Exploring Parent Perspectives of Individualised Therapeutic Supports Delivered by External Professionals in Irish Primary Schools

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Abstract

Background: The increased prevalence in children's mental health difficulties combined with related challenges in meeting the needs of children in a timely manner has contributed to individualised therapeutic support in schools becoming a focus for policymakers.

Aims: To explore parents' perspectives of individualised therapeutic support in primary schools delivered by external professionals (e.g. play therapists, art therapists). The Process, Person, Context, Time (PPCT) Model (Bronfenbrenner & Morris, 2006) was used to examine parents' perspectives on the impact, barriers and facilitators of these supports in primary schools.

Sample: Parents whose children had received individualised therapeutic support in primary school within the last two years. A total of nine parents, from three different schools took part. Two of the participants were parents to the same child.

Methods: A qualitative design was employed, utilising semi-structured interviews to gather data. The study was underpinned by a constructionist epistemology and the research questions were informed by the PPCT model. A Humble Inquiry approach guided the interviews. The data were analysed using reflexive thematic analysis (Braun & Clarke, 2021).

Results: The results identified themes in terms of impact, barriers and facilitators. In relation to impact of therapeutic support, key themes included improved relationships, growth in confidence, the benefits to everyone and the life changing impact. In terms of barriers, themes identified related to an ambiguous journey, systemic deficiencies, the emotional responses to therapy and the time available versus the needs of the child. The themes identified as facilitators were communication, trust, confidentiality, early, accessible, acceptable therapeutic care, long-term support as need dictates and the personality and expertise of the therapist.

Conclusions: This study uncovers previously unexplored aspects of the complex nature of individualised therapeutic support in primary school through the lens of parents' perspectives. The implications in terms of policy, practice and research are discussed.

Keywords: *parents' perspectives, individualised therapeutic support, schools, educational psychologists, person, process, context time model, reflexive thematic analysis, qualitative study design.*

Declaration

I hereby declare that the work presented in this thesis is my own. Where other sources have been noted they have been clearly acknowledged as references.

Name: Emma Hearne

Signature: 

Date: 29.04.25

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Table of Contents

Abstract ... ii

Declaration ... iii

Table of Contents ... vi

List of Tables ... xii

List of Figures ... xiii

List of Appendices ... xiv

Abbreviations ... xv

1 Introduction ... 1

1.1 Overview ... 1

1.2 Rationale for Research ... 1

1.3 Researcher Positionality ... 2

1.4 Epistemological Perspective ... 5

1.5 Overview of Thesis Structure ... 6

2 Literature Review ... 8

2.1 Introduction ... 8

2.2 Mental Health ... 9

2.2.1 Mental Health ... 9

2.2.2 Wellbeing ... 9

2.2.3 Mental Health Difficulties ... 10

2.2.4 Prevalence of Mental Health Difficulties in Children ... 11

2.2.5 Current Government Mental Health Policy ... 12

2.2.6 Support Available to Address Mental Health Difficulties Outside of School ... 12

2.2.6.1 Primary Care Psychology. ... 12

2.2.6.2 Child and Adolescent Mental Health Service (CAMHS). ... 13

2.2.6.3 Private Counselling. ... 13

2.2.6.4 Jigsaw. ... 13

2.3 Mental Health and Wellbeing and the Role of Schools ... 14

2.3.1 Identification of Mental Health Difficulties in School 14
2.3.2 Current Policy for Addressing Mental Health Difficulties in School 15
2.3.2.1 The Continuum of Support. 15
2.3.2.2 The Wellbeing Policy Statement and Framework for Practice. 16
2.3.2.3 Looking at our Schools 2022: A Quality Framework for Primary Schools and Special Schools. 17
2.3.2.4 The Primary Curriculum Framework for Primary and Special Schools. 18
2.3.3 Current Interventions for addressing Mental Health Difficulties in School 18
2.3.3.1 Current Individualised Therapeutic Support in School. 18
2.3.3.2 Benefits of Individualised Therapeutic Support in Schools. 19
2.3.3.3 The Counselling in Primary Schools Pilot. 19
2.3.3.4 Friends for Life. 20
2.3.3.5 The Role of the National Educational Psychological Service (NEPS). 20
2.4 Perspectives of Individualised Therapeutic Support in Schools 21
2.4.1 School Staff Perceptions 21
2.5 The Role of Parents 22
2.5.1 Parents Role in Mental Health Support 22
2.6 Summary of Context and Rationale 23
2.7 Scoping Review 24
2.8 Stage 1: Identifying the Research Question 25
2.9 Stage 2: Identifying Relevant Studies 26
2.9.1 Search Strategy 26
2.9.1.1 Step 1. 26
2.9.1.2 Step 2. 28
2.9.1.2.1 Reference Lists. 29
2.9.1.2.2 Hand-searching of Key Journals. 29
2.9.1.2.3 Existing Networks, Relevant Organisations and Conferences. 29
2.10 Stage 3: Study Selection 31
2.11 Stage 4: Charting the data 32
2.12 Stage 5: Collating, Summarizing and Reporting the Results 32
2.12.1 Year of Publication 32

2.12.2 Source Origin/ Country of Origin 33
2.12.3 Record Type 33
2.12.4 Critical Analysis of the Literature 33
2.12.5 Key Review Findings 33
2.12.6 Theme 1: Benefits or Value of the Therapeutic Support 42
2.12.7 Theme 2: Role of the School 43
2.12.7.1 School Environment 43
2.12.7.2 Whole School Ethos 44
2.12.8 Theme 3: Impact of Service 46
2.12.8.1 Subtheme: Positive Impacts. 46
2.12.8.2 Subtheme: Question of Aftercare 47
2.12.9 Theme 4: Communication 48
2.12.9.1 Subtheme: Good Communication. 48
2.12.9.2 Subtheme: Collaboration. 49
2.12.9.3 Subtheme: Lack of Communication. 50
2.12.10 Theme 5: Role of Parents 50
2.12.10.1 Subtheme: Parents' Feelings, Stigma, Shame, Acceptance. 50
2.12.10.2 Subtheme: Parents Mental Health Literacy. 52
2.12.11 Theme 6: Role of counsellor 52
2.12.11.1 Subtheme: Interpersonal Skills. 52
2.12.11.2 Subtheme: Qualified Professional 53
2.13 Conclusion 53
2.13.1 Effectiveness 54
2.13.2 Barriers and Facilitators 54
2.14 Implications for Policy, Practice and Research 56
2.15 Limitations of the Review 57
2.16 Research Questions 59
3 Empirical Paper 61
3.1 Introduction 61
3.2 Prevalence of Mental Health Difficulties in Children and Young People 61
3.3 Mental Health Policy and Practice in Schools 62

3.4 Current Therapeutic Support in Schools 63
3.5 Rationale for this Study 64
3.6 Aims of The Study 66
3.6.1 Research Questions (RQs) 66
3.7 Methodology 67
3.7.1 Research Design 67
3.7.2 Research Paradigm 67
3.7.3 Theoretical Perspective 68
3.7.4 Participants 72
3.7.4.1 Sampling Strategy. 72
3.7.4.2 Procedure. 73
3.7.4.3 Sample Size. 74
3.7.4.4 Demographic Information. 75
3.7.4.5 Participant Interviews. 75
3.7.5 Pilot Study 78
3.7.6 Ethical Considerations 81
3.7.7 Reflexivity 81
3.7.8 Data Analysis 82
3.8 Results 85
3.9 Results for RQ1: What are Parents' Perspectives of the Impact of Individualised Therapeutic Support in Primary Schools. 86
3.9.1 Theme 1: Improvements in Relationships 86
3.9.2 Theme 2: Growing in Confidence 88
3.9.3 Theme 3: "Everyone Benefits" 89
3.9.4 Theme 4: "It's been life changing" 90
3.10 Results for RQ2: What are Parents' Perspectives of Individualised Therapeutic Support in Primary School: Barriers and Facilitators? 91
3.10.1 Barriers 91
3.10.1.1 Theme 1: Starting an Ambiguous Journey. 92
3.10.1.2 Theme 2: Emotional Responses to the Therapeutic Process. 95
3.10.1.3 Theme 3: Systemic Deficiencies. 96

3.10.1.4 Theme 4: Time Available Vs Needs. 98
3.10.2 Facilitators 100
Process Theme 1: Communication, Trust and Confidentiality. 101
3.10.2.1 Theme 2: Personal Characteristics and Expertise of the Therapist. 103
3.10.2.2 Theme 3: Early, Accessible and Acceptable Therapeutic Care. 104
3.10.2.3 Theme 4: Long Term Support as Need Dictates. 107
3.11 Discussion 107
3.12 RQ1 What are Parents' Perspectives of the Impact of Individualised Therapeutic Support in Primary School? 107
3.13 RQ2 What are Parents' Perspectives of Individualised Therapeutic Support in Primary Schools: Barriers and Facilitators? 112
3.13.1 Barriers 112
3.13.2 Facilitators 117
3.14 Conclusions 121
3.15 Methodological Considerations 123
3.16 Implications for Policy, Practice and Research 123
4 Critical Review and Impact Statement 128
4.1 Introduction 128
4.2 Reflections on the Epistemological Position 128
4.2.1 Strengths of Constructionism 129
4.2.2 Limitations of Constructionism 130
4.2.3 Alternative approach 130
***4.3* Theoretical Perspective 131**
4.3.1 Strengths of Bioecological Systems Theory 133
4.3.2 Limitations of Bioecological Systems Theory 133
4.3.3 Alternative approach 134
4.4 Strengths and Limitations of the Research 134
4.4.1 Research Design 135
4.4.1.1 Alternative Research Design 135
***4.5* Sampling Method 136**
4.5.1 Data collection 136

4.5.2 Data Analysis 139
4.5.3 Reflections on the Ethical Considerations 140
4.6 Critical Appraisal 143
4.7 Strengths and Limitations of the Study 147
4.8 Reflections on the Researcher's Positionality and its influence on the Research Process 149
4.9 Implications for Policy 152
4.10 Implications for Practice 154
4.11 Implications for Research 156
4.12 Personal Reflection 157
4.13 Impact Statement 160
References 164

List of Tables

Table 2.1 Inclusion and Exclusion Criteria for Article 27
Table 2.2 References of Literature used for Scoping Review..... 31
Table 2.3 Overview of Parents' Perspectives of Therapeutic Support in Schools..... 36
Table 2.4 Implications for Policy Practice and Future Research 56
Table 2.5 Limitations of Review..... 57
Table 3.1 Process – Person -Context – Time Model of Parents' Perspectives of Therapeutic Support in Primary Schools 70
Table 3.2 Participant Details 74
Table 3.3 Sample Interview Questions 77
Table 3.4 Phases of Reflexive Thematic Analysis 82
Table 3.5 Implications for Policy, Practice and Research..... 123
Table 4.1 Ethical Considerations 140
Table 4.2 Critical Appraisal Checklist for Qualitative Research 143
Table 4.3 Strengths and Limitations of the Study 147
Table 4.4 What? So What? Now What? Reflective Model (Rolfe et al., 2001) 158

List of Figures

Figure 1.1 Visual Map of Thesis Layout 7
Figure 2.1 The Continuum of Support 16
Figure 2.2 Whole School Approach – Four Key Areas Wellbeing Promotion 17
Figure 2.3 Framework for Conducting a Scoping Review 25
Figure 2.4 Prisma Flow Diagram: Database Search and Other Sources 30
Figure 2.5 Scoping Review Themes and Subthemes 35
Figure 3.1 Steps Undertaken for Pilot Study 79
Figure 3.2 Themes in PPCT Model for Impact 86
Figure 3.3 Themes in PPCT Model for Barriers 91
Figure 3.4 Themes in PPCT Model for Facilitators 100
Figure 4.1 Stratified Ontology of Critical Realism 131
Figure 4.2 The PPCT Model (Bronfenbrenner & Morris, 2006) 132
Figure 4.3 What? So What? Now What? Reflective Model (Rolfe et al., 2001) 157

List of Appendices

Appendix A: List of Accreditation Bodies **186**
Appendix B: Excluded Studies after Full-Text Screening **187**
Appendix C: Charting the Data **193**
Appendix D: Recruitment Flyer **216**
Appendix E: Information Letter and Consent Form and Mental Health Supports **217**
Appendix F: Principal Information Sheet and Consent Form **224**
Appendix G: Research Privacy Notice **228**
Appendix H: Inclusion and Exclusion Criteria for Participants **231**
Appendix I: Demographic Information Collected **232**
Appendix J: Questionnaire for Pilot Participant **234**
Appendix K: Reflexive Diary Excerpts **235**
Appendix L: NVivo Coding Process **240**
Appendix M: Methodological Rigour and Validity in Data Analysis **241**
Appendix N: Distress Protocol **243**
Appendix O: DIPA Report and Ethical Approval **245**

Abbreviations

ACE	Adverse Childhood Experience
ASCA	American School Counsellor Association
BPS	British Psychological Society
CAMHS	Child and Adolescent Mental Health Services
CBT	Cognitive Behavioural Therapy
CDNT	Children's Disability Network Team
DCA	Domiciliary Care Allowance
DCEDIY	Department of Children, Equality, Disability, Integration and Youth
DEIS	Delivering Equality of Opportunity in Schools
DES	Department of Education and Science
DOE	Department of Education
DPIA	Data Protection Impact Assessment
EP	Educational Psychologist
GDPR	General Data Protection Regulation
GOI	Government of Ireland
HSE	Health Service Executive
IPA	Interpretative Phenomenological Analysis
MIC	Mary Immaculate College
MIREC	Mary Immaculate College Ethics Committee
NCCA	National Council for Curriculum and Assessment
NEPS	National Educational Psychological Service

OECD	Organisation for Economic Co-Operation and Development
PDA	Pathological Demand Avoidance
PPCT	Process Person Context Time
PRISMA-ScR	Preferred Reporting Items for Systematic Reviews and Meta Analyses extension for Scoping Reviews
PSI	Psychological Society of Ireland
RQ	Research Question
SET	Special Education Teacher
SPHE	Social, Personal and Health Education
TaMHS	Targeted Mental Health in Schools
UK	United Kingdom
UNCRC	United Nations Conventions on the Rights of the Child
V	Versus
WHO	World Health Organization

1 Introduction

1.1 Overview

This paper starts with the rationale for selecting the research topic and describes the researcher's interest and positionality in individualised therapeutic support in primary schools. Further to this, epistemological considerations are discussed. An overview of the thesis structure is examined, and a visual representation of the thesis structure is provided.

1.2 Rationale for Research

This research explored parents' perspectives of individualised therapeutic support delivered by external professionals in Irish primary schools. Due to parents' important role within the child's microsystem (Bronfenbrenner & Morris, 1998), it is vital that their voices are used to inform future decisions in this area. Individualised therapeutic support is an area that has been growing over the last number of years, with the number of schools providing school-based therapeutic support increasing (Carey et al., 2017). Internationally, many countries have engaged with school based therapeutic support with some making it a mandatory requirement for schools (Carey et al., 2017). Studies show that individualised therapeutic support in schools can have a positive impact on children's psychological wellbeing (Finning et al., 2022; Lee et al., 2009).

There has been an increase in mental health difficulties for children in Ireland (Department of Children, 2023; Government of Ireland [GoI], 2020; Houses of the Oireachtas, 2023; Mental Health Commission, 2023). The current system is not meeting the needs of children (Mental Health Commission, 2023). Schools are thought to be well positioned to support children, due to their direct access those who need support, and their ability to provide a tiered response and more socially acceptable environment to receive the support (Atkinson &

Kenneally, 2021; Department of Education [DE], 2023; GoI, 2019; Houses of the Oireachtas, 2023).

Educational psychologists (EPs) have a role to play in the provision of therapeutic support in primary schools. EPs support schools with the wellbeing of children on a whole school level through the continuum of support (GoI, 2019) by building schools' capacity through systemic professional development e.g. friends for life (GoI, 2019). EPs also engage in direct casework through the model of consultation or completing therapeutic interventions as part of their own individual work with children (Hoyne & Cunningham, 2019). EPs are currently supporting the implementation of a pilot counselling project in primary schools that is operating in selected schools in Ireland (DE, 2023). Individualised therapeutic support in schools is part of a system around the child, (Bronfenbrenner & Morris, 1998) yet little is known about how that system operates within schools.

1.3 Researcher Positionality

As a researcher reflecting on, and, locating yourself in relation to your research is an important part of acknowledging your own role in shaping the research. "Who you are and what you bring to the research shapes and informs your research, inevitably, through what you do and don't notice, and what you take for granted" (Braun & Clarke, 2022, p. 14).

Previous life experiences shape who we are and what we believe (Kelly, 1955; Ravenette, 1999). It is therefore important that as a researcher, I reflect on my experiences and current standpoint in relation to this research. It is important to note that positionality is not a fixed perspective, as it evolves over time (Olmos-Vega, 2023; Braun & Clarke, 2022).

My personal experience is that I come to this research having had a wealth of experience working in schools and supporting children with additional needs. I have held multiple roles as Assistant Head Teacher, SENCO and Inclusion Manager. During this time, I coordinated the professionals that worked in the school, including therapists. As I have spent most of my career to date making sure that children have received the right support at the right time and promoting early intervention, this has shaped and formed my beliefs in this area, and I am a passionate advocate for early intervention.

I am also a parent to three children. This has strengthened my interest and the desire to pursue this line of research in consulting parents. Being a parent, has given me the insight that parents know their children best. Parents are prominent stakeholders in their children's wellbeing and should therefore be consulted about the process of therapeutic support.

During my time completing the Doctorate in Educational Psychology, I also have experience of working in the Health Service Executive (HSE). I have been able to see the positive impact that therapy work can have on children and the benefits of parents having a role in their children's therapeutic support. I have also been exposed to the difficulties of an over-stretched system and lengthy waiting lists (Rush, 2017). The failings of the systems of support for children's mental health in Ireland combined with my keen interest in early intervention has influenced me to complete this research and explore effective and alternative ways to support children.

Another aspect to my professional training as a trainee educational psychologist was my time working in schools. Having had the experience of working in schools as a trainee educational psychologist, I have had the opportunity to work with children who were in need of therapeutic support, to provide therapeutic support to children and to support teachers and

parents with psychoeducation in the area of anxiety and wellbeing. This has further enhanced my knowledge and interest in this area. I have seen that there is a need for this support and that school management and staff feel they need more support in this area. From my experience in this role, I have the perspective that mental health is an area need in schools. Seeing that there is a demand for mental health supports and having experience in the role of a trainee educational psychologist within the systems has given me an insight that perhaps the participants do not have.

Training as an educational psychologist gives me the lens that I understand the importance of evidenced based practice. This has influenced my motivation to undertake this research so I can best understand parents' perspectives and their views on the facilitators and barriers that may impact on the delivery of therapeutic supports in school settings. I am motivated to understand their perspectives to improve both my practice and to also gain insights into how educational psychologists' practice could be enhanced to be more responsive to the needs of children and families in the area of mental health.

I am aware that I come to the research with privilege and power. I am in the privileged position that I am educated and trained in this area. I am therefore interacting with systems from a position of knowledge and hold an insider perspective in this area. This professional knowledge, although valuable, may influence the way I interpret data or interact with participants. I understand how to navigate the system, and I have knowledge about children's mental health.

I also have a position of power as the interviewer in this process. As a trainee educational psychologist, I am aware that parents may look to me as the 'expert' in this area and this may also bring bias in terms of the way that parents respond in the interview, perhaps offering

answers to please the interviewer. I am completing a doctoral programme and this has given me a position of privilege to be able to hear the views of parents in a setting parents may feel is important to have their voice heard. Equally this setting may feel intimidating to some parents.

I am also a woman and a mother. This may create bias when interpreting the data as I have the maternal lens that I view parents' perspectives from. I acknowledge that my background, experiences and role as a trainee educational psychologist, a woman, a mother and researcher will influence how I view therapeutic support in schools and how I interpret the perspectives of others. I hold both insider and outsider positions in this research (Braun & Clarke, 2013; Bukamal, 2022). I have an insider position in this research as I am a parent myself and I am a trainee educational psychologist working within the system I am investigating I have an outsider position as I have never had a child that has accessed individualised therapeutic support in school. As I hold different positions in the research, I am an intersectional researcher. The varying perspectives provide both insight and potential bias. This is something I remained aware of throughout the research and took steps to be reflexive throughout this research. These steps are documented in detail in section 4.8 and Appendix K and Appendix M.

1.4 Epistemological Perspective

Epistemology is concerned with what knowledge is and how we come to accept it as true (Braun & Clarke, 2013). The epistemological position that this research takes is constructionist. Constructionism is the view that knowledge and meaning are constructed by individuals through their experiences and interactions with the world (Crotty, 1998). There is not one definitive truth, instead multiple realities (Braun & Clarke, 2013). It is the view that research and knowledge is created as part of the research process with the researcher having a role in its creation (Braun & Clarke, 2013).

1.5 Overview of Thesis Structure

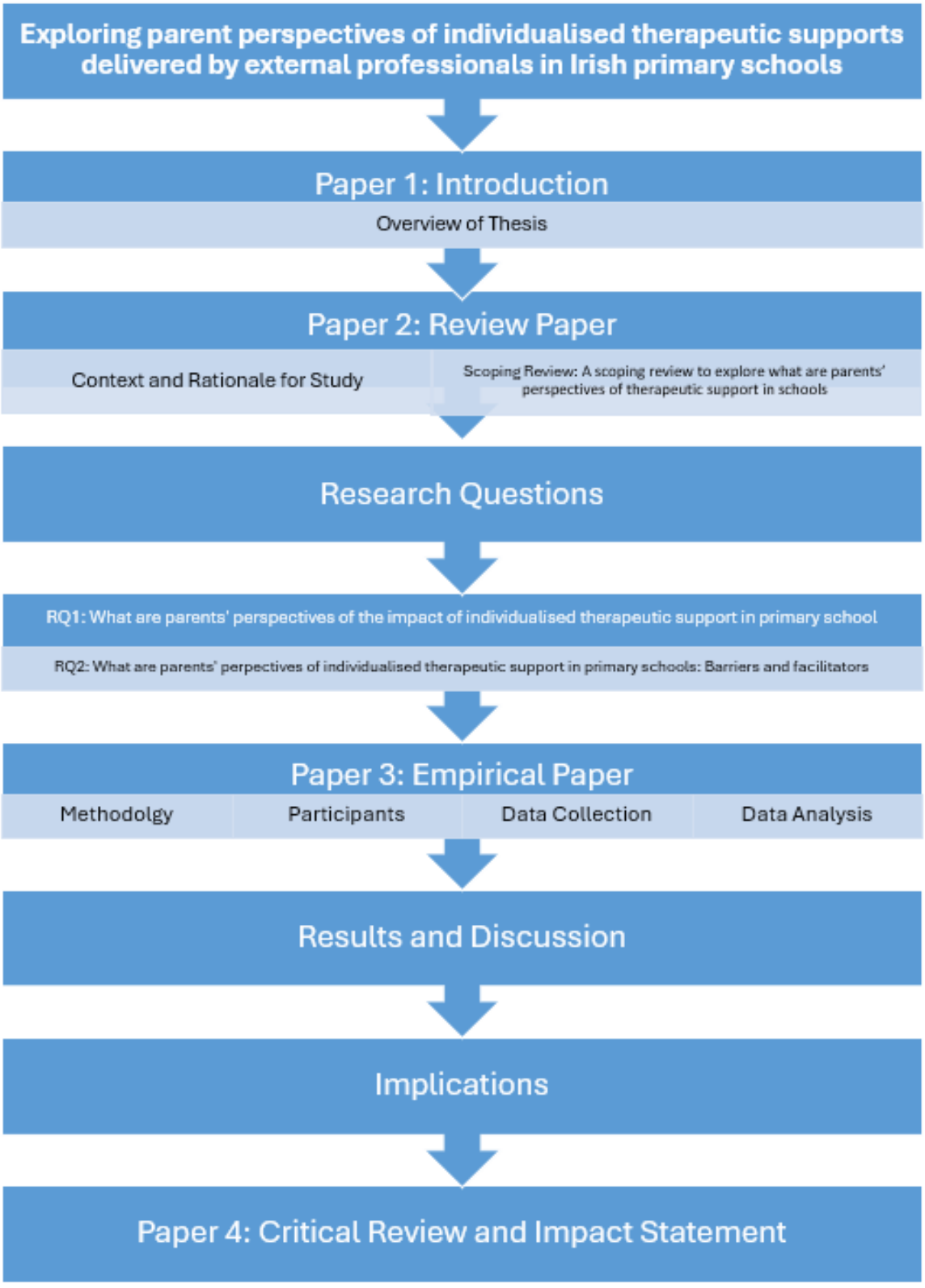
This thesis consists of four papers. A visual map of the thesis layout is provided in Figure 1.1. Paper one provided an introduction and overview of the thesis itself. Paper two explores the context and rationale for the study. A scoping review was conducted and arising from this review, two research questions were formulated. The research questions are as follows:

- RQ1: What are parents' perspectives of the impact of individualised therapeutic support in Irish primary schools?
- RQ2: What are parents' perspectives of individualised therapeutic support in Irish primary schools: barriers and facilitators?

Paper three is the empirical paper which explains the study, describing the methodology, participants, data collection, data analysis, results and discussion alongside implications for policy, practice and research. Paper four is the critical review and impact statement, which critically examines the research, and the choices made. It explains the impact this research has both inside and outside of academia.

Figure 1.1

Visual Map of Thesis Layout



2 Literature Review

2.1 Introduction

This paper starts by defining the key terms of mental health, wellbeing and mental health difficulties. It then examines the prevalence of mental health difficulties for children in Ireland. Following this, it delineates the context for this study. Firstly, it examines the broader context of government mental health policy and the services that are available for children with mental health difficulties.

The paper then narrows its focus to examine the role of schools in addressing children's mental health difficulties. It examines how schools identify mental health difficulties in children and current educational policy for addressing mental health in schools. Furthermore, this paper goes on to explore support and interventions that are implemented in schools to address mental health difficulties. The paper then outlines the benefits of individualised therapeutic support in schools and considers the perspectives of individualised therapeutic from stakeholders.

The focus of the paper then concentrates on the role of parents as part of mental health interventions and the importance of parents as part of the child's microsystem and their influence on therapy. A systematic scoping review ensues and explores extant literature on parents' perspectives of mental health support in schools. The implications from the scoping review for policy, practice and research are highlighted and discussed. The gaps in the literature from the systematic scoping review are identified and two research questions for this study are defined.

2.2 Mental Health

2.2.1 Mental Health

There are variations of the definition of mental health (Galderisi et al., 2015; Manderscheid et al., 2010). The definition chosen for this study is from Ireland's Mental Health Policy: Sharing the Vision: A Mental Health Policy for Everyone. It defines mental health as:

> how we think and feel about ourselves and our relationship to others, and how we interpret events in everyday life. It also relates to our ability to cope with change, transition and significant life events, and to understand how to deal with the stresses that often come our way.(GoI, 2020, p.24).

This definition of mental health highlights the individuals' own interpretations of personal feelings towards themselves and others and the resilience of being able to cope with the challenges of life. Mental health can be thought of as a continuum that fluctuates over different stages of the lifespan. Positive mental health is more than the absence of a mental health condition, it includes having positive wellbeing (GoI, 2020).

2.2.2 Wellbeing

Like Mental health, there is no one agreed definition of wellbeing. The Wellbeing Policy Statement and Framework for Practice (GoI, 2019) uses the World Health Organisation definition of Wellbeing as:

> Wellbeing is present when a person realises their potential, is resilient in dealing with the normal stresses of their life, takes care of their physical wellbeing and has a sense of purpose, connection and belonging to a wider community. It is a fluid way of being and needs nurturing throughout life (GoI, 2019).

This definition recognises the transient nature of wellbeing, that it is subject to change and needs nurturing at different stages of a person's life, this includes childhood.

2.2.3 Mental Health Difficulties

Mental health difficulties include a spectrum of difficulties ranging from mild difficulties with coping, to severe psychiatric disorders (GoI, 2020). These difficulties can fluctuate over time and individuals need different support at different points in their life (GoI, 2020). Mental health difficulties can begin early in a child's life (Kessler et al., 2007) and if they are left untreated without the correct support and intervention, they have long term detrimental outcomes (Breslau et al., 2008; Copeland et al., 2015; John et al., 2005; Jokela et al., 2009).

It is important to note that mental health difficulties can emerge for several reasons. There are many factors that contribute to a child's difficulty, and it should not always be presumed that the difficulty lies within the child. The difficulty can, in some cases, be the child's reaction to environmental circumstances within their life. Often, if these circumstances were changed, the child's difficulty would improve (Johnstone, 2018; McGinnity et al., 2005). Many of the difficulties present in school aged children may be because of issues in school or family (Atkinson & Kenneally, 2021; Dooley Judge, 2017).

Adverse Childhood Experiences (ACEs) have an impact on children's mental health. ACEs are experiences in a child's life that produce toxic stress or trauma for the child and therefore have an impact on the mental health of the child (Perry & Winfrey, 2021). These can be a range of issues for children including maltreatment, family dysfunction and divorce (Karatekin & Hill, 2019; Perry & Winfrey, 2021). There is a correlation between childhood ACEs' and negative long-term outcomes into later life and adulthood including social,

behavioural and health issues (Afifi et al., 2011; Anda et al., 2006, 2008; Bellis, Hughes, et al., 2014; Bellis, Lowey, et al., 2014).

2.2.4 Prevalence of Mental Health Difficulties in Children

The prevalence of children's mental health difficulties is increasing (Department of Children, Equality, Disability, Integration & Youth, [DCEDIY] 2023). The most common type of difficulty reported in children aged 10-14 in Ireland between 2017 and 2019 was anxiety difficulties (DCEDIY, 2023, p.28). Girls were more impacted than boys, with girls averaging a prevalence of 13% during this period and boys 8%. According to this analysis, during the period of 2017-2019, the prevalence of mental health difficulties in Ireland was higher than the average of the 27 European Union countries. This is a worrying statistic and brings to light the scale of difficulties in Ireland compared with other European Union countries.

The information from this study (DCEDIY, 2023) reveals that the most common mental health difficulties for children in Ireland during this period, in order of most prevalent first, are; anxiety disorders; depressive disorders and attention deficit/ hyperactivity disorder (both same prevalence), conduct disorder, bipolar disorder, eating disorder and other mental disorders. This range of difficulties illustrates the need for specialist early intervention for children around mental health. It is worth noting that this data was for the period of 2017-2019. This was before the global pandemic which research has shown to have had an impact on children's overall wellbeing and mental health (Egan et al., 2021; McNicholas et al., 2021; McNicholas & Moore, 2022; O'Sullivan et al., 2021). The global pandemic that began in 2020 had a detrimental effect on children's mental health in Ireland (O'Sullivan et al., 2021). From September 2020 onwards referrals to CAMHS increased by 50% from the previous year of 2018-2019 and by November

2020 there was an 180% increase in referrals to CAMHS (McNicholas et al., 2021; McNicholas & Moore, 2022).

2.2.5 Current Government Mental Health Policy

The national health policy Slaintecare's vision is to have one universal health service for all, providing the right care, in the right place at the right time (GoI, 2017). This includes services for mental health. In the Department of Health's policy document "Sharing the Vision: A Mental Health Policy for Everyone" (GoI, 2020), mental health does not come under the purview of the Department of Health alone. Support from other government departments and agencies is needed to achieve the reforms set out in the policy (GoI, 2020).

The Healthy Ireland Initiative aims to promote better mental health and physical health. (GoI, 2021). Furthermore, the healthy communities programme has provided funds to the most deprived communities, which has been used to provide mental health supports in schools (GoI, 2021). In addition to this the National Stigma-Reduction Programme aims to reduce the stigma that is related to mental health difficulties that prevents people from seeking and accessing the support that they need (GoI, 2020).

2.2.6 Support Available to Address Mental Health Difficulties Outside of School

EPs work in a range of services outside of schools that support children with mental health difficulties. These include i) Primary Care Psychology ii) CAMHS iii) Private Counselling iv) Jigsaw.

2.2.6.1 Primary Care Psychology. Primary Care Psychology is a service for children for mild to moderate mental health difficulties. Primary care provides a stepped care model of access which means that there is a staged approach to intervention, starting with psychoeducation groups for parents and moving on to group work with children, then moving on to more

individualised approaches, if needed. The child can be referred by their GP or other health care professional. There are extensive waiting lists for this service (Rush, 2009).

2.2.6.2 Child and Adolescent Mental Health Service (CAMHS). CAMHS provide support to children up to the age of 18 with moderate to severe mental health difficulties. A referral to CAMHS can only be made by a GP. The CAMHS team is made of up a range of mental health professionals including educational psychologists. They provide assessment and direct intervention to support the young person and family with their mental health. However, a recent report (Mental Health Commission, 2023) into the CAMHS service in Ireland has shown significant failings. These include a lack of governance; staffing problems; unsafe management of cases and risk; and children being lost in the system (Mental Health Commission, 2023). Parents faced huge frustrations of not being able to access the service, while their child's mental health continued to deteriorate (Mental Health Commission, 2023). This further highlights the need for a system of mental health support that works for children and their families.

2.2.6.3 Private Counselling. The insufficient provision of children's mental health services in Ireland means that schools and parents have been forced into a position to pay privately for services to get support for children (Families for Reform of CAMHS, 2024; Mental Health Commission, 2023). This is a financial burden for parents (Families for Reform of CAMHS, 2024).

2.2.6.4 Jigsaw. Jigsaw is a free primary care provider of mental health supports for children and young people between the ages of 12-25. The teams at Jigsaw have a variety of mental health professionals working for them e.g. social workers, occupational therapists, mental health nurses, psychotherapists and psychologists. This service can be accessed by children,

parents and guardians or health professionals seeking support for a child. This support can be accessed online or in person at one of their office locations around the country.

2.3 Mental Health and Wellbeing and the Role of Schools

Schools are believed to play an important role in supporting children with mental health and wellbeing (GoI, 2019; Houses of the Oireachtas, 2023). Recent policies have acknowledged that children's mental health challenges are not just the responsibility of the Department of Health and that schools have an important role to play in this area (GoI, 2020). Schools are well situated to support in identifying and intervening in children's mental health difficulties (Clarke et al., 2021; Soneson et al., 2018, 2020).

2.3.1 Identification of Mental Health Difficulties in School

Many mental health difficulties begin for children at an early age (Kessler et al., 2005, 2007). Early intervention with mental health difficulties is key to long term outcomes (Correll et al., 2018; McGorry & Mei, 2018a, 2018b; Membride, 2016). Schools are able to reach numerous children and support with early identification and intervention (Higgins & Booker, 2022). It is thought there is an under-identification of children with mental health difficulties in schools (Soneson et al., 2020). The question of how to effectively identify children is an important one. Evidence is mixed about the feasibility of a universal screening tool being introduced to schools (King, 2021; Soneson et al., 2020).

Currently in Ireland, there is no universal screening approach to identifying mental health difficulties for primary school aged children. Within the pilot counselling programme (DE, 2023), the selection of children for counselling is based on a continuum of support, with schools working in conjunction with the National Educational Psychological Service (NEPS) (DE, 2023).

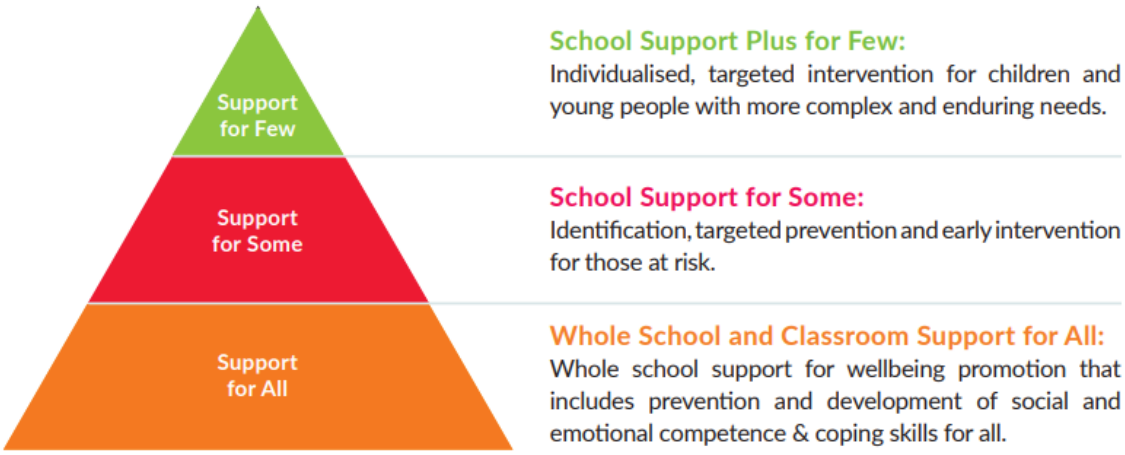
2.3.2 Current Policy for Addressing Mental Health Difficulties in School

Several policies aim to address children's wellbeing in school. These policies and frameworks are used as a whole school preventative approach. These include i) Continuum of Support ii) Wellbeing Policy and Framework for Practice iii) Looking at our Schools iv) the Primary Curriculum Framework.

2.3.2.1 The Continuum of Support. The Continuum of Support is "a graduated problem-solving model of assessment and intervention in schools comprised of three distinct school-based processes" (DES, 2007, p.2). These three separate processes are based on a model of tiered support for children. The three processes are classroom support, school support and school support plus. Classroom support refers to universal support provided to all in the classroom, by way of effective teaching strategies. School support refers to support that some children may need in terms of intervention provided by a Special Education Teacher (SET), either individual or group support. School support plus refers to support that a few pupils may need e.g. involvement of an outside agency (NEPS). Figure 2.1 below shows the visual model of the continuum of support.

Figure 2.1

The Continuum of Support



Note. From Wellbeing Policy Statement and Framework for Practice 2018-2023 (p.14) By the Department of Education and Skills. Government of Ireland. (https://assets.gov.ie/24725/07cc07626f6a426eb6eab4c523fb2ee2.pdf) In the public domain.

2.3.2.2 The Wellbeing Policy Statement and Framework for Practice. The Wellbeing Policy Statement and Framework for Practice (Department of Education & Skills, 2018) was introduced to schools in 2018. This framework was designed to support schools with implementing wellbeing as a whole school focus. It sets out the Department of Education's Policy on Wellbeing, giving schools the responsibility of making wellbeing a part of their whole school policy. This policy details the role that schools play in children's wellbeing and how they are best placed to provide wellbeing support through the Continuum of Support, as described in Figure 2.1. By using the Continuum of Support, the Wellbeing Policy Statement and Framework for Practice describes the graded approach to supporting children's wellbeing. The Framework provides school with four key areas of wellbeing, i.e. culture, curriculum, policy and planning and relationships that are indicators of a school's success in wellbeing (See Figure 2.2).

Figure 2.2

Whole School Approach – Four Key Areas Wellbeing Promotion

Note. From Wellbeing Policy Statement and Framework for Practice 2018-2023 (p.16) By the Department of Education and Skills. Government of Ireland. (https://assets.gov.ie/24725/07cc07626f6a426eb6eab4c523fb2ee2.pdf) In the public domain

2.3.2.3 Looking at our Schools 2022: A Quality Framework for Primary Schools and Special Schools. The Wellbeing Policy Statement and Framework for Practice (GoI, 2019) aligns with the Looking at our Schools 2022: A Quality Framework for Primary Schools and Special Schools (DE, 2022). This framework recognises the "centrality of pupils' wellbeing"

(DE, 2022) and therefore weaves the four key areas of wellbeing promotion as described in Figure 2.2, throughout its standards. This aims to ensure that schools will have wellbeing at the forefront of their planning processes.

These frameworks are positive developments in terms of supporting pupil wellbeing in school. When examining primary teachers views on mental health in schools, teachers report needing a uniform approach from schools and needing more time and training to support children with wellbeing (Maclean & Law, 2022; O'Brien & Lynch, 2020). These two frameworks address these concerns by providing schools with clear standards in this area.

2.3.2.4 The Primary Curriculum Framework for Primary and Special Schools. A new primary curriculum framework is due to be implemented by schools in September 2025. This consists of five curriculum areas, with wellbeing being given a curriculum area of its own with recommended allocated teaching time. Teachers being given allocated teaching time to devote to wellbeing will alleviate some of the pressures that teachers previously reported of having to skip Social, Personal and Health Education (SPHE) due to curriculum demands (O'Brien & Lynch, 2020). Whole class time being ringfenced for wellbeing contributes to the support provided at the support for all stage of the Continuum of Support (see Figure 2.1).

2.3.3 Current Interventions for addressing Mental Health Difficulties in School

Further to government policies and frameworks, there are several interventions in primary schools that aim to support children's wellbeing and mental health. These include i) Individualised therapeutic support ii) Friends for Life programme iii) Support provided from the NEPS psychologist.

2.3.3.1 Current Individualised Therapeutic Support in School. Individualised therapeutic support for children can encompass many different modes of therapy. These can

include, but are not limited to, modes such as play therapy, art therapy, counselling, psychotherapy, psychology, music therapy and drama therapy.

While there is no mandatory requirement in Ireland to provide therapeutic support in primary schools, there is, however, a range of therapeutic support happening within primary schools in Ireland. The support is being provided on an ad hoc basis by schools using their own funding or by grants provided by the Delivering Equality of Opportunity in Schools Plan (DEIS) (Dooley Judge, 2017). The DEIS plan is designed to support schools that may be disadvantaged by social influences, by providing funding and extra resources to schools in this category (DES, 2017).

2.3.3.2 Benefits of Individualised Therapeutic Support in Schools. The benefits for children being provided with therapeutic support as and when they need it are far-reaching. Research conducted in the UK has shown that therapeutic support in schools has a positive effect on children's wellbeing not only in the short-term, directly after intervention, but also in the longer-term and effects can still be seen by parents and teachers two years on (Finning et al., 2022; Lee et al., 2009). Statistics from Play Therapy UK (O'Neill, 2024) show that 72% of children had an improvement in their mental health and wellbeing after accessing play therapy. This rises to an even bigger increase of 82% for those children who had a more severe need at the time of referral.

2.3.3.3 The Counselling in Primary Schools Pilot. Individualised therapeutic support is being provided in several schools in a limited number of counties across Ireland by the Counselling in Primary Schools Pilot (Department of Education, 2023). The pilot programme that commenced in 2023 is still in its infancy. It currently covers the seven counties of Cavan, Laois, Leitrim, Longford, Mayo, Monaghan and Tipperary, plus 61 urban DEIS primary schools

in Dublin Southwest and North Dublin City. It provides individualised therapeutic support through a range of modalities from accredited therapists. For a full list of approved accreditation bodies for the pilot see Appendix A. The pilot programme provides six individual sessions of support for children plus one session for parents at the beginning and the end of the therapy. The pilot programme for counselling in primary schools was established as temporary measure to meet the demands of children's mental health difficulties in schools. It is not designed to replace the services from Primary Care Psychology or CAMHS (DE, 2023).

2.3.3.4 Friends for Life. Friends for Life (Friends Resilience, 2019) is a Cognitive Behavioural Therapy Programme (CBT) that aims to build resiliency and promote positive mental health. NEPS psychologists can provide professional development to schools on how to deliver and implement the programme. Currently, the training is optional, and schools need to opt in to receive it. Results from studies about the programme have been positive, showing that the programme is effective at reducing anxiety for children (Rodgers & Dunsmuir, 2015; Ruttledge et al., 2016).

2.3.3.5 The Role of the National Educational Psychological Service (NEPS). The National Educational Psychological Service (NEPS) is an Educational Psychology service that is provided to primary, post primary and special educational schools by the Department of Education. This service supports children with a diverse range of needs from learning, social and emotional and behavioural. The school principal can refer a child to their schools NEPS psychologist. The NEPS model of service is a consultative model of delivery that aims to support teachers to support the children on a Continuum of Support (DES, 2007). This consultative model of delivery does not lend itself to supporting children in a direct way for an extended

period due to constraints such as time, lack of government policy, insufficient training, and in school factors (Hoyne & Cunningham, 2019).

2.4 Perspectives of Individualised Therapeutic Support in Schools

2.4.1 School Staff Perceptions

It is widely accepted that therapeutic support in schools is mainly regarded as having a positive contribution to the overall wellbeing of children (Daniunaite et al., 2015; Finning et al., 2022; Lee et al., 2009; Rees et al., 2011). Growing evidence shows that teachers feel ill-equipped to deal with the mental health difficulties that are presenting in school aged children (Goodwin et al., 2021; Maclean & Law, 2022; O'Brien et al., 2024; O'Brien & Lynch, 2020). A recent study in Ireland demonstrated there was a demand for therapeutic support in primary schools, with principals praising the work of the therapists that were working in the schools (Dooley Judge, 2017). Teachers feel therapeutic support has a positive impact on children's mental health and emotional well-being (Hamilton-Roberts, 2012; Powers & Boes, 2013; Vilbas & King-Sears, 2021). Teachers report that school counsellors are the "experts" in the school in matters affecting emotional wellbeing and mental health (Karataş & Kaya, 2015, p. 178). It was found that teachers appreciate the unique contribution that a qualified counsellor can bring to support the children and acknowledge that this role is different to the teacher (Hamilton-Roberts, 2012). The counsellor engaging in direct and indirect work with the children and work on a whole class level was found to be beneficial by teachers, providing curriculum support and preventative work (Bickmore & Curry, 2013; Vilbas & King-Sears, 2021).

A study by the Targeted Mental Health in Schools (TaMHS) project highlighted that when teachers felt the child had a mental health difficulty, teachers felt ill-equipped and that the child needed a specialist to support them (Department for Children, 2008). However, when

teachers understood the problem in terms of supporting wellbeing, they felt empowered. This study found that using pathologising language e.g., depression or anxiety, disempowered teachers.

2.5 The Role of Parents

2.5.1 Parents Role in Mental Health Support

Evidence suggests that therapeutic support works best when parents are involved in the process (Dowell & Ogles, 2010). Parents being involved directly and indirectly with the process can improve outcomes for children with mental health difficulties (Haine-Schlagel & Walsh, 2015; Lebowitz et al., 2020).

Bioecological Systems Theory (Bronfenbrenner & Morris, 2006) can help to explain the positive impact that parents have as part of this process. Parents are part of the child's microsystem and therefore have influence over many aspects of the child's life (Bronfenbrenner & Morris, 1998). The child's microsystem has an important role to play in terms of maintaining factors of the child's difficulty (Carr, 2015).

The "supportive alliance" (Feinstein et al., 2009, p. 321) refers to the alliance between all the systems around the child, the educational, family and clinical systems. Strong secondary relationships between "parent-therapist, therapist-teacher, parent-teacher" (Feinstein et al., 2009, p.321) are thought to further enhance the outcomes of therapeutic support. This shows the importance of the collaboration between these systems and the importance of parents in each of these relationships.

Environmental factors are an important factor in children's mental health. Parent-only interventions that can support with changing the child's environment have proven to be as effective as CBT with the child in treating childhood anxiety (Lebowitz et al., 2020).

Furthermore, having a secure attachment with a parent is a protective factor for children (Bowlby, 1979).

Parents' feelings and expectations about therapy can influence the outcome of process. Parents who see the value of therapy and have high expectations of the process leads to children having better outcomes and are more likely to continue to attend than those parents who do not (Nock & Kazdin, 2001).

2.6 Summary of Context and Rationale

It is clear in the current context that there is a need for more mental health services for children. The prevalence of mental health difficulties in children are increasing (DCEDIY, 2023). The extensive waiting lists to receive support means that children are not receiving the support they need, when they need it (Mental Health Commission, 2023; Ombudsman for Children, 2023). Being able to provide in-school therapeutic support is thought to be a favourable option as it can respond to students needs quickly, in a less stigmatising, more accessible way (Atkinson & Kenneally, 2021; Department of Education, 2023; Houses of the Oireachtas, 2023).

Therapeutic support is taking place across primary schools in Ireland through the pilot counselling programme and through schools sourcing it independently (DoE, 2023; Dooley Judge, 2017). Previous research and government policy have established that the need for, and benefit of school-based therapeutic service is pertinent to young people (Department of Education, 2023; Dooley Judge, 2017; Finning et al., 2022; Gomez, 2022; Government of Ireland, 2020; Houses of the Oireachtas, 2023; Lee et al., 2009). Hanley et al. (2017) believe that the question in terms of school-based counselling has shifted from "what is being done already?" and "should we do it?" to "how can we do it better?" (p. 363). By consulting with parents, an

important group of stakeholders in this process, this research aims to contribute an answer to the question of "how can we do it better?" There is little research around the viewpoints of parents and carers' (Hanley et al. 2017 p. 358) and these views need to be investigated more fully.

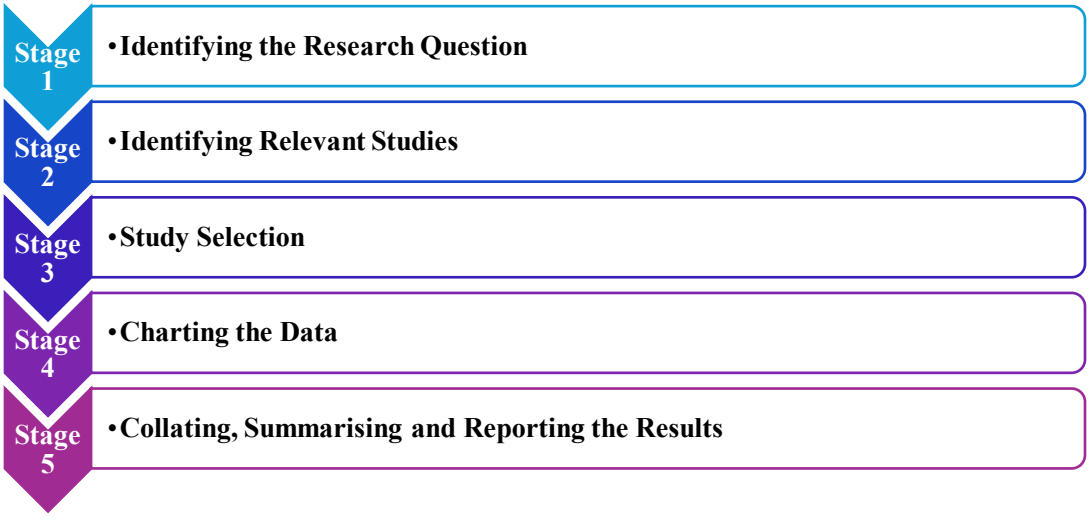
2.7 Scoping Review

A scoping review was conducted to examine the extant literature on parents' perspectives on therapeutic support in primary schools. The aim of the review was to map existing literature and identify research gaps in this area. The scoping review was conducted to capture all relevant literature, including grey literature, due to the limited research in this area.

Arksey and O'Malley (2005) illustrate the stages of a scoping review. Peters et al. (2015) further advanced this work. This review is based on the five stages framework, with the optional sixth stage of "consultation exercise" not used. To ensure that a systematic approach was followed and that all elements of the scoping review were reported, the researcher followed the Preferred Reporting Items for Systematic Reviews and Meta Analyses extension for Scoping Reviews (PRISMA-ScR) (Tricco et al., 2018).

Figure 2.3

Framework for Conducting a Scoping Review



Note. Adapted from Arksey, H., & O'Malley, L. (2005). Scoping studies: towards a methodological framework. *International journal of social research methodology*, *8*(1), 19-32.

2.8 Stage 1: Identifying the Research Question.

As recommended for a scoping review, the researcher consulted with a librarian from Mary Immaculate College (MIC) to discuss possible search terms (Mak & Thomas, 2022; Arskey & O'Malley, 2005). The objective of the scoping review was to find extant literature relevant to the research question, namely parents' perspectives of therapeutic support in primary schools, and subsequently identify gaps in the literature in this area. Preliminary searches focused on "primary schools" yielding limited research, prompting a broader search across all "school" types.

The research question developed focused on the "participants, concept and context" which would also be pertinent to the inclusion criteria that emerged at a later stage (Peters et al., 2015). The term "therapeutic support" is broad and can mean many different things. Therefore, preliminary searches using this term returned an excessive number of irrelevant results. This

guided the researcher to explain this term more fully in the search terms. The scoping review question was as follows:

Review Question: What are Parents' Perspectives of Therapeutic Support in Schools?

2.9 Stage 2: Identifying Relevant Studies

A scoping review uses a range of different sources to identify relevant studies. These should include "electronic databases, reference lists; hand-searching key journals; existing networks, relevant organizations and conferences" (Arksey & O'Malley, 2005, p.23).

2.9.1 Search Strategy

This consisted of two steps. A database search and a search of other sources.

2.9.1.1 Step 1. In August 2024, a database search was conducted using the EBSCO host database. The databases used were: Academic Search Complete, British Education Index, ERIC, APA PsycArticles, APA PsycInfo. These databases were chosen as they are the most relevant databases for education and psychology. The advanced search option was selected, and the search terms used for the first search were: Therap* OR school counsel* OR school health services OR Mental Health OR school based counsel* OR play therap* OR psychotherap* OR psycholog* AND Parent* AND (attitude* OR view OR perspect* OR perception* OR opinion). These were limited by the date from 2004, English language only. This date was applied for several reasons. Firstly, this was when the Children's Act (2004) took effect in the UK, seeing a rise in the amount of counselling support in primary schools, as all professionals working with children had the responsibility to work together to promote the wellbeing of the child (Carey et al., 2017). Secondly, many countries have had counselling in schools for much longer than in Ireland. This date of 2004 would capture any research that may have been done in the last 20 years in other countries, including the UK. These limits were applied, and duplicates removed

(n=84). 352 articles were identified and screened by title and abstract for relevance. Following this, 322 articles were removed, and the 27 remaining articles were examined using the inclusion and exclusion criteria in Table 2.1 below. 21 articles were excluded for specific reasons (see Appendix B). This left six articles to be included.

Table 2.1

Inclusion and Exclusion Criteria for Article

	Criteria	Inclusion Criteria	Exclusion Criteria	Rationale
Participants	**1.Participants**	Parents views may be included as only part of the study	Participants who did not have direct responsibility of care for the child.	To focus on the perspectives of parents
	2. Participant Demographic	Primary school, secondary school	College and university, preschool	To focus on school aged children and not young adults. Primary school was too narrow a focus.
Concept	**3. Therapeutic support in schools**	One to one/ individualised therapeutic support in school. Including, counselling, psychotherapy, play therapy. Part of an evaluation of national strategy.	Group/ whole school interventions/ online interventions/ evaluation of support in response to COVID pandemic.	To examine the literature of general one to one therapeutic support not specific of niche circumstances
	4. Type/ design of study	Empirical Studies with various designs (qualitative,	Non-empirical studies (e.g., opinion pieces,	To capture a comprehensive and diverse range of

		quantitative, mixed methods)	theoretical papers)	evidence from various methodologies to ensure measurable outcomes and subjective experiences are considered.
Context	**5. Location and Language**	OECD countries or studies that included international schools Written in English	Non-OECD countries In any other language other than English	To be relevant to the context of the review question is it important that socioeconomic systems are broadly similar, or it would not be reflective of our system in Ireland. International schools have a variety of cultures in them. No translation method available
	6. Publication Type	All literature in the area, including grey literature, books, chapters, thesis, conference notes	Any source that does not have the full text available	To establish all literature in this area and have a full picture of the study.

2.9.1.2 Step 2. Step 2 involved an examination of the reference lists of included articles, handsearching of key journals and a search for relevant articles published by organisations in the field.

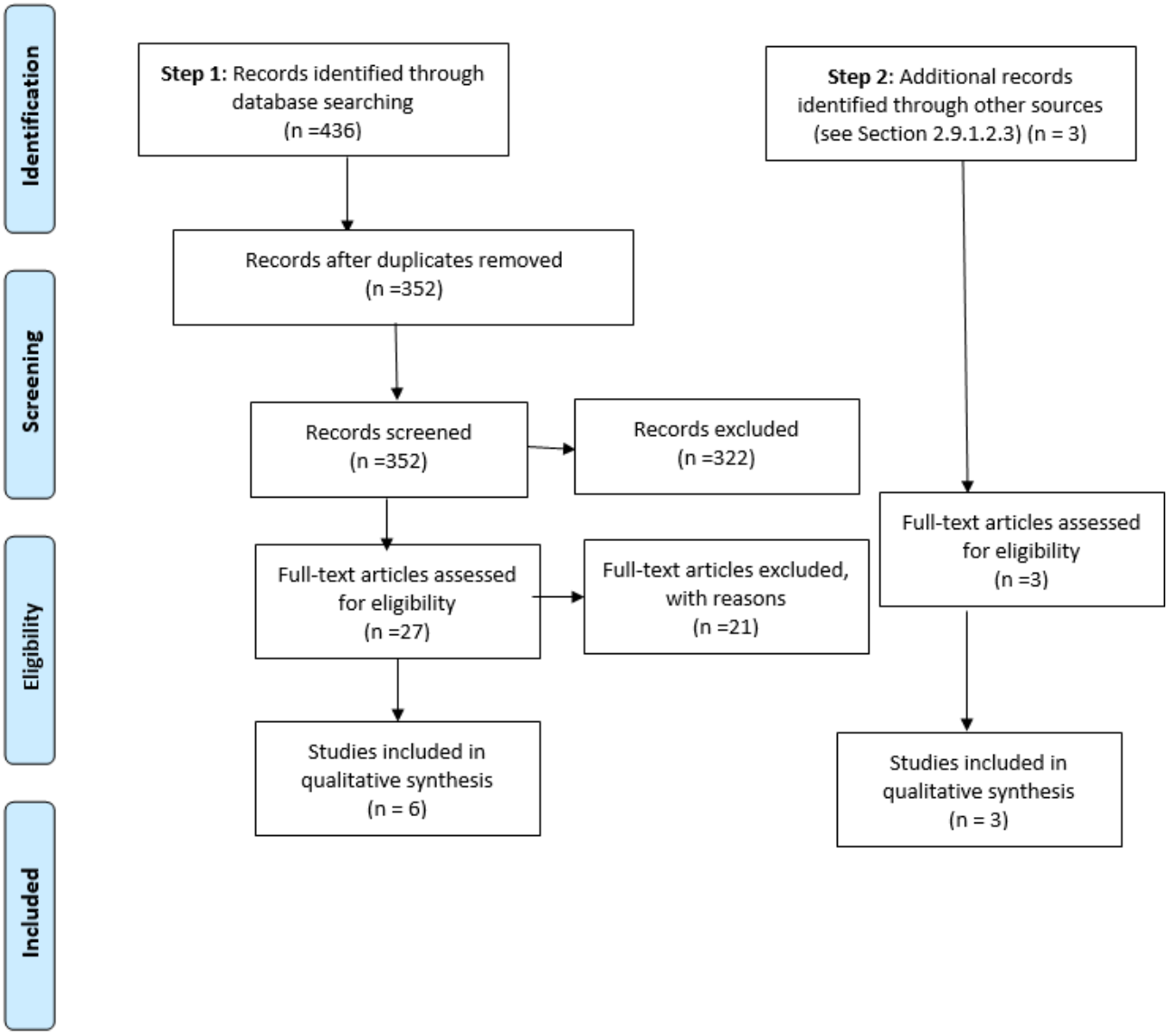
2.9.1.2.1 Reference Lists. The reference lists from the nine identified articles were examined for articles that may be pertinent for the scoping review. No articles were identified as suitable for further review.

2.9.1.2.2 Hand-searching of Key Journals. From the initial searches, key journals were identified as important in this area. The researcher searched the Journal Counselling and Psychotherapy Research using the MIC Library Online Database. The researcher chose this journal from examining references of suitable articles and identifying this journal contained the most relevant literature. The researcher searched the journal by using the key words "school" and "parents" independently of each other. The word "school" returned 94 results that were examined by title and abstract. The word "parent" returned 41 results that were examined by title and abstract. No studies were deemed suitable for inclusion in the scoping review.

2.9.1.2.3 Existing Networks, Relevant Organisations and Conferences. The researcher contacted relevant organisations including Place 2 Be, British Association of Counselling and Psychotherapy and Play Therapy UK. Two articles were identified. The researcher searched manually on the following websites: Place to Be, and Google Scholar. One article was found from this search. This gave three articles identified from additional sources. These were assessed for eligibility and included in the review. Figure 2.4 shows the flow diagram of the database search strategy (Step 1) and other sources search (Step 2). Step 1 found (n=6) articles and step 2 found (n=3) articles. In total (n=9) articles were identified for data extraction.

Figure 2.4

Prisma Flow Diagram: Database Search and Other Sources



2.10 Stage 3: Study Selection

The studies were selected by the researcher using the inclusion and exclusion criteria described in Table 2.1. Literature that was deemed to fit the criteria by the researcher remained to be further analysed for data extraction. The references of the studies that were used to chart the data are in Table 2.2 below.

Table 2.2

References of Literature used for Scoping Review

Demetriou, L. & Kalouri, O., (2019). Parental Effectiveness and School Counselling in Elementary Education. *European Journal of Teaching and Education*, 2669-0667.
Department of Education & Department of Finance (2023). *Post Project Evaluation of Healthy Happy Minds Counselling and Therapeutic Pilot for Primary Age Pupils*. Business Consultancy Services.
Emde, R. J. (2015). *Parents' Perceptions of and Experiences with School Counselors* (Doctoral dissertation, Walden University).
Gillilan, D. C. (2006). Parental Perceptions of Elementary School Counselors in a Suburban Atlanta School. *Georgia School Counselors Association Journal*, *13*, 41-53.
Harrison, M. G., Cheung, J. K. F., Tam, C. K. Y., Cheng, A. S., & Yeung, S. S. S. (2024a). "If they talk to the counsellor, at least I know they have some way out": parents' perceptions of school counselling in Hong Kong. *Pastoral Care in Education*, *42*(2), 146-165.
Harrison, M. G., Wang, Y., Yeung, S. S., & King, R. B. (2024b). Chinese and non-Chinese parents' perceptions of school counselling in Hong Kong: a mixed-methods cross-cultural comparison. *British Journal of Guidance & Counselling*, 1-17.
Hughes, S. D. (2008). Parental expectations of secondary school counselors. (Doctoral dissertation, Virginia Polytechnic Institute and State University)

Longhurst, P., Sumner, A. L., Smith, S., Eilenberg, J., Duncan, C., & Cooper, M. (2022). "They need somebody to talk to": Parents' and carers' perceptions of school-based humanistic counselling. *Counselling and Psychotherapy Research*, *22*(3), 667-677.
van Vulpen, K. S., Habegar, A., & Simmons, T. (2018). Rural school-based mental health services: Parent perceptions of needs and barriers. *Children & Schools*, *40*(2), 104-111.

2.11 Stage 4: Charting the data

A data-charting form was developed by the researcher in line with the suggested information for data extraction (Arksey & O'Malley, 2005; Peters et al., 2015). This included the:

> Author, year of publication, source origin/ country of origin; aims/ purpose, study population and sample size, methodology, intervention type and comparator (if applicable); concept; duration of the intervention (if applicable); how outcomes are measured and key findings that relate to the review question." (Peters et al., 2015, p.145)

As anticipated, not all this data was available for every article included (Arksey & O'Malley, 2005). This is due to the nature of a scoping review which uses a broad range of literature. The charts containing the data extracted can be found in Appendix C and are summarised below.

2.12 Stage 5: Collating, Summarizing and Reporting the Results

The literature that was included in the scoping review was summarised by year of publication, source origin/ country of origin and type of report.

2.12.1 Year of Publication

The scoping review aimed to examine literature from the last twenty years. The date of the articles ranged from 2006 to 2024, with six studies conducted in the last seven years.

2.12.2 Source Origin/ Country of Origin

The countries the literature was published in were as follows: Cyprus (n=1), North America (n=4) China (n=2), Northern Ireland (n=1) and the UK (n=1). The setting that parents of the studies were primary school (n=3), secondary school (n=3) and a mixture of primary and secondary (n=3).

2.12.3 Record Type

This scoping review included literature from a range of different sources. This included academic journals (Demetriou & Kalouri, 2019; Gillilan, 2006; Harrison et al., 2024a; Harrison et al., 2024b; Longhurst et al., 2022; van Vulpen et al., 2018), thesis dissertations (Emde, 2015; Hughes, 2008) and a government report (Department of Education & Department of Finance [DEDF], 2023).

2.12.4 Critical Analysis of the Literature

As this was a scoping review, the type of literature that was used varied in methodological design quality. The literature could not be compared using a general critical appraisal tool due to the variation of literature used.

2.12.5 Key Review Findings

To examine what the key review findings were from the literature on parents' perspectives of therapeutic support in schools, the researcher employed a thematic approach. Using NVivo software (QSR International, 2022) the researcher conducted line by line coding on literature that was relevant to answering the review question (Thomas & Harden, 2008). For the government evaluation (DEDF, 2023), only the section on parents' views was coded. For the two dissertations (Emde, 2015; Hughes, 2008) and six empirical papers (Demetriou & Kalouri, 2019; Gillilan, 2006; Harrison et al., 2024a; Harrison et al., 2024b; Longhurst et al., 2022; van Vulpen et al., 2018) the results section was coded and the discussion section where relevant, if it avoided

repetition, or if the information was relevant to the review question (Thomas & Harden, 2008). The codes were subsequently examined for similarity and clustered into themes and subthemes relevant to the review question. Six main themes were identified in the literature with subsequent subthemes. The six themes identified were: i) value of the service, ii) role of the school, iii) impact of the service, iv) communication, v) role of parents, and vi) role of counsellor (see Figure 2.5)

Figure 2.5

Scoping Review Themes and Subthemes

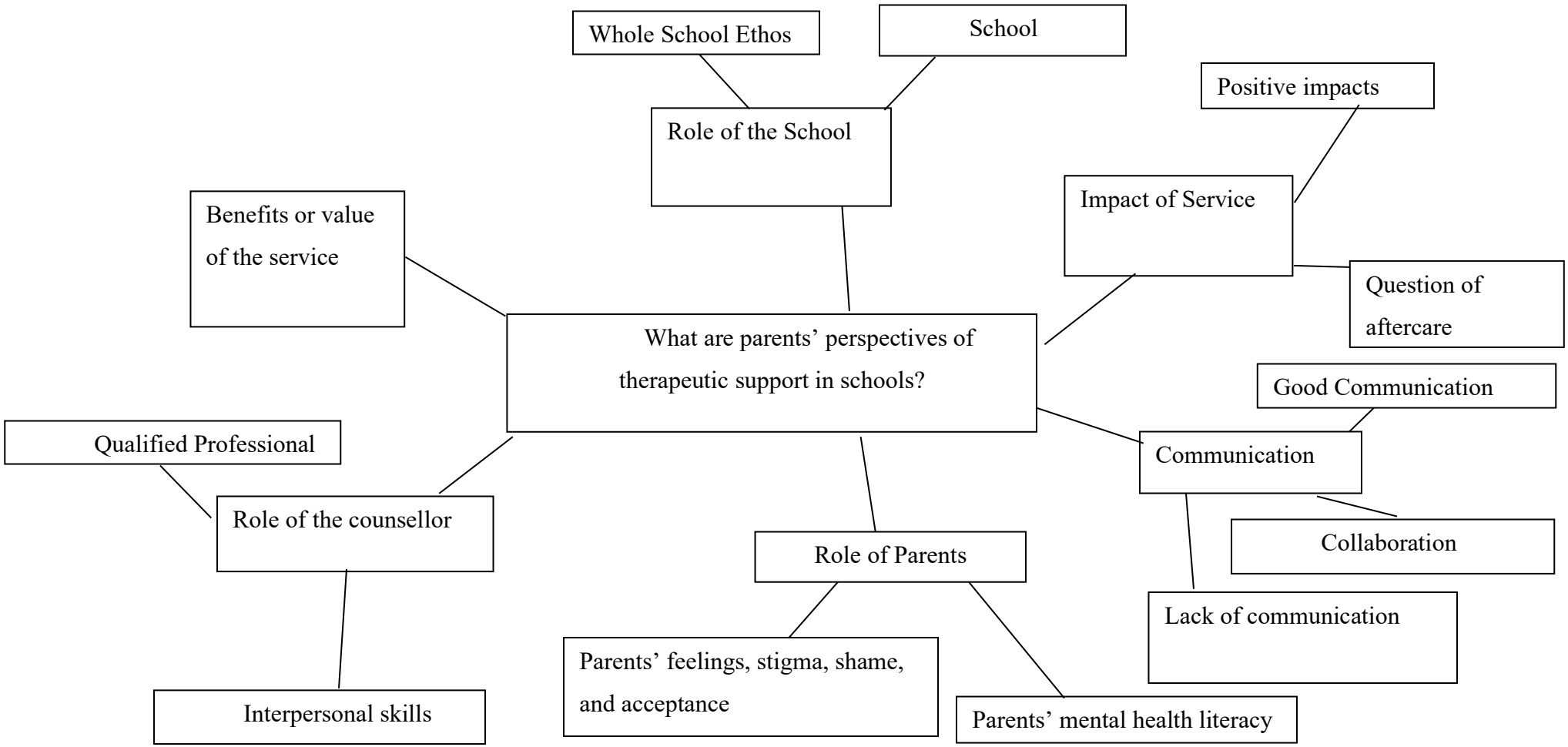


Table 2.3

Overview of Parents' Perspectives of Therapeutic Support in Schools

Theme	Subtheme	Parents' Perspectives	Source
Benefits or Value of Service		• Value on potential help and expectations the counsellors could provide in various areas such as relationships and new environments, transitional planning, referrals, individual counselling, resources, confidence. • Greater value in help provided in the personal/ social development domain, emotional or behavioural issues. • Parents interested in learning from the counsellor how to deal with issues their children have. • Importance of the school counsellor in early intervention. • Value in the shared responsibility of the burden of the children's problems. • Parents agreed that the counsellor is a valuable resource • Grateful school offers service • Having the service in school gives confidence that the child will be helped. • Emotional needs need to be catered for to progress. • Glad children will talk to someone and have someone to talk to that will listen and encourage them. • Helpful, as little other support is out there • Unbiased safe space for children, confidential and trusting relationship. • Would encourage children to talk to counsellor. • Parents can identify that children have mental health challenges. • Increased happiness is biggest outcome cited. • Beneficial for all children.	Demetriou & Kalouri, (2019); Department of Education and Department of Finance, (2023) Emde (2015); Gillilan (2006), Harrison et al., (2024a) Harrison et al. (2024b) Hughes (2008) Longhurst et al. (2022) van Vulpen (2018)

Role of School	School Environment	• More accessible in school environment, ongoing support, familiar, clear structure. • Interpersonal environment, welcoming, and safe environment. • Open door policy. • Children feel comfortable approaching, feel valued and increased school connection. • Concerns about confidentiality within school. • Parents want to be informed by school. • Parents glad it is in school environment, fits around daily routine. • Child upset going back to class. • Waiting times for other services, this filling an unmet need. • Parents not concerned about missing class; children worried about catching up classwork. • Chance to speak to someone in an environment that is familiar for the child. • Non-judgemental environment • Confidential environment. • Relaxed environment.	Demetriou & Kalouri, (2019); Department of Education and Department of Finance, (2023) Emde (2015); Harrison et al. (2024a); Longhurst et al. (2022)
	Whole school Ethos	• Embedded in the school. • More successful with collaboration of all professionals. • Partnership with school counsellor. • School had impact of whole school ethos. If counsellor was promoted, known about. • Whole school approach impacted on stigma or normalisation of service. • Lack of structure or clarity about service, little information given, school not responding in a timely manner, schools did not engage in practices that made counselling worthwhile.	Demetriou & Kalouri, (2019); Department of Education and Department of Finance, (2023) Emde (2015); Gillilan, (2006); Harrison at al. (2024a); Harrison et al. (2024b); Hughes (2008); Longhurst et al., (2022) van Vulpen (2018)

		• Parents worried about schools' response to request for help. • Letting children leave class to access support, little things in place to make it easier. • Parents feel schools should have a responsibility for mental health e.g. screening, monitoring. • More normalised, then less stigma	
Impact of Service	Positive Impact	• Positive impact in several areas of children's wellbeing as well as supporting parents on how to deal with issues. • Academics, social and personal, college preparedness. • School connectedness. • Relationship with counsellor and child had lasting impact for the child. • Children encouraged, parents empowered, more aware of children's thoughts. • Powerful relationship. • Children encourage other children to seek help after a good experience. • Advice to parents, parents became aware of need for support and sought their own support. Wider impact on family. • Increased confidence and happiness. • Needed further support after and parent sought that support for children. • Gained confidence and made progress, more settled, less anxious.	Demetriou & Kalouri, (2019); Department of Education and Department of Finance, (2023) Emde (2015); Harrison (2024a) Hughes (2008); Longhurst et al. 2022)
	Question of Aftercare	• Therapists should be able to make referrals to other services if child is in crisis • Negative outcomes due to service provided being too short and only starting to deal with issues. • Parents felt it was a good service and should be longer.	Hughes (2008), Longhurst (2022)

		• Concerns over what happens next. Who will support child? E.g. college. • Parents felt there were an inadequate number of sessions for support that was required. Concerned about discontinuation and structure of support.	
Communication	Good Communication	• Valued flexibility, proactivity, communication skills, face to face information meetings being kept informed and knowing who to contact. • Pre and post communication brilliant.	Department of Education and Department of Finance, (2023) Harrison et al. (2024a); Hughes (2008); Longhurst et al. (2022) van Vulpen (2018)
	Collaboration	• More successful if collaboration between everyone involved. • Collaboration can help improve parenting practices. • Parents given information to support. • Parents want counsellor to know they are involved. • Parents encourage the process by encouraging child to speak with counsellor. • Counsellors listening to parents, returning phone calls. • Successful when parents are available. • Parents mindset on counselling changed due to good relationship with counsellor. • Shared values. • Information to help child at home.	Department of Education and Department of Finance, (2023) Demetriou & Kalouri, (2019); Emde (2015) Harrison et al. (2024a) Hughes (2008)
	Lack of Communication	• School failing to provide a lack of clear information about process and roles. • Not aware of service in school, role of counsellor, no introduction to service, no information from school, no follow up. • Counsellors unresponsive to requests from parents.	Harrison et al. (2024a); Harrison et al. (2024b); Longhurst et al. (2022)

		• Limited communication from children, don't want to talk about it.	
Role of Parents	Parents feelings, shame, stigma acceptance	• Parents felt judged, blamed for children's behaviour. • Cultural stigma • Non-chinese parents more positive towards counselling than Chinese. • Unfavourable perception of counselling and sharing private problems in Asian families. • Parents respected the need for the child's privacy and would not expect counsellors to break that trust. • Accept the process and want what's best for the child.	Emde (2015); Harrison et al. (2024a); Harrison et al. (2024b); Hughes (2008), Longhurst et al., (2022) van Vulpen (2018)
	Parents' mental health literacy	• Parents motivated by the needs of the child. • Parents understand the value of child seeing counsellor. • Counselling a shared mutual decision that parents talk to child about. • Parents no expectations, lack of awareness around mental health issues. • Unsure who to go to with problems.	Hughes (2008); Longhurst et al (2022); van Vulpen (2018).
Role of counsellor	Interpersonal Skills	• Encouraging, knowing child, attentive, available, easily approachable, informed, professional, diligent in work, could trust, shared values, cared about children, good therapeutic rapport, and really cared.	Department of Education and Department of Finance, (2023) Emde (2015); Harrison et al. (2024a); Hughes (2008); Longhurst et al. (2022)
	Qualified Professional	• Must be conducted by a qualified professional, not the teacher. • Professional, respectful, informed counsellor, well prepared, collaborative, provided information and advice, specific skills, advocate for child.	Department of Education and Department of Finance, (2023) Demetriou & Kalouri, (2019); Emde (2015);

	• Inexperienced counsellors, uninformed, ill-prepared, no collaboration.	Harrison et al., (2024a); Hughes (2008)

2.12.6 Theme 1: Benefits or Value of the Therapeutic Support

All nine papers referred to the benefits or value of the therapeutic support. Several benefits described were the potential value of the support that a school counsellor could provide in various areas of their child's life, especially those of a personal and social nature and the important role of early intervention (DEDF, 2023; Demetriou & Kalouri, 2019; Emde, 2015; Gillilan, 2006; Harrison et al., 2024a; Harrison et al., 2024b; Hughes, 2008; Longhurst et al., 2022; van Vulpen et al., 2018).

The supportive role that a counsellor can have in terms of supporting parents as well as children was outlined by parents. The counsellor could support the parents with strategies that in turn would help support their children better (DEDF, 2023; Demetriou & Kalouri, 2019). Parents recognised the support that a counsellor provided parents with, in terms of having someone to talk to that they would have someone to share their concerns of their child's difficulties and someone who could help (Emde, 2015).

The space to talk and feel listened to was also highlighted by parents as being important for their children. Parents appreciated that there was a service within school that would give children the chance to talk in a confidential space by an outside person who would listen without judgement and with whom the child could trust (Harrison et al., 2024b; Longhurst et al., 2022). Parents reported that their feelings towards the counsellor influences them in encouraging their children to work with the counsellor. Parents felt that counsellors were important to their child's success and therefore parents were motivated to work with counsellors (Hughes, 2008).

The value of having a counsellor in school was recognised in numerous studies. One study reported that 50% of parents strongly agreed and 39% agreed that counsellors in

elementary or primary schools were a valuable resource to support with a wide variety of mental health difficulties (Emde, 2015). Parents could see the value of schools being involved in the process of addressing mental health difficulties with 78% strongly agreed or agreed schools should be involved in addressing mental health challenges (van Vulpen et al., 2018).

Parents reported that their children benefited from the school counselling service and acknowledged the good work that the counsellors do with supporting children's emotional difficulties and improving children's confidence (DEDF, 2023; Harrison et al., 2024b).

2.12.7 Theme 2: Role of the School

This theme was separated into two subthemes i) school environment ii) whole school ethos.

2.12.7.1 School Environment. Five of the studies from the scoping review mentioned the school environment as part of parents' perspectives (DEDF, 2023; Demetriou & Kalouri, 2019; Emde, 2015; Harrison et al., 2024a; Longhurst et al., 2022). The perspectives encompassed a range of views that included positive aspects of the school environment to more negative aspects.

Different aspects of the support being provided in the school environment were highlighted by parents. The ease of accessibility of the support being provided in schools was highlighted by parents as a positive meaning it is much easier to access (Demetriou & Kalouri, 2019) and more acceptable and normalising for children to seek help (Harrison et al., 2024a; Longhurst et al., 2022).

Overall, parents were glad the service was in the school as it was meeting needs that were not being addressed by other services because of the lack of services such as CAMHS and the

waiting lists (Longhurst et al., 2022). The environment itself was discussed by parents as providing a safe, welcoming and nurturing space that the child could access at any time, if they were struggling. This availability of a familiar, relaxed space was important for parents, and they felt that their children were more connected to the school and more valued because of the school counsellor (DEDF, 2023; Demetriou & Kalouri, 2019; Emde, 2015).

The school's environment was also a concern for parents. Some parents were concerned about the confidentiality aspect of the counsellor being in school. There was a concern that problems would be talked about among staff. Chinese parents explained that in Chinese culture, it feels uncomfortable explaining private things to a stranger within the school (Harrison et al., 2024a). Longhurst et al. (2022) found that while parents were not concerned about their child missing classes to access the service, some children were anxious about having to catch up on missed work. Parents also reported they were concerned about their child returning to class immediately after a session as they may be upset afterwards (Longhurst, 2022).

2.12.7.2 Whole School Ethos. This theme refers to the information given by parents that referred to the whole school ethos as being either what could be described as a facilitator or a barrier to therapeutic support in schools. Parents consider the ethos of the school as being fundamental to the success of the therapeutic support. All the studies described some feature of the school ethos as an important part of process (DEDF, 2023; Demetriou & Kalouri, 2019; Emde, 2015; Gillilan, 2006; Harrison et al., 2024a; Harrison et al., 2024b; Hughes, 2008; Longhurst et al., 2022; van Vulpen et al., 2018).

This included, providing parents with clear information about the school counselling service and ensuring that parents are aware that that this type of support is available and that parents have knowledge that support is there if children need it (Demetriou & Kalouri, 2019).

How the school approached the support was felt to have an impact on its success and parents' overall perspectives of its success. If it was promoted within the school, and parents were informed with clarity around the process, it was perceived as being a helpful aspect to the service. If children were released from class to visit the counsellor and an ethos of wellbeing was embedded throughout the school, then this was commented on and appreciated by parents (Emde, 2015; Harrison et al, 2024a).

School ethos was also identified as being a barrier to successful therapeutic support. Confusion around the role of the school counsellor within the school and for parents was identified as a barrier to the process (Emde, 2015; Harrison et al, 2024a, Harrison et al 2024b; Gillilan, 2006). Parents felt that a lack of promotion or insufficient information about the service had a negative effect on therapeutic support in schools (Gillilan, 2006, Harrison et al, 2024a) Parents in some schools were unclear about the role of the school counsellor or the type of qualifications that they had (Gillilan, 2006; Harrison et al., 2024b).

Parents felt there was a need for more clarity and promotion of the service and that schools have a responsibility for addressing mental health issues at a whole school level of screening, monitoring, curriculum support and parental programs (Hughes, 2008; van Vulpen et al., 2018) If this service was available in schools, it was felt that it would be more normalised (DEDF, 2023).

The overall wellbeing practices within the school were highlighted as being either a barrier or facilitator to the process of therapeutic support. Parents felt that the therapeutic support in schools needed to be enhanced by the school through their overall ethos and approach to wellbeing within the school (Emde, 2015; Harrison et al., 2024a). If the school ethos was not

conducive to wellbeing, then parents felt that the therapeutic support alone would not make a difference (Emde, 2015; Harrison et al., 2024a).

2.12.8 Theme 3: Impact of Service

This theme had two subthemes, i) positive impacts and ii) question of aftercare.

2.12.8.1 Subtheme: Positive Impacts.

This theme was identified from five of the studies in the scoping review which discussed the positive impact that parents felt the therapeutic support had (DEDF, 2023; Demetriou & Kalouri, 2019; Emde, 2015; Harrison, 2024a; Hughes, 2008; Longhurst et al. 2022).

In the study by Demetriou & Kalouri (2019), the majority of parents thought that the counsellor was a valuable resource and could have a positive impact on the child's relationships with the people in their life but also that it would be a valuable resource in supporting the parents on how to deal with the child's issues and to resolve family problems.

Parents from the Emde study (2015, p.88) felt that the counsellor "benefited their children in three ways: academics, social/ emotional and college preparedness." The parents in this study talked about the lasting impact that the positive relationship with the school counsellor had on their children. This relationship was also deemed to be beneficial to the parents. They felt that they were supported in dealing with issues and that they learned a lot from the counsellor about how to deal with their children more effectively (Harrison et al., 2024a).

Parents had expectations that a school counsellor would provide support with solving problems, developing personal relationships, give information and guidance to support transition and deal with behaviour problems (Hughes, 2008). Parents were motivated to engage with the

counsellor to ensure success for their child, unless their previous experience with school counsellors had been negative (Hughes, 2008).

Parents discussed expectations of the impact for the child as well as the actual impact that they had noticed in their child. In the study by Longhurst et al. (2022, p.670), parents and carers "mentioned improved relationships and confidence as outcomes they hoped for, including academic performance." They stated positive impacts on their child such as improved wellbeing, happiness and improved confidence "which was evidenced by them becoming more open and independent, and dressing and behaving differently" (Longhurst et al., 2022, p. 671). They also reported more confidence, more progress, more settled and less anxiety (Longhurst et al., 2022). However, some parents reported that the support had little impact on their child or their behaviour, or else they felt it was too early to judge the impact. (Longhurst et al., 2022) Some parents reported that the impact of the service waned over time and did not have a lasting improvement. Some parents related negative impacts from the counselling in the immediate time afterwards, where children were upset when they came home (Longhurst et al., 2022).

The initial support that was received in school also encouraged parents to actively seek longer-term support for their children as it helped them develop an understanding of their children's needs and they could see this as something that their child needed long-term (Longhurst et al., 2022). It was not just for their children that the parents pursued support for as the process had helped parents to realise the value of the therapy and some parents actively sought out counselling support for themselves (Longhurst et al., 2022).

2.12.8.2 Subtheme: Question of Aftercare. This theme was developed from two studies in the literature referring to the need for continued support, or more support than just the sessions provided within this therapeutic service (Hughes, 2008; Longhurst et al., 2022). One

concern was the lack of referral pathways for a child if they needed crisis support (Hughes, 2008).

In the study by Longhurst et al. (2022), parents commented on the duration of the support being an issue. Parents felt that the duration of support was not long enough, with some emphasising that the short duration only served to have a negative impact, as it only started to get to the main issues and then it was over. There were also concerns over the discontinuation and that the duration of the support did not align with the needs (Longhurst et al., 2022). This raised the question for parents as to where the children will get future support from and where do they go next.

2.12.9 Theme 4: Communication

There were three subthemes in this theme: i) good communication ii) collaboration and iii) lack of communication.

2.12.9.1 Subtheme: Good Communication. This theme was developed from four of the studies in the scoping review where parents were discussing good communication as part of the school counselling process (DEDF, 2023; Harrison et al., 2024a; Hughes; 2008; Longhurst et al. 2022; van Vulpen, 2018).

Parents mentioned the positive impact that good communication had, that it was valued by parents and considered a crucial part of the process (Harrison et al., 2024a; Hughes, 2008). Having good communication such as pre and post therapeutic support, in- person meetings, and knowing who to contact if there was an issue were identified as important (DEDF, 2023; Longhurst et al., 2022; van Vulpen et al., 2018).

2.12.9.2 Subtheme: Collaboration. Five of the studies mentioned collaboration as part of the process of counselling in schools (DEDF, 2023) Demetriou & Kalouri, 2019; Emde, 2015; Harrison et al., 2024a, Hughes, 2008). Parents in the study by Demetriou & Kalouri, (2019, p.104) believed that "school counselling interventions will be more successful provided there is a good collaboration between the school, the parents, the pupil and the counsellor." This in turn would help support parents with effective strategies on how to manage their children's issues. This was also highlighted by the DEDF study (2023) where parents commented on the information that the counsellor gave them to support their child at home as being useful. Shared values were also perceived as important (Hughes, 2008).

The parents in the Emde (2015) study found that with good collaboration, it meant that everyone could work together. The parent being involved in supporting and discussing things with the school counsellor for the success of the child. It was also reported that the counsellor appreciated that the parent was always available, this shows that collaboration is a shared responsibility.

In the study by Harrison et al., (2024a, p.158), parents felt that by establishing a relationship with the counsellor, it enhanced their openness to the counselling process and it was more effective if a good relationship existed. Parents felt that the counselling support was most effective when the service was "joined up" and when other members of staff at the school understood and supported the counselling. Some parents raised concerns about developing this relationship and asking for help for their child. Parents were worried about the way that they would be perceived by the school (Harrison et al., 2024a).

2.12.9.3 Subtheme: Lack of Communication.

This theme emerged from the literature as parents in three studies cited lack of communication as an issue (Harrison et al. 2024a; Harrison et al., 2024b; Longhurst et al., 2022).

Lack of information provided by the school was an issue. Parents did not know much about the service, nor had they been introduced to the school counsellor as part of the school staff. They had no opportunity to meet with the counsellor or be informed about the service that they could provide (Harrison et al., 2024b).

Parents in the study by Harrison et al., (2024a) echoed the same sentiment, of a confusion about the role of the school counsellor. While this study found that international school parents did receive some information about school counselling, "it was often not very focused and therefore unhelpful" (Harrison et al., 2024a, p.156). This suggested a lack of prioritisation of the role from the school. This theme of poor communication was also referred to by parents in the study by Longhurst et al. (2022). Parents in this study felt they had not been adequately informed about the support available. This theme extends to the lack of communication from children towards parents. Parents discussed how their child would not talk to them about issues or discuss the counselling with their parents (Longhurst et al. 2022).

2.12.10 Theme 5: Role of Parents

There were two subthemes in this theme, i) parents' feelings, stigma, shame, acceptance, and ii) parents' mental health literacy.

2.12.10.1 Subtheme: Parents' Feelings, Stigma, Shame, Acceptance.

This theme emerged from six of the studies where parents referred to their feelings about the process of their child having a school counsellor (DEDF, 2023 Emde, 2015; Harrison et al. 2024a; Harrison et

al., 2024b; Hughes, 2008; Longhurst et al., 2022). There were a range of parents' feelings described in the various studies.

One parent in the study by Emde (2015, p.97) described how she felt judged by the counsellor and felt that she was being "blamed for her daughter's misbehaviour." The study by Harrison et al. (2024b) describes how Chinese parents felt a cultural stigma about many aspects of counselling in schools. This stigma was related to asking for help, discussing personal issues with a stranger, admitting that you or your child has a mental health difficulty, and the labels that the Chinese culture would place on that. Parents described how it was frowned upon to seek this type of support in the Chinese culture and this study found that Chinese parents saw the service more negatively than non-Chinese parents (Harrison et al., 2024b). These thoughts from parents were reiterated in the study by Harrison et al. (2024a). Parents from both local and international schools did not want to be involved with counselling. Parents discussed how they felt the news their child needed to see a counsellor was hard for them to "hear and that they had failed as a parent" (Harrison et al., 2024a, p.155).

Parents understood the importance of confidentiality between the counsellor and the child and did not want to stand in the way of their child having the confidential support they needed (Harrison et al., 2024a; Longhurst et al., 2022). Parents also mentioned stigma in their feedback, commenting "there needs to be more for all children, it needs to be normalised, and the stigma decreased" (DEDF, 2023, p.80).

This was reiterated by the parents in the Longhurst et al. (2022) study. Parents understood and accepted the need for confidentiality and did not try to probe the child for any information.

2.12.10.2 Subtheme: Parents Mental Health Literacy. This theme emerged from three of the studies that were reviewed as part of this scoping review. This theme emerged from parents' descriptions of their own awareness around mental health. This could be that parents reported a good awareness of matters around mental health difficulties or that they reported little awareness around mental health (Hughes, 2008; Longhurst et al. 2022; van Vulpen, 2018).

In Hughes (2008), parents reported wanting to do the best thing for their child. They would work with a counsellor to achieve this. Parents who had more knowledge about the role of the counsellor would be more inclined to work with the counsellor and encourage their child to do so for the benefit of their child. Parents in the study by Longhurst et al. (2022) noted that they had no expectations of the counselling service at all before it began. Van Vulpen (2018, p.108) found that 61% of parents had a lack of awareness that "mental health problems even exist in children", with 87% of parents saying they would contact the child's paediatrician if there was an issue. This demonstrates that the parents are unsure where to seek help for this with this type of problem.

2.12.11 Theme 6: Role of counsellor

There were two subthemes in this theme, i) interpersonal skills and ii) qualified professional.

2.12.11.1 Subtheme: Interpersonal Skills. This theme emerged from five of the studies (DEDF, 2023; Emde 2015; Harrison et al. 2024a; Hughes 2008; Longhurst et al., 2022). Parents in these studies mentioned the type of interpersonal skills that were valued from the counsellor. Parents discussed how encouraging the counsellor was to their children and the shared values they had with the counsellor (Emde, 2015, Hughes, 2008). Parents described the counsellor as being "attentive and available" (Emde, 2015, p.97). Parents in the study by Harrison et al.

(2024a) described counsellors as proactive, flexible, trustworthy and dedicated. This trusting relationship and "good therapeutic rapport" helped the children to confide in the counsellor (Longhurst et al., 2022, p.672). Additionally, the parents reported that "I could tell she was good with children and her heart was in the job" (DEDF, 2023, p.80).

2.12.11.2 Subtheme: Qualified Professional. This theme emerged from five of the studies (DEDF, 2023; Demetriou & Kalouri, 2019; Emde, 2015; Harrison et al.,2024a; Hughes, 2008). Parents described the qualifications of the counsellor or the expertise that they did or did not have. 82% of parents felt that counselling was important but that it had to be "conducted by a qualified school counsellor" and not a teacher (Demetriou & Kalouri, 2019, p.104). Parents spoke of a professional attitude displayed by the counsellor who was an expert in many topics. (Emde, 2015 DEDF, 2023). Parents recognised counsellors as having different qualifications and specialist skills compared with teachers, however, some counsellors were reported to be "immature" and inexperienced, with parents being unsure of their qualifications, therefore not trusting them to work with their children (Harrison et al. 2024a, p.157). Parents felt that it was important for the counsellors to get to know their children personally, to be able to use their skills and knowledge to support and guide them (Hughes, 2008).

2.13 Conclusion

This review set out to find out what is known from the existing literature about parents' perspectives of therapeutic support in schools. A scoping review was conducted (Arksey & O'Malley, 2005) and nine studies were found that were suitable to include for the purposes of the review question. Following an exploration of the themes, conclusions in relation to the effectiveness, facilitators and barriers of therapeutic support were identified and discussed with reference to the Irish context.

2.13.1 Effectiveness

The review found that on the whole parents felt that therapeutic support was effective and that it was a valuable resource to have. This was in terms of the benefits for the child and for the parents (DEDF, 2023; Demetriou & Kalouri, 2019; Emde, 2015; Gillilan, 2006; Longhurst et al., 2022). It is interesting that parents discussed the value of gaining knowledge for themselves from the counsellor (Demetriou & Kalouri, 2019; Emde, 2015; Harrison et al., 2024a). This shows the value of psychoeducation and the benefits it can bring. Psychoeducation for the parents is considered good practice and the first steps in intervention for a child (Carr, 2015).

For the most part, parents were positive about the impact, not just on the child, but on the family (DEDF, 2023; Demetriou & Kalouri, 2019; Emde, 2015; Gillilan, 2006; Longhurst et al., 2022). However, parents' main concerns about the duration of the counselling were a significant issue. The question of aftercare is an important one (Hughes, 2008; Longhurst et al., 2022). This highlights the need for there to be sufficient time allocated for the therapeutic support in line with the needs of the child. The nature of schools having holidays and a long period of time off in the summer demonstrates the need for the support to be carefully considered.

2.13.2 Barriers and Facilitators

Several barriers and facilitators were discussed by parents. The role of the school was an important aspect of parents' perspectives (DEFE, 2023; Demetriou & Kalouri, 2019; Emde, 2015; Harrison et al., 2024a; Longhurst et al., 2022). The school environment was favourable to parents due to the familiarity, accessibility and ease with which the child could access the service (Demetriou & Kalouri, 2019; Emde, 2015; Longhurst et al., 2022). However, being on the school premises came with its own challenges. Parents were concerned about their child being upset when they go back to class. (DEFE, 2023; Longhurst et al., 2022). This is understandable and is

a real concern that needs to be considered with this type of support. Children have the right to be protected, and for the adults' making decisions about them to consider the potential impact on the child (UNCRC, 1989). The Psychological Society of Ireland (PSI) state in their code of ethics (PSI, 2019) that psychologists must do no harm. This needs to be considered when providing therapeutic support in the school environment. Best practice guidelines for therapeutic support should be followed.

Whole school ethos was important. Parents felt if the support was embedded into whole school practice that it was more effective (Demetriou & Kalouri, 2019; Emde, 2015; Harrison et al., 2024a). However, this support was considered ineffectual if the child was being returned to an environment that was not conducive to supporting wellbeing (DEDF, 2023; Gillilan, 2006; Harrison et al., 2024b; Hughes, 2008; van Vulpen et al., 2018). This shows a need for whole school implementation of wellbeing practices. In Ireland, the wellbeing framework (GoI, 2019) was implemented by all schools in 2023. This ensures schools examine their whole school practices on wellbeing. In addition to this, wellbeing is due to become a curriculum subject, as part of the new primary curriculum in 2025 (NCCA, 2020, 2023).

Parents' perceptions on communication were that if communication was good, with good collaboration, parents had positive views of the service (DEDF, 2023; Harrison et al., 2024a; Hughes, 2008; Longhurst et al., 2022; van Vulpen et al., 2018). If the communication and information from the school was inadequate this resulted in negative parental perceptions (Harrison et al., 2024a; Harrison et al., 2024b; Longhurst et al., 2022).

Parents discussed their feelings about the counselling service and the stigma and shame that were associated with it in certain cultures (Harrison et al., 2024a; Harrison et al., 2024b). The need for normalising therapeutic support is something that has been highlighted as part of

this scoping review (Emde, 2015; Harrison et al., 2024a; Harrison et al., 2024b; Hughes, 2008; Longhurst et al., 2022; van Vulpen et al., 2018).

Lack of awareness about mental health difficulties was an issue that parents felt was a barrier (Hughes, 2008; Longhurst et al., 2022; van Vulpen et al., 2018) . This highlights the necessity of giving parents more information about this subject. The counsellor's interpersonal skills and qualifications were deemed as important to parents in having positive perspectives about the process (DEDF, 2023; Demetriou & Kalouri, 2019; Emde, 2015; Harrison et al., 2024a; Hughes, 2008; Longhurst et al., 2022).

The findings from this scoping review have implications for policy, practice and research. These are summarised below.

2.14 Implications for Policy, Practice and Research

Table 2.4

Implications for Policy Practice and Future Research

Implications for Policy
This scoping review highlighted the lack of knowledge that parents have around mental health difficulties. Further to this, stigma was a concern for many parents. Greater education and campaigning are needed to promote awareness about mental health difficulties and to challenge stigma that still exists in this area. Normalising the conversations around mental health is necessary.
Implications for Practice
The issue of aftercare is a very important one due the negative consequences that insufficient support can have on children's mental health. There needs to be sufficient support available to align with the needs of the child.

All stakeholders should be aware of the role of the counsellor within the school. Staff should be informed about the support that counsellors can provide and pupil confidentiality which the counsellor must adhere to.
Clear information needs to be given to parents about the support provided. Parents need to be given enough information to make an informed decision. Advertising the support is necessary so that all parents are aware of it, and it is given prominence by the school.
Wellbeing support need**s** to be embedded at every aspect of the school, promoting and normalising the service, making it easy for children to go and access the counsellor during the school day
Implications for Future Research
From the scoping review it is clear that there is a dearth of evidence in this area. Therapeutic support in schools in Ireland is a developing area. There are no studies that examine parents support of therapeutic support in Ireland. Future research should examine parents**'** perspectives of therapeutic support in schools. There is a particular lack of studies in primary schools.

2.15 Limitations of the Review

Table 2.5

Limitations of Review

Difference in Terms: Therapeutic support in schools is a broad term and is known by different titles in different countries. Although this was considered by the researcher when creating the search terms, it is possible some relevant phrases may have been omitted.
Hand-Searched Journals: Only one academic journal was hand-searched. This journal was chosen, as it was identified during the search process as having the most relevant information in this area. This meant other journals have not been hand-searched and some literature may have been overlooked.

Differences in Counsellors Roles: The school counsellor role is different in every country, with different roles and responsibilities. In North America, the American School Counsellor Association (ASCA) provide one to one counselling for social and emotional issues as part of their remit. However, they do suggest that long term therapeutic support for psychological disorders would be an inappropriate role for the counsellor to have. They also have a list of other duties that relate to guidance of the young person. It is unclear how much emotional support they actually provide.

Search Term Limitations: The terms "carers", "foster carers", and "guardians" were not included in the search terms. Preliminary searches using these terms indicated that these terms appeared to be used interchangeably with "parents."

Study from Northern Ireland (DEDF, 2023): The study from Northern Ireland (DEDF, 2023) needs to be treated with caution. Although it is an evaluation of the pilot "Happy Healthy Minds", the review team had planned to gather the information directly from the parents. However, on the day the focus group was scheduled, no parents attended. Therefore, the information used in this evaluation is survey information that the art therapist had gathered after the sessions.

Lack of Irish Study Representation: Only one of the studies was from Ireland (DEDF, 2023). This was a government evaluation from the North of Ireland. The northern education system is part of the UK, so it does not represent the Republic of Ireland system.

Country Differences: Education and healthcare systems vary significantly by country, affecting the generalisability of the findings.

Inclusion of Secondary School Literature: Due to lack of literature in the area of parents' perspectives of therapeutic support in schools, studies from secondary school settings were

included. The range of modalities of therapies at different ages needs to be considered. The comparison between primary and secondary schools may therefore be limited.

2.16 Research Questions

The gap in the literature has led to the formulation of the research question (RQ) for this study. There are no studies that currently exist examining parents' perspectives of individualised therapeutic support in Ireland. Previous Irish research that examined the demand for therapeutic support in primary schools identified that gaining parents perspectives would be beneficial (Dooley Judge, 2017). Parents are an important part of the child's microsystem (Bronfenbrenner & Morris, 1998). Therefore, parents have an influence over their children's environment. This is important when considering the process of therapeutic support in schools for several reasons.

Parents are the experts in their children. It is important to hear from parents about what they feel can make the process of therapeutic support more effective. The processes that take place in child's microsystem have an influence on their development. If there has been trauma in the family, this will have impacted the whole microsystem of the child, including their parents (Christie et al., 2023). Parents have a role to play in the child's circumstances and have an influence on maintaining factors of the problem also (Christie et al., 2023; Jensen et al., 2021). Therefore, their perspectives on how best the therapeutic support would work is an important part of this research, to inform future policy and practice. Due to the lack of evidence concerning primary schools, this is also where this study will focus to explore the following research questions:

- RQ1: What are parents' perspectives of the impact of individualised therapeutic support in primary schools?

- RQ2: What are parents' perspectives of individualised therapeutic support in primary school; barriers and facilitators?

3 Empirical Paper

3.1 Introduction

The empirical paper will outline the research conducted as part of this study. It starts by outlining the prevalence of mental health difficulties in children and young people. Then it will examine the current policy and practice context, and the theoretical perspective used for the study. The aims and rationale of the study are outlined, and the introduction concludes with the research questions to be examined. A thorough description of the methodology ensues including the research paradigm, research design and data collection measures. The approach to the pilot study and how it was used to inform the main study is summarised. Ethical considerations and researcher reflexivity are reported. A description of the reflexive thematic analysis procedure used for data analysis is examined and the results and discussion are provided.

3.2 Prevalence of Mental Health Difficulties in Children and Young People

Ireland has experienced an increase in children's mental health difficulties in recent years (Lynch et al., 2023). The Growing Up in Ireland survey (Nixon, 2021) cited that 16% of children described themselves as having a mental health difficulty at the age of 13, with girls significantly more affected than boys. Of these, 7% had this difficulty present from the age of 9 (Nixon, 2021). The increase in mental health difficulties has come at a time when children's mental health services in Ireland have been struggling to cope with demand, making these services inaccessible for many children at a time when they need help and support. Nearly 12,000 children are on waiting lists for primary care psychology services and within this number, over 4,000 have been waiting more than a year to access the service (Ombudsman for Children, 2023). The demand for CAMHS Services increased by 33% between 2020-2021 (Oireachtas,

2023a) and waiting lists increased from 2,755 in December 2020 to 4,434 by end of February 2023 (Oireachtas, 2023b).

3.3 Mental Health Policy and Practice in Schools

In Ireland, the issue of mental health has been prioritised by the government. This includes the mental health of individuals across the lifespan, recognising that children and young people need support, and that early intervention is key (GoI, 2019, 2020). Educational policy reflects national mental health priorities, with an emphasis on children's wellbeing and mental health being introduced through policy in educational settings from early years to the primary and post-primary sector (GoI, 2019; NCCA, 2020; Nohilly & Tynan, 2022).This focus on wellbeing in schools has been continuously evolving in line with the national picture. Ireland has no statutory requirement to provide school-based counselling in primary schools. However, under the Irish Education Act 1998, section 9(c) (GoI, 1998) , all post primary schools must have a guidance counsellor that is trained in therapeutic support (DoE, 2022).

The Department of Education have taken a staged approach to support wellbeing and mental health in schools. In line with the "Continuum of Support" (DES, 2007) there is, universal support i.e. "support for all" and more targeted support i.e. "support for a few." Universal initiatives include the Wellbeing Policy Statement and Framework for Practice and the Looking at Our School 2022: A Quality Framework for Primary Schools and Special Schools (DE, 2022; GoI, 2019). Furthermore, wellbeing is set to become a discreet subject in the new primary curriculum in 2025 (NCCA, 2020). Strand 2 of the pilot programme (DE, 2023) is operating in four cluster areas in Ireland. This strand provides wellbeing practitioners in schools to offer support to children with mild mental health difficulties and to work with schools on preventative initiatives. These whole school initiatives seek to enhance children's overall

wellbeing within the school context and embed wellbeing within the curriculum and the ethos of the school.

In addition to this, the targeted support, i.e. "support for a few" is designed for those children that need more individualised and targeted support. Therefore, the Department of Education introduced a pilot programme of individualised counselling in Irish primary schools in 2023. The National Educational Psychological Service (NEPS) is instrumental in setting up the delivery of this pilot which is currently running in selected counties across Ireland (DoE, 2023). It provides individualised therapeutic support through a range of modalities to children who need more targeted support (DE, 2023). This graduated approach to support is thought to be an effective way to support children with mental health issues in school (Weare, 2015).

3.4 Current Therapeutic Support in Schools

Currently, in Ireland there is a variety of therapeutic support being offered in primary schools by a diverse range of different professionals with varying qualifications (DoE, 2023; Dooley Judge, 2017). Although it is not a national requirement for therapeutic support to be offered in primary schools, it is evident that primary schools are operating on an individual basis to provide therapeutic support within their schools. Dooley Judge (2017, p. 67) found that 30.8% (n=395) of the principals surveyed had access to onsite counselling support in primary schools with 72.4% reporting that they would like to have access to it. The high demand for this support, coupled with its perceived benefits, has led schools to draw funding from diverse sources, including private funds, DEIS funding, and school completion funds (Dooley Judge, 2017).

Research exists that supports evidence of these perceived benefits. Play-based therapeutic support in schools has been proven to be beneficial and has an impact on lowering children's psychological distress (Daniunaite et al., 2015; Finning et al., 2022). This positive impact is

evident not only in the short-term; but also in the long term, lasting up to two years after the intervention (Baskin et al., 2010; Daniunaite et al., 2015; Finning et al., 2022; Fox & Butler, 2007; Lee et al., 2009).

3.5 Rationale for this Study

It is clear that there is a high prevalence of mental health difficulties among children in Ireland (Department of Children, 2023). The current system is not meeting the needs of children in a timely manner (Mental Health Commission, 2023). There has been an increased focus and responsibility on schools to address wellbeing and mental health within schools at different levels of the Continuum of Support (DoE, 2023; GoI, 2019; Houses of the Oireachtas, 2023). Many schools provide a range of individualised therapeutic support, by independently recruiting their own therapist, to provide support or are receiving support from the pilot programme (DoE, 2023; Dooley Judge, 2017).

Schools seem like an opportune place to provide individualised therapeutic support (Atkinson & Kenneally, 2021; Houses of the Oireachtas, 2023). Evidence shows that therapeutic support in schools can have a long-term positive impact in reducing psychological distress (Copeland et al., 2024; Finning et al., 2022; Lee et al., 2009). Schools can provide an accessible option to meet children's needs that are not being met by the current health system (Houses of the Oireachtas, 2023). The impact of children's persistent mental health needs not being met in a timely manner can have long-term negative consequences for children in terms of health and wellbeing (Bellis et al., 2014). Therefore, schools have a responsibility to support with these issues (GoI, 2020; Houses of the Oireachtas, 2023; World Health Organization, 2021).

Implementing therapeutic support in schools is a complex issue. There is increasing discussion about the effectiveness of universal approaches and their negative impacts and the call

for more one to one evidence-based approaches (Andrews & Foulkes, 2025). Further highlighting the need for investigation of therapeutic support being delivered in schools.

Those that are affected by it need to be consulted in the planning and the implementation of it. Stakeholders' views are vital for future developments in this area. Parents are important stakeholders in this process. They play an important role in their child's development and are an integral part of the child's microsystem (Bronfenbrenner & Morris, 1998) that should be considered as part of the process of therapeutic support.

Despite parents' important influence in the process of therapeutic support, there is a dearth of literature on parents' perspectives of therapeutic support in schools. The scoping review identified nine (n=9) sources of literature that discussed parents' perspectives of therapeutic support in schools. This literature was from China, Northern Ireland, United Kingdom, Cyprus and North America. There was no literature found in the Irish context.

The themes that emerged from the scoping review highlight the value that parents' perspectives have in enriching the information that is known about therapeutic support in schools. Parents' perspectives can help to give insight into the barriers, facilitators and impact of therapeutic support, especially in terms of the systems around the child. Their voices can provide a holistic picture of the "proximal processes" (Bronfenbrenner & Morris, 2006) around the child that have an impact on therapeutic support in schools. Parents are in integral part of the process and their influence cannot be separated from the process. Their influence will impact the child's microsystem and therefore impact the outcomes of the individualised therapeutic support.

3.6 Aims of The Study

This study aims to explore parents' perspectives of school-based individualised therapeutic support that is provided in primary schools.

This study aims to build on previous research that examined principals' perspectives; counsellors' perspectives; school staffs' perspectives and children's perspectives of individualised therapeutic support in schools (Atici, 2014; Bickmore & Curry, 2013; Dooley Judge, 2017; Fox & Butler, 2007; Hamilton-Roberts, 2012; Karataş & Kaya, 2015; Kernaghan & Stewart, 2016; Powers & Boes, 2013; Vilbas & King-Sears, 2021).

This study aims to examine perspectives from a sample of Irish participants specifically to explore a current gap in the research, that being the voice of the parent. Irish parents' perceptions of individualised therapeutic support in primary schools delivered by external professional will be explored. Through a qualitative research design, this study aims to discover parents' perceptions of the impact, barriers and facilitators of this support. Subsequently, this study will add to the existing literature to provide a more extensive knowledge base of therapeutic support in Irish primary schools using parents' perspectives. Parents are key stakeholders in their child's lives and their perspectives should be considered to the forefront of policy and practice in therapeutic support in primary schools.

3.6.1 Research Questions (RQs)

This study aims to answer the following RQs:

- RQ1: What are parents' perspectives of the impact of individualised therapeutic support in primary schools?
- RQ2: What are parents' perspectives of individualised therapeutic support in primary school: barriers and facilitators?

3.7 Methodology

3.7.1 Research Design

This is a qualitative study that uses a semi-structured interview to gather data. Qualitative research is becoming more widely used in the field of psychology to provide an evidence base for improving practice (Willig & Rogers, 2017). This type of research "uses *words* as data" (Braun & Clarke, 2013, p. 3). Qualitative research encompasses a variety of qualitative methods that are designed to explore participants experiences and perspectives and understand them in the context of the participants own experience (Hennink et al., 2020). As this study is concerned with exploring parents' perspectives of individualised therapeutic support in primary schools, a qualitative research design was chosen as the most appropriate methodology. A qualitative design allows for rich data to be gathered through open-ended questions to explore parents' perspectives about individualised therapeutic support (Busetto et al., 2020).

3.7.2 Research Paradigm

This research is underpinned by the constructionist epistemology. A constructionist approach describes a position that considers there to be no absolute truth, or no one "correct" answer (Braun & Clarke, 2013, p.30). Instead, it describes the position that there are multiple variations of "knowledges", and these are dependent on the experiences people have had and how they have come to understand them (Braun & Clarke, 2013, p.30). Within this position, knowledge is viewed not an objective truth but as a product of social, cultural and linguistic factors (Andrews, 2012). It can change over time as social contexts and relationships change (Burr, 2015). This approach is useful for this study in terms of understanding parents perspectives and their realities that have influenced forming their perspectives.

3.7.3 Theoretical Perspective

The Process- Person- Context – Time (PPCT) model is the applied model of Bronfenbrenner's Bioecological Theory (Bronfenbrenner & Morris, 2006). This builds on the previous Ecological Systems Theory (Bronfenbrenner, 1979) to include "the interplay of proximal processes, individual characteristics, environmental contexts and temporal dimensions in human development" (Tong & An, 2024, p. 2).

Bronfenbrenner's Bioecological Theory is useful when examining how the school context can influence the development of the child (Bronfenbrenner & Morris, 1998; Lowenstein et al., 2015). The school is part of a child's "microsystem" and the reciprocal interactions and relationships within this context are part of the child's mesosystem. Understanding of how these relationships or proximal processes in the "mesosystem" effect the child both directly and indirectly is of utmost importance (Hayes & O'Toole., 2022; Rimm-Kaufman & Pianta, 2000; Woolfolk, 2016) .

The importance of examining the systems around the child is a well-established practice in educational psychology. The British Psychological Society's (BPS) core professional competencies for educational psychologists emphasise that educational psychologists must understand how the biopsychosocial processes and the systems around the child influence the child's development (The British Psychological Society, 2022, p.18). Furthermore, in the Irish context, the NEPS model of service places importance on supporting those within the child's "microsystem," i.e. parents and teachers to improve educational outcomes for the child (DE, 2020). It is important to examine parents' perspectives of the therapeutic support as parents are an important part of the child's microsystem. This means parents will have an influence on how the child perceives and interacts with the intervention. As Bronfenbrenner's Bioecological

Theory is widely accepted as a useful theory when examining systems and "proximal processes" (Bronfenbrenner & Morris, 2006; Tong & An, 2024), it was deemed that this theoretical perspective would provide an appropriate theoretical lens to underpin this study. The PPCT model provides a dynamic framework to examine how the multiple systems around the child interact, thereby providing a holistic understanding on how parents' perspectives may be shaped by these processes. Furthermore, examining this relationship within and between systems has been found to be helpful in providing guidance for mental health interventions (Eriksson et al., 2018).

The application of the PPCT model in this study is shown in Table 3.1. The process domain is applied to perspectives that relate to the processes of interactions within the child's microsystem. This may be between child, parent, school or therapist. The person domain is utilised for perspectives that relate to demand, resource and force characteristics. Perspectives that parents report relating to the microsystem, mesosystem, exosystem and macrosystem are captured in the context domain. The perspectives that relate micro-time, meso-time and macro-time are part of the time domain. It is worth noting that not all of these domains are applied to this study. The elements that are applied have been mapped on to parents' perspectives that were reported (Tong & An, 2024; Tudge et al., 2009; 2016). Tong and An (2024) postulate that a study does not have to employ all the elements of the PPCT model. For this study, only the elements that are relevant to the research question will be reported on.

Table 3.1

Process – Person -Context – Time Model of Parents' Perspectives of Therapeutic Support in Primary Schools

PPCT Model	***Component***	***Application to Parents' Perspectives of Therapeutic Support in Primary Schools***
Process	*Proximal process*	*Proximal Process of interactions within child's microsystem* *i.e. Child, parents, school, therapist*
Person	*Demand Characteristics*	*Child, parent, school, therapist personal characteristics, age gender, physical appearance*
	Resources Characteristics	*Child, parent, school, therapist characteristics i.e. skills, intelligence, knowledge, experiences, social and material resources (educational background and financial and social status of family)*
	Force Characteristics	*Child, parent, school, therapist cognitive, social, emotional and motivational factors associated with temperament, personality, motivation, persistence*
Context	*Microsystem*	*Everyone the child is interacting with during this process, i.e. parents, therapist, school*
	Mesosystem	*Role of parents, school, therapist in facilitating the support. The relationship between all parties.*
	Exosystem	*Community that the parents, school and therapist are operating in.*

	Macrosystem	*The wider context of culture, subculture and social culture.*
Time	*Micro-time*	*What is occurring during the intervention time in school?*
	Meso-time	*Length of intervention occurring consistently in child's developing environment.*
	Macro-time	*Historical events in child's life, distinct features of child's life periods, generational differences.*

Note. Adapted from Tong, P., & An, I. S. (2024). Review of studies applying Bronfenbrenner's bioecological theory in international and intercultural education research. *Frontiers in Psychology*, *14*. https://doi.org/10.3389/fpsyg.2023.1233925 in Public Domain.

3.7.4 Participants

3.7.4.1 Sampling Strategy. Participants were recruited using purposive sampling. Inclusion and exclusion criteria were developed to support the recruitment of participants who could provide insights into the individualised therapeutic supports delivered in school settings by external professionals. Participants were eligible for inclusion in the study if they met the following criteria:

1. Parents whose children have accessed individualised therapeutic support in primary school in the last two years.

2. The support will have been delivered by an accredited play therapist/ therapist or counsellor. The accreditation bodies align with the standards of provision set out by the Counselling in Schools Pilot (DoE, 2023) plus the inclusion of the Irish Association of Creative Arts Therapists (IACAT). To ensure clarity around eligibility to be part of the study this criterion was included in the information letter.

3. Parents whose child will have received at least 50% of their therapeutic sessions will be eligible to participate.

As this study aimed to examine individualised therapeutic support delivered by external professionals, the inclusion criteria aligned with the current therapeutic support that is taking place in Irish primary schools. This support encompasses a range of modes of therapy (Dooley Judge, 2017). To include the range of modes of therapy that are currently taking place by external professionals this research aligned with the various modes of therapy included in the Counselling in Schools Pilot (DE, 2023) (see Appendix A) plus therapy that was being delivered a qualified therapist from The Irish Association of Creative Arts Therapists (IACAT). This ensured that this was reflective of the external therapeutic support is taking place in Irish primary

schools including that which is taking place as part of the pilot project. All the participants met the criteria for inclusion in the study. See Appendix H for inclusion and exclusion criteria. A recruitment flyer and details about the research study was emailed to the principals of primary schools (see Appendix D). These were schools from counties in the south of Ireland that were known to the researcher from personal knowledge of the schools, as providing therapeutic support. The researcher also checked school websites in areas that had been identified through internet searches as providing therapeutic support through various funding schemes. The school's email addresses were obtained via the school's website. Principals were asked to share the flyer with the parents in the school on their social media/ parental communication software. The principals were also sent a copy of the information letter and consent form to ensure they were fully aware of what they were being asked to advertise (see Appendix E). Principals were also sent a Principal information sheet and consent form (see Appendix F).

In addition, participants were sought via social media. The recruitment flyer was posted on parent forums on Facebook and X (e.g. Additional Needs Ireland, 50 Shades of Exceptional, DCA Warriors, PDA Parents Ireland, Families for Reform of CAMHS). The flyer was also shared on the researcher's social media X account and subsequently reshared by other accounts.

3.7.4.2 Procedure. The data collected for this study was collected between May 2024 and October 2024. Further information was sent to participants that contacted the researcher to express an interest in the research. This included an information letter and consent form and a Research Privacy Notice (see Appendix G). These were asked to be returned within two weeks. This gave the participants time to consider their participation in the research. For those that consented, a Microsoft Teams meeting was set up at a convenient time for the participant. If the participants preferred a face-to-face meeting in the school, permission was sought from the

principal of the school for this to take place at a convenient time for all parties. The interviews (online and in-person) were recorded with the permission of participants. Microsoft Teams was used to record online and a voice recorder for the in-person meetings. All the participants met the criteria for inclusion in the study. See Appendix H for inclusion and exclusion criteria.

3.7.4.3 Sample Size. Sample size was determined by "information power" (Braun & Clarke, 2021, p.28) "Information power" was reached in this study at nine (n= 9) participants. Information power describes the relevance sample, the data collected, and how it relates to the theoretical perspective and analytical approach that link together to address the aims of the research (Braun & Clarke, 2021; Malterud et al., 2021). The researcher reflected on the value of the data collected in line with the aims and objectives of the research question in order to ensure "information power" had been reached. Participants were recruited from three different sources. This included the data from the participant who was recruited via social media for the pilot study plus recruitment from two different schools. Table 3.2 shows the details of the participants.

Table 3.2

Participant Details

Recruitment Source	No. of participants	Type of Therapy Received	Notes
Social Media (Platform X)	n=1	n=1 Play Therapy	
Primary School A	n= 5	n= 4 Play Therapy n=1 Art Therapy	n=2 Participants were jointly interviewed (same child)
Primary School B	n= 3	n=3 Drama art Therapy	

3.7.4.4 Demographic Information. At the start of the interview, participants were asked to provide demographic information. The purpose of collecting this data adds context to the parents' perspectives and enhances the understanding of perspectives and examines potential trends or patterns. Of the 9 participants who completed the study, 7 were mothers and 2 were fathers. The children ranged between the ages of 5 and 12 at the time when they received the therapeutic support. All children received the therapeutic support on a weekly basis. The length of support ranged from 8 weeks to 2 years plus. 22% (n=2) of the participants' children had additional needs. All the participants reported that this was the first time their child had received any form of therapeutic support. See Appendix I for the demographic information collected.

3.7.4.5 Participant Interviews. The type of data collection method chosen by a researcher is based upon the aims of the research question and what the researcher wants to find out. Interviews are the most popular way of collecting qualitative data (Jamshed, 2014). Semi-structured interviews are guides of open-ended questions devised by the researcher that allow for the flexibility of responding to the flow of the conversation by the participants during the interview. They are useful when trying to explore perspectives on issues that people have personal experience with (Braun & Clarke, 2013). Semi-structured interviews allow for the researcher to guide the questions and can be useful in gathering rich data from participants (Braun & Clarke, 2013). Due to the richness of the data gathered, a smaller sample size is suitable for semi-structured interviews (Braun & Clarke, 2013). The flexibility of being able to follow up and probe on what the participant discusses helps in building rapport with the participant, given that therapeutic support might be a sensitive topic.

Humble Inquiry (Lambrechts et al., 2011; Schein, 2013) was chosen as an approach to inform the semi-structured interview questions. Humble Inquiry (Lambrechts et al., 2011;

Schein, 2013) was chosen as the most suitable approach to framing the semi-structured interview questions due to its openness to hearing people's experiences in a non-leading way. Humble inquiry suited this research project as it takes a genuinely curious stance to finding out what the other persons perspective is. Asking information in the "least biased way" (Lambrechts et al., 2011; Schein, 2013, p.40) is the strength of humble inquiry. This approach was used to minimise the risk of the researcher influencing the interviewee by asking leading questions about their perspectives (Lambrechts et al., 2011; Schein, 2013).

The questions used in the semi-structured interview were designed using the humble inquiry approach to be open-ended, to capture the perspectives of parents. Bronfenbrenner's Bioecological Theory (Bronfenbrenner & Morris, 2006) also informed the design of the questions. This meant the questions were inquiring about the role of the different systems around the child in providing therapeutic support for the child. The interview inquired about the child; parent; therapist; school; family; challenges; ideal situation and an open question.

This open question was designed to elicit further information about parent perspectives that the researcher may not have already asked. This gives the participant an opportunity to discuss something they feel is pertinent to the research that they may not have had the opportunity to discuss at this point. This question remains loyal to the curious stance of humble inquiry, that the researcher is open to all the perspectives of parents and those perspectives are an important part of the research question.

Table 3.3

Sample Interview Questions

Child Level • How do you think the therapeutic support was for your child? • Did you notice anything different about your child during this period? • And how has your child been since the therapy? So, have you noticed any impact of the therapy since them? /Have you noticed anything about them?
Parent Level • Just moving on to you as a parent, what were your expectations of it before it began? • At the different stages of the process, as a parent, how did you find it? Tell me more about that. • How did it make you feel?
Therapist Level • Looking to the therapist's role in it, tell me more about the therapist and how that worked with you and the therapist. • What were the things that you found useful and facilitated the process? • How did you feel about that?
School Level • Looking at the school's role in all of this. What was the school's role in it at all, the different stages of it? Tell me about the school's role in all of this. • How did you find that?
Family level • Just thinking about the impact, how has it been for you as a family? With maybe at the different stages of the support or how has it been after the support? • Has it has it had an impact?
Challenges • Were there any challenges from your point of view? • And what would you say your child would say the challenges were, is there anything you think that he might say? What was difficult about at all?
Ideal Situation • The last part I wanted to come to was if you were to think about an ideal situation of how that support would be in schools or how what that might look like in the future, how would that ideal situation for you look like? • (This could be in terms of for the child/ parent/ school/ therapist/ wider policy)

Clean up/ closing question

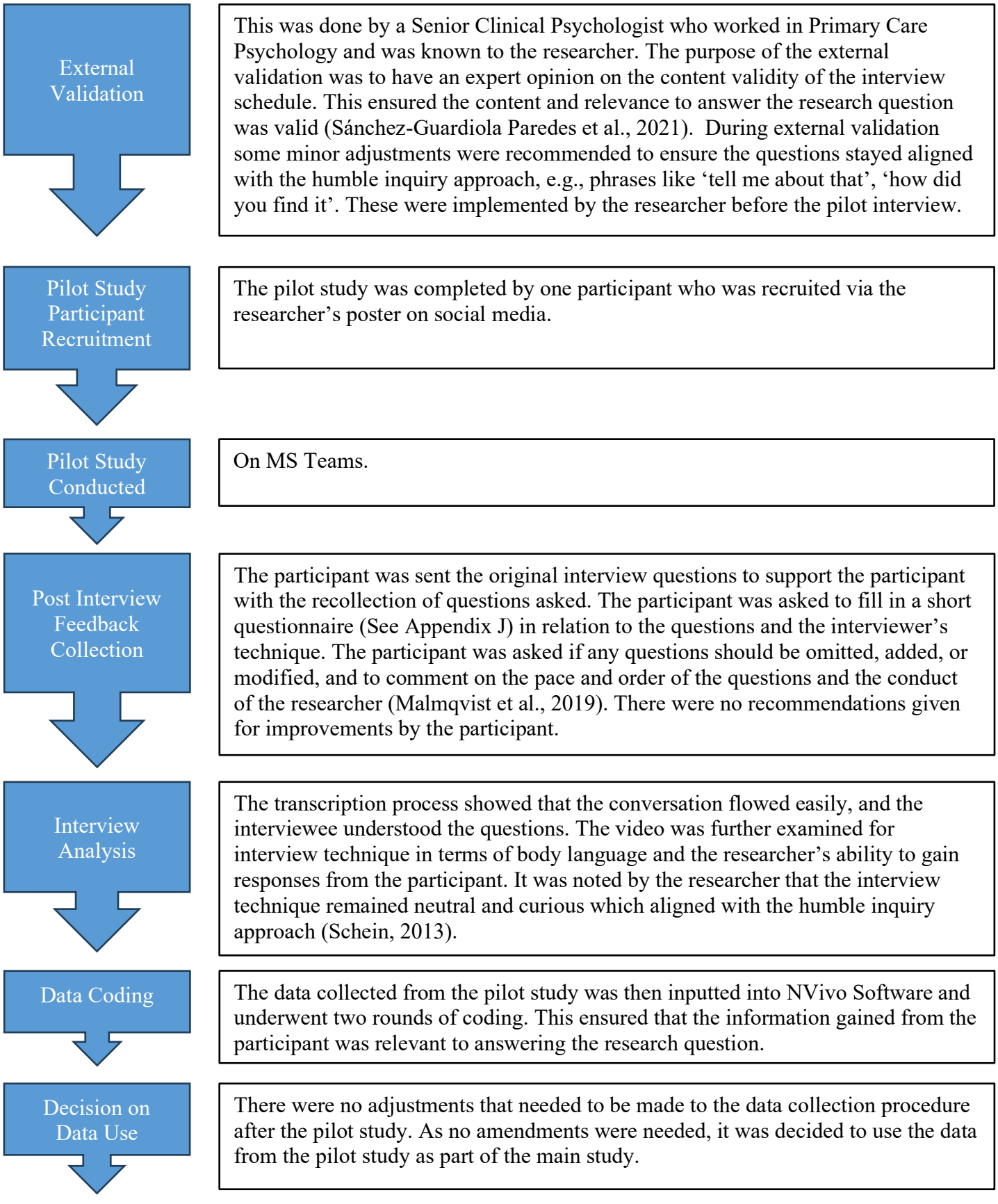
- Is there anything else you would like to tell me about the process? Perhaps something that I haven't asked you or hasn't been included in the interview?

3.7.5 Pilot Study

The pilot study is an important but often overlooked part of the research process (Malmqvist et al., 2019). By "testing out" the procedure or instrument and thoroughly analysing the results from the study, this helps to identify any potential flaws that may be present at that point and modifications that need to be made. This can increase the quality of overall research (Malmqvist et al., 2019). The pilot study was modelled on research by Malmqvist et al. (2019) and is summarised in Figure 3.1 below.

Figure 3.1

Steps Undertaken for Pilot Study



The aim of the pilot study was to improve the quality of the research by examining the different parts of the research process. The pilot study played an integral role in strengthening the quality of the wider research. It provided confirmation that the semi-structured interview schedule and the humble inquiry approach were effective in eliciting rich and relevant data that aligned with the aim of the research. The external validation process, the feedback from the pilot participant and the transcription and coding ensured that the questions were accessible, free from jargon, free from bias and answered the research question. This was also evident through the lack of clarification that was needed during the pilot interview. The transcription process showed that the conversation flowed easily, and the interviewee understood the questions asked

By trailing the use of Microsoft Teams, this confirmed the feasibility of conducting virtual interviews without compromising rapport or data quality. The researcher replayed the interview and examined their interview technique in terms of body language and their ability to gain responses from the participant. It was noted by the researcher that the interview technique remained neutral and curious which aligned with the humble inquiry approach. There appeared to be a warm and friendly atmosphere with lots of reciprocal smiles. On one occasion, due to a glitch with the technology the researcher nearly asked a follow up question before the interviewee had finished their answer. This is a learning point from the pilot study, which was relevant for the wider study, to allow for glitches and to give the participant time to respond. The pilot study was successful in examining the researcher's role in the data collection process. The smooth flow of conversation indicated that the data collection tools were suitable for the target participants.

Furthermore, through this thorough examination and evaluation of this pilot study this helped to ensure credibility and dependability of the wider study. As no amendments were needed the data from the pilot study was deemed appropriate for use in the main study.

3.7.6 Ethical Considerations

This research project received ethical approval from Mary Immaculate College Ethics Committee (MIREC) on 1st May 2024. As part of this process a Data Protection Impact Assessment (DPIA) was also approved by Mary Immaculate College on 27th April 2024. There were several ethical considerations that were identified as part of this study. These are discussed in detail in the Critical Review paper (see Section 4). The researcher also adhered to the Psychological Society of Ireland's Ethical Guidelines (PSI, 2019).

3.7.7 Reflexivity

Reflexivity is an important part of qualitative research. Reflexivity can be defined a "as a set of continuous, collaborative, and multifaceted practices through which researchers self-consciously critique, appraise, and evaluate how their subjectivity and context influence the research processes" (Olmos-Vega et al., 2023, p.241). In qualitative research, the researcher is part of the research. It is therefore vital to engage with reflexive practice on an ongoing basis throughout the research project. For this research, the researcher continuously engaged in the reflexive process by reflecting on various stages of the study through a reflexive research diary. A sample from the diary is included. (see Appendix K)

Reflexive journaling took place before data collection, after each interview, and upon completion of data collection. Reflexive entries were made at different stages of the coding process (Braun & Clarke, 2021). This practice supported transparency, encouraged reflection on

potential biases, and addressed ethical considerations, thus strengthening the study's methodological rigor (Smith, 1999).

Reflection on different stages of the research process provided insight that had an influence on the study. For example, after reflecting on the interview that was completed jointly with a mother and father, the researcher decided to code them as independent participants. Through reflection, the researcher could see they contributed different information.

3.7.8 Data Analysis

The researcher used the six-phase process of Reflexive Thematic Analysis Framework by Braun and Clarke (2021) to analyse the data collected from the semi-structured interviews. Reflexive Thematic Analysis is a method of qualitative data analysis developed by Bruan and Clarke (2021). The method of Reflexive Thematic Analysis refers to a systematic method of organising data, coding data and creating themes from coded data. There are six phases in this process, although the phases are described in a linear fashion, it is a continual reflexive process that involves moving back and forth between phases (Braun & Clarke, 2021; Campbell et al., 2021; Nowell et al., 2017). The phases plus their descriptions and associated actions at each phase are shown in Table 3.4. This method of data analysis was chosen as it allows for a rich understanding of different perspectives of participants (Bruan & Clarke, 2021; Nowell et al. 2017). The researcher followed the six phases outlined in Table 3.4

Table 3.4

Phases of Reflexive Thematic Analysis

Analytic Phase	Description	Actions
Data Familiarisation	Immersing oneself in the data to understand depth and breadth of the content	Transcribing audio data Reading and re-reading data set

	Searching for patterns and meaning begins	Note taking
Initial Code Generation	Generating of initial codes to organize the data, with full and equal attention given to each data item	Labelling and organizing data items into meaningful groups
Generating (Initial) Themes	Sorting of codes into initial themes Identifying meaning of and relationships between initial codes	Diagramming or mapping Writing themes and their defining properties
Theme review	Identifying coherent patterns at the level of the coded data Reviewing entire data set as a whole	Ensuring there is enough data to support a theme Collapsing overlapping themes Re-working and refining codes and themes
Theme defining and naming	Identifying the story of each of the identified themes Fitting the broader story of the data set to respond to the research questions	Cycling between the data and the identified themes in order to organise the story
Report Production	Presenting of a concise and interesting account of the story told by the data, both within and across themes	Writing a compelling argument that addresses the research questions Writing beyond the simple description of the themes

Note. Taken from: Campbell, K., Orr, E., Durepos, P., Nguyen, L., Li, L., Whitmore, C., Gehrke, P., Graham, L., & Jack, S. (2021). Reflexive Thematic Analysis for Applied Qualitative Health Research. *The Qualitative Report*. https://doi.org/10.46743/2160-3715/2021.5010

As part of the process described in Table 3.4 the researcher used NVivo software (QSR International, 2022) to support with the data organisation, coding and theme development. This software supported managing large amounts of data and organising it in a systematic way. This helped to ensure rigor and creditability of the study by organising the data in an auditable way (Nowell et al., 2017).

To support reliability, member checking was conducted after transcription (Braun & Clarke, 2013). Each participant received a copy of their transcript and was asked to verify its accuracy in representing the interview. Once participants confirmed their approval, the researcher proceeded to use the transcript for the data coding process (See Appendix L).

The PPCT framework was used part of the analysis. The analysis was an inductive process. Themes were allowed to emerge naturally and then the PPCT lens was used to organise and interpret themes. This flexibility of applying the framework after themes emerged aligns with reflexive thematic analysis.

3.8 Results

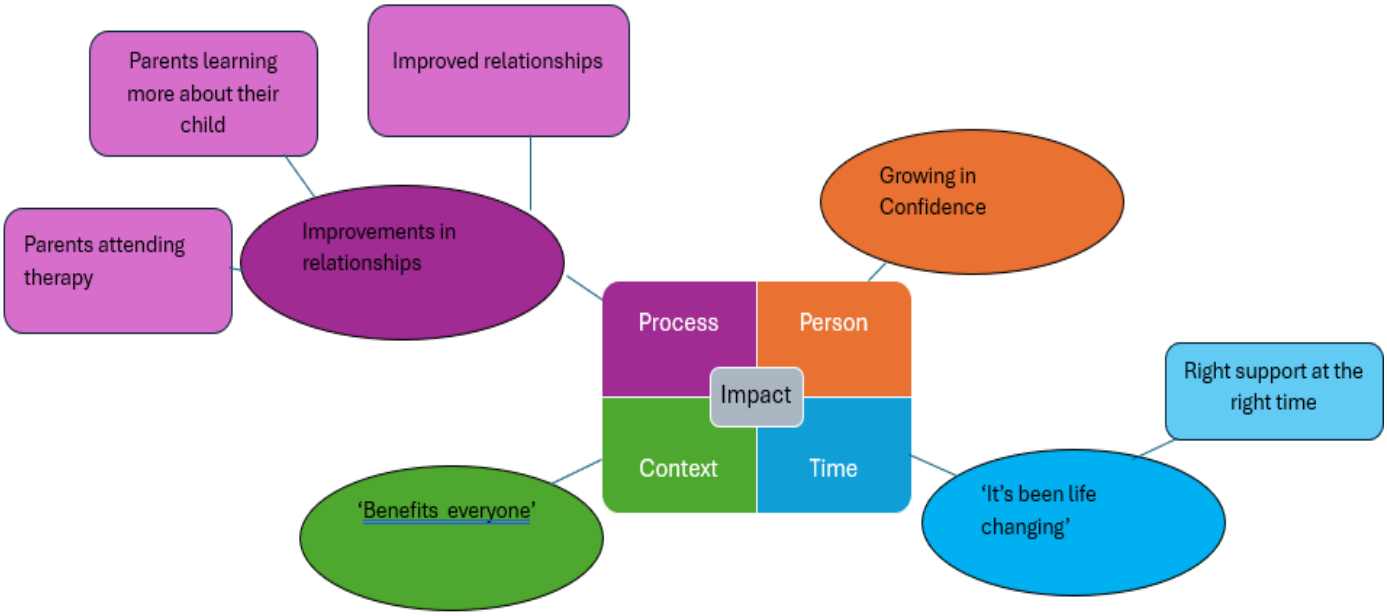
The results from the thematic analysis are presented using the Process, Person, Context, Time Model (PPCT) (Bronfenbrenner & Morris, 2006). Themes were identified for RQ1 and RQ2 and explored through the PPCT Model to illustrate the proximal processes that take place within the systems around the child. RQ2 was divided into two parts: barriers and facilitators. These will be examined separately.

3.9 Results for RQ1: What are Parents' Perspectives of the Impact of Individualised Therapeutic Support in Primary Schools.

RQ1 focused on the impact that therapeutic support had on the different elements of the PPCT model (Bronfenbrenner & Morris, 2006). Figure 3.2 shows the PPCT Model for parents' perspectives of the impact of individualised therapeutic support in primary schools.

Figure 3.2

Themes in PPCT Model for Impact



3.9.1 Theme 1: Improvements in Relationships

This theme refers to the process domain of the PPCT Model (Bronfenbrenner & Morris, 2006). The process domain of the framework refers to the proximal processes that take place within the microsystem (Bronfenbrenner & Morris, 2006). The data from this study shows the impact that the therapeutic support has had on the process part of the PPCT Model (Bronfenbrenner & Morris, 2006). Parents reported that there had been improvements in

different areas of the microsystem. These included i) improvements in relationships ii) parents learning more about their child iii) parents attending therapy.

The therapeutic support had improved things at home "Even with him there's little changes, I see it. She will do all her TikTok videos, but she won't do them anymore, unless he's in doing them with her. So, she's trying to involve him in it now" (P5).

Parents reported that they learned a lot about how to handle various situations on the advice of the therapist. It gave them an understanding about their child and their behaviour that they did not have before the therapy. This in turn impacted an improvement in relationships within the microsystem and had a major positive impact on home life. "It kind of saved a load of arguments well-being honest. Yeah, especially homework wise, saved a lot of arguments homework wise, because I then knew to give her the space" (P9).

> You know, like the little things like the upset. If she's scared about something I'd say, well, what do you think we can do to make it better? You know, did crying help it. Did you enjoy it? You know, I got that from the play therapist.
> That's what the play therapist was doing. So, I did the same. As they say, monkey see monkey do. (P6)

Relationships between the parents and the child had improved as a result. Due to the advice given by the therapist, changes at home had been implemented that had been beneficial and parents were using some of the techniques suggested at home. "And like I say, carry through the work that she did here at home rather than it all being lost at home" (P6). "My daughters doing her own little canvases for her room. We probably wouldn't even have thought about doing anything like that" (P3).

Parents reported learning more about therapy and having a better understanding of their child "little mechanisms that I could learn in there that I was able to bring home" (P9). Parents reported that they learned more about their child because of the therapy, and it gave them more insight into the child and how they were feeling about issues. These were things that they did not know about before:

> We learned more about her as a person, we certainly did, which gave us the opportunity to stand back away from her a little bit and not put all the pressure that we were putting on her to do certain things. (P5)

"I learned more about my daughter. And I got more of an understanding about her" (P9).

The therapeutic support enhanced parents understanding of therapy, and parents and other family members started their own therapeutic support because of the support the child was receiving in school:

> And I was like, my sister was like, my daughter needs to go. So that was like two kids out of our family that have done that. And then me and my sister both ended up doing therapy because of it, too. So, it was really, it really impacted all of us. (P2)

"So, then I got in contact myself then with counsellors and I ended up going to counselling myself. Just to help and see" (P9).

3.9.2 Theme 2: Growing in Confidence

This theme is related to the person domain of the PPCT Model. This refers to the impact on the personal level. Parents reported a growth in confidence. Parents felt that the process was empowering for the child and supported them in dealing with issues They reported that they were both better able to cope now with the issues that arose. This shows an improvement in emotional

literacy for child. “She was more empowered” (P6). “She was able to kind of understand why she was having these emotions, and she was happier to talk about them, which was, like, big thing, you know, where I was like, she’d just act out beforehand” (P2). “She's so emotionally intelligent” (P2).

Parents reported that their child was back to themselves, and the therapy had brought out the best in the child. “She wanted to do gymnastics and everything because of what the play therapist did as well” (P4). “Oh, she's just so, like, she's like the child she was before she ever bullied. You know that kind of way” (P2).

Parents reported that the child became more confident and happier “It's after giving her a little stim of confidence to know. No, I'm OK. I'm allowed to want this, you know, as everything has just everything has been so positive” (P9). “It was the confidence she needed” (P5). “She's a bubbly little girl again but with confidence this time like” (P8).

3.9.3 Theme 3: “Everyone Benefits”

This theme relates to the context domain of the PPCT Model (Bronfenbrenner & Morris, 2006). This theme describes the impact on the different systems around the child. Parents reported the support helps everyone in the microsystem:

> It just helps everyone. It helps parents, it helps teachers, it helps schools, helps children and they're the most important. You know what I mean? It really helps the kids. So no, it's beneficial for everyone. So, I don't see why it wouldn't happen. (P2)

Parents viewed that the impact of therapeutic support was far reaching in terms of systemic improvements for the child, families and school:

> Well, it benefits families as well.
>
> It gives the parents, the families, a reassurance that their child is going to school, and they're not just being ignored because they're not speaking, they're not interacting. It gives you that reassurance that, yeah, the school is actually trying here as well, you know what I mean. For me, yeah, definitely two or three people full time Monday to Friday. Reach as many of them as you can. (P5)

"It helps the school. You know what I mean? It helps teachers because it helps. It stops from kids like out bursting in class. You know, it calms them down" (P2). "It was so good and I think it would benefit children immensely. It would really benefit children immensely that there was a difference. I could see the difference in my child" (P9).

3.9.4 Theme 4: "It's been life changing"

This theme relates to the time element of the PPCT Model (Bronfenbrenner & Morris, 2006). The findings from this relate to the parents' view that their child had received the right support at the right time and changed the trajectory of their child's life. Parents reported that the therapeutic support had far-reaching consequences for the child and the family. The data from this study showed that the therapeutic support supported with a wide variety of issues including many Adverse Childhood Experiences (ACES) and that the impact is not only on the child, but on the wider system around the child.

Parents recognised the need to break the cycle of trauma that the child or family were experiencing. They viewed this support as being able to do this. By providing the right support at the right time, this changed the trajectory of their child's life:

> My daughter could have grown up, like could have been now, still depressed and moping around, not wanting to, do not want to go out and play. And like still with [named mental

health condition/ disorder] at 8 years of age, which is in my mind, like just so extreme. Like, that's like, I'm shocked. It shouldn't happen, but it does. So, they need, the support needs to be there for them. It has literally changed her life. (P2)

So the benefits there, would be in the long run. It will be that they are getting the therapy and unlike me not having to feel that I have to throw myself in stuff or sweep it under the carpet for whatever reason, do you know that kind of way like I've done. Now they'll learn to do it, so it's stopping the cycle of like….And that's the way you would like them to continue on. And into their teens. To be able to speak about emotions. (P3)

"It would completely change their life. It changes their life" (P5).

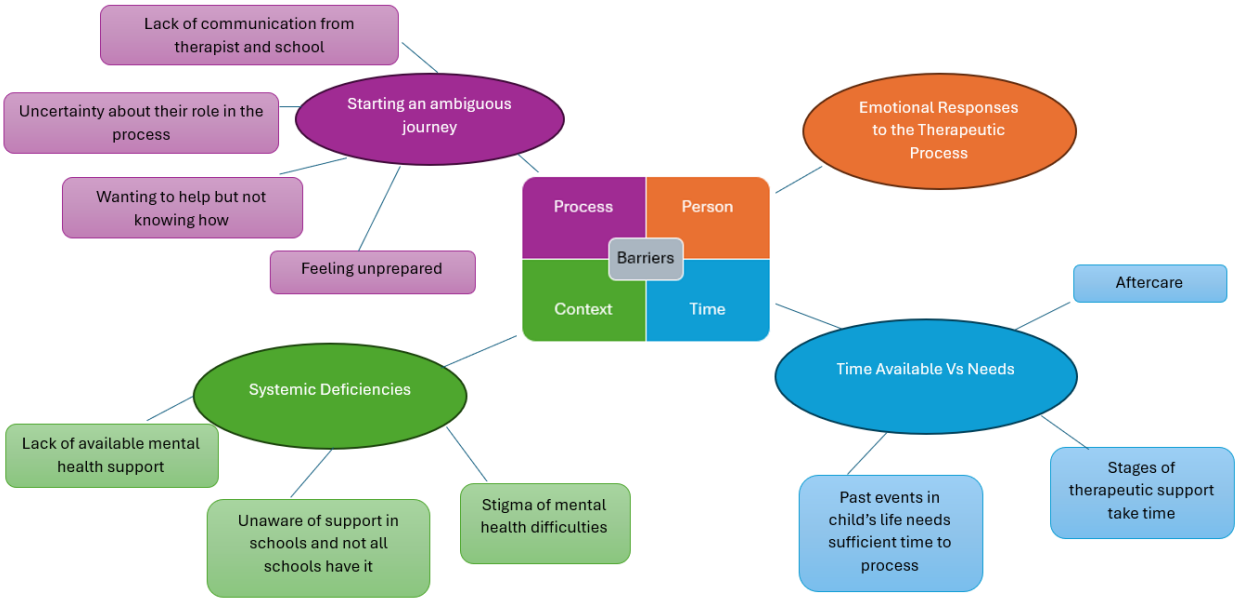
3.10 Results for RQ2: What are Parents' Perspectives of Individualised Therapeutic Support in Primary School: Barriers and Facilitators?

3.10.1 Barriers

The barriers that parents reported of individualised therapeutic support in primary schools were examined as part of RQ 2. Figure 3.3 shows themes presented using the PPCT Model (Bronfenbrenner & Morris, 2006).

Figure 3.3

Themes in PPCT Model for Barriers



3.10.1.1 Theme 1: Starting an Ambiguous Journey. As part of the "proximal processes" that occurred within the microsystem of the child, parent, therapist and school, parents identified the barriers of trying to navigate an unknown process. Parents reported that the ambiguity and uncertainty that was present in the process led to feelings of anxiety and worry for the parent. Ambiguity about the process was due to i) lack of communication from the therapist and the school, ii) uncertainty about their role in the process, iii) wanting to help but not knowing how, and iv) feeling unprepared.

Lack of communication from the school after the initial set up was identified as a barrier which contributed to parents' feelings of uncertainty. School remained separate from the process after the initial set up. Parents reported a lack of communication from the school during the process and lack of updates about how the child was getting on. "That was kind the only thing that riled us. We were taking our daughters word for it all the time. In the hope that she's telling us the truth" (P5).

The lack of communication from the therapist and the school meant that parents felt left out of the process of therapy with the child. Not knowing what is going on in the sessions was an issue that produced a lot of worry and anxiety for them, “Like we don’t even know what they did. You know, we don't know half the things that they were doing at it” (P5); “Unless our daughter told us” (P4).

Parents described that they understood the need for confidentiality, but they were uncertain of their role in the process. They reported being reliant on whether their child wanted to discuss the sessions or not to have some insight in to what was going on in the process:

> I just bite my tongue and sit back and hope that she can come out and say, oh yeah, we've done this. And this is what we were talking about. But she never did so yeah. So yeah, it's hard for you to know. (P7)

> At the start like, it was kind of like I kind of said to my daughter, like, look, this is this is you and your therapist’s thing. You don't have to come home and tell me anything. If you want to come home and tell me. (P2)

Parents had a real fear that they had missed out on something important or that there was something going on for their child that they did not know about and were unsure if this was the right support for their child:

> You’re always anxious, you’re always ok, Is she OK? What's going on? Is there something going on that I need to know about?... And you don't know how to help them. So, you're going to someone else to help them. You're always saying. OK. Did I do the right thing? Did I do the wrong thing? ……From a parents’ point of view not knowing, you know, you’re thinking, I don't know what's causing this stuff. Is there something I need to know? (P6)

Parents wanted to help their child but were uncertain about how they could support them through the process, they wanted to help but perceived that they did not know how. They felt if they had more knowledge of the sessions there might be something they could pick up on at home or support in some way "Maybe, little things that the therapist might have missed that I could pick up that I could change at home" (P7).

Parents reported how they were not prepared for some of the issues that came up for the child as part of the therapy process. They reported feeling ill-equipped to deal with the different stages of the process. Parents described definite stages of the process with some being more difficult than others. "I think the hardest the hardest part was in around the middle of it" (P7).

Depending on the severity of the circumstances, as to why the child was accessing the therapy, this became more of an issue for parents to deal with. "It made her a little bit more vocal about that situation too, which was something that she never was, and I didn't expect any of that" (P2). It was difficult for parents to deal with these changes at home particularly as parents were finding the circumstances difficult to come to terms with themselves.

> But when it opened up the can of worms for her, it was just a total disaster. For me in, in my sense, it was total disaster. It was bringing up everything up all over again. To listen to her getting upset, she wanted to cry...it tears me asunder. (P7)

"I did feel worried because when she started to quieten down, when she started quieting down, I was like where's my little bubbly personality. Little girls gone. Like she's the only shell of herself" (P8).

3.10.1.2 Theme 2: Emotional Responses to the Therapeutic Process.

This theme refers to the person domain of the PPCT Model (Bronfenbrenner & Morris, 2006). Parents discussed emotional responses to therapy.

Parents described the different emotional responses that children had as a barrier to the therapeutic process. This meant that some children felt reluctant to go, especially in the beginning of the process. The child may have sometimes found the sessions difficult and become upset by the session. Children were reluctant or nervous to start to start the session. Parents were unsure if it would be right for their child. One parent revealed how their child was hesitant at times and refusing to go, "I don't want to go" (P1). Another described how they did not feel their child would respond to the support due to the nature of her difficulties, "I didn't know if it would work because of the way she was. And she was just adamant, to not do anything" (P4). Parents reported their child being nervous or scared of the process, "I think at the start she was a bit reluctant. Yeah, she wasn't as open as she is now, I think she was a bit scared to be as open" (P8).

Parents described the emotional responses for their child after a session. Children would sometimes be upset. Parents noticed a difference when the child came home in their child's demeanour. "She did have challenges. Some sessions were a lot more difficult than others. You could see" (P6). In other instances, the parents would receive a phone call from the therapist to explain that their child had got upset in the session that day. "I'd pick up on it and then the play therapist would ring too and say, look, she's quite upset today" (P6). The sessions with the therapist were described to take its toll on the child at times. Children reported to their parents of being tired after the sessions.

> And the tiredness maybe as well after. After the actual play therapy, he would be a little, kind of going, I'm a bit tired now. Cause he's working so much then as well and he's like, no, I just want to rest. (P1)

3.10.1.3 Theme 3: Systemic Deficiencies. This theme refers to the context domain of the PPCT Model. (Bronfenbrenner & Morris, 2006). This domain refers to the different systems around the child. Parents discussed i) lack of available resources for mental health in the wider context, ii) parents being unaware of support within schools as not all schools provide support, and iii) stigma of mental health difficulties.

Parents described lack of available resources in light of the rise of children's mental health difficulties as a barrier to accessing the service, as there is not enough available support. The pandemic was also noted as having an adverse effect on children's mental health, along with a change in society. Parents identified that there were many children in the school who needed the therapeutic support and could not access it due to the shortage of resources. This limited the amount of time that children could have the support for. Funding for the support was identified as a barrier, and parents felt this support should be a "full-time" (P5) resource that is available in all schools:

> So many children are suffering mental health. So many kids. Like my daughter was bullied in junior infants at four years of age, 4 years of age. That did not happen 10 years 15, 20 years ago. Like now it's a different world we're living in, and the children need the help. (P2)

> Like I said, it's great, but there's just not enough of it. You know, I don't know if the funding's there or whether, the school will see it should be the disability networks

problem, not their problem. Yeah, but a lot of kids, they're just anxious. They've been through a lot of the last few years. You don't realise how much COVID and the lockdown and everything, for the effect on them. You know, pity there's not enough of it. (P6)

Another barrier to individualised therapeutic support in primary schools is parents being unaware of the support within schools as not all schools provide it. There is no universal service as to what schools do provide. "I was only over in the parenting class on Tuesday, talking about the art therapy and how I couldn't believe that not every school has it" (P3). Parents viewed they were fortunate that their child has access to the therapeutic support:

I'm glad out of all the schools in this area. I'm glad I chose this school because they just so much support and thought for them. It's a shame she's only here one day a week because all the children could like benefit. (P8)

Parents being unaware that the service is available within their own school is another barrier. Parents reported having to do their own research and approach the school, "And I had to Google" (P3).

Therapeutic support within the school is not advertised or promoted and is not known about by parents:

That's the problem. I've never had a leaflet or an e-mail to say if your child needs play therapy. If your child needs someone to talk to, come to us, so we will help facilitate it. We'll support you. We can guide you. Never, never got one. (P1)

The stigma of mental health issues was identified as a barrier of individualised therapeutic support in primary schools. Parents described how many other parents would be

reluctant to seek support as it "could be seen as there's something wrong cause it's not a normal thing" (P1). "It's almost like there's still a stigma around it or a taboo. …Back in our day you just call it brazen children" (P3). The attitudes and fear of how others might view their children was a barrier in the decision-making process as to whether the child should access the support or not. Parents were worried about the how the attitudes of others might affect their child long term:

> To be honest at the start I didn't want her doing it. I personally didn't think, I just didn't think she needed to do it. I didn't want her to be kinda…. I didn't know what she was going to be kinda ousted from it and other people would be looking at her in a different way. Yeah, which to me would have damaged her more. So, at the time, I think we argued once or twice over it, I didn't want her doing anything. I kept saying, oh, she's fine, she's fine. (P5)

3.10.1.4 Theme 4: Time Available Vs Needs. This theme refers to the time domain of the PPCT model (Bronfenbrenner & Morris, 2006). Barriers in this theme refer to the duration of the intervention in relation to the child's needs. Parents discussed i) concerns about aftercare and after therapy finishes, ii) stages of the therapeutic process taking time, and iii) past events in the child life needing sufficient time to process.

Concerns about post-therapy care were identified as a barrier. Parents expressed worries that the duration of support might be insufficient and were uncertain what to do after the therapy ended:

> I worry about in the long run when she's finished." (P3). "I think it went well. I would have liked to have more of it, more and more ongoing. But there's such a demand for it." (P6). Evidence of difficulties re-emerging after the sessions ended was also identified,

> "It's just a pity. Like, you can see now. Like I say, the anxiety coming creeping back in a bit like. (P6)

It was clear parents were concerned that the length of the intervention may not be adequate to support the child's needs and there would be a lack of accessible support after the intervention.

This theme recognises the stages of the therapeutic process as a barrier, as the child needs to be receiving the support for a sufficient amount of time for it to be effective. Parents identified that the stages of the process take time to go through "from looking in of the way she was. I think in a sense it opened it can of worms. But it helped. In another sense, kind of closed that can of worms" (P7). Parents identified that it could take children time to benefit from the support "as the weeks went on, no, just that. Yeah. I had art therapy today. You know what? I'm going to art therapy And so she was happy going" (P9).

Past-events in a child's life were identified as barriers in the therapeutic process. This refers to the macro-time of historical events in the child's life and how different past events influence the effectiveness of the therapeutic support. Parents also highlighted the timing of the support after these events as being critical in influencing the outcome of the support. Past events and timing of the support can be a barrier to effective support depending on the individual case. "I think in a sense maybe she needed it. Yes, but the way she was kinda for a little while after, maybe it was too early. It was just too much for her" (P7). Different historical events had different reactions from the children and needed sufficient time "she obviously, so like that kind of that came out as well and that kind of" (P2).

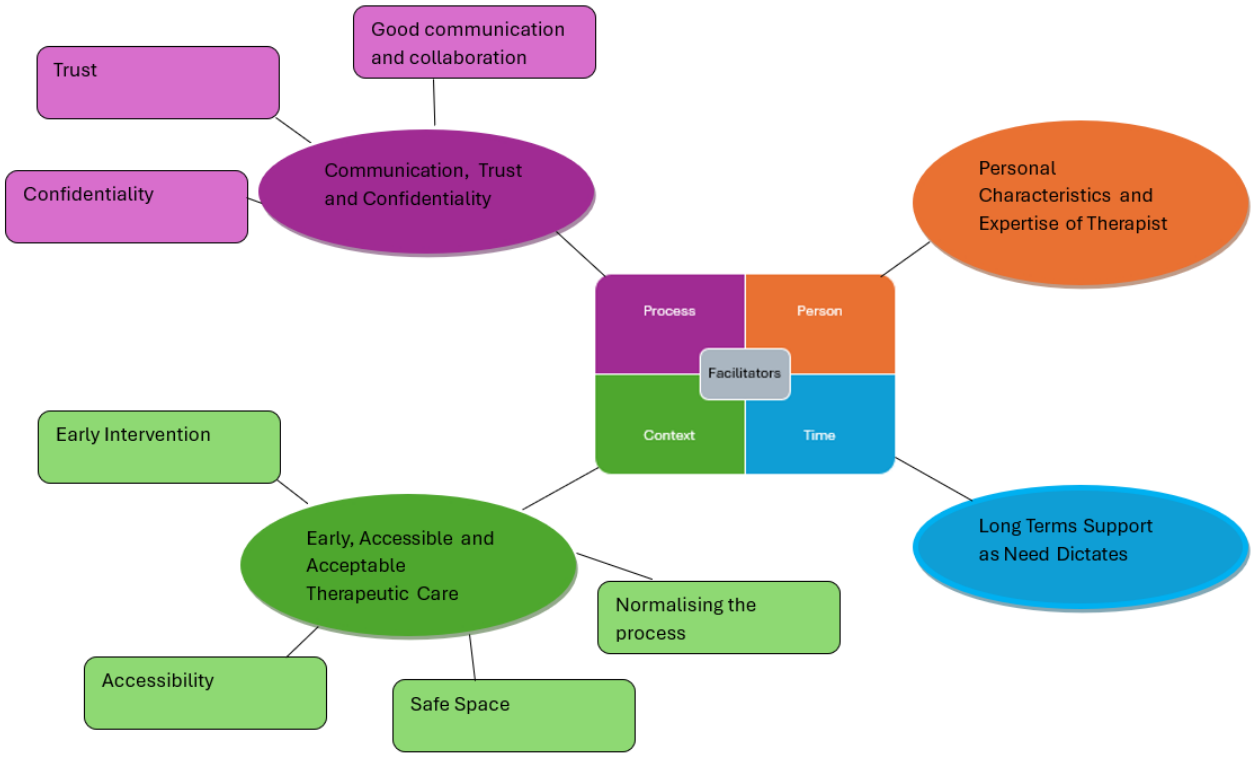
A lot of things that came up…that weren't after being voiced to me, which is understandable… I found out she was struggling a lot with, like the breakup and that. I mean, whereas I would have assumed she was too young. (P9)

3.10.2 Facilitators

Parents perceptions of the facilitators for therapeutic support were analysed using the PPCT Model (Bronfenbrenner & Morris, 2006) Key themes identified are reported in Figure 3.4.

Figure 3.4

Themes in PPCT Model for Facilitators



Process Theme 1: Communication, Trust and Confidentiality. This theme refers to the "process" domain of the PPCT model. (Bronfenbrenner & Morris, 2006) The facilitators that were present in "proximal processes" within the microsystem were described by parents. The process of therapy was facilitated by i) good communication and collaboration between all stakeholders, ii) trust and iii) confidentiality.

Good communication and collaboration were identified as a facilitator by parents. Clear communication and a commitment from parents and the therapist to collaborate supported in facilitating a smooth process. This included meetings at the beginning and the end with access and availability of the therapist throughout the process. "I had her phone number; you know what I mean? Like, if I had any concerns, like it was like, text me ring me like communication. The communication was fantastic." (P2)

> The parents meeting was very good and the fact I had a questionnaire beforehand; I was able to have that ready for her but also have my questions and my thoughts ready to bring with me to talk to her about. (P1)

A commitment to the process by both the therapist and the parents, with the therapist being accessible to keep parents informed and able to offer advice and support and guide parents was invaluable "the thing about her dad, she advised me on that" (P9).

Parents described a desire and a willingness to know more about how to support the child at home and implementing strategies at home on the advice of the therapist "whatever I need to do will let me know and we can work on it at home" (P6).

Collaboration involved sharing different perspectives, which parents saw as being a facilitator. This was valuable as it helped to ease the process by providing reassurance for

parents. “I wanted to get an outside professional perspective on it to make sure…I wanted to make sure he was OK, and it was good to get the reassurance of yeah, everything's fine” (P1). “It's, you know, an extra set of eyes. It's somebody else that's there. And if somebody else can pick up on something that can, they can help me with. Perfect!” (P9).

The data indicates that trust was part of this theme. This was trust between the parent and the therapist and trust between the child and the therapist “she was comfortable enough to be able to sit down and open up about her family life” (P9). “You know, because like, that's the only way you're going to get anything out of them. And you know, yeah, they have to trust you. So, the trust was the trust was definitely there” (P2).

Parents reported trusting the therapist to get on with their job without too much interference from them as parents “we just left her do it. In our eyes, she's a professional. She knows what she's doing” (P5). “Not to be ruining things, trust between my daughter and the therapist. I just stayed out of it” (P7). Parents trust in the therapist facilitated influencing the child’s feelings about therapy and encouraging the child that they could be open in the therapy sessions.

> I did say to her; look I don't mind what you want to go in and tell your art therapist. If you are having a bad day, I want you to tell the art therapist about it to know. If you don't want to tell me, I want you to tell somebody. (P8)

Both the parent and the therapist having enough trust to come to the process with an open mind and honesty was mentioned. “I went in very open minded... If people aren't going to be forthcoming about certain issues, then you know not going to be helpful” (P1). “I kind of said,

look, this can't really do any harm, but it can do some good. So, it was worth giving it a try" (P2).

The findings show that confidentiality was an important facilitating factor in this theme. Parents respected the confidentiality of the sessions "it's confidential between my daughter and the therapist. Yeah, I understand that I respect that. And I've never once when she come home, say oh what did you do today?" (P7).

Children knew that the sessions were confidential, and this facilitated in making the process work for the child: "I think for our daughter, it was more effective. She was a grown up. This was her own little thing that mammy and daddy didn't know about, mammy and daddy aren't going to it aren't questioning things at home" (P5).

Parents refrained from asking about the sessions. They understood from discussions with the therapist that confidentiality was part of the process. Respecting this boundary facilitated a more effective therapeutic experience by allowing their child to engage openly with the process. Parents trusted if there was something that they needed to know, they would be told. It was the child's safe space to talk, and this supported with the process "nobody's tells their mammy everything anyway. So, if she's not going to tell me, I want to tell someone. So, I was happy to know that the play therapist knew and that if it was serious I'd be told" (P2). "To be honest it helped me more to trust in her that I wasn't like being left in the dark and my child's well-being, that if they have concerns that I will be notified" (P8).

3.10.2.1 Theme 2: Personal Characteristics and Expertise of the Therapist. This theme refers to the person domain of the PPCT model. The facilitators that were described as part of the person domain were in reference to the personal characteristics that were part of the

facilitators of the process. The personality of the therapist was a facilitator; kind, caring, supportive and non-judgemental. This facilitated the process by fostering understanding and a comfortable environment that allowed for rapport and trust to develop which led to a successful therapeutic process:

> She's very understanding. She's very thoughtful towards maybe what my feelings were as well, which I wasn't expecting. But obviously my emotional feelings would affect my child. So, the fact she was taking that into consideration then, helped me because she could understand our dynamic and our life better. (P1)

Rapport was also highlighted as a facilitating factor. Parents felt that it was important that the child got on well with the therapist and that they were compatible. The personality and kind nature of the therapist facilitated this. "She's the nicest lady ever" (P2) "A lady at an absolute. She was a gem. Put me at ease straight away" (P9).

The child feeling comfortable with the therapist allowed the child to engage with the process and open up to the therapist "I felt like my daughter could tell her anything. You know, she was very she very like, you just didn't get any kind of judgement" (P2). Children reported to their parents that they felt at ease with the therapist:

> She said, she's kind, she's caring. If I tell her something and I don't want to share it with anybody else. She won't tell anybody. Yeah, she's trusting. Like, that was her main thing. She's trusting and if I feel sad, she makes me feel happy. (P9)

3.10.2.2 Theme 3: Early, Accessible and Acceptable Therapeutic Care. This theme refers to the context domain of the PPCT model. (Bronfenbrenner & Morris, 2006). These

facilitators refer to the different contextual factors within the various systems. Parents discussed i) early intervention, ii) accessibility, iii) providing a safe space, and iv) normalising the process.

Parents highlighted that early intervention was the best time for children to access the support they needed. This was due to children being more open to the idea at a younger age, "You're not going to want to talk to anyone like that by second class", (P1) but also the impact that early identification and intervention can have for the child:

> Like if my daughter didn't get it when she did. Yeah. And the waiting list to get it privately is ridiculous. Like they told me I could be waiting a year and a half for my daughter, I was like but sure, like she's going to be well damaged by then, like she's already going through stuff. I was like, if she waits that long, I was like she might not speak to anyone. (P2)

The impact of not having support early enough was highlighted "not flagged early enough and kids are dragging them issues and trauma and problems and fears and anxieties up into adolescence and teenagers and their ending up on drugs and drink" (P3).

Accessibility was a facilitator as parents described the ease and speed of accessing the service supported an efficient set-up of the service, removing administrative tasks for parents. "the school directly dealt with it and directly lined it up. And I didn't have to do anything" (P1).

This was in comparison to the lack of other available supports available for their child. This was the only support that parents felt that they could access given the waiting lists for other services for children's mental health services "I was just happy that they didn't outsource me to the HSE to be honest… Pointless, absolutely pointless. You get no supports through that direction" (P1).

The support being free was a facilitating factor and made it accessible for families. Parents were aware of the cost of private therapeutic support “the waiting list is ridiculous. And it's quite pricey when you go private” (P6) “It didn't cost me anything. So, it really did help a lot” (P2).

The therapeutic support was also highlighted as accessible as you did not need additional needs to access it. This made it available to children based on need. “Like you don’t have to have an additional need say for the likes of play therapy and things like that. So, that’s important” (P4). “I think that needs to be available because a lot of children don't have a diagnosis. A lot of, but a lot of children do need the extra help” (P9)

The therapeutic support was seen as a safe space for the child to express themselves within the microsystem. This was a facilitating factor outlined by parents as it supported children by fostering a sense of emotional safety for children to engage openly in the therapeutic process. “That was her safe place” (P2) “It's not only creative space, but it's her. It's a safe space” (P3). “I'm glad that she's has someone as that safe person that she can talk to about” (P8).

Parents identified that “normalising” the process of therapy as part of the regular school system would be a facilitator to the process. Giving parents more knowledge about it and making it a regular part of school life for children would make seeing the therapist a natural and positive part of children’s lives “that it's not a visiting therapist that each school would have one or be able to avail of one between two schools, that it's the norm. It's not a big deal for it to happen” (P1). “I don't think it should be a thing. Where your child is picked out and there's somebody coming in to just do this for six weeks or so. For me and I think for both of us we agree that should be a full-time position in the school where people are there doing it every day” (P5).

3.10.2.3 Theme 4: Long Term Support as Need Dictates.

This theme relates to the time domain of the PPCT Model (Bronfenbrenner & Morris, 2006). This theme refers to the duration of the support as being a facilitating factor. The findings show that six out of eight of the children received the support on ongoing basis for at least one year minimum. This may have impacted their perspectives on the support. Parents reported that headteachers were happy to provide the support on a long-term basis for as long as the child needed it. It was a collaborative process to be decided with the parents and the therapist as to when a suitable time to finish the support would be best for the child. “The principal said, it’s like, look, we're here for as long as she needs us. It could be years down the road, and she'll be a lot more older, then she'll understand” (P3). “But then at the very end, then she said she will cover everything again and like that, if he needed more sessions. He would have gotten more sessions at the end with the review” (P1).

3.11 Discussion

The results will be examined in view of the theoretical framework used and the findings will be linked to previous published research.

3.12 RQ1 What are Parents’ Perspectives of the Impact of Individualised Therapeutic Support in Primary School?

The findings from this study show that the parents described several impacts of the individualised therapeutic support in primary schools. The impacts described were mapped on to the PPCT model. Parents described the improvements within the microsystem of home relationships improving as a process factor. More impacts that were cited by parents in terms of the person context included a growth in confidence of the child. Parents described that the impact of therapeutic support in terms of context had a beneficial impact on everyone in the

microsystem The impacts in terms of time were that the support was life changing and that it had a positive impact on the child's life.

The results from this study show that the impact of the individualised therapeutic support in schools was overwhelmingly positive. Despite the challenges that will be discussed as barriers, parents had mainly positive perspectives about the impact.

Parents described improvements in home life and the child's relationship with others. This finding builds on previous research (Harrison, et al., 2024a; Hughes, 2008; Longhurst et al., 2022) that found that relationships with others improved. However, the findings from this research specifically illuminates the improvement within the child's home microsystem and the impact the therapeutic support had in that area. This is in line with research that reports that an increase in the child's functioning can have a positive impact on the rest of the family (Cooper et al., 2023). Family Systems Theory describes how an improvement in one member of the family's behaviour can have improved relationships on the whole family (Bowen, 1978). Furthermore, Ecological Systems Theory posits that a positive change one microsystem will have an impact on the other microsystems (Bronfenbrenner, 1979).

Family systems theory also recognises the importance of the interconnectedness of the family and family dynamics (Bowen, 1978). Therefore, these findings may be attributable to the impact that parents of this study described that the therapeutic support had in supporting the whole family. This was through ways like psychoeducation or parents attending therapy as discussed below. Consequently, changing the family dynamics and improving functioning within the whole family, is thought to be a vital part of this process (Carr, 2009, 2015). This gives new insights into the wider impact of individualised therapeutic support in schools.

Parents reported learning more about their child through the therapeutic process and how to deal better with situations. These findings highlight the impact that parents having increased mentalisation of the child's difficulties can have (Camoirano, 2017; Charpentier Mora et al., 2022; Nieto-Retuerto et al., 2024). Increased understanding of their child's difficulties supports with parental attunement and therefore increases attachment (Bowlby, 1979).

The findings of this study calls to attention the nature of parental involvement in the child's individualised therapeutic support in schools. Research demonstrates that having parents directly involved in the therapeutic process has a positive impact on outcomes (Carr, 2009). Accepting this premise, the findings illustrate that positive impacts were reported without parents being directly involved in the therapeutic process. This may be attributed to evidence suggesting parents benefited from the guidance of the therapist to improve various aspects of their interactions with their child, through different tools and strategies. Giving parents the skills and knowledge to support an intervention is crucial (Carr, 2015). These findings show the positive impact of the changes in "proximal processes" within the microsystem over time (Bronfenbrenner & Morris, 2006). An improvement in the way that the parents respond to children can potentially create more positive long-term relationships within the microsystem through creating more secure attachments (Bowlby, 1979). An improvement in positive parenting practices has beneficial outcomes on the family (Chen et al., 2019; Neppl et al., 2020). Parents benefiting from techniques from the therapist was highlighted by studies in the scoping review. The findings from this study highlight the need to examine how parents are involved in individualised therapeutic support in primary school.

Notably, parents' perceptions of the value of therapy for their child led to some seeking therapeutic support for themselves. This would have altered the "proximal processes" within the

child's microsystem (Bronfenbrenner & Morris, 2006), possibly accounting for some of the positive perspectives that parents had about therapeutic interventions. It was clear from the findings that parents felt that they needed help and guidance as part of the therapeutic process and that the process stages were at times, challenging for the child. Seeking their own support was positive for those parents that had the means to obtain the support that they needed. Only one UK study from the scoping review mentioned parents seeking therapeutic support for themselves (Longhurst et al., 2022).The type of study and similarity of the methodology of this study combined proximity of the UK with similar culture, socio-economic, education and health systems may account for similar findings. These factors were found to have an influence on parents' ability to engage with their child's therapeutic process (Haine-Schlagel & Walsh, 2015; Yeh et al., 2016).

Nonetheless, the findings from this study show that the need for support and guidance for parents during their child's therapeutic process is an important perspective that should be considered when planning to support the child. Supporting parents with their own emotional resilience is documented as having a long-term impact on the family as a whole unit (Buka et al., 2022). While parents may not necessarily need to be directly involved with the therapy to produce positive impacts the findings demonstrate a need for parents to be involved through psychoeducation and to be emotionally supported through the process.

Positive changes within the child were reported by parents such as confidence, empowerment and happiness with an improvement in emotional literacy. This finding is well-situated in research from the scoping review that describes therapeutic support as impacting children's confidence and wellbeing (Emde, 2015; Longhurst et al., 2022). One study from the scoping review suggests that the impact for the child waned over time (Longhurst et al., 2022).

Parents in this study were still recently invested in the therapeutic support and that more immediate impacts on the child may be more evident as a consequence. Previous research postulates that individualised therapeutic support in schools has a positive impact on the child up to two years later (Baskin et al., 2010; Daniunaite et al., 2015; Finning et al., 2022; Fox & Butler, 2007; Lee et al., 2009).

It is acknowledged that this study is conducted at a point in time and views change over time (Stewart, 2010). Proximal processes change within the microsystem over time (Bronfenbrenner & Morris, 1998). There is a need for more longitudinal research on the impact of therapeutic support delivered in primary schools.

The universal benefits that parents discussed in terms of improvements, highlights that changes in the microsystem can have a ripple effect and positively impact other microsystems. Positive outcomes for children are well documented as improving many areas of a child's life including improvements in academic performance, social and emotional issues, college preparedness, school connectedness. (Demetriou & Kalouri, 2019; Emde, 2015; Hughes, 2008b; Longhurst et al., 2022). This is an important finding in terms of the Irish context and policy and practice. This finding lends further support to the current emphasis on supporting children's mental health in policy and practice by demonstrating the comprehensive benefits of prioritising and investing in this area. The provision of therapeutic support in schools would potentially have benefits for those within the child's microsystem (e.g., child, family, teachers and school community as a whole).

Parents reported that having this support at the right time for the child was life changing. In terms of the trajectory of the child's life, parents feel that this has had a positive impact. This resonates with the body of research that suggests that children who have experienced Adverse

Childhood Experiences (ACES) can do well, if they receive timely child-centred support, and that "one good adult" can make that positive impact (Conroy & Perryman, 2022; Perry & Winfrey, 2021). The therapist acting as that "one good adult" was evident in the parents' perspectives of the relationship due to the bond that the child had with the therapist. Furthermore, early intervention for mental health difficulties is key for successful outcomes in children to prevent the difficulty becoming entrenched (Correll et al., 2018; Goodwin et al., 2009; McGorry & Mei, 2018; Parry, 1992; Webster-Stratton & Bywater, 2015). The Slaintecare Policy (GoI, 2023) emphasises that the right care should be given at the right time. In addition to this, early intervention for mental health difficulties is cited as part of the government's mental health policy (GOI, 2020). However, the parents' perspectives on the gap in mental health resources would suggest these policies are at a disconnect with current provision of support for children's mental health (Ombudsman for Children, 2023; The House of the Oireachtas, 2023a; The House of the Oireachtas (2023b).

3.13 RQ2 What are Parents' Perspectives of Individualised Therapeutic Support in Primary Schools: Barriers and Facilitators?

Interpreting the data through the PPCT Model (Bronfenbrenner & Morris, 2006), several of the barriers can be viewed as the lack of connection within the microsystem. In contrast, when therapeutic support works well in primary schools, it is due to the elements of the microsystem working collaboratively.

3.13.1 Barriers

The findings from this study demonstrate the complex nature of the systems surrounding the child and the way they interact can become barriers or facilitators in the process of individualised therapeutic support in primary schools. This study demonstrates the importance of

the “proximal processes” that take place as part of individualised therapeutic support in primary schools. The process barriers reported by parents were, the unknown element of the process, uncertainty about their role and feeling unequipped. Emotional responses perceived by parents were identified as person barriers. Systemic deficiencies such as the lack of available resources, differences in provision and stigma were outlined as context barriers. The concerns around aftercare, stages of the therapeutic process and time of the support were noted as time barriers.

This study demonstrates that the ambiguity associated with the process was a barrier. From the demographic information gathered it is indicated that his was the first instance that all the participants had accessed therapeutic support for their child. It could be argued that their lack of experience may have contributed to their perspectives of trying to navigate an unknown process. Similar to previous research, uncertainty about the therapeutic process was accepted if it was deemed as being best for the child (Hughes, 2008; van Vulpen et al., 2018). Lack of communication was found to be a barrier and added to the ambiguity of the process (Harrison et al., 2024a; Harrison et al., 2024b; Longhurst et al., 2022).

This study found that parents were able to sit in the discomfort and anxiety of not knowing, as they held the view that this was for the benefit of the whole process, and it would provide their child with a confidential safe space to talk. It could be suggested that being uncertain about the process may have impacted how parents approached the situation and willingly followed the advice from the therapist, even when they felt uncomfortable. The dynamics of this perspective also points to a potential power imbalance of a professionally centred model of practice that does not consider the importance of the parent in the microsystem. Lack of self-efficacy from parents can impact their ability to contribute to supporting their children in the therapeutic process (Haine-Schlagel & Walsh, 2015b; Warren et al., 2011). This

can leave the responsibility on the therapist to "fix" the problem. These findings demonstrate a need to empower parents as part of this process by employing a family centred model that recognises the powerful influence that family dynamics play.

Interestingly, confusion and lack of clarity around the role of the counsellor by parents was highlighted as a barrier in previous research (Gillilan, 2006; Harrison et al., 2024a; Harrison et al., 2024b; Hughes, 2008) but was not evident in the current study. This may be due to the different systems that exist and the different definitions of the role of a counsellor in school. Many countries have full time "school counsellors" employed. In Ireland this is not the case in primary schools. Instead, a therapist visits the school and is employed by the school to deliver therapy. They are not school staff and are separate to the school, so they have a very specific remit.

Children's emotional responses to the therapeutic support were also identified as a barrier. This was the first time the children in the study had received therapeutic support. Therefore, it was an unknown process for the children of this study. This may account for some of the reluctance that was described by parents particularly at the beginning of the process. This links with the theme "time available Vs needs" which describes the stages of therapy and children needing time to work through the process (Carmichael, 2006; Landreth, 2002).

It was found that parents' perceived that therapeutic sessions could be difficult for the child. They recognised that the child may have been upset afterwards. Similarly, Longhurst et al., (2022) found that children were upset going back to class or coming home from school upset. Consequently, the psychological safety of the child needs to be considered when providing this type of support in school. Parents may have received a phone call from the therapist, or the child might have disclosed it themselves, to say they were upset. Approaches for informing parents

were unclear and were varied. The systems in place for who is going to support a distressed child in school should be considered as a matter of importance. After therapy children may feel emotionally vulnerable and have heightened emotional distress. It is important that reintegration into the classroom is handled in the correct way. Staff being able to support the child with regulating their emotions is crucial. Previous research that reports that teachers feel unequipped to deal with mental health difficulties is important in terms of this finding (Goodwin et al., 2021b; O'Farrell et al., 2023). This raises ethical concerns about the child's wellbeing. Teachers being trained in trauma informed practices is vital so that all staff understand how to support and deal with trauma within the school (L'Estrange & Howard, 2022). Professional development is needed in this area and a clear protocol is needed to support teachers.

Lack of available resources and a confusion around a difference in provision were highlighted by parents as being a barrier to the therapeutic support. These findings could be attributed to the current difficulties with the mental health support for children in Ireland; the increase in children's mental difficulties and systems being unable to keep up with the demand. Parents in this study had not previously accessed therapeutic support for their child and had the perception that they would be years waiting for support. Not knowing about the support points to the ad-hoc way that support is currently being provided and there is no universal system in schools in Ireland to provide the support (Dooley Judge, 2017). This finding further reiterates a need for a streamlined approach to children's mental health difficulties in collaboration with HSE.

Stigma was also identified at a macrosystem level as a potential barrier. Parents described views and fears that may hold people back from accessing therapeutic support. Stigma was evidenced as a barrier from the scoping review (Emde, 2015; Harrison et al., 2024a;

Harrison et al., 2024b). Two of the studies described this as a cultural stigma (Harrison et al., 2024a; Harrison et al., 2024b), that was the general attitude towards therapeutic support as a culture. In this study parents had fears that the child may been as seen different in some way from the crowd and that others might view them differently. Parents may worry that their child could be seen as different or outside the group in some way (Tajfel, 1979). Attitudes, education and beliefs around mental health continue to be issue within society that need to be challenged. Indeed, reducing stigma is a focus of the HSEs mental health policy (GoI, 2020).

The question of aftercare corelates with previous research from the scoping review (Hughes, 2008; Longhurst et al., 2022). It has been found that parents felt the service was not long enough and therefore produced negative outcomes and that there was a lack of follow up support and were concerned about the discontinuation of the support (Hughes, 2008, Longhurst et al, 2022). Similarly, parents in this study were also concerned about their child after the support would finish due to lack of alternative support. Parents in the current study were satisfied with the duration of therapeutic support unlike other research which linked a short input of therapeutic support with negative outcomes (Longhurst et al., 2022). There are stages to a child centred therapeutic process (Carmichael, 2006; Landreth, 2002). Six out of the eight children in this study all received the support for at least one academic year. Long-term child centred play therapy (26- 32 sessions) has been found to produce positive outcomes in relation academic achievement and behaviour (Blanco et al., 2017; Leblanc & Ritchie, 2001a; Muro et al., 2006). The current counselling in schools' pilot offers eight sessions to children, with two of the sessions being parental meetings (Department of Education, 2023). Previous research has postulated that an insufficient amount of time given to the process can do more harm than good

(Hughes, 2008; Longhurst et al., 2022). The duration of support therefore emerges as an ethical concern that needs to be considered (PSI, 2019).

Bioecological Systems Theory (Bronfenbrenner & Morris, 2006) posits that it is the influence of proximal processes over time that impact child development, not one individual alone. The difficulties that parents reported in dealing with issues that surfaced from their child's therapy further evidence that the connection within the system cannot be ignored. The perspectives that parents had about dealing with stages of the process of therapy may have come from the parents' own experiences of the circumstances that impacted the whole family. This further highlights the need for parental support.

3.13.2 Facilitators

There were several facilitators described by parents. The facilitators show that the proximal processes that were present in the microsystem produced positive outcomes in the process of therapeutic support. Facilitators described in the process domain were good communication, collaboration, trust and confidentiality. The personality and expertise of the therapist were person factors. Contextual factors reflected the importance early, easily accessible support that provides a safe space that is normalised. In terms of time, it was found that giving enough time to the process aligned with the needs of the child was a facilitating factor.

At a process level, the facilitators identified related to communication, trust and confidentiality. The findings from this study are noteworthy as they build on studies that recognise the importance of communication and collaboration with parents throughout the therapeutic process (DEDF, 2023; Demetriou & Kalouri, 2019; Emde, 2015; Harrison et al., 2024a; Harrison et al., 2024b; Hughes, 2008; Longhurst et al., 2022; van Vulpen, 2018). This

study shows the value of the "supporting alliance" which refers to the indirect communication between the therapist and child's microsystem (Feinstein et al., 2009).

Having trust in the therapist is well documented as being important part of building a therapeutic relationship (Carr, 2015). In this study the trust was also between the therapist and parents. Further enhancing the supporting alliance. Within the literature, conflicting parental perspectives have been found in relation to confidentiality. While Longhurst (2022) cited confidentiality as an important facilitator, confidentiality within the school was a concern for parents in another study (Harrison et al., 2024a). This is in contrast to this study where confidentiality was found to be a facilitating factor. Cultural differences may account for this discrepancy, or it may be an outcome of the value that the therapists in this study placed on confidentiality.

Confidentiality as a facilitating factor is of particular importance as this accentuates new understanding of the necessity for confidentiality in the school setting to enable to child to engage openly and fully with therapeutic process. These findings have implications for future developments in this area. The importance of effective communication and collaboration, trust and confidentiality as facilitating parts of the process that warrant careful consideration. These are important aspects of the support and information for new stakeholders to be aware of when entering into individualised therapeutic support in primary schools.

The personal characteristics and expertise of the therapist were found as facilitating factors. These findings contribute to new understandings that were identified in the scoping review. It found that the interpersonal skills of the therapist and the importance of the therapist being a qualified professional were important facilitators (Demetriou & Kalouri, 2019; Harrison,

2024a). These findings are situated in literature that explains the characteristics that support with building therapeutic rapport or therapeutic alliance (Carr, 2015).

Early intervention, a safe space that can be accessed easily and normalising the process were identified as contextual facilitators. The school counsellor was identified in previous literature as important as being able to provide early intervention (Demetriou & Kalouri, 2019). The findings of this study go further to enhance the understanding of the benefits of tackling mental health issues at a young age, describing potential for young person's mental health to improve. The importance of dealing with mental health difficulties early before they become entrenched has been widely documented (Correll et al., 2018; Goodwin et al., 2009; McGorry & Mei, 2018; Parry, 1992; Webster-Stratton & Bywater, 2015). Current discourse around the need for mental health difficulties to be supported at a young age is further supported by findings from this study. Policy in Ireland supports this premise (GoI, 2020) but in practice it can be challenging because of limited resources (Rush, 2017).

The ease of accessibility was a facilitating factor for parents. The scoping review pointed to the accessibility of children accessing the support in terms a counsellor being readily available in school for children to talk to. This was not the case for this study as therapists are not employed in a full-time role in Ireland. The findings from this study differ as they refer to accessibility in terms of how easy the support was to set up with school removing administration barriers, cost and how quickly it could be set up. It also highlighted the fact that the support was needs led and not diagnosis led. This sheds further light on the benefits of the accessibility in schools in the Irish context. These may have been of particular importance to Irish parents due to lack of services from the health service in Ireland. On a macrosystem level, the lack of alternative support from the wider system was evident throughout parents' perspectives. This

would have potentially influenced parents' perspectives about the support that their child received, given that it was accessible quickly. Parents described feeling glad to have any support at all, may have influenced their views as parents, as they were aware of the difficulties within the HSE system (The House of the Oireachtas, 2023a; The House of the Oireachtas (2023b). Nevertheless, these findings demonstrate the factors parents feel make the support accessible and these have implications in terms of future practice.

Parents of this study had children who had actually accessed individualised therapeutic support. Parents either approached the school or the school initiated the support. There was no formal identification or screening for suitable children for the support across the school. Previous research points to the importance of a combination of screening methods such as screening for mental health and teacher referrals (Soneson et al., 2018, 2020b). This means that teachers would require training to identify children who would possibly benefit from therapeutic support. This would support the identification of those children that may express distress outwardly or process emotions internally or the "missing middle" of children who have poor mental health but do not have a diagnosable mental health condition (People & Committee, 2018). NEPS psychologists are part of this identification process through the counselling in schools pilot. (DE, 2023). They work with the school to help identify potential children that may be suitable for the pilot scheme. The criteria that are used are unclear. Given that some parents in this study initiated the support from the school, there may be a place for parents to be part of the referral process in the pilot programme (DE, 2023).

The term "safe space" was used by the participants as facilitating factor in this study. This is referring to the physical safe space within the school and psychological safety in the therapy room that the parents feel had been developed. This aligns with previous research and

reinforces the perspective that schools can provide this environment leading to positive outcomes (Emde, 2015a; Harrison et al., 2024a; Longhurst et al., 2022). There are practical implications of providing a physical safe space in school need to be considered.

The length of support given was a facilitating factor in this study. As mentioned previously, research has highlighted the difficulties with the length of support not being sufficient. The duration of the support in this study is significant and corelates with best practice that best outcomes are achieved over 30 sessions and support should be aligned with needs (Leblanc & Ritchie, 2001). This finding has implications in terms of future policy and underscores the critical need for duration of support to be given careful consideration going forward in terms of policy.

3.14 Conclusions

This study set out to explore parents' perspectives of individualised therapeutic support in primary schools. This study was underpinned by the Bioecological Systems Theory (Bronfenbrenner & Morris, 2006) which supported in demonstrating novel understandings into the complex nature of therapeutic support in primary schools in Ireland. This is the first study to examine parents' perspectives in the Irish context to discover how parents' perspectives and how the multiple systems around the child interact and have influence over the process of therapeutic support in primary schools.

This study concludes that parents perceived therapeutic support in primary schools as having a positive impact. The results of this study indicate that parents observed positive impacts both for their child and for others in their child's microsystem. Improvements such as the child gaining confidence and early intervention having the ability to change the trajectory of the

child's life. Further improvements in terms of relationships and long-term positive impacts on the microsystem of the child were also found.

Therapeutic support in schools is not without its challenges which can act as barriers to the process. Therapeutic support was an unknown journey for the parents and children of this study, that was hindered at times through lack of communication and uncertainty about many aspects of the support and feeling unprepared. It was also a challenging process for the children at times and their emotional responses were described by parents. Systemic deficiencies were identified as a barrier as a lack of resources, differences in provision and stigma were reported by parents as being an issue. This study revealed that duration of support was an issue that parents perceived as important. Parents were aware that therapeutic support takes time, and children need to be given sufficient time to work through the stages and also the timing of the support needs to be right.

In terms of facilitators, parents perceived good communication and collaboration between themselves and the therapist as beneficial to the process. Trust and confidentiality allowed the process to flourish and for the child to engage openly with the therapy. The personality and expertise of the therapist was identified to support in building rapport and a therapeutic alliance and a supporting alliance. Early intervention that was easy to access and provide a safe physical and psychological space for the child was perceived as important by parents. Parents felt normalising the process so that it was an accepted part of the school would support the process further. This study revealed that the participants of this study felt that the duration of the support that they received aligned with their child's needs.

The results from this study serve to highlight the importance of the systems around the child and their interactions over time and their influence on individualised therapeutic support in

primary schools. There is a need for recognition of the system that is operating around the child when considering therapeutic support in schools. When these systems are working together, they have the potential to impact both the child and the family positively. No single individual within the system has the capacity to, or the responsibility to "fix the problem." This study demonstrates that there needs to be a collaborative approach to therapeutic support in schools that specifically includes the microsystem of parents, therapist and school but the systemic issues of in the macrosystem must also be addressed as part of successful support.

3.15 Methodological Considerations

Methodological considerations include strengths and limitations of the research in terms of epistemological position, theoretical perspective, research design, sampling method, data collection and data analysis. These will be discussed in detail in the critical review paper.

3.16 Implications for Policy, Practice and Research

The results from this study indicate that there are implications that should be considered in terms of policy, practice and future research. However, these should be interpreted with caution due to the small sample size and limited context of the study These are outlined in Table 3.5 and are discussed in more detail in the critical review paper.

Table 3.5

Implications for Policy, Practice and Research

Implications for Policy
Exploring Individualised Therapeutic Support in Schools as a Nationwide Service: There is no clear policy for providing mental health support in Irish schools. While this is a small-scale study, findings from this study show the perceived positive impact that

therapeutic support in schools can have on children. Further examination on how individualised therapeutic support provided in primary schools can fit into national context of mental health services for children should be considered. Further developments should be designed in collaboration with the HSE to produce a streamlined service. The insights gathered may offer preliminary guidance for ongoing developments to inform the pilot programme of counselling in primary schools (DE, 2023).

Early Intervention: This small-scale study demonstrated the perceived positive impact that early intervention can have on improving mental health difficulties in children. Although caution should be taken when generalising this finding, it does align with broader literature and policies that advocate for early support with children's mental health difficulties (Correll et al., 2018; McGorry & Mei, 2018a, 2018b; Membride, 2016).

Support for Parents and Parental Involvement: The parents who participated in this study viewed themselves as integral to the therapeutic process. While it cannot be assumed that this reflects the view of all parents, the findings highlight the potential benefits of including parents in the design of therapeutic support. Decisions about the implementation of individualised therapeutic support in primary school should consider how parents will be supported throughout the process.

Reducing Mental Health Stigma: Some parents in this study described how stigma of mental health difficulties can act as a barrier to therapeutic support in school. Findings in relation to these experiences may have relevance to policies which seek to reduce stigma around mental health difficulties.

Implications for Practice

Time Aligned with Needs: Findings from this study suggest that the stages of the therapeutic process take time and that parents were concerned about what would happen when the support finished. These findings may have relevance for individual EP practice. Specifically, the duration of the therapeutic support needs to be considered to allow sufficient time to support the child's needs. These findings may have implications for the current NEPS pilot project in terms of the duration of the support currently being delivered. Currently the pilot project provides six sessions of therapeutic support to children.

Clear Referral Pathways: Parents in this study approached the school to initiate the support or the school initiated it. The support is not advertised within the schools, and it is unclear for parents how to get access to this support. While this was specific to the schools participants' children were attending, it may point to a wider need for schools to develop clearer, more transparent referral pathways. This includes staff and parents being able to make referrals.

Professional Development to Embed Practice in Schools: Educational psychologists have a role to play in providing professional development to teachers and school staff before therapeutic support is started within a school. The psychological safety of the child is paramount and findings from this study highlight that emotional responses from the children were an important consideration, suggesting that teachers would benefit from training in trauma informed practices. This may be relevant to the NEPS pilot project in terms of the wellbeing practitioners involved in strand 2 of the pilot project delivering professional development to teachers.

Psychoeducation for Parents: Parents in this study often felt that they were ill-equipped to deal with their children's issues. These finding link to the NEPS pilot projects that is

currently taking place. Strand 2 of the pilot project offers psychoeducation to parents. Parents whose child is receiving psychological support may benefit from this psychoeducation as part of their support.

Implications for Educational Psychologist providing Therapeutic Support:

Educational psychologists within NEPS can deliver therapeutic support as part of their role. The findings from this study highlight the barriers and facilitators concerning parent involvement that will support EPs in making the therapeutic support more effective.

Regular Collaboration and Communication Between all Stakeholders: Regular communication between parents, the therapist and the school was viewed positively by the parents in this study. This suggests that the monitoring of progress and outcomes done in conjunction with parents and using family centred models may be used to empower parents in this area.

Guidelines and Clear Information: This study demonstrated the need for clear guidelines for parents in this study whose children were in receipt of therapeutic support. Parents in this study valued information about what to expect, the parents' role, the importance of collaboration, communication and confidentiality. While these findings relate to three schools where varying contextual factors may have shaped the outcomes, they may relevance to other primary school settings where children are in receipt of therapeutic support from external professionals.

Removing Accessibility Barriers for Parents: A finding of this study was that accessibility was a facilitator of therapeutic support in primary schools. This suggests that making sure that the support is accessible for parents by the school removing

administrative barriers and making the process as smooth for the parents as possible will support in facilitating therapeutic support in primary schools.

Safe Space: Parents in this study emphasised the importance of a 'safe space' within schools. This suggests that schools may need to consider the space provided for therapeutic support. An identified room or space that is welcoming and suitable to provide the child with a sense of safety.

Implications for Future Research

Longitudinal Research: This study interviewed parents whose children had individualised therapeutic support within the last two years. Longitudinal research that examines therapeutic support over a long term would be beneficial to inform future policy and practice.

Larger More Diverse Sample: This study included a small number of participants from three different schools, limiting the diversity and transferability of findings. The inclusion of other stakeholders including the voices of children, school staff and therapists as well as a broader demographic spread of parents would strengthen the evidence base and ensure a more comprehensive understanding of therapeutic support in schools This would be important for future study.

4 Critical Review and Impact Statement

4.1 Introduction

The concluding paper of this thesis provides a critical review on the research and the potential implications and impact. A critical reflection on the epistemological position and theoretical perspective taken will be presented. This will be followed by in-depth analysis and critical appraisal of the research design, measures and methods of analysis. Reflections on how the researcher's positionality impacted the research was also explored. Implications will be considered in terms of policy, practice in educational psychology and future research. A personal reflection on the research process will also be included. The paper culminates with a statement of how this research can be beneficial both, within and beyond academic settings to the wider context of public life.

4.2 Reflections on the Epistemological Position

This study was conducted using a constructionist epistemology. A constructionist epistemology is a position that holds the belief that there is no one absolute truth (Braun & Clarke, 2013). According to Crotty (1998, p.42) "all knowledge, and therefore all meaningful reality as such, is contingent upon human practices, being constructed in and out of interaction between human beings and their world, and developed and transmitted within an essentially social context". This view means that numerous realities exist each shaped by context and time. A constructionist paradigm has a relativist ontological position, meaning reality is subjective, there are many different realities for people based on the sense they make of their experiences in the world (Andrews, 2012; Braun & Clarke, Crotty, 1998; 2013; Mertens, 2020; Phillips, 2023).

This epistemological position was adopted as this study examines parents' perspectives of individualised therapeutic support in primary schools. By recognising that parents' knowledge and perspectives of therapeutic support are constructed by their experiences it lends itself to exploring the contextual and social influences that influence parents' perspectives. It allows for a richer examination of the subjective nature of the parents' perspectives by considering the unique social influences and realities that each parent has. This study aimed to explore numerous perspectives rather than find one definite truth. Constructionism lends itself well to this type of exploratory study (Adom et al., 2016; Braun & Clarke, 2013; Mertens, 2020; Phillips, 2023).

4.2.1 Strengths of Constructionism

A strength of using a constructionist paradigm for this study is the compatibility that it has with qualitative research, in particular, for thematic analysis (Braun & Clarke, 2021; Lincoln et al., 2011). This study utilised reflexive thematic analysis to analyse the data gathered. A constructionist epistemology was advantageous as it allowed for the researcher to look beyond the repetition or mere presence of themes to be important. It allows the researcher to examine the "meaning and meaningfulness as the central criteria in the coding process" (Byrne, 2022, p. 1395). As this study aimed to explore parents' perspectives of therapeutic support in primary schools, a constructionist paradigm allowed for the researcher to gather parents' views and make meaning from them, embracing the subjectivity of the participants contexts in relation to their views (Braun & Clarke, 2013, 2021; Phillips, 2023).

A constructionist lens views the researcher as an instrument in the process of data collection and data analysis. Therefore, the skill of the researcher is important (Stewart, 2010). Additionally, individuals are considered to construct their current perspectives from their

experiences in society, their interactions and from their relationships or life experiences (Phillips, 2023; Stewart, 2010). This view of knowledge aligns with the theoretical framework adopted for the study. The Bioecological Systems Theory (Bronfenbrenner & Morris, 2006) was used to situate parents' perspectives of the "proximal processes" of the system around the child. This enabled an exploration of how parents made sense of the therapeutic support provided to their child by considering the broader ecological systems within which meanings were formed.

4.2.2 Limitations of Constructionism

Research utilising a constructionist lens means that the researcher cannot be separated from the outcome of the research. The research is seen a co-creator of the research as it is a product of the interactions between researcher and participants with the data inevitably interpreted through the lens of the researcher's experiences (Chen et al., 2011; Mertens, 2020; Stewart, 2010). The researcher's interpretations of the data are therefore a product of the researchers own experiences which are dependent on the knowledge and experience of the researcher. This is subject to change over time in line with the changing nature of the researcher's knowledge and experience (Stewart, 2010). This means a limitation of constructionism is the researcher's skills and ability to be reflective.

As part of this study the researcher utilised reflexivity throughout. The researcher reflected on their positionality within the study considering how their past experiences and values positioned themselves within the study. The researcher also kept a reflexive diary that was used for regular reflections at different points of the research process (Bhaskar, 2008).

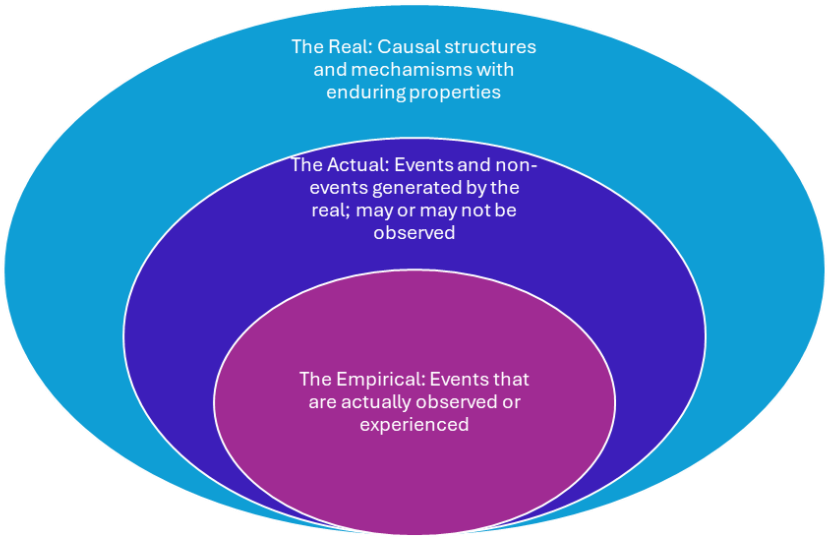
4.2.3 Alternative approach

During the planning stages of this study a critical realist approach (Bhaskar, 2008) was also considered as a possible approach. The critical realist approach "assumes that a material

reality exists independent of our ideas about it, but that our experiences and representations of reality are mediated by language and culture" (Braun & Clarke, 2021, p.286). The critical realist approach describes three layers of reality. The empirical, the actual and the real. These can be seen in Figure 4.1 below. These describe the layers of reality between things that are observable (the empirical), things that are unseen interactions (the actual) and the underlying structures and mechanisms that cause what happens (the real). Critical realism is useful when examining causal mechanisms (Lawani, 2021). As this study aimed to take an exploratory approach and look at subjectivity and meaning of parents' perspectives rather than the possible causal mechanisms, it was decided that constructionism was the most appropriate epistemological fit.

Figure 4.1

Stratified Ontology of Critical Realism



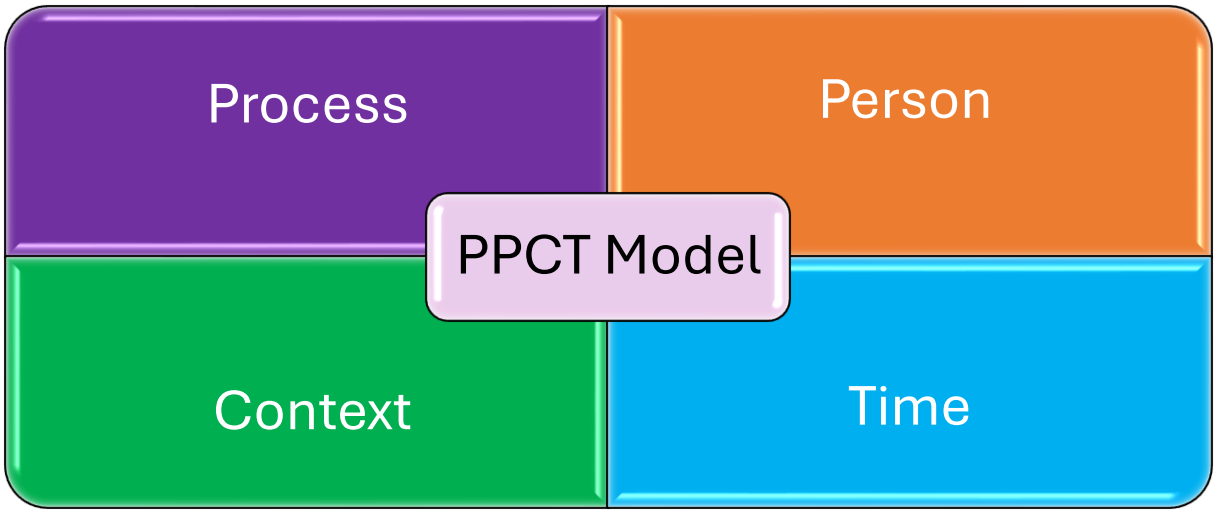
Note. Adapted from Rühlemann, A., & Jordan, J. C. (2021). *Risk perception and culture: implications for vulnerability and adaptation to climate change.* Disasters, 45(2), 424-452.

4.3 Theoretical Perspective

Bioecological Systems Theory was the theoretical perspective employed for this study. The Bioecological Systems Theory uses the Process, Person, Context and Time Model to illustrate that "proximal processes" over time have an impact on human development (Bronfenbrenner & Morris, 2006). This model was chosen as it is thought to be an "ideal framework for understanding how individuals negotiate the dynamic environment and their own identities in international and intercultural education settings" (Tong & An, 2024, p.1). This explores the dynamics of how the "proximal processes" of the systems around the child were interacting to illuminate parents' perspectives on the process. Taking into account the importance of the process, person, context and time on parents' perspectives. Figure 4.2 shows and illustration of the PPCT Model (Bronfenbrenner & Morris, 2006).

Figure 4.2

The PPCT Model (Bronfenbrenner & Morris, 2006)



4.3.1 Strengths of Bioecological Systems Theory

The Bioecological Systems Theory provided a thorough framework for examining the "proximal processes" as part of parents' perspectives. As proximal processes are deemed more important than the environment in which they take place (Bronfenbrenner & Morris, 2006) this was an important part of this study. Although participants in the study may have had the same school environment or same therapist as other participants, it was the proximal processes that had an impact on parents' views. Instead of placing emphasis on one aspect of the model as more powerful, this model recognises the "interdependency and contextual variations among influencing factors" (Tong & An, 2024, p.3). This allows for a deeper understanding of the dynamics in the process of therapeutic support in primary schools. This understanding is important for informing future policy and practice in this area as it highlights the importance of the all the parts of the microsystem working together in the process. It is not one part that will make the process successful. Policy and practice need to consider how to support the different parts of the microsystem to work together to support the process.

4.3.2 Limitations of Bioecological Systems Theory

The complexity of Bioecological Systems Theory and the PPCT model (Bronfenbrenner & Morris, 2006) are often seen as limitations to this framework. The PPCT model is often misrepresented in research (Bronfenbrenner, 1999; Tong & An, 2024; Tudge et al., 2016). To counteract misrepresentation of the PPCT Model (Bronfenbrenner & Morris, 2006), the researcher developed a table of the four constructs of the PPCT model (See Table 3.1, p.70) and delineated how they translated to this study based on work by Bronfenbrenner & Morris, 1998; Tudge et al., 2009) in Tong & An (2024). It is recognised that not all elements of the PPCT Model could be addressed in one study (Tong & An, 2024), however the researcher used the

table of constructs to guide the research. This was an inductive process as the data from the interviews guided which elements of the table were used for this research.

4.3.3 Alternative approach

An alternative theoretical perspective that was considered for this study was Bronfenbrenner's previous version of his theory; Ecological Systems Theory (Bronfenbrenner, 1979). Upon further investigation (e.g., Bronfenbrenner, 1979; Bronfenbrenner & Morris, 1998, 2006; Tong & An, 2024; Tudge et al., 2009, 2016), it was decided that this theory would not be sufficient in describing the "proximal processes" that take place within in the system. The previous theory has a focus on the environmental context of development (Bronfenbrenner, 1979). While this is important, the variables of process, person, context needed to be considered and the interactions between these would support in understanding parental views. Parents' views are vital in this area of research due to the impact that parents have as part of the proximal processes within the microsystem (Bronfenbrenner & Morris, 1998). Proximal processes have an influential effect on children's development (Bronfenbrenner & Morris, 2006). It is therefore important that they are illuminated. The focus on context suggests that those children with the same context would have the same outcomes. However, the process of therapeutic support in primary schools is a process of intricate interactions within the child's microsystem. Furthermore, it is recommended in the literature that the newest version of the theory should be used and that there should be a focus on the proximal processes part of the theory (Tong & An, 2024).

4.4 Strengths and Limitations of the Research

This section will examine the strengths and limitations of this study. It will critique the choices that were made in terms of research design, sampling method and data analysis.

Reflections on the ethical considerations that were made, and a critical appraisal tool (Lockwood et al., 2015) is utilised to critically examine the quality the study. Furthermore, reflections on how the researcher's positionality shaped the research are examined.

4.4.1 Research Design

A qualitative research design was chosen as this study aimed to examine parents' perspectives of individualised therapeutic support in primary schools. Qualitative research is considered suitable for research of an exploratory nature (Braun & Clarke, 2013, 2021; Willig, 2008).

This study is considered as "Big Q" research as it utilises both qualitative techniques and a qualitative paradigm (Kidder & Fine, 1987). The qualitative techniques such as semi-structured interviews using a humble inquiry approach (Lambrechts et al., 2011; Schein, 2013), reflexive thematic analysis (Braun & Clarke, 2021) and the PPCT Model (Bronfenbrenner & Morris, 2006) aligned with the constructionist paradigm. This was a strength of the research. The constructionist paradigm holds that multiple realities exist based on peoples' experiences (Braun & Clarke, 2013). The chosen techniques and framework aligned as they enabled these different realities to be identified and interpreted in a meaningful way illuminating parents' perspectives from a holistic point of view.

4.4.1.1 Alternative Research Design. An alternative design that could have been used was a mixed methods design. A convergent parallel design would involve the two data collection methods being carried out simultaneously, analysed separately and then compared and contrasted in the discussion. Using both methods is thought to strengthen the research by compensating for the weaknesses in both methods (Dawadi et al., 2021). An online survey to gain parents views on both research questions through a Likert scale could have been used in conjunction with the

semi-structured interviews that took place. This would have allowed for a comparison between the two sets of data. This was discounted, as a constructionist epistemology guided the design. Additionally, the utilisation of true humble inquiry (Lambrechts et al., 2011; Schein, 2013) meant the interviews were conducted without any presumption of prior knowledge with the researcher as curious listener. This research was designed to be a truly exploratory nature. A questionnaire would have had to presume knowledge from the literature, and this could have shaped parents' responses.

4.5 Sampling Method

This study employed a purposive sampling method (Campbell et al., 2020) to recruit participants. A strength of this strategy ensured that participants met the eligibility criteria for the study that was relevant to the research question. This study sought to interview a niche set of participants, so it was important that participants met the criteria needed to explore the two research questions.

The strategy employed recruited participants through social media platforms and via contacting head teachers directly for permission to access participants through the school. A limitation of sampling method was that it could lead to selection bias (Tripepi et al., 2010). There is a possibility that those that agreed to participate had an invested interest in therapeutic support in schools considering that their child had been though the process, and it had been positive.

4.5.1 Data collection

Data was collected for this study using semi-structured interviews. A small-scale pilot study tested this data collection method. Semi-structured interviews aligned with exploring participants perspectives as it allowed for flexibility within the interview to follow up on pertinent pieces of information to further develop a rich understanding of the participants

perspectives. This flexible approach allowed for a rapport to develop which crucial part a constructionist study (Mertens, 2020). The sensitive nature of this topic meant that rapport with the participants was important in gathering their perspectives.

The interview schedule was developed using a Humble Inquiry approach (Lambrechts et al., 2011; Schein, 2013). Humble inquiry aligned with the aims of this study, as it takes a curious stance to finding out what the other persons perspective is. This approach was used to minimise the risk of the researcher influencing the interviewee by asking leading questions about their perspectives. Humble Inquiry (Lambrechts et al., 2011; Schein, 2013) meant that participants had space to tell their experience which supported gathering rich nuanced data.

The PPCT Model (Bronfenbrenner & Morris, 2006) was also used to inform the semi-structured interview schedule. This meant the questions were focused around the "proximal processes" of the systems around the child.

One limitation of interviews as data collection can be the tendency for confirmation bias. This is when the researcher hears information through the lens of opinions that they already hold (Mertens, 2020). The researcher sought to negate this in a number of ways. By keeping a reflexive journal after each interview to reflect and question their role in the interview process. The reflexive journal was also used during the reflexive thematic analysis to support with confirmation bias in the analysis of the coding and theme development. Additionally, adopting a Humble Inquiry approach (Lambrechts et al., 2011; Schein, 2013) sought to address this by asking open-ended questions to ascertain parents' perspectives. A small-scale pilot study tested this data collection method.

It should be noted that the constructionist approach to this study acknowledges that you cannot remove the researcher from the research completely. Reflexive Thematic Analysis also holds the view that the researcher's interpretations of should be embraced and that this type of study does not concern itself with bias as it is an inherent part of the process. Reflexivity and positionality can support the researcher with their interpretations (Braun & Clarke, 2021).

An alternative approach that could have been used was focus groups (Merton, 1987). This was discounted due to the sensitive nature of the subject that was being discussed a focus group may have had ethical implications in terms of confidentiality and anonymity (Braun & Clarke, 2013).

Ethical considerations of conducting the semi-structured interviews were identified as part of the ethical planning process for this study. They are described in detail below.

Both parents of a child expressed an interest in participating in the study and expressed a preference for them to be interviewed together. The implications of that on the data were carefully considered by the researcher. Joint interviews can have benefits such as "cueing phenomenon" (Blake et al., 2021, p.6). This is where participants cue each other to recall events (Blake et al., 2021). This was present throughout this interview, and it showed a balance of power in the relationship and supported in providing rich information (Blake et al., 2021). Joint interviews can also provide some challenges such as less ability for the interviewer to build rapport or one participant being more dominant. The researcher reflected on the joint interview and the aims of the research. As the research sought to gather parents' perspectives whether collective or individual (Blake et al., 2021), it was decided that the joint interview met the aims of the research. It was decided by the researcher that this data should be included, and the participants should be coded as separate participants. The researcher decided that the information

given was valuable in answering the research question and gave further insights into the systems around the same child from differing perspectives.

4.5.2 Data Analysis

This study used the six-phase process of Reflexive Thematic Analysis (Braun & Clarke, 2021) to analyse data. Reflexive Thematic Analysis (Braun & Clarke, 2021) is a data analysis method that is suitable for qualitative research. The six-phase process that is situated in a wider method of reflexive practice and assumptions that combine to make the method of reflexive thematic analysis that align with "Big Q" research. (Braun & Clarke, 2021; Kidder & Fine, 1987). It aims to address the research question, rather than produce and absolute answer. This is because it is recognised the important role the researcher has in shaping the research.

This data analysis technique was a strength of the study. It aligned with the constructionist paradigm that was used for this study. One of the strengths of Reflexive Thematic Analysis is the flexibility that it provides for researchers (Braun & Clarke, 2021). This worked well for this study in terms of the researcher being able to choose their theoretical framework and data collection methods. Bioecological Systems Theory and the PPCT Model (Bronfenbrenner & Morris, 2006) allowed the themes that were generated to be interpreted in terms of the systems around the child, which further enhanced understanding of the barriers, facilitators and impact. The flexibility of returning to phases and redefining and refining themes made supported to ensure a thorough process was carried out.

A limitation of using Reflexive Thematic Analysis for this study was the reporting of the results was limited to the structure that is criteria for the college. Traditionally expectations are that a results and discussion sections would be produced, with the synthesising of information taking place in the discussions sections. Braun and Clarke (2021) would advocate for one data

analysis section to be used with results being synthesised alongside a discussion (Braun & Clarke, 2021; Byrne, 2022). Due to the constraints of the standards needed for doctoral research this was not possible in this study.

An alternative research approach that was considered for this study was Interpretative Phenomenological Analysis (IPA) (Smith et al., 2009). IPA can be useful for qualitative research (Braun & Clarke, 2013; Smith et al., 2009). IPA focuses on an individual examination of peoples experiences and allows for the detail of those experiences to be examined and interpreted (Braun & Clarke, 2013). As this study aimed to explore barriers, facilitators and impact, IPA was discounted and Reflexive Thematic Analysis (Braun & Clarke, 2021) was chosen. Reflexive Thematic Analysis (Braun & Clarke, 2021) allows for examination of themes across a dataset which aligned with the research question rather than detailed individual accounts.

Good quality qualitative research adheres to established standards to establish trustworthiness and rigor (Lincoln & Guba, 1985). Standards such as credibility, transferability, dependability, confirmability and transformative criteria should be upheld in qualitative research to ensure the trustworthiness and rigor of the results (Mertens, 2020; Nowell et al., 2017). These standards were addressed as part of this study and details are provided (see Appendix M).

4.5.3 Reflections on the Ethical Considerations

There were several ethical considerations that were identified as part of this study see Table 4.1 Appropriate measures were taken by the researcher to address these ethical concerns.

Table 4.1

Ethical Considerations

Participant Confidentiality and Anonymity

Participant confidentiality and anonymity were ethical consideration that were identified as part of this research. An information letter (see Appendix E) was given to participants. It provided information to the participant about how their data would be kept confidential. This included the process of using pseudonyms during the transcription phase and anonymising all identifying information. It explained the secure data storage process that will take place on a password protected encrypted drive. This information letter also explained to participants the recordings would be deleted after transcription is complete.

Research Privacy Notice

This provided detailed information for the participants about how personal data is stored in accordance with the general data protection regulation (GDPR) and Data Protection Acts 1988-2018. This explained to the participants how data would be collected, processed and shared in line with regulations. It also explained in detail to the participant their rights under data protection law in relation to the processing of data.

There were limits to participant confidentiality which were made clear to the participant at the start of the interview. A protocol was developed by the researcher on how the different types of disclosures would be dealt and these were explained to the participant (see Appendix N).

Risks

Discussing therapeutic support with parents can be a sensitive topic. One risk that was identified was potential distress to the participant. The information letter outlined this risk to the participants and asked them to consider carefully if this was the right time for them to participate in the study. If it was felt that discussing the subject would be too distressing participants were asked not to take part.

A distress protocol (see Appendix N) was put in place for the researcher to follow for those participants that did take part and feel distressed during the interview. Participants were made aware that they could stop the interview at any time and did not have to answer any question if they did not feel comfortable to do so. The researcher used this protocol with two participants during the interviews when it appeared they were getting upset. The protocol proved to be effective and the interviews were able to continue.

The researcher identified that for participants considering taking part in the research, thinking about this topic may be distressing for some participants. To negate this risk a leaflet with a list of mental health supports (see Appendix E) was sent to the participant with the information letter. This signposted participants to relevant services that they may wish to avail of. The researcher presented this information during the interviews, and it was utilised by two participants.

Informed Consent

To ensure that participants fully understood what the study entailed and their rights, participants were given an information sheet (see Appendix E), research privacy notice (see Appendix G) and consent form (see Appendix E). In addition to this, after the limits of confidentiality were explained at the beginning of the interview, the researcher checked again for consent to the process and explained the right to stop or withdraw again to the participant before proceeding. The next steps were explained to the participant and at each step of the process they were encouraged to contact the researcher if they had any questions or needed clarity on any part of the process. The potential benefits of the research ere explained clearly.

Data Storage

This research project underwent a Data Protection Impact Assessment (DPIA). The researcher conducted a DPIA that was assessed and approved by Mary Immaculate College. The researcher adhered to all the recommended mitigation measures (see Appendix O).

All data from this research was pseudonymised during the interview stage and each participant received a random number. Personal information, i.e. consent forms, were separated from interview information and the number was put on both files. Consent forms and raw data were stored separately. The information letter and consent form given to participants contained the information regarding data storage and confidentiality.

Interview recordings and transcriptions were stored securely on the Mary Immaculate College One Drive. This is encrypted and password protected by a two-step authentication process. The laptop used for storage ran antiviral software regularly. Recordings were retained until they were transcribed and then recordings were electronically deleted.

4.6 Critical Appraisal

To further enhance the robustness of this study the researcher used a Critical Appraisal Checklist for Qualitive Research from the Joanna Briggs Institute (Lockwood et al., 2015). This can be seen in Table 4.2 below.

Table 4.2

Critical Appraisal Checklist for Qualitative Research

Congruity between the stated philosophical perspective and the research methodology

This study clearly states the philosophical and theoretical premises on which the study is based. The empirical paper provides information on the constructionist paradigm and the theoretical framework of the PPCT Model (Bronfenbrenner & Morris, 2006). There is congruence with the constructionist paradigm and the methodology chosen. The constructionist paradigm believes there are multiple realities which are constructed by individuals' experiences. The qualitative methodology chosen included semi-structured interviews using a humble inquiry approach analysed by reflexive thematic analysis (Braun & Clarke, 2021). This methodology allowed for the exploration of participants multiple views and experiences to be gathered and analysed. The PPCT Model (Bronfenbrenner & Morris, 2006) was congruent with the constructivist view as it examined the multiple perspectives in terms of their experiences with the proximal processes and systems around individualised therapeutic support in schools. The philosophical perspective and the research methodology were all congruent and compatible with each other.

Congruity between the research methodology and the research question or objectives

There is congruity between the research methodology and the research question and objectives. The research questions and objectives sought to explore parents' views and perspectives on individualised therapeutic support in primary schools. Particularly examining the barriers, facilitators and impact. The semi-structured interviewed using a humble inquiry approach were designed to answer these questions by allowing parents to give in-depth information on their perspectives.

Congruity between the research methodology and the methods used to collect data

This study had a qualitative study design. Qualitative methods of data collection were used i.e. semi-structured interviews. Semi-structured interviews are congruent with qualitative research design.

Congruity between the research methodology and the representation and analysis of data

There was congruity between the research methodology and the representation of analysis of data. This study had a constructionist approach, reflexive thematic analysis (Braun & Clarke, 2021) aligns with this approach as it allowed for multiple realities to exist and to be explored in depth to make meaning of the participants views in relation to the study and the context.

There is congruence between the research methodology and the interpretation of results

There is congruence between the research methodology and the interpretation of the results. The constructionist approach used aligned with the PPCT Model and reflexive thematic analysis. This allowed for the multiple perspectives and views to be analysed into themes to give a deeper understanding of these multiple perspectives. The PPCT Model allowed for the proximal processes around the multiple realities to be explored and reported on. This illuminates a parents' perspectives in this area.

Locating the researcher culturally or theoretically

In the introduction section of this thesis the researcher states their positionality in relation to this study. The positionality of the researcher includes the background and demographic

information of the researcher and how this has shaped the beliefs and values that the researcher holds in terms of individualised therapeutic support in schools. The researcher's theoretical orientation is also declared in the statement of positionality.

Influence of the researcher on the research, and vice-versa, is addressed

From the beginning of the process the researcher kept a reflexive diary throughout the process. Reflections took place throughout the process including after the pilot study and after each interview examining the researcher's relationship to the participants and influence in the data collection. Reflections took place at various points of the data analysis. Excerpts of these can be found in Appendix K. The researcher reflected on their influence on the study in section 4.8.

Representation of participants and their voices

Participants voices were represented during data analysis. The results section of the thesis has multiple quotes from a range of participants ensuring multiple perspectives were respresented.

Ethical approval by an appropriate body

This study received Ethical approval from Mary Immaculate College Ethics Committee.

Relationship of conclusions to analysis, or interpretation of the data

The conclusions drawn from this study are clearly traceable from the data collected in the semi-structured interviews. As outlined in the previous section of this paper, the

dependability criteria was achieved in this study through and thorough and clearly documented process with an audit trail that shows the clear relationship between data, data interpretations and conclusions.

4.7 Strengths and Limitations of the Study

As described above there were several strengths and limitations of this study. These are summarised in Table 4.3 below.

Table 4.3

Strengths and Limitations of the Study

Strengths
As documented in the critical appraisal checklist (Lockwood et al., 2015) there was congruity between all aspects of the study. The design of the study was a strength of this research.
The use of semi-structured interviews in this study was a strength of this study. The use of humble inquiry (Lambrechts et al., 2011; Schein, 2013) and the Bioecological Systems Theory to inform the interview schedule allowed the researcher to build rapport with the participants and allowed for the flexibility to gather rich data about the systems around the child.

Reflexive Thematic Analysis was a strength of this study as it allowed for themes to be developed across the dataset. The flexibility and reflexivity of this method enabled a rigorous approach to data analysis and revision and refinement of themes (Braun & Clarke, 2021).

The PPCT Model (Bronfenbrenner & Morris, 2006) illuminated the "proximal processes" of the therapeutic support in school. This is valuable for informing future policy and practice.

The constructionist paradigm enabled to researcher to interpret the study through the lens of multiple realities and consider the influences of the participants and the researcher in the study.

Furthermore, parents as participants to this study was a strength. This is a unique group of participants. There is a scarcity of research conducted that involve parents as part of research about therapeutic support in primary schools. This study serves to add to the limited evidence in this area.

Limitations

This study included a small sample size (n=9) participants that related to (n=8) different cases. This sample size may not fully capture the depth and breadth of parents' perspectives of individualised therapeutic support in schools.

Due to the nature of the sampling strategy and the recruitment process there may have been selection bias. Parents who were happy to participate in the study may be more invested in therapeutic supports for their children. This may be due to a positive experience, this might

of impacted the subjectivity of the responses. The findings should be interpreted with this in mind.
This study does not account for the views of other stakeholders in the process. More research is needed in this area.

4.8 Reflections on the Researcher's Positionality and its influence on the Research Process

I constantly reflected on my positionality throughout the research process. Cognisant that my different biases influenced my research I reflected on my positionality from the beginning of choosing this area to research, to how the research was conducted and also how I engaged with the analysis. My positionality intersected across multiple roles, as a trainee educational psychologist, a woman, a mother and a researcher working within the system I was researching. I am aware that specialist knowledge in this area provides insight, but it can also be a potential source of bias. Consequently, it was important that my positionality was reflected on in terms of its influence over the research process throughout.

As previously mentioned, (p.3) my own personal experiences led me to take an interest in the area to research. My specialist knowledge as a trainee educational psychologist on systems work and Bronfenbrenner led to the development of the questions. This specialist knowledge impacted how I framed the questions. However, I was aware that this knowledge of frameworks risked narrowing my focus and could lead to reinforcing assumptions about how I felt therapeutic support 'should' work within the system. This awareness meant that I intentionally chose a humble inquiry approach as part of the interview process. Knowing that I wanted to remain curious and unbiased in my questioning I aimed to avoid preconceived perspectives on

the participants through my interview questions and technique. This desire to enable parents' perspectives to be heard led me to complete a thorough pilot study, examining carefully my role in the research and supporting me with how to engage with participants in a curious non-biased way.

I have also reflected that as the position of a parent, I truly wanted the parent voice to be heard; this was important to me. I used my reflective journal frequently to consider the influence my positionality as a parent had on my approach to the analysis. I remained cognisant of this while interacting with the data, particularly when encountering data that resonated with my own beliefs or experiences.

By constantly questioning my positionality and my thoughts through reflection, I was able to take a step back and think about this during the different stages of the process. At times, I was aware that I may have been unconsciously giving too much attention to the negative aspects of the therapeutic support which is evidenced in my reflections (Appendix K). I reflected that this was due to my positionality as the researcher, also coming from a place of knowledge in this area and stemming from my desire to improve outcomes for families. I was listening for ways to improve the service for the parents and children emphasising narratives that would support with the improvement of therapeutic support in schools. This reflection was important, as it supported in ensuring that themes were fairly represented as it challenged me to go back and actively re-examine the data spend more time on analysis, examining facilitators and ensuring they were being given due attention and not only think about the barriers.

During theme development, I was aware that my own expertise could impact the way I interpreted the data. By having the knowledge of how things could be improved, and my training having given me a bias towards systems thinking. Working in as a trainee educational

psychologist and in teaching gave me assumptions about lack of resources and lack of time and lack of communication. The awareness of these beliefs helped me to question the data and what parents were telling me and not what I presumed would be 'good' support in schools. I constantly questioned themes. Additionally, to enhance credibility I used peer debriefing and member checking. See Appendix M for further details.

I am aware that being able to complete this piece of research at a doctoral level put me in a privileged position. Many of the parents in this study may not have had the opportunity to voice their perspectives before in this type of setting. I was aware of this privileged position, and this influenced my desire to ensure that their voices were fairly represented (Appendix K). This awareness and a commitment to authentically represent the parent voice drove my determination to ensure authenticity and trustworthiness (Appendix M).

My positionality as a trainee psychologist linked me to a system that the parents that I interviewed were not part of. I was aware parents may have seen me as part of a professional group with authority or representing a system, creating a power imbalance, which may impact their responses. Educational psychologists are often seen as 'gatekeepers' to services and this could have influenced a bias in the parents' perspectives to overstate the positive aspects of the therapeutic support or minimise the negative, this is something I was aware of throughout. To mitigate this, I introduced myself as trainee and explained the aims of the research and that it would have no influence on the amount of support the school is given. Being aware of this from the beginning also influenced my decision to use a humble inquiry approach to enable me to hear all aspects of the support.

I also reflected how being a woman and a mother intersected to shape how I approached the research. Being a woman and a mother, interviewing parent participants may have afforded

me a natural rapport with the participants in the study, particularly with the female participants. This is something that may have been helpful in supporting with creating an open and honest atmosphere through the interview process. I was also cognisant that this lens may have helped me to have a deeper insight in to participants views, but also it could have led to me interpret data through a maternal lens and not consider alternative interpretations. Being aware of this bias, I ensured I remained reflective throughout the process and used peer debriefing to support with other interpretations.

Acknowledging these dynamics has been fundamental to my reflexive practice. It has been an ongoing fluid process and ways that I have tried to mitigate the bias as evident in my reflexive journal (see Appendix K for examples) and the measures that I took to ensure trustworthiness of the study (see Appendix M). Although it is not possible remove all the researchers bias from the research, I to have aimed to approach the research to minimise these biases and to be genuinely curious to be able to ensure that authentic parents' perspectives have been able to emerge.

4.9 Implications for Policy

This study has several implications for future policy. Parents reported that they found the therapeutic support in primary schools to have a positive impact on their child and on their family. Previous research investigated the demand and provision of school-based counselling in Ireland and captured the views of the principals and staff (Dooley Judge, 2017). Dooley Judge (2017) recommended that future research in the area should seek to ascertain parents' views. This study addresses this gap and services to provide insights into parents' perspectives of the

impact, barriers and facilitator of therapeutic support delivered by external professionals in primary schools.

Parents identified the lack of other available services and the need for early intervention. This would indicate that the national policy of support from external professionals should be considered. This research can inform the development of the pilot of counselling in primary schools (DE, 2023) to include the perspectives that were voiced in this study in terms of barriers, facilitators and impact. This study suggests that there is a need to consider early intervention, collaboration of stakeholders, reducing stigma, duration of the support on offer, responses of the child to the therapy and support that is embedded within the school.

In terms of early intervention, this study suggests that policies should be considered of how to identify and support children at an early age and as quickly as possible. Policies should be reviewed to include collaboration of stakeholders and joined up working around the child. This study gives preliminary guidance in to exploring the the duration of the support in the pilot scheme (DE, 2023) . This study highlights that the importance of the duration of the support being aligned with the needs of the child. This study brings to attention the consideration of how to manage the child's response to the therapy. This should include consultation with the parents. If schools are receiving therapeutic support future policy may consider how to make this support embedded in the school.

Future policy should consider the how parents will be involved in their child's therapeutic support. Findings from this study indicate that the support works best when parents are incorporated into the support. Parents reported that regular communication and collaboration supported this process. This research showed the proximal processes in the child's microsystem and how they have an impact on the child. The trauma that happens to children has occurred

within their microsystem, so therefore has also had an impact on parents as well as the child. It is the proximal processes within the microsystem that will have an impact on the intervention. The contextual factors of the child's microsystem should be considered as part of future policy. This study shows that parents need to be supported with their child's therapeutic journey, and this may include parents receiving, psychoeducation or support themselves, either in a clinic setting or as part of the support delivered in schools. This will make the support more effective in the long-term.

4.10 Implications for Practice

At present educational psychologists are involved with individualised therapeutic support in schools in a number of ways. NEPS psychologists may be involved by directly delivering therapeutic support in schools (Hoyne & Cunningham, 2019) or by supporting the implementation of the pilot study which involves external therapists delivering the support.

This study serves to inform individual EP's personal practice within schools by providing further information into the barriers and facilitators that support with this process. This study highlights several factors for educational psychologists to consider in terms of individualised therapeutic support in schools including aligning needs and duration, parents knowing about the service, embedding support in school through professional development, giving psychoeducation to parents whose children are receiving therapeutic intervention. These key findings may inform and enhance individual EP's practice by highlighting key factors that influence the success and effectiveness of individualised therapeutic support in primary schools.

This study highlights the importance of aligning the duration of the support with the needs of the child. EPs should consider this when undertaking direct therapeutic support with

children. The time allocation given to schools should be considered very carefully in line with this finding before undertaking therapeutic work. EPs should reflect on if they have the capacity to complete a therapeutic piece of work that will be sufficient to support the child with their needs. This highlights the need for flexibility within time allocations to allow for sufficient time to be given. Having a good understanding of the child's needs will be an important part of the referral process for EPs and also considering alternative methods of support that may be suitable in line with the continuum of support (DES, 2007) where possible. EPs should consider the support that will be in place after the therapeutic support ends.

EPs have a role in supporting schools with raising parental awareness about therapeutic support in schools. EPs can proactively share information, offering psychoeducation to parents whose children are receiving therapeutic support and guiding schools on how to communicate with families in accessible and supportive ways. This also includes supporting schools with simplifying the referral process to include parents, and ensuring schools minimise administrative barriers that may hinder parental engagement. This is something that EPs can discuss with schools on how best to support the awareness and engagement of therapeutic support within their schools.

Parents in this study reported that the support worked best when it was embedded as part of the whole school and there was collaboration between stakeholders. This intervention should not be a discrete piece of work within the school system. The proximal processes in the microsystem have an impact on individualised therapeutic support's implementation and effectiveness. EPs are well-positioned to promote a collaborative, trauma-informed school culture, by facilitating joined up working between teachers, therapists, school leaders and families by offering professional development opportunities to help school staff understand their

role in supporting the child throughout the therapeutic process. By supporting with strengthening the proximal processes EPs can create a more collaborative system around the child.

Professional development delivered to school staff by NEPS psychologists in conjunction with the therapist and the head teacher should take place prior to commencement of the therapeutic support in schools. This will inform staff of trauma informed approaches, what to expect and how they can support the child and the parents in this process. EPs can support schools with parent information evenings about the service and guidelines about what to expect. Schools need to be able to provide a safe space within the school for the therapeutic support to take place and EPs can support the school with identifying a suitable space within the school.

In terms of EPs role within the implementation of the pilot for counselling in schools (DE, 2023), those EPs involved with the pilot need to be aware of these implications and apply them in terms of the implementation of the pilot (DE, 2023). Of note is the duration of support aligning with needs. Currently the pilot offers six therapeutic sessions to the child and two parent information sessions, one at the beginning and one at the end. Strand 2 of the pilot offers psychoeducation for parents, and this should be considered for all parents of the children who are receiving the therapeutic support.

4.11 Implications for Research

This study is the first of its kind in the Irish context. This study provides insights into parents' perspectives of the barriers, facilitators and impact of individualised therapeutic support in primary schools. This research has been conducted at important time as developments in this area are still in their infancy with the NEPS pilot.

Further research is needed in this area. Due to the early stages of the pilot of counselling in schools it would be an opportune time to conduct a longitudinal study of the impact of support in this area.

A larger more diverse sample of parents in future research would be of interest. The inclusion of other stakeholders e.g. teachers, children, therapists, in this process would be important for future study.

4.12 Personal Reflection

A reflective model was chosen to reflect on the researcher's personal experiences of the research process (Rolfe et al., 2001). It provides reflections on new perspectives and insights that have emerged for the researcher pertaining to individualised therapeutic support in primary schools. The reflective model is described in Figure 4.3.

***Figu*re 4.3**

What? So What? Now What? Reflective Model (Rolfe et al., 2001)

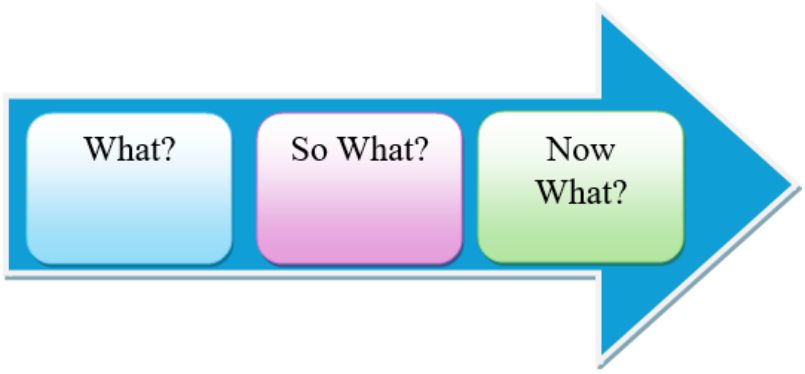


Table 4.4

What? So What? Now What? Reflective Model (Rolfe et al., 2001)

What?
Individualised therapeutic support delivered in primary schools has been an interest of mine since becoming familiar with this type of support working in the UK. During my time on the Professional Doctorate in Educational and Child Psychology my interest in this area has been growing through college input and the work I have been completing. When the pilot for counselling in schools (DE,2023) was announced in 2023, I became curious about its implementation. NEPS identified this as an area for further research, so I linked with NEPS to discuss ideas for evaluating the pilot. Due a difference in timelines, evaluation of the pilot was not going to be an option for this research. Having spent time researching school-based therapeutic support, I could see an opportunity for making a contribution to this developing area. I decided to examine parents' perspectives of individualised therapeutic support in primary schools as I felt this would be a useful contribution to this field of study.
So What?
The process of carrying out this research project will benefit me in my future practice as an educational psychologist. The experience of completing research at this level has been hugely beneficial, giving me insights and a deep knowledge and understanding of the thorough process involved. From the experience of speaking to parents on the topic of individualised therapeutic support in primary schools, I was genuinely humbled by their experiences and perspectives and grateful for their time. Having time, as part of the doctoral journey to have the experience to spend time listening and learning from parents, I

think will be one of the greatest learnings that I take with me from this three-year course. Parents really are experts in their children and I will remember in my career to give them the due care and time that they deserve as they have a huge impact on the work that we as educational psychologists do. Using the PPCT Model (Bronfenbrenner & Morris, 2006) to examine these perspectives helped me understand the value of the proximal processes that exist in the systems around the child. For me, the PPCT Model (Bronfenbrenner & Morris, 2006) illuminated the importance of the child's microsystem and how it all can work together to produce changes. It made me reflect on the value of supporting everyone within the child's microsystem to produce positive change. It has made me cognisant of the value of gaining parents perspectives as their views have a direct impact on their child and the outcome of therapeutic support. This research made me reflect and question about the role of individualised therapeutic support in treating family trauma. If we are supporting the children, who is supporting the parents? The trauma did not happen in a vacuum. It happened within the child's microsystem, so others within the microsystem may be impacted and need support. This has led me to reflect on the best way to work with other stakeholders within the microsystem, e.g. parents. The consultative model may not be appropriate to bring about change in this area the parents may need more intensive support of their own. It is important to be alert to the needs within the family. This research has not only equipped me with the skills needed to complete research at this level**,** but it has served to challenge my assumptions about what is best for children and families in terms of therapeutic support and challenge the status quo of happens in schools. The parents' role is of vital importance within the child's microsystem.

Now What?

This research process will have an impact on my future practice and an educational psychologist. In my future practice I will remain mindful of the role that "proximal processes" (Bronfenbrenner & Morris, 2006) play in interventions in terms of barriers, facilitators and impact. Parents are an important part of the child's microsystem and I will endeavour in my practice to ensure that I have gained parents perspectives of the issues within impacting the child microsystem and seek to support the microsystem around this child. I will advocate that a holistic picture of the child's microsystem is considered when deciding on support for the child. The implications from this study can inform the pilot of counselling that is currently taking place in primary schools (DE,2023) to further enhance its effectiveness. The implications can also be considered by the schools and individual therapists and educational psychologists who are currently providing therapeutic support in primary schools. I hope to disseminate this research for educational psychologists to access via conferences such as the Psychological Society of Ireland Conference. I have already presented my research via poster presentation at the NEPS annual conference 2025. Journals I have considered for dissemination are the Journal Counselling and Psychotherapy Research and Educational Psychology in Practice. I also plan to provide training and development opportunities where possible.

4.13 Impact Statement

This thesis aimed to explore parents' perspectives of individual therapeutic support that is delivered by external professionals in Irish primary schools. By considering the barriers, facilitators and impact of individualised therapeutic support in primary school this research adds

to the dearth of research that exists on this topic and therefore contribute to current policy and practice developments in the field.

The findings from this study can inform educational psychology practice and the practice of other external professionals involved in the delivery of therapeutic support in school settings. EPs are involved in the delivery of individualised therapeutic support in primary schools, either indirectly through the pilot of counselling in primary schools or through their own personal practice. This research has been timely as this is a developing area for EPs. The data from this study can inform practice by future consideration being given to the ethical implications of the length of intervention. Furthermore, this study highlights the need for clear communication, professional development for teachers, psychoeducation for parent and EPs work providing therapeutic support. Clear guidelines need to be in place, removing barriers for parents and schools need to be able to provide a safe space for the support. These findings can support EPs to inform the pilot of counselling in primary schools (DE, 2023) to improve its effectiveness.

This is the first study in Ireland to explore parents' perspectives of individualised therapeutic support. This study makes a unique contribution by studying this underrepresented group of participants. A further unique contribution of this research is using humble inquiry (Lambrechts et al., 2011; Schein, 2013) as an approach to interviewing around sensitive topics. By using this method which is grounded in the psychological principles of empathy and attunement, it facilitated a deeper openness from participants, allowing for a collection of rich, nuanced data which traditional interview methods may not have been able to access.

The PPCT model served to underscore the significance of the systems around the child. Key findings reflect importance of the systems working together to produce the best outcomes for the child. This study provides data that can serve to inform and improve future policy and

practice. In terms of policy, the perspectives from this study were overwhelmingly positive. Findings from this study show the value of the child being supported at the right time and the positive impact it can have on the whole microsystem. It highlights the need for universal support within schools, early intervention, reducing stigma and parental involvement.

Within academia, this study serves as a foundation with the development of further research in this area. Longitudinal research in this area would be useful to examine perspectives over the long-term. A larger more diverse sample of other stakeholders including children would further develop insights in this area.

Dissemination of this research at academic conferences will enable future developments in this area. This research has already been presented as a poster at the NEPS Annual Conference 2025. This research will also be presented at Mary Immaculate College in May 2025 to future EPs. It is hoped that the dissemination of this research through publications and conferences will have an impact on EP practice by ensuring EPs hold an informed position on how to effectively manage individualised therapeutic support in primary schools.

It is not feasible to present this research to parent participants alone due to data protection and this is not something that the participants consented to as part of the initial process. However, through my role as an EP working with a cluster of schools, I will seek out opportunities to provide CPD on topics such as wellbeing. The findings from this study will support in informing schools on how best to implement therapeutic practices in schools and the importance of parental involvement.

Furthermore, through my work with NEPS, I will have the opportunity at shared practice meetings and the NEPS conferences to directly engage with those involved in the pilot study,

including the wellbeing practitioners. I hope to be able to disseminate the research to those involved in the pilot project to inform the counselling in schools pilot. The wellbeing practitioners are directly involved in strand 2 of the pilot and delivering psychoeducation to parents. My findings from this study can support the wellbeing practitioners in how best to engage with parents. In conclusion, this study has found that therapeutic support delivered in school settings by external professionals has the potential to not only enhance children's wellbeing but it also impacts positively on those around the child.

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Appendix A: List of Accreditation Bodies

The counsellors that are used in the counselling in primary schools programme are qualified and accredited members of:

- The Psychological Society of Ireland (PSI)
- The Irish Association of Humanistic and Integrative Psychotherapy (IAHIP),
- The Irish Association for Counselling and Psychotherapy (IACP)
- The Irish Association of Psychotherapy and Play Therapy (IAPTP)
- The Association of Child Art Psychotherapists (ACAP)
- Those registered with the Irish Council for Psychotherapy (ICP).

Appendix B: Excluded Studies after Full-Text Screening

References	Code for Exclusion
1. Alqahtani, M. M. J. (2017). How do parents view psychological assessment and intervention for their children with ADHD in Saudi Arabia? *Asia Pacific Journal of Counselling & Psychotherapy*, *8*(1), 41–52. https://libraryproxy.mic.ul.ie/login?url=https://search.ebscohost.com/login.aspx?direct=true&AuthType=cookie,ip,url,uid,shib&db=a9h&AN=120599284&site=ehost-live	5. Non-OECD
2. Askell-Williams, H. (2016). Parents' Perspectives of School Mental Health Promotion Initiatives Are Related to Parents' Self-Assessed Parenting Capabilities. *Journal of Psychologists and Counsellors in Schools*, *26*(1), 16–34. https://doi.org/10.1017/jgc.2015.28	3. Not Individualised Therapeutic Support
3. Bone, C., O'Reilly, M., Karim, K., & Vostanis, P. (2015). "They're not witches. ..." Young children and their parents' perceptions and experiences of Child and Adolescent Mental Health Services. *Child: Care, Health & Development*, *41*(3), 450–458. https://libraryproxy.mic.ul.ie/login?url=https://search.ebscohost.com/login.aspx?direct=true&AuthType=cookie,ip,url,uid,shib&db=a9h&AN=102038442&site=ehost-live	3. Not in school
4. Brumfield, K. A., & Christensen, T. M. (2011). Discovering African American parents' perceptions of play therapy: A phenomenological approach. *International Journal of Play Therapy*, *20*(4), 208–223. https://doi.org/10.1037/a0025748	3. Not in school

5. Chaimaha, N., & Chinchai, S. (2016). Parent and Teacher Perspectives in Collaborative Concepts of Therapeutic Programs for Students with ADHD. *Journal of Occupational Therapy, Schools & Early Intervention*, *9*(4), 366–381. https://doi.org/10.1080/19411243.2016.1227761	5. Non-OECD country. Thailand
6. Childs-Fegredo, J., Burn, A.-M., Duschinsky, R., Humphrey, A., Ford, T., Jones, P. B., & Howarth, E. (2021a). Acceptability and feasibility of early identification of mental health difficulties in primary schools: A qualitative exploration of UK school staff and parents' perceptions. *School Mental Health: A Multidisciplinary Research and Practice Journal*, *13*(1), 143–159. https://doi.org/10.1007/s12310-020-09398-3	3. Not Individualised Therapeutic Support
7. Harrison, M. G., Tam, C. K. Y., & Yeung, S. S. (2023a). Counselling support for the mental health of children in Hong Kong's international schools during the COVID-19 pandemic: Parents' perspectives. *The Educational and Developmental Psychologist*, *40*(1), 86–97. https://doi.org/10.1080/20590776.2021.2001296	3. Specific to school closures and covid
8. Hayes, D., Edbrooke-Childs, J., Town, R., Wolpert, M., & Midgley, N. (2020). Barriers and facilitators to shared decision-making in child and youth mental health: Exploring young person and parent perspectives using the Theoretical Domains Framework. *Counselling & Psychotherapy Research*, *20*(1), 57–67. https://libraryproxy.mic.ul.ie/login?url=https://search.ebscohost.com/login.aspx?direct=true&AuthType=cookie,ip,url,uid,shib&db=a9h&AN=141289645&site=ehost-live	3. Not Individualised Therapeutic support

9. He, H., Zhu, L., Chan, W. S., Liam, J. L. W., Ko, S. S., Li, H. C. W., Wang, W., & Yobas, P. (2015). A mixed-method study of effects of a therapeutic play intervention for children on parental anxiety and parents' perceptions of the intervention. *Journal of Advanced Nursing*, *71*(7), 1539–1551. https://doi.org/10.1111/jan.12623	3. Not in school
10. Kirchofer, G., Telljohann, S. K., & Price, J. H. (2007). Elementary School Parents'/Guardians' Perceptions of School Health Service Personnel and the Services They Provide. *Journal of School Health*, *77*(9), 607–614. https://doi.org/10.1111/j.1746-1561.2007.00240.x	3. Not Individualised Therapeutic Support
11. Kramer, T. L., Vuppala, A., Lamps, C., Miller, T. L., & Thrush, C. R. (2006). The Interface between Mental Health Providers, Families, and Schools: Parent and Child Attitudes about Information-Sharing. *Journal of Child & Family Studies*, *15*(4), 377–392. https://libraryproxy.mic.ul.ie/login?url=https://search.ebscohost.com/login.aspx?direct=true&AuthType=cookie,ip,url,uid,shib&db=a9h&AN=22081550&site=ehost-live	3. Not Individualised Therapeutic Support
12. Li, C., & Li, H. (2017). Chinese Immigrant Parents' Perspectives on Psychological Well-Being, Acculturative Stress, and Support: Implications for Multicultural Consultation. *Journal of Educational & Psychological Consultation*, *27*(3), 245–270. https://doi.org/10.1080/10474412.2016.1275648	3. Not Individualised Therapeutic Support

13. Mullally, L. J. (2010). Parent perceptions and priorities for providing school health services in San Bernardino county public schools: A mixed methods study. In *Dissertation Abstracts International Section A: Humanities and Social Sciences* (Vol. 71, Issues 5-A). https://libraryproxy.mic.ul.ie/login?url=https://search.ebscohost.com/login.aspx?direct=true&AuthType=cookie,ip,url,uid,shib&db=psyh&AN=2010-99211-018&site=ehost-live	3. Not Individualised Therapeutic Support
14. Murphy, C. E. (2006). Parental perceptions of barriers to care: An examination of rural Appalachian parents' expectancies of the availability, process, and outcome of mental health services for elementary school-aged children. In *Dissertation Abstracts International: Section B: The Sciences and Engineering* (Vol. 67, Issues 4-B). https://libraryproxy.mic.ul.ie/login?url=https://search.ebscohost.com/login.aspx?direct=true&AuthType=cookie,ip,url,uid,shib&db=psyh&AN=2006-99020-422&site=ehost-live	3. Not Individualised Therapeutic Support in school
15. O'Dea, B., Leach, C., Achilles, M., King, C., Subotic-Kerry, M., & O'Moore, K. (2019). Parental attitudes towards an online, school-based, mental health service: implications for service design and delivery. *Advances in Mental Health*, *17*(2), 146–160. https://libraryproxy.mic.ul.ie/login?url=https://search.ebscohost.com/login.aspx?direct=true&AuthType=cookie,ip,url,uid,shib&db=a9h&AN=137584705&site=ehost-live	3. Specific to online mental health service not individualised therapeutic support

16. O'Farrell, P., & Kinsella, W. (2018). Research exploring parents', teachers' and educational psychologists' perceptions of consultation in a changing Irish context. *Educational Psychology in Practice*, *34*(3), 315–328. https://libraryproxy.mic.ul.ie/login?url=https://search.ebscohost.com/login.aspx?direct=true&AuthType=cookie,ip,url,uid,shib&db =a9h&AN=131751782&site=ehost-live	3. Not Individualised Therapeutic Support
17. Schaible, L. (2022). Home School Collaboration: A Comparison of Perspectives between School Psychologists and Parents of Children Receiving Special Education Services. In *ProQuest LLC*. https://libraryproxy.mic.ul.ie/login?url=https://search.ebscohost.com/login.aspx?direct=true&AuthType=cookie,ip,url,uid,shib&db=eric&AN=ED648848&site=ehost-live	3. Not Individualised Therapeutic Support
18. Sebold, S. (2013). Parents' perceptions of school psychologists' use of social power and interpersonal influence in school consultation for children with autism spectrum disorders. In *Dissertation Abstracts International Section A: Humanities and Social Sciences* (Vol. 73, Issues 9-A(E)). https://libraryproxy.mic.ul.ie/login?url=https://search.ebscohost.com/login.aspx?direct=true&AuthType=cookie,ip,url,uid,shib&db=psyh&AN=2013-99051-040&site=ehost-live	3. Not Individualised Therapeutic Support
19. Squires, G., Farrell, P., & Woods, K. (2007). Educational Psychologists' Contribution to the "Every Child Matters" Agenda: The Parents' View. *Educational Psychology in Practice*, *23*(4), 343–361. https://doi.org/10.1080/02667360701660993	3. Not Individualised Therapeutic Support

20. Wang, C., Do, K. A., Frese, K., & Zheng, L. (2019). Asian Immigrant Parents' Perception of Barriers Preventing Adolescents from Seeking School-Based Mental Health Services. *School Mental Health*, *11*(2), 364–377. https://doi.org/10.1007/s12310-018-9285-0	3. Not Individualised Therapeutic Support
21. Zucker, J. R. (2010). Consumer perceptions of school psychologists: The views of parents, teachers, and administrators. In *Dissertation Abstracts International: Section B: The Sciences and Engineering* (Vol. 71, Issues 4-B). https://libraryproxy.mic.ul.ie/login?url=https://search.ebscohost.com/login.aspx?direct=true&AuthType=cookie,ip,url,uid,shib&db=psyh&AN=2010-99200-368&site=ehost-live	3. Not Individualised Therapeutic Support

Appendix C: Charting the Data

Author	**Department of Education NI, Department of Finance**
Year of publication	2023
Source origin/ country of origin	Northern Ireland
Aims/ Purpose	Post project evaluation of Healthy Happy Minds Counselling and Therapeutic Pilot for Primary Age Pupils. Evaluation from period of November 2021 to October 2022. To evaluate the project on time, cost, outcomes, managed risk, managed effectively.
Study population and sample size (If applicable	Primary school aged parents who had received therapy.
Methodology	Two online surveys completed with providers and schools. As well as one to one interviews with key stakeholders. Secondary feedback gathered by practitioners re: parental feedback due to non-attendance of parent focus groups. This feedback was provided from parents in the form of questionnaires after their children's art therapy sessions. This was qualitative feedback. Case study of ones parents experiences were given

Intervention type and comparator (If applicable)	Therapeutic support delivered in primary schools.
Concept	Pilot of counselling in primary schools.
Duration of the intervention (If applicable)	Project ran from November 2021 to March 2023.
How outcomes are measured	Through a qualitative questionnaire due to no attendance at focus group.
Key findings that relate to the review question	Positive feelings about the pilot. Majority felt they could see their child benefiting from the support. Majority felt delivery of intervention was satisfactory. All parents felt funding should be made available. 100% were satisfied with referral process 100% were satisfied with the assessment process 94% satisfied with communication from therapist 94% Could see benefits for their child. 93% Satisfied with overall art therapy service 100% felt the service is something that can benefit all children Case study highlighted, good communication, good information gathering on behalf of therapist beforehand, compassionate counsellor, regular updates to mother, mother learned how to respond

	to child and be mindful of her role. Mother felt daughter enjoyed sessions and it was her safe space to talk. Mother felt that both benefited by being able to spend more time together and mother better able to react to child's emotions. Mother felt less alone and had some support. Gave opportunity to reflect on their situation and learn what is realistic. Pilot had big impact on family. There would have been no other option of services.

Author	**Robyn Jean Emde**
Year of publication	2015
Source origin/ country of origin	Doctoral Thesis Walden University, Minneapolis, USA
Aims/ Purpose	To explore more about parents perceptions of the relationships with school counsellors, identify factors and processes that improve working together with parents and will benefit children.
Study population and sample size (If applicable	High school parents Must have had at least one contact with children's high school counsellor in the last year. 8 Participants
Methodology	Qualitative, transcendental phenomenological . 3 Research questions. 1. In what ways do parents perceive school counselors impacting their children? 2. How do parents collaborate with their children's school counselors? 3. What do parents perceive that school counselors do that makes their relationships with students meaningful/beneficial Interviews, interview notes, demographic questionnaire, member checks. Data analysis, themes.

Intervention type and comparator (If applicable)	N/A
Concept	Study about parents perceptions
Duration of the intervention (If applicable)	N/A
How outcomes are measured	Themes
Key findings that relate to the review question	Q1. Answer: Benefits for students, academically emotionally Q2 Answer: Parents feeling empowered Q 3: Answer: Interpersonal environment/ informed counsellor

Author	**Loukia Demetriou and Ourania Kalouri**
Year of publication	2019
Source origin/ country of origin	Cyprus
Aims/ Purpose	To investigate and measure parental effectiveness. To research parents perceptions of primary school parents about the necessity of school counselling, hypothesis that knowledge of counselling system will determine opinions on it enhancing parental effectiveness.
Study population and sample size (If applicable	Sample 120 parents, 18% women and 14% men 63% had university education, 37% finished high school Data collected from Greek Cypriot families living in Limassol from m2017 to 2018
Methodology	Questionnaires online, Alabama parenting questionnaire and bespoke questionnaire used for perceptions. SPSS used
Intervention type and comparator (If applicable)	N/A
Concept	Parents perspectives on school counselling

Duration of the intervention (If applicable)	N/A
How outcomes are measured	Statistical analysis on SPSS
Key findings that relate to the review question	Parents familiar with support that can be provided Value the counsellor in supporting child, and family, child-parent relationship and advisory role for parents, resolution to family problems and behaviours. Placed value in counsellors support with problems in personal/ social development domain.

Gillian, D.C., (2006) Parental Perceptions of Elementary School Counselors in a Suburban Atlanta School.

Author	**Dana C. Gillian**
Year of publication	2006
Source origin/ country of origin	Atlanta, USA
Aims/ Purpose	To collect data that would help to find out what parents' perspectives of schools counsellors are, so the school know how to better communicate with parents.
Study population and sample size (If applicable	287 parents were surveyed 33 parents interviewed in person and on the telephone.
Methodology	Mixed methods, survey, interviews, archived data to indicate the most common reasons for parents to contact a school counsellor
Intervention type and comparator (If applicable)	N/A
Concept	To discover parents perspectives on the role of the school counsellor in elementary school. What do parents know about it, what do they think the responsibilities are, do they think it is vital to have them, how can communication between school and school counsellor be improved, how many used the school counsellor and what were the reasons.

Duration of the intervention (If applicable)	N/A
How outcomes are measured	Data was analysed using frequency counts and also organised in to themes.
Key findings that relate to the review question	41% of parents knew correctly that a masters degree was needed. 30% could name 3 main job responsibilities correctly. 50% strongly agreed school counsellors were vital, 39% agreed and 2% disagreed or strongly disagreed. Parent interviews provided many suggestions on how to increase awareness of the counselling at school. Brochure or pamphlet was the most common choice, rather than online information. Review of records showed the most common reasons that parents would contact a counsellor was grief/loss, friendship, divorce, anger management and school adjustment. Many are aware of role, but many are not aware of scope of role of school counsellor or qualifications they have and that they can work with all students. Information needed to be given to parents so parents are aware of scope of service. Parents did not want to admit that they had contacted a counsellor and were reluctant to talk about specific issues in the interview. Parents were aware counsellor did give in class support as the child had discussed it at home. Parents valued school counsellors, want to be more informed

Author	**Shawn Dorinda Hughes, 2008**
Year of publication	2008
Source origin/ country of origin	Dissertation Virginia
Aims/ Purpose	To explore parental expectations of secondary school counsellors and an understanding of how expectancy theory influences parents' perceptions.
Study population and sample size (If applicable	
Methodology	2 phase mixed methods First phase – 15 participants from 2 high schools. Qualitative interviews of parents expectations, purposeful sample, focus groups in two different high schools Second phase -Survey of 350 parents of high school children. One way ANOVA
Intervention type and comparator (If applicable)	School counselling

Concept	Parents perspectives on expectations of school counsellors, what they expect to gain, prior interactions and how they impact expectations, relationship between parents expectations and advice to children about school counselling.
Duration of the intervention (If applicable)	
How outcomes are measured	Data coded an analysed to look for relationships between categories.
Key findings that relate to the review question	Parents have expectations of counsellors to support children, good communication, being available, support with transitions, one to one counselling, to know student well, shared values. Some felt issues would be better dealt with outside of school. Parents expect the benefit to child to be information and knowledge, guidance in making academic decisions, transitional information. Important to child's success, gained a better understanding of counsellors role, motivated to interact with counsellor due to child's needs.

Author	**Mark G. Harrison, Jacky King-Fai Cheung, Chloe Ka Yi Tam, Anna Susanne Cheng & Susanna Siu-Sze Yeung**
Year of publication	2024
Source origin/ country of origin	Hong Kong
Aims/ Purpose	To investigate parents perceptions of school counselling
Study population and sample size (If applicable	27 Parents primary and secondary school parents where counselling was available in schools. Did not ask parents of children who were receiving counselling. These were parents across a range of ages of primary and secondary aged children.
Methodology	Exploratory study, qualitative approach, purposive sampling, parents of children who attended both local and private/ international schools. Participants from 11 different international private schools and 10 local schools from a range of different countries. Hong Kong, India, Australia, United States, Malaysia, UK, Belgium, China. Individual semi-structured interviews were conducted in native language over zoom. Semi-structured interviews conducted by qualified and experienced counsellors. Data analysed using thematic analysis. Transcripts from local and international schools analysed as two separate sets of data.
Intervention type and comparator (If applicable)	N/A

Concept	Looking at parents perspectives of school counsellors in both local and international schools in Hong Kong. Semi-structured interviews with open questions about the role of school counsellor and parents understanding of it. Parents feelings about their child seeing a school counsellor. Interviews audio-recorded and transcribed. Anonymised quotes used in the text.
Duration of the intervention (If applicable)	N/A
How outcomes are measured	Results in themes and subthemes
Key findings that relate to the review question	Differences in perceptions of two sets of parents Parents saw value in counselling Parents also experienced barriers; cultural stigma, lack of clarity about roles; school culture disorganised and hostile. **Themes Engaging with counselling** **Subtheme 1: Recognising that counselling is a source of support.** International parents: Recognition that counselling was source of support for children, gives them someone to talk to. Little other support available. Counsellor there for when things get tough. Local: Not so much about the counselling being a source of support. Reference to the counsellor bringing an added perspective to for parents to understand children better. International Parents: Counselling most effective when a relationship with counsellor is established. A three-way relationship. Parents personally found input from counsellor supportive. Update parents with consent of

student. As a result of good relationship with counsellor parents more open to counsellor and recommend to other parents.

Recognising counsellors as professionals

International parents: Specialist, qualified, insight into problems, unbiased, will listen, dedicated, flexible cared about the welfare of child and family.

Local Parents: 1 parent commented on specialist aspect.

Theme 2: Barriers to counselling

Subtheme 1. Confusion about counsellors roles

International parents: Confusion about each role within school structure. Not communicated clearly, wouldn't bring personal issues into school

Local parents: Confused about qualifications and roles within school. Needs to be differentiated.

Subtheme 2: Counselling as an admission of weakness

Both groups: Stigma, didn't want people to know their child was seeing a counsellor. Felt it reflected badly on them., failing as a parent. Associated with bad behaviour and punishment, authority figures who dealt with this. Cultural differences.

Subtheme 3: Concerns about confidentiality

Both groups: Parents want to be informed, parents would rather children get help even if they don't know. Parents understand need for trust between child and counsellor and respects confidentiality. Worried about mentioning things to other staff. Chinese parents worried about future prospects if disclose information to counsellor.

Theme 3 The Impact of school climate

Subtheme 1: the importance of communication

International parents felt not informed about school counsellors, counsellors need to explain role., promotion of role, information clearly provided. Needs to be promoted more to reduce stigma.

Subtheme 2: An unsupportive school climate

Local parents: School unresponsive to requests for help with wellbeing. Unresolved problems.

International schools: Value in counselling but school wellbeing not priority, school counsellors inexperienced, unsuitable interventions, school staff changes, counsellor pursuing own interests i.e. yoga with kids. Defensive school, discriminate with children causing issues and send to counsellor.

Subtheme 3 A supportive school climate

International parents: Most effective when embedded in the culture of the school, made it normalised and easy for children to access.

Clear school structure of who to go to. Most effective when joint up working with others in school. Children allowed out of class, children can be encouraged to seek help and organise it themselves with counsellor.

Having counsellors embedded in the school means they can support students better rather than a role on the periphery. Job role needed within the school, clear role, bigger role within school. More communication and collaboration needed between parents and counsellors.

Author	**Harrison, Wang, Yeung and King**
Year of publication	2024
Source origin/ country of origin	Hong Kong
Aims/ Purpose	
Study population and sample size (If applicable	Phase 1: 287 parents in Hong Kong surveyed Phase 2: 27 parents interviewed These were parents across a range of ages of primary and secondary aged children.
Methodology	Explanator sequential mixed methods design. Phase 1: explores what are the differences between Chinese and non-chinese parents' perspectives on counselling. Hypothesis: that Chinese parents would experience it more negative than non-chinese parents. Phase 2: Explored what accounts for the differences Hypothesis: Cultural factors i.e. stigma Analysis: Bartletts test of sphericity and Kaiser-Meyer-Olkin(KMO) measures used. Exploratory factor analysis. Phase 2 coded in to themes.

Intervention type and comparator (If applicable)	Comparison between Chinese and non-chinese parents perceptions.
Concept	Wise ranging role in Hong Kong with many different duties in the school, often clerical, planning, behaviour.
Duration of the intervention (If applicable)	N/A
How outcomes are measured	Factor analysis and themes.
Key findings that relate to the review question	Phase 1: Chinese parents had more negative perceptions Chinese parents had a much poorer understanding of the role and less likely to believe in benefits. No difference in supportive attitudes. Theme 1: Cultural stigma towards counselling is stronger among Chinese parents Theme 2: School related factors influence parents perceptions of counselling

Author	**Longhurst et al.**
Year of publication	2022
Source origin/ country of origin	UK
Aims/ Purpose	To explore parents' and carers' perceptions and expectations of school-based humanistic counselling.
Study population and sample size (If applicable	Parents and carers 17 parents and carers of children who had participated in the ETHOS study and engaged with School based Humanistic counselling
Methodology	Qualitative study 17 semi-structured interviews and analysed by thematic analysis
Intervention type and comparator (If applicable)	N/A
Concept	Humanistic counselling in secondary schools
Duration of the intervention (If applicable)	N/A
How outcomes are measured	Outcomes were collated into themes.

Key findings that relate to the review question	Parents perception can be divided into themes. The context of the counselling and the content. Opportunity to discuss issues and get a different perspective. Parents respected privacy of process school generally seen as good place, missed lessons and making up work a concern. But not concerns about missing lessons, wellbeing was first. Worried about child returning to class after counselling. Lack of communication from the school. Content of counselling High hopes and expectations Those who had a meeting rather than letter felt more informed. Joint decision but child had final say in joining the study. No expectations Expectations and hopes that child would talk to someone. Improved overall wellbeing Outcomes: improved relationships and confidence Positive that counsellor separate from the school, built trust of opening up Some children coming home upset on day of counselling. Incentives of vouchers were liked by children.

	Outcomes for children were increased confidence and overall wellbeing. Increased happiness. Some reported no impact. Some reported impact lessened over time. Some reported worse afterwards. Some say no long enough, needs to be longer Some parents then got more help for children Waiting times in CAMHS meant no support from CAMHS

Author	**Kimberly Searcey van Vulpen, Amy Habegar and Teresa Simmons**
Year of publication	2018
Source origin/ country of origin	Empirical Paper Maryland, USA
Aims/ Purpose	To explore parents perceptions of needs and barriers to accessing school based mental health support for their child.
Study population and sample size (If applicable	607 Parent and guardian respondents participated in a survey. These were parents across a range of age ranges of primary and secondary schools.
Methodology	Survey that was adapted by Reinke et al. (2011) with permission to examine roles, needs and barriers. Demographic information was also included. Age, gender, ethnicity, relationship to child, and level of education. Parents given list of 14 behaviours to answer yes or no if their child had experienced these. Also open question of parents to identify what they thought top 5 mental health issues for children were.

	Role is school was measured on a likert scale, should school have a role, has your child been affected by another child's mental health issue, nine tasks that schools might be involved in e.g. screening, referrals, monitoring. Likert scale on questions to understand barrier to the service.
Intervention type and comparator (If applicable)	N/A
Concept	This examined parents perceptions on children's mental health needs, the perceptions of the schools role in meeting these needs and reasons why children were not receiving the service.
Duration of the intervention (If applicable)	N/A
How outcomes are measured	Data collected and statistical analysis completed on the data.
Key findings that relate to the review question	26% said their child had experienced 7 or more of the 15 mental health challenges64% Anxiety, 54% bullying, 35% defiant behaviour, 34% depression. 59% Their child had been affected by other student with mental health/ behavioural challenges. 78% Strongly agreed or agreed schools should be involved in addressing mental health challenges

71% Strongly agreed or agreed that schools should be involved in screening for mental health challenges

Three-fourths that schools should offer curriculum-based support

85% said schools should be involved in referrals to community services

64% lack of parents support affected reasons for not accessing services

61% lack of awareness about mental health problems

58% need for parents programmes

57% ongoing need for monitoring within schools

33% said child had used mental health service within school

87% would contact child's doctor if a problem

52% would contact school guidance counsellor

52% would contact a community mental health agency.

For information on mental health services within the school 66% would contact schools guidance counsellor, 38% Child's doctor, 35% school-based counsellor.

Barrier still exist to accessing schools mental health services and more prevalent for rural families.

Appendix D: Recruitment Flyer

Appendix E: Information Letter and Consent Form and Mental Health Supports

Information Letter

Study Title: Exploring parent perspectives of individualised therapeutic support delivered in primary schools.

My name is Emma Hearne, and I am a Year 3 Trainee Educational Psychologist, currently undertaking a Professional Doctorate in Educational and Child Psychology at Mary Immaculate College, Limerick. I am carrying out research which aims to explore parent perspectives about the therapeutic support that has been provided to their child in primary school. This research study will form part of my doctoral thesis. The study is conducted under the supervision of Dr Siobhan O'Sullivan.

What is this study about?

This research aims to find out parents' experiences about therapeutic support that has been provided to your child in primary school. I would like to hear about your perspectives on the impact of the support, what worked well and what would be the ideal. Parents are key agents of change in a child's life and therapeutic support (e.g., counselling) is thought to be more effective if parents are part of the process. It is hoped that results from this study will be of benefit to schools and those involved in delivering therapeutic interventions in primary schools and ultimately the children and young people in receipt of this support.

Who can take part in the study?

Any parent or legal guardian, whose child received or is currently in receipt of individualised therapeutic support (e.g., play therapy, cognitive behaviour therapy, counselling) in primary school can participate in this study. For this study, it is important that the therapeutic support is (or was) delivered by an accredited professional registered with one of the following professional bodies: Play Therapy Ireland, Psychological Society of Ireland (PSI); Irish Association of Humanistic and Integrative Psychotherapy (IAHIP); Irish Association of Counselling and Psychotherapy (IACP); Irish Association of Creative Arts Therapists (IACAT). If your child is currently in receipt of therapeutic support in primary school, they should have received at least half of the planned therapeutic/counselling support sessions. You can also participate if your child received therapeutic support in primary school in the last two years.

What is involved if I decide to take part?

Participants who agree to take part will be invited to an interview with me. This interview can take place online using Microsoft Teams, or in person depending on your preferences. The interview will last approximately 30-40 minutes and will include some background information questions and some questions about your perspective on the therapeutic support provided to your child e.g., the impact, what worked well and what would be the ideal. Permission will be sought to audio record the interview. Taking part in this research will not impact the support that your child is receiving.

What if I decide to take part and then change my mind?

Participants have the freedom to withdraw from this study at any stage during the interview without giving a reason. In addition, if you wish, a transcript of your interview will be returned to you to check that it accurately represents your views. You will be able to withdraw from the study by contacting me (contact details are provided below) any time after receiving the transcript. Again, you do not need to provide a reason.

What will happen to the recordings, and will they be kept confidential?

Pseudonyms will be used during the transcription phase, and all identifying information will be anonymised. Recordings and transcriptions of the interviews will be stored initially on an encrypted to a password-protected file. Once the transcription stage is complete, the recordings will be deleted. Data from all the interviews will be summarised and presented into themes to provide findings to answer the research questions. Participant quotes (with pseudonyms) will be used to support study findings. The study may be disseminated at conference presentations, and a published paper. The anonymised data will be kept indefinitely.

Are there any risks involved?

The focus of this study is to learn more about parents' perspectives of the therapeutic support in primary school settings as it is important to hear parents' voices on what has worked well with the support provided and what would be the ideal. However, the topic of therapeutic support in schools can be sensitive and it might bring up some emotions and/or worries about your child. If you feel the topic may be upsetting for you at this time, you should carefully consider whether now is the best time to participate in this study. Take time to discuss the study with family before making a decision. If you find this process more upsetting than you anticipated the researcher will be able to signpost you to supports you may need during the interview. Or if you find thinking about this topic distressing there are numbers of mental health supports attached.

What do I do if I am interested in taking part in the study?

If having read this information sheet and decided that you would like to participate, then please return the consent form provided. My contact details are provided below.

Contact Details

To participate in this study or if you have any questions about the study, please do not hesitate to contact me: Emma Hearn[redacted]r my supervisor: Dr. Siobhan O' Sullivan Siobhan.osullivan@mic.ul.ie

This research study has received Ethics approval from the Mary Immaculate College Research Ethics Committee (MIREC) (Reference number A24-023)

If you have any concerns about this study and wish to contact an independent authority, you may contact Mary Collins, MIREC Administrator, Mary Immaculate College, Limerick Telephone: 061-204980 E-mail: mirec@mic.ul.ie

Consent Form for Participants

Study Title: Exploring parent perspectives of individualised therapeutic supports delivered in primary schools?

Please read the following points and if you are in agreement with the statements and consent to participate in my study, please sign your name in the space below and return a copy to me via email.

- I have read and understand the information sheet.
- I understand the purpose and nature of the research study, and what the results will be used for.
- I am fully aware of all the procedures involving myself and of any risks and benefits associated with the study.
- I am aware that information will be kept confidential.
- I am aware that the interview will be recorded for transcription purposes.
- I understand that data from my interview will be anonymised and stored in an encrypted password-protected file.
- I understand that disguised extracts from my interview may be quoted in a dissertation and any associated conference presentations and published papers.
- I understand that in any report on the results of this research my identity will remain anonymous.
- I know that my participation is voluntary and that I can withdraw from the study at any point. If I wish to withdraw from the study at any point, I can do so without giving a reason.

Participant name (PRINTED): _____

Participant name (SIGNED): _____

Date: _____

Researcher name (SIGNED):_____

Date:_____

Mental Health Supports

If you or someone you know is at risk of self-harm or suicide you should contact one of the following immediately.

- Local doctor/ GP
- Nearest Accident and Emergency Department
- Call 999

If you are concerned you have a mental health problem talk to your GP.

Further support available:

The Samaritans

Samaritans services are available 24 hours a day, for confidential, non-judgmental support.

- Freephone 116 123, any time.
- jo@samaritans.ie.
- samaritans.ie.

Aware

Depression & Bipolar Disorder Support

www.aware.ie

Tel: Freephone 1800 80 48 48 (available 7 days, 10am-10pm).

Email: supportmail@aware.ie

Pieta House

Free therapeutic support to people who are in suicidal distress and those who engage in self-harm.

T: 1800 247 247

W: www.pieta.ie

Turn2me

They offer self-help, peer support and professional support through an online platform for those who are experiencing poor mental health.

www.turn2me.ie

Grow

Mental Health support and Recovery Organisation

Tel: 0818 474474

Email: info@grow.ie

www.grow.ie

Bodywhys

Eating Disorders Associations of Ireland

www.bodywhys.ie

Email: alex@bodywhys.ie

01 2107906

Irish Advocacy Network

Peer advocacy, support and information to people with mental health difficulties.

www.irishadvocacynetwork.com

Tel: 01 872 8684

Irish Association for Counselling and Psychotherapy

List of registered Counsellors & Psychotherapists practicing in Ireland

www.iacp.ie

Tel: 01 230 3536

Shine

Supporting people effected by mental ill health and their families through information and education.

www.shine.ie

info@shine.ie

Parentline

The national helpline for parents

www,parentline.ie

Helpline: 1890 92 72 77

or 01 873 350

Women's Aid

Confidential information, support and understanding to women who are being abused by current or former boyfriends, partners or husbands.

Helpline: 1800341900

www.womensaid.ie

Aoibhneas Women and Children's Refuge

Domestic Abuse Support for Women and Children

www.aoibhneas.ie

01 867 0701

Email: helpline@aoibhneas.org

Freetext – 50101

Dublin Rape Crisis Centre

For people who have experienced sexual assault, rape or childhood sexual abuse.

National 24 Hour Helpline:

1800 77 88 88

Email: counselling@rcc.ie

https://www.drcc.ie/

LGBT Ireland

National support service for Lesbian, Gay, Bisexual and Transgender people and their families and friends.

Helpline: 1890 929 539

info@lgbt.ie

www.lgbt.ie

Appendix F: Principal Information Sheet and Consent Form

Information Letter for Principals

Study Title: Exploring parent perspectives of individualised therapeutic support delivered in primary schools.

Who am I?

My name is Emma Hearne, and I am a Year 3 Trainee Educational Psychologist, currently undertaking a Professional Doctorate in Educational and Child Psychology at Mary Immaculate College, Limerick. I am carrying out research which aims to explore parent perspectives about the therapeutic support that has been provided to their child in primary school. This research study will form part of my doctoral thesis. The study is conducted under the supervision of Dr Siobhan O'Sullivan. I have full garda vetting and I have my children's first certificate. I was a teacher for 17 years prior to starting the Doctorate in Educational and Child Psychology.

How can you help?

I would like principals who have therapeutic support (e.g., counselling, play therapy) happening in schools to help me in recruiting participants for my study by advertising it through the school's parent communication platform and/or social media.

What is this study about?

This research aims to explore parents' experiences of individualised therapeutic support that has been provided to their child in primary school. I would like to hear about parents' perspectives on the impact of the support, what worked well and what would be the ideal. Parents are key agents of change in a child's life and therapeutic support is thought to be more effective if parents are part of the process.

Why is my study important?

It is hoped that results from this study will be of benefit to schools and those involved in delivering therapeutic interventions in primary schools and ultimately the children and young people in receipt of this support.

Who would I like to take part in the study?

Any parent or legal guardian, whose child received or is currently in receipt of individualised therapeutic support (e.g., play therapy, cognitive behaviour therapy, counselling) in primary school can participate in this study.

Does your school have therapeutic support from any of the following?

For this study, it is important that the support the child is receiving (or received) in school is (or was) delivered by an accredited professional registered with one of the following professional bodies: Psychological Society of Ireland (PSI); Irish Association of Humanistic and Integrative Psychotherapy (IAHIP); Irish Association of Counselling and Psychotherapy (IACP); Irish Association of Creative Arts Therapists (IACAT).

What is involved for parents if they decide to take part?

Participants who agree to take part will be invited to an interview with me. This interview can take place online using Microsoft Teams, or in person depending on the participants preferences. The interview will last approximately 30-40 minutes and will include some background information questions and some questions about their perspective on the therapeutic support provided to their child e.g., the impact, what worked well and what would be the ideal. Permission will be sought to audio record the interview. It will be clear to participants that taking part in this research will not impact the support that their child is receiving.

Will the school be identifiable?

Pseudonyms will be used during the transcription phase, and all identifying information will be anonymised. Recordings and transcriptions of the interviews will be stored initially on an encrypted to a password-protected file. Once the transcription stage is complete, the recordings will be deleted. Data from all the interviews will be summarised and presented into themes to provide findings to answer the research questions. Participant quotes (with pseudonyms) will be used to support study findings. The study may be disseminated at conference presentations, and a published paper. All information will be confidential and in line with GDPR guidelines.

Are there any risks involved?

The focus of this study is to learn more about parents' perspectives of the therapeutic support in primary school settings as it is important to hear parents' voices on what has worked well with the support provided and what would be the ideal. However, the topic of therapeutic support in schools can be sensitive and it might bring up some emotions and/or worries. I have a distress protocol in place in case participants become upset. Limits of confidentiality will be explained clearly to all participants and if a disclosure is made it will be dealt with following the correct channels. I will also provide a list of mental health support phone numbers.

What do I do if parents have questions about participating in the study?

The recruitment flyer includes my contact details and parents are advised to contact me directly if they have any questions about the study.

Contact Details

To participate in this study or if you have any questions about the study, please do not hesitate to contact me: Emma Hearn[redacted]or my supervisor: Dr. Siobhan O' Sullivan Siobhan.osullivan@mic.ul.ie

If you have any concerns about this study and wish to contact an independent authority, you may contact Mary Collins, MIREC Administrator, Mary Immaculate College, Limerick Telephone: 061-204980 E-mail: mirec@mic.ul.ie

This research study has received Ethics approval from the Mary Immaculate College Research Ethics Committee (MIREC) (Reference number A24-023)

Consent Form for Principals

Study Title: Exploring parent perspectives of individualised therapeutic supports delivered in primary schools?

Please read the following points and if you are in agreement with the statements and consent to advertise my study, please sign your name in the space below and return a copy to me via email.

- I have read and understand the information sheet.
- I understand the purpose and nature of the research study, and what the results will be used for.
- I am fully aware of all the procedures involved in the study.
- I know how to contact the researcher if I have any questions.
- I agree to advertise the study to parents by means of the school's parent communication platforms and/or social media.

Participant name (PRINTED): _____

Participant name (SIGNED): _____

Date: _____

Researcher name (SIGNED):_____ Date:_____

Appendix G: Research Privacy Notice

Research Privacy Notice

RESEARCH PRIVACY NOTICE

Introduction

This Research Privacy Notice governs the use and storage of your personal data by Mary Immaculate College (MIC). The processing of this data is carried out in accordance with the General Data Protection Regulation (GDPR) / Data Protection Acts 1988-2018 ("Data Protection Law") and in accordance with this Research Privacy Notice.

Any personal data which you provide to MIC as part of this research project will be treated with the highest standards of security and confidentiality, in accordance with Irish and European Data Protection Law. This Notice sets out details of the information that we collect, how we process it and who we share it with. It also explains your rights under data protection law in relation to the processing of your data for the purpose of research.

1. Title and Purpose of the research project

1.1 Exploring parent perspectives of individualised therapeutic support delivered in primary schools. This study aims to investigate parents' perspectives of individualised therapeutic support delivered in schools by external personnel (e.g., play therapists, psychologists). The potential impact of this study will be to provide insights to inform Educational Psychology practice on the factors that impact therapeutic support in primary schools leading to the development of strategies to enhance effectiveness.

2. Research Ethics Committee

2.1 Ethical approval was granted by MIREC on 1st May 2024. The research ethics approval number is [A24-023].

3. Identity of the Data Controller(s)

3.1 The Data Controller is:

- Mary Immaculate College, South Circular Road, Limerick.

4. Identity and Contact Details of the Data Protection Officer of the Data Controller(s)/

4.1 You can contact MIC's Data Protection Officer at dataprotection@mic.ul.ie

5. The Identity of the Principal Investigator

5.1 The Principal Investigator for this Research Project is Emma Hearne under the supervision of Dr Siobhan O'Sullivan, Doctorate in Educational and Child Psychology, Department of Educational Psychology, Inclusive and Special Education, Mary Immaculate College.

6. How MIC will use your personal data

6.1 MIC must process your personal data in order to undertake research relating to this project/study. This data collection will be done through collecting demographic information and a semi-structured interview.

6.2 The personal data collected and used in this research will include the participants name, a pseudonym will be provided for all recorded and transcribed data, the age of the child, the class of the child and any additional needs the child has.

6.3 Participation in this research project is voluntary and participants may withdraw without giving any reason. Should you wish to withdraw, you may do so by contacting the Principal Investigator at [redacted]

7. Lawful Basis for Processing Personal Data

7.1 Data Protection Law requires that MIC must have a valid legal reason to process and use your personal data. This is often called a 'lawful basis'. GDPR requires us to be explicit with you about the lawful basis upon which we rely in order to process information about you.

7.2 MIC is carrying out this research in the public interest and for scientific, historical or statistical purposes. In doing so, we are relying on Article 6(1)(e) of the GDPR. Where we are processing special category or sensitive personal data, we are relying on Article 9(2)(j) of GDPR. As required under Data Protection Law, we have appropriate safeguards in place in order to protect your personal data; these are set out in the next section.

8. Protecting Your Personal Data

8.1 MIC has the following measures in place to help ensure your personal data is safe and secure:

- *All researchers at MIC must adhere to MIC's policies and procedures regarding the safe and secure collection, use and storage of personal data;*
- *MIC has security arrangements and technical measures in place that ensure your information is stored safely and securely;*
- *All research projects involving personal data are reviewed and approved by a research ethics committee in line with MIC's policies and procedures;*
- *Where a research project may involve a high risk, a data protection impact assessment is carried out to assess risks and ensure adequate safeguards are in place;*
- *Where your personal data is processed for health research, MIC will obtain your explicit consent in advance (in line with the Health Research Regulations 2018).*

8.2 Personal data collected for this research project will be pseudonymised immediately after collection and will be fully anonymised within 12 months. Truly anonymised data is not Personal Data. Once data is anonymised for the purposes of this research project, the terms of this Privacy Notice will no longer apply.

9. Sharing Your Personal Data with Third Parties

9.1MIC will not disclose your personal data to third parties.

11.How Long Will Your Data be Retained

11.1 All Personal Data collected for this research project will be retained for until it is anonymised and transcribed. All recordings will be deleted after transcription. Anonymised data will be kept indefinitely.

12.Your Rights

12.1 Depending on the lawful basis which MIC relies on to process your Personal Data, you may have the right to request that MIC will:

- *provide you with information as to whether we process your data and details relating to our processing, and with a copy of your personal data;*
- *rectify any inaccurate data we might have about you without undue delay;*
- *complete any incomplete information about you;*
- *under certain circumstances, erase your Personal Data without undue delay;*
- *under certain circumstances, be restricted from processing your data;*
- *under certain circumstances, furnish you with the Personal Data which you provided us within a structured, commonly used and machine-readable format;*

12.2 Requests for any of the above should be addressed by email to the Principal Investigator at [redacted] *AND the Data Protection Officer at dataprotection@mic.ul.ie. Your request will be processed within 30 days of receipt. Please note, however, it may not be possible to facilitate all requests, for example, where MIC is required by law to collect and process certain personal data including that personal information that is required of any research participant.*

12.3 It is your responsibility to let the Principal Investigator know if your contact details change.

13. Queries, Contacts, Right of Complaint

13.1 Further information on Data Protection at Mary Immaculate College may be viewed at Information Compliance Office | Mary Immaculate College *. You can contact the Data Protection Officer at MIC at dataprotection@mic.ul.ie*

13.2 You have a right to lodge a complaint with the Office of the Data Protection Commissioner (Supervisory Authority). While we recommend that you raise any concerns or queries with the Researcher first at [redacted] *you may contact that Office at info@dataprotection.ie or by writing to the Data Protection Commissioner, Canal House, Station Road, Portarlington, Co. Laois.*

Appendix H: Inclusion and Exclusion Criteria for Participants

The inclusion criteria were as follows:

1. Parents whose children have accessed individualised therapeutic support in primary school in the last two years.

2. The support will have been delivered by an accredited play therapist/ therapist or counsellor. The accreditation bodies align with the standards of provision set out by the Counselling in Schools Pilot (DoE, 2023) plus the inclusion of the Irish Association of Creative Arts Therapists (IACAT). To ensure clarity around eligibility to be part of the study this criterion was included in the information letter.

3. Parents whose child will have received at least 50% of their therapeutic sessions will be eligible to participate.

The following exclusion criteria applied when deciding on participants eligibility to be part of the study.

1. Parents of children who were not in receipt of individualised therapeutic supports in primary school

2. The individualised therapeutic support was not being delivered by an accredited practitioner 3. The child received therapeutic support over two years ago. 4. The child had received less than 50% of the therapeutics support sessions.

Appendix I: Demographic Information Collected

Demographic Information

Participant	Relationship	Age	Class	Class received support	Length of support	No of Sessions	Type of support	Arranged by	Additional support	Additional Needs	Support Plan	Initiated by	Previous therapeutic support
1	Mother	5	Junior Infants	Junior Infants	8 weeks	8	Play Therapy	Letter and face to face meeting, information gathering first	SNA medical reasons	Query Dyslexia but too young to assess	Y	Mum	No
2	Mother	8	3rd class	1st Class	A year	Weekly for a year	Play therapy	School	SET	Dyslexia	N	Mum	No
3	Mother	7	2nd Class	1st Class	A year plus/ continuing this year	weekly	Art Therapy	Chat with school	SET	Hearing loss	Y	Mum	No
4 and 5	Parents, mother and father	7	2nd Class	1st Class	10 weeks	Weekly	Play therapy	Chat with school	No	No	N	Teacher	No

6	Mother	10	4th Class	2nd Class	1 year/	Weekly	Play therapy	Chat with school face to face, over the phone and forms sent out	No	No	No	Both	No
7	Father	9	3rd	Started end of 1st class	18 months plus	Weekly	Drama / art therapy	School	No	No	No	School	No
8	Mother	9	4th	2nd Class ongoing 2 years	2 years plus	Weekly	Drama/ art therapy	Face to face meeting	SNA Movement Breaks	ADHD	Yes	School	No
9	Mother	12	6th	6th class for a school year	1 school year October start	Weekly	Drama/ art therapy	Chat with school	Allowed to go to sensory room, movement breaks	Possible dyslexia being investigated Sensory processing disorder	No	School	No

Appendix J: Questionnaire for Pilot Participant

Any questions that need to be modified?

I think your questions were very good. And not intrusive by that I mean into the family or child so there was comfort with answering.

Any questions that need to be added?

None that I can think of.

Any questions that need to be omitted?

None. All questions were fine.

Comments, if any, on conduct of researcher.

Very professional, engaging and well thought out questions from start to finish that flowed. Open to listening and asking questions from what was said by the participant.

Comments if any on the pace / length of time of the interview.

The time was suitable, didn't feel long at all. The session flowed so well I didn't notice the time.

Comments if any on the order of the questions.

The order was fine.

Appendix K: Reflexive Diary Excerpts

Personal Construct Theory: Thinking Around Developing Questions

We all come to the have opinions of the world through our own experiences. When asking parents' perspectives about a point in time after the therapy, it is important to note that reflections and opinions will be based on many factors. The parents' experiences of therapy, perhaps the situation that had led the child to therapy, their understanding of what therapy is and what is can and cannot do. Their expectation of the type of therapy that was delivered, the variation in this is hard to control for in the responses that I get. Do I question about their experience of therapy, or their attitude or experience of therapy or do I reflect on each account and perhaps the reasons why through my methodology/ analysis? Explore the reasons why some had positive, and some had negative experiences by asking "why do you think that is?"

Reflection on Participant 1

Participant 1 appeared to have a very positive attitude towards therapy. She actively sought this intervention out for her child to pre-empt any issues that may arise for her child at a later date to help with the child's understanding as there had been a change in the family dynamic. This was to support with child with understanding what was going on in the family at the time. Participant 1 was in support of therapy in general and its value for all members of her family. Open to the benefits of talk therapy, open about needing support for situation and proactive about seeking support.

Reflection after Transcribing and Coding Participant 1

Strong themes coming out of doing what is best for the child, being proactive about therapy, feelings of discomfort not knowing about the process of therapy, trust of the professional.

Reflection on Writing

I will use the term mental health difficulty as I am more comfortable with the language of difficulty as it sounds more temporary and something that can be supported with rather than disorder, which seems to have more permanent connotations. Or of biological origin. When

talking about children I do not like using the word disorder. I take the view that mental health is on a continuum and can be different at different stages of our lives.

Reflection after Interviewing, Transcribing and Coding Participant 4 and 5.

These two participants were the mother and father of the same child. They had both turned up to talk about the therapeutic process of their child. Reflecting on this, perhaps as a researcher I had not been clear enough with the school that only one person needed to come, but they both wanted to talk to me about it. They were both very positive about the impact that it had on their child. It was interesting that they both wanted to take part. That make me think they were both quite invested in the process. Humble inquiry worked well in this interview with its non-leading approach as it meant that the parents were able to discuss the positives and negatives of the experiences. One participant had been initially against the idea (due to what sounded to me like stigma and fear) but eventually they both agreed to their child receiving the support. This raises the question of informed consent within the process of therapeutic support in schools. I reflected on the value of having both perspectives as both participants did not always agree on their summary of the situation. This, I felt gave me real insight into the barriers and facilitators within the microsystem. I also reflected on the considerations of interviewing two participants for one case. As I began to transcribe and become familiar with their data, I could see the value of labelling them two participants as they had different views at times. I really appreciated their honesty as it gave me a rich picture of the context at home and their input into the process.

Going ahead with the joint interview, built rapport with the participants, it showed that there was equity in me wanting to hear both participants voices. It allowed for both participants to give a full picture about the process by both being there to recall from their point of view. I reflected on the implications of a joint interview and how one of the participants was more dominant than the other. Both participants gave their views and although different at times both views appeared to be respected. The data obtained is a jointly constructed view of the process. I could see from the coding that the data was successful in answering the research question.

Reflection after transcribing Participant 7

I am struck by what the counselling brings up for parents themselves. They need to be emotionally prepared and supported by the by the professional also. What support is for them? The story I have herd continuously is "I am doing what's best for my child." "They need the help, they need the support." But there is a much wider picture there. Could it be family therapeutic support? Why is this working in isolation of the child/ family? Child's problem? How can it be effective if parents are struggling and don't have the means for therapy themselves? Some participants got therapy for themselves, and it made a positive change. Should we be looking at systematic support too? Tiered support in schools? Where the top level and most severe difficulties have family therapy. Where would we find the counsellors for that? Is there a difficulty with who is deciding on this therapy? Are head teachers putting forward children whose parents are very vulnerable and don't understand what it's all about.

Mental health – there is no simple answer.

In extreme cases, whole family should have support.

Reflection on data set as whole after last participant coding

Information power has been reached. If I think about the richness of my data set and how it meshes with the aims of my study, every single interview that I conducted was relevant to answering my research question. The data I have gathered is rich in terms that it holds relevant data to my study. It meshes with my theoretical approach, analytical approach, and the sample to give me good quality data that supports the aims of the research. No more new codes coming up. I can say this quantity of participants has addressed my research question.

The data set as a whole has brought to light interesting themes that I don't think I was fully expecting. The impact that the therapist has had on the family as a whole has been positive, those with the ability to seek support for themselves did. Mainly positive with a few challenges. Parents not always expecting what comes up.

I have been blown away by the parents who have given me the time in interviews. It is good that I have included a facilitators and impact question as there were more positives than negatives. I have been focusing a lot on the negatives, as my mind is thinking about the

improvements and implications for future. But I must remember what's working well also has implications instead of always focusing on the negative.

The parents were so open and trusting of the school and the therapist. They were able to put their discomfort to one side to do what is best for their children. This really struck me. I personally don't know if I would have been able to have such faith in others, but then you never really know what you would do until you are faced with that situation.

This appears to be the only realistic option of accessing support that there is out there. With very positive reactions from parents. Although it does have its challenges and the challenges I felt are quite big, children being upset, parents needing support etc. Although parents did not seem to describe them as big challenges, they just got on with it. I wonder why it sits uneasy with me. I swing between some support is better than no support at all. And is school the right place for this? I wonder why I am having this reaction to the data. Is it because I am thinking about the whole system around the child? Am I being influenced by my experience of systems that I have worked in that do not provide enough support for the child. Either way this data set answered my research question and there are implications for the future from this data.

Theme Development

There is a lot of information, although a lot of it overlaps. I want to ensure that all the people who gave me their time are represented and their voices heard. I have a lot of themes as there is a lot I want to include. I will narrow this down and break it down into three questions, so it is easier to understand. I have coded in different locations, at different times as the Braun & Clarke book has suggested. Taking breaks from it, coming back with fresh eyes and with a change of scenery in order to look at themes and codes again.

Reflecting on Writing

I really want to do a good job of representing all the views. The results and discussion section need to be separate in terms of the criteria for this thesis. I will therefore report in the results section and be reflective in the discussion section.

Reflections on Member Checking

I completed two round of member checks for this research. I felt this was important. The first round of checking the transcripts was very time consuming. I then asked two participants to take part in a second round of member checks to discuss the themes that had emerged and how they aligned with their experiences. One participant agreed to this. I did this to support with validity, credibility and bias. As I went through each theme, the themes very strongly resonated with the participant. They were in agreement with how the themes fitted with their experience. They also commented that their experience had been so positive, so the barrier of communication was not as relevant for them personally, but could see how that was a barrier as for them, as communication had been a vital facilitator of the process. So, without good communication it would have been very different. The participant felt that a strength of the research was the perspective that had been taken to think about the child, the parent and the school. They commented I had 'hit the nail on the head' in terms of interpreting the themes. This was valuable feedback. It would have been useful to have had feedback from more people, but I am appreciative of the time given to me by these participants already.

Appendix L: NVivo Coding Process

You're always anxious, you're always ok, Is she OK? What's going on? Is there something going on that I need to know about? What don't I know. And you don't know how to help them. So, you're going to someone else to help them. You're always saying. OK. Did I do the right thing? Did I do the wrong thing. You know. It's yes, it's a big what if what? Maybe what? You know that's where the link in with the Play therapist comes in. You know, I won't be shy of asking. OK, how did this go? Do I need to do anything?

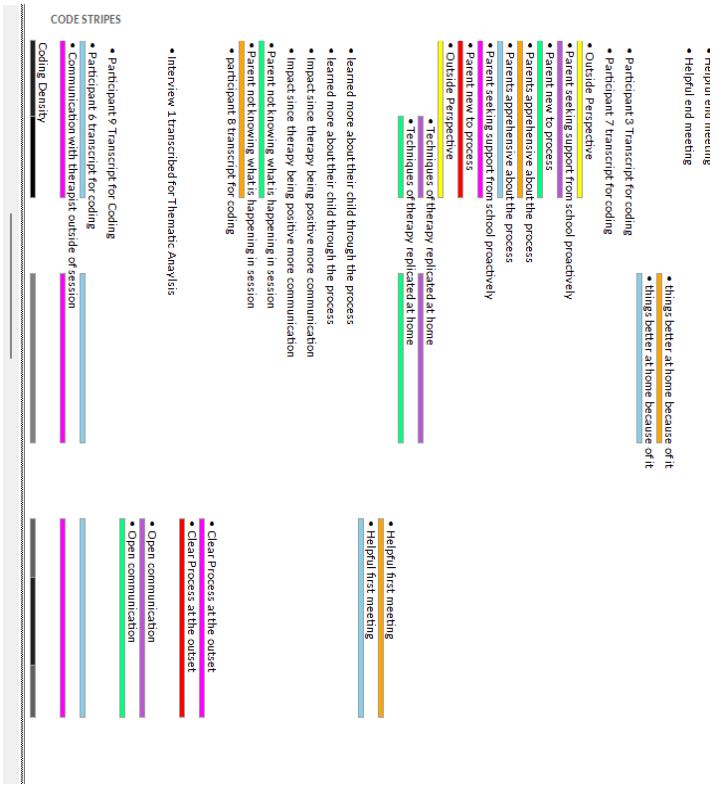
Reference 2 - 2.18% Coverage

Participant 5: Yeah, yeah. You know, like the little things like the upset. If she's scared about something I'd say, well, what do you think we can do to make it better? You know, did crying help it. Did you enjoy it? You know, I got that from the play therapist.
That's what the play therapist was doing. So, I did the same. As they say, monkey see monkey do.

Reference 3 - 3.22% Coverage

I had a meeting like that when it first began. We went through a questionnaire, and it explained this is going to be what I expected. You know, basically it was going to be all about my daughter. It's not about me. I'm not going to be ringing you every other day. Well, this happened, this happened, this happened. I wanted it to be my daughter's thing. And the play therapist, she'd ring me every so often and say we're going, we're going to try this. We're going to do this, and the communication was OK, so that made a big difference.

<Files\\Interviews\\Participant 7 transcript for coding> - § 3 references coded [2.47% Coverage]



Appendix M: Methodological Rigour and Validity in Data Analysis

Credibility
Credibility refers to the extent to which participants views are accurately represented (Lincoln & Guba, 1985; Mertens, 2020; Nowell et al., 2017). A number of measures were taken to ensure credibility of this study. The researcher maintained "prolonged and persistent engagement in the field" (Mertens, 2020, p.280) of study until the researcher was satisfied that "information power" (Braun & Clarke, 2021) had been reached. This was when the researcher reflected on the data collected and the aims of the research and was satisfied that the data collected combined with the methods used addressed the aims of the research (Braun & Clarke, 2021; Malterud et al., 2021). Interviews were conducted in three different settings: consisting of two separate schools and two online. These interviews related to support from four separate therapists: two distinct play therapists, an art therapist and a drama-therapist and creative arts counsellor. Member checks were conducted at two different points to verify data. First, all the participants completed "technical" member checks. All participants were given copies of the transcripts and checked these for accuracy of the conversation. Secondly, "reflexive" member checks were completed by one participant (P9) to check and verify themes created by the researcher (Mertens, 2020). Peer debriefing was used on a regular basis through discussion with the researcher's supervisor for this study. Peer debriefing allowed for an independent person to analytically examine the study. This supported with challenging biases and assumptions and challenging the researcher on unexplored threads in the research (Lincoln & Guba, 1985). Progressive subjectivity was used through the peer debriefing process and also through the use of the researcher's reflexive diary and reflections on positionality (Mertens, 2020).
Transferability
Transferability refers to the extent that the findings of the research can be transferred to different settings. The onus is on the reader to decide this, however the researcher has a duty to ensure sufficient information is provided about contextual factors to enable the reader to make an informed decision (Braun & Clarke, 2021; Lincoln & Guba, 1985; Mertens, 2020). The researcher addressed this criterion by providing thick descriptions of contextual factors and using multiple cases (Mertens, 2020). The context that this research is situated is described in the introduction to the literature review (Paper 2) and in the methodology (Paper 3) Demographic information of the participants relevant to the research question is provided in Appendix I. During the process of reflexive thematic analysis (Braun & Clarke, 2021) extracts are contextualised during the interpretive process of meaning making. The strong connection between previous research and the findings of this study that are described in the discussion of the empirical paper of this thesis will further support the reader with decisions about transferability (Braun & Clarke, 2021).
Dependability
Dependability relates to the degree to which the study provides a clear and transparent process that ensures that decisions can be examined and the study could replicated (Mertens, 2020). This study meets these criteria in a number of ways. The study provides a clear audit

trail of all decisions made, including the rationale for these decisions. Changes to the study have been documented. The process of the methodology has been outlined including a through description of the steps of data analysis. The researcher referred to Nowell et al.'s (2017) trustworthy criteria for the stages of thematic analysis to support with ensuring a clear process was followed. This included maintaining raw data from transcripts, notes from the development of the coding process including a clear process of how the themes were developed. The reflexive journal kept by the researcher also served to enhance the dependability criteria by keeping notes on decisions made in terms of methodology and reflections on the researcher's insights at various points (Nowell et al., 2017)

Confirmability

Confirmability is focused on ensuring the reader has a clear understanding of how the researcher derived the conclusions that were found from the data (Mertens, 2020; Nowell et al., 2017). This is said to be achieved when creditability, transferability and dependability are proven (Nowell et al., 2017). These have been established above.

Appendix N: Distress Protocol

Therapeutic Support in Primary Schools

Research Interview and Protocol

Situation	Indications	Actions	Response of participant
Indications of distress during interview	Participant indicates they are experiencing a high level of emotional distress Or exhibits behaviours that indicate a high level of emotional distress.	Stop interview Offer support Signpost to service that can support	
Indications of intent to hurt themselves during interview	Participant indicates that they are going to harm themselves	Stop interview Offer support Signpost to service that can support. If felt there is immediate danger to life call crisis team.	
Child protection disclosure during interview	Participant discloses a child protection concern.	Stop interview Remind participant of limits of confidentiality. You have told me…… I will have to…… Follow Children First Guidelines and report concern to Tusla	
Indications of hurting someone else	Participant discloses they are intending on harming someone else.	Stop interview Remind participant of limits of confidentiality. You have told me…… I will have to…… Follow Children First Guidelines or report to Gardai	
Indications of having committed a crime or intent to commit a crime	Participant discloses that they are intending on committing a crime or have committed a crime.	Stop interview Remind participant of limits of confidentiality. You have told me…… I will have to……	

		Follow Children First Guidelines or report to Gardai	

If participant has an emotional reaction that would be expected for this topic then give the participant time to gather their thoughts again. 1. Give the participant the opportunity to stop. 2. Give the participant the opportunity to continue.

If the participant experiences acute distress or discloses intent of harm to oneself or anyone else but is not in immediate danger. Follow the protocol above.

If the participant is in immediate danger or indicates another person is in immediate danger contact the relevant authorities. I.e. the Gardai.

Adapted from: Draucker, C. B., Martsolf, D. S., & Poole, C. (2009). Developing distress protocols for research on sensitive topics. *Archives of psychiatric nursing*, *23*(5), 343-350.

Appendix O: DIPA Report and Ethical Approval

DPIA Conclusion Report for MIC Researchers

Our Ref: DPIA163 Exploring parent perspectives of individualised therapeutic support delivered in primary schools

1. Introduction:

Background:

The Data Protection Officer (DPO) notes, from the completed DPIA questionnaire, that:

- The study aims to investigate parents' perspectives of individualised therapeutic support delivered in schools by external personnel (e.g., play therapists, psychologists) in order to provide insights to inform Education Psychology practice.
- It is hoped that insights into parents' perspectives will serve to further enhance collaborative therapeutic practice to support children and young people's wellbeing in the school context.
- An appreciative inquiry approach will be used to explore what works well with the support in schools and what the ideal situation would be.
- The participants of this study will be parents of children who are receiving therapeutic support in schools. The aim is to have 12-15 participants.
- Interviews will be conducting with research participants.

Personal Data:

The DPO notes that the following personal data will be collected:

- Participant names (parent (s)) – pseudonyms will be assigned.
- Demographic information collected under pseudonyms:
    - Age of child
    - Class of child
    - Additional needs of child

Data Privacy Measures:

The DPO notes that:

- Data will be pseudonymised during the interview stage – each participant will receive a random number and the researcher will separate the personal information (consent forms) from the interview information. The number will be on both files.
- An information a letter and consent form will be provided to participants with information regarding the purpose of the study, the benefits of the study, data storage and confidentiality. Consent forms will be stored separately to the raw data.
- Interview recordings and transcriptions of the interviews will be stored securely on Microsoft One Drive on the MIC server.
- Once the interview recordings have been transcribed and analysed, the recordings will be deleted.
- Data from all the interviews will be summarised and presented into themes to provide findings to answer the research questions.
- Participant quotes (with pseudonyms) will be used to support study findings.
- Data will only be retained for a necessary period and deleted electronically.
- Anonymised data may be stored indefinitely.

- The researcher cannot maintain confidentiality in any of the following circumstances:
  - There is a disclosure that a child is at risk of harm or abuse.
  - There is a disclosure that another person is at risk of harm or in danger.
  - There is a disclosure of a criminal offence.
  - There is a disclosure of an intent to commit a criminal offence.

2. Decision:

The DPO has reviewed the completed DPIA questionnaire and has identified risks and risk mitigation measures, which need to be reviewed periodically, along with further recommendations.

3. Risks and Mitigating Measures:

The risks and mitigating measures identified for the research project are as follows:

	Risk	***Recommended mitigation measure***
1.	The project proposes to pseudonymise personal data collected during interviews with research participants.	In order to protect the integrity of the data, the Principle Investigator of the research project will need to ensure that measures are in place to control the circumstances under which the pseudonymised data is re-identified. Access to the 're-identification key' must be strictly limited to a small number of authorised individuals.
2.	Data security, governance and storage measures should be appropriate for the format in which the personal data is processed and stored.	Principle investigator/researcher to liaise with ICT to ensure that appropriate security measures and controls are being adopted for the protection of the personal data collected during the research project.
3.	The Principle Investigator of the research project must ensure that the security and governance of the data processing is proportionate to the volume of data being gathered, as well as to the number of data subjects being impacted by the processing.	The Principle Investigator of the research project must ensure that the appropriate measures are in place to ensure the security of the data while it is being processed, the transparency of the processing and the retention of the data in compliance with relevant legislation. This measure can be met by providing a Research Data Privacy Notice to the research participants.

4. Next Steps:

The DPO makes the following recommendations:

1. Incorporate the above identified data protection risks into the project plan.
2. Implement the risk mitigation measures identified and keep them under review.
3. Read the Guidance on Anonymisation and Pseudonymisation here.
4. Liaise with ICT around the use of secure applications to collect, store and share personal data/data findings throughout the course of research project and the safe removal of data.

5. Provide the research participants with a Research Privacy Notice (ICN-001) together with the researchers' Information Sheet and Consent Form. Guidance on how to complete the Research Privacy Notice can be found here.
6. Specify a definite retention period for the personal data collected.
7. Inform the Information Compliance Office if there are any proposed changes to the data processing element of the research.

Signed: _____
Elaine Mulqueen, Data Protection Officer
Date: 19 / 04 / 2024

Signed: _____
Emma Hearne, Principle Investigator
Date:

MIREC-5

Research Ethics Committee

MIREC Final Decision Form

APPLICATION NUMBER:	A24-023

1. PROJECT TITLE

Exploring parent perspectives of individualised therapeutic support delivered in primary schools

2. APPLICANT

Name:	Emma Hearne
Department / Centre / Other:	EPISE
Position:	Postgraduate Researcher (DecPsy)

3. DECISION OF MIREC CHAIR (✓)

☐	Ethical clearance through MIREC is not required and therefore the applicant need take no further action in this regard.
✓	Ethical clearance is required and is hereby granted by the Chair without need for referral to the MIREC committee.
☐	Ethical clearance for a funding application or a similar purpose is granted by the Chair ***pro tem*** without need for referral to the MIREC committee. However, the applicant must subsequently seek ethical clearance from MIREC prior to embarking on any related project work involving human participants or their data.
☐	Ethical clearance is granted following review of the application by the MIREC committee.
☐	Ethical clearance is not granted following review of the application by the MIREC committee.

4. REASON(S) FOR DECISION

I have reviewed this proposal and I am satisfied it meets MIREC requirements. It is, therefore, approved.

5. SIGNATURE OF MIREC CHAIR

Name (Print):	Dr Marie Griffin
Signature:	
Date:	1st May 2024

MIREC-5

Research Ethics Committee

MIREC Final Decision Form

APPLICATION NUMBER:	A24-023 1st Amendment

1. PROJECT TITLE: Exploring parent perspectives of individualised therapeutic support delivered in primary schools.

2. APPLICANT

Name:	Emma Hearne
Department / Centre / Other:	EPISE
Position:	Postgraduate Researcher

3. DECISION OF MIREC CHAIR (✓)

☐	Ethical clearance through MIREC is not required and therefore the applicant need take no further action in this regard.
✓	Ethical clearance is required and is hereby granted by the Chair without need for referral to the MIREC committee.
☐	Ethical clearance for a funding application or a similar purpose is granted by the Chair *pro tem* without need for referral to the MIREC committee. However, the applicant must subsequently seek ethical clearance from MIREC prior to embarking on any related project work involving human participants or their data.
☐	Ethical clearance is granted following review of the application by the MIREC committee.
☐	Ethical clearance is not granted following review of the application by the MIREC committee.

4. REASON(S) FOR DECISION

Proposed amendments:

This amendment seeks to make changes to participant number and selection procedures and changes to supporting documentation.

I would like to include the Irish Association of Creative Arts Therapists, (IACAT) in my inclusion criteria to select participants. The rationale for this is that many of the therapists working in schools come under this organisation and by not including this I am excluding a lot of potential participants.

I will need to change the inclusion criteria on my supporting documentation to include IACAT.

I have reviewed this proposal and I am satisfied it meets MIREC requirements. It is, therefore, approved.

5. SIGNATURE OF MIREC CHAIR

Name (Print):	Dr Marie Griffin
Signature:	
Date:	7th October 2024