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**THE WELL-BEING OF ADOLESCENTS WITH AND WITHOUT SEN: THE ROLE OF
GENDER, SOCIOECONOMIC FACTORS, AND PARENTING**

By

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Glossary of abbreviations

AWB – adolescent well-being

FBW – frequent battle of will

MWB – mental well-being

MCS – Millennium Cohort Study

NPP – non-physical punishment

NVQ – National Vocational Qualification

PTM – parent and teacher meeting

SDQ – Strengths and Difficulties

SEN – Special Educational Needs

SENCO – Special Education Needs Coordinator

SMFQ – Short Moods and Feelings Questionnaire

TBD – Total Behavioural Difficulties

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Declaration

The work thesis was developed and conducted by the author between January 2017 and October 2021. I declare that this thesis represents an original work and has not been submitted for a degree at any other university.

Parts of this study have been presented and published on several occasions, including:

Published paper:

1. Hartas, D., & Kuscuoglu, A. (2020). Teenage social behaviour and emotional well-being: the role of gender and socio-economic factors. *British Journal of Special Education*, 47(3), 329-349. doi:10.1111/1467-8578.12328

Conference presentations:

2. The effect of socioeconomic factors on the behavioural difficulties of children with and without SEN from preadolescence to adolescence. In: *BERA annual conference 2019*. University of Manchester, UK.
3. Socioeconomic Status, Parenting and the SocioCognitive and Socioemotional Development of Children with and without Special Educational Needs (SEN). In: *Kaleidoscope Conference 2018*. University of Cambridge, UK.
4. Socioeconomic status, parenting and the school experiences, socio-cognitive and socioemotional development of children with and without special educational needs (SEN). In: *Centre for Education Studies (CES) Postgraduate (PG) Conference 2018*. University of Warwick, UK.

Abstract

Globally, young people's mental health difficulties are on the rise. The gap in well-being (i.e., mental well-being [MWB] and school experiences) between children from socioeconomically disadvantaged families and peers from socioeconomically advantaged families has increased. Within policy circles, parenting has been seen as a key mechanism to narrow this gap. Over the last two decades politicians in the UK, from New Labour to Conservative governments, have increasingly attributed children's well-being to what parents do for their children, rather than acknowledging the role of parents' socioeconomic status in shaping adolescents' well-being and school experiences. This research study investigated how socioeconomic factors, gender, and parenting contribute to the mental health and school experiences of adolescents, with and without SEN. By examining adolescents with and without SEN, this study revealed differences between SES, gender, parenting and adolescents' well-being and school experiences, beyond those usually seen for children without SEN. A mixed research methodology is used. Associations between family socioeconomic status and gender and parenting, and the well-being of children with and without SEN were examined using data from the Millennium Cohort Study, focusing on 11 and 14 year olds. In addition, semi-structured interviews with eight parents, four of whom have children with SEN, offered rich data to examine in depth aspects of the quantitative findings.

The findings revealed associations between non-optimal parenting, socioeconomic disadvantages, mental health difficulties and negative school experiences among adolescents with and without SEN. While parents in poverty were aware of optimal parenting behaviours, due to economic hardship and lack of quality time to spend with their children, they had difficulties enacting them. The findings opposed the stigmatization of non-optimal parenting with poverty culture explanations. Namely, non-optimal parenting was not a cultural reflection of parents in poverty but a consequence of the socioeconomic constraints and limited affordances of parents in poverty. The findings showed the cumulative and unique contributions of socioeconomic factors, parenting, and gender to adolescents' well-being. Namely, adolescents with and without SEN in poverty were more likely to have mental problems and negative school experiences, and in all socioeconomic levels, girls were more likely to have internalizing problems while boys were more likely to have externalizing problems. The findings also showed that because, for adolescents with SEN, parenting and fulfilling the pre- and mid-adolescents' needs require extra time and economic resources, poverty affects the well-being of pre- and mid-adolescents with SEN more than that of pre-

and mid-adolescents without SEN. The findings stress how vital economic well-being is to parenting to assure adolescents' well-being, and suggest that policies aimed at improving parenting and the policies related to adolescents' mental health and SEN should be comprehensive to include improvements to the socio-economic well-being of families and also to take on board gender inequality.

Key words: Socioeconomic factors, gender, parenting, SEN, mental well-being, school experience

1. Introduction

In the last decade, policy trends have shifted from socioeconomic disadvantages to parenting to tackle mental health problems in the UK. However, the gap between the income of the top quintile and the bottom quintile and socioeconomically disadvantaged adolescent's mental health and school adaptation problems have a noticeable increase at the same time. There is evidence that approaching adolescents' mental health problems through improving parenting and excluding socioeconomic risk factors does not yield expected outcomes. This situation is neither only the problem for the current generation nor only the problem for people in poverty. Ignoring the well-studied relationship between socioeconomic disadvantages and adolescent well-being (AWB) and placing the responsibility on parents' behaviour rather than on their political commitment and the policies which they bring forth has serious negative outcomes for social mobility in the future, especially in unequal societies. Thus, the study aims to understand the nature of non-optimal parenting and the ways in which poverty contributes to mental problems directly and through parenting. What distinguishes this study from previous studies and its unique contribution to the literature is investigating adolescents' well-being by considering their relationship with parenting and socioeconomic factors separately for adolescents with and without SEN.

This chapter begins by detailing the personal significance of this study followed by the aims of and research questions. Finally, this chapter includes a brief outline of this thesis.

1.1. My personal experience

As a result of experiences in my personal and professional life, I have developed an interest in the social problems created by socioeconomic inequality. I observed the wide gap in social, cultural, and economic status and the social conflict between wealthy and low-income families as a high school student when I was living in my home country, Turkey. As I attended one of the highest ranking schools in the city, which only permits entry to students successfully passing a particular exam stage, the majority of my classmates came from high-income families. A small minority of my classmates however consisted of children from socioeconomically disadvantaged areas such as the suburbs and more rural locations, and another small group comprising the children of civil servants/small shopkeepers, such as myself. Despite being awarded a place at the school, many of my own friends from low-income families did not fully complete their education at this high school. Although there are many causes, a primary reason is that the educational services offered in general do not easily accommodate children from low-income families. For example, the school was in a

high socioeconomic neighbourhood, and children from low-income families often had to travel very long distances to attend. This situation created both a physical and an economic burden. Another example, which I personally experienced, required parents to finance access to various additional resources, such as employing private tutors to provide extra tuition and buying supplementary resource books, in order that their children succeed in passing the school exams. My friends, whose parents could not afford this additional financial burden or who had to travel long distances to the school, lost their academic self-confidence and their interest in school, lessons, and teachers. In addition to the negative attitude developed towards the school, problems among peers, and the feeling of exclusion caused by not adapting to the school atmosphere, the subsequent unhappiness at times triggered mental difficulties. I believe those experiences indirectly instigated my passion for researching social inequality and mental health.

My mother may also be considered as a source of my socioeconomic disadvantage due to her own lack of education. She did not receive an education, and although she was literate, she did not have the opportunity to finish primary school. Although she taught me to write my name when I first started school, she did not have sufficient education to assist me in the following years. In contrast, many of my peers would often benefit from the assistance of their well-educated mothers. In addition to the academic impact my mother's lack of education had on me, there was also a material impact. The well-educated mothers would often earn good salaries and this in turn was reflected in their children's physical appearance (e.g., the quality of their school uniform), the equipment they would bring with them to school and their nutrition. Although as a child I was not wholly conscious of the impact this had upon myself and others in a similar situation, I have realized since my university years that this situation caused a severe inequality of opportunity as well as an inequality in MWB between myself and my peers from wealthier backgrounds.

I began my professional teaching career in a mainstream school where many children with SEN live and discovered that parenting has an undeniable impact on a children's development regardless of SEN status. Although I only partly witnessed some of the children's experiences with their parents, it was enough to see which parents participated effectively in their children's education, developed their parenting skills, and communicated effectively with their children and school staff. However, not all parents I witnessed exhibited optimal parenting behaviour, despite under normal circumstances, no parent actively wishing to behave negatively while raising their children. This led me to question what factors prevent parents from exhibiting optimal behaviour. Although there are many

underlying subjective reasons, it seemed as if the main reasons were the parents' inability to devote sufficient time to their children due to long working hours and their insufficient power to purchase resources that could contribute to their children's well-being. This situation is particularly heightened for children with SEN from low-income families as they require more attention, time and economic resources than parents of children without SEN. However, as far as I observed, it was routinely considered part of the poverty culture that parents in poverty did not take sufficient care of their children, rather than being a result of the difficulties they experienced.

In 2015, while doing my Master's degree in the UK in special education, I had the opportunity to teach as a volunteer in an inclusive school for deaf children. In doing so I observed that the parents who gave the optimal level of attention to the education and well-being of their children made a positive contribution to their children's well-being. In the same period, I became aware of a child at the school whose parents appeared to take good care of them yet who displayed severe mental health issues. When I discussed this with other teachers, it was stated that the parent was not very familiar with the education system, the parent's skills related to their involvement in the education of the child were limited, and the family had difficulty in meeting the needs of the child. This striking case made me more curious about the role of socio-economic factors in parenting as well as the well-being of children, especially children with SEN. This prompted me to question whether optimal parenting is solely sufficient to ensure the well-being of socioeconomically disadvantaged children.

Such personal experiences sparked a research interest in determining how the mechanisms underpinning parenting, socioeconomic factors, gender, and children's well-being operate. It is hoped that this thesis will provide empirical findings into the operation of the mechanisms and in addition will make a unique contribution to literature and policy makers by revealing the similarities and differences of these mechanisms for both children with and without SEN from pre- to mid-adolescence.

1.2. Research aims and questions

This study aims to contribute to the understanding of the relationships between socioeconomic factors (i.e., family income and parent educational qualification), gender, and parenting and the well-being of adolescents with and without SEN. Although relevant fields such as economics, psychology and education offer unique insights into how the mechanism between socioeconomic risk factors, gender, parenting, and AWB operates in the case of

either adolescents with or without SEN, this thesis, examines the differences and similarities in the mechanisms between adolescents with and without SEN.

As such, this study sought to answer the following four key research questions and sub-questions:

1. For adolescents with SEN and without SEN, what roles, if any, do socioeconomic factors and adolescent gender play in the parenting behaviours?
2. Are there any differences in AWB between adolescents with and without SEN?
3. For adolescents with SEN and without SEN, what is the unique and cumulative contributions of socioeconomic factors, gender, and parenting behaviours to adolescents' AWB?
4. What actual impact (differences between genders, between income groups and between parent educational levels) do socioeconomic factors and gender have on adolescents' AWB?
 - For adolescents with SEN and without SEN, are there any significant differences in AWB between girls and boys?
 - For adolescents with SEN and without SEN, are adolescents in the lowest income quintile uniquely different in AWB than adolescents in other income groups?
 - For groups of adolescents with SEN and without SEN, are the adolescents of mothers with the lowest educational qualifications uniquely different in AWB than the adolescents of mothers with more advanced educational qualifications?
5. For adolescents with and without SEN, what are the longitudinal trends in AWB from pre- to mid-adolescence as a function of gender and SES?

1.3. Summary of chapters

This thesis consists of six chapters. The Introduction chapter explains the relevance of my personal experience for conducting this research, offers a brief overview of the policy context in parenting in the UK and sets the research aim and research questions.

Chapter 2 discusses family policy and SEND policy concerning adolescents' well-being relative to children's gender, inequality and parenting. A discussion on type of well-being, definitions of well-being and the differences in well-being between adolescents with and without SEN is offered. Then, parenting typology and existing empirical studies examining the role of

parenting styles and behaviours are reviewed. The chapter reviews the relationships between socioeconomic factors and parenting and between socioeconomic factors and AWB and the role of gender in parenting and the role of gender in adolescents' well-being. Finally, the chapter provides a review of the relevant literature regarding the longitudinal changes in the well-being of adolescents, and the role of socioeconomic factors and gender in these changes.

Chapter 3 details the methodological approach used in this thesis and the research design, explaining the ontological, epistemological, axiological and methodological approaches and the sampling strategies. The data collection process is described in two phases: Phase 1 (quantitative study) and Phase 2 (qualitative study). Phase 1 describes the quantitative data collection methods and measures used in this study, and the data analytic plan to analyse the data. Phase 2 explains the participants' and their adolescents' profiles, the qualitative data collection method, and the instruments used. This is followed by a description of how the data was coded and analysed. Finally, the chapter discusses the ethical issues and the precautions taken against potential ethical issues.

Chapter 4 presents the quantitative and qualitative results, respectively. In the first phase, descriptive analyses for four groups of adolescents are illustrated for pre-adolescents with SEN at age 11, pre-adolescents without SEN at age 11, mid-adolescents with SEN at age 14, and mid-adolescents without SEN at age 14, respectively (results are presented in the same order). Then, the result from various analyses presents the associations between SES, gender, parenting behaviours and the MWB and school experiences of the four groups of adolescents. Finally, the results from analyses to examine longitudinal changes in the MWB and school experiences of adolescents with and without SEN from age 11 to 14 are presented. In the second phase, the qualitative results are presented based on aggregated codes from the thematic analysis of the interview data. The qualitative results explained the factors underlying the associations explored in the quantitative phase.

Chapter 5 discusses the findings with comparison and reference to other studies in the field of parenting and child development. Finally, it presents the strengths and limitations of the study and suggestions for future research.

Chapter 6 includes implications for policies and practitioners, then recommendations for parents, teachers and other practitioners. It concludes with recommendations for future studies.

2. Literature review

This chapter reviews studies and policy documents about family and special educational needs (SEN), evaluating family policies introduced in the last three decades. Next, studies on the definitions and types of well-being and considering the differences in the well-being of adolescents with SEND and adolescents without SEND are presented. Also, studies on parenting, parenting types, and parenting theories are discussed highlighting the relationship between parenting types and AWB. The relationship of socioeconomic status (SES) with parenting and AWB, and how the existing theoretical models explain these associations, are discussed. Meanwhile, studies on associations between parenting, AWB and gender, and the longitudinal trends in the well-being of adolescents with and without SEN from pre- to mid-adolescence are presented through gender and socioeconomic lenses.

2.1. Family Policy

At the end of the 20th century, under the New Labour government, family policy was expanded to encompass parents across socioeconomic divides, with parents placed at the heart of the policy, in order to maximize their children's educational experiences, to govern their role in disciplining their children, and to instigate parental contracts that meant they were subject to parenting orders if they failed to prevent their children from displaying offensive and/or antisocial behaviours (Hartas, 2014). Since the early 2000s, different approaches to government intervention in parenting were adopted by successive governments, with various applications and implications. These government interventions fell under two main remits: fiscal and behavioural. This section discusses family policy during last two decades, emphasizing the trajectory of fiscal and behavioural intervention policy. While the subject of family policy covers a wide range of themes, in accordance with the topic of the present study, only the aspects related to parenting are reviewed.

2.1.1. Family policy under the New Labour government: Moving from fiscal policies to a behaviourist approach (1997-2010)

Over the course of three Labour administrations between 1997 and 2010, there was an unprecedented flurry of family policy initiatives. The main aim of these was to decrease "child poverty and social exclusion through fiscal changes and access to universal services" (Hartas, 2014, p. 75). New Labour's family policy initiatives were developed along six main lines: early education and childcare, financial support for families with children, work-family reconciliation, services for young children and their families, employment activation, and an

increased level of intervention in family life, with a greater highlight on parental responsibility to tackle antisocial behaviour (Daly, 2010).

As an example, in 1998 a new childcare strategy, including childcare and early-years education services and tax credits, was introduced as one manifestation of this policy. The childcare provision aimed to promote access by families to universal, publicly funded, integrated, and equitable early-years education, thereby overcoming the existing inequalities in early education (Hartas, 2014; Lloyd, 2008). The initiative to expand childcare and early education services included the introduction of 12.5 hours per week (15 hours per week from 2010) of publicly funded childcare for three- and four-year-olds (Lloyd, 2008). In order to address the affordability issue, up to 80% of the cost, depending on the number of children involved (up to two), the means, and the type of children care were considered, with the total cost associated with childcare subsidized through the Childcare Tax (Daly, 2010).

In terms of cash support, there was initially a structural change, with cash support for low-income parents, both in and out of work, provided in the form of so-called 'tax credits' to create integration (K. Cooper, 2017; Haux, 2012). In another structural change, these tax credits were paid to the main carer, rather than the main earner. As well as financial investment in services for children and families, there were also several forms of direct cash support available, such as the Baby Tax Credit; the Sure Start Maternity Grant that was conditional on attending health checks; a long-term form of personal savings funded via a government voucher worth £250 (£500 for low-income families) provided at birth, ages 7, and 11; and an extension of child benefit paid to the mother in the final stages of their pregnancy (Stewart, 2013). In addition, the Education Maintenance Allowance, which was introduced in 2004, but was subsequently abolished in England by the coalition government in 2011, was a financial scheme that aimed to encouraging children from low-income families to remain in education (Hartas, 2014).

Meanwhile, in terms of work-family reconciliation, under the Employment Act 2002, parents of young children and children with disability were given the right to request flexible working hours. Also, in 2007, paid maternity leave was extended from 18 to 39 weeks, and paid paternity leave of up to two weeks was introduced in 2003 (Daly, 2010). Regarding services for children and families, specific support targeting parenting behaviours was made universally available in various forms, including support lines, such as Parentline Plus; and websites, such as FamilyLives; the provision of free books to parents; and considerable funds were made available to voluntary organizations involved in parental support (K. Cooper,

2017). In addition, the Parenting Fund, a parental guidance service, was created in 2004, and was used to fund projects related to parenting, with the “Provision of information and support provided to all parents ... further expanded through the ParentKnowHow fund” that was created in 2007 (Haux, 2012, p. 3). The fund sought to increase the number of parents assisted, in particular groups such as parents of children with disability, and parents of teenagers. In 2008, within the ParentKnowHow project, two parenting practitioners were allocated in all local authorities to provide intensive support to families (Hartas, 2014).

Regarding employment activation, alongside tax credits that were introduced initially with the aim of helping lone parents off benefits and into work and were then extended to parenting couples, and childcare projects, increasing the employment rate among parents was targeted by a workfare programme named the ‘New Deal for Lone Parents’. The programme provided various services, including support and guidance in seeking work, identifying skills, providing access to the Employment Service, supporting lone parents in finding childcare, and offering in-work support once lone parents found a job.

In 1997, the Sure Start programme, heralded as significant early intervention programme for parents and children, was introduced by the New Labour Government (Daly, 2010). This was an area-based initiative, with Sure Start Local programmes established first in deprived areas, and then introduced more widely, and named ‘Children’s Centres’. Although there was some variation across centres, the initiative focused initially on three core aims: improving social and emotional development through supporting bonding through the parent-child dyad approach, and early identification and support for children with emotional and behavioural difficulties; improving health by supporting parents’ understanding of how to care for their children, and providing particular support in gaining access to specialized services for children with special needs, and their parents; and improving the ability for children to learn by encouraging stimulating and enjoyable play, and through the identification and support of children with learning difficulties (Stewart, 2013). The function of the Sure Start programme was later extended to cover employment encouragement for adults (Welshman, 2010), with the aim of increasing “the human capital incurred from employed parents”, and decreasing unemployment and child poverty (Hartas, 2014, p. 78). Following this extension, the programme gradually transformed into the government’s ‘Welfare to work’ strategy to which jobseekers applied (Hartas, 2014).

Although the Sure Start programme was launched as a flagship initiative in family policy, it did not produce the degree of results for socioeconomically disadvantaged families that the

Labour government expected (Ormerod, 2005). The national evaluation of the programme that was implemented to determine the most effective conditions for increasing child, family, and community functioning found that Sure Start had a positive impact on the better parenting of, and better functioning in children of non-teenage mothers, but a negative impact on the children of teenage mothers (lower social functioning), and parents who did not work, or single parents (poor verbal ability) (Hartas, 2014). Critics of the programme claimed that it did not represent an effective solution for the structural inequality that influences parents' and children's lives. Indeed, Hartas (2014) argued that early years education is critical for child development, but in order for a child to benefit, the socioeconomic disadvantages that influence the effectiveness of early years' education and parenting practices should be overcome through a combination of both economic and family support that addresses parents' self-identified needs.

During Labour's administration, an unprecedented number of universal policies were designed in the form of both fiscal support and services for parents, with the aim of reducing child poverty and social exclusion. These policies were gradually reconceptualized by focusing increasingly on parental responsibility and a culture of poverty (Hartas, 2014). The shift in the family policy perspective was from "the economic, practical and educational to the behavioural aspects of families' functioning, with parenting being conceived as a key mechanism to narrowing the achievement gap and breaking the intergenerational cycle of deprivation and social exclusion" (Hartas, 2014, p. 77). Therefore, the family policy that placed parenting at the heart meant that the parent's behaviours could be used to improve the social order, and that family functions could be reformed (Daly, 2010). This is best exemplified by the Parenting Orders and Parenting Contracts extended under the 1998 Crime and Disorder Act, and the Anti-Social Behaviour Act (2003). A parenting order compelled "parents whose children's behaviour brings them to the attention of the courts to attend parenting classes and fulfil other requirements deemed necessary by the court" (Daly, 2010, p. 438) and it was extended in 2006. The Respect Action Plan introduced by Prime Minister Tony Blair outlined a range of new and expanded policies in which the combination of parenting orders, family interventions projects, and anti-social behaviour orders were deemed to be a sufficient toolkit for tackling the underlying causes of antisocial behaviour. Within the scope of the action plan, several measures were announced, including an extension to employing parenting orders and its users, as mentioned above; funding Parenting Early Intervention Pathfinders, focusing on "the parents of children between the ages of 8 and 13 exhibiting or at risk of behavioural problems in 18 local authorities"; and

Family Intervention Projects “targeting the most disadvantaged families and designed as a multi-agency approach to deal with the multitude of problems these families face” (Haux, 2012, pp. 8-9).

Meanwhile, the Respect Action plan within the Labour Party’s family policy was criticized for the conflicting nature of its components. The main aim of the action plan was to suppress social exclusion by supporting parents, such as funding Parenting Early Intervention Pathfinders and family interventions, whereas extending the scope of use of parenting orders, namely “parenting deficit” (Haux, 2012, p. 8) was pathologized as extracting the structural problems from the equation. Indeed, Haux (2012) argued that the causal link between parenting-child behaviour cannot be tackled by a narrow perspective, since although parenting behaviours can be considered to be a predictor of children's antisocial behaviours, parenting is not the single reason for this, nor are parenting programmes sufficient for addressing antisocial behaviours. Aside from the differing views of parenting, the plan conflicted with the aim of the policy itself, which was to decrease the social exclusion of children ‘at risk’, as the action plan and parenting orders focused on children who constituted ‘a risk’ to society, because of their behaviour (Churchill & Clarke, 2010).

Overall, the increased cash support provided to parents in poverty, employment activation, and the universal services targeting social exclusion and child poverty meant that the toxic effect of poverty that lay behind parenting and children's well-being was recognized during the Labour administration (K. Cooper, 2017). In particular, the view that childcare and early years’ education were not families’ private responsibility alone, but also a public responsibility, was a milestone in UK family policy. However, despite recognizing the structural factors concerned, the family policy's focal point moved from tackling the fiscal issues experienced by low-income families to behaviourist thought, gradually encumbering parents’ responsibilities. The shift embodied a paradoxical issue that by initially acknowledging that structural inequality caused social exclusion and child poverty, the narrow view of ‘who parents are’ was seen as the main source of the issue, whereas the solution for overcoming the inequality was gradually sought in ‘what parents do’ (Hartas, 2014). Another paradoxical issue was related to the stigmatization of parents in low-income families. In the family policy, reducing social exclusion was emphasized as one of its core aims. However, more targeted and interventionist parenting support exclusively was seen to label socioeconomically disadvantaged parents by conveying the implicit message that these parents’ behaviour and practices , and not socioeconomic disadvantage, were held responsible for the social toxicity in their life (Hartas, 2014).

2.1.2. Family policies during the coalition administration (2010-2015)

During the UK's coalition government of 2010-2015, the trajectory from fiscal to behavioural intervention discussed in the previous section continued. Under the coalition administration, family interventions that sought to equalize the opportunities for low-income families were primarily used to tackle social exclusion. By adopting an individualized and behaviourist view to tackling poverty and social exclusion, the coalition government established policies regarding family and parenting based on an interventionist approach. Several independent reviews commissioned by the coalition government were published, including The Independent Review on Poverty and Life Chances, led by Labour MP Frank Field MP (December 2010) that sought to uphold the actions used to address poverty and increase life opportunities, with a specific focus on interventions other than fiscal supports for raising people out of poverty; and an independent commission into early intervention, led by Labour MP Graham Allen (January 2011) (Hartas, 2014). The common feature of these two reviews was their adoption of an early interventionist approach and a view to the future for the potential outcomes of the family-based interventions.

The latter review offered to reduce the “costly and damaging problems” by giving children the “right support” through early interventions (Allen, 2011, p. xiii), and reported that “... by the time children were aged 15, these savings (over five times greater than the cost of the programme) came in the form of reduced welfare and criminal justice expenditures and higher tax revenues, and improved physical and mental health” (Allen, 2011, p. 33). It thereby argued that rather than applying late-stage interventions to the situation, such special needs teaching, schemes for teenage pregnancy, drug and alcohol abuse, and a lifetime on benefits, early interventions would be more cost-effective (Hartas, 2014). In the report, early interventions were perceived as positioning the individual in a developmental structure that is “most beneficial to the taxpayer” (Hartas, 2014, p. 82). Using insights from neuroscience and attachment theory, applied loosely and crudely, Allen (2011) argued that early intervention and parenting are vital for children's brain development well-being, and therefore also for social and emotional well-being.

The review by F. Field (2010) also emphasized the importance of early intervention. Interestingly, although the review acknowledged the association between poverty and children's development, an early intervention approach was adopted, and fiscal interventions were ultimately abolished, due to New Labour's earlier 'failure' to decrease child poverty via fiscal interventions (Hartas, 2014). For example, in his review, F. Field (2010, p. 5) observed, “It is family background, parental education, good parenting and the

opportunities for learning and development in those crucial years that together matter more to children than money, in determining whether their potential is realised in adult life”.

Moreover, F. Field (2010, p. 8) suggested that “The Department for Education should continue to publish and promote clear evidence on what is successful in encouraging parental engagement in their children’s learning”, and discussed how to “ensure that parents from poor families know how best to extend the life opportunities of their children” (F. Field, 2010, p. 16). His main argument for these suggestions was that children need parenting more than money, as a children’s fundamental needs dominate their life. However, his argument was criticized using evidence from previous studies that demonstrated that regardless of SES, parents are involved in their children’s education, and, more than they did historically, parents make time for parenting provided the socioeconomic conditions allow them to do so (Hartas, 2014). Although the quality of parental involvement, and the time allocated for parenting, might change depending on SES, these determinants exceed parenting, and should be considered as a social problem to be addressed by the whole of society, including families and authorized institutions, together.

Hence, while “what parents do is more important than who parents are” (Hartas, 2014, p. 84), as stated in the review of both F. Field (2010) and Allen (2011), the opposing argument claims that “who the parents are is more important than what parents do, or perhaps, what parents do is heavily influenced by who they are” (Hartas, 2014, p. 85). Nevertheless, both reviews provided justification for increasing investment in services for families with children (Stewart & Obolenskaya, 2015). Although the coalition government proposed to give greater attention to services for families with children, in addition to the reduction in the core funding for childcare, the cuts to local authority budgets had the effect of making early years services vulnerable, and there was, for example, a considerable reduction in the number of childcare centres (K. Cooper, 2017). These reductions meant that “families with young children have been asked to carry perhaps the heaviest burden of austerity measures” (Stewart & Obolenskaya, 2015, p. 51).

In addition, some of the grants, such as the Health in Pregnancy Grant, the Sure Start Maternity Grant, and the baby element of tax credits, were abolished, and cash benefits, including Child Benefit and Child Tax Credit, were frozen (Stewart & Obolenskaya, 2015). Moreover, eligibility conditions for receiving disability and incapacity benefits were made stricter, despite that in 2006, the United Nations Committee on the Rights of Persons with Disabilities stated that stricter eligibility conditions for benefits systematically violated the

rights of persons with disabilities (United Nations Committee on the Rights of Persons with Disabilities (UNCRPD), 2016). However, in accordance with the purpose of targeting parents, rather than structural problems, the funding for family intervention programmes, such as the Family Nurse Partnership, was increased, or new programmes were introduced (K. Cooper, 2017). Meanwhile, particularly following the riots in England of 2011, the interventionist approach dominated the core idea of parenting policy, and 'poor' parenting was targeted in policies, as well as in the discourse of politicians. For example, "the concept of 'troubled families' came into the public consciousness" (Crossley, 2015, p. 2), after (Cameron, 2011, para. 6) stated, "And we need more urgent action, too, on the families that some people call 'problem', others call 'troubled'" .

2.1.3. Family policy under the Conservative government (2015-present)

Under the Conservative government of 2015 to the present, the behavioural interventionist trend in the approach to family policy continued and intensified. While reductions in cash benefits were introduced using measures such as benefit caps or freezing, as in the case of Child Benefit, they were at least not improved after their reduction during the coalition administration, with the Troubled Families Programme and the Family Nurse Partnership the only two family programmes to receive major funding from the central government (Crossley, 2018). However, independent studies found that neither programme made a noticeable contribution to their aims, namely to reduce social exclusion and inequality. Nevertheless, although there is currently no independent evidence supporting the claim, "the government reported that the programme had 'turned around' 99% of the 'troubled families' it set out to work with" (Crossley, 2018, p. 5). However, the report by the government was criticized for claiming that the extraordinary success was exaggerated as a result of the pressure on local authorities, and that it did not discuss whether there were any improvements in the household income of the families concerned. While the government produced intensive propaganda supporting the Troubled Families Programme, the objective evaluations were suppressed, due to their lack of discernible impact on structural problems (Cook, 2016). These included the steep increase in the number of children in poverty, specifically more than 100,000 extra children were living in poverty in 2018, compared to the previous two years (Crossley, 2018). Hence, the 'success' might have been used to divert attention from the increased inequality, since poor and disadvantaged families were the biggest losers in the government's welfare reforms, although they were also the main targets of the flagship Troubled Families Programme (Lambert & Crossley, 2017).

Another key element in the family policy of this era was the reforms in child poverty policy. The Child Poverty Commission was transformed first into the Child Poverty and Social Mobility Commission, and then became The Social Mobility Commission (Gillies, 2012). In addition, the criteria of child poverty had been changed to be measured by occupation status, education completed, and parental drug and alcohol abuse, rather than family income (N. Roberts & Stewart, 2015) although the criteria of social mobility index was recently rechanged within a broader perspective including child poverty, education access. Meanwhile, through the regulations in the Child Poverty Act, the government avoided the responsibility to reduce child poverty. However, in a relatively moderate improvement, by referencing the negative impact of parental unemployment on child development, the government undertook action to tackle 'worklessness', alongside the focus on parenting through the Troubled Families Programme (K. Cooper, 2017; Day, Bryson, & White, 2016).

2.1.4. Critical reflection on family policy

Between 1997 and 2020, the early intervention approach to tackling social exclusion and inequality evolved from employing fiscal to behavioural interventions. When evaluating the transformation of early intervention approaches, the key issue that should be considered is whether the underlying reasons for the social exclusion and inequality to which disadvantaged families are exposed are diagnosed correctly. Here, the question is whether disadvantaged families need access to public services, or whether the regulation of their behaviour in ways deemed acceptable by family experts and policy makers is more important. An additional crucial element is the gradual privatization of health and education systems, despite the fact that early interventions should provide access to public services (Hartas, 2014). Moreover, early interventions' regulation and control of families by the state's hand, due to the state's concern regarding what disadvantaged families do with their children at home, is "morally dubious and politically exploitative" (Hartas, 2014, p. 90).

A plethora of previous studies found that the desire of parents to parent their children well does not change according to socioeconomic background, although the parenting practices in terms of quantity and quality vary according to the families' socioeconomic feasibility (Hartas, 2014). If it is assumed that appropriate parenting practices can tackle the issues of social exclusion and inequality, the opportunity should be provided to disadvantaged parents to access the socioeconomic resources necessary for demonstrating the practices that reduce the instances of social exclusion and inequality. Otherwise, assigning blame solely to the parenting deficiency of disadvantaged families, and seeking to teach these parents how to behave, is merely 'corner-cutting'. In addition, while teaching parenting skills can produce

a positive change in parenting behaviours in the short-term, as long as the economic difficulties, and the lack of accessibility to equal and quality universal public services, remain unaddressed, the link between inequality and social exclusion will increase in the long-term. Moreover, targeting disadvantaged families as the cause of the 'trouble' or 'problem' will increase social polarization. Such polarization may not be felt or visible initially, but can ultimately cause unavoidable social harm (Moulaert, Rodríguez, & Swyngedouw, 2003).

2.2. SEND policy

Initial governmental attempts to address the education of people with disability date back to the end of 19th century. The first legislation in this context was the 1886 Idiots Act that aimed to facilitate the education of children with learning difficulties (Open University, 2019). Then, in 1893, local authorities were assigned responsibility for educating deaf and blind children. However, it can be argued that SEN legislation, the categorization of children by their disabilities, and the education of children with SEN in modern times commenced with the 1944 Education Act. From that date onward, the language used, and the SEN policy perspective, has evolved from a medical view to a social view. Specifically, in the 1944 Education Act, 'uneducable' and 'educationally sub-normal' were used as terms to describe individuals with SEN, and the disabilities addressed were assumed to originate in the children's lack of access to education settings (Williams, Lamb, Norwich, & Peterson, 2009). Meanwhile, the Special Educational Needs and Disability (SEND) code of practice, published in 2015, which employed language that aligned more with the social view of the time, provided advice to stakeholders, and sought to create a more inclusive setting for children with SEN, by addressing systematic barriers, derogatory attitudes, and social exclusion.

Over the last three decades in particular, there have been a considerable number of changes to SEND policies, that have resulted in a framework designed to regulate a shift from a medical model to a social model of disability. This process also includes a transition from segregation and integration to inclusion, identification of special needs and assessment of the requisite education and health care (EHC) for SEND individuals. To achieve this it is important to identify and clarify the role of school professionals, specify the relationship between children, parents, and school, identify the support and services necessary for children with SEND and their families, and provide the most inclusive school setting for children with SEND. In this section, in accordance with the focus of the present study, the frameworks presented by the official codes, acts, and legislations are reviewed in brief, particularly focusing on those concerned with inclusion, identifying SEND, gender, personal

and general budgets for children with SEND, and parents' role in the policy, and the well-being of children with SEND.

Medical and social models of disability encompass the two major perspectives discussed in Western culture. The medical model focuses on disability as an individual medical problem, seeking out individual interventions and treatments as a way to approach disability (Barnes, 2012). The social model draws attention to: a) the functional limitations of individual-based interventions centring on disability (although not a rejection of their importance); and b) an attempt at resolving the problems associated with disabling environments, barriers, and cultures rather than the individuals with impairments themselves (Barnes, 2012). The shift in recent decades, from a medical to a social perspective of disability and human development, has moved understanding away from a formidable 'personal tragedy' discourse to a discussion of the systemic structures and societal barriers associated with concerns about social justice, human rights, and equity (Barnes, 2012).

For children with SEND, the social model of disability has resulted in greater emphasis on inclusion. Within education policy, the reflection of this pragmatic shift has been towards creating a school setting that is as inclusive for children with SEND as for neurotypical children, thereby reducing the number of SEND children attending special schools (Williams-Brown & Hodkinson, 2020). In line with this intent, a noticeable improvement in the scale of the adoption of inclusivity has been evident in the discourse on education policy over the last three decades. However, concerns have been raised associated with applying the implications of inclusive education at the practical level (Williams-Brown & Hodkinson, 2020). This leads to questions about whether practitioners are effectively comprehending, adopting, and applying inclusive education in the school setting, whether family members are doing so in the home environment, and the nature of the society with which children with SEND interact directly and indirectly. Thus, successive governments' inclusion policies have been criticized for articulating only a narrow frame that does not focus on inclusion as part of the human rights agenda (Williams-Brown & Hodkinson, 2020).

Prior to discussing the journey of inclusion and inclusive education in the UK, it is important to state what inclusion means. Although it has multiple definitions that share notable similarities, the most comprehensive definition of inclusion would be:

[A] response to student diversity based on principles of equity and acceptance that aim to give all children equal rights to participation in mainstream curricula and communities, as valued, accepted, and fully participating members of those

communities, and also rights to achieve as much as they can academically, physically, and in their social-emotional development. (Subban & Sharma, 2006, p. 237)

Various steps have been undertaken in the UK education system to realize the aims of inclusion since the 1980s. The Warnock report was the first to inspire inclusion policy and recommend integrating children with SEND (Williams-Brown & Hodkinson, 2020). The report introduced three types of integration, which are still used today. These were "locational integration": locating children with SEND in a particular unit in mainstream schools; "social integration": children located in special units but able to eat and play alongside their mainstream peers; "functional integration": children with SEND enabled to access education and attend activities wholly or partly alongside their mainstream peers (Williams-Brown & Hodkinson, 2020, p. 1564). However, the report may be argued as only designed to emphasize the recruitment of children with SEND into mainstream schools, rather than emphasizing functional integration and addressing meaningful educational provision relating to individuals' needs (Williams-Brown & Hodkinson, 2020). In addition, the report proposed a process of assessment for the placement of children with SEND that would encompass their educational needs, rather than solely considering their medical needs.

Following the release of the Warnock report, the 1981 education act specifically focused on children with SEND. However, the act only evaluated the severity of the disability and the ability of children with SEND from a segregative perspective (Armstrong, 2005). Thus, it continued to focus on the medical model of disability. In 1994, the first SEND code of practice was introduced, including several significant legislative implementations: Special Educational Needs Co-ordinator (SENCO) and Individual Education Plans (IEPs) produced by SENCOs (Williams-Brown & Hodkinson, 2020). Despite a growing number of legislative documents addressing the needs of children with SEND, a segregative approach to the education of children with and without SEND endures, as does the relative educational deficit of children with SEND (Farrell, 2010). The United Nations Convention on the Rights of the Child (1989) and the Salamanca statement (1994) are two international studies that recommend a move from integration to inclusion. They reflect on the improvement of UK legislation that has shifted the notions of inclusion and inclusive education into government rhetoric, finding acceptance from among the mass media (Hodkinson, 2012). In 1997, *The Excellence in Schools* (1997) White Paper and the *Excellence for All Children: Meeting Special Educational Needs* (1997) Green Paper focused on accommodating children with SEND in mainstream schools, and required the provision of support as necessary for children

with SEND. In this way, the emphasis moved from away integration and became inclusion (Hodkinson & Devarakonda, 2009).

From the (New) Labour Government (1997) to the present day, successive governments have taken action to describe inclusion as a human right in legislation, framing the responsibility and accountability of professionals and institutions to guarantee a meaningfully inclusive atmosphere for children with SEND. However, in practice, the government has continued to focus on identification, accountability, centralized control, and assessment with little focus on the human rights agenda. Namely, inclusion has been treated as a duty rather than a right (Williams-Brown & Hodkinson, 2020).

After New Labour left office, the Conservative-Liberal Democrat coalition government refocused academic standards after observing a decline in international leagues for educational achievement. Glazzard (2013, p. 182) noted that "the standards agenda works in opposition to the inclusion agenda despite government rhetoric, which suggests that both agendas are complementary." Academic standards stipulate that all students must be fully competitive and economically active (Hodkinson, 2011). These performance-oriented standards naturally encourage the division of learners into winners and losers. Therefore, as the education system favours academic achievement over diversity, educators have typically directed the most attention to those children with the potential to represent successful output (Hodkinson, 2011). This tends to result in the exclusion of individuals unable to meet national standards. Moreover, the competitive academic standards imposed by market economies, rather than individualized criteria for success, are pressuring schools. That is, schools can consider children with SEND as a focus for their failure, which influences their objectivity regarding the placement and assessment of children with SEND. Moreover, the resulting sense of failure experienced by children with SEND indirectly encourages them to opt for special schools over mainstream schools.

Success-oriented education standards imposed by the market economy contradict the process of transitioning from integration to inclusion. School education needs to be radically reconceptualized by celebrating all manner of difference from a rights-based perspective alongside identification, assessment, and placement (Williams-Brown & Hodkinson, 2020). The promotion of inclusion rather than integration in practice is problematic, flawed and dysfunctional from the perspective of current educational standards, school curricula and schooling, and so making fundamental changes in the future will necessarily be vital (Williams-Brown & Hodkinson, 2020).

The categorization of 'special needs' was condensed from eight areas in the 1994 SEN Code of Practice to four in the 2001 SEN and 2014 SEND Code of Practice. In the 1994 SEN Code of Practice, special needs were categorized under eight areas that were primarily related to the type of disability, such as physical needs, sensory needs, or specific learning difficulties (DfE, 1994). Rather than categorizing SEN according to the type of disability, the 2001 SEN Code of Practice employed the following areas of need: communication and interaction; cognition and learning; sensory and/or physical; and behaviour, emotional, and social development (DfES, 2001). Meanwhile, the 2014 SEND Code of Practice used the same areas as the 2001 Code, with the exception that 'behaviour, emotional and social development' was replaced by 'social, emotional and mental health' (DfE/DoH, 2014). The categories did not specify all educational needs of children with SEN, and while a child may have a need in common with others in the same SEN category, that child may also have a special need that fell under other categories, or may have other unique needs (DfES, 2001). In addition, when identifying SEN, widely varying means were used within and between local authorities, so that for example, although two children may have similar special needs, they would be identified differently, depending on their local authority, or from one school to another (Norwich, Ylonen, & Gwernan-Jones, 2014). This was also the case for the Educational Health and Care Plan (EHCP), as children with similar special needs were assessed in widely varying ways across local authorities, due to the lack of clear-cut criteria, as well as to local authorities' financial problems, as discussed below (Marsh & Howatson, 2020).

The Salamanca Statement (UNESCO, 1994) and the Convention on the Rights of Persons with Disabilities (UN, 2007), two well-known international treaties, emphasized the gender-based needs of children with SEN. The latter "emphasize[d] the need to incorporate a gender perspective in all efforts to promote the full enjoyment of human rights and fundamental freedoms by persons with disabilities" (UN, 2007, p. 3). These two international treaties noted that girls with disabilities are subject to a range of discrimination, and are therefore doubly disadvantaged compared with disabled males, and advised the state parties to the convention to focus especially on efforts designed to encourage the participation of girls with disabilities in educational programmes. However, the last three SEND codes of practice in the UK failed to address gender-based differences. While the use of gender-free language in the approach to all lives of children with SEN can be enormously beneficial, gender-based differences in children with SEN should not be overlooked, as their omission may cause a disparity in the provision of services.

The UK coalition government's 'Support and Aspiration' Green Paper of 2011 overhauled the 'radical' differences in the extant approach, in advance of the 2014 SEND Code of Practice (DfE, 2011). Although numerous commentaries argued that the proposals for the new SEN Code of Practice were 'radically new', they actually "involved extending, integrating and tightening up existing principles and practices" (Norwich, 2014, p. 415), with the approach to personal budgets representing the only true radical difference. Through these personal budgets, the parents of children with SEN with an EHCP became eligible to request a budget for use in addressing their children's EHC needs (DfE/DoH, 2014). While there were no details about the upper and lower limit of these budgets, the new Code required the use of the budget to be navigated by the relevant local authority. This shift in responsibility to local authorities and parents had the potential to cause both confusion and the destandardization of the local authorities' assessments (Allan & Youdell, 2017). Moreover, Marsh and Howatson (2020) identified a funding variation, as some local authorities with a low rate of EHCP were significantly less financed than those with a high rate. This is significant, as the financial status of a local authority can be a determinant when assessing the EHC of children with SEN. In addition, the current period of austerity in the UK has had a negative impact on the general budget provided for the education of children with SEN, as austerity policies have resulted in cuts to benefits and social services assistance (Veck, 2014). These cuts have meant that although there is an increase in localism in the approach to supporting children with SEN (Marsh & Howatson, 2020), the central government has assigned responsibility for addressing the needs of these children to local authorities, while providing them with far fewer resources than previously (Allan & Youdell, 2017).

While the rhetoric of 'education for all' and 'education for equality' was frequently used in the 1994, 2001, and 2014 SEND Codes of Practices, the interrogation of the relationship between special needs, standards, and poverty was not considered (Lehane, 2017). This is of significance when coupled with the evidence from previous studies, which showed that children with SEN are more likely to live in poverty than their peers (Blackburn, Spencer, & Read, 2010). Ignoring these socioeconomic differences when assessing the personal budget of parents of children with SEN can be counterproductive, since those who live in poverty must frequently prioritize other needs, placing constraints on the proper use of the budget.

At the time of the Warnock reforms of the 1970s, the first significant attempt to address the educational needs of children with SEN, their parents were viewed as a partner in the process, although they did not have equal power to professionals in decision-making (Riddell, 2018). Consequently, in 1994, the Special Educational Needs and Disability Tribunal in

England was launched to encourage parents to independently challenge the official assessment and preparation of the final statements for students with SEN (Marsh, 2021). In addition, in the 1990s, several attempts were made to enhance the power of parents in the decision-making process, such as giving them the ability to choose between mainstream and special sectors, and between independent and grant-maintained schools, despite several caveats being applying to limit their choice (Riddell, 2018). The Lamb Inquiry report (Lamb, 2019, p. 14) highlighted the increase in the number of tribunal appeals and statutory assessments, citing “the lack of capacity to meet need, ensure parental confidence and secure rights outside of the statutory framework” as the cause of this increase. In the coalition’s Green Paper of 2011, one of the claims referenced a recommendation made in the Lamb Inquiry report, known as the ‘local offer’, an attempt to enhance parental confidence in the system (DfE, 2011) by providing clear and accessible information relevant to children’s special needs. The local offer was more than “user information to enhance parents’ choice; it is also a gesture towards stakeholder consultation with the promise of structuring the relationship between authorities and parents” (Norwich, 2014, p. 416). Consequently, the local offer became one of the key elements of the 2014 SEND Code of Practice. In addition to the local offer, the general view adopted in recent legislation, namely the 2014 SEN Code of Practice and the Children and Families Act 2014, reflected the shift to a more parental preference-based system, in which parents were given more ‘personalisation’ and had a much greater say in their children’s EHC, and in deciding how to use the personal budget allocated to them. The inclusion of greater detail regarding how inter-services work for parents and children in the 2014 Code of Practice was viewed as a key development (Norwich & Eaton, 2015). However, this current SEND Code of Practice does not address social class differences between parents, concerning access to the services required. As Riddell (2018) argued, socioeconomically advantaged parents benefit more from the rights and services offered by SEN policies than their less advantaged peers. Although the government’s adoption of a person-centred approach strengthened parents’ role in their children’s education, their socioeconomic problems may mean that some parents are unable to use the services provided effectively and appropriately, a failure that can be perceived externally as being due to personal choice.

2.3. Adolescent well-being

The concepts of mental health and well-being are not clearly defined, and it has long been argued that although they are used interchangeably in practice, these two concepts are different. While in their work, ‘Childhood Wellbeing: a brief overview’, (Statham & Chase,

2010) accepted that psychological/mental health and well-being could be seen as synonymous, Hartas (2019, p. 1) claimed that mental health/well-being “is not just the absence of problems but also young people’s agency in constructing a coherent self and identity and contributing to their communities creatively and productively”.

MWB is a multidimensional and complex concept that is defined differently defined from one discipline to another (Warwick.ac.uk, 2020). For the purpose of the present study, the concept of MWB was approached from the perspective various different models, including the tripartite model of subjective well-being, the Six-factor Model of Psychological Well-being, and the theory of flourishing (H. Scott & Takarangi, 2019). Although there is currently no consensus regarding the definition of well-being, two main philosophical perspectives, hedonic and eudemonic well-being, are employed by researchers (Stewart-Brown, 2016).

The hedonic perspective focuses on feelings, and has two components: life-satisfaction and affective balance, namely “subtracting the frequency of negative emotions from the frequency of positive emotions” (Vázquez, Hervás, Rahona, & Gomez, 2009, p. 17). Meanwhile, the eudemonic perspective concerns psychological functioning, and has three components: self-actualization, personal expressiveness, and vitality (Niemic, 2014, p. 1733). The different characteristics of these views are shown in [Table 1](#).

Table 1 *Authors and concepts of the hedonic and eudemonic view of well-being*
(Source: adapted from Vázquez et al. (2009, p. 17)

| | Hedonic well-being | Eudemonic well-being |
|-------------------------------|-----------------------------------|------------------------------------|
| Representative authors | Epicurus, Hobbes, Sade, D. Watson | Aristotle, Frankl, Deci, Seligman, |
| Basic concept | Pleasure | Virtues |
| | Positive/negative effect | Self-fulfilment |
| | Affective balance | Psychological growth |
| | Positive emotions | Psychological strength |
| | Life satisfaction | |

The MWB of adolescents has been studied by various researchers under these concepts. While elements such as feelings, life satisfaction, mood, and self-esteem of adolescents are considered to be the core component of well-being under the hedonic approach, elements including psychosocial strengths and difficulties are the components of well-being considered under the eudemonic approach (Niemic, 2014; Vázquez et al., 2009). In the

present study, adolescents' MWB was examined in terms of both the hedonic and the eudemonic perspectives, in order to enable a more comprehensive understanding. Specifically, in this study, psychological strength and difficulties, self-esteem, and academic self-concept as the components of eudemonic well-being; life satisfaction, and moods and feelings, and school attitudes as the components of hedonic well-being are examined. The scales for measuring the components of hedonic and eudemonic well-being will be explained in detail in the methodology chapter.

In parallel with the developmental transition during adolescence, the school transition occurs, a milestone in children's lives (McCoy, Shevlin, & Rose, 2020). During this period, children's relationship with the outside world, of which school is the major part, increases, and their school, teachers, relationships with their peers, and their academic achievements become prominent factors in determining their well-being (Smyth, 2016b). Therefore, adolescents' well-being cannot be considered independently of their school experiences, namely how they feel at school, and how they perceive themselves academically, and this study considers AWB including adolescents' MWB and school experiences. Consequently, the previous literature regarding the role of parenting, socioeconomic factors, and gender in adolescents' well-being is reviewed in this section under two separate categories: MWB and school experiences.

2.3.1. Well-being of adolescents with SEN and without SEN

Many studies have examined the differences in the MWB of adolescents with SEN under either the hedonic or eudemonic view of well-being. Under the hedonic well-being perspective, Gaspar, Bilimória, Albergaria, and Matos (2016) examined the well-being of children with and without SEN aged eight to 17 years, and found that compared with children without SEN, children with SEN scored lower in subjective well-being, optimism, self-esteem, and social support satisfaction. Meanwhile, under the eudemonic view, Swift et al. (2021) studied children aged 9 to 13 years, and found that the presence of an impairment and activity limitation increased the risk of them experiencing greater psychosocial difficulties than their peers without SEN. Similarly, using Millennium Cohort Study (MCS), Fauth, Platt, and Parsons (2017) examined the behavioural problems among children with and without disability in England, and found that the children with disability had significantly greater behavioural difficulties than children without SEN at ages three and seven years. Meanwhile, McCoy et al. (2020) found that the probability of nine-year-old children with SEN never liking school was significantly higher than that of children without SEN, and the findings did not

change when controlling for SES and gender. The study emphasized the role of academic and social relationships in shaping the school engagement of children with SEN.

Although it is generally acknowledged that children with SEN are more likely to have mental problems and negative school experiences than children without SEN, the differences in well-being between adolescents with and without SEN from pre- to mid-adolescence remain unclear. The risk of poor well-being among adolescents with SEN was examined quantitatively in previous studies, which offered a limited worldview for understanding its implications. This is because, if a study examines the relationship between the MWB and peer relationships of adolescents with SEN quantitatively, it can only assume the underlying reasons contributing to the relationship, occluding the broader view and its ability to determine the implications for academic stakeholders and policymakers, and to suggest useful intervention strategies.

2.4. Parenting

This section reviews previous studies on how parenting was conceptualized and also the parenting of adolescents with SEN, and the application of conceptual parenting frameworks in the context of SEN.

2.4.1. The meaning of parenting

The term 'parenting' has not been used in a constant way, rather its meaning has changed over time and varies according to a society's cultural characteristics (Katz, Corlyon, La Placa, & Hunter, 2007; Lee, Bristow, Faircloth, & Macvarish, 2014). It is therefore necessary to identify the society and the time frame context in which parenting is being considered. For the purpose of this study, parenting was considered in the context of 21st century western culture.

The Cambridge dictionary (n.d.) defines parenting as "the raising of children and all the responsibilities and activities that are involved in it." The use of the word 'all' in the lexical definition indicates that parenting is a multi-dimensional and umbrella concept referring to a wide range of parental behaviours, practices, and parent-child activities when raising a children (Lee et al., 2014), highlighting the fact that 'parenting' is a complex term. Due to the lack of consensus regarding the term, parenting is also a subjective term, and the practices, behaviours, and activities it covers can change, depending on the user. At the broadest level, parenting can be considered to be the meeting of the physical, emotional, and social needs of children by their parents (Katz et al., 2007). Therefore, the two key duties of parenting are nurturance and socialisation.

Parenting can also be defined differently according to children's developmental stages. For example, during infancy, responding to children's physical needs, such as sleep and food, are at the forefront for parents (Bornstein, 2005). Meanwhile, when a child reaches adolescence, the concept of parenting evolves in parallel with the development of the child, and meeting the social, emotional, and educational needs of the child comes to the fore (Steinberg & Silk, 2002). Another subtle factor involved is the way in which children's special needs characterize parenting. Although all parents should care for their children, children with SEN require extra parenting in many areas of daily life (K. Roberts & Lawton, 2001).

2.4.2. Parenting theories

In the 1940s, the lack of studies examining which parenting practices predict children's social and emotional development was one of reasons why researchers increasingly sought to "identify the child well-being correlates of general, cross-situational variations in the general parenting approach" (Power, 2013, p. 14). The shift in researchers' interest from what parents do to how parents do it paved the way for focusing on and theorizing parenting styles. In order to understand the parenting theories, and the parenting 'styles', parenting 'dimensions', and parenting 'practices' that are usually employed as the components of these theories, they need to be explained. In their work, Jansen et al. (2012) provided a useful description of these terms and distinguished between them, as follows:

- Parenting styles: These are regarded as relatively stable traits that are consistent across time and context. They provide the overarching emotional atmosphere for parents' interactions with their child, such as the use of endearments like 'darling'. Parenting styles, such as authoritative or neglectful, are shaped through the level of closeness to the parenting dimensions;
- Parenting dimensions: These, for example being demanding or responsive, refer to relatively stable parenting practices that are unidimensional in nature, in contrast to the styles defined above;
- Parenting practices: These are the context-specific behaviours or strategies that parents use, which may vary over time, across situations, and with different children. These operationalize the parenting dimensions and styles.

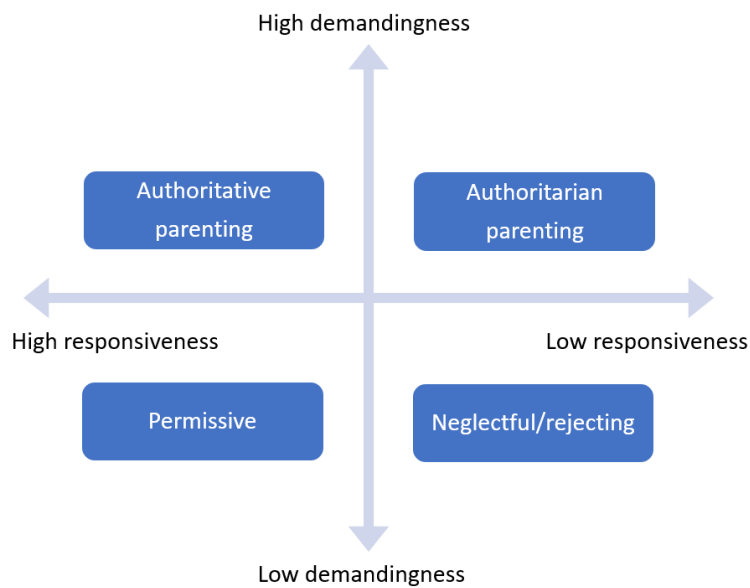
A number of theories sought to identify what constitutes the best form of parenting for children's well-being, most well-known of which is Baumrind's Parenting Style and Attachment Theory (1967). In her pioneering study, Baumrind (1967) provided a framework

that included three parenting categories, namely 'authoritative', 'authoritarian', and 'permissive'. A subsequent study by Maccoby and Martin (1983) added 'neglectful/rejecting' parenting as a further category. These four categories were characterized according to their level of demandingness, which is defined as behavioural control, and the demands parents make of their children to become integrated into the family using control and discipline, together with the parents' responsiveness, namely their warmth and supportiveness, and their intentional fostering of "individuality, self-regulation, and self-assertion by being attuned, supportive, and acquiescent to children's special needs and demands" (Baumrind, 1991, p. 62).

As shown in the [Figure 1](#), the parenting styles can be described as follows:

- Authoritative parenting: Parents who are responsive and demanding. Authoritative parents are warm, supportive, reason with their children, and do not punish punitively. They have clear standards and monitor the standards of their children's conduct. They are not interfering, rather they are assertive, and encourage their children to discuss and to gain autonomy;
- Authoritarian parenting: Parents who are not responsive, but are demanding. They have strict rules and expect their children follow the rules without explanation. They use punitive discipline methods, and are obedience and status-oriented;
- Permissive parenting: Parents who are responsive, but not demanding. They are lenient, do not require mature behaviour, and do not have strict rules. They are supportive;
- Neglectful and rejecting parenting: Parents who are not responsive or demanding. They are so disengaged from their children that they usually neglect their children's needs, or actively reject these needs.

Figure 1 Categories of parenting styles



The growing body of literature regarding the relationship between parenting styles and the outcomes for children without SEN consistently showed that authoritative parenting is considered to be optimal in western culture (e.g., Georgiou & Symeou, 2018; Gutman, Brown, Akerman, & Polina, 2010; Lamborn, Mounts, Steinberg, & Dornbusch, 1991). Meanwhile, a small number of studies, most of which were concerned with a specific group of disability and a small sample, produced similar findings that demonstrated the association between authoritative parenting and positive outcomes for children with disabilities (Dyches, Smith, Korth, Roper, & Mandelco, 2012).

The attachment theory that was initially proposed by Bowlby (1982) provided a framework to explain why infant-parent dyads create a close relationship, and why and to what extent the quality of the relationship affects children's later development. The key elements of the attachment system maximize the emotional security and protection of the children (McElhaney, Allen, Stephenson, & Hare, 2009). Although the initial focus of attachment theory was primarily on child development during infancy and early childhood, researchers' interest has shifted recently to the nature and function of the attachment system over time, particularly during adolescence (Freeman & Brown, 2001; McElhaney et al., 2009). Proximity is the goal of the attachment behavioural system during infancy, and the mother's availability when needed is the main purpose. Meanwhile, in adolescence, rather than actual physical safety, the outcome of the activation of the attachment system is shaped by adolescents' feelings of security (McElhaney et al., 2009). This feeling of security can be inspired in wide range of ways, often without the physical presence of the parents. The shift in the

attachment system between parents and adolescents is associated with the increase in autonomy during adolescence (McElhaney et al., 2009), and attachment for adolescents is categorized under three types: secure, insecure dismissing, and insecure preoccupied attachments.

- In a secure attachment, adolescents' parents are emotionally supportive, and respect adolescents' autonomy. The adolescents prefer their mothers to be the primary attachment figure, over other support figures, such as their peers. (Freeman & Brown, 2001). Adolescents are open to sharing their vulnerable feelings with their parents, value their parents' support, and without losing their autonomy they are successful in achieving lasting secure attachments with their parents;
- In an insecure dismissing attachment, the descriptions of experiences with their parents provided by adolescents "tend to be incoherent for a number of reasons, including a basic lack of information provided, a mismatch between semantic and episodic memories, and a denial of the impact of difficult experiences" (McElhaney et al., 2009, p. 363). Insecure dismissing adolescents tend to devalue relationships with their parents;
- In a preoccupied attachment, adolescents provide descriptions of parents that tend to lack a sense of balance or perspective (McElhaney et al., 2009). For example, preoccupied adolescents narrate at great length a brief experience with their parents. Preoccupied attachment adolescents trust others rather than themselves, because they tend to underestimate themselves and see others as superior.

As these description of the attachment categories show, attachment theory proposes that adolescents who have a secure attachment with their parents develop healthier psychological dispositions (Freeman & Brown, 2001; McElhaney et al., 2009). However, the theory does not present a proper solution for the measurement of parenting in the context of the present study. Firstly, attachment figures consist not only of parents, but also may include multiple figures at different stages of life (T. Field, 1996), therefore examining only the attachment between parents and adolescents to determine the adolescents' outcomes may mislead when establishing a cause-and-effect relationship. Secondly, although attachment theory provides a framework for understanding the relationship between parent-child dyads and the psychological outcomes, it does not provide any explanation for many parenting behaviours that determine the type of attachment (Bruer, 1999).

Moreover, S. Scott, Briskman, Woolgar, Humayun, and O'Connor (2011, p. 1) found that parent-adolescent attachment is "related to but distinct from current parenting quality". This finding supported the fact that the theory cannot be fully useful for conceptualizing what constitutes good parenting. The same problems apply to Baumrind's Parenting Styles (1967; 1991). Although Jansen et al. (2012) proposed a hierarchical structure between parenting behaviours/practices and parenting dimensions and parenting styles, it is challenging to align parental involvement with any particular parenting style. Although some previous studies (e.g., Porumbu & Necşoi, 2013; Shute, Hansen, Underwood, & Razzouk, 2011) that explored parental involvement and parenting styles together considered parental involvement to be a characteristic feature of authoritative parenting, most studies examined parental involvement separately from the parenting style. Thus, using only these theories as a lens to consider the nature of good parenting for adolescents' well-being can overlook the importance of such parenting behaviours as homework involvement and extracurricular activities on adolescents' well-being. Therefore, when conceptualizing what constitutes good parenting, it is preferable to adopt a broader perspective that considers both theoretical approaches and parenting behaviours that are not subsumed under the extant theories.

2.4.3. Parenting and AWB

The next subsections outline the extant empirical findings concerning the role that parenting styles and parenting behaviours plays in adolescents' AWB.

2.4.3.1. Parenting styles and adolescents' MWB and school experiences

The efficacy of parenting styles can be measured either by using measures for parenting styles, or by categorizing parenting practices under the dimensions of parenting. The extant literature concluded that authoritative parenting reflected the optimal parenting characteristics for achieving the best MWB outcomes, including successful socialisation, self-control, peer relationships, and lower emotional and behavioural dysfunction of children (Chan & Koo, 2011; Churchill & Clarke, 2010; Lamborn et al., 1991). Meanwhile, the limited number of existing studies conducted in the field of children with SEN produced similar results (Dyches et al., 2012).

The other parenting styles, namely authoritarian and neglectful/rejecting parenting were linked reversely with the MWB of children with and without SEN. For example, Chan and Koo (2011) found that adolescents of permissive or authoritarian parents felt significantly sadder, lost sleep, and had lower levels of self-esteem and happiness than the adolescent children of authoritative parents. However, there were contradictory findings for permissive

parenting, since while Garcia and Gracia (2009) reported that permissive parenting was the optimal style for MWB outcomes, Chan and Koo (2011) found a negative association between them. Namely, authoritative parenting has been described as the optimal parenting style, and authoritarian as the non-optimal one while permissive parenting is not clear to be associated with adverse or positive outcomes regarding adolescents' well-being.

In terms of the relationship between parenting style and school experiences, although most previous studies found authoritative parenting to be the optimal parenting style for producing positive school experiences, these studies were unclear. In the case of children without SEN, while Lamborn et al. (1991) found that the children of authoritarian parents had a higher degree of success in their school adjustment than the children of permissive parents, due to their parents requiring their obedience, Chan and Koo (2011) and Shute et al. (2011) found that the children of authoritarian parents had a lower level of academic achievement; and Garcia and Gracia (2009) found that permissive parenting, rather than authoritative parenting, was the optimal style for producing positive school experiences. In the case of children with SEN, Jones, Rabinovitch, and Hubbard (2015) found that there was a negative relationship between authoritarian parenting and the school experiences of children with attention deficit hyperactivity disorder (ADHD), but that there was not a significant relationship between authoritative parenting and school experiences, while Yaffe (2015) found that SEN children of authoritative parents have better school experiences. Nevertheless, these studies concurred that parenting style is associated with children's school-related outcomes, as this was the case for children both with and without SEN.

2.4.3.2. The role of parenting practices/behaviours in adolescent MWB

The parenting behaviours that were of interest to this study were parental expectation and aspiration; school-based parental involvement; and home-based parental involvement, namely homework involvement, extracurricular activities, playing games with children, and screen time. Certain parenting behaviours were addressed previously as parenting styles, namely parental discipline, specifically the discipline methods used by parents when their children misbehave, and conflict between parent and child; parental rules; parental control; and parental closeness. In order to present these in a comprehensible manner, parenting behaviours are discussed first in terms of their impact on children's MWB, and then on their school experiences.

Parental expectations and aspirations are the first parenting behaviours considered regarding parents wishing their children to undertake full-time university education. In his

study, Rutherford (2015) found that provided parental expectations and aspirations matched those of their children, they were positively correlated with the children's emotional well-being.

Parent involvement is an important parenting practice for an adolescent's development, and is defined as parents' active engagement with the activities related to the upbringing and education of their children (Desforges & Abouchar, 2003). Parental involvement as a general term includes two main forms of involvement: school-based and home-based. School-based parental involvement includes attending parent/teacher meetings (PTM), having specially arranged meetings with their children's teachers, volunteering for activities at their children's school, and effective communication with their children's teacher. Home-based parental involvement includes homework help, organizing extracurricular activities, playing with the child, and governing their amount of screen time.

School-based involvement and the monitoring of children at school were reported to have an impact on moderating discrepant behaviour in adolescents by (Desforges & Abouchar, 2003). However, the findings of other studies showed that there is not always a positive relationship between school-based parental involvement and children's well-being. For example, Kirkhaug, Drugli, Klöckner, and Mørch (2013) found that when children have significant conduct problems, their parents tend to meet more frequently with their teachers. In terms of children with SEN, under the SEN policy section in the SEND Code of Practice (2014), parents of children with SEN are required to have a significant school-based involvement, and therefore have more opportunity to be involved in their children's education as they meet more frequently with their teachers and plan their children's educational future in both the short and the long term (Drummond, 2016). The involvement of parents in the school setting is recognized as being important, and is positively linked with children's MWB (DCSF, 2007).

Numerous previous studies examined particular forms of parental involvement. For example, the meta-analysis conducted by Patall, Cooper, and Robinson (2008) found that a number of studies demonstrated that a lack of homework involvement is positively associated with behavioural problems. Similarly, several previous studies surveyed in the empirical review by Afolabi (2014) found a positive association, specifically for children with SEN, between homework involvement and children's MWB.

Another parenting behaviour is organizing extracurricular activities for the purpose of enhancing their adolescents' educational, as well as social and emotional capital. A study by

Hartas (2020) found that adolescents' participation in extracurricular activities encourages adolescents to socialize with their peers and to form social and emotional bonds with them. In the case of adolescents with SEN, the empirical study by Kleinert, Miracle, and Sheppard-Jones (2007) and the review by Maxey and Beckert (2017) highlighted the fact that extracurricular activities help children with SEN to find friends, to increase their sense of identity, and to enhance their socialization. In addition to structured extracurricular activities, (Hartas, 2020) found that play in adolescents, both with and without disabilities, was positively associated with a decrease in psychosocial problems.

The amount of time adolescents spend before a screen differs, depending on the limits set by their parents, and there was no consensus in the extant literature regarding the connection between screen-time and adolescents' MWB. For example, a negative relationship between screen-time and life satisfaction and prosocial skills for adolescents was reported by OECD (2017), in a report that recommend that an adolescent should have no more than two hours of screen-time per day. Meanwhile, the findings of Przybylski and Weinstein (2019) did not support imposing limits on screen-time of less than two hour a day to promote children's psychological well-being. Moreover, Blum-Ross et al. (2018) suggested that strict time restrictions may impede children's opportunity to participate in certain activities.

Although some previous studies examined parenting style collectively, and usually included components of parenting styles, such as parental discipline, parental rules, parental control, and parental closeness, others examined the association between one or some of these parenting style components and adolescent's MWB. While a small number of these studies found no association between the two (Clark & Frick, 2018), most consistently found that a harsh/punitive discipline style, such as applying corporal punishment to adolescents, was associated with the child having mental problems (e.g., Bøe et al., 2014; Leve, Kim, & Pears, 2005; Peltonen, Ellonen, Larsen, & Helweg-Larsen, 2010). The existing body of literature painted a similar picture in the case of the well-being of children with SEN, with harsh discipline implicated in a greater degree of behavioural and emotional problems (e.g., Fauth et al., 2017). However, few previous studies explored the association between non-physical punishment and children's MWB.

Another factor related to parental discipline is the relationship between the parent and the adolescent. Parent-child conflict can be defined as discordant interactions between the parties (Weaver, Shaw, Crossan, Dishion, & Wilson, 2015). Although conflict might be

accepted as a natural part of the process of an adolescent gaining autonomy during their adolescence (Lerner & Steinberg, 2009), some studies found that it was associated with various mental problems in the general population (e.g., Georgiou & Symeou, 2018; Gibb, Rix, Wallace, Fitzsimons, & Mostafa, 2016) and in adolescents with SEN (e.g., Swift et al., 2021).

While parental rules are generally applied for the purpose of inductive discipline and for internalizing family rules (Davidov & Grusec, 2007), the previous literature in this field reported contradictory empirical results. For example, Blum-Ross et al. (2018) found that the imposition of parental content-based and time-based rules can cause frustration and conflict, and can be ineffectual in preventing potentially dangerous behaviour. However, Bickham, Hswen, and Rich (2015) found that rules regarding television viewing were associated with low levels of depression. Meanwhile, there is currently an absence of empirical research studying the association between content- and time-based screen restrictions and the well-being of adolescents.

Parental control behaviour which ensures that parents are aware of their adolescent children's whereabouts is a parenting behaviour considered to be a component of positive parenting (Hartas, 2020), and this form of parental control was found to be associated with an increase in MWB for the general population by several studies (e.g., Hartas, 2019; O'Connor & Staunton, 2015).

The final aspect of parental behaviours of relevance to the present study is parental closeness, namely parents displaying warmth towards their child, and physical expressions of affection (Bornstein, 2005). This generally includes parental support, open and warm communication with the child, and the parent being a role model, although different forms of parental closeness were considered by various empirical studies. Overall, parental closeness was consistently found to be linked to MWB in both the general population (e.g., Clark & Frick, 2018; Hartas, 2019), and the SEN population (e.g., Eshbaugh et al., 2011; Fauth et al., 2017).

2.4.3.3. The role of parenting practices/behaviours in children's school experiences

In their reviews, Desforges and Abouchar (2003) and (Froiland & Davison, 2014) reported that higher parental expectations and aspirations were found to be related to higher school achievement and positive school attitudes. Similarly, Cosgrove et al. (2018) found that higher parental expectations and aspirations were associated with a higher level of school engagement in children with SEN.

Regarding the relationship between school-based parental involvement and school outcomes, Froiland and Davison (2014) found that parent-school communication was a key form of parental involvement. Similarly, Yaffe (2015) found that school-based parental involvement strengthened the educational functioning of children with SEN.

Meanwhile, homework involvement was considered to be a central aspect of home-based parental involvement related to positive school experiences among both children without SEN (Desforges & Abouchar, 2003) and SEN children (Yaffe, 2015). In their meta-analysis, Patal et al. (2008) reported that many studies found that parents' involvement in their children's homework was associated with a positive school experiences and academic achievement. Consequently, Desforges and Abouchar (2003) claimed that there is an association between homework involvement and the school-related attitudes of children both with and without SEN, since through parental homework involvement, children internalize their parents' education values, part of the internalizing process that enhances children's positive attitude towards school.

The activities that children participate in, either with or without their parents, play an important role in their school experiences. These activities are considered to be a dimension of home-based parental involvement, and can be grouped into three categories: extracurricular activities, playing indoor/outdoor games, and spending time on the screen. According to the findings of the study conducted by (Hartas, 2020) engaging in extracurricular activities helps both typically developing and SEN children to behave properly in school; however little is known about the relationship between playing indoor/outdoor games and adolescents' school-related attitudes and academic self-concept. Meanwhile, the time that adolescents spend before a screen, including social networking, watching television, and computer time, was found to have adverse effect on school performance and to enhance problematic school behaviour (Sharif, Wills, & Sargent, 2010).

Many previous studies examined the role of parental discipline in both typically developing and SEN children's school experiences, and a negative association was consistently found between harsh discipline and school experiences in the general population (e.g., Clark & Frick, 2018; DeGarmo, Forgatch, & Martinez, 1999). Meanwhile, parent-adolescent conflict (Shek, 1997) and parental rules (Rodríguez-Fernández, Antonio-Agirre, Ramos-Díaz, & Revuelta-Revuelta, 2020) were found to be related to problems with school adjustment in the general population, including those related to both academic self-concept and attitudes towards school. However, there are currently no studies examining the relationship between

non-physical punishment (NPP) and school experiences for either typically developing children or SEN children.

In their study, S. Scott et al. (2011) found that the poor monitoring of children, namely parents' failure to be aware of their children's whereabouts, was associated with misbehaviour in school in the general population, including skipping school, cheating, fighting, and destructiveness. Also, Kristjansson and Sigfúsdóttir (2009) found that parental monitoring was linked to school effort and academic achievement in the general population.

Meanwhile, parental closeness, including supporting children, and a warm relationship and open communication between parent and child, was consistently found to be associated with positive school experiences in the general population. For example, Kristjansson and Sigfúsdóttir (2009) and Clark and Frick (2018) found that parental closeness was particularly important for children's school engagement and school success. However, aside from exploring parental warmth as a component of the parenting style of children with SEN, few previous studies examined the association on an individual basis. One of the few extant studies Keown (2012) found that parental warmth towards their child was predictive of a higher degree of child attentiveness at school.

The existing literature in the field demonstrated specific parenting behaviours and/or parenting styles to be associated with the AWB of adolescents both with and without SEN, although relatively few studies examined the association regarding adolescents with SEN in particular. A common feature of these studies was that none of them considered the role of parenting in adolescents' well-being through a holistic lens. Also, most previous studies examined the role of parenting under only a specific aspect of AWB, such as self-esteem or life satisfaction. The common methodological trend of these empirical studies was to adopt a quantitative methodological perspective to explore the relationship between parenting and AWB.

2.5. Socioeconomic status, parenting and AWB

A large body of research from across different disciplines has examined the relationship between parenting and socioeconomic factors suggesting that socioeconomic factors influence parenting practices/behaviours. For example, see the review by Lovejoy, Graczyk, O'Hare, and Neuman (2000) for the general population, and Afolabi (2014) specifically for children with SEN.

In her study conducted in the United States (US), Davis-Kean (2005) examined the relationship between SES, in terms of income and parental educational qualifications, and parents' expectations of their eight- to 12-year-old children's schooling. She found that both parental income and education level were correlated with parent expectations. Meanwhile, Koshy, Dockery, and Seymour (2019) also examined SES factors, including parental education and economic constraints, in an Australian context, and found that a higher parental educational level had a positive impact on parents' expectations of their adolescents' higher education participation, but that the association between income and parental expectation was limited. Based on their 'contextual-systems' models, Sacker, Schoon, and Bartley (2002) found parental aspiration to be a proximal determinant between family social class and 11- and 16-year-old adolescents' MWB and academic achievement in a UK context. They also found that parental involvement, including taking an interest in adolescents' education, talking with the adolescents' teacher, and organizing extracurricular activities, was associated with family social class. Indeed, the association between the forms of parental involvement, specifically school-based parental involvement, homework involvement, and extracurricular activities, was found to be associated with SES by numerous studies (e.g., Desforges & Abouchaar, 2003; Hoover-Dempsey et al., 2001; Patall et al., 2008; Smyth, 2016a). Meanwhile, studies concerning parental involvement in terms of the amount of time their children spend before a screen, except for homework and time spent when at school, produced mixed results. For example, while Przybylski and Weinstein (2019) found that daily screen time and household income were positively correlated, Gentile and Walsh (2002) found that children in poverty were higher screen media consumers than those not in poverty.

A range of studies examined the relationship between parental discipline and SES. For example, DeGarmo et al. (1999) found that the pre- and post-divorce income of seven- to nine-year-old children's mother, and mother's education, had an effect on parenting practices, indicating the fact that a low SES was associated with higher coercive discipline techniques and parent-child conflict. Similarly, Bøe et al. (2014) found in their research with 11- to 13-year-old adolescents that SES status was associated negatively with harsh discipline. Another form of parental discipline is setting rules regarding the length of time and the content a child can view on screen, and this was positively associated with higher SES in the study by Zhang and Livingstone (2019).

Meanwhile, in terms of parents being aware of their adolescents whereabouts, Kristjansson and Sigfúsdóttir (2009) found that parental monitoring of their 14- to 15-year-old girls was

associated with higher parent educational qualifications, although the same was not the case for boys. Similarly, although for both girls and boys, Rekker, Keijsers, Branje, Koot, and Meeus (2017) found that SES and parental control were positively correlated.

Finally, forms of parental closeness, such as parental support, being a role model, creating a warm relationship with their children, and being open to communication, were positively associated with socioeconomic advantages by numerous studies. For example, Kristjansson and Sigfúsdóttir (2009) found that higher parental education qualifications were associated with greater parental closeness, and Davis-Kean (2005) found that family income, as well as parental education qualifications, were positively correlated with parental closeness.

While previous studies indicated that there is a relationship between poverty and the negative parenting of children with SEN, as well as for children without SEN, the number of studies in this area for children with SEN is limited, compared with those in the general population. Therefore, it is difficult to present empirical findings to support this relationship for each parenting behaviour. Nevertheless, it can be stated that the extant studies demonstrated that SES is significant in the parenting of children with SEN. For example, according to their national study of children with SEN in Ireland, Cosgrove et al. (2018) found that parental expectation differed according to household income and level of parental education. In comparison with wealthier parents, low-income parents and parents with a low level of education were more likely to expect their adolescents with SEN to progress in education no further than high school.

As for parental involvement, Owens (2020) found that in comparison to middle and upper SES parents, lower SES parents were less likely to be involved in educational settings, and less likely to organize extracurricular activities for their 11-year-old pre-adolescents with ADHD. Meanwhile, Yotyodying and Wild (2016) found that SES was predictive of the quality and quantity of home-based parental involvement in the case of eight- to 11-year-old pre-adolescents with learning disabilities.

Regarding the relationship between SES and parental discipline, in their review, Park, Turnbull, and Turnbull (2002) found that poverty was linked to the use of aversive, coercive discipline methods, adding that economic pressure was predictive of increased conflict between parents and children regarding money. In terms of parental rules concerning how long their child can spend before a screen, and content limitation, Zhang and Livingstone (2019) found that both higher SES and the parents of children with SEN employed more parental mediation than other parents. Previous studies examining the relationship between

SES and parental closeness produced similar results as for general population. For example, Eshbaugh et al. (2011) found that parents living in poverty demonstrated lower levels of closeness with their young children with disabilities. Meanwhile, Gibb et al. (2016) found that while parent-child closeness did not differ in the case of children with and without SEN, it was positively associated with parent-child communication, while poverty was negatively associated with parent-child closeness and communication.

Although the number of extant studies considering certain parenting behaviours is limited regarding the parents of adolescents with SEN, the studies addressed in this section clearly demonstrated that SES has an important role in parenting, and that this is also the case for adolescents without SEN. However, the existing body of literature does not sufficiently address whether the level of association between SES and parenting changes depends on adolescents' SEN status.

Moreover, most of the studies examining the relationship between SES and parenting behaviours for the general population did not state whether they included adolescents with SEN in their sample. When taking the importance of the rate of children with SEN in the whole student population of countries into consideration (for example, 14.6% of the total pupil population in the UK in 2018 was identified as children with SEN (DfE, 2018)), the findings of the studies that sampled the general population are not clear regarding whether they reflect the evidence for children both with and without SEN. Finally, the existing empirical studies, most of which were quantitative in approach, of adolescents both with and without SEN associated poverty with negative parenting, but they did not state clearly why parents in poverty are more likely to show non-optimal parenting.

There is substantial evidence in the extant literature that adolescents with and without SEN from families of low socioeconomic status face multiple challenges that impact their well-being, MWB and school experiences (Bøe et al., 2014; DeGarmo et al., 1999; Emerson et al., 2019; Swift et al., 2021; Zilanawala, Sacker, & Kelly, 2017). Children from low-income families were more likely to enter adolescence with a range of increasing mental problems and negative school experiences (Gutman & McMaster, 2020). To a great extent, adolescents' mental problems and negative school experiences reflect the effects of socioeconomic disadvantages, and crucially the impact of socioeconomic disadvantages on parenting practices and behaviours manifest primarily in the quality of parent-child interactions (Hartas, 2019).

For example, using the Strength and Difficulties Questionnaire (SDQ) for measuring adolescents' well-being, Børve et al. (2014) found in the context of Norway that poverty, both directly and through parenting practices such as positive parent-child interaction, not using coercive discipline techniques, and implementing parental rules, was associated with 11- to 13-year-old adolescents' internal and external well-being. Regarding school experiences, in their study exploring the link between SES and the academic outcomes of boys of divorced mothers, DeGarmo et al. (1999) found that SES was associated with better parenting, such as positive parent-child interaction and not using coercive discipline techniques, and that parenting in turn had an indirect effect on school behaviour. In the UK context, Sacker et al. (2002) examined the role of social inequality in the educational achievement and psychosocial adjustment of the children who participated the National Child Development Study at age seven, 11, and 16. They found that a family's social class was directly associated with educational achievement, as was parenting, specifically parental involvement and parental aspiration, when the children were at ages seven and 11. In terms of MWB, they found that a family's social class was associated with psychosocial adjustment through parenting at ages seven and 11, and that social class was directly associated with psychosocial adjustment at age 16. They also reported that social class inequalities in educational achievement and psychosocial adjustment increased from age seven to age 11, then remained same at age 16.

Aside from the effect of SES on parenting, little is known about the impact of socioeconomic risk factors and the cumulative contribution of socioeconomic disadvantages on parenting behaviours, and their role in predicting the MWB and school experiences of adolescents both with and without SEN for their transition from pre- to mid-adolescence, despite increasing global concern about adolescents' MWB and school adjustment (Hartas, 2011). Due to the underlying reasons, understanding their impact, and the cumulative contribution of this, to the well-being of pre- and mid-adolescents both with and without SEN has important implications, since the effect of poverty can be significant in adolescence, and is related to adjustment problems in adulthood (Chen & Miller, 2013; Lerner & Steinberg, 2009).

The existing limited studies examining the cumulative contribution of SES on parenting to predicting adolescents' well-being have mainly adopted a narrow lens, focussing either on adolescents' well-being, parenting, or both parenting and adolescents' well-being. For example, Christensen, Fahey, Giallo, and Hancock (2017) found that SES and maternal hostility contributed to adolescents' mental health. They used only SDQ for measuring adolescents' mental health, and employed parental warmth and hostility for measuring

parenting (Christensen et al., 2017). Another study examining social relationships and the transition to secondary education was conducted by Smyth (2016b), and found that SES and parenting, specifically parental involvement and discussing matters of importance to adolescents, made a joint and cumulative contribution to adolescents' degree of school adjustment, and that SEN status contributed adversely to adolescents' degree of school adjustment. In the UK context, Gibb et al. (2016) examined the association between poverty and children's social relationships using a hierarchical multiple regression, and employing SEN as a control variable. They found that persistent poverty was associated with problematic peer relationships, and that SEN played a part in predicting less positive peer relationships.

Although mental problems and negative school experiences are more likely to be exhibited by adolescents both with and without SEN from families of low socioeconomic status (Hughes, Banks, & Terras, 2013), variation exists between adolescents both with and without SEN, since many adolescents with SEN have been found to encounter extra difficulties in the face of socioeconomic adversity (Cosgrove et al., 2018; Rathmann, Vockert, Bilz, Gebhardt, & Hurrelmann, 2018), suggesting that poverty does not have an equal impact on all adolescents.

The variation in the MWB and school experiences of adolescents in poverty might be attributable to differences in the risk and protective factors that positively or negatively form an adolescent's daily experience (Gaspar et al., 2016). Most previous studies suggested that the effects of socioeconomic inequality on an adolescent's well-being "are mediated by risk and protective factors within family" (Hartas, 2011, p. 765), and the risk factors, such as non-optimal parenting and living in an unsafe neighbourhood, also have a negative influence on adolescents' well-being. The term 'protective factors' refer to optimal parenting behaviour and socioeconomic welfare, and these have a positive impact on adolescents' well-being. Even if a risk factor, such as the use of a harsh discipline method, is same for adolescents both with and without SEN, the effect of harsh discipline may be different for the adolescents in each of these groups.

2.5.1. Theoretical model for the association between SES, parenting, and AWB

In seeking to explain the relationship between family income and children's outcomes, one of the most acknowledged theories in the literature is the Family Investment Model, which focuses on the impact of socioeconomic strength and difficulties on parents' ability to afford high-quality childcare, education, and rich learning experiences that enhance children's

development (Duncan, Magnuson, & Votruba-Drzal, 2017). Although family investment has many forms, the model categorizes it under four elements: (1) learning materials available at home; (2) stimulating learning activities, both direct and through the support of advanced or specialized tutoring or training; (3) access to extracurricular activities outside of the home, such as being a member of a band, or visiting a museum; (4) emotional climate, namely the display of close and responsive parenting (Conger & Dogan, 2007; Vasilyeva, Dearing, Ivanova, Shen, & Kardanova, 2018).

Economic welfare and a higher level of parental education can confer higher 'social capital' that indirectly influences parenting strategies through the educational and occupational opportunities presented to children by their parents (Conger & Donnellan, 2007). In contrast, parents in economic deprivation may have less financial flexibility to spend money on their children's educational and developmental needs, and may be employed in more than one job, so find it difficult to make time for their children (Chen & Miller, 2013).

Despite that the majority of the extant empirical studies were not experimental, most of them supported the theory that there is strong evidence that household income is significantly associated with various children's outcomes, primarily educational. For example, in the Russian context, Vasilyeva et al. (2018) tested family investment, namely whether the resources available at home, joint parent-child literacy activities, and access to outside-home resources and activities, possessed a proximal link with SES and six- to eight-year-old children's literacy skills, hypothesizing that parents' investment through income, and especially parents' educational level, were related to children's literacy. Meanwhile, Layte (2017) employed a hybrid model of the Family Investment Model and the Family Stress Model (discussed in the next section) to examine the direct and indirect effect of SES on seven-year-old children's educational performance. The findings supported the fact that family investment variables, such as visiting a library, teaching the alphabet and songs, and helping children with their counting and reading, affected children's school success.

While some studies used the family investment model as a hypothetical basis for exploring the underlying relationship between SES and child educational outcomes, few considered using the model to examine the underlying link between SES and children's MWB. However, Kaiser, Li, Pollmann-Schult, and Song (2017) examined whether, and to what extent, different parenting styles explained the association between poverty and 9- to 10-year-old children's MWB in the German context. Overall, their findings supported the Family Investment

Model's suggestion that poverty has a direct role, as well as an indirect role through parenting style on children's well-being.

Nevertheless, the dearth of evidence from various countries, including the UK, suggested that the Family Investment Model might be limited in its ability to explain the relationship between socioeconomic risk factors and MWB comprehensively, as parenting may not be the only mediating mechanism for explaining how economic difficulties influence children's well-being.

Another prominent theory proposed in the previous literature that sought to illuminate the relationship between economic hardship and parenting, this time by exploring parental MWB, was the Family Stress Model. This addressed the indirect effect of financial difficulties on parenting and on parents' stress levels and mental health (Duncan et al., 2017). According to this model, families in poverty struggle, due to significant economic difficulties, to afford basic needs, such as covering the cost of bills and other vital goods and services, and are therefore forced to reduce their daily expenditures (Duncan et al., 2017). This causes mental problems for these parents that are associated with parenting behaviours that are, on average, more punitive, harsh, and authoritarian, less responsive to children's needs, and ultimately impede children's MWB and positive school experiences (McLoyd, 1990). This model was supported by evidence from both the UK and the US context (Conger & Conger, 2002; K. Cooper, 2017) in studies that employed structural equation modelling. For example, in the US context, Conger and Conger (2002) found that economic pressure had an impact on adolescents' MWB, due to their parents' level of emotional distress and interparental conflict. In other words, economic hardship-related emotions and the subsequent behaviours of parents impacted adversely on their adolescent children's lives.

Despite the evidence supporting the fact that parental distress is a primary aspect of SES that impacts children's well-being, the model was criticized by theoretical and empirical studies that extended its approach to consider stress in the broader environment (K. Cooper, 2017; Duncan et al., 2017). Limiting the impact of economic difficulties and their effect on the psychological state of parents on the well-being of children can mean that other factors in the relationship between SES and the well-being of children can be mistakenly ignored, or that the effect of socioeconomic factors on this relationship can be underestimated. For example, Noonan and Fairclough (2018) examined whether socioeconomic disadvantages correlated with difficulties in mental problems in seven-year-old English children, using maternal psychological distress as a mediator. They reported that their findings

partially supported and corroborate[d] somewhat with the FSM [Family Stress Model]. However, the effect of each social disadvantage indicator on child SEW [Social-emotional well-being] difficulties was for most part direct and strong rather than through maternal psychological distress, suggesting that the theoretical framework was incomplete. (p. 103).

The aim of this study is to examine the relationship between socioeconomic factors and parenting behaviours. However, the Family Stress Model limits the relationship in the context of parental psychological stress. Thus, the Family Investment model is more relevant because it lends sufficient flexibility to examine the link between parenting and socioeconomic factors.

Bronfenbrenner's bioecological theory (2007) is another prominent theory designed to examine the relationship between socioeconomic status, parenting, and AWB. In this theory, adolescents' MWB and school experiences are shaped by their interaction with a set of structures intertwined within the context. These structures are divided into four: microsystem, mesosystem, exosystem, and macrosystem. In addition, there is a 5th component known as the chronosystem. The microsystem is the most basic and closest system to the child. It represents relationship patterns in which the child interacts directly, such as at home, with their peer group, and at school. Mesosystems describe the connections and processes between two or more microsystems, such as the relationships between school and family. The exosystem represents environmental influences that do not directly affect children, but which may affect their current status indirectly. For example, the family's economic difficulties may affect the parents' relationship with their child, resulting in mental difficulties. This system broadly encompasses the main institutions of society, such as the country's local-to-general government style and mass media. The macrosystem represents designs that are broader and more complex, and historical context encompass impacts at the sociocultural and institutional level. The chronosystem represents the occurrences within the environment and the transitions throughout the child's life, which include sociohistorical events.

Researchers have used bioecological theory by employing a broad spectrum approach to understanding the relationship between children's surrounding environmental contexts and child development. However, the majority of the studies in the previous literature have taken into account certain components of the theory in the context of subjects studied, instead of employing bioecological theories in their entirety. For example, when using bioecological

theory, Hartas (2011) studied to untangle the contribution of socioeconomic factors on three- and five-year-old children's behaviour, as well as the cumulative and unique contribution of child-related characteristics (i.e., vocabulary, cognitive skills), parenting, and socioeconomic factors, to children's behavioural difficulties and prosocial behaviour when transitioning to school. As a widespread consensus, she stated that parenting practices and socioeconomic factors both influence child development. In another empirical study, following the bioecological model, Christensen et al. (2017) examined the association between social risk factors (child's temperament, parent mental health, parenting behaviour, and socioeconomic status) and changes in mental health symptoms over a period of ten years. They found that the magnitude of each of these risk factors can have a similar effect on child mental health, which, "consisting with the bioecological model, argue against a simple reduction of child mental health to a limited set of risk factors" (Christensen et al., 2017, p. 14) (Christensen et al., 2017, p. 14).

The focus of this study is primarily on parenting and the socioeconomic structures of the family and their associations to adolescent wellbeing. The key unit of analysis is parenting behaviours and family structures and arrangements; as such, the FIM is more appropriate. Also, although adolescent wellbeing is an important component of this study, the focus of the analysis is not on child characteristics and dispositions per se but rather on how the immediate family structures and processes influence adolescents' expressions of wellbeing and school experiences. Had the ecological model been used, I would have needed to examine other factors operating at meso, exo and macro levels. For example, the connections and processes between school and family; main institutions of society; and broader and more complex, and historical processes at the sociocultural and institutional level. Although socioeconomic factors operate at an exo level, the focus for this study is on its associations with family processes and parent behaviour in particular.

The bioecological model has similarities with both Family Investment and Family Stress Models, because they consider individuals within their immediate social context. In addition, through the Family Investment Model, researchers have examined how the immediate family context and family circumstances affects adolescents. This is very relevant to Bronfenbrenner's Bioecological Model. Again, this theory focuses chiefly on children or individuals with multiple social experiences. However, the Family Investment Model is more relevant because the key focus is on parenting and family structures and circumstances.

2.5.2. The theoretical framework employed for the present study

The purpose of the present study was not to test any of extant theoretical frameworks, rather these frameworks set the stage for examining the association between SES, parenting, and AWB. The focus of this study was the Family Investment Model, because it was most relevant, although not fully relevant, for explaining the relationship between SES and AWB in two stages. The first stage was the relationship between SES and parenting behaviours, and second was the relationship between parenting behaviours and adolescents' MWB. However, it should be noted that apart from illustrating the effect of SES on parenting style, the Family Investment Model does not fully offer a route for explaining the aspects of SES, other than parenting factors, that contribute to AWB, which was one of the purposes of this study. Therefore, in addition to employing this model, other potential elements of the relationship of SES to AWB, beyond its impact on parenting, were explored.

2.6. Adolescent gender

2.6.1. Gender and parenting

Many previous studies found that various parenting behaviours, including parental expectations and aspirations, involvement in their children's life, discipline, control, and closeness, differed according to the gender of the child (J. C. Anderson, Funk, Elliott, & Smith, 2003; H. Cooper, Lindsay, & Nye, 2000; Gibb et al., 2016; Koshy et al., 2019). The core concept that parenting differs according to the gender of the child stems from the gender roles imposed on families by their culture that were formed through the generations (Bornstein, 2005). Related to the role of culture on gendered parenting practices, marital status, and the division of labour by gender in families, are families' SES and religious beliefs that can differ from one family to another, influencing the degree of gendered parenting (Grusec & Hastings, 2014). However, this study addressed only the role of culture on gendered parenting.

In order to address the link between culture and gendered parenting, it was necessary to employ a conceptual model, and for this purpose a large body of gender socialization theories were used either separately or in combination. For example, in ecological models, a 'macro system' refers to the attitudes and ideologies of a culture (Leaper, 2002). In gendered parenting, parents promote their children's adoption of the relevant cultural norms, including gender roles, in order to support their children's success within the culture. For example, if a woman is expected to be primarily responsible for childcare in a particular community, parents raise their girls with a greater focus on nurturing behaviours than they

do their boys. In another example, if men are expected to be the primary breadwinner in the family, parents focus more on reinforcing independent behaviours in their boys than in their girls. Essentially, gendered parenting reflects the macrosystem of a culture's approach to gender within the microsystem of the family (Leaper, 2002).

Gendered parenting behaviours vary according to the cultural characteristics of a society. Therefore, when the parenting-gender relationship is investigated in terms of macro-micro systems, the cultural meaning attached to gender by the relevant society, and the gender-oriented social and economic discrimination within that society, should be considered (Leaper, 2002). For example, previous cross-cultural studies observed that the roles assigned to the genders differ in eastern, western, and African societies.

Many studies explored how the roles ascribed to the genders in the UK shape gendered parental behaviour. Compared to societies with a greater degree of gender inequality, the variation in parental behaviours of families in the UK, according to the gender of the child, is not very apparent (Leaper, 2002). However, some studies identified certain differences in the educational expectations of parents of their children, their participation in their children's education in both the school and the home environment, their understanding of discipline, and the tone of their relationship with their children, according to the children's gender (Desforges & Abouchaar, 2003; Gibb et al., 2016).

In addition to parents, other figures begin to play a role in the process of gender socialization during adolescence. These figures include peers within and outside of school with whom adolescents interact frequently (McElhaney et al., 2009). When the adoption of gender roles is reinforced by the adolescent's interaction with their peers, underscoring the gendered parenting behaviours originating from their parents from an early age, the relationship between the adolescent and their parents continues to develop according to gender roles (Leaper, 2002). This means that as they move from childhood to adulthood, the cultural norms related to gender roles are personalized by adolescents without the mediation or minimization of their parents (Grusec & Hastings, 2014). The gender socialization that occurs during this period subsequently affects parental behaviour. Consequently, the connection between adolescents' gender and parental behaviour is two-fold. First, parents shape their parenting behaviours to transfer gender roles to their children from birth (Lee et al., 2014). Second, due to adolescents' personalization of gender roles, resulting from their interaction with the environment, their parents shape their behaviours according to their children's gendered behaviours.

Employing the socioecological model as a basis, many theoretical models attempted to explain the relationship between adolescents' gender and their parents' behaviour. Although the present study did not use a specific theory as its basis, it is important when addressing the issue of gender socialization to explain the relationship between gender and parenting behaviours. It should be noted that it is unclear whether the extant theories of gender socialization, including the socioecological model, are applicable specifically to students with SEN, and there are currently no specific sources examining the relationship between gender and parenting behaviours through the theoretical lens of gender socialization in adolescents with SEN, or whether the relationship varies according to SEN status.

2.6.2. Gender and well-being

Mental health difficulties in adolescents, and in girls in particular, are currently of significant concern (Hartas, 2019). In western societies, gender gaps in many areas are shrinking, but gender differences in terms of life satisfaction and self-esteem persist in favour of boys (Marquez, 2020). For example, Levin et al. (2011) examined the cross-national variation in the relationship between gender and 13-year-old adolescents in 35 European countries. They found significant gender differences in terms of life satisfaction, with girls scoring lower on average than boys. In addition, Marcotte, Fortin, Potvin, and Papillon (2002) found that adolescent girls had a significantly lower level of self-esteem and greater body dissatisfaction than boys during the transition stage to high school. Moreover, as an aspect of self-esteem, adolescent girls are more likely to have a lower academic self-concept than boys, although they are more likely to have higher positive attitudes towards school (Hartas, 2019, 2020). The socialization of gender roles can provide an explanation for these results, namely that a masculine-orientated culture creates an atmosphere in which boys feel more certain of achieving success in school than girls, although girls are actually more suited to the school setting (Eagly, Wood, & Diekmann, 2000).

In addition to life satisfaction and self-esteem, gender differences in terms of negative feelings, such as the exhibiting of emotional symptoms, and low feelings and moods, were identified by previous studies. For example, Hartas (2019) found that 14-year-old girls were two and half times more likely to have negative feelings and low moods than boys. Similar results were reported by Gutman and McMaster (2020), who found that 14-year-old girls were at higher risk of experiencing emotional symptoms than boys. Meanwhile, although most extant research found that boys both with and without SEN were more likely to have behavioural problems (Lindsay & Dockrell, 2000; Peltonen et al., 2010), all the studies discussed in this section concurred that there is "something deeply worrying about girls'

wellbeing” (Finch, Hargrave, Nichols, & van Vliet, 2014, p. 8). For example, the common problems identified in girls’ MWB, such as negative self-assessment and life dissatisfaction, were found to be related to the relationship between gender and depressive symptoms during the transition to high school (Marcotte et al., 2002).

In addition, girls, more often than boys, are victims of various negativities, from gender inequality to everyday sexism. Social pressure through the association of body image with femininity, “along with role aspirations influenced by misogynistic attitudes”, have been linked with a pivotal deterioration in adolescent girls’ mental health (Hartas, 2019, p. 2). Moreover, as another manifestation of gender inequality, the disadvantages faced by women influence women's well-being by causing social and economic outcomes to be strengthened against women (Hartas, 2019).

In tandem with the fact that girls have more intense, and potentially more dangerous, mental health problems than boys, it can be argued that girls with SEN are at a greater disadvantage than non-disabled girls (Gibb et al., 2016; Hogansen, Powers, Geenen, Gil-Kashiwabara, & Powers, 2008). This is because while the current gender inequality and everyday sexism can have a negative impact on girls’ MWB, the adverse conditions this creates can be experienced more severely by adolescent girls with SEN (Hogansen et al., 2008).

As this brief review shows, numerous previous studies examined adolescent’s MWB and school experiences through the lens of gender, albeit in isolation, albeit using relatively small samples, and not scoping adolescents with SEN. The current study therefore focused on a large sample of 11- and 14-year-old boys and girls both with and without SEN. As with the previous studies in this field, this study considered age bracket, together with the fact that many transformations in adolescents’ behaviour and inner world were possible when transitioning from childhood to adulthood. This study therefore contributed to understanding the impact of adolescents’ gender on their MWB as well as the impact of the cumulative contribution of gender with socioeconomic risk factors and parenting behaviours on children's MWB.

2.7. AWB from pre- to mid-adolescence

Adolescence is a multi-dimensional and complex developmental period in which striking biological, morphological, hormonal, physical, and mental changes occur during the transition period from childhood to adulthood (Bornstein, 2005; Marcotte et al., 2002). In accordance with the objectives of the current study, this section discusses the changes in MWB during the transition period from childhood to adolescence, and the relationship of

these changes with gender and socioeconomic factors is discussed in the context of adolescents both with and without SEN. In parallel with these changes, children undergo a transition from primary to secondary school, a time during which they interact more intensely with the environment outside of the family (Smyth, 2016b). A large part of this environment consists of the figures in the school environment, namely teachers, and especially children's peers (Smyth, 2016b). Therefore, this section considers how the MWB, as well as the school experiences of children both with and without SEN, changes during the transition period from childhood to adolescence.

All the changes in adolescence are interrelated and complex, and have a subjective structure that varies from person to person (Lerner & Steinberg, 2009). It is therefore impossible to address all aspects of the mental changes that occur during adolescence. However, these changes have several common points of concern regarding the social, emotional, and behavioural development of adolescents (Lerner & Steinberg, 2009). One of these commonalities is adolescents' gaining of autonomy. In order to gain autonomy, adolescents often come into conflict with family members, or other authority figures in their social lives (McElhaney et al., 2009). This process includes various psychosocial difficulties, such as an increase in conduct problems, and a decrease in prosocial skills, life satisfaction, and positive school attitudes when transitioning to adolescence (Hartas & Kuscuoglu, 2020).

Another common aspect of adolescence is that the adolescents' relationship with their family can be adversely affected, while an increased influence of the peers in the adolescents' social environment is observed (Lerner & Steinberg, 2009; McElhaney et al., 2009). The time spent with friends increases and relationships become more intense and complex. Adolescents become more selective in their choice of friends (Grusec & Hastings, 2014). Indeed, the increase in peer problems from pre- to mid-adolescence was demonstrated by various studies (e.g., Finch et al., 2014; Hartas & Kuscuoglu, 2020).

Another reason why peer problems increase may be that the modern digitalized world is restructuring the friendship phenomenon (Hartas, 2020). Children in Generation Z have been dubbed "digital natives" (Hargittai, 2010, p. 7), and experience most of their peer relationships online. Thus, they do not engage in activities that strengthen their social skills and peer relationships, such as spending time spontaneously in real life, and participating in activities with their peers more than previous generations (Hartas, 2020). This intensifies the risk that Generation Z adolescents, especially those who use digital platforms frequently, will feel alone and excluded.

Although the antisocial behaviours that increase in adolescence are permanent for a small number of adolescents, these behaviours are replaced by social and behavioural maturation in the majority (Moffitt, 1993). In adolescence, the abstract thinking and deductive reasoning abilities of children, which (Piaget, 1976) called the Formal Operational Stage, begin to develop. Through this development, when moving from pre- to mid-adolescence, various abilities, such as empathizing, making a more profound sense of social relationships and adolescents' realization of their social responsibilities, and addressing these responsibilities is observed. However, although the general view contends that adolescents' social and behavioural maturation occurs towards the middle and end of adolescence, it is not possible to suggest a particular age group, because this maturation can occur at different stages in different individuals (Sawyer, Azzopardi, Wickremarathne, & Patton, 2018). Therefore, a state of disobedience and conflict with authority figures can be observed as part of an adolescent gaining autonomy, while a remarkable maturation in their social relationships and behaviours, or both the process of attaining autonomy and maturation, can be observed in others.

Although a small number of studies found that there is a positive change in adolescents with SEN during this period, such as the fact that more harmonious social relationships between the adolescents and their parents and teachers develop over time (e.g., Fauth et al., 2017; Gutman et al., 2010), a growing body of studies demonstrated that compared with children without SEN, adolescent with SEN are at an increased risk of social, emotional, and behavioural difficulties and negative school experiences in the period from early childhood to adolescence (Swift et al., 2021).

When moving to adolescence, children with SEN become more aware of the exposed additional barriers related to their individual differences (Maxey & Beckert, 2017). These exposed barriers have two sources: the institutions used for providing their health education services, and the people in their social environment, such as family members, peers, and neighbourhood individuals. Bullying, endured from both family members in the home setting and peers in the school setting, impairs the MWB of these adolescents (Maxey & Beckert, 2017). In addition, being belittled by their peers and school staff may cause a decrease in the sense of self-confidence of adolescents with SEN in both their academic and social life. Such experiences can cause these adolescents to have a negative attitude towards school (Maxey & Beckert, 2017; McCoy et al., 2020).

Although numerous studies demonstrated that adolescent with SEN often lag behind their peers without SEN, a conclusion cannot be drawn regarding how their mental status and school experiences changes from pre- to mid-adolescence (Hughes et al., 2013). In their study, Hughes et al. (2013, p. 31) neatly summarized why longitudinal research is needed for examining the longitudinal changes in the MWB and school experiences of adolescent with SEN, explaining

There is a need for more longitudinal research involving children with SEN in order to identify groups of children at risk of adjustment difficulties or children who show resilience. For example, by using a combination of interviews (exploring feelings about moving to high school) and standardised measures of psychosocial adjustment before transition, we may find particular areas of vulnerability or protection for children that influence post-transition psychosocial adjustment and general adjustment to high school which can be used to target interventions for specific groups of children.

As noted before, previous studies in this field found that while girls are more likely to exhibit emotional symptoms, boys are more likely to have behavioural difficulties (e.g., Hartas, 2020; Hartas & Kuscuoglu, 2020; Marcotte et al., 2002; Peltonen et al., 2010). However, focusing on gender differences alone may not be enough to address the issue, since adolescence is a dynamic process, and there will likely be various fluctuations in the mental states of adolescents during this time (Simmons & Blyth, 2017). Therefore, in addition to gender differences, it is important to examine the fluctuations in the mental states of girls and boys from pre- to mid-adolescence.

A cross-sectional study conducted by (Finch et al., 2014) found that 15-year-old girls had more emotional problems than 11-year-old girls. Similarly, by using the Avon Longitudinal Study of Parents and Children (ALSPAC), Gutman et al. (2010) found that although there was an increase in emotional problems from pre- to mid-adolescence in both girls and boys, this increase was greater for girls than boys. The same study observed that while the amount of behavioural difficulty was higher for boys, the gap in the difference between girls and boys decreased from pre- to mid- adolescence. In addition, SEN was found to be a predictor that increases the risk of mental problems in children in the pre- and mid- adolescence. Regarding school experiences, from pre- to mid- of adolescence, previous studies reported a striking decrease in both boys' and girls' attitude, although girls displayed a better attitude towards

school than boys, and the decrease in boys' attitude towards school in this period was greater than that of girls (Gutman et al., 2010).

Inequalities in adolescents' mental health and school experiences are associated with poverty and social disadvantages. Many previous studies connected the negative impact of economic hardship and a low level of parental education with their adolescents' mental health. In the pre- and mid-adolescence period, persistent poverty and the first transition to poverty were strongly associated with children's mental difficulties and negative school experiences (Fitzsimons, Goodman, Kelly, & Smith, 2017).

While the effect that poverty has on adolescents' well-being, and how its effect impacts throughout the children's developmental stages remains unclear, there is a growing consensus regarding adolescents both with and without SEN that socioeconomic disadvantages are associated with poorer mental health and school experiences outcomes, evident in forms such as suicide, that persist over time (Afolabi, 2014; Bøe et al., 2014; K. Cooper, 2017; Dashiff, DiMicco, Myers, & Sheppard, 2009; Eshbaugh et al., 2011; Fitzsimons et al., 2017; McLoyd & Wilson, 1994; Owens, 2020; Statham & Chase, 2010). One theory delineated the ways in which SES changes over time through a dynamic framework for capability formation (Fergusson, John Horwood, & Ridder, 2005), proposing that high-income families provide opportunities in which adolescents improve their social, emotional, and behavioural skills, and their ability to cope with mental difficulties, from an early age that possibly supports these abilities later.

Similarly to the Family Stress Model, Hartas and Kuscuoglu (2020) proposed that compared with high-income families, poverty limits adolescents' access to various opportunities through the mental difficulties experienced by the family members, such as maternal distress, and that this limitation likely triggers feelings of shame and moral failure. In addition, from early ages to adulthood, socioeconomic difficulties increase social isolation, and this can impede social cohesion, cause social fragmentation, and leave people vulnerable to mental difficulties (Burns, 2015).

Although the models discussed above described the link between SES and AWB, there was no consensus among the extant empirical studies concerning how the AWB trajectory from pre- to mid-adolescence changes, due to SES. For example, in an Australian context Christensen et al. (2017) found that the effects of SES persist from ages four to 14 years, and neither increase nor decrease. Similarly, in the UK context, both persistent and transitory poverty was found to have a strong estimated association with childhood mental health at

ages five and 11 (Fitzsimons et al., 2017). However, by using the MCS, Gutman, Joshi, Khan, and Schoon (2018) found that the impact of SES in adolescence was associated with much greater risk of conduct problems than in early childhood.

In order to explore the trend in MWB when children proceed from pre- to mid-adolescence, most of extant empirical studies considered the general population, and few studies used SEN status as a predictor for developing assumptions for adolescents with SEN (Gibb et al., 2016; Gutman et al., 2018). In these studies, although SEN status appeared to be negatively associated with MWB, the trend of the MWB of adolescents with SEN from pre- to mid-adolescence, as well as how the trend differed from that of children without SEN remains unclear.

2.8. Contributions of this research

The associations between poverty, AWB and parenting are well acknowledged. Adolescents in poverty are at greater risk of emotional, social and behavioural difficulties as well as of school maladjustment (e.g., Noonan & Fairclough, 2018; Oldfield, Humphrey, & Hebron, 2015). Similar risks are also present for a child whose parents do not appropriately fulfil their parenting responsibilities (Bøe et al., 2014). However, how the relationship between socioeconomic conditions, parenting, and AWB is manifested is not entirely clear.

During the process of writing this thesis, the COVID-19 pandemic began. The COVID-19 pandemic has exacerbated the existing gap between social classes (Mitha, 2020; Whitehead, Taylor-Robinson, & Barr, 2021). The expectation of The Institute for Fiscal Studies on Child Poverty is that the proportion of children living in poverty in the UK will increase from 30% in 2019 to 40% by 2022 under the current government's policies (Hood & Waters, 2017). Although the United Kingdom, like many countries, offers various means of financial support, studies have indicated that this is insufficient (Mitha, 2020). This is reflected in the deterioration of the interest-inflation balance and the fact that countries allow excessive expansionary monetary policy to provide resources for financial support also weakens the purchasing power of low-income people globally (Cavallo, 2020; Diaz-Bonilla, 2020).

Although schools and other government agencies play a crucial role in reducing the disparity between children's outcomes, children spend most of their lives with their families, and these agencies cannot substitute for families (K. Cooper, 2017). Parents are generally both preventative and indispensable figures in early intervention regarding mental health problems (Chen & Miller, 2013; Lee et al., 2014). However, parents' effective involvement in early intervention mostly requires families to be at a certain level of welfare. In the current

education system, there are various intervention methods and predetermined strategies for children both with and without SEN. However, it is doubtful to what extent low-income parents are likely to have the economic resources to purchase the materials and equipment required to put such intervention methods and strategies in place to support their children (Lovejoy et al., 2000; McLoyd & Wilson, 1994).

In addition to meeting the physical needs of the children, parenting can also be perceived as an alternate source of childhood inequality (K. Cooper, 2017). Parenting has been described by the Social Mobility and Child Poverty Commission as “the single biggest influence on children’s futures” (Milburn et al., 2013, p. 19). As mentioned in the family policies section of the literature review chapter which follows, politicians have shown a strong interest in parenting in the last three decades. The focus of these discussions has been on parenting intervention methods, while fiscal interventions such as the tax credits system and increasing the employment of single parents have been side-lined. Behavioural interventions focusing on managing parenting behaviours rather than removing socioeconomic risk factors have been heavily embraced by governments in the last decades. From the behavioural perspective, non-optimal parenting behaviours are recognized as the source of social exclusion and ‘problem behaviours’ among children in poverty, rather than economic hardship itself and the role of socioeconomic disadvantages in affecting children’s well-being, and government-sponsored early intervention programs have been established to improve optimal parenting behaviours (F. Field, 2010)

Political rhetoric has highlighted the impact of parenting rather than the socioeconomic status of the parents on the children’s well-being. Recently, the effect of parenting on children's adverse outcomes, rather than the financial difficulties experienced by families, has been dominant. In recent reports published (e.g., Allen, 2011; F. Field, 2010) by the Conservative government, the effects of negative parenting were emphasized more than poverty, and the impact of poverty on family and child has been viewed with suspicion. Researchers have criticized the criteria for measuring poverty set out by the Government.

For example, in the Welfare Reform and Work Act 2016 the Conservative Government has amended the Child Poverty Act 2010, shifting the focus from the four previous child poverty measures (all based on some measure of income poverty and/or material deprivation), to measures of worklessness and educational attainment which are now required to be published by the Secretary of State annually (K. Cooper, 2017, p. 17).

Additionally, family conflict was recognized as a driving force to for negative child well-being however family income remains absent from the list of factors (K. Cooper, 2017). In contrast to the government reports, a number of empirical studies found that family income was associated with MWB of children with and without SEN (Christensen et al., 2017; Gutman et al., 2010).

Changes have taken in the provision of services for children with SEN; specifically 'radical' changes were proposed in the SEND Code of Practice 2014, published after the Green Paper (Lehane, 2017). It has been argued by Norwich and Eaton (2015) and Lehane (2017) that the radical changes mentioned actually reflect a revised version of former policies, and the 'radical' change discourse is simply rhetoric. The most noticeable change was the founding of a personal budget system that parents of children with SEN receiving the Education and Health Care Plan (EHCP) are eligible to request (DfE, 2014). While use of the personal budget system was explained in detail within the SEND Code of Practice 2014, the upper and lower limits of the budget were not specified. This leaves the budget boundaries to the institution's initiative when allocating it to children with SEN. Children with SEN who have similar circumstances may be allocated differing amounts from the budget. Moreover, family income, which is an important factor in meeting the children's needs, is not considered when planning personal budgets. This may cause the budget allocated to children with SEN from low-income families to be insufficient to meet their financial needs.

Another 'radical' change was made in the SEND Code of Practice 2014 to better inform parents, enabling them to make more confident decisions when making choices about their children, giving them a greater say in the education of their children with SEN and in the planning of personal budgets (Norwich & Eaton, 2015; Riddell, 2018). Through the 'local offer' programme, parents were allowed to plan their children's education and health needs in consultation with authorized professionals (Norwich & Eaton, 2015). However, it is questionable how a parent struggling with economic difficulties can effectively participate as previous studies have highlighted that parents with financial problems are less likely to actively participate in their children's education (Desforges & Abouchaar, 2003). In addition, regardless of income status, the responsibilities for children with SEN placed on families in the SEND Code of Practice 2014 indicate that parenting is considered more instrumental to a children's well-being than socio-economic circumstances.

This is an important topic with implications for many parenting-centred sociological problems within the scope of this study including child poverty. Studies show that parents in

poverty have difficulties delivering activities that contribute to their children's development, providing tools for their education, and spending quality time with their children. The reflection of non-optimal parenting on the children's development arises in many forms, such as mental difficulties and. Although schools and similar institutions are striving to provide equal opportunities, the possibility of children in poverty being able to take advantage of these opportunities and of becoming socially mobile is gradually decreasing (K. Cooper, 2017; Hartas, 2014). Poverty transmits from generation to generation in a chain when adequate precautions are not taken, namely when it is not seriously dealt with as a result of political rhetoric.

Therefore, this study aims to contribute to a greater understanding of the impact of family income on parenting in the increasing gap between social classes, which is a problem of the UK in particular and the world in general. Secondly, by separately considering the associations between SES, gender, parenting and AWB for both children with and without SEN, this study will show the differences and similarities between adolescents with SEN and adolescents without SEN, to inform political solutions that consider SEN and disability as well as socioeconomic conditions. It also provides a resource for parenting development policies by investigating which optimal parenting behaviours are relevant to the well-being of both adolescents with and without SEN. It is hoped that this study will explain how behavioural and fiscal interventions in improving parental behaviour will be more beneficial to adolescents' well-being. Moreover, whilst much of the policy discourse around this study is located around adolescents' MWB, both SEN policy and family policy do not pay sufficient attention to gender differences, which is known to be a factor shaping parenting behaviours (see J. C. Anderson et al., 2003; H. Cooper et al., 2000) as well as adolescents' reflection on experienced events and well-being (see Hartas, 2019; Hartas & Kuscuoglu, 2020). By examining gender differences in parenting and adolescents' MWB, hopefully, this study will – if there are any – show the findings to get policymakers attention to the differences between girls and boys.

There are several research gaps in understanding the transition period to puberty from parenting and mental health lenses. Adolescents' mental health problems have attracted global attention in recent years as inequality rises because poverty exists in close, cyclical relationships with decreased MWB. There is a decrease in well-being from childhood to adolescence for those in poverty which also predicts lower well-being in adulthood (Chen & Miller, 2013; Hartas, 2019). However, although many studies in social science have stated the importance of the relationship between adolescence and well-being and longitudinally

examined the relationship for the general population, few studies have examined how this relationship changes when children move to adolescence for children with and without SEN. The majority of the existing research consists of studies that sample children without SEN or the general population (children with and without SEN; children with SEN constitute ten per cent of the general population). Detailed examination of how mental health and well-being in children with SEN differ from the general population when moving to adolescence is lacking.

A further research gap relates to gender differences in adolescents' well-being. Few studies have researched the difference in well-being between adolescent girls and boys. Finch's study of Mental Health Difficulties in Early Adolescence (2014) compared two cross-sectional groups aged 11 and 13. As a result, he found that girls had significantly more emotional problems. In particular, girls in the mid-adolescent group had significantly less life satisfaction and self-esteem compared to boys. However, these cross-sectional studies only provide data concerning the variables involved in single points in time. For this reason, it is not possible from existing studies to conclude the trajectory of adolescents' mental health and school experiences from pre-adolescence to mid-adolescence. In addition, there is a greater need for longitudinal studies that sample adolescents with SEN to determine when adolescents with SEN exhibit mental difficulties and school adjustment difficulties or resistance as they enter adolescence. Therefore, by sampling adolescents with and without SEN separately, this study will hopefully make a unique contribution to the relevant literature regarding adolescents' well-being. In addition to the potential implications of findings related to the family and SEN policies, the study examining the longitudinal differences in these adolescents' MWB and school experiences can contribute to a deeper understanding of the trajectory of the well-being of adolescents with and without SEN from pre- to mid-adolescents and the role that SES and gender play in this trajectory.

2.9. Chapter summary

This chapter examined family policy in the UK from the time of the New Labour government to the current Conservative government. Then, the literature review focused on AWB under both the hedonic and eudaimonic perspectives for both adolescents both with and without SEN, observing that compared with adolescents without SEN, adolescents with SEN are more likely to have mental difficulties. The role of parenting in AWB was discussed through the lens of the extant relevant theories, noting that the previous studies in the field agreed that secure attachment and the authoritative parenting style is optimal for AWB. However, the existing theories are not sufficient to cover all parenting behaviours.

This chapter also discussed the fact that families' socioeconomic factors play an important role in parenting style. Previous studies that employed one of the two best-known theories, the Family Stress Model and the Family Investment Model, found that a higher level of family income and a higher level of parental educational qualifications were associated with a more optimal parenting style.

Numerous models proposed that gender socialization explains how parenting behaviours are shaped, depending on gender, and how gender has an impact on adolescents' MWB. The common element of these theories of gender socialization is that both the attitudes and the behaviours of parents towards their children, and the reactions of children to events, are shaped as a result of the transfer of the cultural gender roles that are characterized by their society (Bornstein, 2005).

The MWB and school experiences of adolescents with and without SEN from pre- to mid-adolescence form a trajectory in that the development of autonomy and behavioural maturation during adolescence are key aspects for explaining the fluctuations in adolescents' mental status.

Finally, the critical findings in policy and research context were highlighted. Also, the most important gaps in the literature were delineated. For example, few studies sampled adolescents both with and without SEN separately and examined child gender differences in parenting and adolescents' MWB and school experiences in the groups of adolescents with and without SEN. As far as known, none of the studies examined longitudinal differences in the group of adolescents with and without SEN from pre- to mid-adolescents and the role of gender and SES in these longitudinal differences. It was discussed how this study would hopefully fill these gaps.

3. Methodology

This chapter discusses the research paradigms, methodological approaches, data collection methods, and data analysis techniques employed, specifying the steps undertaken. It covers the research design, including the research paradigms and research methods employed; the samples involved in the study, including the quantitative sample and the qualitative sample; the data collection methods used for both Phase 1, the quantitative study, and Phase 2, the qualitative study; the ethical issues involved in this research and the researcher's positionality, concluding with a summary of the chapter.

3.1. Research design

This section begins by discussing the research paradigms employed for this study, justifying the use of the pragmatist approach. It then discusses the mixed methods approach to the data collection, and how the data collection process was conducted.

3.1.1. Research paradigm

Research paradigms are theoretical and philosophical worldviews employed to comprehend how basic ideas are defined, how the social world is constructed, and to shape research. The most common paradigms are interpretivism, positivism, and pragmatism; the major elements of each are presented in [Table 2](#).

In an interpretivist paradigm, a subjective worldview seeks to understand the world in which particular individuals have experiences (Creswell & Creswell, 2017). Its disadvantage is that it is not possible to generalize the findings of research that employs this approach. Meanwhile, a positivist paradigm considers that "the social world consists of a concrete and unchangeable reality which can be quantified objectively" (Rahman, 2017; p. 101). However, research that adopts the positivist approach cannot explain how social reality is shaped and maintained (Blaikie, 2007). Moreover, the positivist lens mostly ignores the common meaning of the social phenomenon (Denzin & Lincoln, 2008). These limitations of interpretivism and positivism, for example in a quantitative study that seeks to demonstrate the impact of family net income on adolescents' mental health, would fail to explain 'how' and 'why' this impact exists. Conversely, the adoption of a subjective worldview would allow the researcher to identify 'how' and 'why' net family income has an impact on adolescents' mental health, but the findings would be specific only to the research sample.

Table 2 *Summary of the major elements of the most popular research paradigms*

| | Positivism | Interpretivism | Pragmatism |
|--------------|---|---|---|
| Ontology | World is real objective | World is subjectively received | Choose best explanation that produced desired outcomes well |
| Epistemology | Objective worldview | Subjective worldview | Both subjective and objective worldview |
| Axiology | Inquiry does not depend on value | Inquiry includes values which may be controlled | Values have large role when interpreting the results |
| Methods | Experimental, most of time quantitative, statistical analysis | Interpretation, most of time qualitative | Both qualitative and quantitative |
| Logic | Deductive | Inductive | Deductive + inductive |
| Validity | Objectively validated data | Trustworthiness, reliability | Both objectively validated data and trustworthiness |

The third paradigm is pragmatism, which develops out of actions, situations, and consequences, and focuses on what is applicable as a solution to problems. Pragmatism observes “the existence and importance of the natural world as well as the emergent social and psychological world that includes language, culture, human institutions, and subjective thoughts” (Johnson & Onwuegbuzie, 2004; p.18). Thus, the pragmatist paradigm suggests that knowledge is “both constructed and based on the reality of the world we experience and live in” (Johnson & Onwuegbuzie, 2004; p.18). A pragmatist researcher is concerned with the research problems and questions, and employs all approaches that may be useful for comprehending these, rather than using only one particular method (Creswell & Creswell, 2017). Pragmatism considers that the perceived truth is that which is useful at the time concerned and is essential for obtaining an understanding of a research problem.

In addition, pragmatism provides a workable middle ground that enables a researcher to overcome the limitations dictated by the “forced choice dichotomy between postpositivism and constructivism” (Ivankova, Creswell, & Plano Clark, 2007; p.27). Pragmatists are against

traditional dualism (Rorty, 1999, p. 19). They criticize the dichotomy of positivism/postpositivism and constructivism, require a convergence of quantitative and qualitative methods, and reinforce the stance that quantitative and qualitative methods are the same at an epistemological, ontological, or axiological level, and share the same aspects in their approach to an inquiry (Johnson & Onwuegbuzie, 2004).

In terms of axiology, rather than claiming that the value of research lies in the fact that it reflects the true conditions in the real world, a pragmatist approach scrutinizes a dataset to achieve an understanding of how it is useful for addressing a problem (Onwuegbuzie & Teddlie, 2003). In terms of ontological and epistemological perspectives, pragmatism provides a middle path that considers reality to be either subjectively perceived or to exist independently. Therefore, a researcher can not only examine a social reality through a subjective world view, namely through individual experiences, but can also allow data, evidence, and rational consideration to shape knowledge (Tashakkori, Teddlie, & Teddlie, 1998).

Pragmatic researchers generally apply mixed-design methods to their research, and a pragmatist approach to a study means that while the relationships in a data set that are generalizable are explored through quantitative analysis, the participants' voices as their subjective thoughts are conveyed through qualitative analysis. Moreover, when explaining the relationships that emerge from such quantitative findings, the use of a pragmatist approach means that the researcher is able to not only anatomize these relationships, but also to validate the existence of the relationship via the qualitative findings. Pragmatism is therefore well suited to a study that must consider the threats to its validity arising from the quantitative aspect (Johnson, Onwuegbuzie, & Turner, 2007). Hence, adopting a mixed method approach to research tends to enable a study to produce increased validity.

As a consequence of the abovementioned fundamental principles of axiology, ontology, epistemology, methodology, and validity, a pragmatic paradigm was adopted for the present study. This was because, in the case of axiology, the value of this research's inquiry was dependent on the usefulness of the interpretation of its results. This was compatible with the axiological perspective of pragmatism. Moreover, the pragmatist ontologically and epistemologically was the most suitable paradigm for addressing the research questions in this study, as the quantitative phase of the study benefitted from securing measurable findings from a dataset to shape understanding of the role of children's gender, socioeconomic status (SES), and parenting behaviour in their mental health and school

experiences. This was because the qualitative phase of the study sought the individual experiences of parents to determine why and how the child's gender, SES, and parenting dimensions played a role in their children's mental health and school experiences. Hence, the study adopted an ontological and epistemological view that reality can be perceived both inductively and deductively. The inductive reality originates in the society in question, namely the dataset used in the quantitative phase, and can be separate from that of the researcher, while concurrently reality exists deductively, according to an individual's subjective perception, which in the case of the present study was the parents' experience explored in the qualitative phase. The approach to this study also reflected the methodological view of pragmatism, as it employed both a quantitative research method in the first phase, and qualitative research methods in the second phase. According to the methods chosen, validity tests were used for determining whether the results obtained in the first phase (quantitative) represented the relationship between the children's well-being, namely their mental health and school experiences, and their gender, parenting, and SES, while in the second phase (qualitative), the study's trustworthiness was also considered, in order to ensure the transferability, credibility, dependability, and confirmability of the findings.

3.1.2. Mixed methods

While there is on-going debate concerning the advantages and disadvantages of one traditional research method versus another, mixed-methods research is held to be a valid approach for the cross-validation, confirmation, and/or corroboration of findings within a single study (Greene, Caracelli, & Graham, 1989; Morgan, 1998). The proponents of mixed-methods research integrate both quantitative and qualitative research strategies. Moreover, mixed-methods research designs enable a researcher to explore relationships, such as those between parenting dimensions and children's mental health, via quantitative research methods, the results of which help to explain, interpret, and validate those produced in the quantitative phase of the study (Creswell, 2014; Steckler, McLeroy, Goodman, Bird, & McCormick, 1992). In addition, the use of a mixed-methods design can be particularly appropriate when unexpected results are identified in the quantitative part of a study (Morse, 1991), as it enables further scrutiny of the findings (Creswell, Plano Clark, & Garrett, 2008), as argued by pioneers of the use of mixed-methods (Greene et al., 1989; Ivankova et al., 2007; Johnson & Onwuegbuzie, 2004; Tashakkori & Teddlie, 2010). Meanwhile, Greene et al. (1989) identified the following five general purposes of mixed-methodological studies:

A) triangulation, B) complementarity, C) development, D) initiation, E) expansion. These five purposes aligned with the aims of the present study, as follows:

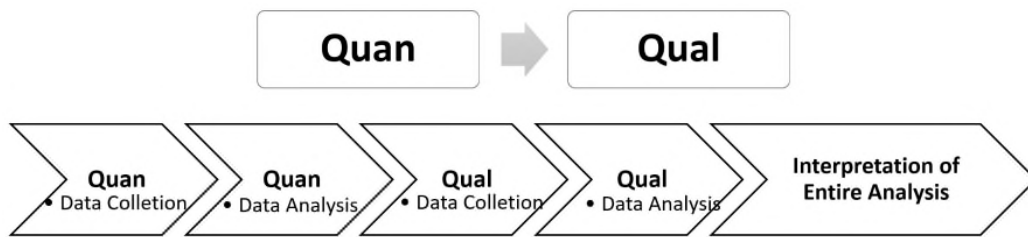
- A) Triangulation: the present study sought to produce reliable and valid findings, due to the examination of the same phenomenon in both the qualitative and quantitative phases. For example, the matter of whether the parents' discipline style contributed to their children's self-esteem was tested by analysing quantitative data, and the findings were then validated by the assessment of the parents' experiences in the qualitative study, hence the qualitative and quantitative data converged and corroborated each other;
- B) Complementarity: as an example of the presence of this feature in the present study, one of the study's aims was to determine whether particular parenting dimensions were associated with children's self-esteem, and if there was an association, how it occurred. In order to address this aim, the quantitative data analysis method of regression was used to determine the association. Then, the qualitative analysis identified how this association functioned between the parents and their children. Hence, the qualitative findings clarified, enhanced, and elaborated the results obtained from the quantitative data;
- C) Development: the findings obtained from the analysis of the quantitative data played a key role in structuring the interviews employed in the qualitative part of the study. For example, if a statistically strong association was identified in the quantitative data between parental control and peer relationships for adolescents with SEN, but not for adolescents without SEN, it helped in the preparation of interview questions that sought to explore the underlying reasons for this difference;
- D) Initiation: it is possible that the quantitative and qualitative findings of a study can be contradictory, especially the relationship between a predictor and an outcome variable, which might be curvilinear, or not totally linear when describing human behaviour, as is the case in much human behaviour research. However, most of the time, this fact is ignored and the relationship is assumed to be linear. Therefore, while the qualitative findings obtained from probing individual human experiences may contradict those obtained via the quantitative data, they nevertheless assist in enabling the understanding of the phenomenon explored by a study;

- E) Expansion: the choice of a mixed-methods approach to this study sought to expand the breadth of the results obtained, since the independent use of two methods in the approach provided a multidimensional understanding of the role of gender, SES, and parenting dimensions in children’s well-being.

After deciding to use a mixed-methods design, it is important that a researcher specifies I) the means of data collection, for example whether the data was collected concurrently or sequentially; II) the weight assigned to each form of data in the research results, for instance whether it was equal or unequal; and III) the places where quantitative and qualitative data mixing occurred, such as in the data collection, data analysis, or in the interpretation phase of the inquiry (Creswell et al., 2008). The typology proposed by (Creswell, 2014) that employed a mixed-methods sequential explanatory design was used by the present study to produce validated, elaborated, developed, deep, and multidimensional findings, as follows:

- I) As shown in [Figure 2](#), this design involves the collection and analysis of quantitative data, followed by the collection and analysis of qualitative data. In this study, the quantitative data facilitated a general understanding of the research problem, for example whether a child’s gender played a role in that child’s emotional symptoms. The qualitative data was then refined, and the association between these factors was explained by exploring some participant’s experiences in greater depth;
- II) The weight of the qualitative and quantitative aspects of this study were equal, as the findings of both stages were of equal importance in determining whether the factors concerned played a role in the mental health and school experiences of adolescents both with and without SEN;
- III) After completing the data analysis process, the quantitative and qualitative findings were combined in the data interpretation (see Chapter 4 – Discussion), in order to illustrate which factors played a role in adolescents’ mental health and school experiences by discussing how the qualitative findings explained and elaborated upon the quantitative findings in explaining the relationship between them. The integration of the quantitative and qualitative data also underscored their validation and the potential conflicts in the findings.

Figure 2 Sequential explanatory design



Derived from Creswell, Plano Clark, Gutmann, and Hanson (2003, p. 180).

3.2. Sample

The section discusses the quantitative and qualitative samples used in this study.

3.2.1. Quantitative sample: 5th and 6th sweeps of the MCS

The data used in the quantitative phase of this study was obtained from the 5th and 6th sweeps of the MCS, a national longitudinal birth cohort study that provides large-scale information about the ‘New Century’s Children’ in the United Kingdom (UK) and their families (Hartas, 2014, p. 6). This dataset provides researchers with a large, nationally representative sample of adolescents, traced from their preadolescence, namely at age 11, to their mid-adolescence, namely at age 14. It is useful when conducting research that seeks to investigate adolescents’ well-being, parenting and socioeconomic factors, because it offers a very rich dataset, including measures that include socioeconomic factors, parenting practices, behaviours, and the measures of child well-being from the various perspectives of well-being. MCS gives me a multiplicity of variables that serve as lenses through which to examine social influences in terms of parenting, socioeconomic status, and the relationships between parents and children. Basically, it provides a breadth of data with which to investigate the different social aspects of children's lives within their family settings.

A further strength in the data is that it is a cohort study that provides an opportunity to longitudinally examine changes in the relationship between gender, socioeconomic factors, and parenting, describing adolescents’ well-being from pre- to mid-adolescence. Very few studies have examined adolescent wellbeing longitudinally using a large dataset. Most importantly, using waves 5 and 5 means that we are in a position to examine wellbeing over the last decade, approximately between 2013 and 2016, when some studies have shown a significant increase in mental health difficulties in young people. While in 2014, 1 in 10 children aged 5 to 16 years displayed mental ill-health, by 2018, around 16% of young people aged 17 years showed psychological distress (Patalay & Fitzsimons, 2020). Young people's mental health within this time window needs more exploration as it appears to be a sudden shift and is still not well understood.

Moreover, data collection instruments used in MCS-5 and -6 to assess mental health, such as SDQ, life satisfaction scale and Rosenberg's self-esteem scale, are well-validated scales. Plus, the MCS offered a practical departure point for the application of the advanced statistical methods required for reaching this study's targets. Eventually, the breadth and statistical flexibility of the data in the MCS meant that to be able to examine different social aspects of children's lives in their families and reveal statistically and content-wisely more robust findings.

The 5th sweep of the MCS (MCS-5) was conducted in 2012-2013, when the cohort children were aged 11 years, and were in their final year of primary school. It achieved a productive interview rate of 69.1% of the target sample. The working sample of the 5th sweep was constituted of 12,165 singleton cohort children, including 10.3% children with SEN ($N = 1,344$). The 6th sweep (MCS-6) was conducted in 2015-2016, when the cohort children were 14-years-old, and achieved a rate of 60.9% of the target sample. The working sample for the 6th sweep was constituted of 11,389 singleton cohort children, including 9.8% children with SEN ($N = 1,117$). The sets of twins and triplets were not included in the analysis to ensure the independence of the data. In accordance with the purpose of this study, the cases in which the SEN status was not specified were excluded. The reason why the adolescents in both MCS sweeps had special needs was primarily due to a diagnosis of dyslexia, dyspraxia/dyscalculia, attention deficit hyperactivity disorder (ADHD)/attention deficit disorder (ADD), hyperactivity, autism/Asperger's syndrome/autism spectrum disorder (ASD), speech/language problems, sight problems, hearing problems, or physical disabilities (see [Table 3](#)).

The number of adolescents with SEN in MCS-5 and MCS-6, together with the total number of adolescents with SEN, as shown in Table 3, were not equal, because some of the adolescents with SEN had more than one disability.

Table 3 *Adolescents with in MCS-5 and MCS-6, by SEN category*

| Disabilities | MCS-5 | MCS-6 |
|------------------------------|--------------|--------------|
| Dyslexia | 321 | 314 |
| Dyspraxia/dyscalculia | 248 | 243 |
| ADHD | 122 | 127 |
| Autism/Asperger syndrome/ASD | 171 | 241 |
| Hyperactivity | 98 | 76 |

| | | |
|--------------------------|-----|----|
| Speech/language problems | 135 | 97 |
| Sight problems | 21 | 33 |
| Hearing problems | 33 | 31 |
| Physical disability | 34 | 43 |
| Medical problems | 50 | 52 |
| Mental illness | 8 | 27 |
| Developmental delays | 10 | 10 |
| Poor concentration | 9 | 7 |
| Others | 145 | 76 |

The number of groups designated "Others" can be seen to be high in Table 3. There are several possible reasons that could explain this. Firstly, MCS comprised more than thirty categories of special needs. With the exception of the special needs set out in the table, the number of adolescents with SEN included in the "others" groups was not more than 10. For example, trauma was one type of special needs that was counted in the "Others" groups. There was one participant in the MCS-5 and no participants in the MCS-6. Secondly, there were inconsistencies with naming when grouping the less uncommon special needs from MCS-5 to MCS-6. For example, "reading difficulties" was considered a special need in MCS-5, but "hand-writing and spelling difficulties" were described as a special need in MCS-6. Thirdly, as written in the previous paragraph, uncommon special needs were mostly the second or third needs attributed to the participants, as the primary needs of the majority were counted in the table.

The sample of the cohort selected for this study was clustered and geographical, and there was a disproportionate stratification and over-representation of individuals living in areas with a high rate of socio-economic disadvantage (Hansen, 2014). The sampling strategy is another strength of the data that it enhanced the ability of the study to analyse the effect of SES, and the effect of an adolescent being from a minority ethnic background, on their well-being and school experiences. The geographical clustering and stratification strategy of the sampling frame was identified through the electoral wards of the UK. The interviews with parents for the MCS were conducted by interviewers trained in household interviewing.

3.2.2. Qualitative sample: The background of the eight participants

Although it is important to include adolescents' voices, the focus and conceptual orientation of this study are on parenting and how the parenting process affects adolescents' well-being. In addition, methodologically, I wanted to create a qualitative data set that is consistent with the quantitative one, and which focuses on parents. For this reason, the semi-structured interviews are conducted with a parent within the adolescents' household, who has main or shared responsibility for making decisions about the adolescents' childcare. However, parents' parenting is related to adolescents. Thus, aside from mainly focusing on parenting, it is essential to justify why adolescents are not part of the qualitative data collection process. Firstly, all adolescents' skills and capabilities may not be appropriate for the interview process. By factoring in vulnerability and potential harm to adolescents from their participation in interviews, it was considered that their inability to express themselves may cause distress. Secondly, adolescents in a formal interview setting may feel obliged to answer due to the presence adult authority. The recommendations for overcoming this issue are instead of a formal interview room, to prefer a natural environment in which adolescents feel comfortable, and develop rapport with the adolescents before conducting the interviews to promote intimacy during the interviews. However, this requires a flexible timeframe. Thus, only parents are part of qualitative data collection for this thesis.

The qualitative phase of this study concerned the experience of parents with their children, and involved eight participants, consisting of two fathers and six mothers. The following pseudonyms of the parent-child dyads were used: Maya and her son, Martin; Esther and her daughter, Emma; Zeina and her daughter, Zoe; Maria and her son, Moses; Sara and her son, Samuel; Adam and his son, Abraham; Laila and her son, Luis; and David and his daughter, Diva. In terms of the conditions of the participants, all of the parents were first carer of their children and living in the wider Midlands area of the UK, they lived with their children, and their children attended a school in the UK. In total, three of the mothers and one father had children with SEN, and three of the mothers and one father had children without SEN. In line with the study's aims, the participants in the quantitative phase were purposely selected to create a balance with regard to SEN status, age, and gender. Therefore, two of participants had children with SEN of approximately 11 years of age (one boy and one girl), two had 11-year-old children without SEN (one boy and one girl), two had 14-year-old children with SEN (two boys), and two had children of approximately 14-years-old without SEN (one boy and one girl).

In addition, the fact that the majority of the parents chosen for the sample used for the quantitative aspect of this study were from socioeconomically disadvantaged areas was also intentional. The family income was classified under the five Organisation for Economic Co-operation and Development (OECD) equivalised income quintiles. The income levels ranged from the first (bottom, lowest) income quintile to the fifth (top, highest) income quintile. The National Vocational Qualification (NVQ) scale was used to measure the education qualifications of the participants under five levels, ranging from pre-General Certificate of Secondary Education (GCSE) qualifications (NVQ1) to higher degree/postgraduate diplomas (NVQ5) (see [Table 4](#)).

Further details of the participants' backgrounds are provided below:

Maya

Maya was a 41-year-old British mother. Her family's income quintile was the fourth, and her education level was NVQ4. She lived with her husband and their three children (two daughters and one son). Her son, Martin, was 10 years old, and the youngest child in his family. Martin had been diagnosed with dyspraxia and attended a mainstream primary school within the context of SEN support.

Esther

Esther was a 43-year-old deaf British mother. Her family income quintile was the second, and her education level was NVQ4. She lived with her husband and their two children (one daughter and one son). Her daughter, Emma, was 12 years old, and the eldest child in her family. Emma was congenitally deaf, and had used cochlear implants in both ears since early childhood. Emma attended a mainstream secondary school with a resource base for deaf students.

Zeina

Zeina was a 36-year-old Asian mother. Her family income quintile was the second, and her education level was NVQ5. She lived with her husband and their two daughters. Her daughter, Zoe, was 11 years old, and the eldest child in her family. She attended a mainstream secondary school.

Maria

Maria was a 40-year-old Asian mother. Her family income quintile was the lowest, and her education level was NVQ5. She lived with her husband and their four children (two boys and

two girls). Her son, Moses, was 11 years old and was the second child in his family. He attended a mainstream secondary school.

Sara

Sara was a 48-year-old British mother. Her family income quintile was the lowest, and her education level was NVQ1. She had six children (five daughters and one son). She had lived as a single mother for a long time. Their son, Samuel, was 14 -years old, and the youngest child in his family. He had been diagnosed with autism and attended a school for children with SEN.

Adam

Adam was a 50-year-old British father. His family income quintile was the second, and his education level was NVQ2. He lived with his wife and their three children (two daughters and one son). His son, Abraham, was 14-year-olds and the youngest child in his family. Abraham was congenitally deaf, and had used cochlear implants in both ears since early childhood. Abraham attended a mainstream high school. Abraham's younger sister was also deaf.

Laila

Laila was a 43-year-old Southeast Asian mother. Her family income quintile was the second, and her education level was NVQ5. She was a single mother and lived with her two sons. Her son, Luis, was 14-year-olds and the youngest child in his family. Luis attended a mainstream high school.

David

David was a 42-year-old British father. His family income quintile was the third, and his education level was NVQ4. He lived with his wife and four children (two daughters and two sons). His daughter, Diva, was 13 years old and the eldest child in her family. Diva attended a mainstream high school.

Table 4 *Participants' background information*

| PARENT NAME (age) | PARENTAL STATUS | CHILDREN NAME | CHILDREN AGE | CHILDREN GENDER | SEN STATUS | FAMILY INCOME QUINTILE | PARENT EDUCATION LEVEL | REPRESENTED GROUP |
|----------------------|--------------------|------------------|-----------------|--------------------|------------|---------------------------|------------------------------|---------------------------|
| Maya (41) | Mother | Martin | 10 | Boy | Dyspraxia | 4 | 4 | Year 11 with SEN |
| Esther (43) | Mother | Emma | 12 | Girl | Deafness | 2 | 4 | Year 11 with SEN |
| Zeina (36) | Mother | Zoe | 11 | Girl | – | 2 | 5 | Year 14 with SEN |
| Maria (40) | Mother | Moses | 11 | Boy | – | 1 | 5 | Year 14 with SEN |
| Sara (48) | Mother | Samuel | 14 | Boy | Autism | 1 | 1 | Year 11 without SEN |
| Adam (50) | Father | Abraham | 14 | Boy | Deafness | 2 | 2 | Year 11 without SEN |
| Laila (43) | Mother | Luis | 14 | Boy | – | 2 | 5 | Year 14 without SEN |
| David (42) | Father | Diva | 13 | Girl | – | 3 | 4 | year 14 without SEN |

3.3. Data collection

Since a combination of quantitative and qualitative approaches was used in this study, this section is discussed under two headings: Phase 1 – Quantitative study, and Phase 2 – Qualitative study.

3.3.1. Phase 1 - Quantitative Study

The discussion of Phase 1 of the study is divided into three sections: Weighing and missing data, Measures, and Data analysis plan.

3.3.1.1. Weighting and missing data

The MCS uses a clustered, geographical, and disproportionately stratified sample (Plewis, Calderwood, Hawkes, Hughes, & Joshi, 2007). Consequently, it is necessary to weight the data for inferring nationally representative estimates (Hansen, 2014). The weighting of the data provides an adjustment for non-response sampling. When ignoring the issue of weighting in an analysis, the results can be biased, due to the over-representation of a group of cases living in a specific area that has a different characteristic from cases living elsewhere (Hansen, 2014). Therefore, all the analyses, with the exception of sample size, in the present study were weighted to adjust for the clustered sampling and non-response, if the type of analyses concerned were suitable for weighting.

A concern when using longitudinal secondary datasets is missing data, the appropriate handling of which is crucial for obtaining statistically accurate findings. The types of missing data are either missing completely at random (MCAR), missing at random (MAR), or missing not at random (MNAR). When missing data is MCAR, the reason for the missing value is completely independent of the participant's characteristics, and is not related to the information/observation itself. Meanwhile, MAR occurs when there is a statistically meaningful relationship between the propensity of the missing values and the observed data, but it is not related to the unobserved data (Mack, Su, & Westreich, 2018). Finally, in MNAR the reason for the missing data is related to unobserved data, namely the probability of the missingness varies for reasons that are not measured by the researcher.

Although there is currently no consensus regarding how to address the matter, the most common suggestion is that whenever the missing data is below 5% of a large sample, it is not necessarily of concern (Bennett, 2001; Peng, Harwell, Liou, & Ehman, 2006; Schafer, 1999). Therefore, it is necessary to discuss the measures where the rate of missing data was more than 5%. These measures were for nonphysical punishment (NPP) (6%) and self-esteem (5.9%) in MCS-5, and arguing with parents (12%) and self-esteem (5.7%) in MCS-6.

In order to address these missing values, the reason for their absence was checked by sourcing a specific item in these composite measures. The variable 'arguing with parents' consisted of two items, namely arguing with the father and arguing with the mother. Although the rate of missingness for the item of arguing with the father was higher than the item of arguing with the mother, which may be because there was no father figure in the family, this reason was not sufficient to explain all of the missingness. Another possible reason for the missingness in arguing with parents, as well as for the missingness in NPP and

self-esteem, was that these measures were related to sensitive topics, therefore the participants may have been hesitant to respond to them for fear of being judged, despite the fact that these measures were self-completed. For example, a participant who used NPP may not have wished to answer these questions, or a child who argued with their parents may not have wanted to acknowledge this when answering the question. The reason for the missingness may also have been because of language barriers that meant the participants may not have understood the questions properly. Consequently, the relationship between socioeconomic factors and parental discipline style, and that between NPP and AWB, was interpreted with caution.

There are a number of ways to handle missing data: deletion methods, such as listwise deletion, pairwise deletion, and deleting columns; and imputation methods, such as mean/median/mode imputation, linear interpolation, and multiple imputation. The multiple imputation method is the most common means of handling missing data by employing the non-missing data to estimate the missing values using an observed data rather than unobserved data that is not taken into account (K. Cooper, 2017; Rezvan, Lee, & Simpson, 2015). However, as discussed previously, the missing values for the variables of parental discipline and self-esteem may have been related to unobserved data and therefore could not be estimated properly using observed data. It was therefore deemed not to be necessary to include the missing data, since multiple imputation would have been arbitrary and unlikely to make much difference to the dataset. Consequently, the sample sizes of MCS-5 and MCS-6 were deemed to be of sufficient size, and as the reason for the missing data was not MAR, it was decided not to use multiple imputation in this study.

If it is necessary to handle missing data using a statistical data analysis method, such as linear regression, listwise deletion is used as the default imputation method in the Statistical Package for the Social Sciences (SPSS). However, as discussed above, all of the analyses that used listwise deletion were weighted to adjust for non-response, and where the analyses were affected by missing data, they were interpreted with caution, as the results may have underestimated the association. Moreover, a conservative perspective of p-value was taken into consideration, as detailed in Section 3.3.1.3. below, in order to identify a determined result that was likely not to be biased, due to missing data.

3.3.1.2. Measures

Three sets of measures were employed in this study: A) background factors, B) parenting dimensions, and C) AWB. It is important to note that in MCS-5, mothers constituted 95.2%

of the sample, with a mean age of $M = 41.3$ ($SD = 6.5$). In MCS-6, mothers represented 94% of the sample, with a mean age of $M = 44.5$ ($SD = 6.5$).

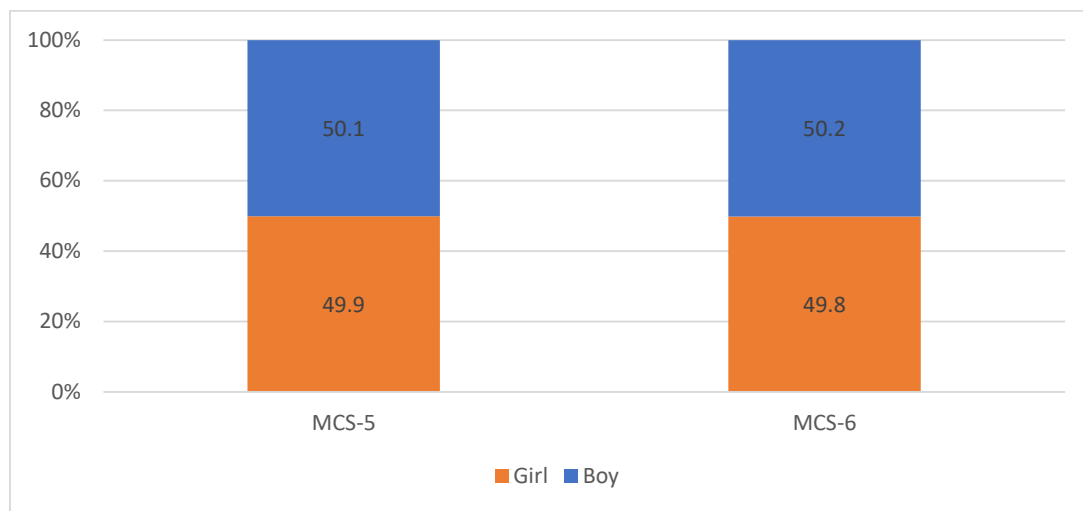
A) Measures of background factors

This study used ethnic background and gender as its demographic factors, and net family income and parent education qualifications were used as socioeconomic factors.

I. Gender

In MCS-5, 49.9% of the preadolescents were girls and 50.1% were boys. In MCS-6, 49.8% were girls and 50.2% were boys (see [Figure 3](#)).

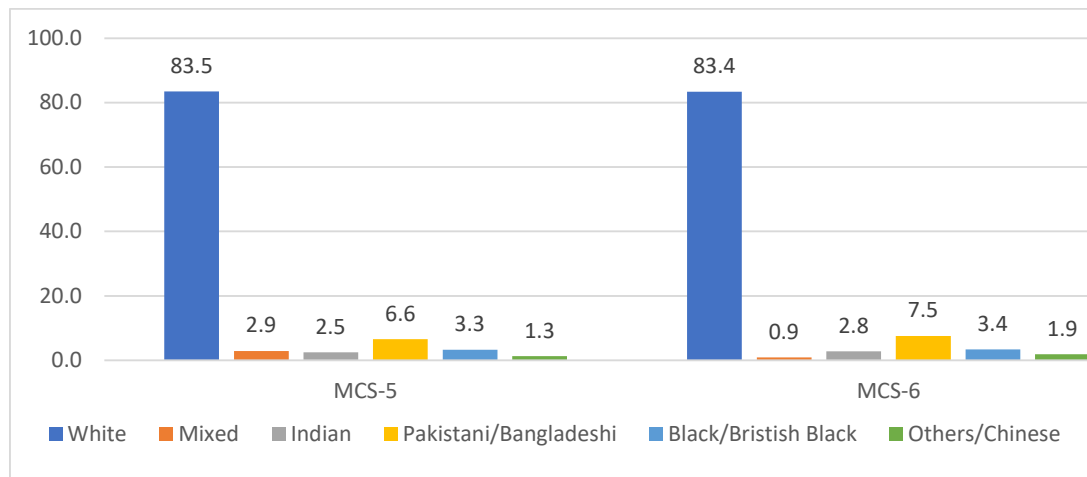
Figure 3 The participants' gender by percentage



II. Ethnicity

In terms of the demographic variable of ethnicity, in both MCS-5 and MCS-6, the majority of the sample was white. In MCS-5, 83.5% of the sample was White, 2.9% was Mixed, 2.5% was Indian, 6.6% was Pakistani and Bangladeshi, 3.3% was Black or Black British, and 1.3% was from other ethnic groups, including Chinese. In MCS-6, 83.4% of the sample was White, 0.9% was Mixed, 2.8% was Indian, 7.5% was Pakistani and Bangladeshi, 3.4% was Black or Black British, and 1.9% was from other ethnic groups, including Chinese (see [Figure 4](#)).

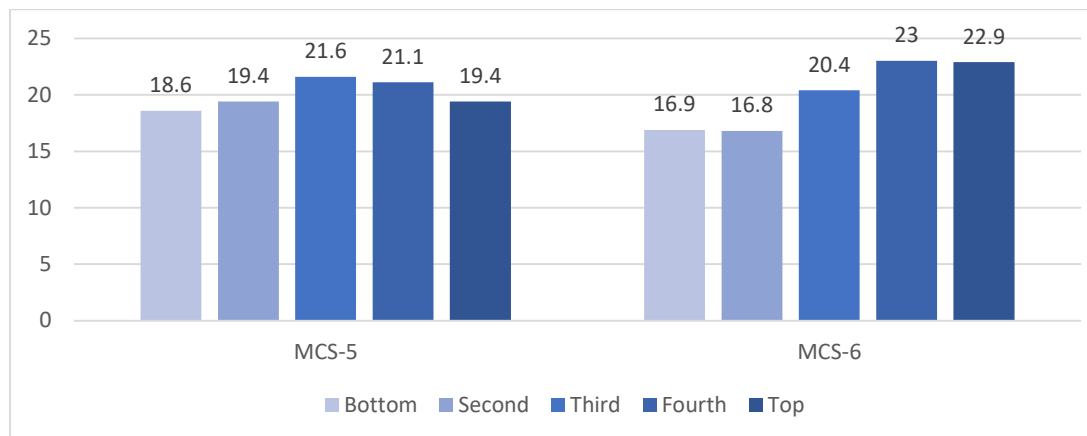
Figure 4 *The participants' ethnicity by percentage*



III. Family income

The measure of family income was classified under the five OECD equivalised income quintiles, which are calculated by dividing the total net income by the number of household members, and are assigned according to their weight on the OECD equivalised income scale (equivalised household size). The OECD equivalised income scale was adjusted for the number and ages of the household members. The income quintiles of the valid data were coded from the bottom fifth = 1 to the top fifth = 5 (see [Figure 5](#)).

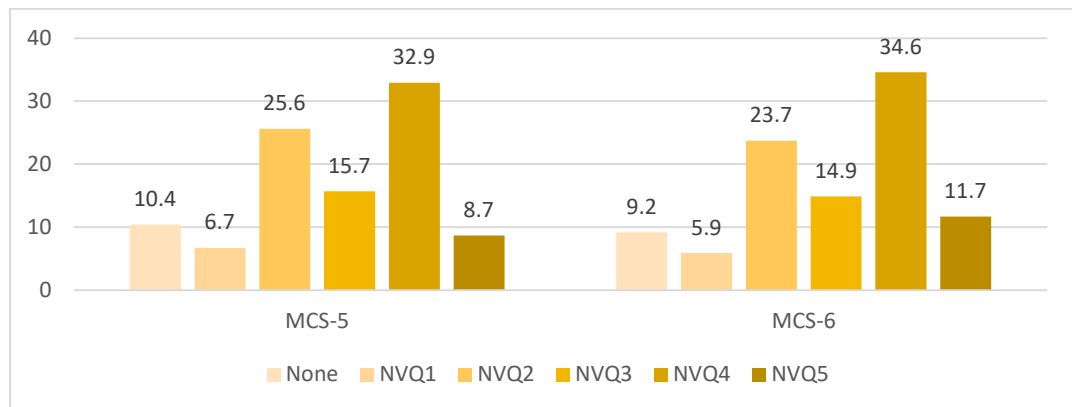
Figure 5 *The participants' net family income levels by percentage*



IV. Parental education qualifications

The NVQ scale was used to categorize the education qualifications of the parents in the sample under five levels, ranging from pre-GCSE level qualifications (NVQ1) to higher degree/postgraduate diploma (NVQ5). The distribution of the data by MCS group is shown in [Figure 6](#).

Figure 6 Parental education level by percentage

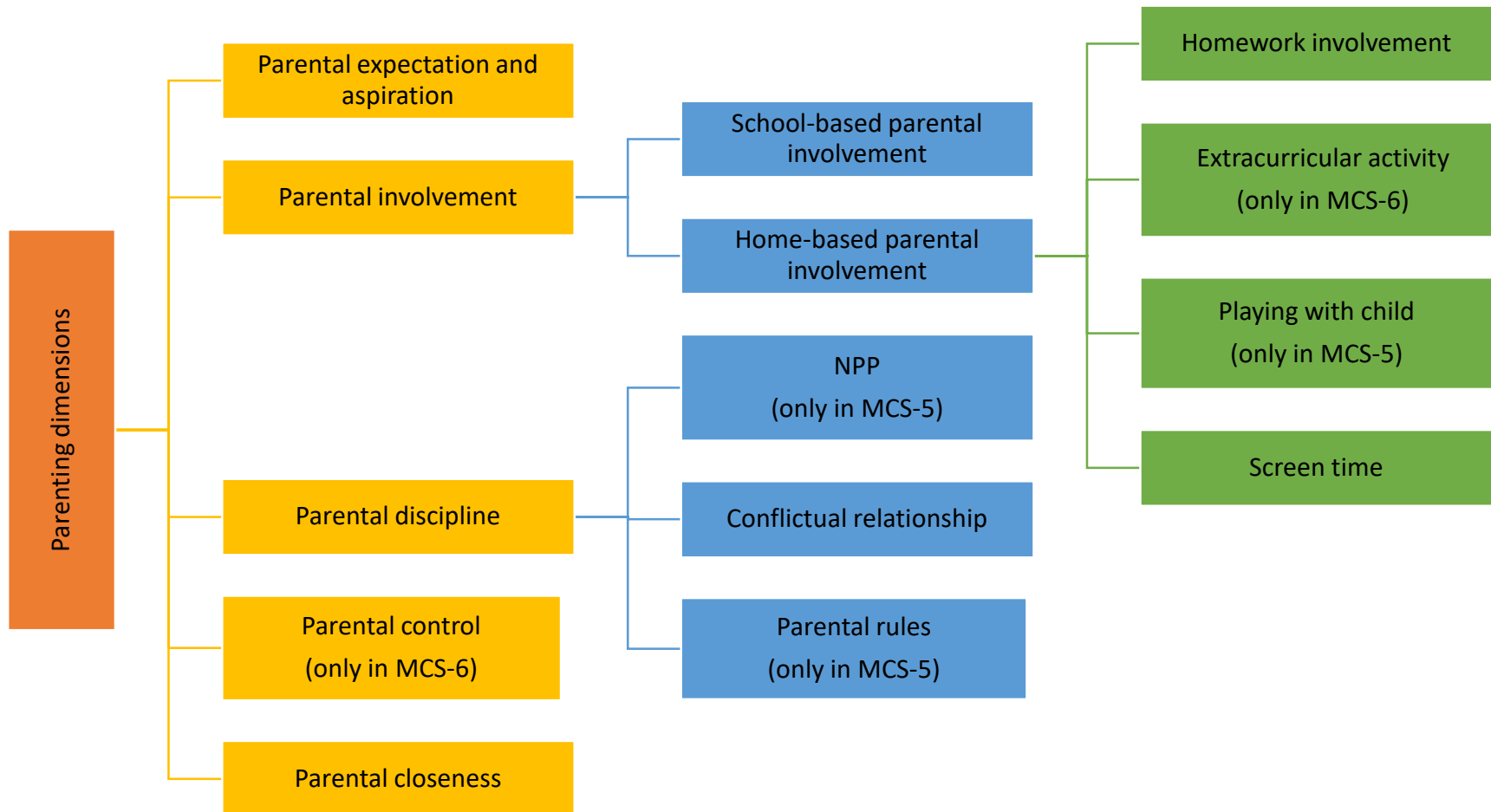


B) The measures of parenting dimensions

Parenting is a dynamic social process reshaped over time according to the stage of a child's development, therefore the items of many parenting scales change from the development stages represented by MCS-5 and MCS-6, although the core concept of parenting remains the same at both stages. This study considered parenting under five main dimensions: parental expectations and aspirations, parental involvement, parental discipline, parental control (only for MCS-6), and parental closeness (see [Figure 7](#)). The dimension of parental involvement was divided into school-based parental involvement and home-based parental involvement, and home-based parental involvement was further divided into four sub-groups: homework involvement, extracurricular activity (only for MCS-6), playing with the child (only for MCS-5), and screen time. In addition, parental discipline was divided into three sub-dimensions: NPP (only for MCS-5), conflictual relationship, and parental rules (only for MCS-5).

The composite variables for the parenting dimensions/sub-dimensions, namely parental expectations and aspirations, homework involvement, extracurricular activity, playing with the child, screen time, NPP, conflictual relationship, parental rules, and parental control, were created in order to control the Type 1 error rate and to avoid any potential multicollinearity problems in the regression analysis. Composite variables are constituted of two or more items that are highly related to one another conceptually and statistically. The scores of the items of each composite variable are totalled to represent the score of the composite variable. Although most of the parenting dimensions were measured using these composite variables, school-based parental involvement and parental closeness in the MCS-5 and MCS-6 sample, and conflictual relationship in the MCS-5 sample, were measured using single-item measures.

Figure 7 Map of the classification of parenting dimensions



I. Parenting expectations and aspirations

The measure of parenting expectations and aspirations was constituted of two items. In order to equalize the number of categories of the questions, the four points were collapsed into two, and were rated as follows: 'How likely or unlikely do you think it is that your child will attend university?' was rated 1 = 'fairly likely or less' (22.4% for MCS-5, 22.8% for MCS-6) and 2 = 'very likely' (77.6% for MCS-5, 77.2% for MCS-6), while 'What would you like your child to do when [he/she] is 16 years of age?' was rated 1 = 'do something else' (10.2% for MCS-5, 10.2% for MCS-6) and 2 = 'continue in full-time education' (89.8% for MCS-5, 89.8% for MCS-6). The responses were totalled to provide a score ranging from two to four, with the higher scores indicating greater parental expectations and aspirations ($M = 3.68, SD = .60$ for MCS-5; $M = 3.67, SD = .061$ for MCS-6).

II. Parental involvement

Parental involvement was divided into two sections: a) school-based parental involvement, and b) home-based parental involvement.

a) School-based parental involvement

For both MCS-5 and MCS-6, school-based parental involvement was measured using the single item that asked the parents, 'Has the parent been to their child's parents' evening or similar event at school?'. This variable is referred to as 'Parents' and teachers' meeting (PTM)' from this point onward. The item was rated using the response categories of 'yes' (92.1% for MCS-5, 8.5% for MCS-6), 'no' (3.2% for MCS-5, 8.5% for MCS-6), and 'no, parents' evening not taken place yet' (4.7% for MCS-5, 8.5% for MCS-6).

b) Home-based parental involvement

This section was divided into four parts: homework involvement, extracurricular activities, parenting activities, and screen time.

- Homework involvement

For the MCS-5 group, the measure of homework involvement included three items: the frequency of helping the child with their homework, the frequency of ensuring that the child had done their homework, and the time the child spent doing homework. While these items were rated by the parents in MCS-5, they were rated by the mid-adolescents in MCS-6.

In MCS-6, the measure of homework involvement included two items that were same as for MCS-5, namely the frequency of helping the child with their homework, and the time the

child spent doing their homework, and excluded the frequency of ensuring that the child had done their homework. These items were rated by the adolescents.

In order to equalize the number of categories for the questions, they were collapsed into two: helping the child with their homework was rated 1 = 'never or almost never' (10.4% for MCS-5, 8.9% for MCS-6) and 2 = 'sometimes or more' (89.6% in MCS-5, 91.1% in MCS-6); ensuring the child had done their homework was rated 1 = 'never or almost never' (6% for MCS-5) and 2 = 'sometimes or more' (94% for MCS-5); and the time the child spent doing their homework was rated 1 = 'less than one hour' (15.6% for MCS-5, 7.8% for MCS-6) and 2 = 'more than 1 hour' (84.4% for MCS-5, 92.2% for MCS-6). The responses were totalled to provide a score ranging from three to six for MCS-5, and from two to four for MCS-6, with the higher scores indicating greater homework involvement ($M = 5.68, SD = .63$ for MCS-5; $M = 3.83, SD = .44$ for MCS-6).

- **Extracurricular activity**

The measure of extracurricular activity applied only to MCS-6, and included five items. These items were rated by the mid-adolescents. Due to the small sample sizes for some of the categories, the initial six categories were recoded into two for each activity as 1 = 'once a year or less' and 2 = 'more than once a year': singing/playing in an orchestra was rated 1 = (83.5%) and 2 = (16.5%), reading for enjoyment was rated 1 = (31.4%) and 2 = (68.6%), attending youth clubs was rated 1 = (50.5%) and 2 = (49.5%), visiting museums/galleries was rated 1 = (60.4%) and 2 = (39.6%), and attending religious services was rated 1 = (67.3%) and 2 = (32.7%). The responses were totalled to provide a score ranging from six to 12 for MCS-6, with the higher scores indicating a greater involvement in extracurricular activities ($M = 8.90, SD = 1.45$ for MCS-6).

- **Playing with the child**

The measure of playing with the child applied only to MCS-5, and was constituted of two items. Due to the small size of some of the categories, the initial six-point response ratings were collapsed into four: the frequency of playing sports or physically active games outdoors or indoors with the child was rated 1 = 'less often than once a month' (47.1%), 2 = 'once or twice a month' (22.3%), 3 = 'once or twice a week' (22.0%), and 4 = 'more than 2 times a week' (8.5%); and the frequency of playing indoor games with the child was rated 1 = 'less often than once a month' (25.6%), 2 = 'once or twice a month' (28.5%), 3 = 'once or twice a week' (31.8%), and 4 = 'more than 2 times a week' (14.1%). The responses were totalled to

provide a score ranging from two to eight for MCS-5, with the higher scores indicating a greater involvement in playing with the child ($M = 4.26, SD = 1.72$ for MCS-5).

- **Screen time**

The measure of screen time for pre-adolescents in MCS-5 was constituted of three items. Due to the small sample size of some categories, and to the fact that the higher response values obtained consistently reflected a high amount of screen-time, the initial five categories for MCS-5 were recoded into four as 1 = 'less often than once a month', 2 = 'at least once a month', 3 = 'at least once a week', and 4 = 'most days': the child using internet was rated 1 = (5.5%), 2 = (7.2%), 3 = (31%), and 4 = (56.3%); the child exchanging messages with their friends on the internet using instant messaging was rated 1 = (50.1%), 2 = (10.4%), 3 = (17%), and 4 = (22.5%); and the child visiting a social networking website, such as Facebook was rated 1 = (60.5%), 2 = (5.9%), 3 = (13.5%), and 4 = (20.2%). The responses were totalled to provide a score ranging from three to twelve ($M = 10.76, SD = 2.82$ for MCS-5).

The measure of this category for MCS-6 was constituted of three items. Due to the small sample sizes of some categories, and to the fact that the high response values obtained consistently reflected less time-frequency, the initial eight categories for MCS-6 were recoded into four as 1 = 'less than half hour', 2 = 'more than half hour to 2 hours', 3 = '2-5 hours', and 4 = '5 hours or more': watching television on a weekday was rated 1 = (4.4%), 2 = (28.8%), 3 = (47.5%), and 4 = (14.2%); spending time on social networking sites on a weekday was rated 1 = (20.2%), 2 = (31.3%), 3 = (29.4%), and 4 = (19.1%); and using the internet at home on a weekday was rated 1 = (3.8%), 2 = (22%), 3 = (39.9%), and 4 = (34.3%). The responses were totalled to provide a score ranging from three to twelve ($M = 10.57, SD = 2.44$ for MCS-6).

III. Parental discipline

This section was divided into three parts: a. NPP, b. Conflictual relationship, c. Parental rules.

a) **NPP**

In MCS-5, the measure consisted of two items that were derived from the original six items of the Straus Conflict Tactics Scale (Straus & Hamby, 1997). Due to the small sample size of some of the categories, the initial five categories for MCS-5 were recoded into four: sending the child to his/her bedroom/grounding him/her was rated 1 = 'never' (13.9%), 2 = 'rarely' (43.2%), 3 = 'sometimes' (32.9%), and 4 = 'daily/often' (9.9%); and taking away treats was rated 1 = 'never' (12.5%), 2 = 'rarely' (42.7%), 3 = 'sometimes' (35.8%), and 4 = 'daily/often'.

The responses were totalled to provide a score ranging from two to eight for MCS-5, with the higher scores indicating a greater amount of NPP ($M = 4.80, SD = 1.51$ for MCS-5).

b) Conflictual relationship

In MCS-5, the measure of conflictual relationship consisted of a single-categorical item. The item was rated by the parents under a self-reported question: "I have frequent battles of will with the child", 'yes' (27.4%), 'no' = (69.6%), 'do not wish to answer' (3%). The measure of conflictual relationship in MCS-5 is referred to as 'frequent battles of will (FBW)' in the remainder of this study.

In MCS-6, the measure of conflictual relationship consisted of two items. These items were rated by the mid-adolescents. Due to the small sample sizes in some of the categories, the initial five categories in MCS-5 were recoded into three: the frequency of arguing with the father was rated 1 = 'hardly ever/never' (59.1%), 2 = 'less than once week' (25.7%), and 3 = 'more than once a week' (15.2%); and the frequency of arguing with the mother was rated 1 = 'hardly ever/never' (44.2%), 2 = 'less than once week' (30.7%), and 3 = 'more than once a week' (25.1%). The measure of conflictual relationship in MCS-6 is referred to as 'arguing with parents' throughout the remainder of this study. The responses were totalled to provide a score ranging from two to six in MCS-6, with the higher scores indicating a higher degree of arguing with parents ($M = 3.36, SD = 1.34$ for MCS-6).

c) Parental rules

In MCS-5, the parental rules scale consisted of the following two items, rated by the parents: 'Do you have rules about what time your child can watch material on a computer?', 1 = 'no' (9.7%) and 2 = 'yes' (90.3%); and 'Do you have rules about what material your child can watch on a computer?', 1 = 'no' (5.3%) and 2 = 'yes' (94.7%). The responses were totalled to provide a score ranging from three two to four, with the higher scores indicating a greater degree of parental rules ($M = 3.85, SD = .43$).

IV. Parental control

For MCS-6, the parental control scale consisted of three items, rated by the parents. Due to the small sample size in some of the categories, and to the higher response values obtained that consistently reflected a higher level of parental control, the four points were collapsed into three: knowing where child goes when they go out was rated 1 = 'sometimes/never' (2.9%), 2 = 'usually' (12.6%), and 3 = 'always' (84.5%); knowing with whom child goes out was rated 1 = 'sometimes/never' (2.8%), 2 = 'usually' (12.6%), and 3 = 'always' (84.5%); and knowing what the child does when she/he goes out was rated 1 = 'sometimes/never' (7.9%),

2 = 'usually' (28.8%), and 3 = 'always' (63.4%). The responses were totalled to provide a score ranging from three to nine in MCS-6, with the higher scores indicating a greater level of parental control ($M = 8.15, SD = 1.32$).

V. Parental closeness

In both MCS-5 and MCS-6, parental closeness was measured using a single-item, 'Overall, how close would you say you are to your child?' that was rated on a four-point Likert-type scale. Due to the small sample size in some categories, and to the higher response values obtained that consistently reflected positive experiences, the four response values were collapsed into two: parental closeness was rated 1 = 'fairly close/not very close' (6.6% for MCS-5, 12.7% for MCS-6); 2 = 'very close and extremely close' (93.3% for MCS-5, 87.2% for MCS-6).

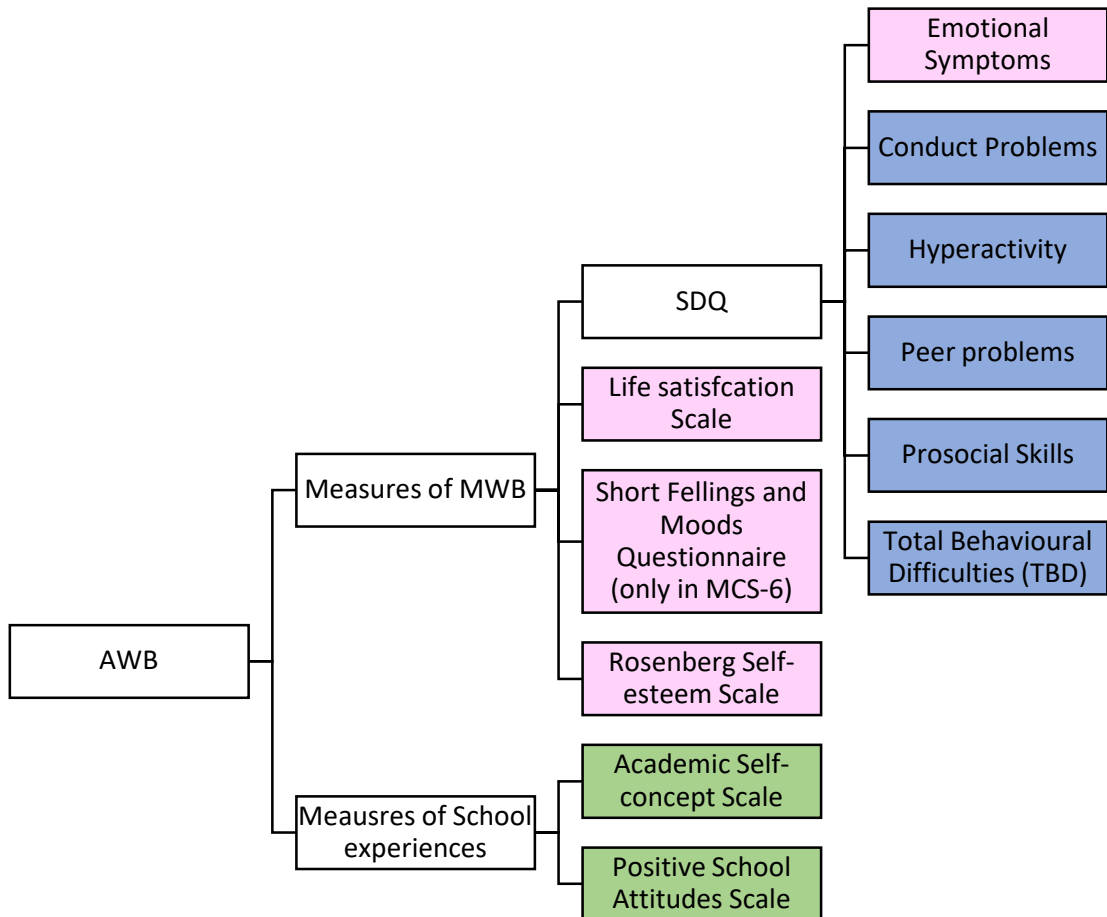
C) The measures of AWB

Similarly to the concept of parenting, AWB requirements also reshape over time, according to an adolescents' emotional, psychological, and social development from preadolescence to middle adolescence. Thus, the scales measuring AWB were partly altered from MCS-5 to MCS-6 to reflect the changes in adolescents' emotional, psychological, and social development.

There were two sets of AWB measures (see [Figure 8](#)):

- I) Measures related the adolescent's mental health: the Strength and Difficulties Questionnaire (SDQ) (Goodman, 1997), the Life Satisfaction Scale (Diener, Oishi, and Lucas (2003), the Short Moods and Feelings Questionnaire (SMFQ) (Angold, Costello, Messer, & Pickles, 1995) (only for MCS-6), and the Rosenberg Self-esteem Scale (Rosenberg, 1965);
- II) Measures related to school experiences: Academic Self-concept Scale and Positive School Attitudes Scale.

Figure 8 *The map of AWB related measures*



Note: the MWB scales can be grouped into two: the pink boxes show the scales for measuring internal well-being/difficulties, the blue boxes show the scales for measuring external well-being/difficulties. The green boxes show the scales for measuring school experiences.

I. Measures of child mental health

a) SDQ

For both MCS-5 and MCS-6, the SDQ developed by Goodman (1997) was employed. This is a summarized measure consisting of five sub-scales: three critic scales of adolescent behavioural difficulties, one critic scale of adolescent emotional difficulties, and one scale of personal strength scale. The SDQ includes 25 items (see [Appendix A-1](#)), each of which is rated 'not true', 'somewhat true', or 'certainly true'. In the present study, these items were rated by the parents.

The behavioural difficulties scale concerned conduct problems, such as 'often lies or cheats'; peer problems, such as 'has at least one good friend'; and hyperactivity-inattention scales, including 'thinks things out before acting'. Meanwhile, the emotional difficulties scale concerned emotional symptoms, such as 'has many worries', and the personal strengths scale concerned prosocial skills, including 'often volunteers to help others'. Each subscale consisted of five items that were totalled, giving a range of 0–10. It should be noted that several items (e.g. "Generally well behaved", "Has at least one good friends") in the SDQ sub-scales were positively constructed. These items were reversely scored to be compatible with rest of items, and were notified by putting asterisks in the [Appendix A-1](#).

The critic scales of adolescent behavioural difficulties, namely conduct problems, hyperactivity, and peer problems were considered separately, and the three were computed as a new scale named 'Total behavioural difficulties (TBD)'. The TBD scale consisted of 15 items that were totalled, giving a range of 0–30.

While higher response values consistently reflect negative experiences in emotional symptoms, conduct problems, hyperactivity, peer problems, and TBD, higher values for prosocial scores imply neither positive nor negative meaning in terms of psychological difficulties, because the prosocial behaviours concerned are conceptually different from psychological difficulties or strengths. Higher response values consistently reflect higher prosocial skills. The mean scores and standard deviation of the SDQ domains are shown in [Table 5](#).

Table 5 *The mean and standard deviation of the SDQ domains*

| SDQ domains | Mean (SD) for MCS-5 | Mean (SD) for MCS-6 |
|--------------------|----------------------------|----------------------------|
| Emotional symptoms | 1.87 (1.98) | 2.04 (2.13) |
| Conduct problems | 1.38 (1.57) | 1.41 (1.62) |
| Hyperactivity | 3.10 (2.45) | 2.98 (2.40) |
| Peer problems | 1.35 (1.67) | 1.74 (1.81) |
| TBD | 5.82 (4.51) | 6.12 (4.58) |
| Prosocial skills | 8.81 (1.53) | 8.32 (1.84) |

Note: SD = Standard deviation of the SDQ domains is shown in parenthesis.

b) Life satisfaction scale

The Life Satisfaction Scale was adapted from the ‘Satisfaction with Life’ scale developed by Diener et al. (2003), and consisted of six items (see [Appendix A-2](#)). In both MCS-5 and MCS-6, this scale was used to measure the frequency of the adolescents’ happiness regarding their schoolwork, family, friends, the school they attended, their appearance, and their life as a whole, and included questions such as ‘how do you feel about your family?’. Due to the small sample size in some categories, the seven categories were collapsed into five: 1 = ‘not happy at all’, 2 = ‘mostly unhappy’, 3 = ‘somewhat happy’, 4 = ‘mostly happy’, and 5 = ‘completely happy’. The responses were totalled to provide a score ranging from six to 30, with the higher scores indicating greater life satisfaction ($M = 24.08, SD = 5.36$ for MCS-5; $M = 21.46, SD = 5.78$ for MCS-6).

c) SMFQ

The SMFQ (Angold et al., 1995) was employed for MCS-6. It consisted of 13 self-report items (see [Appendix A-3](#)). The items were negatively worded, for instance ‘I felt miserable or unhappy’, in order to measure the severity of the depressive symptoms experienced in the past two weeks. These were rated on a three-point Likert-type scale consisting of the following response categories: 1 = ‘not true’, 2 = ‘sometimes’, 3 = ‘true’. The responses were totalled to provide a score ranging from 13 to 39, with the higher scores indicating a greater severity of depressive symptoms ($M = 18.53, SD = 5.86$).

d) Rosenberg Self-esteem Scale

The short version of the Rosenberg Self-esteem Scale (Rosenberg, 1965) was used for both MCS-5 and MCS-6 (see [Appendix A-5](#)). These five items were negatively worded, such as ‘I felt miserable or unhappy’, in order to measure the perceived level of self-acceptance and

self-respect, and were rated on a four-point Likert-type scale, ranging from 1 = 'strongly disagree' to 4 = 'strongly agree'. Due to the very small sample size of 'strongly disagree' category, and as the higher response values obtained consistently reflecting positive experiences, the four points were collapsed into three: 1 = 'strongly disagree/disagree', 2 = 'agree', and 3 = 'strongly agree'. This meaningful collapsing increased the statistical power. Also, I was aware of the potential loss of information if there would not be enough sample sizes to test hypotheses of interest regarding this composite variable. The responses were totalled to provide a score ranging from five to 15, with the higher scores indicating a higher level of self-esteem ($M = 11.99, SD = 2.08$ for MCS-5; $M = 10.68, SD = 2.65$ for MCS-6).

II. Measures of School Experiences

a) Academic Self-concept Scale

The most common self-reporting pattern, namely 'I am good at English/Math/Sciences', was used to measure academic self-concept using three items for both MCS-5 and MCS-6 (see [Appendix A-6](#)). Due to the small sample size of some categories, the four points were collapsed into three: 1 = 'disagree', 2 = 'agree', and 3 = 'strongly agree'. The responses were totalled to provide a score ranging from three to nine for both MCS-5 and MCS-6, with the higher scores indicating a higher level of academic self-concept ($M = 6.49, SD = 1.35$ for MCS-5 and $M = 61.15, SD = 1.46$ for MCS-6).

b) Positive School Attitudes Scale

The Positive School Attitudes Scale consisted of seven items for MCS-5 and eight items for MCS-6 (see [Appendix A-7](#)). While the seven items were same for both MCS-5 and MCS-6, there was one extra item ('How often do you find it difficult to keep your mind on your work at school?') for MCS-6. The items, such as 'How often do you try your best at school', sought to measure school attitudes. The four initial categories were recoded into three, due to the small sample sizes of some categories, and as the higher response values obtained consistently reflected positive experiences: 1 = 'never/some of the time', 2 = 'most of the time', and 3 = 'all of the time' for the positively constructed questions; and 1 = 'all of the time/most of the time', 2 = 'some of the time', and 3 = 'never' for the negatively constructed questions. The total score of all the questions was calculated to obtain a single indicator. The responses were totalled to provide a score ranging from seven to 21 for MCS-5, and from eight to 24 for MCS-6, with the higher scores indicating more positive school attitudes ($M = 15.14, SD = 2.68$ for MCS-5; $M = 15.63, SD = 3.01$ for MCS-6).

3.3.1.3. Data analysis plan

Initially, the data sets obtained from MCS-5 and MCS-6 were divided according to the adolescents' SEN status. The following question, rated by the parents, was asked of the participants in both data sets: 'Has your child's school or the local education authority education board ever told you your child has special educational needs/additional support needs?'. The adolescents' SEN status was identified according to their parent's response to this question. It should be noted that Special Educational Needs and Disability (SEND) and Special Educational Needs (SEN) are terms often interchangeably used, but this is not right. The key difference is that while SEND covers children (and adults) who have special needs or have a disability regardless of whether they have a special need, SEN refers children who have special needs regardless of whether they have a disability. Although many children who have SEN may have a disability, children with a disability do not necessarily have SEN. Vice versa, although many children who have an SEN may have a disability, children with SEN do not necessarily have a disability. Through the objectives of this study, children with SEN are only considered, and children who have a disability but do not have SEN are not included in the samples of this study. The two groups subsequently derived from MCS-5 were named '11-year-olds with SEN' and '11-year-olds without SEN'. The same process was applied to MCS-6, and the two groups derived were named '14-year-olds with SEN' and '14-year-olds without SEN'. While the '11-year-olds with SEN' and '14-year-olds with SEN' groups represented pre-adolescents with SEN, the '11-year-olds without SEN' and '14-year-olds without SEN' groups represented more mid-adolescent without SEN. All of the data analysis processes in quantitative phase were applied across these four groups, namely '11-year-olds with SEN', '11-year-olds without SEN', '14-year-olds with SEN', and '14-years-olds without SEN'.

Although ethnicity was one of the background factors recorded, it was only used in the descriptive statistics, and was removed from all of the other data analysis processes, due to the fact that only a small number of parents were from minority ethnic backgrounds, as shown in [Figure 4](#).

When necessary, a conservative test was taken into consideration with regard to the statistical significance of the statistical analyses in this study, with '0.01' and '0.001' considered to be the thresholds of the p -value. This conservative test enabled the strong rejection of the null hypothesis and minimized the probability that the results could occur if there was not an effect to 1% and 0.1% (probability of Type I error) (A. Field, 2013).

Before discussing the statistics obtained, it is important to note that dummy variables were created for gender, attending PTM meetings, FBW, and parental closeness to be used as independent variables in the linear regressions. In terms of the binominal nature of attending PTM meeting in MCS-5 and in MCS-6, the 'no' group was established as the reference category, to which the 'yes' and 'not yet' groups were compared. The dummy variables were named 'attended PTM meeting (yes)' and 'attended PTM meeting (no)' for the 'yes' and 'not yet' groups, respectively. Similarly, in terms of the binominal nature of FBW in MCS-5, the 'yes' group was established as the reference category, to which the 'no' and 'do not wish to answer' groups were compared. The dummy variables were named 'FBW-(no)' and 'FBW-(do not wish to answer)', respectively. In terms of the nominal nature of parental closeness in MCS-5 and MCS-6, the 'no' group was established as the reference category, to which the 'yes' group was compared. The dummy variables were named 'parental closeness (yes)'. Finally, in terms of gender, the 'female' group was established as the reference category, to which the 'male' group was compared.

The quantitative data was analysed under four sections, as follows:

A) Descriptive statistics

In order to provide simple summaries based on the valid data, the percentages for the background and socioeconomic factors, together with the standard deviation and mean values for the parenting measures and the adolescent-related measures were provided separately for each of the following age groups: 11-year-olds with SEN, 11-year-olds without SEN, 14-year-olds with SEN, and 14-year-olds with SEN.

B) A series of regression analyses (child gender and socioeconomic factors → parenting dimensions)

In order to determine the role of gender and socioeconomic factors in the parenting dimensions, a series of regression analyses (linear and multinomial logistic regressions) were employed to examine the unique and cumulative contribution of the predictor variables, namely family income, level of parental education qualifications, and gender, to the parenting dimensions, namely parental expectations and aspirations, homework involvement, extracurricular activity, playing with the child, screen time, NPP, arguing with parents, parental rules, parental control, and parental closeness, for each of the following groups: 11-year-olds with SEN, 11-year-olds without SEN, 14-year-old with SEN, and 14-year-olds with SEN. Linear regressions were run for the all of variables in MCS-5 and MCS-6, with the exception that a series of multinomial logistic regressions was selected, because of the

multinomial nature of the variable of attending PTM (in both MCS-5 and MCS-6) and FBW (in MCS-5), and a nominal logistic regression for parental closeness (in both MCS-5 and MCS-6).

In the linear regression, the relationship between an outcome variable and one or more predictors was examined, then the coefficient beta score gave the change in the outcome when one unit change occurred in a predictor (Muijs, 2010). All of the predictors were input into the linear regression model concurrently. Multicollinearity, namely a high correlation between predictors, was checked for all of the linear regressions (see [Appendix B](#)). This paragraph is also valid for the linear regressions in the next section.

For the multinomial and nominal logistic regressions, the assumptions were linearity, independence of errors, and multicollinearity (A. Field, 2013). The question of how much better the constructed model predicted the school-based parental involvement in MCS-5 was assessed by running the model chi-square statistic, which measured the difference between the model with independent variables (socioeconomic factors and gender) and the baseline model without these predictors (Hartas, 2016).

C) A series of linear regression analyses (gender, socioeconomic factors, and parenting behaviours → AWB)

After checking if the assumption was met, in order to examine the role of gender, socioeconomic factors, and parenting behaviours in adolescents' well-being, a series of linear regression analyses were conducted to test the unique and cumulative contribution of the predictor variables, namely gender, family income, parent education qualifications, parental expectations and aspirations, attending PTM meetings (yes), attending PTM meetings (not yet), homework involvement, extracurricular activity, playing with the child, screen-time, NPP, FBW-(no), FBW-(do not wish to answer), parental rules, parental control, and parental closeness, to the AWB variables, namely emotional symptoms, TBD, prosocial skills, life satisfaction, moods and feelings, self-esteem, academic self-concept, and school attitudes, for the 11-year-olds with SEN, 11-year-olds without SEN, 14-year-olds with SEN, and 14-year-olds with SEN groups.

D) A series of Mann-Whitney U, MANOVA, ANOVA, and t-tests

Initially, the Mann-Whitney U test, a non-parametric test, was employed to assess at the difference between the 'with SEN' and 'without SEN' groups in all the measures of AWB employed in this study. Then, a series of multivariate analyses of variance (MANOVA) were employed to simultaneously analyse the dimensions (i.e., SDQ subscales) of the same

psychosocial construct across the gender and socioeconomic factors. The MANOVA was conducted to examine how the rate of emotional symptoms, behavioural problems, and prosocial skills changed, according to gender, net family income, and parent education qualifications, respectively, in the groups of 11-year-olds with SEN, 11-year-olds without SEN, 14-year-olds with SEN, and 14-year-olds without SEN.

Then, a series of *t*-tests was conducted to determine the rate of life-satisfaction, SMFQ, CU, self-esteem, academic self-concept scale, and positive school attitudes, according to gender, in the groups of 11-year-olds with SEN, 11-year-olds without SEN, 14-year-olds with SEN, and 14-year-olds without SEN. Finally, a series of ANOVA was employed to analyse how the rate of life-satisfaction, SMFQ, self-esteem, academic self-concept scale, and positive school attitudes were dependent on income and parent education level in the groups of 11-year-olds with SEN, 11-year-olds without SEN, 14-year-olds with SEN, and 14-year-olds without SEN. Before running these parametric tests, the assumption of homogeneity was checked (see [Appendix C](#)).

When running the ANOVA and MANOVA, Bonferroni (where there was homoscedasticity) and Games-Howell (where there was heteroscedasticity) post-hoc comparisons were employed. For the Mann-Whitney U test, the Pearson's correlation coefficient *r* was calculated as an effect size (between .0 and .1 is very small, .1–.3 is small, .3–.5 is medium, and .5+ is large) for the comparisons between adolescents with SEN and adolescents without SEN. For the *t*-test, ANOVA, and MANOVA, the Cohen's *d* effect size was calculated as an effect size (between .0 and .2 is very small, .2–.5 is small, .5–.8 is medium, and .8+ is large) for the comparisons of interest in this study, namely top fifth/bottom income level, degree-level qualifications (NVQ5)/no qualifications, and girls/boys.

E) Repeated measure of mixed ANOVA

After providing the assumptions, in order to determine how gender and the level of socioeconomic factors longitudinally affected the adolescents' well-being from age 11 to age 14, a series of mixed ANOVA was conducted to longitudinally examine the relationship between 1) each gender, net family income, and parent education qualification × each of SDQ domains (for example, gender × emotional symptoms); 2) each gender, socioeconomic factors × life satisfaction; 3) gender, net family income, and parent education qualification × self-esteem; 4) gender, net family income, and parent education qualification × academic self-concept; and 5) gender, net family income, and parent education qualification × school-attitudes. Analyses of within-subject factors were deemed appropriate for group

comparisons, the examination of longitudinal patterns, and possible interaction effects between the variables. The within-subject design examined the longitudinal differences in the ratings of the SDQ domains, life satisfaction, self-esteem, academic self-concept, and school attitudes at ages 11 and 14. The interaction effects examined the combined effect of the longitudinal changes in the variables of adolescent mental health and school experiences, and the changes in the variables of adolescent mental health and school experiences according to gender, income quintiles, and the level of parent education qualification.

It is important to highlight that one item ('How often difficult to keep mind on work at school?') on the positive school attitudes scale was excluded for equalizing the questions in the scale for both age groups. Also, for the purpose of this study, only the cases who consistently had SEN, or did not consistently have SEN, from MCS-5 to MCS-6 were included in longitudinal analysis. For example, if a case was identified as having SEN in MCS-5, but not in MCS-6, or vice versa, the case was excluded from the longitudinal analysis. Thus, the findings of the mixed ANOVA showed the between, within, and interaction effects specifically for cases who were consistently rated as having or not having SEN in both MCS-5 and MCS-6. Therefore, the number of cases dropped to 9,487, including 657 cases with SEN (7% of the general longitudinal sample).

When running the mixed-design ANOVA, Bonferroni (where there was homoscedasticity) and Games-Howell (where there was heteroscedasticity) post-hoc comparisons were run. The partial eta-squared (η_p^2) effect size was calculated as an effect size for use in the mixed-design ANOVA (an effect size between .0 – .01 is very small, .01 – .06 is small, .06 – .14 is medium, and .14 is large).

Also, the mean and standard deviation scores of the SDQ domains, Life Satisfaction, Self-esteem, Academic Self-concept, and Positive School Attitudes Scales in each gender groups, each income quintile, and each parent education level were presented to demonstrate how the changes in adolescent mental health and school experiences differed from age 11 to 14 between genders (female/male), between income quintiles (from bottom fifth to top fifth), and across the level of parent education qualifications (from NVQ1 to NVQ5).

3.3.1.4. Reliability

Cronbach's alpha was used to test the internal consistency. The threshold for what is considered to be an acceptable level of internal consistency is over 0.5 (George & Mallery, 2019). As [Table 6](#) shows, the results for almost all the variables were above 0.5. However,

the Cronbach's alpha scores for homework involvement in the 11-year-olds without SEN and 14-year-olds without SEN groups, and the Cronbach's alpha scores for academic self-concept in the 11-year-olds with SEN and 11-year-olds without SEN groups were lower than 0.5. This was likely because the measure of homework involvement and academic self-concept was constituted of either two or three items. The Cronbach's alpha score is generally acknowledged to be affected by the number of items, namely the reliability score can be increased by simply adding more items (George & Mallery, 2019). Thus, the low Cronbach's alpha scores were expected where the measure consisted of a few items (Pallant, 2020). Other reliability-related parameters (total-item correlation and inter-item correlation) for these measures were high enough in both groups, and the measures had Cronbach's alpha scores of above 0.5 in the other equivalent groups. Although these measures were not perfect, overall this suggested that there was not a vital issue with the reliability of homework involvement and academic self-concept.

Table 6 Cronbach's alpha scores

| | 11-year-olds with SEN | 11-year-olds without SEN | 14-year-olds with SEN | 14-year-olds without SEN |
|---------------------------------------|-----------------------|--------------------------|-----------------------|--------------------------|
| Parenting measures | | | | |
| Parental expectations and aspirations | .51 | .52 | .51 | .56 |
| Homework involvement | .74 | .42 | .65 | .36 |
| Extracurricular activity | – | – | .52 | .50 |
| Playing with child | .59 | .62 | – | – |
| Screen time | .61 | .61 | .60 | .65 |
| NPP | .78 | .76 | – | – |
| Arguing with parents | – | – | .69 | .65 |
| Parental rules | .50 | .54 | – | – |
| Parental control | – | – | .78 | .77 |
| The measure of AWB | | | | |
| Emotional symptoms | .73 | .68 | .76 | .70 |
| Conduct problems | .71 | .61 | .74 | .60 |
| Hyperactivity | .80 | .76 | .81 | .74 |
| Peer problems | .72 | .56 | .70 | .56 |
| TBD | .85 | .80 | .85 | .78 |
| Prosocial skills | .75 | .62 | .78 | .72 |
| Life satisfaction | .79 | .82 | .85 | .86 |
| SMFQ | – | – | .92 | .93 |
| Rosenberg self-esteem | .70 | .74 | .87 | .90 |
| Academic self-concept | .48 | .42 | .54 | .55 |
| Positive school attitudes | .67 | .73 | .73 | .75 |

3.3.2. Phase 2 – Qualitative Study

This section discusses the qualitative part of the study, commencing with a discussion of how the qualitative study was designed, and proceeding to detail the qualitative data collection method used. This is followed by a detailed description of the data collection procedures employed, including the pilot and main data collection. The last section explains how the qualitative data was analysed.

Before moving on to the data collection, it is important to state how quantitative analysis influenced the process. Quantitative analysis delineated the association between socioeconomic factors, gender, parenting behaviours, and adolescents' MWB. Thus, I employed the same template when developing my interviews to collect qualitative data. Using this, I effectively clarified the functions for the mixed methodology. For example, I validated the associations explored in the qualitative findings to examine whether they are in conflict with, or compatible with the participants' views during interviews. I then tried to explain why the associations explored in the quantitative data analysis and qualitative findings conflict or are consistent. Thus, qualitative data collection with the already explored association afforded elaborate and multidimensional findings to understand the relationship between socioeconomic factors, gender, parenting behaviours, and adolescents' MWB.

3.3.2.1. Case study

A case study approach was employed for the qualitative part of this study. A case study approach is defined as “an empirical inquiry that investigates a contemporary phenomenon (the ‘case’) in-depth and within its real-world context, especially when the boundaries between phenomenon and context may not be clearly evident” (Yin, 2018, p. 16). Similarly, Creswell, Hanson, Clark Plano, and Morales (2007, p. 245) described it as “a qualitative approach in which the investigator explores a bounded system (a case) over time, through detailed, in-depth data and reports case description and case-based themes”. Meanwhile, Ivankova, Creswell, and Stick (2006) suggested that the purpose of conducting a case study in mixed-methods studies is that it helps to explain why certain external and internal factors tested in the first phase of the study were significant or not significant predictors of the dependent factors. This approach was therefore suitable for addressing one of this study’s aims (see Section 1.2) that sought to explain the perused links in the relationship between the independent factors (socioeconomic factors, gender, and parenting) and the dependent factors (adolescent’s well-being).

According to Yin (2003), there are three types of case study: exploratory, descriptive, and explanatory. In an exploratory case study, the data collection and fieldwork are generally completed before any exact specification of research question(s), although the scope and framework of the study are determined in advance. Meanwhile, “A descriptive case study is one that is focused and detailed, in which propositions and questions about a phenomenon are carefully scrutinized and articulated at the outset” (Tobin, 2010, p. 289). Finally, an explanatory case study seeks “to explain the presumed causal link in real-world interventions that are too complex for survey or experimental methods” (Yin, 2018, p. 19).

An explanatory case study is considered to be the most important application of the case study approach (Yin, 2018), and was deemed to be the case study type that was most suitable for addressing this study’s aim. However, although there is a difference between the explanatory and descriptive case study approaches, the distinctions between them are not incontrovertible (Ab Rahman, 2019). Therefore, this study included elements of an explanatory case study, as well as those of a descriptive case study. It was an explanatory case study as the findings explained the complex relationship between a family’s socioeconomic circumstances, parent’s behaviour, and gender and adolescent’s mental health and school experiences. Secondly, it was descriptive case study, because the detailed findings obtained from the parent’s experience regarding their parenting and their child’s mental health and school experiences in a socioeconomic context helped to scrutinize and articulate the research question.

3.3.2.2. Semi-structured interviews

A semi-structured interview has some predetermined questions concerning a theme or topic, and follow-up questions are then asked, depending on the interviewee’s responses (Bryman, 2016).

In-depth semi-structured interviews were selected for this study because while this necessitated managing the interview around consistent patterns, there was also leeway for the interviewee to expatiate about developing themes. The use of semi-structured interviews also allowed flexibility to explore the participants’ views regarding the complex relationships under exploration, and enabled the unlimited explanation of these relationships. Therefore, the choice of the semi-structured interview format sought to overcome some of the inherent problems in conducting quantitative surveys that are only able to explain the complex relationship between independent and dependent variables in a limited way. In brief, the findings of the semi-structured interviews were employed to

illustrate more clearly, augment, and assist in interpreting or scrutinizing the set of findings obtained in Phase 1 of the study (Greene, Benjamin, & Goodyear, 2001).

The questions in the MCS-5 and MCS-6 parenting questionnaires used in Phase 1 were posed to all the participants in Phase 2 of the study. They represented the main questions in the interviews, and as in Phase 1, were grouped into 5 sections: parental expectations and aspirations, parental involvement (school-based involvement, homework involvement, extracurricular activities, playing with the child, and screen-time), parental discipline (NPP, conflictual relationship, and parental rules), parental control, and parental closeness (see [Appendix D](#)). In Phase 1, the measures of school-based involvement and parental closeness consisted of a single item. Therefore, in order to scrutinize the matter in depth, in addition to the questions from Phase 1, three new questions for school-based involvement were prepared: “Have you had any specially arranged meetings with teachers? If yes, what was the reason for the meeting?”; “Apart from PTMs and the arranged meetings, how often do you visit the school?”, and “How often do you communicate with [child's name]’s teachers, including by email and phone?”. In addition, there was one new question for parental closeness: “Do you talk to [child's name] about things that are important to [him/her]?”; two additional questions for homework involvement: “Did you or another member of your family have a tutor for [child's name] for extra classes or lessons?”, and “Did you get involved in the process when your child decided which subject she/he would be studying?”; and one extra question for playing with children: “Apart from playing games, what else do you do as a family? (e.g., discussing books, politics etc.)”. In order to associate parenting behaviours with the participants’ children’s well-being, follow-up questions were also prepared for use in all groups of the main questions, such as, “How does your involvement in your children’s homework contribute to [child's name]?” together with verbal prompts, such as, “Why?”, “How?”, “Can you give me one example?”, and expressional prompts, such as waiting a few seconds after asking the questions. An additional question was prepared for the end of the interview: “What would you like to do for [child's name] if you had more time and money?”. This question sought to understand in greater depth how the parents related the effect of their SES to their child’s well-being.

The research design in this phase of the study provided an opportunity to access the parents’ world to make sense of the relationship between their parenting dimensions and SES and their child’s well-being. Hence, gaining a fuller picture and a deeper understanding via the conducting of eight semi-structured interviews was the rationale for their use in this study.

3.3.2.3. Data collection

This section presents the methods used for the qualitative data collection in detail. The data collection began in July 2019 and the process was completed in January 2020. The data was collected in two sections: pilot data collection and main data collection. I used my individual network to contact the potential participants. Initially, the data collection process was slow, but then snowballed as each participant recommended another. Ultimately, eight participants participated in interviews that produced sufficient extensive data for the purpose of the study. Therefore, the strength of this phase lay in its depth rather than its breadth.

Pilot study data collection

The pilot study aimed to determine and resolve any potential issues and barriers. It was important to ensure that the interviews were conducted in a culturally appropriate way, and that the interview questions were suitable for obtaining a complete understanding of the participants' views and situation. In total, two pilot interviews were conducted, and these lasted for 45 minutes and 120 minutes, respectively. The first pilot interview was short, and during the interview I was aware that I was passive and did not effectively connect the main questions to the questions related to adolescents' well-being. Moreover, I could not use probing questions effectively in a timely manner, which gave me the impression that there was a barrier between myself and the participants.

Before conducting the second pilot interview, I changed some of follow-up and probing questions, in order that they would more effectively provide details concerning particular themes. I also prepared a written list of questions with potential probes, and follow-up questions. During the second interview, I tried to use a simple language, rather than jargon, and asked the questions inquisitively, rather than being timid. Based on this experience, I was able to create a reciprocal, relaxed intervening atmosphere between myself and the participants. However, this was time-consuming, and I was concerned that the participant's attention to the questions would diminish over the course of the interview. I therefore decided to combine some questions into paired questions. For example, the questions regarding parental expectations and parental aspirations, and to pose them as a single question.

The overall gain for the full study of conducting these pilot interviews was that I improved my interviewing process in two ways. First, I decided to commence by providing information about the length of the interview, and to offer the participant the option of

conducting the interview in two sections. Second, I decided to present myself as relaxed and friendly, rather than quietly formal, in order to make the participants feel relaxed and able to share their experiences.

Main data collection

Before meeting the participants, I contacted them through the introducers who helped to reach the potential participants, and provided them with brief information about the interview and the study. After they agreed to give me their phone number, I provided more extensive details about the study, and once they had provided their verbal consent to participate in the study, a convenient time for conducting the interview was arranged. At the outset of the interview, I provided a detailed explanation of the study, discussed the purpose of the interview, explained that the data would be anonymized, where and how the data collected would be recorded and used, and that it would be protected in a secure way. I also verbally informed them that they had the right to withdraw from the interview at any time, during or after the interview. Then, I provided the participant with a printed consent form to sign. After receiving their signed consent form, I commenced the interview.

During the interviews, the main questions were asked, as shown in [Appendix D](#). After asking the main questions, when necessary, I immediately posed follow-questions, or used prompts related to AWB to explore the participants' experience and the relationship between parenting and children's mental health and school experiences. Finally, I asked an additional question about their directly related SES (see above), in order to understand how they related the effect of their SES to their children's well-being.

3.3.2.4. Analysing the interviews

A thematic data analysis approach was applied to the data obtained via the eight in-depth semi-structured interviews in this study. A thematic analysis is defined as a "method for identifying, analysing and reporting patterns (themes) within data" (Braun & Clarke, 2006, p. 79)

In order to analyse the qualitative data, Creswell and Poth (2016) suggested the use of three steps that were followed by the present study:

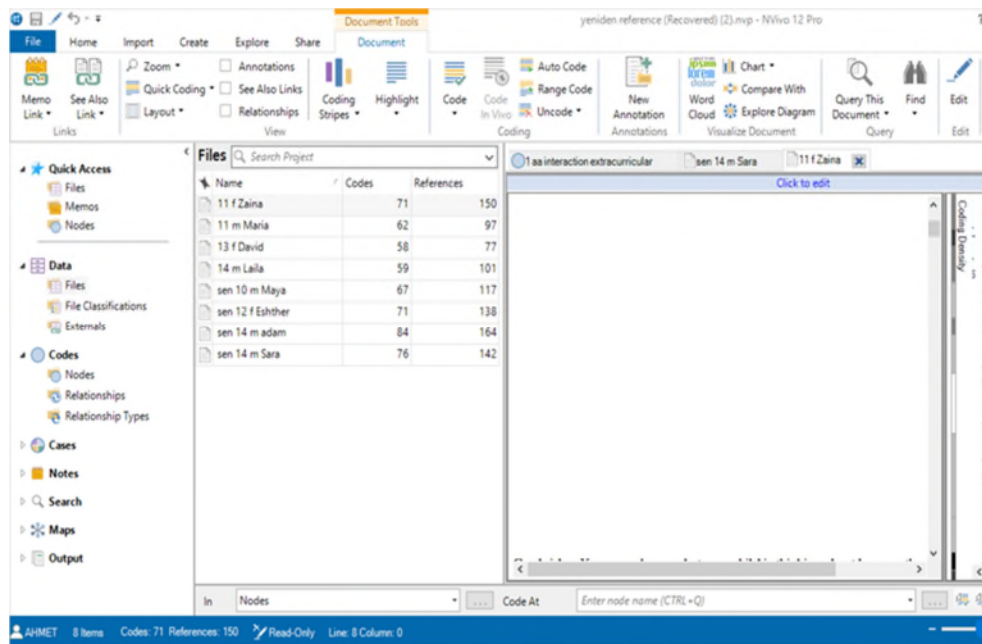
- Operationalizing the data for analysis (namely, transcription);
- Distilling the data into themes via a coding process;
- Illustrating the data in figures, or representing it in a discussion.

All of the interviews were recorded on my phone. The records were secured by establishing a strong password to enter the field in which records were saved on my phone. I did not experience any issues with the recording. Then, the data collected was secured in my personal cloud storage. Some recordings were stopped and resumed, according to the interviewee's wishes. Once the interviews were completed, all of the recordings were transcribed (see [Appendix E](#)). This was a lengthy process that took more than one and a half months.

In total, six of the eight interviews were conducted in English, one in Turkish, and one in both English and British Sign Language. Before transcribing the interview recordings, it was necessary to translate the Turkish interview to English. The British Sign Language was interpreted to English by the participant's colleague during the interview. All of the interviews were transcribed verbatim, and only language fillers, such as 'as', 'so', 'um', and 'y'know', were omitted. In addition, on a small number of occasions, I corrected ungrammatical sentences, in order to make them comprehensible. These corrections were identified by the use of square brackets.

Once the transcripts were ready, as Creswell and Poth (2016) suggested, I read each interview at least twice, in order to get a sense of their content. Additionally, when I was reading the transcripts, I took notes or emboldened some words as memos. I then used NVivo 12 software to analyse the transcripts. I imported the transcripts into NVivo, which helped me to organize the coding process; [Figure 9](#) shows an example of the coding process in NVivo 12. The use of this software for the coding process enabled me to group the excerpts that reflected the same or similar experiences into one, conflating the text. In order to display a readable and well-ordered narrative, I created sub-themes around the core ideas identified, and presented the data as the sum of the transcripts' content.

Figure 9 A screen capture of the coding process in NVivo 12



Before starting the coding process, I created seven predetermined themes (see [Table 7](#)) that emerged from the quantitative data analysis process, two of which were gender and socioeconomic status, while the other five represented each of the five parenting dimensions, namely parental expectations and aspirations, parental involvement, parental discipline, parental control, and parental closeness. I then commenced the coding process; this was a challenging stage as I was confused by the placement of the codes, which often appeared to be suitable for more than one theme. As a result of my supervisor's recommendation, I decided to adopt a more flexible position and double-coded some of the extracts. I developed tentative codes related to each of the predetermined themes, then reduced the number of codes by reviewing and re-reviewing them. I finally combined the suitable codes with the predetermined themes. This process was 'top-down' in nature (Hammond & Wellington, 2012).

After completing the process of combining the codes under the predetermined themes, I recommenced the review of the transcripts and created a list of open codes arising from the participants' reflections, and these included surprising and conceptually interesting information. Finally, I combined these codes into four new themes named 'additional themes' (see [Table 7](#)). Of these additional themes, two were related to background factors: 1) marital status, and 2) SEN/school policies and provisions (those that influenced the parent's behaviour when rearing their child). Meanwhile, two of the additional themes were

related to parenting dimensions: 1) parental support (encouraging, complimenting, and giving positive feedback in order that adolescents felt supported by their family); and 2) being a positive role model (adolescents are inspired to, for instance, increase their ability by their parents, members of their core family, or a famous person who is held as a role model by the parents). This open coding process was ‘bottom-up’ in nature (Hammond & Wellington, 2012). An example table shows how the codes combined into the theme of parental expectations and aspirations in [Appendix F](#).

Table 7 *The list of themes*

| Themes | | | |
|---|---|------------------------------------|-----------------------------|
| Predetermined themes | | Additional themes | |
| Gender and socioeconomic factors | Parenting dimensions | Background factors | Parenting dimensions |
| Gender | Parental expectation and aspiration | Marital status | Parental support |
| SES | Parental involvement Parental discipline Parental control Parental closeness | SEN/school policies and provisions | Being a positive role model |

In order to achieve a well-ordered narrative, the findings were reported under the following four sections:

- A) The social and economic context of parenting: this scrutinized the relationship of the themes regarding the background and socioeconomic factors, namely gender, SES, marital status, school policies and provision, and parental knowledge, with the parenting dimensions by considering SEN status and age;
- B) Parenting and AWB: this probed the relationship of the themes regarding the parenting dimensions, namely parental expectations and aspirations, parental involvement, parental discipline, parental control, parental closeness, parental support, and being a role model, with

adolescent mental health and school experiences by considering SEN status and age;

- C) The social and economic context of AWB: this explored the relationship of the themes of background and socioeconomic factors, namely gender, SES, marital status, school policies and provisions, and parental knowledge, and adolescents' well-being by considering SEN status and age;
- D) Changes in adolescents' well-being: this investigated the contribution of the themes of parenting, background factors, and socioeconomic factors to changes in AWB from preadolescence to mid-adolescence. Similarly to the previous category, SEN status was considered to determine how this relationship changed in the case of adolescents with SEN.

The findings under each of these four sections were analysed in two steps. The first step examined the findings that were common for both adolescents with SEN and without SEN, while the second explored how the relevant findings in each of these four sections specifically differed according to adolescents' special needs, analysing only the findings from the interviews with participants who had an adolescent with SEN.

Through the use of these four sections, the qualitative findings were reported in a way that was compatible with and similar to the reporting of the quantitative findings, and this approach was also appropriate for illustrating the validation, elaboration, enhancement, expansion, and conflicts between the qualitative and quantitative findings when they were combined. Further details regarding the relationships between the quantitative and qualitative findings are provided at the beginning of Chapter 4 – Results.

3.4. Research ethics

Although this study explored the well-being of adolescents with SEN and adolescents without SEN, there was no direct participation of vulnerable individuals. Nevertheless, the fact that the interviews were conducted with the participants, regarding their children, meant that it was essential to consider the ethical issues involved. These ethical issues were carefully considered at all stages of the study.

There were several ethical issues that it was necessary to address: the safety of the participants, the anonymizing of the participants' names and other personally identifying information, and data protection. Therefore, before proceeding with the data collection, the

ethical principles of the British Educational Research Association (BERA, 2018) were followed. Also, initial approval to conduct the research, on the basis of the ethical approval form submitted, was obtained from the University of Warwick's Institute of Education Ethics Committee (see [Appendix G](#)).

I explored ethical issues over two steps before using the secondary data. In the first step, although MCS is one of the most known datasets and has been used by a myriad of studies in various disciplines, I investigated how researchers of MCS approached ethical issues, including confidentiality, respondents' well-being and safety, consent process (including consent for future uses). The reports (see Burston et al., 2016; Gallop et al., 2013; Shepherd & Gilbert, 2019) provided further information about ethical issues and informed consent in the fifth and sixth stages of the MCS. Before the interviews were conducted, ethical approval for using MCS-5 and MCS-6 was obtained from University College London – Centre for Longitudinal Studies (Shepherd & Gilbert, 2019). During the data collection phase, the parents and children were informed about the purpose of the MCS, and about matters associated with confidentiality and anonymity. Written consent forms were then signed by each participant.

In the second step, I reviewed the literature to explore what ethical issues I should consider as a secondary data user. The relevant literature highlights three key points for consideration. These are the research's ethical appropriateness within the context of obtained consent, whether data re-usage damages the anonymization of participants, and the storage of the data (Tripathy, 2013). The University of Warwick's Institute of Education Ethics Committee approved the ethical appropriateness of this study. In addition, before downloading the data, I agreed to the terms and conditions for using the MCS data set, and stated my research aims. Then, the UK Data Archive provided me with downloadable MCS datasets. Notably, the participants in the MCS are already anonymized with a randomized code, so nobody can access their names, addresses, or any other contact details. Furthermore, I did not even use the codes given throughout my study. This further ensured confidentiality. Finally, the downloaded datasets were stored in an encrypted file on a password-protected individual computer (H drive).

Before commencing the qualitative data collection, instead of simply requiring the participants to sign a consent form and providing them with an information sheet, they were presented verbally with comprehensive information about the purpose of the study, the research procedure, their participation, the use of pseudonyms instead of real names, the

anonymizing of other personal identifying information, and their rights arising from their participation. They were also reminded that their participation was voluntarily, that they could withdraw from the interview process at any point, and could ask that the data from their participation be discarded after the data collection. This verbal explanation ensured that the participants understood the conditions of their consent to participate, and ultimately enhanced the value and ethically effective nature of the interviews. After this verbal information was provided and the participants' verbal consent was received, participants were given an opportunity to ask questions. Consent forms (see [Appendix H](#)) were then provided to each participant, after ensuring that they had access to all the necessary information before signing it.

In addition, permission was sought from each participant to voice-record the interviews. I was the only person involved in transcribing the records. The files of these records, the transcriptions, and other data were named using pseudonyms, and were stored on my password-protected individual computer. Specifically, I used H drive accessed from my personal computer. The H drive is a university server allocated to my personal use. It allowed me to retain my records under high-end security. The H drive is a type of cloud storage that kept my records safe against data loss or loss of my personal computer. All the data was shared with my supervisor, but only for the purpose of data analysis.

In order to determine whether the participants' version of their parenting experiences with their children was trustworthy, certain basic strategies were employed. I always observed the parents' facial expressions and hand gestures, and I also asked whether they needed a break, and whether they felt bored or any other negative emotions that might harm their trustworthiness. I believe that I created a good bond between myself and the participants, in order to ease the data collection and interview process. In addition, I asked the participants to decide the location where the interview took place, although I requested that their children were not present at the same location, in order to avoid any confidentiality issues for the family concerned.

3.5. Chapter summary

This chapter discussed the ontological and epistemological assumptions both generally and specifically related to this study. It explained that an explanatory sequential research method design was adopted, and that this study included both qualitative and quantitative phases. In the first phase, the quantitative data obtained from the fifth and sixth sweeps of the MCS was grouped into four: 11-year-olds with SEN, 11-year-olds without SEN, 14-year-olds with

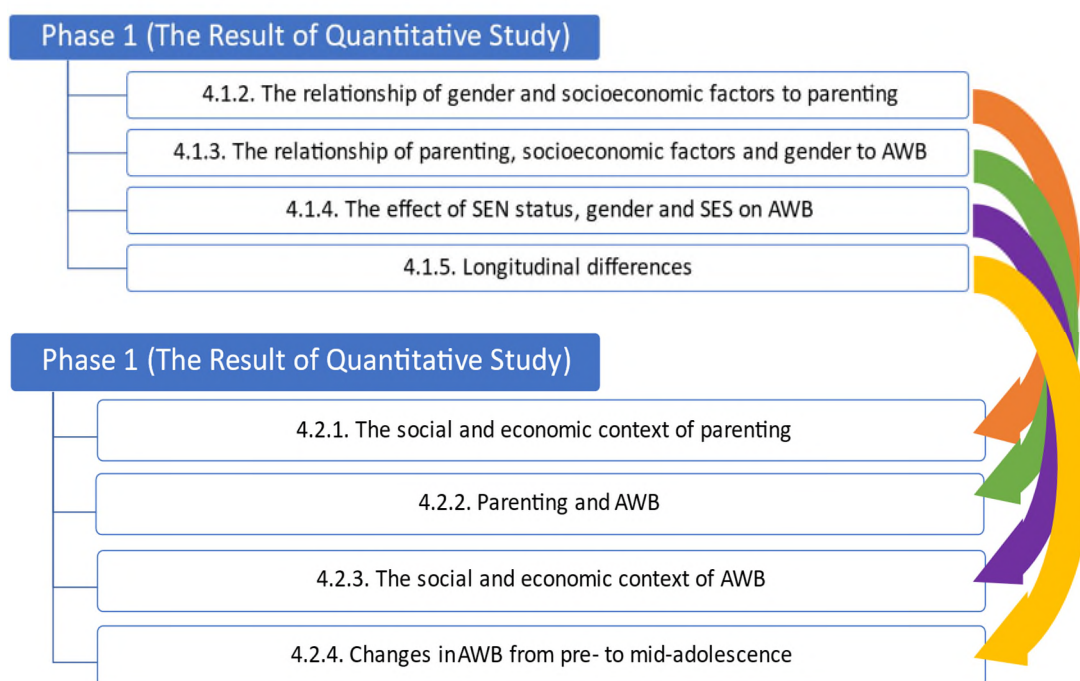
SEN, and 14-year-olds without SEN. The quantitative data in these four groups was then analysed using descriptive statistics, regressions, MANOVA, and repeated measures mixed model ANOVAs. In the second phase, the collection of the qualitative data was designed as a case study, and the data was collected via semi-structured interviews. These interviews were analysed using a thematic analysis. The quantitative data analyses helped to reveal the links between gender, SES, parenting, and AWB, and the qualitative data analyses enabled the identification and exploration of the underlying reasons for these links.

4. Results

This chapter explains the results obtained from Phase 1 (the quantitative study) and Phase 2 (the qualitative study) data collection sections. The results pertaining to the two phases are presented separately.

The quantitative results obtained from Phase 1 are reported in 5 sections. Each of these four sections was paired with one of the four sections pertaining to Phase 2, as illustrated in [Figure 10](#). Thus, the results of the qualitative study helped to refine and explain the results obtained in the quantitative study.

Figure 10 *Qualitative and quantitative results sections*



4.1. Phase 1 (Results of the Quantitative Study)

4.1.1. Descriptive results

As shown at [Appendix J](#), the mean and standard deviation scores were calculated for the variables of parenting and AWB. For the single-item variables attending gender, income, parent educational qualification, PTM, FBW and parental closeness, percentages were calculated.

The ratio of boys to girls in the with-SEN groups is 2: 1, while the balance is slightly in favour of girls in the without-SEN groups. The data also indicates that the ethnicity of the main respondents (parents) in all the groups is predominantly White. The percentages of the bottom, second and third income quintiles in the with-SEN groups were higher than the

percentages of the bottom, second and third income quintiles in the without-SEN group. The percentages of the none, NVQ1, NVQ2 and NVQ3 in the with-SEN groups were higher than the percentages of the none, NVQ1, NVQ2 and NVQ3 in the without-SEN groups.

The average scores of parental expectations and aspirations in the without-SEN groups were higher than in the with-SEN groups. The average scores of parental expectations and aspirations were the same for the-with SEN at ages 11 and 14 and for the without-SEN at aged 11 and 14. More than 91% parents responded 'yes' to attending PTM in both age 11 groups; around 4% and 3% responded 'no' in the 11-year-olds with SEN and 11-year-olds without SEN groups, respectively, and nearly 5% responded 'not yet' in both 11-year-olds groups. More than 80.3% of parents in the 14-year-olds with SEN and 85.1% in the 14-year-olds without SEN groups responded 'yes' to attending PTM; 11% in the 14-year-olds with SEN and 6.4% in the 14-year-olds without SEN groups responded 'no' and nearly 9% responded 'not yet' in both 14-year-olds groups. The homework involvement, screen time mean scores in the with-SEN groups were lower than in the without-SEN groups at ages 11 and 14. While 14-year-olds with SEN have a relatively lower average score of extracurricular activity than 14 years without SEN, parents of 11-year-olds with SEN play with their children, and use higher NPP more than parents of 11-year-olds without SEN. While 4 out of 10 parents of 11-year-olds with SEN (40.5%) had FBW with their children, more than half of the parents (56%) responded "no". The situation changes in the case of parents of 11-year-olds without SEN where more than one fourth of the parents (26%) had FBW with their children but more than 7 out of 10 parents (71.1%) responded "no". The average score of arguing with parents for 14-year-olds with SEN was higher than that of 14-year-olds without SEN. The average scores pertaining to parental rules for 11-year-olds with SEN and 11-year-olds without SEN were similar. The average scores of parental control for 14-year-olds with SEN and 14-year-olds without SEN are similar. More than 9 out of 10 parents rated parental closeness as 'very close or extremely close' in both the 11-year-olds groups. Around 87% of parents of 14-year-olds with SEN and without SEN rated parental closeness as 'very close or extremely close'. More than 13% of 14-year-olds with SEN and nearly 13% of 14-year-olds without SEN rated it 'fairly close or less'.

The average of the emotional symptoms of the age 11 and age 14 with SEN and without SEN groups increases. At ages 11 and 14, the average emotional problems, conduct problems, hyperactivity, peer problems, TBD and negative attitudes towards school of adolescents with SEN were higher than adolescents without SEN while the average prosocial skill and academic self-concept of adolescents with SEN were lower than adolescents without SEN.

Also, the average negative feels and moods of 14-year-olds with SEN were higher than 14-year-olds without SEN. While the average self-esteem of 11-year-olds were lower than 11-year-olds without SEN, the average between these groups were same at age 14. For both adolescents with and without SEN, while the average of emotional symptoms, peer problems and TBD increases from age 11 to 14, hyperactivity, prosocial skills, life satisfaction, self-esteem and academic self-concept decreases. For both adolescents with and without SEN, the average conduct problems were same from age 11 to 14.'

4.1.2. The relationship of gender and socioeconomic factors to parenting

The result showed a clear picture of the association between gender and parenting, that the parents of girls with and without SEN were more likely to perform optimal parenting. Income and parent educational qualification were significant variables explaining that socioeconomically advantaged parents were more likely to perform optimal parenting.

4.1.2.1. Parental Expectations and Aspirations

The linear regression analysis on parent expectations and aspirations for 11-year-olds with SEN produced an adjusted R^2 of .032, meaning that more than 3% of the variance in parental expectations and aspirations was accounted for by the predictor variables. Also, the ANOVA test, $F(3, 1253) = 15.045, p < .001$, was statistically significant. Similarly, the linear regression on parent expectations and aspirations for 11-year-olds without SEN produced an adjusted R^2 of .046, indicating that nearly 5% of the variance in the parental expectations and aspirations was accounted for by the predictor variables. The ANOVA test $F(3, 10564) = 171.348, p < .001$ was statistically significant.

The linear regression analysis on parent expectations and aspirations for 14-year-olds with SEN produced an adjusted R^2 of .044, meaning that more than 4% of the variance in parental expectations and aspirations was accounted for by the predictor variables. Also, the ANOVA test, $F(3, 1057) = 17.072, p < .001$, was statistically significant. Similarly, the linear regression on parent expectations and aspirations for 14-year-olds without SEN produced an adjusted R^2 of .061, indicating that more than 6% of the variance in the parental expectations and aspirations was accounted for by the predictor variables. The ANOVA test $F(3, 9862) = 215.346, p < .001$ was statistically significant.

As [Table 8](#) shows, gender was found to be a significant predictor of parent expectations and aspirations within all groups, i.e. 11-year-olds with SEN ($\beta = -.129, p < .001$), 11-year-olds without SEN ($\beta = -.123, p < .001$), 14-year-olds with SEN ($\beta = -.170, p < .001$) and 14-

year-olds without SEN ($\beta = -.142, p < .001$). While income did not significantly contribute to parental expectations and aspirations of 11-year-olds with SEN, 11-year-olds without SEN and 14-year-olds with SEN, it was found to be a significant predictor of 14-year-olds without SEN ($\beta = .055, p < .001$). Parent education significantly contributed to parent expectations and aspirations of 11-year-olds with SEN ($\beta = .140, p < .001$), 11-year-olds without SEN ($\beta = .173, p < .001$), and 14-year-olds without SEN ($\beta = .169, p < .001$), but it did not significantly predict the parental expectations and aspirations of 14-year-olds with SEN.

4.1.2.2. Parental involvement

This section presents the results relating to parental involvement on two levels: school-based involvement and home-based involvement.

I. School-based Parental Involvement

Multinomial logistic regressions were employed for school-based involvement (attending PTM and categories: yes, no, not yet) in all groups. The reference category was “yes”.

For the multinomial logistic regressions on the variable ‘attending PTM’ in the 11-year-olds with SEN group, the omnibus test $\chi^2(20) = 46.105, p = .001$ was statistically significant, pointing to a good model fit. The Nagelkerke pseudo r^2 was .069, indicating that nearly 7% of the variance in attending PTM was accounted for in the full model. Also, the Pearson ($sig. = .061$) and Deviance ($sig. = .219$) tests were not statistically significant, meaning that the observed probability matched the predicted probability. Finally, the model for ‘attending PTM’ correctly classified 92.3% of cases with the predictors included.

For the multinomial logistic regressions on the variable ‘attending PTM’ in the 11-year-olds without SEN group, the omnibus test $\chi^2(20) = 107.675, p < .001$ was statistically significant, pointing to a good model fit. The Nagelkerke pseudo r^2 was .021, indicating that more than 2% of the variance in attending PTM was accounted for in the full model. Also, the Pearson ($sig. = .909$) and Deviance ($sig. = .709$) tests were not statistically significant, meaning that the observed probability matched the predicted probability. Finally, the model for ‘attending PTM’ correctly classified 92.4% of cases with the predictors included.

For the multinomial logistic regressions on the variable ‘attending PTM’ in the 14-year-olds with SEN group, the omnibus test $\chi^2(20) = 65.559, p < .001$ was statistically significant, pointing to a good model fit. The Nagelkerke pseudo r^2 was .083, indicating that more than 8% of the variance in attending PTM was accounted for in the full model. Also, the Pearson ($sig. = .925$) and Deviance ($sig. = .812$) tests were not statistically significant, meaning that

the observed probability matched the predicted probability. Finally, the model for 'attending PTM' correctly classified 80.6% of cases with the predictors included.

For the multinomial logistic regressions on the variable 'attending PTM' in the 14-year-olds without SEN group, the omnibus test $\chi^2(20) = 177.522, p < .001$ was statistically significant, pointing to a good model fit. The Nagelkerke pseudo r^2 was .027, indicating that nearly 3% of the variance in attending PTM was accounted for in the full model. Also, the Pearson (*sig.* = .378) and Deviance (*sig.* = .183) tests were not statistically significant, meaning that the observed probability matched the predicted probability. Finally, the model for 'attending PTM' correctly classified 85.1% of cases with the predictors included.

As [Table 8](#) shows, with regard to income, parents from the bottom quintile (OR = 2.68, $p < .001$) were more than 2.5 times likely and parents from the second quintile (OR = 2.21, $p < .001$) were over 2 times more likely than parents from the top quintile to report not attending PTM in the 11-year-olds without SEN group. Also, parents from the bottom (OR = 1.72, $p < .01$), the second (OR = 1.79, $p < .001$) and the third quintiles (OR = 1.85, $p < .001$) were nearly twice more likely than parents from the top quintile to report not attending PTM yet in the 11-year-olds without SEN group. The findings were the same for the 14-year-olds without SEN group. The bottom quintile (OR = 2.79, $p < .001$) was nearly 3 times, the second quintile (OR = 2.30, $p < .001$) was more than twice and the third quintile (OR = 1.81, $p < .001$) was nearly twice more likely than the parents from the top income quintile to report not attending PTM. In addition, parents from the bottom quintile (OR = 1.49, $p < .01$) and the third quintile (OR = 1.44, $p < .01$) were 49% and 44% more likely than parents from the top quintile to report not attending PTM. While income was not found to be significantly correlated to the attending PTM of children with SEN groups, neither gender nor parent education was found to be significantly correlated to the rate of attending PTM of all groups.

Table 8 B, SE and odds ratio for the school-based involvement

| | 11-year-olds with SEN | | | | 11-year-olds without SEN | | | |
|-------------------------|-----------------------|-----|------------------|-----|---------------------------|-----|---------------------------|-----|
| | No | | Not yet | | No | | Not yet | |
| | OR (95% CI) | SE | OR (95% CI) | SE | OR (95% CI) | SE | OR (95% CI) | SE |
| Gender | 1.70 (.87/3.32) | .12 | 1.08 (.62/1.90) | .59 | 1.09 (.88/1.37) | .12 | .94 (.78/1.13) | .09 |
| Income | | | | | | | | |
| Bottom quintile | 2.44 (.78/7.66) | .13 | 2.63 (.83/8.37) | .29 | 2.68 (1.69/4.26)** | .24 | 1.72 (1.20/2.48)* | .19 |
| Second quintile | 1.60 (.51/5.02) | .42 | 1.753 (.54/5.67) | .59 | 2.21 (1.42/3.44)** | .23 | 1.79 (1.29/2.48)** | .17 |
| Third quintile | .34 (.08/1.49) | .15 | 2.50 (.86/7.32) | .60 | 1.43 (.91/2.24) | .24 | 1.85 (1.36/2.50)** | .15 |
| Fourth quintile | .71 (.20/2.45) | .59 | 1.616 (.52/5.02) | .55 | 1.16 (.74/1.84) | .24 | 1.19 (.87/1.63) | .16 |
| Top quintile | - | - | - | - | - | - | - | - |
| Parent education | | | | | | | | |
| None | 1.01 (.26/3.96) | .99 | 1.14 (.34/3.79) | .61 | 1.28 (.70/2.32) | .30 | .65 (.41/1.02) | .23 |
| NVQ1 | .96 (.22/4.11) | .95 | 1.08 (.30/3.84) | .65 | 1.45 (.79/2.68) | .31 | .54 (.32/.89) | .26 |
| NVQ2 | .49 (.13/1.88) | .30 | .43 (.13/1.36) | .59 | 1.21 (.71/2.06) | .27 | .71 (.49/1.01) | .18 |
| NVQ3 | .58 (.14/2.36) | .45 | .41 (.11/1.44) | .65 | 1.16 (.66/2.02) | .28 | .74 (.51/1.09) | .19 |
| NVQ4 | .58 (.14/2.36) | .25 | .68 (.24/1.94) | .54 | .74 (.44/1.26) | .27 | .75 (.54/1.04) | .17 |

NVQ5

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| | 14-year-olds with SEN | | | | 14-year-olds without SEN | | | |
|-------------------------|-----------------------|-----|------------------------|-----|---------------------------|-----|--------------------------|-----|
| | No OR (95% CI) | SE | Not yet OR (95% CI) | SE | No OR (95% CI) | SE | Not yet OR (95% CI) | SE |
| Gender | .90 (.59/1.38) | .22 | .95 (.60/1.49) | .24 | 1.09 (.93/1.28) | .08 | .89 (.77/1.02) | .07 |
| income | | | | | | | | |
| Bottom quintile | 2.88 (1.22/6.81) | .44 | 1.35 (.61/2.99) | .42 | 2.79 (2.03/3.84)** | .16 | 1.49 (1.13/1.96)* | .14 |
| Second quintile | 2.56 (1.12/5.88) | .43 | 1.22 (.58/2.57) | .39 | 2.30 (1.70/3.11)** | .16 | 1.33 (1.03/1.70) | .13 |
| Third quintile | 1.72 (.74/3.99) | .43 | .82 (.39/1.79) | .41 | 1.81 (1.35/2.43)** | .15 | 1.44 (1.15/1.80)* | .11 |
| Fourth quintile | 1.35 (.55/3.31) | .46 | 1.12 (.54/2.33) | .38 | 1.02 (.75/1.39) | .16 | 1.11 (.90/1.38) | .11 |
| Top quintile | - | - | - | - | - | - | - | - |
| Parent education | | | | | | | | |
| None | 3.01 (1.00/9.01) | .56 | 4.10 (1.04/16.16) | .70 | 1.43 (.95/2.15) | .21 | .94 (.65/1.36) | .19 |
| NVQ1 | 2.91 (.94/8.96) | .57 | 5.03 (1.27/19.89) | .70 | 1.80 (1.18/2.75) | .22 | .91 (.61/1.37) | .21 |
| NVQ2 | 1.72 (.62/4.79) | .52 | 2.68 (.75/9.51) | .65 | 1.37 (.96/1.95) | .18 | 1.10 (.83/1.45) | .14 |
| NVQ3 | .82 (2.61/2.58) | .58 | 2.58 (.70/9.50) | .67 | 1.30 (.89/1.89) | .19 | 1.19 (.89/1.60) | .15 |

| | | | | | | | | |
|------|----------------|-----|-----------------|-----|-----------------|-----|-----------------|-----|
| NVQ4 | .88 (.32/2.48) | .52 | 2.46 (.72/8.33) | .62 | 1.01 (.72/1.42) | .17 | 1.19 (.93/1.53) | .13 |
| NVQ5 | - | - | - | - | - | - | - | - |

Note. Reference group: "Yes" (N=1297 for 11 with SEN, N=10740 for 11 without SEN, N=1074 for 14 with SEN, N= 10272 for 14 without SEN). OR = Odds Ratio. SE = Standard Error. 95% CI = Confidence Interval.

* $p < .01$.; ** $p < .001$

II. Home-based Parental Involvement

This section reports the results relating to the cumulative contribution of gender and socioeconomic factors to homework involvement, extracurricular activity, playing with child and screen time.

a) Homework involvement

The linear regression analysis on homework involvement for 11-year-olds with SEN produced an adjusted R^2 of .071, meaning that more than 7% of the variance in homework involvement was accounted for by the predictor variables. Also, the ANOVA test, $F(3, 1288) = 33.824, p < .001$, was statistically significant. In the linear regression on homework involvement for 11-year-olds without SEN, the adjusted R^2 was .029, indicating that nearly 3% of the variance in the homework involvement was accounted for by the predictor variables. The ANOVA test $F(3, 10705) = 105.877, p < .001$ was statistically significant.

The linear regression analysis on homework involvement for 14-year-olds with SEN produced an adjusted R^2 of .082, meaning that more than 8% of the variance in homework involvement was accounted for by the predictor variables. Also, the ANOVA test, $F(3, 977) = 30.049, p < .001$, was statistically significant. In the linear regression on homework involvement for 14-year-olds without SEN, the adjusted R^2 was .031, indicating that more than 3% of the variance in the homework involvement was accounted for by the predictor variables. The ANOVA test $F(3, 9695) = 105.460, p < .001$ was statistically significant.

As [Table 11](#) shows, gender significantly predicts the parental involvement in homework of 11-year-olds with SEN ($\beta = -.148, p < .001$), 14-year-olds with SEN ($\beta = -.085, p < .01$) and 14-year-olds without SEN ($\beta = -.030, p < .01$) but it did not significantly contribute to parental involvement in homework of 11-year-olds without SEN. Income was found to be a significant predictor of involvement in homework of all groups: 11-year-olds with SEN ($\beta = .173, p < .001$), 11-year-olds without SEN ($\beta = .129, p < .001$), 14-year-olds with SEN ($\beta = .187, p < .001$) and 14-year-olds without SEN ($\beta = .137, p < .001$). Parent education was not found to be significant for the parental involvement in homework of 11-year-olds with SEN, but was significant for 11-year-olds without SEN ($\beta = .059, p < .001$), 14-year-olds with SEN ($\beta = .122, p < .01$) and 14-year-olds without SEN ($\beta = .055, p < .001$).

b) Extracurricular activity

The linear regression analysis on extracurricular activity for 14-year-olds with SEN produced an adjusted R^2 of .084, meaning that more than 8% of the variance in extracurricular activity

was accounted for by the predictor variables. Also, the ANOVA test, $F(3, 977) = 31.001, p < .001$, was statistically significant. In the linear regression on extracurricular activity for 14-year-olds without SEN, the adjusted R^2 was .062, indicating that more than 6% of the variance extracurricular activity was accounted for by the predictor variables. The ANOVA test $F(3, 9640) = 214.161, p < .001$ was statistically significant.

As [Table 11](#) shows, gender was found to be a significant predictor of the extracurricular activity of 14-year-olds with SEN ($\beta = -.108, p < .001$) and 14-year-olds without SEN ($\beta = -.110, p < .001$). Similarly, income was found to significantly contribute to the extracurricular activity of 14-year-olds with SEN ($\beta = .161, p < .01$) and 14-year-olds without SEN ($\beta = .118, p < .001$). Parent education was found to be a significant predictor of the extracurricular activity of 14-year-olds with SEN ($\beta = .145, p < .001$) and 14-year-olds without SEN ($\beta = .137, p < .001$).

c) Playing with child

The linear regression analysis of playing with child for 11-year-olds with SEN produced an adjusted R^2 of .030, meaning that 3% of the variance in the playing with child was accounted for by the predictor variables. Also, the ANOVA test, $F(3, 1293) = 5.328, p < .01$, was statistically significant. In the linear regression of playing with child for 11-year-olds without SEN, the adjusted R^2 was .040, indicating that 4% of the variance in the playing with child was accounted for by the predictor variables. The ANOVA test $F(3, 10731) = 15.221, p < .001$ was statistically significant.

As [Table 11](#) shows, gender did not significantly contribute to the playing with child of 11-year-olds with SEN but it significantly predicted the playing with child of 11-year-olds without SEN ($\beta = -.034, p < .001$). Income significantly predicts the playing with child of 11-year-olds with SEN ($\beta = -.117, p < .001$) but it did not make a significant contribution to the playing with child of 11-year-olds without SEN. Parent education was found to be a significant predictor of playing of 11-year-olds with SEN ($\beta = .116, p < .001$) and 11-year-olds without SEN ($\beta = .059, p < .001$).

d) Screen time

The linear regression analysis on screen time for 11-year-olds with SEN produced an adjusted R^2 of .001, meaning that 0% of the variance in screen time was accounted for by the predictor variables. Also, the ANOVA test $F(3, 1184) = 1.425, p = .234$, was not statistically significant. In the linear regression on screen time for 11-year-olds without SEN, the adjusted R^2 was .029, indicating that nearly 3% of the variance in the screen time was

accounted for by the predictor variables. The ANOVA test $F(3, 10423) = 106.522, p < .001$ was statistically significant.

The linear regression analysis on screen time for 14-year-olds with SEN produced an adjusted R^2 of .008, meaning that nearly 1% of the variance in screen time was accounted for by the predictor variables. Also, the ANOVA test $F(3, 989) = 3.637, p = .058$, was not statistically significant. Similarly, the linear regression on screen time for 14-year-olds without SEN produced an adjusted R^2 of .049, indicating that nearly 5% of the variance in screen time was accounted for by the predictor variables. The ANOVA test $F(3, 9695) = 167.385, p < .001$ was statistically significant.

As [Table 11](#) shows, gender was found to be a significant predictor of screen time of 11-year-olds without SEN ($\beta = -.111, p < .001$), 14-year-olds with SEN ($\beta = -.093, p < .01$) and 14-year-olds without SEN ($\beta = -.187, p < .001$). Income was found to be a significant predictor of screen time of 14-year-olds without SEN ($\beta = -.102, p < .001$) but not of screen time of 14-year-olds with SEN. Parent education significantly predicted the screen time of 11-year-olds without SEN ($\beta = -.046, p < .001$) but not of 14 years with SEN and 14-year-olds without SEN.

4.1.2.3. Parental discipline

This section presents the cumulative impact of gender and socioeconomic factors on NPP, conflictual relationship and parental rules.

I. NPP

The linear regression analysis on NPP for 11-year-olds with SEN produced an adjusted R^2 of .047, meaning that nearly 5% of the variance in NPP was accounted for by the predictor variables. Also, the ANOVA test, $F(3, 1223) = 21.066, p < .001$, was statistically significant. In the linear regression on NPP for 11-year-olds without SEN, the adjusted R^2 was .023, indicating that more than 2% of the variance in the NPP was accounted for by the predictor variables. The ANOVA test $F(3, 10149) = 80.420, p < .001$, was statistically significant.

As [Table 11](#) shows, gender was found to be a significant predictor of the NPP of 11-year-olds with SEN ($\beta = .129, p < .001$) and 11-year-olds without SEN ($\beta = .108, p < .001$). Income was found to be a significant predictor of the NPP of 11-year-olds with SEN ($\beta = -.173, p < .001$) and 11-year-olds without SEN ($\beta = -.123, p < .001$). Parent education was not found to be a significant predictor of the NPP of any of the groups.

II. Conflictual relationship (FBW and arguing with parents)

Multinomial logistic regressions were employed for FBW ('I have FBW with my child', Yes, No, do not wish to answer) in 11-year-olds groups. The reference category was "No".

For the multinomial logistic regressions on the FBW in 11-year-olds with SEN group, the omnibus test, $\chi^2(20) = 33.717, p = .088$ was not statistically significant, pointing to not a good model fit.

For the multinomial logistic regressions on the FBW in 11-year-olds without SEN group, the omnibus test, $\chi^2(20) = 122.459, p < .001$ was statistically significant, pointing to a good model fit. The Nagelkerke pseudo r^2 was .016, indicating that nearly 2% of the variance in FBW was accounted for in the full model. Also, the Pearson ($sig. = .705$) and Deviance ($sig. = .608$) tests was not statistically significant meaning that the observed probability matched the predicted probability. Finally, the model for 'FBW' correctly classified 70.9% of cases with the predictors included.

The linear regression analysis on arguing with parents for 14-year-olds with SEN produced an adjusted R^2 of .001, meaning that around 0% of the variance in arguing with parents was accounted for by the predictor variables. Also, the ANOVA test, $F(3, 784) = .281, p = .839$, was not statistically significant. In the linear regression on arguing with parents for 14-year-olds without SEN, the adjusted R^2 was .013, indicating that more than 1% of the variance in the arguing with parents was accounted for by the predictor variables. The ANOVA test $F(3, 8900) = 40.747, p < .001$, was statistically significant.

As [Table 9](#) shows, with regard to income, parents from the bottom quintile ($OR = 3.23, p < .001$) were more than three times; and parents from the second quintile ($OR = 2.42, p < .001$) were nearly two and half times more likely than parents from the top quintile to not wish to answer whether they have FBW with their children in 11-year-olds without SEN group. As [Table 11](#) shows, while gender ($\beta = -.058, p < .001$) and income ($\beta = -.101, p < .001$) were found to be a significant predictor of the arguing with parents of 14-year-olds with SEN, parent education did not significantly contribute to the arguing with parents of 14-year-olds with SEN.

Table 9 B, SE and odds ratio for the FBW

| | 11-year-olds with SEN | | | | 11-year-olds without SEN | | | |
|-------------------------|-----------------------|-----|--------------------------------------|-----|--------------------------|-----|--------------------------------------|-----|
| | Yes OR (95% CI) | SE | Do not wish to answer OR (95% CI) | SE | Yes OR (95% CI) | SE | Do not wish to answer OR (95% CI) | SE |
| Gender | 1.00 (.78/1.2) | .13 | 1.07 (.54/2.10) | .35 | .91 (.82/.98) | .05 | .96 (.76/1.21) | .12 |
| Income | | | | | | | | |
| Bottom quintile | 1.80 (1.15/2.83) | .23 | 1.94 (.64/5.83) | .56 | 1.06 (.89/1.27) | .09 | 3.23 (1.97/5.29)** | .25 |
| Second quintile | 1.42 (.92/2.18) | .22 | .79 (.24/2.57) | .60 | 1.06 (.91/1.24) | .08 | 2.42 (1.51/3.91)** | .24 |
| Third quintile | 1.07 (.71/1.60) | .21 | .71 (.24/2.12) | .56 | 1.00 (.87/1.15) | .07 | 1.33 (.81/2.18) | .25 |
| Fourth quintile | .91 (.60/1.37) | .21 | .52 (.16/1.71) | .61 | 1.06 (.92/1.22) | .07 | 1.59 (0.99/2.55) | .24 |
| Top quintile | - | - | - | - | - | - | - | - |
| Parent education | | | | | | | | |
| None | 1.50 (.84/2.87) | .34 | 1.66 (.27/10.03) | .92 | .88 (.69/1.12) | .12 | 2.11 (1.11/4.00) | .33 |
| NVQ1 | 1.56 (.82/2.98) | .35 | 2.27 (.37/13.97) | .93 | 1.16 (.91/1.48) | .12 | 1.99 (1.03/3.84) | .34 |
| NVQ2 | 1.32 (.76/2.29) | .29 | 2.07 (.41/10.42) | .82 | 1.13 (.94/1.36) | .09 | 1.22 (.67/2.22) | .30 |
| NVQ3 | 1.71 (.98/2.97) | .30 | 1.22 (.20/7.03) | .92 | 1.19 (.98/1.45) | .10 | 1.08 (.58/2.04) | .32 |
| NVQ4 | 1.63 (.98/2.69) | .27 | 1.97 (.42/9.27) | .79 | 1.02 (.86/1.21) | .09 | 1.06 (.60/1.88) | .29 |
| NVQ5 | - | - | - | - | - | - | - | - |

Note. Reference group: "No" (N=1297 for 11-year-olds with SEN, N=10281 for 11-year-olds without SEN). OR = Odds Ratio. SE = Standard Error. 95% CI = Confidence Interval. * p < .01, ** p < .001.

III. Parental rules

The linear regression analysis on parental rules for 11-year-olds with SEN produced an adjusted R^2 of .001, meaning that almost 0% of the variance in parental rules was accounted for by the predictor variables. Also, the ANOVA test, $F(3, 1296) = 1.280, p = .280$, was not statistically significant. In the linear regression on parental rules for 11-year-olds without SEN, the adjusted R^2 was .012, indicating that more than 1% of the variance in parental rules was accounted for by the predictor variables. The ANOVA test $F(3, 10734) = 43.131, p < .001$, was statistically significant.

As [Table 11](#) shows, while gender and income were not found to be a significant predictor of the parental rules of 11-year-olds without SEN, parent education significantly predicted the parental rule of 11-year-olds without SEN ($\beta = .095, p < .001$).

4.1.2.4. Parental control

The linear regression analysis on parental control for 14-year-olds with SEN produced an adjusted R^2 of .026, meaning that nearly 3% of the variance in parental control was accounted for by the predictor variables. Also, the ANOVA test, $F(3, 1068) = 10.393, p < .001$, was statistically significant. Similarly, in the linear regression on parental control for 14-year-olds without SEN, the adjusted R^2 was .036, indicating that nearly 4% of the variance in parental control was accounted for by the predictor variables. The ANOVA test $F(3, 9916) = 126.250, p < .001$, was statistically significant.

As [Table 11](#) shows, gender was not found to be a significant predictor of the parental control of 14-year-olds with SEN and it made a significant contribution to the parental control of 14-year-olds without SEN ($\beta = -.117, p < .001$). Income was found to be a significant predictor of the parental control of 14-year-olds with SEN ($\beta = .161, p < .001$) and 14-year-olds without SEN ($\beta = .145, p < .001$). Parent education did not significantly predict the parental control of both of 14 years groups.

4.1.2.5. Parental closeness

Binary logistic regressions were employed for parental closeness and the categories were “fairly close or less” and “very close or extremely close”. The reference category was “fairly close or less.”

For the multinomial logistic regressions on parental closeness in the 11-year-olds with SEN group, the omnibus test $\chi^2(10) = 26.078, p < .01$ was statistically significant, pointing to a good model fit. The Nagelkerke pseudo r^2 was .053, indicating that more than 5% of the

variance in parental closeness was accounted for in the full model. The Hosmer-Lemeshow test for parental closeness was not statistically significant $\chi^2(8) = 3.792, p = .875$ meaning that the observed probabilities matched the predicted probabilities. Finally, the model for parental closeness correctly classified 93.1% of cases with the predictors included.

For the multinomial logistic regressions on parental closeness in the 11-year-olds without SEN group, the omnibus test $\chi^2(10) = 84.203, p < .001$ was statistically significant, pointing to a good model fit. The Nagelkerke pseudo r^2 was .022, indicating that more than 2% of the variance in parental closeness accounted for in the full model. The Hosmer-Lemeshow test for parental closeness was not statistically significant $\chi^2(8) = 3.073, p = .930$ meaning that the observed probabilities matched the predicted probabilities. Finally, the model for parental closeness correctly classified 93.5% of cases with the predictors included.

For the multinomial logistic regressions on parental closeness in the 14-year-olds with SEN group, the omnibus test $\chi^2(10) = 9.628, p = .474$ was not statistically significant, pointing to a good model fit. The Nagelkerke pseudo r^2 was .013, indicating that more than 1% of the variance in parental closeness was accounted for in the full model. The Hosmer-Lemeshow test for parental closeness was not statistically significant $\chi^2(8) = 10.703, p = .219$, meaning that the observed probabilities matched the predicted probabilities. Finally, the model for parental closeness correctly classified 86.6% of cases with the predictors included.

For the multinomial logistic regressions on parental closeness in the 14-year-olds without SEN group, the omnibus test $\chi^2(10) = 81.870, p < .001$ was statistically significant, pointing to a good model fit. The Nagelkerke pseudo r^2 was .016, indicating that nearly 2% of the variance in parental closeness accounted for in the full model. The Hosmer-Lemeshow test for parental closeness was not statistically significant $\chi^2(8) = 5.271, p = .728$, meaning that the observed probabilities matched the predicted probabilities. Finally, the model for parental closeness correctly classified 87.3% of cases with the predictors included.

As [Table 10](#) shows, with regard to income, parents from the bottom quintile (OR = .37, $p < .001$) were 63% more likely to report less parental closeness in the 11-year-olds without SEN group than parents from the top quintile. This was also true of parents from the second quintile (OR = .49, $p < .001$) (51% more likely) and the third quintile (OR = .62, $p < .001$) (38% more likely). Also, parents from the bottom quintile (OR = .40, $p < .001$) were 60% more likely than parents from the top quintile to report less parental closeness in the 14-year-olds without SEN group. Parents from the second quintile

(OR = .55, $p < .001$) and the third quintile (OR = .72, $p < .001$) were 45% and 28% more likely, respectively. While income was not found to significantly contribute to the parental closeness of SEN groups; neither gender nor parent education were found to significantly contribute to the rate of parental closeness in all groups.

Table 10 B, SE and odds ratio for the parental closeness

| | 11-year-olds with SEN | | 11-year-olds without SEN | | 14-year-olds with SEN | | 14-year-olds without SEN | |
|-------------------------|-----------------------|-----|--------------------------|------------|-----------------------|-----|--------------------------|------------|
| | OR (95% CI) | SE | OR (95% CI) | SE | OR (95% CI) | SE | OR (95% CI) | SE |
| Gender | 1.05 (.65/1.67) | .24 | .99 (.85/1.16) | .08 | .65 (.43/.97) | .21 | 1.05 (.93/1.19) | .06 |
| Income | | | | | | | | |
| Bottom quintile | .55 (.23 /1.29) | .44 | .37 (.27/.51)** | .16 | .93 (.47/1.83) | .35 | .40 (.32/.50)** | .12 |
| Second quintile | .64 (.2/1.47) | .43 | .49 (.36/.65)** | .15 | .81 (.44/1.51) | .32 | .55 (.44/.67)** | .11 |
| Third quintile | 1.46 (.60/3.55) | .45 | .62 (.47/.83)* | .15 | .89 (.49/1.62) | .31 | .72 (.59/.88)* | .10 |
| Fourth quintile | 1.54 (.61/3.88) | .47 | .86 (.64/1.16) | .15 | .98 (.53/1.82) | .32 | .80 (.66/.97) | .10 |
| Top quintile | - | - | - | - | - | - | - | - |
| Parent education | | | | | | | | |
| None | .76 (.26/2.28) | .56 | 1.09 (.73/1.65) | .21 | .88 (.35/2.18) | .47 | 1.39 (1.02/1.89) | .16 |
| NVQ1 | 1.09 (.33/3.57) | .61 | 1.06 (.70/1.61) | .22 | .64 (.26/1.57) | .46 | 1.20 (.87/1.66) | .17 |
| NVQ2 | 1.77 (.61/5.13) | .54 | 1.20 (.85/1.70) | .18 | .94 (.44/2.01) | .39 | 1.08 (.85/1.36) | .12 |
| NVQ3 | .80 (.28/2.24) | .53 | 1.03 (.72/1.47) | .18 | 1.11 (.49/2.52) | .42 | .93 (.72/1.19) | .13 |
| NVQ4 | 1.44 (.54/3.85) | .50 | 1.24 (.90/1.72) | .17 | 1.9 (.58/2.44) | .37 | .93 (.76/1.16) | .11 |
| NVQ5 | - | - | - | - | - | - | - | - |

Note. Reference group: “fairly close or less” (N=1344 for 11 with SEN, N=11093 for 11 without SEN, N=1117 for 14 with SEN, N= 10272 for 14 without SEN). OR = Odds Ratio. SE = Standard Error. 95% CI = Confidence Interval. * $p < .01$.; ** $p < .001$

Table 11 Beta coefficients (β) for gender and socioeconomic factors predicting parenting behaviours

| | 11-year-olds with SEN | 11-year-olds without SEN | 14-year-olds with SEN | 14-year-olds without SEN |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| | β (SE) | β (SE) | β (SE) | β (SE) |
| Parental Expectations and Aspirations | | | | |
| Gender | -.129** (.045) | -.123** (.011) | -.170** (.049) | -.142** (.012) |
| Income | -.019 (.018) | .010 (.005) | .055 (.019) | .055** (.005) |
| Parent education | .140** (.017) | .173** (.005) | .086 (.018) | .169** (.005) |
| Homework Involvement | | | | |
| Gender | -.148** (.053) | -.102** (.012) | -.085* (.047) | -.030* (.009) |
| Income | .173** (.021) | .129** (.005) | .187** (.018) | .137** (.004) |
| Parent education | .070 (.020) | .059** (.005) | .122* (.017) | .055** (.004) |
| Extracurricular activity | | | | |
| Gender | - | - | -.108** (.086) | -.110** (.026) |
| Income | - | - | .161** (.034) | .118** (.011) |
| Parent education | - | - | .145** (.032) | .137** (.011) |
| Playing with child | | | | |
| Gender | -.006 (.110) | -.034** (.033) | - | - |
| Income | -.117** | -.007 | - | - |

| | | | | |
|-----------------------------|----------------|----------------|--------|----------------|
| | (.045) | (.014) | | |
| Parent education | .116** | .059** | - | - |
| | (.041) | (.014) | | |
| Screen time | | | | |
| Gender | -.053 | -.111** | -.093 | -.187** |
| | (.164) | (.049) | (.152) | (.049) |
| Income | -.033 | -.099** | -.026 | -.102** |
| | (.067) | (.021) | (.060) | (.021) |
| Parent education | .010 | -.046** | -.031 | -.023 |
| | (.062) | (.020) | (.056) | (.020) |
| NPP | | | | |
| Gender | .129** | .108** | - | - |
| | (.102) | (.030) | | |
| Income | -.173** | -.123** | - | - |
| | (.041) | (.013) | | |
| Parent education | -.010 | .031 | - | - |
| | (.038) | (.012) | | |
| Arguing with parents | | | | |
| Gender | - | - | .029 | -.058** |
| | | | (.112) | (.028) |
| Income | - | - | .007 | -.101** |
| | | | (.045) | (.012) |
| Parent education | - | - | -.017 | .009 |
| | | | (.043) | (.011) |
| Parental rules | | | | |
| Gender | -.007 | .016 | - | - |
| | (.026) | (.008) | | |
| Income | .037 | .020 | - | - |
| | (.011) | (.004) | | |
| Parent education | .023 | .095** | - | - |
| | (.010) | (.004) | | |

Parental control

| | | | | |
|------------------|---|---|--------------------------------|---------------------------------|
| Gender | - | - | -.041 (.102) | -.117** (.028) |
| Income | - | - | .161** (.040) | .145** (.012) |
| Parent education | - | - | .002 (.037) | .013 (.011) |

Note. SE=Standard Error

* $p < .01$.; ** $p < .001$.

4.1.3. The relationship of parenting, socioeconomic factors and gender to AWB

Adolescent mental health was examined by running a series of regressions for SDQ domains, life satisfaction, moods and feelings, and self-esteem. The model for predicting the variables of MWB and school experiences of pre- and mid-adolescents with and without SEN accounted for a significant portion. When socioeconomic factors and parenting behaviours were accounted for, there was a clear picture between gender and adolescents' MWB and school experiences that girls were more likely to have internal difficulties and lower academic self-concept while boys were more likely to have external problems and lower attitudes towards school. When gender and parenting behaviours were accounted for, for adolescents with and without SEN, both income and parent educational qualification made significant contributions to not all but most of the variables of adolescents' MWB and school experiences. The results showed that compared to adolescents in higher SES, adolescents in lower SES families were more likely to have mental difficulties and school maladjustment. When gender and parenting behaviours were accounted for, some parenting behaviours were seen as significant predictors for the MWB and school experience of adolescents with and without SEN. The results reflected the characteristics of optimal parenting that higher parental expectation and aspiration, homework involvement, extracurricular activities, less NPP and parent-adolescent conflict and parental warmth emerged to be positively associated with adolescents' MWB and school experiences. The final note is that some parenting behaviours, including playing with the child, school-based parental involvement and parental rules were not predictive for associated adolescents' MWB and school experiences.

A) Strength and difficulties questionnaire

A series of regressions was run for emotional symptoms, prosocial skills, and TBD, respectively, and for each component of TBD (i.e., conduct problems, hyperactivity/inattention, and peer problems) to obtain more in-depth information about behavioural difficulties. The result of the linear regressions for the components of TBD are presented in [Appendix J](#).

I. Emotional symptoms

The linear regression analysis on emotional symptoms for 11-year-olds with SEN produced an adjusted R^2 of .169, meaning that nearly 17% of the variance in the emotional symptoms was accounted for by the predictor variables. Also, the ANOVA test, $F(14, 1077) = 16.883, p < .001$, was statistically significant. In the linear regression on emotional symptoms for 11-year-olds without SEN, the adjusted R^2 was .094, indicating that more than 9% of the variance in the emotional symptoms was accounted for by the predictor variables. The ANOVA test $F(14, 9644) = 72.817, p < .001$ was statistically significant.

The linear regression analysis on emotional symptoms for 14-year-olds with SEN produced an adjusted R^2 of .10, meaning that more than 10% of the variance in the emotional symptoms was accounted for by the predictor variables. Also, the ANOVA test, $F(12, 731) = 8.038, p < .001$, was statistically significant. In the linear regression on emotional symptoms for 14-year-olds without SEN, the adjusted R^2 was .092, indicating that more than 9% of the variance in the emotional symptoms was accounted for by the predictor variables. The ANOVA test $F(12, 8395) = 72.195, p < .001$ was statistically significant.

As [Table 12](#) shows, gender was not found to be a significant predictor of the emotional symptoms of 11-year-olds with SEN, but it was found to be a significant predictor of the emotional symptoms of 11-year-olds without SEN ($\beta = -.099, p < .001$), 14-year-olds with SEN ($\beta = -.120, p < .01$) and 14-year-olds without SEN ($\beta = -.186, p < .001$). Income significantly predicted the emotional symptoms of all groups, namely, 11-year-olds with SEN ($\beta = -.168, p < .001$), 11-year-olds without SEN ($\beta = -.123, p < .001$), 14-year-olds with SEN ($\beta = -.156, p < .01$), and 14-year-olds without SEN ($\beta = -.146, p < .001$). Parent education did not contribute to the emotional symptoms of any of the groups.

Parent expectations and aspirations significantly predicted the emotional symptoms of 11-year-olds without SEN ($\beta = -.089, p < .001$), 14-year-olds without SEN ($\beta = -.068, p < .001$) but not the emotional symptoms of the with-SEN groups. Attending PTM (yes) did not significantly contribute to the emotional symptoms of 11-year-olds with SEN, 11-year-olds

without SEN and 14-year-olds with SEN, but made a significant contribution to the emotional symptoms of 14-year-olds without SEN ($\beta = -.071, p < .001$). Similarly, attending PTM (not yet) did not significantly contribute to the emotional symptoms of 11-year-olds with SEN, 11-year-olds without SEN and 14-year-olds with SEN, but made a significant small difference, yet significant, contribution to the emotional symptoms of 14-year-olds without SEN ($\beta = -.048, p < .01$). Homework involvement significantly predicted the emotional symptoms of 11-year-olds with SEN ($\beta = -.116, p < .001$) and 14-year-olds without SEN ($\beta = -.060, p < .001$) but did not significantly contribute to the emotional symptoms of 11-year-olds without SEN and 14-year-olds with SEN. Extracurricular activity and playing with child did not predict the emotional symptoms of any of the groups. Screen time did not significantly predict the emotional symptoms of 11-year-olds with SEN, 14-year-olds with SEN and 14-year-olds without SEN but did make a significant small difference contribution to the emotional symptoms of 11-year-olds without SEN ($\beta = .049, p < .001$). NPP significantly contributed to the emotional symptoms of 11-year-olds without SEN ($\beta = .077, p < .001$), but did not significant predict the emotional symptoms of 11-year-olds with SEN. While FBW (no) significantly predicted the emotional symptoms of both 11-year-olds with SEN ($\beta = -.270, p < .001$) and 11-year-olds without SEN ($\beta = -.180, p < .001$), FBW (do not wish to answer) did not significantly contribute to the emotional symptoms of these groups. Arguing with parents made a significant contribution to the emotional symptoms of both 14-year-olds with SEN ($\beta = .117, p < .01$) and 14-year-olds without SEN ($\beta = .095, p < .001$). Parental rules did not significantly predict the emotional symptoms of either 11-year-olds with SEN or 11-year-olds without SEN. Parental control significantly predicted the emotional symptoms of both 14-year-olds with SEN ($\beta = .152, p < .001$) but not 14-year-olds without SEN. Parental closeness was not found to be a significant predictor of the emotional symptoms of 11-year-olds with SEN, but made a significant small differences, yet significant, contribution to the emotional symptoms of 11-year-olds without SEN ($\beta = -.041, p < .001$) and 14-year-olds without SEN ($\beta = -.046, p < .001$) and a relatively bigger contribution to 14-year-olds with SEN ($\beta = -.099, p < .01$).

II. Total behavioural difficulties (TBD)

The linear regression analysis on TBD for 11-year-olds with SEN produced an adjusted R^2 of .478, meaning that more than 48% of the variance in the TBD was accounted for by the predictor variables. Also, the ANOVA test, $F(14, 1074) = 72.221, p < .001$, was statistically significant. In the linear regression on TBD for 11-year-olds without SEN, the adjusted R^2 was

.373, indicating that more than 37% of the variance in the TBD was accounted for by the predictor variables. The ANOVA test $F(14, 9631) = 411.462, p < .001$ was statistically significant.

The linear regression analysis on TBD for 14-year-olds with SEN produced an adjusted R^2 of .286, meaning that nearly 29% of the variance in the TBD was accounted for by the predictor variables. Also, the ANOVA test, $F(12, 732) = 25.779, p < .001$, was statistically significant. In the linear regression on TBD for 14-year-olds without SEN, the adjusted R^2 was .232, indicating that more than 23% of the variance in the TBD was accounted for by the predictor variables. The ANOVA test $F(12, 8390) = 212.808, p < .001$ was statistically significant.

As [Table 12](#) shows, gender significantly contributes to the TBD of all groups, i.e. 11-year-olds with SEN ($\beta = .082, p < .001$), 11-year-olds without SEN ($\beta = .079, p < .001$), 14-year-olds without SEN ($\beta = .148, p < .001$) and 14-year-olds with SEN ($\beta = .062, p < .001$). Income was found to be a significant predictor of the TBD of all groups, i.e. 11-year-olds with SEN ($\beta = -.176, p < .001$), 11-year-olds without SEN ($\beta = -.180, p < .001$), 14-year-olds with SEN ($\beta = -.250, p < .001$) and 14-year-olds without SEN ($\beta = -.209, p < .001$). Parent education significantly contributed to the emotional symptoms of 11-year-olds with SEN ($\beta = -.071, p < .01$) and 11-year-olds without SEN ($\beta = -.056, p < .001$) but did not significantly predict the TBD of 14-year-olds groups.

Parental expectations and aspirations were found to be a significant predictor of the TBD of all groups, i.e. 11-year-olds with SEN ($\beta = -.084, p < .001$), 11-year-olds without SEN ($\beta = -.151, p < .001$), 14-year-olds with SEN ($\beta = -.093, p < .01$) and 14-year-olds without SEN ($\beta = -.138, p < .001$). Attending PTM (yes) did not significantly predict the TBD of 11-year-olds with SEN, 11-year-olds without SEN and 14-year-olds with SEN, but made a significant small difference contribution to the TBD of 14-year-olds without SEN ($\beta = -.044, p < .01$). Attending PTM (not yet) did not significantly contribute to the TBD of any of the groups. Homework involvement was found to be a significant predictor of the TBD of all the groups, i.e. 11-year-olds with SEN ($\beta = -.151, p < .001$), 11-year-olds without SEN ($\beta = -.024, p < .01$), 14-year-olds with SEN ($\beta = -.145, p < .001$) and 14-year-olds without SEN ($\beta = -.083, p < .001$). While extracurricular activity was not found to be a significant predictor of the TBD of the 14-year-olds with SEN, it made a significant contribution to the TBD of 14-year-olds without SEN ($\beta = -.053, p < .001$). Playing with child significantly predicted the TBD of 11-year-olds with SEN ($\beta = .080, p < .001$) but it

was not found to be a significant predictor of the TBD of 11-year-olds without SEN. Screen time did not significantly predict the TBD of 11-year-olds with SEN, 11-year-olds without SEN and 14-year-olds without SEN, but made a significant contribution to the TBD of 14-year-olds with SEN ($\beta = .101, p < .001$). NPP was found to be a significant predictor of the TBD of 11-year-olds with SEN ($\beta = .282, p < .001$) and 11-year-olds without SEN ($\beta = .262, p < .001$). FBW (no) significantly predicted the TBD of both 11-year-olds with SEN ($\beta = -.311, p < .001$) and 11-year-olds without SEN ($\beta = -.283, p < .001$). Similarly, FBW (do not wish to answer) significantly predicted the TBD of both 11-year-olds with SEN ($\beta = -.070, p < .01$) and 11-year-olds without SEN ($\beta = -.039, p < .001$). Arguing with parents was found to be a significant predictor of the TBD of both 14-year-olds with SEN ($\beta = .202, p < .001$) and 14-year-olds without SEN ($\beta = .172, p < .001$). Parental rules did not make a significant predictor of 11-year-olds with SEN, but made a very slightly significant differences, yet significant, contribution for the TBD of 11-year-olds without SEN ($\beta = .026, p < .01$). Parental control did not significantly predict the TBD of 14-year-olds with SEN but significantly predicted the TBD of 14-year-olds without SEN ($\beta = -.129, p < .001$). While parental closeness was not found to be a significant predictor of the TBD of 11-year-olds with SEN, it made a significant contribution to 11-year-olds without SEN ($\beta = -.116, p < .001$), 14-year-olds with SEN ($\beta = -.183, p < .001$) and 14-year-olds without SEN ($\beta = -.134, p < .001$).

III. Prosocial skills

The linear regression analysis on prosocial skills for 11-year-olds with SEN produced an adjusted R^2 of .229, meaning that nearly 23% of the variance in prosocial skills was accounted for by the predictor variables. Also, the ANOVA test, $F(14, 1078) = 24.196 < .001$, was statistically significant. In the linear regression on prosocial skills for 11-year-olds without SEN, the adjusted R^2 was .172, indicating that nearly 17% of the variance in the prosocial skills was accounted for by the predictor variables. The ANOVA test $F(14, 9650) = 144.103, p < .001$ was statistically significant.

The linear regression analysis on prosocial skills for 14-year-olds with SEN produced an adjusted R^2 of .155, meaning that nearly 16% of the variance in the prosocial skills was accounted for by the predictor variables. Also, the ANOVA test, $F(12, 732) = 12.351, p < .001$, was statistically significant. In the linear regression on prosocial skills for 14-year-olds without SEN, the adjusted R^2 was .174, indicating that more than 17% of the variance in the prosocial skills was accounted for by the predictor variables. The ANOVA test $F(12, 8397) = 148.967, p < .001$ was statistically significant.

As [Table 12](#) shows, gender significantly predicted the prosocial skills of 11-year-olds with SEN ($\beta = -.174, p < .001$), 11-year-olds without SEN ($\beta = -.145, p < .001$), 14-year-olds without SEN ($\beta = -.110, p < .01$) and 14-year-olds with SEN ($\beta = .119, p < .001$). While income was not found to be a significant predictor of the prosocial skills of the with-SEN groups, it made a significant contribution to the prosocial skills of 11-year-olds without SEN ($\beta = .059, p < .001$) and 14-year-olds without SEN ($\beta = .065, p < .001$). Parent education did not significantly contribute to the prosocial skills of any of the groups.

Parent expectations and aspirations were not found to be significant predictors of the prosocial skills of the with-SEN groups, but they made a significant small differences, yet significant, contribution to the prosocial skills of 11-year-olds without SEN ($\beta = .041, p < .001$) and 14-year-olds without SEN ($\beta = .027, p < .01$). Attending PTM (yes) did not significantly contribute to the prosocial skills of 11-year-olds with SEN, 11-year-olds without SEN and 14-year-olds with SEN, but made a significant small differences, yet significant, contribution to the prosocial skills of 14-year-olds without SEN ($\beta = -.053, p < .01$). Similarly, attending PTM (not yet) did not significantly contribute to the prosocial skills of 11-year-olds with SEN, 11-year-olds without SEN and 14-year-olds with SEN, but made a significant small difference contribution to the prosocial skills of 14-year-olds without SEN ($\beta = -.039, p < .01$). Homework involvement was found to be a significant predictor of the prosocial skills of all groups, i.e. 11-year-olds with SEN ($\beta = .117, p < .001$), 11-year-olds without SEN ($\beta = .045, p < .001$), 14-year-olds with SEN ($\beta = .131, p < .001$) and 14-year-olds without SEN ($\beta = .066, p < .001$). While extracurricular activity was not found to be a significant predictor of the prosocial skills of 14-year-olds with SEN, it made a significant contribution to the prosocial skills of 14-year-olds without SEN ($\beta = .085, p < .001$). Playing with child did not significantly predict the prosocial skills of 11-year-olds with SEN but made a significant contribution to the prosocial skills of 11-year-olds without SEN ($\beta = .056, p < .001$). Screen time did not significantly contribute to the prosocial skills of any of the groups. NPP was found to be a significant predictor of the prosocial skills of 11-year-olds with SEN ($\beta = -.134, p < .001$) and 11-year-olds without SEN ($\beta = -.140, p < .001$). FBW (no) significantly predicted the prosocial skills of both 11-year-olds with SEN ($\beta = .250, p < .001$) and 11-year-olds without SEN ($\beta = .178, p < .001$). Similarly, FBW (do not wish to answer) did not make any significant contribution to the prosocial skills of any of the groups. Arguing with parents was found to be a significant predictor of the prosocial skills of both 14-year-olds with SEN ($\beta = -.154, p < .001$) and 14-year-olds without SEN ($\beta = -.135, p < .001$). Parental rules were not found to be a significant predictor of the prosocial skills of 11-

year-olds with SEN but it made a significant small difference contribution to 11-year-olds without SEN ($\beta = -.034, p < .001$). Parental control was not found to be a significant predictor of the prosocial skills of 14-year-olds with SEN, but was a significant predictor of the prosocial skills of 14-year-olds without SEN ($\beta = .129, p < .001$). Parental closeness significantly predicted the prosocial skills of all groups, i.e., 11-year-olds with SEN ($\beta = .109, p < .001$), 11-year-olds without SEN ($\beta = .176, p < .001$), 14-year-olds with SEN ($\beta = .167, p < .001$), and 14-year-olds without SEN ($\beta = .233, p < .001$).

B) Life satisfaction

The linear regression analysis on life satisfaction for 11-year-olds with SEN produced an adjusted R^2 of .004, meaning that almost 0% of the variance in life satisfaction was accounted for by the predictor variables. Also, the ANOVA test, $F(14, 1032) = 1.548, p = .088$, was not statistically significant. Therefore, none of the variables significantly predicted the life satisfaction of 11-year-olds with SEN. In the linear regression on life satisfaction for 11-year-olds without SEN, the adjusted R^2 was .043, indicating that more than 4% of the variance in life satisfaction was accounted for by the predictor variables. The ANOVA test $F(14, 9495) = 31.279, p < .001$ was statistically significant.

The linear regression analysis on life satisfaction for 14-year-olds with SEN produced an adjusted R^2 of .123, meaning that more than 12% of the variance in life satisfaction was accounted for by the predictor variables. Also, the ANOVA test, $F(12, 725) = 9.594, p < .001$, was statistically significant. In the linear regression on life satisfaction for 14-year-olds without SEN, the adjusted R^2 was .172, indicating that more than 17% of the variance in life satisfaction was accounted for by the predictor variables. The ANOVA test $F(12, 8554) = 149.601, p < .001$ was statistically significant.

As Table 12 shows, gender did not make a significant contribution to the life satisfaction of 11-year-olds without SEN, but it significantly predicted the life satisfaction of 14-year-olds with SEN ($\beta = .103, p < .01$) and 14-year-olds without SEN ($\beta = .163, p < .001$). Income significantly predicted the life satisfaction of 11-year-olds without SEN ($\beta = .065, p < .001$), 14-year-olds with SEN ($\beta = .117, p < .01$) and 14-year-olds without SEN ($\beta = .094, p < .001$). While parent education did not make a significant contribution to the life satisfaction of 11-year-olds without SEN, it significantly predicted the life satisfaction of 14-year-olds with SEN ($\beta = -.153, p < .01$) and 14-year-olds without SEN ($\beta = -.045, p < .001$).

While parental expectations and aspirations significantly contributed to the life satisfaction of 11-year-olds without SEN ($\beta = .104, p < .001$) and 14-year-olds without SEN ($\beta =$

.050, $p < .001$), it did not significantly predict the life satisfaction of 14-year-olds with SEN. Neither attending PTM (yes) nor attending PTM (not yet) significantly contributed to life satisfaction of any of the groups. Homework involvement did not significantly contribute to the life satisfaction of 11-year-olds without SEN and 14-year-olds with SEN but it made a significant contribution to the life satisfaction of 14-year-olds without SEN ($\beta = .108, p < .001$). Extracurricular activity significantly predicts the life satisfaction of 14-year-olds with SEN ($\beta = .135, p < .001$) and 14-year-olds without SEN ($\beta = .050, p < .001$). Playing with child did not predict the life satisfaction of any of the groups. Screen time did not significantly contribute to the life satisfaction of 11-year-olds without SEN but it made a significant contribution to the life satisfaction of 14-year-olds with SEN ($\beta = -.120, p < .01$). and 14-year-olds without SEN ($\beta = -.124, p < .001$). NPP significantly predicted the life satisfaction of 11-year-olds without SEN ($\beta = -.082, p < .001$). While FBW (No) was found to be a significant predictor of the life satisfaction of 11-year-olds without SEN ($\beta = .078, p < .001$), FBW (do not wish to answer) did not significantly predict the life satisfaction of 11-year-olds without SEN. Arguing with parent significantly contributed to 14-year-olds with SEN ($\beta = -.219, p < .001$) and 14-year-olds without SEN ($\beta = -.245, p < .001$). Parental rules did not significantly predict 11-year-olds without SEN. Parental control did not significantly predict the life satisfaction of 14-year-olds without SEN but it made a significant contribution to the life satisfaction of the 14-year-olds without SEN ($\beta = .053, p < .001$). Parental closeness did significantly predict the life satisfaction of 11-year-olds without SEN ($\beta = .035, p < .01$), 14-year-olds with SEN ($\beta = .115, p < .01$) and 14-year-olds without SEN ($\beta = .063, p < .001$).

C) Short moods and feelings questionnaire (SMFQ)

The linear regression analysis on moods and feelings for 14-year-olds with SEN produced an adjusted R^2 of .155, meaning that nearly 16% of the variance in the moods and feelings was accounted for by the predictor variables. Also, the ANOVA test, $F(12, 723) = 12.269, p < .001$, was statistically significant. In the linear regression on moods and feelings for 14-year-olds without SEN, the adjusted R^2 was .180, indicating that 18% of the variance in the moods and feelings was accounted for by the predictor variables. The ANOVA test $F(12, 8533) = 157.004, p < .001$ was statistically significant.

As Table 12 shows, gender significantly predict the moods and feelings of both 14-year-olds with SEN ($\beta = -.164, p < .001$) and 14-year-olds without SEN ($\beta = -.225, p < .001$). Income significantly predicted the moods and feelings of 14-year-olds with SEN ($\beta = .126, p < .01$) but the variable did not significant contribute to the moods and feelings

of 14-year-olds without SEN. Parent education did not significantly contribute to the moods and feelings of 14-year-olds with SEN and 14-year-olds without SEN.

Parent expectations and aspirations significantly predicted the moods and feelings of 14-year-olds with SEN ($\beta = -.114, p < .01$) but the variable did not significantly contribute to the moods and feelings of 14-year-olds without SEN. Attending PTM (Yes) and attending PTM (Not yet) did not significantly predict the moods and feelings of any of the groups. Homework involvement was not found to be a significant predictor of the moods and feelings of 11-year-olds with SEN but it was for the moods and feelings of 14-year-olds without SEN ($\beta = -.074, p < .001$). Extracurricular activity was not found to be a significant predictor of the moods and feelings of 14-year-olds with SEN and 14-year-olds without SEN. Screen time made significant contributions to the moods and feelings of 14-year-olds with SEN ($\beta = .172, p < .01$) and 14-year-olds without SEN ($\beta = .173, p < .001$). Arguing with parent significantly predict the moods and feelings of both 14-year-olds with SEN ($\beta = .197, p < .001$) and 14-year-olds without SEN ($\beta = .232, p < .001$). Parental control was not found to be a significant predictor of the moods and feelings of 14-year-olds with SEN but it made a significant small difference contribution to the moods and feelings of 14-year-olds without SEN ($\beta = -.048, p < .001$). Parental closeness significantly predicted the moods and feelings of 14-year-olds with SEN ($\beta = -.107, p < .01$) and 14-year-olds without SEN ($\beta = -.039, p < .001$).b

D) Rosenberg self-esteem Scale

The linear regression analysis on self-esteem for 11-year-olds with SEN produced an adjusted R^2 of .051, meaning that more than 5% of the variance in the self-esteem was accounted for by the predictor variables. Also, the ANOVA test, $F(14, 977) = 4.803, p < .001$, was statistically significant. Similarly, in the linear regression on self-esteem for 11-year-olds without SEN, the adjusted R^2 was .035, indicating that nearly 4% of the variance in the self-esteem was accounted for by the predictor variables. The ANOVA test $F(14, 9178) = 24.957, p < .001$ was statistically significant.

The linear regression analysis on self-esteem for 14-year-olds with SEN produced an adjusted R^2 of .108, meaning that nearly 11% of the variance in the self-esteem was accounted for by the predictor variables. Also, the ANOVA test, $F(12, 730) = 8.485, p < .001$, was statistically significant. In the linear regression on self-esteem for 14-year-olds without SEN, the adjusted R^2 was .156, indicating that nearly 16% of the variance in the self-esteem was

accounted for by the predictor variables. The ANOVA test $F(12, 8484) = 132.153, p < .001$ was statistically significant.

As [Table 12](#) shows, gender made a significant contribution to the self-esteem of all groups, 11-year-olds with SEN ($\beta = .090, p < .01$), 11-year-olds without SEN ($\beta = .098, p < .001$), 14-year-olds with SEN ($\beta = .235, p < .001$) and 14-year-olds without SEN ($\beta = .286, p < .001$). Income was not found to be a significant predictor of the self-esteem of 11-year-olds with SEN and 14-year-olds without SEN but it made a significant contribution to the self-esteem of 11-year-olds without SEN ($\beta = .050, p < .001$) and 14-year-olds with SEN ($\beta = .141, p < .01$). Parent education did not make any significant contribution to the self-esteem of any of the groups.

Parental expectations and was not found to be a significant predictor of the self-esteem of the with-SEN groups but it made a significant contribution to the self-esteem of 11-year-olds without SEN ($\beta = .102, p < .001$) and 14-year-olds without SEN ($\beta = .051, p < .001$). Attending PTM (yes), attending PTM (not yet) and homework involvement did not make significant contribution to the self-esteem of any of the groups. Extracurricular activity significantly predicted the self-esteem of 14-year-olds with SEN ($\beta = .147, p < .001$) and 14-year-olds without SEN ($\beta = .094, p < .001$). Playing with child did not significantly predict the self-esteem of 11-year-olds with SEN but it made a significant small difference contribution to the self-esteem of 11-year-olds without SEN group ($\beta = .030, p < .01$). Screen time was found to be a significant predictor of the self-esteem of 11-year-olds with SEN ($\beta = .118, p < .001$), 11-year-olds without SEN ($\beta = .033, p < .01$) and 14-year-olds without SEN ($\beta = .103, p < .001$) but it did not significantly predict the self-esteem of 11-year-olds without SEN and 14-year-olds with SEN. NPP was found to be a significant predictor of the self-esteem of 11-year-olds with SEN ($\beta = .103, p < .01$) and 11-year-olds without SEN ($\beta = -.062, p < .001$). FBW (No) was not found to be a significant predictor of the self-esteem of 11-year-olds with SEN but it made a significant contribution the self-esteem of 11-year-olds without SEN ($\beta = .059, p < .001$). FBW (Do not wish to answer) was not found to be a significant predictor of the self-esteem of 11-year-olds with SEN but it significantly contributed to the self-esteem of 11-year-olds without SEN ($\beta = -.089, p < .001$). Arguing with parents significantly predicted the self-esteem of 14-year-olds with SEN ($\beta = -.116, p < .01$) and 14-year-olds without SEN ($\beta = -.152, p < .001$). Parental rules did not significantly predict the self-esteem of any of the groups. Parental control did not significantly predict the self-esteem of 14-year-olds with SEN but it made a significant small difference contribution to 14-year-olds without SEN ($\beta = .037, p < .001$). Parental

closeness did not make any significant contribution to the self-esteem of the with-SEN groups but it made a significant small difference contribution to the self-esteem of 11-year-olds without SEN ($\beta = .029, p < .01$) and relatively bigger contribution to the self-esteem of 14-year-olds without SEN ($\beta = .065, p < .001$), but not to the self-esteem of 14-year-olds with SEN.

4.1.3.1. The relationship of gender and parenting to SE

SE was examined by running a series of regression for academic self-concept, and positive school attitudes.

A) Academic self-concept

The linear regression analysis on academic self-concept for 11-year-olds with SEN produced an adjusted R^2 of .055, meaning that nearly 6% of the variance in the academic self-concept was accounted for by the predictor variables. Also, the ANOVA test, $F(14, 1020) = 5.298, p < .001$, was statistically significant. Similarly, in the linear regression on academic self-concept for 11-year-olds without SEN, the adjusted R^2 was .052, indicating that more than 5% of the variance in the academic self-concept was accounted for by the predictor variables. The ANOVA test $F(14, 9418) = 37.598, p < .001$ was statistically significant.

The linear regression analysis on academic self-concept for 14-year-olds with SEN produced an adjusted R^2 of .035, meaning that nearly 4% of the variance in the academic self-concept was accounted for by the predictor variables. Also, the ANOVA test, $F(12, 741) = 3.295, p < .001$, was statistically significant. In the linear regression on academic self-concept for 14-year-olds without SEN, the adjusted R^2 was .098, indicating that nearly 10% of the variance in the academic self-concept was accounted for by the predictor variables. The ANOVA test $F(12, 8604) = 79.357, p < .001$ was statistically significant.

As [Table 12](#) shows, gender made a significant contribution to the academic self-concept of all groups, 11-year-olds with SEN ($\beta = .135, p < .01$), 11-year-olds without SEN ($\beta = .118, p < .001$), 14-year-olds with SEN ($\beta = .137, p < .01$) and 14-year-olds without SEN ($\beta = .119, p < .001$). Income was not found to be a significant predictor of the academic self-concept of with SEN groups but it made a significant small difference contribution to the academic self-concept of 11-year-olds with SEN ($\beta = .034, p < .001$) and relatively bigger contribution to the academic self-concept of 14-year-olds without SEN ($\beta = .060, p < .001$). Parent education did not make any significant contribution to the academic self-concept of any of the groups.

Parental expectations and aspirations significantly contributed to the academic self-concept of all groups, 11-year-olds with SEN ($\beta = .154, p < .001$), 11-year-olds without SEN ($\beta = .170, p < .001$), 14-year-olds with SEN ($\beta = .103, p < .01$) and 14-year-olds without SEN ($\beta = .152, p < .001$). Neither attending PTM (Yes) nor attending PTM (Not yet) significantly contributed to academic self-concept of any of the groups. Homework involvement did not significantly contribute to the academic self-concept of any group. Extracurricular activity did not significantly predict the academic self-concept of 14-year-olds with SEN but it significantly predicted 14-year-olds without SEN ($\beta = .157, p < .001$). Playing with child did not significantly predict to the academic self-concept of 11-year-olds with SEN but it made a significant small difference contribution to the playing game of 11-year-olds without SEN ($\beta = .049, p < .001$). Screen time did not make any significant contribution to the academic self-concept of any of the groups. NPP was not found to be a significant predictor of the academic self-concept of 11-year-olds with SEN but it significantly predicted the self-esteem of 11-year-olds without SEN ($\beta = -.052, p < .001$). Neither FBW (No) not FBW (Do not wish to answer) significantly predicted the academic self-concept of any of the groups. Arguing with parents significantly predict the academic self-concept of 14-year-olds with SEN ($\beta = -.102, p < .01$) and 14-year-olds without SEN ($\beta = -.050, p < .001$). Parental rules did not significantly predict the academic self-concept of any of the groups. Parental control did not significantly predict the academic self-concept of 14-year-olds with SEN but it significantly contributed to the academic self-concept of 14-year-olds without SEN ($\beta = .060, p < .001$). Parental closeness was not found to be a significant predictor of the academic self-concept of 11-year-olds with SEN, 11-year-olds without SEN and 14-year-olds without SEN but it made a significant small difference contribution to the academic self-concept of 14-year-olds with SEN ($\beta = .029, p < .01$).

B) Positive school attitudes

The linear regression analysis on positive school attitudes for 11-year-olds with SEN produced an adjusted R^2 of .069, meaning that nearly 7% of the variance in the positive school attitudes was accounted for by the predictor variables. Also, the ANOVA test, $F(14, 1016) = 6.454, p < .001$, was statistically significant. In the linear regression on positive school attitudes for 11-year-olds without SEN, the adjusted R^2 was .122, indicating that more than 12% of the variance in the positive school attitudes was accounted for by the predictor variables. The ANOVA test $F(14, 9401) = 94.184, p < .001$ was statistically significant.

The linear regression analysis on positive school attitudes for 14-year-olds with SEN produced an adjusted R^2 of .190, meaning that 19% of the variance in the positive school attitudes was accounted for by the predictor variables. Also, the ANOVA test, $F(12, 740) = 15.665, p < .001$, was statistically significant. In the linear regression on positive school attitudes for 14-year-olds without SEN, the adjusted R^2 was .265, indicating that nearly 27% of the variance in the positive school attitudes was accounted for by the predictor variables. The ANOVA test $F(12, 8585) = 259.906, p < .001$ was statistically significant.

As [Table 12](#) shows, gender significantly predicted the positive school attitudes of 11-year-olds with SEN ($\beta = -.136, p < .001$), 11-year-olds without SEN ($\beta = -.193, p < .001$) but it did not make a significant contribution to the positive school attitudes of 14-year-olds groups. Income did not make a significant contribution to the positive school attitudes of with-SEN groups, but it was found to be a slightly significant differences, yet significant, predictor of the positive school attitudes of 11-year-olds without SEN ($\beta = .045, p < .001$) and 14-year-olds without SEN ($\beta = .064, p < .001$). While parent education was found to be a significant predictor of the positive school attitudes of 11-year-olds with SEN ($\beta = -.119, p < .01$) and 14-year-olds without SEN ($\beta = -.045, p < .001$) but not for the positive school attitudes of 11-year-olds without SEN and 14-year-olds with SEN.

While parental expectations and aspirations did not significantly predict positive school attitudes of the with-SEN groups, they were found to be a significant predictor of 11-year-olds without SEN ($\beta = .123, p < .001$) and 14-year-olds without SEN ($\beta = .098, p < .001$). Attending PTM (yes and not yet) did not significantly predict positive school attitudes of any of the groups. While homework involvement did not significantly predict positive school attitudes of the with-SEN groups, it was found to be a significant predictor in the case of 11-year-olds without SEN ($\beta = .046, p < .001$) and 14-year-olds without SEN ($\beta = .154, p < .001$). Extracurricular activity was found to be a significant predictor of positive school attitudes of 14-year-olds with SEN ($\beta = .164, p < .001$) and 14-year-olds without SEN ($\beta = .150, p < .001$). Playing with child did not significantly impact the positive school attitudes of 11-year-olds with SEN but was found to be a slightly significant differences, yet significant, predictor of positive school attitudes of 11-year-olds without SEN ($\beta = .043, p < .001$). Screen time made a significant contribution to positive school attitudes within all the groups, i.e. 11-year-olds with SEN ($\beta = -.087, p < .01$), 11-year-olds without SEN ($\beta = -.091, p < .001$), 14-year-olds with SEN ($\beta = -.128, p < .001$) and 14-year-olds without SEN ($\beta = -.216, p < .001$). NPP made a significant contribution to the positive school attitudes of all the groups, i.e., 11-year-olds with SEN ($\beta = -.105, p < .01$) and 11-

year-olds without SEN ($\beta = -.143, p < .001$). FBW (no) did not significantly impact the positive school attitudes of 11-year-olds with SEN but was a significant predictor of the positive school attitudes of 11-year-olds without SEN ($\beta = .066, p < .001$). FBW (do not wish to answer) was not found to be a significant predictor of the positive school attitudes of any of the groups. Arguing with parents significantly predicted the positive school attitudes of 14-year-olds with SEN ($\beta = -.220, p < .001$) and 14-year-olds without SEN ($\beta = -.225, p < .001$). Parental rules did not significantly predict the positive school attitudes of any of the groups. Parental control significantly predicted the positive school attitudes of both 14-year-olds with SEN ($\beta = .151, p < .001$) and 14-year-olds without SEN ($\beta = .114, p < .001$). Parental closeness made a significant contribution to the positive school attitudes of 11-year-olds with SEN ($\beta = .110, p < .001$), 11-year-olds without SEN ($\beta = .026, p < .01$) and 14-year-olds without SEN ($\beta = .063, p < .001$), but not to the positive school attitudes of 14-year-olds with SEN.

Table 12 Beta coefficients (β) for gender, socioeconomic factors and parenting predicting AWB

| | 11-year-olds with SEN | 11-year-olds without SEN | 14-year-olds with SEN | 14-year-olds without SEN |
|---------------------------------------|-----------------------|--------------------------|-----------------------|--------------------------|
| | β (SE) | β (SE) | β (SE) | β (SE) |
| Emotional symptoms | | | | |
| Gender | -.036 (.156) | -.099** (.037) | -.120* (.200) | -.186** (.044) |
| Income | -.168** (.064) | -.123** (.016) | -.156** (.079) | -.146** (.019) |
| Parent education | -.027 (.059) | .015 (.015) | -.083 (.077) | -.018 (.018) |
| Parental expectations and aspirations | -.045 (.096) | -.089** (.031) | -.056 (.129) | -.068** (.037) |
| Attending PTM (yes) | .020 (.396) | .012 (.100) | .000 (.304) | -.071** (.086) |
| Attending PTM (not yet) | -.049 (.511) | .018 (.135) | -.046 (.445) | -.048* (.114) |

| | | | | |
|---------------------------------------|----------------|----------------|----------------|----------------|
| Homework involvement | -.116** | -.011 | -.081 | -.060** |
| | (.087) | (.030) | (.153) | (.051) |
| Extracurricular activity | – | – | -.045 | -.010 |
| | | | (.075) | (.018) |
| Playing with child | .047 | -.003 | – | – |
| | (.040) | (.011) | | |
| Screen time | -.067 | -.049** | .054 | -.005 |
| | (.027) | (.007) | (.043) | (.011) |
| NPP | .025 | .077** | – | – |
| | (.052) | (.013) | | |
| FBW (no) | -.270** | -.180** | – | – |
| | (.171) | (.045) | | |
| FBW (do not wish to answer) | -.044 | .013 | – | – |
| | (.363) | (.117) | | |
| Arguing with parents | – | – | .117* | .095** |
| | | | (.063) | (.016) |
| Parental rules | .065 | -.009 | – | – |
| | (.172) | (.043) | | |
| Parental control | – | – | .152** | -.009 |
| | | | (.067) | (.017) |
| Parental closeness | -.036 | -.041** | -.099* | -.046** |
| | (.277) | (.074) | (.263) | (.065) |
| TBD | | | | |
| Gender | .082** | .079** | .148** | .062** |
| | (.298) | (.069) | (.424) | (.085) |
| Income | -.176** | -.180** | -.250** | -.209** |
| | (.121) | (.030) | (.168) | (.036) |
| Parent education | -.071* | -.056** | -.078 | -.035 |
| | (.112) | (.029) | (.164) | (.034) |
| Parental expectations and aspirations | -.084** | -.151** | -.093* | -.138** |
| | (.184) | (.058) | (.273) | (.070) |

| | | | | |
|-----------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| Attending PTM (yes) | -0.006 (.753) | -0.013 (.186) | -0.016 (.644) | -.044* (.163) |
| Attending PTM (not yet) | -0.012 (.973) | .003 (.251) | -0.027 (.946) | -0.023 (.217) |
| Homework involvement | -.151** (.165) | -.024* (.056) | -.145** (.325) | -.083** (.097) |
| Extracurricular activity | – | – | .032 (.159) | -.053** (.033) |
| Playing with child | .080** (.076) | -0.019 (.020) | – | – |
| Screen time | -0.049 (.051) | -0.003 (.014) | .101* (.091) | .003 (.021) |
| NPP | .282** (.100) | .262** (.025) | – | – |
| FBW (no) | -.311** (.327) | -.283** (.084) | – | – |
| FBW (do not wish to answer) | -.070* (.694) | -.039** (.220) | – | – |
| Arguing with parents | – | – | .202** (.133) | .172** (.031) |
| Parental rules | .028 (.327) | -.026* (.080) | – | – |
| Parental control | – | – | .001 (.142) | -.129** (.032) |
| Parental closeness | -0.034 (.527) | -.116** (.138) | -.183** (.558) | -.134** (.124) |
| Prosocial skills | | | | |
| Gender | -.174** (.121) | -.145** (.028) | -.110* (.158) | -.119** (.037) |
| Income | .032 (.049) | .059** (.012) | -0.027 (.062) | .065** (.016) |

| | | | | |
|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| Parent education | .038 (.045) | -.001 (.012) | .032 (.061) | -.009 (.015) |
| Parental expectations and aspirations | .045 (.075) | .041** (.024) | .056 (.102) | .027* (.031) |
| Attending PTM (yes) | .050 (.307) | .009 (.076) | .105 (.239) | .053** (.072) |
| Attending PTM (not yet) | .041 (.396) | -.003 (.103) | .074 (.351) | .039* (.095) |
| Homework involvement | .117** (.067) | .045** (.023) | .131** (.121) | .066** (.043) |
| Extracurricular activity | – | – | .046 (.059) | .085** (.015) |
| Playing with child | .027 (.031) | .056** (.008) | – | – |
| Screen time | -.011 (.021) | -.005 (.006) | -.088 (.034) | -.008 (.009) |
| NPP | -.134** (.041) | -.140** (.010) | – | – |
| FBW (no) | .250** (.133) | .178** (.034) | – | – |
| FBW (do not wish to answer) | .069 (.281) | .024 (.089) | – | – |
| Arguing with parents | – | – | -.154** (.049) | -.135** (.014) |
| Parental rules | .002 (.133) | .035** (.033) | – | – |
| Parental control | – | – | .073 (.053) | .129** (.014) |
| Parental closeness | .109** (.215) | .176** (.056) | .167** (.208) | .233** (.054) |

Life satisfaction

| | | | | |
|--|------------------|--------------------------|--------------------------|--------------------------|
| Gender | .053 (.383) | .011 (.110) | .103* (.476) | .163** (.118) |
| Income | .002 (.157) | .065** (.048) | .117* (.187) | .094** (.050) |
| Parent education | -.053 (.145) | -.021 (.046) | -.153** (.182) | -.045** (.047) |
| Parental expectations and aspirations | .038 (.238) | .104** (.094) | -.011 (.303) | .050** (.098) |
| Attending PTM (yes) | -.006 (.966) | .007 (.303) | -.001 (.728) | .008 (.229) |
| Attending PTM (not yet) | -.013 (1.248) | .012 (.408) | .055 (1.069) | .011 (.303) |
| Homework involvement | .001 (.219) | .021 (.089) | .028 (.366) | .108** (.138) |
| Extracurricular activity | – | – | .135** (.178) | .050** (.047) |
| Playing with child | .008 (.099) | .025 (.032) | – | – |
| Screen time | .007 (.066) | .010 (.022) | -.120* (.103) | -.124** (.030) |
| NPP | -.066 (.130) | -.082** (.040) | – | – |
| FBW (no) | .057 (.425) | .078** (.136) | – | – |
| FBW (do not wish to answer) | -.027 (.906) | .003 (.344) | – | – |
| Arguing with parents | – | – | -.219** (.150) | -.245** (.044) |
| Parental rules | -.002 (.429) | .026 (.128) | – | – |
| Parental control | | | -.018 (.160) | .053** (.045) |

| | | | | |
|--|--------|---------------|----------------|----------------|
| Parental closeness | .044 | .035* | .115* | .063** |
| | (.674) | (.222) | (.638) | (.173) |
| Moods and feelings | | | | |
| Gender | – | – | -.164** | -.225** |
| | | | (.438) | (.120) |
| Income | – | – | -.126* | -.019 |
| | | | (.173) | (.051) |
| Parent education | – | – | .057 | .010 |
| | | | (.169) | (.048) |
| Parental expectations and aspirations | – | – | -.114* | -.003 |
| | | | (.279) | (.100) |
| Attending PTM (yes) | – | – | -.021 | -.021 |
| | | | (.664) | (.233) |
| Attending PTM (not yet) | – | – | -.079 | -.014 |
| | | | (.992) | (.308) |
| Homework involvement | – | – | -.054 | -.074** |
| | | | (.343) | (.139) |
| Extracurricular activity | – | – | -.001 | .030 |
| | | | (.164) | (.047) |
| Playing with child | – | – | | |
| Screen time | – | – | .172** | .173** |
| | | | (.096) | (.030) |
| NPP | – | – | – | – |
| FBW (no) | – | – | – | – |
| FBW (do not wish to answer) | – | – | – | – |
| Arguing with parents | – | – | .197** | .232** |
| | | | (.137) | (.044) |
| Parental rules | – | – | – | – |
| Parental control | – | – | -.028 | -.048** |
| | | | (.147) | (.046) |
| Parental closeness | – | – | -.107* | -.039** |

| | | | | |
|--|---------------|----------------|---------------|----------------|
| | | | (.591) | (.175) |
| Self-esteem | | | | |
| Gender | .090* | .098** | .235** | .286** |
| | (.153) | (.044) | (.197) | (.055) |
| Income | .008 | .050** | .141* | .021 |
| | (.063) | (.019) | (.077) | (.023) |
| Parent education | .005 | -.031 | -.090 | -.018 |
| | (.058) | (.018) | (.076) | (.022) |
| Parental expectations and aspirations | .068 | .102** | -.009 | .051** |
| | (.095) | (.037) | (.126) | (.046) |
| Attending PTM (yes) | -.010 | .030 | -.002 | .019 |
| | (.390) | (.120) | (.298) | (.108) |
| Attending PTM (not yet) | -.109 | .014 | .059 | .013 |
| | (.497) | (.161) | (.444) | (.142) |
| Homework involvement | -.030 | .015 | -.072 | .023 |
| | (.086) | (.035) | (.152) | (.064) |
| Extracurricular activity | – | – | .147** | .094** |
| | | | (.074) | (.022) |
| Playing with child | .056 | .030* | – | – |
| | (.040) | (.013) | | |
| Screen time | .118** | .033* | -.076 | -.103** |
| | (.026) | (.009) | (.042) | (.014) |
| NPP | -.103* | -.062** | – | – |
| | (.052) | (.016) | | |
| FBW (no) | -.021 | .059** | – | – |
| | (.168) | (.054) | | |
| FBW (do not wish to answer) | -.089* | .007 | – | – |
| | (.411) | (.141) | | |
| Arguing with parents | – | – | -.116* | -.152** |
| | | | (.062) | (.020) |
| Parental rules | -.049 | .002 | – | – |

| | | | | |
|--|---------------|----------------|---------------|---------------|
| | (.169) | (.051) | | |
| Parental control | – | – | .046 | .037** |
| | | | (.066) | (.021) |
| Parental closeness | .072 | .029* | -.013 | .065** |
| | (.272) | (.089) | (.262) | (.081) |
| Academic self-concept | | | | |
| Gender | .135** | .118** | .137** | .119** |
| | (.104) | (.027) | (.113) | (.030) |
| Income | -.022 | .034* | -.030 | .060** |
| | (.042) | (.012) | (.045) | (.013) |
| Parent education | -.033 | .008 | .039 | .000 |
| | (.039) | (.011) | (.044) | (.012) |
| Parental expectations and aspirations | .154** | .170** | .103* | .152** |
| | (.064) | (.023) | (.072) | (.025) |
| Attending PTM (yes) | .057 | .025 | -.028 | .001 |
| | (.270) | (.074) | (.172) | (.059) |
| Attending PTM (not yet) | -.007 | .032 | .051 | -.036 |
| | (.341) | (.101) | (.253) | (.078) |
| Homework involvement | -.040 | -.033 | -.008 | .011 |
| | (.060) | (.022) | (.087) | (.035) |
| Extracurricular activity | – | – | .073 | .157** |
| | | | (.042) | (.012) |
| Playing with child | .042 | .049** | – | – |
| | (.027) | (.008) | | |
| Screen time | .045 | -.003 | .010 | -.024 |
| | (.018) | (.005) | (.024) | (.008) |
| NPP | .085* | -.052** | – | – |
| | (.035) | (.010) | | |
| FBW (no) | -.056 | .003 | – | – |
| | (.115) | (.034) | | |

| | | | | |
|---------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| FBW (do not wish to answer) | .018 (.245) | .001 (.087) | – | – |
| Arguing with parents | – | – | -.102* (.036) | -.050** (.011) |
| Parental rules | -.002 (.114) | .017 (.032) | – | – |
| Parental control | – | – | -.014 (.038) | .060** (.012) |
| Parental closeness | -.020 (.180) | .024 (.055) | .077 (.150) | .029* (.045) |
| Positive school attitudes | | | | |
| Gender | -.136** (.184) | -.193** (.053) | .023 (.224) | .062 (.058) |
| Income | .075 (.075) | .045** (.023) | .095 (.088) | .064** (.025) |
| Parent education | -.119* (.069) | .024 (.022) | -.107 (.086) | -.045** (.023) |
| Parental expectations and aspirations | .073 (.115) | .123** (.045) | .054 (.143) | .098** (.048) |
| Attending PTM (yes) | .062 (.465) | .032 (.145) | .003 (.338) | .008 (.113) |
| Attending PTM (not yet) | .059 (.596) | .030 (.194) | .034 (.499) | .012 (.149) |
| Homework involvement | .050 (.105) | .046** (.043) | .080 (.172) | .154** (.067) |
| Extracurricular activity | – | – | .164** (.084) | .150** (.023) |
| Playing with child | .032 (.047) | .043** (.016) | – | – |
| Screen time | -.087* (.032) | -.091** (.010) | -.128** (.048) | -.216** (.015) |

| | | | | |
|-----------------------------|-------------------------|--------------------------|--------------------------|--------------------------|
| NPP | -.105* (.062) | -.143** (.019) | – | – |
| FBW (no) | -.006 (.202) | .066** (.065) | – | – |
| FBW (do not wish to answer) | -.044 (.461) | -.001 (.167) | – | – |
| Arguing with parents | | | -.220** (.070) | -.225** (.021) |
| Parental rules | .008 (.203) | .013 (.062) | – | – |
| Parental control | – | – | .151** (.075) | .114** (.022) |
| Parental closeness | .110** (.329) | .026* (.107) | .056 (.295) | .063** (.085) |

Note. SE=Standard Error

* $p < .01$.; ** $p < .001$.

4.1.4. The effect of SEN status, gender and SES on AWB

The results reflected that adolescents with SEN were more likely to have mental problems and negative school experiences than those without SEN. However, compared to mid-adolescents, the differences between pre-adolescents with and without SEN were more remarkable. The comparison of genders yielded significant differences in MWB and school experiences. Although the magnitudes of the differences between girls and boys varied from very small to medium depending on variables and age and SEN status, the results, in general, showed that girls were more likely to have internalizing problems while boys were likely to have externalizing problems. After examining the unique and cumulative contribution of socioeconomic factors in the previous section, scrutinizing the differences between income groups and between parent education groups revealed more detailed results regarding the association between socioeconomic status and the MWB and school experiences. The results, in general, indicated that adolescents' mental problems and negative school experiences for all groups presented a downward trend from the bottom to the top/fourth quintile income as well as from the none to the NVQ4/5 parent education.

4.1.4.1. AWB and SEN status

The Mann–Whitney U test results on AWB revealed significant, though slight, differences depending on SEN status. As [Table 13](#) shows, adolescents with SEN were significantly rated higher for emotional symptoms, conduct problems, hyperactivity, peer problems and TBD than adolescents without SEN and lower for prosocial skills, academic self-concept and positive self-concept at ages 11 and 14. Also, adolescents with SEN were significantly rated lower for life satisfaction and self-esteem than adolescents without SEN at age 11, but the results were not significant at age 14. Finally, the comparisons for SMFQ did not show any significant difference between adolescents with SEN and without SEN.

Table 13 Mann–Whitney U tests for SEN status on adolescent well-being scales at ages 11 and 14

| Variables | Age | SEN | | WITHOUT SEN | | U | z | r |
|---------------------------|-----|-----------|--------|-------------|--------|---------|---------|---------------|
| | | Mean Rank | Median | Mean Rank | Median | | | |
| Emotional symptoms | 11 | 7712.22 | 3 | 5701.79 | 1 | 4268343 | -19.986 | -.18** |
| | 14 | 7125.18 | 3 | 5353.69 | 1 | 3693931 | -17.787 | -.17** |
| Conduct Problems | 11 | 7430.39 | 2 | 5734.42 | 1 | 4609295 | -17.106 | -.16** |
| | 14 | 6886.21 | 2 | 5380.99 | 1 | 3956833 | -15.368 | -.15** |
| Hyperactivity | 11 | 8552.76 | 5 | 5591.98 | 3 | 3204654 | -28.989 | -.27** |
| | 14 | 7934.35 | 5 | 5262.51 | 2 | 2808786 | -26.530 | -.25** |
| Peer Problems | 11 | 7806.71 | 2 | 5692.83 | 1 | 4153839 | -21.468 | -.20** |
| | 14 | 7533.04 | 3 | 5311.70 | 1 | 3256843 | -22.407 | -.21** |
| TBD | 11 | 8549.84 | 9 | 5587.02 | 5 | 3191998 | -28.845 | -.27** |
| | 14 | 8054.48 | 10 | 5246.12 | 5 | 2669152 | -27.699 | -.27** |
| Prosocial skills | 11 | 4858.24 | 9 | 6035.65 | 9 | 5189522 | -12.130 | -.11** |
| | 14 | 4495.79 | 8 | 5643.31 | 9 | 4909399 | -11.626 | -.11** |
| Life Satisfaction | 11 | 5089.53 | 24 | 6046.24 | 26 | 5375163 | -9.167 | -.08** |
| | 14 | 5259.65 | 22 | 5421.17 | 23 | 4249605 | -1.475 | -.01 |
| SMFQ | 14 | 5505.13 | 17 | 5377.04 | 17 | 4249842 | -1.177 | -.01 |
| Self-esteem | 11 | 5184.52 | 12 | 5782.31 | 12 | 5203270 | -5.825 | -.05** |
| | 14 | 5406.45 | 10 | 5366.70 | 10 | 4359247 | -.375 | -.00 |
| Academic self-concept | 11 | 5130.25 | 6 | 5999.14 | 7 | 5352956 | -8.510 | -.08** |
| | 14 | 4513.35 | 6 | 5634.26 | 6 | 4079417 | -10.938 | -.10** |
| Positive School attitudes | 11 | 4791.80 | 14 | 6025.63 | 15 | 4950306 | -11.864 | -.11** |
| | 14 | 5158.28 | 15 | 5551.00 | 16 | 4703457 | -3.755 | -.05** |

4.1.4.2. Gender, socioeconomic factors, and adolescent
MWB

A) SDQ

The results of the MANOVA test on SDQ domains and the *t*-test and ANOVA test on TBD that examined the relationship of these scales with gender, income and parent education are presented.

I. Gender

The examination of the relationship between SDQ domains and gender revealed significant multivariate effects on SDQ domains: $\lambda = .950, F(5, 1301) = 13.677, p < .001$ for 11-year-olds with SEN; $\lambda = .941, F(5, 10729) = 133.565, p < .001$ for 11-year-olds without SEN; $\lambda = .908, F(5, 1084) = 22.013, p < .001$ for 14-year-olds with SEN; $\lambda = .911, F(5, 9943) = 194.166, p < .001$ for 14-year-olds without SEN).

As [Table 14](#) shows, in almost all the groups, the comparison of genders for SDQ yielded small but significant differences for hyperactivity, TBD, and prosocial skills. Small significant differences were also found for emotional symptoms and conduct problems within the age 11 without SEN group and the 14-year-olds with and without SEN. There was a small significant difference between boys and girls for hyperactivity within all the groups. As for peer problems, the comparison revealed a very small significant difference in 11-year-olds with SEN, 11-year-olds without SEN and 14-year-olds with SEN. The comparison based on TBD and prosocial skills produced small significant differences in all groups. These results indicate that boys present higher levels of conduct problems, hyperactivity, peer problems, and TBD. They also showed vice versa for emotional symptoms and prosocial skills that girls in all groups have higher scores than boys.

Table 14 *Multivariate M, SD for Genders on SDQ at ages 11 and 14*

| Group | Boys | Girls | F | d |
|---------------------------|----------------|----------------|--------|-------|
| Emotional symptoms | | | | |
| 11-year-olds with SEN | 3.22 (2.69) | 3.30 (2.54) | .244 | .03 |
| 11-year-olds without SEN | 1.64 (1.83) | 1.89 (1.93) | 47.233 | .13** |
| 14-year-olds with SEN | 3.16 (2.76) | 3.77 (2.62) | 13.344 | .23** |

| | | | | | |
|-------------------------|-----------------------------|----------------|----------------|---------|--------------|
| | 14-year-olds without SEN | 1.63 (1.96) | 2.33 (2.15) | 281.895 | .34** |
| Conduct problems | | | | | |
| | 11-year-olds with SEN | 2.68 (2.47) | 2.14 (1.87) | 17.122 | .25** |
| | 11-year-olds without SEN | 1.49 (1.64) | 1.26 (1.43) | 62.787 | .05* |
| | 14-year-olds with SEN | 2.79 (2.69) | 2.79 (1.97) | 11.944 | .22* |
| | 14-year-olds without SEN | 1.50 (1.73) | 1.42 (1.54) | 6.542 | .05 |
| Hyperactivity | | | | | |
| | 11-year-olds with SEN | 5.84 (2.92) | 5.06 (2.72) | 22.718 | .28** |
| | 11-year-olds without SEN | 3.34 (2.42) | 2.58 (2.13) | 298.547 | .33** |
| | 14-year-olds with SEN | 5.88 (2.98) | 4.61 (2.79) | 49.953 | .44** |
| | 14-year-olds without SEN | 3.29 (2.45) | 2.58 (2.12) | 243.959 | .31** |
| Peer problems | | | | | |
| | 11-year-olds with SEN | 2.94 (2.62) | 2.56 (2.31) | 6.945 | .15* |
| | 11-year-olds without SEN | 1.30 (1.60) | 1.22 (1.51) | 7.898 | .05* |
| | 14-year-olds with SEN | 3.55 (2.63) | 3.07 (2.49) | 9.166 | .19* |
| | 14-year-olds without SEN | 1.71 (1.77) | 1.66 (1.65) | 2.840 | .03 |
| Prosocial skills | | | | | |
| | 11-year-olds with SEN | 7.66 (2.38) | 8.57 (1.80) | 51.318 | .43** |

| | Group | Boys | Girls | <i>t</i> | <i>d</i> |
|------------|--------------------------|-----------------|----------------|------------------------------|--------------|
| | 11-year-olds without SEN | 8.57 (1.63) | 9.06 (1.33) | 287.173 | .33** |
| | 14-year-olds with SEN | 7.24 (2.57) | 7.77 (2.15) | 12.543 | .22** |
| | 14-year-olds without SEN | 8.06 (1.93) | 8.53 (1.69) | 164.607 | .26** |
| TBD | | | | | |
| | 11-year-olds with SEN | 10.85 (5.97) | 9.47 (5.43) | <i>t</i> (1307) = 4.036 | .24** |
| | 11-year-olds without SEN | 5.89 (4.20) | 4.86 (3.89) | <i>t</i> (10700) = 13.169 | .25** |
| | 14-year-olds with SEN | 11.36 (5.90) | 9.24 (5.74) | <i>t</i> (1089) = 5.675 | .36** |
| | 14-year-olds without SEN | 6.04 (4.23) | 5.23 (3.99) | <i>t</i> (9953) = 9.837 | .20** |

Note. *d*=Cohen's effect size

N=1307 for 11-year-olds with SEN; 10745 for 11-year-olds without SEN; 1090 for year olds 14 with SEN and 9949 for 14-year-olds without SEN. * *p* < .01.; ** *p* < .001.

II. Income

The examination of the relationship between SDQ domains and family income revealed significant multivariate effects on SDQ domains: $\lambda = .842, F(20, 4306) = 111.424, p < .001$ for 11-year-olds with SEN; $\lambda = .909, F(20, 35575) = 52.000, p < .001$ for 11-year-olds without SEN; $\lambda = .855, F(20, 3586) = 8.678, p < .001$ for 14-year-olds with SEN; $\lambda = .899, F(20, 32968) = 53.817, p < .001$ for 14-year-olds without SEN.

As [Table 15](#) shows, group comparisons (bottom versus top income quintiles) for SDQ yielded significant medium size differences in the emotional symptoms of 11-year-olds with SEN and 14-year-olds without SEN; small differences in the emotional symptoms of 11-year-olds without SEN and 14-year-olds with SEN; significant large differences in the conduct problems of the with-SEN groups and significant medium size differences in the peer problems of the without-SEN groups; significant, medium differences in the hyperactivity within all groups (quite significant for the 11-year-olds with SEN); significant medium differences for peer problems within all groups; large significant results for TBD in all groups; small significant

results for prosocial skills within all the groups (quite significant for 11-year-olds with SEN). The results indicated that, while adolescents' behavioural problems and emotional symptoms for all groups presented a downward trend, prosocial skills presented an upward trend from the bottom to the top quintile income in all groups. Also, it is important to state that other pairwise comparisons (bottom versus third and bottom versus fourth income quintiles) produced significant differences in all groups.

Table 15 *Multivariate M, SD for Net family income Quintiles on SDQ at ages 11 and 14*

| Group | Bottom | Second | Third | Fourth | Top | F | d |
|---------------------------|----------------|----------------|----------------|----------------|----------------|-------------|---------------|
| Emotional symptoms | | | | | | | |
| 11-year-olds with SEN | 3.83 (2.79) | 3.65 (2.93) | 3.24 (2.25) | 2.62 (2.44) | 2.37 (2.37) | 15.972 | .56** |
| 11-year-olds without SEN | 2.16 (2.11) | 1.97 (1.96) | 1.80 (1.86) | 1.61 (1.76) | 1.34 (1.65) | 61.561 | .43** |
| 14-year-olds with SEN | 3.68 (2.97) | 3.91 (2.95) | 3.45 (2.73) | 2.52 (2.30) | 2.72 (2.26) | 12.010 | .36** |
| 14-year-olds without SEN | 2.59 (2.52) | 2.20 (2.38) | 2.03 (2.06) | 1.64 (1.72) | 1.48 (1.73) | 91.888 | .51** |
| Conduct problems | | | | | | | |
| 11-year-olds with SEN | 3.71 (2.58) | 2.78 (2.51) | 2.13 (1.83) | 1.78 (1.81) | 1.48 (1.73) | 49.630 | 1.01** |
| 11-year-olds without SEN | 2.02 (1.89) | 1.66 (1.69) | 1.34 (1.43) | 1.07 (1.24) | .86 (1.16) | 202.27 0 | .74** |
| 14-year-olds with SEN | 3.35 (2.80) | 3.36 (2.67) | 2.22 (2.24) | 2.01 (2.17) | 1.53 (1.64) | 29.893 | .80** |
| 14-year-olds without SEN | 2.10 (2.08) | 1.79 (1.93) | 1.46 (1.57) | 1.11 (1.21) | .93 (1.20) | 180.24 5 | .69** |
| Hyperactivity | | | | | | | |
| 11-year-olds with SEN | 6.72 (2.95) | 5.78 (2.85) | 5.36 (2.59) | 4.98 (2.73) | 4.43 (2.71) | 27.187 | .81** |
| 11-year-olds without SEN | 3.60 | 3.37 | 3.00 | 2.60 | 2.29 | 119.58 3 | .57** |

| | | | | | | | |
|------------------------------|---------------|---------------|--------------|---------------|------------|---------------------|---------------|
| | (2.48) | (2.41) | (2.22) | (2.13) | (2.08) | | |
| 14-year-olds with SEN | 6.22 | 6.32 | 5.27 | 4.69 | 4.21 | 25.141 | .73** |
| | (2.92) | (2.99) | (2.99) | (2.77) | (2.56) | | |
| 14-year-olds without SEN | 3.70 | 3.43 | 2.98 | 2.51 | 2.19 | 154.15 ⁴ | .67** |
| | (2.63) | (2.66) | (2.29) | (1.97) | (1.84) | | |
| Peer problems | | | | | | | |
| 11-year-olds with SEN | 3.71 | 3.06 | 2.55 | 2.21 | 2.04 | 22.383 | .72** |
| | (2.44) | (2.75) | (2.43) | (2.32) | (2.20) | | |
| 11-year-olds without SEN | 1.73 | 1.49 | 1.28 | .98 | .89 | 110.28 ⁵ | .53** |
| | (1.72) | (1.66) | (1.49) | (1.34) | (1.42) | | |
| 14-year-olds with SEN | 4.00 | 4.05 | 3.13 | 2.73 | 2.54 | 19.102 | .58** |
| | (2.59) | (2.65) | (2.49) | (2.35) | (2.42) | | |
| 14-year-olds without SEN | 2.28 | 1.92 | 1.72 | 1.36 | 1.22 | 127.61 ⁶ | .61** |
| | (1.99) | (1.92) | (1.73) | (1.35) | (1.46) | | |
| Prosocial skills | | | | | | | |
| 11-year-olds with SEN | 7.25 | 7.96 | 8.06 | 8.37 | 8.41 | 13.572 | .51** |
| | (2.71) | (2.36) | (2.09) | (1.86) | (1.68) | | |
| 11-year-olds without SEN | 8.48 | 8.74 | 8.83 | 9.00 | 8.99 | 42.949 | .32** |
| | (1.81) | (1.55) | (1.44) | (1.29) | (1.38) | | |
| 14-year-olds with SEN | 7.19 | 6.97 | 7.66 | 7.71 | 7.75 | 5.344 | .22** |
| | (2.81) | (2.76) | (2.04) | (2.24) | (2.15) | | |
| 14-year-olds without SEN | 7.82 | 8.19 | 8.35 | 8.50 | 8.54 | 50.148 | .37** |
| | (2.24) | (1.98) | (1.80) | (1.58) | (1.56) | | |
| Group | Bottom | Second | Third | Fourth | Top | F | d |
| (The result of ANOVA) | | | | | | | |
| TBD | | | | | | | |
| 11-year-olds with SEN | 13.52 | 11.08 | 9.93 | 8.77 | 7.46 | $F(1304)$ | 1.13** |
| | (5.65) | (5.79) | (5.61) | (5.10) | (5.02) | = | |
| | | | | | | 45.316 | |
| 11-year-olds without SEN | 7.09 | 6.33 | 5.30 | 4.45 | 3.96 | $F(4,10738)$ | .80** |
| | (4.51) | (4.34) | (3.94) | (3.58) | (3.23) | = | |
| | | | | | | 222.518 | |

| | | | | | | | |
|--------------------------|-----------------|-----------------|-----------------|----------------|----------------|---------------------------|--------------|
| 14-year-olds with SEN | 13.11 (5.86) | 12.54 (5.68) | 10.14 (5.82) | 8.74 (5.48) | 8.13 (5.02) | $F(1086)$ = 34.349 | .91** |
| 14-year-olds without SEN | 7.57 (4.55) | 6.75 (4.43) | 5.71 (4.03) | 4.85 (3.59) | 4.23 (3.40) | $F(9950)$ = 226.152 | .83** |

Note. d=Cohen's effect size

N=1307 for 11-year-olds with SEN; 10735 for 11-year-olds without SEN; 1090 for 14-year-olds with SEN and 9949 for 14-year-olds without SEN. * $p < .01$.; ** $p < .001$.

III. Parent educational qualification

The examination of the relationship between SDQ domains and parent education revealed significant multivariate effects on SDQ domains: $\lambda = .882, F(25, 4660) = 6.399, p < .001$ for 11-year-olds with SEN; $V = .057, F(25, 52115) = 23.316, p < .001$ for 11-year-olds without SEN; $\lambda = .901, F(25, 3861) = 4.378, p < .001$ for 14-year-olds with SEN; $V = .059, F(25, 48060) = 22.801, p < .001$ for 14-year-olds without SEN).

As [Table 16](#) shows, group comparisons (none versus NVQ5) for SDQ yielded significant medium differences in the emotional symptoms of 11-year-olds with SEN and small differences in the emotional symptoms of 11-year-olds without SEN, 14-year-olds with SEN and 14-year-olds without SEN; significant large differences in the conduct problems of 11-year-olds with SEN and significant medium differences in the conduct problems of 11-year-olds without SEN, 14-year-olds with SEN and 14-year-olds without SEN; significant small differences in hyperactivity within all the groups; small differences in peer problems within the with-SEN groups and significant medium differences within the without-SEN groups; significant large differences for TBD within the with-SEN groups and significant medium differences in the without-SEN groups; significant small differences in the prosocial skills of 11-year-olds with SEN and 11-year-olds without SEN and very slightly significant differences in the prosocial skills of 14-year-olds with SEN and 14-year-olds without SEN. The results indicated a decreasing trend in adolescents' behavioural problems and emotional symptoms and an increasing trend in prosocial skills from none to NVQ5 within all groups. It was also noted that significant differences between groups (none versus NVQ5) were mirrored in another pairwise comparison (none versus NVQ4) for almost all SDQ domains.

Table 16 Multivariate *M*, *SD* for Parent Educational Qualification on SDQ at ages 11 and 14

| Group | None | NVQ 1 | NVQ 2 | NVQ 3 | NVQ 4 | NVQ 5 | F | d |
|---------------------------|----------------|----------------|----------------|----------------|----------------|----------------|---------|--------------|
| Emotional symptoms | | | | | | | | |
| 11-year-olds with SEN | 4.10 (3.05) | 3.15 (2.66) | 3.18 (2.58) | 3.45 (2.71) | 2.88 (2.42) | 2.50 (2.32) | 7.568 | .59** |
| 11-year-olds without SEN | 2.05 (2.11) | 1.87 (2.05) | 1.88 (2.03) | 1.83 (1.85) | 1.55 (1.70) | 1.44 (1.67) | 74.697 | .32** |
| 14-year-olds with SEN | 3.37 (3.25) | 4.49 (3.11) | 3.54 (2.81) | 3.03 (2.66) | 3.01 (2.32) | 2.46 (2.20) | 7.522 | .33** |
| 14-year-olds without SEN | 2.38 (2.54) | 2.44 (2.63) | 2.10 (2.38) | 1.90 (1.92) | 1.71 (1.80) | 1.57 (1.62) | 33.852 | .38** |
| Conduct problems | | | | | | | | |
| 11-year-olds with SEN | 3.72 (2.89) | 2.87 (2.24) | 2.41 (2.36) | 2.47 (2.12) | 1.98 (1.98) | 1.52 (1.42) | 20.526 | .97** |
| 11-year-olds without SEN | 1.91 (1.90) | 1.82 (1.91) | 1.47 (1.62) | 1.35 (1.45) | 1.08 (1.30) | .94 (1.12) | 183.882 | .62** |
| 14-year-olds with SEN | 3.21 (2.88) | 3.15 (2.65) | 3.03 (2.73) | 2.23 (2.25) | 2.21 (2.24) | 1.56 (1.45) | 10.295 | .72** |
| 14-year-olds without SEN | 2.00 (2.08) | 2.01 (2.16) | 1.58 (1.88) | 1.32 (1.45) | 1.15 (1.30) | 1.09 (1.19) | 78.681 | .54** |
| Hyperactivity | | | | | | | | |
| 11-year-olds with SEN | 6.47 (2.91) | 6.05 (2.88) | 5.91 (2.81) | 5.97 (2.85) | 4.67 (2.66) | 4.53 (2.65) | 17.027 | .70** |
| 11-year-olds without SEN | 3.52 (2.56) | 3.51 (2.57) | 3.23 (2.41) | 2.95 (2.26) | 2.50 (2.10) | 2.38 (1.96) | 342.438 | .50** |
| 14-year-olds with SEN | 6.09 (3.12) | 5.81 (2.76) | 6.12 (2.93) | 5.29 (3.01) | 4.78 (2.86) | 4.16 (2.27) | 12.057 | .71** |
| 14-year-olds without SEN | 3.52 (2.72) | 3.69 (2.98) | 3.14 (2.49) | 2.87 (2.11) | 2.50 (2.03) | 2.36 (1.84) | 67.418 | .50** |
| Peer problems | | | | | | | | |

| | | | | | | | | |
|--------------------------|----------------|------------------|------------------|------------------|------------------|------------------|----------|--------------|
| 11-year-olds with SEN | 3.30 (2.43) | 3.04 (2.57) | 2.86 (2.60) | 3.03 (2.66) | 2.34 (2.38) | 2.34 (2.34) | 5.289 | .40** |
| 11-year-olds without SEN | 1.75 (1.79) | 1.48 (1.71) | 1.34 (1.63) | 1.19 (1.53) | 1.02 (1.36) | 1.03 (1.43) | 109.365 | .51** |
| 14-year-olds with SEN | 3.60 (2.82) | 3.75 (2.81) | 3.78 (2.72) | 3.34 (2.52) | 2.97 (2.42) | 2.64 (2.17) | 5.111 | .38** |
| 14-year-olds without SEN | 2.11 (2.01) | 2.09 (2.16) | 1.81 (1.88) | 1.55 (1.53) | 1.44 (1.53) | 1.28 (1.32) | 48.926 | .50** |
| Prosocial skills | | | | | | | | |
| 11-year-olds with SEN | 7.53 (2.41) | 7.49 (2.46) | 7.99 (2.53) | 7.91 (2.10) | 8.41 (1.77) | 8.05 (2.11) | 5.828 | .23** |
| 11-year-olds without SEN | 8.58 (1.82) | 8.54 (1.86) | 8.80 (1.55) | 8.90 (1.43) | 8.92 (1.34) | 8.94 (1.32) | 36.355 | .23** |
| 14-year-olds with SEN | 7.27 (2.81) | 6.93 (2.68) | 7.16 (2.62) | 7.49 (2.41) | 7.78 (2.15) | 7.40 (2.17) | 3.164 | .05* |
| 14-year-olds without SEN | 8.04 (2.30) | 7.89 (2.18) | 8.33 (1.94) | 8.34 (1.69) | 8.42 (1.62) | 8.42 (1.54) | 15.565 | .19** |
| Group | None | NVQ 1 | NVQ 2 | NVQ 3 | NVQ 4 | NVQ 5 | F | D |

(The result of ANOVA)

TBD

| | | | | | | | | |
|--------------------------|-----------------|-----------------|-----------------|-----------------|----------------|----------------|-------------------------|--------------|
| 11-year-olds with SEN | 12.77 (5.61) | 11.77 (5.56) | 10.88 (5.69) | 10.71 (5.88) | 8.91 (5.73) | 8.16 (5.39) | $F(5, 1260) = 15.605$ | .84** |
| 11-year-olds without SEN | 6.87 (4.38) | 6.63 (4.44) | 5.90 (4.24) | 5.31 (3.98) | 4.51 (3.69) | 4.17 (3.36) | $F(5, 10430) = 100.820$ | .69** |
| 14-year-olds with SEN | 12.07 (5.69) | 12.73 (5.88) | 11.74 (5.89) | 11.15 (5.87) | 9.38 (5.89) | 7.53 (4.85) | $F(5, 1044) = 13.900$ | .86** |
| 14-year-olds without SEN | 7.33 (4.39) | 7.05 (4.52) | 6.23 (4.33) | 5.57 (3.83) | 4.83 (3.85) | 4.59 (3.53) | $F(5, 9617) = 96.046$ | .69** |

Note. d=Cohen's effect size

N=1264 for 11-year-olds with SEN; 10429 for 11-year-olds without SEN; 1049 for 14-year-olds with SEN and 9618 for 14-year-olds without SEN

*p<.01.; **p<.001.

B) Life satisfaction

As [Table 17](#) shows, the comparison between genders for life satisfaction yielded significant small differences in the 14 age groups, but not in the 11 age groups. These results indicate that at age 14 boys with SEN and without SEN attract higher ratings of life satisfaction than girls. The comparison of income (bottom versus top income quintiles) for life satisfaction yielded significant small differences in 11-year-olds without SEN, 14-year-olds with SEN and 14-year-olds without SEN, but not in 11-year-olds with SEN, indicating that adolescents with and without SEN from low-income families rated lower on the life satisfaction scale than adolescents with and without SEN from high-income families in all groups. Comparisons of parent education level for life satisfaction did not yield significant results.

Table 17 *Multivariate M, SD for Gender, Family Income Quintiles, and Parent Educational Qualification on Life Satisfaction at ages 11 and 14*

| Group | Boys | Girls | <i>t</i> | <i>d</i> | | | |
|--------------------------|-----------------|-----------------|---------------------------|-----------------|-----------------|-----------------------------|--------------|
| Gender | | | | | | | |
| 11-year-olds with SEN | 22.89 (5.65) | 22.61 (5.89) | <i>t</i> (1195) = .790 | .04 | | | |
| 11-year-olds without SEN | 24.09 (5.34) | 24.33 (5.25) | <i>t</i> (10700) = -2.359 | .05 | | | |
| 14-year-olds with SEN | 21.54 (5.95) | 20.31 (5.95) | <i>t</i> (880) = 2.863 | .20* | | | |
| 14-year-olds without SEN | 22.55 (5.39) | 20.52 (5.90) | <i>t</i> (9931) = 17.876 | .36** | | | |
| Group | Bottom | Second | Third | Fourth | Top | <i>F</i> | <i>d</i> |
| Income | | | | | | | |
| 11-year-olds with SEN | 22.94 (5.50) | 22.41 (6.07) | 22.96 (5.84) | 23.00 (5.39) | 22.62 (5.91) | <i>F</i> (4, 1192) = .490 | .07 |
| 11-year-olds without SEN | 23.81 (5.66) | 24.09 (5.25) | 24.02 (5.36) | 24.43 (5.21) | 24.69 (4.98) | <i>F</i> (4, 10697) = 9.304 | .17** |
| 14-year-olds with SEN | 20.24 (6.48) | 20.95 (6.10) | 21.12 (5.66) | 21.29 (6.20) | 21.88 (6.02) | <i>F</i> (4, 877) = 1.637 | .26** |

| 14-year-olds without SEN | 21.18 (6.03) | 20.43 (5.97) | 21.15 (5.82) | 21.91 (5.48) | 22.32 (5.44) | $F(4, 9928) = 32.526$ | .20** | |
|--------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------------|-----------------------|-----|
| Group | None | NVQ1 | NVQ2 | NVQ3 | NVQ4 | NVQ5 | F | d |
| Parent education | | | | | | | | |
| 11-year-olds with SEN | 23.14 (5.86) | 23.38 (5.48) | 22.75 (5.82) | 22.44 (5.71) | 22.65 (5.65) | 22.49 (6.02) | $F(5, 1151) = .505$ | .11 |
| 11-year-olds without SEN | 24.17 (5.72) | 23.67 (5.73) | 24.07 (5.20) | 24.20 (5.29) | 24.42 (5.17) | 24.39 (5.13) | $F(5, 10362) = 3.146$ | .04 |
| 14-year-olds with SEN | 21.49 (6.78) | 21.92 (6.00) | 21.34 (6.14) | 21.26 (6.16) | 20.65 (5.88) | 20.97 (6.21) | $F(5, 848) = .714$ | .08 |
| 14-year-olds without SEN | 21.34 (6.07) | 21.08 (5.92) | 21.09 (5.80) | 21.57 (5.74) | 21.78 (5.61) | 21.70 (5.69) | $F(5, 9592) = 4.918$ | .06 |

Note. d=Cohen's effect size

* $p < .01$.; ** $p < .001$.

C) SMFQ

As [Table 18](#) shows, the comparison of genders for moods and feeling yielded significant medium differences with the age 14 groups. These results indicate that, girls with SEN and without SEN attract higher ratings of negative moods and feelings than boys with SEN and without SEN at age 14. In 14-year-olds with SEN and 14-year-olds without SEN groups, the comparison of income quintiles and parent education levels for moods and feelings did not yield significant differences.

Table 18 *Multivariate M, SD for Gender, Family Income Quintiles, and Parent Educational Qualification on SMFQ at ages 11 and 14*

| Group | Boys | Girls | <i>t</i> | d |
|-----------------------|-----------------|-----------------|-------------------|--------------|
| Gender | | | | |
| 14-year-olds with SEN | 17.69 (4.83) | 20.54 (6.81) | $t(878) = -7.183$ | .53** |

| | | | | |
|--------------------------|-----------------|-----------------|---------------------|--------------|
| 14-year-olds without SEN | 16.97 (4.55) | 19.97 (6.55) | $t(9892) = -26.275$ | .53** |
|--------------------------|-----------------|-----------------|---------------------|--------------|

| Group | Bottom | Second | Third | Fourth | Top | F | d |
|--------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|----------------------|-----|
| Income | | | | | | | |
| 14-year-olds with SEN | 18.99 (5.64) | 19.95 (6.62) | 18.41 (5.84) | 18.13 (5.07) | 17.99 (5.30) | $F(4, 874) = 3.453$ | .18 |
| 14-year-olds without SEN | 18.33 (5.71) | 19.15 (6.29) | 18.70 (5.94) | 18.50 (5.86) | 18.09 (5.57) | $F(4, 9889) = 8.808$ | .04 |

| Group | None | NVQ1 | NVQ2 | NVQ3 | NVQ4 | NVQ5 | F | d |
|--------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|----------------------|-----|
| Parent education | | | | | | | | |
| 14-year-olds with SEN | 17.58 (5.78) | 19.79 (6.55) | 19.04 (5.98) | 18.59 (5.71) | 18.59 (5.47) | 18.62 (5.53) | $F(5, 844) = 1.191$ | .18 |
| 14-year-olds without SEN | 18.37 (5.87) | 18.31 (5.81) | 18.79 (6.00) | 18.64 (6.13) | 18.39 (5.75) | 18.45 (5.66) | $F(5, 9554) = 1.692$ | .01 |

Note. d=Cohen's effect size

*p<.01.; **p<.001.

D) Self-esteem

As [Table 19](#) shows, within the 11-year-olds with SEN, 14-year-olds with SEN and 14-year-olds without SEN groups, the comparison of genders for self-esteem yielded significant small differences. No significant results were obtained for 11-year-olds without SEN, indicating that boys with SEN and without SEN have higher levels of self-esteem than girls with SEN and without SEN at this age. The comparison of income (bottom versus top income quintiles) for self-esteem yielded significant small differences in the without-SEN groups at ages 11 and 14, but no significant results were obtained with regard to the with-SEN groups at ages 11 and 14, indicating that adolescents with and without SEN from low-income families had lower self-esteem than adolescents without SEN from high-income families. In all groups, the comparison of parent education levels for self-esteem did not yield significant differences.

Table 19 Multivariate *M*, *SD* for Gender, Family Income Quintiles, and Parent Educational Qualification on Self-esteem at ages 11 and 14

| Group | Boys | Girls | <i>t</i> | <i>d</i> | | | | |
|--------------------------|-----------------|-----------------|--------------------------|-----------------|-----------------|-----------------------------|-----------------------------|----------|
| Gender | | | | | | | | |
| 11-year-olds with SEN | 11.74 (2.19) | 11.40 (2.13) | <i>t</i> (1124) = 2.509 | .16 | | | | |
| 11-year-olds without SEN | 12.15 (2.02) | 11.92 (2.09) | <i>t</i> (10318) = 5.562 | .11** | | | | |
| 14-year-olds with SEN | 11.07 (2.42) | 9.96 (2.61) | <i>t</i> (890) = 6.328 | .44** | | | | |
| 14-year-olds without SEN | 11.43 (2.47) | 9.96 (2.63) | <i>t</i> (9845) = 28.518 | .58** | | | | |
| Group | Bottom | Second | Third | Fourth | Top | <i>F</i> | <i>D</i> | |
| Income | | | | | | | | |
| 11-year-olds with SEN | 11.55 (2.09) | 11.53 (2.20) | 11.67 (2.12) | 11.67 (2.27) | 11.80 (2.24) | <i>F</i> (4, 1121) = .496 | .12 | |
| 11-year-olds without SEN | 11.95 (2.10) | 11.97 (2.08) | 11.97 (2.02) | 12.03 (2.07) | 12.21 (2.03) | <i>F</i> (4, 10315) = 5.534 | .13** | |
| 14-year-olds with SEN | 10.54 (2.64) | 10.53 (2.72) | 10.57 (2.16) | 10.94 (2.68) | 10.86 (2.53) | <i>F</i> (4, 887) = 1.048 | .12 | |
| 14-year-olds without SEN | 10.66 (2.63) | 10.34 (2.66) | 10.52 (2.65) | 10.73 (2.64) | 10.98 (2.67) | <i>F</i> (4, 9842) = 15.788 | .12** | |
| Group | None | NVQ1 | NVQ2 | NVQ3 | NVQ4 | NVQ5 | <i>F</i> | <i>D</i> |
| Parent education | | | | | | | | |
| 11-year-olds with SEN | 11.52 (2.26) | 11.62 (2.24) | 11.52 (2.10) | 11.61 (2.18) | 11.69 (2.20) | 11.85 (2.11) | <i>F</i> (5, 1082) = .444 | .15 |
| 11-year-olds without SEN | 12.11 (2.03) | 11.99 (2.01) | 11.86 (2.07) | 12.01 (2.07) | 12.12 (2.06) | 12.13 (2.07) | <i>F</i> (5, 10000) = 5.687 | .00 |
| 14-year-olds with SEN | 10.48 (2.41) | 10.83 (2.97) | 10.76 (2.63) | 11.02 (2.53) | 10.60 (2.47) | 10.51 (2.52) | <i>F</i> (5, 858) = .756 | .00 |

| | | | | | | | | |
|--------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|----------------------|-----|
| 14-year-olds without SEN | 10.79 (2.69) | 10.56 (2.62) | 10.40 (2.66) | 10.62 (2.70) | 10.80 (2.62) | 10.82 (2.68) | $F(5, 9506) = 7.285$ | .01 |
|--------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|----------------------|-----|

Note. d=Cohen's effect size

*p<.01.; **p<.001.

4.1.4.3. Gender, socioeconomic factors, and SE

This section presents the results of the t-test and ANOVA on A) academic self-concept and B) positive school attitudes.

A) Academic self-concept

As [Table 20](#) shows, the comparison of genders for academic self-concept yielded significant small differences in all groups. Boys with SEN and without SEN obtained higher ratings in academic self-concept than girls with SEN and without SEN. The comparison of income quintiles (bottom versus top income quintiles) for academic self-concept yielded very small and small yet significant differences in without SEN groups at ages 11 and 14, respectively but the results were not significant in with SEN groups at ages 11 and 14, indicating that adolescents without SEN from low-income families rate lower in academic self-concept than adolescents without SEN in high-income families. The comparison of parent education levels (none to NVQ5) for academic self-concept very small and small yet significant differences in without SEN groups at ages 11 and 14, respectively but the results were not significant in with SEN groups at ages 11 and 14, indicating that adolescents without SEN of parents with the lowest academic qualifications rated lower in academic self-concept than adolescents without SEN of parents with the highest academic qualification.

Table 20 *Multivariate M, SD for Gender, Family Income Quintiles, and Parent Educational Qualification on Academic Self-concept at ages 11 and 14*

| Group | Boys | Girls | <i>t</i> | <i>d</i> |
|--------------------------|----------------|----------------|--------------------|--------------|
| Gender | | | | |
| 11-year-olds with SEN | 6.26 (1.51) | 5.90 (1.55) | $t(1177) = 3.789$ | .24** |
| 11-year-olds without SEN | 6.65 (1.32) | 6.42 (1.33) | $t(10643) = 8.676$ | .17** |
| 14-year-olds with SEN | 5.79 (1.44) | 5.43 (1.44) | $t(1017) = 3.730$ | .19** |

14-year-olds without SEN 6.33 (1.45) 6.07 (1.43) $t(10040) = 8.761$ **.18****

| Group | Bottom | Second | Third | Fourth | Top | F | d |
|--------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|------------------------|--------------|
| Income | | | | | | | |
| 11-year-olds with SEN | 14.03 (3.12) | 14.19 (2.87) | 14.23 (2.73) | 14.51 (2.61) | 14.39 (2.49) | $F(4, 1096) = 1.094$ | .13 |
| 11-year-olds without SEN | 6.45 (1.39) | 6.50 (1.35) | 6.48 (1.31) | 6.55 (1.30) | 6.67 (1.29) | $F(4, 10640) = 8.574$ | .16** |
| 14-year-olds with SEN | 5.59 (1.46) | 5.68 (1.49) | 5.68 (1.43) | 5.60 (1.37) | 5.79 (1.48) | $F(4, 1014) = .571$ | .14 |
| 14-year-olds without SEN | 6.00 (1.40) | 5.98 (1.45) | 6.03 (1.43) | 6.30 (1.43) | 6.53 (1.43) | $F(4, 10037) = 59.464$ | .37** |

| Group | None | NVQ1 | NVQ2 | NVQ3 | NVQ4 | NVQ5 | F | d |
|--------------------------|----------------|----------------|----------------|----------------|----------------|----------------|-----------------------|--------------|
| Parent education | | | | | | | | |
| 11-year-olds with SEN | 6.21 (1.63) | 6.24 (1.50) | 6.14 (1.61) | 6.30 (1.40) | 6.10 (1.52) | 5.94 (1.30) | $F(5, 1134) = .856$ | .18 |
| 11-year-olds without SEN | 6.51 (1.39) | 6.43 (1.39) | 6.43 (1.30) | 6.55 (1.32) | 6.59 (1.32) | 6.70 (1.31) | $F(5, 10306) = 8.669$ | .14** |
| 14-year-olds with SEN | 5.78 (1.64) | 5.45 (1.46) | 5.63 (1.36) | 5.56 (1.58) | 5.74 (1.41) | 5.71 (1.32) | $F(5, 975) = .811$ | .05 |
| 14-year-olds without SEN | 5.90 (1.40) | 5.94 (1.39) | 6.03 (1.37) | 6.19 (1.52) | 6.35 (1.46) | 6.47 (1.47) | $F(5, 9693) = 32.553$ | .40** |

Note. d=Cohen's effect size

* $p < .01$.; ** $p < .001$.

B) Positive school attitudes

As [Table 21](#) shows, the comparison of genders for positive school attitudes yielded significant small differences at age 11. Compared to boys with SEN and without SEN, girls with SEN and without SEN obtained higher ratings of positive school attitudes. The comparison of income quintiles (bottom versus top income quintiles) for academic self-concept yielded significant

small differences in 11-year-olds without SEN, 14-year-olds without SEN and very small yet significant differences in 11-year-olds with SEN and 14-year-olds with SEN, indicating that adolescents from low-income families reported less positive school attitudes than adolescents from high-income families in all groups. The comparison of parent education levels (none to NVQ5) for positive school attitudes did not yield any significant differences in any of the groups.

Table 21 *Multivariate M, SD for Gender, Family Income Quintiles, and Parent Educational Qualification on Positive School Attitudes at ages 11 and 14*

| Group | Boys | Girls | <i>t</i> | <i>d</i> | | | | |
|--------------------------|------------------|------------------|----------------------------|-----------------|-----------------|------------------------------|--------------|----------|
| Gender | | | | | | | | |
| 11-year-olds with SEN | 13.93 (2.82) | 14.93 (2.63) | <i>t</i> (1176) = -5.844 | .37** | | | | |
| 11-year-olds without SEN | 14.63 (14.63) | 15.79 (15.79) | <i>t</i> (10624) = -23.033 | .45** | | | | |
| 14-year-olds with SEN | 15.25 (3.08) | 15.29 (3.22) | <i>t</i> (1009) = -.210 | .01 | | | | |
| 14-year-olds without SEN | 15.69 (2.92) | 15.64 (3.07) | <i>t</i> (10006) = .823 | .02 | | | | |
| Group | Bottom | Second | Third | Fourth | Top | F | <i>d</i> | |
| Income | | | | | | | | |
| 11-year-olds with SEN | 14.03 (3.12) | 14.19 (2.87) | 14.23 (2.73) | 14.51 (2.61) | 14.39 (2.61) | <i>F</i> (4, 1173) = 1.094 | .13* | |
| 11-year-olds without SEN | 15.02 (2.85) | 15.04 (2.79) | 15.22 (2.62) | 15.38 (2.56) | 15.47 (2.43) | <i>F</i> (4, 10621) = 11.909 | .17** | |
| 14-year-olds with SEN | 14.73 (3.28) | 14.73 (3.19) | 15.36 (2.98) | 15.63 (3.00) | 15.95 (3.02) | <i>F</i> (4, 1006) = 6.185 | .39** | |
| 14-year-olds without SEN | 15.38 (3.18) | 15.17 (3.07) | 15.40 (3.04) | 15.89 (2.86) | 16.18 (2.81) | <i>F</i> (4, 10013) = 40.155 | .27** | |
| Group | None | NVQ1 | NVQ2 | NVQ3 | NVQ4 | NVQ5 | F | <i>d</i> |

| Parent education | | | | | | | | |
|--------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|--------------------------|-----|
| 11-year-olds with SEN | 14.53 (3.14) | 14.15 (2.85) | 14.29 (2.68) | 14.14 (2.89) | 14.17 (2.67) | 14.35 (2.56) | $F(5, 1133)$ = .468 | .06 |
| 11-year-olds without SEN | 15.20 (2.80) | 15.04 (2.79) | 15.13 (2.75) | 15.28 (2.63) | 15.33 (2.56) | 15.33 (2.51) | $F(5, 10291)$ = 2.760 | .05 |
| 14-year-olds with SEN | 15.27 (3.15) | 14.79 (3.43) | 15.42 (3.31) | 15.13 (3.09) | 15.10 (2.94) | 16.00 (2.79) | $F(5, 967)$ = 1.612 | .25 |
| 14-year-olds without SEN | 15.49 (3.18) | 15.29 (3.08) | 15.34 (3.01) | 15.81 (2.97) | 15.86 (2.93) | 15.79 (2.87) | $F(5, 9666)$ = 11.729 | .10 |

Note. d=Cohen's effect size

* $p < .01$; ** $p < .001$.

4.1.5. Longitudinal Differences

This section presents the results pertaining to the longitudinal differences in adolescent mental health (i.e., SDQ domains, life satisfaction, self-esteem) and the longitudinal differences in school experiences (i.e., academic self-concept and positive school attitude). The longitudinal differences (within-subject effect) of 11 to 14-year-olds in the with-SEN group and in the without-SEN group are reported first, followed by the results of interaction effects for gender, income, and parent education in the with-SEN group and the without-SEN group, respectively.

4.1.5.1. Longitudinal differences in adolescents mental health

This section is divided into three parts: the longitudinal differences in SDQ domains, life satisfaction and self-esteem.

A) Longitudinal differences in SDQ subscales

The mixed model ANOVAs yielded significant results for both within-subject designs for SDQ domains (i.e., emotional symptoms, conduct problems, hyperactivity, peer problems, TBD and prosocial skills).

I. Emotional symptoms

As [Table 23](#) shows, when running the ANOVA for gender, significant yet very small within group differences were found for emotional symptoms in the without-SEN group $F(1, 8350) = 62.024$, $p < .001$, $\eta_p^2 = .007$, but no significant effect was found in the with-

SEN group. The same results were obtained in the within-group differences for emotional symptoms when the mixed ANOVA test was run for income and parent education. These results show that, between the ages of 11 and 14, there are significant upward changes in emotional symptoms in the without-SEN groups (see [Table 22](#) for descriptive statistics).

As [Table 23](#) shows, the mixed ANOVA yielded a significant small interaction effect (emotional symptoms \times gender) in the without-SEN group $F(1, 8350) = 128.758, p < .001, \eta_p^2 = .015$ but was non-significant in the with-SEN group, indicating that differences in emotional symptoms over the three-year period were dependent on gender in the without-SEN group but independent of gender in the with-SEN group.

As [Table 23](#) shows, the mixed ANOVA yielded very slightly significant interaction effects (emotional symptoms \times income) in the without-SEN group $F(4, 8347) = 4.882, p = .001, \eta_p^2 = .002$ but a non-significant effect in the with-SEN group, indicating that differences in emotional symptoms over the three-year period were slightly dependent on income in the without-SEN group but independent of income in the with-SEN group.

As [Table 23](#) shows, the mixed ANOVA did not yield a significant interaction effect (emotional symptoms \times parent education) in either the with-SEN or the-without-SEN groups, indicating that differences in emotional symptoms over the three-year period were independent of parent education level in both groups.

Table 22 Longitudinal descriptive statistics for gender, income, parent education and emotional symptoms

| | | Age | Boys | Girls | | | |
|----------------------|--|----------------|--------|--------|-------|--------|-----|
| Emotional symptoms | | | | | | | |
| $(N_{TOTAL} = 626)$ | | N | 433 | 193 | | | |
| | | 11 with SEN | 3.36 | 3.52 | | | |
| | | | (2.52) | (2.63) | | | |
| | | 14 with SEN | 3.18 | 3.81 | | | |
| | | | (2.61) | (2.64) | | | |
| $(N_{TOTAL} = 8352)$ | | N | 3964 | 4388 | | | |
| | | 11 without SEN | 1.55 | 1.81 | | | |
| | | | (1.76) | (1.90) | | | |
| | | 14 without SEN | 1.48 | 2.21 | | | |
| | | | (1.78) | (2.12) | | | |
| | | Age | Bottom | Second | Third | Fourth | Top |
| Emotional Symptoms | | | | | | | |
| $(N_{TOTAL} = 626)$ | | N | | | | | |
| | | | 127 | 125 | 131 | 122 | 121 |

| | | | | | | |
|----------------------|----------------|----------------|----------------|----------------|----------------|----------------|
| | 11 with SEN | 4.17 (2.69) | 3.57 (2.48) | 3.56 (2.67) | 2.87 (2.30) | 2.85 (2.39) |
| | 14 with SEN | 4.20 (2.84) | 3.47 (2.41) | 3.62 (2.77) | 2.65 (2.51) | 2.87 (2.33) |
| $(N_{TOTAL} = 8352)$ | N | 1310 | 1344 | 1697 | 2049 | 2052 |
| | 11 without SEN | 2.09 (1.98) | 2.02 (1.95) | 1.76 (1.94) | 1.55 (1.74) | 1.32 (1.60) |
| | 14 without SEN | 2.48 (2.20) | 2.22 (2.13) | 1.93 (2.02) | 1.66 (1.86) | 1.44 (1.76) |

| | Age | None | NVQ1 | NVQ2 | NVQ3 | NVQ4 | NVQ5 |
|----------------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|
| Emotional symptoms | | | | | | | |
| $(N_{TOTAL} = 605)$ | N | 69 | 40 | 150 | 96 | 202 | 49 |
| | 11 with SEN | 3.67 (2.81) | 3.55 (2.46) | 3.55 (2.54) | 3.73 (2.51) | 3.13 (2.48) | 2.76 (2.55) |
| | 14 with SEN | 3.57 (2.64) | 4.38 (2.64) | 3.61 (2.68) | 3.32 (2.83) | 3.06 (2.48) | 2.59 (2.47) |
| $(N_{TOTAL} = 8116)$ | N | 597 | 449 | 1901 | 1226 | 2933 | 1010 |
| | 11 without SEN | 2.01 (1.93) | 1.95 (1.91) | 1.88 (1.95) | 1.76 (1.82) | 1.50 (1.73) | 1.40 (1.72) |
| | 14 without SEN | 2.43 (2.14) | 2.24 (2.11) | 2.05 (2.11) | 1.89 (1.93) | 1.65 (1.92) | 1.53 (1.78) |
| | SEN | | | | | | |

Table 23 Repeated ANOVA for emotional symptoms \times gender, income, parent education at ages 11 and 14

| Groups | Source | Df | F | ρ | η_p^2 |
|--------------------|-------------------------|-----|-----------------|--------|------------|
| With SEN | | | | | |
| | | | Within subjects | | |
| | Emotional symptoms (ES) | 1 | .265 | .607 | .000 |
| | ES \times G | 1 | 5.816 | .016 | .009 |
| | Within group error | 624 | (2.53) | | |
| Without SEN | | | | | |
| | | | Within subjects | | |
| | Emotional symptoms (ES) | 1 | 62.024 | .000 | .007 |

| | | | | | |
|--------------------|-------------------------|------|-----------------|-------------|-------------|
| | ES×G | 1 | 128.758 | .000 | .015 |
| | Within group error | 8350 | (1.80) | | |
| With SEN | | | | | |
| | | | Within subjects | | |
| | Emotional symptoms (ES) | 1 | .212 | .646 | .000 |
| | ES×I | 4 | .331 | .858 | .002 |
| | Within group error | 621 | (2.56) | | |
| Without SEN | | | | | |
| | | | Within subjects | | |
| | Emotional symptoms (ES) | 1 | 82.216 | .000 | .010 |
| | ES×I | 4 | 4.882 | .001 | .002 |
| | Within group error | 8347 | (1.82) | | |
| With SEN | | | | | |
| | | | Within subjects | | |
| | Emotional symptoms (ES) | 1 | .055 | .814 | .000 |
| | ES×PE | 5 | 1.791 | .113 | .015 |
| | Within group error | 599 | (2.56) | | |
| Without SEN | | | | | |
| | | | Within subjects | | |
| | Emotional symptoms (ES) | 1 | 69.790 | .000 | .009 |
| | ES×PE | 5 | 2.734 | .018 | .002 |
| | Within group error | 8110 | (2.73) | | |

Note. Values enclosed in parentheses represent mean square errors.

II. Conduct problems

As [Table 25](#) shows, when an ANOVA test was run for gender, slightly significant within-group differences were found for conduct problems in the without-SEN groups $F(1, 8352) = 16.492$, $p < .001$, $\eta_p^2 = .002$, but no significant effect was found in the with-SEN groups. The same within group differences for conduct problems were found when the mixed ANOVA test was run test for income and parent education. These results show that, between

the ages of 11 and 14, there are slight but significant upward changes in conduct problems within the without-SEN groups (see [Table 24](#) for descriptive results).

As [Table 25](#) shows, the mixed ANOVA yielded a significant small interaction effect (conduct problems \times gender) in the without-SEN group $F(1, 8352) = 23.783, p < .001, \eta_p^2 = .003$ but a non-significant effect in the with-SEN group, indicating that differences in conduct problems over the three-year period were dependent on gender in the without-SEN but independent of gender in the with-SEN groups.

As [Table 25](#) shows, the mixed ANOVA did not yield a significant interaction effect (conduct problems \times income) in either the with-SEN or without-SEN groups, indicating that differences in conduct problems over the three-year period were independent of income in both groups.

As [Table 25](#) shows, the mixed ANOVA did not yield a significant interaction effect (conduct problems \times parent education) in either the with-SEN or without-SEN groups, indicating that differences in conduct problems over the three-year period were independent of parent education in both groups.

Table 24 Longitudinal descriptive statistics for gender, income, parent education and conduct problems

| | | Age | Boys | Girls | | | |
|----------------------|----------------|-----|----------------|----------------|----------------|----------------|----------------|
| Conduct problems | | | | | | | |
| $(N_{TOTAL} = 625)$ | N | | 434 | 193 | | | |
| | 11 with SEN | | 2.68 (2.25) | 2.11 (1.84) | | | |
| | 14 with SEN | | 2.47 (2.30) | 1.97 (1.85) | | | |
| $(N_{TOTAL} = 8354)$ | N | | 3969 | 4385 | | | |
| | 11 without SEN | | 1.31 (1.47) | 1.14 (1.36) | | | |
| | 14 without SEN | | 1.30 (1.52) | 1.27 (1.47) | | | |
| | | Age | Bottom | Second | Third | Fourth | Top |
| Conduct Problems | | | | | | | |
| $(N_{TOTAL} = 627)$ | N | | 127 | 126 | 131 | 122 | 121 |
| | 11 with SEN | | 3.53 (2.29) | 3.01 (2.17) | 2.42 (2.03) | 1.83 (1.88) | 1.69 (1.73) |
| | 14 with SEN | | 3.26 (2.51) | 2.70 (2.19) | 2.35 (2.19) | 1.62 (1.68) | 1.59 (1.73) |
| $(N_{TOTAL} = 8354)$ | N | | 1209 | 1345 | 1697 | 2050 | 2053 |
| | 11 without SEN | | 1.77 (1.67) | 1.56 (1.61) | 1.24 (1.40) | 1.02 (1.23) | .85 (1.13) |
| | 14 without SEN | | 1.87 (1.77) | 1.63 (1.71) | 1.30 (1.49) | 1.09 (1.28) | .89 (1.18) |

| | Age | None | NVQ1 | NVQ2 | NVQ3 | NVQ4 | NVQ5 |
|----------------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|
| Conduct problems | | | | | | | |
| $(N_{TOTAL} = 606)$ | N | 69 | 40 | 150 | 96 | 202 | 49 |
| | 11 with SEN | 3.25 (2.23) | 2.90 (1.92) | 2.86 (2.29) | 2.38 (2.04) | 2.11 (2.09) | 1.63 (1.48) |
| | 14 with SEN | 3.07 (2.35) | 2.88 (2.26) | 2.74 (2.40) | 2.14 (2.05) | 1.99 (1.99) | 1.27 (1.48) |
| | N | 599 | 449 | 1902 | 1224 | 2934 | 1009 |
| $(N_{TOTAL} = 8117)$ | 11 without SEN | 1.70 (1.67) | 1.63 (1.61) | 1.37 (1.50) | 1.21 (1.35) | 1.03 (1.30) | .90 (1.16) |
| | 14 without SEN | 1.84 (1.79) | 1.69 (1.58) | 1.48 (1.64) | 1.21 (1.43) | 1.07 (1.33) | 1.06 (1.32) |

Table 25 Repeated ANOVA for conduct problems \times gender, income, parent education at ages 11 and 14

| Groups | Source | Df | F | ρ | η_p^2 |
|--------------------|-----------------------|------|-----------------|--------|------------|
| With SEN | | | | | |
| | | | Within subjects | | |
| | Conduct Problems (CP) | 1 | 5.712 | .017 | .009 |
| | CP \times G | 1 | .310 | .578 | .000 |
| | Within group error | 625 | (1.44) | | |
| Without SEN | | | | | |
| | | | Within subjects | | |
| | Conduct Problems (CP) | 1 | 16.492 | .000 | .002 |
| | CP \times G | 1 | 23.783 | .000 | .003 |
| | Within group error | 8352 | (.92) | | |
| With SEN | | | | | |
| | | | Within subjects | | |
| | Conduct Problems (CP) | 1 | 7.954 | .050 | .013 |
| | CP \times I | 4 | .462 | .764 | .003 |
| | Within group error | 622 | (1.45) | | |
| Without SEN | | | | | |

| | | Within subjects | | |
|-----------------------|------|-----------------|-------------|-------------|
| Conduct Problems (CP) | 1 | 19.649 | .000 | .002 |
| CP×I | 4 | .468 | .759 | .000 |
| Within group error | 8349 | (.92) | | |

With SEN

| | | Within subjects | | |
|-----------------------|-----|-----------------|------|------|
| Conduct Problems (CP) | 1 | 4.753 | .030 | .008 |
| CP×PE | 5 | .280 | .924 | .002 |
| Within group error | 600 | (1.42) | | |

Without SEN

| | | Within subjects | | |
|-----------------------|------|-----------------|-------------|-------------|
| Conduct Problems (CP) | 1 | 19.653 | .000 | .002 |
| CP×PE | 5 | 2.828 | .015 | .002 |
| Within group error | 8111 | (.90) | | |

Note. Values enclosed in parentheses represent mean square errors.

III. Hyperactivity

As [Table 27](#) shows, when an ANOVA test was run for gender, reasonably significant within group differences were found for hyperactivity in the with-SEN groups $F(1, 623) = 40.907$, $p < .001$, $\eta_p^2 = .062$ and very slightly significant differences in the without-SEN groups $F(1, 8330) = 16.154$, $p < .001$, $\eta_p^2 = .002$. Similar within-group differences for hyperactivity were found when the mixed ANOVA test was run for income and parent education. These results show that, between the ages of 11 and 14, there are significant downward changes in hyperactivity in the with-SEN and without-SEN groups (see [Table 26](#) for descriptive statistics).

As [Table 27](#) shows, the mixed ANOVA did not yield a significant interaction effect (hyperactivity × gender) in both groups, indicating that differences in hyperactivity over the three-year period were independent of gender in both groups.

As [Table 27](#) shows, the mixed ANOVA did not yield a significant interaction effect (hyperactivity × income) in either group, indicating that differences in hyperactivity over the three-year period were independent of income for both groups.

As [Table 27](#) shows, the mixed ANOVA did not yield a significant interaction effect (hyperactivity × parent education) in either the with-SEN or without-SEN groups, indicating that differences in hyperactivity over the three-year period were independent of parent education in both groups.

Table 26 Longitudinal descriptive statistics for gender, income, parent education and hyperactivity

| | | Age | Boys | Girls | | | | |
|--|----------------|-----|----------------|----------------|----------------|----------------|----------------|----------------|
| Hyperactivity ($N_{TOTAL} = 625$) | | N | 433 | 192 | | | | |
| | 11 with SEN | | 6.22 (2.73) | 5.29 (2.66) | | | | |
| | 14 with SEN | | 5.72 (2.83) | 4.64 (2.72) | | | | |
| ($N_{TOTAL} = 8332$) | | N | 3953 | 4379 | | | | |
| | 11 without SEN | | 3.13 (2.31) | 2.41 (2.10) | | | | |
| | 14 without SEN | | 3.05 (2.28) | 2.32 (2.06) | | | | |
| | | Age | Bottom | Second | Third | Fourth | Top | |
| Hyperactivity ($N_{TOTAL} = 625$) | | N | 125 | 126 | 131 | 122 | 121 | |
| | 11 with SEN | | 6.78 (2.77) | 6.55 (2.44) | 6.03 (2.55) | 5.15 (2.79) | 5.11 (2.74) | |
| | 14 with SEN | | 6.32 (2.73) | 5.90 (2.73) | 5.60 (2.89) | 4.50 (2.75) | 4.57 (2.65) | |
| ($N_{TOTAL} = 8332$) | | N | 1200 | 1341 | 1692 | 2047 | 2052 | |
| | 11 without SEN | | 3.42 (2.31) | 3.24 (2.38) | 2.83 (2.26) | 2.46 (2.10) | 2.26 (2.00) | |
| | 14 without SEN | | 3.36 (2.31) | 3.22 (2.35) | 2.74 (2.19) | 2.40 (2.10) | 2.11 (1.92) | |
| | | Age | None | NVQ1 | NVQ2 | NVQ3 | NVQ4 | NVQ5 |
| Hyperactivity ($N_{TOTAL} = 626$) | | N | 70 | 39 | 149 | 96 | 202 | 49 |
| | 11 with SEN | | 6.61 (2.61) | 6.18 (2.53) | 6.48 (2.61) | 6.17 (2.69) | 5.34 (2.77) | 5.10 (2.79) |
| | 14 with SEN | | 5.91 (2.61) | 5.72 (2.41) | 6.10 (2.71) | 5.65 (3.01) | 4.79 (2.85) | 4.24 (2.71) |
| ($N_{TOTAL} = 8095$) | | N | 586 | 448 | 1897 | 1225 | 2931 | 1008 |
| | 11 without SEN | | 3.24 (2.28) | 3.37 (2.33) | 3.09 (2.32) | 2.80 (2.18) | 2.43 (2.13) | 2.29 (2.05) |
| | 14 without SEN | | 3.26 (2.19) | 3.21 (2.39) | 2.98 (2.29) | 2.71 (2.11) | 2.37 (2.11) | 2.23 (2.04) |

Table 27 Repeated ANOVA for hyperactivity \times gender, income, parent education at ages 11 and 14

| Groups | Source | Df | F | ρ | η_p^2 |
|--------------------|--------------------|------|-----------------|-------------|-------------|
| With SEN | | | | | |
| | | | Within subjects | | |
| | Hyperactivity (H) | 1 | 40.907 | .000 | .062 |
| | H \times G | 1 | .742 | .390 | .001 |
| | Within group error | 623 | (2.14) | | |
| Without SEN | | | | | |
| | | | Within subjects | | |
| | Hyperactivity (H) | 1 | 16.154 | .000 | .002 |
| | H \times G | 1 | .091 | .763 | .000 |
| | Within group error | 8330 | (1.77) | | |
| With SEN | | | | | |
| | | | Within subjects | | |
| | Hyperactivity (H) | 1 | 43.190 | .000 | .065 |
| | H \times I | 4 | .285 | .888 | .002 |
| | Within group error | 620 | (2.15) | | |
| Without SEN | | | | | |
| | | | Within subjects | | |
| | Hyperactivity (H) | 1 | 13.491 | .000 | .002 |
| | H \times I | 4 | 1.052 | .379 | .001 |
| | Within group error | 8327 | (1.77) | | |
| With SEN | | | | | |
| | | | Within subjects | | |
| | Hyperactivity (H) | 1 | 34.116 | .000 | .054 |
| | H \times PE | 5 | .500 | .777 | .004 |
| | Within group error | 599 | (2.14) | | |
| Without SEN | | | | | |
| | | | Within subjects | | |

| | | | | |
|--------------------|------|--------|-------------|-------------|
| Hyperactivity (H) | 1 | 8.925 | .003 | .001 |
| H×PE | 5 | .746 | .589 | .000 |
| Within group error | 8089 | (1.75) | | |

Note. Values enclosed in parentheses represent mean square errors.

IV. Peer problems

As [Table 29](#) shows, when running the ANOVA for gender, slightly significant within-group differences were found for peer problems in both the with-SEN groups $F(1, 625) = 8.713$, $p = .003$, $\eta_p^2 = .014$ and the without-SEN groups $F(1, 8347) = 472.471$, $p < .001$, $\eta_p^2 = .054$. Similar results were found in terms of within-group differences for peer problems when the mixed ANOVA test was run test was run for income and parent education. These results show that, between the ages of 11 and 14, there are significant upward changes in peer problems in the with-SEN and without-SEN groups (see [Table 28](#) for descriptive statistics).

As [Table 29](#) shows, the mixed ANOVA did not yield a significant interaction effect (peer problems × gender) in either the with-SEN or without SEN-groups, indicating that differences in peer problems over the three-year period are independent of gender in both groups.

As [Table 29](#) shows, the mixed ANOVA did not yield a significant interaction effect (peer problems × income) in either the with-SEN or without-SEN groups, indicating that differences in peer problems over the three-year period were independent of income in both groups.

As [Table 29](#) shows, the mixed ANOVA did not yield a significant interaction effect (peer problems × parent education) in both the with-SEN and without-SEN groups, indicating that differences in peer problems over the three-year period were independent of parent education in both groups.

Table 28 *Longitudinal descriptive statistics for gender, income, parent education and peer problems*

| | Age | Boys | Girls |
|--|----------------|----------------|----------------|
| Peer problems ($N_{TOTAL} = 627$) | N | 433 | 194 |
| | 11 with SEN | 3.14 (2.48) | 2.98 (2.40) |
| | 14 with SEN | 3.42 (2.43) | 3.21 (2.39) |
| ($N_{TOTAL} = 8359$) | N | 3970 | 4389 |
| | 11 without SEN | 1.19 (1.47) | 1.13 (1.44) |

| | | 14 without SEN | 1.55 (1.64) | 1.51 (1.63) | | | | |
|--|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|
| | | Age | Bottom | Second | Third | Fourth | Top | |
| Peer problems ($N_{TOTAL} = 627$) | | N | 127 | 125 | 131 | 122 | 122 | |
| | 11 with SEN | | 3.92 (2.44) | 3.38 (2.27) | 2.84 (2.49) | 2.75 (2.38) | 2.53 (2.46) | |
| | 14 with SEN | | 4.07 (2.27) | 3.91 (2.31) | 3.15 (2.45) | 2.94 (2.42) | 2.67 (2.34) | |
| ($N_{TOTAL} = 8359$) | | N | 1214 | 1345 | 1697 | 2050 | 2053 | |
| | 11 without SEN | | 1.74 (1.60) | 1.39 (1.54) | 1.11 (1.37) | .99 (1.35) | .86 (1.35) | |
| | 14 without SEN | | 2.10 (1.73) | 1.85 (1.72) | 1.55 (1.65) | 1.32 (1.46) | 1.17 (1.53) | |
| | | Age | None | NVQ1 | NVQ2 | NVQ3 | NVQ4 | NVQ5 |
| Peer problems ($N_{TOTAL} = 696$) | | N | 68 | 40 | 150 | 96 | 202 | 50 |
| | 11 with SEN | | 3.47 (2.36) | 3.05 (2.22) | 3.43 (2.40) | 3.24 (2.53) | 2.80 (2.56) | 2.58 (2.23) |
| | 14 with SEN | | 3.63 (2.34) | 3.70 (2.58) | 3.69 (2.39) | 3.64 (2.56) | 2.94 (2.43) | 2.72 (2.14) |
| ($N_{TOTAL} = 8122$) | | N | 602 | 449 | 1900 | 1226 | 2935 | 1010 |
| | 11 without SEN | | 1.73 (1.59) | 1.44 (1.44) | 1.26 (1.50) | 1.12 (1.40) | .96 (1.37) | .97 (1.40) |
| | 14 without SEN | | 2.05 (1.67) | 1.91 (1.77) | 1.69 (1.69) | 1.51 (1.53) | 1.35 (1.60) | 1.22 (1.49) |

Table 29 Repeated ANOVA for peer problems \times gender, income, parent education at ages 11 and 14

| Groups | Source | Df | F | ρ | η_p^2 |
|--------------------|--------------------|------|---------|-------------|-------------|
| With SEN | | | | | |
| Within subjects | | | | | |
| | Peer Problems (PP) | 1 | 8.713 | .003 | .014 |
| | PP \times G | 1 | .102 | .750 | .000 |
| | Within group error | 625 | (1.99) | | |
| Without SEN | | | | | |
| Within subjects | | | | | |
| | Peer Problems (PP) | 1 | 472.471 | .000 | .054 |
| | PP \times G | 1 | .514 | .474 | .000 |
| | Within group error | 8357 | (1.22) | | |
| With SEN | | | | | |

| | | Within subjects | | |
|--------------------|-----|-----------------|-------------|-------------|
| Peer Problems (PP) | 1 | 10.958 | .001 | .017 |
| PP×I | 4 | .835 | .503 | .005 |
| Within group error | 622 | (1.99) | | |

Without SEN

| | | Within subjects | | |
|--------------------|------|-----------------|-------------|-------------|
| Peer Problems (PP) | 1 | 471.992 | .000 | .053 |
| PP×I | 4 | 2.978 | .018 | .001 |
| Within group error | 8354 | (1.22) | | |

With SEN

| | | Within subjects | | |
|--------------------|-----|-----------------|-------------|-------------|
| Peer Problems (PP) | 1 | 9.337 | .002 | .015 |
| PP×PE | 5 | .619 | .685 | .005 |
| Within group error | 600 | (1.99) | | |

Without SEN

| | | Within subjects | | |
|--------------------|------|-----------------|-------------|-------------|
| Peer Problems (PP) | 1 | 318.781 | .000 | .038 |
| PP×PE | 5 | 2.371 | .037 | .001 |
| Within group error | 8116 | (1.20) | | |

Note. Values enclosed in parentheses represent mean square errors.

V. TBD

As [Table 31](#) shows, when running the ANOVA for gender, slightly significant within group differences were found for TBD in both the with-SEN groups $F(1, 620) = 7.569, p = .006, \eta_p^2 = .012$ and without SEN groups $F(1, 8321) = 95.537, p < .001, \eta_p^2 = .011$. Similar significant within-group differences for TBD were found when the mixed ANOVA test was run for income and parent education. These results show that, between the ages of 11 and 14, there are significant downward changes in TBD in the with-SEN groups and significant upward changes in the without-SEN groups (see [Table 30](#) for descriptive statistics).

As [Table 31](#) shows, the mixed ANOVA did not yield a significant interaction effect (TBD × gender) in either the with-SEN or without-SEN groups, indicating that differences in TBD over the three-year period were independent of gender in both groups.

As [Table 31](#) shows, the mixed ANOVA did not yield a significant interaction effect (TBD × income) in both the with-SEN and without-SEN groups, indicating that differences in TBD over the three-year period were independent of income in both groups.

As [Table 31](#) shows, the mixed ANOVA did not yield a significant interaction effect (TBD × parent education) in either the with-SEN or without-SEN groups, indicating that differences in TBD over the three-year period were independent of parent education in both groups.

Table 30 Longitudinal descriptive statistics for gender, income, parent education and TBD

| | | Age | Boys | Girls | | | | |
|----------------------|----------------|-----|-----------------|-----------------|-----------------|-----------------|-----------------|----------------|
| TBD | | | | | | | | |
| $(N_{TOTAL} = 622)$ | N | | 430 | 192 | | | | |
| | 11 with SEN | | 11.99 (5.99) | 10.34 (5.51) | | | | |
| | 14 with SEN | | 11.59 (6.00) | 9.82 (5.56) | | | | |
| $(N_{TOTAL} = 8323)$ | N | | 3949 | 4374 | | | | |
| | 11 without SEN | | 5.61 (4.02) | 4.67 (3.73) | | | | |
| | 14 without SEN | | 5.88 (4.15) | 5.10 (3.94) | | | | |
| | | Age | Bottom | Second | Third | Fourth | Top | |
| TBD | | | | | | | | |
| $(N_{TOTAL} = 622)$ | N | | | | | | | |
| | 11 with SEN | | 14.15 (6.15) | 12.86 (5.26) | 11.29 (5.56) | 9.73 (5.63) | 9.32 (5.47) | |
| | 14 with SEN | | 13.69 (6.04) | 12.46 (5.45) | 11.10 (6.13) | 9.07 (5.48) | 8.83 (4.94) | |
| $(N_{TOTAL} = 8323)$ | N | | 1194 | 1341 | 1690 | 2047 | 2051 | |
| | 11 without SEN | | 6.91 (4.25) | 6.19 (4.28) | 5.18 (3.80) | 4.47 (3.48) | 3.96 (3.26) | |
| | 14 without SEN | | 7.31 (4.44) | 6.70 (4.45) | 5.59 (4.00) | 4.80 (3.60) | 4.16 (3.35) | |
| | | Age | None | NVQ1 | NVQ2 | NVQ3 | NVQ4 | NVQ5 |
| TBD | | | | | | | | |
| $(N_{TOTAL} = 602)$ | N | | | | | | | |
| | 11 with SEN | | 13.09 (5.78) | 12.08 (5.47) | 12.77 (5.91) | 11.78 (5.69) | 10.25 (5.99) | 9.29 (4.91) |
| | 14 with SEN | | 12.51 (5.94) | 12.28 (5.89) | 12.54 (5.98) | 11.42 (5.76) | 9.71 (5.83) | 8.24 (4.81) |
| $(N_{TOTAL} = 8088)$ | N | | 585 | 448 | 1895 | 1223 | 2930 | 1007 |
| | 11 without SEN | | 6.65 (4.23) | 6.44 (4.10) | 5.72 (4.09) | 5.12 (3.74) | 4.42 (3.62) | 4.15 (3.33) |
| | 14 without SEN | | 7.10 (4.21) | 6.80 (4.41) | 6.15 (4.30) | 5.43 (3.83) | 4.77 (3.82) | 4.51 (3.56) |

Table 31 Repeated ANOVA for TBD × gender, income, parent education at ages 11 and 14

| Groups | Source | Df | F | ρ | η_p^2 |
|--------------------|--------------------|------|-----------------|-------------|-------------|
| With SEN | | | | | |
| | | | Within subjects | | |
| | TBD | 1 | 7.569 | .006 | .012 |
| | TBD×G | 1 | .125 | .724 | .000 |
| | Within group error | 620 | (7.47) | | |
| Without SEN | | | | | |
| | | | Within subjects | | |
| | TBD | 1 | 95.537 | .000 | .011 |
| | TBD×G | 1 | 5.329 | .021 | .001 |
| | Within group error | 8321 | (5.28) | | |
| With SEN | | | | | |
| | | | Within subjects | | |
| | TBD | 1 | 8.125 | .005 | .013 |
| | TBD×I | 4 | .245 | .912 | .002 |
| | Within group error | 617 | (7.50) | | |
| Without SEN | | | | | |
| | | | Within subjects | | |
| | TBD | 1 | 102.608 | .000 | .012 |
| | TBD×I | 4 | 2.139 | .073 | .001 |
| | Within group error | 8318 | (5.27) | | |
| With SEN | | | | | |
| | | | Within subjects | | |
| | TBD | 1 | 5.178 | .003 | .009 |
| | TBD×PE | 5 | .588 | .709 | .005 |
| | Within group error | 596 | (7.56) | | |
| Without SEN | | | | | |
| | | | Within subjects | | |
| | TBD | 1 | 74.137 | .000 | .009 |
| | TBD×PE | 5 | .320 | .901 | .000 |
| | Within group error | 8082 | (5.19) | | |

Note. Values enclosed in parentheses represent mean square errors.

VI. Prosocial skills

As [Table 33](#) shows, when the ANOVA test for gender was run, a significant small within group difference was found for prosocial skills in the with-SEN groups $F(1, 625) = 14.119, p < .001, \eta_p^2 = .022$ and reasonably significant differences were found in the without-SEN groups $F(1, 8321) = 721.173, p < .001, \eta_p^2 = .079$. Similar significant within-group differences were found for prosocial skills when the mixed ANOVA test was run for income and parent education. These results show that, between the ages of 11 and 14, there are significant downward changes in prosocial skills in the with-SEN and without-SEN groups (see [Table 32](#) for descriptive statistics).

As [Table 33](#) shows, the mixed ANOVA did not yield a significant interaction effect (TBD × gender) in both the with-SEN and without-SEN groups, indicating that differences in prosocial skills over the three-year period were independent of gender in both groups.

As [Table 33](#) shows, the mixed ANOVA did not yield a significant interaction effect (TBD × income) in either the with-SEN or without-SEN groups, indicating that differences in prosocial skills over the three-year period were independent of income in both groups.

As [Table 33](#) shows, the mixed ANOVA did not yield a significant interaction effect (TBD × parent education) in both the with-SEN and without-SEN groups, indicating that differences in prosocial skills over the three-year period were independent of parent education in both groups.

Table 32 *Longitudinal descriptive statistics for gender, income, parent education and prosocial skills*

| | Age | Boys | Girls | | | | |
|---|------------------------|----------------|----------------|----------------|--------|-----|--|
| Prosocial skills ($N_{TOTAL} = 627$) | N | 434 | 193 | | | | |
| | 11 with SEN | 7.50 (2.27) | 8.43 (1.78) | | | | |
| | 14 with SEN | 7.30 (2.36) | 8.04 (1.99) | | | | |
| | ($N_{TOTAL} = 8358$) | N | 3968 | 4390 | | | |
| | | 11 without SEN | 8.69 (1.51) | 9.10 (1.33) | | | |
| | | 14 without SEN | 8.17 (1.83) | 8.65 (1.65) | | | |
| | Age | Bottom | Second | Third | Fourth | Top | |
| Prosocial skills ($N_{TOTAL} = 627$) | N | 127 | 126 | 131 | 122 | 121 | |

| | | | | | | | |
|-------------------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|
| $(N_{TOTAL} = 8358)$ | 11 with SEN | 7.35 (2.41) | 7.68 (2.19) | 7.85 (2.00) | 8.16 (2.12) | 7.93 (2.08) | |
| | 14 with SEN | 7.07 (2.68) | 7.51 (2.20) | 7.43 (2.00) | 7.94 (2.12) | 7.73 (2.27) | |
| | N | 1214 | 1345 | 1696 | 2050 | 2053 | |
| | 11 without SEN | 8.59 (1.71) | 8.81 (1.48) | 8.94 (1.40) | 9.01 (1.35) | 9.01 (1.30) | |
| | 14 without SEN | 8.07 (2.01) | 8.29 (1.79) | 8.46 (1.71) | 8.53 (1.68) | 8.57 (1.63) | |
| | | Age | None | NVQ1 | NVQ2 | NVQ3 | NVQ4 |
| Prosocial skills | | | | | | | |
| $(N_{TOTAL} = 606)$ | N | 70 | 40 | 149 | 96 | 202 | 49 |
| | 11 with SEN | 7.71 (2.24) | 7.55 (2.12) | 7.62 (2.30) | 7.56 (2.27) | 8.05 (2.02) | 8.02 (2.10) |
| | 14 with SEN | 7.23 (2.60) | 7.40 (2.21) | 7.26 (2.43) | 7.44 (2.17) | 7.85 (2.08) | 7.65 (2.32) |
| | N | 601 | 449 | 1902 | 1226 | 2934 | 1009 |
| $(N_{TOTAL} = 8121)$ | 11 without SEN | 8.71 (1.65) | 8.76 (1.59) | 8.85 (1.50) | 8.95 (1.38) | 8.95 (1.38) | 9.01 (1.28) |
| | 14 without SEN | 8.32 (1.91) | 8.09 (1.81) | 8.39 (1.78) | 8.39 (1.71) | 8.49 (1.71) | 8.53 (1.66) |

Table 33 Repeated ANOVA for prosocial skills \times gender, income, parent education at ages 11 and 14

| Groups | Source | Df | F | ρ | η_p^2 |
|--------------------|-----------------------|------|---------|-------------|-------------|
| With SEN | | | | | |
| Within subjects | | | | | |
| | Prosocial Skills (PS) | 1 | 14.119 | .000 | .022 |
| | PS \times G | 1 | 1.394 | .238 | .002 |
| | Within group error | 625 | (1.65) | | |
| Without SEN | | | | | |
| Within subjects | | | | | |
| | Prosocial Skills (PS) | 1 | 721.173 | .000 | .079 |
| | PS \times G | 1 | 3.787 | .052 | .000 |
| | Within group error | 8321 | (1.36) | | |
| With SEN | | | | | |
| Within subjects | | | | | |
| | Prosocial Skills (PS) | 1 | 12.539 | .000 | .020 |
| | PS \times I | 4 | .371 | .829 | .002 |

| | | | | | |
|--------------------|-----------------------|------|---------|-----------------|-------------|
| | Within group error | 622 | (1.66) | | |
| Without SEN | | | | | |
| | | | | Within subjects | |
| | Prosocial Skills (PS) | 1 | 703.607 | .000 | .078 |
| | PS×I | 4 | .876 | .477 | .000 |
| | Within group error | 8353 | (1.36) | | |
| With SEN | | | | | |
| | | | | Within subjects | |
| | Prosocial Skills (PS) | 1 | 10.745 | .001 | .018 |
| | PS×PE | 5 | .528 | .755 | .004 |
| | Within group error | 600 | (1.65) | | |
| Without SEN | | | | | |
| | | | | Within subjects | |
| | Prosocial Skills (PS) | 1 | 525.667 | .000 | .061 |
| | PS×PE | 5 | 2.303 | .042 | .001 |
| | Within group error | 8115 | (1.33) | | |

Note. Values enclosed in parentheses represent mean square errors.

B) Longitudinal differences in life satisfaction

As [Table 35](#) shows, when running the ANOVA test for gender, slightly significant within-group differences were found for life satisfaction in the with-SEN group $F(1, 448) = 13.413, p < .001, \eta_p^2 = .029$ and significant differences were found for the without-SEN groups $F(1, 8309) = 1485.396, p < .001, \eta_p^2 = .152$. Similarly significant within-group differences for life satisfaction were found when the mixed ANOVA test was run for income and parent education. These results show that, between the ages of 11 and 14, there are significant downward changes in life satisfaction in both with SEN and without SEN groups (see [Table 34](#) for descriptive statistics).

As [Table 35](#) shows, the mixed ANOVA yielded a significant small interaction effect (life satisfaction × gender) in the without-SEN groups $F(4 = 1, 8309) = 217.367, p < .001, \eta_p^2 = .025$ but a non-significant effect in the with-SEN group, indicating that differences in life satisfaction over the three-year period were dependent on gender in the without-SEN but independent of gender in the with-SEN groups.

As [Table 35](#) shows, the mixed ANOVA yielded a very slight interaction effect (life satisfaction × income) in the without-SEN group $F(4, 8306) = 8.417, p < .001, \eta_p^2 = .004$ but a non-significant effect in the with-SEN group, indicating that differences in life satisfaction over the three-year period were slightly dependent on income in the without-SEN groups but independent of income in the with-SEN groups.

As [Table 35](#) shows, the mixed ANOVA did not yield a significant interaction effect (life satisfaction × parent education) in either the with-SEN or without-SEN groups, indicating that differences in life satisfaction over the three-year period were independent of parent education level in both groups.

Table 34 Longitudinal descriptive statistics for gender, income, parent education and life satisfaction

| | Age | Boys | Girls | | | | | |
|--|------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|--|
| Life satisfaction ($N_{TOTAL} = 450$) | N | 298 | 152 | | | | | |
| | 11 with SEN | 22.76 (5.36) | 22.23 (6.28) | | | | | |
| | 14 with SEN | 21.56 (6.09) | 20.86 (5.88) | | | | | |
| | ($N_{TOTAL} = 8311$) | N | 3888 | 4423 | | | | |
| | | 11 without SEN | 24.23 (5.24) | 24.38 (5.25) | | | | |
| | | 14 without SEN | 22.53 (5.42) | 20.57 (5.89) | | | | |
| | Age | Bottom | Second | Third | Fourth | Top | | |
| Life satisfaction ($N_{TOTAL} = 450$) | N | 80 | 92 | 96 | 92 | 90 | | |
| | 11 with SEN | 22.50 (6.05) | 22.36 (5.53) | 22.93 (5.24) | 22.84 (5.53) | 22.26 (6.18) | | |
| | 14 with SEN | 20.24 (6.54) | 21.47 (6.12) | 20.94 (5.42) | 21.63 (6.07) | 22.24 (5.96) | | |
| | ($N_{TOTAL} = 8311$) | N | 1218 | 1327 | 1690 | 2025 | 2051 | |
| | | 11 without SEN | 24.24 (5.41) | 23.90 (5.25) | 24.11 (5.33) | 24.37 (5.35) | 24.71 (4.95) | |
| | | 14 without SEN | 21.06 (6.09) | 20.41 (5.99) | 21.15 (5.82) | 21.86 (5.51) | 22.36 (5.41) | |
| | Age | None | NVQ1 | NVQ2 | NVQ3 | NVQ4 | NVQ5 | |
| Life satisfaction ($N_{TOTAL} = 438$) | N | 38 | 28 | 109 | 68 | 158 | 37 | |
| | 11 with SEN | 23.32 (5.87) | 23.36 (5.21) | 23.78 (5.40) | 21.96 (5.81) | 21.94 (5.55) | 21.84 (6.28) | |
| | 14 with SEN | 21.13 (6.88) | 22.75 (6.17) | 21.62 (6.02) | 21.88 (6.12) | 20.50 (5.81) | 21.78 (6.04) | |
| | N | 636 | 427 | 1872 | 1212 | 2915 | 997 | |

| | | | | | | | |
|----------------------|------------|--------|--------|--------|--------|--------|--------|
| $(N_{TOTAL} = 8059)$ | 11 without | 24.44 | 23.48 | 24.19 | 24.32 | 24.45 | 24.28 |
| | SEN | (5.58) | (5.82) | (5.07) | (5.19) | (5.24) | (5.16) |
| | 14 without | 21.25 | 21.17 | 21.08 | 21.53 | 21.81 | 21.67 |
| | SEN | (6.20) | (5.91) | (5.77) | (5.79) | (5.60) | (5.68) |

Table 35 Repeated ANOVA for life satisfaction \times gender, income, parent education at ages 11 and 14

| Groups | Source | Df | F | ρ | η_p^2 |
|--------------------|------------------------|------|-----------------|-------------|-------------|
| With SEN | | | | | |
| | | | Within subjects | | |
| | Life satisfaction (LS) | 1 | 13.413 | .000 | .029 |
| | LS \times G | 1 | .057 | .812 | .000 |
| | Within group error | 448 | (24.78) | | |
| Without SEN | | | | | |
| | | | Within subjects | | |
| | Life satisfaction (LS) | 1 | 1485.396 | .000 | .152 |
| | LS \times G | 1 | 217.367 | .000 | .025 |
| | Within group error | 8309 | (21.08) | | |
| With SEN | | | | | |
| | | | Within subjects | | |
| | Life satisfaction (LS) | 1 | 14.730 | .000 | .032 |
| | LS \times I | 4 | 1.445 | .218 | .013 |
| | Within group error | 445 | (24.63) | | |
| Without SEN | | | | | |
| | | | Within subjects | | |
| | Life satisfaction (LS) | 1 | 1550.032 | .000 | .157 |
| | LS \times I | 4 | 8.417 | .000 | .004 |
| | Within group error | 8306 | (21.55) | | |
| With SEN | | | | | |
| | | | Within subjects | | |
| | Life satisfaction (LS) | 1 | 7.328 | .007 | .017 |
| | LS \times PE | 5 | 1.178 | .319 | .013 |
| | Within group error | 432 | (24.26) | | |

Without SEN

| | | Within subjects | | |
|------------------------|------|-----------------|-------------|-------------|
| Life satisfaction (LS) | 1 | 971.184 | .000 | .138 |
| LS×PE | 5 | 2.288 | .043 | .001 |
| Within group error | 8053 | (21.60) | | |

Note. Values enclosed in parentheses represent mean square errors.

C) Longitudinal differences in self-esteem

As [Table 37](#) shows, when running the ANOVA for gender, significant slightly significant differences, within group differences were found for self-esteem in the with-SEN group $F(1, 425) = 26.985, p < .001, \eta_p^2 = .060$ and significant differences in the without-SEN group $F(1, 7940) = 1934.016, p < .001, \eta_p^2 = .196$. Similar significant within-group differences for self-esteem were found when the mixed ANOVA test was run for income and parent education. These results show that, between the ages of 11 and 14, there are significant downward changes in self-esteem in both with SEN and without SEN groups (see [Table 36](#) for descriptive statistics).

As [Table 37](#) shows, the mixed ANOVA yielded a significant small interaction effect (self-esteem × gender) in the without-SEN group $F(1, 7940) = 380.169, p < .001, \eta_p^2 = .046$ but a non-significant effect in the with-SEN group, indicating that differences in self-esteem over the three-year period were dependent on gender in the without-SEN groups but independent of gender in the with-SEN groups.

As [Table 37](#) shows, the mixed ANOVA yielded a very slightly significant interaction effect (self-esteem × income) in the without-SEN groups $F(4, 7937) = 5.042, p < .001, \eta_p^2 = .003$ but no significant results were found in the with-SEN group, indicating that differences in self-esteem over the three-year period were slightly dependent on income in the without-SEN groups but independent of income in the with-SEN groups.

As [Table 37](#) shows, the mixed ANOVA did not yield a significant interaction effect (self-esteem × parent education) in either the with-SEN or without-SEN groups, indicating that differences in self-esteem over the three-year period were independent of the parent education level in both groups.

Table 36 Longitudinal descriptive statistics for gender, income, parent education and self-esteem

| | | Age | Boys | Girls | | | | |
|----------------------|----------------|------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| Self-esteem | | | | | | | | |
| $(N_{TOTAL} = 427)$ | N | | 289 | 138 | | | | |
| | 11 with SEN | | 11.66 (2.12) | 11.34 (2.31) | | | | |
| | 14 with SEN | | 11.17 (2.34) | 10.30 (2.72) | | | | |
| $(N_{TOTAL} = 7942)$ | N | | 3724 | 4218 | | | | |
| | 11 without SEN | | 12.20 (2.00) | 11.94 (2.06) | | | | |
| | 14 without SEN | | 11.45 (2.50) | 9.98 (2.64) | | | | |
| | | Age | Bottom | Second | Third | Fourth | Top | |
| Self-esteem | | | | | | | | |
| $(N_{TOTAL} = 427)$ | N | | 73 | 92 | 88 | 88 | 86 | |
| | 11 with SEN | | 11.59 (2.01) | 11.35 (2.34) | 11.37 (2.12) | 11.87 (2.21) | 11.63 (2.19) | |
| | 14 with SEN | | 11.26 (2.68) | 10.80 (2.65) | 10.53 (2.07) | 10.89 (2.55) | 11.03 (2.54) | |
| $(N_{TOTAL} = 7942)$ | N | | 1134 | 1259 | 1621 | 1945 | 1983 | |
| | 11 without SEN | | 11.99 (2.07) | 11.92 (2.07) | 12.04 (2.00) | 12.06 (2.05) | 12.24 (2.00) | |
| | 14 without SEN | | 10.62 (2.67) | 10.28 (2.67) | 10.51 (2.64) | 10.73 (2.67) | 11.01 (2.67) | |
| | | Age | None | NVQ1 | NVQ2 | NVQ3 | NVQ4 | NVQ5 |
| Self-esteem | | | | | | | | |
| $(N_{TOTAL} = 414)$ | N | | 33 | 25 | 104 | 64 | 150 | 38 |
| | 11 with SEN | | 11.16 (2.40) | 11.84 (2.19) | 11.75 (2.11) | 11.23 (2.22) | 11.64 (2.19) | 11.13 (2.04) |
| | 14 with SEN | | 10.27 (2.67) | 12.24 (2.39) | 11.19 (2.52) | 11.09 (2.78) | 10.53 (2.36) | 10.92 (2.43) |
| $(N_{TOTAL} = 7708)$ | N | | 586 | 396 | 1771 | 1171 | 2805 | 979 |
| | 11 without SEN | | 12.18 (1.95) | 11.92 (2.08) | 11.88 (2.06) | 12.02 (2.03) | 12.16 (2.03) | 12.17 (2.04) |
| | 14 without SEN | | 10.82 (2.73) | 10.52 (2.69) | 10.35 (2.67) | 10.62 (2.69) | 10.80 (2.63) | 10.82 (2.70) |

Table 37 Repeated ANOVA for self-esteem \times gender, income, parent education at ages 11 and 14

| Groups | Source | Df | F | ρ | η_p^2 |
|--------------------|--------------------|------|-----------------|-------------|-------------|
| With SEN | | | | | |
| | | | Within subjects | | |
| | Self-esteem (SE) | 1 | 26.985 | .000 | .060 |
| | SE \times G | 1 | 3.493 | .062 | .008 |
| | Within group error | 425 | (4.02) | | |
| Without SEN | | | | | |
| | | | Within subjects | | |
| | Self-esteem (SE) | 1 | 1934.016 | .000 | .196 |
| | SE \times G | 1 | 380.169 | .000 | .046 |
| | Within group error | 7940 | (3.80) | | |
| With SEN | | | | | |
| | | | Within subjects | | |
| | Self-esteem (SE) | 1 | 22.394 | .000 | .050 |
| | SE \times I | 4 | .648 | .629 | .006 |
| | Within group error | 422 | (4.06) | | |
| Without SEN | | | | | |
| | | | Within subjects | | |
| | Self-esteem (SE) | 1 | 1915.077 | .000 | .194 |
| | SE \times I | 4 | 5.042 | .000 | .003 |
| | Within group error | 7937 | (3.97) | | |
| With SEN | | | | | |
| | | | Within subjects | | |
| | Self-esteem (SE) | 1 | 6.008 | .005 | .015 |
| | SE \times PE | 5 | 2.115 | .063 | .025 |
| | Within group error | 408 | (4.03) | | |
| Without SEN | | | | | |
| | | | Within subjects | | |
| | Self-esteem (SE) | 1 | 1255.447 | .000 | .140 |
| | SE \times PE | 5 | .893 | .484 | .001 |

Within group error 8529 (3.97)

Note. Values enclosed in parentheses represent mean square errors.

4.1.5.2. Longitudinal differences in school experiences

This section presents the longitudinal differences in academic self-concept and in positive school attitudes.

A) Longitudinal differences in academic self-concept

As [Table 39](#) shows, when running the ANOVA for gender, slightly significant within-group differences were found for academic self-concept in both the with-SEN $F(1, 523) = 18.835, p < .001, \eta_p^2 = .035$ and the without-SEN group $F(1, 8346) = 354.907, p < .001, \eta_p^2 = .041$. Similar significant within-group differences for academic self-concept were found when the mixed ANOVA test was run for income and parent education. These results show that between the ages of 11 and 14, there are significant downward changes in academic self-concept in both the with-SEN and without-SEN groups (see [Table 38](#) for descriptive statistics).

As [Table 39](#) shows, the mixed ANOVA did not yield a significant interaction effect (academic self-concept \times gender) in either the with-SEN or without-SEN groups, indicating that differences in academic self-concept over the three-year period were independent of gender in both groups.

As [Table 39](#) shows, the mixed ANOVA yielded a very slightly significant interaction effect (academic self-concept \times income) in the without-SEN group $F(4, 8343) = 13.203, p < .001, \eta_p^2 = .006$ but the effect was non-significant in the with-SEN group, indicating that differences in academic self-concept over the three-year period were slightly dependent on income in the without-SEN but independent of income in the with-SEN groups.

As [Table 39](#) shows, the mixed ANOVA yielded a significant small interaction effect (academic self-concept \times parent education) for parent education in the without-SEN groups $F(5, 8083) = 5.739, p < .001, \eta_p^2 = .004$ but the results were non-significant in the with-SEN group, indicating that differences in academic self-concept over the three-year period were slightly dependent on parent education level in the without-SEN group but independent of income in the with-SEN group.

Table 38 Longitudinal descriptive statistics for gender, income, parent education and academic self-concept

| | | Age | Boys | Girls | | | | |
|-----------------------|----------------|------------|----------------|----------------|----------------|----------------|----------------|----------------|
| Academic self-concept | | | | | | | | |
| $(N_{TOTAL} = 525)$ | N | | 364 | 161 | | | | |
| | 11 with SEN | | 6.26 (1.60) | 5.85 (1.59) | | | | |
| | 14 with SEN | | 5.84 (1.44) | 5.48 (1.41) | | | | |
| $(N_{TOTAL} = 8348)$ | N | | 3935 | 4413 | | | | |
| | 11 without SEN | | 6.68 (1.29) | 6.45 (1.32) | | | | |
| | 14 without SEN | | 6.35 (1.46) | 6.11 (1.43) | | | | |
| | | Age | Bottom | Second | Third | Fourth | Top | |
| Academic self-concept | | | | | | | | |
| $(N_{TOTAL} = 525)$ | N | | 98 | 113 | 107 | 109 | 98 | |
| | 11 with SEN | | 6.20 (1.75) | 6.43 (1.59) | 6.08 (1.49) | 6.12 (1.57) | 5.79 (1.63) | |
| | 14 with SEN | | 5.63 (1.51) | 5.71 (1.45) | 5.65 (1.41) | 5.74 (1.30) | 5.91 (1.53) | |
| $(N_{TOTAL} = 8348)$ | N | | 1242 | 1341 | 1704 | 2021 | 2040 | |
| | 11 without SEN | | 6.53 (1.37) | 6.45 (1.33) | 6.46 (1.31) | 6.57 (1.26) | 6.72 (1.27) | |
| | 14 without SEN | | 6.02 (1.41) | 6.00 (1.45) | 6.05 (1.42) | 6.31 (1.43) | 6.56 (1.44) | |
| | | Age | None | NVQ1 | NVQ2 | NVQ3 | NVQ4 | NVQ5 |
| Academic self-concept | | | | | | | | |
| $(N_{TOTAL} = 626)$ | N | | 45 | 32 | 132 | 78 | 179 | 41 |
| | 11 with SEN | | 6.11 (1.94) | 6.41 (1.58) | 6.28 (1.69) | 6.33 (1.47) | 5.98 (1.55) | 5.83 (1.46) |
| | 14 with SEN | | 5.71 (1.62) | 5.66 (1.45) | 5.76 (1.37) | 5.67 (1.69) | 5.72 (1.39) | 5.95 (1.18) |
| $(N_{TOTAL} = 8089)$ | N | | 647 | 431 | 1877 | 1212 | 2924 | 998 |
| | 11 without SEN | | 6.48 (1.38) | 6.50 (1.37) | 6.43 (1.28) | 6.56 (1.26) | 6.63 (1.31) | 6.69 (1.30) |
| | 14 without SEN | | 5.96 (1.43) | 5.97 (1.42) | 6.05 (1.37) | 6.20 (1.49) | 6.37 (1.45) | 6.50 (1.48) |

Table 39 Repeated ANOVA for academic self-concept \times gender, income, parent education at ages 11 and 14

| Groups | Source | Df | F | ρ | η_p^2 |
|--------------------|----------------------------|------|-----------------|-------------|-------------|
| With SEN | | | | | |
| | | | Within subjects | | |
| | Academic Self-concept (AS) | 1 | 18.835 | .000 | .035 |
| | AS \times G | 1 | .097 | .756 | .000 |
| | Within group error | 523 | (1.85) | | |
| Without SEN | | | | | |
| | | | Within subjects | | |
| | Academic Self-concept (AS) | 1 | 354.907 | .000 | .041 |
| | AS \times G | 1 | .083 | .773 | .000 |
| | Within group error | 8346 | (1.32) | | |
| With SEN | | | | | |
| | | | Within subjects | | |
| | Academic Self-concept (AS) | 1 | 22.582 | .000 | .042 |
| | AS \times I | 4 | 2.871 | .023 | .022 |
| | Within group error | 520 | (1.85) | | |
| Without SEN | | | | | |
| | | | Within subjects | | |
| | Academic Self-concept (AS) | 1 | 395.270 | .000 | .045 |
| | AS \times I | 4 | 13.203 | .000 | .006 |
| | Within group error | 8343 | (1.31) | | |
| With SEN | | | | | |
| | | | Within subjects | | |
| | Academic Self-concept (AS) | 1 | 16.161 | .000 | .031 |
| | AS \times PE | 5 | 1.419 | .216 | .014 |
| | Within group error | 501 | (1.83) | | |
| Without SEN | | | | | |

| | | Within subjects | | |
|----------------------------|------|-----------------|-------------|-------------|
| Academic Self-concept (AS) | 1 | 291.142 | .000 | .035 |
| AS×PE | 5 | 5.739 | .000 | .004 |
| Within group error | 8083 | (1.31) | | |

Note. Values enclosed in parentheses represent mean square errors.

B) Longitudinal differences in positive school attitudes

As [Table 41](#) shows, when running the ANOVA for gender, slightly significant within-group differences were found for positive school attitudes in the with-SEN groups $F(1, 518) = 28.653, p < .006, \eta_p^2 = .052$ and significant differences were found in the without-SEN groups $F(1, 8316) = 2253.789, p < .001, \eta_p^2 = .213$. Similar significant within-group differences for positive school attitudes were found when the mixed ANOVA test was run for income and parent education. These results show that, between the ages of 11 and 14, significant downward changes were found in positive school attitudes in both the with-SEN and without-SEN groups (see [Table 40](#) for descriptive statistics).

As [Table 41](#) shows, the mixed ANOVA yielded a significant small interaction effect (positive school attitudes × gender) in both the with-SEN groups $F(1, 518) = 15.600, p < .001, \eta_p^2 = .029$ and the without-SEN groups $F(1, 8316) = 305.531, p < .001, \eta_p^2 = .035$, indicating that differences in positive school attitudes rating over the three-year period were dependent on gender in both groups.

As [Table 41](#) shows, the mixed ANOVA yielded a significant small interaction effect (positive school attitudes × income) in the without-SEN group $F(4, 8313) = 6.608, p < .000, \eta_p^2 = .003$ but the results were non-significant in the with-SEN group, indicating that the differences in positive school attitudes over the three-year period were slightly dependent on income in the without-SEN group but independent of income in the with-SEN group.

As [Table 41](#) shows, the mixed ANOVA did not yield a significant interaction effect (positive school attitudes × parent education) in either the with-SEN or without-SEN groups, indicating that the differences in positive school attitudes over the three-year period were independent of parent education level in both groups.

Table 40 Longitudinal descriptive statistics for gender, income, parent education and positive school attitudes

| | | Age | Boys | Girls | | | | |
|---------------------------|--|----------------|-----------------|------------------|-----------------|-----------------|-----------------|-----------------|
| Positive school attitudes | | | | | | | | |
| $(N_{TOTAL} = 520)$ | | N | 358 | 162 | | | | |
| | | 11 with SEN | 13.84 (2.84) | 15.01 (2.78) | | | | |
| | | 14 with SEN | 13.64 (2.70) | 13.68 (2.87) | | | | |
| $(N_{TOTAL} = 8318)$ | | N | 3889 | 4429 | | | | |
| | | 11 without SEN | 14.68 (2.68) | 15.81 (2.41) | | | | |
| | | 14 without SEN | 13.74 (2.55) | 13.79 (2.65) | | | | |
| | | Age | Bottom | Second | Third | Fourth | Top | |
| Positive school attitudes | | | | | | | | |
| $(N_{TOTAL} = 520)$ | | N | 97 | 108 | 108 | 108 | 99 | |
| | | 11 with SEN | 13.90 (3.28) | 13.97 (3.11) | 14.22 (2.65) | 14.40 (2.68) | 14.54 (2.58) | |
| | | 14 with SEN | 13.16 (2.97) | 13.27 (2.92) | 13.38 (2.54) | 14.20 (2.46) | 14.25 (2.70) | |
| $(N_{TOTAL} = 8318)$ | | N | 1229 | 1337 | 1710 | 2015 | 2027 | |
| | | 11 without SEN | 15.20 (2.78) | 15.03 (2.745) | 15.18 (2.64) | 15.38 (2.55) | 15.48 (2.41) | |
| | | 14 without SEN | 13.56 (2.77) | 13.37 (2.66) | 13.51 (2.63) | 13.91 (2.49) | 14.22 (2.46) | |
| | | Age | None | NVQ1 | NVQ2 | NVQ3 | NVQ4 | NVQ5 |
| Positive school attitudes | | | | | | | | |
| $(N_{TOTAL} = 626)$ | | N | 45 | 34 | 133 | 78 | 174 | 38 |
| | | 11 with SEN | 14.84 (3.35) | 14.09 (2.53) | 14.36 (2.96) | 13.96 (3.03) | 14.12 (2.66) | 13.79 (2.24) |
| | | 14 with SEN | 13.84 (2.92) | 13.32 (2.90) | 13.88 (2.94) | 13.21 (2.57) | 13.47 (2.59) | 14.39 (2.43) |
| $(N_{TOTAL} = 8061)$ | | N | 643 | 429 | 1874 | 1216 | 2907 | 992 |
| | | 11 without SEN | 15.28 (2.74) | 14.97 (2.71) | 15.14 (2.73) | 15.37 (2.59) | 15.36 (2.53) | 15.33 (2.44) |
| | | 14 without SEN | 13.68 (2.80) | 13.48 (2.62) | 13.50 (2.61) | 13.85 (2.59) | 13.94 (2.54) | 13.82 (2.53) |

Table 41 Repeated ANOVA for positive school attitudes × gender, income, parent education at ages 11 and 14

| Groups | Source | Df | F | ρ | η_p^2 |
|--------------------|-----------------------|------|-----------------|-------------|-------------|
| With SEN | | | | | |
| | | | Within subjects | | |
| | School attitudes (SA) | 1 | 28.653 | .000 | .052 |
| | SA×G | 1 | 15.600 | .000 | .029 |
| | Within group error | 518 | (4.58) | | |
| Without SEN | | | | | |
| | | | Within subjects | | |
| | School attitudes (SA) | 1 | 2253.789 | .000 | .213 |
| | SA×G | 1 | 305.531 | .000 | .035 |
| | Within group error | 8316 | (4.03) | | |
| With SEN | | | | | |
| | | | Within subjects | | |
| | School attitudes (SA) | 1 | 333 | .000 | .032 |
| | SA×I | 4 | .957 | .431 | .007 |
| | Within group error | 515 | (4.71) | | |
| Without SEN | | | | | |
| | | | Within subjects | | |
| | School attitudes (SA) | 1 | 2270.255 | .000 | .215 |
| | SA×I | 4 | 6.608 | .000 | .003 |
| | Within group error | 8313 | (4.17) | | |
| With SEN | | | | | |
| | | | Within subjects | | |
| | School attitudes (SA) | 1 | 9.643 | .002 | .019 |
| | SA×PE | 5 | 1.445 | .206 | .014 |
| | Within group error | 496 | (4.64) | | |
| Without SEN | | | | | |

| | | Within subjects | | |
|-----------------------|------|-----------------|-------------|-------------|
| School attitudes (SA) | 1 | 1533.337 | .000 | .160 |
| SA×PE | 5 | 1.512 | .182 | .001 |
| Within group error | 8055 | (4.18) | | |

Note. Values enclosed in parentheses represent mean square errors.

4.2. Phase 2 (The Result of the Qualitative Study)

The second phase of this project comprised a qualitative study. The findings which were common to both adolescents with SEN and without SEN in each section/sub-section were first to be analysed, followed by the findings gathered from the interviews with the parents of adolescents with SEN that that are presented in a way that highlights how the topic of each section/sub-section differs by having SEN.

4.2.1. The social and economic context of parenting

This section presents the background and socioeconomic factors. In the first sub-section, I used themes related to background factors (i.e., adolescent's gender, background factors [i.e., school policy and legislation, marital status]) and I reported the relationship of these themes to parenting. In the second sub-section, I used the SES theme and sub-themes, namely, parent educational qualification, family income, parent's job and having time for child-rearing to present the relationship between the SES theme and parenting.

4.2.1.1. Gender and background factors and parenting

Gender and/or one of the background factors including educational policy and legislation or marital status characterised each of the eight participants' parenting behaviours. Esther and Maya, for example, took gender into consideration when choosing extracurricular activities for their children.

He's just going there to interact with children, particularly with males, because he's the only boy, he doesn't have a male sibling. Just getting him to meet other boys. It's good for his morale. – Maya

Esther said:

Football, she loves football. She loves but she stopped because she became a teenager. – Esther

Esther, Maya and Zaina all remarked that their disciplining style is affected by their children's gender; they are stricter with and less protective of boys than girls. Zaina, for example:

She's a girl. I can't be strict with her. I can't say something very kind of ... even shout or be too strict because she's a girl. She can easily [be] hurt. – Zaina

Similarly, Esther said she took away privileges when her son misbehaved but not her daughter.

She said "Mommy, mommy, he took my phone." I said to him "if you touch the phone, one week, no PS. I don't care if you cry." [it is] because son is not like daughter. – Esther

School policy and other child-related legislation help shape several parenting dimensions, including parental involvement, parental discipline and control style. Discussing parental control, Zaina and Maria said that they do not allow their children to spend time with their friends outside on their own after school or on weekends as this is illegal:

I cannot allow ... because of the law. I know that children aged 12, they aren't allowed to stay outside alone. – Zaina

Marital status emerged to have various effects on parenting behaviours. For example, as a single mum, Laila fulfils the role of father to her son when needs be. She talked to her son about personal relationships and sex as a father would:

I need to tell him about this [personal relationships] and also, about sexuality. I make sure that I discuss [these issues] with them ... it's important and especially because there's no dad figure in the house. – Laila

What is different for parents of adolescents with SEN?

Education policy has a different influence on the parenting behaviours of the four participants with children with SEN. SEN policy and the policy-related SEN meetings had a significant impact not only on parental involvement but also on other parenting behaviours such as parental discipline and parental warmth. Maya spoke about how the school SEN policies have helped her:

Yes, because he has the plan called VASP. I have to know if he's well. So, that's a framework for all of his needs ... educational, social, emotional and physical development. It's communicated to him. So, with the support of the framework, there's a close relationship among the teachers, myself, and the child. ... if I didn't have that framework, I'd just feel like a temple dragon running, running and running and thinking, where am I? What're my goals? If I'm not attaining my goals, have I reached the goals of my child with the school? – Maya

Parental knowledge appears to be a strong determinant of the effective parenting of an adolescent with SEN. There is an interrelated association between parenting knowledge and SEN policy and provisions. For example, although all the participants were knowledgeable about how to care for their children with SEN, it was Esther Adam and Maya who used special education terminology, such as “SENCo”, “VASP”, “inclusion”, when talking about their children’s education, progress and SEN meetings. Their use of this terminology indicates that they were familiar with the school.

For example, Adam said:

Each year we have an annual SEN review meeting at school. ... We sit together, including my son. It is an almost equal meeting. We have with schoolteachers. – Adam

4.2.1.2. Socioeconomic factors and parenting

All the participants gave examples of how their parenting style was shaped by one or more socioeconomic factors including economic capacity, time poorness and job stress. Spending insufficient time with adolescents’ brought up a series of problems relating to parental involvement and attending extracurricular activities. For example, all the participants were aware that attending social events or sport and music clubs would be beneficial for their children, but Zaina, Laila, Maya, Esther and Sara cannot make time to go with their children or make time to drive for them:

Yeah, always I think that more activities ... Until two years ago, he joined the music club but then we stopped because I’m busier than before. I cannot take him.

I’m busy with my work and then I gave up. For example, if I had time, I’d probably encourage him to stay in [the music club] – Laila

Maya shared one of her house rules:

To be quiet because when I come home, my brain needs to relax. Like last night at 9 pm, they started to play fight. It’s not the way I want it. I want to just read my newspaper, go to bed. – Maya

Financial status emerged as another socioeconomic factor that has a direct influence on parental involvement. However, the influence changes from positive to negative in direct opposition of family income level. While parents in the low-income level (Sara, Laila, Maria) have difficulty meeting the basic needs and desires of their children, such as going to a sports club or helping with their children's homework, parents in the high-income level (Maya and Adam) experience financial difficulty for more advanced needs, for example, registering their children in a private school. Sara, for example, said:

He tried to go because at the moment I don't have a car to take him to extra football class every Monday. – Sara

Laila expresses her experiences as:

He wants to buy shoes and they're expensive. I can't afford them. We argue why and this and that – Laila

However, David who is better off financially than Laila and Sara, says that he affords to pay for the children's education but he would prefer to send all his children to private schools:

It means other things would stay the same, but I'd like to send them to private schools – David

Maya said:

This traveling, this experiencing the culture. I think it is enough. – Maya

All the participants commented that it becomes harder to afford expenses for extracurricular activities as the adolescents get older. David said:

We should approach her more. For example, I should find something [expensive or interesting], then, approach her. Before, it was easy. ... Now, it's a little bit harder. Now, let's say "she's creating her world." – David

What is different for parents of adolescents with SEN?

Socioeconomic factors have a specific influence on the parenting behaviours of adolescents with SEN. Parents of adolescents with SEN need to spend more time with their children because they are more dependent on them and need more monitoring. For example, Esther did not let her daughter go out alone without her cochlear implant because she worries that Emma might be oblivious to traffic when crossing the road. Another experience, she expresses:

I said, "24 hour, I have to be with them." Sometimes, what I am doing? I am trying go out with them because she forgets her phone. – Esther

Sara spoke about her experience shopping with her son:

I recently gave him permission to stay in the mosque [without parents]. He can't. If he goes, I check him, but I don't trust that he can go alone. Shopping, like going to Tesco with him, I give him £ 1.50 to buy Dr. Pepper. So, I know it's £1.50. He said "Mum, they took all my money. They didn't give [any change]." I said "Did you ask them how much it was? It is £1.50 and I gave you £1.50". So, he was waiting for change. – Sara

Participants were in two minds regarding whether to work longer hours and have a higher income or give up the extra income to spend time with their children with SEN. Esther said that she was lucky to have found a balance between earning an income and having enough time to dedicate to her deaf children.

I'm ok with that because I'm working only part-time. I'm not full time. I have my free time with them. ... For me, I feel ok at the moment. – Esther

A parent's educational qualification level was found to have a specific impact in cases of adolescents with SEN. Participants with higher educational qualifications usually have parental advocacy skills that include specific knowledge, skills targeting the enhancement of the adolescent's well-being and a good attitude to school staff.

4.2.2. Parenting and AWB

Eight sub-sections present the theme related to parenting and analyse it in relation to adolescent MWB and school experiences.

4.2.2.1. Parental expectations and aspirations and AWB

All the participants except for Maya and Sara expect their children to attend university. The six participants' educational expectations and aspirations have a positive impact on their children's well-being. The participants stated that they have created educational expectations and aspirations as a common target with their children that takes into account the children's wishes about their future careers, current educational success, and specific talents. David, Esther, Zaina, and Maria used their shared expectations with their children as a tool to motivate their children to be well-behaved and successful students at school. For example, Maria said that she discussed her expectations with her son and this discussion helped shape her son's behaviour at school:

This type of discussion [about expectations and aspirations] with parents has an influence sometimes and affects school behaviour, as well. He knows which subject he needs to study. He wants to be a pilot. That is his choice. Then, I said "Ok. If you want to be a pilot, it is up to you, you can achieve it. You have to do something small every day to achieve the goal." – Maria

Esther stated that her child wants to be a lawyer to help immigrants.

She has communication, and she has no problem with communication. She knows that to be a lawyer in immigration, yeah, in immigration court because she noticed that friends from [a country] have a problem with their passport.

I thought of her being a lawyer in crime, but she said, "I don't want to become a lawyer in crime. Don't worry about me, and it's immigration. I will be in immigration," I said I am not sure that you will work in [a place name]. Everybody comes here. That is why I am happy for her. – Esther

Most of the participants had high expectations and aspirations for their children that reflected what their children wished to achieve in the future. It appears that the participants supported their children's aspirations and expectations of a future career rather than imposing their own because they understood the importance of doing this for their children's MWB. Zaina said:

I think it's a game. If you put pressure, it destroys self-esteem, but if you communicate positively [about educational expectations] ... it enhances self-esteem. – Zaina

The data gathered through the interviews also indicates that there exists a reciprocal relationship between an adolescent's attitude toward school and the parents' educational expectations and aspirations. The better the adolescents' experience of school, the higher their parents' educational expectations and aspirations for them.

What is different for parents of adolescents with SEN?

While Esther and Adam's educational expectations and aspirations were more specific than those of the four participants who had children without SEN, Maya and Sara had relatively more basic, short-term and, in comparison with parents of children without SEN, lower-level expectations and aspirations. Maya said:

I expect my child to be literate, to be able to do basic math, to be independent. Those're the main aims for me. So, he doesn't struggle in day to day life, reading and interacting with the wide world. ... Well, instead of universities, [he] will do vocational courses – Maya

As mentioned above, participants who have children without SEN use their expectations and aspirations as a tool to motivate their children. However, the opposite was stated by Maya and Sara. They pointed out that their children felt frustrated when talking about their future careers. Sara stated:

When they talk, he feels bad. He said he feels bad. When they talked about whether they wanted to go to university when they are 16 years old ... he realised it. What about him? He doesn't say anything. – Sara

4.2.2.2. Parental involvement and AWB

School-based parental involvement had an influence on adolescents' school experiences in various ways from peer relationships to attitudes towards school and teachers. However, participants of adolescents both with and without SEN stated that the reason they were called in for a meeting with the teaching staff, more often than not, was to talk about a problem such as bullying, nonattendance and disagreement with a teacher in the school rather than meeting voluntarily and regularly to discuss progress. Maria said:

My son missed one week of school because he was being bullied. He wanted to move to another school. I went to school to discuss it with the teachers. The teachers said they were going to get him expelled [the bully] from school. They made a report. Then, this child was dismissed from school. They asked this child to leave the school. So, we had a good solution after this [meeting]. – Maria

Parents of adolescents had less intensive relationships with their children's teachers than parents of younger children. Maria and David said that they were only called in for a meeting when their children had a problem:

She's in secondary school and we do not see them [teachers]. We cannot go to school to find out who her teachers are. But, at parents' evening, we can meet the teachers. When the children were younger, we went to the school more often. Now, we meet the teachers when there is an issue. – David

All the participants except for Laila were involved in their children's education. The participants stated that home-based parental involvement had a positive influence on the adolescent's MWB and school experiences. Zaina, Maria, Esther and Maya, whose children are younger, feel that their involvement in their children's homework and their encouragement were beneficial to their children's well-being. For example, Zaina described how supporting her daughter while she was doing her homework contributed to her daughter's positive emotions on getting good marks:

She completes tasks and then she receives a good mark, or she's commended. She's so proud of herself and happy. She returns home and says "Mum, I was so and so happy". I say, "If you work hard, you will be paid back." – Zaina

Sara, Esther, Zaina, Maria, and Adam gave several examples on how they guided their children to study effectively and be successful. Adam mentored them but did not make their choice for them.

We have experience of our previous children. We talked to them about what they wanted to take up as chosen subjects. ... we did the same, we left it up to Abraham. We said to Abraham, basically, "choose" ... We, kind of, asked him "What do you like studying, like enjoying doing?" So, Abraham actually picked those [some of the school subjects] from his options. ... Now, he's very enthusiastic, comes back home happy, go[es] to school with a happy face. – Adam

All the participants agreed that extracurricular activities were beneficial for the adolescents' well-being and encouraged their children to take up at least one activity, for example, visiting a museum, visiting religious places, going on holiday out of the country or playing an instrument. However, the preferred type of extracurricular activity depended on the families' SES. While participants in the low socioeconomic levels usually encouraged their children to attend common activities for their children's general development to improve peer relationship and socialisation, participants in high socioeconomic levels led their children towards specific activities which were considered to be an investment in the children's education. For example, Adam sent his son to swimming classes and believes that they helped his son become more independent and confident and get rid of his fears.

I decided to take him to one to one swimming classes. So, swimming has given him confidence, has helped him overcome anxiety and fear, get independent. When he goes on holiday with me ... he goes and changes his clothes, and he swims in the hotel pool. So, he's swimming. – Adam

David says that he forced his daughter to attend a French course because it is an investment in her education.

May be tiring ... she doesn't understand why we force her. She cannot love to learn this. Because the world speaks [in English], she finds it unnecessary to learn. However ... languages are important. Thanks to [knowing languages], I have been able to work in different countries. Knowing languages can bring her into the forefront. – David

In addition to extracurricular activities, Laila, Maria, Maya, David, and Zaina organise various family and leisure time activities including family discussion about books and politics and playing indoor and outdoor games. They explained the benefits of such activities in several ways. For example, David plays indoor games with his children and says that his children love to play together:

I bought Carrom which is an Indian board game. It has a giant board and 4 holes. It looks like billiard. My children love it. They played it for one or two weeks, then, I hid it. We'll let them play it again soon. – David

Zaina taught weights to her daughter by playing.

When they did some measures like gram, kilogram, I asked my daughter to take everything from the self and put the table. Then, I asked her to tell me how much kilo or grams it was. She was looking at every packet to find out how much gram or litre that was. Yes, she is learning. I asked her to convert from grams to kilos—kind of making the joy. – Zaina

For screen time, all eight participants said that their children's screen time consists of them watching something on their own tablets and computers or using the internet for social networking, or playing computer games. The views of the participants about the effect of screen time on an adolescent's well-being were quite interesting and contradictory. Laila thought:

When they play Fortnite, then, they can really communicate with a strategy, with friends. He's really good. Sometimes, Xbox is in our living room. Sometimes, he plays Xbox when I am also there reading. I see how he communicates; how he argues; how he pursues his friends to do this and that ... One time, I think Xbox had like a competition and they needed to make a new group. I was so impressed. I think he's confident in what he's doing because he's used to doing it. – Laila

Adam shared his opinion. His son also plays the game that Laila's son plays but, unlike Laila, he complained that this game takes up his son's study time.

Social media has advantages and disadvantages. He puts the advantages to use, but I think [it has] more disadvantages. ...

Having like school groups, ... using certain applications and communicating with each other, "I'm not doing my homework, I'm playing this game. Let's plug on. Let's play each other" [is] taking too much time [in] the mindset of a child.

In sense of the game, it can be an addiction. You could be isolated from the outside world. I'm taking all these things too seriously. ... Sometimes I come home from work and walk into the living room. He is playing and is not aware of me. He shouts at me, "Look dad! You just killed me," because he is addicted. His mindset, it's hard to try to explain to him what happens in the outside world.

[He] decided to spend a lot of study time playing Fortnite ... gaming because the team in the school ... the subject under discussion every morning has become who [gets] most of the woods, claims... Fortnite. Then, the game is taking his mind off education. – Adam

Sara found that playing online games harmed her child's behaviour.

If there's like two persons playing, if they hit or do things like that, they can swear, argue. Then, he becomes angry. That is why I stop that. – Sara

It emerged through the interviews that, unlike boys, girls use the computer to interact on social media rather than play computer games. David and Esther complained about the negative effect of social media on their daughters' MWB. Esther said:

Sometimes, she's crazy, [when] she buys something. "I bought that, I bought that." I say, "Why?" Social media makes crazy children! – Esther

David mentioned his child's internet addiction.

Nearly two years, we have been talking this. It is a sensitive topic. We could not decide whether we should let her to use or limit.

She said ok but she exceeds the time limit in a way. For example, I said that "until I come to house, it is free to use but when I come to house, you will not use." She did not use for three or four days but after that, she started to use after I came to house. – David

What is different for parents of adolescents with SEN?

Parental involvement, including homework involvement, extracurricular and family-leisure time activities, and screen-time has an effect on both adolescents with and without SEN, but on adolescents with SEN these factors have a more significant impact on their well-being. The four parents of adolescents with SEN were all more involved in their children's education than the parents with adolescents without SEN in school and out of school settings.

Parents of adolescents with SEN do much more than attend PTMs and meet with the teachers when there is a behavioural problem as parents of adolescents without SEN do. Parents of adolescents with SEN help their children to have a more inclusive and academically effective education in school. Adam, Esther, and Maya gave several examples of working collaboratively with their children's teachers. For example, when Adam's son was discriminated against, Adam and his son's teacher worked together to increase the awareness of children without SEN about their peers with SEN to avoid such discriminative events from happening again.

They [his son's peers without SEN] are hurting. They are jealous. Not only that. Today, to be fair, it's not only about the children. It's about how they have been brought up at home and how their parents dealt with them. For instance, as a parent I might go with Abraham when he's swimming or playing a match. If Abraham is doing well and another child is not doing so well, they will give a funny look at me and look at Abraham as if to say, "Why are they are at that level? We surely have to be better than him because he has difficulties. Why is [he] doing well that?" So, one of the reasons is why we're visiting teachers and other teachers are in the school? Actually, inviting people with disabilities from outside to come on in and explain what the difficulties are and how they're overcoming them. What challenges they have, how they're dealing with them. So, people [without disability] wake up to these things. – Adam

Esther emphasised that teachers need to communicate with her when it comes to educating her deaf child because no one can know her daughter better than her.

Sometimes, teachers are as thick as thieves [with the children]. The child's living with me and I see. I know. I always involve her in any meetings I go to. Any meeting [I go to] [about] something like behavioural [problems] ... Sometimes her behaviour, she wasn't ok with the teacher. Like we have, ok, deaf unite, we have pdf provision, deaf service. One day, she wasn't ok with them. She doesn't talk with them. She was stuck. They emailed me. They said, "we don't know why your daughter, she stopped up." Ooh! but I'm always with her. I asked "Emma, what's happening" and she said "I don't want to talk to them; I don't [want] any help from them" but I know if a deaf person gets upset, it means something happened. Because they can't act like that without reason. Impossible! So, I said "I want to talk with them; I don't have time; do you want mummy to help you or not? If you want mummy help you, tell me everything. if you don't want mummy [to] help you, I won't be involved. It's up to you. She said, "I have a cochlear implant now. I said I don't need to live with you, leave me. When I'm in class, they bother me"... They bother her too much. [She said] "Stop! Don't touch me"... they have to understand how to deal with deaf children because each child is unique, really, unique. – Esther

The parents of adolescents with SEN involve themselves in adolescents' homework for the same reasons that the parents of adolescents without SEN do (enhancing their adolescents' school success, happiness and motivation). However, the workload of parents of adolescents with SEN is heavier and their involvement is more costly than that of parents of adolescents without SEN. Esther shared her experiences:

Yeah with me because she understands me. [The] first time, I remember she said "Mum, write [what] I have to do every day, write to me." I said this because she's deaf. Hearing [children] do not need repetition. When they hear, they know they can move around, they can hear. You [her daughter], I have to feed you. – Esther

Adam and Maya hired a tutor to help their children catch up with their peers. Adam stated:

He's working on a one-to-one basis with an English tutor. It's related to communication-related weaknesses and stress. So, she was working weekly one to one. Through in-depth communication, he [has] been able to demonstrate that not to as experience but in school. How he's interacting and engaging with everybody in the general school environment and outside of school, he seems happy to renew himself. The child [was] not looking forward to going to school or maybe delaying going to school. Now he's very enthusiastic, comes back home happy, goes to school with a happy face. He was shying away from speaking with children. So, confidence and everything increased. I'm hoping for him to stay that way. – Adam

Maya explained how her involvement in her son's education contributed to her son's development.

Definitely because if I was an absent parent, who would be mentoring him. So, I am their mentor at home. So, I mean behaviour is intrinsically learnt from peers. So, I am his peer. – Maya

The four participants who have children with SEN found that extracurricular activities provided extra help. By attending such activities, adolescents with SEN found opportunities to interact with other people, increase their social skills and feeling of self-belonging and self-esteem. Esther thought that these activities are necessary for a deaf child to increase communication skills.

Every weekend she go[es] that will help her a lot like interaction with hearing children because it isn't good for deaf child to be in the home. She had boat tour she leave with me and other peers. The activities, she had done a lot. She went to the zoo. Some activities were there. She interacted with others. –Esther

As Esther did, Adam paid attention to social interaction. However, he also shared his opinion that if the environment of the activities is not welcoming for a child with SEN, it can be counterproductive and the child will feel disappointed.

Social interaction outside of the school, it's as important as having at school because he had certain issues at school last year. He had major issues with the cricket club. He didn't find it inclusive. He lost his confidence. He lost his hope. [However], he said, "Entirely different in the new club, too lovely." He's the first person to interact with children. So, it's well. The coach at the club has been very inclusive. Because of excelling at school and sport, and being [in] an inclusive [club], he's very confident, and he developed his self-belief. – Adam

As can be seen in Adam's experience above, activities can be beneficial as long as the setting of the activities are inclusive. Adolescents with SEN generally have limited opportunities for socialising. Because of this, some participants attach great importance to family activities which provide one of the few opportunities for their children to socialise. Sara, for example, said that her son felt sad after his siblings moved to other cities.

When he's staying alone, he found it hard, felt alone. When the sisters were around, they played and did activities and did stuff. When I'm with him, he doesn't want to do those things with me much. This year, all my daughters moved. He starts to feel lonely. That is why, this year, he doesn't concentrate on anything. He just concentrates on, "*I'm lonely. I'm lonely*". – Sara

4.2.2.3. Parental discipline and AWB

None of the eight participants use corporal punishments. Zaina, David, Maya, Adam and Sara believe that any punishment is an ineffective way to discipline a child and is quite risky as it could cause emotional and behavioural problems. Some of the participants said that when they used even non-corporal, punitive treatments to discipline their children for misbehaviour, the consequences were emotional and behavioural difficulties in their children. For example, Laila used to take away treats and this punishment caused her child to feel angry and unhappy. Zaina stated that her daughter felt unloved after she shouted at her.

When I'm strict, yes, I can sometimes shout ... I'm asking her "Why did you do that?" I'm trying to understand why. Then, she said, "When you like strict or angry, I think you are not loving me anymore". – Zaina

Another example, David stated his daughter's reflection when he rose his voice.

We try to talk at this time, and we hardly anger her. This way, with talking, we respond to her.

Of course, no [solution], when you raise your voice, she does the same, and it becomes hard to find a solution. – Adam

Parents found that dealing with a child in a more democratic way, such as letting the child explain the underlying reasons of their misbehaviour, listening to each other, observing the environment causing the misbehaviour, or finding a solution by common consent was more effective.

For example, Maria said:

I discuss with them openly. They discuss my thing with openly. We are correcting and learning from each other. – Maria

Moreover, these participants added that dealing with the child in this way contributes to child mental development because it allows the parents to understand the underlying reasons for the misbehaviour and to find effective solutions. Sara shared her son's reaction to her two different discipline approaches when her son misbehaved. She said when dictating to do or not to do something, her son become very aggressive but when she kindly explained to him why he should not behave in a particular way, she dealt with him easily.

His dad dictates something, he gets angry because he can't calm down. Sometimes, he gets angry and he shouts at his dad. He was like that. I told his dad "Don't treat him like that. If you do, he'll be angrier. If you say nicely, he'll understand he's wrong. Don't treat each other like that." If you dictate something, he just feels angry. So, I discuss with his dad and [I said] "Explain by breaking, breaking and breaking it into parts, then, he can understand." Then, his dad said, "Ok, I won't do it." I said "if you kindly tell him, he can understand. He gives up." So, what I do: I explain, "If you do that, it comes what to happen and what not to happen." If you explain to him bit by bit, he can understand. – Sara

Sara, David, Maria, and Zaina mentioned that having ground rules is essential to live in harmony. However, these participants did not follow up with any observations on how rules affect children's well-being. The rules are used as a precaution to prevent misbehaviour before it occurs. Maria, for example, said:

To live together in harmony, I think yes, you need to have some certain kind of rules because everything is based on regulation. Even how to rule a country, a family is a small country, a small government. You follow the rules. You have your own regulation. The same kind of things, it should be within your country [family], as well. – Maria

What is different for parents of adolescents with SEN?

Parents of adolescents with SEN have to cope with more serious misbehaviours including emotional and behavioural problems such as explosive temper tantrums and physical aggression.

Adam said, for instance, that when there is a conflict between his son and a family member, he cannot caution his son because his son gets anxious and aggressive and switches his cochlear implant off. Sara said:

If he says one thing and I say another. Then, he keeps doing what he wants. As a mum, I know what he's going to do but his sisters and dad, he continues to argue for half an hour, 20 minutes. Firstly, when he's angry, he breaks everything. He throws stuff and breaks it. Punching and banging the wall. Otherwise, he breaks a glass over there and hits a wall. He breaks everything. – Sara

Adam and Sara emphasised how critical it is to understand children with SEN to manage misbehaviour effectively and avoid their children's overreaction. For example, Adam said:

We don't tell him in public. We just try pulling his side and speaking to him individually because we know from him that he doesn't like to be spoken in front of other people. He will get angry in front of other people. He is quite right. Somebody can make a mistake. ... We just take him away from that environment. [I] just say "think". – Adam

4.2.2.4. Parental control and AWB

The participants who allowed their children to go out alone stated that they needed to know where they were going, with whom, and what their children were doing. Their intention was to protect their children from potential danger outside, especially toxic friendships. For example, Laila worried about the alcohol that her child's friends consumed at parties.

I worry. ... Like the other day, it is another story. He asked permission to sleep overnight at his [friend's] place because of his birthday. I thought he would spend the whole day in the house. They went to [a park], and I don't know how he involved wine or beer. One of them gets really drunk and then falls and needs to be picked up by his parents. We are a very small community, then, we know what happened. – Laila

What is different for parents of adolescents with SEN?

Although there are no specific differences between parents of adolescents with SEN and parents of adolescents without SEN regarding parental control, Maya and Sara stated that they almost never allowed their children to spend time outside alone. Sara, for example, said:

He doesn't go out. Only in summertime. There's a boy the next door. He's 5 years younger than him, plays football with him. That's all. Otherwise, he doesn't go out. Yeah. Sometimes I take him to a counselling area. All boys go in but it's lonely I don't send him. I go or his sister goes with him. Without us, we don't let him play football with other children, there. – Sara

These parents insist that this situation causes neither mental problems nor negative school experiences.

Maya's son could not go out alone and she expressed the hardness to be always with his child when he is out.

If we get an invitation to have a party, we will go but again because I am busy with my own things and with my other two children, it is really hard for me to accommodate him to meet his friends. His friends welcome our home, but it is difficult [to go out]. – Maya

4.2.2.5. Parental closeness and AWB

Almost all the participants believe that creating emotional attachments between parents and adolescents helps develop the adolescent's socioemotional capabilities. Specifically, the participants thought that parent-child closeness and openly talking about everything with their children are instrumental in developing the children's empathy skills, self-confidence, self-esteem, keeping peer relationships strong and increasing social acceptability.

For example, Zaina said that when she talked with her child about the difficulties in her childhood, her child felt sorry for her. Thus, Zaina believes that such sharing between the child and the parent helps to improve the child's empathy skills.

I was telling that how the house I lived in my childhood was destroyed. ... I remember memories of my house I spent my childhood in. She was very thinking about that deeply and feeling sorry. – Zaina

Another example, Adam talked with his son about social norms such as hand shaking. He believes that such talks help her son to improve social skills.

Maria and Laila make a point of openly discussing everything, in particular sex education. Maria tried to be a friend to her son so that her son can feel that he can talk about everything.

We openly discuss everything, even sexual relationships because they need sexual education in context. I ask "Who do you love? If you have any interest, tell me and openly tell me I like this girl." I try to be a mum and a friend. It helps him because he's open to discussing everything. He's happy because it helps to improve his self-esteem. He's open to communication. He can have a very good relationship with other children. He made a lot of friends. He made lots of friends in his class. – Maria

What is different for parents of adolescents with SEN?

The warmth between parents and adolescents with SEN counterbalances the devastating results of exclusion, namely, extra psychological difficulties including the feeling of over mistrust and loneliness. Adam, Sara and Maya seem to have created a strong bond with their children to deputise for their children's peers and to protect them against exclusion. For example, Adam tried to cope with his son's mental problems which were caused by a feeling of isolation.

When you're not being inclusive, if you're isolated from the outside world, if you don't have anybody to talk to, you'll get mental problems. That is the professional and individual experience that I have learnt from. That is why I keep talking with him. Making sure he feels that he's in an inclusive environment. He might not like it at the time, but I'm still instilling it in him, I want to instil in him "Don't isolate yourself, talk openly". – Adam

Maya mentioned that she has a very close relationship with her son and if her son does not receive any news about her, he feels insecure. This indicates that the child does not have sufficient social interaction with others. The space that is usually filled by friends and teachers in the child's microenvironment is filled solely by the parent.

We have a really very, very, very close bound relationship. If he doesn't hear my voice, then, he gets anxious. So, I have to go out of my way. Of course, I have to call him to make sure he's ok. He wants to hear that I'm ok. So, he's like my little man. – Maya

4.2.2.6. Parental support and AWB

To enhance their children's well-being, the eight participants all said that they support their children in several ways such as by praising them, encouraging them and making them feel

loved, supporting their desire to learn new things in and out of school and paying attention to their hobbies.

For example, Zaina said:

I was telling my daughter: *"No! You are going to be the best; you are better"*. As a result, this year, -we have another teacher- at the last meeting, I said thanks to God, she [teacher] told me, "Your child is a pleasure to work with." "Your child is a pleasure to work with." My child is a pleasure to work with – Zaina

Esther encouraged her daughter to have friends abroad.

I encourage her to have friend[s]. She travelled to Morocco. When she was in Morocco, she wasn't with me all the time. She was very good because when she was a child, I led her to meet people. I am not like "Come with me!" No! I let her. If people don't understand her, she do[es] things for herself. – Esther

Maria supported her son's choice of subjects to study in Year 10.

I am not going to contribute to his choice. I said "What is your interest, what do you want to be in the future? Choose the subject that you're most into." I said "It's not my interest; it should be your interest. When you study this subject, you should be happy. I don't want to force you to study these subjects." He's happy with his choice. He'll be more interested in learning the subject because he chooses because of their interest. – Maria

What is different for parents of adolescents with SEN?

Besides helping to increase their children's motivation, self-esteem and happiness, all four parents of children with SEN supported their children to help them overcome the difficulties which are related to exclusion and the lack of motivation and self-esteem.

The main challenges faced by these parents were creating an inclusive atmosphere in school and other settings and motivating the adolescents to have a positive attitude to learning. Although supporting adolescents with SEN is a laborious task, these parents said that, every time, their efforts were worth the while because of the improvements in the adolescent's emotional and behavioural well-being and positive school attitudes.

Sara, for example, struggled with her son's learned helplessness.

I asked why he doesn't like math. He said "I found it so hard. My brain doesn't work." I said "If you keep doing it, you'll find it much easier. Like you know how you're reading. It was hard the first time. So, after 4 or 5 times, you find it easy." Now, he understands, and he's doing math. – Sara

For example, Adam thought that his son was good at cricket, and he wanted his son to improve himself in the sports field, but the son's former team was not welcoming. Adam complained to the club and ultimately, took his son to another club which was much more inclusive.

He's talented. ... All team players love him, appreciate him, but we did have a problem [with] the club that he was in last year. It wasn't so inclusive and they didn't know how to properly speak with Abraham in terms of communicating with him. All tried to give him different instructions and Abraham found it quite confusing. So, we had to move him from that club. He didn't get the opportunity that he really deserved for his performance. After he was falling behind and was overlooked, I did complain about the club. I wrote to the cricket board and I said "I'm not happy with the way that he was in there. He'll lose confidence". He lost so much confidence. In fact, he talked about giving up the sport. So, fortunately, I was able to take him to another club and he came back to what he wants. – Adam

4.2.2.7. Positive role model and AWB

Almost all the participants spoke about the importance of being a good role model for their children or supporting their children to take a significant person as a role model. Participants observed the impact of being a role model on their children's well-being in several ways, for example, through an increase in positive self-expectations, socialising, increasing academic motivation and increasing positive attitudes toward education.

As a general example, Zaina thought a child's behaviour evolves depending on the parent's behaviour.

I think it's natural because children learn from their parents, especially from mums. To some extent, they kind of replicate some responses, styles, and behaviour models that they learn from parents. It's easy to observe because sometimes I see how (other children) react or say something to my daughter. [I] and my husband laugh. I say, "This is you" and he says, "This is you". So, she has some part of my husband's response and some parts of me. She's practicing it at school, as well. – Zaina

Maya and Adam state that elder siblings are role models to their younger siblings. Adam's elder daughter went to university and this increased her son's motivation to go to university.

He has got two older siblings and both of them have gone to university. So, Abraham's more motivated and encouraged by his younger sister who is in the [****] University. His inspiration is to follow her path. – Adam

Another example, Maya said:

He has quite high expectations from himself because he has two older siblings. They are high flyers, and he is slightly lagging. So, he is looking at them, and he is inspired to be like them, which is good. – Maya

However, some participants warned that their children sometimes copy not only their role model's desirable behaviours but also their undesirable behaviours. David gave an example of how his daughter models his bad behaviour.

She gets us as role models. If I shout at her siblings, she shouts at her siblings as well. I know that these behaviours are coming from taking me or her mum as a role model. – David

4.2.3. The social and economic context of AWB

This section covers gender and socioeconomic factors. The first sub-section concerns the relationship between gender and the adolescents' psychosocial well-being and school experiences. The second sub-section concerns the relationship between SES (including sub-themes related to parent educational qualification, family income, parent's job and having time for child-rearing) and the adolescents' psychosocial well-being and school experiences.

4.2.3.1. Gender and AWB

Participants who have a daughter mentioned internalising the problems of their children, whereas participants who have a son mentioned externalising the problems of their children. David said his daughter often argues with her mum. Then, I asked her reaction during and after the arguing. He replied that she feels sad about it and withdraws into herself. Zaina, for example, spoke about the emotions that her daughter experienced when she changed her school.

It's kind of building self-esteem because initially her self-esteem was rebuilt here because she said she can't understand anything and then, she started to understand something after a couple of months. She didn't want to reply to a question that someone had already replied to. She had a bad kind of feeling. She said she wanted to cry. – Zaina

Participants who have a son experienced behavioural problems in the home and in the school. Adam attributed his son's behavioural problem to his gender.

It's related to gender. The daughters are totally different. In the morning, he wants conflict. He wants an argument. If you don't answer him, he starts to shake the whole of my arm – Adam

Laila complained about her son's behavioural problems and spoke about her son being involved in a fight.

I really don't like it. During the school break, he was involved in a fight. It was with younger boys. They were like a group of younger boys playing football. The ball came to his [her son's] group. Instead of sending the ball back, they kept playing with it and this and that. The younger students started screaming, asking for the ball... – Laila

What is different for parents of adolescence with SEN?

The participants who have a son with SEN also came across externalising behavioural problems in their son, while those who have a daughter with SEN encountered internalising behavioural problems with their daughter. However, compared to adolescents without SEN, the frequency, level, and complexity of the problems increases for both girls and boys with SEN.

In the case of their boys with SEN, rather than discrete behavioural problems, Adam and Sara several times had to cope with complex mental health problems and multiple different behavioural difficulties in their sons. Sara, for example, shared her experiences:

Sometimes, he sees small things and feels angry and hyper. He can't go to sleep. Yesterday, he was like that. I wasn't at home and he doesn't sleep until 2 am. My third daughter makes him angry and he becomes hyper. – Sara

Adam shared how deafness and mental illness together cause paranoia.

Communication is a problem for him...That is why mental illness and deafness come to hit [him]. Again, I went to school to pick him up to take his bags after a school tour. He said, "He's looking at me." He's getting paranoid. I said, "Don't look at him, ignore him." I said, "Why are you looking at him". He shouts "I'm not looking at him. He's looking at me!" – Adam

Esther explains that her daughter mutes herself when she feels bothered by the school staff.

One day, she wasn't ok with them. She doesn't talk with them. She was stuck. They emailed me. They said, "we don't know why your daughter, she stopped up." Ooh! but I'm always with her. I asked "Emma, what's happening" and she said "I don't want to talk to them; I don't [want] any help from them" but I know if a deaf person gets upset, it means something happened. Because they can't act like that without reason. Impossible! So, I said "I want to talk with them; I don't have time; do you want mummy to help you or not? If you want mummy help you, tell me everything. if you don't want mummy [to] help you, I won't be involved. It's up to you. She said, "I have a cochlear implant now. I said I don't need to live with you, leave me. When I'm in class, they bother me"... They bother her too much. [She said] "Stop! Don't touch me" – Esther

4.2.3.2. Socioeconomic factors and AWB

This section presents a few examples that highlight the more direct relationship between a parent's job, family income and adolescents' well-being. For example, Zaina highlighted the fact that children's self-esteem and well-being are, to some extent, dependent upon fulfilling the children's desires, but this is tied to whether or not the family budget can stretch to meet these desires.

I think, it's my personal observation that, depending on the socioeconomic status of a family, a family can afford children's extracurricular activities and other stuff. For instance, last year we took our children to some places as holiday activities. It also affected children's self-esteem and well-being [but] like planning a holiday, it really costs for the parents. – Zaina

Laila mentioned that she needed to increase her working hours to afford paying for her son's ski trip.

He wants to buy shoes and they're expensive. I can't afford them. We argue why and this and that... It's not essential but another thing... for example, he'd like to go to a ski trip with his school in December and it costs £ 900. Yes, I allowed him to go but the thing is I always discuss with him that "You know this's £900. It costs me an additional £90 pounds per month for 10 months and I have to work more. You should know what your responsibilities are." – Laila

In the case of parent education level, Zaina thought her academic career inspired her daughter and increased her daughter's awareness about her education.

She asked my university's position [ranking]. So, ... [she is] proud of me. She's thinking about a future of her own ... She is motivated to go to a good university.

She already knows some universities. She knows what the ranking is because she asked, "What is the best university in the world?" and I said, Harvard. Then, she said, "Let's go to New York after 4 years." – Zaina

Maya and David's job stress has a reflection on their home environment. For example, Maya said:

My job is stressful, but I don't want to reflect it. Of course, I sometimes want them to stay silent when I come to the house.

I don't think any child is happy with rules, but it is I have to have rules. I have rules for work. I have rules for my profession. Anybody has to apply a rule system. So, the best thing is getting it now and accepting. – Maya

What is different for parents of adolescents with SEN?

All four parents of children with SEN emphasised that they need to spend more time and energy with their children to increase their well-being and cope with behavioural and emotional difficulties than parents of children without SEN. Maya emphasised the extra time and effort spent, for example, attending SENCO meetings and meetings with educational psychologists for her son. This means spending extra money as well as time.

I'm going to have a meeting with the head of SENCO in the [****] school. Then, I'll be always meeting and allow to have a schoolteacher who teaches my son at the meeting as well.

If he doesn't hear my voice, then, he gets anxious. So, I have to go out of my way. Of course, I have to call him to make sure he's ok. He wants to hear that I am ok. So, he's like my little man.

But, in this time frame, I can't prepare them for everything, I can't give a proper professional commitment if I'm going to do something else. – Maya

Esther found the solution to work part-time for making time for her children.

I'm ok with that because I'm working only part-time. I'm not full time. I have my free time with them. ... For me, I feel ok at the moment. – Esther

4.2.4. Changes in AWB from pre- to mid-adolescence

This section presents findings regarding the changes in the adolescents' well-being over time. The differences in the well-being of the participants' children from preadolescence to adolescence were related to two factors, which are, the adolescent's maturity and adolescent's autonomy.

David, Leila, Adam, Sara and Esther observed that their children behaved maturely in several aspects such as they improved their empathising skills and human relationships. For example, Adam and Sara mentioned that their children showed an improved in social skills including empathising with others, introducing themselves to others, shaking hands and greeting others. Sara said:

Now he knows he's 14 and he's now more understanding, reliable. He knows how to care for my mum. She has a disease. He knows [that] older people can't do anything. He gives a hug, a kiss. He understands [that] she's like a baby. He understands this stuff. – Sara

One of the markers of an adolescent's autonomy is that they become closer to their peers and more independent of their families during the period from preadolescence to middle adolescence. In addition, adolescents become more difficult to be managed by parents and try to create their self-identity. For example, Laila compared her younger son in adolescence to her older son in late adolescence.

For my eldest, the whole world, as he has. I don't know his friends well. But for my youngest, it's just a little scope. Also, with my youngest, I know all of his friends. Also, I can communicate well with his friends' parents. But ...

With my youngest, the situation is really negotiable, but it's different with my oldest. Can I tell what happened? It happened last Friday. He went for the prom night and he said that "I'll be at home at half past one a.m." He called me "After this, we'll do this and this and we'll go to this this and this because of this this" I said "No, you come home!" He said, "But why?" and I said "You called me and asked for permission and I said no. It's up to you if you still want to go, take all responsibility. Don't call me if you have any problem." So, in that situation, no discussion and he decided to come back home. Obviously after that, I don't understand why we didn't discuss but most of time we discuss.

...

Yes, [they are] fighting against me because I really want to make sure that they're in a very safe environment, and this this... I sometimes said "You know his behaviour is ... [inappropriate]. Probably you should consider to limit your friendship with him." Then both of them "Why?! You're prejudiced ... just he made a mistake and one point, that is mean that he's a bad?" – Laila

The parents of mid-adolescents in secondary school especially complained that they were unhappy with some of their children's peer relationships. They were worried about their children's obsession with social media apps and video games and the lack of face to face interactions. David, Adam and Laila said that their children wanted to spend more time with their peers rather than their families. David complained that it was hard to deal with his daughter.

Even she was happy that she couldn't go to a Grammar School because if she was awarded, she wouldn't go to same school with her two close friends.

It's only that she talks on the phone and keeps to her room. How we lived when we were at the same age as them is hard to realise for them. Even if I say, "Let's go biking", she doesn't come. Because of that, it's hard to know whether they're happy or not. Whether I'm doing good or bad is a question that I always ask myself. For example, the time for breakfast is specified but she doesn't come down on time. For example, breakfast time is 9 am but she comes at 10 or 11 am. She's talking on the phone. We spend time there. We think that it's normal at her age. We think it changes depending on age. – David

Although participants stated that their children's attitudes towards teachers and their peers was improved, participants whose children started to prepare for GCSE examinations did not comment about their children's studies as positively as participants whose children went to primary schools. Adam and Laila, especially, found their children's studies dissatisfactory.

What is different for parents of adolescents with SEN?

Similar to adolescents without SEN, the adolescents with SEN increased their behavioural maturity and autonomy from pre- to mid-adolescence. Apart from these, Sara's and Adam's sons had less frequent but more complex mental problems. These participants associated the increase in the level of mental problems with their children's increasing awareness of social exclusion. The older they grew, the more the children wanted to be accepted like their peers without SEN but the more they were exposed to discrimination or implicit/explicit exclusion from certain social settings. This triggered existing emotional problems and made them more frequent and complex.

Adam, for example, said that his son lost his self-esteem when he became aware that he was not accepted at swimming class.

Now, he's not a person who is just deaf can't do things he likes what... -I shouldn't use that word- but "showing off". He likes [that] people do accept him what he is. Not like just he's deaf and he can't do certain things. Before it wasn't too much.

He likes conflict. He would try to stay in conflict. For instance, we're talking about the football team. We remind the opposite team [that] he liked another football team, but then, he ignores it, and he's upset and gets angrier. He likes to see our reaction. He's like testing our limit. He's trying to engage [himself with] coping strategies. I think he sometimes goes through such situations [*conflicts*] to be better able to communicate in his social life when he

goes back to school. For instance, children are teasing him at school and [he thinks] what coping strategies can be used to cope.

My wife said, "You have to talk like you're talking to a small child telling 'We'll take you and you go to McDonald's or will go to do this' like something he likes." It's her strategy how to deal with him. So, I'm dealing with it. Then, he's coming around it but again he's going to be older and older and it doesn't always work. – Adam

4.3. Chapter Summary

The chief findings of the quantitative study were as follows: gender and socioeconomic factors influenced parenting for both groups with poorer outcomes for boys and students with SEN in terms of attention from parent and negative feelings about self. However, means for parental rules and parental control, and percentage of parental closeness were almost identical for both groups. Being male was associated with lower parental expectations and aspirations, less parental control, and greater screen time. Lower income resulted in more arguing with parents. A one unit increase in income increased homework involvement, extracurricular activities, parental control of with SEN and without SEN groups, and reduced NPP and screen time (except for 14-year-olds with SEN). A one unit increase in parental education level significantly increased parental expectations and aspirations (except for 14-year-olds with SEN), homework involvement (except for 11-year-olds with SEN), and extracurricular activity. Parental expectations and aspirations positively impacted adolescents' psychosocial well-being in the without-SEN groups at ages 11 and 14 but made a limited contribution to with SEN groups. Homework involvement led to a significant decrease in the TBD for all groups and an increase in prosocial skills, as did extracurricular activity at age 14. One-unit increase in any of parental discipline variables made a significant negative contribution to the overall MWB of adolescents in all groups. However, greater parental control had a significant positive impact on the overall well-being of 14-year-olds without SEN. With regard to school experiences, in all groups, being male positively impacted academic self-concept with the exception of male 11-year-olds with SEN. Playing with one's child, extracurricular and parental control activities were other significant predictors of positive school experiences in both groups. Compared to adolescents without SEN, adolescents with SEN had higher scores in psychosocial difficulties and lower scores in all positive constructed adolescent MWB scales (e.g., prosocial skills, life satisfaction and self-esteem) at ages 11 but the differences were not significant in life satisfaction, self-esteem and moods and feelings at age 14. For school experiences, adolescents with SEN had less positive school experiences than adolescents without SEN at ages 11 and 14. Specifically,

boys with SEN had higher ratings for conduct problems, hyperactivity, peer problems, and TBD and girls had significantly higher scores for emotional problems than boys. These factors were exacerbated in the lower income groups. Longitudinally, between the ages of 11 and 14, there were significant downward changes in hyperactivity, prosocial skills, life satisfaction, self-esteem, academic self-concept, and positive school attitudes in both with-SEN and without-SEN groups (with a gender bias in the with-SEN group), but there were significant upward changes in peer related problems. Interestingly, there was a significant downward change in the TBD of the with-SEN group, but a significant upward change in the TBD of the without-SEN group. Differences in emotional symptoms between the ages of 11 and 14 were slightly yet significantly dependent on gender and income.

The key findings from the qualitative data included: tailoring of extracurricular activities and discipline style based on gender, with the NPP style preferred for boys. School policy and legislation as factors shaping parenting behaviours, especially in the case of adolescents with SEN. For all adolescents, socioeconomic factors including income, parent job and spending time with adolescent influenced the participant's parenting due to the availability of resources. Parenting an adolescent with SEN was reported to require more time than parenting an adolescent without SEN. Parental educational level also influenced ability to advocate for the rights of children with SEN. Parents advocating for this adolescent in the education context proved beneficial for all adolescents, as did parents taking an interest in hobbies and extra-curricular activities. In terms of discussing the future, this issue was reportedly more complex for parents of adolescents with SEN, due to the pressures experienced by the adolescent. As mentioned in the quantitative findings gender affected the behavioural and emotional problems experienced, with SEN status exaggerating their criticality that girls with SEN were more likely to have internalizing problems more than boys with SEN and boys and girls without SEN, and boys with SEN were more likely to have behavioural problems more than girls with SEN and boys and girls without SEN. Financial status was a factor mentioned as affecting adolescents' well-being, with this more apparent in adolescents with SEN. Additionally, SEN status adversely affected peer relationships and levels of conflict at home relative to adolescents without SEN. Age also was noted as a variable increasing difficulties among adolescents with SEN as they became more aware of their distinctiveness relative to their peers as they mature.

In general, the quantitative and qualitative findings drew a clear picture through the Family Investment Model that higher SES conferred higher social and economic capital that contributed to parenting strategies through the educational and occupational opportunities

parents presented to adolescents. In contrast, parents with lower SES had fewer opportunities to invest in their children's education and social, emotional and behavioural development. Especially qualitative findings showed that parents' job stress and parent-child conflict based on economic deprivation give a clue that parents' stress was possibly associated with AWB. However, a plethora of findings in this study showed that the contribution of socioeconomic disadvantages to AWB was mostly direct and robust rather than parental psychological distress.

Also, the findings showed the association between SES, gender, parenting, and AWB took place in adolescents' surrounding immediate environmental context. Thus, this study partly contributes to the bioecological model but not entirely because this thesis's key focus was on parenting and family structures and circumstances while the bioecological model brings an explanation to the relationship between children's surrounding environmental contexts and child development in a wider spectrum.

The following chapter presents a detailed discussion of the findings reported here.

5. Discussion

The purpose of this study was to examine the existence of any associations between socioeconomic status, gender, ethnicity, parenting and AWB in the case of adolescents with SEN and without SEN. However, ethnicity was only used in the descriptive analysis because the number of parents from minority ethnic backgrounds were not enough to do advance statistical analysis.

Despite a consensus that parenting and socioeconomic factors were associated with AWB, few studies have investigated the associations for children both with and without SEN in this age group. Therefore, this study sought to address this research gap. A series of qualitative and quantitative analyses yielded interesting results which are reported in the previous chapter, organised according to the following themes: the associations of gender and socioeconomic factors with parenting; the associations of gender, socioeconomic factors, and parenting with adolescents' MWB and school experiences; longitudinal changes in MWB, and school experiences from pre- to mid-adolescence. This chapter discusses these findings in relation to the relevant literature and the implications for future adaptations.

As reported in the literature for adolescents both with and without SEN (Afolabi, 2014; Lovejoy et al., 2000), the key finding from this research was that poverty was a major barrier to perform optimal parenting with full attention, while adolescents whose parents do not perform optimal parenting practices (e.g., insufficient parental involvement in the adolescent's education, use of NPP and conflicted relationships) were more likely to have negative MWB and school experiences.

Although low SES was statistically associated with non-optimal parenting behaviours, regardless of socioeconomic level, during semi-structured interviews, all the parents were aware that optimal parenting behaviours – such as an authoritative parenting style and higher parental involvement – benefitted their children's MWB and improved their school experiences. However, some of the socioeconomically disadvantaged parents mentioned that a variety of economic challenges made it difficult for them employ the authoritative parenting style and involve themselves in their children's education. Consequently, underlying factors prevented their engagement with authoritative parenting and their children's education rather than incompetence, ignorance or unwillingness. Therefore, the results repeated the idea which is against the stigmatization of non-optimal parenting with poverty culture that low-income parents' non-optimally parenting is not their cultural

reflection, is a consequence of poverty, as well as indicated that fiscal supports are primarily needed to suppress the negative parenting of parents in poverty (Hartas, 2014).

Socioeconomic factors were also associated with the MWB and school experiences of adolescents with/without SEN during pre- and mid-adolescence. However, when moving from pre- to mid adolescence, the negative trajectory in adolescents' MWB did not necessarily relate to family income level or parental level of education. That is, adolescents' MWB scores across all income levels and parent educational levels fell similarly over the three-year period considered. However, the negative trajectory in low-income adolescents' MWB (i.e., emotional symptoms, conduct problems, hyperactivity, peer problems and prosocial skills) reached an alarming level with the extreme being having a psychiatric disorder. For adolescents with SEN in low-income families, the SDQ mean scores exceeded the level of high psychiatric risk. As many previous studies showed, these results raised concern that inequality hits the adolescents in poverty in the case of mental health and school adjustment more than adolescents in high-income families (e.g., Fitzsimons et al., 2017; Swift et al., 2021). Also, the results indicated that inequality is more devastating for the well-being of adolescents with SEN in poverty than for adolescents without SEN in poverty. The various negative effects of poverty in their families and neighbourhoods that represent adolescents' closest social circles inevitably cause them to exhibit undesirable behaviours and be unhappy (Gibb et al., 2016; Noonan & Fairclough, 2018). Especially when taking the additional risk factors that adolescents' with SEN faced into account, serious mental health problems and school adjustment difficulties are not surprising results (Maxey & Beckert, 2017). Unless barriers in the social environments of children from families of low socioeconomic status causing mental difficulties are eliminated, it is difficult for interventions targeting the children and their parents to produce an effective solution in the long run. Thus, it can be suggested that the intervention should be multi-layered with a focus on reducing socio-economic risks and supporting parent-child interactions and enhancing children's social cohesion. Otherwise, even though the interventions seem useful in a short time, promoting intervention and prevention programs that ignore socioeconomic risk factors will provide no long-term benefit other than the 'problematic' exposure of children in poverty and their families (Hartas, 2014).

In the semi-structured interviews, parents with adolescents with/without SEN attributed the negative trajectory in adolescents' mental health from pre to middle adolescence to several factors. In general, parents linked the desire for increased autonomy on the part of their children to parent-child conflict and a rise in mental negativity during adolescence. This

negative trajectory was also explained by a gradual fall in parents' economic power to fulfil their children's needs. As reported in the literature, in the specific case of adolescents with SEN, parents associated the negative trajectory in their children's MWB with their growing awareness of the individual and institutional limitations and exclusion they faced (Maxey & Beckert, 2017). Therefore, in addition to tackling inequality and enhancing parenting skills for adolescents' well-being, these findings show us that an increase in social awareness is needed to understand adolescents with SEN and accept all their differences (Cambra & Silvestre, 2003; Hauser-Cram, Krauss, & Kersh, 2009).

The remainder of the discussion chapter is divided into three main sections. Firstly, it discusses the associations between gender, background factors and parenting. Secondly, the various influences of gender, socioeconomic factors and parenting on adolescents' MWB and school experiences are reviewed. In the final section, longitudinal changes in adolescents' MWB and school experiences, as associated with gender and socioeconomic factors is debated. All three sections address the experiences of adolescents both with/without SEN. The main findings discussed in these three sections are summarized in [Table 42](#).

Table 42 *The Summary of key findings*

| Main sections | Sub-sections | Key findings |
|---|---|---|
| The associations of gender, background factor, and socioeconomic factors with parenting | Gender and parenting | <ul style="list-style-type: none"> Linear regressions showed that parents of pre- and mid-adolescent girls with/without SEN were more likely to have higher parental expectations and aspirations, have more involvement in homework, organize extracurricular activities for their children, and were less likely to use NPP. Girls without SEN were more likely to spend more time on screen than boys. There were no differences between girls and boys with SEN. Parents of mid-adolescent girls without SEN were more likely to ask their children about their whereabouts. However, there were no differences between parents of mid-adolescent girls and boys without SEN in this regard. |
| | Background factors and parental involvement | <ul style="list-style-type: none"> Interviews showed that single mothers had twice the amount of parenting responsibility, due to also taking on the role of a father. From interview, SEND policy/school provisions came up a significant point, offer a framework in which parents can become involved in adolescents' education in the home and school settings. School provisions through the SEND code of practice identify teachers, parents, and other professionals' roles and position relative to the education of adolescents with SEN; so all stakeholders are more likely to work in a coordinated manner for the education of adolescents with SEN. |

SES, and parenting

- Linear regressions showed that higher SES was associated with some optimal parenting behaviours (i.e., homework involvement, organizing extracurricular activities, parental control) for adolescents with/without SEN, whereas poverty was associated with using NPP. Also, low family income was associated with higher screen time, greater conflict in the parent-child relationship and lower parent-child closeness for adolescents without SEN. This was not the case for adolescents with SEN.
- During the interviews, regardless of SES, parents of adolescents with/without SEN were willing to be involved with learning and extracurricular activities, and no parents favoured using NPP or corporal punishment. However, limited economic resources posed obstacles to low-income parents' involvement, especially as their children moved through the education system. Thus, it can be suggested that displaying non-optimal parenting behaviours was not a preference but a consequence of underlying problems.
- Findings from interviews showed that the parents' involvement of adolescents with SEN requires extra time and economic resources. Furthermore, parents with higher education seemed more familiar with the education system for adolescents with SEN. Thus, it can be suggested that SES was more strongly associated with parental involvement for adolescents with SEN.
- The linear regressions showed that there was no association between SES and parental closeness in the case of adolescents with SEN. It appears that regardless of SES, adolescents with SEN usually have high-level parent dependency, creating a strong bond between parent and adolescents with SEN.
- Findings from Mann-Whitney U test showed that compared to pre- and mid-adolescents without SEN, those with SEN were more likely to have social, emotional, and behavioural difficulties and have had undesirable school experiences. Qualitative findings showed that the mental problems of adolescents with SEN were triggered by being bullied, exclusion, and maltreatment by professionals in schools or a family member in the home setting.

The associations of SEN status, gender, background factors, parenting with AWB

Differences in well-being between adolescents with and without SEN

Gender and AWB

- Findings from MANOVAs and linear regressions showed that it appeared that pre- and mid-adolescent girls with/without SEN had greater problems internalizing problems than boys, while boys were more likely to externalize problems than girls.

SES and AWB

- Socioeconomically disadvantaged pre- and mid-adolescents with/without SEN were more likely to be at risk of mental health problems. In addition, adolescents in poverty were more likely to have negative attitudes towards school. As stated during the interviews, this could be because of insufficient financial resources, lack of time, and job stresses experienced by low-income parents.
- Poverty meant that parents of adolescents with SEN were torn between two possible options: curtailing/stopping their workforce participation or missing out on critical opportunities affecting their children's development. Both choices create extra handicaps for keeping adolescents with SEN in the low-income families mentally well.

Parenting and AWB

- Findings from linear regressions showed that parenting behaviours:
 - High educational expectations, aspirations, and career plan by prearranging agreements with their children,
 - Functional homework involvement,
 - Organizing extracurricular activities and having other leisure-time activities,
 - Reasoning with children and not getting into conflict or using punishments for misbehaviour,
 - Asking children's whereabouts,
 - Creating a strong bond with children, supporting, and being a role model were associated with MWB and positive school experiences. These optimal parenting behaviours were compatible with an authoritative parenting style and higher involvement from parents.

Longitudinal changes in
AWB

- Findings from mixed-ANOVA showed that from pre-adolescence to mid-adolescence, a downward trajectory was observed in emotional symptoms, peer problems, life satisfaction, self-esteem, academic self-concept, and positive school attitudes. This was the case for adolescents with/without SEN. Moreover, the gender-based differences becomes more noticeable. On the one hand girls increasingly internalized problems, and boys had a rise in behavioural problems.
 - There was no change over three years considering SES as a variable. However, the downward trajectory in adolescents from families of low socioeconomic status with/without SEN reached a worrying level. Arguably, due to the higher risk of mental difficulties of adolescents with SEN, socioeconomic disadvantages can affect low-income more harshly than their peers without SEN.
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5.1. Associations between gender, background and socioeconomic factors and parenting

Connections between gender, socioeconomic and background factors and parenting dimensions were examined for adolescents with/without SEN aged 11-14. To date, literature has focused on the relationship between parenting behaviours and socioeconomic and background factors when evaluating adolescents with and without SEN, but this study uniquely examined the relationship across two critical developmental periods, namely preadolescence and mid-adolescence, to understand how this relationship differs by SEN status at pre- and mid-adolescence.

For both adolescents with/without SEN, series regression analyses showed that parents with boys rather than girls had lower expectations and aspirations, homework involvement at ages 11 and 14, and attended less to extracurricular activities at age 14, with more using NPP at age 11. Additionally, boys without SEN spent less time on screen than girls did at ages 11 and 14, and they were less subject to parental control at age 14. Supporting this, reflections on how gender differences inform parenting behaviours emerged during the interviews, in which parents were more prone to use NPP (only not corporal punishment) for boys but were stricter about establishing the whereabouts of girls. This is the reflection of gender socialization on parenting behaviours that boys are raised to be more extravert and independent while girls are raised to be more introvert, under the control and social with community (Leaper, 2002).

Background factors, including marital status and school policies and provisions emerged as additional themes to be important for characterizing parenting behaviours during the interviews. Single parents' parenting labours had been doubled by needing to take on the father's role also. Being a single mother meant needing to spend extra time with adolescents, and brought greater responsibility and in some instances additional financial difficulties. This is an indication of the reflection of the economic problems brought about by single parenting to parenting. Previous studies have also shown that compared to two parent families, single parent families face economic difficulties more frequently, and that they have difficulty in meeting the needs of children in these economic difficulties (McLoyd, 1990). This may also push single parents to use shorter rather than more optimal ways when disciplining their children, just like other time-stressed parents (McLoyd, 1998).

School policies and provisions came up from the interviews, also partially regulated parenting behaviour. For general, some school regulate describe the role of the parent-

teacher relationship in controlling adolescents' time and involvement in homework. To some extent, parental involvement in adolescents' education, even helping with their homework, was shaped by school rules and legislative regulations. The objective of school provision in the way of improving parental involvement is to try to ensure that the children are ready to learn and "thereby to reduce the social class attainment gap which was seen as an important factor in the reproduction of social exclusion." (Churchill & Clarke, 2010, p. 43). Certainly, supportive provisions were more important for children with SEN. The SEND code of practice 2014 offer a framework in which all stakeholders, including parents, teachers and other related staff, can collaboratively and effectively participate in the education of children with SEN (DfE, 2014).

For adolescents both with/without SEN, serries regression analyses showed that a higher family income was associated with greater involvement in their children's homework at ages 11 - 14, as well as more opportunities for their children to attend extracurricular activities, and an increase in asking their children's whereabouts at age 14. Furthermore, well-off parents of adolescents without SEN were more likely to be involved in PTM meetings, and were more likely to be closer to their children than parents from low-income families. This appeared to be associated with lower screen time for adolescents with well-off parents. Higher parental educational qualification was associated with higher parental expectations and aspirations for pre-adolescents, both with/without SEN and for mid-adolescents without SEN. It was also associated with higher homework involvement for pre-adolescents without SEN and mid-adolescents with/without SEN. Furthermore, higher income was associated with a greater number of extracurricular activities for mid-adolescents. Although these results will be discussed in depth later, it is important to notify that these results emerged when parenting behaviours were kept constant, here. It means that rather than addressing to improve parenting practices as the only resource to buffer the children from mental difficulties and negative school experiences, parents in poverty need economic welfare to optimally parent their children (K. Cooper, 2017; Hartas, 2014). As supporting this view, it emerged during the interviews that regardless of SES, all the participants were aware of the significance of their involvement in their child's education. They stated that economic conditions either limited their time to involve themselves, or brought an additional economic burden. Specifically for adolescents with SEN, balancing lack of time and economic challenges was of greater significance for parents.

5.1.1. Gender and parenting

Linear regression analysis showed that boys' parents had lower parental expectations and aspiration than girls' parents. This was the case for pre- and mid-adolescents with/without SEN. This result was consistent with findings from previous studies, which have observed a strong association between gender and parental expectations and aspirations; specifically the belief that girls will be more likely attend university than boys (Gil-Flores, Padilla-Carmona, & Suárez-Ortega, 2011; Koshy et al., 2019). This is borne out in reality, as the proportion of female students attending UK universities is now higher than the proportion of males (Duckworth, Akerman, Gutman, & Vorhaus, 2009). Koshy et al. (2019) explained the reason for greater parental expectations and aspirations favouring girls. Suggesting an association between the view that girls have more opportunities after attending university than they do after pursuing other post-compulsory educational paths. This aligns with reality in the UK, whereby good apprenticeships are less accessible to young women than young men (Fuller & Unwin, 2013).

Linear regressions showed that despite weak associations at age 14, parents of pre- and mid-adolescent girls with/without SEN were more likely to be involved with homework, and parents of mid-adolescent girls were more likely to assist with higher extracurricular activities. These findings were consistent with previous studies (J. C. Anderson et al., 2003; H. Cooper et al., 2000; Xu, 2005). In addition, during the interviews, two parents considered gender roles when organizing extracurricular activities for their children. Maya explained why she sent his son to attend kickbox class as *"He is just going there to interact with children, particularly with males because he is the only boy, he doesn't have a male sibling. Just getting him to meet other boys."* Thus, the appropriateness of extracurricular activities was important for some parents when selecting an extracurricular activity.

Linear regressions showed that girls without SEN spent less time on screens than boys but there were no meaningful differences between girls with SEN and boys with SEN. This finding was also reported by (S. E. Anderson, Economos, & Must, 2008). Reflecting suggestions regarding gender differences in terms of homework involvement and extracurricular activities set out in the previous paragraph, boys spent more time on screen than girls when they became more autonomous during adolescence, keeping a distance from their families. Therefore, when boys were at home, they were more likely to socially withdraw from family members than girls, and chose activities such as watching TV, playing computer games, that are typically more solitary, and spending time with friends using social media applications.

Linear regressions showed that regardless of SEN status, parents of boys tend to use NPP more than girls when their children misbehaved. Although previous studies employ different measures for discipline and the majority assess corporal punishment, their findings were consistent with this study, as parents' reactions to boys' misbehaving were more likely to draw punishment (Mehlhausen-Hassoen, 2021). In parent-child closeness, there were no difference in whether girls or boys are more likely to attract parental warmth more than others. However, mixed results have been noted in previous research. For example, Gibb et al. (2016) found that pre-adolescent girls were closer to their parents than boys, and that this did not change as a function of SEN status. In contrast, Vieno, Nation, Pastore, and Santinello (2009) found that boys scored more highly on closeness.

Linear regressions showed that gender for mid-adolescents without SEN did inform the extent of parental control. Parents of girls were more likely to question their whereabouts than boys' parents. However, gender was not a perceptible discriminator for parents of mid-adolescents with SEN. This may be related to parents' perception of all capability of adolescents with SEN to spend time without a carer present, regardless of gender. During the interviews, although two parents' controlling practice was similar to parents of adolescents without SEN, two of the parents with boys stated that their children were not permitted to be alone except for short periods. The perception of adolescents' responsibility was also a matter for parents of adolescents without SEN, but it relates to time. Namely, parents of preadolescents without SEN, due to their children's young age, did not wish their children to spend time with their peers outside. Evaluating adolescents' capability, mostly parallel to their development, parents will become more flexible about permitting them to spend time without a carer. In contrast to adolescents without SEN, parents of some adolescents with SEN cannot relax control because of their children's slow or lack of development.

As discussed in the literature review, gender socialization contributes to characterizing parenting styles and behaviours through direct or indirect interaction of parents with agents (e.g., family, education, peer groups) in the social environment from childhood (Leaper, 2002). This is the case for both adolescents with/without SEN. Parenting in gendered ways is explained by gender socialisation in western culture, which expects that from the onset of adolescence, boys will be more independent and autonomous and girls more dependent, willing to volunteer, and enthusiastic about engaging in team activities (Eagly et al., 2000; Leaper & Farkas, 2015; Pomerantz & Ruble, 1998; Unger & Crawford, 1992). This explains

why, in comparison to boys, girls are typically more welcoming of their parents' involvement in homework and organizing extracurricular activities.

Overall, the findings reflect gender socialization patterns among parents of both pre- and mid-adolescents with/without SEN. It has been observed that as children grow up, externalizing behaviours, including delinquency and aggression in males, stem from harsh parenting, while internalizing behaviours including depression and anxiety disorders in girls arise from strict parental monitoring (Keenan & Shaw, 1997).

5.1.2. Socioeconomic factors, and parenting

According to linear regressions, parental expectations and aspirations concerning their children's future education were examined relative to socioeconomic factors (i.e., income and parent educational qualification) for pre- and mid-adolescents with/without SEN. Unexpectedly, parents' expectation and aspiration did not differ depending on SES. This result was consistent with Koshy et al. (2019) who found no link between income and parent's expectations among a representative sample of non-SES specified private households' in Australia. However, these findings do contradict previous studies which have suggested that in comparison to parents in low-income families, well-off parents have higher aspirations and expect their children will pursue full-time education at university level (Davis-Kean, 2005; Froiland & Davison, 2014). Returning to the findings of Koshy et al. (2019), they suggest that family income might be less associated with parental expectations in Australia, as there are income-contingent loans systems for paying university tuition fees, which might cause families to believe universities are accessible to all children.

In contrast to the above, parental educational qualifications did emerge as an important factor of parents' expectation and aspiration. Educated parents had higher expectations and aspirations for their pre- and mid-adolescents with regard to attending university; this applied to pre-adolescents with/without SEN and mid-adolescents without SEN. Lergetporer, Werner, and Woessmann (2018) provided empirical evidence to clarify how parental aspirations are shaped by the perceived costs and benefits of attaining a university degree in Germany. The findings explained that parents without a university diploma were less likely to favour their children attending university, underestimated the returns and overestimated the costs of university. Potentially then, the parents in this study might have determined that pursuing university enrolment for their children is not cost-effective.

Linear regressions showed that in comparison to socioeconomically advantaged parents, socioeconomically disadvantaged parents were less involved in homework for pre- and mid-

adolescents with/without SEN, and their children had less attendance at extracurricular activities for mid-adolescents with/without SEN. Also, parents in poverty tended to be less likely to ask their children's whereabouts for mid-adolescents with/without SEN and allow their children to spend more time on the screen for mid-adolescents without SEN. This was an expected result as myriad of studies pointed out those parents in poverty have financial difficulties to afford the cost of extracurricular activities (Lareau, 2011; McLoyd, 1998; Park et al., 2002; Patall et al., 2008). Also, these parents usually have a second job to address economic difficulties or have heavy workloads to earn more money (McLoyd, 1990). This detains the parent to make enough quality time for their children such as helping with their homework. Therefore, lower income creates limitations on spending money available for educational and extracurricular activities for the child, excludes the option of paying for private schooling, limits time for family interaction, leisure activities and participation in social events (Quigley & Nixon, 2016). As suggested, parents with high socioeconomic status are more able to afford extracurricular activities, which provide an alternative to screen-time, offering greater social interaction, and addressing children's development outside of the home (Blum-Ross et al., 2018). A lack of opportunities can arise due to the lack of affordability of activities, and low-income families living in an unsafe neighbourhood are likely to offer spending time on a screen alone as the only option for their children.

These findings also further support the idea of natural growth set out by Lareau (2011) in her *unequal childhood* book. She suggests that children in impoverished circumstances have plenty of time that is not adult structured or organized to spend outside with their friends, and that usually their parents are busy due to extensive working hours, whereas children in high-income families have less free time as their parents arrange extracurricular activities to help develop their children's talents and social networks. A similar suggestion can be applied to explain the relationship between parental discipline and poverty. Well-off parents of pre- and mid-adolescents with/without SEN were less likely to use NPP and those of mid-adolescents without SEN experience less conflict in their relationship than parents in low-income families. These findings were compatible with previous studies specific to parents of children with SEN in different age groups from early childhood to early adulthood (e.g. Bradley, Rock, Whiteside, Caldwell, & Brisby, 1991; Eshbaugh et al., 2011; Park et al., 2002). During the interviews, the differences between socioeconomic groups were explained by several examples, as it emerged that participants used NPP when they had no time or were stressed due to extensive work. However, it should be noted that the parents used

punishments after frequent reoccurrences of misbehaviour, and none of the parents interviewed were in favour of using NPP or corporal punishment.

The modelled variables tested in both adolescents with SEN/without SEN groups allowed me to see how socioeconomic factors explained parenting behaviours differently. Although socioeconomic factors, as discussed above, were found to have a similar role in most parenting behaviours regarding both adolescents with/without SEN, it did not explain some parenting behaviours of parents of adolescents with SEN. For example, because of the lack of any solid evidence for mentioning the conflictual relationship and parental closeness with SES, the findings in this study regarding adolescents with SEN did not indicate an association between poverty and harsh parenting.

In addition, the modelled variables in this study, including gender, income and parental educational qualification did not explain the screen-time of pre- and mid-adolescents with SEN. However, the limited number of previous studies examining the views of parents with adolescents with SEN regarding their screen time offer two suggestions. First, Zhang and Livingstone (2019) found that parents of children with SEN think that spending time on a screen alone could be dangerous for their children because they could encounter harmful content. Hence, they allowed their children to spend time on the screen under their strict control. Thus, this study's results can be explained in that the safety against dangerous online content might have been prioritised by parents of adolescents with SEN, regardless of their SES and adolescents' gender. This is supported by the finding from the interview, Sara said *"If there is like two persons play [online]; if they hit or do things like that, they can swear, argue. Then, he becomes angry. That is why I stop that."* Second, it has been suggested that because children with SEN are more likely to have only a few friends and are less likely to attend extracurricular activities, children with SEN are more likely to spend time on a screen (Smyth, 2016a). Both suggestions indicate that apart from socioeconomic risk factors, parents also shape their parenting behaviours through additional risk factors such as peer problems and cyberbullying. However, previous studies found that children with SEN who live in socioeconomically deprived areas were more vulnerable to have peer problems and cyberbullying. Therefore, it can be suggested that socioeconomic factors have an important role in the additional risk factors.

Although socioeconomic status has an important role in parenting for adolescents both with/without SEN, and even it was more explanatory in some parenting behaviours for adolescents without SEN, it was a more powerful factor in parenting adolescents with SEN.

During the interviews, parents stated that caring for a child with SEN requires additional time and economic resources (Boat & Wu, 2015), they reported being torn between working and making time to engage with their children's education (D. Anderson, Dumont, Jacobs, & Azzaria, 2007). It means the same level of socioeconomic disadvantages creates more inequality for adolescents with SEN than adolescents without SEN.

In terms of the relationship between parental educational qualification and parents of adolescents with SEN, during the interviews, those participants who were more educated seemed to be more familiar with the education system, such as the need for IEP meetings, and actively collaborated with school professionals and attended meetings to uphold their children's rights. This echoes the findings of previous studies that suggest that higher educated parents of children with SEN reap more benefits from school professionals than those with less education. They enhance their children's learning in the home setting and their active participation in IEP meetings (Rispoli, Hawley, & Clinton, 2018). This was explained by lower levels of self-efficacy, as well as less knowledge and less developed language skills among less-educated mothers (Dauber & Epstein, 1993; Hoff, 2003). This also supports Lareau's concept of concerted cultivation in the case of parents with children with SEN. By fostering their educational capacity, educated parents are more likely to be involved in their children's education as well as to provide intellectually rich and stimulating environments to their children (Hartas, 2011; Lareau, 2011). However, the focus on parental education neglects other main barriers that less-educated parents often face. One of these being poverty. The strong association between poverty and parental education level should be noted, as less educated parents are more likely to also be subject to poverty as a barrier affecting parental involvement (Fantuzzo, Tighe, & Childs, 2000). The findings from previous research also highlight negative beliefs among school professionals regarding socioeconomically disadvantaged parents (Lareau, 2011). A further concern is the awareness among professionals that parents with less education feel a learned helplessness with regard to becoming involved in their children's educational process (C. E. Cooper, 2010). This means that, because they feel inadequate when communicating with school professionals and believe that their involvement will not significantly contribute to their children, parents with less education are less likely to become involved in their children's educational process.

Finally, by corroborating findings from a study by McLoyd (1990) regarding Black families' experiences of economic hardship, the findings in this section suggest poverty was associated with the tendency to use punishment, and revealed less expectation and aspiration and less involvement in children's education and less control among parents of

both children with/without SEN. Also, low parental closeness and high conflict relationships among parents of children without SEN in poverty were higher than those of parents in high-income families. These findings together seem to point to an association between poverty and non-optimal parenting. McLoyd (1998) suggests that parents' trajectories in cases where poverty is an issue stem from the overabundance of negative life events and poor living conditions, which socioeconomically disadvantaged parents more commonly experience.

5.1.3. Background factors and parenting

Despite not initially aimed to examine, based on the interviews with parents, marital status, and school policies and provisions had some influence on parental involvement for both adolescents with SEN and without SEN.

With regard to marital status, two participants (one has a child with SEN, and another a child without SEN) were single mothers who stated their parenting duties were doubled by the need to take on a dual role in the absence of a father. Previous studies have found that in comparison to married couples, single parents typically require more time to care for their children (Craig, 2005), and that single parents sacrifice their leisure time to care for their children (Pepin, Sayer, & Casper, 2018). Also, they are more likely to experience financial deprivation (Craig, 2005). The challenge is greater for single parents of children with SEN, because the time pressures they experience are usually greater than those felt by single parents of children without SEN (Emerson, 2003; K. Roberts & Lawton, 2001). Thus, single parents of adolescents without SEN and single parents of adolescents with SEN are more likely to have economic difficulties, and as a consequence are less likely to be invested in their children's education.

School policies/provisions shaped the framework within which parents involved themselves in their children's education in the home and the school settings for pre- and mid-adolescents with/without SEN. The frameworks identified differed from school to school. For example, while some parents' relationships with schools comprised only scheduled PTM meetings, others described a more intensive relationship including programmes and promotions addressing parents to effectively involve in their children's education. Some of the participants' children's schools offered various options to keep in contact, including a smartphone application for parents to check their children's school behaviour in school and their academic successes, as well as to arrange special meetings to inform parents about their children's development, organizing extracurricular activities, and arranging traditional PTM. It means as Clark and Frick (2018) suggested that high-quality school provision which

takes working with parents to improve children's behaviour and attitudes towards school as a mission is important to parental involvement.

In the case of adolescents with SEN, the relationship between school provisions and parental involvement were more developed. Based on the SEND Code of Practice 2014, schools have formed their own SEN provisions. In school SEN provisions, stakeholders' roles (i.e., parents, teachers and SENCOs) are identified in more detail. Therefore, school SEN provisions created a framework through which parents can access opportunities to contribute to their children's education effectively, directly and in cooperation with professional stakeholders. These results then corroborate the findings of Boesley and Crane (2018), who stated that the recent form of the SEND code of practice increased the collaboration with teachers and SENCO coordinators, and parents' participation in their children's education.

5.2. The associations between gender, socioeconomic factors, and parenting and AWB

As stated in the literature review, although there are different thought models concerning the meaning of MWB, there is a growing consensus that well-being covers functioning and feeling, including both eudemonic and hedonic concepts, as stated in the literature (Stewart-Brown, 2016). In this study, an inclusive approach was adopted to avoid excluding any component of the eudemonic and hedonic concepts of MWB as per the growing consensus amongst working in the field of psychology, as related to the purpose of this study. Therefore, the MWB of pre- and mid-adolescents with/without SEN was measured according to a wide range of scales covering social, emotional and behavioural well-being, life satisfaction, and self-esteem.

School occupies an important place in a child's well-being, due to the physical, intellectual, social, emotional and moral development becoming more and more pronounced from childhood to adolescence. Therefore, in addition to MWB, it is essential to research the school experiences to develop an in-depth and comprehensive view of the child's well-being. In this study, two scales are used; the first to measure perception of academic achievement, and the second to evaluate the relationship between the adolescent, the teacher, the school and their peers, which are the main characteristics of school life. Consequently, the findings from these measures provided a holistic view from which to understand well-being, including MWB and the school experiences of adolescents with and without SEN through both hedonic and eudemonic perspectives.

Associations between gender, socioeconomic and background factors and MWB (i.e., emotional symptoms, TBD, prosocial skills, life satisfaction, feelings and moods, self-esteem) and the school experiences (academic self-concept and school attitudes) of adolescents with and without SEN at ages 11 and 14 were examined. According to Mann-Whitney U tests, compared to adolescents without SEN, adolescents with SEN had higher emotional, behavioural and social difficulties, and more negative school experiences at ages 11 and 14. The findings from the interviews were compatible with quantitative findings. During the interviews, compared to parents of adolescents without SEN, parents of adolescents with SEN more often mentioned frequently encountering high-level psychological problems in the home and school settings. Parents usually explained these psychological problems in terms of barriers (e.g., social exclusion) that adolescents with SEN were exposed to.

According to MANOVAs and *t*-tests, gender differences were identified as affecting the well-being of pre- and mid-adolescents with/without SEN. Thus, pre- and mid-adolescent girls had higher internalized problems and lower academic self-concept. Moreover, pre- and mid-adolescent boys had higher externalizing problems, and preadolescent boys were more likely to have less positive attitudes towards school. According to the linear regressions, the associations of gender with MWB and school experiences remained almost identical when socioeconomic factors and parenting behaviours remained constant. The gender-based differences in this study can be explained in terms of gender socialization (Currie et al., 2009). The gender roles and reactions given towards situations were transferred to individuals from their social environments. Through the process of gender socialization, males become more expressive when showing their reactions. In contrast, females become increasingly less expressive and keep their reaction in their inner worlds internalizing their problems (Currie et al., 2009).

The findings from MANOVAs and ANOVAs showed that in general, both income and parental educational qualification were strong predictors of the MWB (i.e., SDQ domains) of pre- and mid-adolescents with/without SEN. These findings show that adolescents from families of low socioeconomic status had additional mental difficulties. As the Family Investment Model suggested (Conger & Dogan, 2007; Vasilyeva et al., 2018), during the interviews, the associations between poverty and the well-being of adolescents with/without SEN was explained in two ways by participants; as a) insufficient economic ability to afford adolescents' needs and demands, and b) time and economic adversity, and missing out on opportunities contributing to the adolescent's MWB.

As for the school experiences, lower-income and parents' educational qualifications were associated with lower academic self-concepts for pre- and mid-adolescents' with/without SEN. As reported in the literature review, lower-income was also associated with negative school attitudes among pre- and mid-adolescent with/without SEN (DeGarmo et al., 1999; Gutman & McMaster, 2020; Hartas, 2019). The link between socioeconomic factors and the school experiences, as well as the MWB, was embedded in parenting practices. To give an example to explain this better, a parent who made time for school-based involvement provided a better school atmosphere in which the child could then adjust more readily but those who were able to make time for their children's education were mostly socioeconomically advantaged parents. Namely, even though parenting has a certain impact on adolescents' school experiences, presenting optimal parenting requires a certain level of socioeconomic well-fare. Thus, directly and through non-optimal parenting, poverty associated with adolescents' negative school experiences should be considered the primary problem, which needs to be figured out when enhancing the school adaptation of adolescents from families of low socioeconomic status (Desforges & Abouchaar, 2003).

The findings from linear regressions showed that socioeconomic advantages (especially high income), when combined with optimal parenting, were simultaneously associated with well-being for pre- and mid-adolescents with/without SEN. This means that the greater mental difficulties and mental problems affecting adolescents in poverty were associated with both non-ideal parenting behaviours and economic hardship. Furthermore, girls with and without SEN in poverty were more likely to internalize their problems (i.e., emotional symptoms except for 11-year-olds with SEN, life dissatisfaction and negative feelings and moods only in age 14 groups, low self-esteem and low academic self-concept in all groups), whereas boys with and without SEN in poverty had more externalizing problems (i.e., TBD, prosocial skills in all groups, and negative attitudes towards school in the age 11 group). This actual and cumulative impact of socioeconomic factors adds to a growing evidence base pointing at socioeconomic risk factors, which are the main contributor to poor mental health and school experiences in adolescents with and without SEN in poverty (Bøe et al., 2014; Swift et al., 2021).

The findings from the regressions showed the optimal parenting practices for adolescents' MWB and school experiences were the same irrespective of SEN status. However, the data from interviews revealed that the individual situation of adolescents with SEN played an important role in parents' expectations aspirations and desire for control. Higher parental expectations and aspirations were found to have positive associations with the well-being of

adolescents with/without SEN. However, during the interviews, two of the parents who have children with SEN stated that talking about the future career plans made children with SEN feel frustrated, rendering higher expectations and aspirations meaningless. In the case of parental control, the two parents stated that they always need to keep their eyes on their children, rather than asking children's whereabouts, because their children were unable to spend time outside alone.

Most importantly, it was found from interviews that optimal parenting was more costly for families with children with SEN than for parents of children without SEN, because parents need to be spending more time, energy and economic resources to respond to the needs of children with SEN (K. Roberts & Lawton, 2001). Thus, poverty resulting in unresponsive parenting behaviours is potentially associated with the negative well-being of children with SEN (Boat & Wu, 2015).

5.2.1. The role of SEN status and Gender in AWB

5.2.1.1. MWB and school experiences in adolescents with SEN and adolescents without SEN

According to Mann-Whitney U tests, consistent with previous research (e.g. Cosgrove et al., 2018; Curtin, Baker, Staines, & Perry, 2014; King et al., 2019), small differences between pre- and mid-adolescents with SEN and those without SEN was found in all SDQ domains; adolescents with SEN had higher emotional symptoms, conduct problems, hyperactivity, peer problems, TBD, and lower prosocial skills. Moreover, pre-adolescents with SEN had lower scores in life satisfaction, and self-esteem (Gaspar et al., 2016; Rathmann et al., 2018). In the case of school experiences, adolescents with SEN had more negative school experiences (e.g., academic self-concept and positive school attitudes) than adolescents without SEN at ages 11 and 14 (Cambra & Silvestre, 2003; Gaspar et al., 2016; Pijl & Frostad, 2010). These findings were consistent with interview data that suggested that in comparison to parents of adolescents without SEN, parents of adolescents with SEN experienced more frequent and higher-level mental problems, reaching a degree of psychopathological behaviours or concerning school behaviours.

During interviews, parents of adolescents with SEN implied that their adolescents' mental problems were triggered as a result of being bullied, or were due to exclusion, and maltreatment by professionals in schools or a family member in the home setting (Humphrey & Symes, 2010). Overall, these study findings indicated that compared to adolescents

without SEN, adolescents with SEN are at greater risk of mental difficulties and more likely to suffer undesirable school experiences.

5.2.1.2. The role of gender in AWB

When exploring the relationship between gender and emotional difficulties, some interesting patterns emerged for adolescents both with/without SEN. According to MANOVAs and *t*-tests, modest differences were found generating emotional symptoms in mid-adolescents, whereas gender-based differences were negligible for pre-adolescents. Consistent with Emerson et al. (2019), this research showed mid-adolescent girls with/without SEN were higher rated in terms of emotional symptoms than boys. At ages 11 and 14, boys with/without SEN were expected to have higher likelihood of hyperactivity and TBD, and lower prosocial skills. These findings regarding behavioural difficulties have been corroborated in previous studies of samples with SEN (Lindsay & Dockrell, 2000) and general samples (Peltonen et al., 2010). The findings from linear regressions showed that even the overall gender-based differences mentioned above were compatible with the findings when SES and parenting behaviours remained constant.

The association of gender with other behavioural difficulties among pre- and mid-adolescents with SEN was modest for conduct problems, and weak for peer problems, while surprisingly, it was negligible for the conduct and peer problems of those without SEN. This means that boys with SEN were rated as having higher peer and conduct problems than girls with SEN, but there were no differences found between girls and boys without SEN. The different gender-based findings with regard to conduct and peer problems between adolescents with and without SEN in this study can be explained by the prevalence of communication and interaction disabilities (e.g. Autism and Asperger syndrome), which usually accompany difficulties with peer relationships and conduct behaviours, which are seen more in boys than girls (Fombonne, 2009; Mohan, Yilanli, & Ray, 2019).

The differences between the samples of children with and without SEN in this study might be explained by the findings reported by Gutman et al. (2018). In their study, they found that boys were more likely to have conduct problems, and that having a disability was a risk factor in increasing the conduct problems in the MCS samples, which includes both children with/without SEN. From the findings in this study, it can be suggested that rather than the entire sample, the SEN population in the MCS samples in might have caused differences in conduct problems to emerge between girls and boys.

Similar to emotional symptoms, when examining gender differences for other internal well-being outcomes in both children with/without SEN, girls were associated with lower self-esteem at ages 11 and 14, and higher negative feelings and moods and low life satisfaction at age 14. These results were the same when maintaining parenting behaviours and socioeconomic factors as constants. These findings related to external and internal well-being were corroborated by previous studies which found gender differences in terms of life satisfaction for children with/without SEN (Gibb et al., 2016); gender differences in the moods and feeling of adolescents including both adolescents with/without SEN (Hartas, 2019), and an SEN sample (Cosgrove et al., 2018).

In terms of school experiences scales, findings from *t*-tests showed that in comparison to girls, boys with/without SEN were associated with higher academic self-concept at ages 11 and 14, but were associated with lower positive school attitudes at age 11. These results were the same when keeping parenting behaviours and socioeconomic factors constant. The overall results for gender differences in MWB and school experiences for pre- and mid-adolescents with/without SEN show that while boys had higher rates of behavioural problems and negative school attitudes, girls had more emotional problems and lower academic self-concept.

The overall differences between genders may be explained by Eagly et al. (2000, p. 459) who state that *“sex differences and similarities in behaviour reflect gender role beliefs that in turn represent people’s perceptions of men’s and women’s social roles in the society in which they live”*. For example, in the family environment (microsystem), when children have unwanted experiences, parents differently socialize girls to display sadness, and boys to display anger (Eisenberg, Cumberland, & Spinrad, 1998; Leaper, 2002). Consequently, the gender role becomes more characterized by expanding their interaction across more extended circles (exosystem and macrosystem) across her/his social ecosystem.

As a result, it might be suggested that it is the society, with all its circles namely micro, macro and the exosystem that determines males becoming more expressive and showing their reaction by externalizing behaviours and females becoming less expressive, forced to keep their reaction in their inner worlds and showing their reaction by internalizing behaviours. The critical point is here that internalizing behaviours are usually hidden/not as noticeable as behavioural problems (Georgiou & Symeou, 2018), and as such have been linked to a greater risk of self-harm and suicide (Soto-Sanz et al., 2019).

5.2.2. SES and AWB

5.2.2.1. Income and AWB

The findings from MANOVAs and ANOVA in the SDQ domains consistently showed strong/medium associations between family income and adolescents' behavioural difficulties and emotional symptoms, and a modest association between family income and prosocial skills. This was the case for both pre- and mid-adolescents with/without SEN. Moreover, family income was associated with emotional symptoms and TBD for pre- and mid-adolescents with/without SEN when regressing in terms of gender, parent educational qualification and parenting behaviours. These findings show that for both pre- and mid-adolescents with/without SEN, compared to adolescents in high-income families, adolescents in low-income families were rated as having higher psychosocial difficulties and also lower prosocial skills. The findings of previous research have been based on non-SES status specified/mixed populations, divided according to family income and child psychosocial well-being consistent with other studies in different countries (Christensen et al., 2017; Hartas & Kuscuoglu, 2020). Likewise, the findings from *t*-tests showed that family income yielded small associations with life satisfaction for pre-adolescents without SEN and pre- and mid-adolescents with/without SEN. These findings corroborate previous studies based on mixed populations of adolescents with/without SEN for life satisfaction (Bannink, Pearce, & Hope, 2016; Hartas, 2019). In addition, findings from linear regressions showed that when keeping the gender, parent educational qualification and parenting behaviours constant, income was weakly associated with life satisfaction for pre-adolescents with SEN and pre- and mid-adolescents without SEN. Interestingly, despite there being negligible mean differences between high- and low-income groups, and the moods and feelings and self-esteem of mid-adolescents without SEN, lower income was associated with higher negative moods and feelings and lower self-esteem for pre- and mid-adolescents. Overall, compared to pre- and mid-adolescents with/without SEN in high-income families, those in low-income families experienced more mental problems.

In terms of school experiences, findings from linear regressions showed that income was associated with academic self-concept for pre- and mid-adolescents without SEN, but not for pre- and mid-adolescents with SEN. Additionally, the associations between income and school attitudes was apparent for pre- and mid-adolescents with/without SEN. Compared to adolescents from families of high socioeconomic status, adolescents from families of low socioeconomic status had more negative school attitudes for pre- and mid-adolescents with

SEN and without SEN, and a lower academic self-concept for pre- and mid-adolescents without SEN (Desforges & Abouchar, 2003).

As previously stated by Bøe et al. (2014), the findings from the interviews included in this study showed that the relationship between income and, child MWB and school experiences was usually embedded in parents' financial investment for both children with SEN and without SEN. Depending on how much parents invest in their children's development, such as extracurricular activities, and to what extent they can afford the needs and desires of their children compared to the other children around them, family's economic conditions were a determinant of MWB (Quigley & Nixon, 2016). In comparison to economically better-off parents, less well-off parents have difficulties meeting their children's wishes and investing in their children's education (Burtless & Jencks, 2003). This creates two problems. Firstly, when parents cannot afford to meet their children's needs, there is a higher risk that there will be a conflict between parents and their children, due to the existence of emotional vulnerability. Secondly, when they are unable to invest in extracurricular activities, they miss out on the potential advantages activities for children's mental and educational development (O'Connor & Staunton, 2015). As stated in the literature review, these two problems fit to be explained by the Family Investment Model, which focuses on the impact of socioeconomic strength and difficulties on parents' ability to afford high-quality childcare, education, and rich learning experiences that enhance children's development (Duncan et al., 2017). This is also evidence that minimizing the theoretical context of the association between SES, parenting, and AWB through parent mental health can cause overlook the other explanation such as poverty-related parent-child conflict.

Additionally, as a reflection of socioeconomic disadvantages on parenting, parents related experiences demonstrating that time poverty and job stress impede their implementation of optimal parenting practices. These findings reflect those of Dashiff et al. (2009, p. 23) who discussed the power of poverty and its relationship to adolescents' mental health, stating that *"Parents in poverty may take on long work hours at minimum pay when opportunities for work are available resulting in increased demands for maturity from their children."* Therefore, aside from more direct, money-based investment in parenting practices, barriers include less time available to interact as a family, to reason with children who are misbehaving, and monitoring children to protect them from external risks that might otherwise negatively affect their well-being.

Parenting a child with SEN incurred extra expenses, causing financial stresses for families as compared to parenting a child without SEN (Boat & Wu, 2015). Participants who are mothers of adolescents with SEN complained about being torn between two impossible choices: curtailing/stopping their workforce participation, or missing out on critical moments in their children's development. Participants in this study emphasised that they had curtailed their work and expended extra time and energy addressing their child's specific needs to make them happy. This was supported by Kuhlthau, Hill, Yucel, and Perrin (2005), who found that in comparison to parents of children without SEN, there is a higher rate of unemployment and reduction in workforce participation among parents (including both fathers and mothers) of children with SEN. Besides the higher unemployment rate, these parents frequently also must pay higher costs for caring for their children with SEN (D. Anderson et al., 2007). Although some financial supports (e.g., Disability Living Allowance [DLA] for children) exist, in many cases, this support is less than the mothers' waived amount of income. Therefore, compared to parents of adolescents with SEN in high-income families, and compared to the parents of adolescents without SEN in poverty, parents of adolescents with SEN in poverty are more likely not to be in a position to fulfil their children's needs adequately. Naturally, adolescents with SEN whose needs are not being met properly are more likely than other adolescents to report mental difficulties and difficult school experiences.

5.2.2.2. Parent educational qualification and AWB

A similar pattern for adolescents both with/without SEN was found regarding the associations of psychosocial well-being and parent educational qualification. According to the results from MANOVAs, the magnitude of the associations were large and medium for behavioural difficulties (i.e., conduct problems, hyperactivity, peer problems and TBD), and modest for emotional symptoms and prosocial skills at ages 11 and 14. Compared to adolescents with/without SEN, and parents with the highest educational qualification, those with parents with the lowest educational qualification were rated with higher emotional symptoms, conduct problems, hyperactivity, peer problems, TBD, and lower prosocial skills. These findings match earlier studies detailing associations between parental educational qualification and adolescent MWB for adolescents with/without SEN (Collishaw, Goodman, Ford, Rabe-Hesketh, & Pickles, 2009; O'Connor & Staunton, 2015; Sonogo, Llácer, Galán, & Simón, 2013).

No meaningful differences between parental education groups were found for negative moods and feelings, and self-esteem. Bøe et al. (2014) suggest that parents with higher

educational qualifications use less punitive parenting practices, which results in fewer behavioural difficulties. This suggestion appears to be supported by the findings for pre- and mid-adolescents with/without SEN in this study, as there was no obvious relationship between parents' education level and behavioural difficulties when parents with higher education level were associated with lower NPP and behavioural difficulties.

In terms of school experiences, surprisingly, group comparisons between parental educational qualification groups showed small differences in the rating of academic self-concept for pre- and mid-adolescents without SEN but no differences for pre- and mid-adolescents with SEN. Therefore, in comparison to adolescents without SEN who have parents with a higher educational qualification, the adolescents of parents with lower educational qualifications had a lower academic self-concept. Parents having no/low education and poor intellectual capital could explain this finding (Hartas, 2014). As discussed in the next section, specific parenting behaviours, such as type and scale of parental involvement, discipline and closeness were determinants for enhancing effective school adjustment and academic achievement. Thus, despite the weak association between parents educational attainment and school experiences, influence could be traced by parenting practices such as helping with homework and accessing activities increasing cultural and educational capital (Hartas, 2011).

5.2.3. Parenting and adolescent AWB

5.2.3.1. Parenting and adolescent MWB

Through findings from linear regressions, for adolescents without SEN, higher parental expectation and aspiration were associated with MWB. Specifically, through the interviews, parents who have adolescents without SEN formed higher educational expectations, outlining aspirations and career plans, and prearranging agreements with their adolescents. Considering adolescents' future career plans and discussing the adolescent's high expectations and aspirations encouraged these adolescents by signalling that they are considered valuable people and successful students, expected to attain high qualifications and a prestigious career. For example, Zaina said: *"If you put under pressure, it destroys the self-esteem, but if you communicate positively [about educational expectations] ... it affects self-esteem."* These findings were compatible with a report by the (OECD, 2017), which stated that parents are key players, able to positively influence adolescents' MWB by discussing their expectations for their future.

According to the findings from linear regressions, in the case of adolescents with SEN, parental expectations and aspirations were predictive of lower MWB outcomes than in adolescents without SEN. Higher parental expectations and aspirations were associated with lower TBD in pre-adolescents with SEN, and fewer negative feelings and mood issues in mid-adolescents. However, two different views emerged from the interviews regarding parental expectations and aspirations and the MWB of adolescents with SEN. One perspective was compatible with the quantitative findings, suggesting that higher parental expectations and aspirations are positively associated with the well-being of adolescents with SEN. Parents stated that future career plans and discussions about adolescents' high expectations and aspirations contributed to their the MWB of adolescents with SEN, in a manner similar to parents of adolescents without SEN, as mentioned in the previous paragraph. Interestingly, another view emerged that contradicted the quantitative data. Two parents stated that having high educational expectations and aspirations, and discussing these with their children with SEN, left their children feeling frustrated. These parents' low expectations, and their children's frustration about their future educational plans probably stem from their specific learning difficulties, which might prevent the adolescent from gaining a place at university (Eccles, 2007).

When parents do not believe their children will get into university, they do not expect them to continue into higher education. Thus, parents discussing limited expectations and aspirations could have a negative association with their children's well-being. As suggested in previous research, including non-SEN status specified samples, over parenting pressures on adolescents, placing excessive importance on school marks or setting unrealistically high expectations can cause the anxiety and low self-esteem (Gherasim & Butnaru, 2012; Putwain, Woods, & Symes, 2010). Therefore, parental expectations relate to MWB for adolescents both with/without SEN. Being realistic and generating a shared expectation, rather than forcing the parent's own opinions on the adolescent is important (Rutherford, 2015).

According to findings from linear regressions, homework involvement was weakly associated with internalized well-being (i.e., the emotional symptoms, life satisfaction, and negative feelings and moods), and external well-being (i.e., TBD and prosocial skill), in mid-adolescents without SEN. However, there was relatively greater associations between homework involvement and externalized well-being, namely the TBD and prosocial skills of pre- and mid-adolescents with SEN. These findings, although not great in magnitude, illustrated that parental involvement in homework predicted a decrease in the risk of the

behavioural difficulties for pre- and mid-adolescents with/without SEN, and a decrease in the risk of the emotional difficulties of pre- and mid-adolescents without SEN.

Several examples emerged during the interviews that reflect how functional homework involvement makes a positive contribution to MWB for pre- and mid-adolescents both with/without SEN. These findings are compatible with those reported by (Patall et al., 2008), and from the review by Afolabi (2014) specifically regarding children with SEN. Parents experienced that homework involvement provided children around preadolescence the option to get rid of potential stress and homework anxiety so as to become happier and increase their life satisfaction by becoming successful. Particularly in the case of adolescents with SEN, although the association between parents' involvement and adolescents' well-being follow the same pathway as that of the parents' involvement of adolescents without SEN, parents exerted extra effort to ensure meaningful involvement because adolescents with SEN require more parental assistance (Epstein, Polloway, Foley, & Patton, 1993; Lalvani, 2012). Thus, it may be suggested that functional homework involvement was essentially associated with the MWB of adolescents with SEN.

This finding further supported self-determination theory, which emphasises that when parents are responsive to their children's needs (e.g., helping homework), their children are more likely

to internalize societal values—values that might not be enjoyable, but nonetheless are socially prescribed (e.g., completing homework, solving school tasks)—into their personally relevant behaviour. In turn, the process of internalization fosters the child's performance as well as positive development outcomes in terms of psychological health and well-being. (Yotyodying & Wild, 2016, p. 75).

In addition to homework involvement, during the interviews, a father with a child around mid-adolescence with SEN reported being involved in their child's education by guiding him when choosing which subjects the children would be studying. Adam stated that his involvement by guiding (but not dictating) made his child happy as he encouraged him to take his favourite subjects. For example, Adam said “we left to Abraham. We said to Abraham basically ‘choose’ ... We, kind of, asked him ‘what do you like to study, what do you like studying, like enjoying during?’ So, Abraham actually picked up those [some of the school subjects] from his options. ... Now, he is very enthusiastic, comes back home happy, go[es] to school with a happy face.” Accordingly, it appears that the quality as much as the quantity of the involvement is important. Regardless of SEN status, parenting involvement in an

authoritarian style, such as dictating to the child to choose particular subjects, or pressuring the child to do homework, or yelling when they receive a bad mark does more harm than good in the case of adolescents' well-being. Meanwhile, constructive parental involvement provides a positive contribution to adolescents' MWB (Georgiou & Symeou, 2018). This is more critical for children with SEN than children without SEN, as they can be negatively affected by an insufficiently structured home learning environment, which was found to increase the external problems of children with SEN (Fauth et al., 2017).

According to the findings from linear regressions, extracurricular activity was associated with an increase in life satisfaction and self-esteem for mid-adolescents with/without SEN. Also, it was weakly associated with a reduction in TBD and an increase in prosocial skills for mid-adolescents without SEN. However, during the interview stage, not only parents of adolescents without SEN, but also parents of adolescents with SEN identified a broad range of extracurricular activities and their benefits, which included learning gender roles, developing a sense of belonging, self-esteem and social interaction to improve social, emotional, and behavioural development. The findings in this study are compatible with those from previous studies considering both children with and without SEN (e.g., Hartas, 2020; Kleinert et al., 2007; Mahoney, Larson, & Eccles, 2005; Maxey & Beckert, 2017; Simmons & Blyth, 2017).

As indicated by Maxey and Beckert (2017), children with SEN especially benefitted from activities geared towards developing their self-esteem, social skills and conduct through interaction with children and adults without SEN. However, an inclusive environment contains risk, because if an adolescent with SEN is subjected to exclusion in the form of alienation, bullying and stigmatization, then the activity can create problems. With regards to this, Lehman (2016) observes that where students from a minority (such as an ethnic group or having a disability) are attending extracurricular activities designed for majority groups, the risk of being bullied increases for the adolescent from the minority. Thus, parental awareness and involvement are critical to check the appropriateness of such activities for adolescents with SEN.

In addition to extracurricular activities, during the interviews, family leisure time activities, such as playing games, doing exercise, and family discussion about something important (e.g., politics, books) strengthened the feeling that the child's well-being was being taken into consideration. Family bonding time and communication skills promote child's MWB (Shaw, 2008). Regarding adolescents with SEN, such family activities sometimes are a

preferred option over public extracurricular activities, due to limited activities options for adolescents with SEN, and the risks when exposing adolescents to an exclusive environment (Law, Petrenchik, King, & Hurley, 2007).

According to the findings from linear regressions, screen time was differentially associated with the life satisfaction, self-esteem and moods and feelings among mid-adolescents without SEN, and self-esteem in pre-adolescents with SEN. This echoes results from the PISA study 2015 (OECD, 2017) that suggested spending long hours in front of a screen has a negative relationship on students' life satisfaction and is linked to feeling lonely. Surprisingly, screen-time made no or negligible contribution to external well-being (i.e., TBD and prosocial skills) in pre- and mid-adolescents with/without SEN.

During the interviews, regardless of SES and SEN status, the participants reported that they were permitted to watch screens, play video games, and use the internet or social media. However, some of them emphasized that excessive screen time at the level of addiction could cause social and behavioural problems. Parents oscillated on this issue; many felt that using tablets, computers, and games consoles was inevitable as we are living in a digital age and children expect to be able to communicate with peers instantly. On the other hand, some disliked overuse of these instruments, noting that when children spend time on screens, family life takes a back seat and children experience problems socialising. For example, Adam said "Social media has advantages and disadvantages. He observes advantages to its use but identifies more disadvantages. ... He is pulling, getting information that helps his studies Sometimes I come home from work, and walk into the reception room, and he is playing a game and doesn't notice me. He shouts at me and says: "look, dad! you just killed me", because he is addicted."

According to the findings from linear regressions, although parental discipline variables (i.e., NPP and conflictual parent-child relationship) were relatively less predictable in the 11-year-olds group with SEN (i.e., these were no association for life satisfaction), overall, there were associations between punitive disciplinary practices (i.e., higher NPP and conflict parent-child conflict) and social, emotional and behavioural difficulties for pre- and mid-adolescents with/without SEN. Thus, NPP may have a similar trajectory to corporal punishment discipline methods, which are acknowledged to trigger internal and external problems in adolescents with/without SEN. Therefore, although NPP was discussed as an alternative discipline method to moderate adolescents' misbehaviour (e.g., Gershoff, 2008), it is one that should be used in a limited way because of its negative association with adolescents' MWB.

The findings from interviews were compatible with those from the quantitative findings. During the interviews, parents consistently identified the ineffectiveness of corporal or nonphysical punishments when describing arguments with their children. They emphasised dealing with a child democratically and communicatively, namely by listening to one another, trying to reason with the child, identifying the root of the problem behaviour and finding a commonly agreed solution to avoid repeated misconduct. These findings indicated a reciprocal association between parents' discipline styles and the adolescents' MWB. If parents use optimal methods to address their children's misbehaviours, they should ultimately disappear. Otherwise, where adolescents' behaviours were controlled by punishment, the situation was associated with higher internalizing behaviours among girls and higher externalizing behaviours among boys (Leve et al., 2005). The alternative option, whereby parents simply overlook their children's repeated misbehaviour, can inhibit the child's acquisition of prosocial skills (Babinski, Waschbusch, King, Joyce, & Andrade, 2017; Lamborn et al., 1991).

In terms of parental discipline in adolescents with SEN, the findings from linear regressions showed that in comparison to parents of adolescents without SEN, two of the participants mentioned that their children's more severe problem behaviours left them feeling exhausted. Although this is discussed in detail below (see section 5.3.1.), it is important to specify that these two parents have mid-adolescent boys, and mentioned their increase in aggression from pre to mid-adolescence. The participants emphasized the importance of correctly understanding their children's needs to find effective solutions. They were cautious when disciplining them to avoid their children overreacting. This finding supports the idea of a bidirectional relationship in parent-child with SEN dyads (Eshbaugh et al., 2011; Leve et al., 2005). The finding also shows the importance of parents' talent for perceiving cues and signals from their children with SENCo as to respond to their child's needs before problem behaviours manifest (Eshbaugh et al., 2011).

The findings from linear regressions showed that unsurprisingly, parental control was associated with a lower TBD and higher prosocial skills for pre- and mid-adolescents without SEN. There was no association between parental control and the MWB of mid-adolescents with SEN. However, there was an interesting exception; parental control was positively associated with an increase in emotional symptoms for mid-adolescents with SEN. This might be because adolescents with SEN perceived asking their whereabouts as a sign of their parents' not believing in their capabilities (Maxey & Beckert, 2017).

During the interviews, six parents (four have children without SEN, and two have children with SEN) stated that they allow their children to go out alone. These parents stated that they know their children's whereabouts when their children go out without a parent. These parents' reason for asking their children about their whereabouts was to protect them from going to a dangerous place and to monitor potentially toxic friendships. This means the qualitative and quantitative findings of parental control in this study are side-lined. Thus, it may be suggested that the parents' optimal efforts when controlling their children contribute to their children's MWB, protecting the child from external factors. Also, by establishing their children's whereabouts, parents could provide autonomy and support and encourage their explorations in a safe setting (Hartas, 2019). This ensures adolescents are more likely to monitor how situations affect their MWB, as well as improving their ability to identify potential peer violence (Hartas, 2019). Aside from the positive aspects, retaining balance when tracking adolescents is critical, because excessive parental control leads to a lack of autonomy in adolescence adversely affecting identity development (Marcia, 1966). Conversely, a lack of parental control can make adolescents more vulnerable to potential external dangers (e.g., peer violence), increasing the risk of social, emotional and behavioural problems.

In the case of adolescents with SEN, the two parents' intentions were, as stated at the beginning of the previous paragraph, similar to those with adolescents without SEN in terms of asking their children about their whereabouts. However, the other two parents stated that they hardly ever allowed their children to spend time alone outside. In the case of adolescents with SEN, during adolescence parents can feel their children have limited self-management capacity, and so they treat them in a more controlling manner (Eshbaugh et al., 2011; Hauser-Cram et al., 2009).

The findings from linear regressions showed that parental closeness was associated with TBD and the prosocial skills of pre-adolescents without SEN and mid-adolescents with/without, and was weakly linked to emotional symptoms in mid-adolescents with SEN. In addition, it was associated with life satisfaction and negative moods and feelings among mid-adolescents with SEN. Surprisingly, although parental closeness was associated with multiple outcomes for mid-adolescents with SEN, it was not associated with MWB in the case of pre-adolescents with SEN (except for making a noticeable contribution to the prosocial skills). Even when examining the general picture, parental closeness was subject to more variance in terms of the MWB of mid-adolescents with/without SEN. The differences between pre- and mid adolescence were more distinctive. A higher number of parents rated their

relationship as "extremely close" when their children were aged 11 than 14, regardless of SEN status.

Although parental closeness was not predictive of the MWB of children with SEN, and less predictive for those without SEN, all the parents identified various contributions to adolescent socioemotional capabilities and strong bonds during the interviews. The parents described their closeness in detail, describing it as important, based on good communication, and being friendly towards the child. The positive association between parent-child closeness and adolescents well-being matched with findings in a WHO's 2010 report, which suggested that adolescents who find it easy to talk with their parents are equipped "to deal with stressful situations or buffer them against adverse influence", and have greater life satisfaction and less incidence of emotional and behavioural problems (Currie et al., 2009, p. 19).

As discussed above (see 5.2.1.1.), adolescents with SEN are usually at a higher risk of social exclusion. Thus, specific to adolescents with SEN, parental closeness performs the additional function of closing the gap with regard to socialization. The participants took on the role of their child's friend and teacher to meet the socializing deficit. Typically, children develop trusting relationships with their friends, especially during adolescence, as they share common interests, and willingly spend time with them. This enables children to socialize effectively. However, adolescents with SEN are often deprived of this type of relationship. Thus, Hauser-Cram et al. (2009) explain that by acting as a friend, parents of adolescents with SEN seek to close the friendship gap stemming from social exclusion.

Parental support and being a role model were not within this study's intended scope. However, during the interviews, they emerged as an aspect of parental closeness, and were noteworthy themes contributing to adolescents' social, emotional and behavioural well-being. Parents demonstrated their support in various ways, including standing behind their children when discussing something related to their lives, and praising and reinforcing positivity when they are successful. These practices were associated with greater motivation, self-esteem, and happiness among adolescents. Parents of all the adolescents focused on ensuring their child developed robust mental health. However, there was a small difference in support offered to adolescents with and without SEN. Parents of adolescents without SEN enhanced their children's motivation, self-esteem and happiness through support (Desforges & Abouchar, 2003), while parents of adolescents with SEN concentrated on ameliorating their children's problems with regard to motivation, self-esteem, and the feeling of being

isolated (Hauser-Cram et al., 2009). Namely, parental support regarding adolescents' MWB involved a 'building-up' strategy for parents of adolescents' without SEN, whereas it was seen as a 'defence' strategy for parents of adolescents' with SEN. Finally, regardless of SEN status, the majority of the participants emphasized that offering themselves, adolescents' elder siblings, and key figures as role models, helped clarify acceptable behaviours and social norms to their children. Supporting findings related to both parental support and being a positive role model, Amato (1995) (as cited in Nixon & Swords, 2016, p. 70) highlighted the need to "provide ... support, regulation and positive role models to children, the more positive is children's development." Thus, by being a positive role model, or supporting adolescents by creating an emotional bridge between adolescents and their parents ensures effective transition and development of interpersonal resources.

5.2.3.2. Parenting and adolescent school experiences

According to the findings from linear regressions, parental expectation and aspiration were noticeably associated with an increase in academic self-concept for pre- and mid-adolescents with/without SEN, and positive school attitudes for pre- and mid-adolescents without SEN. During the interviews, parents with adolescents without SEN, and two of the parents of adolescents with SEN, stated that when they discussed future career plans with their children, including going to a respected university and choosing school subjects, this motivated their children to study harder. Consequently, such discussions appear to be associated with an increase in adolescents' academic achievements. Parallel to these achievements, they also developed beliefs about being good at certain school subjects. In a similar vein, by discussing the importance of school attainment in their future life, parents motivated their children to develop positive attitudes towards school.

According to the findings from linear regressions, attending PTM meeting did not contribute to the school experiences of pre- and mid-adolescents with/without SEN. However, when asked about the parent-teacher relationship during the interviews, including whether parents arranged special meetings, several findings were associated with positive school experiences for adolescents with/without SEN. School-based involvement of parents who have adolescents with or without SEN included specially arranged meetings with teachers regarding bullying, including fights with peers, nonattendance at lessons and disagreement with teachers. Through arranged meetings, participants and teachers collaboratively got to the root of problem behaviours and found effective and permanent solutions in school settings.

In addition to PTM and specially arranged meetings, parents who have adolescents with SEN stated that school-based involvement through collaboration with teachers and other staff was related to optimal conditions for the school adjustment and academic self-concept of their children with SEN. Also, by reciprocally sharing their knowledge of the adolescents with SEN, both parents and teachers increase their understanding, and so are able to deliver more effective teaching and parenting, which the overall well-being of adolescents with SEN (Crozier & Davies, 2007).

Although the findings from linear regressions showed that homework involvement predicted the attitudes of adolescents without SEN only, during the interviews, parents, regardless of their children's SEN status, shared several experiences that their homework support and guiding and supporting adolescents about choosing school subject at year ten helped their children enhance school adjustment and academic self-concept. Homework involvement contributed to adolescents feeling more comfortable in school, and helped rid them of distress arising from failure, thereby improving their capacity to adapt in school. This corroborated findings reported by Hoover-Dempsey et al. (2001, p. 204), who suggested that the most critical benefits associated with parent's involvement in homework may be observed in the "attitudes, ideas, and behaviours enacted by students in the course of school learning".

Similar to the relationship between homework involvement and school attitudes, according to the findings from linear regressions, there was a relationship between engagement with homework and academic self-concept. During the interviews, some parents reported that their children had greater school success through homework help, although their children had generally been unsuccessful. Therefore, the children also increased their self-belief, so that they could be good at school subjects as previously pointed out in previous studies (Hoover-Dempsey et al., 2001). Moreover, as Duckworth et al. (2009) suggested, supporting children when choosing subjects across years 10/11 gave them the feeling that they stood behind their children making them enthusiastic about going to school.

According to the findings from linear regressions, a positive association was observed between extracurricular activities and mid-adolescents' academic self-concept, and a positive association was apparent between extracurricular activities and the positive school attitudes of mid-adolescents with/without SEN. Consistent with previous studies, this finding showed greater attendance to extracurricular activities was associated with an increase in academic self-concept among mid-adolescents without SEN, and an increase in positive

school attitudes among mid-adolescents with/without SEN (Eccles, 2007; Maxey & Beckert, 2017; Simmons & Blyth, 2017).

During the interviews, parental intention to allow their children's to attend extracurricular activities was organized under two general titles: the first being enhancing their children's socialization, and the second, investment in their children's education to increase their life chances. Both have been linked to developing positive school attitudes for adolescents with/without SEN by increasing self-belonging in the schools and increasing good relationships with peers (Eccles, 2007). By taking a greater risk considering self-belonging and problematic relationships with peers among adolescents with SEN (Cambra & Silvestre, 2003), extracurricular activities, as long as they are organized in inclusive settings, are a more important vehicle for the school adaptation of adolescents with SEN in comparison to adolescents without SEN. Adolescents with SEN can develop their skills with regard to peer relationships and social interaction through extracurricular activities. In turn, the skills they developed when participating in activities can facilitate adaption to the school setting, motivating the pursuit of academic targets and endeavours, and thereby affecting subsequent academic self-concept.

According to the findings from linear regressions, screen time was found to be a good predictor of school attitudes among pre- and mid-adolescents with/without SEN. Adolescents that spent more time on screens were more likely to have a negative attitude towards school. These findings were compatible with results published in the PISA report (OECD, 2017, p. 228), which explained the association between school attitudes and screen time as follows:

Students who spend many hours online take time away from homework, or get distracted in class because they feel the need to stay connected with their online friends during school time. But it is also possible that students who spend many hours online would perform even worse if the Internet did not exist, because they are not interested in their schoolwork, have short attention spans or other reasons."

Although this explanation might be valid in the case of adolescents with SEN, it should be noted that the report's results only pertained to adolescents without SEN.

During the interview phase, parents expressed various views regarding screen time usage, regardless of SEN status. Some of the parents observed that using video, social media or a videogame helped their children understand trending topics in the classroom, while also providing them with opportunities to chat with friends and improve peer relationships. At

first glance, contradictory to the quantitative findings, screen usage seemed to make a positive contribution to attitudes to school, because of 'improved' peer relationships. However, a thin line exists here. The first relates to how much the content of the common topics discussed among peers is (in)appropriate to creating a desired mindset towards school. The second relates to games and social networking becoming the main reason adolescents are enthusiastic about attending school. Thus, higher screen time can be associated with adolescents engaging in behaviours that do not align with the schools' general purpose.

According to the findings from linear regressions, there were positive associations noted between NPP, lower academic self-concept and negative school attitudes for of pre-adolescents with/without SEN. Additionally, while conflictual relationships (FBW) did not make a noticeable contribution to the school experiences in pre-adolescents with/without SEN, arguing with parents was found to be a good predictor of the school experiences for mid-adolescents with/without SEN.

During the interviews, although a direct link did not emerge between adolescents' academic self-concept and school attitudes, the parents shared several examples that reflected a negatively harsh style of discipline (i.e., NPP and conflictual relationship), which seemed to be associated with harmful behaviour including aggression, withdrawal and low self-esteem. Even, more serious behavioural problems, including temper tantrums, were observed by parents of adolescents with SEN. In previous studies, a harsh discipline style has been linked to low academic self-concept and negative attitudes towards school, teachers and peers, as well as low self-esteem and social and behavioural problems for children both with and without SEN (Lamborn et al., 1991; Masud, Thurasamy, & Ahmad, 2015). However, it should be noted that instead of trying to reason with children, accepting children's misbehaviours, namely in the form of permissive parenting should not be understood as an alternative to harsh parenting, and might result in children failing to be good and successful students. In support of this, Lamborn et al. (1991) found that children with low levels of parental behavioural control were more likely to experience low level academic performance and school orientation.

According to the findings from linear regressions, querying mid-adolescents' whereabouts was associated with more positive attitudes towards school for mid-adolescents with/without SEN. During the interviews, a direct link did not emerge to explain how parental control contributes to the school experiences. However, asking mid-adolescents'

whereabout at an optimal level provides mid-adolescents with the opportunity to create awareness around self-control. From this point, it can be suggested that these mid-adolescents naturally then consciously display more adaptive behaviours for school orientation and academic competence (Lamborn et al., 1991). Through their parenting behaviours, regardless SEN status, parents not only regulate their children's lives, but also allow children to assimilate behaviours that are reflected in their lifestyle.

According to the findings from linear regressions, parental closeness was associated with positive attitudes towards school for pre-adolescents with SEN, and weakly predicted positive school attitudes for pre- and mid-adolescents without SEN. During the interviews the participants described closeness as the ability to speak about everything with their children honestly. Thus, it could be interpreted that if adolescents both with and without SEN are close to each other, then parents can direct their children more effectively on how to behave in school, how to communicate with peers and teachers, and how to enjoy the school environment, and resolve problems so that they feel comfortable.

As adolescents with SEN are more often exposed to barriers impeding the development of favourable attitudes towards school, peers, and teachers, parent-child closeness may be suggested to be more valuable for these children's formation of a positive view of school. As previous research has suggested, parent-child closeness allows parents to quickly become aware of problems experienced by their child with SEN in the school, so that they can swiftly intervene (Fauth et al., 2017; McCoy et al., 2020). Therefore, responsiveness in an inclusive atmosphere, positive attitudes, and greater motivation in adolescents with SEN in school is associated with parental closeness.

During the interviews, parental support was described as offering praise, encouragement, make the adolescent feel loved, supporting their desire to learn new things inside and outside of school and paying attention to their hobbies. With regard to adolescents' school experiences, this support emerged as motivating adolescents with SEN or adolescents without SEN to increase achievement and adjustment at school (Desforges & Abouchar, 2003). For example, in this research Zaina states, "I was telling my daughter: "No! You are going to be the best; you are better". As a result, this year, -we have another teacher- at the last meeting, I said thanks to God, she [teacher] told, "your child is a pleasure to work with". The association between parental support and positive school experiences has been explained as "Parental support is also instrumental in helping young people develop an intrinsic motivation for learning: a motivation that is vital in enabling young people to

develop a sense of their responsibility for their own learning and to remain engaged with it." (Duckworth et al., 2009, pp. 58-59).

Specific to adolescents with SEN, the association between parental support and adolescents' school experiences differed from that in adolescents without SEN, in relating to adolescents' motivation. When supporting their children, parents identified two objectives: ensuring an inclusive atmosphere in school and other settings and motivating their children to have a positive attitude towards learning. When parents provided support, their children displayed greater capacity to cope with problems related to the exclusionist school atmosphere, and other problems related to self-efficacy, such as learned helplessness. Similar findings emphasising the achievement and school adjustment of adolescents with SEN were predicted by parental motivation, and have previously been reported by (Deci, Hodges, Pierson, & Tomassone, 1992).

Finally, during the interviews, being a role model to adolescents was a theme used as a tool by some participants to motivate their children to behave well in school, and developed their children's belief that they are good at certain school subjects. This was the case for adolescents with/without SEN. Parents and siblings, and successful celebrities with academic qualifications and careers were shown as an example to adolescents with parents advised their children to follow the same path (e.g., studying hard, developing a positive attitude towards school). Supportively, Maxey and Beckert (2017, p. 64) identified the positive influence of a sibling without SEN on an adolescent with SEN as: "for the sibling with disabilities, they are provided with a role model, which provides opportunities to experiment with certain behaviours and attitudes and learn vicariously from the typically developing sibling's actions."

5.3. Longitudinal changes in AWB as a function of gender and socioeconomic factors

Longitudinal changes in adolescents MWB and school experiences from pre- to mid-adolescence, and the function of gender and SES in this process were explored for adolescents with and without SEN. Previous studies have examined MWB and school experiences during secondary school transition, and the transition from mid- to pre-adolescence for adolescents with and without SEN. This study quantitatively examined how AWB changes during this transition phase for both adolescents with/without SEN, and how the changes vary as a function of gender and SES. This section also offers explanations for

the associations between gender, SES, and the longitudinal changes participants experienced about their children well-being.

Before discussing the findings related to the changes in AWB from pre- to mid- adolescence, it is important to state the complexity of adolescence as a developmental stage. In their handbook on adolescent psychology, Keating, Lerner, and Steinberg (2004, p. 52) express the complexity and multidimensionality of well-being in adolescence thus: "Understanding how adolescence may function as a critical developmental period will be a major challenge. The necessity of incorporating the multiple interactions of brain-biology, behaviour-cognition, and culture-context implies a level of complexity that is daunting". This quotation provides evidence of the challenge of interpreting the complex results that contradict qualitative and quantitative findings here, as well as the discrepancies between findings from different scales or between interviewees. It became apparent that understanding of what comprised maturity and autonomy in adolescence differed between parents. Parents variously characterized the inherent complexities of puberty and how the rapid changes affected young people's well-being. For example, the participants stated that their children had matured, and so, improved their capacity to empathize. They also paid attention to increasing behavioural problems, such as conflicts with parents due to gaining autonomy.

According to findings from mixed-ANOVAs, from preadolescence to mid-adolescence, a downward trajectory was observed in adolescents' emotional symptoms, peer problems, life satisfaction and self-esteem. This was the case for adolescents with/without SEN. As for school experiences, similar to the general trend observed in adolescents' MWB, the ratings for academic self-concept and positive school attitudes fell when adolescents with/without SEN moved to mid-adolescence. In addition, gender-based differences become more noticeable in girls with additional internal problems, and boys experienced an increase in behavioural problems (Hauser-Cram et al., 2009). As discussed in the literature, as the adolescents increased their interaction with their ecological environment parallel to the move from pre- to mid-adolescence, they more often adopted the gender roles (Leaper, 2002; Leaper & Farkas, 2015).

The findings from mixed-ANOVAs showed that the rate of mental problems and negative school experiences increased but did not change depending on SES from pre- to mid-adolescence. It means that the inequality in AWB between socioeconomic groups persists, namely compared to pre- and mid-adolescents with/without SEN in socioeconomically advantaged families, those in poverty were continuously associated with

lower MWB and negative school experiences during the mid-adolescence as during the pre-adolescence.

Although all socioeconomic groups were subject to the same level downward trend from pre- to mid-adolescence, the general downward trend was associated with an alarming level of psychiatric problems for mid-adolescents with/without SEN in poverty. Specifically adolescents with SEN in poverty, suffered more than adolescents without SEN. During the interviews, parents of adolescents with SEN shared experiences about their children's increasing mental problems during adolescence, noting that these were compatible with the quantitative findings. Parents pointed to an increasing awareness of adolescents with SEN and the discrimination they faced as one reason for the rise in mental difficulties from pre- to mid-adolescence. Rather than individual attempts, the discrimination faced by adolescents with SEN was systematic and complex and tied to social prejudices. A holistic perspective can be therefore suggested when tackling inequality, targeting financial and parental issues and raising individuals and institutional awareness about creating inclusive environments for adolescents with SEN. Especially, the creating programs aiming to increase the awareness of adolescents without SEN at early ages could be effective to avoid current exclusions without growing yet as well as potential exclusions. The recommendation will be more deeply discussed in the implication section.

From pre-adolescence to mid-adolescence, longitudinal variations arose in MWB, and the school experiences of adolescents with/without SEN are discussed in the following three sections. Firstly, longitudinal changes in adolescent MWB and the school experiences of adolescents with/without SEN are discussed. Secondly, longitudinal changes in the MWB and school experiences of adolescents with/without SEN on gender are discussed. Thirdly, longitudinal changes in the MWB and school experiences of adolescents with/without SEN depending on SES are discussed.

5.3.1. Longitudinal changes in AWB

The findings from mixed-ANOVAs showed that the ratings of TBD in the without-SEN group increased as adolescents moved towards mid-adolescence. The increase in the rating of TBD, as adolescents without SEN moved to mid-adolescence has been explained by various factors: a reduction in sleeping hours (Smaldone, Honig, & Byrne, 2007), over use of social media (McNamee, Mendolia, & Yerokhin, 2019), and increasing experience of academic pressure (Hagell, 2012). However, during the interviews, adolescents' autonomy emerged as an indirect underlying reason for the increase in young people's behavioural problems. The

negative consequence of adolescents gaining autonomy was that the participants experienced an increase in parent-child conflict, and consequently parents observed more behavioural and emotional problems when their children moved to mid-adolescence (Lerner & Steinberg, 2009).

According to the findings from mixed-ANOVAs, The interesting finding here is that although little variation was found in ratings for TBD over a three-year period in adolescents with SEN, the direction of longitudinal changes in adolescents with SEN was the reverse of that of adolescents without SEN as they moved to mid-adolescence, as a decrease was observed in ratings of TBD in adolescents with SEN. Notably, the rating of TBD in adolescents with SEN was still higher than that for adolescents without SEN at age 14. The slight decrease in TBD ratings as adolescents with SEN advanced towards mid-adolescence can be explained by the fact that parents and teachers become more competent at addressing these adolescents' individual needs, and adolescents with SEN become more mature and able to overcome their behavioural challenges.

However, the overall perception from the interviews with parents was that adolescents with SEN had less frequent yet more compelling behavioural problems as they advanced towards mid-adolescence. The participants often emphasized that the symptoms of compelling behavioural problems included the expected outcomes of the exposed to exclusion (Maxey & Beckert, 2017). As Gaspar et al. (2016) suggested, the reasons for the mental problems of adolescents with SEN are not only autonomy, but also feelings of rejection, difficulties with social rules, and behavioural and emotional self-regulation. It points to their being a distinction between adolescents with/without SEN: while developing autonomy emerged as a strong source of behavioural problems among adolescents without SEN. This took a backseat in the case of adolescents with SEN. Rather than developing autonomy, exposure to exclusion was prioritised as a source of the behavioural problems of adolescents with SEN.

According to the findings from mixed-ANOVAs, ratings for life satisfaction and self-esteem fell for adolescents with/without SEN, as they moved into mid-adolescence. These findings match those set out in earlier studies (Block & Robins, 1993; Gutman et al., 2010). In terms of school experiences, the findings showed a reduction in academic self-concept ratings and positive school attitudes from pre- to mid-adolescence. This applied for both adolescents with/without SEN. Consistent with these findings, participants whose children attended secondary school frequently stated that their children have difficulties with school lessons. In their extensive study on transition to secondary school, McGee, Ward, Gibbons, and

Harlow (2003) indicated that the onset of autonomy was associated with increasing academic challenges at secondary school, which decreased adolescents' positive academic self-concept, affecting their attitudes. However, surprisingly, the participants in this study stated that their children started to behave better, when attending secondary school. The discrepancy here between the findings might result from differences in the raters. The adolescents rated well on the positive academic scale, which included how often they tried their best in the school, find school interesting, feel unhappy, get tired, and misbehave. However, when asked about their children's attitudes to school, parents mainly evaluated these in terms of relationship with peers and teachers and if they behave well in school. Thus, parents probably thought that overall their children's school attitudes are positive. For example, they noticed that their children look forward to attending school, but not because they are enthusiastic about the lessons or the teachers, but because they get to spend more time with friends. In this vein, David said: "even she was happy that she could not go to a Grammar School because if she was awarded, she would not go to the same school with her two close friends." Thus, it might be suggested that although parents found their children had positive attitudes to school, this reflected more about their social life than their responsiveness to lessons, teachers and schools.

Interestingly, at first glance, the quantitative findings pertaining to peer relationships seemed to clash with qualitative findings for adolescents without SEN, because while ratings for peer problems increased from pre- to mid-adolescence, the parents of adolescents without SEN repeatedly drew attention to the fact that their children had successfully created strong bonds with their peers and so spent less time with family. However, the parents' descriptions of what comprises a 'strong bond' revealed a compatibility between the quantitative and qualitative findings. The participants commonly referred to 'strong bonds' in relation to 'online (gaming) friendships', and emphasised their dissatisfaction with the extent of digitalization. They were unhappy that online friendships caused their children to become over-competitive, vulnerable to bullying and maltreatment, and likely to develop bad habits. Moreover, they commented that less face-to-face interaction made it more difficult for adolescents to integrate into society. This finding was compatible with that from previous studies indicating a higher volume of behavioural problems arising due to less social interaction (Hartas & Kuscuoglu, 2020; OECD, 2017).

The incidence of peer problems for adolescents with SEN were similar to those for adolescents without SEN, and increased from early to mid-adolescence. This quantitative finding was compatible with the qualitative findings. However, when compared to

adolescents without SEN, despite parents reporting an increase in the amount of time spent with peers, they described worsening peer relationships among adolescents with SEN. This was due not only to online friendships, but also to the adolescents' increased awareness of their own exclusion, as exposed during interactions with peers. Furthermore it included the sobering realization that adolescents without SEN saw them as drastically different from themselves because of their disability (Maxey & Beckert, 2017).

The conflict between the qualitative and quantitative findings might result from the relevance of the scale of prosocial skills, which was extended beyond the participants' observations about their children's prosocial skills during the interview. On one hand, the SDQ-prosocial skills scale included consideration of other children's feelings, caring for other children if they are ill/feel hurting, being kind, and volunteering to help others. On the other hand, the limited qualitative findings regarding the adolescents' social skills, for both adolescents with/without SEN, emerged, such as an increase in social touch (e.g., handshaking, greeting) and feelings of empathy with others during interviews. Another reason for the contradiction between these findings may be that the stages of puberty are not the same for adolescents of all ages. In other words, even if it is generally considered that a 14-year-old child is in mid-adolescence, a 14-year-old could be at either the beginning or end of adolescence. Therefore, although an increase in the antisocial behaviour of adolescents towards mid-adolescence is observed, this situation decreases for most adolescents over time as significant maturation occurs, improving the social abilities of these adolescents (Currie et al., 2009; Moffitt, 1993).

By handling the findings for peer relationships and social skills together for adolescents with/without SEN, the complexity inherent in adolescent peer interactions was highlighted, also indicating that contemporary teenagers' online world is expanding, while their physical and social worlds are shrinking (Hartas & Kuscuoglu, 2020). This findings matches PISA reports, which reveal a striking decrease in adolescents who would state 'I make friends easily at school' in developed countries (OECD, 2017). The justifications for limited socialisation in the report can be summed up with one phrase: namely "online (gaming) friendships". These friendships explain the participants dissatisfaction with their children's remote peer relationships. Also, when considering the COVID-19 pandemic, the consequent restrictions applied to social life are serving as an accelerator, transforming in person social interaction to digital social interaction. Parallel to this transformation, there is a predictable increase in risk, which is apparent from the exposure of online offenders, attempted fraud, and access to sexually inappropriate content (de Miranda, da Silva Athanasio, de Sena

Oliveira, & Silva, 2020). Thus, the pandemic is anticipated to have fostered greater barriers to peer and social interaction, which may have an enduring negative influence on human behaviour. Further research is required to examine the negative consequences of online friendship on young people's mental health for both adolescents with/without SEN during/after the pandemic, and to establish how to minimize their vulnerabilities in the digital environment.

5.3.2. Longitudinal changes in AWB depending on gender and SES

Consistent with previous studies (Hartas & Kuscuoglu, 2020; Karevold, 2008), the findings from mixed-ANOVAs showed that as girls without SEN moved from ages 11 to age 14, their ratings for emotional symptoms increased, whereas the rating for emotional symptoms fell slightly in the case of boys without SEN. It means that emotional problems among girls without SEN became more severe from pre- to mid-adolescence. Moreover, there were no noticeable longitudinal changes in the emotional symptoms of adolescents with SEN. The improvement in life satisfaction, self-esteem and school attitudes related to gender in adolescents without SEN, and the drop from pre- to mid-adolescence was greater for girls. This finding matches that reported in earlier studies (Block & Robins, 1993; Gutman et al., 2010). The overall gender-specific change with regard to emotional difficulties and level of life satisfaction and self-esteem and school experiences suggests that societal and economic changes, which predict mental health problems most likely differ between boys and girls (Hartas & Kuscuoglu, 2020). The worsening emotional problems, low life satisfaction, self-esteem and school experiences of girls up to mid-adolescence might be due to girls having been exposed to extra social and mental pressures such as facing cyberbullying (Fink et al., 2015). Eagly et al. (2000) suggest that adolescent girls moving into adulthood become increasingly inhibited by gender stereotypes that conversely create a positive, and distinct identity for boys, who recognize themselves as the 'in-group'. For females they are thus classified as the 'out-group'. Thus, the rise in gender stereotyping accompanies the drop in self-esteem and happiness for girls over the years from pre- to mid-adolescence.

According to the findings from mixed-ANOVAs, from pre- to mid-adolescence, the change relating to gender in the well-being of adolescents with SEN was found to be negligible. However, as discussed in the previous section (see section 5.2.1.), mid-adolescent girls with SEN had a higher rate of emotional difficulties, and lower life satisfaction, self-esteem and positive school attitudes. Moreover, the life satisfaction and self-esteem of adolescents with SEN notably worsened (but not gender-specific) when measured at ages 11 and 14.

Supportively, Hughes et al. (2013) suggested that during the transition from primary to secondary school, which overlaps the period from pre- to mid-adolescence, gender can directly influence transition outcomes and relates to internalising functioning, self-esteem, and social and behavioural well-being for adolescents with SEN. Gender-based handicaps (i.e., gender stereotypes favouring males) affecting girls without SEN also apply to adolescents with SEN (Hogansen et al., 2008). In fact, girls with SEN are more vulnerable than girls without SEN, as they experience additional difficulties (Hogansen et al., 2008). This view is supported by findings from the study by Gutman et al. (2010), who found that from childhood to adolescence, girls were more likely to experience emotional problems; and SEN status was the most powerful predictor of a worse than average change in emotional well-being.

According to the findings from mixed-ANOVAs, when transitioning to mid-adolescence, there were no substantive longitudinal changes arising from socioeconomic factors for adolescents with/without SEN, in terms of psychosocial difficulties, life satisfaction, and self-esteem. However, there was a remarkable downward trend in the associations between well-being and parents' educational qualifications groups and income groups. Adolescents with/without SEN from families of low socioeconomic status experienced greater mental difficulties than adolescents with/without SEN from socioeconomically affluent families in the period from pre- to mid-adolescence, but this did not alter in this period, as there was a negative trajectory in MWB for all SES groups. In addition, there was a similar story regarding MWB and school experiences. Compatible with findings in this study, previous studies have demonstrated that compared to adolescents from families of low socioeconomic status, adolescents from families of high socioeconomic status are more likely to experience persistent psychosocial problems from childhood to adulthood, and the inequality between SES groups slightly or did not change over time (Christensen et al., 2017; Leve et al., 2005). However, previous studies related to the general population, namely unlike in this research, the samples in these studies were not specified as SEN and non-SEN. Based on the findings in my research, the same applied to adolescents with SEN. This describes the unique contribution of this study to the literature.

According to the findings from mixed-ANOVAs, although there was a negative trajectory regarding AWB in all income and parent education groups, the point to focus on here is adolescents in poverty, because the psychiatric risk for these adolescents was rising. Ongoing socioeconomic inequality has worsened adolescents' mental health. Parents' capacity to fulfil adolescents' needs and wishes would gradually become more powerless, whereas

parents in top-income families might more easily address their children's mental health problems, due to their capacity to access resources and social networks and other systems of support (Hartas & Kuscuoglu, 2020). This explains the process whereby intergenerational inequality informs adolescents' well-being.

Adolescents with SEN in poverty from pre- to mid-adolescence were the most disadvantaged in terms of mental health and school experiences. Specifically, the SDQ mean scores (except for emotional symptoms and hyperactivity) of adolescents with SEN in poverty were above the borderline (below the borderline for prosocial skills due to positive construct of the measure) for psychiatric risk (Goodman, 2001). Additionally, from pre- to mid-adolescence, poverty increased its negative influence on MWB in different ways. One of the ways this occurs stems from the association between poverty and the social environment. Adolescents frequently encounter exclusion and discrimination in their social environments. Family, school, and neighbourhood were the three major components of adolescents' social environments. Socioeconomic conditions have been examined as a major determinant of quality for these components. For example, the quality of family characteristics, including siblings' and parents' behaviours towards adolescents with SEN, and family member's capacity to deal with adolescents with SEN (Hauser-Cram et al., 2009), the type and quality of the schools, and the neighbourhood's social characteristics (Collishaw et al., 2009) are all linked to family SES. When taking into account childhood to adolescence, the increasing awareness of exclusion and discrimination of adolescents with SEN in their social environment was taken into consideration, adolescents with SEN in poverty were more likely to experience severe mental health problems from pre- to mid-adolescence.

5.4. Strengths and limitations

The study confirmed the legitimacy of the family investment model in the case of rather than cognitive abilities and academic success, a rare perspective which is the mental health and school experiences. Socioeconomically advantaged parents put their economic resources into the investment in their children's education and well-being while poverty restricted parents' access to resources to provide enriching activities and services for their children. Therefore, this leads to mental health problems and negative school experiences with other potential adverse outcomes related to adolescents' development. These estimates make a unique contribution to the literature on understanding the associations between SES, parenting, and adolescents' well-being that the family investment model worked regarding adolescents with SEN.

This study has made a unique contribution to bridging the gap in previous literature regarding the associations between parenting and MWB and the school experiences of adolescents with and without SEN. By joining the limited number of studies which are both using a mixed methodology and sampling adolescents with and without SEN separately, one strength of this study is to examine key parenting behaviours been found to be associated with keeping adolescents without SEN mentally well and having positive school experiences in the context of SEN status. Thus, this study constituted a more specific alternative to studies only conducted among groups of adolescents with homogeneous developmental characteristics when examining parenting function in the context of SEN status. The main findings highlight that among adolescents with SEN, as an important way of maintaining mental health and adapting to school, they need more intensive parenting and are also more vulnerable to negative parenting behaviours. In relation to the different needs of adolescents with SEN, the dynamics of parenting style together with parenting practices aimed at meeting these special needs within the family can be distinguished among other subgroups of parenting styles as a function of their unique characteristics.

In this study adopted an explanatory mixed-method design, the use of quantitative and qualitative data collection allowed a breadth to the analysis. In the quantitative part, MCS provided the data to examine the associations between SES, gender, parenting and adolescents' well-being from a nationally representative sample. Especially, using a large sample size in both the groups of adolescents with and without SEN provided sufficient statistical power to have robust results. In the qualitative part, interviews allowed to see a more in-depth exploration of the association between SES, parenting and adolescents' well-being by giving a voice to parents' experiences.

For example, the association between poverty and non-optimal parenting was found in the quantitative part, while interviews allowed me to explain why and how poverty decreases optimal parenting ability. Also, mixing the findings provided triangulation to have more reliable and valid findings by observing contradictions or consistency between qualitative and quantitative findings. These features were especially important in terms of revealing the similarities and differences in the behaviours of the parents of adolescents with and without SEN in the context of this study.

As is the case with most research, there are several limitations of the present study. A shortcoming of this study is that the associations cannot conclusively assert a causal link between SES, parenting and AWB. Although as abovementioned, using a mixed approach

helped to put strong empirical evidence through triangulation, it was not enough to statistically claim a causal link as in an experimental study. However, it is almost impossible to do experimental studies drawing on nationally representative datasets such as MCS, I used. When researching a causal link between two variables in behavioural studies, it is hard to control all other parameters that may contribute to the association. Using a relatively small sample, if a study includes substantial control variables as much as possible, it will more likely provide more robust estimates that are close analyses to get to assume causality.

Recruiting participants to represent the parents of adolescents with SEN for the interview posed a severe problem. Although the organisations such as schools, foundations and associations that were in direct contact with potential participants were informed about the completed the entire legal and ethical process before inviting potential participants, almost no positive or negative feedback was received from the organisations. A few of the responding schools also indicated that they could not accept them for various reasons. Then, the required number of participants was completed through personal connections and using a snowball strategy. Namely, a participant organised the connection to be established with another participant. This limitation eventually did not reflect negatively on the content of this work, but the background caused considerable time wastage and stress. Participating in the study of a researcher they have not met before is not an easy decision for most parents. Although there are encouraging methods such as voucher cards for this, they were not used because the participation that was not wholly voluntary would increase the risk of bias in the study. On top of that, parents were more sensitive than the other participating parents regarding if a study examining the relationship between parenting and adolescents' well-being may not be safe and if their own parenting behaviours might be perceived negatively by the researcher. In order to find the necessary participants for research without wasting time and to consult the parents about objectively participating in research, a cooperation mechanism that can enable the researcher to work more closely with the institutions and organisations that parents trust (e.g., schools, foundations, associations) should be established by the authorities.

5.5. Chapter summary

This chapter has discussed the associations present in the qualitative and quantitative data, to understand the nature of the relationships between socioeconomic factors (i.e., family income and parent educational qualification), gender, parenting and the MWB and school experiences of adolescents with and without SEN from pre- to mid-adolescence, and strength and limitations of this study.

The first question was “For adolescents with SEN and without SEN, what roles, if any, do socioeconomic factors and adolescent gender play in the parenting behaviours?” Gender, SES as well as parent marital status and the children’s education and well-being related policies emerged as factors associated with parenting behaviours regarding both children with SEN and without SEN at ages 11 and 14. The overall results corroborate the ideas of (McLoyd, 1990), who suggested that poverty and economic loss diminish the capacity for authoritative parenting. However, it is important to note that parents in poverty, at least in a basic level, were aware of how they can invest in their children’s well-being. Thus, parents in poverty may not have authoritative parenting skills because of the financial difficulties that they are exposed to, but it does not mean that this is an economically free choice made by their will (McLoyd & Wilson, 1994). Gender, despite the relatively more noticeable differences in adolescents without SEN, emerged as one of the factor for parenting style regarding both adolescents with/without SEN. Parenting adolescents with SEN usually demands additional time, energy and economic resources in comparison to adolescents without SEN (K. Roberts & Lawton, 2001), therefore, the lack of economic resources more dramatically hits the parents of adolescents with SEN that the chance of the investment in their children’s MWB and education become lower.

The second question was “Are there any differences in MWB between adolescents with and without SEN?” As predicted, pre- and mid-adolescents with SEN were found to have greater external and internal difficulties, lower social skills and life satisfaction, and negative school experiences than those without SEN. Chief barriers to well-being and success were exclusion, mistreatment, discrimination in the school and home settings which represent the majority of adolescents’ social environments.

The third and fourth questions were “For adolescents with SEN and without SEN, what is the unique and cumulative contributions of socioeconomic factors, gender, and parenting behaviours to adolescents’ MWB?” and “What actual impact (differences between genders, between income groups and between parent educational levels) do socioeconomic factors and gender have on adolescents’ MWB?” and there were its sub-questions. Both among adolescents with and without SEN, there were gender differences, with girls being rated as having greater emotional/internal problems whereas boys were rated with higher social and behavioural/external problems. As internal problems are not readily apparent (Georgiou & Symeou, 2018) they have been associated with self-harm/suicide in girls (Soto-Sanz et al., 2019), and so require immediate intervention. Specific to girls with SEN, by taking the extra barriers to which they are exposed into consideration, intervention in problems seems more

necessary. Overall, although parent educational qualification was less predictive, except for SDQ domains, when linked to family income, socioeconomically advantaged pre- and mid-adolescents with/without SEN noticeably reported greater MWB. Consequently, this study's findings showed socioeconomic inequalities were associated with greater internal and external difficulties, lower academic school experiences and negative school attitudes for pre- and mid-adolescents with/without SEN.

Non-authoritative parenting and poverty were associated, and at the same time, both were associated with an increase in mental difficulties for children with/without SEN (Dashiff et al., 2009; Park et al., 2002). Given gender differences, non-authoritative parenting and poverty were associated with higher rates of mental problems, particularly internal problems in girls and external problems in boys. The reflection of economic difficulties on parenting was linked to parents' reduced ability to fulfil their children's needs, and parents' missed opportunities that were potentially beneficial for their children's well-being (McLoyd & Wilson, 1994; Park et al., 2002). To give an example to explain this better, parents who worked under challenging conditions, either physically or psychologically are more likely to have less time, energy, and motivation to assist their children with homework. Therefore, these parents cannot create enough time to assist children with homework, although they are not disposed to overlook their children's needs.

There was no difference in optimal parenting behaviour styles determining adolescents' well-being between adolescents with and without SEN. However, compared to adolescents without SEN, adolescents with SEN were more dependent on their parents, due to their developmental problems (e.g., learning difficulties) and vulnerabilities to environmental barriers (e.g., exclusion). Thus, it may be suggested that the main difference in parenting between adolescents with SEN and without SEN is the extent to which they employ an authoritative parenting style. Simply put, to keep MWB strong and guarantee a positive school experience, adolescents with SEN need more authoritative parenting, namely extra parental involvement, warmth and control, and positive discipline. There was no difference in optimal parenting behaviour styles determining adolescents' well-being adolescents with and without SEN. However, compared to children without SEN, children with SEN were more dependent on their parents, due to their developmental problems (e.g., learning difficulties) and vulnerabilities to environmental barriers (e.g., exclusion). Thus, it may be suggested that the main difference in parenting between adolescents with and without SEN is the extent to which they employ an authoritative parenting style. Simply put, to keep MWB strong and

guarantee positive school experiences, adolescents with SEN need more authoritative parenting, namely extra parental involvement, warmth and control, and positive discipline.

The fifth question was “For adolescents with and without SEN, what are the longitudinal trends in MWB from pre- to mid-adolescence as a function of gender and SES?” In their handbook on adolescent psychology, Keating, Lerner, and Steinberg (2004, p. 52) express the complexity and multidimensionality of well-being in adolescence thus: “Understanding how adolescence may function as a critical developmental period will be a major challenge. The necessity of incorporating the multiple interactions of brain-biology, behaviour-cognition, and culture-context implies a level of complexity that is daunting”. This quotation provides evidence of the challenge of interpreting the complex results that contradict qualitative and quantitative findings here, as well as the discrepancies between findings from different scales or between interviewees. It became apparent that understanding of what comprised maturity and autonomy in adolescence differed between parents. Parents variously characterized the inherent complexities of puberty and how the rapid changes affected young people’s well-being. For example, the participants stated that their children had matured, and so, improved their capacity to empathize. They also paid attention to increasing behavioural problems, such as conflicts with parents due to gaining autonomy.

As pre-adolescents move into mid-adolescence, gender roles become more crystallized, which highlights girls' increasing vulnerability to gender-based stereotypes. Therefore, while the higher risk of boys experiencing behavioural problems continued, the risk of girls' internalizing problems (emotional symptoms, low life satisfaction, and self-esteem) and negative school attitudes increased relatively more steeply. This was the case for both adolescents with/without SEN in genera

The negative influence of poverty appears to have harsher associations for adolescents with SEN than adolescents without SEN. Compared to adolescents without SEN in poverty, the SDQ ratings for adolescents with SEN in poverty were higher and around or above the psychiatric risk borderline. The notable differences in MWB and school experiences among adolescents with/without SEN from families of low socioeconomic status is that adolescents with SEN, in particular, are more likely to be exposed to additional risk factors arising from poverty in the social environment. During the interviews, parents stated that adolescents with SEN were more aware of the external challenges (e.g., victimization, bullying, exclusion) in their social environment (family, school and neighbourhood) when moving to mid-

adolescence. Thus, parents observed some serious mental problems in their children with SEN, due to this growing awareness.

While their peers without SEN start to live more independently, adolescents with SEN become aware of their greater dependence on family members than their peers without SEN. This leads to adolescents with SEN having low self-esteem and experiencing self-isolation (Hauser-Cram et al., 2009; Woodman, Mawdsley, & Hauser-Cram, 2015). Also, the feeling of lagging behind their peers without SEN in developmental milestones, such as establishing friendships, developing an identity, and evaluating familial relationships (Maxey & Beckert, 2017) was associated with adolescents with SEN displaying behavioural difficulties. For example, Adam said:

I shouldn't use that word- but 'showing off'. He likes people to accept him for what he is. Not like just he is deaf, and he can't do certain things. He likes conflict. ... He is like testing our limits. He is trying to engage [himself with] coping strategies. I think he sometimes goes through such situations [conflicts]. So, as to be better able to communicate in his social life when he goes back to school. For instance, children are teasing him at school and [he thinks] what coping strategies can be used to change that.

Finally, using the mixed methodology and employing with-SEN and without-SEN samples separately were discussed as the strengths of this study while the lack of causal evidence and the difficulties to find participants for the interviews were discussed as the limitations.

6. Conclusion

Implications, recommendations, and suggestions for future studies are discussed in this chapter.

6.1. Implications

There are implications from this empirical research for policymakers, educational practitioners and researchers regarding parenting and the well-being of adolescents with/without SEN. While the collective findings pertaining to both groups of adolescents and their parents have broad policy implications, the specific findings from adolescents with SEN and their parents highlight distinct policy implications.

The key findings reveal it is a fallacy to consider parenting ability and behaviours separately from socioeconomic disadvantage. Although the findings did not establish a causal link between poverty and parenting, they provided a confident assessment of the influence of SES on parenting and AWB. The evidence highlights the need to address the socioeconomic constraints and affordances that surround parenting. Although the findings brought SES to the forefront, there was not necessarily a hierarchical order between the variables examined to suggest one is more important than the other. Nevertheless, the findings showed that reducing socioeconomic inequality is an essential precursor to improving parenting.

For adolescents with /without SEN, poverty and low parent educational qualifications were associated with more mental health difficulties and negative school experiences, even when taking parenting behaviours, gender inequality and family structure into account. Thus, improving economic welfare, by ensuring all families have access to sufficient financial resources, is likely to result in more optimal parenting behaviours and limit the effect of poverty on adolescents' mental health and experience in school. In the last decade, the shift in the perspective of family policies to behavioural interventionist adopted towards parenting and mental health problems only delivers small-scale solutions (Hartas, 2014). Since recent policy fails to acknowledge poverty as the cause of problems, it is unlikely to deliver a permanent solution. Indeed, increased mental problems among adolescents despite funding various intervention programs supports this supposition (Vizard et al., 2021). To promote optimal parenting and minimize adolescents' mental health problems and school maladjustment, a paradigm shift is needed to inform family policy to mediate income inequality and cultivate a civic understanding of the ramifications of poverty for society. Therefore, the research findings suggest that both family policy and policies on adolescents'

well-being should focus on eradicating poverty and consider the societal dimensions associated with issues related to poverty.

Notably, especially following the onset of puberty, adolescents' interactions with social environments beyond their families increase. This study found that families in poverty were less likely to create a social environment that provides appropriate grounding for their children's mental health. Even if parents in poverty develop behaviour-based parenting optimally, they will struggle to manage their children's social environments and invest in them financially (Hartas, 2014). Increasing psychosocial problems due to increased substance and alcohol use among poorer adolescents and inappropriate behaviours at school are good examples of this (Boat & Wu, 2015; Dashiff et al., 2009). Without addressing the structural problems behind these problems, the Troubled Families Programme, only offers a short term analgesic, with no permanent benefits (Hartas, 2014). It is necessary to highlight the narrowness of this programme, and the limited allocation of resources, which considers only 'what works' as a technical problem (Hartas, 2014). Instead 'what works' needs to be defined democratically and framed in the relevant socioeconomic context, also highlighting the technical dimensions of the issue.

The language choices made when entitling the programmes offered to improve parenting skills and adolescent behaviour, such as the 'Troubled Families Programme', would be expected to increase stigmatisation surrounding the participating parents and the adolescents in the programme. The use of such stigmatising labels can lead people who would benefit from a service to refuse to utilise it; this is contrary to the aim of the service, which is primarily to ensure social integration. Where family rehabilitation is deemed necessary, both the policymakers designing such services and the local administrators providing and implementing them need to find an opportunity to go beyond stigmatising rhetoric, rebranding them in inclusive language. Thus, local authorities should seek to offer a platform to encourage families to voluntarily accept and utilise these services.

Overall, the findings related to adolescents' MWB revealed a clear picture, showing an increase in mental health difficulties across adolescence from the top to the bottom income quintile. In addition, the financial difficulties experienced by parents were found to be increasingly perceived by some adolescents during adolescence, potentially resulting in anxiety and feelings of uncertainty about their future lives, and negatively contributing to their mental health and interest in school (Dashiff et al., 2009). Social injustices, including inequalities in income distribution, educational opportunities, and discrepancies within the

health system, are common reasons that underlie the mental health problems experienced by adolescents. Within applied austerity policies, inequality was found to affect the MWB of adolescents in poverty more through cuts in mental health services and welfare spending (Fink et al., 2015). Since 2010, successive governments have cut back on statutory and voluntary intervention-based mental health and SEN support services within austerity policies, ignoring the importance of direct fiscal support for families in poverty (Fink et al., 2015). Despite guaranteeing health and education systems are protected from the cuts, cuts totalled more than £30 billion from 2010 to 2019 (Mueller, 2019). Those affecting health and education services are reducing the well-being of adolescents relative to previous generations, with potentially serious personal, societal, and financial costs in the future (Noonan & Fairclough, 2018). Young people who are not mentally healthy are unlikely to become productive citizens in adulthood, and more financial expenditure will be required to manage their mental health problems. Therefore, arranging an adequate budget to fund schools and local health services, and to regularly monitor and prevent mental health difficulties among adolescents is necessary. In general, a social harm framework is essential to collectively identify institutions, cultural barriers and other social problems that generate inequalities, so as to take action to address social and systematic inequalities (Hartas, 2014).

Despite the proliferation of gender-neutral policies on adolescent's mental health and on the SEND code of practice 2014, this study clearly revealed social and emotional difficulties differ between boys and girls with and without SEN. Emotional problems were greater among girls and became worse when moving to mid-adolescence, possibly reflecting the ineffectiveness of interventions intended to tackle emotional problems in school when the symptoms are not visible as much as disruptive behaviours. As previous studies have confirmed, disruptive behaviours are overrepresented in boys, and typically receive greater attention from parents and teachers (Hartas & Kuscuoglu, 2020). This means it is essential to consider gender differences among adolescents when developing school and SEND policies relating to adolescents' mental health problems.

Although in 21st century Europe and North America, gender equality is closer than in the past and in the rest of the world, change is still needed (Hartas, 2019). The dominant rhetoric of post-feminism suggests barriers to women's access to education and working opportunities have been eliminated. However, as the findings in this study show, invisible mental problems such as emotional symptoms, dissatisfaction with life and negative emotions reveal the discourse of gender equality is far from the truth. Previous studies have found that girls are more likely to experience sexual, physical and psychological violence,

which are the chief triggers of mental problems (Hartas, 2020). Dorling and colleagues assert, 'various forms of harms are not distributed randomly, but fall upon people of different social classes, genders, degrees of physical abilities, racial and ethnic groups, different ages, sexual preferences and so on' (2008, p. 14). Therefore, to achieve adequate gender equality requires the tackling of societal and cultural factors within a wider context. Addressing young people's mental health, by examining its societal and cultural roots will support the fulfilment of mental health goals and indicate evidence-based interventions in education. True gender equality cannot be achieved without overcoming the violence and discrimination that lead to the mental health problems that hinder women's education and job opportunities, and therefore, their competitiveness with men in the market. It is also important to remember that structural inequalities not only affect females, but the whole of society, including males (Hartas, 2014).

In addition, single parenting was found to be a risk factor to lead to financial difficulties and increase parental responsibility due to one parent taking on both father and mother roles. Earlier policies have focused on increasing single parent's employment opportunities and financial support. Through the Welfare to Work strategy, the employment rate for lone parents increased from 47% to 53.4% (Finn, 2005). However, it was argued that the strategy is not effective as claimed as to present a platform on which single parents and their employers deals with changes in working hours, shift work, and so on (Hartas, 2014). Thus, policymakers should place elaborated versions of the Welfare to Work strategy on the government's agenda. Accordingly, problems, such as obligating single mothers to take on low-paid and low-skilled or precarious employment, could be eradicated.

The key factor differentiating parents of adolescents with SEN was that most of them require more time and economic resources to raise their children and provide them with protection and care. Namely, the parents of adolescents with SEN who live in poverty experience double disadvantage due to the interplay between SEN /disability and poverty. In the case of single parents of adolescents with SEN, the double disadvantage worsens. Although it is not explained in detail, through the Equality Act (2010) Code of Practice, parents of children with SEN have the right to request flexible working hours, such as part-time, home working and changes to working hours. However, parents are likely to experience a long tribunal process or give up their jobs if employers refuse their requests. Existing policies are not sufficient to avoid the risk that employers might hesitate to employ mothers of children with SEN in particular. Treating the parents of children with SEN the same as other parents requesting flexible working hours may fail to account for their unique needs to care their children.

Indeed, flexible working hours are likely to be more important for parents of children with SEN. Thus, a specific legal regulation pertaining to parents of children with SEN should be introduced, enabling them to request flexible working hours without fear of job loss. However, some single parents with children with SEN, even when they have opportunities to work part-time or flexible working hours might not find this option practical. Service providers should also offer new fiscal support services and childcare services, employing people who specialise in caring for children with SEN.

Poverty influences the well-being of children with SEN more than their peers without SEN. Although parents are eligible to request a Personal Budget under the EHC plan, which allows them to access flexible and specialised learning support, there are inequities between local authorities such that children with the same needs can be allocated different budgets (Allan & Youdell, 2017). Notably, when allocating personal budgets, parents' economic background is not considered. Also, different budgets are allocated to children with the same special needs across different local authorities. Therefore, EHCPs must be standardized to avoid discrepancies between local authorities, ensuring children with identical needs will receive the same financial benefit, and the austerity cuts to local authorities' funds should be reframed for local authorities to provide a standardization when allocating a personal budget. When allocating a personal budget, parents' financial status in poverty should be taken into account. EHCP should embrace a broader perspective than the existing one to support children's overall educational, social, behavioural, and emotional development.

6.2. Recommendations

As this study has shown, parents, regardless of economic status, are responsible for the well-being of their children and need to be aware of the potential future consequences of child poverty. Adolescents with mental health problems are more likely to fail in school, ultimately not benefitting themselves or society in adulthood, as they cannot realise their true potential (Simmons & Blyth, 2017). They may struggle to adapt to their social environment, and their sense of belonging will be damaged. Moreover, criminal activity might also arise, due to perceived distance from general society (O'Connor & Staunton, 2015). Thus, parents in the lower income group in particular need to highlight the problems they experience, and defend their rights, while emphasising the effect of poverty on society and the individual. Meanwhile, parents in the upper-income group need to be aware that child poverty can adversely affect society, including themselves and their families, and so they should act with civil responsibility.

Although single parents may have to deal with various difficulties in order to survive and take care of their children, the difficulties experienced by single parents with children with SEN could be more severe depending on their child's special needs. Various organisations offer support services for single parents to overcome these challenges by providing a network and solidarity between single parents, expert advice and empowerment services. However, there are not enough organisations to offer this type of service specifically for single parents with children with SEN. In order for parents in similar situations to attain solidarity with each other, local authorities should assist them to connect with each other and create a network. Prior studies have also found that single parents with children with SEN, due to the absence of a supportive intimate partner and greater parenting responsibility alongside poverty, are more likely to have depression. Thus, service providers need to provide psychological and coaching support to this group. Finally, policymakers should regulate and standardise the services available to single parents with children with SEN, to establish how local authorities can serve and inform single parents under the SEND code of practice.

The findings from this study can help educators and mental health support staff understand, not only the role of parenting behaviours, but also the role socioeconomic ecologies play in explaining the commonness of the mental difficulties and school maladjustment that they have witnessed among adolescents with and without SEN in poverty. Understanding adolescents' social milieu is pivotal for educators and mental health support staff wishing to reduce mental health and school adaptation problems. Accordingly, educators and mental health support staff are encouraged to provide support to adolescents in a wider context, by learning about their lives and developing compassionate relationships with them to assist them in overcoming mental difficulties and school adjustment problems (Hartas & Kuscuoglu, 2020). Moreover, the differences in the types of mental difficulties suggest practitioners should pay extra attention to the internal experiences of female adolescents, which are less noticeable than the disruptive behaviours common to male adolescents. Practitioners need to be aware of the importance of small symptoms as indicators of bigger problems, such as self-harm, and should intervene based on these small symptoms before evolving unrecoverable cost.

Within family policy discourses, a lingua franca articulates and concerns socioeconomic inequalities as individual problems (Hartas, 2014). The language used systematically overlooks bigger issues such as structural inequality and social exclusion and conflicts between social classes. Stigmatising discourses such as 'Troubled Families' and 'Troubled Child' are good examples. Teachers, SENCO's, mental health support staff and parents must

empathise with families described as 'Troubled Families' and refrain from using such terms to contribute to social integration and increase social self-belonging among children and parents in poverty.

6.3. Future directions

This study investigated the trajectory in adolescents' mental health and school experiences, and the role of SES and gender in this trajectory, from the beginning to the middle of adolescence. However, examining adolescence as a whole period from beginning to end allows broader observation of the impact of poverty on adolescents' well-being as well as the outcomes of the mental health services in long term. MCS 7th sweep is currently available and may contribute to exploring the longer term trajectory in the MWB and school experiences of adolescents with and without SEN through late adolescence, including the role of SES in this trend. Empirical research longitudinally examining this association arguably contributes to a novel perspective designed to provide a synergy between fiscal and family support by eradicating child poverty universally and improving parenting skills through targeted interventions.

Due to the small number of participants in the quantitative phase of this study, the role of ethnic background and parents' marital status could not be fully examined. Ethnic background and marital status can inform the mechanism between family SES, parenting and child welfare. However, although studies have examined the relationship between the mental health and school experiences of adolescents without SEN and the ethnic backgrounds of their families and their parents' marital status, few studies have included adolescents with SEN as a separate group. In future, such studies could contribute to advancing understanding of: a) how families in poverty in a particular ethnic group adapt their parenting attitudes according to their children's SEN status; b) how poverty affects the behaviour of parents and the welfare of children with and without SEN in this ethnic group; and c) how a specific ethnic group's profile in this context differs from that of other ethnic groups. This would enable intervention services and SEND policies to follow a more effective path accounting for cultural and ethnic variables.

Marital status also informs the mechanism between SES, parenting and AWB. While many studies have focused on the role of marital status in the association between SES, parenting, and adolescents' well-being in the case of married parents and single mothers, same-sex parents and single fathering have not been addressed with regard to the well-being of adolescents with and without SEN in poverty and parenting styles and behaviours. Finding

out how poverty affects adolescents with and without SEN differently, especially according to their parental status, would enable service providers to intervene effectively, and might also help parents to take precautions for their children to mitigate any adverse impact from marital status.

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Appendices

Appendix A

[A-1](#)

| Strength and Difficulties Questionnaire | MCS-5 | | | MCS-6 | | |
|--|-----------------|----------------------|-----------------------|-----------------|----------------------|-----------------------|
| | 0 (not true) | 1 (Somewhat True) | 2 (Certainly True) | 0 (not true) | 1 (Somewhat True) | 2 (Certainly True) |
| Emotional symptoms | | | | | | |
| Often complains of headaches, stomach-aches or sickness | 65.9 | 27.2 | 6.4 | 63 | 28.2 | 8.9 |
| Many worries, often seems worried | 61.9 | 31 | 6.3 | 58.9 | 32.1 | 8.9 |
| Often unhappy, down-hearted or tearful | 82.7 | 14.2 | 2.5 | 79.1 | 15.9 | 5 |
| Nervous or clingy in new situations, easily loses confidence | 60.1 | 31.5 | 7.9 | 60.4 | 30.2 | 9.4 |
| Many fears, easily scared | 69.1 | 25.1 | 5 | 72.9 | 21.7 | 5.4 |
| Conduct problems | | | | | | |
| Often has temper tantrums or hot tempers | 51.7 | 34 | 13.8 | 54.9 | 32.1 | 13 |
| Generally obedient, usually does what adults request* | 61.7 | 34.3 | 4.1 | 55.3 | 36.5 | 4.8 |
| Often fights with other children or bullies them | 92.3 | 5.8 | 1.2 | 92.9 | 5.6 | 1.4 |

| | | | | | | |
|---|------|------|------|------|------|------|
| Often lies or cheats | 80.7 | 16.2 | 2.2 | 82.4 | 14.8 | 2.8 |
| Steals from home, school or elsewhere | 96.5 | 2 | .7 | 95.3 | 3.2 | 1.4 |
| Hyperactivity | | | | | | |
| Restless, overactive, cannot stay still for long | 60.1 | 27.5 | 11.9 | 63.4 | 25.7 | 10.9 |
| Constantly fidgeting or squirming | 69.6 | 21.5 | 7.8 | 74.3 | 18.7 | 7 |
| Easily distracted, concentration wanders | 44.9 | 39.7 | 14.7 | 46.5 | 38.1 | 15.3 |
| Thinks things out before acting* | 31.2 | 57.5 | 11.3 | 31 | 53.4 | 12 |
| Sees tasks through to the end, good attention span* | 40.8 | 47.3 | 11.9 | 41.6 | 44.5 | 10.6 |
| Peer problems | | | | | | |
| Rather solitary, tends to play alone | 70.2 | 23.9 | 5.6 | 58.9 | 30.5 | 10.6 |
| Has at least one good friend* | 89.2 | 8.5 | 2.3 | 83.9 | 9.6 | 3 |
| Generally liked by other children* | 85.7 | 13.2 | 1 | 77.6 | 17.1 | 1.8 |
| Picked on or bullied by other children | 73.7 | 20.2 | 4.5 | 77.1 | 17.2 | 5.7 |
| Gets on better with adults than with other children | 63.7 | 26.4 | 7 | 55.4 | 34.2 | 10.2 |
| Prosocial skills | | | | | | |
| Considerate of other people's feelings | 2.9 | 20.6 | 75.7 | 2.4 | 29.7 | 69.2 |

| | | | | | | |
|---|-----|------|------|-----|------|------|
| Shares readily with other children (treats, toys, pencils etc.) | 2.8 | 20.6 | 76.3 | 4.2 | 26.5 | 69.2 |
| Helpful if someone is hurt, upset or feeling ill | 1.8 | 14.3 | 83.6 | 2.2 | 19.5 | 78.3 |
| Kind to younger children | 1 | 10.2 | 88.7 | 1.6 | 14.1 | 84.3 |
| Often volunteers to help others (parents, teachers, other children) | 2.7 | 30.1 | 66.5 | 7.6 | 42.1 | 50.3 |

A-2

| Life satisfaction scale | MCS-5 | | | | | MCS-6 | | | | |
|---|-------------------------|------|------|------|-------------------------|-------------------------|------|------|------|-------------------------|
| | 1 (Not at all happy) | 2 | 3 | 4 | 5 (Completely Happy) | 1 (Not at all happy) | 2 | 3 | 4 | 5 (Completely Happy) |
| How do you feel about your school work? | 9.3 | 14.5 | 19.8 | 27.3 | 29 | 12 | 13.6 | 19.9 | 37.6 | 17 |
| How do you feel about the way you look? | 13 | 11.6 | 15.3 | 21.9 | 38.2 | 20.4 | 18.1 | 23.2 | 24.7 | 13.6 |
| How do you feel about your family? | 5.2 | 2.1 | 4 | 13.1 | 75.6 | 7.4 | 6.6 | 10.2 | 20.6 | 49.3 |
| How do you feel about your friends? | 6 | 4 | 8.7 | 23.5 | 57.8 | 6.4 | 5.5 | 12.4 | 34.5 | 41.1 |
| How do you feel about the school you go to? | 9.7 | 5.8 | 10.3 | 20.6 | 53.6 | 11.9 | 10.8 | 18.4 | 29.4 | 29.4 |
| How do you feel about your life as a whole? | 6.5 | 5.2 | 9.7 | 25.1 | 53.6 | 10.1 | 10 | 17.1 | 34.2 | 28.6 |

[A-3](#)

| Moods feelings | MCS-6 | | |
|---|-----------------------|------------------------|-------------------|
| | 1 Not true | 2 Sometimes | 3 True |
| I felt miserable or unhappy | 40.3 | 51.9 | 7.8 |
| I didn't enjoy anything at all | 68.7 | 27.6 | 3.8 |
| I felt so tired I just sat around and did nothing | 45.7 | 42.8 | 11.5 |
| I was very restless | 56.6 | 35.3 | 8.1 |
| I felt I was no good any more | 71.4 | 21.1 | 7.5 |
| I cried a lot | 73.8 | 19 | 7.2 |
| I found it hard to think properly or concentrate | 48.3 | 39.8 | 11.9 |
| I hated myself | 75.3 | 17.8 | 7 |
| I was a bad person | 79.1 | 17 | 3.9 |
| I felt lonely | 65.7 | 25.1 | 9.2 |
| I thought nobody really loved me | 77.5 | 15.8 | 6.7 |
| I thought I could never be as good as other kids | 68.2 | 22.8 | 9 |
| I did everything wrong | 74.5 | 19.3 | 6.2 |

[A-5](#)

| ROSENBERG SELF-ESTEEM SCALE | MCS-5 | | | MCS-6 | | |
|---|--|------------|------------------------|--|------------|------------------------|
| | 1 Strongly disagree/ disagree | 2 Agree | 3 Strongly Agree | 1 Strongly disagree/ disagree | 2 Agree | 3 Strongly Agree |
| On the whole, I am satisfied with myself | 4.9 | 57.5 | 37.6 | 14.9 | 58.9 | 26.4 |
| I feel that I have a number of good qualities | 4.3 | 50.8 | 44.9 | 12.2 | 60.2 | 27.6 |
| I am able to do things as well as most other people | 9.9 | 44.4 | 45.8 | 11.2 | 58.9 | 29.9 |
| I am a person of value | 6.3 | 53.4 | 40.3 | 13.1 | 61.3 | 25.6 |
| I feel good about myself | 4.9 | 37.3 | 57.7 | 18.4 | 54.9 | 26.7 |

[A-6](#)

| Academic self-concept | MCS-5 | | | MCS-6 | | |
|-----------------------|---------------|------------|------------------------|---------------|------------|------------------------|
| | 1 Disagree | 2 Agree | 3 Strongly agree | 1 Disagree | 2 Agree | 3 Strongly agree |
| I am good at English | 14.3 | 58.1 | 27.5 | 17.4 | 59.8 | 22.9 |
| I am good at Maths | 13.3 | 45 | 41.7 | 21.1 | 51.6 | 27.3 |
| I am good at Science | 18.9 | 54.8 | 26.3 | 21.6 | 53.6 | 24.7 |

[A-7](#)

| Positive school attitudes scale | MCS-5 | | | MCS-6 | | |
|--|-------------------------|--------------------------|--------------------------|-------------------------|--------------------------|--------------------------|
| | 1 All of the time | 2 Most of the time | 3 Some of the time | 1 All of the time | 2 Most of the time | 3 Some of the time |
| How often do you try your best at school? | 4.1 | 37.7 | 58.2 | 9.5 | 56.5 | 34 |
| How often do you find school interesting? | 27.2 | 57.2 | 15.5 | 51 | 43.1 | 5.9 |
| How often do you feel unhappy at school?* | 9.3 | 55.5 | 35.3 | 13.1 | 53 | 33.9 |
| How often do you get tired at school?* | 21.3 | 55.5 | 23.2 | 40.7 | 50.9 | 8.4 |
| How often do you feel school is a waste of time?* | 11.3 | 31 | 57.7 | 14.6 | 43.2 | 42.2 |
| How often do you find it difficult to keep your mind on your work at school?* | — | — | — | 28.2 | 56.4 | 15.3 |
| How often do you misbehave or cause trouble in class?* | 5.4 | 38.6 | 56 | 6.6 | 46.2 | 47.2 |
| How often do other children misbehave or cause trouble in class?* | 58.1 | 38.9 | 3 | 62.3 | 35.9 | 1.7 |

[Appendix B](#)

Multicollinearity, namely a high correlation between predictors, was checked for all of the linear regressions. The variance inflation factor (VIF) and tolerance ($1/\text{VIF}$) showed whether a predictor variable had a strong linear relationship with another predictor variable. For all of the linear regressions, the results of VIF tests were below 10, and the results of tolerance tests were above 0.2. According to A. Field (2013), multicollinearity is of concern when the results of VIF tests are greater than 10, and the results of the tolerance test are smaller than 0.1. Therefore, multicollinearity did not present any problems in these regression analyses.

[Appendix C](#)

Levene's test for t-tests, ANOVA and MANOVA, and Box's test individually for MANOVA are most widely used for determining the assumption of homogeneity. Both Levene's test and Box's test should be non-significant, namely $p > .001$, for homoscedasticity. However, both tests are quite sensitive in large sample sizes (A. Field, 2013), thus it is advised that when examining the homogeneity the F_{\max} should be checked, which is the ratio obtained when dividing the larger variance by the smaller one. If the F_{\max} is lower than 10 and the sample sizes are relatively equal, the assumption of homogeneity is met (Tabachnick, Fidell, & Ullman, 2007). After checking the Levene's and Box's test or F_{\max} , the assumption of homogeneity was met in the t -test, ANOVA, MANOVA, and mixed-design ANOVA (used in the next section) analysis, when comparing the gender and income groups. However, when running the ANOVA to compare the rate of TBD, life satisfaction, and positive school attitudes in the 11-year-olds without SEN and 14-year-olds without SEN groups, general feeling in the 11-year-olds without SEN and academic self-concept in the 14-year-olds without SEN, depending on parent education level, the assumption of homogeneity was violated. Although the F_{\max} ratios were between 1.1 and 2.5 in most cases, the ratios of sample size between the groups were unequal. Consequently, where the assumption was violated, the Welch test was employed, instead of the significance score, in the ANOVA table. A similar situation occurred when running the MANOVA and mixed-design ANOVA for examining how the rate of SDQ variables changed, according to parent education level in the 11-year-olds without SEN and 14-year-olds without SEN groups. In such cases, Tabachnick et al. (2007) suggested using one of two options: 1) equalizing the number of cases by randomly deleting, or 2) using a more stringent α level and a Pillai's trace, which indicates whether the significant group differences are more robust when the data is unequal and the Box's test is significant. The first option is not usually recommended for reasons of power loss, therefore

Pillai's trace was conducted where the assumption of homogeneity was not met, as many statisticians consider it to be more robust than other counterpart comparisons tests (A. Field, 2013; Howell, 2012; Tabachnick et al., 2007). However, if the assumption was not an issue, Wilk's Lambda was used, instead of Pillai's trace, as recommended.

Appendix D

| Parental expectation and aspiration | Example Prompts |
|---|---|
| 1) What would you like [child's name] to do when [he/she] is 16 years of age? 2) How likely or unlikely do you think it is that [child's name] will attend university? | <p>If 1. response rather than attending university, why do you like this that [child's name] to do when [he/she] is 16 years of age?</p> <p>If 2. Response unlikely to attend university, why is that?</p> <p>Do you share your expectation with [child's name]? How? If yes, tell me more about it. (<u>does</u> [child's name] share the same opinion with you?), how do you know that you share the same opinion?</p> <p>Why not share? Is your child aware of your expectation/aspiration? How?</p> <p>How does [child's name] feel when you discussed with [child's name] about this expectation?</p> <p>What do you do for your child to realize the expectations?</p> <p>How does your expectation affect [child's name] 's school life?</p> |
| School-based involvement | <p>Tell me more about the meeting After meeting, did you talk with [child's name] about the meeting? How was it?</p> <p>Overall, how are your relationship with [child's name] 's teachers? How does your relationship with teacher affect your child?</p> <p>Is there any change in [child's name] 's school life after meetings/communication with teachers?</p> <p>Is there any contribution to the meetings for your child's behaviour in school? How about in the house?</p> <p>Do you collaboratively do something with [child's name] 's teacher for [child's name]? <u>Why?</u>/Can you give me one example?</p> |
| 3) During this school year has anyone at home been to a parents' evening or similar event at [child's name] 's school? why did not? /How was the meeting? 4) Have you had any specially arranged meetings with teachers? If yes, what was the reason for the <u>meeting?</u> * 5) Apart from PTM, how often do you visit the school? What are the reasons (e.g., volunteering, SEN meeting)?* 6) How often do you communicate with [child's name] 's teachers, including email and <u>phone?</u> * | |

What is the outcome of the meeting for [child's name]?

Is [Child's name] happy/ok about your relationship with [her/his] teacher? How?

Homework-based involvement

7) In a typical week (including weekends) in term-time, how long does [child's name] spend doing homework?

Do you think that [child's name] 's time spending on homework is enough? Why/why not?

8) How often does anyone at home help [Child's name] with [his/her] homework?

If 8. 9. response no, why do not you control homework/ help [child's name] for doing homework?

9) How often does anyone at home make sure [Child's name] has finished [his/her] homework before doing other things such as watching TV, going out with friends?

How is his reaction when you asked your child to do homework?

10) Did you or another member of your family keep a tutor for [Child's name] to have extra classes or lessons?

Have [child's name] 's teacher complained that [child's name] did not complete [child's name] 's homework? Can you tell me more about it?

11) Did you get involved in the process when your child decided which subject she/he would be in studying?

What is your aim to help the homework?

How does your homework help contribute to [child's name]?

Apart from academic achievement, how does your help affect your children?

What does [child's name] think about your help?/ is [Child's name] happy that you help? How?

If 10. response yes, did you find the tutor good for [child's name]? If yes, How? If no, why?

Extracurricular activities

12) Which type of activities does [child's name] attend in or out of the school such as going cinema, watching live sport, religious services, a museum?

What are the reasons that [child's name] attends to this activity?

What the benefits of this activity have you observed for [child's name]? How?

Have you observed any negative or positive effects of this activity on your children's subjects? Can you explain how?

How do attending the activities affect your child's academic life/school behaviours?

If not attending any activity, Why?

Playing with child

13) How often do you play sports or physically active games or indoor games with [Child's name]?

Can you tell me more about the game?

14) Apart from the playing games, what else do you do as a family? (e.g., discussing books, politics etc.)

Is there any specific reason to play this game with your child? If yes, can you explain it?

Do you think about how the game affects your children? How?

What do you talk with [child's name] anything during the meal (e.g., book, politics, friends)?

Why no meal together?

Screen-time

15) How often does [Child's name] spend watching television programmes or films?

Do you think it is too much? If yes, why? If never, why?

16) How often does [Child's name] spend playing electronic games on a computer or games console, such as Wii, Nintendo D-S, Xbox or Playstation?

What do you think about playing electronic games/using social media?

Does it beneficial for your child? If yes, how?

17) How often do you spend on social networking or messaging sites or Apps on the internet such as Facebook, Twitter and WhatsApp?

What are the advantages or disadvantages? For you?

Have you ever talked with children about playing electronic games/using social media? If yes, Can you tell more about it?

How does it affect your child's behaviours/social life/relationship with peers?

How about school life/academic success?

Nonphysical punishment

when [Child's name] misbehaves, ...

Can you give me one example when you use ...?

18) How often do you send [Child's name] to [his/her] bedroom/ground?

How do you find that your disciplining style is effective?

19) How often do you take away treats, remove TV/computer/game/phone privileges?

How does [Child's name] feel when using "the type of punishment"? what is [Child's name] 's reaction?

20) How often do you shout at [her/him]/tell [her/him] off?

How does your disciplining affect your child?

21) Do you punish another way? If yes, how often?

How is your child's reaction after punishing?

22) How often do you reason with [her/him]?

Why do you reason with, rather than other disciplining methods?

How your discipline style affects his behaviours in school?

How does your punishment affect your child's self-esteem?

Conflictual relationship

23) How often do you have frequent battles of will with [Child's name]?

What is the reason for the battle?

Does [Child's name] argue with [her/his] father or mother too? Can you tell me more about it?

What happened after the argument?

How does [Child's name] feel after an argument?

Do you argue about [her/his] school behaviour?

How does the conflict between you and [Child's name] affect his school life/achievement?

Parental rule

24) Do you have rules about how early or late [Child's name] may watch television programmes or films, use a computer, access the internet, or play electronic games?

What is your reason to have these rules?

How much does [Child's name] obey the rules?

25) Do you have rules about the kinds of programmes or films [Child's name] may watch, electronic games [he/she] may play or internet sites [he/she] may access?

How do the rules affect [Child's name]?

You said because of ... that you have the rules, can you explain me more?

How do these rules affect [Child's name] 's school life? How about his school success?

If no rules, why?

Parental control

26) When [Child's name] goes out, how often do you know where, with whom [he/she] is going and what is he doing?

Why do you control [Child's name]? Do you think spending time with children could change your children's behaviour?

You said because of ..., you control [Child's name]. Is [Child's name] aware of it? How?

How is [Child's name] 's reaction when you ask for controlling?

Have you argued with [Child's name] because of where, with whom he is or what he is doing?

Can you tell me a bit more? For example, if where, with whom [she/he] is, you do not allow [Child's name].

How does your control affect [Child's name] 's school behaviours/self-esteem and -encourage? How about [her/his] achievement?

Do you think your controlling style is strict?

If no control, why?

Parental closeness

27) Overall, how close would you say [Child(ren)'s name(s)] [is/are] to you?

You said ... close to your child. Can you explain to me more? Like how?

28) What do you talk to [Child's name] about things that are important to [him/her]?*

Is he happy to talk about thing that are important to [him/her]?

Is it same with your other children (if any)?

What do you talk with your child?

Is there anything you talk about children? Can you give me one example?

Have you talked about the school like [her/his] teachers and classmates?

How does your conversation affect your child's behaviours/peer relationships?

How about school subjects?

29) What would you like to do for [Child's name] if you had more time and money?*

Note: * Questions were only placed in interviews.

[Appendix E](#)

Participant's pseudonym and age: Laila 41

Participant's child's pseudonym: Luis

Participant's child's age and gender: 14–Male

Type of disability: None

Family income quintile and parents' education level: 2–5

Represented group: Year 14 without SEN

- **What would like your child to do when he is 16 years of age?**

I was university lecturer. So, naturally, I want them to go to a university, right. It's just natural. First of all, it is natural. Second of all is kind of the norm in our country like if you want to have a good future, the one in only way is go to university, get a degree. Then, you work based on this degree.

This is my natural expectation.

Do you think your child is aware of it?

Yeah!

- **How likely or unlikely do you think it is that your child will attend university?**

I think he will go but ...

How's his reflection when you are sharing your opinion?

Yeah, we discuss things. The thing, my youngest, he is really passionate footballer, and he is very skilful in football. He sees his kind of future in that direction [which is] to be a football player. He cannot see that "Why should I go to a university if I want to be a footballer? Why should I not want to be a professional footballer like Ronaldo blah blah (Who has a no educational background). Then, we discuss it with him. I know he's skilful. I know he is talented. I know he is passionate about it, but it's very competitive. Everyone wants to be a Ronaldo. So, it's very competitive. If he cannot be as good as Ronaldo, then what will he do? He said, "I can be a manager, football manager". [I said] "Yes, if you want to do that, you have to know from where you will get the knowledge" I think the conclusion is we need to open the possibilities for him to go to university. I just that you couldnt be a footballer. Yes, you can go through that, but at the same time, we need to open the possibilities for

you do other things, which is if you want to do those other things, [which are] probably a degree is required.

You offer another option for your child. Do you think he is happy about this.

He is not instantly. He did not really take the idea instantly. But, I am quite consistent. For example. One day he has gone a match, and another team was really good. He lost. We discussed blah blah blah. Somewhere in the discussion, "so, you know they are apparently more skilful than you." In this case, first, you have to train harder to be more skilful but on the other hand. You have also seen that saying that "please, be open to the option of going to university and getting a degree."

Do you think those speech is affection your child's school success and school behaviours?

I thin so. I like to think it because the thing is with my kid -as I told you I divorced from their dad and especially my youngest, we divorced when he was only 1 year old. Basically, for his eyes, it is only me and my way of parenting. With my boy, we talked a lot. Since they were very young, we have that the tradition of having dinner of discussion is very important. So, I did not just tell the idea and keep repeating it but like going to school as a part of your responsibility (her children), in my youngest kid, for example, he is very active; he does not do his homework without I tell him. Of he has an exam like this week is the exam week, suddenly he just stop Xbox. I completely forgot this week is [his] exam week. These days, I went home quite late because I have a deadline. Secondly, my eldest already is on holiday. So, he can do the dinner, I just quite late because I have a deadline. Secondly, my eldest already is on holiday. So, he can do the dinner. I just get home and eat. Other day, I get home and I didn't see him in front of Xbox. I was quite surprized what happened. He said "I have an exam tomorrow."

He listened [to] the idea of [that] he has to go to university, but when it is his responsibility, then he takes it as it is not because he passionate about learning, but he knows "I have an exam. I have to do well at my exam. It is part of my responsibility to be a student."

Even you said that there is a difference between what he would like to be and your expectation.

Do you think he thinks of himself as a valuable person in this world, for family, school, and as a university student? Do you think this conflict encouraging or discouraging him at the point of school success and overall self-belief?

This and interesting question. I think my youngest is very easy-going. Because my eldest finishes his eleven this year, last year, through the year, we went the university open days, several universities open days. We went [to] Cardiff. We needed to drive. Sometimes, I asked my youngest to come with us, not always. Sometimes, he preferred, "Can I just go to my friends?". When we go [together, I remember once we went to Liverpool. He said, "Where is the football pics? Is this university like this?" it sounded like it was boring for him. At one point, there was a small music concert. He [someone] plays guitar. He just watched, and he enjoys the music. Then, he just asked me, "Why does the artist want to perform here?" I said, "They are not artist. They are students." He said, "Oh, they are students, why are they playing music here?" I said, "I don't know, but most probably, it is just extracurricular activities. So, at the university, you don't just study, but you have lots of things to do." So, he is very easy-going. He is open-minded. When you said whether my statement to him is discouraging or encouraging him, at the moment, he is just open [all options]. It is like [that he says]: "She is my mom, usually says right but I know what want to do. Take is easy."

Do you think his behaviour is also changing at school? did he start to like school after telling your expectation?

Not sure

How?

He likes school but not because of this. He likes school because he has a lot of friends. Every morning, he goes to school, wakes up, gets ready for school. I think the idea is not for studying, but he wants to be together with six of his friends.

Is he quite sociable?

(Removed)

How often do you go to school for helping your children to attend any activities in the school?

I only come to school during the worst nights and if the boys have problems.

- **During this school year had anyone at home been to a parents' evening or similar event at your child's school? why did not/ how was the meeting?**

Yes, once. Why? Because we have this app. [She showed the app on the phone, which shows the grades and school behaviours].

What is the name of this app?

Classchart. In this Classchart, we have behaviour graph. Every time we have this one reflecting that he is talking a lot. Every time we get this point, whether plus or minus, we discuss it at home. Last time, I met his teacher because he had minus one for talking. As usual, we discussed. My sin that "I did not know. It is just normal, blah, blah, blah." Obviously, every time we discussed a minus point, the first reaction is "just like this, just like this." If we cant refrain from the agreement, I said, "I will need to go to school to talk with your teacher and question why you get this minus?" I am not that I don't know what actually happened. "if you think the teacher is wrong, either me or you, [I will] talk to teacher." One time he has really a problem with this very strict teacher. I just emailed her. I said that "I know that you gave minus two yesterday because of this this this. Can we discuss it?" That is why I came [to] *** school. we talked, 3 of us.

How about him, is the ok? What was his reaction when you said you would communicate with his teacher?

Usually, he is ok because that is not the first thing that I said. It is because we have discussed the points, and then we cannot arrive at an agreement of actually what happened. Then, I offered. This can't continue. We really need to know what the problem is. Either you or I will talk to teacher. I offered. At the end, we agreed that "yes, mom, you go, see the teachers." Sometimes, he said, "oh. You don't need to talk with the teacher." I said, "ok, I don't got to the teacher but make sure this will not be again. Next time, you will get a minus point from this teacher, it means you don't solve the problem."

- **After your specially arranged meeting with his teacher, did you solve the problems?**

It is improved usually because sometimes what happens is a misunderstanding. For example, this talking but not always. Because his 3 best friends are talkative, sometimes the teacher, just one of them, just assumed that 4 of them talk. Most of them are misunderstanding, but I have to tell you one point. I was here (where we met). I received a call from the vice-principal.

Hmm, something serious?

Apparently, yes! I really don't like it. During the school break, he was involved in a fight. It was with younger boys. They were like a group of younger boys playing football. The ball came to his [her son's] group. Instead of sending the ball back, they kept playing with it. The younger students started screaming, asking for the ball... Then, [her son and his friends] see one of teachers

coming. They just run and say something. It is just like that. It's actually normal. The things is, my son and one of his friends get caught, and other disappeared. The vice-principal came to talk to them. The main problem is he decided to lie. When I asked what happened, he said, "I don't know, I don't know." He decided to lie. At the end, the vice-principal said, "I don't know what exactly happened. It is him who took the ball." So, the main problem is that he is lying rather than telling the truth. The vice principal called me saying that "I'll get this because of this, this ..." Ok, I was so angry at that time, and I was doing my things because of deadlines. I just called home when he got tome. I said "Mr. *** (vice-principal) called me. He said that you did this this this. No, no, no! I don't have time. what happened exactly, and then email it to me." I meant I did not have time to deal with him at the moment. Then, he wrote everything. Then, he emailed to me. One point, he [her son] said [in the email], "I lied because I don't want that. I am afraid that you will get angry." I went home, and I said, "You know you lied. You think I am not going to bee angrier. Finally, when I know that you lied and I get angry anyway. So, why?" This night, I emailed Mr. ***. I wrote, "Mr. ***, this is what this this this..." He said that he will come to see him tomorrow to clarify this and this...

Does it happen again?

No, he learnt.

Did you talk about this problem in your house like face to face?

He wrote because I couldn't talk because I was in ***. I just meant I know he wrote that he reflected. When I read it, I knew his point. I talked to him when I went home. We didn't have to stat from zero. We discussed.

- **In a typical week (including weekends) in term-time, how long does [child's name] spend doing homework?**

It depends. Sometimes no time, sometimes one or two hours.

- **How often do you at home make sure your child had fished his homework before doing other things such as watching TV, going out with friends?**

Do you control if the did his homework?

No.

Just I am asking "Do you have homework for tomorrow?" "Yes." That is all. Because I am looking here homework very easy. First it is easy. Secondly, they can find the way of doing thing from YouTube.

- **Did you keep a tutor for your child to have extra classes or lessons?**

Not for him but I have experience for my oldest.

When you ask your child, "did you do your homework, or do you have homework?" How was his reaction to this?

Easy because he listens to anything. "Do you have homework tomorrow?" "Yes." "Have you done it?" "Yes is yes." "if no, because I am doing this and this, I will do it at 8 o'clock." So, [we] never battler about doing homework or preparing for the exam.

- **Which type of activities does your child attend in or out of the school such as going cinema, watching live sport, religious services, a museum?**

Football! Marathon, and all types of sports.

Does he read for enjoyment?

He doesn't like reading.

How about visiting library or going to religious activities?

Visiting library is not in his list. Religious activities is part of daily activities.

You said he is playing football. What do you think about playing football affecting his self-esteem and self-encourage?

Yeah, yeah! Especially with this boy. He got a lot of effort because of it. He is really proud. He is really proud of what he is doing. He is among the best. That is why he is part of the school team.

Is he in the school team?

Yes!

Maybe they will go to another city for a competition.

Yeah, yeah! With the school, yes, but especially club because he also joins a club. With the club, that is my routine at the weekend to drive him to match. Relative to that, I think sometimes he is a bit too hard with himself. Especially when he thinks that during the match, he doesn't play really well, so, in the car, usually, on our way to drive home, usually he will say, "I am not sure why it is, why it is..." He is reflecting. Because of that, I am communicating with his coach in the club.

Do you think these extracurricular activities affecting your children's school success? I am asking like math, English, science. How does he think about himself?

[Silence].

How do these extracurricular activities affect your child's self-belief about academic success?

Hmm. I think for my son, for him, it is like two different things, when he is on the bench when he is playing football, he knows the target; he knows what the has to do. He needs to score and blah, blah, blah... but when he is at the school, "yeah. I am like this [no good as much when playing football]." Two different things. He ins the math on set-three. For example, his best friend. ***, two of them are best friends, and both are in the same. Except one, he is on set 2. I know actually, if he pushes himself more, probably he can be on set-2.

Do you mean "set-2" is a kind of success?

I think at school. they, for example, in one subject, they have four different grades. Four different groups and each group have different targets. Those, except one, have a higher target. Set1 is the highest, and set4 is the lowest. But, for some other subjects, they have six different sets. So, it depends. Once I talk with my son, "Why don't you want to be on the same set with *** [who is the son's friend, in an upper set] because you know if you are on a different subject, you will have different kind of homework, paperwork? Why don't you want to try more for being in the same subjects with ***? You will have the same homework." He said, "You know, mom, they make four sets for a reason. if every student is in the set one, why do they need to have four sets?"

So, what was your response?

"Yeah, you are right, you agree (!)" [Laughing]. He said. "I am set1 for PE. I am set2 for art. So, why do I need to be set one for math?"

Those sets are also for students, right?

Yeah [laughing]. I think football and school for him are two different things. He said, "football is very determinative, but when I am at school, I can do what I want to do."

Do you think this type of activity affecting his school behaviour?

Yeah, being fair, being sportive, being part of a team.

Do you think effected positively?

Probably, he has already. That's quality in him.

But yeah, yeah.

Does he join any breakfast or homework club?

No. I am not sure if they have.

Do you think if your child attended other activities and it would be better for your child?

Yeah, always I think that more activities ... Until two years ago, he joined the music club but then we stopped because I'm busier than before. I cannot take him.

Do you think time is affecting your child to attend activities?

Yeah! He said, "I get bored..." I said at the same time, "I'm busy with my work" and then I gave up. For example, if I had time, I'd probably encourage him to stay in [the music club].

- **How often do you play sports of physically active games or indoor games with your child?**

No.

Play games?

No.

- **What else do you do as a family? (e.g., discussing books, politics etc.)**

About politics, unfortunately, yes, it is because of my son's interest. Sometimes, he just brings those topics to out dinner table. So, we discuss politics, especially about Brexit and everything.

Like, we travel a lot, almost every three or four months. Every time they have a school break, we are going to trip, and every time we are going to trip abroad or in the UK. We are from ***, and when we are in ***, there is no oil to going to *** [a far place]. It is really expensive. So, when we are here. That is the setting from the beginning when were are here, we should learn as much as we can.

We try to make it low-cost as much as possible, but yes, we travel when they have a break. When we travel, we always say "yes". But if they ask to buy something else, then..."

Do you think your child is happy to talk about those things?

It is they who come up with the topics.

So, they are already ok with this topic.

Yeah. I mean, we talk about so many things. We talk about movies; we talk about what is in. We talk about... it is not we talk about books deeply, but this is part of the conversation.

Do you think these types of conversation has any contribution to your child skills?

Yes.

How?

Especially analytical skills, then, the way of communication like communication what they have in mind, the skill of arguing with. Sometimes, I regret it because they are not really good at arguing against me.

Do you think they increase their self-encourage? Especially I am asking for your second child.

When they play Fortnite, then, they can really communicate with a strategy, with friends. He's really good. Sometimes, Xbox is in our living room. Sometimes, he plays Xbox when I am also there reading. I see how he communicates; how he argues; how he pursues his friends to do this and that ... One time, I think Xbox had like a competition and they needed to make a new group. I was so impressed. I think he's confident in what he's doing because he's used to doing it.

Do you know what? My son, he also has a YouTube channel. He does like a selection of those who're to join this group. He organizes time of, like doing a task and this this ... I was so impressed. I think

his confidence in what he is doing is because he used to do it, not something new. It is part of our [daily] communication.

How about his school behaviours? Do you think those things affecting your child's school behaviours like his attitudes towards school and teachers?

I don't think I can say ... I don't think I noticed any improvement because he is always like that. He was already in good behaviour about talking. So, he is consistently on that level already.

So, not because of these activities?

Probably yes, but it is a really long process. So, if there is any interest, it is quite small because it is not noticeable because he is already 9, so he became from 9 to 9.5, not from 5 to 9.

- **How often does your child spend watching television programmes or films?**

Ok, the screen is only a computer and TV. It doesn't include the mobile phone. So, he gets home around 4 o'clock. Then, usually, he will do exercise blah blah blah ... If in the evening, he does not have any football training, he will be [in] front of the screen from 5 to 7 and then from 9 to 10.30.

Do you think it is much or less or fair?

I always think that it is too much, but he always has an argument on that. For example, he is editing his YouTube channel; "I am working on this this" another day "I am uploading this"; "Do you know I have 300 views?" He can justify that "I am not wasting my time." then, if I complain about Xbox, he will say, "You know I am in this competition and already at this level. If I stop now, ..." He gives me an excuse [laughing]. O my god, this is not just playing, it is not something else!

Do you thin because of those things, he could not focus his lessons enough?

No, because if he has homework, he will do his homework. For example, in another day, last Monday, he got the science exam. It was a little bit difficult for him. After the match, we get home around 5 o'clock, he did not touch Xbox at all.

You said he edited the YouTube channel, watched videos on YouTube and playing Xbox. Do you think beneficial for your child or not?

I can say beneficial (whispering) because he learns a lot. I meant at least I can say that he is not addicted to it. He can get lost of knowledge. He gets inspiration from watching YouTube. He said that even he could learn subjects of history, geography from the internet. I complain a lot.

Do you think he is improving himself?

Unfortunately, yes. You know my points is I feel like I don't know whether he is manipulating me but he always comes up with the information like ... So, I know, yes, he gets something positive with playing Xbox.

How about the social life? As you know, spending time in front of the screen is like interacting with the internet, an artificial area. Do you think spending too much time in front of the screen could affect his social life?

Not at this point because he is quite balanced. Like Sunday afternoon, it was sunny. He said, "I'm going with my friends." And then, two or three friends came to our place to pick him up.

When he spends time on YouTube or plying computer, does he talk with someone online like his peers or ...?

In Xbox, yes. I don't know how it works, but like when playing, they really communicate. That is why he had information like "Oh, my friend has this." One day, I remember he said that "You know ***, he spent his dinner time with his parent, only for fifteen minutes. He cannot understand why we spend around one hour in dinner time." it is because of Xbox we have dinner late like 19.30. people in here usually have it around 18.30 or something like that. For example, he said, "*** said, I am sorry I have to go for dinner. 30 minutes later, he was back and he said 'I'm back'"

Does he improve peer relationships?

Yes, he has lots of friends all around the world because of Xbox. Because of his YouTube channel, because he is good at Xbox. His friends want to join his team. So, he has lots of friend. One of my concern, this makes sure that one team, his team, all communicate with him are not adult.

Your child is set3 at the math. If he plays less or spend less time in front of the screen, do you thin he could be more successful at math or other subjects?

If only I put more effort into that. For example, if I put him [in] an extra lesson, then he will improve. But limiting his time on screen, we will not increase his interest in math.

Do you think if you cut the time he spends in front of the screen, and you have to do something to improve his math skills instead of his screen time?

Ok. For example, the other day, I said "no, Xbox, no YouTube for one week."

Is it like a punishment?

Yes! It is a punishment. I think he was [deserve] it for what happened at the school. "No, for one week." You know what he does this week. He played football with himself in the backyard.

Still football?

Yeah, still football. Then, he reads some books. Then, what happened? He cleaned the house. But [he was not doing extra for school.

- **Do you have rules about the kinds of programmes or films your son may watch, electronic games he may play or internet sites he may access?**

We don't have written rules, but I think he knows what he watched and what not he watches I was actually so curious about that because he has a lot of friends. Probably, he knows what to do and what not to do. He has a computer in his bedroom, and the TV is in the living room. So, I know what they exactly watch and everything is ok. When he turns on the computer, I can hear it from my room. Sometimes, I just came to the room just for a check, and so far, everything is fine.

- **Do you have any limit until which time he can watch?**

Yeah, during weekdays, not more. After that, I have to [turn] off. I know that because when they turn on the computer, I can hear. But, the thing is I cannot control the mobile phone.

Do they have smartphones?

They have smartphones. They insist that they need to have them because they need to put alarms to make them wake up in the morning. I don't know until what time ... but I told them if I see them, they are addictive, I will buy them just a Nokia. So, they need to behave well, at least in front of me.

When your child misbehaves, how do you deal with him?

Yeah, I gave them more home responsibility to do. For example, when they misbehaved, I conditioned them to do something every day for a week.

How about their reaction?

The thing is, this happens after we talk [reason with]. They know exactly where this comes from. So, although they aren't happy, they don't have an option because they cannot convince me otherwise.

- **Do you give them punishment in the same time for example naughty chair, tell off or something else?**

No, it depends on the situation. [removed].

Do you think they changed their behaviour like when you threatened them, and do you get a better solution for them?

I think they understand what they did wrong. So, generally, they are not repeating, [but] sometimes, they forget. You know the boys.

Where does he misbehave, for example, in the school or house?

Basically, misbehave out of the house but sometimes at home happens. For example, if they miss doing their responsibility (we have shared house responsibilities like doing laundry), things happen because they spend too much time with their friends.

Do you think when you treat him like take away treats, it affects his self-esteem?

I hope not but...

Maybe it is affecting positively.

But I know sometimes, they are just angry with me. They are just angry with me. You know it is part of the habit that if they don't agree, if they disagree, they can say it, but sometimes there is a situation like where I have to cut all discussion. I said that "I have lived 30 years longer than you. So, I know more than you. At this point, like it or not, you have to take this." Sometimes, I really have to say that. I know they are not happy, but I said, "just think of this this and this this..." sometimes, they are not happy, but I don't think that influences deeper.

- **How often do you have frequent battles of will with [child's name]?**

Sorry?

It depends. With my youngest, the situation is really negotiable, but it's different with my oldest.

Do you think this type of discussion depends on age? You said you don't have this type of discussion with your younger child, but you have with your elder child. Do you think it is because of the age period?

Yeah, it is also related to how white outside of the world is for them. Like for my eldest, it is so white right now. For my eldest, the whole world, as he has. I don't know his friends well. But for my youngest, it's just a little scope. Also, with my youngest, I know all of his friends. Also, I can communicate well with his friends' parents. But ...

With my youngest, the situation is really negotiable, but it's different with my oldest. Can I tell what happened? It happened last Friday. He went for the prom night and he said that "I'll be at home at half past one a.m." He called me "After this, we'll do this and this and we'll go to this this and this because of this this" I said "No, you come home!" He said, "But why?" and I said "You called me and asked for permission and I said no. It's up to you if you still want to go, take all responsibility. Don't call me if you have any problem." So, in that situation, no discussion and he decided to come back home. Obviously after that, I don't understand why we didn't discuss but most of time we discuss.

- ▲ • **Does your child frequently argue with you?**

Yeah.

About what?

[Removed]. About "you said I need to wear jeans. Why not I wear a short."

How do you deal with them?

About jeans?

Yeah.

I just show them the forecast. Now, it is in the neighbourhood, in an hour, it will be rainy. That's why. [He said,] "That is ok, blah, blah, blah." I said, "You know the rain, and you will get cold." He said "I will be fine," [I said,] "ok".

- **When you child goes out, how often do you know where, with whom he is going and what is he doing?**

After school, he goes home directly. They spend 45 minutes walk from the school to home. Just they walk very slowly. They stop, but they go home directly during the weekdays. During weekends, if the weather is good and doesn't have a match, they go to ***; spends time there, or visits one of their friend's places. I usually ask with whom you will go and then randomly check and text the parents, and *** will indeed go with them.

Is he happy to spend time with his friends?

Yes.

Do you think spending time with children could change your children's behaviour?

I worry. ... Like the other day, it is another story. He asked permission to sleep overnight at his [friend's] place because of his birthday. I thought he would spend the whole day in the house. They went to [a park], and I don't know how he involved wine or beer. One of them gets really drunk and then falls and needs to be picked up by his parents. We are a very small community, then, we know what happened.

That is the thing. He is free. The thing is that night that he just said that "mom, pick me up because overnight is cancelled." So, I picked him up and went home. I asked what happened. He said that "there is a problem in the house. So, we have to go home." I know from his behaviour that he is clean, but he doesn't want to tell the story.

He probably worried about you, like if you learn the story you will angry.

Yes, that is exactly, but eventually, I heard the story. Right? I came in front of him, and I said that "I hear this this and this this ... What exactly happened?" Then, he told me all story. I said, "Why didn't you tell me? I [was] worried." He said. "I am actually fine, you don't need to worry. That's nothing wrong with me. You don't need to know what happened."

This thing is what my eldest and youngest are really agree with and fight against me.

They became together.

Yes, [they are] fighting against me because I really want to make sure that they're in a very safe environment, and this this... I sometimes said "You know his behaviour is ... [inappropriate].

Probably you should consider to limit your friendship with him." Then both of them "Why?! You're prejudiced ... just he made a mistake and one point, that is mean that he's a bad?" I am just worried [about them].

Do you think your controlling style, like restricting the going friends, which friends are going or until when they spend time or where they are going to affect his behaviour in the school?

Yes, in a way that he has quite good self-control. So, especially my youngest, he can protect himself well. My parenting philosophy is [that] when they are young, I am very tight in almost dictating everything what to do. When they grow up, I start to trust them because I believe that they already know what to do and what not to do. So, now, if argue, if I argue with them, [this] is more about something new.

How about their self-encourage? For, you said you were saying what they should do, with whom they should go. Do you thin how your controlling behaviour affects their self-esteem?

I don't know how to answer it, but the good thing is they know their limit. [Removed]. The normal thing for him to be out at least is 9 o'clock. It is common. If, for some reason, he says he will need to stay until 10, he will need to explain why.

[Removed].

- **What do you talk to your son about things that are important to [him/her]?**

[Removed].

Is he happy to talk about those things with you?

I did not ask. See, he just tells me. So, he is happy. For example, for the movie Spiderman, he asked me that 9 of them is going this weekend. He asked me to buy tickets for all of the. They will pay me back, and I said, "Who are they?" H said, "this and this ... also this, ***'s girlfriend." Actually, he just mentioned nine names, but the added this label. He just makes sure that he will go as a group and come back together.

When he talks about this relationship with your child, what do you tell him usually?

It's not every time that he talks something personal about it. I'll put "why?" or "what?". I'm not like that. So, it depends on the situation or sometimes I know that they start in this kind of relationship. Sometimes, during our dinner time, I said, "You're a man. You have to be careful to be this and this." For example, he told me that "***'s dating with this." Then, I started to tell about his responsibility: "it'll be like that, that'll be like that, like rejection." I kept that topic in my mind. I said that I need to tell him about this [personal relationships] and also, about sexuality. I make sure that I discuss [these

issues] with them ... it's important and especially because there's no dad figure in the house. Also, in this country, at school, they discuss openly. I mean, there is like that.

When you talk about these emotional things with your children, do you think it affects his behaviour peers/friends?

Yes.

How?

It makes him thoughtful. He makes sure his friends are ok and fine. But this boy sometimes, he is also, because I am watching his football match, I can see different if he is happy or not happy. I can just ask. I can come in front of him openly and ask, "What happened to *** today because you were unhappy with him?" He said, "Yes, because he is doing this silly, this..."

- **Overall, how close would you say your son is to you?**

Very close.

- **As you said, you don't have time. That is why you are making dinner later, for example. Probably also, you have another thing to do. If you have more time, what would you like to do with your children?**

[Silence].

We [would] go to the movies. We [would] go to holiday. We [would] go home sometimes, and we just order, and watch movies together. So, what else? I don't think I will do it any other way.

- **Do you think if you earn more money [or] your income increases, would it be better for your children?**

Is there anything like my sons need but they cant get now because of money?

Yes.

Something is not principal. For example, he wants to buy shoes and they're expensive. I can't afford them. We argue why and this and that ... it's not essential but another thing ... for example, he'd like to go to ski trip with his school in December and it cost £900. Yes, I allowed him to go but the thing is I always discuss with him that "You know this's £900. It costs me an additional £90 pounds per month for 10 months and I have to work more. You should know what your responsibilities are."

Appendix F

The example table shows how codes rose for theme parental expectations and aspirations:

| Zaina | Maria | Laila | David | Esther | Maya | Adam | Sara |
|---|---|---|---|--|-----------------------------|---|---|
| Parental expectations and aspirations | | | | | | | |
| Discussing future career*2 | Discussing future career*3 | Discussing future career*3 | Discussing future career*3 | Discussing future career*3 | | Discussing future career*3 | Discussing future career*3 |
| Addressing adolescent's skills and wish | Addressing adolescent's skills and wish | | Addressing adolescent's skills and wish | Addressing adolescent's skills and wish | | Addressing adolescent's skills and wish | |
| Don't dictate*3 | Don't dictating | | | | | Don't dictating | |
| Assimilating parent's career*2 | | Assimilating parent's career*2 | Assimilating parent's career*2 | | | Assimilating parent's career*2 | |
| Motivating/praising for reaching targeted career | | | | Motivating/praising for reaching targeted career | | Motivating/praising for reaching targeted career | |
| Showing school as place for reaching targeted carer | Showing school as place for reaching targeted carer | Showing school as place for reaching targeted carer | | | | Showing school as place for reaching targeted carer | Showing school as place for reaching targeted carer |
| | | | | | Frustrated Short term/lower | | Frustrated Short term/lower expectation |



MPhil, PhD, EdD Research Students and Masters by Research: Ethical Approval

All research undertaken by the students and staff within CES must conform to the University's ethical guidelines. There are separate procedures for staff and students. This guidance addresses the latter.

All students receive training in research ethics and are required to complete the appropriate form before undertaking research, including small projects, dissertations and theses as appropriate. The completion of the form is an opportunity to discuss ethical issues with your supervisor/tutor and is intended as a learning exercise as much as an administrative process to ensure compliance with CES policy.

The amount and type of training in research ethics is proportionate to both the qualification and the research project; the content of the forms varies accordingly. In general, undergraduates will be expected to undertake research projects which give relatively common and straightforward ethical issues while doctoral studies may raise complex, challenging ethical issues. As most studies involve children and young people, research ethics pertaining to vulnerable participants is a common issue.

You should complete the ethical approval form for the research project appropriate to your programme. These may be obtained from the CES website.

For *EdD* students, separate forms are required for each specialist study (8000 words) and the thesis.

You should complete the form, which should then be signed by yourself and countersigned by your tutor/supervisor. Completion of the form will be guided by your tutor/supervisor and is intended to help you consider the ethical issues concerned, so you must provide full details. The form should then be returned to the Research Office (WE1.33) for processing. **Please note:** as the form requires signatures you should not email it – the paper original is required.

The form will then be reviewed by the relevant member of staff. The proposal may be approved, approved subject to minor amendments, or declined. The form will then be returned to the Research Office for recording and then returned to your course secretary who will report the outcome to yourself and your tutor/supervisor. If any changes are required you should undertake these **in consultation** with your tutor/supervisor. The form should then be resubmitted to the Research Office, when it will be reviewed.

Further Guidance

Further guidance and support is available from the University's website:

<http://www2.warwick.ac.uk/services/rss/services/ethics/statement/guidance/>

<http://www2.warwick.ac.uk/services/rss/services/ethics/governance/codeofconduct/>

<http://www2.warwick.ac.uk/services/rss/services/ethics/statement/guidance/#>

and from the ethical codes of appropriate organisations including the British Educational Research Association, British Psychological Society and the British Sociological Association:

www.warwick.ac.uk/services/rss

www.bera.org.uk

www.bps.org.uk

www.britisoc.org.uk

NB: doctoral Students

Doctoral students are initially registered for an MPhil/PhD and transfer to the PhD subject on the completion of a successful Upgrade. Ethical approval should first be sought early in the MPhil and certainly before any fieldwork. The Upgrade provides a second opportunity to review the ethical issues of your research. A completed ethical approval form should therefore accompany your Upgrade paper.



Application for Ethical Approval for Research Degrees

(MA by research, MPhil/PhD, EdD)

Student number: U1693406

Student name: Ahmet Kuscuoglu

PhD EdD MA by research

Project title: *The wellbeing of teenagers with SEN and without SEN: the role of gender, socioeconomic factors and parenting behaviours*

Supervisor: Dimitra Hartas

Funding body (if relevant):

Please ensure you have read the Guidance for the Ethical Conduct of Research available in the handbook.

Methodology

Please outline the methodology, e.g. observation, individual interviews, focus groups, group testing etc.

For the quantitative part, I will use secondary data, namely questionnaires from the Millennium Cohort Study (MCS). For the qualitative part, I will use semi-structured interviews.

The purpose of this study is twofold: the first is through quantitative data, exploring whether socioeconomic factors (family income and parent educational qualification), children's gender and parenting behaviours (parental involvement, extracurricular activities, screen-time, etc.) have a

role in typically developed children's and SEN children's wellbeing. The second is through qualitative data, deeply explaining how socioeconomic factors, children's gender and parenting behaviours have a role in typically developed children's and SEN children's wellbeing. The questions of semi-structured interviews will be the same questions used in the secondary data.

Participants

Please specify all participants in the research including ages of children and young people where appropriate. Also specify if any participants are vulnerable e.g. children; as a result of learning disability.

For quantitative part, participants include around 19,000 children with their families. Roughly 10 percentages of participants have children with Special Educational Needs (SEN). I aim to use last two sweeps (fifth and sixth) of MCS. When the data collected in the fifth sweep, the participant children's age was around 11 years old; and 14 years old for the sixth sweep.

For qualitative part, the participants in this study will be at least 8 parents (one parent per family) living in the UK. The purpose of having at least 8 parents is possibly having a voice of parents from socioeconomic levels and parent who have children with different SEN types.

Respect for participants' rights and dignity

How will the fundamental rights and dignity of participants be respected, e.g. confidentiality, respect of cultural and religious values?

For the quantitative part, all participants are coded with "a cohort number" such as "M123456789". Thus, absolute confidentiality has already been provided for respecting the rights and dignity of participants.

For the qualitative part, I will open an invitation to parents via schools, subject-related organizations, and social media groups to participate in this study as participation on a voluntary basis. The participants will be asked to respond to interviews. In the meeting with participants, I will give them an information sheet and consent form. The information sheet is written the purpose of this study, information about researcher, how and for which purpose data will be used, and the participant's right to refuse this study and the right to withdraw any time. The consent form is used to get permission from each participant and they are required to sign the form.

In addition, discussing children with SEN is a sensitive issue and I will take the necessary precautions in order to protect the rights and dignity of children with SEN. I will tell the necessary information and rules to parents for protecting children's rights and avoiding potential ethical problems. I will also request parents to obey these rules. I will ask parents to take the consent of their children for participating in this study.

This study is not expected to probe into cultural and religious issues or ones of great sensitivity.

Privacy and confidentiality

How will confidentiality be assured? Please address all aspects of research including protection of data records, thesis, reports/papers that might arise from the study.

For qualitative part, in the consent form, the participants (parents) are asked to grant permission to use their responses for the research. The researcher guarantees that there will be no information that could identify any particular participant will be shown in the thesis. During all stages of this research, all data will be stored in a locked file, all electronic information will be coded and secured using a password-protected file on the university server only I and my supervisor will have access anonymized data.

Consent

How will prior informed consent be obtained from the following?

From participants:

Yes

From others:

If a child's under 16 then they cannot legally give consent themselves and a researcher should ask a parent or guardian for consent. However, I will request the participated parents to verbally take their children's consent.

If prior informed consent is not to be obtained, give reason:

Will participants be explicitly informed of the student's status?

Addressing dilemmas

Even well planned research can produce ethical dilemmas. How will you address any ethical dilemmas that may arise in your research?

I will use a consent form to inform and to avoid any dilemma. I will also verbally explain the participant's work with me is fully voluntary and if the participant wishes, she/he has the right to withdraw during all data collection period. But if an ethical dilemma arises from the planned research, I will withdraw and give myself some time to think about how I can figure out the dilemma. In addition, I will seek advice from my supervisor and PhD colleagues. If I need to overcome the dilemma in a short time, I will try to get the overall perspective of what had happened and focus on the choice of actions towards the dilemma. I will then take less risk possible. I will get advice from my supervisor on how to take precautions against the ethical dilemma happening again.

Misuse of research

How will you seek to ensure that the research and the evidence resulting from it are not misused?

The all research evidence is only used for my thesis and any article which is produced from my thesis. I will ensure that obtained data will not be passed to a third party and not to be used for another purpose. All research stages and evidence will be monitored by my supervisor.

Support for research participants

What action is proposed if sensitive issues are raised or a participant becomes upset?

For quantitative part, It is not anticipated becoming upset because there is no active participation as the nature of the research using the secondary dataset. However, though using a secondary dataset, all sensitive issues will be dealt with sensitively and respectfully if it happens.

For the qualitative part, all sensitive issues will be dealt with very carefully and respectfully. If a participant feels upset during the data collection process, I would give her/him a few minutes for quiet reflection and tell some supportive comments. Then, I will kindly ask she/he wants to

continue now or postpone for later. Also, I will remind them, participant, that they have a right to withdraw from the study. If they decided to withdraw, then that is their right to do so.

Integrity

How will you ensure that your research and its reporting are honest, fair and respectful to others?

For the quantitative part, MCS dataset will be used and a quantitative research design will be employed in order to provide honest and verifiable methods in proposing, performing, and evaluating the research. I also confirmed to report research findings with particular attention to adherence to rules and guidelines of UK Data Service. (<https://www.ukdataservice.ac.uk/manage-data/legal-ethical>).

For the qualitative part, all participants will be asked whether they would like to confirm their interview transcripts. All reporting will be done by a thoughtful ethical approach.

What agreement has been made for the attribution of authorship by yourself and your supervisor(s) of any reports or publications?

It will work on a case-by-case basis, where the supervisor would only be named if they were a significant contributor to a publication.

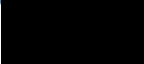
Other issues

Please specify other issues not discussed above, if any, and how you will address them.

None

| | |
|---|------------------|
| Signed: | |
| Student: Ahmet Kuscuoglu | Date: 11/10/2019 |
|  | |
| Supervisor: Dimitra Hartas | Date: 11/10/2019 |
|  | |

Please submit this form to the Research Office (Andy Brierley, room WE133)

| |
|---|
| Office use only |
| Action taken: |
| <input checked="" type="checkbox"/> Approved |
| <input type="checkbox"/> Approved with modification or conditions – see below |
| <input type="checkbox"/> Action deferred. Please supply additional information or clarification – see below |
| Name: Emily Henderson |
| Signature:  |
| Date: 25/3/20 |
| Stamped: |
| Notes of Action: |

Appendix H

Centre for Education Studies,
The University of Warwick,
Coventry, CV4 7AL,
United Kingdom



Consent to be a Research Participant

Dear Parent,

The purpose of this letter is to introduce myself and to ask for your permission to participate in a research, which aims to explore analyse the changes in the wellbeing of children with and without special educational needs (SEN) depends on socioeconomic factors and parenting behaviours.

Parenting and socioeconomic factors has a significant relationship with children's wellbeing. In this research project, I am interested in researching how parenting behaviours and socioeconomic factors contribute to this relationship for children with SEN and without SEN.

This voluntary consent form seeks your permission to be part of this research. Your participation in this research is voluntary and you can withdraw from the research at any time you wish. The research involves semi-structured interviews including questions about a range of different parenting experiences. Interviews will last 45-60 minutes and will be conducted at an agreed time and location. Subject to consent, interviews will be audio-recorded. Your name and your children's name will be kept anonymous and your identity shall not be revealed in any section of the research project. The anonymized data will be stored securely according to University of Warwick regulations. The interview records will not be used by anyone else and pseudonyms will be used in any text included in this study. The data obtained from you will be kept confidential and will be accessed by my supervisors and myself, and only used for the purpose of this research project.

Finally, should you have any further questions regarding this project, you can contact the researcher via details given below.

Sincerely

Ahmet Kuscuoglu

Doctoral Researcher
Centre for Education Studies

University of Warwick, Coventry, UK.

Email: a.kuscuoglu@warwick.ac.uk

Please sign if you are willing to participate in this research project.

Signature: _____

Printed Name: _____

Date: _____

[Appendix I](#)

The results of descriptive statistics

| | 11-year-olds with SEN | 11-year-olds without SEN | 14-year-olds with SEN | 14-year-olds without SEN |
|------------------------------|--------------------------|-----------------------------|--------------------------|-----------------------------|
| Gender | | | | |
| Girls | 32.1 | 51.8 | 33.7 | 51.5 |
| Boys | 67.9 | 48.2 | 66.3 | 48.5 |
| Ethnicity | | | | |
| White | 88.4 | 82.8 | 90.0 | 82.7 |
| Mixed | 3.7 | 2.8 | 1.1 | .9 |
| Indian | .8 | 2.6 | 1.0 | 3.0 |
| Pakistani and Bangladeshi | 4.2 | 6.9 | 3.9 | 7.9 |
| Black and British Black | 1.9 | 3.5 | 2.7 | 3.5 |
| Others and Chinese | 1.0 | 1.4 | 1.3 | 2.0 |
| Income | | | | |
| Bottom | 24.0 | 18.2 | 21.2 | 16.4 |
| Second | 20.5 | 19.3 | 20.7 | 16.4 |
| Third | 22.5 | 21.5 | 21.4 | 20.3 |
| Four | 18.5 | 21.2 | 18.2 | 23.6 |
| Top | 14.5 | 19.8 | 18.5 | 23.4 |
| Parent education | | | | |
| None | 13.8 | 10.1 | 11.5 | 8.9 |
| NVQ1 | 7.8 | 6.6 | 7.4 | 5.7 |
| NVQ2 | 26.3 | 25.5 | 25.2 | 23.5 |
| NVQ3 | 15.6 | 15.7 | 15.1 | 14.9 |
| NVQ4 | 29.0 | 33.2 | 32.6 | 34.8 |
| NVQ5 | 7.6 | 8.9 | 8.2 | 12.1 |
| Attending PTM | | | | |
| Yes | 91.1 | 92.2 | 80.3 | 85.1 |
| No | 4.3 | 3.1 | 11 | 6.4 |
| Not Yet | 4.6 | 4.7 | 8.6 | 8.5 |

| FBW | | | | |
|--|------------------------------|---------------------------------|------------------------------|---------------------------------|
| Yes | 40.5 | 26 | - | - |
| No | 56 | 71.1 | - | - |
| Do not wish to answer | 3.5 | 2.9 | | |
| | 11-year-olds with SEN | 11-year-olds without SEN | 14-year-olds with SEN | 14-year-olds without SEN |
| | <i>M</i> | <i>M</i> | <i>M</i> | <i>M</i> |
| | <i>(SD)</i> | <i>(SD)</i> | <i>(SD)</i> | <i>(SD)</i> |
| Parental expectations and aspirations | 3.27 (.75) | 3.72 (.57) | 3.26 (.74) | 3.71 (.58) |
| Home-based parental involvement | | | | |
| Homework involvement | 5.55 (.85) | 5.69 (.62) | 3.66 (.65) | 3.85 (.41) |
| Extracurricular activity | - | - | 6.85 (1.33) | 7.09 (1.33) |
| Playing with child | 4.50 (1.80) | 4.23 (1.71) | - | - |
| Screen time | 10.46 (2.68) | 10.80 (2.72) | 10.34 (2.68) | 10.58 (2.42) |
| Parental discipline | | | | |
| NPP | 8.64 (2.22) | 7.80 (2.09) | - | - |
| Arguing with parents | - | - | 3.46 (1.43) | 3.35 (1.33) |
| Parental rules | 3.85 (.43) | 3.86 (.43) | - | - |
| Parental control | - | - | 8.12 (1.40) | 8.15 (1.31) |
| The scales of mental health | | | | |

| | | | | |
|------------------------------|-----------------|-----------------|-----------------|-----------------|
| Emotional symptoms | 3.15 (2.50) | 1.73 (1.87) | 3.29 (2.61) | 1.90 (2.03) |
| Conduct problems | 2.30 (2.05) | 1.29 (1.48) | 2.31 (2.19) | 1.31 (1.52) |
| Hyperactivity | 5.43 (2.77) | 2.86 (2.29) | 5.13 (2.83) | 2.74 (2.22) |
| Peer problems | 2.71 (2.38) | 1.22 (1.51) | 3.20 (2.42) | 1.58 (1.65) |
| TBD | 10.41 (5.84) | 5.36 (4.08) | 10.64 (5.93) | 5.63 (4.13) |
| Prosocial skills | 8.05 (2.10) | 8.87 (1.46) | 7.58 (2.27) | 8.40 (1.77) |
| Life satisfaction | 22.80 (5.73) | 24.22 (5.30) | 21.11 (6.09) | 21.50 (5.75) |
| Moods and feelings | - | - | 18.69 (5.76) | 18.52 (5.87) |
| SE scales | | | | |
| Self-esteem | 11.63 (2.17) | 12.03 (2.06) | 10.67 (2.54) | 10.68 (2.66) |
| Academic self- concept | 6.15 (1.53) | 6.53 (1.33) | 5.67 (1.45) | 6.20 (1.45) |
| Positive school attitudes | 14.25 (1.78) | 15.23 (2.65) | 15.27 (3.13) | 15.66 (3.00) |

[Appendix J](#)

Conduct problems

The linear regression analysis on conduct problems for 11-year-olds with SEN produced an adjusted R^2 of .522, meaning that more than 52% of the variance in the conduct problems was accounted for by the predictor variables. Also, the ANOVA test, $F(14, 1077) = 85.943, p < .001$, was statistically significant. In the linear regression on emotional symptoms for 11-year-olds without SEN, the adjusted R^2 was .411, indicating that more than 41% of the variance in the conduct problems was accounted for by the predictor variables. The ANOVA test $F(14, 9645) = 483.260, p < .001$ was statistically significant.

The linear regression analysis on conduct problems for 14-year-olds with SEN produced an adjusted R^2 of .274, meaning that more than 27% of the variance in the conduct problems was accounted for by the predictor variables. Also, the ANOVA test, $F(12, 732) = 24.342, p < .001$, was statistically significant. In the linear regression on conduct problems for 14-year-olds without SEN, the adjusted R^2 was .222, indicating that more than 22% of the variance in the conduct problems was accounted for by the predictor variables. The ANOVA test $F(12, 8396) = 200.842, p < .001$ was statistically significant.

As [Table 43](#) shows, gender was found to be a significant predictor of the conduct problems of 11-year-olds without SEN ($\beta = .029, p < .001$), but it was not found to be a significant predictor of the emotional symptoms of 11-year-olds without SEN 14-year-olds with SEN and 14-year-olds without SEN. Income significantly predicted the conduct problems of all groups, namely, 11-year-olds with SEN ($\beta = -.172, p < .001$), 11-year-olds without SEN ($\beta = -.154, p < .001$), 14-year-olds with SEN ($\beta = -.182, p < .01$), and 14-year-olds without SEN ($\beta = -.171, p < .001$). Similarly, parent education significantly predicted the conduct problems of all groups, namely, 11-year-olds with SEN ($\beta = -.091, p < .001$), 11-year-olds without SEN ($\beta = -.051, p < .001$), 14-year-olds with SEN ($\beta = -.104, p < .01$), and 14-year-olds without SEN ($\beta = -.032, p < .001$).

Parent expectations and aspirations significantly predicted the conduct problems of 11-year-olds without SEN ($\beta = -.067, p < .001$), 14-year-olds without SEN ($\beta = -.089, p < .001$) but not the conduct problems of the with-SEN groups. Attending PTM (yes) made small yet significant contribution to the conduct problems of 11-year-olds without SEN ($\beta = -.038, p < .01$), 14-year-olds without SEN ($\beta = -.041, p < .01$) but not the conduct problems of the with-SEN groups. Attending PTM (not yet) did not significantly contribute to the conduct problems of any groups. Homework involvement significantly predicted the

conduct problems of all groups, namely, 11-year-olds with SEN ($\beta = -.154, p < .001$), 11-year-olds without SEN ($\beta = -.051, p < .001$), 14-year-olds with SEN ($\beta = -.096, p < .01$), and 14-year-olds without SEN ($\beta = -.091, p < .001$). Extracurricular activity did not predict the conduct problems of 14-year-olds with SEN but it made a small yet significant contribution to the conduct problems of 14-year-olds without SEN ($\beta = -.033, p < .001$). Playing with child did not predict the conduct problems of any of the groups. Screen time did not significantly predict the conduct problems of 11-year-olds with SEN, 14-year-olds without SEN but did make a small yet significant, contribution to the conduct problems of 11-year-olds without SEN ($\beta = .025, p < .01$) and made a significant contribution to the conduct problems of 14-year-olds with SEN ($\beta = .154, p < .001$). NPP significantly contributed to the conduct problems of 11-year-olds without SEN ($\beta = .295, p < .001$) and 11-year-olds with SEN ($\beta = .319, p < .001$). Similarly, NPP significantly contributed to the conduct problems of 11-year-olds without SEN ($\beta = .358, p < .001$) and 11-year-olds with SEN ($\beta = .328, p < .001$). FBW (do not wish to answer) significantly predicted the conduct problems of both 11-year-olds with SEN ($\beta = -.068, p < .001$) and 11-year-olds without SEN ($\beta = -.046, p < .001$). FBW (do not wish to answer) significantly predicted the conduct problems of both 11-year-olds with SEN ($\beta = -.068, p < .01$) and 11-year-olds without SEN ($\beta = -.046, p < .001$). Arguing with parents made a significant contribution to the conduct problems of both 14-year-olds with SEN ($\beta = .195, p < .001$) and 14-year-olds without SEN ($\beta = .211, p < .001$). Parental rules did not significantly predict the conduct problems of either 11-year-olds with SEN but it made a small yet significant contribution to the conduct problems of 14-year-olds without SEN ($\beta = .032, p < .001$). Parental control significantly predicted the conduct problems of both 14-year-olds with SEN ($\beta = .125, p < .001$) and 14-year-olds without SEN ($\beta = .178, p < .001$). Parental closeness was not found to be a significant predictor of the conduct problems of 11-year-olds with SEN, but made a significant small difference, yet significant, contribution to the conduct problems of 11-year-olds without SEN ($\beta = -.109, p < .001$) and 14-year-olds without SEN ($\beta = -.200, p < .001$) and a relatively bigger contribution to 14-year-olds with SEN ($\beta = -.145, p < .01$).

Hyperactivity

The linear regression analysis on hyperactivity for 11-year-olds with SEN produced an adjusted R^2 of .335, meaning that nearly 34% of the variance in the hyperactivity was accounted for by the predictor variables. Also, the ANOVA test, $F(14, 1075) = 40.272, p < .001$, was statistically significant. In the linear regression on emotional symptoms for 11-year-olds without SEN, the adjusted R^2 was .271, indicating that more than 27% of the

variance in the hyperactivity was accounted for by the predictor variables. The ANOVA test $F(14, 9635) = 257.139, p < .001$ was statistically significant.

The linear regression analysis on hyperactivity for 14-year-olds with SEN produced an adjusted R^2 of .244, meaning that more than 24% of the variance in the hyperactivity was accounted for by the predictor variables. Also, the ANOVA test, $F(12, 732) = 21.022, p < .001$, was statistically significant. In the linear regression on conduct problems for 14-year-olds without SEN, the adjusted R^2 was .198, indicating that nearly 20% of the variance in the hyperactivity was accounted for by the predictor variables. The ANOVA test $F(12, 8394) = 174.086, p < .001$ was statistically significant.

As [Table 43](#) shows, gender significantly predicted the hyperactivity of all groups, namely, 11-year-olds with SEN ($\beta = .106, p < .001$), 11-year-olds without SEN ($\beta = .120, p < .001$), 14-year-olds with SEN ($\beta = .191, p < .01$), and 14-year-olds without SEN ($\beta = .114, p < .001$). Similarly, income significantly predicted the hyperactivity of all groups, namely, 11-year-olds with SEN ($\beta = -.095, p < .001$), 11-year-olds without SEN ($\beta = -.120, p < .001$), 14-year-olds with SEN ($\beta = -.206, p < .01$), and 14-year-olds without SEN ($\beta = -.153, p < .001$). Parent education significantly predicted the hyperactivity of 11-year-olds with SEN ($\beta = -.094, p < .001$) and 11-year-olds without SEN ($\beta = -.046, p < .001$) but not 14-year-olds with SEN and 14-year-olds without SEN.

Parent expectations and aspirations significantly predicted the hyperactivity of all groups, namely, 11-year-olds with SEN ($\beta = -.135, p < .001$), 11-year-olds without SEN ($\beta = -.187, p < .001$), 14-year-olds with SEN ($\beta = -.137, p < .01$), and 14-year-olds without SEN ($\beta = -.167, p < .001$). Attending PTM (yes) and Attending PTM (not yet) did not significantly contribute to the hyperactivity of any groups. Homework involvement significantly predicted the hyperactivity of 11-year-olds with SEN ($\beta = -.091, p < .01$), 11-year-olds without SEN ($\beta = -.024, p < .01$), and 14-year-olds without SEN ($\beta = -.062, p < .001$) but not the hyperactivity 14-year-olds with SEN. Extracurricular activity did not predict the hyperactivity of 14 years olds with SEN but it made a significant contribution to the hyperactivity of 14-year-olds without SEN ($\beta = -.080, p < .001$). Playing with child predict the hyperactivity of 11-year-olds with SEN ($\beta = -.073, p < .01$) and 11-year-olds without SEN ($\beta = -.043, p < .001$). Screen time did not significantly predict the hyperactivity of any groups. NPP significantly contributed to the hyperactivity of 11-year-olds without SEN ($\beta = .257, p < .001$) and 11-year-olds with SEN ($\beta = .230, p < .001$). FBW (no) significantly predicted the hyperactivity of both 11-year-olds with SEN ($\beta = -.243, p <$

.001) and 11-year-olds without SEN ($\beta = -.209, p < .001$). FBW (do not wish to answer) significantly predicted the hyperactivity of both 11-year-olds with SEN ($\beta = -.072, p < .001$) and 11-year-olds without SEN ($\beta = -.039, p < .001$). Arguing with parents made a significant contribution to the hyperactivity of both 14-year-olds with SEN ($\beta = .179, p < .001$) and 14-year-olds without SEN ($\beta = .118, p < .001$). Parental rules did not significantly predict the hyperactivity of any groups. Parental control did not significantly predict the hyperactivity of both 14-year-olds with SEN but it made a significant contribution to the hyperactivity of 14-year-olds without SEN ($\beta = .178, p < .001$). Parental closeness was not found to be a significant predictor of the hyperactivity of 11-year-olds with SEN, but it made a significant small difference, yet significant, contribution to the conduct problems of 11-year-olds without SEN ($\beta = -.073, p < .001$) and 14-year-olds without SEN ($\beta = -.113, p < .001$) and a relatively bigger contribution to 14-year-olds with SEN ($\beta = -.077, p < .01$).

Peer problems

The linear regression analysis on peer problems for 11-year-olds with SEN produced an adjusted R^2 of .192, meaning that more than 19% of the variance in the peer problems was accounted for by the predictor variables. Also, the ANOVA test, $F(14, 1076) = 19.547, p < .001$, was statistically significant. In the linear regression on peer problems for 11-year-olds without SEN, the adjusted R^2 was .091, indicating that more than 9% of the variance in the peer problems was accounted for by the predictor variables. The ANOVA test $F(14, 9647) = 70.413, p < .001$ was statistically significant.

The linear regression analysis on peer problems for 14-year-olds with SEN produced an adjusted R^2 of .146, meaning that nearly 15% of the variance in the peer problems was accounted for by the predictor variables. Also, the ANOVA test, $F(12, 732) = 11.642, p < .001$, was statistically significant. In the linear regression on conduct problems for 14-year-olds without SEN, the adjusted R^2 was .067, indicating that nearly 7% of the variance in the peer problems was accounted for by the predictor variables. The ANOVA test $F(12, 8398) = 51.061, p < .001$ was statistically significant.

As [Table 43](#) shows, gender did not significantly predict the hyperactivity of any groups. Income significantly predicted the hyperactivity of all groups, namely, 11-year-olds with SEN ($\beta = -.181, p < .001$), 11-year-olds without SEN ($\beta = -.159, p < .001$), 14-year-olds with SEN ($\beta = -.218, p < .01$), and 14-year-olds without SEN ($\beta = -.167, p < .001$). Parent education did not significantly predict the hyperactivity of 11-year-olds with SEN, 11-year-

olds without SEN and 14-year-olds with SEN but it made a small yet significant contribution to the peer problems of 14-year-olds without SEN ($\beta = -.045, p < .001$).

Parent expectations and aspirations significantly predicted the peer problems of 11-year-olds without SEN ($\beta = -.061, p < .001$), 14-year-olds without SEN ($\beta = -.039, p < .01$) but not the conduct problems of the with-SEN groups. Attending PTM (yes) made small yet significant contribution to the peer problems of 14-year-olds without SEN ($\beta = -.056, p < .001$) but not the peer problems of the with-SEN groups and 11-year-olds without SEN. Similarly, attending PTM (not yet) made small yet significant contribution to the peer problems of 14-year-olds without SEN ($\beta = -.056, p < .001$) but not the peer problems of the with-SEN groups and 11-year-olds without SEN. Homework involvement significantly predicted the peer problems of all groups, namely, 11-year-olds with SEN ($\beta = -.130, p < .001$), 11-year-olds without SEN ($\beta = -.051, p < .001$), 14-year-olds with SEN ($\beta = -.185, p < .01$), and 14-year-olds without SEN ($\beta = -.041, p < .001$). Extracurricular activity did not predict the peer problems of 14-year-olds with SEN but it made a small yet significant contribution to the peer problems of 14-year-olds without SEN ($\beta = -.033, p < .001$). Playing with child significantly predicted the peer problems of 11-year-olds with SEN ($\beta = -.089, p < .01$) and 11-year-olds without SEN ($\beta = -.031, p < .01$). Screen time significantly predicted the peer problems of 11-year-olds with SEN ($\beta = -.099, p < .001$) and 11-year-olds without SEN ($\beta = -.069, p < .001$) but it did not make a small yet significant, contribution to the peer problems of 14-year-olds without SEN and 14-year-olds without SEN. NPP significantly contributed to the peer problems of 11-year-olds without SEN ($\beta = .148, p < .001$) and 11-year-olds with SEN ($\beta = .045, p < .001$). FBW (no) significantly contributed to the peer problems of 11-year-olds without SEN ($\beta = -.171, p < .001$) and 11-year-olds with SEN ($\beta = -.130, p < .001$). FBW (do not wish to answer) significantly predicted the peer problems of any groups. Arguing with parents made a significant contribution to the peer problems of both 14-year-olds with SEN ($\beta = .116, p < .01$) and 14-year-olds without SEN ($\beta = .082, p < .001$). Parental rules did not significantly predict the peer problems of any groups. Parental control significantly predicted the peer problems of both 14-year-olds with SEN ($\beta = .217, p < .001$) and 14-year-olds without SEN ($\beta = .082, p < .001$). Parental closeness was not found to be a significant predictor of the peer problems of 11-year-olds with SEN, but made a small yet significant, contribution to the conduct problems of 11-year-olds without SEN ($\beta = -.098, p < .001$) and 14-year-olds without SEN ($\beta = -.143, p < .001$) and a relatively bigger contribution to 14-year-olds with SEN ($\beta = -.100, p < .01$).

Table 43 Beta coefficients (β) for gender, socioeconomic factors and parenting predicting child conduct problems, hyperactivity and peer problems

| | 11-year-olds with SEN | 11-year-olds without SEN | 14-year-olds with SEN | 14-year-olds without SEN |
|---------------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| | β (SE) | β (SE) | β (SE) | β (SE) |
| Conduct problems | | | | |
| Gender | .053 (.104) | .029** (.024) | .077 (.156) | -.015 (.031) |
| Income | -.172** (.042) | -.154** (.010) | -.182** (.062) | -.171** (.013) |
| Parent education | -.091** (.039) | -.051** (.010) | -.104* (.060) | -.032* (.012) |
| Parental expectations and aspirations | -.033 (.064) | -.067** (.020) | -.053 (.101) | -.089** (.025) |
| Attending PTM (yes) | .044 (.263) | -.038* (.066) | .003 (.238) | -.041* (.059) |
| Attending PTM (not yet) | .036 (.339) | -.016 (.089) | -.020 (.349) | -.022 (.079) |
| Homework involvement | -.154** (.057) | -.051** (.020) | -.096* (.120) | -.091** (.035) |
| Extracurricular activity | - | - | .033 (.059) | -.033* (.012) |
| Playing with child | .027 (.027) | -.016 (.007) | - | - |
| Screen time | -.002 (.018) | .025* (.005) | .154** (.034) | -.006 (.008) |
| NPP | .295** (.035) | .319** (.009) | - | - |
| FBW (no) | -.358** | -.328** | - | - |

| | | | | |
|---------------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| | (.114) | (.030) | | |
| FBW (do not wish to answer) | -.068* (.240) | -.046** (.077) | - | - |
| Arguing with parents | - | - | .195** (.049) | .211** (.011) |
| Parental rules | .025 (.114) | -.032** (.028) | - | - |
| Parental control | - | - | -.125** (.052) | -.178** (.012) |
| Parental closeness | -.022 (.184) | -.109** (.049) | -.200** (.206) | -.145** (.045) |
| Hyperactivity | | | | |
| Gender | .106** (.153) | .120** (.041) | .191** (.205) | .114** (.046) |
| Income | -.095* (.062) | -.120** (.018) | -.206** (.081) | -.153** (.020) |
| Parent education | -.094* (.057) | -.046** (.017) | -0.073 (.079) | -0.012 (.018) |
| Parental expectations and aspirations | -.135** (.094) | -.187** (.035) | -.137** (.132) | -.167** (.038) |
| Attending PTM (yes) | -0.025 (.388) | -0.004 (.112) | .017 (.312) | -0.011 (.089) |
| Attending PTM (not yet) | -0.041 (.501) | .008 (.151) | -0.001 (.457) | .002 (.118) |
| Homework involvement | -.091* (.085) | .024* (.033) | -0.076 (.157) | -.062** (.053) |
| Extracurricular activity | - | - | .012 (.077) | -.080** (.018) |
| Playing with child | .073* (.039) | -.043** (.012) | - | - |
| Screen time | -0.018 (.026) | .021 (.008) | .070 (.044) | .026 (.012) |

| | | | | |
|---------------------------------------|----------------|----------------|----------------|----------------|
| NPP | .257** | .230** | - | - |
| | (.051) | (.015) | | |
| FBW (no) | -.243** | -.209** | - | - |
| | (.168) | (.050) | | |
| FBW (do not wish to answer) | -.072* | -.039** | - | - |
| | (.356) | (.132) | | |
| Arguing with parents | - | - | .179** | .118** |
| | | | (.064) | (.017) |
| Parental rules | .033 | -.013 | - | - |
| | (.168) | (.048) | | |
| Parental control | - | - | -.086 | -.150** |
| | | | (.069) | (.018) |
| Parental closeness | -.003 | -.073** | -.113* | -.077** |
| | (.271) | (.083) | (.270) | (.068) |
| Peer problems | | | | |
| Gender | .038 | .005 | .076 | .015 |
| | (.146) | (.030) | (.186) | (.037) |
| Income | -.181** | -.159** | -.218** | -.167** |
| | (.060) | (.013) | (.073) | (.016) |
| Parent education | .013 | -.030 | -.015 | -.045 |
| | (.055) | (.013) | (.072) | (.015) |
| Parental expectations and aspirations | -.028 | -.061** | -.022 | -.039* |
| | (.090) | (.026) | (.120) | (.031) |
| Attending PTM (yes) | -.025 | .008 | -.062 | -.056** |
| | (.370) | (.083) | (.282) | (.072) |
| Attending PTM (not yet) | -.014 | .012 | -.047 | -.042* |
| | (.478) | (.112) | (.414) | (.095) |
| Homework involvement | -.130** | -.051** | -.185** | -.041** |
| | (.081) | (.025) | (.142) | (.043) |
| Extracurricular activity | - | - | .037 | .007 |
| | | | (.070) | (.015) |

| | | | | |
|-----------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| Playing with child | .089* (.037) | .031* (.009) | - | - |
| Screen time | -.099** (.025) | -.069** (.006) | .030 (.040) | -.022 (.009) |
| NPP | .148** (.049) | .045** (.011) | - | - |
| FBW (no) | -.171** (.160) | -.130** (.037) | - | - |
| FBW (do not wish to answer) | -.029 (.340) | -.004 (.097) | - | - |
| Arguing with parents | - | - | .116* (.058) | .082** (.014) |
| Parental rules | .011 (.161) | -.020 (.035) | - | - |
| Parental control | - | - | .217** (.062) | .034* (.014) |
| Parental closeness | -.063 (.259) | -.098** (.061) | -.143** (.244) | -.100** (.054) |

Note. SE=Standard Error

*p<.01.; **p<.001.