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Title: Defining, identifying, and recognising underlying causes of 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 study sought 'to determine how a sample of headteachers (HTs) define, identify and recognise underlying causes of SEMH difficulties'. The analysis found no consensus among the HTs regarding a definition for SEMH, but identified three themes: common characteristics used to define SEMH difficulties; information seeking to identify SEMH difficulties; and how HTs recognise origins and outcomes of SEMH difficulties. The results suggest that headteachers identify behavioural 'problems and difficulties' as a 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 children's mental health and well-being in the North East of England. The original research examined 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 define, identify and recognise underlying causes of SEMH difficulties were not reported due to time limitations. Previous research indicates that significant gaps exist in professionals' knowledge and understanding of identification of SEMH difficulties in children and young people, compounding risk of exclusion from school (Martin-Denham 2020a). As the SEND code of practice makes explicit, 'the purpose of identification is to work out what action the school needs to take' (DfE and DoH 2015, p.97). If headteachers are unable to define what is meant by SEMH difficulties, how can they accurately identify and assess these needs in their student population. It is important to understand headteachers views on these themes as there currently a lack of knowledge and understanding of current identification practices in schools (Martin-Denham, 2020a).

Children with disabilities are among the most vulnerable in society, with significantly higher mortality rates (Royal College of Paediatrics and Child Health 2013) and health inequalities (Emerson 2015) than other children, with implications for families and services (Local Government Association 2018). The wealth of evidence shows that mental health difficulties are associated with reduced quality of life and increased psychological strain (Steinhausen 2010; House of Commons 2019; Martin-Denham 2020a). Assessing, identifying, and responding to children's multi-faceted abilities and needs in education, health and social care is fundamental to preventing ill mental health (Martin-Denham 2020a, 2020b, 2020c, 2020d). Horridge (2019) supports the view that when a child's needs are made visible through accurate 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 the validation of a conceptual

framework may explain the lack of research attention toward preventative approaches for SEMH for children and young people (Fusar-Poli et al. 2020). Indeed, the National Institute of Clinical Excellence (NICE 2008, 2009) guidance to support social and emotional well-being 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 well-being in which every individual realises 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'.

Fusar-Poli et al. (2020, 35) propose the WHO (2014) definition which 'indicates that the absence of mental disorder is not sufficient to experience good mental health' and that good mental health is a state of well-being that allows individuals to cope with normal life.

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

Mental health needs were first acknowledged as special educational needs (SEN) in the SEND code of practice for England (DfE 2015), herein referred to as the 'Code'. This was a deliberate move away from 'behaviour, emotional and social development' in the DfES (2001) Code, to encourage schools to establish the underlying reason for the new broad area of need (SEMH difficulties) (DfE and DoH 2015). 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 a 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 follows:

> '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, section 6.32).

The WHO definition (2014) focusses on the outcomes a person with 'good mental health' can achieve using terms such as 'well-being, potential, cope, productively, contribution.' In contrast, the Code's description of SEMH (DfE 2015, 98) includes observable indicators: 'withdrawn, isolated, anxiety, depression, self-harm' and some known risks of SEMH such as 'substance misuse, eating disorders and physical symptoms'. It also includes reference to only three disabilities, omitting many others, which can exhibit comorbidity with ill mental health (Harris et al. 2019; Perera 2020). To achieve the WHO (2014) definition, it is essential to establish government policy that forces 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's (DfE 2015) statutory guidance is the repeated use of the term 'should', which removes schools' obligation to assess and identify the underlying causes of SEND. The use of non-committal language is found elsewhere in 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 would experience mental health problems each year in England. A local study found SEMH difficulties in national assessment years to be 14.03% higher for children in receipt of education, health and care plans (EHCPs) compared to the national average, based on an analysis of 2016 school census data and peaks in SEMH difficulties during these assessment years in 2017 for both primary and secondary education (Martin-Denham et al. 2017). A later study of school census data (2014-2019) showed that SEMH needs increased over five years and were the second most prevalent type of SEN recorded in Sunderland (Martin-Denham and Donaghue 2020a).

Early identification

The Code (DfE 2015, 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, Macleod and Cullen 2011; (Martin-Denham 2020a). For example, research has suggested that internalising symptoms in children as young as two years old can predict emotional symptoms from ages five and upwards (Treyvaud et al. 2012). 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 linked 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, Jones and Quinn 2009; Hodkinson 2009). These compound the challenges encountered by children with complex needs (Gill, Quilter-Pinner and Swift 2017; Martin-Denham 2020a, 2020b, 2020c, 2020d).

Adverse childhood experiences

The term 'adverse childhood experiences' (ACEs) was first introduced by The Centers for Disease Control and Prevention (CDC) Kaiser Permanente ACE study (Felitti et al. 1998). The study investigated childhood abuse, neglect and household challenges. The ACE study's purpose was to examine the prevalence of ten categories of stressful, traumatic childhood experiences, and whether these had long-term effects (Felitti and Anda 2014). Following their research with 156 graduates, Martin-Denham and Donaghue (2020b) proposed that the original ACE survey does not capture the range of childhood adversities, or the varying level of trauma experienced by the individual. They conclude that current ACE

studies underestimate the impact of ACEs on the mental health and well-being of children. Retrospective analysis was conducted in the form of a confidential ACE survey from an obesity clinic, finding that 63.5% of adults had at least one ACE, including experiences such as psychological, sexual and physical abuse, exposure to substance abuse, criminal behaviour, and domestic violence (Felitti et al. 1998; Widom et al. 2015). A larger study in England revealed that 47% of adults had experienced at least one ACE (Bellis et al. 2014). Exposure to these ACEs has also been found to predict risk factors for leading causes of death in adults (Felitti et al. 1998; Gilbert et al. 2010).

There continues to be no agreement on a standard definition of childhood adversity, possibly due to a lack of knowledge and understanding on how to effectively screen and assess trauma (Anda et al. 2010; Finkelhor et al. 2013; Mersky, Janczewski and Topitzes 2017). Kelly-Irving et al. (2013, p.2) provide a definition of ACEs as 'Intra-familial events or conditions causing chronic stress responses in the child's immediate environment. These include notions of maltreatment and deviation from societal norms, where possible to be distinguished from conditions in the socioeconomic and material environment'.

Challenging behaviour

Challenging behaviours such as aggression and non-compliance are associated with reduced academic performance (DiLalla, Marcus and Wright-Phillips 2004), negative teacher-child relationships and poorer interaction with peers (McMahon and Wells 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 were also 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). This is reflected by high exclusion rates (Centre for Social Justice 2011; Martin-Denham and Donaghue 2020c). Fauth, Parsons and Platt (2014) explain 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, which can rapidly escalate. A cumulative risk effect for children identified with SEN is believed to heighten later chances of developing behavioural difficulties (Oldfield, Humphrey and Hebron 2015).

Social relationships

The scarce research in this area indicates that children with SEN in mainstream schools have a lower social status that their non-SEN peers (Ochoa and Olivarez 1995; Chatzitheochari, Parsons and Platt 2016; Nepi et al. 2015; Avramidis et al. 2017; Pinto, Baines and Bakopoulou 2019), with increased risk of victimisation (Chatzitheochari Parsons and Platt, 2016). The implications of not having friendships are shown to cause disengagement, loneliness and a negative impact on academic progress (Buhs, Ladd and Herald 2006; Lubbers et al. 2006; Craggs and Kelly 2018), as well as psychosocial difficulties (Ladd, Herald-Brown and Reiser 2008; Bagwell and Schmidt 2011). Friendships are fundamental to children achieving a sense of belonging (Martin-Denham 2020b). Baumeister and Leary (1995, 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, 381) explained 'belongingness' as a core psychological need and when children did not belong, and learning needs remained unmet, they would 'hunger for affectionate relationships.' Government guidance (DfE 2016b, 8) advises that 'supporting mental health and behaviour in schools' promotes a sense of belonging as a protective factor for building resilience.

Methods

The purpose of the research was to explore the following research objective 'to determine how a sample of headteachers define, identify and recognise underlying causes of SEMH difficulties.'

Qualitative data is complex (Spiers and Riley 2019), with various procedures for analysing 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 social phenomena through the analysis of biographical stories, everyday practices and knowledge and accounts (Flick 2018).

Sample

For this article, a retrospective sample of 41 headteachers was selected, as these participants were asked the question 'how do you define SEMH difficulties?' Initially, this question was not part of the interview, but was added as it arose as a discussion 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**

Moretti et al. (2011) proposed that it is essential to share the principles and criteria used to select participants, with details of their key characteristics to allow for future transferability of results to other contexts. Furthermore, the data's adequacy depends on robust sampling and saturation (Whittemore, Chase and Mandle 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 Sunderland 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 (2020) 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 and privacy information. Participants' right to withdraw, including time frames, was made explicit as per the BERA (2018) guidelines. The 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.

Recruitment

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

Table 3. Number of schools from which HTs were 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

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 (%)**	**10 (%)**

Table 5. Ofsted ratings for each type of school

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

One-to-one, face-to-face interviews were carried out by three researchers between September 2018 and June 2019, with a duration of 30 and 90 minutes. No time limits were imposed, which ensured the participants could give in-depth responses to the open-ended questions (O'Leary 2004).

The use of phenomenological interviews allowed the researcher to secure detailed descriptions of the participants' experiences, feelings, perceptions and understandings of factors leading to school exclusion (Seidman 2012; Vagle 2014). The interviews were structured in their use of 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 of their experiences through shared dialogue. This approach is advocated by Bell (2014), as it leads to rich data that more structured methods can miss. Before any initial data analysis was undertaken, all of the transcripts were examined to critically assess for any instances of researchers leading the participants to responses (Elo et al. 2014).

Question design

To ensure the questions were not steering participants to give particular responses, drafts were 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, non-judgmental and accessible (Elo et al. 2014).

Guthrie et al. (2004) advocate 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, 6) describe TA as ’a method for identifying, analysing and reporting themes within data.’ Thematic analysis is the coding of text according to categories or themes deemed 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 informing the semantic content of the data’ (Braun and Clarke 2006, 84). Owen (1984) suggests that when using TA, it is key to identify repetition (where a participant says the same thing many times), with force and reoccurrence, whereby others say the same or similar views. Braun and Clarke (2006) advocate a six-step process, as follows:

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 organised by participant group were carried out, making initial notes in consideration of the research question ‘how do headteachers define, identify, and recognise underlying causes of 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 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 to capture specific data relevant to the objective of the research. Following initial notetaking from the transcripts in step 1, open coding in NVivo 12, a qualitative analysis software programme, was used to simplify the data into smaller observations based on their meaning. Pre-set themes were not used, but new themes and subthemes were developed as the data was analysed. Additionally, previous themes were modified and, in some cases, collapsed. The coding included the central theme, capturing the essence of what was said, and two subthemes for additional aspects (Table 4).

Table 6. 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), which related directly to the research objective.

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			

Step 4. Revision of those themes

The next step 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, 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
Establishing the root cause of behaviours	**Unable to cope in school**	**Variation in child's emotional state**	**Unidentified mental health difficulties**
Subtheme	**Subtheme**	**Subtheme**	**Subtheme**
Exploring how the behaviour manifests	Unable to cope with day-to-day aspects of schooling	Staff observing changes in child's SEMH	Children's disabilities identified too late
Gathering information from multi-agency professionals and feeder schools	Exposure to adverse childhood experiences	Increase in anxiety, challenging violent and aggressive behaviours	Children’s SEMH identified too late
Exploring barriers to learning for those on SEN register	Isolated, unable to form and/or sustain friendships		Too difficult to identify SEMH needs
Gathering information from caregivers			

- ‘Broad factors’ and ‘observing behaviours’ were disbanded and attached to other existing themes that were similarly appropriate.
- ‘External referral processes’ and ‘diagnosed disabilities’ were reallocated to ‘finding the root cause.’
- ‘Inadequate parenting’ was collapsed into ‘unable to cope in school.’

- ‘Using Early Years Foundation Stage (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 aims to ‘identify the ‘essence’ of what each theme is about’ (Braun and Clarke 2006, 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, identify, and recognise underlying causes of social, emotional and mental health difficulties?’

Table 9. The final set of themes and subthemes

Themes		
Common characteristics used to define SEMH difficulties	**Information-seeking to identify SEMH issues**	**How HTs deconstruct and address origins and outcomes of SEMH difficulties**
Subthemes	**Subthemes**	**Subthemes**
Unable to cope with the day-to-day aspects of schooling	Gathering information from multi-agency professionals and feeder schools	Exploring how the behaviour manifests
Isolated, unable to form and/or sustain friendships	Gathering information from caregivers	Exploring barriers to learning for those on SEN register
Increase in anxiety, challenging violent and aggressive behaviours	Staff observing changes in child's SEMH	Exposure to adverse childhood experiences
	Children's SEMH difficulties identified too late	

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

Following the coding process, three overarching themes were developed (Table 9).

Results

Common characteristics used to define SEMH difficulties

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.' One secondary HT felt that SEMH could be defined broadly,

> '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.'

Isolated, unable to form and/or sustain friendships

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 at making friends, may be very isolated, that kind of thing' and, '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.' One alternative provision (AP) 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, who 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.'

Increase in anxiety, and 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 show they are 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 that often 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 relationships, quite aggressive and unable to be managed in school, at risk of social exclusion.'

Information-seeking to identify SEMH difficulties

Gathering information from multi-agency professionals and feeder schools

Some secondary HTs referred 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 on 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 identify 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.'

Gathering information from caregivers

A primary HT suggested that caregivers 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 identified 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 approaches 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.'

Staff observing changes in a child's SEMH

All references to this subtheme were from the primary HTs, who reflected that the most prominent way SEMH difficulties were identified 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 that 'teaching staff who have noticed someone 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 or 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.’

Children’s SEMH difficulties identified too late

Most participant groups had concerns regarding a lack of prompt diagnosis and rising prevalence of SEMH difficulties and other disabilities. A specialist school HT observed that: ‘Increasingly, we’re seeing children with a range [of issues] 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 in with issues because they are late getting into the system, so children have been adopted when they are three or four or older.’ Another primary HT reinforced:

> ‘We are seeing an increase definitely. It tends to be when they get to about year five, 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 categorise 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 HT)

How HTs recognise origins and outcomes of SEMH difficulties

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 that they focused on understanding the manifestation of behaviours by trying to:

> '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 addressed responses to the manifestation of SEMH difficulties displayed by children. '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 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 social, emotional mental health needs. Obviously, autism comes into that. We have over

20 children in the school who are diagnosed with autism' (primary HT) 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 well-being and anxiety. That is getting worse' (secondary HT).

One secondary HT described how they consider patterns of behaviour and social interactions to determine SEMH difficulties: '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.'

Exploring barriers to learning for those on the SEN register

In addressing the origins and outcomes of social, emotional and mental health difficulties, the most common response related to a need to discover and understand the root cause of the child's behaviours. The two nursery HTs drew upon the Early Years Foundation Stage Framework, where personal, social and emotional development are prime areas of learning and development to assess for SEMH difficulties (DfE 2017):

> '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.'

Another HT commented: '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'. Other primary HTs determine the root cause of behaviours by referring to their SEN registers to identify documented barriers to learning. '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'. Others recalled referring to other school records for children who were under the child protection umbrella and finding out information from family support workers.

The secondary HTs associated SEMH with 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.' It was acknowledged that some children with SEMH needs 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 piece parts of the jigsaw together.'

Exposure to adverse childhood experiences

Several primary HTs related SEMH to 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 breakup issues and the overlap with autism and ADHD.' Contrasting views described different 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 were 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 'til all hours watching Netflix, so there is that element of what he has seen.'

Discussion

The purpose of the research was to explore the following research objective: 'to determine how a sample of headteachers define, identify and recognise underlying causes of SEMH difficulties.' The

analysis found no consensus among the headteachers of a definition of SEMH, though the three themes identified common characteristics used to define SEMH difficulties; information seeking to identify SEMH difficulties; and how HTs recognise origins and outcomes of SEMH difficulties.

As per the DfE (2015) description, some headteachers depicted 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 or criteria for schools to determine whether a child has SEMH difficulties, or unidentified or unmet SEND needs. None of the headteachers referred to the 'state of well-being', a phrase used in the WHO (2014) definition. 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. This study supports previous research, which has found that a lack of prompt diagnosis is a causal factor in the rising prevalence of SEMH difficulties (Martin-Denham 2020a; Martin-Denham, 2020d).

The definitions provided by the headteachers all share one commonality: that children with SEMH difficulties are under immense psychological strain, supporting the findings of Steinhausen (2010), House of Commons (2019) and Martin-Denham, 2020a; 2020c; 2020d). A common term that arose in defining SEMH was a child's 'inability to cope' with everyday experiences, as they were unable to regulate their emotions. Some headteachers included social difficulties as part of their definitions of SEMH, including an inability to form friendships. The issue of sustaining friendships was a particular factor in SEMH difficulties among children in alternative provision following time in mainstream education.

There was some consistency across the age ranges of how the headteachers identified SEMH, with evidence of the existence of mental health needs from nursery to year 11. However, only the primary headteachers talked about how they would use observation techniques to identify underlying SEN. There continues to be immense challenges for schools in terms of resource to support early identification and intervention of children's needs despite numerous national reviews advocating these principles (DCSF 2008; DSCF 2009; DCSF 2010; Ofsted 2010; DfE 2019). The study suggests that, without early recognition and identification of needs, children are more likely develop challenging, violent and aggressive behaviours, increasing the risk of school exclusion, a finding echoed by Martin-Denham (2020a, 2020d).

The findings suggest that headteachers identify behavioural 'problems and difficulties' as an SEN, despite the removal of 'behaviour' as an SEN category in the DfE (2015) current statutory guidance. 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 immediate formalised assessment processes are needed 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 and its focus on personal, social and emotional development to assess for SEMH needs.

Headteachers felt that if they broke down SEMH difficulties into the behaviours they associated with these difficulties, they could 'work backwards' to determine the origins of behaviours. Some headteachers felt that exposure to ACEs was a core contributing factor to subsequent SEMH difficulties. They recognised the detrimental impact of adversity on children's mental health, but did not recognise schooling as a potential source of adversity (Martin-Denham 2020a). Headteachers also considered that

children with SEN may also present with SEMH difficulties, although some suggested that this association was based on their own instincts rather than thorough investigating any causal association. This notion that addressing the origins of SEMH difficulties necessitates a consideration of comorbidity is further illustrated in headteachers' responses regarding links between SEMH and autism, as some headteachers explained that they had many students with such a diagnosis.

This study recommends a change to the wording in the Department for Education policies on SEND (DfE 2015) and on exclusion from maintained schools (DfE 2017). Specifically, the words 'should' and 'could' need to be revised to 'must'. This would place an explicit duty on schools to identify and assess both SEND and underlying SEMH difficulties, compared with the current position, which does not impose a statutory duty to determine causes of a child's emotional needs. The evidence from this study shows that there is variability on how headteachers from nursery to secondary education identify the underlying causes of SEMH difficulties. Only the Nursery headteachers that have clear criteria to assess within the Early Years Framework. This has resulted in varying approaches adopted across primary and secondary schools. Until these policy changes are made and enforced, there is a risk that the multi-faceted needs of children will not be identified or met. This, increases the risk of education disaffection (Martin-Denham 2020a), with potential for health inequalities (Emerson 2015), 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 were arrived at subjectively by the researcher, and this is a limitation of the study. As Golsworthy and Coyle (2001) explain, no two analysts would interpret data in the same way, which raises questions of validity and reliability. This study was relatively small scale, and the findings could be further refined through a larger scale study.

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