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ORIGINAL ARTICLE

‘Permission to be different’ – An interpretative phenomenological analysis of mental health in the primary classroom: A practitioner perspective

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Abstract

This qualitative small-scale study aimed to better understand practitioner perspectives and experiences relating to barriers, guidance and support systems associated with children and young people's mental health within the primary classroom. The research aims were explored through three role-defined focus groups: senior leaders, teachers and support staff comprising a total of seven participants with representation from mainstream and specialist primary schools. The resulting transcripts were analysed using interpretative phenomenological analysis. Findings suggest the need for an effective support framework encompassing hierarchical accountability and multifaceted professional support alongside a developmentally adapted extension of the Early Years Foundation Stage curriculum. Fundamentally, the ‘permission to be different’ should be embedded within a school's ethos, practice and guidance, allowing greater autonomy when adapting approaches to meet the needs of children and young people. Understanding how mental health sits within the primary classroom from practitioner perspectives is vital given the direct impact on children and young people's learning, development and relationships, and its potential longevity. Equally, having a range of practitioner perspectives is crucial for effective early identification and the deployment of timely and appropriate support through enabling learning environments where children and young people can thrive both academically and emotionally to holistically achieve their potential.

KEYWORDS
children and young people, interpretative phenomenological analysis, mental health, practitioner perspectives, primary education

Key points

- Data suggest the current education system does not align with research-based child development.
- Schools need a structured, hierarchical framework to support children and young people's mental health.
- The education system should maintain the emphasis on child development past the Early Years Foundation Stage.
- There are divergent approaches and levels of efficacy between mainstream and specialist schools when supporting children and young people's mental health.

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INTRODUCTION

Mental health in education has been a historically contentious subject for educators since the early twentieth century (Winship, 2021). In the aftermath of Covid-19, focus on children and young people's mental health gained momentum, despite suggestions that it had begun to deteriorate prior to the global pandemic (Ford & Cross, 2021).

Current statistics state that more than one in 10 primary-aged children have an 'identifiable mental health condition' (Freud, 2023), with research showing that poor mental health among children and young people can significantly impact educational performance: motivation, attention, socialisation and scholastic development (Maclean & Law, 2022; Schulte-Körne, 2016; Szalavitz & Perry, 2011), and, unaddressed, is associated with detrimental lifelong implications (Schlack et al., 2021).

Examining the history of mental health in education illustrates how poorly defined and ad hoc policy and guidance has been (Winship, 2021), contributing to a disconnection between schools and mental health as a topic. In a recent NASUWT (2024) survey, 70% of teachers responded that Government policies do not support mental health in schools.

Despite substantial extant literature addressing children and young people's mental health in education, it is likely that findings from pre-pandemic studies are not representative of the current mental health landscape in schools, particularly as guidance, policies and inspections remain disconnected from research and practice. Few studies have focused on practitioner experiences and perspectives when supporting children and young people's mental health (Conboy, 2021; Cross & Currie, 2018; Danby & Hamilton, 2016; Furness et al., 2019; Maclean & Law, 2022), with the majority seeking teachers' perspectives. Instead, pre-pandemic studies, policies and guidance focused on how practitioners teach children and young people about mental health through programmes of study, such as the Government-led Social and Emotional Aspects of Learning (Wigelsworth et al., 2021) and Relationships, Sex and Health Education (RSE) statutory guidance (DfE, 2019).

Having a richer understanding of a range of practitioner experiences is key, not only to improve academic and mental health outcomes for children and young people, but equally to inform policy and ensure best practice through the professional development of practitioners (Andrews et al., 2014). Additionally, it has the potential to promote innovative learning environments, enhance collaboration for effective and appropriate early identification, and facilitate the practical application of theory as practitioner experiences illuminate how guidance, policies and curricula translate to the classroom environment (Ringeisen et al., 2003).

This small-scale study is positioned in relation to the wider literature presented, and aimed to build on existing research and studies by exploring a range of practitioner perspectives, from support staff to headteachers, to enable schools to become more solution-focused and better equipped to facilitate children and young people's mental health. For the purposes of this study, the term 'practitioner' refers to all focus group participants: senior leaders, teachers, SENDCos and support staff.

The aim was formalised into four objectives:

- to explore how supporting children and young people's mental health fits into a practitioner's role;
- to identify gaps in knowledge, training and communication;
- to explore practitioner confidence;
- to seek practitioner suggestions on moving forward.

This research could be useful for Government authorities and those who seek to enact change within primary education.

REVIEWED LITERATURE

A systematic literature review yielded four themes: the perceived role of the practitioner; implementing and facilitating support; challenges and barriers; and the impact of supporting children and young people's mental health on practitioners.

The perceived role of the practitioner

Studies agreed on practitioners' unique position for early intervention and their essential relationship with children and young people (Conboy, 2021; Cross & Currie, 2018; Danby & Hamilton, 2016; Ward et al., 2021). In Maclean and Law's (2022) survey, 92% of practitioners stated that mental health identification was part of their role, and 90% believed implementing interventions was also part of their role; 1% strongly disagreed. Less weight was given to educating peers and raising awareness (Danby & Hamilton, 2016) and having the necessary tools to implement support remained fraught (DfE, 2021). Support staff compared their role to that of a caregiver: caring, stable and consistent (Conboy, 2021). While this relationship provides valuable stability (Gerhardt, 2015), it has the potential to make professional detachment challenging, and lead to 'compassion fatigue' (Luthar & Mendes, 2020).

Implementing and facilitating support

Having support staff with sufficient skills and approaches is described by Shearman (2003) as a

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'lottery', with shortcomings exacerbated by a lack of time and flexibility to build imperative relationships (Ward et al., 2021) alongside access to critical resources (Cunningham et al., 2022).

The ad hoc delivery of school guidance, policy and approaches to educational settings are evident in a national survey of social and emotional learning (SEL) in primary schools (Wigelsworth et al., 2021), with inconsistencies amplified by variable implementation. Government guidance recommends schools make delivery culturally and linguistically sensitive to increase relevance within geographical areas (Cefai & Cavioni, 2015), while simultaneously advising that too much modification could cause 'dilution and confusion' (Weare, 2010). This may appear to indicate schools have autonomy when implementing and facilitating mental health and well-being support; however, dissemination and delivery are ostensibly dependent upon school culture and ethos, individual perspective, and professional and personal experiences (Conboy, 2021). Winship's (2021) historical examination of mental health in schools posits that legislators have often inadvertently overlooked pioneering progress or made recurring errors when linking policy to research. The post-pandemic climate highlights the potential impact of such narrow-mindedness.

Academic research advocates a collaborative, whole-school approach as the foremost method for supporting mental health in schools (Cefai & Cavioni, 2015; Winship, 2021). 'Infusing' SEL into the curriculum is recommended by Banerjee et al. (2014) and endorsed by Cefai and Cavioni (2015); however, Wigelsworth et al. (2021) suggest that, in reality, many interventions are instead delivered reactively through daily 'teachable moments'. This aligns with the researchers' professional observations.

Challenges and barriers

Challenges and barriers faced when supporting children and young people's mental health within the primary classroom were unanimously described in studies under three themes: training and support, hierarchy and resources.

Training and support

A lack of training was highlighted as a significant barrier (Furness et al., 2019; Maclean & Law, 2022) and, while an outlier in the literature, Cross and Currie (2018) went so far as to state that some practitioners did not recognise that mental health challenges existed in children and young people. Maclean and Law (2022) suggested a practitioner's lack of awareness has the potential to exacerbate the circulation of misinformation and reinforce negative cultural perceptions.

Hierarchy

Practitioners having current knowledge of children and young people's protective and risk factors (Crouch et al., 2018) is paramount for early identification, intervention (DfE, 2024a) and, in some cases, preventing serious harm or fatality (DfE, 2024b). On a wider hierarchical scale, regular changes in Government policies relating to children and young people's mental health appeared to lead to instability and an erosion of confidence in practitioners, as described by Cunningham et al. (2022).

Resources

The challenge of 'insufficient resources' (Furness et al., 2019) within healthcare and education was repeated in the literature, and described by Cross and Currie (2018) as an 'epidemic'. An increase in Child and Adolescent Mental Health Services (CAMHS) referrals (Huang & Ougrin, 2021), coupled with decreased capacity (Bentham et al., 2021), has overstretched specialist agencies (Crenna-Jennings & Hutchinson, 2020; Danby & Hamilton, 2016) resulting in healthcare services spending less time proactively supporting children and young people's mental health. Consequently, schools are left to subsist as children and young people remain on waiting lists for up to two years (Children's Commissioner, 2024).

Impact of supporting children and young people's mental health on practitioners

Eighty-six percent of teachers reported their job had adversely affected their mental health within the last year (NASUWT, 2024) and 77% of school staff indicated in Education Support's (2024) Teacher Wellbeing Index that they had experienced symptoms of poor mental health as a result of their job. Additionally, industrial action in 2022 and 2023 (Roberts, 2023) and the death of headteacher Ruth Perry in 2023 reinforce the effects on practitioner mental health which extend beyond the professional role.

Studies report that, although feeling rewarded, practitioners were 'fearful' of exacerbating issues (Conboy, 2021; Danby & Hamilton, 2016), with a sense of inadequacy (Conboy, 2021) and exposure to violence and aggression (Luthar & Mendes, 2020) all impacting practitioners' mental health (Furness et al., 2019) and potentially triggering personal trauma (Luthar & Mendes, 2020). These factors, plus heavy workloads, are leading to a lack of practitioner confidence, burnout, compassion fatigue (Cross & Currie, 2018; Luthar & Mendes, 2020) and demoralisation, yet despite this professional adversity, practitioners are expected to remain stoic (Santoro, 2018).

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METHODS

This study used interpretative phenomenological analysis (IPA) to explore the aims in relation to the researcher's (the first author) professional and experiential knowledge as a practising special educational needs and disabilities (SEND) primary teacher and the outreach and inclusion lead of a geographical area providing SEND support and capacity building for mainstream primary schools. The researcher's role in the hermeneutic process, alongside their professional knowledge, contributed to the analysis of participants' perceptions and experiences.

Philosophically, the study aligns with the constructivist paradigm – an epistemological position situated within phenomenological and interpretative aspects of IPA and influenced by Heidegger (Burns et al., 2022). The researcher's relativist ontological position, the belief that multiple realities exist, supports the study's interpretive paradigm (Urcia, 2021) and theoretically underpins the methodology.

The first theoretical axis of IPA, phenomenology, focused on concepts that mattered to the participant when supporting children and young people's mental health: relationships, processes, and the impact of those experiences (Smith et al., 2021).

The second theoretical axis, hermeneutics, focused on understanding and interpreting the discourse by adopting the dual analytical process of the 'insider' and 'outsider' stance to make sense of participant perceptions (Tuffour, 2017) and uncover 'professional practice judgment artistry' – 'The capacity of professional practitioners to make highly skilled, micro-, macro- and meta-practice judgments' (Paterson & Higgs, 2005, p. 341) – that is, knowledge and experience that go beyond learnt skills.

Through three role-defined focus groups – senior leaders, teachers, and support staff – practitioners were given a platform to discuss and develop ideas and make sense of their experiences with colleagues (Smith et al., 2021). Alongside a multiple perspective design (Larkin et al., 2019), this approach disseminated the complexity of experiential perspectives of the same phenomenon (Palmer et al., 2010). In the words of Crotty (1998, p. 9), 'Different people may construct meaning in different ways, even in relation to the same phenomenon'.

While focus groups are not typically used in IPA methodology, with criticisms centred around deducing idiographic accounts (Love et al., 2020), the researcher subjectively judged them appropriate to 'promote and capture, in vivo, some of the relational and social meanings of an experience' (Smith et al., 2021, p. 125), in this case supporting children and young people's mental health. The interactive and contextual nature of a focus group was paramount, and this could not be replicated via one-to-one interviews. Focus groups can provide increased ecological validity through eliciting everyday conversation, facilitating stories and evoking thoughts and feelings (Smith et al., 2021) in familiar contexts and reflecting 'real world' experiences (Braun & Clarke, 2013).

Participants and recruitment

To recruit, the SEND lead for Children and Education Services emailed 68 mainstream and specialist primary schools in north-west England. Participants were required to be permanently employed by the local authority and working in a mainstream or specialist primary school. Participants were given two weeks to express interest. Ten responses were received (Table 1); three participants withdrew prior to the focus groups.

Data analysis

The data collected were transcribed verbatim by the researcher and subjected to IPA as described in Smith et al. (2021) (Table 2). The researcher embraced the

TABLE 1 Overview of participants.

Focus group	Participant	Role	Setting	Attendance
Senior leaders	Anna	Headteacher	Special	Yes
	Jess	Deputy head	Special	Yes
	Jane	Headteacher	Mainstream	No
Teachers	Charlotte	Teacher	Special	Yes
	Alice	Teacher	Mainstream/special	Yes
	Emma	SENDCo	Mainstream	Yes
	Freya	Teacher	Mainstream	No
Support staff	Hannah	Level 3	Special	Yes
	Claire	Level 1	Special	Yes
	Elizabeth	Level 4	Mainstream	No

Abbreviation: SENDCo, special educational needs and disabilities co-ordinator.

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'hermeneutics of empathy', staying as close as possible to participant accounts (Pietkiewicz & Smith, 2014).

A pre-determined limitation forewarned by Tomkins and Eatough (2010) – similitude and parallel perspectives – presented itself within the support staff focus group, resulting in the researcher applying a modified IPA approach endorsed by Palmer et al. (2010). The modified approach circumvented the construction of personalised experiential themes (steps 4 and 5) and instead devised only group experiential themes (step 7) for the support staff focus group. The researcher felt this approach was required to extrapolate factual and representative data from the transcripts and avoid restating and overstating points that were sufficiently homogeneous as to be essentially identical.

The researcher developed the IPA approach further by combining data from all the focus groups and establishing three amalgamated group experiential themes and seven sub-themes (Love et al., 2020). Key points were illustrated by exploring these themes alongside the researcher's professional perspective (Table 3).

TABLE 2 Steps in interpretative phenomenological analysis.

Step no.	Process
1	Reading and re-reading
2	Exploratory notes
3	Constructing experiential statements
4	Connecting experiential statements
5	Naming personalised experiential themes
6	Repeating for each participant
7	Developing group experiential themes

Source: Smith et al. (2021).

FINDINGS

This section presents the study's findings, captured through the methodological lens of IPA. Pseudonyms are used for confidentiality.

Theme 1: Balancing expectations

This theme explored the day-to-day impact of mental health within the primary classroom on children and young people and practitioners.

The impact of standardisation on children and young people's mental health

The primary classroom has the potential to perpetuate a cycle of poor mental health due to children and young people being in consistent states of 'coping', coupled with 'demoralising' academic demands as a result of the perceived need to conform to the standardisation and expectations of the primary education system and culture.

> The pressure that's put on the children … there's no wonder there are increasing issues with children's mental health when you think what we're actually doing to them.
>
> (Alice)

Two words captured the dispirited tone when discussing children and young people who were struggling, perceived as 'different', or had additional needs: '*managing*' and '*coping*', with Jess questioning, '*at what expense*?'

TABLE 3 Journey to key points.

Research objective	Amalgamated group experiential themes	Sub-themes	Key points
To explore how supporting children and young people's mental health fits into a practitioner's role	Balancing expectations	The impact of standardisation on children and young people's mental health The impact of supporting children and young people's mental health on practitioners Balancing academic achievement with emotional well-being	The education system should maintain the emphasis on child development past the Early Years Foundation Stage
To identify gaps in knowledge, training and communication To explore practitioner confidence	Underpinning practitioner practice and confidence	Accumulation of knowledge and understanding Looking for safety in structure	Schools desire a structured, hierarchical framework to support children and young people's mental health
To seek practitioner suggestions on moving forward	A solution-focused ideal	A multifaceted approach incorporating longevity and understanding Permission to apply alternative pedagogical approaches	The divergence between mainstream and specialist schools

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Examples described the impact that '*fitting in*' with peers or '*coping*' in an overwhelming environment can have on children and young people:

> Ditching the walking frame at the door … refusing to use a wheelchair … leaning on other pupils rather than having a walking aid … refusing to have oxygen.

Practitioners articulated frustration at the unrealistic expectations expressed by assessment criteria, with common accounts of children and young people categorised as 'failing' and under-achieving. Alice recounted:

> That child goes all the way through school, always working below national expectations which used to drive me mad because they may have made massive progress in the maths, but they've not read the Roman numerals so they're not at age-related, it's just – [exasperated sigh].

Specialist teacher Charlotte painted an alternative picture of children and young people's and practitioners' '*worth*':

> Targets that I've wrote for you … they're your barriers and I know you and I know this is what we're worth … whereas mainstream would be very different.

This view highlighted a notional difference between mainstream and specialist settings; meeting the children and young people 'where they are'. Charlotte suggests that through setting holistic and realistic targets, specialist schools have the capacity to create a culture of success and achievement for all, whereas mainstream schools have the potential to perpetuate a culture of failure through unrealistic, unachievable and standardised targets.

The impact of supporting children and young people's mental health on practitioners

Although practically, day-to-day impact on practitioners differed, support staff and teachers vividly depicted the weight of supporting mental health on the front line:

> It can be quite upsetting and distressing if you can't help them … I kind of beat myself up about it sometimes and think … I'm failing with this.
>
> (Hannah)

Support staff felt directly accountable and feared '*failing*' children and young people. From a mainstream teacher perspective, Alice described prioritising children and young people's mental health as '*a fight*'. Practitioner language was emotive and despondent, reflecting a strong sense of personal responsibility; Emma defined feeling '*helpless*' as a SENDCo: '*You don't feel like you're ever achieving … you can't ever get anything right*'.

Three participants moved from mainstream to specialist schools. Alice and Jess described their transformational journeys:

> [I] had headaches nearly every day … but since I've been here … even though the days are stressful, like it's hard work … physically demanding … but actually in terms of my mental well-being I feel so much better.
>
> (Alice)

> I felt that we were doing children a disservice … you're judged by purely that one number and all those things that you might have done … none of that's taken into account … luckily, in special schools, we can.
>
> (Jess)

Charlotte's views echoed Jess's: '*It's really nice just to know that what I'm doing is worthwhile and it means something, I'm not box ticking*'.

Despite some participants feeling better supported within specialist schools, a sense of being unheard remained. Anna and Jess described the '*double whammy*' of being senior leaders: providing emotional support for staff, caregivers and children and young people, and being exposed to distressing information:

> You can have your nurse, your social worker, your art therapist and me all in the same meeting … and you've learned about a child's home life being really horrific and then we go home and just have to manage that, whereas they can all have supervision, educationalists don't.
>
> (Anna)

> Who debriefs the debriefer?
>
> (Jess)

Participants' language engendered a sense of 'just' managing, with implications of stress and negative impact on their mental well-being.

Balancing academic achievement with emotional well-being

There were distinct differences between the experiences of mainstream and specialist school practitioners in their

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ability to support children and young people's mental health, with a perceived 'permission' to adopt an alternative approach setting schools apart. Specialist headteacher Anna described the tone she sets within her school but acknowledged she can do this because specialist schools are, to some extent, 'judged' differently to mainstream:

> We say to the staff, do recognise those things, do give it priority and allow that flexibility, yes, you are allowed to let that child do something different … because if you don't, this is just going to get worse … and they're not going to learn anyway whereas actually, in mainstream that might not be the focus … I think that comes from the DfE and Ofsted down doesn't it, as in what everybody's judged on, are they judged on happy children or children that can get to a certain level in maths and English and compete on the world market.

Deputy head Jess agreed that how schools are judged is unsupportive:

> I don't think the scrutiny process actually supports schools to support young people … mental health and well-being [should] have equal or higher weighting as other things in school.

Play, fun, physical education and creativity were de-emphasised; the intensity and inflexibility of the curriculum is '*squashing that out*' (Alice).

> You've got art once a week for an hour, wheel out the art trolley, you do a bit of painting, job's a good'un and that's the one part of the week that they love.
>
> (Emma)

Participants believed specialist schools were better equipped to promote play and creativity and balance this '*complex juggling act*', delivering improved mental health support:

> It's the stuff we do as our bread and butter … tailoring learning and experiences to their needs, following motivators, trying to avoid triggers and we're doing this complex juggling act all the time, on an individualised basis which we've got permission and the funding to do so.
>
> (Jess)

Charlotte attributed this to teachers creating a '*worthwhile*' curriculum, in contrast to mainstream's '*data driven*' content. However, specialist schools are at a critical tipping point, with capacity to provide holistic and specialist support under challenge and class sizes '*almost doubling over the last 10 years*' (Anna).

Theme 2: Underpinning practitioner practice and confidence

This theme explored the current guidance and training underpinning and scaffolding how practitioners support children and young people's mental health.

Accumulation of knowledge and understanding

Participants struggled to name supportive guidance both pre- and post-Covid. When asked about mental health training, two focus groups responded with derisive laughter. All participants reported having no training in children and young people's mental health, instead accumulating their knowledge and understanding from four sources:

- sharing knowledge with colleagues;
- being a parent;
- personal experience;
- personal research (e.g. Google).

Current responses were ad hoc and comprised of training such as '*positive behaviour*' (Claire) and '*attachment and ACEs [adverse childhood experiences]*' (Jess) and reported '*guessing*', '*uncertainty*' and '*hoping for the best*' by relying on pupil knowledge and professional conversations. Specialist headteacher Anna highlighted that schools are aware self-guidance is not best practice but '*it's what makes sense*' as there are few practical alternatives.

Looking for safety in structure

Participants sought appropriate and realistic guidance, training and support systems within their schools and the wider education system to provide accountability and structure when supporting children and young people's mental health. '*What's the best response? … How should we respond with confidence and … in a consistent way*?' (Anna).

Amid the uncertainty, there was a strong sense of teamwork within specialist support staff and teachers' groups, reflecting practitioners '*coming together*' in adversity: '*You're in a team, I think that's the biggest thing … you feel like somebody's always there to advise*' (Alice).

The camaraderie of a tight supportive network appears to partially mitigate the lack of wider school and outside professional support, further highlighting the

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contrast with mainstream SENDCos who experience isolation: '*Nobody else knows what you're doing so you can't ask anyone internally*' (Emma); '*You're just left to it*' (Alice).

Participants sought the '*safety of structures*', with Jess building on this point by referring to the accessibility of safeguarding procedures which protect practitioners and children and young people by providing a clear and consistent pathway '*in your time of need*'. Participants understood the challenge of achieving a streamlined support structure for mental health, particularly within SEND, given the diversity and co-morbidity of diagnoses and conditions: '*Is it part of their autism or is it anxiety and what's triggering that … is it like an integral part of them and their interpretation of the world*?' (Anna).

A recurrent theme permeating conversations was participants often feeling left with more questions than answers.

Theme 3: A solution-focused ideal

Practitioners were asked how to move forward in supporting children and young people's mental health in relation to their role.

A multifaceted approach incorporating longevity and understanding

Participants expressed the view that having outside professionals working in proximity could support practitioners and children and young people during the school day, a solution that evoked relief from Emma, whose tone and pace became calmer as she spoke about it: '*Just to say "oh I've got this child who's presenting with this behaviour you know, what can you recommend*?"'

Specialist headteacher Anna expressed a similar ideal with a broader scope, emphasising the importance of the longevity needed to successfully underpin the solution:

> I'd love … to have on my corridor the social worker … ideally the GP, the nurse and like just everybody, CAMHS and people who can go into the home, the Early Help team, like a network … and they're so well paid and don't have such big workloads that they stay in the job and get to know … generations of families like GPs used to years ago and we get an understanding of what's going on in the culture.

Anna posits that this historical community response of integral and contextual working with a deep understanding of family functioning and background could ensure no opportunities are missed. In contrast, support staff member Claire offered a less idealistic view of receiving professional support: '*Too many people involved with one child and … [not] knowing the child too well can cause more problems*'.

Claire's experience suggests that, in addition to professional support, leveraging the practical and holistic knowledge of practitioners directly engaging with children and young people is fundamental; outcomes have the potential to be counterproductive when interventions are deployed by outside professionals with only a cursory or incomplete picture of the children and young people.

Permission to apply alternative pedagogical approaches

Describing their ideal future, participants echoed previous discussions about giving mental health '*more weight*' than academic achievement. While practitioners identify that their core role is to teach, it was agreed that many children and young people are unable to access their education because of poor mental health:

> Whilst it's important and we're here to educate, it's not the be all and end all … progress towards other life outcomes are equally as important aren't they … and having permission to do that.
>
> (Jess)

Schools faced the challenge of applying a curriculum on which they feel '*scrutinised*' and '*judged*' alongside managing the reality of supporting children and young people. It was recognised that while a tone can be set by headteachers to facilitate this, schools wield a finite influence; cultural and societal change is also needed:

> The whole culture can't just come from the adults down, can it, no matter how good our training is. It's almost got to be integrated right into society that we grow up in and it's the norm.
>
> (Anna)

An important solution for support staff was to reduce pressure on children and young people within the school day: '*I wouldn't put so much pressure on children … we've got to do this, this has to be done, it doesn't really have to go like that does it*?' (Hannah).

Creating meaningful learning opportunities through increased flexibility in mainstream settings was suggested as a segue into adopting this approach:

> The opportunity to be more flexible … to adapt to the day-to-day needs of the children and you know, what's more important, to learn about the river system or that someone is having a really bad time … and

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> to do kind of a nurture session around that … what would children benefit from?
> (Emma)

Emma also identified the need for an overhaul of the mainstream environment after visiting a specialist setting; she was struck by the '*minimal*' surroundings in comparison to the '*all singing, all dancing*' and sometimes '*competitive*' mainstream classroom:

> Mainstream need to take that approach far more frequently in everything really, let's strip things back and stop bombarding children with, and staff, with so much … let's go back to the basics because they're not in place.

The word '*bombarding*' summarised the pressure to which all participants felt subjected. Practitioners sought '*accountability*' from local and national leadership to '*go back to basics*' and rebuild educational foundations with children and young people's development at the core, underpinned by practical guidance and supportive networks:

> That's got to come from your accountability hasn't it … that need to judge [mental health] as highly as your academic results … specialist and in mainstream.
> (Anna)

Specialist schools are closer to achieving this, but are moving further away from this ideal because of capacity pressures.

DISCUSSION

After exploring group experiential themes alongside the researcher's professional perspective, the following key points emerged.

Key point 1: The education system should maintain the emphasis on child development past the early years foundation stage

The analysis highlighted that the education system is functional in terms of academia but does not align with research-based child development and is far from ideal with regard to supporting children and young people's mental health.

Findings suggest the 'Overarching Principles' of the Early Years Foundation Stage (EYFS) curriculum and 'characteristics of effective teaching and learning' – playing and exploring, active learning, and creating and thinking critically (DfE, 2024c) – align with what participants considered fundamental when supporting children and young people's mental health. Current literature and Government guidance state best practice as creating a proactive whole-school approach to mental health by 'infusing' SEL into the curriculum (Cefai & Cavioni, 2015). However, reflecting on the study's data, it could be argued this approach is 'tokenistic' and 'box ticking', and barely ameliorates the issues of the current academically focused curriculum.

Practitioner voice states that mental health should be given 'equal or higher weighting', suggesting priority over academic achievement. If a child or young person is not 'emotionally available' to learn (Maclean & Law, 2022), in 'survival mode' (Luthar & Mendes, 2020) or has missed developmental experiences and phases (Collingwood et al., 2018), this will impede their learning and leave them unable to access education. A Green Paper similarly acknowledges that children and young people with mental health needs are 'not able to fulfil their potential' (DoH & DfE, 2017, p. 2).

Considered alongside the findings, the current literature and the success of postponed schooling in other countries (Dee & Sievertsen, 2018), developmentally adapting the 'Early Learning Goals' (DfE, 2024c) within the EYFS curriculum could mitigate substantial pressure on children and young people and practitioners by allowing schools time, flexibility and the notional 'permission to be different' to apply appropriate and alternative pedagogical approaches (Szalavitz & Perry, 2011) to meet the needs of children and young people holistically 'where they are'. Findings illustrated that specialist schools are more able to provide this due to having this 'permission', as claimed by Cunningham et al. (2022), but a lack of provision and funding are impacting schools' capacity to provide this essential adapted curriculum.

Key point 2: Schools desire a structured, hierarchical framework to support children and young people's mental health

The Government increased support following Covid-19 through the Wellbeing for Education Recovery programme (cited in DfE, 2021), placing greater emphasis on children and young people's mental health and giving the impression of linking policy to research and practice, despite the disregard suggested by Winship (2021).

Findings are consistent with the literature (Wigelsworth et al., 2021) and do not reflect updated guidance; they instead identify significant gaps in knowledge, training and communication, with participants stating they '*don't know what to do*', due to the perceived lack of a structured approach to mental health. Gaps are being filled ad hoc and reactively using knowledge and experience that go beyond learnt skills – that is, the 'professional practice judgment artistry' described by Paterson and Higgs (2005) – as needs

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are identified, because '*it's what makes sense*'. Findings show practitioner confidence is low, demonstrating a reactive '*firefighting*' approach, with a primary concern being knowing '*where to begin*'. Experiences demonstrate individual and, in some cases, isolated learning journeys leading to practitioners '*hoping for the best*', as reflected in the literature (Shearman, 2003).

The analysis identified effective team working within the boundaries of practitioners' responsibilities, but limited cross-silo communication is potentially creating an insular and self-referential approach, demonstrated by the strong degree of commonality within support staff's personalised experiential themes. Additionally expressed was an apparent lack of 'permission' to deviate from standard approaches, given the academic focus of assessment.

Both the literature, and this study, illustrate that practitioners are taking the weight of children and young people's mental health 'on their shoulders' and describe feeling 'fearful' (Danby & Hamilton, 2016), and as if 'failing' (Conboy, 2021). While it is appropriate that there are systems to prevent non-standard approaches being adopted, implementation guidance is insubstantial and seemingly not given sufficient weight by Ofsted, with only three references to mental health in the School Inspection Handbook (Ofsted, 2024). Findings indicate that a structure and support network similar to that of safeguarding would be beneficial and could provide an effective model for mental health.

Key point 3: The divergence between mainstream and specialist schools

The data presented distinct divergences between mainstream and specialist schools in their capacity to support children and young people and practitioners' mental health, with the teachers' focus group emphasising disparity in tone, expectations and judgement. Jess and Alice's description of their journeys from mainstream to specialist schools illustrated a notable organisational and attitudinal shift, but, most prominently, the perceived migration to a more '*worthwhile*' curriculum, balancing academic achievement with emotional well-being.

Experiences described by specialist school practitioners suggest a more trauma-informed response to children and young people's mental health than mainstream counterparts, which is evident in their approach to practice and illustrated by senior leaders' understanding of how 'brain, body and mind' are connected. It was also evinced in practitioners having flexibility within the curriculum to promote play, creativity, emotional literacy and resilience (Van Der Kolk, 2015). Luthar and Mendes (2020) demonstrate how a trauma-informed approach could offset some challenges and barriers schools face when supporting children and young people's mental health.

The data presented extreme examples of how children and young people's mental health has been affected by the mainstream environment: '*ditching*' medical equipment to fit in because of societal stigmatisation, perpetuating an unspoken culture within schools that being different is a source of shame and vulnerability (Brown, 2015). Examples are consistent with Danby and Hamilton's (2016) finding that little weight and attention have been given to raising awareness.

Children and young people were commonly described as '*coping*', '*managing*', and being deemed failures when judged against unrealistic and standardised targets. Consequently, instead of being a safe place to grow, school becomes another trigger in their lives (Van Der Kolk, 2015).

Albeit a '*complex juggling act*', data demonstrated specialist schools' capacity in supporting, encouraging and celebrating small achievements, epitomising the reciprocity needed for children and young people to feel heard and seen (Van Der Kolk, 2015), despite facing adversities, additional needs or mental health challenges. This predominantly appears to be reflected in perceived judgement.

The data presented at school level by the range of practitioners in this small-scale study suggested that lacking the 'permission to be different' is hindering the balance of academic achievement with emotional well-being, particularly in mainstream schools. It indicates that, if applied systematically, this permission has the potential to filter down and benefit schools, practitioners and ultimately children and young people.

Strengths and limitations

The findings presented here are based on a small sample taken from mainstream and specialist primary schools working within the same education system and regulatory frameworks, and embedded within the same systemic environment. Despite its small size, the sample of seven participants generated idiographic data accentuated through the contextual nature of the role-defined focus groups bringing ecological validity.

While acknowledging the potential risk of professional bias, the data are also consistent with the researcher's experiences in specialist and mainstream primary schools.

There was a low response rate to participant recruitment and overall mainstream representation was limited due to participant non-attendance. Three mainstream participants did not attend; one did not complete the consent form, one provided no explanation, and one gave their apologies due to a safeguarding incident. Low mainstream representation was somewhat ameliorated given that senior leaders in attendance had previous mainstream experience and support staff had parental experience of mainstream education. While this restricted range across settings, it fortuitously illuminated experiences in specialist schools.

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A final limitation was an absence of male perspectives, evident not only within this study, but throughout current literature and within the context of primary education (McDowell, 2023). This lack of representation denotes an unknown in terms of balancing perspective and its impact is hard to measure, presenting a noticeable gap.

Recommendations and implications for change

By appropriately adapting fundamental educational foundations based around the content of the EYFS curriculum, and tailoring judgement with the continuing development of children and young people at the core, schools can begin to prioritise children and young people's mental health. The data suggest that adopting these pedagogical changes also has the potential to positively impact staff well-being and reduce workload.

Schools need to be underpinned by role-defined, practical guidance alongside long-lasting, hierarchical, multifaceted support networks ranging from class teams to outside agencies. In turn, it is conceivable that this could build practitioner confidence and bring about a change in culture within education.

Future research

Future research should explore the alternative approaches adopted within specialist schools and how mainstream counterparts can replicate the 'permission to be different'. This could be achieved by asking fundamental questions of policymakers, raised by Furedi (cited in Ecclestone & Hayes, 2019): 'what are we measuring?' and 'what is education for?'

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