Journal of
Teacher Education

Defining social, emotional and mental health difficulties: Thematic analysis of interviews with headteachers in England.

Journal:	*Journal of Teacher Education*
Manuscript ID	Draft
Manuscript Type:	Research/Empirical
Keywords:	Educational Policy, Special Education, Teacher Knowledge, At-Risk Schools/Students, Qualitative Research
Additional keywords:	

Abstract:	In the UK there is growing concern regarding the increasing prevalence of social, emotional and mental health (SEMH) difficulties experienced by children and young people. Using thematic analysis this article sought to answer the following objective 'to determine how a sample of headteachers define SEMH'. The analysis found no consensus among the headteachers of a definition of SEMH though four themes were identified; establishing the root cause of the behaviour, unable to cope in school, variation in the child's emotional state and unidentified mental health difficulties. The results suggest that headteachers are identifying behavioural 'problems and difficulties' as an SEN despite this not being a category within the SEND code of practice. To improve identification and response to SEMH difficulties it is recommended that the Department for Education revises language in statutory guidance from 'should' and 'could' to 'must' to enforce a legal duty on schools for prompt identification of needs.

Title: Defining social, emotional and mental health difficulties: Thematic analysis of interviews with headteachers in England.

Abstract: In the UK there is growing concern regarding the increasing prevalence of social, emotional and mental health (SEMH) difficulties experienced by children and young people. Using thematic analysis this article sought to answer the following objective 'to determine how a sample of headteachers define SEMH'. The analysis found no consensus among the headteachers of a definition of SEMH though four themes were identified; establishing the root cause of the behaviour, unable to cope in school, variation in the child's emotional state and unidentified mental health difficulties. The results suggest that headteachers are identifying behavioural 'problems and difficulties' as an SEN despite this not being a category within the SEND code of practice. To improve identification and response to SEMH difficulties it is recommended that the Department for Education revises language in statutory guidance from 'should' and 'could' to 'must' to enforce a legal duty on schools for prompt identification of needs.

Keywords: special education; at risk students; teacher knowledge; educational policy; qualitative research

Introduction

This article has drawn together unreported data from a two-year study investigating the impact of school exclusion on the mental health and wellbeing of children in the North East of England. The original research was an examination of the barriers and enablers to mainstream schooling through interviews with 174 participants including 78 education and health professionals, 55 children and 41 caregivers. As part of the original outputs headteachers views on how they defined SEMH were not explored due to time limitations. Therefore, using thematic analysis this article had the objective of determining how a sample of headteachers defined SEMH.

Children with disabilities are amongst the most vulnerable in our society with significantly higher mortality rates (Royal College of Paediatrics and Child Health, 2013), health inequalities (Emerson, 2015) than other children, with implications for families and services (Local Government Association, 2018). The dearth of evidence shows that mental health difficulties are associated with reduced quality of life and increased psychological strain (Steinhausen, 2010; House of Commons, 2019; [removed for review]). Assessing, identifying and responding to the multi-faceted abilities and needs of children in education, health and social care is fundamental to preventing ill mental health ([removed for review]2020a; 2020b; 2020c; 2020d). Horridge (2019) supports the view that when a child's needs are made visible through accurately description and documentation, they are more likely to be met. The lack of consensus in defining and operationalising the meaning of 'good mental health' or validation of a conceptual framework may explain the lack of research attention for preventative approaches for SEMH for children and young people (Poli et al., 2020;). Indeed, the National Institute of Clinical Excellence (NICE, 2008; 2009) guidance to support social and emotional wellbeing

among primary and secondary age children in schools reports gaps in research evidence on the effect of preventative approaches. The purpose of this article is to demonstrate the difficulties that educationalists encounter in assessing and identifying SEMH difficulties in children.

Definitions of mental health

The World Health Organization (WHO)

The WHO (2014) defines mental health as

> 'A state of wellbeing in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community'.

Manwell et al. (2015) shared there is a lack of consensus regarding the definition of mental health which

Fusar-Poli (2020, p. 35) proposes the WHO (2014) definition 'indicates that the absence of mental disorder is not sufficient to experience good mental health' and that good mental health is a state of wellbeing that allows individuals to cope with normal life (p. 41).

The term social, emotional, and mental health (SEMH)

The broad area of need (SEMH) acknowledged mental health needs as special educational needs (SEN) for the first time in the SEND code of practice for England (DfE, 2015), herein referred to as the 'Code' ([removed for review]). This was a deliberate move away from 'behaviour, emotional and social development' in the DfES (2001) Code so that teachers establish the underlying reason for behaviour or difficulty. Norwich and Eaton (2015) believe

this was a political move to reduce the number of children categorised as having SEN as a behavioural difficulty is no longer deemed to be an SEN. The recent Code (DfE, 2015) outlines four broad areas of needs that ***'should'*** be planned for: communication and interaction, cognition, and learning, SEMH and sensory and/or physical needs. SEMH difficulties are described as:

> 'Children and young people may experience a wide range of social and emotional difficulties which manifest in many ways. These may include becoming withdrawn or isolated, as well as displaying challenging, disruptive, or disturbing behaviour. These behaviours may suggest underlying mental health difficulties such as anxiety, depression, self-harming, substance misuse, eating disorders or physical symptoms which are medically unexplained. Other children may have attention deficit disorder, ADHD or attachment disorder' (DfE, 2015, 6.32).

The WHO definition (2014) focusses on the outcomes a person with 'good mental health' can achieve using terms such as 'wellbeing, potential, cope, productively, contribution.' In contrast the Code SEMH description (DfE, 2015, p. 98) includes observable indicators 'withdrawn, isolated, anxiety, depression, self-harm' and some known risks of SEMH 'substance misuse, eating disorders and physical symptoms.' It also includes reference to only three disabilities omitting many others co-morbid with ill mental health (Harris et al., 2019; Bhathika, 2020). To achieve the WHO (2014) definition you need to have government policy that forces the hand of

stakeholders to assess and identify unmet needs as a protective factor against the adversity of schooling.

Key issues with Department for Education Statutory Guidance

A key issue in the Code (DfE, 2015) statutory guidance is the repeated use of the term 'should' which removes the obligation on schools to assess and identify the underlying causes of SEND. The use of non-committal language continues in other Department for Education guidance is shown in Table 1.

Table 1. Use of 'should and could' in Department for Education Statutory Guidance

SEND Code of Practice (DfE, 2015, p.94-95) **Statutory Guidance**	• A detailed assessment of need **'should'** ensure the full range of an individual's needs are identified, not simply the primary need • The support provided ***'should'*** be based on a full understanding of their strengths and needs • Schools '***should'*** have a clear approach to identifying SEN • Schools '***should'*** assess each pupils' current skills • Schools **'should'** consider evidence that a pupil may have a disability • Class and subject teachers **'should'** make regular assessments of progress • Assessments of progress **'should'** identify pupils making less than expected progress • Where progress is less than expected, the teacher working with SENCO **'should'** assess for SEN
Exclusion from maintained schools (DfE, 2017, p.6, 10) **statutory guidance**	• Where a school has concerns about a pupil's behaviour, it '**should'** try to identify causal factors and intervene early to reduce the need for a subsequent exclusion. • Schools '**should'** consider whether a multi-agency assessment that goes beyond the pupil's educational needs is required. • Early intervention to address underlying causes of disruptive behaviour '**should'** include an assessment of whether appropriate provision is in place to support any SEN or disability • The head teacher '**should'** also consider the use of a multi-agency assessment for a pupil who demonstrates persistent disruptive behaviour. • Assessment '**could'** go further, for example, by seeking to identify mental health or family problems

Prevalence of SEMH

The National Health Service (NHS, 2020) reported that one in ten children experience mental illness. MIND (2020) added that one in four people will experience some kind of mental health problem each year in England. In a local study, there was a 14.03% above national average prevalence of children with SEMH in receipt of education, health, and care plans (EHCPs) based on analysis of 2016 school census data and peaks in SEMH difficulties in national assessment years in primary and secondary schooling in 2017 ([removed for review]). In a later study of school census data (2014-2019) it was shown that SEMH needs increased over a five-year

period and were the second most prevalent type of SEN recorded in Sunderland ([removed for review]).

Early identification

The Code (DfE, 2015, p. 19) states that principles are designed to support 'the early identification of children and young people's needs and early intervention to support them.' The need for prompt identification of SEND has been the outcome of numerous reviews namely; the Bercow Report (DCSF, 2008); Lamb Inquiry (DCSF, 2009); Salt Review, (DCSF, 2010); Ofsted SEND Review (2010); and Timpson Review (DfE, 2019a). It is accepted that without early identification children's difficulties will become increasingly complex leading to a disruption in pathways to education (Pirrie et al. 2011; [removed for review]). Horridge (2019) adds that needs that are made visible are more likely to be addressed, reiterating the importance of 'ensuring that each and every need of children and young people are accurately described using clearly understandable terms, documented and communicated to all who need to know'. The reasons children with SEN are not identified promptly are largely to do with limited training (Carter, 2015; Driver Youth Trust, 2015; DfE, 2018a; 2018b) and a lack of time to explore the reasons for the behaviours (Hastings and Brown, 2002; Golder et al., 2009; Hodkinson, 2009) compounding challenges encountered by children with complex needs (Gill et al., 2017; [removed for review]

Challenging behaviour

Challenging behaviours such as aggression and non-compliance are associated with reduced academic performance (DiLalla et al., 2004), negative teacher-child relationships and poorer

interaction with peers (McMahon et al., 2006). Nye et al. (2016) suggested that children with identified SEN, where there was an emotional and behavioural component were not only at risk of poor outcomes but they also were a challenge for mainstream schools. Schools can be reluctant to accommodate children with disruptive behaviours due to the impact on the teaching and learning of other children (O'Connor et al., 2011) reflected in high exclusion rates (Centre for Social Justice, 2011; [removed for review]). Fauth et al. (2014) explains that all children can experience emotional difficulties across schooling but those with SEN have the additional disadvantage of starting with a higher degree of emotional challenges from the age of three which can rapidly escalate. A cumulative risk effect for children identified with SEN is believed to heighten later chances of developing behavioural difficulties (Oldfield et al., 2015).

Social relationships

The dearth of research indicates that children with SEN in mainstream schools have lower social status that their non-SEN peers (Ochoa & Olivarez, 1995; Chatzitheochari et al., 2015; Nepi et al., 2015; Avramidis et al., 2017; Pinto et al. 2019) with increased risk of victimisation (Chatzitheochari et al., 2015; [removed for review]). The implications of not having friendships are shown in research to have causality with disengagement, loneliness and a negative impact on academic progress (Buhs et al., 2006; Lubbers et al., 2006; Craggs & Kelly, 2018) and psycho-social difficulties (Ladd et al., 2008; Bagwell & Schmidt, 2011). Friendships have been shown to be fundamental to children achieving a sense of belonging ([removed for review]). Baumeister and Leary (1995, p. 497) suggested a definition of the term belonging as 'a need to form and maintain strong, stable interpersonal relationships', concluding 'belongingness is a need rather than a want'. Maslow (1943, p. 381) explained 'belongingness' is a core psychological need and

when they did not belong and learning needs that remained unmet, they would 'hunger for affectionate relationships.' Government guidance (DfE, 2016, p. 8) 'supporting mental health and behaviour in schools' confirms a sense of belonging as a protective factor for children to build resilience.

Methods

The purpose of the research was to explore the following research objective 'to determine how a sample of 41 headteachers describe SEMH'

It is widely accepted that qualitative data is complex (Spiers and Riley, 2019) with a range of procedures for analyzing qualitative data existing side by side (Flick, 2014). There are standard features of qualitative research, namely that it is studying the outside world with the intention of understanding, describing and explaining the social phenomenon through the analysis of biographical stories, everyday practices and knowledge and accounts (Flick, 2018).

Sample

Deciding on the sample size before engaging in data collection is contradictory of the emergent nature of qualitative research (Mason, 2010; Trotter, 2012; Robinson, 2014; Palinkas et al., 2015). For the original research approximate sample size of 49 was shared funder with an understanding this could fluctuate depending on response rates (Francis et al., 2010; Patton, 2015). The typical recommendation was that the size of the sample should increase when there is variability in the data (Palinkas et al., 2015; Bryman, 2016) and is dependent on the breadth and depth of the conclusions aimed for (Morse, 2000). An added consideration was the risk and implications of oversampling as it can unnecessarily take up participants time

(Francis et al., 2010) and risk insufficient analysis of individual cases (Guetterman, 2015). As Table 2 shows the number of headteachers interviewed for the original research was fifty ([removed for review]). For this article, a retrospective sample of 41 headteachers was selected as they were asked the question 'how do you define SEMH difficulties?' The reason not all headteachers were asked this question was that it arose as a theme.

Table 2. Intended and actual sample of headteacher (HT) in the original study

Participant group	Intended number of headteachers	Final Number of Headteachers
Primary HTs	28	28
Secondary HTs	9	10
Alternative provision HTs	4	4
Specialist HTs	4	4
Nursery HTs	4	4
Total	**49**	**50**

Creswell (2013) noted, when using purposive sampling, it is important to make decisions about who and what was to be sampled, what form this should take, and how many participants should be included. As Moretti et al. (2011) proposed, it is essential to share the principles and criteria used to select participants, with detail of their key characteristics to allow for future transferability of results to other contexts. Furthermore, the adequacy of the data is dependent on robust sampling and saturation (Whittemore et al., 2001).

The approach to selecting participants in the original study was purposive sampling, as they were met the selection criteria:

- The school had a City of Sunderland postcode
- An overall range of Ofsted ratings from 'inadequate' to 'outstanding'

- An overall range in numbers of high, low and no fixed-period and/or permanent exclusions

Ethics

Review and approval for the research were gained from the University of [removed for review] Ethics Committee in March 2018. The study was conducted under the British Educational Research Association guidelines (BERA, 2018) obtaining voluntary, informed consent before any data was collected. Silverman (2006) agreed that all social research should be underpinned by informed and free consent, without pressure to agree to take part. Following the Information Commissioner's Office (2019) guidance participants were provided with information sheets and consent forms that included the procedure for processing their data, retention periods for the data, sharing arrangements, known as privacy information (Information Commissioner's Office, 2019). Their right to withdraw, including time frames, were made explicit as suggested in the BERA (2018) guidelines.

Recruitment

The headteachers were approached through a letter sent from the funder of the research, and a follow-up email directly to their schools by the research team (Spiers & Riley, 2019). Tables 3, 4 and 5 show the participant data for those headteachers whose interviews have been used for the purposes of this article. Table 3 illustrates the number of schools as a % of the total number of schools in Sunderland. Table 4 provides the reported gender of the participants and Table 5 shows the Ofsted ratings of the schools at the time of the interview.

Table 3. Number of schools where the headteacher was interviewed

Type of School	Number of schools in Sunderland	Number in sample	% of Schools
Mainstream Nursery	8	2	25%
Mainstream Primary	62	24	39%
Mainstream Secondary	16	9	56%
Specialist School	7	4	57%
Alternative Provision	6	3	50%
Total	**116**	**41**	**35%**

Table 4. Reported gender of participants in the retrospective sample

Type of School	Number of females (%)	Number of males (%)
Nursery	2 (100%)	0 (0%)
Primary	18 (75%)	6 (25%)
Mainstream Secondary	7 (80%)	2 (20%)
Specialist School	2 (70%)	1 (30%)
Alternative Provision	2 (70%)	1 (30%)

Total	**31 (76%)**	**10 (24%)**

Table 5. Ofsted rating of the schools

Type of School	Inadequate	Requires improvement	Good	Outstanding	Not yet inspected (new school)
Nursery	/	/	/	2	/
Primary	/	3	20	1	/
Secondary	2	2	4	1	/
Specialist School	/	/	2	1	/
Alternative Provision	/	1	1	/	1
Total	**2**	**6**	**27**	**5**	**1**

Procedure

As this research formed part of a more extensive study ([removed for review]), three researchers carried out the interviews with the headteachers. One to one, face to face interviews were carried out between September 2018 and June 2019 with a duration 30 and 90 minutes. The researcher did not impose any time limits to ensure the participants were able to give in-depth responses to the open-ended questions (O'Leary, 2004). Agreement was sought and gained to record the interviews on a Dictaphone which were then transcribed

verbatim with the omission of personally identifiable information and stored securely in Office 365.

The use of phenomenological interviews allowed the researcher to secure detailed descriptions of the participant's experiences, feelings, perceptions and understandings of factors leading to school exclusion (Seidman, 2012; Vagle, 2014). The interviews were structured in that there were pre-determined questions that had to be asked but were semi-structured in that the interviewer was free to ask secondary questions for clarification or elaboration of responses (Silverman, 2017). The interview itself drew upon what Dinkins (2005) described as the interpre-view as they drew on a hermeneutic process whereby the researcher and participants were co-enquirers, reflecting together on the meaning from their experiences through shared dialogue. With this approach, care was taken not to steer participants responses (Elo et al. 2014). This approach is advocated by Bell (2014) as it leads to rich data that can be lost in more structured methods. Before any initial data analysis was undertaken 100% of the transcripts were examined to critically assess for any instances of researchers leading the participants to responses (Elo et al., 2014). The interview data for this article was unreported and was coded and quality assured by the author.

The question design

To ensure the questions were not steering participant to give particular responses, they were drafted and then shared with a critical reference group of academics and external professionals, an approach advocated by Pyett (2003). The purpose was to evaluate the proposed questions to ensure they were understandable, non-leading, judgmental, and

accessible (Elo et al., 2014). Care was also taken to ensure they were not double-barreled due to the risk of losing valuable responses, leading in that they direct the participant to a particular reply or loaded (accusational) (Gournelos, Hammond and Wilson, 2019).

Thematic analysis

Guthrie et al., (2004) advocates providing a full description of the analysis process to illustrate how the results have been created. Thematic analysis (TA) was selected as a flexible method rather than a methodology not assigned to a particular theoretical perspective or epistemology (Braun and Clarke, 2006; Clarke and Braun, 2013).

Braun and Clarke (2006, p.6) describe TA as 'a method for identifying, analyzing and reporting themes within data.' Thematic analysis is the coding of text according to categories or themes that are deemed to be significant based on a theory or prior research (Firth, 2020). Latent analysis explores beyond what has been said (semantic analysis) and begins to 'identify or examine underlying ideas, assumptions, and conceptualizations and ideologies that are theorized as shaping or information the semantic content of the data (Braun and Clarke, 2006, p. 84). Owen (1984) suggests that when you use TA, you look for repetition (where a participant says the same thing many times), with force and reoccurrence whereby others say the same or similar views. The accepted process for TA is provided by Braun and Clarke (2006), who proposed a six-step process outlined by Flick (2018, p. 259):

1. Immersion in the data through repeated reading of the transcripts

2. Systematic coding of the data

3. Development of preliminary themes

4. Revision of those themes

5. Selection of a final set of themes

6. Organisation of the final written product around those themes.

Step 1. Immersion in the data through repeated reading of the transcripts

Multiple readings of the transcripts by participant group were carried out, making initial notes in consideration of the research question 'how do headteachers define social, emotional and mental health difficulties?' An example of early notes is shown below:

'Most alternative provision headteachers (HTs) thought it was challenging to define SEMH due to the vast range of behavioural indicators. They used terms such as vulnerable, anti-social, disaffection, disengagement, social issues, aggression, extremes, and relationships within their descriptions of the term SEMH. Early identification was identified as being fundamental to support the children with their SEMH difficulties to prevent further school exclusion.'

Step 2. Systematic coding of the data

Theoretical TA was used as it captured specific data that was relevant to the research question 'how do headteachers define social, emotional and mental health difficulties?' Following initial notetaking from the transcripts in step 1, open coding was used via NVivo12 to reduce the data into smaller sections based on their meaning. Preset themes were not used, but as the data was analysed, new themes and subthemes were developed, and previous themes were modified and, in some cases, collapsed. As shown in Table 4, the coded data were transferred onto Excel;

this was due to the system of Citrix lacking reliable function during the pandemic period. The coding included the central theme, capturing the essence of what was said and two subthemes for additional aspects.

Table 6. Step 2. Systematic coding of the data

Participant code	Central theme	Subtheme 1	Subtheme 1	Quote
HT-Primary 5	Observing behaviours	Visible behaviours	Emotional needs	Within the children, I think it is principally really from observations. I think the sad thing is you end up picking up on these things if a child misbehaves or if they are particularly sad and withdrawn. I would suggest that we really know our children well particularly by July, which means they are vulnerable in the first few terms'
HT-Primary 7	Lack of prompt identification	Visible behaviours	Emotional needs	We don't go looking for that as a category to find; we look at how it manifests itself we will see behaviours and certain behaviours in school and that we work backwards from, so the children that we have got in school with that identified as an area of need coming to school present with a set of behaviours or a set of characteristics.
HT-Primary 9	Proactive approaches	SEN register	At-risk children	we analyse it alongside the SEN register we also look at class provision and those that are doing well academically and any barriers to the learning. In addition, we have regular supervision meetings and record children who are under the umbrella of Child Protection, child in need, looked after, previously looked after. We use e-comms to update things in school to track anything, to track anything that's social-emotional difficulties.

Step 3. Development of preliminary themes

As the coding progressed, themes were organised into broader themes (Table 7) that related to something specific to the research question 'how do headteachers define social, emotional and mental health difficulties?

Table 7. Step 3: Example of preliminary themes and subthemes

Theme 1	**Theme 2**	**Theme 3**	**Theme 4**
Unable to cope in school	**Lack of prompt identification of SEMH needs**	**Finding the root cause of behaviours**	**Change in emotions**
Subtheme	**Subtheme**	**Subtheme**	**Subtheme**
Heightened emotional needs	SEN register	Using the Early Years Foundation Stage Framework as reference	Child sad or withdrawn
Caregivers raise concerns	Needs are difficult to identify	Observing behaviours	Displaying new or unusual behaviours
Challenging, violent or aggressive behaviours	A spectrum of needs missed	Caregivers to blame	Caregivers concerns
Autism is impacting on the emotional state	Increasing prevalence of mental health needs	Diagnosis from health	
Theme 5	**Theme 6**	**Theme 7**	**Theme 8**
Broad Factors	**Observing behaviours**	**External referral processes**	**Diagnosed disabilities**
Subtheme	**Subtheme**	**Subtheme**	**Subtheme**
Whole-school approaches to SEMH	Teachers using EYFS to assess social and emotional development	Health professional involvement	Autism indicative of SEMH needs
Holistic needs of the child	Frequency of SEMH episodes	Information from external agencies	Need for safe spaces
Homelife	Difficulties settling into school		
Exposure to adverse childhood experiences			

Note. Special Educational Needs (SEN)

Step 4. Revision of those themes

The next step in the TA involved asking and responding to critical questions, namely:

- Do the themes make sense?
- Does the data support the themes?
- Are the themes too broad?
- If themes overlap, are they separate themes?
- Are there themes within themes (subthemes)?
- Are there other themes within the data?

(Maguire and Delahunt, 2017, p. 3358).

The revision process enabled the refinement of the codes and themes to create final themes and subthemes.

Table 8. Themes and subthemes pre-revision

Theme	Theme	Theme	Theme
Knowing the root cause of behaviours (15)	**Inability to cope in school (13)**	**Changes in child's emotional state (8)**	**Unidentified mental healh and disabilities (5)**
Subtheme	**Subtheme**		**Subtheme**
Child development (EYFS framework) assessments (2)	Exposure to adverse childhood experiences (7)	Staff observing changes in child's frequency of emotions and behaviours (11)	Difficult to identify SEMH needs (3)
Exploring how the behaviour manifests (5)	Isolated, unable to form and/or sustain friendships (4)	Change in homelife	Need for a safe space (1)
Analysing school data on logged concerns (2)	Needs additional pastoral support (1)	Child behaving out of character (3)	Child has difficulty accessing learning (2)
Exploring barriers to learning for those on SEN register (2)	Unable to cope with day to day aspects of life (3)	Information from caregivers (4)	Children SEMH identified too late (3)
Gathering information from multi-agency professionals(4)	Unable to regulate own emotions (2)	Information from multi-agency professionals (1)	Children's disabilities identified too late (4)
Informations from caregivers (4)	Unable to cope with curriculum demands (1)	Difficulties settling into school (1)	
Unpicking how the child interacts with other children (1)	Lack of parenting skills impacting on child (1)	Attachment with adults concerns(1)	
Autism linked to SEMH (4)	Need for a safe space (1)	Unable to secure friendships (3)	
Information gathered during transition periods (2)		Increased anxiety (5)	
Information from the child (3)			

- 'Broad factors' and 'observing behaviours' were disbanded and attached to other existing themes that were a good fit.
- 'External referral processes' and 'diagnosed disabilities' were reallocated to 'finding the root cause'
- 'Inadequate parenting' was collapsed into 'unable to cope into school'

- 'Using EYFS milestones' moved into 'finding the root cause of behaviours'
- 'Finding the root cause of behaviours' amended to 'ascertaining the root cause of behaviours'
- 'Lack of prompt identification of SEMH needs' amended to 'unidentified mental health difficulties'

Finally, refinement took place to ensure there were no overlapping subthemes in each of the 'themes'.

Step 5. Selection of a final set of themes

This stage in thematic analysis is where you 'identify the 'essence' of what each theme is about' (Braun and Clarke, 2006, p. 92). To illustrate the themes and the relationships between them, Figure 1 represents a thematic map based on the research question 'how do headteachers define social, emotional and mental health difficulties?'

Table 9. Final set of themes and subthemes

Results

***Step 6. Organization of the final written product around those themes*.**

Following the coding process four overarching themes were developed (Table 9). The number of comments were for each of the themes were quantified to allow the researcher to organise the data into those which were most prevalent.

Establishing the root cause of behaviour

Exploring how the behaviour manifests

Primary headteachers explained 'we don't go looking for SEMH as a category to find, we look at how it manifests itself we will see certain behaviours in school that we work backwards from'. Similarly, another Primary HT agreed they focused on understanding the manifestation of behaviours; they would:

> 'Unpick the root causes behind the behaviours, the way a child interacts with others, or it could be something to do with a child's inability to manage their responses, maybe some inhibition going on there. Sometimes it can just be indefinable almost, but you know there is something very, very wrong, that's presenting itself as a big barrier to engagement, to compliance, to happiness. Often it is in the manifestation of behaviour that we first begin to see that there is something wrong'.

Secondary headteachers also described identifying children displaying SEMH difficulties by examining behaviours and actions 'it would probably be picked up as a referral from head of house and passed to our SENCO or our school counsellor may well be involved depending on what the pupils are showing or displaying.' In the secondary stage of education, it was described as 'helpful' if the child had a diagnosis but habitually 'when they come to us in Year 7, they don't have that.' Another secondary HT said they relied on visible behaviours.

> 'The emotional side I think it's easier side to define because that is what we would see on a day-to-day basis we try and look back at the beginning of their behaviour what their triggers would be not just emotion, it can also be a lack of emotion. It's not just the explosive behaviour, the verbal behaviour the tears, the tantrums, but it can be withdrawal, it can be lack of engagement.'

Both primary and secondary HTs were united on the links between autism and SEMH 'a lot of our children have the social emotional mental health needs, obviously, autism comes into that, and we have over 20 children in the school who are diagnosed with autism (primary) and 'we have quite a lot of children who have a diagnosis of autism in school, social emotional links with

that. We have children who are displaying signs of concerns with their mental health and wellbeing and anxiety. That is getting worse (secondary)'

One secondary HT described how they consider patterns of behaviour and social interactions 'they go on the code of practice as a result of the investigative work that we would do. Our triggers are normally around behaviour; interactions with peers, interactions with staff.'

Gathering information from multi-agency professionals and feeder schools

Some of the secondary HTs referred solely to being given SEMH information on children from external agencies or feeder schools ‘we look at the children in terms of their emotional needs if that is a child suffering from anxiety or a child that is suffering from depression, that might have come through to us from outside agencies.' Information from the transition between primary and secondary was relied on by secondary HTs 'a lot of information we will get through transition from primary school. If there is a clear diagnosis for a child, then we would factor that in as an actual category of SEMH. As a school, if someone presents something, then we will investigate. Whether that is through the SEN department or the educational psychologist.' A different secondary HT described using transition information to define SEMH difficulties 'so we go out to the primary school, we often talk to the SENCO in primary schools. On the whole, they would have been categorised.’

Exploring barriers to learning for those on SEN register

In defining social, emotional, and mental health difficulties the most common response related to a need to understand and find out the root cause of the child's behaviours. The two nursery (HT) discussed drew upon the early years foundation stage framework; personal, social, and

emotional development prime area of learning and development to assess for SEMH difficulties (DfE, 2017). 'What we would do is look to see if children are operating around their age band and if they're not that's when staff would come forward to me to say they have concerns about a child' and

> 'We use the EYFS framework; we have the PHSE statements which give us a chronological age band which they should be in if they aren't meeting their chronological age levels in PHSE, we have a clear marker data-wise as to where they are at and potential delay.'

Other primary HTs determine the root cause of behaviours by referring to their SEN registers to identify barriers to learning that have been documented 'we analyse it alongside the SEN register we also look at class provision and those that are doing well academically and any barriers to the learning. They recalled referring to other school records for children who were under the umbrella of child protection and finding out information from family support workers. Another head was less clear ‘I think with any school we have some way in which they are on the SEN register, and I think for some there are times their emotional needs the mental health might become more significant.'

In the main, the secondary heads defined SEMH as children on the SEN register 'the standard definition of special needs where children might be categorised in terms. I think its SEMH in terms of their special needs. In terms of our recording in school.' There was acknowledgement they may not be on the SEN register 'there might be children that have a need but don't meet the SEND register, or who might have a relatively small need compared to those on the register' and 'I don't always go on what their SEN needs are, some of it, I will be honest with you, is a gut

feeling I haven't got one definition that I would go with but as a school, we tend to peace parts of the jigsaw together.'

Gathering information from caregivers

A primary HT suggested it was caregivers who might raise concerns regarding their child's SEMH:

> 'We also have our parents who come and see us about their child, their behaviour isn't normally what it should be, or they're saying something that is rather alarming, and they panic, and they don't know what to do, and they come into school and talk to us and do we have a conversation about that.'

A secondary HT shared that SEMH difficulties were defined by talking to caregivers and knowledge of the family history 'it is the history of families that we have had here.' The importance of gathering information from the caregiver was raised by another secondary HT 'So what we would do first, is look at the data of that child, we would talk to the family, we would talk to the child.' Similarly, another added 'I suppose anyone who approaches, or whose parent approach us, for help who have any social emotional mental health need that would trigger a reaction in school.' This line of action was shared by another secondary HT who said 'we would talk to the family; we would talk to the child. We would gather that together.'

Unable to cope in school

Unable to cope with the day-to-day aspects of schooling

One primary and one secondary HT agreed that a definition for SEMH included the child's ability to cope with everyday experiences 'when children struggle to cope with everyday things that happen. They struggle to understand that other people have needs and to manage their

emotions' and 'it would be linked to a child's ability to cope with everyday experiences and not being able to manage emotions; not being able to manage social situations, not having a standard response to everyday activities.'

Another felt defining emotional difficulties was about 'children who have responses that are outside of the normal spectrum or children who are unable to manage their own emotions.' A secondary HT felt the definition included that SEMH is broad.

> 'It's almost like on a spectrum where every young person has some SEMH need, but it's whether they, in their home and school and social environment, with levels of intelligence and self-awareness, can cope with it.'

Exposure to adverse childhood experiences

Several primary HTs defined SEMH as exposure to adverse childhood experiences 'ranging from bereavement through to some children who have been fostered and adopted including children with depression, suicidal tendencies, various family break up issues and the overlap with autism and ADHD.' Contrasting views described additional adversities' like domestic violence, ongoing violent abuse, a parent in prison, abuse or neglect.' One primary HT proposed that SEMH presents in a range of ways and felt some of it is 'normal human experience such as the death of somebody, a divorce, nothing overly complicated but they need something to help them get through it.' An alternative perspective described children who live in chaos causing them to be 'badly behaved and lashing out, running away, hurting other children, or it could just be that they are withdrawn and won't talk to others.' A belief that parents' spoiling children' was key in their definition of SEMH for one primary HT:

> 'A child who didn't get his own way and had a toddler tantrum and you would normally say he's been spoiled. There is an element of a lack of parenting capacity. I know that he has been up till all hours watching Netflix, so there is that element of what he has seen.'

Isolated, unable to form and/or sustain friendships

As part of their definitions, many primary HTs referred to children with SEMH encountering challenges in forming and sustaining friendships 'a child who is not displaying any kind of issues that would concern you in terms of behaviours but may not be very good making friends, maybe very isolated, that kind of thing.' also 'you might have a child who can't sustain friendships so they might flit from one child to another. They might start off being friendly, nice, and happy, but then it turns because they don't know how to move the relationship to the next level.' In alternative provision (AP) an HT theorised that most of their students fell within the parameters of SEMH and that high levels of prompt social skills support was needed.' This stance was shared by another AP HT felt SEMH was defined by

> 'They can't talk to each other; they don't respect each other. They find it difficult to maintain friendship groups; they fall in and out of who likes who. A lot of the social is social media related, so a lot of it is outside. You're constantly trying to broker these relationships on behalf of the students, because they don't have the skills.'

Variation in child's emotional state

Staff observing changes in child's SEMH

The most common aspect included within the headteacher's definitions of SEMH was staff observing changes in a child's SEMH. All references to this subtheme were from the primary HTs who reflected the prominent way SEMH difficulties were recognized was through observations of changes in children's typical behaviours. 'I think it's principally from

observations; you end up picking up on these things if a child misbehaves or if they are particularly sad and withdrawn.' This thinking was supported by the claim 'teaching staff who have noticed something may be feeling a bit withdrawn, a little bit quieter than normal, or they may say something that they normally wouldn't say.' A further example was a comment that 'something like a social emotional difficulty will come up in the child's behaviour so it could be that the child is stressed, or the child is displaying different behaviours.' Unusual or new behaviours were proposed as common indicators of SEMH difficulties with another HT sharing 'we are always alert for children who are behaving out of character not normal, we look for signs from home in terms of how they present themselves in school, children coming in distressed emotional.' knowing the children well and their characteristic behaviours were identified as key to staff being able to identify SEMH difficulties as soon as they arise

> 'We are a family-feeling school, the beauty of it is that we have really strong relationships with the children so if the children have any concerns and we can notice things straight away; the children will come and talk to us.'

Increase in anxiety, challenging violent and aggressive behaviours

Primary HTs determined that children with SEMH are not managing socially in class

> 'Mental health is children who don't manage socially within classes who demonstrate behaviours that children not managing children who are withdrawn or are acting out for whatever reason, children come into nursery we see needs very early on.'

Challenging, violent and aggressive behaviours of children with SEMH difficulties were shared by a primary HT as 'children who have been quite upset over things, who can become quite aggressive without any triggers bouts of anger often that has come from nowhere, it's a change in mood.'

A secondary HT agreed ‘for the children that are really struggling, it's scale ten, and they've missed out scale 1,2,3… I've seen it more in terms of anger or poor behaviour or just non-compliance rather than only distress or upset.’ Likewise, an AP HT defined SEMH as ‘they can't regulate their emotions. Something like a door is smashed, or language, or throwing things, because they haven't got that regulation.’ One AP HT explained two extremes when defining SEMH difficulties from ‘low self-esteem and self-image, lacking in confidence’ to ‘the other extreme, we are looking for children who unable to sit down, unable to focus, concentrate, who are disruptive and can't form relationship, quite aggressive and unable to be managed in school, at risk of social exclusion.’

Unidentified mental health difficulties

Children's SEMH difficulties identified too late

Concerns regarding a lack of prompt diagnosis and rising prevalence of SEMH difficulties and other disabilities were remarked across most participant groups. A specialist school HT observed that ‘increasingly we're seeing children with a range and the complexities of individual children are rising. Whilst we have children with Autism or Severe learning difficulties, there are also issues with mental health needs going on, but they aren't diagnosed as such.’

One primary HT revealed that ‘we have a high number of looked after children and quite a few who are post looked after. Those children are coming with issues because they are late getting into the system, so children have been adopted when they are 3 or 4 or older.' Another primary HT reinforced:

> ‘We are seeing an increase definitely. It tends to be when they get to about you 5, whether it's when the curriculum changes or expectations change, or whether there are hormonal Changes. Whether it's harder to diagnose when they get up the school, I'm not sure. When the children get older it is becoming more pronounced.’

Likewise, a further primary HT maintained ‘children that have got autism quite clearly have additional needs. But then there will be a whole load of other children that will be displaying the same or very similar behaviours and you just categorize them.' The view that children were not coping in school due to lack of timely identification was shared by secondary HTs. 'They are not coping in mainstream schools, because of certain underlying causes, which sometimes aren't identified. (secondary)’

Discussion

The purpose of the research was to explore the following research objective ‘to determine how a sample of headteachers define SEMH.’ The analysis found no consensus among the headteachers of a definition of SEMH though the four themes identified provided the common themes; establishing the root cause of the behaviour, unable to cope in school, variation in the child’s emotional state and unidentified mental health difficulties. The findings suggest that headteachers are identifying behavioural ‘problems and difficulties’ as an SEN despite removing ‘behaviour’ as a category from the DfES (2001) Code to the DfE (2015) current statutory guidance.

The essence of how the headteachers defined SEMH was most related to establishing the root cause of the behaviours, placing the onus on the school rather than the child. As per the DfE (2015) definition some headteachers described SEMH in terms of the manifestation and features of behaviours observed in school that were beyond the child’s ability to self-manage or

change. It was clear from the interviews that the current description of SEMH (DfE, 2015) is ambiguous, omitting any thresholds for schools to determine if in fact a child has SEMH difficulties or unidentified or unmet SEND needs. None of the headteachers referred to the wording of the WHO (2014) definition of 'a state of wellbeing'.

When asked to define SEMH most headteachers referenced observing certain behaviours leading to raising concerns through school systems and processes. There was a sense that schools are attempting to identify the triggers from patterns of and new and unusual behaviours. However, a barrier to this is a lack of formal diagnosis from health professionals. The study supports previous research findings that a lack of prompt diagnosis is a causal factor in rising prevalence of SEMH difficulties ([removed for review]).

The definitions provided by the headteachers all share one commonality, that is that children with SEMH difficulties are under immense psychological strain, supporting the findings of (Steinhausen, 2010, House of Commons, 2019; [removed for review]). There continue to be immense challenges on schools in terms of resource to support early indentification and intervention of children's needs despite numerous national reviews advocating these principles (DCSF, 2008; DSCF, 2009; DCSF, 2010; Ofsted 2010; DfE, 2019). Headteachers need better guidance to provide timely identification and assessment of both SEN and SEMH as this is the only way to ensure that needs are accurately described, documented and responded to (Horridge, 2019). Feeder schools and external agencies were cited as a useful source of information particularly in the move between primary and secondary education. The analysis has shown that a prompt formalised assessment processes are desired to identify SEMH difficulties as advocated in the DfE (2015) Code. The nursery headteachers seemed secure in

their processes of identification due to the availability of the EYFS framework personal, social and emotional development to assess for SEMH needs.

A common term arising in the analysis in terms of defining SEMH was a child's 'inability to cope' with everyday experiences as they were unable to regulate their emotions. Some headteachers felt that exposure to adverse childhood experiences was a core contributing factor to subsequent SEMH difficulties, viewing the detrimental impact home on the mental health of children but not recognising schooling as an adversity as found by [removed for review]).

Some headteachers included social difficulties as part of their definitions of SEMH due to an inability to form friendships which can lead to loneliness and isolation (Buhs et al., 2006; Cragges and Kelly, 2018) and psycho social difficulties (Ladd et al., 2008; Bagwell and Schmidt, 2011). The issue of sustaining friendship seemed to be factor in SEMH difficulties for children in alternative provision following time in mainstream education. The evidence suggests that without early recognition and identification of needs children are more likely to go onto have challenging, violent and aggressive behaviours, increasing risk of school exclusion as finding echoed by ([removed for review]).

In terms of Department for Education policy SEND Code (DfE, 2015) and exclusion from maintained schools (DfE, 2017) revisions to the language 'should' and 'could' to 'must' would place a duty on schools to identify and assess both SEND and underlying SEMH difficulties rather than the current position which relies on moral and ethical obligation rather than a legal duty. Until these policy changes are made and enforced the multifaceted needs of children are

at increased risk of not being identified or met increasing risk of education disaffection ([removed for review]) with potential for health inequalities (Emerson, 2015) and ultimately increased mortality rates (Royal College of Paediatrics and Child Health, 2013) and reduced academic performance (DiLalla et al., 2004; Nye et al., 2016).

Limitations

The interpretation of the data and findings of the research was the interpretation of the researcher, and this is a limitation of the study (Smith et al., 1999) meaning the results produced are the joint reflection of both participant and researcher (Osborn & Smith, 1998; Smith et al., 1997). As Golsworthy & Coyle (2001) explain, no two analysts would interpret data in the same way, which raises questions of validity and reliability.

Acknowledgements

Declaration of interest statement

References

Avramidis, E., Strogilos, V., Aroni, K., & Kantaraki, C. T. (2017). Using sociometric techniques to assess the social impacts of inclusion: Some methodological considerations. *Educational Research Review*, *20*, 68–80. https://doi.org/10.1016/j.edurev.2016.11.004

Bagwell, C., & Schmidt, M. (2011). *Friendships in childhood and adolescence.* New York: Guilford.

Baumeister, R., & Leary, M. (1995). The need to belong: Desire for interpersonal attachments as a fundamental human motivation. *Psychological Bulletin*, *117*, 497–529.

Bell, J. (2014). *Doing your research project* (6th ed.). Open University Press.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

British Educational Research Association (BERA). (2018). *Ethical Guidelines for Educational Research, fourth edition (2018)*. BERA. https://www.bera.ac.uk/publication/ethical-guidelines-for-educational-research-2018

Bryman, A. (2016). *Social Research Methods* (5th ed.). Oxford University Press.

Buhs, E. S., Ladd, G. W., & Herald, S. L. (2006). Peer exclusion and victimization: Processes that mediate the relation between peer group rejection and children's classroom engagement and achievement? *Journal of Educational Psychology*, *98*(1), 1–13. https://doi.org/10.1037/0022-0663.98.1.1

Centre for Social Justice. (2011). *No Excuses: A Review of Educational Exclusion*. London: Centre for Social Justice.

Chatzitheochari, S., Parsons, S., & Platt, L. (2016). Doubly Disadvantaged? Bullying Experiences among Disabled Children and Young People in England. *Sociology*, *50*(4), 695–713. https://doi.org/10.1177/0038038515574813

Clarke, V., & Braun, V. (2013). Teaching thematic analysis: Overcoming challenges anddeveloping strategies for effective learning. *The Psychologist*, *26*(2), 120–123.

Craggs, H., & Kelly, C. (2018). School belonging: Listening to the voice of secondary school students who have undergone managed moves. *School Psychology International*, *39*(1), 56–73.

Creswell, J. W. (2013). *Qualitative inquiry and research design: Choosing among five approaches*. SAGE Publications, Ltd.

DCSF. (2009). *Lamb inquiry: Special educational needs and parental confidence.* DCSF.

DCSF. (2010). *Salt Review: Independent review of teacher supply for pupils with severe, profound and multiple learning difficulties (SLD and PMLD).* DCSF.

Denzin, N. K., & Lincoln, Y. S. (Eds.). (2018). *The SAGE handbook of qualitative research* (Fifth edition). SAGE.

Department for Education. (2018a). *Newly qualified teachers: Annual survey 2017*. London: DfE.

Department for Education. (2018b). *The School Snapshot Survey: Summer 2018*. London: DfE.

Department for Education. (2015). *Carter review of initial teacher training*. London: DfE.

Department for Education. (2016a). *Behaviour and discipline in schools Advice for headteachers and school staff*. London: Department for Education.

Department for Education. (2016b). *Mental health and behaviour in schools: Departmental advice for school staff*. London: Department for Education.

Department for Education. (2017). *Statutory framework for the early years foundation stage Setting the standards for learning, development and care for children from birth to five*. London: DfE.

Department for Education. (2019). *Timpson Review of School Exclusion*. DfE. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/807862/Timpson_review.pdf

Department for Education and Skills. (2001). *Special educational needs code of practice*. London: DfES.

Department of Children Schools and Families. (2008). *The Bercow Report: A review of services for children and young people (0-19) with speech, language and communication needs*. DCSF.

DiLalla, L. F., Marcus, J. L., & Wright-Phillips, M. V. (2004). Longitudinal effects of preschool behavioral styles on early adolescent school performance. *Journal of School Psychology*, *42*(5), 385–401. https://doi.org/10.1016/j.jsp.2004.05.002

Dinkins, C. S. (2005). Shared inquiry Socratic-hermeneutic interpre-viewing. In *Beyond method: Philosophical conversations in healthcare research and scholarship* (pp. 111–147). University of Wisconsin Press.

Driver Youth Trust. (2015). *Joining the dots: Have recent reforms worked for those with SEND?* London: Driver Youth Trust.

Elo, S., Kääriäinen, M., Kanste, O., Pölkki, T., Utriainen, K., & Kyngäs, H. (2014). Qualitative Content Analysis: A Focus on Trustworthiness. *SAGE Open*, *4*(1), 215824401452263. https://doi.org/10.1177/2158244014522633

Emerson, E. (2015). *The determinants of health inequities experienced by children with learning disabilities*. London: Public Health England.

Emerson, Eric, & Baines, S. (2011). Health inequalities and people with learning disabilities in the UK. *Tizard Learning Disability Review*, *16*(1), 42–48. https://doi.org/10.5042/tldr.2011.0008

Eyre, O., Hughes, R. A., Thapar, A. K., Leibenluft, E., Stringaris, A., Davey Smith, G., Stergiakouli, E., Collishaw, S., & Thapar, A. (2019). Childhood neurodevelopmental difficulties and risk of adolescent depression: The role of irritability. *Journal of Child Psychology and Psychiatry*, jcpp.13053. https://doi.org/10.1111/jcpp.13053

Fauth, R., Parsons, S., & Platt, T. (2014). *Convergence or Divergence? A Longitudinal Analysis of Behaviour Problems among Disabled and Non-Disabled Children Aged 3 to 7 in England*. London: Institute of Education.

Firth, J. (2020). *The teachers guide to research: Engaging with, applying and conducting research in the classroom*. Routledge.

Flick, U. (2018). *The SAGE Handbook of qualitative research*. London: SAGE Publishers Ltd.

Flick, Uwe. (2014). *The SAGE Handbook of Qualitative Data Analysis*. SAGE Publications Ltd. https://doi.org/10.4135/9781446282243

Francis, J. J., Johnston, M., Robertson, C., Glidewell, L., Entwistle, V., Eccles, M. P., & Grimshaw, J. M. (2010). What is an adequate sample size? Operationalising data saturation for theory-based interview studies. *Psychology & Health*, *25*(10), 1229–1245. https://doi.org/10.1080/08870440903194015

Fusar-Poli, P., Salazar de Pablo, G., De Micheli, A., Nieman, D. H., Correll, C. U., Kessing, L. V., Pfennig, A., Bechdolf, A., Borgwardt, S., Arango, C., & van Amelsvoort, T. (2020). What is good mental health? A scoping review. *European Neuropsychopharmacology*, *31*, 33–46. https://doi.org/10.1016/j.euroneuro.2019.12.105

Gill, K., Quilter-Pinner, H., & Swift, D. (2017). *Making the difference: Breaking the link between school exclusion and social exclusion.* London: Institute for Public Policy Research.

Golder, G., Jones, N., & Quinn, E. E. (2009). Strengthening the special educational needs element of initial teacher training and education. *British Journal of Special Education*, *36*(4), 183–190. https://doi.org/10.1111/j.1467-8578.2009.00446.x

Golsworthy, R., & Coyle, A. (2001). Practitioners' accounts of religious and spiritual dimensions in bereavement therapy. *Counselling Psychology Quarterly*, *14*(3), 183–202. https://doi.org/10.1080/09515070110037993

Gournelos, T., Hammonds, J. R., & Wilson, M. A. (2019). *Doing academic research: A practical guide to research methods and analysis*. Routledge.

Guetterman, T. C. (2015). Descriptions of Sampling Practices Within Five Approaches to Qualitative Research in Education and the Health Sciences. *Forum Qualitative*

Sozialforschung / Forum: Qualitative Social Research, *Vol 16*, No 2 (2015). https://doi.org/10.17169/FQS-16.2.2290

Guthrie, J., Petty, R., Yongvanich, K., & Ricceri, F. (2004). Using content analysis as a research method to inquire into intellectual capital reporting. *Journal of Intellectual Capital*, *5*(2), 282–293. https://doi.org/10.1108/14691930410533704

Harris, M. G., Bharat, C., Glantz, M. D., Sampson, N. A., Al-Hamzawi, A., Alonso, J., Bruffaerts, R., Caldas de Almeida, J. M., Cia, A. H., Girolamo, G., Florescu, S., Gureje, O., Haro, J. M., Hinkov, H., Karam, E. G., Karam, G., Lee, S., Lépine, J., Levinson, D., … on behalf of the World Health Organization's World Mental Health Surveys collaborators. (2019). Cross-national patterns of substance use disorder treatment and associations with mental disorder comorbidity in the WHO World Mental Health Surveys. *Addiction*, *114*(8), 1446–1459. https://doi.org/10.1111/add.14599

Hastings, R. P., & Brown, T. (2002). Behavioural knowledge, causal beliefs and self-efficacy as predictors of special educators' emotional reactions to challenging behaviours. *Journal of Intellectual Disability Research*, *46*(2), 144–150. https://doi.org/10.1046/j.1365-2788.2002.00378.x

Hodkinson, A. (2009). Pre-service teacher training and special educational needs in England 1970–2008: Is government learning the lessons of the past or is it experiencing a groundhog day? *European Journal of Special Needs Education*, *24*(3), 277–289. https://doi.org/10.1080/08856250903016847

Horridge, K. (2019). SEND for the paediatrician: Children and young people with special educational needs and disabilities. *Paediatrics and Child Health*, *29*(10), 415–421.

House of Commons. (2019). *Education Committee Special Educational Needs and Disabilities First Report of Session 2019*. London: House of Commons.

Information Commissioner's Office (ICO). (2020). *Guide to the General Data Protection Regulation (GDPR)*. https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/

Ladd, G. W., Herald-Brown, S. L., & Reiser, M. (2008). Does Chronic Classroom Peer Rejection Predict the Development of Childrens Classroom Participation During the Grade School Years? *Child Development*, *79*(4), 1001–1015. https://doi.org/10.1111/j.1467-8624.2008.01172.x

Local Government Association. (2018). *Have we reached a "tipping point"? Trends in spending for children and young people with SEND in England.* London: Local Government Association.

Lubbers, M., Van Der Werf, M., Snijders, T., Creemers, B., & Kuyper, H. (2006). The impact of peer relations on academic progress in junior high. *Journal of School Psychology*, *44*, 491–512.

Maguire, M., & Delahunt, B. (2017). Doing a Thematic Analysis: A Practical, Step-by-Step Guide for Learning and Teaching Scholars. *All Ireland Journal of Higher Education*, *9*(3), 1–14.

Manwell, L. A., Barbic, S. P., Roberts, K., Durisko, Z., Lee, C., Ware, E., & McKenzie, K. (2015). What is mental health? Evidence towards a new definition from a mixed methods multidisciplinary international survey. *BMJ Open*, *5*(6), e007079–e007079. https://doi.org/10.1136/bmjopen-2014-007079

[removed for review] (2020a). [removed for review]

[removed for review] (2020b). [removed for review]

[removed for review] (2020c). [removed for review]

[removed for review] (2020a). [removed for review]

[removed for review] (2020b). [removed for review]

[removed for review] (2017). [removed for review]

[removed for review] (2020d). [removed for review]

[removed for review] (2019). [removed for review]

Maslow, A. (1943). A theory of human motivation. *Psychological Review*, *50*(4), 370–396.

Mason, M. (2010). Sample Size and Saturation in PhD Studies Using Qualitative Interviews. *Forum Qualitative Sozialforschung / Forum: Qualitative Social Research*, *Vol 11*, No 3 (2010): Methods for Qualitative Management Research in the Context of Social Systems Thinking. https://doi.org/10.17169/FQS-11.3.1428

McMahon, R. J., & Wells, K. C. (2006). Conduct Problems. In *Treatment of Childhood Disorders* (pp. 137–268). Guilford Press.

MIND. (2020). *Mental health facts and statistics*. https://www.mind.org.uk/information-support/types-of-mental-health-problems/statistics-and-facts-about-mental-health/how-common-are-mental-health-problems/#:~:text=1%20in%204%20people%20will,week%20in%20England%20%5B2%5D.

Moretti, F., van Vliet, L., Bensing, J., Deledda, G., Mazzi, M., Rimondini, M., Zimmermann, C., & Fletcher, I. (2011). A standardized approach to qualitative content analysis of focus group discussions from different countries. *Patient Education and Counseling*, *82*(3), 420–428. https://doi.org/10.1016/j.pec.2011.01.005

Morse, J. M. (2000). Determining Sample Size. *Qualitative Health Research*, *10*(1), 3–5. https://doi.org/10.1177/104973200129118183

National Health Service. (2020, December 14). *Mental health*. NHS. https://www.england.nhs.uk/mental-health/

National Institute of Clinical Excellence (NICE). (2008). *Social and emotional wellbeing in primary education*. London: NICE. https://www.nice.org.uk/guidance/ph12

National Institute of Clinical Excellence (NICE). (2009). *Social and emotional wellbeing in secondary education*. London: NICE. https://www.nice.org.uk/guidance/ph20

Nepi, L. D., Fioravanti, J., Nannini, P., & Peru, A. (2015). Social acceptance and the choosing of favourite classmates: A comparison between students with special educational needs

and typically developing students in a context of full inclusion: Social Acceptance. *British Journal of Special Education*, *42*(3), 319–337. https://doi.org/10.1111/1467-8578.12096

Norwich, B., & Eaton, A. (2015). The new special educational needs (SEN) legislation in England and implications for services for children and young people with social, emotional and behavioural difficulties. *Emotional and Behavioural Difficulties*, *20*(2), 117–132. https://doi.org/10.1080/13632752.2014.989056

Nye, E., Gardner, F., Hansford, L., Edwards, V., Hayes, R., & Ford, T. (2016). Classroom behaviour management strategies in response to problematic behaviours of primary school children with special educational needs: Views of special educational needs coordinators. *Emotional and Behavioural Difficulties*, *21*(1), 43–60. https://doi.org/10.1080/13632752.2015.1120048

Ochoa, S. H., & Olivarez, A. (1995). Meta-analysis of peer rating sociometric studies of pupils with Learning Disabilities. *Journal of Special Education*, *29*, 1–19.

O'Connor, M., Hodkinson, A., Burton, D., & Torstensson, G. (2011). Pupil voice: Listening to and hearing the educational experiences of young people with behavioural, emotional and social difficulties (BESD). *Emotional and Behavioural Difficulties*, *16*(3), 289–302. https://doi.org/10.1080/13632752.2011.595095

Ofsted. (2010). *The special educational needs and disability review. A statement is not enough*. Ofsted.

Oldfield, J., Humphrey, N., & Hebron, J. (2015). Cumulative risk effects for the development of behaviour difficulties in children and adolescents with special educational needs and disabilities. *Research in Developmental Disabilities*, *41–42*, 66–75. https://doi.org/10.1016/j.ridd.2015.05.010

O'Leary, Z. (2004). *The essential guide to doing research*. SAGE Publications, Ltd.

Owen, W. F. (1984). Interpretive themes in relational communication. *Quarterly Journal of Speech*, *70*(3), 274–287. https://doi.org/10.1080/00335638409383697

Palinkas, L. A., Horwitz, S. M., Green, C. A., Wisdom, J. P., Duan, N., & Hoagwood, K. (2015). Purposeful Sampling for Qualitative Data Collection and Analysis in Mixed Method Implementation Research. *Administration and Policy in Mental Health and Mental Health Services Research*, *42*(5), 533–544. https://doi.org/10.1007/s10488-013-0528-y

Patton, M. (2015). *Qualitative Research and Evaluation Methods*. SAGE Publications, Ltd.

Perera, B., Audi, S., Solomou, S., Courtenay, K., & Ramsay, H. (2020). Mental and physical health conditions in people with intellectual disabilities: Comparing local and national data. *British Journal of Learning Disabilities*, *48*(1), 19–27. https://doi.org/10.1111/bld.12304

Pinto, C., Baines, E., & Bakopoulou, I. (2019a). The peer relations of pupils with special educational needs in mainstream primary schools: The importance of meaningful contact and interaction with peers. *British Journal of Educational Psychology*, *89*(4), 818–837. https://doi.org/10.1111/bjep.12262

Pinto, C., Baines, E., & Bakopoulou, I. (2019b). The peer relations of pupils with special educational needs in mainstream primary schools: The importance of meaningful contact and interaction with peers. *British Journal of Educational Psychology*, *89*(4), 818–837. https://doi.org/10.1111/bjep.12262

Pirrie, A., Macleod, G., Cullen, M. A., & McCluskey, G. (2011). What happens to pupils permanently excluded from special schools and pupil referral units in England? *British Educational Research Journal*, *37*(3), 519–538. https://doi.org/10.1080/01411926.2010.481724

Pyett, P. M. (2003). Validation of Qualitative Research in the "Real World." *Qualitative Health Research*, *13*(8), 1170–1179. https://doi.org/10.1177/1049732303255686

Robinson, O. C. (2014). Sampling in Interview-Based Qualitative Research: A Theoretical and Practical Guide. *Qualitative Research in Psychology*, *11*(1), 25–41. https://doi.org/10.1080/14780887.2013.801543

Royal College of Paediatrics and Child Health (RCPCH). (2013). *Child Health Reviews UK: Clinical Outcome Review Programme. Programme Findings.* http://www.rcpch.ac.uk/child-health-reviews-uk/programmefindings/programme-findings

Seidman, I. (2012). *Interviewing as qualitative research: A guide for researchers in education and the social sciences*. Teachers College.

Silverman, D. (2006). *Interpreting qualitative data: Methods for analysing talk, text and interaction* (3rd ed.). SAGE Publications, Ltd.

Silverman, D. (2017). *Doing qualitative research* (5th ed.). SAGE Publications, Ltd.

Spiers, J., & Riley, R. (2019). Analysing one dataset with two qualitative methods: The distress of general practitioners, a thematic and interpretative phenomenological analysis. *Qualitative Research in Psychology*, *16*(2), 276–290. https://doi.org/10.1080/14780887.2018.1543099

Stein, D. J., Szatmari, P., Gaebel, W., Berk, M., Vieta, E., Maj, M., de Vries, Y. A., Roest, A. M., de Jonge, P., Maercker, A., Brewin, C. R., Pike, K. M., Grilo, C. M., Fineberg, N. A., Briken, P., Cohen-Kettenis, P. T., & Reed, G. M. (2020). Mental, behavioral and neurodevelopmental disorders in the ICD-11: An international perspective on key changes and controversies. *BMC Medicine*, *18*(1), 21, s12916-020-1495–2. https://doi.org/10.1186/s12916-020-1495-2

Steinhausen, H.-C. (2010). Definition, Klassifikation und Epidemiologie psychischer Störungen bei Kindern und Jugendlichen. In *Psychische Störungen Bei Kindern und Jugendlichen* (pp. 23–35). Elsevier. https://doi.org/10.1016/B978-3-437-21081-5.10002-2

Trotter, R. T. (2012). Qualitative research sample design and sample size: Resolving and unresolved issues and inferential imperatives. *Preventive Medicine*, *55*(5), 398–400. https://doi.org/10.1016/j.ypmed.2012.07.003

Vagle, M. D. (2014). *Crafting phenomenological research*. Left Coast Press.

Whittemore, R., Chase, S. K., & Mandle, C. L. (2001). Validity in Qualitative Research. *Qualitative Health Research*, *11*(4), 522–537. https://doi.org/10.1177/104973201129119299

World Health Organization. (2014). *Mental health: A state of well-being*.

www.who.int/features/factfiles/mental_health/en/