and self-damage/harm.

Other issues that are associated with causes of school exclusion highlighted as critical by Graham *et al.*, (2019) are in relation to the extent to which pupils felt they belonged in a school. This means that when pupils felt respected and valued as individuals with their needs being met, and having a positive relationship with their peers and teachers there were lower exclusion rates. The report also found evidence of bullying as a trigger for exclusion, either being the victim or the perpetrator, as bullying could lead to both retaliation and withdrawal. There were clear differences in exclusion rates between primary and secondary school and this was partly explained by how secondary schools seemed to have more of an emphasis on exam results and can have more rigid expectations of behaviour, dress code and conformity for example, compared to primary schools' greater weight on pastoral care, individual pupil wellbeing, pupil-teacher relationship and a sense of belonging. A poor transition from primary to secondary school can also partially explain higher rates of exclusion in secondary school. For many pupils transitioning to secondary school can be an exciting time, but for many children, especially those with SEMHD, it can also be a difficult time, filled with anxiety around uncertainty and changes. If not managed appropriately the move from primary to secondary school can leave children feeling vulnerable and isolated, which could potentially have a big impact on their mental health as well as their academic progress. Another important challenge reported in the literature by Gill *et al.* (2017) is in relation to the current economic climate and the squeeze in public funding since the financial crisis that

has led to a reduction in preventative services and out-of-school support that served to mitigate against school exclusion. A significant reduction in support from pastoral staff who work with vulnerable pupils can be linked to a response from schools to budget reduction and pressures. This reduction in school support leads to increased demand and therefore higher referral thresholds and ever more pupils being referred and turned away from CAMHS (Child and Adolescent Mental Health Services). This creates a challenge for schools, particularly when the teachers and staff lack the knowledge and training to identify and support children with complex needs. Instead, they feel they are faced with the moral choice of punishment without the appropriate intervention. The research places this dilemma in the context of ever growing pressure to raise standards and performance in school, which could potentially give schools an incentive to exclude as opposed to a more preventative approach.

2.3.2 Outcomes for excluded pupils

The available evidence suggests that excluded children have worse trajectories in the long term. Some of the poor outcomes associated with school exclusion, which includes unemployment or poor future employment and life prospects are: homelessness, poor mental health, low educational achievement, involvement in crime and offending behaviour later in life, further societal exclusions and antisocial behaviour (Cole, 2015; Costenbader & Markson, 1994; Gazeley, 2010; Little, 1998; Munn *et al.*, 2000; Osler *et al.*, 2002; Parsons, 1999 and 2001; Paskell, 2005; Pirrie *et al.*, 2011; Pomeroy, 2000; Social Exclusion Unit, 1998 and Vulliamy & Webb, 2000;). Osler *et al.* (2002) argue “that *exclusion from school needs to be seen as a symptom of wider concerns*” (p.1) and that “*exclusion can be the result of disciplinary procedures, but it can also occur through feelings of isolation, disaffection, unresolved personal, family or emotional problems, bullying, withdrawal or truancy [that could] lead to a more general social exclusion*” (p.2). Parsons (1999) makes a similar argument, and proposes a dilemma that

school exclusion can be interpreted as either the cause or consequence of wider social exclusion. Furthermore, the author suggests that school exclusion often means that more resources, provision and agencies are used and this results in a higher financial cost to society as opposed to a child who stays in mainstream education receiving support for their additional needs. It is also likely that if these pupils do not get the support they need in school they could potentially go on to become adults who display similar or even more concerning problems, such as crime and anti-social behaviour. Scott, Knapp, Henderson & Maughan (2001) suggest that those children displaying antisocial behaviour at school age are likely to have poorer social functioning in adulthood and are subsequently at a higher risk of social exclusion. The costs incurred in transition to adulthood are predicted to be ten times higher for those children than for those whose early behaviour is not a concern.

It is important to be careful when looking at apparent correlations, as there can be a different number of risk factors associated with involvement in crime, for example, and not just school exclusion. That is not to say that being excluded from school may increase the opportunity to commit crime, perhaps linked to reduced supervision when out of school, but there might be other factors involved, such as per Martin, Hayden, Turner & Ramsell's (1999) study of 24 excluded young people, of whom 70.8% admitted they had offended prior to being excluded from school.

Some authors have stressed the importance of the wider social context. This encompasses research by Cole (2015), Parsons (1999) and Paskell (2005) who highlight that an important outcome of school exclusion is a failure in the capacity to be able to contribute effectively to society in terms of cultural, social, economic and political life, which leads to further isolation, alienation and marginalisation. Although it is not possible to conclude that school absence and delinquency will always predict

permanent disengagement from education and/or susceptibility towards antisocial behaviour, school exclusion can often be the first stepping stone to social exclusion, given that their experience and expectation of barriers in learning might well be generalized to other wider opportunities in life.

Cole (2015) says that school exclusion *“can have devastating effects on the lives of the young people involved and long-term costs for society”* (p.7). Parsons *et al.* (2001) argue that *“exclusion from primary school is a serious, disruptive experience in the lives of children”* and that *“the outcomes in secondary education for pupils excluded at primary school level are moderately poor”* (p.49). In view of this argument Parker *et al.* (2015) adds that removing pupils from the school environment can have catastrophic consequences for groups that are already vulnerable and disadvantaged. The authors argue that a substantial number of exclusions could have been avoided if only psychiatric disorders or mental health needs had been accurately identified and effectively managed prior to removing children from school. This would be in line with the recent emphasis the Department for Education has put on improving classroom behaviour as opposed to excluding pupils. Their *“findings do show association of psychopathology and exclusion from school”* (p.240).

The issue of school exclusion being linked to wider societal exclusion is further explored by Toothill & Spalding (2000), who affirm that as all children will *“take their place in the wider society in the future....it could be argued that by being segregated, categorised and labelled in their education, they are not acquiring the knowledge and skills to do this, instead [they are] becoming further removed and alienated”* (p.112). School exclusion becomes *“another failure”* (p.117) for this population, stirring up feelings of rejection for pupils who have already been stigmatised and labelled as having emotional and behavioural difficulties (EBD), leading to further difficulties around shame and silence (Harris, Vincent,

Thomson & Toalster, 2006). Due to all these negative outcomes associated with school exclusion, Clegg (2009) suggests that this measure should be avoided and only used as a last resort, when other strategies and alternatives have not been proved successful and ideally should be followed by efficient and immediate attempts to reintegrate pupils who are out of school.

It is clear that school exclusion is tightly interconnected to wider societal exclusion and this needs to be understood in the broader context of low social mobility, and the range of difficult feelings including anger and hopelessness, that allows this cycle of disadvantage to prevail. The literature mostly explores the disastrous personal and societal consequences of school exclusion and the moral case for better interventions on a school level to prevent children from the outcomes described above. What the literature misses is the wider societal attitudes of intolerance and prejudice, recently seen in some of the issues behind the Brexit referendum and the Black Lives Matter campaign, that might have been and continue to be projected into this population.

2.3.3 Parents' perspective of school exclusions

This thesis examines the highly challenging issue of the difficulties of primary children who are pupils attending PRUs through the lens of the parents. It draws upon previous research that has integrated parents' thoughts and experiences around their child's experience in a PRU.

Following a consultation in 2018 on school exclusions from the Department for Education in which they raised concerns about the disproportionate high levels of Special Educational Needs and Disabilities (SEND) pupils being excluded, the Parentkind website published a report entitled *"School exclusion:*

parents share their experiences and views". In this report, they shared the results of a survey in which they asked parents about their experience of having a child excluded from school. What they learned from parents was that the vast majority of them had an overwhelmingly negative experience of talking to their child's teacher or head teacher about the exclusion; with many parents giving examples of how the exclusions had had a negative impact on their family life and how only a few had been referred for additional support (Parentkind, 2018).

The UK charity Coram published an Executive Summary in 2019 about both pupil and parents' views on school exclusion. The summary was based on an online survey completed by 124 parents whose children had been temporarily or permanently excluded or were advised their child would be excluded. The study indicated that 30% of parents were unaware of their child's school exclusion policy, 47% of parents said they had received an unclear explanation for their child's exclusion, 38% of parents felt the school's communication with them during the exclusion process was very poor, 51% of parents felt the school's communication with their child during the exclusion process was very poor, 56% of parents felt that support preparing for their child's return to school after temporary exclusion was very poor, and 58% of parents felt that support finding an alternative school place after permanent exclusion was very poor. They further reported that 83% of parents of excluded children felt the school did not involve them or their children in identifying alternatives to exclusion. When they had, parents felt that the behavioural support plan that was put in place had limited success. The report also highlights the impact of exclusion on the whole family, for example, having lost working days and salary as a result of not having a child in education. These findings also highlight that parents of excluded children feel misunderstood, powerless and voiceless during and after the exclusion process and yet they are an integral part of it. Parents expressed a negative experience and view of mainstream education (e.g. being treated unfairly) in which collaborative work was non-existent and they felt unable to contribute

effectively to the decision making process. Findings from the survey also show a sense of being judged and criticised for their child's actions (Coram, 2019). Although these two online surveys, Coram and Parentkind, can only be seen as a snapshot of the issue of school exclusion, and possibly attracting recruiters who are more dissatisfied than satisfied it does match much of the research that has been published about it. Furthermore, it is important to consider the limitations on online surveys, as only those who are computer literate have access to the technology whilst some disadvantaged groups do not.

Continuing on the theme of parents being unhappy with the mainstream school, the literature review revealed that parents saw communication as essential, but felt that the schools did not acknowledge or listen to them. For the parents, school exclusion was experienced as a complicated and an arduous journey, resulting in an enormous impact on them as a family. School exclusion for them was experienced as an ineffective way to discipline a child or improve their behaviour; rather it served to reinforce negative behaviour. Parents felt that exclusions moved the 'burden' of their child's behaviour from school to home and reinforced these behaviours within the child as ways of escaping school (Parker *et al.*, 2016).

Similarly, in a report from 2007, Frankham *et al.* carried out observations and interviews with 19 parents of children and young people who had been permanently excluded from school. The report presents the parents descriptions of the difficulties they and their children faced whilst in mainstream school. Parents felt they were not included and involved fast enough when there were challenges with their children, nor appropriate support. They also reported feelings of blame and criticism, having their children labelled as "trouble", a reputation that would inevitably be carried over with these pupils in the future.

This sense of blame was a strong theme that was also highlighted by Macleod *et al.* (2013) and Wilkin *et al.* (2010) who found evidence of an inclination in schools to place the blame for the pupil's behaviour on to the parents. In Macleod *et al.* (2013) study, which was based on 28 children who had been permanently excluded from either a PRU or specialist provision, parents reported that they felt they did not have a choice and so disempowered, while also being labelled as "problem parents". Wilkin *et al.* (2010) were funded by the Department for Education to examine problems faced by Gypsy, Roma and Traveller pupils so that measures could be put in place to improve the educational outcomes for this population. They analysed levels of national attainment, mapped questionnaires sent to schools, reviewed the literature and conducted an in depth case study visit to fifteen schools. In both studies, the same issues arose for parents: they reported they felt that they were perceived as incompetent, and hence not respected and appreciated by schools.

Linked to children being labelled by mainstream schools, the literature review also revealed the parental view that exclusions are often unfair because of how the school often misunderstands the child's needs. Findings from a thematic analysis of 21 parents who were interviewed about their experience of appealing against their child's exclusion from school highlighted difficulties when the relationship between parents and school breaks down (Hodge & Wolstenholme, 2016).

Another qualitative study of eight parents' experiences of their child's exclusion from mainstream education, conducted by McDonald & Thomas (2003) also found that parents reported feeling that some of the teachers' attitudes had a negative impact on their children's behaviour. In some cases, parents relayed that children often felt they were treated differently or even disliked. Amongst feeling "*judged*

and criticised for their child's actions" (p.116), parents reported anger and powerlessness and *"found the authoritarian nature of the mainstream schools restrictive and prohibitive"* (p.116). Negative feelings were also associated with the exclusion meeting (which aimed at coming up with a plan to support the family and the child's needs) and parents reported confusion around their child's needs, rights and provision options. They felt unsupported in making decisions for the future, despite the clear guidance on pupil exclusion that places the responsibility for supporting pupils' education until they are back in full time education with the current school. Similarly, Gordon (2001) also found evidence of lack of communication, feelings of confusion and uncertainty and lack of support and educational provision for excluded children.

Feelings of powerlessness in the relationship with the mainstream school was also a finding in Smith's (2009) study of the experiences of eight parents of secondary aged pupils excluded from school in New Zealand. Parents felt schools were unreliable and inconsistent in their communication, and there was a lack of information around time frames or the exclusion process, which had a significant negative emotional and practical impact on the whole family. They also reported the school sometimes lacked the sensitivity in acknowledging the impact that the exclusion had on many areas including routine at home, financial income and employment, which exacerbated an already stressful situation and home circumstances. In sum, parents felt blamed, labelled as problematic and treated negatively similarly to their children. They also highlighted feelings of "them versus us" as opposed to a more collaborative working relationship. It seems to me that the "them versus us" feeling are exacerbated by a punitive approach (both from school to parents and from parents to school) that places blame elsewhere as a way of seeking retribution as opposed to reintegration and finding joint ways of meeting needs. As long as this "blame cycle" continues it seems that working together is compromised and the exclusion of children and the negative feelings of parents will continue.

It is important to notice the limitations of studies that only explore the views of parents, but do not compare to the experience of pupils and teachers too. Studies that combine the views of all involved in the exclusion process are more likely to reveal more meaningful findings than studies which only explore one view in isolation, as the issues of exclusion combined a complex set of circumstances. However, it is also possible to say that some groups seem to be less researched than others and therefore looking specifically at parents, like this current study does, can also be important in shedding light on issues relevant to specific groups of people.

In critiquing the studies mentioned above, it is important to recognise the small sample size (McDonald & Thomas, 2003; Hodge & Wolstenholme, 2016 and Frankham *et al*, 2007) and lack of generalisability due to data being drawn from a non UK sample (Smith, 2009). However, these studies all make an important contribution, as they report a similar outcome and comparable experiences for parents and there is a clearly a consensus around parent's negative perspective of school exclusion whether in the UK or elsewhere. Furthermore, it offers valuable insight for schools and it can point to issues that can be researched in future.

Further evidence of parents' difficulties with the mainstream school can be found in a study by Parker *et al*. (2016). Here, they conducted semi-structured interviews with 35 parents of children with SEND who had been excluded from school in order to understand their experience of the exclusion. Parents interviewed described a sense of disempowerment and being misunderstood by the school around their children having different mental health and emotional well-being issues (including anxiety, low mood and confidence, ADHD, ASD, obsessive compulsive behaviour, difficulties with peer relationships,

attachment difficulties, learning difficulties, including dyslexia and behavioural problems). Such issues directly impacted their children's capacity to manage the schools environment. They found that parents felt that the exclusion was unfair because it did not take into account the fact that their children could have SEMH difficulties that had not been recognised by the school and therefore no support was given to prevent this. This contributed to parents feeling left without any control or say in the situation. They also reported feelings of hopelessness after unsuccessfully attempting to get their child the help they needed. Most children had other underlying mental health issues which heightened their struggles in managing school. In this study, the authors highlight a limitation around only including the views of parents to contribute to a more detailed exploration of the issue of exclusion. It is also important to notice that the findings from the study cannot be considered representative of all parents of excluded children due to the small sample of parents used. Having considered that, the study still provides an insight into some of the difficulties parents of excluded children face, as well as allowing them an opportunity to voice their experiences and difficulties faced that could contribute to future improvements of the exclusion process.

The literature review also revealed wider societal issues that might be at play in relation to parents' perspective of school exclusions. A small-scale qualitative study by Gazeley (2012) attempted to address the impact of social class as a factor in shaping the parent-school relationship and interactions. The study, which focused on mothers' experiences of their children's exclusion and was carried out in one local authority in England where there were pockets of high social deprivation indicated that parents felt it was the school that dictated the type and extent of their relationship and that 'power battles' were not uncommon. Overall, parents described feeling ineffectual, not respected and that they were to blame for everything to do with their child's school exclusion.

Another study which also explores wider societal issues, mainly how race, SEN, gender, class-based discrimination and socio-economic status played a strong part in the current disproportionate exclusion of children was published by Kulz (2015). This small-scale, multi-layered, qualitative study was carried out over a period of nine months in which he interviewed face-to-face fifteen parents of excluded children in London, local authority workers, head teachers, one assistant head teacher and a clerk. A systematic thematic analysis was conducted and the author found evidence that parents from more privileged socio-economic backgrounds were more able to navigate the current education marketplace. In this study too, parents reported feeling blamed by the school for their child's difficult behaviour and as if their parenting at home was inadequate

2.4 Psychoanalytic Theory

This study is interested in exploring and understanding parental views around the problems of children attending a PPRU from a psychoanalytic point of view, which is the basis of the Child and Adolescent Psychotherapy Doctoral training.

Containment is a key concept in the psychoanalytic theory of normal development, particularly connected to the capacity for thinking and the creation of a mind and therefore an important idea to explore in relation to a child's capacity to learn. Bion (1962b) argues that the baby's early emotional states are not yet experienced in a way that they can be thought about, imagined or remembered and that the baby will need help transforming these concrete experiences into something more abstract. For Bion, the baby is full of powerful unprocessed sensations which he manages by getting rid of or projecting them out.

Klein (1946) extended Freud's concept of projection and defined it as an unconscious phantasy in which not only unwanted feelings, but also parts of the self are split off and placed into an external object. As a result, Klein links this process to normal development and to ordinary unconscious communication. In normal development a baby will experience powerful sensations and emotions that they will not yet be able to process, which Bion (1962b) refers to as beta elements (for example, distress due to hunger), instead they will reject and evacuate it, reaching the mother who will have to recognise, experience and take on board the distress. Following that, the role of the mother is now to think about the distress, perhaps giving it a shape or a name, transforming the beta elements into alpha elements (Bion, 1962b). When the distress cannot be contained by the mother, it risks the baby being left with overwhelming unprocessed feelings, which can feel so powerful and unthinkable that the whole thinking system may collapse. As a baby develops into a child they will have little or no space for thinking about their feelings, which will continue to remain unprocessed. Unprocessed feelings can in turn become disturbing states of hyperactivity, obsessions, opposition, and so on, which can negatively impact one's capacity to learn.

Thinking about parental containment has always been an important task of Child and Adolescent Psychoanalytic Psychotherapists, as children can never be seen in isolation and are by definition dependent on adults, and therefore the context where they live and who is part of their immediate family is key. Part of the role of a Child and Adolescent Psychoanalytic Psychotherapist working in a PRU is to think about the problems and difficulties that have brought children and their families to an alternative educational provision and ascertain whether parents and children are prepared to start thinking about it and support them if they wish to do so. Attempting to prevent the disturbance and damage to keep on being passed unmodified from one generation to the next is one of the essential

aspects of this work. The extent to which a parent can explore and reflect on their child's experience will be a crucial factor in addressing the child's difficulties.

The main way parents are held in mind in Child and Adolescent Psychoanalytic Psychotherapy is via parent work. Holmes (2018) argues that all *"psychotherapeutic work with children might involve parent work"* (p.263), defined as working *"with the primary caregiver of the young person, not limited to biological parents"* (p.263) and that this it is *"viewed as essential"* (p.263). He draws on both previous research and empirical evidence, but also single case study papers to support the benefits of working with parents alongside offering children psychotherapy. He identifies three main aims of parent work: supporting parents with their own anxieties in relation to their parental role, helping them to develop their thinking and reflective capacities and finally assisting them in differentiating their own emotions from those of the child. If successful the hope is that blame, shame and feelings of failure in parents will be understood and reduced, that parents will feel more able to connect their own experiences as a child to their own children, increase their capacity for containment and become aware of problems that may be caused by the parent-child relationship rather than placing difficulties solely with the child. Furthermore, parents may become indirectly more aware of their children's projection, meaning more capable of recognising what belongs to whom.

Slade (2005) highlights the *"development of mentalizing capacities in parents"* (p. 211) as a central aspect when working with parents and adds that *"parent work may function as a central-rather than peripheral-agent of change in successful child treatment"* (p. 214). The author argues that it is vital for parents to have a capacity for reflective functioning, meaning that being able to understand both one's own and others behaviours is fundamental to effect regulation and good parent-child relationships:

A mother's capacity to hold in her own mind a representation of her child as having feelings, desires, and intentions allows the child to discover his own internal experience via his mother's representation of it. A mother's capacity to make meaning of the child's experience will make him meaningful to himself, and allow her to go beyond what is apparent, beyond the concrete, and to instead make sense of the child's behaviour in light of mental states, of underlying, likely unobservable, changing, dynamic intentions, and emotion. This helps him begin to symbolize, contain, and regulate his internal experience, and to develop coherent and organized representations of self and other. This also helps the parent contain and regulate her own internal experience as well as her behaviour. (p.215)

These ideas described above have shaped this study, as I embarked on a quest to explore the parental perspectives of the problems of children attending a PPRU and their ideas on where these problems come from. Amongst Child and Adolescent Psychoanalytic Psychotherapists there is a basic assumption that for children to do well in life they need a parent who is able to hold them in mind and this will be dependent on how much the parents themselves had an experience of being children who were held in mind. I came to this study with the hypothesis that the parents of the PPRU children have had some difficulties in thinking about their children's' internal world and this was likely to be linked with the parents themselves also having had early experiences of trauma and relationships which were possibly disrupted. Jacobs (2006) argues that *"working with parents to alter and reconfigure relational patterns seems to have the greatest potential for altering the internal experience and self-representations of the child"* (p.231) and so coming to this research I was curious about the parents' capacity for emotional responsiveness and reflectiveness and how curious and understanding they would be about their children's mental processes and experiences.

2.5 Justification for current study

The literature review has shown that there is some research around parents' views of their child's exclusion from mainstream education. These studies commonly highlight a number of issues for parents

and feelings that arise as a consequence. These include not being heard often enough, a lack of cooperation and liaison, not feeling involved or treated as active partners but more like passive observers, feeling undermined, unfairly blamed, and so experiences anger and humiliation and a sense of being isolated. It has also shown that schools tend to justify pupil exclusion as an attempt to reduce disruptive behaviour, which could impact other pupils' capacity to learn. Such entrenched attitudes and behaviours towards this disenfranchised group of children and young people runs counter to affording them their basic rights for an education. School exclusion is a controversial topic, with the literature mainly highlighting the punishing aspects and the negative outcomes, as well as debating whether being excluded and consequently sent to a PRU can be considered in the best interest of pupils with SEN. A lot of emphasis seems to be placed on the pupils as a problem and other reasons for school exclusions, particularly those within schools, are more difficult to identify. Having considered the available literature surrounding the parental experience of having children attending a PRU, it appears that there is nevertheless a gap in the research available. Whilst there are some studies that focus on the parental experience of the school exclusion process, there doesn't seem to be any research focusing specifically on the parental views of children's problems that resulted in them attending a PRU. Perhaps, the study by Parker *et al.* (2016), in which parents only identify (but do not discuss or reflect further) some of these difficulties around exclusion from mainstream school, is most aligned to the focus of the forthcoming study. In this study, the authors' findings had suggested that "*parents emphasised the need to ask what lies behind children's disruptive behaviour and, as experts on their children, can offer essential insights to underlying needs*" (p.149)

In order to build on the previous literature, this research will therefore explore in depth the parental perspective of what are the problems of children who attend a PPRU and where do these problems

come from, using psychoanalytic theory to understand different explanations for behaviour that has led to school exclusion.

As parental involvement is a key factor across all social classes and ethnic groups for a successful education, with the potential to have a positive impact on children's future achievement (Desforges & Abouchaar, 2003), early identification and effective intervention is strongly encouraged (Parker *et al.*, 2016). For this reason, it is essential to investigate the parental perspective of the challenges faced in managing the processes with this excluded group.

3. Methods

3.1 Introduction

This chapter will focus on the chosen methodology for this study. It will discuss how the research was conducted; its design, setting, participants and procedures. It will describe the research methods and the process undertaken, as well as the analysis and any associated ethical considerations.

3.2 Design

The current study is a small-scale qualitative study, in which semi-structured interviews were conducted with seven parents of children who were attending a Primary Pupil Referral Unit (PPRU) and analysed using Thematic analysis after Braun & Clarke (2006). This study was first born out of my own initial curiosity around the problems of children attending a PPRU and whether parents were able to reflect on these. I am also interested in parental views of where these problems stem from. Given these circumstances, Thematic Analysis was chosen because this study attempts to examine *“the ways in which events, realities, meanings, experiences and so on are the effects of a range of discourses operating within society”* (Braun & Clarke, 2006, p.9). Braun & Clarke (2006) also suggest that Thematic analysis is particularly fitting for research that aims to explore views of participants that are unknown. In this way, Thematic analysis allows for both an exploration of themes across a whole data set, but also bringing to light important issues that come from the individual participants. Thematic Analysis is suited to psychoanalytic oriented work because of its process of underlying meaning making, which implicates a deep engagement with the material (interpretation of interactions are a fundamental principle of Child Psychotherapy too, in which process notes and general observations are analysed in detail in order to

gain a deeper understanding of the internal world), as well as being a qualitative method that allows the researcher to extract complex and abstract meanings from the data in order to be analysed.

The current study uses Thematic analysis as a way of understanding in depth how a smaller group of parents might feel about their experiences of their children's problems in relation to attending a PPRU. Here, both written and verbal language was used in order to construct meaning and identities (Burr, 2003). Therefore, participants' words were conceptualised as a way of giving meaning of their experiences.

3.3 Ethical considerations

Issues around confidentiality and anonymity were explained to all participants. Participants also gave their full consent to be recorded during the interview and had the right to listen to any recording made during the interview. Participants had the right to withdraw their consent at any point during the writing of this study. Their participation was voluntary and they were informed that the researcher would be adhering to all Child Safety and Protection laws in case there was a disclosure. Participants were given contact information for the university as well as the researcher's supervisor and service where the researcher is based. This facilitated participants' right to query any actions of the researcher. Participants were given the opportunity to debrief and ask questions at the end of each interview as an opportunity to manage any issues that had the potential for causing distress.

Any identifying data such as names, professions or places was omitted prior to analysis. Recordings and transcriptions of interviews were stored on a secure, encrypted device. Recordings were deleted following transcription and all written data would be deleted following the final write up of the study. The project started once the research proposal was fully approved by the London/Dulwich Research Ethics Committee (please find more details under 'appendix').

At the PPRU all parents have a family support worker who is allocated to them and their children and they were also available for further support. Parents were given assurances that being part of the research would not interfere at all with their children's placement at the PPRU.

3.4 Data collection

PRUs are the main form of alternative educational provision for children and young people with social, emotional and mental health difficulties (SEMHD) in the UK. The PPRU where this study was conducted is a specialist therapeutic and educational placement in a large metropolitan area in the UK for children aged between 5 and 11 years old, with on-site provision for 20 pupils.

I initially met with the head teachers to propose, negotiate the research and to provide an information sheet so they could be on board. Following this I liaised with the two family mentors to gain their help in recruiting the participants. The head teachers informed all the staff about the study and procedures. Inclusion criteria were parents of children currently attending the specific PPRU.

Throughout this study there were many issues that needed attention. The main one being my 'dual role' in the institution, as both a researcher and, at the time, the current trainee in child and adolescent psychotherapy. Based on this potential tension, I made a clear decision of not interviewing any families whom I was clinically involved with. Originally, fifteen parents were identified as possible participants and received an invite to participate, including a letter. An information sheet detailing the study was given to all parents of children who met the inclusion criteria and the researcher also approached the parents during pick-up and drop-off times at the PPRU. Parents who showed interest were spoken to individually and were given the opportunity to ask questions and complete the consent form. Seven mothers gave their written informed consent to participate in the study.

The semi-structured interviews were conducted using a flexible and adaptable interview schedule and approach (please find copy of interview schedule under "appendix"). Questions were based around the previously stated aims as well as background literature in the field. Questions were open ended to allow the participants to direct the narrative, expressing their own views in their own words about what was important to them, thus encouraging the emergence of rich, deep, meaningful and authentic data. Prompts were given to participants if required. Interviews took place in the PPRU and lasted for about one hour. All interviews were conducted by the researcher to ensure consistency. Audio recordings were taken of all the interviews and transcribed in full by the researcher for analysis.

Purposive sampling was used. Out of all the parents invited to take part in the research, seven mothers of children who were at the time attending the PPRU full time agreed to participate. The children's

demographic is detailed below (all names were changed to protect the anonymity of the participants and the setting):

Mother of...	Child's age	Child's gender	Child's race	Child's diagnosis
Helen	8	Female	Mixed race	ADHD
Jon	10	Male	Black British	N/A
Jerry	11	Male	Irish Traveller	ADHD
David	10	Male	White British	ADHD
Hugo	10	Male	White British	ADHD + ASD
Ed	11	Male	Mixed race	ADHD + ASD
Henry	7	Male	Mixed race	ADHD

3.5 Data Analysis

Interview transcriptions were analysed using Thematic analysis outlined by Braun & Clarke (2006), a rigorous and systematic analytic method of capturing both manifest and latent content of data. Thematic analysis provides an in-depth and rich interpretation of complex data at the same time as

being a flexible but effective qualitative method of data analysis, in which patterns of recurring themes related directly to the initial research question are identified and examined (Braun & Clarke, 2006). This research method aims to achieve a *“straightforward approach to extracting meaning from transcript data”* (McLeod, 2011, p.147).

I chose Thematic Analysis because I wanted to identify, analyse and report similarities that could be interpreted further within the data. Braun and Clarke (2006) highlight that Thematic analysis *“does not require the detailed theoretical and technological knowledge of approaches such as grounded theory and DA, it can offer a more accessible form of analysis, particularly for those early in a qualitative research career”* (p.9). In comparison to other qualitative methods, Thematic analysis was chosen because it explores the perspectives of the various research participants and unlike IPA (which focuses on the unique characteristics of individual participants and/or how they make meaning of an event and their particular experiences), it highlights the similarities and differences between them, creating an overall story about what the different themes reveal about the topic. As a research method, IPA places emphases on linguistic data and seems to be more interested in the construction of meaning through the use of language (how things are said by participants), whereas Thematic analysis is trying to ascertain how one might group experiences and what the main experiences are. So, in the case of this study I am interested in how the experience of having a child in the PPRU has impacted the parents.

Braun and Clarke (2006) argue that Thematic analysis *“differs from other analytic methods that seek to describe patterns across qualitative data – such as thematic discourse analysis, thematic decomposition analysis, IPA and grounded theory”* (p.8). Grounded Theory was not used due to its emphasis on developing explanatory theories grounded in the data. Willig (2008) argues that Grounded Theory *“pays*

insufficient attention to the role of the researcher” (p.46), which would go against one of the main aspects of this study: looking carefully at the influence the researcher may have on the data. Finally, this study has a small sample, and it is unlikely that the criteria of data saturation required by Grounded Theory would be met. What thematic analysis was able to offer to this study that other qualitative methods would not is the possibility of capturing common and recurring patterns of meaning and key ideas across the data, describing the different dimensions of an idea. Dey (2004) argues that *“Grounded Theory was conceived as a way of generating theory through research data rather than testing ideas formulated in advance of data collection and analysis”* (p. 80). It was developed by sociologists and it’s therefore a good qualitative method for looking at social processes. Used correctly, the idea is to have a relatively large sample and continue data collection until nothing new emerges (saturation). In contrast, Thematic analysis is more flexible in terms of theory, which guides the analysis. Dey (2004) also makes the argument that Grounded Theory has gone through numerous iterations since it was developed by Glaser and Strauss who ended up their partnership in disagreement. He argues that Grounded Theory involves a process of *“theoretical sampling”* in which subjects are selected to test and refine new ideas as these emerge from the data. In this way, sources are selected for their theoretical relevance as opposed to their value in generating ideas about a specific population. It is possible to say that Grounded theory is a more suitable methodology when the aim of the research is to generate theory of the phenomena that is grounded in the data, whereas researches using Thematic analysis *“need not subscribe to the implicit theoretical commitments of grounded theory if they do not wish to produce a fully worked-up grounded-theory analysis”* (Braun & Clarke, 2006, p.8). The difference between Thematic analysis and Grounded theory seems subtle; however Thematic analysis seems to offer more freedom to the researcher.

The aim of this research was to provide a rich thematic description of an entire dataset, at the same time as gathering material into thematic categories, analysing and reporting patterns present within the dataset and comparing and contrasting viewpoints across participants. Thematic analysis seemed a particularly useful method because the views of parents of primary aged children attending a PRU can be considered an under-researched area, where very little is known about the participants' views (Braun & Clarke, 2006).

The methodology chosen did not aim for the data to be generalisable but sought to explore possible group trends that may be explored in further research. Furthermore, this research aimed to give parents a voice, allowing them to tell their stories, so that different ways of supporting this population can be thought about. As a consequence I have taken an inductive approach with the data analysis (generating theory from the data and not the other way around) which allowed the parents' voices to define what themes within the data were important and as a consequence highlighting what was truly key to the parents. It is important to be aware that *"researchers cannot be free themselves of their theoretical and epistemological commitments and data are not coded in an epistemological vacuum"* (Braun & Clarke, 2006, p. 12). This means being aware of how my own views and assumptions could be brought to the data analysis and attempting, as much as possible to be data-led and use my supervisor to help me identify any researcher bias throughout the study.

I used Braun & Clarke's (2006) six-phase method the first phase started after the transcription of the data had been completed and consisted of the researcher becoming familiarised with the data by reading it several times and looking for possible ideas to be written down. Following that, the second

phase involved in depth systematic working through the entire data set, to highlight aspects and potential patterns that could be repeated, becoming themes. At this stage, possible themes and subthemes were compiled. During the fourth phase the researcher worked towards refining the themes and subthemes that emerged from the previous phases. It was only during the fifth phase that themes were named and defined. Finally, in the sixth and final phase the researcher produced a concise, logical and coherent account of the data.

Braun & Clarke (2006) argue that *“the ‘Keynes’ of a theme is not necessarily dependent on quantifiable measures – but in terms of whether it captures something important in relation to the overall research question”* (p.10) and for this reason I have decided not to report the number of participants who spoke about each specific theme. The themes were chosen because of their added value and richness of data as opposed to representing a specific number of participants mentioning it. Braun & Clarke (2013) argue that in high quality and robust qualitative research the researcher is able to use participant’s quotes that add value to the analysis and evidence the researcher’s interpretation.

3.6 Validity and reflexivity

In the context of qualitative research, the centrality of the researcher’s self-awareness or reflexivity is important for the qualitative enquiry (Patton, 2002). As the researcher, I reflected upon the ways my pre dispositions affected my observations and understandings during data collection and analysis. Training in Child & Adolescent Psychoanalytic Psychotherapy and working with this population (and in the PPRU) influenced my preconceptions regarding this project, as well as the way(s) I perceived their accounts. However, during the interviews I bracketed off pre-existing ideas and attended as closely as possible to

what the parents had to say. Whilst analysing the data, I repeatedly read the data, trying to familiarise myself with the content, allowing a distance between my experiences or knowledge and the parents.

I became aware that being a worker at the PPRU meant that I belonged to the institution and therefore this could have a different meaning to the families, depending on their own feelings towards the PPRU. Indeed, the mothers who agreed to take part in the research were the ones with a better relationship with the institution. The issue of bias in the participants highlights a question of validity and whether the results of this study can be generalised beyond this research. It will not be possible to generalise the findings from this study, but the hope is that it will provide important insights into issues for this population. As discussed previously, this study does not aim to generalise, but instead tries to make sense of the experiences of parents of children who attend a PPRU, recognising their individual and subjective experiences. Being a trainee at the PPRU also meant that I had some previous knowledge of all the families as well as some contact with all the children. Supervision was crucial at helping me during the data analysis stage to pay careful attention on how having this previous knowledge, plus my own bias as a researcher, could potentially impact my findings.

Though there was categorical support from the PPRU towards my research, the recruitment stage proved challenging and it became necessary for me to take an even more active role. Only one mother managed to attend the interview without having to reschedule. All the other mothers cancelled the appointment a few times and with some I had to go to their own houses so the interview could happen. I understood these unconscious and defensive personal and organisational processes in the context of ambivalence and anxiety. For a start, the topic was extremely sensitive and could potentially stir up quite a few difficult feelings in the mothers: blame, upset, anger, failure, shame and so on. I also wonder whether the mothers felt anxious about being judged and some mothers spoke about having had

problematic previous experiences with professionals from mental health services like CAMHS. From an organisational perspective there might have also been ambivalence and anxiety in regards to what the research might uncover and what kind of institution the PPRU would appear to be.

The mothers seemed to come to the interview with a mixture of feelings, including curiosity, anxiety, suspicion and a wish to tell their stories. One of the tasks of the interview was to explore the mothers thinking capacity and this is particularly interesting when so often one of the main reasons why primary school children have to attend a PRU is because ordinary adult thinking has broken down. Some mothers spoke candidly about their fears that the damage done to their children (either in phantasy by themselves or by others - such as the mainstream school) was irremediable and conveyed a strong sense of their dread of being exposed as having failed in their maternal task. During the interviews there were some mothers who spoke about issues around blame and this was often located with the mainstream school which had excluded their child, however and more hopefully, other mothers showed great insight and understanding about the interaction of complex internal and external factors that had led them and their children to where they were at the time, in a PPRU. In the transference relationship with the mothers I became a variety of different objects, often I was benign and curious, empathic and understanding which would contribute to some of the mothers being able to be honest and reflective. At other times defences seemed to be more in use and I could sense a big wall being built between myself and the mothers, as if suddenly I had become a bad object. Nonetheless, at the end of the interview process I was pleased with the collected data and impressed with how much the mothers were able to reflect. Perhaps the interview had been a therapeutic encounter for some of these mothers; a containing, tolerant and non-judgemental joining in together, where thinking about what had gone wrong was possible, and maybe even helpful. After the interview all of the mothers were offered a space to debrief and reflect on their experiences.

3.7 Summary

In this chapter I outlined an overview of the methodology used within this research. It began by introducing how the research was conducted; its design, setting, participants and procedures used for data analysis. It described the research methods and the process undertaken. Ethical concerns were highlighted and issues relating to validity and reflexivity were discussed. The next chapter will present the findings of the research.

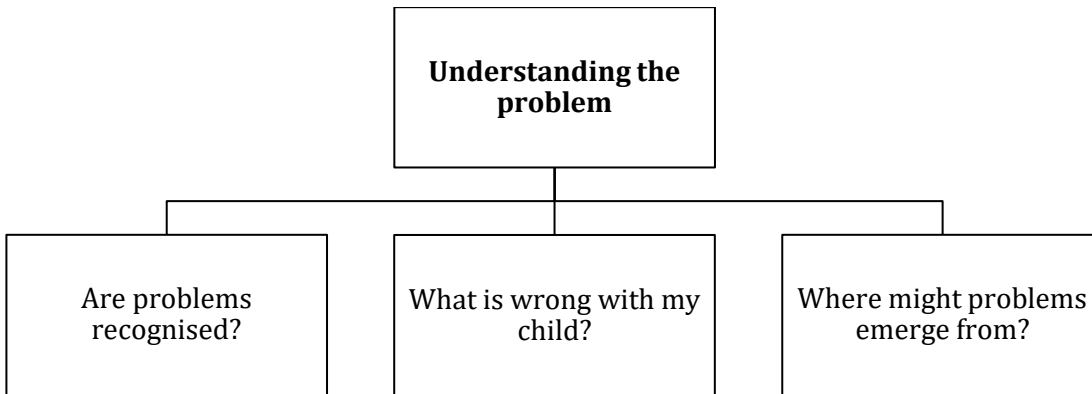
4. Results

This section will present the main findings that emerged from the thematic analysis of the data. The emerging themes capture the prevalent views shared by the seven mothers with regards to their experience of their children's problems and its sources in relation to having been excluded from mainstream education and attending a Primary Pupil Referral Unit.

The thematic analysis revealed three overarching themes: 1. Understanding the problem, 2. No one cares and 3. Exclusion, isolation and loneliness.

4.1 Understanding the problem:

In this theme the mothers described issues around both their capacity to understand their children's problems and also whether they were able to recognise that others could understand it too. Three sub themes emerged including: *"Are problems recognised?"*, *"What is wrong with my child?"* and finally *"Where might problems emerge from?"*



4.1.1 Are problems recognised?

The mothers' narratives revealed evidence that they were all able to recognise problems with their children. Their children behaving in a challenging manner both at home and in school was, for some of the mothers, the first time they became aware of the existence of problems. Despite recognition of their children's problems, there was also evidence of some confusion and a lack of understanding about their child and the manner in which they behaved: *"Honestly, I don't know. I've tried to figure it out over the years and I can't seem to figure out what it was that used to trigger it [difficulties in separation]"* (Mother of Helen, 8). David's (10) mother said that it took her a long time to understand her son's problems: *"His energy levels were massive. I was like oh my God what is going on? To the point where you just feel that you just want to rip your hair out like what is going on? I cannot contain this child..."* Jerry's (11) mother initially conveyed a strong sense of uncertainty and lack of understanding: *"my brain started being very confused, so I had to learn about him and how his brain is working in order for me to be able to find ways of moving with him"* but then later in her interview she was able to reflect and show some understanding about her son's behaviour.

There was, however, some understanding from parents who were processing their children's problems. Jon's (10) mother expressed a more reflective engagement whilst noticing that Jon was experiencing some emotional difficulties: *"he started to eat a lot and hence why he put on so much weight... and now he can't stop eating (...) the child psychologist she said that he was using food as a comfort (...) every time he gets angry, he will say he's hungry. And then he'll eat and he falls asleep"*.

One problem that all of the mothers mentioned in the interviews that they were able to recognise was their children behaving in an aggressive manner at school, both towards themselves and this contributed towards the need for them to come to a PPRU. The use of physical and verbal aggression as well as their children's non-compliance and defiance of authority was a problem that many participants recognised as impacting their children's school life. Henry's (7) mother stated her son *"smashed up the teacher's staff room... He was playing with the electrics, strangling himself, other children"*... Further illustrations were seen in many other parents' accounts including Jon's (10) mother who described her son's behaviour as: *"he tends to lash out, kick, and throw things, bad mouth..."* Jerry's (11) mother said that he was *"hitting"* other children at school. David's (10) mother provided further evidence of him as *"destructive"* and gave an example of him *"throwing things around like a baby does when they've got something in hands and he wasn't actually focusing on any kind of play or games"*. Ed's (11) mother described his behaviour as *"extreme"* and said that he was *"quite aggressive when he has meltdowns not just at school but at home."* Further evidence suggested that the problems were often across both school and home. Henry's (7) mother said he was *"aggressive"* and gave examples of him *"pulling my hair and biting me. And then he'd do it to the teachers as well... Spitting, swearing, all of that..."*

The mothers also described recognising that there was a problem of their children not being able to do what they were told, refusing to conform and breaking the rules. Helen's (8) mother, for example, described her daughter's difficulties and consequent reaction with having to follow rules from the school staff: *"And then it got to a stage where she would be told something in school and if she didn't like it, she would destroy classrooms, turn over classrooms (...) She once wrecked the library."* It was very common for the parents to refer to their child's "attitude" as being a problem and the driver for the negative behaviour. Jerry's (11) mother also spoke about her son being oppositional and avoidant of demands: *"when they [the school] wanted him to sit on the carpet, he wouldn't sit on the carpet (...) [he was] messing about in the classroom (...) he had no discipline whatsoever."* Jon's (10) mother described his antisocial behaviour *"he swears, talks back, shouts at people (...) gets to too much misfits because he is so rude and disrespectful"*.

4.1.2 What is wrong with my child?

Another sub theme that emerged for the mothers in attempting to understand their children's problems was around questions about the nature of these problems; more specifically the mothers conveyed a strong sense of questioning what might be wrong with their children.

The participants described *"emotional stuff"* as a major difficulty associated with their children. The mothers often described that their children had feelings that they found difficult to process and understand. For example, David's (10) mother described him as having *"emotional difficulties"* which she linked primarily with an idea of being developmentally behind: *"he was immature in his emotional development"*. Jon's (10) mother said: *"he needs therapy to help him deal with his emotions"*.

More specifically, the mothers described how their children would become upset by ordinary things that other children were able to manage much better, such as being able to say goodbye and separate from parents in order to go to school or managing transitions and uncertainty. Parents were aware that such transitions would often lead the children to display quite extreme behaviour. In all cases, the children were struggling with emotional self-regulation. Henry's (7) mother described her son's response to separation: *"He suffered with separation anxiety when he started nursery (...) he used to head-butt the floor (...) when he started nursery he would really freak out, smash his head on the floor, pull the door into his face, kick, scream..."* Similarly, Helen's (8) mother said her daughter *"started to have difficulties with separation in the morning and (...) leaving me. At school, she'd cry and I'd have to give her off to a teacher to be able to leave"*. A more extreme response was relayed by Hugo's (10) mother who described him running away in extreme emotional distress and he would be found *"two hours later (...) shoeless and screaming"*. Ed's (11) mother also identified distress in her son: *"he has always struggled with his emotional self-regulation from a very young age"*.

The majority of participants mentioned mental health difficulties, particularly having a diagnosis of ADHD as a significant problem that was impacting their children both at home and in school. Henry's (7) mother summarised well the overall thinking: *"He has ADHD, that's why [he was excluded]"*. Her understanding is that Henry's *"traits of ADHD"* were visible in the fact that *"he couldn't sit still, he was aggressive, he was swearing and he was hitting"*. Ed's (11) mother describes ADHD as a *"disability"* and linked it with specific behaviours her son was displaying in the classroom that led him to being excluded, such as his lack of *"self-regulation"*. Consistently, the mothers' understanding is that having ADHD made it more difficult for their children to fit in with the mainstream school's expectation of how pupils should

behave, such as being able to follow the teacher's instructions in the classroom, being able to sit down quietly and/or do the necessary school work. David's (10) mother described his *"energy levels were massive (...) to the point where you just feel you want to rip your hair out (...) like, I cannot contain this child (...) he is always going on a 100 miles"*.

A slightly different perspective came from Helen's (8) mother who believed that her daughter's ADHD is *"an imbalance of hormones in her brain"*. She described Helen having to take medication for ADHD and not wanting to go to sleep. Other parents spoke of aspects of their children's condition or diagnoses impinging upon their ability to function in mainstream school. For Hugo's (10) mother having ADHD meant that her child displays both *"learning difficulties"* and *"sensory processing issues"*, her view is that having ADHD stops Hugo from *"sitting still"* for example and *"he needs to have a definite idea of what he's doing before he does it. He really struggles with transitions"*, which she was able to recognise as something that is problematic in a mainstream school environment. The almost invasive nature of ADHD often resulted in poor self-control. Ed's (11) mother felt that her son did not have any control over his condition: *"His behaviours are an attribute of the disability and it's not because he's intentionally trying to be bad..."* For the mothers, the description of their children's problems and difficulties as ADHD meant that they needed extra support in the classroom, due to its manifestation by poor impulse control and difficulty in self-regulation, which in turn influenced their capacity to learn in school.

4.1.3 Where might problems emerge from?

The participants described different ideas around why their children might have developed problems. Here, mothers referred to their own difficulties that they believed might have impacted on their children's problems. Jerry's (11) mother spoke about her own struggles with education: *"I can't read or*

write. I'm dyslexic (...) when I was younger, because I was left to do whatever the heck I wanted, it got me in a lot of trouble and I left school when I was 11". She conveyed a strong sense of feeling different from other children, not having any friends, being bullied and as a consequence not attending school *"I never fitted in. The girls used to always say, oh, gypsy, and call names..."* She was able to reflect on the similarities between herself and Jerry: *"I used to just end up fighting every day, and I used to get thrown out of the classroom (...) You could practically beat me and I still wouldn't do what you wanted me to do".* Her own behaviour had resulted in criminal activity and she was now very anxious about the possible impact her past would have on Jerry's own difficulties and her worries that he would follow a similar trajectory.

Other participants spoke vividly and emotively about their own childhood and its influence. Hugo's (10) mother described her early life as *"dysfunctional"* and Henry's (7) mother remembers things being so difficult when she was a child that she asked the psychologist she was seeing for a new brain. This theme perhaps allowed for the most amount of reflexivity in the participants. As Hugo's (10) mother articulated: *"if I'm non-functional, then obviously I'm going to produce a child that's non-functional. That's what I mean, regardless of whether they've got a diagnosis or not..."*

Parents also spoke specifically about their own (or the child's father) physical or mental health issues that may have contributed to their children developing problems at school. Helen's (8) mother spoke about her difficulties with both dyspraxia and another neurodevelopmental issues and wondered whether this made it harder for her to parent her daughter. Jon's (10) mother spoke evocatively about how being diagnosed with cancer caused her son a great deal of distress: *"he's actually seen me screaming in pain and everything. So, I think he was holding everything in (...) I didn't tell him [about the*

illness] *but he could tell because my bed was in here [living room] and I would go into hospital every two, three weeks I would get my treatment... And my hair fell out and I was always in bed.*" Hugo's (10) mother reflected upon difficulties that her son may have been exposed to from several family members: *"Hugo's father's a psychopath. My brother (...) would probably have received a diagnosis of Asperger's Syndrome, because he's a bit odd (...) my dad didn't have a diagnosis, but I would consider that [his rigidity with food] a severely autistic trait (...) Hugo's dad is incredibly dysfunctional."* Ed's (11) mother described her hypothesis around Ed genetically inheriting mental health traits from his father: *"Ed is very much like his dad and I'm sure if someone did an assessment on his dad then he'd probably be on the spectrum, he's got lots of traits, doesn't like emotional touching, he's got a very high IQ, he remembers facts and figures, he's very OCD..."*

Henry's (7) mother also questioned how much her son's difficulties might stem from both herself and her partner. She described at length how Henry's father had a similar experience to him as a child: *"I see a lot of Henry in his dad. His dad went to boarding school when he was nine years old. They called him a 'maladjusted kid'. ... His dad sees himself in him"*. She went further to state that his dad was sent to a boarding school because his mother was not able to cope with him. Subsequently, the father also got thrown out of mainstream school.

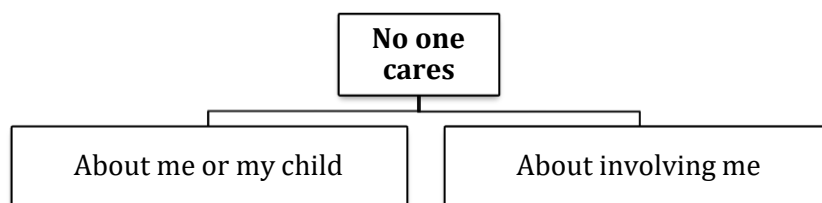
Ed's (11) mother questioned whether herself and Ed's father's choice to have Ed later in life could be a cause for Ed's mental health problems: *"You know research has shown that older men when they father children, they are more prone to have children with ASD [Autistic Spectrum Disorder]. Ed's father is 62 this year I'm 51 or so we are older parents. So, it could be that there's something there in terms of the sperm it isn't as good..."*

This sub theme also highlights the importance of the mothers' relationship with their children and how, from their perspective, it impacted on their child's developing problems and consequently their experiences of school. Mothers felt that the relationship was both a cause and consequence of these problems in school. Mothers described problems in their respective relationships as being about connectedness and being responsive to their children. Here, parents thought about limitations with proximity which was both physical and emotional. Helen's (8) mother thought about how she was only able to understand her emotional states from communication with the school and not from her own child *"she doesn't really talk to me. She talks to people in school. She doesn't really talk about it [her difficulties at school] at home (...) It's hard to get what's inside her head. I understand more what's inside her head from what staff in school tells me than I do from what she tells me herself (...)"*. Helen also contradicted this distance by candidly referring to her daughter's wish to be physically close to her and how that can feel overwhelming.

Other parents described the conflictual struggles in their own respective relationships with their children as being linked to problems developing in their children. Jon's (10) mother described different strategies she uses when Jon behaves in a challenging manner, such as ignoring, shouting or taking things away from him. She was aware that Jon doesn't always respond well to this. Hugo's (10) mother spoke candidly about the impact Hugo's difficulties have on her life and how limited her life has become since having Hugo and his siblings. Finally, Henry's (7) mother shows great insight in how Henry's very difficult early start in life could have impacted not only their relationship, but also the issues around separation-anxiety which she describes as the main reason why he was excluded from his school.

4.2 No one cares

A second key theme that emerged for most of the mothers was around a sense that their children did not matter for the school and that no one cares about the situation surrounding their child having to attend a PPRU. All the mothers conveyed strong feelings that they were ignored and that services are not responsive and attuned to both their own and their children's needs, which also caused problems for them as a family. This theme consists of two subordinate themes: *"About me or my child"* and *"About involving me"*.



4.2.1 About me or my child

The participants described the school environment as a place where those in charge did not care, support and respect their children, which caused them further problems as per Henry's (7) mother's description: *"They [the school] didn't make it easy. I mean it was like they didn't care. It didn't feel like they made it easier for us..."* When speaking about the incidents that led their children being excluded, mothers spoke about feeling the school had let them down and had failed both their children and themselves, as David's (10) mother puts it: *"No one's helping these [SEN] kids, it is heart-breaking to see in this day and age, the education system in this country as it is (...) They do not care that we are letting these kids down massively"*. Jon's (10) mother also spoke about the school not being able to consider how Jon was struggling with his feelings around his mother being terminally ill and its likely impact on

his behaviour at school. She described feeling that the school did not have an interest in what was happening in his life outside school:

"I think the new head teacher wasn't bothered (...) I was diagnosed [with cancer] in June but I didn't start my treatment until July, the start of the summer holidays... he went back [to school] in September and by October he was no longer in school (...) I don't think head teachers have the right [to exclude] especially if they know the children's situation at home. They shouldn't be so quick to judge and exclude the child permanently because they're not thinking about (...) in my case she didn't think about the consequences..."

The participants described the school environment as a place where those in charge did not care, support and respect their children, Hugo's (10) mother went further to suggest *"Not everybody cares about their job"*. She recognised how difficult it would be for the teachers to care about her child when they do not care for their own job.

This lack of care which resulted in further problems was articulated by many others, including Ed's (11) mother who spoke about the main stream school's lack of understanding about her child's problems and insufficient and/or inappropriate resources to meet his needs as further evidence of how much they were not cared for. She spoke about the school not being able to understand how difficult it was in relation to expectations around school activities and academic performance which were often more challenging for this population.

Ed's (11) mother went on further:

"Ed was really struggling to sit down [for longer periods of time] and they weren't giving him cards, like a sort of get out of the classroom cards (...) they weren't helping him when he was struggling, they were just like 'no, Ed' because is that kind of education, Catholic, that you have to sit down and listen to the teacher (...) so they were not meeting his needs".

Jerry's (11) mother stated she felt the school *"didn't have a clue what was going on with him"* whilst David's (10) mother said that her son *"had a very difficult time in mainstream school... they just didn't get him"*. They described their children as having different needs than most school pupils, including a need for consistency, clear routines, robust boundaries and increased support with learning. Ed's (11) mother made reference to the *"massive gap"* in relation to resources for those with additional needs. She went on to describe that the *"system isn't equipped"* to meet the children's needs. As with other parents, she felt let down by the school and how they *"failed to recognize that he was a child in need, they failed to hear his cries for help and his experience was that he was being bullied"*.

The lack of care from the mainstream school was also perceived by the mothers as their children not having enough help and support to thrive in that environment. David's (10) mother explained that the school he was going to was not *"equipped to handle a SEN [special educational needs] child (...) there is just not the resources there for these kids who actually, given the right environment and right circumstances can thrive and excel"*, meaning that the school expected David to conform to the school's

rules as opposed to the school trying to reach out to him at his level: *“You can’t educate a boy who is going at 100 if you want to stay at 10 (...) you have to reach him and not expect a child to stay with you”*.

Other parents like Hugo’s (10) mother was more specific about the kind of support she felt her child needed in order that his difficulties would not hamper his performance in a mainstream school environment: *“his needs were not being met [by the mainstream school] is what led him to end up at the PPRU. In other words, a lack of suitable provision had his needs been able to be met in mainstream, he would still be there. So that’s what led him to come to the PPRU”*. She gave different examples of his needs, such as *“having a definite idea of what he’s doing before he does it”* and how he *“struggles with transitions”*. She explained that contrary to the PPRU he currently attends, the mainstream school *“can’t apply the same principles that they do here [PPRU] and I don’t know why (...)”* She went on to relay how her son’s *“sensory processing issues”* meant he had previously found it extremely challenging in his mainstream school walking through the hall but that the school had failed to adapt to this. At his previous school he was walking *“....through the hole, he climbs on the climbing frames, he rings the bell, because his time is not being marshalled accordingly by the adults who are supposed to be in charge of him”*.

The lack of care and support also came across in mother’s lengthy descriptions of feeling that the school was not able to make sense and think about different ways to help their children’s specific needs, such as predictability and consistency, for example, and that led to a difficult relationship not only between the mothers and the school, but also between the children and the school. Helen’s (8) mother spoke about how the support for her daughter had involved a one-to-one member of staff designated to her but would change every other day. She described how *“because there was no consistency for her, it*

didn't work anymore". Henry's (7) mother described a similar issue, that the school was not able to know and understand her son's difficulties with changes and therefore *"there was never ever one person working with Henry. It was hundreds and he didn't like that. You could tell he found change and things like that difficult"*. Helen's (8) mother felt that the lack of understanding and consistency contributed to her daughter *"not getting a chance to build a relationship with someone [from school]"* who could help both mother and daughter feel more cared for and supported and consequently manage her problems better.

Henry's (7) mother described how she thought the lack of care and support was also apparent in how the teachers would react negatively towards her son because of his defiant behaviour and special needs: *"if [the teaching staff] cannot have that control over them [they] are going crazy, [they] can't handle the fact that [they are] a teacher and yet [they have] got no control over this child"*. The lack of care was also evident for the mothers when they perceived the main stream school as not being sensitive to what might trigger anxiety or upset in a SEN child, for example Helen's (8) mother described a situation in which Helen *"wasn't doing [her work] exactly as they [the teacher] wanted it"* and how the *"teacher would pick out the fact that she wasn't doing it exactly as they wanted it [and] would correct it (...) instead of going, you know what? She's doing what she's meant to be doing. She might be doing it slightly off but she's doing it"*. This would create more problems for Helen, and her mother said it was a trigger for Helen to *"run off [the classroom] and hide"*. Henry's (7) mother described how she felt teachers did not care about his difficulties with separation, which would lead them to *"rip him from my arms and they would tell me just go he will be fine in five minutes but I'm going and he is screaming..."*

Many parents felt that the lack of care was a strong factor in not just maintaining but also creating their children's problems. They spoke emotively about this. Hugo's (10) mother expressed her thoughts about a lack of help with her son's difficulties around transitions: *"the head teacher was a bitch, and they weren't managing his behaviour properly, whereas here [at the PPRU] I know they could [help him] with the transition through the hall (...)"*.

4.2.2 About involving me

The participants described how they felt the school did not care about involving parents in thinking, understanding and managing their children's difficulties, which contributed to a feeling of further difficulties not just for the children but for the whole family. The mothers conveyed a strong sense of lack of partnership and collaboration between them and the main stream school. This would cause problems in the relationship with main stream school and parents described feeling mistrustful and suspicious, like Helen's (8) mother who thought that *"the school could never give me an explanation as to why it had happened. And there always was one because a day later or something, I'd get it from Helen (...) I did not believe what school said. I'm not going to take your word for it unless you can show me evidence that she'd done it."* Jon's (10) mother described explicitly how not only she didn't feel involved, but she also felt lied to by the school: *"The Head Teacher kind of lied and said that he was doing things to scare the other kids, and so she'd permanently excluded him. So, after she permanently excluded him some of the kids... I know them because they live locally... I would actually ask them (...) did Jon do this did Jon do that (...) they're like 'no'..."*

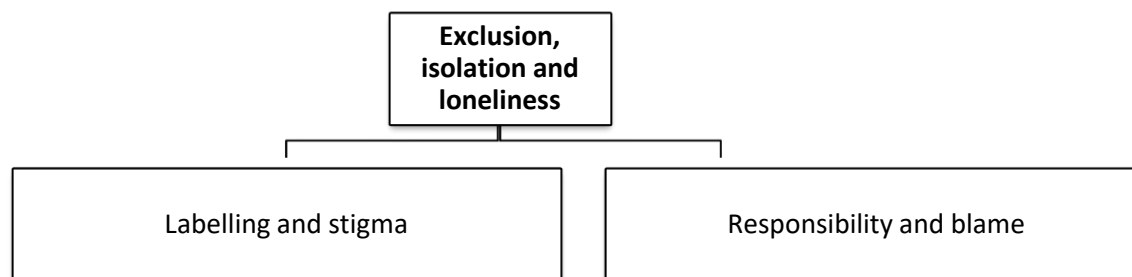
Jerry's (11) mother describes the school being misleading in regards to applying for an Education and Health Care Plan (EHCP): *"So they tricked me. They tricked me into that [agreeing with the school plan*

for an EHCP]. So, I said to them, no, I don't want Jerry to [have one] I said, listen, I want to view other options [of schools] that are more right for my son." The participants described how not being involved in the process made it difficult to work in partnership in the best interest of their children, as per Henry's (7) mother description:

"Every day I would go to school and asked them 'how was his day? [They would say] 'oh his day was fine' so everyday he's getting a treat and then at this meeting the teacher opened this book and it's like (...) you never told me he didn't have a good day (...) They all knew how he was behaving but they wouldn't say it to me. It was only when we were in a meeting in front of everybody (...) it just made me feel belittled..."

4.3 Exclusion, isolation and loneliness

The final overarching theme highlighted in the data concerned the consequences for children and their families as viewed by parents. All of the participants described how they felt that the mainstream school started to gradually isolate their children from day-to-day activities, resulting in a feeling that the process of exclusion started much earlier than when they were formally excluded. This would lead both parents and children feeling lonely and with no support. This theme consisted of two sub-themes: *"Labelling and stigma"* and *"Responsibility and blame"*.



4.3.1 Labelling and stigma

The mothers spoke about how their children quickly became labelled at school for their problems. Jerry's (11) mother remembers her son *"getting pointed out to be the bad boy (...) he just became to knowing himself as the bad boy, the child who was singled out..."* As a consequence, Ed's (10) mother described how her son became stigmatised and punished by the school as a way of reducing unwanted behaviour as opposed to enabling him to manage: *"So they thought he was being naughty, that he was doing that on purpose, that it was attention seeking and it just fed into that he's a naughty child..."*

The participants described how having the label of "bad child" meant that the children were not allowed to take part in certain activities, or had to be kept separate from other children, which the mothers described would result in feelings of loneliness, rejection and not belonging, which in turn, would impact their self-esteem and confidence. Jon's (10) mother described: *"she [the Head Teacher] just wanted him out of the school (...) I just think that she didn't want to deal with it [difficult behaviour]"* and how Jon was slowly being pushed into becoming increasingly isolated from the other children: *"he would be in one room by himself (...) he wasn't allowed to interact with other kids"*. Ed's (11) mother also conveyed a sense of her son being unwanted: *"from the offset I realised that they didn't want him there."* She remembers how slowly Ed was being excluded from the school's activities: *"he was ostracized from*

outings he couldn't participate, they wouldn't allow him to go (...) he doesn't have the same access and opportunities as his peers because he's so bad he can't go to Holiday clubs, he can't go to a breakfast club or other provisions because actually, you know what, he's... a very bad child". When Ed was finally excluded from the school he was not allowed to go back to say goodbye to his friends and his mother described this as being a very painful experience for him. This sense of a gradual exclusion and isolation was articulated by other parents.

Henry's (7) mother spoke about a school play in which all the children performed together without Henry: *"the whole school did their play ...and then they bring him down to play the tambourine at the very end to say bye?"* She also described how Henry's label of being a "problematic child" meant he wouldn't be allowed to go swimming with his classmates and had to stay behind: *"he wouldn't be allowed so they didn't integrate him, they segregated him!"* Jerry's (11) mother described a similar sense of isolation for her son and a feeling that he was being treated starkly differently from the other pupils. The sense of isolation for her son extended to herself given that Jerry was on a part-time timetable, she would never cross over with any other parents, which in her views, increased her own sense of being different, not liked and unwanted by the school. She recalls how the school *"made sure that Jerry did not interact or was anywhere near these other kids, that he was taken out before they all came out, he was brought in after they were all settled in. It became a joke".*

4.3.2 Responsibility and blame

The issue of responsibility and blame was a strong thread throughout the mothers' description of their experience. More specifically, this sub-theme reflects the mother's views that the mainstream school was locating the responsibility for the child displaying challenging behaviour on the child themselves and

that with it comes an assumption that the child has some sort of control over the way they behave and is choosing to do so. Mothers felt that this trend, to blame the child, would impact the school-child or teacher-child relationship negatively, thus contributing to the child feeling misunderstood and unheard. This, in turn, mothers felt was directly linked to the problems that led their child to coming to the PPRU.

They described in their interviews that placing the blame and responsibility onto the children was unfair and meant that they were being punished for not being able to engage with learning like the other pupils at school: Jerry's (11) mother, for example, spoke about her view that the responsibility for things going wrong was always being placed on her son: *"He always seemed to be to blame for everything, even though at this stage he was only little (...) The focus was definitely more on the bad side than the good, even though I feel like Jerry was very highly intelligent."* However, other mothers also blamed themselves, like Harry's (7) mother, who spoke about her confusion in relation to his diagnosis of ADHD, which led her to question her own parenting skills: *"I don't know whether he had ADHD in him at birth (...) I haven't got a clue (...) I blame myself at the very beginning (...) what have I done as a parent for him to be the way he is. Have I done something wrong?"* Her responses were full of rhetoric questioning on subjects including her child's actual diagnosis, the possible sources and trajectory.

David's (10) mother spoke about the impact of her son feeling blamed: *"(...) a lot of blame would be put his way. And he tried his very best to fit in, but he developed a way of coping, whereas he would kick off and cause mayhem as a way of distracting from having to do the work"*. The mothers described the blaming of their children as being connected with the school failing to recognise the child's needs and instead taking a more oppositional stance.

4.4 Summary

This chapter aimed to provide an overview of the findings generated by the Thematic analysis. Key findings were presented within the three main themes: Understanding the problem, No one cares and Exclusion, isolation and loneliness. Further considerations and the relevance of the findings in relation to the existing literature will be explored in detail in the next chapter.

5. Discussion

5.1 Introduction

This chapter will review and discuss key findings from the research in relation to the study's specific research questions:

- What do parents perceive to be the problems of children excluded from primary school?
- What do parents perceive to be the sources from which these problems emanate?

The findings will be compared to other relevant literature within the field, to explore ways in which the study contributes to the current research base. The main aim of this project was achieved by exploring the views of seven mothers of pupils attending a Primary Pupil Referral Unit (PPRU). The hope was that by looking at the parents' perspective of the problems of children attending a PPRU and understanding their view of their origins it would be possible to identify areas that professionals should be engaging with when trying to support this population.

This research was interested in looking at the challenges of children which were manifested in the educational environment and led to these children having to attend an alternative educational provision, namely a PPRU, from a psychoanalytic perspective. McLaughlin (2010) argues that *"psychoanalytic theory has always been interested in the relationship between emotional development, thinking and learning"* (p.233) and Waddell (1998) says that *"a child's capacity to develop and grow*

internally is closely related to the kind of learning that has been going on from the earliest phases of his life” (p.105). This is far more complex than the idea that there are emotional issues that impact an individual’s capacity to think, learn and understand. Thus, the capacity to learn externally can be considered closely linked to a capacity to learn, develop and grow internally. Central to a psychoanalytic understanding of learning is the capacity for thinking, which for Bion (1962b) is nurtured and developed in the infant by their interaction with the primary caregiver. An infant is unable to process their own emotions and evacuates their unprocessed experience which Bion (1962b) refers to as beta elements. The mother acts as a container to take in these beta elements, to digest and make sense of them for the infant through the unconscious process of ‘reverie’, providing alpha function. This experience of a containing other, who can process and make sense of the world, is internalised by the child and allows them to progress from evacuation to the ability to process their own emotional experience. In Bion’s (1962b) theory of thinking when there is failure to provide containment to the infant’s anxieties their capacity to deal with frustrations might be compromised, leading to excessive use of defence mechanisms, such as projective identification and omnipotent methods of control of others, which can seriously undermine one’s capacity to think, learn and grow. Aggression is considered necessary for self-protection and part of the emotional and cognitive development of the infant, alongside having an adult who can provide alpha-function and help them to regulate their feelings. Below I will look in detail how the theoretical perspective described above can be helpful in understanding and exploring the findings from this study.

5.2 Research question 1: What do parents perceive to be the problems of children excluded from primary school?

Regarding the first research question, the thematic analysis of the mothers' narratives indicated evidence described in the first theme "Understanding the problem", that the mothers were all able to recognise clear problems with their children's behaviour and what some of them called "*unprocessed emotions*". The mothers also described clearly difficulties with aggressive and defiant behaviour, as well as mental health difficulties, such as anxiety around separation or having a diagnosis of ADHD.

In relation to the first sub theme "Are problems recognised?" most mothers described a sense that they knew from very early on there was something "*not right*" with their children. Their descriptions gave a sense of children who were very "*fidgety*" or "*difficult to settle*", struggling to sleep or separate from them, who were self-harming or not being able to have friends and with a very low tolerance to frustration. The problems that the mothers seemed to be describing appeared to be linked with the children not having been able to internalise a regulatory capacity to process, digest and recover from heightened emotional states. All the mothers were able to vividly narrate examples of their children struggling with regulating their emotions, both at home and in the classroom. The data suggests that the children were often in a state of being overwhelmed by their feelings, confused between thinking about and experiencing emotions, finding it difficult to express negative or discomforting feelings and had a tendency to express distress through their bodies or in an aggressive manner.

Mothers viewed their children's defiant behaviour and aggression as being one of the main problems they display, as per the subtheme "What is wrong with my child?" Previous research (Parker *et al.*, 2016) has found evidence of excluded children being both the victim and perpetrator of bullying, but do not go

into detail about its nature (whether the bullying is presented as aggression or not). Mothers seemed to often describe feeling unable to take in their child's projected feelings (aggression towards others, upset and fear, for example) as reverie and provide alpha function, due to struggling to understand or help their children, leaving them feeling overburdened and in despair and emotionally unavailable to their children which would lead to battles and difficulties in the relationship. For the children, this could lead to maladaptive defences which interfered with their cognitive and emotional behaviour. An example of this can be found in one of the subordinate themes, "*Where might problems emerge from?*" which might have its origins in the cycle described below by Segal (1975):

When an infant has an intolerable anxiety, he deals with it by projecting it into the mother. The mother's response is to acknowledge the anxiety and do whatever is necessary to relieve the infant's distress. The infant's perception is that he has projected something intolerable into his object, but the object was capable of containing it and dealing with it. He can then reintroject not only his original anxiety but an anxiety modified by having been contained. He also introjects an object capable of containing and dealing with anxiety. The containment of anxiety by an external object capable of understanding is a beginning of mental stability. This mental stability may be disrupted from two sources. The mother may be unable to bear the infant's projected anxiety and he may introject an experience of even greater terror than the one he had projected. It may also be disrupted by excessive destructive omnipotence of the infant's phantasy (p. 134-135).

Some of the participants seemed to have an understanding as to why their child was displaying aggressive behaviour. The thematic analysis revealed that the mothers who were able to reflect on their child's aggressive behaviour thought it was connected with their child wanting to get rid of difficult feelings and place these somewhere else (in another person).

The mothers' descriptions seen in the subtheme "What is wrong with my child?" often appear to suggest that the children were unable to tolerate transitions, feelings of loss, distress, anger and not

being in control and in response to this unbearable psychic pain, would resort to strong psychological defences against thinking, such as evacuating, destroying and controlling (for example, by trashing the classroom or trying to make another child feel frightened, as if to get rid of their own frightening feelings) in order to attempt to feel some psychic relief, contained and held in mind (Klein, 1932). Previous research exploring the views of parents of excluded pupils (Parker *et al.*, 2016) has also identified the complex mental health needs often associated with children who are excluded from school.

The study demonstrates the mothers' view of a strong link in their conceptualisation between their children having mental health difficulties, as per the subtheme "What is wrong with my child?" particularly having a diagnosis of ADHD and attending a PPRU. Generally, these findings agree with previous research results (Cole, 2015; Parker *et al.*, 2016) that link mental health difficulties, including ADHD with school exclusion, as well as identifying persistent disruptive behaviour, an associated core symptom of ADHD, as the most common reason for exclusion from school. The participants identified their child's tendency to easily become frustrated and/or overwhelmed by the demands placed on them by the school that they would constantly fail to fulfil (because of their inherent deficits in being able to pay attention and concentrate, reining in their impulses and controlling their activity levels) as one of their major problems and difficulties. The latest data from the DfE (2020) shows that pupils with SEN (special educational needs, ADHD being one of them) are part of the group of pupils with the highest rate of school exclusion. A psychoanalytic understanding of ADHD could shed light on how hyperactivity and impulsivity is possibly linked with overwhelming and unmanageable emotions that cannot be processed, symbolised and understood and become manifested in a child becoming very busy and active, avoiding one's emotional turmoil, which becomes projected outwards (Salomonsson, 2017).

In the findings described in the theme “Understanding the problem” the mothers’ narrative seemed to highlight further important problems for their children, namely deficits and distortion in problem-solving skills, leaning towards a concrete and rigid, as opposed to a more abstract and flexible way of thinking, responding and dealing with problem situations, so that they get the results they want and need. The aggression and defiant behaviour seemed to be a consequence of their difficulties in conceptualising the consequence of their behaviour which led to impulsivity, another core symptoms of ADHD (Salomonsson, 2017). The children’s attention difficulties (described by the mothers in relation to the ADHD diagnosis) seemed to be one of the main problems of their children and presented a particular challenge for them. There is substantial evidence that children who attend a PPRU will often present with a range of social, emotional and mental health problems (Cole, 2015; Gazeley, 2010; Gill *et al.*, 2017; Kulz, 2015; McCluskey, 2008; Munn & Lloyd, 2005; Menzies & Baars, 2015; Paget *et al.*, 2018; Parker, 2016; Parsons, 1999 and 2009a). According to Baruch (2001) disorders of attention and hyperactivity are robust predictors of the development of conduct disorder in adolescence and poor future outcomes. Because the children are unable to use means-end thinking to achieve a solution to a difficulty presented means that their attempt is often unsuccessful and counter-productive and this cycle gets repeated every time, which results in frustration and more disruptive/aggressive behaviour.

5.3 Research question 2: What do parents perceive to be the sources from which these problems emanate?

Regarding the second research question, the pupils’ mothers reflected on family issues, dynamics and relationships that might have caused the problems of children attending a PPRU, as per the subtheme “Where might problems emerge from?” Some but not all mothers spoke about their difficulties in

understanding their children as a possible cause for their difficulties. They also described a failure in being able to be responsive and sensitive to their children's needs. This could be due to stressful life events, their own health problems, and their own inability to connect with their own struggles and blocked off emotions. Parents who struggle to be attuned to their children might have also been unable to get that from their own parents.

The mothers' description of their children's lacking a sense of self-worth and belief in their own abilities is an important issue that led to problems developing. Their low confidence hindered not only their learning but their motivation and ambition to do well in school. This matches a study by Parker *et al.* (2016) about how underlying mental health issues, behavioural problems and low confidence were highlighted as issues which contribute to children not being able to manage school.

There was a strong intergenerational thread in the "Where might problems emerge from?" subtheme, with parents speaking about their own childhoods and parallels and reflecting on the impact that this might have on their child. It could be hypothesised that it can be very distressing for mothers to not understand their own children and a difficult topic to talk about given how much emphasis is placed on the 'good enough' parent and engaging with this may well reinforce a sense that they are failing their children. In that sense, one could speculate that there is considerable shame in being able to talk openly about this. Having said that, the mothers were very open about how confusing the diagnosis and symptoms of ADHD can be. One can also speculate how not understanding their children's difficulties can also be seen as a defence mechanism against painful thoughts and feelings, a "*terror of knowing*" (O'Shaughnessy, 1992, p. 605) in relation to having a child with significant social, emotional and mental health needs. On the one hand, a greater sense of knowledge and understanding could perhaps increase

the mother's competence in supporting their children, however being in touch with the extent to which their children have problems could also lead to feelings of guilt, incompetence and perception of not being good. The mothers described their own childhood difficulties (including with learning and attending school), not too dissimilar to their children's, and how they felt that because they had difficulties it meant that their children would too, which links to ideas around how unprocessed trauma can be transmitted unconsciously from parents to baby, causing anxiety and a feeling of unsafety, which then becomes part of the parent-infant relationship (Fraiberg *et al.*, 1975).

The mothers spoke about the difficulties in their relationship that might have contributed to their children developing problems and as a consequence having to attend a PPRU, as evident in the subtheme "Where might problems emerge from?" Some of these difficulties were in relation to how mothers communicate with their children and how able they felt their children were able to interpret and respond appropriately. Mothers described this process being compromised, which they felt contributed to their children's sense of isolation, being misunderstood and frightened. And in turn, disrupting their mother-child relationship. Disruptions to parent-child relationship and family stability could be considered a risk in relation to school exclusion (Munn & Lloyd, 2005). Clearly parents were the bridge between the child and the school, and their sense of emotional investment and dedication was complemented with a strong sense of disempowerment. Though this study was not able to explore in detail how the individual parents managed their own mental wellbeing given the stresses that they were enduring, it was apparent through the seven mothers' accounts. They spoke evocatively about feeling isolated and even disliked by the school and were left feeling a sense that they were not doing a good enough job. Previous research has shown the link between exclusion from school and feelings of failure from parents, as if they could have done more for their children (Parker *et al.*, 2016).

In the theme “No one cares” the data suggests a strong view, from the mothers’ perspective, that their children’s problems in school also developed as a result of not having their needs understood and met and that the school was not sensitively attuned to the needs of their children and in turn this exacerbated these. Overall, mothers described a strong feeling of not being supported and cared for by professionals, particularly their children’s previous school, which the mothers viewed as one of the sources from which their children’s problems emanated. Clear examples can be seen on the subtheme “About me or my child”, in which mothers described a sense of the school being unhelpful because they did not understand the problems and difficulties of their children and how to best manage them. Here, participants spoke compellingly about the school not being able to fulfil their children’s needs, as they did not have sufficient resources, whilst teaching staff in mainstream schools were perceived as not skilled enough. It seems as if the school’s lack of understanding of the children hindered their capacity to formulate appropriate interventions to improve the outcomes and support the children and their mothers. This finding corroborates previous research on parental views of schools as being negative and uncaring (Coram, 2019; Frankham *et al.*, 2007; Gazeley, 2012; Hodge & Wolstenholme, 2016; Kulz, 2015; McDonald & Thomas, 2003; McLeod *et al.*, 2013; Wilkin *et al.*, 2010).

In the second subtheme “About involving me” the mothers described not feeling involved enough in the school’s decision making processes about the care and support of their children within the mainstream environment. The mothers described how this greatly disadvantaged their children’s opportunities. Schools were seen as ineffective and incapable of helping and understanding, which they attributed as being a cause of their children’s problematic behaviour (McDonald & Thomas, 2003) Mothers’ described the teaching staff as not being able to recognise how their children’s problems and behaviours were

linked to their social, emotional and mental health needs and as a consequence not implementing appropriate support (Parker *et al.*, 2016).

Further emotive responses around parental feelings of not being involved were also strongly evident when the mothers described not being able to trust the school. The data showed how mothers attributed hostile and mean intentions to the school and how they viewed them with suspicion and resentment. Mothers described a breakdown in their relationship with school, which research confirms could increase the risk of exclusion (Frankham *et al.*, 2007; Gazeley, 2012). The mothers described how the staff were not aware and attuned to their child's needs, which they felt impacted their capacity to trust them, to be at school and learn and led them coming to a PPRU. Perhaps the mothers' suspicion in regard to school links to Klein's (1935) ideas around paranoid defences against depressive anxiety, so that not trusting the school could be a way to protect themselves from guilty feelings in relation to their children's difficulties.

A significant aspect of the mothers' attribution that the school not only contributed towards the problems but was also the source, is a sense that they felt the school was labelling, stigmatising and placing responsibility and blame upon their children, which caused feelings of loneliness and isolation in both the child and the parents, as seen in the third theme "Exclusion, isolation and loneliness". This sense of their children becoming isolated and restricted was key throughout the mother's descriptions and often felt like the start of the whole process of permanent exclusion (Parker *et al.*, 2016). The more the school isolated them from activities the more removed and alienated the children seemed to become (Toothill & Spalding, 2000) and the more learning and social opportunities they missed. They describe a sense of wider social exclusion (Baruch, 2001; Cole, 2015) perpetuated by the school as their

children were not able to be trusted to take part in different activities, such as swimming or breakfast club, for example. They described a feeling as though the school and the other families did not want them to stay or be part of the school. Both Munn & Lloyd (2005) and McDonald & Thomas (2003) identified pupils being labelled by school as having an influence on pupils' identity, self-worth and motivation to change. The mothers felt that the school use of exclusion as a discipline method had disastrous consequences for their children, because it reinforced the idea that they were "bad", "naughty" and to be blamed for what happened (Parker *et al.*, 2016).

The theme "Exclusion, isolation and loneliness" also described the parental perception of the exclusion taking place whilst the child was in the school. Mothers spoke about their children's lack of belongingness and linked this with their motivation to learn and do well being significantly reduced, which would have a negative impact on their academic performance as well as their relationship with teachers and the school staff. Similarly to research conducted by McGregor *et al.* (2015) and Munn & Lloyd (2005) mothers' views were that the school's lack of support resulted in feelings of isolation. Isolation is linked to another negative aspect described by the mothers in relation to their children's experiences in school which led them to developing problems: a sense of not feeling as if they belonged in school. Without this sense of belonging and security (Cole, 2015) the mothers thought it was difficult for their children to display good behaviour and connect with key adults in the school, leading to further isolation and exclusion. The mothers' description of their children struggling with isolation and exclusion corroborates the latest report from the DfE (Graham *et al.*, 2019). This report highlights the connection between lower exclusion rates and pupils feelings that they belonged to a school and were respected and valued members of it.

The mothers felt their children experienced being blamed and victimised for their actions and that the adults, including the head teachers may have wanted to get rid of them, and that this created a negative cycle in their own relationship and engagement with the school. This subordinate theme “Responsibility and blame” was apparent when mothers spoke about the school being the opposite of a secure place or holding environment, matching previous research presented in the literature review which describes schools as having a blaming attitude, as opposed to a supportive and understanding one (Macleod *et al.*, 2013; Wilkin *et al.*, 2010).

From the mothers’ descriptions it seemed that the school being unable to support their children by understanding the underlying cause of their difficult emotions and problematic behaviours led to the children becoming labelled (“bad”, “naughty”, “trouble”), misunderstood and isolated, which created even further upset and distress and a punitive culture in the school (Frankham *et al.*, 2007; Vincent *et al.*, 2007). They wondered whether this culture of punishment caused their children to feel bad about themselves, to not wanting to attend school, becoming disinterested in education and not worthy of a place in the school (McDonald & Thomas, 2003; Munn & Lloyd, 2005).

5.4 Strengths and Limitations of this study

A significant strength of this study is the qualitative design which allowed the voices and experiences of mothers of pupils attending a PPRU to be captured and promoted. There is little research representing the views of parents and this study has shown that mothers are able to provide helpful and useful insight into their children’s experiences which could be valuable to the way both the parents and the children who attend a PPRU can be supported and understood. The researcher followed a scripted interview schedule which allowed flexibility so that the mothers could discuss what they felt was

important to them, at the same time as using follow up and clarifying questions to ensure a maximum understanding of the mother's experiences. The researcher used Braun & Clarke's (2006) six-phase model for thematic analysis of the data, which is considered a credible and trustworthy qualitative method. In relation to the findings, the main strength is how psychoanalytic theory, particularly object-relations theory (Klein and Bion), is used to understand the mothers' communication, looking into ideas such as containment and projection. The findings suggest that using psychoanalytic theory can be valuable when exploring issues around children who attend a PPRU and that perhaps both children and parents would benefit from psychoanalytic/psychodynamic based treatments, which focus on issues around attachment, trauma, containment, early infancy and disruptions in the mother-child relationship. Most of the research and literature around children who attend a PPRU comes from Educational Psychology and I hope this research will bring a Child Psychotherapy perspective on the issue. The findings show that giving parents a voice and understanding their concerns can be helpful in identifying the needs of this population. From the findings it became clear that parents of children attending a PPRU need more help in understanding their children and their mental health difficulties, so that they can provide the containment necessary for these children to thrive in education. Perhaps if the parents understand their children more they can also support the school in doing the same and becoming more able to meet these children's needs.

Limitations included only mothers being interviewed, despite both parents being invited. It is possible to hypothesize how much of the fathers' absence in the research symbolizes something about the lack of understanding, the difficulty in sense-making for the mothers, as if there was something missing, a second mind to help thinking. It is an interesting contrast that the participants were all females, whilst the excluded pupils were mostly boys (only one girl) meaning that the male parental voice is missing

from the study. It is important to note that the voices from the pupils themselves and the teaching staff are also missing from this study.

Further research could explore the experiences of fathers, as this is a significant gap within the literature. The differences in mothers' and fathers' experiences would be useful to investigate further. Only one interview with each mother was conducted because of time constraints and this meant that the researcher was only able to have a snapshot of the mothers' perspective at one particular time. Furthermore, different mothers were living different moments of their "PPRU/exclusion journey": some mothers had children who were attending the PPRU for a long time, whilst others had just arrived. This has certainly had an impact on how they might view the issues explored in this study.

Time restrictions also resulted in there being no opportunity to return to the participants during the analysis stage to gather their feedback on the interpretations that had been made from their data. Some mothers were more open and honest with their experiences; however, others presented as a little more reluctant. The aim of this qualitative study was not to generalise the data, however it is important to note the small sample size. It would be interesting for future research to perhaps replicate the study with a bigger sample size, collecting a wider set of interviews from a larger sample parents from a range of PRUs across the country, which would hopefully include fathers.

5.5 Implications for Child and Adolescent Psychotherapists

An important implication from this study is how mainstream schools need to be supported so they can better support pupils with SEN, and particularly mental health difficulties such as ADHD, so that

exclusion can be prevented. Early intervention is seen amongst CAMHS professionals as important in relation to best outcomes for children. Since health and education outcomes are closely related, focusing on mental health and wellbeing in schools is consistent with the primary function of schools as places of learning. Hence, mainstream schools should work closely with CAMHS in identifying emotional and behavioural needs, so that children and families can receive the appropriate help. Furthermore, mainstream schools should consider how to involve parents of children at risk of exclusion from the moment they become concerned, as well as the impact excluding a pupil has not only for the child, but for the entire family.

In order for mainstream schools to support pupils at risk of exclusion they need to be supported too. It is my view, from conducting this study that mainstream schools could benefit from a CAMHS clinician to be linked and embedded in the school, in order to improve access to psychological thinking and reduce barriers to accessing mental health provision for both families (who often have a complex relationship to help and would otherwise not come to a clinic based service) and the school staff that support them. This is because possible explanations about what prevented the school from being able to be more supportive towards these families may be: firstly, children with difficult behaviour and mental health difficulties can be incredibly difficult not only to educate but to also be around. My clinical experience of working in a PPRU has taught me that their behaviour can shock, cause hurt and upset, as well as distress and lead to feelings of uselessness and incompetence. Children with significant SEN, including ASD and ADHD can find it harder to appreciate and understand someone else's views and perspectives, which could be puzzling and difficult to understand as a teacher without the appropriate training and support (Music, 2011). And secondly, without the appropriate support from the school, there is very little the teaching staff can do. It is possible to hypothesize that the emotional quality of the

environment which is provided to the teachers will have a direct impact on the quality of the care they can in turn offer to the children.

Pupils who present with challenging behaviour can be very hard to teach, as their often destructive behaviour can easily feel personal for teachers, which could lead to less attunement, less effective problem solving and reactions that escalate in the classroom. Teachers (both in PRUs and mainstream schools) can benefit from support from external agencies, such as CAMHS, and Child Psychotherapists are trained to offer interventions embedded in psychoanalytic thinking, such as reflective practice or work discussion groups, which have many benefits in increasing school staff's self-awareness and in developing a better understanding of pupils. These interventions can also help school staff to develop creative thinking skills and looking at pupil's emotions, experiences, actions, and responses to add to their existing knowledge base, reaching a higher level of understanding of pupils at risk of exclusion.

Child Psychotherapists have a key role in supporting the PRU population and are well placed within CAMHS and mainstream schools where pupils might be at risk of being excluded. Child Psychotherapists work at many levels, including individual, group, parental and network (systemic) level, where we can apply our psychoanalytic skills and understanding to support the emotional wellbeing of children at risk or having been excluded, their families and the teaching staff around them. Children can be supported via different assessments, as well as individual one-to-one work. Families can benefit from parent work and staff can be supported via consultation, containment and psychoeducation. Furthermore, Child Psychotherapists are in a unique and privileged position through being able to offer a psychoanalytic understanding of the problems of children attending a PPRU and I believe that we should be contributing to both policy and practice around school exclusion at a systemic level. There is much to

contribute in reducing the rates of exclusion and Child Psychotherapists could be directly involved in contributing towards and influencing future policy and guidance both locally and nationally through promoting ideas discussed in this study.

Finally, a note of caution should be added. Some of these suggested ways in which Child and Adolescent Psychotherapists can make a contribution can be difficult to achieve because of resource constraints (such as the current economic climate – we are in the middle of a global recession) and also increasing emphasis on objective monitoring and outcome measurement.

5.6 Concluding reflections

This small-scale qualitative research has addressed gaps within the topic of parental views of the difficulties of children attending a Primary Pupil Referral Unit (PPRU). The main gap addressed is a psychoanalytic exploration of parental views of primary school children attending a PRU, including how parents' capacity to reflect and understand their children's difficulties is still limited, which contributes to further problems for this population. Another important gap addressed is in relation to how mothers reported feeling that both their children and the parents themselves became gradually separated and disconnected from the school much earlier than when their children were formally excluded

The experiences of seven mothers have been described. The mothers' accounts revealed feelings of having been failed by the school; however they were also able to recognise how their own difficulties and relationship with their children might have impacted on their problems and difficulties. The mothers shared some important understanding of how the mainstream school could have supported their

children differently. The mothers' description of their children's previous educational experiences have highlighted key areas where improvements could be made to support these children further and possibly reduce the risk of exclusion. Some mothers also reflected on the issue of whether segregating a particular group, in this case, children who present with SEMH difficulties is helpful or not. The mothers had different views about whether PPRUs should exist at all. The hope is that by looking into the parental perspective the researcher was able to find out not just protective and supportive factors for the pupils, but also ways to involve parents in the debate about this topic and contribute in guiding schools supporting parents and children who are likely to experience exclusion.

While PRUs in general can help children with the problems described by the mothers interviewed it is important to consider, understand and respond to the underlying cause of their difficulties and whether there are other, more effective, ways to address these and put appropriate support in place as opposed to excluding a child from school. Engaging parents and carers and placing them at the centre of discussions and decisions about their child is a key component of strategies to reduce the risk of permanent exclusion, and schools need parents to support them in setting the right standard.

However, at times there can be a culture of blame between families and schools: one parent said that their school viewed their child's behaviour as a *"parenting fault on our part"* and another was told *"it was all down to my parenting"*. Schools can also face similar challenges, even when they have made every effort to engage positively. Staff told me that parents and carers are often under pressure themselves and *"appear to have little support and understandably become defensive"*. Some parents and carers will also have negative experiences from their time at school and approach discussions with

schools based on preconceptions. This creates further barriers to working together and can be frustrating for teachers who need parental support to tackle poor behaviour.

The first aim of this study was to find out the parental perspective of the problems of children attending a PPRU. This was achieved well and it was clear that mothers were able to talk about the different and complex problems of their children, including emotional dysregulation, mental health and behavioural difficulties impacting their school life. This linked with much of the previous research published and I hope it has contributed further to the understanding of the challenges faced by this population. The second aim, which was to understand what parents perceived to be the sources from which their children's problems emanate, was also achieved well, as mothers spoke vividly about issues such as their own problems, their relationship with their children and difficult experiences with the mainstream school.

As part of this research, the mother's willingness to talk about their experiences of having a child attending a PPRU was something that surprised me. It was clear that some of the mothers still felt upset and angry about their experiences and how they felt they were treated and this was something they had not yet overcome, despite describing a different experience at the PPRU. It was evident that some of the mothers experienced being interviewed for this study as something therapeutic and I believe they could possibly benefit from further opportunities to talk to someone. In this way, the main learning point of this study was the realisation of how reflective all the mothers were when speaking about their children's problems. That is not to say that psychological defences against thinking were not noticeable, mainly when mothers seemed to project their own feelings of failures into different institutions and professionals. The mothers' openness and keenness to discuss the challenges faced by them and their

children showed me how much there was still left to explore. Another important learning point is around the sense of early exclusion, so poignantly described by all the mothers. I have learned that this is a population that professionals tend to avoid or perhaps “give up” working with too easily. However, this is also a population in great need of the kind of help Child Psychotherapists can offer.

Finally, I hope this study highlights how Child and Adolescents Psychotherapists (being a core NHS profession) have much to add in working in specialist educational settings, such as PRUs, and can contribute to the understanding of this population due to our highly specialised training which provides assessment, treatment and multi-disciplinary work to some of the most vulnerable children, young people and families in our society. Furthermore, Child and Adolescent Psychotherapists have a key role in supporting all staff members working in education, which is fundamental within the PRU population, due to high complex network of professionals involved. It is our psychoanalytic approach, which pays attention to what lies beneath the surface of difficult emotions, behaviours and/or relationships to help children, young people and their families, whose difficulties may be long standing, chronic and severe and whose level of disturbance may make it hard for them to benefit from the care and opportunities offered to them.

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7. Appendix

7.1 Ethical approval

The Tavistock and Portman 
NHS Foundation Trust

Quality Assurance & Enhancement
Directorate of Education & Training
Tavistock Centre
120 Belsize Lane
London
NW3 5BA

Tel: 020 8938 2699
<https://tavistockandportman.nhs.uk/>

23 November 2018

By Email

Dear Ms Oliven

Project Title:	A qualitative study of the parental perspective on the difficulties of children attending a Primary Pupil Referral Unit
Researcher:	Tamara Oliven
Programme of Study	Professional Doctorate in Child and Adolescent Psychoanalytic Psychotherapy

I am writing to confirm that the application for the aforementioned NHS research study reference: 232037 (IRAS Project ID) has received TREC ethical approval and is sponsored by the Tavistock and Portman NHS Foundation Trust (the Trust).

The lapse date for ethical approval for this study is 28th September 2019 (4 year enrolment period for the programme). If you require ethical approval beyond this date you must submit satisfactory evidence from the NHS confirming that your study has current NHS R&D ethical approval and provide a reason why the Tavistock Research Ethics Committee (TREC) approval should be extended.

Please note as a condition of your sponsorship by the Trust your research must be conducted in accordance with NHS regulations and any requirements specified as part of your NHS R&D ethical approval. By acknowledging this letter you confirm that you will conduct your study in accordance with the consent given by the Tavistock Research Ethics Committee by emailing academicquality@tavi-port.nhs.uk.

Please ensure you retain this approval letter, as in the future you may be asked to provide proof of ethical approval.

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

Yours sincerely,

7.2 Interview schedule and questions

- Can you please tell me your views of your child's problems/difficulties that led him/her to attending a Primary Pupil Referral Unit?
- Where do you think these problems/difficulties stem from?
- Why do you think him/her has these problems/difficulties?
- When did you first notice these problems/difficulties? When did the problems/difficulties start?
- Did anything he/she went or is going through remind you of your experience as a child?
- What impact has these problems/difficulties have in your child's life?
- How do you feel the Primary Pupil Referral Unit can or has helped?

Additional prompts:

Is there something that I have not asked you that you think I would need to know in order to better understand your views on your child's difficulties and where they stem from?

How? Why? Can you tell me more about that? Can you tell me what were you thinking? How did you feel?

Interviews to take place during 23/07/2018 and 23/08/2018

7.3 Coded interview with Henry's (7) mother

Codes

1. Understanding the problem
 - 1.1 Are problems recognised
 - 1.2 What is wrong with my child
 - 1.3 Why might the problem develop
2. No one cares
 - 2.1 About me/my child
 - 2.2 About involving me
3. Exclusion, isolation and loneliness
 - 3.1 Label/stigma
 - 3.2 Responsibility and blame

Interviewer: [00:00:01] the other thing that I need to tell you is that I might have to use a service to transcribe of my interviews but it would still be all.

Participant/Mother: [00:00:13] Confidential.

Interviewer: [00:00:14] Confidential.

Participant/Mother: [00:00:14] No that's fine.

Interviewer: [00:00:16] so I'll ask you a few questions and I might ask you something in between as well or if they don't get something I might ask you what do you mean. I've got some questions and hopefully it will cover a bit of everything to understand your views. But if it doesn't then I'm happy for you to also let me know.

Participant/Mother: [00:00:41] Okay.

Interviewer: [00:00:42] so the first question is can you please tell me your views of your child's problems and/or difficulties that led him to coming here to the PRU?

Participant/Mother: [00:00:53] Okay. He suffered with separation anxiety when he started nursery and he was really... I don't want to put the word naughty. But he misbehaved and...He used to head-butt the floor (...) when he started nursery he would really freak out, smash his head on the floor, pull the door into his face, kick, scream... Yeah then I started getting spoken to at mainstream school that he wasn't listening and that he was doing naughty things. But I always knew from when Henry was younger he used to head-butt the floor. And also, he has ADHD, so that's why... he is here now.

Interviewer: [00:01:28] Right.

Participant/Mother: [00:01:30] and although I've got I've got six kids and he's the youngest one... I'm at home... He's not naughty he he's just the little boy that gets into everything. So I took no notice of the way he was apart from the banging of the head that concerned me. So then when we got to nursery I explained to them that he bangs his head... He was fine when he first started but two days in and he would not let me go. And that got it got worse and worse and worse.

Interviewer: [00:02:04] How old was he when you first notice...

Participant/Mother: [00:02:06] the banging his head? It was just before we started nursery. So it was about four and a half. The spiting, swearing all of that just came but that was while he started nursery... At home the swearing, the biting, the kicking, things like that didn't happen until the separation anxiety fell in. So I always thought you know deep down it wasn't like the other children.

I've got six kids and then I put it down to... Is he spoiled because he's the baby? Have we let him get away with him because he's the baby? But I said to the school before we leave nursery and go to

reception I want you to do a statement with him and get all HPC whatever is... A statement. Get all that done because we can see that there is... not saying WRONG, but...Yeah... Issues with Henry...

So they were like humming and hawing we get into reception and still the same, he is aggressive, he's beating up teachers. Yeah... Hitting me, smashing his head on the floor... Not learning, could never sit in the class room... And then I'm still saying we need to get something on the ball before we get up higher in the years. You know we need to start getting it moved.

So then when he was leaving reception to go into year one and it was taking too long, no one was doing nothing and I just thought I'll go and do it myself. So I said I'll find my GP and blah blah blah. So it was the day of the six weeks holiday and one of the teachers went past me she went I've got it all. We're putting in for EHCP or whatever it's all going to be posted it took six weeks. I was really shocked but it took six weeks. You know when we got back in September and he is now in year one he has been entitled to two one to one funding so he would have two people. They didn't have the right staff so they were just TAs. And then he rung rings around them and you could see he smashed up the teacher's staff room and it was he's unsafe. He was playing with the electrics strangle himself spangled other children. So he was getting quite bad.

Then he made an allegation against his dad. I gave him a skinhead because he caught nits. But the teachers see the scar on his head after I shaved it off and started to ask questions. And he said that dad had whacked him right? So through protocol they got to call social services the way the school done it I thought they've done it wrong but... They got to do what they have to do and I get that... Police protection and everything... but everything got squashed... he even had a full body medical, but they couldn't find anything... Everything got squashed and the doctor even said there has he been diagnosed ADHD? I was like... No not yet. We're still in the process of trying to do that. Then the school sent me to XXXX [charity to help parents of SEN children with parenting skills] to work on my parenting. I've done

the whole course on that. Then they sent me to CAMHS in the XXX [name of clinic] and we went three days a week intense therapy. And but I'm so sorry really didn't like it. I took him because of... I've been told to take him and you know I've rather therapy than drugs so that was my main goal. But the therapist that we had he took him in the room I weren't allowed in the room. He'd done what he had to do in the room and then he come out and it was there was nothing... Back. So it felt like I was doing all the talking. But I won't get anything back. So and then I was... Oh it's only five, coming up six. And then I was like... Do I ask what was going on in the room or don't I? And that was my own my own son do you know what I mean I'm thinking he's only 5. And you know ask him what? But then I'm thinking like confidentiality is like is his little time to say whatever he's feeling. I don't want him to you know what I mean? Feel bad... But I thought it would be right for him. But nada we would get nothing from them. When we went to a family... person. Me, dad and Henry went... we were in a room like this and she's gave him a fire engine and an ambulance to play with. So he's going NEENO NEENO NEENO and then crushed the ambulance and then she went to him... Oh you're worried mommy and daddy are going to die. I was like what are you doing? He's had with that like... But they used the word worried quite a lot at CAMHS at the XXXXX [name of clinic] anyway. So I didn't get... I always thought there's a start a middle and an end. You know we started the process of therapy. We're going to have a meeting... I went in with loads of... What's Happening? Where is he at now? And I've got nothing back. All I got was you're worried... Let's talk about ... I'll tell you my whole life but give me something back. Yeah. So in the end I still took him but I didn't like it.

And then the school... Mainstream school said that we can't have him here no more but they had the one to one fund. So I'd take him to school at 9 o'clock and had to pick him up at 10:00. So the whole day it's like he's sitting with me and I'm like well where's this funding going? So then for about six months he had the thing called PACE where a boy would come pick him up take him out and bring him back so he wasn't stuck indoors. And then we got that lady from here... Michelle I don't know if you met her? The

outreach lady. But I said to her and then another lady that done the statement the HC... you need to get them into school he needs to go to school. And we went to the XXXX [name of school] which is a referral unit... but that is what I call a referral unit. That was like 13, 14 year old boys and he's 5. You know they walk in saying any words and swearing, screaming and I'm thinking oh my god. But I had to stay at school from 9 o'clock to 3:30 for all day with him. So that's why they called it the family school. It was the day... as far as I'm concerned the family's... the parent's had to do all the jobs with the teachers just looking... It was like a PRU like a referral unit.

So then every day I'll be on the phone to XXXX [LA]. You stuck me in XXX [LA] and we want to get into XXXXX [LA] you know and I won't miss school. I pushed and pushed and pushed until I got this school because I heard so many good things about this school. And then we got here and my boys changed so much it's unreal. You know what... Oh how can I put it...? He's just he's not a naughty child. All right so when people say... he still just can't keep still. Yeah you know is it like everything would be... running around, very very active but sometimes it like he was very aggressive but now we've put him on medication? The aggression the last time he hit me was he popped my nose and the amount of blood that came from my nose I think frightened the life out of him and touch wood he's never hit me since. And when he does that he will say 'oh my sorry, I'm sorry' so he can now apologize where before that would just have gone over it. So I do think the drugs for ADHD are working because you can talk to him and he does stop and think now before he'd run across the road you'd just danger was...

Interviewer: [00:10:00] Can you tell me a bit more about what you called his "separation anxiety"?

Participant/Mother: [00:10:11] Oh yeah.

Interviewer: [00:10:11] and I was just wondering what does it mean to you? What do you think that is...in terms of Henry?

Participant/Mother: [00:10:18] In terms of Henry it was unusual. I've got six children. You know I could go I could be at home they could all be sitting in the sitting room and then I could go to the shop and he would be fine. So it was when we got to school when we started nursery... I personally think they fed into him... every child has parents who stay for a week to settle your child. I stayed for six weeks. So it was... But I'd sit and play you know with the children and read books and the teachers would literally just forget about me because I'm entertaining. And they can stand and talk so I'm sitting and entertaining but all this time how he's got used to me sitting and playing so when it was time for me to go and he just did not want me to go. So then they rip him from my arms and they tell me just go he will be fine in five minutes but I'm going and he's screaming so... That's my view on the reason he caught separation anxiety. I don't know. Otherwise I don't know why he got the way he got. It could only mean that he thought I started school with him but I weren't going to go anywhere.

Interviewer: [00:11:31] and why do you think you had to be there for six weeks?

Participant/Mother: [00:11:35] I don't know why I had to be there for six weeks because I wouldn't be playing with him. He'd be off doing his own thing and I'd be with other children. It's just that they know he's not ready yet. No he's not ready. And that they've made a big build up like the teacher... I did have a lot of trouble with her... the teachers she was very... because he was active and it wasn't a pen to paper kind of child you could tell that straight away there was no way you'd see how he hold the pen at five, four, five years old. He was into the sand water playing outdoors you know playing with the mud climbing and stuff like that. That was that. That's the type of boy he is. So she goes 'we'll have loads of fun' and then at the end of the day she's 'I love you bye'. And I'm like 'you don't say I love you to my kid. You're the teacher. There's a boundary'. And then when it came to the big meeting after the allegation of what happened then we are sitting on the table... Everybody there that helped like his therapist from CAMHS, the child protection social worker... that's everybody around the table and then they open this great big book... And... 'Henry has urinated, Henry flooded the toilets, Henry bit a child, Henry punched

me, Henry this and that. Every day I would go to school and asked them 'how was his day?', 'oh his day was fine' so everyday he's getting a treat and then at this meeting the teacher opened this book and it's like ... you never told me he didn't have a good day... They all knew how he was behaving but they wouldn't say it to me. It was only when we were in a meeting in front of everybody...it just made me feel belittled...I'm like if he has had a bad day you're writing in the back of the book so that I don't go out and buy him a magazine or some sweets because to me if he's had a bad day I'll say to you you wasn't very good at school, Henry today so we missed the magazine and we'll get it tomorrow when you have a better day. But they tell me every day. I always find it's fine so everyday he's getting a magazine and then at this meeting she's open this book and it's like blah blah blah blah and I'm like you never told me there's no communication like you know so I had a big argument with the school.

Interviewer: [00:13:24] no communication between school and you?

Participant/Mother: [00:13:26] the mainstream school? No, no... It was like they all knew how Henry was like they saying... but they wouldn't say it to me. It was only when we were in a meeting in front of everybody. So yeah, as I said it just made me feel belittled and I had three children at the school and had no trouble. No social services, nothing. And one like one of them child is deaf in one ear and I called social services. The disable team for my older two who are deaf and I put them on the register and I said 'look I need a social worker'. So they came out and said 'No you don't. You don't need us. But what we do is we keep you on our books and we come and visit once a year just to see if everything's okay'. I was like I thought I get social worker you know I might get new beds or stuff like that... You know. Yeah. But they said no. And then when Henry done that and I had the social work and I grabbed hold of them. So now I've got you I ain't let you go... Do you know what I mean but that's a good thing. But I mean yeah the school it was they... Instead of explaining or saying to us Henry's made this allegation. We're going to go and do this because through protocol you have to because I'm sorry if you didn't and I at least dad

did hit him then that child who's going to believe him. You know you the adult take the voice and you've got to do the action for that child. I get that. But the way that they went around it really it was just...

Interviewer: [00:14:55] a difficult relationship?

Participant/Mother: [00:14:57] The relationship between the school the same school for my older daughter Emily it was fine. You know she was a she was up to date on all of her things it was perfect. You know there was communication then with my son Sonny... I kept on asking them. Look I know because he can't really spell his name and he is like 13... Like twelve, eleven, ready to leave school and he is struggling. 'Oh no no no. He's fine all the way through the years' they told me. And then just as we're leaving to go to secondary school I get a tap on the shoulder. 'Oh by the way we think he's got dyslexia'. 'Oh thanks. We're leaving now'. You know and then with my other girl they really helped her. When they realized that she was slow in her reading. They put her in a class and she was right back up again. You know you give that extra learning but with Henry they just didn't.

Interviewer: [00:15:45] And so you first noticed things were difficult for him when he was four?

Participant/Mother: [00:15:57] Around three or four it was the head-butting and hitting and pulling hair started.

Interviewer: [00:16:02] Out of the blue? What was he like as a baby with you... Did he have also that kind of would he...? You know only be comforted by you or...?

Participant/Mother: [00:16:15] No... Not comforted...

Interviewer: [00:16:17] right.

Participant/Mother: [00:16:17] he was very like... How can I put it? I've got the answer for that one... wait.

[00:16:21] When Henry was born it was two weeks early because the cord was like around his neck. My thought was I had to have him quick out but that was fine. And I've always every child I've had I've allowed them to be the child before I had another one. They were you know ready to go to school and then I had another child. So with Henry being the last ... My other one's eleven and he's 7. So I left the good gap. And then he was born. Everybody was all over him. Picking him up you know new baby I did have a strict routine when he's sleeping... he's sleeping you don't touch him when he's awake and they need to bottle feed you can all hold him. So we get back. But he's the baby now and everyone's loving him. Then all of a sudden like my older daughter she's living with me and her belly starts getting bigger and bigger but she's got Henry here. And she's pregnant but she's still got Henry here. So he's like all the loving and then nine months later she goes away and she comes back she's got her own baby. So now Henry is seeing this baby. Looked at the baby and the first thing he's done is go straight for the face (gesture punching). Right?

Interviewer: [00:17:33] How old was he then?

Participant/Mother: [00:17:33] it was... Lexie's five... Coming up 6 so... Henry's 7... So there's like a year and not that much. So to me going down as a child and looking through the eyes of Henry it was like 'hold on a minute. I was the baby. Everybody was on me. And now that's coming right?' So... a bit of... Because she lived with us as well... a bit of sibling rivalry. I get that. So those type of jealousy actions that hitting... He was very aggressive towards her. He couldn't but Emily goes to work. I'm not working, I'm on benefits. I can't buy him everything but Emily... is her first child. So she's gonna go out she's going to buy this this this. So Lexi's now 3 Henry's 4 and Lexi... Emily was coming home and there's everything for Lexi. And you know I don't expect them to buy for Henry because that's not her son it's a brother. She buys him the odd little thing but he's sitting there and he's watching all this. So I think that's when it started you know? I don't know whether he had the ADHD in him at birth. And it came out and they were the reasons why it came out. I haven't got a clue... But I would look it as I got to his level and I

would think if I was... Him and all of a sudden this baby you know. And then when he did get like the traits of ADHD like he couldn't sit still, he was aggressive, he was swearing and he was hitting, then my son had his little girl and then when it was their birthday they took Lexi to Disneyland and left Henry home. So it was like he was too scared to take Henry because of how he is. The way he was I get that... I'm like I'm like that's my son I'm gutted do you know what I mean like I get that no one... don't get invited to birthday parties none of the family want him because he's too do you know what I mean? He's changing he's... I can a big change in him. But that's where I think the jealousy the hitting and... And then the head butting. I don't know whether it was him his way of saying look at me I'm doing it. Or. I'm not... That's why I send him to therapy, do you know what I mean?

[00:19:59] but I will over analyse and look at everything. So that people say to me that's the job I should go down because I do like digging and I'll look at every because I put up my hands up if because I blame myself at the very beginning it's like what have I done what I've done as a parent for him to be the way he is. I can't. And also as I... I can't sleep and I think is it my fault... ain't my fault. Have I done something wrong? Did I spoil it too much did I not give him enough. And then the school said to me the mainstream school that I over loved my child. How can you over love your kid? I'm like if I under loved him you'd be calling social services I over love him you call the social... well... what... where? So yeah. Parents do...

It does start from home. It's like what's going on at home. For him to be the way he is. I get that I will open doors and say coming in. You know we're a normal everyday family. We do argue who doesn't? Yeah. Do you get what I'm saying? But there's no violence no.... don't get me wrong but there is swearing because I do swear. But yeah everyday life is just were getting on where we're living you know where we struggle we don't we cry we're happy. You know I'm sorry but that's what a child needs to see to be a... I can't wrap him up in cotton wool and hide him from the world. You know so it needs to be... show me all and I'm very straight with my kids. So yes like I've always said always tell the truth because the truth will help you in the end at the end of the day when you lie you've got to cover that lie up and

you've got to lie again and make it so much worse that you get into so much more trouble. So just buy it you might get into trouble for telling the truth. But it be done and dusted over. You know end of. But when you lie you lie and you lie. It's you know and then yeah. So I've always said to him no matter what. No matter who you always tell the truth, be nice yeah... Yes. In don't know whether that's the right thing to say or not but I don't care I want him to tell the truth yes. Be open and I wanted him that's the reason I wanted him to go to therapy so he that he could talk instead of being aggressive because the minute you got into his emotions he get aggressive. Now he can sit and there's empathy in him... Before there wasn't, but yeah.

Interviewer: [00:22:30] So the next question is where do you think the problems/difficulties stem from? I think you've answered that and I think what you said is a bit of a combination between difficult things at home like ordinary rivalry but also difficult communication with school...

Participant/Mother: [00:23:03] I don't sit there and blame the school and say it's all the school's fault. No because things do happen inside your home. There'll be changes i.e. Babies new babies who may be coming yeah. And you know everybody was on Henry because he was the new baby and then all of a sudden this baby's come and it was like. And you do see you sit there and you watch and you think I don't want to play with Henry I want to play with the baby you know and as a little boy is like probably thinking.

They clashed really badly. He's split her head open, he's done, and he's done some naughty things!

Interviewer: [00:23:46] and probably for you as well it was quite a difficult thing because it was your first grandchild...

Participant/Mother: [00:23:55] So it was like how do I show her love because she's living with me and I've got Henry but I'm very... I can't go on by... I've got six kids when they're all at home. I wouldn't buy one pair of trainers for one kid. I'd have to buy the 6 do you get what I'm saying? So I'm very I won't give

one without the other. So everything I do she's my grandkid so I don't expect it from Emily because of working and that's her first child. So when she spoils gives her whatever she wants that's you know good on you because obviously that's what I did for you lot but I've done it all at once and you've got one kid!

It's complicated... And Henry knows, Henry will still is seven years old and he knows that mum won't give one without the other you know. And he's very is a sharing, caring boy. He's got a big bag of sweets he will say like do you want one? And is really, really well-mannered considering he's swears quite a lot but he knows his 'pleases' and 'thank yous' and he's really good mannered so. Yeah but they are all like that so you know... I just think maybe the sibling rivalry with him and Lexi maybe that could have triggered you know whatever...

Interviewer: [00:25:22] were they going to the same nursery, same school?

Participant/Mother: [00:25:25] Different but she was...

Interviewer: [00:25:33] But he went first.

Participant/Mother: [00:25:34] Yeah he went first.

Interviewer: [00:25:35] so that must have been difficult.

Participant/Mother: [00:25:36] And then Emily went back to work so who's left with Lexi? Nanny! And he is gone to nursery.

Interviewer: [00:25:41] so was there around the time as well that you were trying to get him to settle in school?

Participant/Mother: [00:25:47] Yeah but I never took Lexi with me because I thought that would be really horrible on him you know. So I left Lexi with Adam my oldest daughter Shannon while I went in. Because then that was my time with Henry and letting him you know go in but personally I personally

think it happened at that nursery I'm not gonna... don't want to Blame anyone but. The two days that actually did let him go it was fine.

And then the third day it was like well I mean he's screaming that high pitch raw. Stomach scream as if to say please don't let me go like. But then they rip him out of your arms and you got to go and then you pick him up at 3 about three o'clock and then you've got to do that again all over in the morning. He's like you know? And then when he was not like bad at school and it was they'd phone me I'd go into the nursery he'd see me he'd come to me put his arms around me up and id put him back down they say we'll take him so I would carry on.

They rip him out of my arms. So He's screaming she takes me into a room to tell me you can go take him home. Why did you just rip him from me? Why couldn't I just bring him in here for you to tell me go home? But it was just really traumatic. Yeah. They didn't make it easy. I mean it was like they didn't care. It didn't feel like they made it easier for us... The outreach lady would come at 10am. And they put it outside the classroom and it was for him to go and calm down when he's feeling overheated or is going to get angry or aggressive. You know teach you why you feel like that Henry. This is your place. But in the end they are sitting in in front of the tent with the timer I'm using it as a time out and they weren't ever meant for that. That was his safe haven. When he's feeling down or aggressive he wants to go and just chill. That was for him yes. But in the end they put them in there as it were you on time out. You can't come out until. And then just ruined it...

Interviewer: [00:28:08] and what was it about this PRU that you felt was going to be the right place for him?

Participant/Mother: [00:28:26] everyone they said it was more like a school which is it... It's not like a unit. It's more like a school it's smaller. Yeah. And a girl, a friend of mine she said to me her son was

thriving, doing so well that he really believed them and go back to mainstream school and he lives across the road from us now, and he has... He was here and now was in mainstream school. So I was like well you know if they can get Henry on the right path yeah maybe he will manage to go back to mainstream school before he goes to secondary school. If not we're in the right place...

Here it looks like a school, it looks like a special needs school not a referral unit. So that's what I wanted for him. Not a unit where there is although he's got older boys in here that are like coming at eleven or twelve eleven to go to secondary school. He's in a class room with more of his own age where in the referral unit we went to he was 6 and the oldest kid in his class was 8 so he was still... Little In that referral unit, in the xxx [previous] school. They have a little room like this but with no windows. They made that his little classroom. He didn't integrate in the classroom. So you know he was stuck in the family room with little books.

I'm with mom sitting in right there and him in a room there. Now do you think he's going to sit down and try and do what? There was no playground no outdoor space. It was horrible.

It was really horrible.

Interviewer: [00:30:32] Then the next question it's more about you. Did anything that Henry is going through or maybe something that he went through before reminds you of your own experience as a child?

Participant/Mother: [00:30:57] The learning. Now he can read and write. But I mean before with him not wanting to hold the pen... it was like I did... I see me in him... I'm dyslexic so I've found a struggle you know looking at pens I didn't like them and when I see him every time you give him a pen and he would throw it and I was like 'oh my god I was like that'. So yeah... maybe he's got that from me.

Interviewer: [00:31:27] Can you tell me a bit more about that?

Participant/Mother: [00:31:38] at the beginning, before he was on medication he wouldn't want them would not want to sit and write and read and stuff like that. Now he's coming home, the difficulties, doing mental reading he is doing brilliant you know, but that's because I think he's on medication and it's helping him think.

Interviewer: [00:32:00] Yeah.

Participant/Mother: [00:32:00] He can stop and think

Participant/Mother: [00:32:02] and you remember how you were struggling with learning.

Participant/Mother: [00:32:04] Yeah the learning side of it... I couldn't... I couldn't do it. I just didn't get it. I asked the psychologist for a brain. You can you just give me a new brain (laughs). I needed glasses.

I can read and write but not perfect. But I can get by... Yeah but his dad is... I see a lot of Henry in his dad. His dad went to boarding school when he was nine years old. They called him a 'maladjusted kid or whatever it was you know ... His dad sees himself in him... But then we are going years back.

Interviewer: [00:32:48] Can you tell me a bit more about it?

Participant/Mother: [00:32:49] yeah... he sees a lot of himself in him. So I don't know whether XX [dad] has got adult ADHD I haven't got a clue. But... The fastness the neatness... You know with XX [dad] everything it's got to be in its place. You know his routine on, with his hoover. He lay on the floor you know... his job... But yet the naughtiness side of it running around, hurting people... Yeah. There's a lot in his dad that he sees. His dad sees in him. But he got sent to boarding school because his mom couldn't cope.

Interviewer: [00:33:25] so that must have been difficult.

Participant/Mother: [00:33:30] that was a difficult time for XX [dad] right. Yeah, because his mum and dad split up and then they said his dad said that he didn't want him. His mom said he didn't want him so

XX [dad] is like who wants me? And then he got kicked out of his mainstream school... And then they sent in to boarding school so...

Interviewer: [00:33:47] and does Henry struggle to separate from dad too?

Participant/Mother: [00:33:55] Not really. Not really because were at one point XX [dad] weren't living with us. And he had his own flat. So Henry he would go and visit. Yes, stay the weekend. It was fine and then come home or I'd go I would stay at XX's [dad] house with them you know? Everything was fine. It was just at that time at nursery that's when I think I spent too long. And then the way that they've ripped him out my arms it was like yeah ... don't know.

Participant/Mother: [00:34:23] I see...

Interviewer: [00:34:24] and then even when we got into a reception, like when we done nursery we got into reception at the end of reception... I could go to the door and say bye Henry and he would go because there was two doors in reception class, so I'd bring you to this door and I would say 'give us a kiss' and you go out and he kiss me say 'bye' and then what should I do? Should say come to the register and take him straight up the class room and then I'd go... So they had a good routine. Then we got up to year one and there's one door in the classroom and Henry's one to one, she's the same kind of school so you think she would understand but it the first day of school there's a new person that's going to be welcoming Henry because they got him for the funding he got to know him.

He was really happy but the next day that person didn't turn back up. So then they had to get someone new, this time they've got a T.A. from another classroom just to come in and help with Henry until they can get someone else. Then he'd get used to that person and then that person gone. So it was like constant there was never ever one person working with Henry. It was hundreds and he didn't like that. You could tell change and things like that. He found it difficult. Yeah. So all these that people coming and going I mean it just won't register. And then when it was time for me to say bye to him... But then one

day the teacher was holding him on the chair restraining him and when I walked in to get him for an appointment for CAMHS and I was like whoa, what did you do to my son. Then another time Henry's in a hole so he can't go anywhere, with tables around him. Two teachers sitting there and the rest of the class on the mat and I'm like 'why is he stuck up against the wall?' And they say 'oh it's to keep him safe'. Just rammed up against the wall you know? I didn't like it and you know so...

And then the school play. They got them all dressed up for the play. I'm sitting downstairs waiting for him to come down for this play. Then the whole school did their play ...and then they bring him down to play the tambourine at the very end to say bye? It's because they think he is a problematic child. I was like 'what?' The whole class would go swimming. He wouldn't be allowed so they didn't integrate him they segregated him! Is that the word?

Interviewer: [00:36:58] Yes

Participant/Mother: [00:37:03] if I hated watching it I could just imagine what it was like for him... he didn't want to go to school. I mean he'd be fast asleep in the bed and I'd be putting on his clothes while he was asleep literally. And given him a cereal bar to get him get back go to school. Buying him something in the shop hey come on we can't get you just to get him to go. He wouldn't... he didn't want go to school. He would stay at home all the time. He would say 'I'm sick' and he's like 4 years old 'I'm sick I'm sick I'm sick' and I would be 'no you're not, go to school'. And you know yeah I hate it sending him there but sorry education is my biggest because I am dyslexic. I want my kids to learn. I want them to soak it all up and you have that education so that they can do things in life because I can't take him abroad and things like that do you know what I mean I haven't got the money to do that. They have to get a job and do that themselves so education is key. And this early learning that they learn is the most important as far as I'm concerned. So the only reason I got him otherwise I wouldn't send him to school because I can see he didn't want to go there.

And then when we got to the XXX [previous school] it was the separation anxiety stepped in again.

Hence I'll be with him in school all day. So now he thinks 'oh you're coming to school with me'. So that happened a whole year and it was like oh my god. Then we had six weeks of me and XXX [dad] literally intense therapy, ourselves teaching him that his going to go to a school where mummy doesn't come do you know and telling them that every night as he's going to sleep, telling stories about his new school, his new friends that he be traveling on a bus all by himself. Telling him all about this PRU. And he's a big brave boy. He can do that, you know? Drumming that in his head for six weeks and then the day comes, the bus has turned up and I've gone down with him to the bus and he went 'it's alright mom you stay there'. He got on the bus and he came to this school all by himself. The very first day!

Interviewer: [00:39:09] and that was here?

Participant/Mother: [00:39:09] Yes, here. And it was like 'ooof' amazing!

Interviewer: [00:39:12] Wow.

Interviewer: [00:39:14] The only times I had to come with him is if we've got up late and often I can't expect the bus to wait so I'll text him and say look and we get here before the bus anyway. But yeah and then I'll bring him or dad will bring him. And then like we've made a routine that would be nice for dad to pick him up on a Friday. You know the end of the week which is nice and he enjoys that. Sometimes I could phone and say I can't make it today. Can you tell him that he needs to get on the bus and he'll be... If you think with Henry if you explain it to him it will go in and he'd be okay. If I didn't then like if we are running to the bus and I'm not telling them what we're doing and I'll get on that bus ohh there will be hell in that bus. So you got all that I've learned... that if I explain it to him tell him what we're doing where we going.

Interviewer: [00:40:05] so you've learned that he enjoys knowing things in advance.

Participant/Mother: [00:40:08] yes and for six weeks we only go on the bus and I was shocked. All by himself with big kids.

Interviewer: [00:40:17] did you visit here beforehand together?

Participant/Mother: [00:40:19]. Yes. Yeah. And he did he liked it. He Looked around he was like... if you ask me he loves the school. So as long as he tells me I love the school then I love the school you know. Yeah.

We're very informed in here. Yeah. Whereas in the others I didn't feel like that... I didn't me didn't feel that, but here... I've got a lot... Someone comes to my house to tell me everything that's going on in school... Gets feedback off me and you know so there is if I ever need the like if I'm worried about something... There's a phone on by just ring it you know that that's communication that's what it's like I expect and they expect that from me. So that's another reason I love it here, so you know.

Interviewer: [00:41:05] And how much do you think Henry's problems impacted him life?

Participant/Mother: [00:41:36] He was a lot worse than what it is today. I think I've made a big impact on his life because I knew the way he was when we'd go to a park if it was packed I'd walk to the next one because I wouldn't go in. Now this is me. I wouldn't go in because I was too embarrassed and scared. If he'd hit someone or swear so I had to overcome that myself and I think I made a big impact because him as a little boy is he is doing nothing wrong he's just swearing and hitting It's as far as he's concerned he's doing nothing wrong but because other parents you don't know for fear of Henry hit someone they could get really angry hit me or hit him so I'd get embarrassed and frightened and for what's going to happen. So I'd go to the next one and the park would be empty so we'd go and play. So I did. I didn't go to a play group and things like that because of the way he was at school. And I was I was I was embarrassed. But now like we're going to a big park, its rammed packed you know he's easy he can go make a friend now he can talk. But back then it was he wouldn't. He would just go straight in pulling

hair or something. And it did embarrass me a lot. And then they didn't. Well I'm not very good at reading. I haven't took him to a library or a museum. I feel guilty. But the library it's like if I go into the library he's gonna ask me to read book in front of everybody I'm going to get embarrassed... at home I don't mind if I can't read it I can make up the words. But out in public is like... And then if I don't he would swear and scream and id be like please open a hole and let me fall down you know cause people... are so ignorant they don't look beyond. They just look at what he's doing right there in that moment and not you know... I was one of them people before I had Henry, like 'oh my god take control of your kid' do you know what I mean? I never thought of ADHD or Autism or anything... but now it's like when I see people in the supermarket and there's a kid laying on the floor kicking and screaming I aint too quick to judge and go 'oh my God look at that'... I'll give that mum... Now I understand do you know what I mean? because a lot of people don't... a lot of people don't understand they just think 'spoiled kid you look... what he is getting away with' But hold on. You don't know what's going on.

There was a one girl... which that's why my theory with Lexi you know? The jealousy like it happened at school... the teacher kept saying I love you. There was another little girl. And she was very close to that teacher and she was very close to that little girl. And it was like Henry and that little girl were fighting for this teacher for the attention do you get what I'm saying? So it's like he got the same in our home. Oh I've got to fight for the attention in here. Look at me over here. You were all over the baby and now we've got to do it again at school because this teachers she befriended Henry at school and this girl and she should've befriended all of them them all but she was very into... And then when it came to the meetings he was like 'oh no I feel intimidated... Henry makes me feel funny'. Like what? Don't get it you've made it like that. And now you don't want to go to any other meetings that you feel like he is too over you. Well you made him over you. You made the other little girl over you as well. And he bit off the little girl's face. And I think that's him saying 'no I'm with this teacher' do you know what I mean? 'That's my attention'... the same.

So you know what happened at home also happened at school. Because I always said if he was brilliant, good as gold at school and nothing... and he had gone through mainstream then I'd really think he is the way he is because of home. But it wasn't, he was also like that in school, so maybe something is happening at school too?

I don't know how ADHD starts. Does it start from birth? Does it just come out? I haven't got a clue. What is ADHD? And for the lady at the hospital to just look at him and analyse him with her eyes and say yes he's got it. I knew the word, there was something more... he was different. How can she see in his eyes, in his brain is going a hundred and ten miles per hour because his body can't keep up do you know? And now whenever I give him a tablet I see big changes.

Interviewer: [00:47:19] what was the main change?

Participant/Mother [00:47:22] the main change was he started colouring pens and coloured for longer than 15 minutes do you know what I mean? Two minutes he'd colour and then be on to something else or you know... So his concentration... was getting out of control, but now when you say to him 'that's wrong, don't do this'... I don't want to say bad behaviour or naughty, or stop or no because that just kicks him off the wrong way. But if I tell him that's unacceptable behaviour, you are seven now, he will be like 'oh, ok' and then he will say 'I'm sorry'. I always plant things in his head, if I want him to do something I make him feel that's what he wants. if I make him think it was his choice to do it then yeah I managed to get him to do it. So it's like reverse psychology making him think he's done yeah. And then even when they were little like if he and my daughter were racing I'd always say oh let Henry win but no why am I making her lose? Just because I want Henry to win. Henry wants to be first. So it's like you got to learn you and you might come second or third in life if someone's going to go in front of you. But at one point he was the best he was like no one's in front of me like you know? I tell him stories because I do verbal stories of like putting him to bed because I don't like reading. And he was always the main

character in the story. Now for the last few weeks I've been changing it that his best friend is the main character in the story and Henry is following.

Interviewer: [00:49:50] and why do you do that?

Participant/Mother: [00:49:53]. Because I don't want him to think he's better than anyone else. You know that he has to take knock backs in life become second or third but he can't always think he's first. Because at one point it was like... he was the boss... after what happened at mainstream school and then with social service I did get bit scared on parenting... I did... I thought if I shout at you you'll go back and tell them you know? If I tell you off or if I applaud you and then I did and I thought I got very lazy and I did allow him to think he was the boss he was the king of the house when he kicked me I just like I wouldn't say nothing, I'm a just you know because it did frighten me. I thought oh my god like how quick they done what they've done. I know its protocol but I've never experienced that before and it scared me to tell him off.

Interviewer: [00:50:48] it sounds as if you're really able to understand something that's really important for him which is boundaries.

Participant/Mother: [00:50:55] Boundaries, yes! Because you know so hopefully... (Knocks on the table)

Interviewer: [00:51:15] which kind of takes me to the next question, which is: what has helped?

Participant/Mother: [00:51:36] I don't always say that the medication because this school has helped too... His teacher is a brilliant teacher...And he comes home and... we always asking like 3 or four questions how's your day, what made you smile and what made you sad you know? So every day we ask that and he answers. And we also ask him how was your bus journey? And we communicate, us and the school, but in other schools I could ask him that question. That other school was like a youth centre for both of us.

You know... but here now he tells me I've done this and I've done that and I ask him what made you happy today. He'll put a smile on. Can you remember specifically what put a smile on your face today or what made you laugh? And then he sits there and thinks and he has to think to come up with the answer. So that way I know that I am getting the real answer. And the other day he went like 'mum I am really strong' and I was like 'okay' and he goes 'I am... very strong' It was funny because we do say to him 'you've got a six pack' (laughs). And he does his lifting and whatever. But we big him up and give him that we get on that one. But I've always told him. When you're doing all that when you do actually hit someone you are strong. And I think that day when I asked him I think he must have done something to realize 'oh I am strong'. I think he hurt a friend I'm not sure. And then realized how strong he was because the friend is a bit bigger than him. So yes I can communicate with him a bit better.

When you're not together you've got something to talk about. And then he would say to me like 'how was your day, mum?' 'Oh my day was fine'. Oh yeah. 'Did you have a Good day mum?' Or 'good morning mum'. But before when he was at the other school, the mainstream school the only thing I got from him was 'I don't want to go' When I went to the other school with him I was like 'like oh I'm being taught by a 20 year old here do you know what I mean and my daughter was 27' but I did learn. There's a book now you can read about bringing children up and I read that book, I did the whole course and I even got a certificate, so I did learn a lot.

Interviewer: [00:55:02] so are you saying that maybe it's a combination between the medication, your openness to learn how to help Henry in your communication with him but also a really good feeling about the school now.

Participant/Mother: [00:55:19] And the communication back from the school. So he clearly knows he can come here and tell them whatever he wants to and vice versa. He could come back home and tell me whatever he wants to. But both parent and school communicate. I would say so if he comes into

school like he said something yesterday he witnessed something yesterday and he's coming to school today. He's had his mentoring and he spoke to her and said to her this is what happened. Should I tell? And then she said yeah I think you should. He went like 'no I'm lying' because he thinks social services are going to get involved which is wrong because a child shouldn't think like that. And then in the next respect at one stage before the medication started it was like OK if you tell me off I'm going to call social services I was like 'don't use that word on me'

But the government give the kids the authority over the parent the way I look at it. But they took all of our authority, not that I want to beat my child. If I want to tell him off I should be able to feel safe like I'm going to tell you off. But kids nowadays, not saying Henry, but older children... No... You say anything all I've got to do is phone social worker do you know what I mean so... And then the government wonder why we've got teenagers on bikes and crap like that... so and now they're saying should the whole family be evicted from their home. If one child in the family is in a gang or gotten an ASPO. I don't know, no I don't think that's fair. No. No because I'm not being funny I could sit here. I've got a 16 year old boy I know where he is, he is at home. He doesn't go out. He plays on his PlayStation. He stays indoors or he goes to Margate, he got a girlfriend is in Margate and his best friend so I know where he is going and I know what he's doing. I'm lucky. I am very very lucky that I've got children that stay grounded that... they've never been into gangs or or out on the street. So I'm quite lucky and when I hear these stories like blame the parent well no I know where my child is and I know what my child is doing. But in saying that I could have a child that does go out as far as I'm concerned, on no my child don't do that. And then when they're out on the street through peers is like that they are doing it so you can't blame the parent all the time. I'm just lucky I've got kids that are good...

And when we first started here at this PRU we had like six weeks where the social worker and another lady they come to my house or I come to the school and they ask me from the minute it was born right all the way up. And then I'm very chatty. I go back to when I was born and how I was raised. I'll tell you

everything you know. So yeah we went through the whole thing. It was nice because I could let I'll tell you as I said I'll tell you anything... But yes some of the communication I felt brought me into the school and they've come into my life and we are connected. Now does that make sense?

Working together as long as I know that he's doing well at school and if there's an issue or if there's something that they think I could learn on Henry then I'm going to do everything in my power to do that. And then the same I want Henry in the reports... I want to be able to read write he's doing all that, you know. Holding a pen with confidence. He's doing that now. So everything I've expected he is living and doing here so...

They [current PRU] have helped me with bus fares, travels, and it's really good because in the six weeks holidays... holiday's terms they do trips. So this really is how can I put it even in the holidays? They have not forget about your kid, do you know is they're still doing something. Whereas in mainstream you are off for six weeks that's it you're not going to see anybody from the school until you go back... Yes and here it is very is nice.

Interviewer: [01:00:20] Is there anything that you think that I haven't asked you that you think that I need to know to better understand your views or anything that I have missed or anything that you think it's important you know to kind of to say in terms of parents views of their children's difficulties ... Anything that you can think of?

Participant/Mother: [01:00:53] well if they're not getting any communication they should ask randomly... I think you can hear that if I've got something to say I'll just pull someone to the side and ask them I've got his key worker's number so I'd be shocked if anybody hasn't got the same. Do you know what I mean? So there's nothing really... If they're doing it with me they must be doing it with everybody. Do you know what I mean?

Interviewer: [01:01:30] that's it, thank you very much for your answers!