School reintegration following hospital treatment for an eating disorder; two case studies with multiple perspectives on the reintegration process

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Abstract

School reintegration following hospitalisation has been explored for children and young people (CYP) with medical and mental health needs. No previous research was identified that specifically focused on the experiences of CYP who have returned to school following inpatient care for an eating disorder. A multiple case study design was used to retrospectively explore the experiences of two young people who successfully reintegrated to school following hospital support for an eating disorder. The study compromised of two case studies. The research focused on exploring 'what went well' and 'what could have been even better' during the school reintegration process.

Semi-structured interviews were used in two case studies of a young person who had spent time at inpatient unit for over 6 months for support with anorexia nervosa before reintegrating into sixth form. Views were gathered from four participants in each case study: the young person, their parent, the young person's previous hospital school key teacher and the home school key person (who supported with the reintegration). The interviews were carried out remotely, via Microsoft Teams, due to the coronavirus pandemic. The dataset from each case study was analysed separately using thematic analysis and an overall thematic map was presented for the findings from each case study.

Three themes were identified in Case Study One: young person's strengths, preparation for young person's return and supportive relationships and environment. Four themes were identified in Case Study Two: young person's internal motivators and external motivators, preparing for school return, support systems, and sense of school belonging and connectedness. Findings are discussed in relation to previous research that has explored school reintegration following hospital support for mental health difficulties more broadly and psychological

theory. Strengths, limitations and implications for schools, families and educational psychologists are highlighted. Recommendations for future research are also discussed.

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List of Abbreviations

BPS	British Psychological Society
CYP	Children and young people
DSM	Diagnostic and Statistical Manual of Mental Disorders
ED	Eating disorder
EP	Educational psychologist
GT	Grounded Theory
ICD	International Classification of Diseases
IPA	Interpretative Phenomenological Analysis
MH	Mental health
SDQ	Strengths and Difficulties Questionnaire
TA	Thematic Analysis
TEP	Trainee educational psychologist
RQ	Research question
WHO	World Health Organization
YP	Young person / young people

Chapter 1: Introduction

1.1 Chapter Overview

This chapter begins with an overview of position of the researcher (1.2). Next is a discussion of relevant contextual and background information, as well as key terminology and statistics linked to mental health (MH), eating disorders (EDs) and reintegration (1.3 – 1.5). The chapter ends with a summary (1.6) and a brief introduction of what is to come in the following chapter.

1.2 Researcher's Position

The researcher's background is presented in order to be transparent and to provide insight into how their background and beliefs influenced the research. The researcher is a 29-year-old white British woman and a Trainee Educational Psychologist (TEP) on placement in a London Local Authority. The researcher grew up in a small town in Mid-Wales. The researcher's interest in MH developed whilst studying Psychology with Counselling Skills at undergraduate level. The researcher completed an undergraduate dissertation on the link between eating behaviours and cognitive style. That piece of research was influenced by the hypothesis of the link between weak central coherence in individuals with EDs (Lang et al., 2014). Furthermore, prior to starting the educational psychology training course, the researcher worked with CYP and adults in MH and education settings. As a TEP, the researcher has continued to be involved in assessing and supporting CYP experiencing MH difficulties. The researcher's belief is that MH difficulties should be understood and explored in an ecological and holistic way, moving away from the 'within-child' deficit model. The researcher believes in listening to and empowering CYP to be involved in decisions that are being made about them. The researcher has adopted a social constructivist position, thus proposing that there are

multiple ways to view something and that knowledge is constructed through social interactions (discussed in the Methodology Chapter).

The researcher's interest in working with CYP experiencing difficulties related to an ED, developed during an undergraduate placement and later, employment in a school attached to an inpatient setting for CYP receiving care for an ED. The role involved supporting CYP in lessons, supporting the inclusion manager and liaising with CYP's school and families to ensure schoolwork was sent whilst they were at the school. The researcher had minimal involvement in the reintegration planning during that time. Whilst working there, CYP were observed being discharged and readmitted to the inpatient unit. The researcher got a sense of how challenging it could be for CYP returning to school, after often spending months and sometimes years at the inpatient setting. This led the researcher to wonder what it was that CYP wanted when they reintegrated to school and what helped things to go well in the cases where CYP had not been readmitted. The researcher did not have contact with CYP, their families and their schools once the CYP were discharged from hospital to explore this.

The researcher is interested in strengths based practices, resilience and applying positive psychology. The theories that underpin this research are discussed in section 2.4. The researcher wanted to use their skills developed during this role and during the training course to explore school reintegration, with a population that are often deemed 'vulnerable'.

1.3 Mental Health

1.3.1 Definitions, Statistics & Culture

According to the World Health Organization (WHO, n.d), 10 – 20% of CYP worldwide experience MH difficulties. A meta-analysis exploring prevalence rates globally suggested that 13.4% of CYP had some form of MH difficulties (Polanczyk et al., 2015).

MH can be defined as "a state of well-being whereby individuals recognize their abilities, are able to cope with the normal stresses of life, work productively and fruitfully, and make a contribution to their communities" (WHO, 2003, p.7). The MH charity Mind (2017) state the following:

> Good mental health means being generally able to think, feel and react in the ways that you need and want to live your life. But if you go through a period of poor mental health you might find the ways you're frequently thinking, feeling or reacting become difficult, or even impossible, to cope with.

Mind (2017) also highlight that MH is conceptualised in different ways depending on traditions and beliefs. The terms 'MH problems', 'MH conditions', 'MH disorders', 'mental illness' and 'MH difficulties' are some of the terms used to label difficulties with MH. Cromby, et al., (2013) use the term 'distress' as they argue that the terms 'mental illness' and 'psychopathology' are medicalised and suggestive of disease or sickness. Cromby et al. (2013) define distress as reference to "all of the different kinds of difficult or unusual experiences associated with the hundreds of psychiatric diagnoses currently employed" (p. 6). The researcher will use the term MH difficulties; this includes 'MH disorders' diagnosed according to criteria (using the 'Diagnostic and Statistical Manual of the American Psychiatric Association' (DSM) or the International Classification of Diseases (ICD)), as well as difficulties that may not have been formally diagnosed.

There are concerns around the medicalisation or psychiatrisation of CYPs MH globally, particularly diagnostic labels developed in Western countries (Mills, 2017). More specifically, in regard to prevalence rates that are based on checklists that may not take into account contextual issues for sadness and poor concentration, such as poverty and conflict. It is important to consider socio-cultural factors and Mills (2017) suggests that a focus on enabling

greater access to medication globally may deter attention from increasing social equality and eradicating poverty. This thesis will not explore the debates around medicalisation in depth, nor will it explore the aetiology of MH difficulties, however the researcher does wish to highlight a need for criticality in this area. Furthermore, the researcher acknowledges that there are different perspectives and approaches to MH in different parts of the world.

1.3.2 National Context of Research

The present research was carried out in England. Statistical information from 2017 (NHS Digital, 2018) suggests that one in eight (12.8%) 5 to 19 year olds in England had at least one MH difficulty (considered 'diagnosable' according to the ICD-10). These statistics suggest that up to three children could potentially have a MH difficulty in a classroom (Young Minds, 2021a). The findings from the study were broken down into four broad categories: 'emotional disorders' (N = 8.1% or 1 in 12), 'behavioural disorders' (N = 4.6% or around 1 in 20), 'hyperactivity disorders' (1.6% or 1 in 60) and 'autism spectrum disorder, EDs and other less common disorders' (N = 2.1% or 1 in 50).

More recent data suggested an increase, to one in six (16%) CYP aged 5 to 16 years old now experiencing 'probable' MH difficulties (NHS Digital, 2020). The findings for children aged 5 to 10 were collected from parents completing the Strengths and Difficulties Questionnaire (SDQ). The parents and CYP (11 to 16 year olds) both completed online questionnaires. The findings should be interpreted with caution, given that surveys can be subject to bias. It is also important to note that this data and the present research, was collected during the global coronavirus pandemic. This increase in MH difficulties is not surprising given the many challenges families are experiencing due to the pandemic, amongst other socio political issues.

There is evidence that the impact of the pandemic has further impacted on the MH of CYP (Young Minds, 2021b). The most recent survey was carried out by Young Minds (2021b) in January and February 2021, during a national lockdown. The survey found that 67% of CYP (N = 2438, aged 13 – 25 years old) stated that the pandemic would have negative long-term effects on their MH. CYP reported that they felt anxious, had started self-harming again, were having panic attacks and were losing motivation and hope for the future.

1.3.3 Schools and Mental Health

School have a key role in understanding MH and wellbeing, as well as in preventing difficulties from developing. The impact of having MH difficulties as a child is known to increase the likelihood of disruption to their education and with future employment (Cornaglia et al., 2012). In recent years, the UK government have outlined how they intend to promote good MH and build resilience in CYP. 'Transforming Children and Young People's MH Provision: A Green Paper' (Department of Health and Department for Education, 2017) names schools as vital in identifying and supporting CYP experiencing MH difficulties. This paper emphasised the need for schools to have a Designated Senior Lead for MH, additional funding for new MH Support Teams and reduced waiting times (to four weeks) for access to specialist CYP NHS MH services. The paper highlights the plans for greater joint working between schools and the NHS. There has been an even greater emphasis on MH and wellbeing in schools since the coronavirus pandemic. In response to the pandemic, the Department for Education (2020) launched the 'Wellbeing for Education Return' programme from September 2020, focused on wellbeing and MH support in schools.

1.4 Eating Disorders

1.4.1 Definitions, Terminology & Statistics

The UK EDs charity Beat define EDs as:

> Serious mental illnesses affecting people of all ages, genders, ethnicities and backgrounds. People with eating disorders use disordered eating behaviour as a way to cope with difficult situations or feelings. This behaviour can include limiting the amount of food eaten, eating very large quantities of food at once, getting rid of food eaten through unhealthy means (making themselves sick, misusing laxatives, fasting, or excessive exercise), or a combination of these behaviours. (Beat, 2020)

Cromby, Harper and Reavey (2013) prefer to label eating behaviours and body weight issues, as 'distressed eating' or 'eating problems', emphasising that it is often distressing events and experiences that lead to individuals using eating as a way to cope.

The NHS (2021) states that the most common types of EDs are 'anorexia nervosa', 'bulimia', 'binge ED' and 'other specified feeding or ED'. Beat (n.d.) emphasise that EDs "severely affect the quality of life of the sufferer and those that care for them". Anorexia nervosa has the highest mortality rate of any MH difficulty, with up 10% of individuals dying due to medical complications from low weight or suicide (Knightsmith, 2015). The researcher will use the term 'ED' throughout the thesis to refer to individuals with problem eating and specific diagnoses.

In the UK, there are believed to be 1.25 million people with an ED (Beat, n.d.). Most EDs develop during adolescence (Priory, 2021). The NHS (2021) suggests that girls between the ages of 13 to 17 years old most commonly experience EDs. In the 2017 NHS survey, EDs were identified in 0.4% of 5 to 19 year olds, with 0.7% in girls and 0.1% in boys. Furthermore, 1.6% of 17 to 19 year old girls had an ED. The relapse rate for anorexia nervosa is estimated to be around 31%, regardless of age and is most likely to occur within a year post treatment (Berends et al, 2018).

1.4.2 Schools and Eating Disorders

Schools can help to identify signs of an ED and therefore help CYP to get the support they require (Anna Freud National Centre for Children and Families, n.d. –a; Knightsmith, 2015). Early intervention is important, given that early identification and treatment is proposed as helping individuals to make a full recovery (Beat, 2021). In the government's 'Transforming Children and Young People's Mental Health Provision: A Green Paper', they stated that schools have "an essential role in early identification, particularly for eating disorders" (DoH & DfE, 2017, p. 10).

Knightsmith (2015) highlights that school staff are well placed to recognise warning signs of an ED. Knightsmith suggests that indicators can include 'weight change' (e.g. weight loss, weight gain and weight fluctuation), increased 'isolation' (e.g. withdrawing from friends and family), 'toilet trips' (e.g. to "binge or purge", p. 79), 'baggy or long clothing' (e.g. "to hide extreme weight loss or weight gain", p. 79), 'physical education/sport avoidance' (e.g. to avoid changing clothes in front of others) , 'going out more or less' (e.g. to avoid eating and drinking in front of other people), 'chewing gum or drinking water' (which can be linked to covering the smell after vomiting or drinking water to feel full), 'personality change' (e.g. CYP becoming "very quiet, aggressive or negative", p. 81), 'poor hair, skin and nails', 'toothache and headaches', 'dizziness', 'restrictive eating and food rules', 'scheduling activities during lunch (e.g. leaving no time to eat lunch) and 'absence and lateness'.

The National Eating Disorders Association (2015) in their 'Educator Toolkit' also outline signs and symptoms of an ED specific to school settings, which they group into 'emotional', 'physical' and 'behavioural' changes. For example, they include "changes in attitude/performance" and "displays rigid or obsessive thinking about food, eating, exercise: labels foods as good/ bad; on/off limits for no actual reason; appears uncomfortable or unwilling to share food; inflexible about diet without reason" as some of the emotional signs

and symptoms of an ED (p. 12). In terms of physical signs, they include "sudden weight loss, gain, or fluctuation in short time", "feeling full or "bloated"" and many more (p. 13). Whereas, behavioural signs and symptoms include "diets or chaotic food intake; pretends to eat, then throws away food; skips meals", "creates rigid dietary rules or observes strict diet without medical or religious reason", "exercises for long periods and with obsessional attitude; exercises excessively every day (can't miss a day)" and many more (p. 13).

Schools can support CYP in a number of ways to reduce the impact of EDs and help to prevent them from developing. The Anna Freud National Centre for Children and Families (n.d.-a) suggests that although EDs are less common in primary school children, primary schools can do a number of things to help prevent children developing EDs. They recommend that primary school develop children's social and emotional skills, to help enable the children "to understand and recognise thoughts and feelings, helping them develop effective coping strategies, and promoting self-esteem and resilience" as they state that, "like self-harming, eating disorders can often be a survival strategy in the face of overwhelming emotions and difficulties". Furthermore, they recommend that primary schools teach about physical health, due to the link between mental health and healthy eating, exercise and sleep. The Anna Freud National Centre for Children and Families (n.d.-a) also suggest teaching about body image, through celebrating "diversity and difference", as well as teaching children to "recognise when they are being sold idealised images or misleading advertising images".

It is likely that many secondary school and further education setting staff will encounter students with EDs, given that girls between the ages of 13 to 17 years old (NHS, 2018) are mostly commonly diagnosed. In terms of secondary schools and further education settings, the Anna Freud National Centre for Children and Families (n.d.-a) advise that school staff should be alert to early signs of EDs, emphasising that school staff speak to the safeguarding lead "immediately" if they are concerned about a YP's eating. Additionally, informing the

parents/carer is recommended, as well as a referral to the "local community-based eating disorders service" if parents/carers feel they cannot take their child to the doctor.

Interestingly, Knightsmith (2015) recommends that school staff need support to feel more confident to talk about sensitive issues including EDs and self-harm, to be able to effectively support CYP in school. Suggestions include training about what EDs are and warning signs, as well as school staff knowing strategies and practical ideas to help CYP when they return from treatment. Furthermore, Knightsmith advises that schools have clear policies and procedures in place and proposes that schools regularly talk about MH and wellbeing concerns. Knightsmith argues the need to dispel misconceptions about EDs (and self-harm) to help address the stigma associated with them. Parent workshops and information sessions are also suggested as a way to dispel common misconception, share information and reinforce the importance of schools and parents working together and to reduce the risk of discrimination based on MH difficulties (Knightsmith, 2015).

The EDs charity Beat responded to the 'Transforming Children and Young People's Mental Health Provision: A Green Paper'. They highlighted that designated senior leads for MH will require, "Training in spotting the early signs/symptoms of eating disorders, how to speak to and support young people with an eating disorder, and the process of referral to specialist treatment. They should also be able to access a dedicated helpline for support" (2018, p. 2). Furthermore, Beat asked for clarity around how the MH Support Teams will work with CYP with an ED, given that Community EDs Services for CYP were set up in 2015.

1.4.3 Support for an Eating Disorder

Most CYP with EDs receive support and treatment in community services, however for some CYP who become particularly unwell, outpatient day care or inpatient care is considered appropriate (NHS, 2015). CYP are admitted to a general hospital ward, child and adolescent

unit or a specialist unit for EDs (Knightsmith, 2015). According to the NHS Digital data for England, there were 4962 hospital admissions for CYP under 18 years old with EDs between 2019 – 2020 (Lowe, 2020). Hospital admissions for children with EDs are reportedly increasing in England. The length of hospital admissions can vary; CYP have reported receiving inpatient care from a few weeks to a year or more (Health Talk, 2018). Therefore, for many CYP, they can be absent from their school for long periods of time.

Knightsmith (2015) recommends that schools assign a key person who is suitably experienced and trained to liaise with the hospital staff whilst the CYP are receiving inpatient care. Knightsmith suggests that this individual should request updates from the inpatient unit and may need to persist with this, as inpatient units can be very busy. Furthermore, schools should ensure CYP receive academic work if deemed appropriate or liaise with the onsite education team. Contact with friends is also recommended if the CYP feel comfortable doing this.

1.5 School Reintegration

Reintegration refers to returning to school following an absence from school. Research in the last decade has started to explore school reintegration following hospitalisation for MH difficulties more broadly. Previous studies have also focused on school reintegration for CYP who have been in hospital with physical illnesses (e.g., Georgiadi & Kourkoutas, 2010). Savina et al. (2014) suggest that although there are similarities between being in hospital for physical and MH difficulties (i.e. absence from school and separation from family), MH has associated stigma and can affect CYPs social interactions and friendships. Savina et al. (2014) also argue that CYP with MH difficulties also have the added pressure to "generalise therapeutic gains obtained" (p. 731) in the inpatient setting, into life in the community, including at home and at school.

Due to the length of time that CYP can spend receiving inpatient care for an ED, it is important to focus on school reintegration. Furthermore, in Knightsmith's (2015) book on self-harm and EDs in school, she suggests that CYP can be fearful and have concerns about returning to school after receiving inpatient care, particularly after lengthy absences from school. It can be a stressful experience for CYP returning to school, particularly if they had issues at school prior to the inpatient admission. Knightsmith (2015) argues that reintegrating CYP into school should be done carefully, to prevent CYP relapsing and being readmitted for treatment. Recommendations include a phased return to school, careful consideration around academic expectations, the identification of potential triggers, awareness of relapse warning signs, peer support and preparing staff and other students for the CYPs return to school.

Knightsmith (2015) suggests that schools consider how to support CYP with mealtimes, including timing, location, eating with a trusted person, specific meals, not staring when supervising, not talking about what they have or have not eaten and that CYP can find it challenging after they have finished their lunch. Participation in sports is also suggested as important to consider, particularly as individuals with anorexia nervosa can over-exercise. Suggestions include seeking guidance from health providers, working with the CYP to create a healthy exercise plan, involving parents in the planning, completing exercise diaries (in some cases), discussing appropriate exercise activities, not focusing on weight/physique and keeping in mind that exercise can be a way for CYP to relieve stress. Lastly, Knightsmith (2015) emphasises the importance of sensitivity when CYP are recovering from an ED. This includes avoiding commenting on CYPs appearance, considering the activities in class (i.e. if they are food related, exercise related or about weighing/measuring bodies) and focusing on the individual and not defining them as their ED.

The Anna Freud National Centre for Children and Families (n.d.-b) suggest that schools should ensure that plans are in place to support students with MH difficulties and additional

needs when they transition to a setting. They suggest that these plans should include the sharing information about the CYP's needs in advance of the transition (with parental consent), hand over meetings, a plan to reduce any barriers (i.e. specific equipment, support and resources) and the identification of a key person who will working closely with the student and family, overall managing the effectiveness of strategies. Furthermore, research around transitions more broadly to secondary school, has identified several things that can contribute to a successful transition, including supporting CYP to feel a sense of belonging (Rice et al., 2015).

1.6 Chapter Summary

This chapter provided an introduction to the research. Firstly, the researcher's position was presented, outlining the researcher's background and interests. The national context around MH and EDs was presented with definitions, statistics and links with school. Lastly, school reintegration was discussed. Previous research around school reintegration for CYP who have received inpatient care for MH difficulties is discussed in the next chapter. The rationale and research questions (RQs) for the present research are also stated.

Chapter 2: Literature Review

2.1 Chapter Overview

This chapter begins with details on the purpose of the systematic literature review (2.2) and the review question (2.3). The theoretical underpinnings of the literature search and research more broadly are then presented (2.4). Next, follows the details of the systematic literature approach (2.5). An overview of the papers selected for review are then shared (2.6). The literature review is then presented (2.7). The chapter ends with conclusions (2.8), the rationale for the current research (2.9), the RQs (2.10) and a brief summary of this chapter (2.11).

2.2 Purpose of the Systematic Literature Review

A systematic search and review were chosen as it "combines strengths of critical review with exhaustive search process. Addresses broad questions to produce 'best evidence synthesis'" (Booth et al, 2016, p. 26). Booth et al. (2016) suggest that a systematic approach for reviewing literature helps to ensure there is clarity, validity and auditability. The aim of the present systematic review was to analyse and critically consider previous research regarding the topic of school reintegration for CYP who have received inpatient care for MH difficulties. Furthermore, the search was done in order to identify a gap in the current research, in order to create the RQs for this research.

The researcher chose not to also review school reintegration following hospitalisation for physical health reasons. As stated in the Introduction Chapter (p. 10), the researcher acknowledges that there are some similarities between being in hospital for physical health reasons and MH difficulties (i.e. absence from school and separation from family and friends) and school reintegration (e.g. planning for the school return, reestablishing friendships, the possibility of needing to catch up with schoolwork etc.). However, experiencing MH

difficulties is undoubtedly different to experiencing a physical health difficulty (e.g. MH stigma, the impact of MH difficulties on social relationships, continuing 'therapeutic gains' / recovery in the community and MH hospital admissions can be lengthy), therefore the choice was made to focus solely on school reintegration following hospitalisation due to MH reasons. This may be considered a limitation, however it was deemed appropriate for the present piece of research.

2.3 Literature Review Question

The present literature review aimed to address the question: "What are believed to be the promotive factors and barriers to a successful school reintegration for CYP who have spent time in hospital for MH support?"

2.4 Psychological Theories Underpinning the Literature Review and Research

The review question and research more broadly is influenced by Positive Psychology, Resiliency Theory and Ecological Systems Theory.

2.4.1 Resilience

Although, there is little consensus over the definition of resilience (Ivtzan et al., 2016), the website Boingboing state that their working definition for resilience is "overcoming adversity, whilst also potentially changing, or even dramatically transforming, (aspects of) that adversity" (Hart et al., 2016, p. 3). Boingboing is a website which outlines resilience research and practical ideas to help CYP and adults experiencing disadvantage and inequalities. Ungar (Resilience Research Centre, n.d.) however describes resilience as the following:

> In the context of exposure to significant adversity, resilience is both the capacity of individuals to navigate their way to the psychological, social, cultural, and physical resources that sustain their well-being, and their capacity individually and collectively to negotiate for these resources to be provided in culturally meaningful ways.

Ungar (2012) writes about resilience from an ecological perspective, arguing against a focus on the individual, and highlighting the importance of considering context and culture when considering resilience. The 'international resiliency project', run by Ungar, focuses on developing a more culturally sensitive understanding of how CYP around the world effectively cope with the adversities that they face.

Resilience research has focused on exploring the processes that lead to positive outcomes, particularly for individuals who have been exposed to adversity. Ivtzan et al. (2016, p. 78) suggest that resilience is dynamic and that is "not necessarily something you have or don't have."

There are different frameworks that can assess and help with building resilience. Daniel and Wassell (2002) produced a framework to develop CYPs' resilience, through considering risk and protective factors. The framework consists of six areas: secure base, education, friendships, talents and interests, positive values and social competencies. Hart et al. (2012) developed The Resilience Framework that outlines key components to help with thinking about resiliency: Basics, Belonging, Learning, Coping and Core Self. The framework is not prescriptive and it focuses on ways to build CYPs resilience. The framework is based on research evidence around resilience and direct practice with disadvantaged CYP.

Resiliency Theory (Fergus & Zimmerman, 2005; Zimmerman, 2013) is a strengths based approach to understanding CYPs development and response to adversity. The conceptual framework focuses on identifying positive contextual, social and individual factors that "interfere with or disrupt developmental trajectories from risk to problem behaviours, mental distress and poor health outcomes*"* (Zimmerman, 2013, p. 38). The theory uses the concept of 'promotive factors' and splits this into 'assets' and 'resources'. Assets are the positive factors within the individual. This could include CYPs self-efficacy, self-esteem, competence and

coping skills. Resources however, considers the positive social influences and factors that are external to the individual. Resiliency Theory incorporates the ecological context through the focus on social environmental influences, termed 'resources'. Fergus and Zimmerman (2005, p.405) suggest, "positive adjustment is a resilient outcome, but the process of overcoming the risk is resilience".

For the present literature review, the researcher looked for promotive factors linked to CYP positively readjusting or coping successfully with the return to school following hospitalisation due to MH difficulties.

2.4.2 Positive Psychology

Positive psychology "focuses on what makes individuals and communities flourish, rather than languish" (Boniwell & Tunarui, 2019, p. 2). Boniwell and Tunarui (2019, p. 1) describe positive psychology as "the study of topics as diverse as happiness, optimism, subjective well-being and personal growth". Instead of focusing on negative outcomes or experiences, positive psychology is interested in the positive aspects of life. The researcher is familiar with the application of positive psychology as there is an emphasis on identifying clients' strengths, through strengths based approaches within EPs practice.

Ivtzan et al., (2016) highlight that although positive psychology research focuses on positive aspects of life, it also "investigates and researches some of the most difficult and painful human experiences." (p. 1). The 'second wave' of positive psychology was developed in response to the belief that all things 'must be positive and not negative' and in order to reconceptualise what positive psychology is (Held, 2004; Wong, 2011; Ivtzan et al., 2016). Ivtzan et al. (2016) acknowledges that the journey to a positive outcomes may be painful and challenging.

The choice of the review question and RQs (2.10) were also influenced by positive psychology (Seligman & Csikszentmihalyi, 2000), as the researcher was interested in strengths that link with the school reintegration process going well. However, the researcher was also open to potential barriers when considering school reintegration, in line with the second wave of positive psychology which acknowledge challenges can also lead to positive outcomes.

2.4.3 Ecological Systems Theory

Ecological Systems Theory (Bronfenbrenner, 1979) has also influenced the literature review question and RQs. Ecological Systems suggests that a child's development takes place within the multiple interacting systems. Therefore, children's development should be understood within the different systems. Bronfenbrenner's theory proposed five systems: the micro-system, the meso-system, the exo-system, the macro-system and the chronosystem. A child's family and school are considered the most influential and are part of the micro-system. The relationships with the child and between the systems are considered important. Given that the researcher was interested in identifying promotive factors (which includes external 'resources') for the literature review, the researcher decided to include studies with participants who are CYP, carers, teachers, therapists and anyone else who was involved in coordinating or supporting the hospital (MH) to school transition.

2.5 Systematic Literature Search and Approach

The researcher followed five stages for the literature search process, recommended by Booth et al. (2016), who state that a systematic review must use the following search methods: database searching, grey literature, reference list checking, citation searching, hand searching, contact with experts and ongoing research. A systematic approach to selecting studies is suggested as helping to reduce selection bias (Booth et al., 2016).

2.5.1 Stage 1: Initial search of the literature: scoping search

As part of the initial scoping in November 2019, the researcher explored the topic and available literature. The following electronic databases were selected for this research:

- Academic Search Complete
- Education Research Complete
- Education Resource Information Centre (ERIC)
- APA Psychinfo
- British Education Index
- Child Development and Adolescent Studies
- Science Direct
- Scopus

The databases were selected as they were considered most relevant to the area of research and educational psychology. Scopus was chosen as it is one of the largest abstract and database of peer-reviewed literature: scientific journals, books and conference proceedings.

2.5.2 Stage 2: Conduct search

The researcher carried out the systematic search in July 2020, which focused on the school reintegration process for CYP who had received inpatient care for MH difficulties. This was done to address the review question stated in section 2.3.

Key search terms were chosen following the scoping search. The researcher then searched the databases. Each database was search individually, using key words:

- Reintegration AND “Mental Health” AND schools
- Hospital AND schools AND “Mental Health” AND reintegration
- Transition AND hospital AND Schools
- Transition AND hospital AND Schools AND “Mental Health”

There were variations of these search terms depending on the database being used (see Appendix C for each search conducted), as some of the databases had subject terms index and thesaurus, whereas some databases did not have a subject terms index and thesaurus. Inclusion an exclusion criteria (see Table 1) was applied in order to select the most relevant papers for review.

Table 1

Literature Search Inclusion and Exclusion Criteria

Inclusion Criteria	**Exclusion Criteria**
▪ Articles published from 2010, as only the most recent research was wanted.	▪ Articles published before 2010.
▪ Articles written in English.	▪ Articles not written in English.
▪ Articles from Peer Reviewed journals in order to include articles of high quality. ▪ Relevant doctoral theses also included.	▪ Articles not published in a peer reviewed journal or book chapters, reviews and news articles.
▪ Articles published in the UK or within a context that is similar. International studies considered, particularly from European/Western countries.	▪ Articles published outside of Western contexts excluded.
▪ Articles that focus on CYP who have spent time in hospital for MH difficulties and who were returning or had returned to school.	▪ Articles that focus on reintegration to school in relation to CYP with medical conditions or those with no relevance to review question.

▪ Participants in the studies could be either CYP (who have been in hospital for MH reasons and returned to school), carers of these CYP people, school or medical/health/therapeutic professionals who had been involved in the school reintegration process.	▪ Participants that are anything other than what is stated in the inclusion section.
▪ Studies could be either qualitative, quantitative or mixed method.	▪ Systematic reviews and other literature reviews.
▪ Articles available to access as a full text article. These were either directly accessed via the databases, accessed through the Inter Library Loan Request (British Library) or by contacting an author directly.	▪ Articles that did not have full text access. Furthermore, articles that were not available via the databases or through the Inter Library Loan Request (British Library) or after contacting the author.

The researcher read the abstracts first and then decided whether to go on read the article fully. The researcher requested inter library loans for papers (Blizzard et al., 2016). Once the key articles were chosen, the researcher carried out citation searchers on Scopus for every paper that had been selected for review. This was done to see if there were other relevant papers to include in the review. The researcher identified one article via the Scopus search (White et al., 2017).

2.5.3 Stage 3: Bibliography search

The researcher also searched through the reference list of every paper chosen for review to see if there were any additional relevant articles. The researcher identified two doctoral theses (Tisdale, 2014; Iverson, 2017) in a reference list (Marraccini et al., 2019)

2.5.4 Stage 4: Verification

Any articles that were identified as potentially relevant but were not available to download from the database, were requested via Inter Library Loan (British Library). The researcher then contacted an author of the article, for those which were not available from the British Library. The researchers/authors were all unknown to the researcher and based in either the USA or Canada. The researcher received a copy of an article directly from the author (Marraccini et al., 2019)

2.5.5 Stage 5: Documentation

A detailed summary of the researcher's systematic search for literature can be found in Appendix C.

2.6 Overview of Studies included in Systematic Review

The eight articles and two theses identified during the systematic search were selected for the review. The researcher read and summarised each article (see Appendix D). There was a systematic approach to selecting the studies, however **s**tudies were not excluded on the basis of quality, as there were limited studies available. Studies were selected on the basis of meeting the inclusion criteria (see Table 1) and their relevance to the review question. The researcher used the Critical Appraisal Skills Programme qualitative studies checklist (CASP, 2018) to appraise the studies (see Appendix E for the 'strengths and limitations of each study).

2.6.1 Characteristics of Studies included in Review

Eight articles (Marraccini et al., 2019; Preyde et al., 2018; Preyde et al., 2017; White, et al., 2017; Blizzard et al., 2016; Clemens et al., 2011; Clemens et al., 2010; Simon & Savina, 2010) and two doctoral theses (Iverson, 2017; Tisdale, 2014) were included in the literature review. Both studies published by Clemens et al. (2010; 2011) were included in the review, however it is important to note that both articles are from one study. The 2010 study is

described by Clemens et al. (2011, p. 204) as "a portion of a larger investigation that explored multiple aspects of mental health professionals' perceptions of adolescents' experiences reentering school after psychiatric hospitalization". As stated in the inclusion and exclusion criteria table (see Table 1, p. 18), only literature published within the past 10 years (2010 – 2020) was included in the literature review. This decision was made as the researcher opted to include only the most recent research. However, this could be considered a limitation of the present literature review, as there may have been literature pre-2010 that had explored the focus of the review.

The eight articles and two theses included were all internationally published. Six of the articles were published in the USA, two articles were published in Canada and the two theses were published in the USA. It is therefore important that the results from the review are interpreted with some caution, as studies carried out nationally (UK) may have differed in some ways. There are some differences in healthcare and education. For example, Tisdale's (2014) research highlighted 'insurance' issues with hospital admissions and the impact this can have on the length of admission. Typically, in the UK, the National Health Service provides care 'free at the point of use' for UK residents. There were no studies published in the UK that met the inclusion criteria. Given that the studies are from two Western countries, there will be some cultural similarities, such as attitudes and perspectives on MH. However, despite these similarities, only accessing US and Canadian papers could be considered a limitation of the present literature review.

The studies selected used a range of research designs (Qualitative N = 3, Quantitative N = 3 and Mixed-Methods N = 4). Furthermore, the studies used a variety of data collection methods, including interviews, questionnaires, rating scales and vignettes. Participants included CYP, caregivers/parents, MH practitioners and school staff.

2.7 Literature Review

As already stated in sections 2.3, the researcher made the decision to look for promotive factors and barriers to a successful school reintegration, for CYP who have spent time in hospital for MH difficulties. The studies reviewed are now described and critiqued in more detail. The studies have been grouped into four areas; 'Views of Children and Young People', 'Views of Caregivers/Parents', 'Views of School and Mental Health Professionals' and 'Transition Programme".

2.7.1 Views of Children and Young People

Three studies were identified that gathered the views of CYP; one focused on concerns around returning to school prior to leaving hospital (Preyde et al., 2017) and two on experiences once returned to school (Iverson, 2017; Preyde et al., 2018).

Preyde et al. (2017) explored CYP's (N = 161, average age 15.41 years, 75% female and 57% had a primary diagnosis of depression) views on returning to school prior to leaving hospital. All CYP were receiving inpatient support for their MH at the time of completing the questionnaire (scaling, open-ended question about any transition concerns and questions about specific concerns). Researchers also administered the self-report Strengths and Difficulties Questionnaire (SDQ) to the CYP to explore 'psychological difficulties'.

The aim of the research was to use information around concerns or needs that may require support, to 'inform transition practice'. In terms of psychological difficulties, CYP reported the key area of difficulty as 'emotions', then 'inattention and hyperactivity'. Further data gathered revealed that CYP had several concerns regarding school reintegration and five themes were identified; social situations (N = 57), academic work/progress (N = 50), MH difficulties and impact on school work (N = 30), school environment (N = 21) and managing MH symptoms (N = 20). The most common concern for CYP, 'social situations', related to not

knowing what to say about why they had been absent from school. This followed by worries about falling behind with schoolwork and concerns around difficulties with peers, teachers and schoolwork, which existed before they entered hospital. Participants (N = 52) highlighted that professional therapeutic support would be helpful when they left hospital; this included, counselling, training in coping skills and social skills and overall being supported emotionally. Talking to friends and family (N = 33) and additional academic support/assistance were also highlighted as potentially helpful.

This study overall offers insight into what CYP are worried about and what they feel would be helpful when they return to school. The findings suggest that support with the social aspect of school, schoolwork and managing their MH difficulties are potentially key areas for increasing the likelihood of a successful school reintegration. Individualising support also seems essential, given that CYP reported different concerns and ideas for support. The authors stated that the average stay in the child and adolescent MH unit in this study was approximately seven days. This is noteworthy, as many CYP with EDs can be on an inpatient unit for 6 months to years, therefore they may have quite different views on school reintegration.

A key strength of this study is that elicited the views of CYP and importantly, informed consent and confidentiality were carefully considered. Some CYP were not included in the study due to concerns around understanding and capacity to consent. The recruitment strategy was also clearly stated. It is hoped that taking part in the research may have been an empowering process for the CYP and that their views informed their return to school. The researchers used strategies such as comparing coding of the data and negative case analysis to improve trustworthiness of the research. Examples of the questions asked and quotations for the themes were included. Positively, Preyde et al. (2017) state the theoretical framework underpinning the research, although the authors did not critically examine their own roles in the research.

Preyde et al. then published a study in 2018, where again they elicited the views of CYP, however this time, the focus was on experiences of school reintegration after leaving hospital. Participants were a sample of CYP (N = 62, 68% female and average age 15.56) from a previous study (Preyde et al., 2017), who had consented to being contacted once they had left the hospital. The researchers asked about challenges, how challenges were managed and what went particularly well regarding returning to school. Participants answered the questions over the telephone or via an online survey. Participants reintegrated to a range of different schools in either cities or rural areas. Findings from the study indicated that CYP expressed having neutral-positive experiences (51%) and negative experiences (48.3%) on return to school. Four of the CYP did not return to school as it was said to be too overwhelming.

Three themes were identified from the data in relation to the questions about challenges and overall experiences of school reintegration: social situations, academic progress and MH symptoms. The theme of social situations related to experiences of not knowing what to say to peers, losing friends, bullying and stigma. Whereas the theme of 'academic progress', developed from participants' experiences of feeling behind with schoolwork or finding it hard to catch up. Some participants noted that they had managed the schoolwork and asked for help. The final theme, 'MH symptoms' was created as participants talked about difficulties with anxiety, focus, low mood and the impact this had on schoolwork and social interactions.

In terms of what went well with school reintegration, participants highlighted support received from school staff (N = 12), friends (N = 11) and improvements in family life/relationships (N = 6). In total, only 38 out of the 62 participants responded to that particular question. Participants shared that they received support in the form of a resource room, referred to as 'student success rooms' (N = 17), support from a community nurse (N = 4) and a specific transition person at school (N= 1). This study is helpful as it suggests that CYP may need

support with social interactions, managing academic work and continued social, emotional ans MH support, in order to help the hospital to school transition to be a success.

The purpose of the study was clearly stated, informed consent was gained, data analysis details are presented and the authors discuss what they did to minimise researcher bias (i.e. negative case analysis, two independent raters and peer debriefing). Participants may have liked the anonymity of the online survey and choice of data collection methods, however participants who completed the telephone interview (N = 40), instead of the online survey (N = 22) reported fuller answers and were less brief in their responses. The data could have been richer if it was collected via the telephone. A limitation is the smaller sample size (N= 62) in this follow up study, compared to the larger sample in their previous study (Preyde et al., 2017). The authors highlight a limitation in regards to interpreting the findings, as the participants returned to a variety of different education settings after leaving hospital.

Iverson's (2017) doctoral thesis explored CYPs (N = 8, aged 15 to 17 years old, five female and three male) experiences of the transition from a MH hospital to school. The qualitative study adopted a constructivist paradigm and used interviews to better understand CYPs experience of the school reintegration process. Interview data was analysed at the individual participant level and then later to look for shared experiences among participants.

Iverson identified three overarching themes when examining for shared experiences; academic aspects, social aspects and personal aspects. The theme 'academic aspects' included subthemes; 'schoolwork', 'stress related to schoolwork', 'school staff support', 'having a plan' and 'accommodations'. Whereas the theme 'social aspects' included, 'worried about others', 'bullying and rumours' and 'peer support' as subthemes. Lastly, the theme 'personal aspects' included 'personal growth and development', 'positive thoughts and feelings', 'perceptions of MH' and 'ongoing MH concerns' as subthemes.

This was an insightful study which gave voice to CYP who had experienced the hospital to school transition and highlights possible 'promotive factors' to a successful school reintegration. Many participants experienced a lot of stress when returning to school. However, participants shared that they were supported (by peers and school staff), although some less so. Iverson suggests that school staff support CYP at the individual level and school-wide level. Education around MH difficulties is proposed for peers and staff to improve empathy, decrease stigma and overall improve the transition to school.

Qualitative methodology was appropriate and enabled the researcher elicit the views of CYP who returned to school following inpatient support for MH difficulties. The research was carried out by an experienced counsellor, who carefully considered her personal experiences and biases. Trustworthiness of the research was considered, as the researcher carried out member checks, had peers review the findings and kept a reflective journal. Iverson suggests that limitations to the research include the lack of diversity in the sample (aged 15-17 years old and the majority or participants identified as white) and that the interviews varied in length (i.e. 20 to 60 minutes).

2.7.2 Caregivers / Parents

Blizzard et al. (2016) mixed methods study elicited the views of 44 caregivers (N = 39 mothers), who all had children who had been in hospital due to emotional and behavioural difficulties (primary diagnosis ADHD 36.4%, followed by Mood disorder 27.3%). The study investigated the impact of CYPs hospitalisation and the transition on their caregivers. The quantitative aspect of the study measured 'caregiver's psychosocial resources' and the qualitative part of the study explored 'their perspectives and needs'. Participants were all enrolled in a school transition programme for 12 weeks after their child left hospital, with the primary aim to reduce hospital readmission through increasing the caregiver's psychosocial resources.

This study was included as the qualitative aspect of the study had some relevance to the review question, as one of the questions asked related to parents' views on school. The findings from the interviews suggested that caregivers were concerned about their children's functioning with their SEMH needs and how this impacted on peer interactions, increased bullying and worries of how their children would explain where they have been. Caregivers also highlighted concerns around how their children would cope with work they had missed and for some, they noted that their children were already having difficulties academically before entering hospital. Furthermore, participants talked about the need for their child to change school, attend smaller classes and for their individual education plan to be implemented. Lastly, some caregivers expressed a need for support with advocating themselves and their children, particularly as communication with schools had been challenging and there was a feeling that they were 'not being heard'. These concerns could also be considered possible 'barriers' or challenges to a successful school reintegration. The researchers suggest that parents' needs may benefit from being incorporated in planning for the transition home.

A key limitation was that only a small part of the study focused on school reintegration, the focus of this literature review. However, this study indicates that caregivers and CYP need support during the reintegration process both at home and school. The authors recommend that a designated person should be selected who will communicate with hospital staff, school staff and the community. Participants reported that their children had spent between two and ten days in an inpatient setting for MH reasons. This is important to note, as like Preyde et al. (2017), there are likely differences in experiences for CYP with EDs who can spend much longer in an inpatient setting. Strengths of this study include that the researchers made an effort to reduce bias in the coding of the qualitative data through having at least two individuals code the data. The theoretical framework was also presented.

2.7.3 School and Mental Health Professionals

Overall, five relevant studies were included that focused on the hospital to school return from the perspectives of school staff or MH professionals (Marraccini et al, 2019; Tisdale, 2014; Clemens et al., 2010, 2011; White et al., 2017).

Marraccini et al. (2019) investigated protocols and procedures across schools in the USA, that were in place to support CYPs school reintegration post hospitalisation for MH reasons. The authors were interested in exploring how schools handle the school reintegration, with the aim of using any insights to highlight strategies to increase the likelihood of a successful reintegration. Marraccini et al. describe the school re-entry for these CYP as a being a "critical time in recovery" (p. 615). Data were collected through an online self-report questionnaire sent to school psychologists (N = 133 - there was no demographic information). School psychologists were selected as the authors posit that they are well placed and skilled to help the hospital to school return be successful, given their training in MH. Results from the data found that 16.5% of school psychologists said they had no formal written school reintegration protocol, 45% had an informal procedure and 38% had no protocol or procedure. Participants viewed three procedures as the important for successful school re-entry: phone communication with hospital staff, creation of an individualised re-entry plan and meeting with family and YP. The re-entry plans can include information about additional support from services, a designated space that CYP can go to and overall focus on a gradual return to school.

The study also found that the reintegration planning process usually includes school counsellors and families, as well as other professionals, depending on CYPs needs. Participants tended to be involved in completing risk assessments. The authors noticed that very few of the school psychologists noted that CYP were involved in the planning (58.8%). Finally, the study found that participants perceived their school's reintegration support as higher quality, where there was an informal procedure or formal protocol compared to those in schools without any.

The authors suggest that having these procedures and protocols may be an essential thing for schools to do to support CYP returning from a MH hospital.

Although this article does not directly focus on what may contribute to successful school reintegration, it does provide invaluable insight from school psychologists on how CYP can be supported. The choice of participants seem appropriate, however the study could have been even better if it were to include data from school counsellors too, given the involvement they were highlighted as having in the reintegration process. Furthermore, given the method of data collection (questionnaire), the research lacks the richness that can be gathered via qualitative methods, although it is important to note that a section for 'other' responses was available. Positively, the online nature of the questionnaires may have encouraged greater participation in the study and the anonymity may have produced more honest responses.

Simon and Savina (2010) explored the role and perspectives that special education teachers (N = 210) have around supporting CYP with the hospital (MH) to school transition process. At that time, the authors highlighted that there was a limited amount of research on CYP returning to school settings following MH inpatient treatment. Participants on average had worked with 10.36 CYP who had transitioned from hospital to school. Results indicated that special education teachers typically communicated with parents (76%) and hospital professionals (45%) prior to CYP transitioning to school from hospital. Once the CYP had returned, 91% had contact with parents and less, 37%, had contact with hospital staff. Participants highlighted several areas of knowledge, skills and resources that were desired by special education teachers when supporting the hospital to school return: information about CYPs MH diagnosis (N = 174), consultation with hospital staff (N = 163) and parents (N = 145), hospital discharge summary (N = 156), behaviour management skills (N = 130) and consultation with school psychologist (N = 114). Participants were asked to comment on behaviours that CYP displayed in school on return. The most common behaviours reported

were ‘off-task behaviour’ (N = 137), ‘disruptive behaviour’ (N = 124), anxiety (N = 112), ‘argumentative behaviour‘ (N = 95) and ‘withdrawn behaviour’ (N = 95).

The study found a significant, albeit weak, correlation ($r(209) = .178$, $p < .01$) between participants who reported more problem behaviours and a need for more knowledge, skills and resources. The final results of this study focused on participants’ views on when they believed is the most critical time when the CYP return to school, in terms of days, weeks or months. The majority of participants reported that the first to third day at school (43%) was the most important and crucial time for CYP. Overall, this study suggests the importance of planning (prior to the CYPs return given the crucial first few days), communication (with the hospital staff and parents) and having a good understanding of CYPs individual needs. The study had a good sample size with several participants (61%) having 12 or more years’ experience in the role.

This study provided insight into aspects that could be key to a successful school re-entry. However, given the nature of a quantitative study, it could have been even better if it had explored the participants’ experiences in more detail through interviews. Furthermore, this study could have benefited from eliciting information on CYP with specific MH needs and overall further exploration into the participants’ likely rich experiences. Despite the detailed information about recruitment and the analysis, the authors did not discuss their position in relation to the research or provide information about their background, raising questions around possible bias.

Tisdale’s (2014) doctoral thesis used a mixed-methods design to explore the hospital to school return, from the perspectives of school based MH professionals (SMHP, N = 24) and hospital MH professionals (HMHP, N = 7). The study aimed to build on Simon and Savina’s (2010) study. Tisdale’s study had three aims; to gain insight into SMHPs ability to put in place

CYPs transition plans (fidelity of implementation); to gather the views of HMHPs on what is important in a transition plan; and to compare SMHP and HMDP views on the hospital to school return. Findings suggested that the more resources (such as working collaboratively with HMHPs, staff support and training) available, the more SMHPs felt prepared to support CYP with the hospital to school transition.

The study also found that overall SMHPs and HMHPs had similar views in the best possible transition practice. Participants highlighted the importance of multiagency working, school MH resources, planning and families/schools working together. In terms of being able to implement the transition plan successfully, SMHP identified that the plan needs to be appropriately created, with key people involved and that it is important that there is support from necessary people to implement the support and overall plan. Barriers to a successful school return, from the interview data, were grouped into five themes: resources and expectations, professional collaboration when CYP are in hospital, transition meeting/reenty, CYP/family dynamics and insurance issues. These were said to be consistent with what was reported in the surveys and narrative part of the study.

Tisdale completed member checks to help ensure the trustworthiness and authenticity of the study. In terms of possible limitations to this study, the interviews in this study were handwritten and not audio recorded, at request by the participants, therefore some things may have been missed. Furthermore, the issue with insurance appears to be more specific to the context of the country it was carried out in (USA) and is less applicable to the UK context. Overall, this study has been helpful in emphasising what may help to contribute to positive outcomes for CYP returning to school after leaving hospital following MH treatment.

Clemens et al. (2010) qualitative study provides the views of MH professionals, with experience supporting CYP with the transition to school from a MH hospital. The purpose of

the research was to explore the perceived experiences and needs of CYP during the transition, in order to gain insight into how best CYP can be supported. The authors note that the CYP had transitioned to school following short-term hospitalisation for their MH. 14 MH professionals (working in inpatient settings N = 4, outpatient settings N = 4 and schools N = 6) were interviewed, and the authors carried out an inductive analysis of the data. The findings from the interviews focused on CYP having 'academic, social and emotional' needs, which the authors term as 'domains'. In terms of 'academic' domain, participants highlighted the effects of absences (catching up on work), pre-existing academic issues (impact of anxiety or attention difficulties on learning too) and that not all CYP were necessarily ready to return to school (lacking coping skills). For the 'social' domain, participants shared that some CYP had social issues before going into hospital, referring to 'unhealthy behaviours', substance use or stressful dating relationships. One participant however, highlighted the benefits for CYP who have social connections to sports and supportive friends. Furthermore, participants felt that CYP worry about explaining their absence to peers. The participants also discussed the negative impact hospitalisation has on previous friendships for CYP. The final domain 'emotional' related to participants' views that CYP could find the return to readjustment to school as overwhelming.

It is positive that the authors of the study piloted the interview questions, tried to use random sampling as much as possible (to minimise bias) and were able to recruit a good sample size, given the qualitative nature of the study. Furthermore, it was evident that the authors had considered possible biases as they shared their views on the topic. Trustworthiness of their study was also carefully considered; member checks were carried out and an external auditor assessed their findings. Overall, the research by Clement et al. illuminates the possible challenges to a successful reintegration for CYP from the perspective of MH professionals. It highlights the importance of carefully considering CYPs academic, social and emotional, both

strengths and needs, and planning accordingly how CYP can best be supported. Based on MH professionals' experiences of supporting CYP, the re-entry to school can clearly be an overwhelming experience.

In 2011, Clemens et al. published an article, using the same sample (14 MH professionals) and interview data from their previous study (Clemens et al., 2010). This article focused specifically on identifying assets and barriers to a successful reintegration to school. The results outlined five factors, termed as domains that came out of the interview data: school-based factors, student factors, familial factors, MH care system and systemic factors. Families, school staff and hospital professionals were all considered to have an important role in supporting the CYP with hospital to school transition. The findings indicated the importance of communication across all domains. Parental involvement was identified as an important familial factor effecting CYPs school re-entry. Creating an individual plan was considered important as a school-based factor, as was understanding CYPs MH needs. The authors suggest that CYP will likely benefit from schools electing a key person as a 're-entry coordinator' and a supportive check-in person. The authors also highlighted that much of their findings were similar to previous research on reintegration to school (for CYP with physical needs and illnesses), however 'continuity of MH care' was unique to this study. This study was helpful in highlighting promotive factors which could increase the likelihood of a successful school reintegration.

Strengths of this study include that there was good sample size and the choice of participants seemed appropriate given their experiences supporting with the transitions. Furthermore, the interview guide was refined following a pilot of it, the analysis clearly stated and efforts were made to increase the trustworthiness of the research. In terms of limitations, the authors stated that there were some inconsistencies participants' views around 'student factors'.

2.7.4 Transition Programme

White et al. (2017) evaluated the application of a training programme aimed at supporting CYP to return to school, following a MH hospital admission and crisis. It is important to note that some CYP who took part in the programme had been in hospital for MH difficulties (inpatient) and others had attended daily therapeutic interventions 3 – 5 days a week (referred to by the authors as partial hospitalisation). The findings are from a sample of 189 CYP, who all had a MH diagnosis and where the authors had a complete dataset, although they are part of a larger study. This programme included a designated room for CYP to use at the school on return, one or more clinical support person, academic support person in the designated room, a personalised transition plan with goals, tutoring to catch up on work, SEMH support to cope with any challenges, coordination between school counsellor and community support and lastly, family support. The authors found statistically and clinically significant improvements in programme staff ratings of CYP's functioning at school, specifically improvements in mood, self-harming behaviours and 'school functioning' compared to when they first transitioned back to school. Furthermore, CYP in enrolled in the programme tended to leave it after 10 weeks and returned to regular school lessons.

Related to the present literature review question, there is evidence from this study that on return from hospital following MH support, CYP with MH difficulties may benefit from structured academic and SEMH support, in order to help the reintegration be as successful as possible. This may for example include a 'go to space' in the school and it may also consist of a gradual reintegration back into lessons. This research highlighted the challenges that many CYP may experience on return to school.

It is important to note that there was no control group in which to compare outcomes with. There may have been bias in reporting by the programme staff in terms of outcomes; the research could have benefited from including the views of CYP or teachers through other

means of data collection (i.e. interviews). It is also not clear whether the CYP consented to being part of the research through taking part in the programme.

2.8 Conclusion

Overall, the systematic literature review revealed a range of studies with varying designs, measures and participants. It revealed that the process of school reintegration can be an overwhelming experience for CYP, their families and other key people involved. However, what is evident from this literature view, is that there are important 'promotive factors' or 'practices' that are believed to contribute towards positive outcomes for CYP leaving hospital (MH) and returning to school. For example, the importance of communication between key stakeholders, individualised planning, support from school staff and a designated person to coordinate (Marraccini et al., 2019; Clemens et al., 2011; Blizzard et al., 2016; Simon & Savina, 2010; Preyde et al., 2018; Tisdale, 2014). Related to this, there are also 'barriers' or 'challenges' in the literature linked to a successful school re-entry. For example, worries about social interactions, coping with missed schoolwork, managing MH needs and bullying (Preyde et al., 2017; Preyde et al., 2018; Iverson, 2017; Blizzard et al., 2016; Clemens et al., 2010). There appeared to be a lack of qualitative studies that have focused on what went well in detail and overall positive examples of returning to school.

Only three studies elicited the views of CYP. Preyde et al. (2018) was a particularly important study given that it elicited the views of 62 CYP who had the lived experience of being in hospital due to their MH and who had returned to school. Similarly, Iverson's (2017) qualitative research was insightful as it provided the views of eight CYP, who again had experiences of the transition from a MH inpatient setting to school. Furthermore, there was only one study which included the views of carers/parents (Blizzard et al., 2016). It seems that most researchers have used school and MH professionals' expertise and experiences to explore this topic. The studies included in the present literature review were all international and

focused broadly on CYP with differing MH difficulties. There is a clear gap in the literature for studies carried out in the UK context.

2.9 Rationale for Current Research

Schools and EPs have a key role in preventing and supporting CYP with MH difficulties. EPs as part of statutory duties (i.e. educational, health and care needs assessments) and as part of their work in settings, assess and support CYP who are experiencing MH difficulties, this can include CYP with EDs. Furthermore, EPs support schools to prepare CYP for transitions.

It is apparent from the literature review that there is a clear gap in research around supporting CYP with school reintegration following inpatient care for an ED. As outlined in the introduction, EDs are considered as 'serious MH problems' (NHS, 2020). There is a high mortality rate for individuals with anorexia nervosa and relapse rate is high regardless of age. The studies in the literature review referred to hospitalisation for MH difficulties as lasting between 2 days and 14 days (e.g., Iverson, 2017; White et al, 2017). CYP with EDs can be admitted for inpatient care and be absent from school for long periods of time. The researcher's previous role revealed that some CYP receive inpatient care for an ED for a few months to several years. It seems essential that there is a greater understanding about how best to support CYP as they reintegrate to school following inpatient care for an ED. Knightsmith (2015) suggests that the reintegration into school needs to be handled carefully for CYP who have received inpatient care for an ED. It is hoped that supporting CYP with the reintegration following inpatient care for an ED, it will overall improve positive outcomes and reduce the likelihood of a relapse.

2.10 Research Questions

To address the research gaps and provide a unique contribution to research, the present study seeks to answer the below RQs in regard to CYP who have 'successfully' reintegrated from inpatient care for an ED to school.

- RQ1: What are the views of the YP, parent, home school tutor/key contact and hospital school key teacher on what went well during the school reintegration process?
- RQ2: What are the views of the YP, parent, home school tutor/key contact and hospital school key teacher on what could have been even better during the school reintegration process?

Firstly, the decision to include CYP (the 'cases') who have reintegrated, was made as the researcher believes it is essential to elicit their views of CYP, given that they are at the center of what is being researched. Furthermore, the decision to include the parents and school staff (both hospital and community school staff) was made as the research is influenced by Ecological Systems Theory (Bronfenbrennar, 1979), which emphasises the multiple influences involved in children's development. The micro-system is understood as having the most direct impact on a child's development (home and school) and the meso-system is the relationships that occur within and between the micro-systems around the CYP (e.g. peer interactions, relationships with school staff, experiencing a sense of belonging at school, communication between home and school). Additionally, by including several participants, it was hoped that the researcher would gain a more holistic understanding of the school reintegration process. Resilience research also emphasises the importance of resources external to CYP.

EDs are complex and it is important to add that the researcher acknowledges that although there is a focus primarily on micro-system and meso-system in this research, EDs can be impacted on at the other levels of the eco-systemic model (e.g. the exo-system and the

macro-system). In terms of the exo-system, the factors and systems that are beyond the immediate environment of CYP, media exposure has been linked to body dissatisfaction and disordered eating (National Eating Disorders Association, 2021). Research has linked the internalization of exposure to the Western 'thin ideal' to women presenting with disordered eating (Keel & Forney, 2013). This links to the macro-system, the cultural context that the CYP lives in, as girls and women in particular have been exposed to messages that thinness is valued in Western society (Mentzer, 2011). Furthermore, in terms of the exo-system and school reintegration more specifically, school funding could impact on the support available for CYP during the reintegration process, as well as the school staffs understanding of EDs/MH, if training has not been delivered in this area. Government policies could also impact on the CYPs experience of reintegrating to school. As could parents' availability to support with the school reintegration process.

The focus on 'what went well', is linked to positive psychology, focusing on what helps individuals to flourish. Through highlighting strengths, it can provide insight around how the CYP were able to thrive and reintegrate successfully. By also focusing on 'what could have been even better', participants have the opportunity to highlight aspects of the reintegration that were more negative. The researcher is aware from their previous role, that an inpatient admission for an ED can be a challenging and stressful experience for CYP and their families.

2.11 Chapter Summary

This literature review presented a discussion and critique of previous research, identified through a systematic literature search. This was done in order to explore what might promote and or present as a barrier to a successful hospital to school transition for CYP who had received inpatient care for MH difficulties. Furthermore, it was done importantly to identify gaps in the literature and develop the present RQs.

Chapter 3: Methodology

3.1 Chapter Overview

The purpose of this chapter is to outline the methodology adopted for the present research. This section starts by outlining the purpose of the research (3.2). The ontological and epistemological positions adopted by the researcher and a discussion of other theoretical positions are then considered (3.3). A description is then provided of the research design (3.4), followed by the method and data collection (3.5). Presented next is the data analysis undertaken to address the RQs and other approaches considered for data analysis (3.6). Research trustworthiness is then discussed (3.7). Lastly, this chapter ends with a discussion of ethical considerations (3.8).

3.2 Purpose of Research

The purpose of research is typically to explore, describe, explain and/or evaluate. An exploratory approach can be adopted when a researcher is seeking to understand more about a topic or idea, where there is little or no previous research. Similarly, descriptive research tends to focus on areas that are not well understood, however it focuses on describing the nature of a particular phenomenon. Explanatory research focuses on identifying cause and effect relationships. Lastly, evaluative research is used when trying to "establish worth or value of something" (Robson & McCartan, 2016, p. 76).

The purpose of this research is exploratory. It explores participants' views on 'what went well' and 'what could have been even better' during the YP's reintegration to school, following inpatient care for an ED. The purpose of this research could also be considered emancipatory to some extent, particularly as it provides an opportunity for individuals to share their views on this topic, given that there is no previous literature in this area. Emancipatory research aims to empower individuals who have been oppressed or disadvantaged; this can be

done through direct or indirect action (Robson & McCartan, 2016). Furthermore, by adopting a positive psychology perspective to the research, this enables the researcher to highlight participants' strengths and resources.

3.3 Ontology and Epistemology

The researcher carefully considered paradigms in research, including the ontological and epistemological assumptions that underpin the paradigms, in order to decide on the most appropriate methodology for the present research. This section will therefore describe the philosophical assumptions of the researcher and outline other positions that can underpin a piece of research.

3.3.1 Research Paradigms

Mertens (2015, p. 8) defines a paradigm as "a way of looking at the world. It is composed of certain philosophical assumptions that guide and direct thinking and action". These assumptions influence the approach adopted for a study. Therefore, when designing the present study, it was important for the researcher to identify their current worldview. The paradigm or philosophical worldview underpinning research includes an ontological and epistemological position. Ontology is concerned with the nature of reality and its existence. Epistemology is concerned with the nature of knowledge and how we come to know something. Braun and Clarke (2013, p. 29) state, "epistemology determines what counts as valid, trustworthy, 'true' knowledge within a community".

Mertens (2015) suggests that the four major paradigms in research are post-positivist, constructivist, transformative and pragmatic. However, Robson and McCartan (2016) discuss the 'quantitative paradigm', which includes positivism and post-positivism, as well as the 'qualitative paradigm', which includes 'social constructivism/constructionism'. Robson and

McCartan (2016) also explore the paradigms pragmatism and critical realism. Kelly (2016) suggests that social constructionist and critical realist approaches are typically adopted by EPs.

Positivist researchers posit that there is one single reality and truth (Mertens, 2015). Research in this area often uses quantitative data (Braun & Clarke, 2013) and seeks to establish cause and effect relationships (Robson & McCartan, 2016). Knowledge is considered as being there to be discovered, through direct observation, direct experience or measurable facts (Krauss, 2005). Positivist research is viewed as independent of the researcher and free of influence and value, therefore emphasising objectivity (Mertens, 2015). Furthermore, positivists are interested in finding the facts and this approach emphasises that knowledge be acquired in a 'scientific way'. The present study focuses on gaining the views on a phenomenon, with no intention to generalise the findings or to argue there is one truth about the school reintegration process.

Post-positivists agree that there is an independent reality; however, they have the stance that it can "only be known imperfectly and probabilistically in part because of the researcher's limitations" (Robson & McCartan, 2016, p. 22). Post-positivists aim to reduce bias and establish validity and reliability, as they acknowledge that researches can influence the research. Related, realism is said to have elements of both positivism and constructivism (discussed next), frequently described as lying somewhere in between the two. Realism takes the stance that there is a knowable world and one truth, discovered through appropriate research methods (Braun & Clarke, 2013).

Critical realism is a variant of the realist paradigm. Ontologically, critical realists take the stance that there is a reality that exists, however it "is not wholly discoverable or knowable" and it acknowledges that people can have different perceptions of reality (Krauss, 2005, p. 761). Epistemologically, this perspective posits that there are "no 'facts' that are beyond

dispute. Knowledge is a social and historical product. 'Facts' are theory-laden" (Robson & McCartan, 2016, p. 31). Research underpinned by this approach often seek to answer questions of how or why something happens. Realists are concerned with finding explanations, in particular, "how mechanisms produce events'" (Robson & McCartan, 2016, p. 31) and the contexts in which they might occur. The present study is not concerned with identifying mechanisms or factors; therefore, this was also deemed unsuitable for this research.

A key assumption of the constructivist paradigm (Mertens, 2015) is that knowledge is socially constructed by people in interaction with their environment and through engaging in interpretation. Robson and McCartan (2016) suggest that the "task of the researcher is to understand the multiple social constructions of meaning and knowledge" and that "the central aim or purpose of research is understanding" (p. 25). Rather than one knowledge, there are many knowledges (Braun & Clarke, 2013). Knowledge is culturally and historically bound; constructions can change. Ontologically, the constructivist approach has the view that there is no objective reality, instead multiple realities and truths exist (Robson & McCartan, 2016). Therefore, individuals interpret things differently according to their different perceptions and constructions of a phenomenon. Referring to 'social constructionism', Burr (1995, p. 6) states, "it might be said that we construct our own versions of reality (as a culture or society) between us." Researchers adopting this paradigm acknowledge that you cannot separate your own values or those of others. Researchers are viewed as having an active role in constructing knowledge (Mertens, 2015). Qualitative methodology is frequently used in this paradigm, with the use of interviews and observation for data collection.

A social constructivist approach is adopted for this research. When considering the phenomenon of 'what went well' and 'what could have been even better' during the school reintegration process, the researcher is of the opinion that participants will have their own unique views and perspectives that will be highlighted during the interviews. The researcher

believes that there are multiple realities and many knowledges, which is in line with the assumptions of this paradigm. The researcher will later consider their own impact on the research, in line with a constructivist paradigm.

3.4 Case Study Methodology

This research adopts a multiple-case study methodology and design. It is a multiple-case study design as it compromises of two cases studies. This approach was chosen for this research as it allows the topic in this study to be explored in a thorough and in-depth manner. Two cases were included in total due to the time available to complete the study. Also there was clear criteria to taking part in the study (outlined in section 3.5.1). Although a pilot study is recommended by Simons (2009), it was not carried in the present study due to time available.

The process of carrying out case study research varies in type and purpose (Robson & McCartan, 2016; Yazan, 2015; Thomas, 2011; Simons, 2009; Merriam, 2009; Yin, 2018; Bassey, 1999; Stake, 1995). Study designs in case study research differ as they are chosen "to suit the case and research question" (Hyett et al, 2014, p. 1). Hyett et al. (2014) note that due to the differences in case study research, researchers can find it challenging to understand case study methodology. The most distinctive feature of a case study is the focus on a particular case or small number of cases (Robson & McCartan, 2016). A case can be an individual, a group, institution, a neighbourhood, a service, a decision, a programme and other things (Robson & McCartan, 2016). A study can be a single case or have multiple cases. Case study research can use qualitative and quantitative methods. A case is studied because it is "peculiar or particular" (Hyett et al, 2014, p. 2).

In the present study, a qualitative case study design was chosen in order to explore multiple views on two events of school reintegration that were considered to go well overall. A qualitative case study design was deemed appropriate, as it is in line with the present

researcher's social constructivist paradigm, which believes in multiple truths and realities. Interpretivist and constructivist epistemology are primarily aimed at understanding and personal experience, with a preferred method being qualitative. The 'cases' in this study are of two YP who successfully reintegrated to school, following inpatient care for an ED. The two case studies are similar in that they are both examples of a school reintegration that were considered to have gone well. However, they are still both considered unique. The case studies provide in-depth data (i.e. multiple views from multiple participants) on returning to school following inpatient treatment for an ED. Criteria for the case studies is outlined in the next section.

3.5 Method and Data Collection

3.5.1 Participant Recruitment

The researcher carefully selected participants to be included in each case study, known as purposive sampling. As stated earlier, the researcher previously worked in a school that is attached an inpatient setting for CYP with EDs. The researcher contacted the headteacher from that school to request help with recruitment. Consent was gained from the managers of the inpatient setting and onsite school for the headteacher to contact parents of previous students who had fully reintegrated into school and previously attended the inpatient unit (see Appendix B for copy of email with consent). See Table 2 for the inclusion criteria for the case studies.

Table 2

The inclusion and exclusion criteria for the present study

Inclusion criteria	Exclusion criteria
The YP (male or female) previously received inpatient treatment and support for an ED for at	The YP was in hospital for a shorter admission (less than 3 months).

least 3 months. As explained in the introduction, an ED can be anorexia nervosa, bulimia, binge ED or other specified feeding or ED.	
The YP attended the onsite hospital school, continuing to receive educational input from teaching staff, during the hospital admission.	The YP did not attend the hospital school while in hospital, therefore not receiving education.
The YP returned to either secondary school or college/sixth form (Year 7 – Year 13), when they were discharged from the inpatient setting.	The YP was in primary school when they reintegrated, or they left education completely after leaving hospital.
The YP fully reintegrated for at least 6 months.	The YP has reintegrated back for less than 6 months. The YP has partially reintegrated and is still receiving inpatient treatment at the hospital.
The YP can either still be in school or sixth form. Alternatively, they can now be a young adult who has left school and would be willing to discuss the reintegration (no longer than three years ago).	The YP reintegrated to school following the hospital admission over three years ago.
Informed consent is given from the parent and YP for the researcher to also interview the hospital school key teacher and home school tutor/key person.	Informed consent is not given by the parent and YP agreeing for the researcher to also interview the hospital school key teacher and home school tutor/key person.

Informed consent has been obtained from the YP, parents, hospital school key teacher and home school person. This will enable the case study to compromise of the four participants to give an in-depth and holistic picture of school reintegration.	No informed consent for all four participants.

The headteacher contacted parents of previous students to explain the research. The researcher explained to the headteacher that they were looking for participants who generally felt that the reintegration had overall gone quite well and outlined the inclusion criteria. The YP and parent both had to feel that the school reintegration had overall gone well, so that they would be able to discuss what went well.

Five parents were contacted in total by the headteacher. Four parents agreed to share their contact details with the researcher. Potential participants were given time to consider taking part in the research, before being contacted by the researcher for further information about the study. The researcher did not have any names of participants until the potential participants (parents and their child) agreed for the headteacher to pass on their contact details, due to the importance of upholding confidentiality.

The researcher then contacted potential participants (parent and their child) to explain the study and to provide the information sheets and consent forms. The researcher then contacted the hospital school key teacher and home school key person following consent from the parent and YP, to explain the study and seek consent for their participation in the research.

3.5.2 Case Selection

In total, eight participants were selected, with four participants in each case study. The participants were selected as they met the inclusion criteria (see Table 2). Table 3 outlines the participants in each case study, any names are pseudonyms.

Table 3

Information about the participants from the two case studies

Participant	Case study 1	Case study 2
YP	• Gemma. • Female. • 20 years old at the time of the interview. • Now at university after leaving sixth form with three A*s. • Went into an inpatient setting for inpatient care for an ED (anorexia nervosa) whilst in Year 12, for eight months. • Attended the onsite school whilst receiving inpatient care. • Returned to school in the community on a part-time basis in the summer term (May), whilst she was in Year 12.	• Jasmine. • Female. • 18 years old at the time of the interview. • Now in Year 13. • Went into an inpatient setting for inpatient care for an ED (anorexia nervosa) whilst in Year 9, for two and a half years. • Attended the onsite school whilst receiving inpatient care. • Returned to school in Year 12 on a full time basis in September.

	• Returned to school fully in year 13 (sixth form) in September.	
Parent	• Hayley. • Involved in supporting her daughter Gemma throughout the school reintegration process.	• Beth. • Involved in supporting her daughter Jasmine throughout the school reintegration process.
Home school key contact	• Tamara. • Pastoral mentor of the YP in Year 12 (during partial reintegration and before inpatient admission). • Tamara left the role at the school before Gemma returned to school in September (Year 13). • Gemma requested the researcher speak to Tamara as she had been a key person involved in directly supporting her during the start of her reintegration in Year 12.	• Alice. • Pastoral lead in the school that the YP returned to. • Alice was involved in planning and supporting with the school reintegration process.
Hospital school key teacher	• Bianca. • Gemma's key person at the onsite school attached to the EDs unit. • An experienced teacher, who has taught in mainstream schools and	• William. • Jasmine's key person at the onsite school, attached to the EDs unit.

	in hospital schools for CYP receiving inpatient support for an ED. At the time of the interview, Bianca had six years' experience of teaching in hospital schools for CYP with EDs. • Bianca left the role during the summer holidays. She started the reintegration planning for Gemma before the summer holidays.	• An experienced secondary school teacher, who has taught in mainstream schools and in hospital schools for CYP receiving inpatient care for an ED. • William started the reintegration work for this YP, but left the job before the YP was discharged from hospital.

3.5.3 Data Gathering Method

This section focuses on the method of data collection used in this case study research.

3.5.3.1 Semi-structured Interviews

Qualitative methods are suggested as preferable when studying the experiences and complexities of something in-depth (Simons, 2009). Typically, interviews, document analysis and observation are the most common qualitative methods used in case study research. Interviews are can enable the researcher to gain multiple views (Robson & McCartan, 2016) and to explore the topic of interest in detail. Stake (1995, p. 64) suggests "the interview is the main road to multiple realities", in line with the constructivist underpinning. Semi-structured interviews were therefore chosen as the most appropriate method to explore multiple participants' views in relation to the school reintegration process. The interviews retrospectively explored the school reintegration process. A retrospective approach collects data on a past phenomenon (Thomas, 2011).

Although quantitative methods can be used in case study research, it was not deemed appropriate in this case study research. Quantitative research typically looks for relationships between variables, looks for norms or general patterns and ultimately seeks to generalise the findings. Whereas, qualitative research is interested in process and meaning, searching for patterns and people's stories rather than cause and effect (Braun & Clarke, 2013). Interviews can enable researchers to capture participants' own thoughts and opinions around a topic or experience, instead of the researcher having preconceived ideas, such as the items on a questionnaire.

Due to the Covid19 pandemic, the decision was made to conduct the semi-structured interviews remotely, instead of face-to-face; the ethics application was updated to include that the interviews would take place via Microsoft Teams. The strengths and limitations of face to face to face interviews (Braun & Clarke, 2013) were still considered relevant. Braun and Clarke (2013) suggest that interviews enable researchers to have a typically small sample, gather rich and detailed data and that they are a good approach for exploring sensitive issues. Conversely, interviews can be time consuming for participants and researchers, lack in breath due to a small sample and are not always the best option for sensitive issues, as some people may prefer an anonymous survey. Video conferencing websites such as Skype have been suggested as useful, as it "offers researchers a novel interview method to collect qualitative data" (Janghorban, et al., 2014, p.1).

3.5.3.2 Interview Questions

The researcher was guided by recommendations made by Braun and Clarke (2013) regarding conducting successful qualitative research. An interview guide was created beforehand (see Appendix H). When creating the interview guide, in addition to being influenced by positive psychology, the researcher kept in mind the importance of creating a guide which would help with building trust and rapport with participants. This is considered

essential if participants are to share personal views and experiences. Open-ended questions were asked to elicit views in the participants own words. The questions were designed so that they would give the participants the opportunity to speak about school reintegration more broadly, as well as to elicit views on what went well during reintegration and what could have been even better, in line with the RQs. The interview guide was redrafted to ensure that it enabled the researcher to answer the RQs; the researcher did not consider the guide as fixed. Furthermore, the researcher did not stick to the exact wording throughout the interviews as they wanted the interview to be as natural as possible, in line with the flexible nature of semi-structured interviews. Also, some participants talked about things that linked to interview questions before the researcher had asked the specific questions.

When designing the interview guide, the researcher followed Braun and Clarke's (2013) suggestion of including a closing question, as they state that a good closing question can enable participants to raise things that are important, which has not been covered and that they sometimes "trigger really useful unanticipated data" (2013, p. 81). The researcher asked the closing question of "is there anything else you think is important for me to know? Or anything else you would like to say or any kind of final thoughts" at the end of the interviews. An opening question which is quite general and open for participants to respond to, which is less sensitive or direct is also suggested.

3.5.4 Procedure

Before the interviews, participants read the information sheet and returned the signed consent form. All data collection took place during July – October 2020, via Microsoft Teams, an online video conferencing platform. The researcher and participant were able to see each other via video. The interviews were audio recorded using a Dictaphone. Time was spent building rapport at the beginning of the interviews. The researcher checked consent and

recapped the purpose of the research before starting the interviews. Participants were informed of their right to withdraw, take a break and ask questions. The interviews lasted between 45 to 65 minutes. Following the interview, participants were thanked and debriefed verbally. The debrief sheet was shared via email (see Appendix G) and included contact details for the researcher, the research supervisors and organisations that provide support. Participants were informed verbally of the next steps with the research. The audio files of the interviews were uploaded to the computer, saved securely and then transcribed verbatim.

3.6 Data Analysis

3.6.1 Thematic Analysis

Braun and Clarke's (2006; 2020) 6-phase thematic analysis (TA) guide (See Table 4) was used to analyse the interview data separately for both case studies.

Table 4

Phases of Thematic Analysis (Braun & Clarke, 2006)

	Phase	Description of the process
1	Familiarising yourself with the data	Transcribing the data verbatim, reading and rereading transcript, checking for accuracy and noting down initial codes.
2	Generating initial codes	Coding interesting features of the data in a systematic way across the dataset, collating data relevant to each code.
3	Searching for themes	Collating codes into potential themes, gathering all the data relevant to each potential theme.
4	Reviewing themes	Checking if themes work in relation to the coded extracts and the entire dataset, generate a thematic map.

5	Defining and naming themes	Ongoing analysis to refine the specifics of each theme, generation of clear names for each theme.
6	Producing the report	Final opportunity for analysis selecting appropriate extracts, discussion of the analysis, relate back to the RQ or literature, and produce the report.

TA was chosen as an appropriate method for data analysis as the researcher wanted to identify themes across the whole dataset, rather than focus on each individual piece of data collected for a case study. TA has clear guidelines, which are particularly helpful for a novice qualitative researcher. Furthermore, TA is considered a flexible method for data analysis in terms of theoretical framework, as it is not bound to any specific theoretical position or method of data collection (Braun & Clarke, 2006; Clarke & Braun, 2013). It can be used to answer a range of RQs, as well as with analysing different types of data.

TA focuses on identifying themes or patterns within data. The themes are used to attempt to answer the RQs or to say something about the topic/area being explored (Braun & Clarke, 2006). A 'theme' is consequently something that stands out in the data as important, in relation to RQs, which has meaning and is a patterned response. Before generating themes, the researcher codes the data. Braun and Clarke (2013) define the distinction between a code and theme in the following way, "a good code will capture one idea; a theme has a central organising concept, but will contain lots of different ideas or aspect related to the central organising concept (each of these might be a code)" (p. 224). Braun and Clarke (2006) argue that themes do not simply 'emerge' from the data, instead they come from the researcher taking an 'active role' in identifying themes and "selecting which are of interest" (p. 7).

The present study conducted a deductive TA as the researcher was influenced by previous theory (i.e. positive psychology lens), as it focused on exploring constructions around what went well primarily. Themes were identified as theoretically interesting in order to answer

the two RQs. Braun and Clarke (2006; 2013) suggest that it is possible to have both semantic (data driven) and latent level (more of a theoretical interpretation) codes and themes when carrying out TA. Themes were identified at both the semantic and latent level. For example, in the Findings Chapter, there is evidence throughout of the researcher using the participants' language, but also applying a theoretical lens – positive psychology – to it.

The researcher acknowledges that there are possible weaknesses to using TA, such as the limited interpretative power and that the analysis can potentially end up as 'realist' descriptions of what was said by participants. Braun and Clarke state that there is the opinion by some researchers that it lacks substance compared to other approaches.

As already stated, the researcher followed Braun and Clarke's six phases of TA. The dataset (data from the four participants) from each case study was analysed separately. For each case study, the researcher did the following (see Appendix I and J for examples of analysis):

- Phase 1: Interviews were audio recorded and transcribed verbatim by the researcher, which helped with becoming familiar with the data.
- Phase 2: Transcripts were coded on the right-hand column on Microsoft Word. Complete coding was completed in relation to the two RQs. 'Complete coding' is the process involved in identifying parts of the data that relate to the RQs across the entire dataset (Braun & Clarke, 2013).
- Phase 3: The researcher then grouped the coded into potential themes, also on Microsoft Word.
- Phase 4: The researcher developed initial themes and created a thematic map.
- Phase 5: The themes and the names of the themes/subthemes were refined. One thematic map was created for each case study.

3.6.2 Alternative approaches considered

Exploration of potential ways to analyse the data led to the researcher's decision to use TA for the reasons stated in the introduction to this section. However, Grounded Theory (GT) and Interpretative Phenomenological Analysis (IPA) were also considered. Braun and Clarke (2006) state that GT and IPA strive to describe patterns in the data; however, GT and IPA are theoretically bound and have their own methodology.

3.6.2.1 Interpretative Phenomenological Analysis

IPA (Smith & Osborn, 2003) is a phenomenological approach to qualitative research. IPA focuses on exploring individual's lived experiences and the meanings that are linked to those experiences, whilst focusing on how people perceive and talk about things. Researchers using IPA recognise that researchers cannot fully access an individual's world and acknowledge that as researchers, they are making sense of other's experiences through their own interpretations. This dual interpretative process is referred to as double hermeneutics, as the researcher is trying to make sense of an individual also making sense of their world. It is proposed as an accessible approach for novice researchers due to the clear and specific procedures (Braun and Clarke, 2013). A critique of this approach is that the guidance can be considered as too prescriptive and that it lacks the theoretical flexibility of TA. IPA was not chosen as it focuses on the individual experience.

3.6.2.2 Grounded Theory

GT was also briefly explored as an additional method to analyse the qualitative data and overall methodology in the present research. GT is concerned with developing a theory from the data. Interviews are often used as the method of data collection. Braun and Clarke (2013) state that there are five varieties of GT. Although the present researcher will not go into detail about the different approaches to GT, full GT is described as trying to create a theory from the data; therefore, it is an inductive methodology (Glaser & Strauss, 1967; cited in Braun

& Clarke, 2013). With GT, the researcher does not typically engage with previous literature prior to the analysis. Braun and Clarke (2013) suggest that GT can be complex and highly demanding. This approach was not chosen as the researcher was not intending to create a theory, due to the nature of a case study design.

3.7 Research Trustworthiness

This section focuses on the trustworthiness of the current research, which relates to the quality of the research. Guba and Lincoln (1989) proposed the following criteria to assess quality of qualitative research or what they termed 'trustworthiness': credibility, transferability, dependability and confirmability. Although the present research uses a case study design, the mentioned criteria for qualitative research is deemed appropriate, as the data was gathered via interviews only.

3.7.1 Credibility

In qualitative research, credibility is suggested as the criteria that is related to whether the findings are credible or believable (Mertens, 2015). Whereas in quantitative research, this is referred to as internal validity, which is interested in assessing whether the research measures what it set out to measure. Given that the present research has a constructivist underpinning, the researcher was concerned with correctly presenting their constructs around what went well and what could have been even better during the school reintegration. Prior to the interviews commencing, time was taken to build rapport to help participants feel at ease. Throughout the interviews, the researcher regularly checked their understanding of what had been said by participants. This was done as a way to reduce the potential for misinterpreting participants' views. The interviews were also all audio-recorded to increase accuracy and transcriptions were carefully transcribed verbatim by the researcher.

Furthermore, member checking is a technique that can be used as a technique to check a researcher's account with the participants, peers and supervisor, in order to reduce researcher bias (Braun & Clarke, 2013; Mertens, 2015). This has also been termed respondent validation. Merriam and Tisdell (2015) suggest that preliminary findings be shared with some of the participants interviewed. This is done in order to find out if the findings 'ring true'. The researcher carried out member checks with their supervisor for both case studies. Furthermore, Member reflections is proposed as a technique which "does not assume a single reality" (Braun & Clarke, 2013, p. 285) and fits with the researcher's ontological assumptions. The researcher shared the themes from each case study with the participants. There were no disagreements about the themes and subthemes. Participants did not ask for anything to be changed.

3.7.2 Transferability

In qualitative research, transferability refers to the application of the findings to other contexts. This is suggested as external validity in quantitative research, which is interested in the generalizability of results. Mertens (2015, p. 333) states "in qualitative research, the burden of transferability is on the reader to determine the degree of similarity between study site and the receiving context." It is important to reiterate that the research is underpinned by social constructivism; therefore, the research did not aim to produce findings that are generalizable or replicable. However, the researcher does suggest implications from the research in the Discussion Chapter that can be considered by the reader. The researcher has provided extensive details about the research details, known as the 'thick description'. This can help the reader make judgements about the present research (Mertens, 2015).

3.7.3 Dependability

Dependability relates to the findings from the research being replicated and the overall stability of the findings (Mertens, 2015). In quantitative studies, this is referred to as reliability. Again, given that the current research is underpinned by the constructivist paradigm, change is

expected (Mertens, 2015). The researcher has provided details of each step in the research process, known as an audit trail. An audit trail is a full detailed record of the research process. The researcher has detailed the procedure and six step TA used in this research; evidence of the analysis can be found in the Appendices. The Findings Chapter also provides numerous direct quotations from the participants. Furthermore, the researcher has all raw data (audio recording of the interviews and the transcripts) saved securely.

3.7.4 Confirmability

Confirmability is concerned with the findings (both the data and interpretation) as being reflective of participants' views, rather than the researcher's belief and biases. This is known as objectivity in quantitative research. As stated earlier, the researcher has provided an audit trail of the research. The Introduction Chapter started by outlining the position of the researcher, in order to demonstrate that the researcher had considered their experiences, beliefs and biases. A research journal was used as an additional way for the researcher to reflect on their thoughts and feelings following the interviews and throughout the research process. Furthermore, the research procedures are detailed in this chapter.

3.8 Ethical Considerations

3.8.1 Ethical Approval

Ethical approval for this study was obtained from the University of East London School of Psychology Research Committee (see Appendix A). The research adhered to the British Psychological Society's (BPS) Code of Ethics and Conduct (2018) and the BPS' Code of Human Research (2014). In the latter, the BPS outline four principles to inform psychological research practice which informed the current research: Respect for the autonomy, privacy and dignity of individuals and communities, scientific integrity, social responsibility and lastly,

maximising benefit and minimising harm. The principles were considered carefully prior to applying for ethical approval and when carrying out the study.

3.8.2 Informed Consent and Right to Withdraw

The BPS (2014) suggest that valid consent includes ensuring participants consent freely and withdraw freely. This includes providing an information sheet with sufficient information in an understandable way, as well as providing a debrief. Informed consent (verbal and written) was gained for all participants prior to taking part in the research. The purpose of the research was explained to the participants on three separate occasions to ensure the participants understood the purpose of the research. This also gave the participants opportunities to freely consent and just as important, withdraw should they wish to. All participants agreed that they understood the purpose and implications of taking part in this research. Consent was obtained through the following steps.

1. Four separate information sheets and consent forms were created: one for the YP, the parent, the hospital school key teacher and the home school key contact (see Appendix F for the information sheets and consent forms). The information sheets sought to clearly explain the research through clear language and detailed what the research would involve, the right to withdraw (without having to provide a reason), confidentiality and anonymity, how the data would be stored and how long participants have after the interviews should they wish to withdraw (up to three weeks after the interviews). If anyone did decide to withdraw, then all data from the case study would be removed, given the design of the study. In the current study, no participants asked to withdraw their data. The consent form outlined four key points that participants were consenting to by signing the consent form.
2. Following this, the headteacher who agreed to help with recruitment, explained the study to potential participants over the phone (parents only).

3. Information sheets and consent forms were then emailed by the researcher to potential participants (parent and YP) who had consented to the headteacher passing on their email addresses to the researcher.
4. Following the initial email, the researcher explained the research process again in email, even to those who had said they consent and would like to take part in the research.
5. Written consent was obtained from parents and their child to contact the hospital school teacher and home school key contact to invite them to take part in the research. It was explained that due to the case study design, the researcher would need the hospital school teacher and home school key contact to also consent for the parent and YP to participate in the research.
6. The researcher then separately contacted the hospital school teacher and home school key contact over email and obtained written consent.
7. Written consent was obtained for all eight participants over email before the interviews were conducted.
8. During the day of the interviews, participants were provided with another explanation of the research, given the opportunity to ask any questions and rights to withdraw.

3.8.3 Confidentiality and Data protection

The BPS (2014, p. 20) state that "participants in psychological research have the right to expect that information they provide will be treated confidentially and, if published, will not be identifiable as theirs", although they posit that if this cannot be guaranteed, this must be discussed prior to consenting to participate. The confidentiality of all data in this study was maintained, and the researcher was fully committed to ensuring that there was nothing which

could identify participants. A research data management plan was approved by the University of East London Data Management Team.

All data was anonymised, and all eight participants were assigned pseudonyms. The information sheet outlined that names of participants, the school and hospital school would not be included in the write up of this research, to ensure that nobody could be identified. The researcher reiterated this before the interview. All data was securely stored in separate drives and password protected. The audio recording on the Dictaphone was deleted once it was uploaded onto the computer following the interview. The audio recordings and transcripts were saved in separate drives. The researcher anonymised the participants during transcription and gave participants numerical codes. Consent forms were stored in a separate file with password protection.

3.8.4 Risk: Safety of Participants and Researcher

Potential risks were considered prior to submitting the ethics application and throughout gathering data. The BPS (2014, p.13) state that "it can be difficult to determine all potential risks at the outset of the piece of research. However, researchers should endeavor to identify and assess all possible risks and develop protocols for risk management".

The researcher did not anticipate any physical or psychological risks to the participants taking part in the research. However, although the research focused participants' views of what went well, the researcher did consider that participants might experience some discomfort, revisiting a potentially stressful time in their lives. In consideration of this, participants were reminded that they could take a break at any time and that they had the right to not answer a question, without being asked why. Interview questions were designed to not invoke distress. Due to the nature of the study, the questions were mostly framed to elicit views on what went

well during the reintegration process and whether support could have been even better. One question asked about challenges and if this challenge had been overcome in some way.

Time was spent building rapport prior to asking the interview questions to help create a comfortable atmosphere. Due to the nature of the interviews taking place over Microsoft Teams, the researcher checked that participants were in a space where they were comfortable to talk openly before commencing with interviews. Although participants were all 18 years or older, the researcher kept in mind the BPS guidance for psychologists using online platforms with YP (2020). The researcher has experience working in consultation with YP, parents and school staff as a TEP, therefore has experience discussing sensitive issues and managing distress of others. Furthermore, as outlined in the Introduction Chapter, the researcher had experience working with CYP with EDs due to working at the school attached to the inpatient setting for CYP with EDs.

Participants were provided with a debrief sheet which outlined the researcher's and researcher's supervisor's contact details and it signposted the participants to services which provide support, should they need this. The researcher was not contacted for any reasons following the completion of the interviews.

3.9 Chapter Summary

This chapter outlined the research methodology, as well as the chosen approach to data analysis. To recap, the exploratory and constructivist research adopts a multiple (two) case study design, which used interviews to gather the data. TA was used to analyse each case study dataset separately. Research trustworthiness was discussed, followed by an exploration of ethical considerations.

Chapter 4: Findings

4.1 Chapter Overview

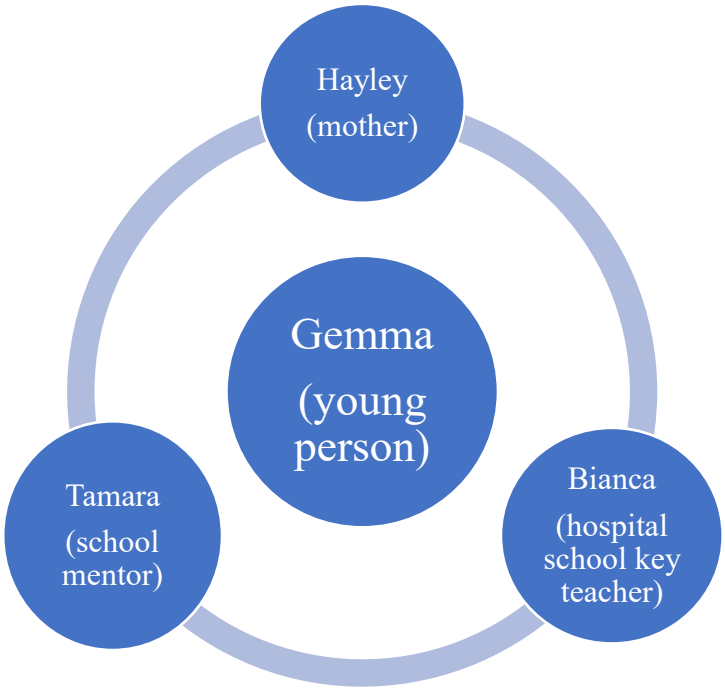
This chapter outlines the findings following the data analysis process. It is split into the findings from Case Study One (4.2) and Case Study Two (4.4). One final thematic map is presented for RQ1 and RQ2 for each case study. Following the thematic map, a description of the themes and subthemes are presented separately for RQ1 and RQ2, with direct quotations from the participants.

4.2 Findings for Case Study One

Figure 1 provides an overview of the four participants from Case Study One. Please see section 3.5.2 (Methodology Chapter) for details about the participants.

Figure 1

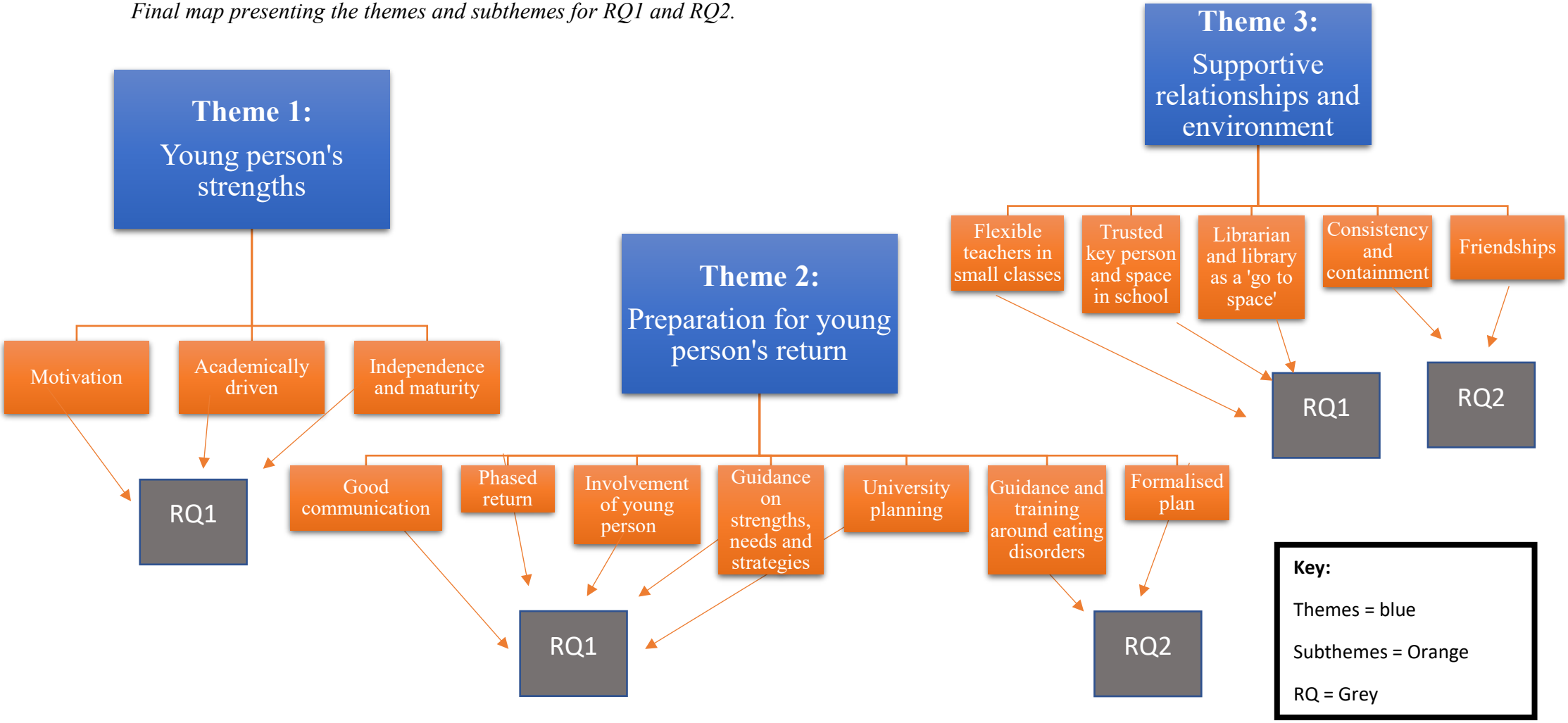
A visual representation of the participants in Case Study One



4.3 Thematic Map for Case Study One

Figure 2

Final map presenting the themes and subthemes for RQ1 and RQ2.



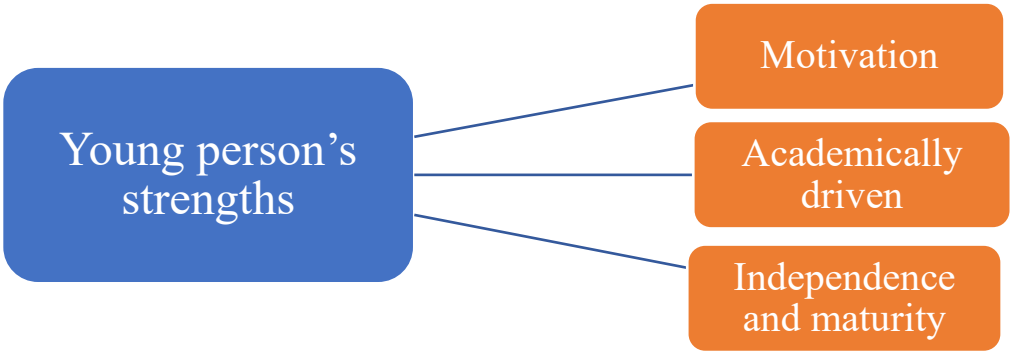
4.3.1 RQ1: Case Study One

What are the views of the young person, parent, home school tutor/key contact and hospital school key teacher on what went well during the school reintegration process?

4.3.1.1 Case Study One Theme 1: Young person's strengths

Figure 3

RQ1: Case Study One Theme 1



Theme 1 reflects the views related to Gemma's individual characteristics. Participants spoke about her role in relation to aspects of the reintegration that went well.

4.3.1.1.1 Subtheme: Motivation

This subtheme highlights Gemma's eagerness and motivation to be back at school. Gemma's mother, Hayley, emphasised that Gemma was keen to return to school as soon as possible, "Gemma was always enthusiastic to get back into school at the earliest opportunity." (Hayley, line 5). Things were described as going well early on during the phased return to school, which was linked to Gemma's motivation to be at school, "We agreed she would reintegrate into…the history lesson…to start with the very gentle introduction. And it seemed to go very well, because she was always motivated to be there." (Hayley, line 7-9). Similarly, Bianca stated that she thought that Gemma was eager to return back full time, "I think she was quite keen to go back as full time as possible right from the start". (Bianca, line 265). Gemma

similarly shared that she was a motivated individual, “I was very self-motivated.” (Gemma, line 446).

Hayley stated that without the motivation Gemma had, it could make the school reintegration more challenging, “her level of motivation was… extremely good... Well, yeah, that's her motivation to do it, because I know of other people and they're not motivated and it's an awful lot more difficult in some ways” (Hayley, line 213-215). Hayley also highlighted that Gemma had previous positive experiences of returning to school following inpatient support for an eating disorder, “she’d had two previously good reintegrations. So she was well motivated” (Hayley, line 614-615).

4.3.1.1.2 Subtheme: Academically driven

This subtheme reflects the views about Gemma’s academic nature and ambition to do well academically. Bianca stated, “she was obviously really particularly ambitious wanting to do well.” (Bianca, line 37). Similarly, Tamara stated, “she is a very driven person… she just had the attitude of I want to succeed and I want to do well.” (Tamara, line 419-420). When Gemma returned to school, she was ahead with schoolwork, “I'd got ahead of everyone else and I had done most of core three before I went back.” (Gemma, line 121-122). Gemma talked frequently about the development of her independent study skills whilst she was at the inpatient unit’s onsite school. Hayley highlighted that Gemma was ahead of many students, “even when she got back to maths. She was ahead of most of the rest of the students. So she was doing her own work, because she pushed herself on so far.” (Hayley, line 77-78).

Tamara also mentioned Gemma’s drive and focus on studying, “…whenever she wasn't in lessons she was revising or studying… that was her focus and… her… drive.” (Tamara, line 159-160). Tamara described Gemma as being an ideal student, emphasising Gemma’s uniqueness, “I’ve never known anyone like her. She is very, very unique and her, I think her

approach, it's like she's the like the ideal student… because… she'll do everything she can to make it happen" (Tamara, line 302-303).

Tamara highlighted that she's received positive emails, commenting on how well Gemma was doing, "She got on so incredibly well and everybody was so happy with her progress and the way that she was doing, that there wasn't much need for constant checking back" (Tamara, line 66-67).

4.3.1.1.3 Subtheme: Independence and Maturity

The final subtheme reflects participants' views of Gemma demonstrating a high level of maturity and independence during the school reintegration process. Participants talked about Gemma as being mature, "She was so mature that… it was like she was much more comfortable with adults" (Bianca, line 234-235). Gemma seemed to be viewed as an individual who was able to make decisions for herself and articulate her needs, "she was somebody who was very good at making decisions for herself and had opinions" (Bianca, line 135-136).

Gemma was able to communicate independently with teachers, which Hayley related to Gemma's age, "I don't think I ever spoke to the maths team but she was able to do all that herself. Because obviously… when you're talking about someone who's just turning 18" (Hayley, line 84-85). Gemma spoke about how she was able to articulate her educational needs, which she related to the development of her independent study skills, "I was actually able to go to school and say, well, I have developed these independent study habits and I would like to take a different additional module" (Gemma, line 132-133). Similarly, Tamara highlighted that Gemma was able to share her thought with Tamara and this helped prevent issues from occurring:

> …because she was able to verbalize those thoughts and feelings then… you didn't have that error happen so much 'cause she was able to say how things were making her feel. I think if

she wasn't able to do that in lessons, she would be able to come and talk about it afterwards. (Tamara, line 362-363)

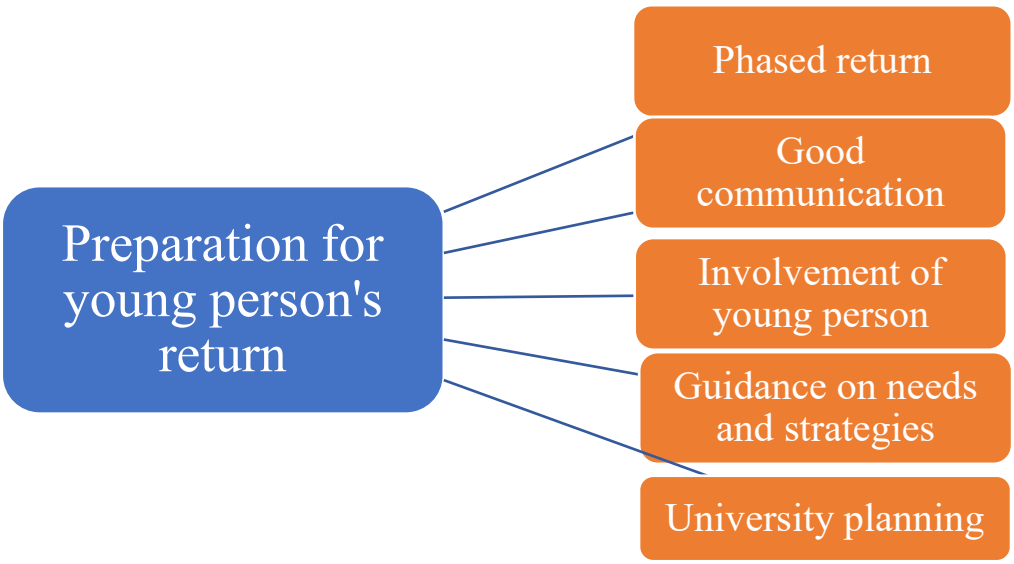
Tamara also spoke about Gemma becoming quite independent as she settled back into school, “she could come when she wanted to… she was pretty independent. She did, once she was in the swing of things, you know she'd pop in. Sometimes she'd pop in, have her lunch and then she'd be off again” (Tamara, 222-224).

Hayley spoke about it being important for Gemma to take the lead and be empowered. Hayley had discussions with teachers when necessary, but the emphasis was on Gemma doing this, “I chose to let her take the lead because I thought it's actually more powerful for her to be doing that” (Hayley, line 92).

4.3.1.2 Case Study One Theme 2: Preparation for young person’s return

Figure 4

RQ1: Case Study One Theme 2



Theme 2 reflects the views on the planning and preparation of school staff and Gemma for her return to school.

4.3.1.2.1 Subtheme: Phased return

Hayley, shared that Gemma had a phased return to school over several months, “She gradually worked up to doing I think three days a week before September” (Hayley, line 35). The phased return enabled Gemma and the school to be well prepared for her full time return. Gemma highlighted that the gradual return enabled them to ensure things were working well, “it was fairly gradual, making sure that everything sort of was working” (Gemma, line 21). Hayley highlighted that there was careful planning around the specific days and lessons, to enable Gemma to meet with all of her subject teachers:

> It was fortunate we'd started early in May, because so much was already done by then… if it had been left later, that would have been a much more of an issue but because… over that half term from May to July, she attended every lesson that she had… she met with each teacher in each class… she went in on different days... So obviously, as a sixth former, you don't have a full timetable. So the different days were quite meaningful. (Hayley, line 16-20)

During the summer holidays, key people (Tamara and Bianca) involved in the reintegration left the current roles. Hayley suggested that the initial planning had enabled Gemma to reintegrate well in September, despite these individuals leaving, as Gemma had been able to meet with her teachers as part of the preparation to return:

> I think she'd gone through that initial stage of how are we going to get into reintegrate with all her teachers. So when she went back in September, the actual subject teachers were all staying, so she was relating to them rather than the team that had been organising the reintegration. (Hayley, lines 172-174)

4.3.1.2.2 Subtheme: Good communication

This subtheme relates to communication during the planning process. In particular, Bianca, the hospital school key person, commented on the good support and communication from the school and parents, “we were really lucky because, parents were really supportive and really communicative and so was the college... that was like the basis, the groundings for it to work really well” (Bianca, line 3-8).

Bianca highlighted that the school would ask questions prior to Gemma’s return and suggested that the communication promoted a sense of safety for Gemma when she returned to school, “But what was good… the teachers definitely would ask questions to us and vice versa… there was really good communication, so I think that made her feel safe” (Bianca, line 431-433). Bianca spoke about Gemma’s school keeping in contact, “there are times when… school hardly ever comes back to you… whereas they were great” (Bianca, line 240-241).

Hayley also stated that she was communicating with Bianca regularly trying to arrange the school reintegration to help it go well, including problem solving when there was a clash between a school visit and a psychology group at the inpatient unit.

> Bianca and I were having regular correspondence.... that's worth saying, you know, we were literally exchanging emails, two or three a day on some occasions to make sure it worked… But we'd sort of worked out… it would be good for her to go in these days… then the hospital decided that they had a group that they wanted to run... Bianca and I, wanted her to be in school Monday, Tuesday… the priority had to be the psychology…however because we were liaising closely, we were able to work around that. (Hayley, line 36-45)

Related to that, Hayley also shared that there was regular communication to ensure that Gemma could still do her voluntary job, when she started returned gradually to school, “She volunteered there and she didn't want to miss the day she was going in there. So it was it was

Bianca and I backwards and forwards with the school trying to work out which days…" (Hayley, line 50-51).

4.3.1.2.3 Subtheme: Involvement of young person

Participants all identified that Gemma had been involved in the planning and that it was important that she had some control over it. At times, participants linked this to her maturity and age, as she was coming up to 18 years old, "…it's really important and especially somebody older, mature... feels that she has control over all of her integration" (Bianca, line 128-129). Furthermore, Bianca mentioned, "it was really important for her to come on board on that… I did get the feeling that she likes that being in control and… saying this is what I'd like" (Bianca, line 140-141).

Hayley noted that she tried to include Gemma in the planning, particularly given her age, "I certainly tried to include her because she was just coming up to 18. The meetings which we had with the school, she was involved with. I was talking regularly to Bianca, but she was being involved as well" (Hayley, line 652-653). Tamara spoke about Gemma being involved and being able to lead the way, "just having her… lead the way really, because she can… she's not one of the young people that.. you have to really carry along. You know she's just doing it and you're there to watch her be great" (Tamara, line 490-492).

Bianca commented that Gemma's mother listened to Gemma, "mum was also really great at… taking control as well, but always listening to what Gemma wanted… it was like the perfect scenario. Everybody fitting together in the jigsaw puzzles…it was great and really supported as well" (Bianca, line 247-250). As part of the planning, Gemma was involved in deciding how she wanted the school return to go. Bianca referred to the importance of Gemma considering how she wanted things to be at school, which included eating:

> How it's going to be and if she feels she's ready then to eat at school… maybe she could eat supervised with a member of staff in a separate room, which could lead to eating with a friend in a separate room... But it had to be as much led by her as the professionals around her. (Bianca, line 133-135)

Bianca also highlighted that Gemma was happy with the reintegration care plan, "She saw her care plan, she was happy with her plan" (Bianca, line 261). The care plan was created by the onsite school and outlined her needs and strategies to support her. Gemma also mentioned the plan, "Yeah, so we made a made a plan with obviously my key teacher at HOSPITAL NAME SCHOOL, also with the school" (Gemma, line 32). Gemma talked about needing support around eating when creating the plan, again demonstrating her involvement in preparing for her return, "I think, main things we came up with the things like I still need support around eating that stage… I needed support with lunch. And my mum would actually come in and support me to have my lunch" (Gemma, line 34-36).

4.3.1.2.4 Subtheme: Guidance on strengths, needs and strategies

This subtheme reflects the views in particular of Bianca, who was involved in preparing the school prior to Gemma's return, through sharing guidance and advice. As already mentioned, there was a reintegration 'care plan' created for the school Gemma was returning to, "so on that plan you have... these are the concerns and these are the strategies we suggest you try" (Bianca, line 116-117).

Bianca emphasised the importance of ensuring the school understood Gemma's needs, "I suppose it's the bottom line is… they are aware of absolutely all of her challenges" (Bianca, line 456). Bianca highlighted that school staff needed to also be aware of strategies, "all the members of staff that taught her know the issues and the strategies to help her and they can look out to see what's going on and that for catching the habit before it gets bigger" (Bianca,

line 443-444). Related to that, Bianca also mentioned that everyone who taught Gemma needed to understand her needs, particularly as she studied at a school with two separate campuses.

Bianca highlighted the need for her school to also recognise Gemma's strengths, "encouraging her gifts and recognizing that her eating disorder, her OCD, her tics, everything is just part of her as well" (Bianca, line 189-190). Tamara spoke about the importance of taking a strengths based approach with Gemma, "really kind of take that strength based approach. And not kind of minimize the struggles, but you know it's about, it's about keeping that balance" (Tamara, line 292).

Bianca described how she informed the school about Gemma's needs including her tics (Tourettes's Syndrome) and perfectionist tendencies. Bianca also made recommendations about how to support Gemma and the importance of encouragement:

> On the care plan and talking with and emailing… the link person… I put those things down and I specified… don't ignore the tics, be aware of her perfectionism, try and encourage her… it was also about encouraging her to do things within time limits as well. (Bianca, line 103-106)

Related to this, Bianca explained how the school were advised of questions to ask, related to Gemma's perfectionist tendencies, " it's all about… knowing what to look for and knowing how to support and asking the right questions" (Bianca, line 498). Furthermore, Bianca highlighted that Gemma should have a key person to check in with her and to talk to when she returned to school, "It was really important she had that key person back in college… that was really important and that she knew who it was going to be, which she did" (Bianca, line 158). Bianca highlighted that Gemma would need to safe to talk to this key person.

4.3.1.2.5 Subtheme: University planning

As already stated in Theme 1, Gemma was motivated academically and education was important to her. The subtheme relates to preparing Gemma for university, something that her peers at her school were doing. Bianca spoke about how she supported Gemma with this:

> Part of the reintegration I think, was to help her choose her course. Choose her university, help her with the kind of wider reading, etc... I remember I found a really interesting talk for her in NAME of GALLERY… we organized for her to be able to go… to this talk as well, so she could write about that in her personal statement… it was doing things peers should be doing. (Bianca, lines 29-36)

Bianca highlighted that they had looked at different universities and open days, emphasising that this was also what Gemma's peers would have been doing too.

> We looked at different universities… talking about different places she could go to… I think she got time off to go to open days as well, so that was supposedly part of her reintegration, again it's doing things that all the young people would be doing at her own school. (Bianca, line 190-196)

Bianca suggested that it was important for Gemma's motivation for her to plan for university, "then there was for her to have… motivation to keep going, i.e. with the possibility that she could get to university" (Bianca, line 23-24) and "this whole thing about if she wants to go to universities and etc just making her feel all that's possible… sometimes her challenges feel overwhelming. Just keeping, that just keeps you motivated when things are difficult" (Bianca, line 503-504).

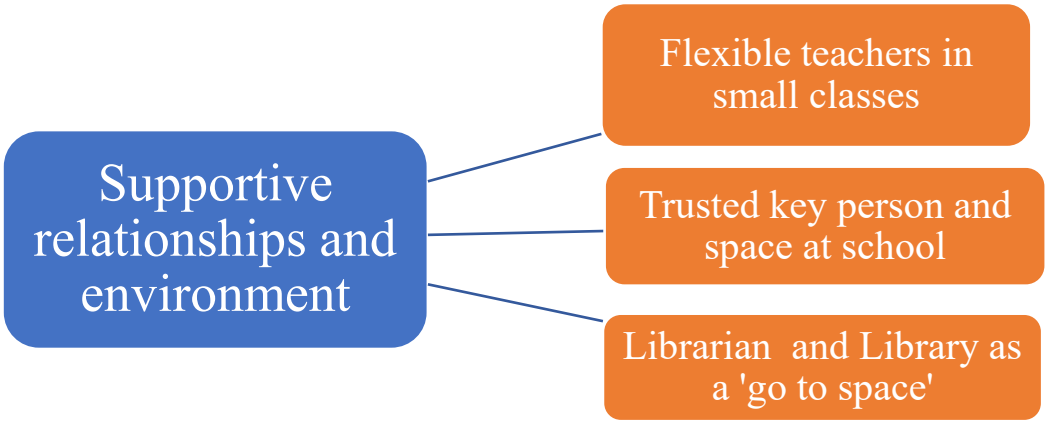
Bianca suggested that supporting Gemma with university planning and the future was likely helpful, as Gemma was returning in the final year of sixth form, "I think all those conversations were… a useful part of her integration as well because it's all about how you gonna manage

beyond school, because she only had a year left, well only two terms in essence" (Bianca, lines 206-207).

4.3.1.3 Case Study One Theme 3: Supportive relationships and environment

Figure 5

RQ1: Case Study One Theme 3



The last theme for RQ1 relates to the relationships that Gemma had during the partial reintegration and later when she returned to school full time. It also relates to the school environment as having a positive role in Gemma's reintegration.

4.3.1.3.1 Subtheme: Flexible teachers in small classes

This subtheme outlines how Gemma viewed the flexibility of her teachers as helpful and as something that went particularly well. She was able to discuss with her teachers which aspects of the lesson she would participate in and which parts she would not. Gemma suggested that this was helpful, as she had returned to school ahead in subjects and with independent study skills:

> When I reintegrated, the school really respected that I'd got into those independent study habits… I did have to participate in lessons to a certain extent. But the school were really

> good at letting me get on with my own thing, if that was going to be more helpful to me than joining in the actual lesson. (Gemma, line 114-117)

Gemma highlighted how social anxiety and bad body image had made it challenging for her to participate in aspects of a lesson. Teachers were understanding about this and she was able to opt out of presentations. She highlighted that this removed pressure:

> My history teacher basically said that we had to do presentations, he was quite into presentations… And I just couldn't… mainly because of sort of social anxiety type things. But also bad body image, being at the front of the class, used to scare me… He was very willing to say, well, if you don't do the presentation, as long as you've researched it yourself.. and take notes on it, then you don't have to work in the group and do that. That was really, really helpful. (Gemma, line 166-176).

Gemma also shared that she felt that the smaller class sizes enabled teachers to treat her as an individual and be attentive to her needs, something that she seemed to value greatly, "being in that small class meant that they were able to be more… attentive to my needs." Being treated as individual seemed to be an important aspect of the school reintegration process for Gemma, "the main other thing, is just being accepting of the individual's needs. I felt really lucky" (Gemma, line 420). Gemma emphasises the importance of being treated like an individual more than once, as well as the class sizes and teachers adaptability around her newly developed study habits:

> It was really important, that I was viewed as an individual. The classes were small, and that helped with the adaptability... I think it would have been much harder if I would have had to go into a larger environment… I think it's really important that you focus on the individual rather than trying to fit them into a box of this is what a student does, and this is how we do

it. Adapting to again, how my learning methods had changed and become more independent. (Gemma, line 431-435)

Tamara also commented on the benefits of smaller class sizes and the teachers as a positive thing for Gemma:

> The classes are reasonably small, sixth form classes… and the sixth form teachers… all quite young, quite passionate, very enthused about their subject… I think that sort of environment was with something that you know she was able to really thrive in because she … loves learning. (Tamara, line 115-117)

4.3.1.3.2 Subtheme: Trusted key person and space at school

This subtheme illustrates the views around Gemma having a good relationship with the key person (Tamara) and how that was helpful for Gemma, "we got on quite well quite quickly… We…developed quite a nice relationship" (Tamara, line 17-18). It is important to note that the school appointed Tamara as key person prior to Gemma going into hospital and during the partial reintegration. As already mentioned, Tamara left the school during the summer holidays, just before Gemma returned fulltime. Hayley mentioned Tamara as somebody Gemma was supported by, "She developed a very good relationship with her. And I think she gave her a lot of confidence" (Hayley, line 106-107).

Tamara shared that she had a pastoral role and that she had weekly scheduled sessions to check in with Gemma. She highlighted that she was there if Gemma ever needed someone to talk to, "there's more formal… private, sit down without anyone there conversation, but the lunchtime, was if I could chat and she wanted to chat" (Tamara, line 50-51). Gemma highlighted that having a scheduled weekly slot to talk was helpful:

> We would have a regular slot where we would meet… I think it was weekly, where I could go actually speak and say how I was, because I wasn't very good at… reaching out when I

> needed help. It was better for me if we have scheduled things, because my social anxiety means that I'm not very good at saying actually I need to chat to someone. (Gemma, line 263-266)

Tamara shared that Gemma had a safe space to eat her lunch in too, "essentially the idea was that… she needed to have a safe space to eat. A safe space to… kind of quietly get on with that. But also… with supervision essentially" (Tamara, line 11-15). Furthermore, reflecting on her role, Tamara suggested that it was helpful that Gemma had one key person and a space to eat, for consistency and structure reasons:

> She would come and have her lunch when she needed to have it and she knew… being on the timetable and things kind of happening in that very structured way, I think was helpful… I guess the consistency of having one person, i.e. me… rather than lots of different people, I think probably helped. (Tamara, line 401-403)

Gemma similarly suggested that it had been helpful to have one key person after Tamara left, rather than several people, which is discussed in relation to RQ2 on what could have been even better.

Tamara highlighted that having a space to eat was likely helpful for Gemma:

> The fact that she had somewhere… to go to contain the eating side of things probably made a huge difference to her… I imagine that's something that… along with everything else, that she has to think about… I imagine a lot of pressure on her to get that bit right, because that why she was in hospital in the first place… I think that was helpful to have a space to go and do that. (Tamara, line 107-110)

4.3.1.3.3 Subtheme: Librarian and Library as a go to place

This subtheme relates to Gemma having a good relationship with the school librarian, who was there when she returned fulltime. The library was also a space where Gemma could go to if she needed some time to herself or to revise:

> But when she went back full time. I think possibly the… main support actually thinking about it was the school librarian, which it might be.. because she got on with him… So I suspect as much as anything when she needed a break between lessons, that was where she tended to head, to the library… thinking about it, he was probably… a bit of a big support while she was in school... He was probably giving her more support than she even realised. (Hayley, line 114-119)

Gemma mentioned that the library was a space where she could go if things were overwhelming, "having that space at the library where I could go, if things became too much, and I just needed to have some time to myself and do my thing" (Gemma, line 230-231). Gemma shared that she asked for "similar provision" (e.g. a space to go such at the library) at both of the sixth form campuses, "they made sure that I had that space at both schools if I needed it" (Gemma, line 244-245).

Tamara highlighted Gemma's good relationship with the librarian, "She had quite a nice relationship with our librarian… I think she's talked to him quite a lot" (Tamara, line 130-131). Tamara spoke about the library as an impressive building, where Gemma would go as she loves learning, "she was able to take herself up there and use that space… the environment I think just suited her in that way" (line 117-132).

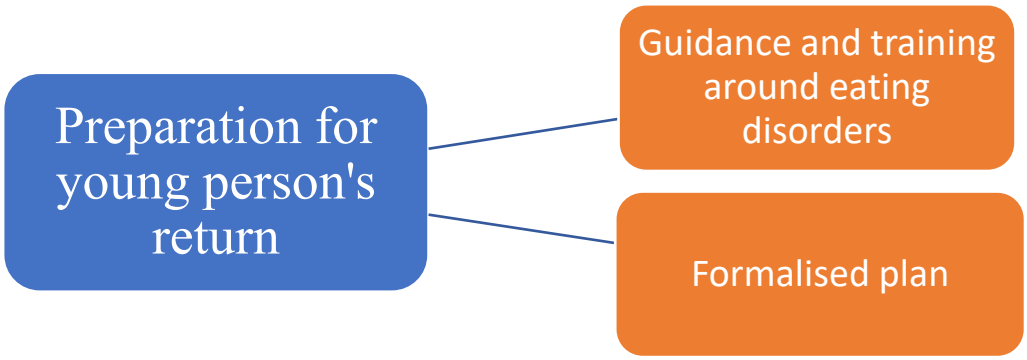
4.3.2 RQ2: Case Study One

What are the views of the young person, parent, home school tutor/key contact and hospital school key teacher on what could have been even better during the school reintegration process?

4.3.2.1 Case Study One Theme 1: Preparation for young person's return

Figure 6

RQ2: Case Study One Theme 1



This theme relates to views on what could have been even better during Gemma's school reintegration in relation to planning for her return.

4.3.2.1.1 Subtheme: Guidance and training around eating disorders

Bianca shared that the school got "general information about eating disorders" (Bianca, line 423) as part of the care plan. However, Bianca and Hayley both mentioned the need for schools to have training around MH, including EDs. Bianca spoke about training as something that could have made the reintegration process even better:

> I would love, to be able to have better liaison in terms of, you could even go to the school and train the school in eating disorders and techniques which help, and the fact that an eating disorders is never just an eating disorder. (Bianca, line 505-508)

The training appeared to be viewed as important, as it would enable school staff to better understand MH difficulties, EDs and know what to say and what not to say:

> There are so many other complex mental health problems with self-harm, all of those things, are so important for them to understand and to look at and for them to ask the question and the things not to say, as much to say. (Bianca, line 510-511)

Bianca spoke more broadly about being surprised about what teachers had said to YP with an eating disorder, "I sometimes cannot believe what teachers said to these young people, knowing they've got an eating disorder, thinking it's going to help…" (Bianca, line 512-513). Hayley spoke about the need for schools to understand that just because a YP is "back at school, it does not mean they are better. Because there is a bit of a tendency to think, you know, they are better" (Hayley, line 475). Hayley highlighted how Gemma had been regularly encouraged by somebody at her school to apply for a specific university. Hayley spoke about the pressure that could put on a YP like Gemma:

> One of the pressures that Gemma had all the way through the sixth form was because she was a bright student, they wanted her to go for Oxbridge and she knew she would not be able to cope with that. But, the person who was responsible for the exam admissions, just kept nabbing her when he saw her – why aren't you going for Oxbridge? (Hayley, line 476-479)

Hayley also spoke about how CYP may need inpatient care for ED, but they will likely also have other MH difficulties. Reflecting on teacher's understanding of MH, Hayley expressed that it was important that schools understood perfectionism:

> From a teacher's point of view, they'll look at perfectionism and say that's a good thing to have. We are getting excellent results. This is A*, you know, what's the problem? But actually if you look at it from a hospital view, that can be an issue and you don't necessarily

> want the whole school saying, oh aren't you good with something, that could be part of your mental health issue. (Hayley, line 544-547).

Hayley mentioned that it would have been helpful to have a booklet with guidance for schools, "Perhaps a booklet that it is available in simple terms what may be issues… 10-12 pages, just explaining what, and for those that don't know hospitalisation." (Hayley, line 525-531). Hayley also talked about guidance for school as being important for reintegration; although she highlighted that, "You're never reintegrating the same person" (Hayley, line 357).

Hayley stated that it had been difficult at times to get schoolwork from Gemma's (community) school while Gemma was at the inpatient unit. Hayley spoke about how this might have impacted on Gemma's feeling of trust towards the schools on return, "When she went back, there was a little bit of breaking in trust between her and the teacher, but this teacher was supposed to be supporting me when I was in hospital, but they didn't send any work" (Hayley, line 277-278). Hayley spoke about guidance or a "pack" as a way to ensure schools stayed connected with a YP while they are in an inpatient unit, which would state the importance of sending schoolwork and marking it:

> That says, this is why we this is what you need to do and this is why we ask you to do it because I think if they understood some of the reasons while they're being asked… The fact that you can send something out to each teacher saying it's important that you send the work. It's important that you mark the work, because we're trying to keep your relationship with the pupil going. And they're in a particularly vulnerable state at the moment and therefore can misread lack of communication as being lack of care. (Hayley, line 330-334).

4.3.2.1.2 Subtheme: Formalised plan

This subtheme reflects the views, particularly of Bianca, that preparing for Gemma's return could have been even better if the onsite school had a plan that was more formalised,

as it would enable planning to be more thorough, “I think, just generally be more formalized, because... the reintegration is as good as your key teacher.” (Bianca, line 335-336).

Bianca spoke about how it would have been better to have explored previous school experience and to explore any worries YP have regard to returning to school:

> Finding out what would the issues before they came to… school, what issues they had at school before they came to hospital… how was it dealt with, how you felt before you left your school and what are you most worried about when you go back to school. (Bianca, line 342-344)

Bianca made a suggestion about how this could have been done:

> If there was something that every key teacher got… where they could go through you know, rating on a scale, of one to five or whatever of how worried are you about what people are gonna say to you, that you're gonna get behind in your work, about PE. (Bianca, line 344-346)

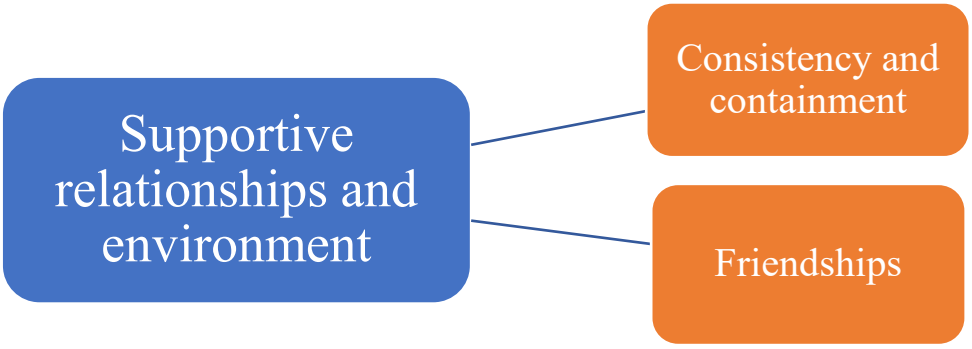
Furthermore, Bianca emphasised the importance of a more thorough plan as a way to plan for the school return, as it would help to personalise the plan:

> If every key teacher had a kind of questionnaire that they could go through with, how worried are you about these things, that would really help to talk about what they're worried about at school. What was put in place for them at school and what did work and what didn't work. (Bianca, line 359-361)

4.3.2.2 Case Study One Theme 2: Supportive relationships and environment

Figure 7

RQ2: Case Study One Theme 2



The final theme for RQ2 reflects the views around how the reintegration process could have been even better if Gemma had access to a trusted adult when she returned to school full time in Year 13. Furthermore, the theme also relates to how having greater connections with peers / friendships, could have helped the reintegration process to be a better experience for Gemma.

4.3.2.2.1 Subtheme: Consistency and containment

As already stated, Gemma had lunch and scheduled weekly sessions with Tamara at school during the partial reintegration, before Tamara left during the summer holidays. Gemma expressed her disappointment at not having an appointed person who she felt as comfortable with at school, "I never felt that I had anyone who could quite replace Tamara… I was very sad not to have her in Year 13. I suppose there were people… there wasn't anyone who I felt as comfortable with" (Gemma, line 250-251). Tamara had been Gemma's main support, "Tamara, she was my main… support up until the actual end because… she did leave the school just before I fully reintegrated back, which was a shame because then I had that transition" (Gemma, line 32-34). Gemma spoke about how she would have liked one person to have a similar role to Tamara and not several people:

> It would have been really nice, like Tamara… someone who I felt that I could go to more, once I was back at school, a go to person for support, rather than having lots of people who I knew I could approach, but I wasn't very good at approaching. It would have been really nice to just have someone who could deal with everything almost, in the way Tamara did. (Gemma, line 399-402)

Gemma highlighted that it is important for schools to realise how important pastoral support is in a school., "it's really important for schools to realise that actually having someone like that, pastoral, in this case it was for the sixth form, it is as important as having behavioural staff"(Gemma, line 408-209).

Interestingly, Tamara spoke about her desire to have more time dedicated to Gemma, "what could have been better is if I was able to have a bit more time allocated specifically to her" (Tamara, line 219). Gemma seemed pleased overall about the support she had received from Tamara. Tamara also spoke about having two roles (pastoral and behaviour support) and how this meant that the containing space for Gemma, was also a space for students who had been sent out of lessons. Tamara wondered whether the environment had not been as suitable as it could have been, "the environment wasn't really suitable, but most part, it was okay, but there were definitely occasions that I don't think it was appropriate for her to be in there" (Tamara, line 189-190).

Gemma also highlighted that when she fully reintegrated, she no longer was able to eat lunch at school and consequently had to come up with a new plan. Related to this, Gemma also shared that she also needed "verbal prompting" for support when eating and there was nobody who could provide that other her mum:

> By the time I reintegrated, the school had changed their policy and they decided that it wasn't appropriate for me to eat lunch… we then had to come up with… a new plan about actually

> having mum supporting me as they didn't have anyone really who I felt could give me the support that I needed. I'd become more dependent on verbal support, whereas before I needed someone there to makes sure I didn't throw it away. But I needed someone there to supervise. But when I was reintegrating, I actually needed the verbal prompting from mum to encourage me. (Gemma, line 89-93)

Gemma's mother consequently supported Gemma with lunch. Hayley mentioned that support with eating was included in the school care plan; however, the school did not provide this when Gemma returned full time:

> I also know from looking at the plan that a number of the things which were suggested on there, like the school to provide her with meal support, didn't happen, I ended up doing that partly because she didn't feel comfortable with anyone else doing that. And partly because I was available, able and willing to do that, which not all parents would be. (Hayley, line 394-396)

Hayley spoke about the added challenge of Gemma studying across two campuses and only having 30 minutes for lunch, "now if you've got… an eating disorder and you've got to eat your lunch and get between two buildings that are 15 minutes apart. You can see that that is not easy" (Hayley, line 66-68). Hayley highlighted that she would drive Gemma between the campuses and fit in time for Gemma to have lunch with her:

> It did end up that I was going to the whichever school she was at in the morning... If she had this situation with a lesson before and after lunch, meeting her driving her in the car while she was eating her lunch, finding somewhere free to park for a few minutes and then head into the second school. (Hayley, line 72-74)

Hayley highlighted the lack of support at lunchtimes, "I've found that none of the schools that she was in, could ever manage lunch support… But you know, neither of the

schools she was in really could give… what I would call a full lunch support" (Hayley, line 665-666).

4.3.2.2.2 Subtheme: Friendships

The final subtheme for RQ2 relates to Gemma's views that returning to school could have been even better if she had a friend, "I think… it would have been, it would have made made school easier if I'd actually had a friend" (Gemma, line 354). Gemma stated that it was almost too late to develop friendships as she had missed a lot of Year 12 already:

> Although I got on with my classmates when we were in lessons, having that time out of school and having social anxiety already… I hadn't really developed any friendships that first term. And missing almost the entirety of two terms... When I was in Year 13, almost too late to develop any sort of relationships with my peers. (Gemma, line 342-344)

Gemma spoke about how trying to develop friendships was quite challenging, however previously she had been more willing to try to interact with others before. Gemma shared that she had got used to not having to interact so much when she was in the inpatient unit, "I've got so used to not having to push myself out of that comfort zone. It was very difficult to… even try and push myself out of that comfort zone" (Gemma, line 360-361). When asked whether she would have liked support from her school with making friends, Gemma said, "Umm, potentially. I think, yeah, potentially" (Gemma, line 375).

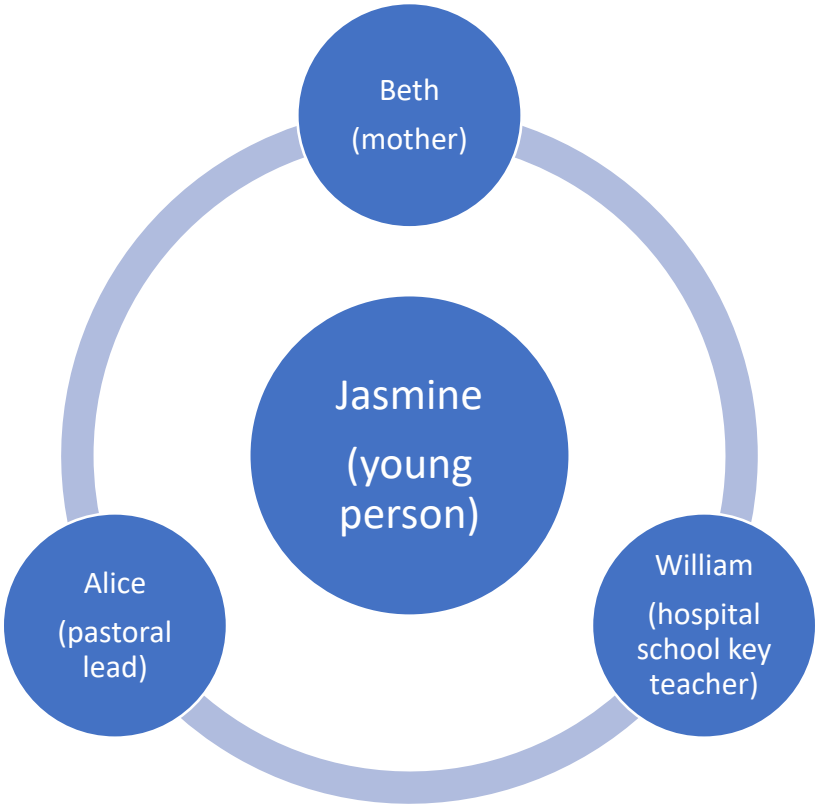
Hayley, Gemma's mother reflected that it might have made the reintegration somewhat easier in some ways for Gemma, not having close friends, "The fact that she is was not so sociable with… her colleagues at school actually made it easier because she wasn't having to reengineer deep relationships" (Hayley, line 215-216). Hayley explained that she thought that it had been difficult for peers to understand what had happened when Gemma had reintegrated previously.

4.4 Findings for Case Study Two

Figure 8 provides an overview of the four participants from Case Study Two. Please see section 3.5.2 (Methodology Chapter) for further details about the participants.

Figure 8

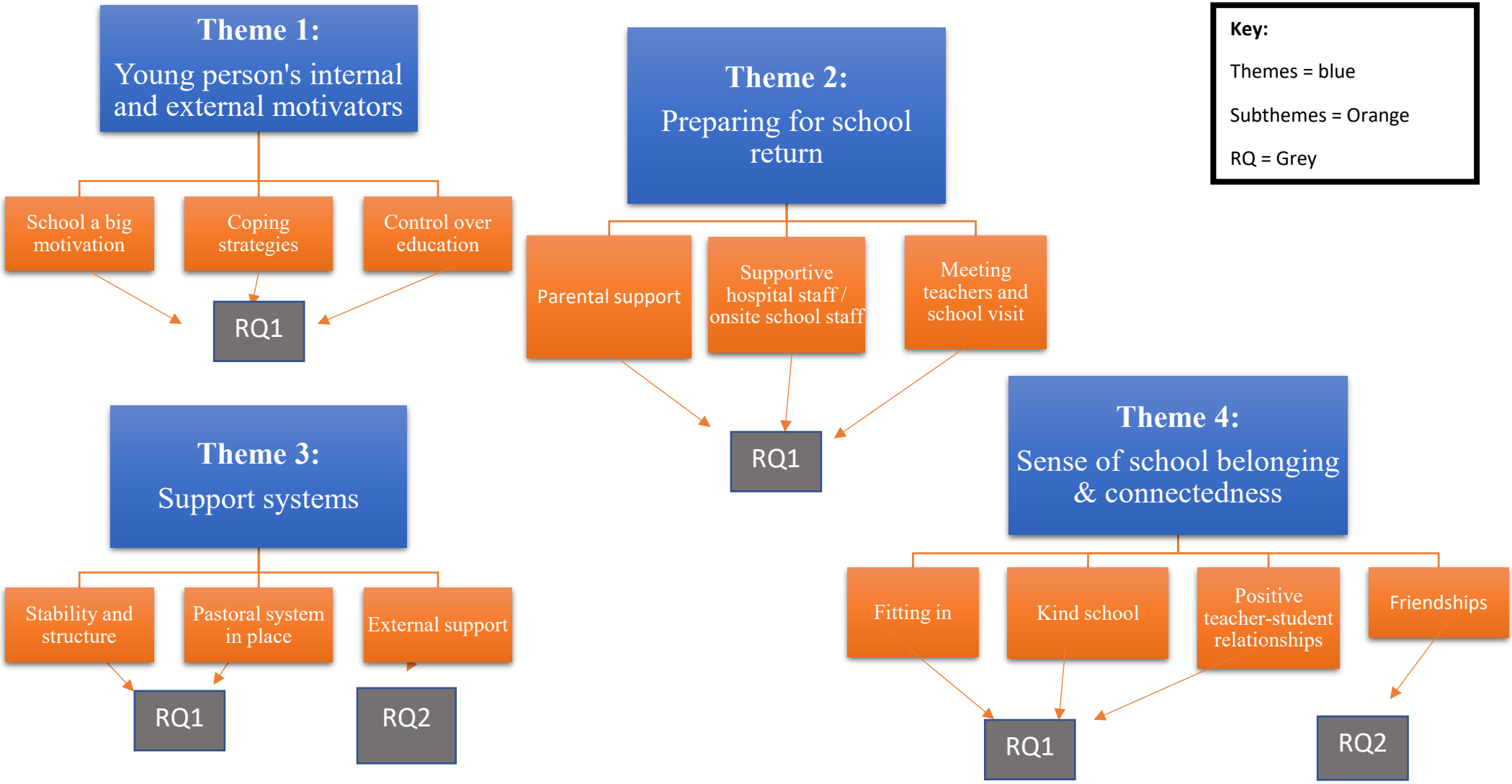
A visual representation of the participants in Case Study Two



4.5 Thematic Map for Case Study 2

Figure 9

Final map presenting the themes and subthemes for RQ1 and RQ2



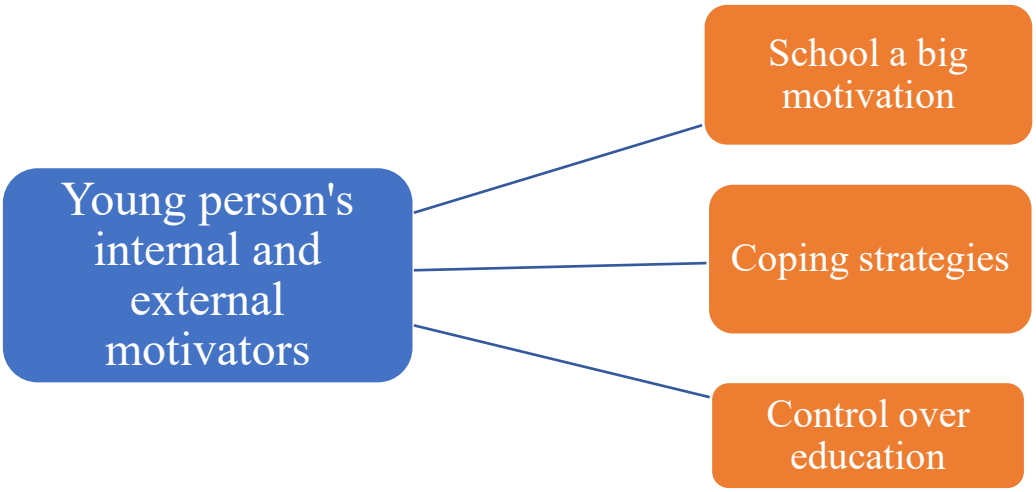
4.5.1 RQ1: Case Study Two

What are the views of the young person, parent, home school tutor/key contact and hospital school key teacher on what went well during the school reintegration process?

4.5.1.1 Case Study Two Theme 1: Young person's internal and external motivators

Figure 10

RQ1: Case Study Two Theme 1



This theme relates to Jasmine's individual strengths and abilities, which linked to the school reintegration process going well overall.

4.5.1.1.1 Subtheme: School a big motivation

The first subtheme relates to participants' views that Jasmine is an academic YP, who is motivated to do well and who was able to cope with the academic side of school. Furthermore, it also links with Jasmine's future aspirations.

Alice, Pastoral Lead at Jasmine's school, highlighted Jasmine's academic nature "She's very academic... I think that the challenge of that was really good" (Alice, line 160). Beth, Jasmine's mother, also spoke about Jasmine working hard and doing well, "So in terms of her

academic work, very bright. She did amazingly well and GCSEs… She works unbelievably hard at school" (Beth, line 247). William, the hospital school key person for Jasmine also spoke about Jasmine working hard with her studies, despite being at the inpatient unit for over two years, "you could think that well, I missed so much school… I missed from year 9 to year 11, effectively... How am I ever going to… do A Levels… worked relentlessly" (William, line 315-316).

Beth highlighted that Jasmine managed to keep up with the workload when she returned to school, "She managed very well… the feedback is she kind of goes beyond what her classmates are doing" (Beth, line 282). Beth also added that she felt that Jasmine had chosen subjects that she enjoys "although she works very hard, I think she quite enjoys what she is doing" (Beth, line 291).

Jasmine spoke about doing her GCSEs at the onsite hospital school as boosting her motivation:

> I think if I hadn't done my GCSEs that year, I would have stayed for another year or something, because it gave me so much motivation, having my GCSEs to work for. Like, before in the autumn, I really was struggling… I couldn't sit down and I would just be really anxious. And then… after my mocks, I sort of got this focus. And I said, like, if I don't sit down and work, I will never be able to forgive myself, because that will be my fault that I failed. So, I said to myself, I have to sit down, you have to work… having school is a really big motivation for a lot of people. So that really helped me as well. (Jasmine, line 175-184)

Furthermore, Jasmine also reflected on how focusing on her goal of going to university was helpful, as it motivated her in many ways. She explained how important this had been in encouraging her to sit down in lessons, concentrate and eat lunch, in order to work towards going to university:

> If I didn't go to school full time, if for example I split my time between HOSPITAL NAME and here, home school, I couldn't finish the course. I wouldn't have time, I wouldn't be organised enough. If I didn't sit down in my lessons, I wouldn't be able to concentrate and I'd not be able to study, so I couldn't be a midwife. If I didn't eat my lunch on my own, I wouldn't be able to manage when I'm at uni by myself. So I couldn't be a midwife. So all of these things act like, they all come together. If you have a core thing that is motivating you, it's really helpful. (Jasmine, lines 587-591)

4.5.1.1.2 Subtheme: Coping strategies

Jasmine spoke about a range of things that she did to help her manage during the school day, which has been grouped into the subtheme 'coping strategies'. Jasmine shared that she had often felt the need to stand up in lessons, which linked to exercising. Jasmine identified that she was able to use self-talk as a way to sit down to focus on schoolwork, "I said to myself, I have to sit down, you have to work." (Jasmine, line 179). Jasmine talked about setting new rules for herself to follow:

> A lot of the standing up was rules for me that I had to do... So I just made myself a new rule that I couldn't… I had to sort of, sit down in my lessons or else, kind of thing. (Jasmine, line 474-475)

Jasmine spoke about reminding herself that she had this new rule, that she must follow, "Because I had this as my new rule, I had to follow it, kind of. So it made it easier to sit down". Alice commented on Jasmine's "strength" (Alice, line 97) as she noticed that Jasmine managed to control the exercising behaviours a lot of the time.

Jasmine mentioned that she would remind herself that she was doing lots of walking when travelling to and from school, something that she did much less of when she was in the inpatient unit, as there was an onsite school, "but when you're going from home to PUBLIC TRANSPORT, walking to the PUBLIC TRANSPORT… back to school. You're obviously

doing a lot more than you think" (Jasmine, line 478-479). Jasmine also identified that it was helpful to go for walks at lunchtime to manage the stress she was experiencing:

> I went for walks at lunchtime to kind of get my stress out. I still do that… my school is next to OUTDOOR SPACE NAME, so I just go there. I listen to a podcast and I find that really relaxing. (Jasmine, line 484-485)

Lastly, Jasmine spoke about how challenging it was to concentrate, particularly since leaving the inpatient unit. She identified that she had found ways to cope with this:

> I find it easier to cope if obviously, if it's quiet. I really can't concentrate if there's noise. So I go to the library… if there's noise going on outside the library, I've discovered like it can help if… I just listen to white noise on YouTube, it blocks out all the sound. (Jasmine, line 390-392)

4.5.1.1.3 Subtheme: Control over education

Jasmine returned to school at the beginning of Year 12. Participants highlighted Jasmine's involvement in decisions and that she had some control over her education.

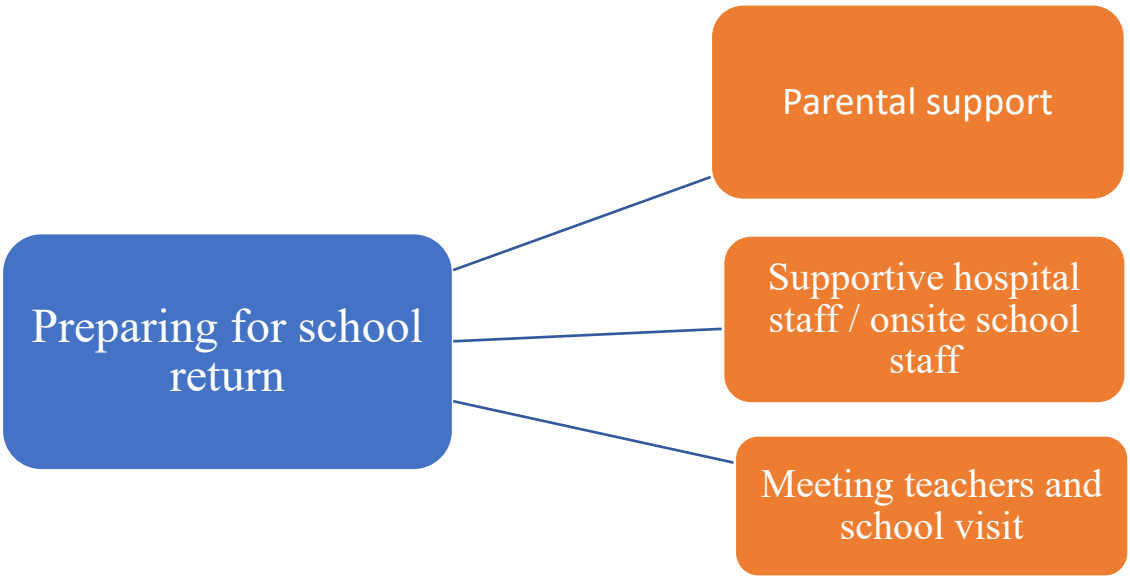
Alice spoke about Jasmine being involved in discussions around dropping subjects at school, something that she had not previously had control over, "It was just very much, her choosing, whereas previously, I think in the GCSE years, unfortunately, that choice had to be slightly taken away from her because of her illness and because of resources, I guess" (Alice, line 185-186). Jasmine mentioned that she had dropped a subject and she found this helpful as she had been struggling with the workload for four subjects, "I made the decision to drop chemistry and I think just sort of accepted that I couldn't…do and just making things simpler. From then on I managed so much better" (Jasmine, line 288-289). Jasmine stated that it was helpful to take a step back and work out what was helpful for her, "sometimes just taking a step back and just letting yourself you know, you don't have to do the maximum, you can just do what works for you, is really helpful" (Jasmine, line 291-292).

Alice spoke about how Jasmine was given the option to do PE, “She was given the chance to have PE to do” (Alice, line 285). Alice expressed that that worked well, “that really helped as well because she wanted to do exercise. It was just, right Jasmine, you can't do this exercise because it's running and it's too intense, but you are allowed to do this” (Alice, line 289-290).

4.5.1.2 Case Study Two Theme 2: Preparing for school return

Figure 11

RQ1: Case Study Two Theme 2



Theme 2 focuses on the different ways that Jasmine was prepared by others, for the return to school.

4.5.1.2.1 Subtheme: Parental support

It was clear that Jasmine’s mother, Beth, supported Jasmine with preparing for school life, “what we had to try to do… was to prepare Jasmine for what was going to happen” (Beth, line 58). Beth also stated, “we've had to take it extremely slowly and at Jasmine’s own pace” (Beth, line, 42). Beth spoke about Jasmine and her discussed how the school day might go,

including how any concerns would be managed. They also had to think about how Jasmine would manage eating and be able to follow her exercise plan:

> Talk through how her day might go. What her concerns were about going back to school, how we would manage… it all revolved around two things really… her need to do exercise and to follow her exercise plan, and how she was going to manage eating in school. (Beth, line 62-64)

Beth highlighted how part of the planning, involved considering how they would transport the exercise plan she had at the inpatient unit, into the school day, "what we had to do was, and we're still doing this, was take the exercise plan she had from HOSPITAL NAME, and try to incorporate some of that exercise into her school day" (Beth, line 100-101). Beth noted that they were able to do this as her school was close to a park, so Jasmine could still have structured walks.

Beth also mentioned that planning for school, also included preparing Jasmine for what she would tell people at school about where she had been for the last 2.5 years, something which Jasmine was worried about, "she was very worried about was what she was going to tell people at school about where she had been. That was her kind of greatest fear about what she would tell people when she got back" (Beth, line 64-66).

Beth, spoke about how she listened to Jasmine's concerns and reassured her, "I had to listen quite carefully to Jasmine's concerns and try to reassure her and work with her home school." (Beth, line 51-52).

Another aspect that Beth helped prepare Jasmine with, was trialing the journey to school, "before Jasmine went school… we did dry runs... So that she… knew what the journey would consist of" (Beth, line 560-561).

4.5.1.2.2 Subtheme: Supportive hospital staff / onsite school staff

Participants spoke about the different ways the staff at the inpatient unit and onsite school helped to prepare Jasmine with the return to school.

Jasmine spoke about how helpful and supportive the health staff (nurses and healthcare assistants) had been with preparing her for the return to school. Jasmine had trialed school reintegration twice before fully reintegrating. She talked about how helpful a healthcare assistant had been, as she had waited outside her classroom, which Jasmine said had helped her feel safe. However, this related to the previous school reintegration.

During the time leading up to leaving, Jasmine highlighted that she has created a scrapbook with a healthcare assistant and this had served as a motivator and reminder of why she needed to leave the unit:

> Before I went back full time, NAME of healthcare assistant and I made this book… each page would be like, motivations for why I need to leave hospital. Like I want to be to do this job, I want to do this, I want to be with my family. And then she wrote all these, like a list of rules that I needed to follow. So sort of to integrate well, and not come back to hospital. And I could focus on school and things… because I found it very difficult to sit down. So, she would… take a lot of time to sort of talk to me about why I needed to do that. And why I need to… behave kind of in a way that would make me fit in more. I found that really helpful. (Jasmine, Lines 111-120)

William and Beth also spoke about the role that the onsite school staff had with preparing Jasmine with the school reintegration. Beth spoke about the onsite school headteacher and key person going with her to Jasmine's school to ensure that the school were aware of her needs. She also highlighted that they had been extremely helpful and supportive in conversation with Jasmine's school:

> HEAD TEACHER'S NAME helped me so much. He is like a real fighter and he… came with me to Jasmine's school on occasions, as did… KEY TEACHER. They were just brilliant… I can't emphasise how important they were, in kind of stating what her needs were and what she had to have. (Beth, line 642-644)

William highlighted that he had many conversations with Jasmine at the onsite school, to help consider how things might go when she returns to school, "I had to sort of just really gently… keep suggesting it to her. Maybe we could do it this way. What about if we did it that way? How about we do it that way?" (William, line 68-69). William shared that he thought it had been helpful for Jasmine to have a space to talk when she was at school. William also spoke about how he and Jasmine discussed how she would manage the need to stand in school:

> What if I have to get up? And I would, I would try and give her strategies. Why don't you talk to your teacher… and say, you know, I've got this problem, I need to get up. What can I do… Can you send me on a job or something? (William, line 96-98)

Furthermore, similar to what Beth mentioned, William also shared that he and Jasmine spoke about what she would tell others about where she had been. Jasmine did not want to lie to people, but she also wanted to keep where she had been private, "we ended up coming up with a story, like I've been to another school, which wasn't a lie. She had been to another school" (William, line 117-118).

4.5.1.2.3 Subtheme: Meeting teachers and school visit

Prior to returning to school fulltime in September, Jasmine met her form tutor, "their head of pastoral affairs… she arranged meetings for me to come in and meet staff… I think Jasmine and I, both went in to meet the form teacher" (Beth, line 503-504). Earlier in the year, Jasmine shared that she had expressed a desire to go to the school, "before my GCSE, I said to my mum, I'd like to go to school just to see what the situation is… with the teachers and

everything" (Jasmine, line 5-6). Jasmine highlighted that she went to visit the school she would be reintegrating into, "I went a few times, not arranged by HOSPITAL NAME" (line 8).

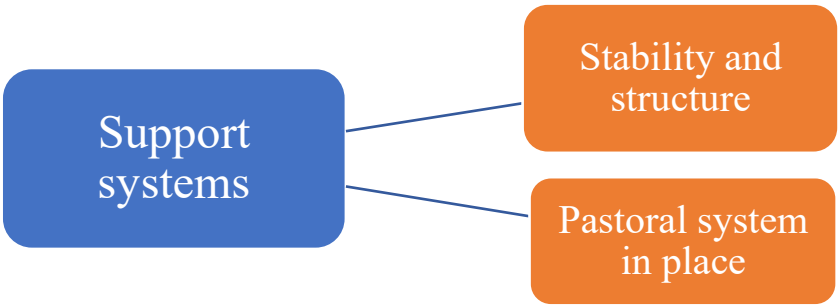
Jasmine reflected that it had been helpful to meet some of the teachers when they came to invigilate her GCSEs at the inpatient unit school, "For my GCSEs, for example, I had an oral and in German and French and my teachers, they came up. So, I had like one on one sort of time during that exam. So being able to meet them a little bit helped" (Jasmine, line 171-173). William spoke about how he felt that the teachers visiting to invigilate had been helpful, as they were able to get an understanding of where Jasmine had been, "that was a really good way of breaking the ice, because… then they would know where she's been… maybe that that part of it was possibly quite good for her… she didn't have to worry about not telling everyone" (William, line 305-307). William also mentioned that Jasmine had met a teacher during Skype lessons for a subject that the onsite school did not teach, "a teacher volunteered to do some Skype lessons with her… I think it was quite a nice reintroduction back to being in contact with teachers" (line 6-8).

Jasmine shared that although she did not like health and education staff necessarily mixing, she was fine about the teachers visiting to invigilate, as the focus was on her education only, "it was different because when they came for the GCSEs, it was just school. They weren't learning about… how I was coping or anything. They were just there to support me through my GCSEs" (Jasmine, line 200-201).

4.5.1.3 Case Study Two Theme 3: Support systems

Figure 12

RQ1: Case Study Two Theme 3



Theme 3 reflects the views around the support that Jasmine received when she returned to school fulltime.

4.5.1.3.1 Subtheme: Stability and structure

The subtheme 'stability and structure' relates to the structures that were in place during the school day for Jasmine, facilitated by her mother, Beth. Jasmine was supported with eating, walks (exercise) and travelling to and from school.

Alice, pastoral lead, shared that Jasmine had lunch with her mother and went for a walk each day, "her mum would also come every lunchtime and have lunch with her. So they would… walk around the park" (Alice, line 261-262). Beth also highlighted this, "I had to go every single day and have lunch with Jasmine at school. We would go and meet in a cafe and then I would take her for the walk" (Beth, line 117-118). Beth shared that it was important to Jasmine that she continued to have structured walks, highlighting that they had transported the structures of being in the inpatient unit into life outside of it, "she's just transported her system, or HOSPITAL NAME into her life" (Beth, line 338-339). Beth shared that she felt that the structured walks on certain days helped Jasmine, "has helped her to manage. And us respecting that has also helped her to manage" (Beth, line 123-124).

Beth spoke about the stability that she provided for Jasmine and how this was helpful:

> I think really, truly having the stability of having me, coming, actually did help Jasmine. Because I understood, I knew the whole system, I knew exactly what she had to eat… I knew how everything worked. So in a way, she felt reassured that I was somebody who understood the system, I could be firm about the system and say how it would be. And that's right, that's not right, or whatever. So I think that really helped her at one level. (Beth, line 163-171)

Jasmine also highlighted that meeting her mother outside of school for lunch each day had been helpful as she was able to talk to her, particularly as she did not have close friends at that time:

> I would meet her in CAFÉ NAME and we'd have our lunch and we'd go walk… I found it really helpful because I can sort of debrief with her about what's happened during the day. And also, because I didn't know that many people, it was nice to have her to talk to because I couldn't like have a deep chat with some random girl that I didn't know. (Jasmine, line 251-254)

Beth also highlighted that it was also helpful for Jasmine that she was taken to school and back. She shared how Jasmine needed support with travelling as Jasmine had difficulty focusing when she left the inpatient unit:

> So the one thing I'll say is, in a way, this really helped Jasmine, that we would come out. So to begin with, I walked with her to school, and I picked her up from school, and I had lunch with her. (Beth, line 145-146)

There was also suggestion that although Jasmine had a high level of structured support at the beginning and for much of Year 12, there was also an emphasis on gradually building up Jasmine's independence with eating, walking and travelling. Beth highlighted that this was important as she is going to university next year:

> She made it a successful transition in terms of being able to manage a home day back at school and doing that for five days a week. And then gradually, I managed to kind of let go and let her come and go from school on public transport by herself. (Beth, line 222-224)

Jasmine suggested that she had found this helpful too:

> This year has been very different because we don't meet anymore… I go to school by myself and come back by myself… I just don't think I was ready when I started. So I think it was really helpful sort of to ease me in. (Jasmine, line 257-259)

Furthermore, Jasmine was also able to move towards eating in school with her peers in Year 13 and going for walks by herself, "she has lunch with her peer group in the classroom. And she also takes herself for her walk in the park on Tuesday and Thursday" (Beth, line 239-240).

4.5.1.3.2 Subtheme: Pastoral system in place

This subtheme relates to the pastoral system in place when Jasmine returned to school. Alice, pastoral lead, was involved in supporting the reintegration process, monitoring Jasmine when she was in school and communicating with school staff about Jasmine's needs.

Alice spoke about how she helped to make the transition smooth and appointed a mentor for Jasmine, "my role was making sure it was a smooth transition when she started, making sure that there was a mentor in school. Someone she could go to check in with twice a week… I guess communication really" (Alice, 37-42). Alice shared that the mentor was available to Jasmine to have discussions about education and with the organisational side of things, should she need it. Beth also spoke about how the school appointed an adult to support Jasmine, "they gave her a kind of mentor person in a school or a teacher… they had to hold meetings once a week and Jasmine could confide in this person or talk to her" (Beth, line 136-137), although Beth noted that Jasmine did not really go to this person. Similarly, Jasmine

highlighted that there was a designated person she could go to. Jasmine told me that she did not really go to the person as she had so much homework to do during the free periods:

> She was put in place so that I could go and see her in my free periods and just debrief about how school was going… I didn't really use her as much as I could have, because I found it very overwhelming coming from HOSPITAL NAME SCHOOL where they don't really give you work homework. (Jasmine, line 268-271)

However, Jasmine shared that it was still helpful that the adult would check up on her and that someone was thinking about her, "But she did come out and check up on me which I found good as well. Because you know, it meant that people were… thinking about how you're doing" (Jasmine, line 274-275). Furthermore, Jasmine liked that she had a space to go should she need it, "just to know that there was that space where I could go if I needed it, was really helpful" (Jasmine, line 281).

Alice, spoke about how she also supported school staff teaching Jasmine, "I think what was good was, giving staff direction in how to talk to her" (Alice, line 221). Alice talked about giving the school staff confidence around approaching Jasmine in relation to exercising behaviours, "just giving staff that sort of confidence to be able to approach her in an honest way and call her out on the behaviours… unhelpful behaviours" (Alice, line 226-231). Alice also went onto say that she also helped school staff to feel confident teaching a YP who could be considered vulnerable, as many adults are worried about getting things wrong, "I guess it was sort of giving confidence to be able to work with someone who is quite vulnerable. And because I think a lot of a lot of adults even are scared, that we're going to get something wrong" (Alice, line 346-347).

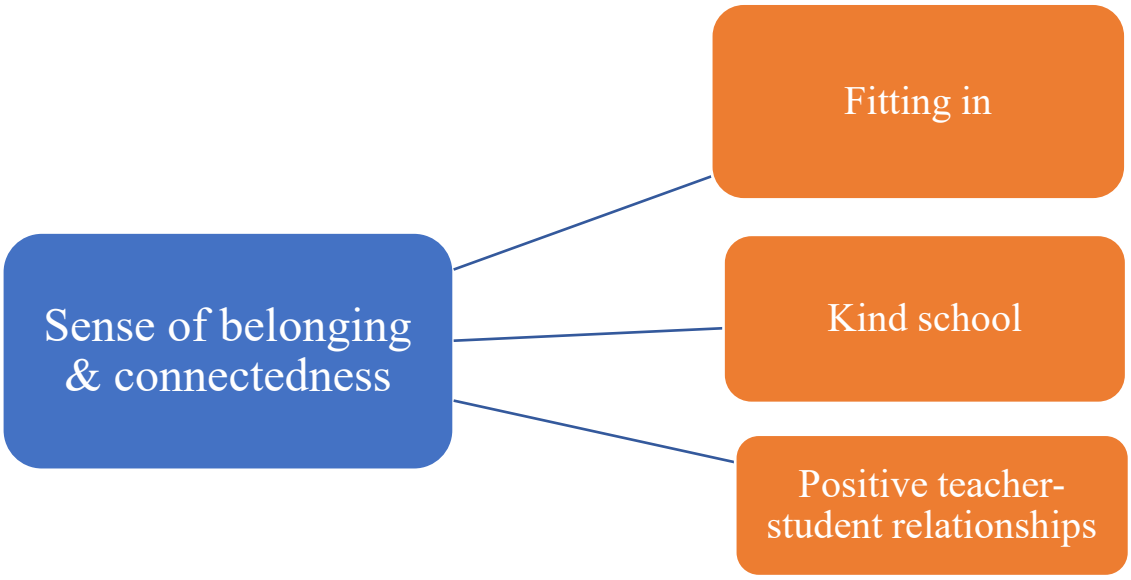
William also highlighted that he had asked the pastoral lead to let the teachers know about her needs, "I might have asked her, in fact I do remember asking her, can you speak to Jasmine's teachers and let them know that this is the situation with her" (William, line 207-

208). William shared that he felt it was important that teachers understood why Jasmine might stand or walk around, so that she didn't get into trouble, "I thought teachers needed to know, like, if she's moving around, and doing what other girls are doing, and she doesn't want to stand out, and they need to be forewarned, otherwise, they're going to keep telling her off" (William, line 210-212).

4.5.1.4 Case Study Two Theme 4: Sense of belonging & connectedness

Figure 13

RQ1: Case Study Two Theme 4



The last theme for RQ1 focuses on how Jasmine was helped to feel a sense of belonging and connectedness when she returned to school.

4.5.1.4.1 Subtheme: Fitting in

This subtheme relates to Jasmine having a desire to fit in and be treated normally when she returned to school. It also links with how the timing of her return helped with this.

Jasmine spoke about how she was pleased that when she returned, she was treated normally by others, "It just felt like people treated me normally, like they'd treat a friend" (Jasmine, line 562). Jasmine talked about worrying about being asked where she had been, "I

was very glad none of the girls in my class asked me where I'd been. I was very worried about this, because I didn't tell any of them where…I'd been" (Jasmine, line 553-554). Jasmine highlighted that she wanted to return to school and focus on her studies and not her health, "I kind of wanted to just be back as normal, them not to focus too much on my health and be able to focus on… being back to normal" (Jasmine, line 41-42).

Jasmine reflected that her school had likely asked students to not ask her any questions about where she had been. Jasmine was pleased she did not get asked questions as she was concerned that if she had lied, this could have affected the development of relationships:

> …the school must have talked to them and told them not to ask me anything… That was really good because it meant that… I didn't have to lie because I probably would have lied if somebody had asked where I was. That would have made it quite difficult to build like a deep relationship with them… I didn't have to make up anything. (Jasmine, line 556-560)

Alice shared that she felt that the timing had worked well, as Jasmine was not the only new student starting in Year 12 at the school, "the timing was right, there are new girls as well… It was a completely new experience for everyone, not just for her" (Alice, line 78-84) and "I think the key thing I thought worked, worked well, which hasn't worked so well for others… is that start time and when the reintegration happens" (Alice, lines 515-516). Alice also stated the following in relation to the timing of the return, "the focus wasn't all on her and why she'd been away" (line 135). Alice spoke about how other students would also likely feel anxious about starting sixth form in September, "It's kind of a little bit anxiety inducing for everyone. The fact that she wasn't alone in that" (Alice, line 124).

4.5.1.4.2 Subtheme: Kind school

This subtheme is reflective of views that the school treated Jasmine in a kind way, where Jasmine did not feel under too much pressure too.

Beth shared that the way Jasmine was treated by the head teacher likely helped her to feel she belonged at the school, as Jasmine had attended the school for around 4 months before she was admitted to the inpatient unit, “he (headteacher) knows who Jasmine is… I think when he sees her, he speaks to her… He tried to make her feel like she belonged” (Beth, line 488-489). Beth also stated the following about the school, “I think the school was very good and that they took an interest in her” (Beth, line 500). Jasmine also spoke about how her school had been very understanding when she was admitted to the inpatient unit when she was in year 9, “They were just so brilliant, and… really accommodating… I'm very grateful for that.” (Jasmine, line 321-322). Jasmine said that she felt valued and not pressured by her school, like other girls she knew had experienced:

> The pastoral care at my school was really good. They made me feel like they really wanted me to come back… they never put pressure on me to come back. They just said like when you’re ready, we’ll be waiting for you. That was really helpful, as it made you feel valued and not pressured. (Jasmine, line 538-542)

Jasmine emphasised that pastoral support is important and that she likes how her school had approached the support:

> I think pastoral support is really important… My school, they always say, like in their speeches, ‘oh we’re a kind school’. But they really are a kind school. So I think the way your school approaches this.. can sort of make or break it for your relationship, with how you feel with the school. (Jasmine, line 544-546)

Jasmine shared that she was quite overwhelmed when she returned to school as she started with four A levels. Jasmine highlighted that she was pleased that the school did not pressure her to do the additional projects, alongside her A Levels, which other students were doing, “My school is really kind because you know about like EPQ's… They said you don't need to do it” (Jasmine, line 294-299).

4.5.1.4.3 Subtheme: Positive teacher-student relationships

This final subtheme relates to views that the teachers were accommodating and encouraging towards Jasmine.

Jasmine spoke about how her biology teacher had been particularly helpful, as the teacher made an effort to help her cope with the work. Jasmine shared that the teacher would go over homework with her, as she would show her "the actual physical pages of the book I needed to write, notes on…. she could just be like, kind of motherly and really friendly. And it really sort of made me feel like I could actually manage and cope with it. Because she… actually took out time to go through things with me, which is good."(Jasmine, line 342-344). Furthermore, Jasmine talked about how the teacher made Jasmine feel welcome and comfortable, as the teacher noticed that Jasmine would stand less:

> She said that if I made her feel really welcome and comfortable, and made her not stressed and made her feel like she was supported, I noticed that she stood up a lot less, which is true. Like the way… I used to get really sort of overwhelmed with her homework and she would always come around to me… and she'd go through it with me. (Jasmine, line 337-340).

Jasmine also mentioned that because she was grateful for the teacher's support, she would make a lot of effort to make sure she sat down, as she didn't want to be disruptive in anyway:

> Because I really was grateful the way… she was helping me, I didn't want to disrupt, not that I ever did. But I was cautious about disrupting her lessons. So I would really try hard to sort of sit down. (Jasmine, line 352-354)

In language subjects, Jasmine spoke about how working 1:1 with an encouraging teacher, helped her to develop her confidence:

> My confidence wasn't very high because I didn't know the girls… But the teacher was, they were very encouraging and my confidence with my speaking in language really grew because we had… 1:1 sessions with a native speaker… Having that 1:1 time to build your confidence, in how you can communicate in a different language, is really helpful. (Jasmine, line 416-421)

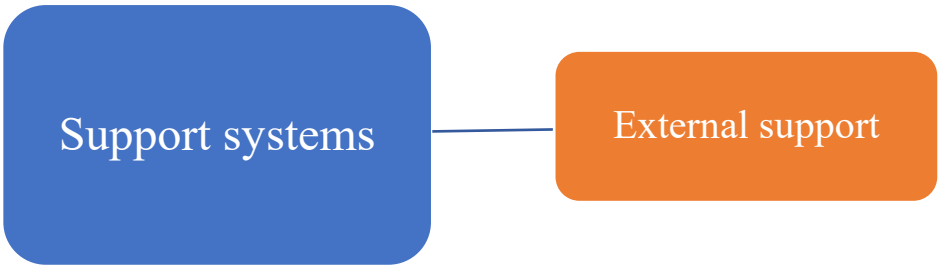
4.5.2 RQ2: Case Study Two

What are the views of the young person, parent, home school tutor/key contact and hospital school key teacher on what could have been even better during the school reintegration process?

4.5.2.1 Case Study Two Theme 1: Support systems

Figure 14

RQ2: Case Study Two Theme 1



As already stated earlier, this theme reflects the views around the support Jasmine received during the school day in relation to eating, exercise and travelling. It also relates to the views that the support could have been even better and that some support was not available.

4.5.2.1.1 Subtheme: External support

Beth and Alice both shared how Jasmine's school were not able to provide support with lunchtime, "we're quite limited in what we can support physically in school in terms of, we don't have someone who can monitor lunches. And that we don't have that practical support in school" (Alice, line 366-367). Similarly, Beth highlighted that nobody was able to support with lunch or walks, although she emphasised that the school had been great:

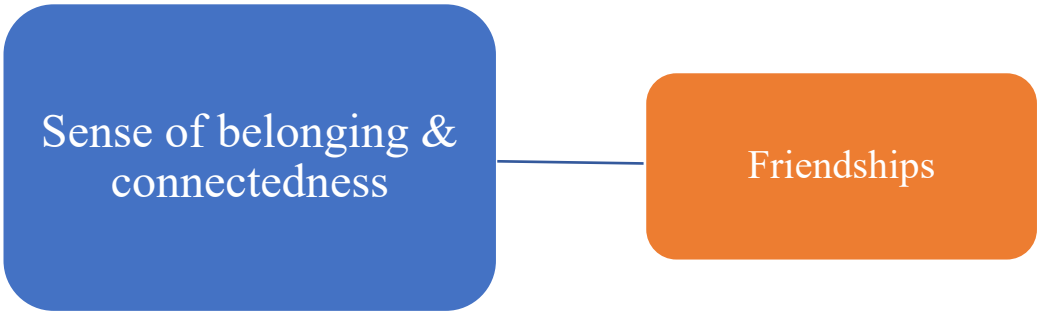
> The school… couldn't give us a member of staff to support… So the school have been great, but they didn't have a spare member of staff. They… couldn't have a partner who could sit and have a packed lunch with Jasmine or take her out for a walk or anything like that. (Beth, line 130-136)

When they were planning for the reintegration, they had hoped somebody could support with lunches at school, "there was talk about getting a nurse… on a daily basis to supervise the lunches… I don't know if that would have been helpful or not" (Alice, line 456-457). Beth spoke about liaising with the council to arrange for somebody to have lunch with Jasmine as she had an Education, Health and Care Plan, "initially, the council were given us some sort of pot of money, we were going to try and get other people to come and do this, like employ somebody to come and have lunch" (Beth, line 146-148). However, Beth stated it was unsuitable, "the help that they could offer wasn't suitable for Jasmine… They weren't able to find the right kind of people to help us" (Beth, line 46-47). Beth shared that they were not able to provide one person to support Jasmine, "the best that they could come up with was that she would have three different people in a week having lunch with her, instead of one person who she could rely on" (Beth, line 676-677). Beth spoke about how frustrating it had been trying to get the council to provide the level of support that they felt Jasmine needed, "Even though we went through all kinds of different agencies, they were just totally useless" (Beth, line 154).

4.5.2.2 Case Study Two Theme 2: Sense of belonging and connectedness

Figure 15

RQ2: Case Study Two Theme 2



As stated earlier, this theme relates to Jasmine feeling a sense of belonging and connectedness when she reintegrated into school.

4.5.2.2.1 Subtheme: Friendships

This subtheme reflects the views that making friends and integrating with her peers, could have been even better. Beth and Jasmine both spoke about how Jasmine was socially isolated from her peers in some ways, as she was going out for lunch every day. Although the stability and structure of meeting her mother at the beginning was seen as helpful, Beth stated the following, “I think on another level, it made her very isolated at school, because she was coming out of school at lunchtime, when everybody else was socialising” (Beth, line 171-172). Jasmine had similar views to her mother, as she also spoke about how she would recommend that other individuals reintegrating back into school would likely benefit from trying to eat with other students as soon as possible:

> Since I've started having lunch with the other girls at school… I've made a lot more friends… I would say, if you're very anxious and integration hasn't gone very well, then maybe at the beginning, but I think you really should aim… as quickly as you can to sort of become more independent because it can be very isolating if you just go away every break time. People wonder where you are and why you don't eat lunch, even though you do, they don't see you eating lunch though. It looks quite strange. So I would say it's really helpful, maybe after a few weeks or months, that you start trying to eat with the girls in your classroom. (Jasmine, line 438-443)

Jasmine also shared how she had pushed away a friend who had invited her for lunch as she said no as she had to meet her mother outside of school,

> My best friend from primary … we sort of grew apart a bit while I was in hospital, but when I came back, she used to invite me out for lunch with her… That would have been a really good opportunity to make friends with her again. But because I had to meet my mum, I had to say no and that pushed her away. (Jasmine, line 434-436)

4.6 Chapter Summary

This chapter outlined the findings for the two case studies. For each case study, one thematic map was presented that combined the themes and subthemes for the two RQs. Themes and subthemes were then outlined in detail for each RQ. In the next chapter, the findings are discussed.

Chapter 5: Discussion

5.1 Chapter Overview

This chapter discusses and interprets the findings in relation to the RQs, drawing on previous research and theory (5.2 – 5.4). Implications of the research for schools and families and educational psychology practice are then presented (5.5). Section 5.6 explores strengths and limitations of the research. Section 5.7 discusses ideas around the dissemination of the research. Section 5.8 presents implications for potential future research. The chapter ends with conclusions (5.9).

5.2 Psychological Theory and Previous Research

The present research findings from the two case studies are explored and linked with previous research studies that have explored school reintegration following hospitalisation for mental health reasons (see p. 22 for a recap of the literature review). Furthermore, the findings are explored and linked with the psychological approaches underpinning this research, Positive Psychology (Seligman & Csikszentmihalyi, 2000; Boniwell & Tunarui, 2019) and Resiliency Theory (Fergus & Zimmerman, 2005; Zimmerman, 2013; Hart et al., 2012). Therefore there is a focus on exploring strengths and resources when answering the research questions around what went during the school reintegration process and what could have been even better. The Resilience Framework (Hart et al., 2012) is referred to when making sense of the present research findings. As stated in the earlier section titled 'Psychological Theories Underpinning the Literature Review' (p. 15), the Resilience Framework outlines key components to help with thinking about resiliency: Basics, Belonging, Learning, Coping and Core Self.

5.3 Research Question 1 (RQ1)

RQ1 addressed the views on what went well during the school reintegration process following the YP's inpatient care for ED (anorexia nervosa). There were three themes and 11

subthemes for Case Study One for RQ1 and four themes and 11 subthemes for Case Study Two for RQ1.There were similarities across the case studies in terms of aspects of the school reintegration that went well. There were also findings that were unique to the individual case study.

5.3.1 Young person's strengths (Case Study One) & Young person's internal and external motivators (Case Study Two)

In both case studies, a similar theme was identified that related to the views that the YP contributed to the school reintegration process overall going well. Education appeared important to both YP; both YP were talked about as being highly driven to succeed academically. Participants from across the case studies highlighted the level of motivation that the YP demonstrated academically. The themes 'YP's strengths' and 'YP's internal and external motivators' link well with Resiliency Theory (Fergus & Zimmerman, 2005; Zimmerman, 2013) and the Resilience Framework (Hart et al, 2012). The views of the participants suggested that the YPs individual resources were part of what helped the school reintegration to go well. External resources are discussed later.

As already stated earlier, both YP attended the onsite school during their admissions at the inpatient unit. Having access to education during the YP's inpatient admission appears to have positively influenced the return to school. In Case Study One, Gemma was described as being a motivated, academic and mature individual, who was eager to be back at school. After eight months in an inpatient setting, Gemma returned ahead with the schoolwork. She had developed independent study habits from her time at the inpatient setting and onsite school. She was viewed as able to articulate her academic needs. Reintegrating to school ahead with schoolwork is likely to have made the return to school a more positive one, as is being academically motivated.

Previous research has found that CYP receiving inpatient care for their MH, have expressed concerns about falling behind with schoolwork (Preyde et al., 2017). That research references CYP fearing how this could affect their aspirations to go to university. CYP in Iverson's (2017) research shared that they had to catch up with schoolwork, whereas some talked about the stress related to doing schoolwork. Carers of CYP and MH professional have also shared concerns about their children coping with missed schoolwork (Blizzard et al., 2016; Clemens et al., 2010). A clear aspect of the school reintegration that went well for Gemma was that she did not fall behind with schoolwork. Furthermore, Gemma went onto receive three A*s in her A Level exams and went to university. CYP may be less motivated to return to school if they are finding the academic side of school challenging and if they have fallen behind with schoolwork.

Similarly, for Case Study Two, Jasmine was also reported to be an academic YP, who was motivated to be at school. Participants highlighted how well she did academically in recent GCSEs and Jasmine talked about how helpful it had been to do her GCSEs before she left the inpatient setting, as this motivated her to focus and work hard to 'sit down'. Jasmine's passion and goal of going to university was also highlighted as helping her to focus on sitting and her overall focus on staying out of hospital. Getting behind with schoolwork was not a concern for Jasmine, due to reintegrating at the beginning of Year 12, therefore she would have been starting new subjects. The findings from both case studies link to the area of 'Learning' in the Resilience Framework (Hart et al., 2012), which highlights practices to increase resilience, including noticing CYPs achievements and planning for the future. Participants highlighted the YPs strengths, achievements and there was a focus on future aspirations.

Previous research has also suggested that CYP may find the return to school challenging if they had issues with learning before they went into hospital (Clemens et al., 2010). There was no indication that the YP struggled academically prior to going into the inpatient unit. This

indicates that having a high level of academic competence may make the reintegration to school a smoother one. Jasmine did however share that she had developed strategies to cope with her difficulties with concentration, which had developed since leaving the inpatient unit. Jasmine had developed ways to cope such as finding quiet spaces to work, or listening to white noise. There was no previous research from the literature review that explored the impact of more specific challenges associated with EDs on learning. There was however, reference in Preyde et al. (2017) research about CYP having concerns that their MH symptoms may affect their learning.

The findings from Case Study Two, also suggested that Jasmine developed other coping strategies to help her manage the return to school. Jasmine spoke about creating new rules for herself to follow, related in particular to sitting, something that Jasmine found challenging. There was reference to the use of self-talk, as Jasmine spoke about reminding herself about the exercise she was getting through travelling to school and back. She also talked about taking walks to help manage stress. The Resilience Framework (Hart et al., 2012) highlights ideas around 'Coping' as a key area that CYP and adults can focus on to promote resilience, which can include finding ways to stay calm and problem solving skills.

The subtheme 'control over education' in Case Study Two, related to how Jasmine was viewed as having some control over her education. Previously, Jasmine had reportedly had some decisions around her education taken away from her whilst she was in the inpatient unit. However, Jasmine now had greater autonomy since joining year 12 and had chosen to drop a specific subject. Knightsmith (2015) suggested that when CYP return to school following inpatient treatment, the school, parents and YP need to carefully consider academic expectations. Knightsmith suggests that schools "bear in mind the student's hopes and wishes as well as the views of their teachers and parents (p. 140) and also states that "where possible, a student needs to feel in control, rather than penalized during the process of recovery" (p. 140).

Furthermore, Jasmine was also involved in considering her participation in PE. Knightsmith (2015) suggests that CYP with anorexia nervosa who are in recovery will likely need to form a more healthy relationship with exercise, rather than remove it completely at school. Knightsmith recommends that schools consider exercises that are appropriate and work with CYP to agree on a healthy exercise plan, with guidance from health practitioners. For Jasmine, she talked about the walks she took, as important to de-stress. This links to Jasmine's coping strategies.

The subtheme 'independence and maturity' in Case Study One, related to views that Gemma's maturity and independence helped her to reintegrate successfully. This was linked to Gemma's age as she was almost 18 years old when she returned fully to sixth form. It might be that younger CYP reintegrating, may not have this level of independence and maturity that helped Gemma during the school reintegration.

5.3.2 Preparation for young person's return (Case Study One) & Preparing for school return (Case Study Two)

There was a main theme related to preparing for the YP's return to school in both case studies. Although there were some differences around some aspects of planning, the views of participants indicated that planning had helped the school reintegration process to go well.

Good and regular communication was highlighted as an important part of planning the YP's return in Case Study One. Communication between the two schools and parents was commented on as setting the foundation for helping the school reintegration to work well. The school Gemma was returning to, kept in contact through asking questions. Regular communication enabled Gemma to continue her voluntary role, which was linked with her future aspirations. Similarly, Simon and Savina (2010) found that special education teachers commented on the importance of communicating with parents and hospital professions before

CYP return to school. MH professions in Clemens et al. (2010, 2011) study also viewed communication between school staff, hospital staff and family as important for successful school re-entry after hospitalisation for MH difficulties. Tisdale's (2014) doctoral research highlighted planning and collaborative working as good practice for supporting CYP with the hospital to school return. Participants in Tisdale's study spoke about the importance of transition plans being created by key people involved and that support will be required to implement the plan. Furthermore, previous research by Marraccinni et al. (2019) found that school psychologists viewed communication with hospital staff as important for school reintegration post-hospitalisation for MH difficulties. Their study also identified re-entry plans and meeting with the family as important. Participants in Case Study One also discussed the development of a reintegration care plan.

In Case Study One, part of the planning involved sharing Gemma's strengths, need and strategies to support her in school. Some YP in Iverson's (2017) doctoral research expressed frustration around the level of school support and understanding when they returned to school. Whereas some participants had more positive experiences, characterised by greater support and understanding from school staff. Findings in Clemens et al. (2011) research also highlighted the importance of understanding CYPs needs, when CYP with MH difficulties transition back into school. Ensuring that teachers were aware of warning signs or triggers related to the CYP MH was also spoken about in Case Study One. Knightsmith (2015) similarly highlights that schools should identify any specific triggers when CYP return and be aware for signs of relapse. The findings from Case Study One indicate that the sharing of Gemma's strengths, needs and guidance may have helped Gemma to have had a positive experience when she returned, as she talked about teachers being flexible and understanding of her individual needs. This will be discussed later in more depth.

The subthemes ‘phased return’ (Case Study One) and ‘meeting teachers and school visit’ (Case Study Two) had similarities in that participants highlighted that the YP had been able to meet school staff before the return. In Case Study One, the phased return represented an opportunity to help the transition be a smooth one. It was slightly different for Jasmine in Case Study Two, as she returned to school full time and did not do a phased return leading up to her transition to school, although she had visited her school in previous attempts at school reintegration. She also visited the school with her mother before returning fulltime. Furthermore, meeting teachers before returning was viewed as a good way of ‘breaking the ice’. Jasmine was not keen to share where she had been for the last few years, however by teachers visiting her to invigilate some of her GCSE examinations, teachers would know she had been. The findings of this study are similar to what Knightsmith (2015) suggests, as Knightsmith recommends considering a phased return, which might include a visit to the school and returning on a part-time timetable and working towards attending fulltime.

The importance of involving and listening to the YP stood out in both case studies, as part of ‘what went well’**.** In Case Study One, participants talked about ensuring that Gemma was happy with the reintegration care plan and that she was involved in conversations around planning. Participants also emphasised how having her involved was particularly important given that she was almost 18 years old and going to university the following year. In Case Study Two, the ‘parental support’ subtheme relates to the supportive conversations that Beth, Jasmine’s mother, had with Jasmine around preparing for school. These conversations revolved around considering how Jasmine would manage with eating, exercise, travelling and what to tell peers when she returned to school. Beth highlighted how she listened to Jasmine, reassured her and went at Jasmine’s pace.

The subtheme, ‘supportive hospital staff / onsite school staff’ similarly related to how Jasmine had been supported by members of staff whilst she was at the inpatient unit to prepare

for school. William, the key teacher, had numerous conversations around how Jasmine could manage when she returned to school. There was a collaborative nature to the planning and an emphasis on problem solving. Interestingly, Marraccinni et al. (2019) study with school psychologists found that few CYP were involved in the planning for their return. Knightsmith (2015) suggests that CYP will have different worries about returning to school and that it is important to support CYP to feel more at ease about returning to school.

The subtheme 'university planning' in Case Study One is unique to that case study, as Gemma was returning to the final year of sixth form. This related to Gemma receiving support in terms of preparing for university whilst she was at the inpatient unit, as her peers would have also been doing this too at school. This subtheme came under the theme of 'preparation for young person's return', as university planning was viewed as a key part of school reintegration, as they were preparing Gemma to return to school and to be in a similar position to her peers. Previous studies included in the literature review have not referred to supporting CYP with preparing for university; however, this may be due to the nature of research having younger participants. There was also an emphasis on planning for university as helping Gemma to stay motivated. The Resilience Framework (Hart et al., 2012) indicates that instilling a sense of hope can promote resilience as part of the 'core self' area of the framework. The framework also suggests that planning for the future can help with building resilience.

5.3.3 Supportive relationships and environment (Case Study One), Support systems (Case Study Two) & Sense of school belonging and connectedness (Case Study Two)

The remaining theme 'supportive relationships and environment' for Case Study One and the remaining two themes for Case Study Two, 'support systems' and 'sense of school belonging and connectedness' are now discussed. Again, there were some similarities to what participants discussed across the case studies in terms of what went well during the school reintegration process. In both case studies there were themes related to positive relationships

with school staff, pastoral support, mentors, parental support and the school environment. This links with the emphasis on external resources and support highlighted by Resiliency Theory and aspects of the Resilience Framework ((Hart et al., 2012).

In Case Study Two, the subtheme 'stability and structure' related to the daily support that Jasmine's mother provided during lunchtime. Jasmine's mother Beth, was able to provide support with eating lunch and walks during the schooldays. The stability was seen as positive, as was the understanding that Beth had of her daughter's needs. Jasmine also highlighted that it was helpful to have this time with her mother to talk, as she did not have close friends. Previous research with CYP has found that they would like friends or family to talk to as a form of support (Preyde et al., 2017). Consistent parental support with CYPs recovery was also identified in Clemens et al. study (2011) as important.

For Gemma in Case Study One, she received support with eating during the partial reintegration from Tamara, a key person at school, somebody Gemma had developed a good relationship with. However, when she reintegrated fully she received support from her mother with eating as nobody from her school was able to support with this. During the time when Tamara was working at Gemma's school, she also provided structured sessions to check in with Gemma too. Gemma talked about finding this helpful. Previous research has highlighted that CYP find it helpful to have a space to go (Preyde et al., 2018). Knightsmith (2015) suggests that CYP can feel more at ease whilst they eat, if they are with a trusted adult or friend. Furthermore, Knightsmith suggests that it can be appropriate for a parent to support with lunch until the CYP feels ready to try eating more independently. Participants in Case Study Two highlighted the pastoral system in place, which included a learning mentor being appointment for Jasmine and a go to space. The Resilience Framework (Hart et al., 2012) highlights mentors as helpful for building CYPs resilience.

There was more of an emphasis on the environment in Case Study One. Gemma had the library as a space to go across the two school campuses if she felt overwhelmed after she no longer had Tamara. Knightsmith (2015) recommends that CYP may need a pass to leave the class and have a designated safe space to go to. Gemma was also described as having a good relationship with the librarian. It seems that Gemma was able to still feel a sense of belonging even after the mentor left. The importance of belonging is also highlighted in the Resilience Framework (Hart et al., 2012).

Gemma, in Case Study One, also reflected on how flexible her teachers had adapted to her individual needs when she returned to school. Teachers recognised Gemma had returned ahead of schoolwork and were flexible about how she participated in the lessons. Gemma also emphasised that teachers had understood how certain aspects of school were challenging such as presentation, which Gemma linked to her poor body image and social anxiety. This suggested that although Gemma had left the inpatient unit for support with an ED, she still needed adults to be understanding of her ongoing challenges.

Jasmine in Case Study Two also spoke about support from teachers, commenting on a teacher who had provided support in the form of going through the homework with her and overall spending more time with her. Jasmine seemed to value this greatly, as she spoke about feeling overwhelmed with the amount of homework, as she had not had this when she was at the inpatient unit. In previous research, YP have expressed feeling stressed due to schoolwork and have found additional support helpful (Iverson, 2017). Previous research has also found that CYP have talked about mixed experiences with supportive school staff (Iverson, 2017). In the present research, it is apparent that school staff were supportive of the YP. Support and understanding in school was highlighted in the Clemens et al. study (2011) as helping to facilitate a successful school reintegration. Gemma also viewed the smaller class sizes as helpful as she believed that this helped teachers to view her as individual, with her own

individual needs. Knightsmith (2015) suggests that schools consider the curriculum carefully, as this might make a YP feel uncomfortable or it might be triggering, and that it can be appropriate in some cases for CYP to opt of a lesson. In both case studies, the participants highlighted that teachers had been supported to know how best to support the YP.

Jasmine, in Case Study Two, talked about how kind her school had been, as did her mother, Beth. Jasmine highlighted that she had never felt pressured by the school and always felt like she was welcome to return as soon as she was could. She viewed the school as being truly 'kind' and not just as an organisation that claimed to be kind. Jasmine talked about how the school has allowed her to not do a project that other students were doing. Knightsmith (2015) talks about the need for schools to consider ways to reduce pressures on students academically when they return to school. Finding in the current research were also consistent with research around transitions that highlights the importance of helping to create a sense of belonging (Rice et al., 2015). The Resilience Framework (Hart et al., 2012) highlights 'belonging' as an area for building resilience. At the center of 'belonging' is the importance of relationships. Peers, teachers and the school ethos as being 'a kind school' overall appeared to contribute to the school reintegration process going well in Case Study Two. Research around school belonging has also been linked with greater academic achievement, motivation and wellbeing (Riley et al., 2020).

Participants in Case Study Two highlighted that one of Jasmine's greatest fears about returning to school related what she would say to her peers if they asked where she had been. Participants shared that Jasmine did not want to lie about this; however, she wanted to keep where she had been private. This finding is consistent with previous research by Preyde et al. (2017) that highlighted that the greatest concern for CYP related to social situations and what to say to peers on return to school. Blizzard et al. (2016) also highlighted that carers worry about the impact of their child's hospitalisation on peer interactions. This included explaining

to peers where they have been. Furthermore, Iverson's (2017) research with CYP also highlighted worries about what others would say about them being in hospital. The research by Iverson also found that some CYP experienced bullying and rumours spread around the school about them. MH professions also perceived as the social aspect of school as a challenge for CYP as they transition back into school, in Clemens et al. (2010) research. Knightsmith (2015) highlighted that schools should prepare school staff and students before the CYP return to school. For Jasmine, it seemed to perceived as a positive experience, as when she returned, she was not asked questions and felt like she was able to fit in and be 'treated normally'. Jasmine suggests that school staff had likely instructed students to not ask questions. This suggests possible concerns around the stigma linked to MH difficulties, although this was not explicitly spoken about. This need to fit in at school, also again links with having a sense of 'belonging' at school.

5.4 Research Question 2 (RQ2)

Participants also reflected on what could have been even better in line with RQ2. There were similarities and differences across the two case studies. Participants also made recommendations around how the school reintegration could have been even better.

5.4.1 Supportive relationships and environment (Case Study One) & Support systems (Case Study Two)

As already stated, both mothers of the YP provided daily support with eating. This was viewed as positive in ways, as the YP had the stability and structured support provided by their parents. Both schools could not provide support at lunchtime once the YP had fully reintegrated. Participants in both studies commented on how greater support for their children would have improved the school reintegration process.

Beth in Case Study Two highlighted that the council were unable to provide appropriate mealtime support for Jasmine during the school day. Beth felt that it was important that Jasmine has stability, therefore different adults going into school to support Jasmine was not viewed as appropriate. Beth also highlighted that Jasmine needed support for structured walks. Tisdale's research (2014) with MH professionals found that barriers to successful school reintegration included resources and parental expectations. Previous research by Blizzard et al. (2016) found that carers of CYP who had been in hospital for MH difficulties, experienced the hospitalisation and transition as stressful. As already mentioned earlier, there were no previous studies found that focused on supporting CYP school reintegration following support for an ED. Knightsmith (2015) does however highlight that CYP with an ED or in recovery will likely need support with lunchtimes at school.

Participants in Case Study Two also spoke about how there was a lack of consistency with support when Gemma fully reintegrated. Gemma talked about feeling sad that Tamara had left and that there was no longer anyone she felt comfortable with. Gemma highlighted that she would have liked one specific person who she could go to at school, who also offered structured sessions, as she had with Tamara. This indicated that Gemma had been satisfied with the support Tamara had provided whilst she supported her during the partial return. Tamara however shared that she would have liked more time dedicated to Gemma. Knightsmith (2015) highlighted the importance of CYP having regular access to a trusted adult. This study indicates that CYP may benefit from access to a key person who they can develop a good relationship with and who can provide pastoral support and possibly support during mealtimes.

5.4.2 Preparation for young person's return (Case Study One)

In Case Study One, it was suggested that Gemma's reintegration plan could have been even more formalised. Bianca described how it would have been helpful if they had spent more time

exploring previous school experience, when planning for the reintegration. Furthermore, the planning would ideally include more time spent discussing any worries about returning to school, which could for example include asking schoolwork or PE lessons. Bianca commented that this could be done through the use of scales.

Participants in Case Study One also talked about the need for increasing school's knowledge of MH difficulties and EDs more specifically. There was the suggestion that the school reintegration could have been even better, if the school had received more guidance around EDs and MH more broadly, as many CYP have co-morbidities. Bianca suggested that she would like to provide training to schools that CYP reintegrate into. Previous research has found that special education teachers would like more knowledge about CYPs MH difficulty for when CYP return to school (Simon & Savina, 2010). Gemma's mother shared that it would have been helpful for the school to receive an information pack to improve the schools understanding of how to support CYP during their admission and then with the school reintegration.

5.4.3 Supportive relationships and environment (Case Study One) & Sense of school belonging and connectedness (Case Study Two)

In both case studies, a similar theme was identified that related to friendships as something that could have made the school reintegration even better. Participants shared how both YP were somewhat socially isolated and both YP highlighted how they would have liked to have friends earlier on. In Case Study Two, Jasmine reflected that she had recently developed relationships with peers at school since she started to eat at school. Jasmine suggested that CYP in a similar situation to her should try to have lunch with peers earlier as a way to make friends quicker.

Both YP spoke about how they had lost previous friends due to their hospital admission, in addition to not having lunch in school. In previous research by Preyde at al. (2017), CYP talked about difficulties with peers or not having many or any friends at school. The CYP in this study were concerned about returning to school because of this. Some of the CYP in the follow up study (Preyde et al., 2018) did experience social situations as challenging when they returned to school, as CYP did not know what to say when asked where they had been. Knightsmith (2015) suggests that schools consider peer support for the CYP who are returning to school. Preyde et al (2017) highlights that CYP with MH difficulties may need support with developing their social skills. In both case studies, this does not appear to have occurred and is something that both YP may have benefited from.

5.5 Implications of Research

This research has provided insight into the school reintegration process for YP who have spent time in an inpatient unit receiving support for an ED. The YP at the center of the cases studies were over 16 years old and reintegrated into sixth form. The research has presented views around aspects of the reintegration process that went well, as well as aspects that could have been better.

There are implications prior to the YPs return, during a partial return (if this occurs) and when the YP returns to school. The results of this research suggest that there are several things that could be considered in order to promote the likelihood of a successful school reintegration when CYP are returning to school following inpatient care for an ED. However, the researcher wishes to highlight that each child is different and support should always personalised.

5.5.1 Schools & Parents/Carers

The findings from the current research have implications for schools and carers of CYP who are hospitalised because of an ED. This research has highlighted the important role that

schools and parents have in supporting CYP when they make that transition from an ED inpatient unit back into school. It can be a daunting and challenging experience for CYP, yet this research showed, with good systems and support, the school reintegration can go well. Table 6 highlights key implications for schools and parents/carers.

Table 5

Implications for school and parents/carers

Reintegrating CYP to school following inpatient treatment for an ED	
▪	CYP benefit from being involved in transition planning. Keep the child at the centre of the school reintegration.
▪	Start planning early and in a collaborative manner with the hospital school, family and home school.
▪	Seek information on CYPs strengths and needs to inform the planning; including what support may be helpful.
▪	A phased return may be appropriate, as this can enable CYP to meet teachers and overall reacclimatise to the school.
▪	Consider how CYP returning can be helped to develop a sense of belonging at school.
▪	Explore academic demands and whether additional support around schoolwork and homework is needed.
▪	Consider a ‘go to space’ and trusted key person to check in with the YP.
▪	Pastoral support in the form of mentoring may be appropriate.
▪	Preparing the CYP for what to say to peers could be done with a parent, hospital school teacher or other trusted adults. Consider what the CYP wants to be said or not said about why they have been absent from school.
▪	Teachers to try to be flexible and understanding of CYPs individual strengths and needs. The pastoral person at school may be able to support with identifying strengths, needs and strategies.
▪	Seek guidance on EDs and MH difficulties, to better understand CYPs experiences.
▪	Explore ways to support CYP with lunchtimes during the school day – this can be a challenging time and requires careful planning. Again, involve the CYP and family in carefully planning this.

▪	Explore exercise and how this will be managed safely during the school day. Again, involve the CYP and family in planning this. CYP may need structured walks during the school day, facilitated by a trusted adult. Discussions around PE activities may also be appropriate.
▪	Consider whether the CYP may need support with friendships. Again, ask the CYP if they would find it helpful to structured spaces to do this. CYP may find it helpful to have 1:1 time with teachers or a structured space where relationships can be developed with peers. Structured social activities or more intensive social skills support may be appropriate. However, as always, this should be developed through consulting with the CYP.
▪	Work with CYP to help identify their goals (short term and long term) as this may increase motivation and instil 'a sense of hope'.
▪	If the YP is in sixth form, help with planning for university if they are hoping to go - just as their peers would be doing in school.

5.5.2 Educational Psychology Practice

EPs already have a role in supporting schools, families and CYP with transitions (i.e. the primary to secondary transition or transitions into alternative provision), however this can (if not already) be extended to supporting when CYP reintegrate following inpatient care for an ED; EPs have the skills to do this. Furthermore, EPs understanding around resilience building (i.e. Resilience Framework) can be shared with schools, families and CYP.

Table 6

Implications for Educational Psychologists

Implications for EPs on Reintegrating CYP to school following inpatient treatment for an ED	
▪	Work in a consultative way with key individuals (e.g. parents, school staff, hospital school and staff) to help facilitate the reintegration process (e.g. Wagner, 2000, 2017) and ensure it is personalised. By working in a consultative way (e.g. through solution-orientated approaches, see Harker et al., 2017) this can enable strengths and resources to be explored, that can be used to support the school reintegration process. It can also enable conversations around what was previously working well prior to the YP's inpatient admission.

▪	Work with schools and families to involve CYP in planning the return to school, through adopting person centred planning approaches, to ensure that the CYP's perspective is included when making decisions. Person centred planning tools such as a PATH (Planning Alternative Tomorrows with Hope) (Pearpoint et al., 1993) could be used and facilitated by the EP. As part of the PATH process, CYPs goals can be explored and the actions that need to be taken in order to make them happen.
▪	Related to the above two points, by working in a consultative way and adopting a person-centred approach, it can help with ensuring that the YP's perspective is included when making decisions. EPs can support CYP to communicate their views.
▪	Provide training or guidance to schools on EDs, MH difficulties and reintegration planning.
▪	Provide training as part of CPD (continued professional development) for EPs on this topic.
▪	Carry out further research in this area.

5.6 Strengths and Limitations

This section now discusses the strengths and limitations of this research.

5.6.1 Sample

Purposive sampling was deemed appropriate to select the participants for this research, particularly as it uses a case study design. A strength of this study is that it gained the views of YP, parents and school staff (both hospital and community school staff) on the school reintegration process. As planned, the researcher was able to explore school reintegration in a holistic and ecosystemic way. In terms of the cases in both case studies, both were female, although the criteria was not restricted by sex. Recent research in the UK and Ireland (Petkova et al., 2019) found that 91% of CYP with anorexia nervosa who were receiving support from Child and Adolescent MH Services were female. Both cases were YP who reintegrated into sixth form. The experiences of school reintegration for CYP returning to secondary and

primary school may be quite different. For example, the subthemes ‘independence and maturity’ and ‘university planning’ (for Case Study One) are linked to age of the YP, as she was in the final year of sixth form and thinking about university.

5.6.2 Recruitment

As discussed in the Methodology Chapter, the headteacher supported with recruiting participants. The recruitment of participants took place during a global pandemic; therefore, the researcher was mindful not to put pressure on the headteacher to contact parents. However, five parents agreed to be contacted by the researcher and in total, two parents and their children consented to take part. The researcher again was particularly mindful not too put pressure on participants to do the remote interviews, particularly given the varying impact of the pandemic on people’s lives. The recruitment took longer than the researcher had expected and therefore left less time to carry out the analysis and interpret the findings.

5.6.3 Study Design

The case study research only included two case studies, however this enabled the researcher to explore school reintegration in depth. A strength of case study design is that they can be “an in-depth exploration from multiple perspectives of the complexity and uniqueness of a particular project, policy, institution, programme or system in ‘real life’ context” (Simon, 2009, p. 21).

The participants were asked to retrospectively discuss school reintegration. There are also possible limitations related to participants being asked to recall a time in their life that occurred over twelve months ago (Case Study Two) and almost three years ago (Case Study One). Booth et al. (2016) suggest that retrospective studies can be prone to recall bias. Some of the participants were unable to recall the names of certain individuals that had been involved in the YPs school reintegration in some way. Overall, this did not seem to stop the participants

from being able to recall the school reintegration and share their views in depth. Two of the participants also mentioned that they had looked back over paperwork associated with the school reintegration before the interviews. With hindsight, the research may have been better if participants were asked to spend time preparing for the interviews, thinking about key people and experiences, as pre-interview activities. Ellis et al. (2011) suggest that pre-interview activities can help participants to recall past events.

5.6.4 Interviews

There are strengths and limitations to single interviews as a method to data collection. As already stated in the Methodology Chapter, interviews are appropriate when exploring the views and experience of something in-depth. Interviews also allow for flexibility when exploring a topic. Limitations can include that interviews can be time consuming for participants, smaller samples sizes and there is a lack of anonymity to the researcher (Braun & Clarke, 2013). The interviews in the present research all lasted between 45–70 minutes. Furthermore, the concern has also been raised that the presence of a researcher in interviews can bias participants' responses (Creswell, 2014). The researcher knew three out of the eight participants in a professional capacity. This has been suggested as "perfectly acceptable", however there are particular issues that must be considered (Braun & Clarke, 2013, p.85). There is the issue of a 'dual relationship' with the participant. A possible strength of knowing some of the participants could be that this may have helped the participants to feel more comfortable to speak openly. However, there is also the chance that this may have influenced what participants shared, as they had the awareness that the researcher previously worked at the onsite school at the inpatient setting. This is discussed further in section 5.5.6 (role of the researcher).

Furthermore, it is important to take into consideration the current context of when the interviews were carried out. It is not clear how the pandemic might have impacted on the

participant's participation in the study. For example, during heighted states of anxiety, this can impact on how individuals think and talk about something. It is not clear whether the participants' views may have differed if they were interviewed during a time without the pandemic.

5.6.4.1 Video Interviews

Carrying out interviews via video conferencing software has its strengths and limitations. Braun and Clarke (2013) suggest that virtual interviews are considered different to face-to-face interviews. However, given that this research took place in a pandemic, video interviews enabled the researcher to complete the research in a safe way and within the timeframe available. The researcher was familiar with video conferencing software due to it being used at university and on placement.

Secondly, the use of video interviewing meant that limitations were not placed on the location of the participants and overall could make the process more flexible. Janghorban et al. (2014, p. 2) suggested that the video conferencing Skype, "encourages interviewees who have time and place limitations for face-to-face interview to participate". Both researcher and participants did not need to travel to a location to meet, which could potentially be a barrier to taking part in the research. There is also the potential that participants would have felt more comfortable being interviewed from their home or in a space that is familiar to them. There is however, the possibility that using video conferencing software may add a level of anxiety. However, all of the participants were able to access the video conferencing software and overall seemed confident ICT users.

In terms of strengths, video interviews still enable both researcher and participant to see nonverbal and social cues. Nonverbal communication including eye contact, facial expressions, posture and pacing of speech is still present during video interviews. However, it

has been suggested that video interviews do have limitations as you cannot observe all of a participant's body language as you can in face-to-face interviews (Cater, 2011; cited in Janghorban et al., 2014). Furthermore, good internet connection is also important if you are to carry out interviews online. In the present research, poor signal did disrupt part of an interview. The researcher transcribed the audio interview recording shortly after whilst the interview was 'fresh in their mind'. The researcher followed Simons (2009) advice to always take notes, as audio-recordings equipment could potentially fail.

Lastly, additional ethical considerations were considered for video interviews. Although many issues remained the same as those for face-to-face interviews, there was a difference in that the researcher was not in the same room, should the participant become distressed. As already stated, less body language is visible during the video interviews. Therefore, the researcher reminded participants that they could take a break at any time. Participants were all reminded of the right to withdraw, however the researcher asked that participants please say if they needed to go, rather than 'clicking a button' to leave the interview.

5.6.5 Focus on reintegration

As already stated, the researcher explored the school reintegration process in an in depth manner, as planned. The individuals at the center of the case studies had both previously spent a period of time at an inpatient setting due to needing intensive support for anorexia nervosa. As mentioned in the Introduction Chapter, schools have an important role to play in the prevention and early intervention of an ED. The researcher did not explore what the school were doing to support the YP prior to the YP being admitted into the inpatient unit. With hindsight, this research may have been better if the researcher had also asked more about what was going well and what could have been better prior to the admission, rather than just focusing

on what went well and what could have been even better during the transition from the inpatient unit back to school.

5.6.6 Quality of the Research

As stated in the Methodology Chapter (section 3.7) the researcher used the Guba and Lincoln's (1989) criteria to evaluate the present research. The 'trustworthiness' of the research will be briefly discussed as part of critically evaluating this research. There are limitations to transferring the findings to the wider population. The aim of the research was to explore participants constructions of the school reintegration, particularly around what went well and what could have been even better. This is in line with the social constructivist paradigm underpinning the research. Although the researcher is not looking to generalise the findings, the findings do however provide insight around what could possibly help the school reintegration to go well. The section on the implications of the research outlines ideas around using these insights. The individuals at the center of the case studies were both happy about the themes and expressed their pleasure in taking part in the study.

5.6.7 Role of the Researcher

As already highlighted, the researcher previously worked in the school attached to the ED inpatient unit. It could be argued that having some insight into this area helped with building rapport. However, this may have impacted on how the researcher was viewed and how the participants responded in the interviews. The researcher knew one of the participants in a professional capacity and had also met Gemma and Jasmine, although the researcher had not worked closely with them. The researcher was particularly aware of the need be reflexive.

The researcher shared their previous role with all of the participants and reassured participants about confidentiality and the purpose of the research. Although headteacher supported with the recruitment, the headteacher was not informed about who took part in the

research. The researcher emphasised the voluntary nature of the research and was careful to not apply any pressure any participants to take part in the research. There were attempts to minimise any power imbalance in the interviews, through emphasising interest in participants' views and experiences, making it clear there were absolutely no wrong or right answers. The researcher was mindful to 'stay with' the participant and used their active listening skills to do this. The researcher regularly clarified and summarised what the participants had said in order to check they were hearing things 'right' and to avoid misinterpretation. It was important that the views were those of the participants as much as possible. The researcher was mindful to listen and explore all information, even if they had some insight into something from their previous role. Nothing was ignored or 'brushed over'.

The researcher was aware that there is no way of fully separating one's own beliefs and experiences. After each interview, the researcher noted down reflections in a research journal. Research diaries are suggested as one way to promote reflexivity. The research journal helped with reflecting on several aspects of the research journey. For example the researcher's role within the interviews (e.g. how the researcher responded and whether the researcher explored one thing more than another) and decisions made during the analysis (e.g. the choice to go back over the Case Study One analysis after completing the analysis for case 2 study as the researcher had become more confident with conducting the thematic analysis). When analysing the data the researcher carried out the thematic analyses in a structured and thorough way. Evidence of this was shared with the researcher's research supervisor. Appendix I and J provides an audit trail of the analyses. Furthermore, the researcher provided participants with an overview of the themes and subthemes.

5.7 Dissemination

The research will be shared with university colleagues during the annual university research conference. This will provide the trainees with some insight around ways to support

and empower schools and families to support CYP when they begin the transition back into school. Furthermore, the researcher will also share an overview of the research within the local authority in which they are on placement at. The researcher will also create a document that will provide an overview the research, pointing out what was found to be helpful during the reintegration process from the perspectives of the participants. This links with the suggestion made by Hayley (Gemma's mother) that she would like to see guidance produced for schools for when CYP go into an inpatient unit for support with an ED and/or MH difficulties.

5.8 Implications for Future Research

This study focused on two YP who were over sixteen and returned to school in sixth form. CYP in secondary or primary school could have their views gained around experiences of the school reintegration process. Younger children's views could use drawing and other creative methods to elicit their views. This research and the researcher's experience as a TEP has highlighted that you can elicit the views of CYP both verbally and through drawing via conferencing software, if face-to-face is not an option. The current study explored school reintegration retrospectively; future research could consider following the school reintegration journey.

Exploration of what it is that will enable greater lunchtime support for CYP would likely be beneficial. This seems particularly important, as although the mothers of both YP in the cases studies were able to support during lunchtime, it is likely that many parents may not be able to provide daily lunchtime support. This is concerning as there are likely CYP who are returning to school, who require support with eating, yet they may not be receiving this.

Another potential area of research could focus on exploring the views and experiences of CYP reintegrating who also have learning needs in addition to receiving inpatient care for ED. The current literature review highlighted previous findings of CYP who had found

schoolwork challenging following hospitalisation. Both YP in the current study appeared to be highly academic and this could have worked as a protective factor for them.

Lastly, it would be interesting to explore the reintegration process for CYP during the current pandemic. Particularly as some of the challenges associated with social interactions and social anxiety may not be an issue if CYP have reintegrated home, with teaching primarily online.

5.9 Conclusions

The aim of this research was to explore examples of school reintegration that have gone well, for CYP who have spent time in an inpatient setting receiving support for an ED. CYP with EDs can spend a long time in inpatient settings receiving support, when more intensive treatment is deemed necessary. In this research, one individual spent eight months receiving inpatient care and the other individual spent two and a half years. The research was conducted through a constructivist lens as it sought to explore the participants' views on the school reintegration process. As stated in the introduction, the decision to do this research was influenced by the researcher's previous role at a school attached to an inpatient unit for CYP with EDs and a clear gap in research. The choice to focus on what went well, linked with the researcher's belief that individuals have many strengths and resources that can lead to positive outcomes and flourishing.

The two case studies provide insight into two experiences of school reintegration. There were similarities and aspects that were unique to the case study. What was clear to the researcher, was that CYP who have complex MH needs such as EDs require a carefully planned school reintegration. School is a key part of most CYPs lives and it needs to be 'handed carefully' as Knightsmith (2015) emphasises. Furthermore, CYP must be given the opportunity to be involved in planning their return. Returning to school following inpatient treatment for

an ED can be overwhelming for CYP, this research has shown that there might be ways to make it more successful.

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Appendices

Appendix A: Ethical Approval

School of Psychology Research Ethics Committee

NOTICE OF ETHICS REVIEW DECISION

For research involving human participants

BSc/MSc/MA/Professional Doctorates in Clinical, Counselling and Educational Psychology

REVIEWER: Sophia Bokhari

SUPERVISOR: **Janet Rowley**

STUDENT: Jessica Williams

Course: Professional Doctorate in Educational and Child Psychology

Title of proposed study: School reintegration following hospital treatment for an eating disorder; Two case studies with multiple perspectives on the reintegration process

DECISION OPTIONS:

1. **APPROVED:** Ethics approval for the above named research study has been granted from the date of approval (see end of this notice) to the date it is submitted for assessment/examination.

2. **APPROVED, BUT MINOR AMENDMENTS ARE REQUIRED BEFORE THE RESEARCH COMMENCES** (see Minor Amendments box below)**:** In this circumstance, re-submission of an ethics application is not required but the student must confirm with their supervisor that all minor amendments have been made before the research commences. Students are to do this by filling in the confirmation box below when all amendments have been attended to and emailing a copy of this decision notice to her/his supervisor for their records. The supervisor will then forward the student's confirmation to the School for its records.

3. **NOT APPROVED, MAJOR AMENDMENTS AND RE-SUBMISSION REQUIRED** (see Major Amendments box below)**:** In this circumstance, a revised ethics application must be submitted and approved before any research takes place. The revised application will be reviewed by the same reviewer. If in doubt, students should ask their supervisor for support in revising their ethics application.

DECISION ON THE ABOVE-NAMED PROPOSED RESEARCH STUDY

(Please indicate the decision according to one of the 3 options above)

Approved

Minor amendments required *(for reviewer)*:

Major amendments required *(for reviewer):*

Confirmation of making the above minor amendments *(for students)*:

I have noted and made all the required minor amendments, as stated above, before starting my research and collecting data.

Student's name *(Typed name to act as signature):*

Student number:

Date:

(Please submit a copy of this decision letter to your supervisor with this box completed, if minor amendments to your ethics application are required)

ASSESSMENT OF RISK TO RESEACHER *(for reviewer)*

Has an adequate risk assessment been offered in the application form?

YES / NO

Please request resubmission with an adequate risk assessment

If the proposed research could expose the researcher to any of kind of emotional, physical or health and safety hazard? Please rate the degree of risk:

☐ HIGH

Please do not approve a high risk application and refer to the Chair of Ethics. Travel to countries/provinces/areas deemed to be high risk should not be permitted and an application not approved on this basis. If unsure please refer to the Chair of Ethics.

☐

MEDIUM (Please approve but with appropriate recommendations)

☐ **LOW**

Reviewer comments in relation to researcher risk (if any).

Reviewer *(Typed name to act as signature)*: Sophia Bokhari

Date: 19/2/20

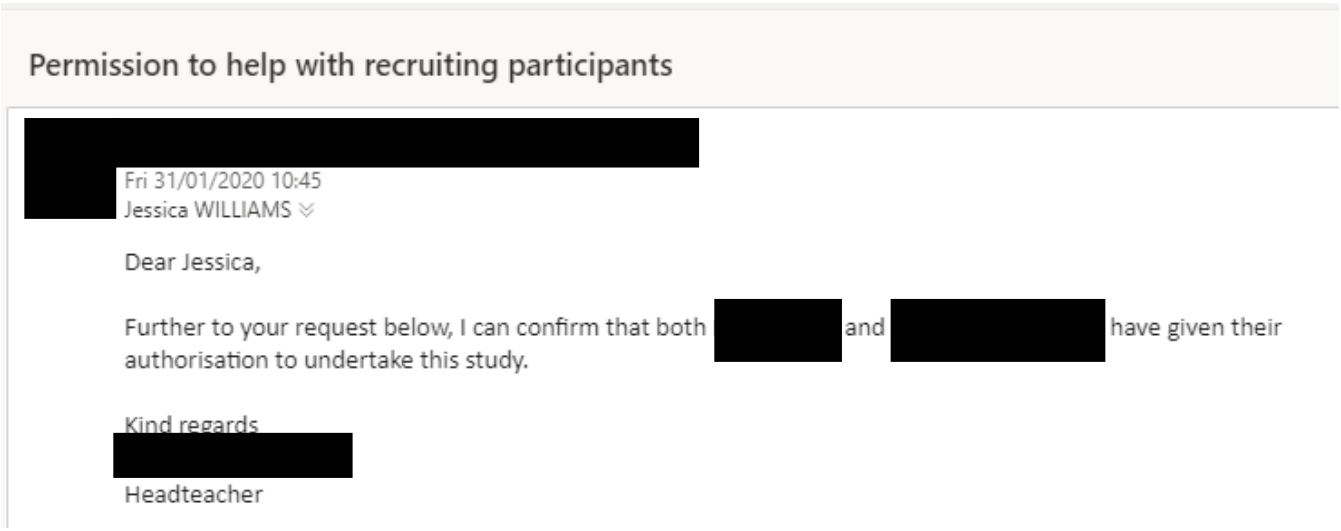
This reviewer has assessed the ethics application for the named research study on behalf of the School of Psychology Research Ethics Committee

RESEARCHER PLEASE NOTE:

For the researcher and participants involved in the above named study to be covered by UEL's Insurance, prior ethics approval from the School of Psychology (acting on behalf of the UEL Research Ethics Committee), and confirmation from students where minor amendments were required, must be obtained before any research takes place.

For a copy of UELs Personal Accident & Travel Insurance Policy, please see the Ethics Folder in the Psychology Noticeboard

Appendix B: Recruitment consent email



Permission to help with recruiting participants

[redacted]

Fri 31/01/2020 10:45
Jessica WILLIAMS

Dear Jessica,

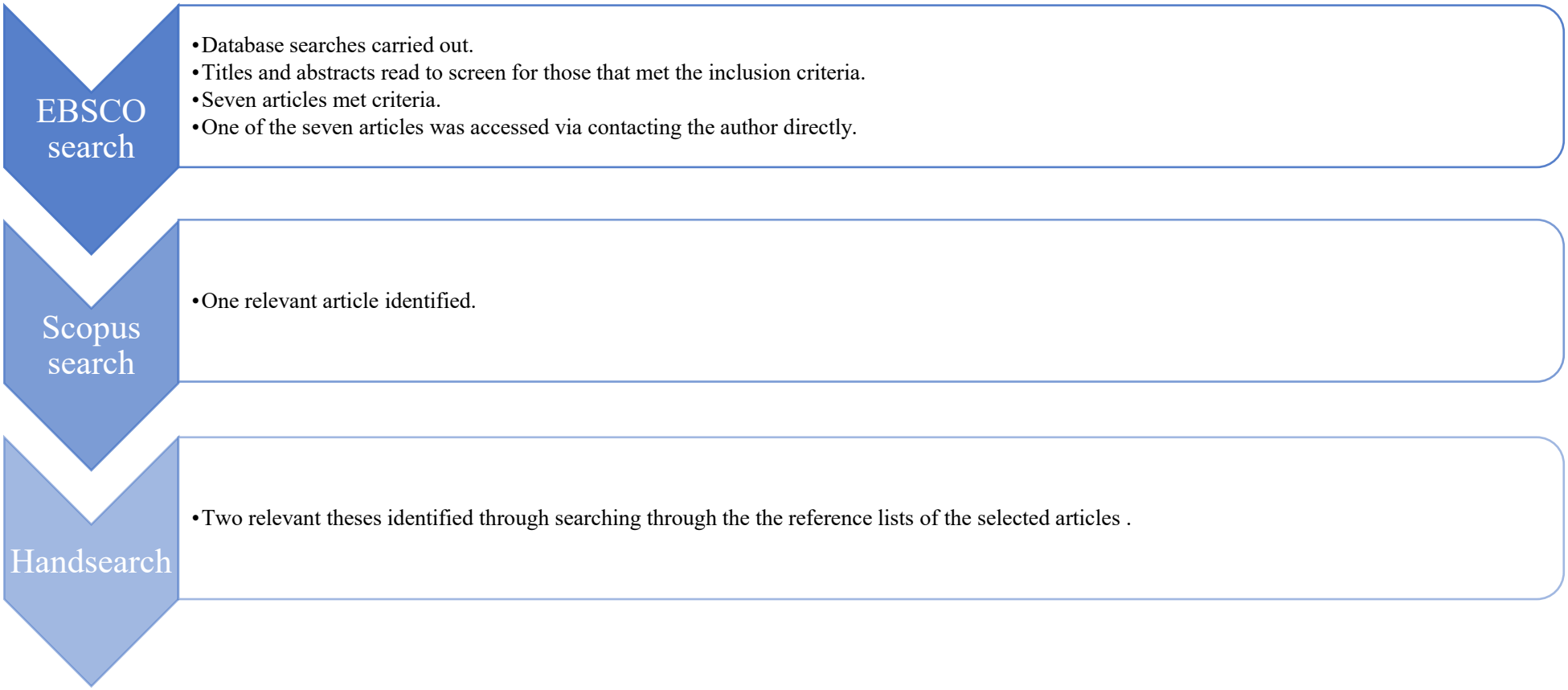
Further to your request below, I can confirm that both [redacted] and [redacted] have given their authorisation to undertake this study.

Kind regards

[redacted]
Headteacher

Appendix C: Systematic literature search table

This flowchart shows an overview of the systematic literature search table below.



Date of search: 06.07.20						
Database	**Search Terms**	**Results (without any filters applied)**	**Filters Applied**	**Results (after filters applied)**	**Articles excluded**	**Papers selected for quality & relevance appraisal**
APA Psychinfo	Using APA Thesaurus subject terms for mental reintegration, mental health and the keyword schools. <u>*Search 1*</u> *(DE "Reintegration") AND (DE "Mental Health" OR DE "Mental Status") AND schools*	20	2010 – 2020 publication year Peer Reviewed English Language	11	10	1. Marraccini, Lee & Chin (2019). School reintegration post-psychiatric hospitalization: Protocols and procedure across the nation. *Request made via the Inter Library Loan – article not available due to copyright restrictions.* *One of the author's (Marraccini) emailed a copy of article.*
	<u>*Search 2*</u> Reintegration AND "mental health" AND school	331		165	163 (1 was a duplicate that has already been selected for review) Savina et al. (2014) paper not included (School reintegration following psychiatric hospitalization: An ecological perspective) as it	2. Preyde et al. (2017). School reintegration and perceived needs: The perspectives of child and adolescent patients during psychiatric hospitalization.

					is a theoretical paper based on a systematic review. Did not include 'Tougas et al (2019) 'Lost in transition': A systematic mixed studies review of problems and needs associated with **s**chool reint egration after psychiatric hospitalization' as it is a systematic review.	
	Search 3 Reintegration AND "mental health" AND school AND hospitals	59		32	32 (3 were duplicates that were already selected for review)	No new articles.
	Search 4 Transition AND hospital AND Schools	388		250	246 (2 were duplicates that were already selected for review)	3. Clemens et al (2010). Tough transitions: mental health care professionals' perception of the psychiatric hospital to school transition. 4. Simon et al (2010). Transitioning children from psychiatric hospitals to schools: The role of the special educator.

						5. Blizzard et al (2016). Caregiver perspectives during the post inpatient hospital transition: A mixed methods approach 6. Preyde et al (2018). Youths' experiences of school re-integration following psychiatric hospitalization.
Academic Search Complete	Key words only (subject terms not helpful for this search) *Search 1* Reintegration AND "mental health" AND schools	197	2010 – 2020 publication year Scholarly (Peer Reviewed) Journals English Language	160	159 (3 were duplicates that were already selected for review)	7. Clemens et al (2011) Elements of successful school re-entry after psychiatric hospitalization.
	Search 2 Hospital AND schools AND "mental health" AND reintegration	80		66	66 (3 were duplicates that were already selected for review)	No new articles.
	Search 3 Transition AND hospital AND Schools	10,101		8446 (with the filters applied) 274 results after additional key words "*mental health" and children* added to search term to narrow search)	274 (5 were duplicates that were already selected for review)	No new articles.

Education Research Complete	Key words only (subject terms not helpful for this search) <u>*Search 1*</u> Reintegration AND "mental health" AND schools	44	2010 – 2020 publication year Peer Reviewed English Language	35	35 (3 were duplicates that were already selected for review)	No new articles.
	<u>*Search 2*</u> Hospital AND schools AND "mental health" AND reintegration	14		9	9 (2 were duplicates that were already selected for review)	No new articles.
	<u>*Search 3*</u> Transition AND hospital AND Schools	806		588 119 results after additional key words "*mental health"* was added to search term to narrow it down).	119 (4 were duplicates that were already selected for review)	No new articles.
ERIC	<u>*Search 1*</u> Reintegration AND "mental health" AND schools	16	2010 – 2020 publication year Peer Reviewed English Language	6	6 (3 were duplicates that were already selected for review)	No new articles.
	<u>*Search 2*</u> Hospital AND schools AND "mental health" AND reintegration	4		3	3 (All 3 were duplicates that were already	No new articles.

					selected for review)	
	Search 3 Transition AND hospital AND Schools	84		16	16 (4 were duplicates that were already selected for review)	No new articles.
British Education Index	*Search 1* Reintegration AND "mental health" AND schools	2	2010 – 2020 publication year Peer Reviewed English Language	2	2	No new articles.
	Search 2 Hospital AND schools AND "mental health" AND reintegration	29 (although it did not yield any initial results. Using SmartText Searching, results were found based on the keywords.)		27	27	No new articles.
	Search 3 Transition AND hospital AND Schools	46		46	46	No new articles.
Child Development and Adolescent Studies	*Search 1* Reintegration AND "mental health" AND schools	9	2010 – 2020 publication year Scholarly (Peer Reviewed) Journals	9	9 (3 were duplicates that were already selected for review)	No new articles.
	Search 2	2		2	2 (1 was a duplicate that	No new articles.

	Hospital AND schools AND "mental health" AND reintegration				was already selected for review)	
	Search 3 Transition AND hospital AND Schools	12		7	7 (2 were duplicates that were already selected for review)	No new articles.
Science Direct	*Search 1* Reintegration AND "mental health" AND schools	1618	2010 – 2020 publication year Research articles Psychology	198 (also added 'AND children' to search term)	198	No new articles.
	Search 2 Hospital AND schools AND "mental health" AND reintegration	987		133	133	No new articles.
	Search 3 Transition AND hospital AND Schools (64,698 results) – changed search to: "School transition" AND hospital AND children AND "mental health"	94		12	12	No new articles.

Scopus Citation Search Table

Date of search: 06.07.20			
Database	**Name of paper searched:**	**Cited by (no.)**	**Relevant paper/s from citation list**
Scopus	• Iverson, P. (2017). Adolescents' Experiences Returning to School after a Mental Health Hospitalization" (2017). *All Theses, Dissertations, and Other Capstone Projects*. 709. **Doctoral thesis identified in Marraccini, Lee & Chin (2019) reference list.**	N/A Not on Scopus.	
	• Tisdale (2014) Psychiatric hospitalization to school transitions: Examining professional perceptions of effectiveness and fidelity. **Doctoral thesis identified in Marraccini, Lee & Chin (2019) reference list.**	N/A Not on Scopus.	
	• Marraccini, Lee & Chin (2019) School reintegration post-psychiatric hospitalization: Protocols and procedure across the nation.	0	N/A – no citations.
	• Preyde et al. (2017) School reintegration and perceived needs: The perspectives of child and adolescent patients during psychiatric hospitalization.	5	No new and relevant articles.
	• Clemens et al (2010) Tough transitions: mental health care professionals' perception of the psychiatric hospital to school transition.	12	No new and relevant articles
	• Simon et al (2010) Transitioning children from psychiatric hospitals to schools: The role of the special educator.	9	No new and relevant articles.
	• Blizzard et al (2016) Caregiver perspectives during the post inpatient hospital transition: A mixed methods approach	7	No new and relevant articles.
	• Preyde et al (2018) Youths' experiences of school re-integration following psychiatric hospitalization.	2	No new and relevant articles.
	• Clemens et al (2011) Elements of successful school re-entry after psychiatric hospitalization.	13	No new and relevant articles.
	• Savina et al (2014) School reintegration following psychiatric hospitalization: An ecological perspective (*not including in review, however I searched this on Scopus to look for articles which have cited this*)	10	1 new and relevant article. White, LaFleur, Houle, Hyry-Dermith & Blake (2017) Evaluation of a school based transition program designed to facilitate school re-entry following a mental health crisis or psychiatric hospitalization.

	▪ Tougas et al (2019) 'Lost in transition': A systematic mixed studies review of problems and needs associated with **school reintegration** after psychiatric hospitalization. (*not including in review as it is a systematic review, however I searched this on Scopus to look for articles which have cited this*)	0	
	• White et al (2017) Evaluation of a school based transition based transition program designed to facilitate school re-entry following a mental health crisis or psychiatric hospitalization.	0	Not cited by anyone.

Appendix D: Summary of articles in literature review table

Author(s), date & location	Aim(s)	Methodology	Participants	Key findings
Marraccini, Lee & Chin (2019) USA .	To explore protocols and procedures that are in place to support school reintegration following hospitalisation for mental health reasons. Also, to explore differences in the above geographically.	Online self-report questionnaire.	133 school psychologists	▪ Approximately 61% of participants reported some form of reintegration protocol and procedure. Linked with quality of services for CYP returning to school. ▪ Reintegration protocol or procedure more likely in suburban areas – implication for urban and rural areas. ▪ Communication with hospital staff (phone or in person). ▪ Meeting with the family before the CYP return to school. ▪ A personalized plan is created for the CYPs return to school. ▪ Re-entry plan included recommendations from previous hospital, school, therapists, family, CYP, school psychologists, school counsellors and social workers. ▪ Visits to hospital that CYP were in. ▪ Gradual return to school. ▪ Gradual return to lessons. ▪ Room or space at school.
Preyde, Parekh, Warne & Heintzman (2017) Canada	To explore young people's perceptions of returning to school prior to leaving hospital (mental health – focus on concerns and support.	Mixed method Questionnaire – qualitative and quantitative.	161 young people (mean age of 15.41, 75% female, and 57% primary diagnosis of depression). Psychiatrist provided information on diagnoses.	▪ 5 themes identified as part of the question about 'concerns' regarding returning to school: 1. Social situation – what to say to peers, how others would react, whether they would have friends, teachers' understanding and bullying. 2. Academic concerns – being behind with schoolwork, grades affecting university aspirations, struggling with schoolwork before admission. 3. Psychiatric symptoms and school work – mental health affecting learning (i.e. difficulty focusing and concentrating) and stress of schoolwork increasing mental health symptoms. 4. School environment – organization of school and school routine.

				5. Managing symptoms – coping with emotions at school.
				▪ Specific concerns included:
				  ▪ Studies - Fear about grades dropping, difficulty focusing and lack of motivation. Some participants high acheivers.
				  ▪ Teachers – positive comments made in general and some concerns that teachers did not understand them.
				  ▪ Peers – good relationships
				▪ Support needs:
				  ▪ Professional support (i.e. counselling and social skills training).
				  ▪ Talking to friends and family.
				  ▪ Support with schoolwork (i.e. reduction in workload and extra tutoring)
				  ▪ Mental health days – this is not clarified.

Clemens, Welfare & Williams (2010) USA	Focus on exploring views of mental health professionals who have supported CYP with the transition to school from hospital – focus on the experiences and needs of CYP during the transition.	Qualitative Interviews	14 mental health professionals	▪ <u>Academic</u> - Effects of absences. Academic difficulties before going into hospital. CYP not always ready for returning to school. Ready for discharge but not necessarily to function in school. ▪ <u>Social</u>. Difficulties before going into hospital. Discussing reason for absence with peers at school and the impact on friendships. ▪ <u>Emotional</u>. Leaving hospital overwhelming, even if proud of their progress in hospital. Readjustment can be stressful.

Simon & Savina (2010)
 	
USA
	To explore the role of special education teachers with supporting the transition CYP make from hospital to school. Focus on the teacher's needs, the type of involvement	Quantitative	210 special education teachers	▪ Teachers want for more knowledge, skills and resources increased as CYPs 'problem behaviors increased.
				▪ 43% reported that the first to third day is the most crucial time for CYP returning to school.
				▪ Participants wanted the following to assist with managing CYPs return to school:
				  ▪ Information about CYP needs (83%)
				  ▪ Consultation with hospital staff (78%)
				  ▪ Consultation with parent (69%)
				  ▪ Summary from hospital (74%)
				  ▪ Behaviour management skill (62%)

	they have and CYP's behaviours at school.			▪ School psychologist consultation (54%) ▪ Other (21%)
Blizzard, Weiss, Wideman & Stephan (2016) USA	Focus on caregivers who have children who have returned home after a hospital admission for mental health reasons. Specifically focuses on the impact of significant stressors (stated above), "family resources and caregiver strain". The authors state that the aim is to help transitions be more successful for CYP.	Mixed method. Qualitative questionnaire and quantitative questionnaires.	44 caregivers (88.6% mothers) Their children were between 5 to 18 years old.	▪ High level of stress reported. ▪ Qualitative part of the study: ▪ Caregivers took part for extra support, recommended to them, school challenges and a want for services to improve. ▪ Home - Caregivers expressed a desire for more knowledge on behaviour management strategies, more emotional support, improved relationship with child and more access to services to support their children. ▪ School – Stressful return, need for support. Caregivers concerns:
Preyde, Parekh & Heintzman (2018) Canada	This is a follow study (Preyde et al., 2017) to explore CYPs experiences of school reintegration. Authors also explored link between school related and clinical factors.	Mixed method.	62 young people (mean age 15.56 years and 68% female, 52% had a mood disorder)	▪ 51% of participants reported a neutral positive experience returning to school and 48.3% reported a negative experience. ▪ 3 main themes identified via a thematic analysis: 1. Social situations – difficulty knowing how to respond, worry about how others viewed them, loss of friendships and bullying. 2. Academic – behind with schoolwork and difficulties before hospital admission. Some CYP managed schoolwork and had additional help. 3. Mental health symptoms – difficulty focusing and nervous/anxious. Difficulty with motivation and feel disconnected. ▪ Participants stated that the following went well – support from teachers, counsellors, social workers, youth workers, friends and improvements at home. ▪ Participants stated that they received some additional support – counselling, a resources room and student success room.

Clemens, Welfare & Williams (2011) USA	Focus on identifying assets and barriers to a successful school reintegration. This is part of the Clemens et al. (2010) study.	Qualitative Interviews (8 questions)	14 mental health professionals	▪ Five domains related to successful school reintegration: 1. School based factors – understanding and support, coordination amongst school staff, support and understanding (i.e. key adult) and reentry intervention and following through with plans. 2. Student factors – lack on investment in recovery, symptoms and medication affecting learning. 3. Familial factors – parents' investment in recovery, parents expectations of treatment and recovery, parents' response to CYP being in hospital and recovery and parents' understanding of resources. 4. Systemic factors – Importance of communication – across all domains. 5. Mental health care factors - Continuity of care once CYP have left hospital and planning for challenges. ▪ Communication key for a successful school reintegration. ▪ Use of a reentry coordinator. ▪ Use of a support person.
White, LaFleur, Houle, Hyry-Dersmith & Blake (2017) USA	Evaluation of a transition programme for CYP returning to school following a mental health admission / crisis.	Quantitative	189 participants from 8 different high schools. Participants in the programme had been in hospital (inpatient) or they had received therapeutic day intervention 3 – 5 days a week.	▪ Transition programme - Reintegration plan / support included the following: ▪ Class only for CYP who were reintegrating. ▪ SEMH and academic support in class. ▪ Plan with goals outlined. ▪ Support to catch up on work missed (i.e. additional tutoring) ▪ Specific people who support with transition. ▪ Communication between school and the community/health professionals. ▪ Support and resources for families. ▪ Improved scores on questionnaire (measured at the beginning and 8-12 weeks later) – statistically significant improvements in functioning on five out of the eight subscales. ▪ Systematic support is required for CYP returning to school following a mental health crisis.
Iverson (2017) USA	Doctoral Thesis	Qualitative Interviews	Young people (13 – 18 years old, 3 male and 5 female).	▪ Individual and shared experiences. ▪ Three overarching themes from analysis across all participants' data: 1. academic aspects 2. social aspects

			All been in hospital in the last year due to their mental health.	3. personal aspects
Tisdale (2014) USA	Doctoral Thesis Three aims: 1. Insight into school mental health professionals' (SMHP) ability to put in place CYPs transition plans. 2. Views of hospital mental health professionals (HMHP) on what is important in a transition plan. 3. Compare SMHP and HMDP views on the hospital to school return.	Mixed method. Surveys Narrative report (and vignette – design a transition plan) Interview	24 SMHP. 7 HMHP.	<u>Quantitative results</u> ▪ SMHP – survey results: ▪ Worked for more than 12 years (45%). ▪ Supported 1 to 100 students with transition. ▪ 42% contacted by hospital professionals less than 50% of the time prior to CYP leaving hospital. 6% always had contact. ▪ More contact with parents than hospital staff (83%). ▪ Key time identified during transition ('critical period') as first 3 days (54%), first week after leaving hospital (33%) and 12% longer. ▪ 79% CYP had difficulties when returned to school. ▪ No significant difference found between N number of years' experience in role and resources requested or in relation to the number of students supported with school returns. 96% asked for discharge plan. ▪ HMHP– survey results: ▪ Similar findings, contact with schools made before CYP leave hospital. Meetings and consultations. 43% shared discharge plan with school with parental consent. ▪ 57% 'somewhat to adequately' satisfied with transition planning. ▪ 71% said that CYP would likely experience SEMH symptoms when returning to school. ▪ Lack of contact with school once they leave. <u>Vignette results (creating a transition plan)</u> ▪ SMHP (N = 8) and HMHP (N = 6):

				▪ 58% contact school within 1 to 3 days on arrival. 14% few days before leaving hospital. Other results stated no time or only with parent permission. ▪ Who to contact – 50% (highest) indicated that whoever knows CYP best based on CYP. ▪ 100% wanted to know what mental health resources were at CYPs school, 69% or 79% (unclear as states two results) academic and emotional support had previously, 58% school environment. ▪ Mores results on follow up. <u>Interview results</u> ▪ Barriers (hospital and school) – 5 areas identified: ▪ SMH resources and expectations (limited time, demands of SMH role ▪ professional collaboration when CYP are in hospital (misunderstanding between school and hospital setting, HMHP speaking to SMHP in an unhelpful way) ▪ transition meeting/reenty (location, attendees and fidelity of transition plan, lack of staff to put things in place) ▪ CYP/family dynamics (school and family working together positive, students feeling of connectedness with school) ▪ Insurance issues (stay length and lack of follow up).

Appendix E: Strengths and limitations of studies included in the literature review

Study	Strengths	Limitations
Preyde, Parekh, Warne & Heintzman (2017)	▪ Purpose and aim of study clearly stated. ▪ Theoretical framework underpinning the research is presented. ▪ Elicited the views of young people. ▪ Informed consent considered carefully. Some young people not be included due to medical staff believing they could not provide informed consent. ▪ Maintaining confidentiality was carefully considered. ▪ Adequate sample size. ▪ Used validation strategies – such as negative case analysis and comparison of coding. ▪ Transparency from researchers. ▪ Examples of questions asked. ▪ Table including themes, definition, subthemes and quotes.	▪ Some young people (under 14) could not take part as their parents could not be contacted for consent. ▪ Discrepancies in themes – these were resolved. ▪ Lack of information about the researchers' position. ▪ It could be made clearer about who completed the strengths and difficulties questionnaire. ▪ Refers to content analysis and a consensual approach, yet cites Braun and Clarke's (2006) article on thematic analysis.
Preyde, Parekh & Heintzman (2018)	▪ Aim and purpose of research clearly stated – important as no previous studied have elicited the views of CYP on this topic. ▪ Only study at that time known to explore school reintegration experiences from the views of CYP. ▪ Qualitative methodology mostly appropriate. ▪ Recruitment strategy stated. ▪ Informed consent gained again. ▪ Adequate sample size. ▪ Overview of measures – reference to validity. ▪ Analysis of data clearly stated. ▪ Quality check – negative case analysis, two independent raters (to minimise bias) and peer debriefing.	▪ Smaller sample as part of this follow up study. ▪ Interview/survey could have been more in depth. The authors said the young people expressed their answers in brief phrases or simple sentences in the online survey. Over the telephone, the descriptions were more detailed. ▪ Participants did not answer all of the questions. Only 38 participants responded to the question about whether anything went particularly well. ▪ Participants all transitioned from the same inpatient unit. ▪ Lack of information about the researchers' position.
Iverson (2017)	▪ Doctoral research – very detailed overview of the research. ▪ Aim and purpose of research clearly stated. ▪ Elicits views on young people. ▪ Qualitative methodology appropriate.	▪ Participants were age 15 – 17 years old, the majority were white, attended schools of mixed sizes - the researcher wanted a more diverse sample. ▪ Interview lengths varied (20 – 60 minutes).

	▪ Researcher also an experienced counsellor (19 years experience) – researcher's position clearly stated. ▪ Recruitment strategy explained and appropriate. ▪ Analysis of data clearly stated. ▪ Considered personal biases and experiences. Used a process (Moustakes, 1994). Member checks.	
Blizzard, Weiss, Wideman & Stephan (2016)	▪ Purpose of study clearly stated. ▪ Qualitative part of study relevant. ▪ Only study to focus on parents' views (possibly an empowering process). ▪ Recruitment strategy stated. ▪ Theoretical framework presented in introduction of paper. ▪ Analysis of data clearly stated. ▪ Transcripts coded by at least two researchers/coders (to reduce potential of researcher bias).	▪ Aspects of the study not relevant to the review question – the question around school is most relevant (part of qualitative part of the study). ▪ Sample size small for quantitative part of the study. ▪ Several questionnaires administered – issues with social desirability and even getting tired when there are several measures to complete. Could interviews have explored these areas rather than questionnaires? ▪ Short admission - CYP were in hospital for between 2 and 10 days. This is different to inpatient admissions in UK for CYP. ▪ Five parents who had given consent to be contacted about the transition programme declined taking part in programme – possibly the parents where things were going well? Would have been interesting to explore this. Some parents had originally declined to be contacted as they felt the school could provide enough support and they did not want schools knowing about their child's hospitalisation for mental health difficulties.
Marraccini, Lee & Chin (2019)	▪ Aim of research clearly stated. ▪ Justification for participants (school psychologists) seems appropriate. ▪ Reasons for exclusion of any participants stated. ▪ Some information about the participants included (place of work, number of schools worked in, number of students in schools, demographics of students in school) ▪ Online questionnaire possibly increased participation in the study. ▪ Questionnaire piloted, as it was designed by authors (School Reintegration Questionnaire). ▪ Anonymous questionnaire – possibly more open about practice. ▪ Participants able to add additional information for the questions (even though they were multiple choice). ▪ Analysis of data clearly stated.	▪ Recruitment of participants stopped the study reaching some school psychologists. ▪ Lack of demographics about the participants. ▪ Demographics about students based on an estimate. ▪ Missing out on rich qualitative information through the use of a questionnaire only. ▪ Participants stated that school counsellors were most commonly involved in school re-entry and school psychologists less so. The study would have been even better if school counsellors' views were also explored. ▪ Lack of information about the researchers' position. ▪ Lack of information about validity and reliability. ▪ Inclusion of questions asked would have improved the transparency of the study.

		▪ Lack of information about consent – authors state questionnaires were completely anonymously.
Simon & Savina (2010)	▪ Purpose and aim of study clearly stated. ▪ Detailed information about recruitment of participants. ▪ Good sample size. ▪ 61% of participants had 12 or more years' experience as special education teacher. ▪ 320 completed survey, however only 210 had at least one experience with CYP who returned to school from a mental health hospital. ▪ Analysis of data clearly stated. ▪ Survey included in the appendix – participants were able to add additional qualitative responses to the survey.	▪ Abstract could be clearer. ▪ Questionnaire style surveys can stop in-depth information being gained. ▪ The findings could have been validated with additional data being collected (interviews, observations, inclusion of parents, CYP, teachers etc). ▪ No information about the needs/mental health diagnosis of the CYP that the participants referred to in the surveys. ▪ Lack of information about the researchers' position.
Tisdale (2014)	▪ Aim and purpose of research clearly stated. ▪ Researcher's position clearly stated. ▪ Demographics for participants stated. ▪ Method of recruitment clearly stated. ▪ Purposive sampling. ▪ Staff' experience of supporting CYP with transition was between 1 and 40 students. ▪ Analysis of data clearly stated. ▪ Considerations around the trustworthiness presented. ▪ Member checks completed	▪ Participants had varied experience - big difference between supporting 1 student with transition compared to 100. ▪ Participants were not audio recorded as many had refused this – researcher made notes instead, potential errors. ▪ Reference to health insurance – quite specific to the USA.
Clemens, Welfare & Williams (2010)	▪ Purpose and aim of study clearly stated. ▪ Qualitative methodology appropriate. ▪ Good sample size. ▪ Details stated about participants - ▪ Range of sampling approaches – reduce researcher bias. ▪ Random selection of participants for school counsellors. ▪ Purposive sampling used for outpatient participants partly to allow for a balance between community and private clinicians. ▪ Inpatient clinicians - purposive sampling. ▪ Consideration of biases by researchers – stated views. ▪ Trustworthiness discussed (member checks).	▪ Semi-structured interviews can have limitations – desire to answer in a certain way. ▪ Use of NVivo can be considered to have some limitations – such as disengagement from the meanings within the data.

	▪ Analysis of data clearly stated. ▪ NVivo useful for collaborative work.	
Clemens, Welfare & Williams (2011)	▪ Purpose of study clearly stated. ▪ Qualitative methodology appropriate. ▪ Good sample size for qualitative study. ▪ Participants seem appropriate - chose mental health professionals due to the experiences they have had with young people returning to school after being hospitalised. Insight into the topic. ▪ Interview guide piloted and refined. ▪ Random selection of participants for some – increase representative and reduce bias. Purposive sampling used for inpatient professionals. ▪ Analysis of data clearly stated. ▪ Trustworthiness discussed – member checking, triangulating and an external auditor. ▪ Auditor checked the data analysis – this was a counselling professor and school counsellor who had experience with qualitative research.	▪ Some inconsistencies in participants views around student factors. ▪ Semi-structured interviews can have limitations – desire to answer in a certain way.
White, LaFleur, Houle, Hyry-Dersmith & Blake (2017)	▪ Purpose of study states – to present findings from the evaluation of the programme. ▪ Insight into benefits of a transition programme aimed at CYP with mental health difficulties. ▪ Participants demographics stated (included diagnoses). ▪ Process of data analysis briefly stated.	▪ The methodology section could be clearer. ▪ Not all CYP taking part in the programme had mental health difficulties (63% did) – this reduced the sample size to 189 from 590. ▪ No control group to compare programme outcomes with. ▪ Ethical consideration – not clear whether the CYP consented to being part of this study (programme staff evaluated the programme). ▪ Possible bias from programme staff on reporting improvements. ▪ Interviews from the CYP or staff involved would have made this study better. ▪ Lack of information about the researchers' position.

Appendix F: Information sheets and consent form

Hospital School Key Person/Teacher's Invitation Letter

Research Project: Supporting young people's school reintegration following hospital treatment for an eating disorder; Two case studies

Consent to Participate in a Research Study

You are being invited to participate in a research study. Before you agree it is important that you understand what your participation would involve. Please take time to read the following information carefully. You are free to decide whether or not to participate and should not feel pressured to take part.

Who am I?

My name is Jess and I am training to become an Educational Psychologist. I am training to be an Educational Psychologist at the University of East London and I also work at an educational psychology service in London for 3 days a week. Educational Psychologists aim to improve the learning and development of children and young people. As part of my studies I am conducting the research you are being invited to participate in.

What is the research?

I am conducting research into the school reintegration process for young people who have fully reintegrated into school after spending time in an inpatient hospital for support for an eating disorder. I am particularly interested in the things that went well or helped the young person during the school reintegration. My research has been approved by the School of Psychology Research Ethics Committee. This means that my research follows the standard of research ethics set by the British Psychological Society.

Research questions

- What are the views of the young person, parent, home school tutor/key contact and hospital school key teacher on what went well during the school reintegration process?
- What are the views of the young person, parent, home school tutor/key contact and hospital school key teacher on what could have been even better during the school reintegration process?

Why have you been asked to participate?

You have been invited to participate in my research as someone who fits the kind of person I am looking for to help me explore my research topic. I am looking to involve:

1. Yourself as the young person's previous hospital key person/teacher who supported with their reintegration

2. The young person's parent/carer
3. The young person
4. The young person's home school pastoral person who supported with their reintegration

The young person and their parent/carer have consented to me asking for you to participate in this study.

What will your participation involve?

- If you agree to participate, you will be asked to take part in an interview.
- The interview will take up to around one hour and will be like having an informal chat, however I will need to audio record it. You would be welcome to stop for a break at any time during the interview.
- I will not be able to pay you for participating in my research, but your participation would be very valuable in helping to develop knowledge and understanding of my research topic. This will hopefully help people like me, a Trainee Educational Psychologist or teachers/school staff, learn how best to support young people when they return to school. What you tell me might help other young people in the future.

Location

- Due to the current Covid-19 pandemic, the interviews will take place over Microsoft Teams (online platform), again I would need to audio record it. I can explain how this works in more detail if you would like to take part.

Your taking part will be safe and confidential

- Your privacy and safety will always be respected.
- After I have completed the individual interviews, I will write this up as a report. You **will not** be identified by the data collected, on any written material resulting from the data collected, or in any write-up of the research.
- You do not have to answer all questions asked and you can stop your participation at any time.

What will happen to the information that you provide?

What I will do with the material you provide will involve:

- Consent forms, audio files and the transcriptions will be stored securely so that only I have access to it.
- Your name will be anonymised which means that no names will be used or any other identifiable information including names of schools. You will be given a pseudonym (fake name).
- My supervisor (Janet Rowley) and the examiners who mark my work in July 2021, will have access to the anonymised data. I will also likely publish my research on an online website once I have finished the research.
- Interview audio recordings, transcriptions and electronic copies of consent forms will be kept until my research has been examined and passed. They will then be erased around August 2021.

What if you want to withdraw?

You are free to withdraw from the research study at any time without explanation, disadvantage or consequence. Separately, you may also request to withdraw your data even after you have

participated data, provided that this request is made within 3 weeks of the data being collected (after which point the data analysis will begin, and withdrawal will not be possible).

Contact Details

If you would like further information about my research or have any questions or concerns, please do not hesitate to contact me.

Jessica Williams

Email: U1825082@uel.ac.uk

If you have any questions or concerns about how the research has been conducted please contact the research supervisor Janet Rowley School of Psychology, University of East London, Water Lane, London E15 4LZ,

Email: j.e.rowley@uel.ac.uk

or

Chair of the School of Psychology Research Ethics Sub-committee: Dr Tim Lomas, School of Psychology,

University of East London, Water Lane, London E15 4LZ.

Email: t.lomas@uel.ac.uk

UNIVERSITY OF EAST LONDON

Consent to participate in the research study

Supporting young people's school reintegration following hospital treatment for an eating disorder; Two case studies

By putting a Y (for Yes) in all of the below boxes, this will be taken as consent to participate in the research study.

1. I have the read the information sheet relating to the above research study and have been given a copy to keep. The nature and purposes of the research have been explained to me, and I have had the opportunity to discuss the details and ask questions about this information. I understand what is being proposed and the procedures in which I will be involved have been explained to me.

Please put Y for Yes in the box if you agree

2. I understand that my involvement in this stud d particular data from this research, will remain strictly confidential. Only the researcher(s) involved in the study will have access to identifying data. It has been explained to me what will happen once the research study has been completed.

Please put Y for Yes in the box if you agree

3. I hereby freely and fully consent to participate in the study which has been fully explained to me. Having given this consent I understand that I have the right to withdraw from the study at any time without disadvantage to myself and without being obliged to give any reason. I also understand that should I withdraw, the researcher reserves the right to use my anonymous data after analysis of the data has begun.

Please put Y for Yes in the box if you agree

Participant's Name ……

Date: …….

Appendix G: Debrief sheets

Young Person's Debrief Letter

Thank you for participating in my research study on school reintegration. This letter offers information that may be relevant in light of you having now taken part.

What will happen to the information that you have provided?

The following steps will be taken to ensure the confidentiality and integrity of the data you have provided.

- Consent forms, audio files and the transcriptions will be stored securely so that only I have access to it.
- Your name will be anonymised which means that no names will be used or any other identifiable information including name of schools. You will be given a pseudonym (fake name).
- My supervisors (Dr Janet Rowley and Dr Lucy Browne) and the examiners who mark my work in July 2021 will have access to the anonymised data. I will also likely publish my research on an online website once I have finished the research.
- Interview audio recordings, transcriptions and electronic copies of consent forms will be kept until my research has been examined and passed. They will then be erased in around August 2021.
- You can request to withdraw your data even after you have participated data, provided that this request is made within 3 weeks of the data being collected today (after which point the data analysis will begin, and withdrawal will not be possible).

What if you have been adversely affected by taking part?

It is not anticipated that you will have been adversely affected by taking part in the research, and all reasonable steps have been taken to minimise potential harm. Nevertheless, it is still possible that your participation – or its after-effects – may have been challenging, distressing or uncomfortable in some way. If you have been affected in any of those ways you may find the following resources/services helpful in relation to obtaining information and support:

- **Young Minds** - https://youngminds.org.uk/

Text the YoungMinds Crisis Messenger, for free 24/7 support across the UK if you are experiencing a mental health crisis.

If you need urgent help text YM to 85258. All texts are answered by trained volunteers, with support from experienced clinical supervisors. Texts are free from EE, O2, Vodafone, 3, Virgin Mobile, BT Mobile, GiffGaff, Tesco Mobile and Telecom Plus.

- **Beat -** https://www.beateatingdisorders.org.uk/support-services/helplines

Helpline: 0808 801 0677

Student line: 0808 801 0811

Youth line: 0808 801 0711

"*Our Helplines are open 365 days a year from 12pm–8pm during the week, and 4pm–8pm on weekends and bank holidays."*

"Sometimes our lines are busy. If you can't get through immediately, please do try again or try our ***one-to-one web chat****."*

- You are also very welcome to contact me or my supervisor if you have specific questions or concerns.

Contact Details

If you would like further information about my research or have any questions or concerns, please do not hesitate to contact me.

Jessica Williams

Email: U1825082@uel.ac.uk

If you have any questions or concerns about how the research has been conducted please contact the research supervisors Dr Janet Rowley and Dr Lucy Browne. School of Psychology, University of East London, Water Lane, London E15 4LZ,

Email: j.e.rowley@uel.ac.uk

And

Email: l.browne@uel.ac.uk

or

Chair of the School of Psychology Research Ethics Sub-committee: Dr Tim Lomas, School of Psychology, University of East London, Water Lane, London E15 4LZ.

Email: t.lomas@uel.ac.uk

Parent/Carer's Debrief Letter

Thank you for participating in my research study on the school reintegration process. This letter offers information that may be relevant in light of you having now taken part.

What will happen to the information that you have provided?

The following steps will be taken to ensure the confidentiality and integrity of the data you have provided.

- Consent forms, audio files and the transcriptions will be stored securely so that only I have access to it.
- Your name will be anonymised which means that no names will be used or any other identifiable information including name of schools. You will be given a pseudonym (fake name).
- My supervisors (Dr Janet Rowley and Dr Lucy Browne) and the examiners who mark my work in July 2021 will have access to the anonymised data. I will also likely publish my research on an online website once I have finished the research.
- Interview audio recordings, transcriptions and electronic copies of consent forms will be kept until my research has been examined and passed. They will then be erased in around August 2021.
- You can request to withdraw your data even after you have participated data, provided that this request is made within 3 weeks of the data being collected today (after which point the data analysis will begin, and withdrawal will not be possible).

What if you have been adversely affected by taking part?

It is not anticipated that you will have been adversely affected by taking part in the research, and all reasonable steps have been taken to minimise potential harm. Nevertheless, it is still possible that your participation – or its after-effects – may have been challenging, distressing or uncomfortable in some way. If you have been affected in any of those ways you may find the following resources/services helpful in relation to obtaining information and support:

- **Young Minds**
  Parents Helpline – call 0808 802 5544 or email the Parents Helpline using our contact form.

- **Beat -** https://www.beateatingdisorders.org.uk/support-services/helplines

Helpline: 0808 801 0677

- **Anorexia & Bulimia Care -** http://www.anorexiabulimiacare.org.uk/family-and-friends/parents

Support for parents – helpline 03000111213 Option 1: Support Line Option 2: Family and Friends

- **Family Lives –** https://www.familylives.org.uk/advice/teenagers/health-wellbeing/eating-disorders-help

- You are also very welcome to contact me or my supervisor if you have specific questions or concerns.

Contact Details

If you would like further information about my research or have any questions or concerns, please do not hesitate to contact me.

Jessica Williams

Email: U1825082@uel.ac.uk

If you have any questions or concerns about how the research has been conducted please contact the research supervisors Dr Janet Rowley and Dr Lucy Browne. School of Psychology, University of East London, Water Lane, London E15 4LZ,

Email: j.e.rowley@uel.ac.uk

And

Email: l.browne@uel.ac.uk

or

Chair of the School of Psychology Research Ethics Sub-committee: Dr Tim Lomas, School of Psychology, University of East London, Water Lane, London E15 4LZ.

(Email: t.lomas@uel.ac.uk)

School Staff Debrief Letter

Thank you for participating in my research study on the school reintegration process. This letter offers information that may be relevant in light of you having now taken part.

What will happen to the information that you have provided?

The following steps will be taken to ensure the confidentiality and integrity of the data you have provided.

- Consent forms, audio files and the transcriptions will be stored securely so that only I have access to it.
- Your name will be anonymised which means that no names will be used or any other identifiable information including name of schools. You will be given a pseudonym (fake name).
- My supervisors (Dr Janet Rowley & Dr Lucy Browne) and the examiners who mark my work in July 2021 will have access to the anonymised data. I will also likely publish my research on an online website once I have finished the research.
- Interview audio recordings, transcriptions and electronic copies of consent forms will be kept until my research has been examined and passed. They will then be erased in around August 2021.
- You can request to withdraw your data even after you have participated data, provided that this request is made within 3 weeks of the data being collected today (after which point the data analysis will begin, and withdrawal will not be possible).

What if you have been adversely affected by taking part?

It is not anticipated that you will have been adversely affected by taking part in the research, and all reasonable steps have been taken to minimise potential harm. Nevertheless, it is still possible that your participation – or its after-effects – may have been challenging, distressing or uncomfortable in some way. If you have been affected in any of those ways you may find the following resources/services helpful in relation to obtaining information and support:

- **Beat -** https://www.beateatingdisorders.org.uk/support-services/helplines

Helpline: 0808 801 0677

Appendix H: Interview guide

Example of Interview guide and prompts: young people

Introduction

Check consent again.

Firstly, thank you so much for agreeing to meet with me. My name is Jess and I am training to become an educational psychologist. During the course, we carry out a research study called a thesis.
The purpose of this study is to learn how to support young people, like yourself, who have spent time in hospital, when they return back to school. I am particularly interested in the things that went well during your reintegration to school. As well as things that could have been even better. I know this can be a really challenging and worrying time for some young people, so I appreciate you agreeing to speak to me about this time in your life. This helps people like me as a Trainee Educational Psychologist or teachers have some understanding of what we can potentially do when a young person comes out of the hospital. I am interested in your views and opinions.

Everything you say today will be kept confidential. This means I will not be sharing what you said to me with other people, although I will be looking for themes in what you say to write up in my project report. Your name will never be used and I will not include the name of schools or the hospital/unit, so it is kept confidential.
You don't have to answer all the questions if you do not want to. Please ask me to explain a question if you are not sure what I mean by it, I'll do my best to reword it. You can choose to stop the interview and leave at any time without giving me a reason. You can also stop me at any time to ask for a break. I'll check in with you occasionally to see if you want a break.

As you know, I will also be speaking to your your parent/carer, your school/college key person tutor and your previous hospital school teacher, as I am interested in what you all have to say about your school reintegration. I am also talking to one other young person and their parents and teachers.
After I have done all of the interviews, I will write this up as a report. To do this I would like to please audiotape this interview. Once I get back to university, I will save the tape with a password to keep it safe. I will then listen back to the tapes and I will write up the interview. I will take out any names including yours. I will never refer to names of people, schools or anything in my finished report. It is strictly confidential.

- Did you understand everything I just said?
- Do you have any questions?
- Do you still want to take part in the interview?

Start recording if the young person consents.

Possible questions

- What kind of support did you have for preparing for your return to school?
- Did you find that helpful?
- What was helpful about that?
- What do you think went well and helped with your actual return to school?
- What was did you like or find helpful about that?
- Can you think of things you have done to help things going well? Such as school staff or your family.

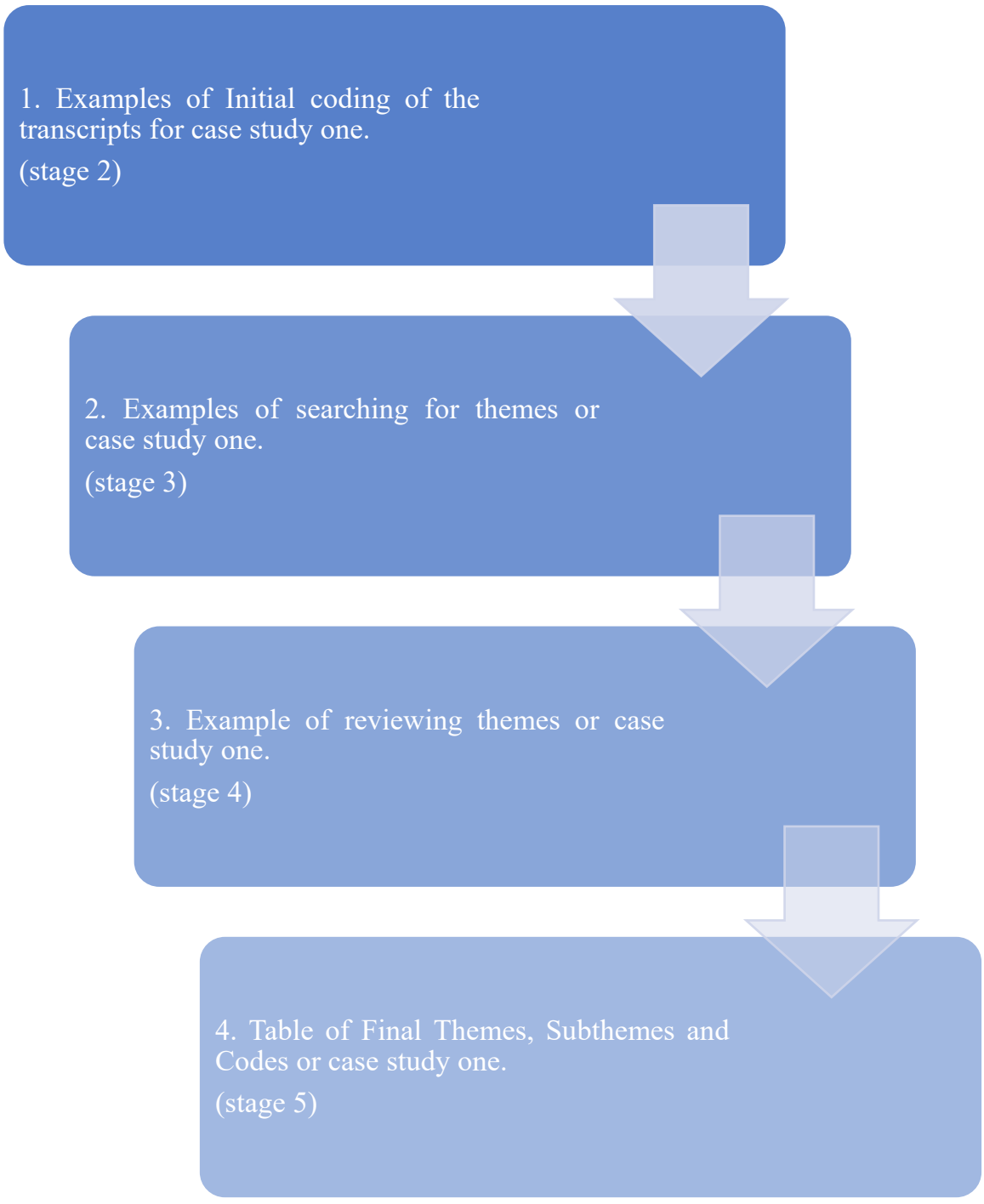
- Can you tell me about any specific moments that you can remember?
- Can you think of things other people have done to help with your return to school?
- What resources such as people, any adjustments, equipment helped you to return to school and remain at school?
- Have you faced any challenges in your reintegration?
- If so, how have you overcome the challenges you have had?
- How have people around you helped you overcome challenges?
- What could have been even better when preparing to return to school or actually during your return?
- If you had the opportunity what sort of advice would you give to others about supporting young people with the reintegration?
- I think that is everything I had to ask you to talk about, is there anything else you think is important for me to know about your views?

Prompts

- I'm interested to know more..
- Can you tell me what it was like?
- What do you mean by..?
- Can you tell me more about..?
- You mentioned..
- Do you have any examples of situations…

Appendix I: Examples of Thematic Analysis process for Case Study One

The examples of the TA process are presented in the following order.



Examples of initial coding of the transcripts (stage 2)

Bianca: Yes, so on the care plan and talking with and emailing and talking um the link person. Um, we would, I put those things down and I specified those things about don't ignore the tics, be aware of her perfectionism, try and encourage her. You know, and also I think, I think if I I might. I think if I remember rightly, it was also about encouraging her to do things within time limits as well.	Advice for the schoo
Interviewer: Mmm.	
Bianca: Giving sort of how much time a teacher should expect her to do something in and for her to try and learn to stick to that, because also in exams and every, well generally in life, that is going to be really important to stick to.	Providing advice for school
Interviewer: Yeah, I guess it sounds like sharing strategies because you knew her, and you knew her well and knew some things that may help her with managing in school and in lessons and with finishing work and..	
Bianca: Absolutely and so on that plan you have, you know, these are the concerns and these are the strategies we suggested you try. But it might be different in a different place, but uhm.	Plan for school return
Interviewer: yeah.	
Bianca: You know just to be thinking about and then also, about actually eating, was obviously going to be an issue for her, and the idea is that we suggest that they, it's all very gradual. So at the beginning you eat lunch at home. And then it moves to uhm when everybody is happy and then hopefully the CAMHS teams gets on board 'cause they've left us.	
Interviewer: Yes.	
Bianca: At that point and then suggest that they include the CAMHS team in deciding if she's ready. And that was another thing is that it's really important and especially somebody is older mature as as her that she has, feels that she has control over all of her integration.	YP involved in planning
Interviewer: Yeah.	YP involved in planning
Bianca: And how it's going to be and if she feels she's ready then to eat at school. Then maybe she could eat supervised with a member of staff in a separate room, which could lead to eating with a friend in a separate room, which counted eating with friends. But it had to be as much led by her as the professionals around her. And she was somebody who was very good at making decisions for herself and had opinions.	Maturity and independence
Interviewer: Yeah.	YP involved in planning
Bianca: It was really important for her to come on board on that. Um an I think, I did get the feeling that she likes that being in control and being you know saying I'm saying this is what I'd like.	
Interviewer: Mm.	
Bianca: This is what I'm not I don't want that. She didn't want to stick out I remember that didn't want anybody to	

Tamara: But obviously she's smashed her A levels. She did do really well, so I think you know, I think it had kind of continued on. But I mean, I would say that um, the fact that she had, uhm, the fact that she had somewhere, somewhere to go to contain the eating side of things probably made a huge difference to her, because I imagine that something that you know along with everything else that she has to think about, she's got a lot, I imagine a lot of pressure on her to get that bit right because that why she was in hospital in the first place. So I think, I think that was helpful to have a space to go and do that. And then, I think on the the other side of things, the school itself kind of a very, very academic focused place.	Space to eat
Interviewer: Mm.	
Tamara: And, the classes are reasonably small sixth form classes, is reasonably small, and the sixth form teachers. Um, you know, again all quite quite young, quite passionate, very enthused about their subject, and I think that sort of environment was with something that you know she was able to really thrive in because she's so, you know, loves learning,. And and loves to be in that type of environment and our our library. The building I have to say I I really didn't like the building. I thought it was really awful, not particularly built for purpose, but the one room that is amazing, that they'd always take people on tours too was the library.	School environment / class sizes
Interviewer: Yeah.	
Tamara: On umm, you don't know PLACE NAME at all, do you?	
Interviewer: No.	
Tamara: OK, so it's basically on on the top floor so you'd go, I think it's at 4 floors up and then up again and it was a kind, ahh, across then the whole block of what that was. This huge huge space, big vaulted ceiling, big windows looking out to the church. You know, really, really lovely and you know, new computers, lovely books, comfy places to sit, you know it was, it's really, really nice room. And she, you know she was able to take herself up there and use that space, and I think she she got,. She had quite a nice relationship with our librarian and I think she's talked to him quite a lot and well with him,. And so you know the environment, I think just suited her in that way.	School environment Good relationship with librarian
Interviewer: Yeah, no interesting, so you mentioned about first of all the smaller classes did you say about to up to 15 16?	

Examples of searching for themes (stage 3)

Theme: Young person's strengths / role in reintegration	**Theme:** Preparing and involving the young person throughout process	**Theme:** Support network during school day	**Theme:** Preparing teachers	**Theme:** Flexibility of teachers	**Theme:** School environment
Codes: • Keeping up with schoolwork / doing well academically • Motivated to do well at school • Maturity and independence	**Codes:** • Gradual reintegration • YP involved in planning • Preparing the YP for school and the future • Preparing for university like her peers. • Considering how mental health difficulties would impact on	**Codes:** • Pastoral support from key person during partial reintegration • Strengths based approach • Relationships at school • Parental support with lunch	**Codes:** • School aware of needs • Advice for the school (in reintegration plan) • Planning school support in advance • Good communication • Key person supporting teachers (during partial reintegration)	**Codes:** • Being treated as an individual • Flexible and understanding teachers	**Codes:** • Space to eat lunch during partial reintegration • School environment (small classes, library) • Peers (accepting / no pressure)

Theme: Reintegration planning	**Theme:** Support for young person during partial reintegration	**Theme:** Support & structures during full time return	**Theme:** YP's strengths
Codes: • Good communication • YP involved in planning • Preparing the YP for school and the future • School aware of needs • Advice for the school (in reintegration plan) • Planning school support in advance • Gradual reintegration • Considering how mental health difficulties would impact on school	**Codes:** • Key person supporting teachers (during partial reintegration) • Pastoral support from key person during partial reintegration • Space to eat lunch during partial reintegration	**Codes:** • Relationships at school • Being treated as an individual • Flexible and understanding teachers • Peers • Parental support with lunch • School environment (small classes, library)	**Codes:** • Keeping up with schoolwork / doing well academically • Motivated to do well at school • Maturity and independence
Miscellaneous codes Felt safe / in control at school Strengths based approach			

Example of reviewing themes (stage 4)

- **Young person's strengths / individual characteristics**
  - Motivation to return to school / Academic motivation Place of security – knew structure/normality
  - Ahead with schoolwork / independent study skills / academic achievement
  - Maturity and independence

- **Reintegration planning / Preparation for school reintegration**
  - Involvement of young person
  - Preparation of teachers (sent guidance and advice / reintegration care plan, helped to understand needs and strategies)
  - Preparing the young person (at hospital school and planning with mum) -

- **Systems of support / Adult support** overlap
  - Key person – provided space to eat, supervising mealtimes scheduled weekly sessions, good relationship **relationship**
  - Parental support with eating
  - Hospital key teacher – helping YP to prepare for university & thinking about how she'd cope
  - Good relationship with the librarian

- **Understanding / adaptable teachers – possibly above / relationship**
  - Teachers were flexible with young person's participation in lessons and understanding of YP's needs
  - Teachers were accepting of young person's independent study skills
  - Key person supporting teachers

- **School environment**
  - Small class sizes - treated as an individual
  - Library – go to space
  - Peers – accepting of tics, didn't need to renegotiate friendships (no close friends)

- **Phased return**
  - Trial things out
  - Structures set up

	have been even better?
Theme 1: Young person's strengths Subtheme: Motivation / Eagerness to return Subtheme: Academically driven / Ideal student Subtheme: Independence and Maturity **Theme 2:** Preparation for young person's return Subtheme: Good communication Subtheme: Phased return Subtheme: Involvement of young person Subtheme: Guidance for school – possibly add in link to key teacher supporting **Theme 3:** Supportive relationships and environment Subtheme: Flexible teachers in small classes Subtheme: Trusted key person and space at school Subtheme: Librarian and Library Other: Subtheme: University planning	**Theme 2:** Preparation for young person's return Subtheme: Exploration of young person's views and experiences / designated hospital school teacher time Subtheme: Training and guidance **Theme 3:** Supportive relationships and environment Subtheme: Consistency and containment

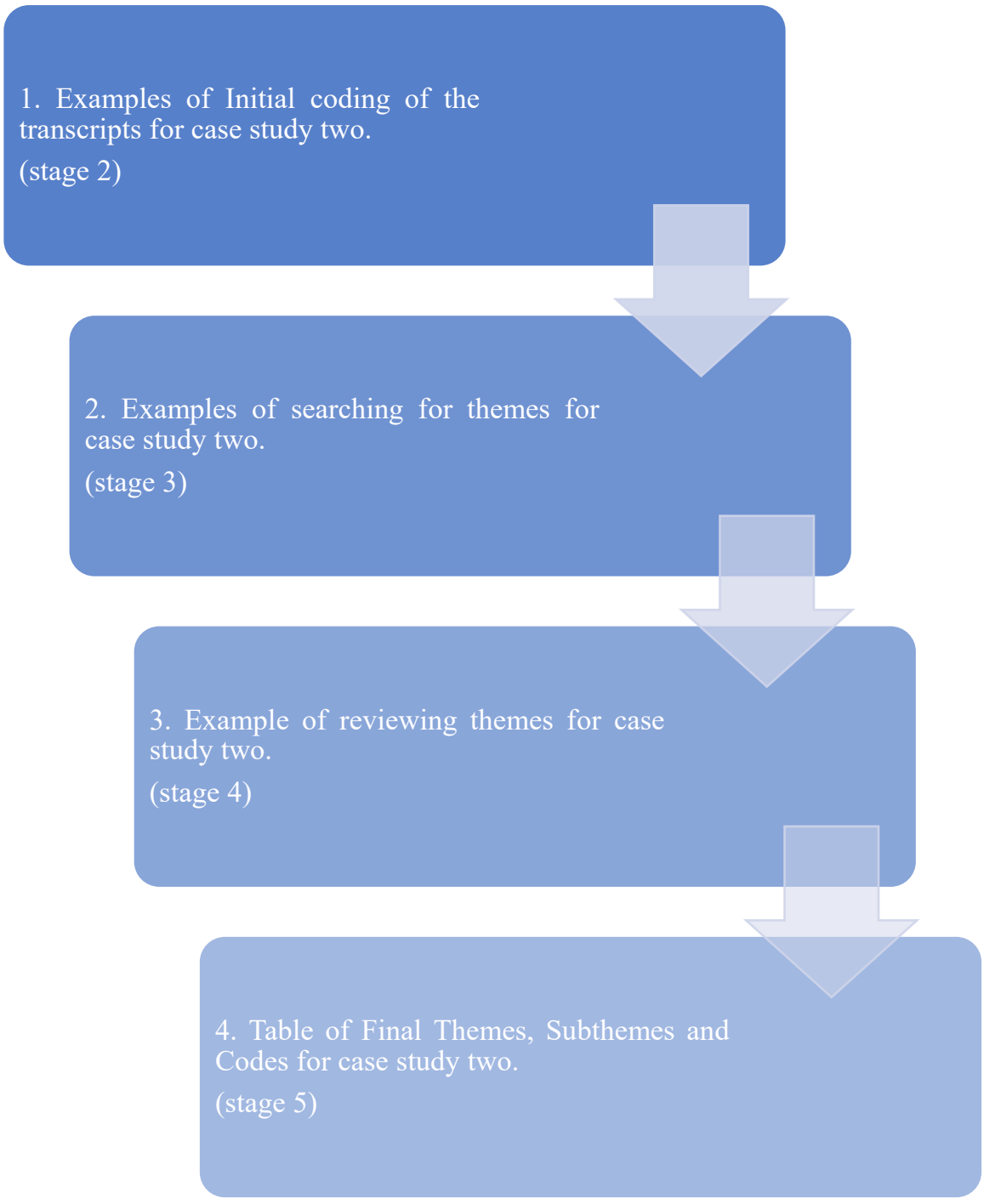
Table of Final Themes, Subthemes and Codes (stage 5)

Theme 1: Young person's strengths			**Theme 2:** Preparation for young person's return							**Theme 3:** Support systems				
Subtheme (RQ1)	**Subtheme (RQ1)**	**Subtheme (RQ1)**	**Subtheme (RQ1)**	**Subtheme (RQ1)**	**Subtheme (RQ1)**	**Subtheme (RQ1)**	**Subtheme (RQ1)**	**Subtheme (RQ2)**	**Subtheme (RQ2)**	**Subtheme (RQ1)**	**Subtheme (RQ1)**	**Subtheme (RQ1)**	**Subtheme (RQ2)**	**Subtheme (RQ2)**
Motivation	Academically driven	Independence and maturity	Phased return	Good communication	Involvement of young person	Guidance on strengths, needs and strategies	University planning	Formalised plan	Guidance training around eating disorders	Flexible teachers in small classes	Trusted key person and space in school	Librarian and library as a 'go to space'	Consistency and containment	Friendships
Description	**Description**	**Description**	**Description**	**Description**	**Description**	**Description**	**Description**	**Description**	**Description**	**Description**	**Description**	**Description**	**Description**	**Description**
Gemma was motivated and eager to return to school.	Gemma was academically very driven. She returned to school ahead in the schoolwork.	Gemma was viewed as mature and as having a high level of independence.	Gemma had a phased return to school, which enabled her to meet her teachers.	There was regular communication throughout the reintegration process.	Gemma was involved in planning and preparing for the return to school.	Guidance was shared with the school Gemma was returning to. A reintegration care plan was created outlining Gemma's strengths, needs and strategies.	Gemma was supported with preparing for university, like her peers would have been doing at school.	A more formalised plan could have enabled greater exploration of Gemma's school experiences and any concerns she had.	Greater guidance around eating disorders and MH was seen as important.	Teachers were flexible and the nature of the smaller class sized enabled Gemma to be treated more as an individual.	During the partial reintegration, Gemma had a key person who provided emotional support and supervision during lunchtime.	Gemma would go to the library as a 'go to space' if she was overwhelmed. She also had a good relationship with the librarian,	The key person who provided the supervision during lunch time and pastoral support left the role. Gemma did not have a key trusted person she felt she could go to.	Gemma would have liked to have had friends at school.
Codes	**Codes**	**Codes**	**Codes**	**Codes**	**Codes**	**Codes**	**Codes**		**Codes**	**Codes**	**Codes**	**Codes**	**Codes**	**Codes**
Focused on studies YP focus on the future Education important to YP Motivated YP Sense of security	Keeping up with schoolwork Very ambitious / motivated YP Ideal student Ahead in subjects	YP able to make decisions Mature and academic YP Maturity of YP YP flexible and patient YP independent Communication about study needs	Gradual return to trial things Gradual return to school - structures in place early on	Supportive and communicative parents and school Good school communication – feelings of safety for YP Regular communication	Involving and listening to YP Giving YP control Involved in planning Empowering YP to be involved	Providing advice for school in a care plan Communicating with school about perfectionist tendencies	Preparing for university like her peers	Designated key teacher time Exploring school experiences before hospital Formal way of exploring worries	Training schools about eating disorders and strategies Training schools about eating disorders and strategies	School environment and class sizes Understanding / flexibility of teachers Independent study skills accepted Teachers flexible about YPs	Support from a pastoral person (during partial return) Good relationship between YP and pastoral person	Good relationship with librarian Relationship with librarian School environment	Key person left just before YP fully returned Nobody could replace mentor who left Nobody to go to about academic or	Would have liked to have had a friend Social interaction Social interactions scary Support with

attending school during period of changes			School visits / met teachers	planning reintegration		Planning – key person to support Teacher understanding specific needs		about returning Formal way of exploring worries about returning Advice in plan for teachers to build trust with YP More daily check ins to explore worries		participation in lessons Considerate teachers School environment/class size Adaptable teachers and flexibility YP treated as an individual	Space for eating (during partial return) Scheduled session (during partial return) Pastoral person available (during partial return) Pastoral person supporting teachers in school Taking a strengths based approach		emotional thoughts Support available but nobody could replace mentor who left YP needed scheduled slots – challenging to approach for support Parental support with eating Environment not always ideal Mentor stretched between two roles More time with YP	making friends

Appendix J: Examples of Thematic Analysis process for Case Study Two

The examples of the TA process are presented in the following order.



Examples of initial coding of the transcripts (stage 2)

Interviewer: Yeah. And and you said so in the morning, so I imagine that was, it was quite challenging at the beginning, but it was it sounds like it was it was quite structured, and that you knew what was happening at those times. And you have sort of a supportive person as well, your mum.	
Jasmine: Yeah. Also, I had, like, I didn't know what her title was, but she, she was like a teacher, but she didn't teach she was just a staff who sort of, she was put in place so that I could go and see her in my free periods and just debrief about how school was going. I mean, I didn't really use her as much as I could have, because I found it very overwhelming coming from HOSPITAL NAME SCHOOL where they don't really give you work homework.	Mentor/teacher available should YP want to debrief.
Interviewer: Yeah.	
Jasmine: I mean, I did homework, but it's very different environment to full time school. So obviously, in my studies, I did lots of work. But she did come out and check up on me which I found good as well. Because you know, it meant that people were, you know, thinking about how you're doing.	Mentor/teacher would check up on YP to see how she was.
Interviewer: Yeah. So you had someone there, who you could go to if you wanted to? And who kind of had, would she check in with you? Or was it very much kind of down to you to sort of go to her.	
Jasmine: Well, I was meant to go to her, but I kind of didn't. But I came up first and then I just didn't have time to, then she'd come and find me.	
Interviewer: I see.	
Jasmine. Yeah, but just to know that there was that space where I could go if I needed it, was really helpful.	Knowing there was a go to space.
Alice: I guess it was sort of giving confidence to be able to work with someone who is quite vulnerable. And because I think a lot of a lot of adults even are scared, that we're going to get something wrong.	Helping staff to have the confidence to support a vulnerable YP.
Interviewer: Yeah.	
Alice: And, and because they don't, they don't want to get it wrong, because they want, because they know that by getting it wrong, it can really put, because it can set a child back. And so really instilling confidence in staff about how to manage someone and knowing that they're allowed to make mistakes. But actually, the honesty is usually the best approach.	Helping staff to have the confidence - making mistakes okay and be honest.
Interviewer: Yeah, yeah Yeah. So that again, so the, idea, or if you have that skill to kind of, you're supporting others other adults to, to, to kind of know what to say, but to also understand that it's okay to make some mistakes, and sometimes we're gonna get it wrong, but you're kind of there to kind of help think that some of the ways that you might speak to Jasmine. But you were also saying, emphasising the importance of being honest.	
Alice: Yeah. So I guess it's just that really, I guess that that's the skill needed.	

Examples of searching for themes (stage 3)

Codes – Collaborative planning / Communication	Codes – Guidance for teachers	Codes – Timing / joining sixth form like peers	Codes – Reduced A Levels collaboratively / Reduced Pressure
• Liaising with key people. • Involved in planning for return to help make it a smooth transition (e.g. a mentor). • Communicating with others before return • Lots of meeting as part of planning, with other professionals. • Parent involved at every stage with organisation the communication between hospital, school etc. • Planning with school around various scenarios. • Regular contact between schools (hospital and home). • New key person from school good at communicating and schoolwork was being sent through. • Risk assessment created and sent to the school. • Communicating with school key person about Jasmine's situation. • Teachers to be aware of standing and not to keep telling her off – sharing information / offering guidance. • Key teacher communicating her needs to the school.	• Supporting school staff with knowing how to talk to YP – especially exercise behaviours. • Helping teachers with feeling more confident with approaching YP. • Helping staff to have the confidence to support a vulnerable YP. • Helping staff to have the confidence - making mistakes okay and be honest.	• The right time. New girls starting at sixth form too. • Not the only YP moving up to sixth form (can be anxiety inducing). • Good timing • Focus not all on YP as other new students were starting sixth form. • Not having to share where she had been. • The right time for returning to school. • Timing important especially if YP not communicating with peers about where they've been. • YP returned at a new point in her education.	• YP had control over her education and future • Collaborative decision making process. • Help of adults with making decisions about subjects. • Had choices taken away in the past for GCSEs. Now could choose. • Mentor available for conversations. • Discussing education / subjects with parents and head of year. • Reduced number of A Levels – things got better. • School said YP did not need to do extended project qualification. • Reduced pressure without EPQ, so could focus on A Levels. • Sense of fairness – linked with equity. • Involved in decisions.
Codes – Support from school	**Codes – Building up independence slowly (eating / travelling)**	**Codes – Support from parents (practical and psychological)**	**Codes – Continued to do regular exercise in safe / boundaries**
• Mentor available for conversations. • School monitoring exercise • Transparency around what the school could and couldn't support YP with. • School staff good understanding of needs. • Meeting her individual needs straight away. • School great. • Mentor or teacher providing weekly session with YP. • Pastoral lead good – supported other students with eating disorders. • Mentor/teacher available should YP want to debrief. • Mentor/teacher would check up on YP to see how she was. • Knowing there was a go to space. • School accommodating.	• Going at the YP's pace (slow). • Parent encouraging YP to eat at school in preparation for university. • YP gave it go – eating • All st eat in room pande has h • Gradu increa indep with Previ not • Psych suppo	• YP supported with travelling home. • Support at lunchtime from her mum – and walk around park. • Ongoing process – still supporting YP with returning to school. • Listening to YP's concerns	• YP able to do some aspects of PE. • YP got to choose what she participated in PE. • Agreement on what she could do in lessons – exercise. Boundaried. • Planned how to incorporate exercise into school day and

Theme: Preparing for return

- Collaborative planning - meetings and liaison between key individuals **RQ1**
- Discussions between parent and YP about school day and trialed journey - incorporating eating and exercise into school life, sharing worries etc. Mum respecting what YP needs to cope /listening to YP's concerns. Bringing hospital structure into life outside unit **RQ1**
- Supportive conversations whilst YP was still in hospital - inpatient nurses/healthcare assistants & with hospital school key teacher. HCA and YP created a scrapbook to help her focus on sitting down and integrating well into school and overall motivators to leave hospital. **RQ1**
- Met teachers before school return **RQ1**

Theme: Self-determination of young person

- Motivated academically and focused on future aspirations - engaged in education/learning / likes what she is studying / GCSEs helped with motivation **RQ1 & RQ2**
- Use of coping strategies / feels in control of her life / controlled exercise– self-talk around sitting, walks in park, strategies to help her focus. **RQ1**
- Autonomy / feels in control of her life - involved in decisions around dropping subjects. Able to choose what aspects of PE she participated in **RQ1**

Theme: Support systems

- Consistent and structured support with eating - would eat, exercise and debrief with parent, good understanding of need **RQ1**. Also **RQ2** – nobody able to supervise / council were not able to provide appropriate support.
- Pastoral system in place – mentor appointed and the pastoral lead give staff directions and the confidence in how to talk to her / nobody wants it to go wrong **RQ1**
- Lack of support between discharge and school return **RQ2**

Theme: School belonging / school connectedness

- Treated 'normally' by peers / Questions weren't asked **RQ1** – possibly link with joining sixth form like peers / not the only new student.
- School supportive and did not pressure YP ('kind school') **RQ1**
- Teachers made an effort and accommodations / Positive teacher-student relationship **RQ1**
- Making friends **RQ2**

Theme: Gradually building up independence

- Eating during school day **RQ1**
- Travelling to and from school YP talked about not being ready at the beginning, so it was helpful to have her mum support her with lunch.**RQ1**
- Exercise / Walks **RQ1**

Example of reviewing themes (stage 4)

Theme: Self-determination of young person

1. Motivated academically ('school a big motivation') & by future career ('find something within') **RQ1 & possibly RQ2**
2. Use of coping strategies ('I have to sit down, you have to work') / in control ('So I just made myself a new rule') / controlled exercise / strength – self-talk around sitting, walks in park to relax, strategies to help her focus. **RQ1**
3. Autonomy / control over her education - involved in decisions around dropping subjects. Able to choose what aspects of PE she participated in. Unlike GCSEs, decision taken away from her. **RQ1**

Theme: Preparing for school return

1. Supportive planning between parent and young person **RQ1**
2. Supportive hospital staff and onsite school staff **RQ1**
3. Met teachers before school return **RQ1**

Theme: Support systems during school day

1. Stability and structure – stability, would eat, exercise and debrief with parent, good understanding of needs. Building up her independence with eating, traveling and walks. **RQ1**
2. Pastoral system in place – mentor appointed and the pastoral lead giving staff directions and the confidence in how to talk to YP ('they don't want to get it wrong') **RQ1**
3. External support - Nobody able to supervise / council were not able to provide appropriate support. **RQ2**

Theme: School belonging / school connectedness

1. Fitting in/ Treated 'normally' by peers / Questions weren't asked **RQ1 –** possibly link with joining sixth form like peers / not the only new student.
2. Kind school - School supportive and did not pressure YP **RQ1**
3. Teachers made an effort and accommodations / Positive teacher-student relationship **RQ1**
4. Making friends **RQ2**

Other

- Stability of medication **RQ1 – possibly RQ2 (sleepy)**
- Form time – contained space, forced to make friends.
- Preferred health and education not mixing RQ2

Table of Final Themes, Subthemes and Codes (stage 5)

Theme 1: Young person's internal and external motivators			**Theme 2:** Preparing for school return			**Theme 3:**Support systems			**Theme 4:** Sense of belonging & connectedness			
Subtheme (RQ1)	**Subtheme** (RQ1)	**Subtheme** (RQ1)	**Subtheme** (RQ1)	**Subtheme** (RQ1)	**Subtheme** (RQ1)	**Subtheme** (RQ1)	**Subtheme** (RQ1)	**Subtheme** (RQ2)	**Subtheme** (RQ1)	**Subtheme** (RQ1)	**Subtheme** (RQ1)	**Subtheme** (RQ2)
School a big motivation	Coping strategies	Control over education	Parental support	Supportive hospital / onsite school staff	Meeting teachers and school visit	Stability and structure	Pastoral system in place	External support	Fitting in	Kind school	Positive-teacher student relationships	Friendships
Description	**Description**	**Description**	**Description**	**Description**	**Description**	**Description**	**Description**	**Description**	**Description**	**Description**	**Description**	**Description**
Jasmine is an academic young person who was motivated to do well and work toward her future goals.	Jasmine had a range of strategies that she used to manage any challenges and to focus on education.	Jasmine had control over her education and was able to make decisions that benefited her.	Beth played a key role in preparing Jasmine for the return to school.	Teachers and healthcare staff (i.e. nurses and healthcare assistants) helped to prepare Jasmine for leaving the unit and for returning to school.	Jasmine met her teachers on more than one occasion before returning to school.	Beth provided Jasmine with stable and structured support (for eating, walks and travelling).	There was a good pastoral system in place at school. This including mentoring for Jasmine. As well as, providing support and guidance to teachers teaching Jasmine.	The council and school were not able to provide the support that they wanted for Jasmine (with eating and walks).	Jasmine returned to school at the beginning of year 12 and was treated 'normally', something which she wanted. Peers did not ask her probing questions.	The school did not apply pressure on Jasmine. The school were viewed as being kind and making an effort to develop a sense of belonging for Jasmine.	Teaching staff helped Jasmine to cope with homework. They also helped her to feel more confident through 1:1 sessions in language subjects.	Jasmine was socially isolated from her peers in some ways as she was going out for lunch every day.
Codes	**Codes**	**Codes**	**Codes**	**Codes**	**Codes**	**Codes**	**Codes**	**Codes**	**Codes**	**Codes**	**Codes**	**Codes**
-Very bright academic young person (YP). Works very hard. -Doing more than classmates. -Enjoys the subjects she is studying. -Working hard in hospital school. -YP focused on her passion / goal of being a X, as it	-YP created a new rule that she must sit down in lessons. -Self-talk / reminded herself about the amount of exercise she was getting travelling to and from school, compared to hospital school journey.	-YP had control over her education and future -Had choices taken away in the past for GCSEs. Now could choose. -YP got to choose what she participated in PE. - Agreement on what she could do	-Listening to YP's concerns and reassuring YP. -Planned how to incorporate exercise into school day and manage sitting. -Respecting what YP needs to help manage. -Preparing YP in advance to	-Support from health care staff at the hospital, with returning to school, throughout admission. -HCA visited school with YP in previous school reintegration attempt. -Nurses and HCAs kind and encouraging – motivational messages. -Created a book with HCA, of reasons why	-Went into meet YP's new form teacher. -School visit before return. -Met some of her teachers before return. -Teachers visited hospital school for GCSEs - YP okay with school teachers visiting as the focus was	-YP had the stability of one person (parent) supporting her daily. -Parent had a good understanding of what the YP needed and could ensure this was implemented. -YP would have walks during	-Mentor available for conversations. -School monitoring YP. -School staff understanding of YP's needs. -Meeting her individual needs straight away. -School great. -Mentor or teacher providing	-Transparency around what the school could and couldn't support YP with. - Council offer of support was unsuitable. -Unhappy with council, not able to provide the support parent felt was needed – one person.	-Peers did not ask YP where she had been. -School possibly asked students not to ask YP about where she'd been -YP did not need to lie about where she'd been. -YP treated normally. -Helpful for teachers to ask	-Head teacher tried to help YP feel like she belongs, particularly as she only started at school few months before admission. -School made an effort to help her belong. -Parents were reassured that she	-Teacher made an extra effort to welcome YP and make her feel comfortable. YP stood up less -Teacher helped YP go through homework – which YP was finding overwhelming.	-YP leaving school each lunchtime - isolated from other young people. -Difficulty with peers and making friends. -Going out for lunch every day with mum, meant that peers wondered where

motivated her to stay out of hospital etc. -School supported with following passion. -Doing GCSEs at hospital helped YP to focus and feel more motivated – more able to sit down.	-Used walks during lunch to de-stress and relax. -YP was able to control exercising. -Despite the YP finding it really challenging to focus since being in hospital, she has found strategies to help her cope.	in lessons – exercise. -Collaborative decision making process.	returning to school. -Discussing school day in advance (concerns around exercise, eating and what to say to peers) -Structured exercise/walks – hugely important to YP. -Trialled out school journey before she returned to school.	YP needed to leave hospital and rules – motivator. -Talks with HCA about why YP needed to focus on school and things, particularly as sitting was difficult. Talks about how to fit in. -Key teacher working with YP to consider school reintegration. -Key teacher and YP regularly talking about how YP felt about things. -Prepared what YP would say to peers with key teacher. -Discussions about what YP would find helpful – e.g. countdown when eating. -Having a person/space at hospital school to discuss things. -Hospital school supportive/helpful – liaising with home school. -Hospital supported YP to prepare for school. -Support from the head teacher and key teacher – they visited the school to outline her needs and what she required. -Hospital school brilliant – got school to send through work.	purely on education. - Teacher taught YP over Skype whilst at hospital school.	school week in park by school. -YP supported with travelling home. -Support at lunchtime from her mum – and walk around park. -Parent able to support YP daily with eating lunch and walks. -Had lunch with mum in a café at lunchtime – able to debrief. -Going at the YP's pace (slow). -Parent encouraging YP to eat at school in preparation for university. -Gradually increasing YP's independence – with travelling. -Increasing YP's independence with walks. -Taken the structure and systems from hospital and continued to follow this at home.	weekly session with YP. -Pastoral lead good – supported other students with eating disorders. -Mentor/teacher would check up on YP to see how she was. -Knowing there was a go to space. -School accommodating. -Good pastoral care – told YP they would be there when she was ready, no pressure. -Supporting school staff with knowing how to talk to YP – especially exercise behaviours. -Helping teachers with feeling more confident with approaching YP.	-Wanted YP to have the consistency of one person. -Fighting with the council to get the right support for YP.	students to not ask YP about where she'd been. -YP's privacy respected. -New girls starting at sixth form too. -Good timing -Focus not all on - YP as other new students were starting sixth form. -Not having to share where she had been.	would keep place at school when YP first went into hospital. -Kind school and good relationship -Good pastoral care – told YP they would be there when she was ready, no pressure. -Reduced number of A Levels – things got better. -School said YP did not need to do extended project qualification. -Reduced pressure without EPQ, so could focus on A Levels. -Sense of fairness – linked with equity. Involved in decisions.	-Teacher helped YP to feel like she could cope. -YP grateful for support from teacher and worked hard to sit so to not disrupt the lesson. -YP worked hard to sit down and pay attention for the teachers – did not want teachers to not feel respected -1:1 sessions in languages subjects as it helped YP to build her confidence. - Teachers would be understanding about YP standing up etc – could use a sign. -Form time as it helped/pushed YP to make friends – contained time.	she was and she was not able to build relationship with a previous best friend. -Starting to eat friends quicker / be more independent, as it can be isolating otherwise. -Now having lunch with peers and made friends. -Pushing herself to eat with peers – fit in more and less responsibility to eating alone