

**AN INVESTIGATION INTO DISCOURSES OF SOCIAL EMOTIONAL AND
MENTAL HEALTH DIFFICULTIES AND THE ROLE OF EDUCATIONAL
PSYCHOLOGISTS**

by

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ABSTRACT

The aim of this research was to explore how third year trainee educational psychologists (TEPs) construct children and young peoples (CYPs) social, emotional, mental health (SEMH). It also aimed to explore how TEPs constructed their own, and other educational psychologists', role within the area of SEMH. This topic was of significance due to the ongoing emphasis on supporting CYPs SEMH in governmental policy and education, and the shifts in special educational needs discourse which has moved away from a discourse of behaviour towards a discourse of mental health (Department for Education/Department of Health, 2015). The research was informed by a social constructionist approach to explore how CYPs SEMH, and the role of educational psychologists, are constructed through talk. Five TEPs were interviewed using virtual semi-structured interviews, and data was analysed using discourse analysis informed by critical discursive psychology (Edley, 2001). The findings show that five TEPs drew on a range of interpretive repertoires to construct CYPs SEMH including SEMH and behaviour, SEMH as a need, SEMH as interactive, SEMH as a social construction, and SEMH and mental health. These repertoires positioned CYP in a variety of ways that served to reproduce or challenge dominant constructions in policy and literature. Additionally, analysis demonstrated how TEPs talked about their own role, and the role of educational psychologists, in SEMH as therapeutic, systemic, eclectic, person-centred and restricted. These constructions enabled TEPs to take up varying subject positions when constructing their role that reflected tensions within wider literature. The limitations of this research and implications for educational

psychology practice are considered including the importance of providing a space for professionals to critically reflect on language.

DEDICATION

For my parents, my biggest supporters. You have been with me every step of the
way.

For Polly, I love you.

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LIST OF ABBREVIATIONS

(In alphabetical order)

ACEs	Adverse childhood experiences
AEP	Association of Educational Psychologists
BESD	Behavioural, emotional, and social difficulties
BPS	British Psychological Society
CAMHS	Children and adolescent mental health services
CBT	Cognitive-behavioural therapy
CDP	Critical discursive psychology
CoP	Code of Practice
CPD	Continuous professional development
CYP	Children and young people
DCSF	Department for Children, Schools and Families
DES	Department for Education and Science
DfE	Department for Education
DfEE	Department for Education and Employment
DfES	Department for Education and Skills
DoH	Department of Health
EBD	Emotional and behavioural difficulties
EBSA	Emotional based school avoidance
EHCPs	Education Health Care Plans
EPFT	Educational psychology funding training
EPiP	Educational Psychology in Practice
EPs	Educational psychologists
EPSs	Educational psychology services
ETHoS	E-Theses Online Service
HCPC	Health and Care Professions Council
LA/LAs	Local authority
MHSTs	Mental Health Support Teams
MI	Motivational interviewing
PCP	Personal construct psychology
PEPs	Principal educational psychologists
RQEPs	Recently qualified educational psychologists
SEMH	Social emotional mental health
SEN	Special educational needs
SENCos	Special educational needs co-ordinator
SEND	Special educational needs and disability
SFBT	Solution-focused brief therapy
TEPs	Trainee educational psychologists
UK	United Kingdom

CHAPTER ONE: INTRODUCTION

1.1. Introduction

This volume comprises volume one of a two-part thesis that forms the research and academic requirements of the Applied Educational and Child Psychology Doctorate at the University of Birmingham. Volume one presents a small-scale research study that aims to explore trainee educational psychologists (TEPs) constructions of social, emotional, and mental health (SEMH) difficulties and the role of TEPs and educational psychologists (EPs) in relation to SEMH practice. This chapter starts with a brief introduction to the research, reflecting on the influences that guided me to this choice of research topic, before outlining the structure of the remainder of this volume.

1.2. Background to the research

1.2.1. Influences

The present research has been conducted to explore how TEPs construct SEMH difficulties and the role of TEPs and EPs within SEMH practice. The literature discusses changes in educational policy including changes in terminology in the revised Special Educational Needs and Disability (SEND) Code of Practice (CoP) in 2015 (DfE (Department for Education)/DoH (Department of Health), 2015). The term SEMH was introduced as a broad descriptor for children and young people (CYP) who 'experience a wide range of social and emotional difficulties...these behaviours may reflect underlying mental health difficulties' (DfE/DoH, 2015, p.98). This change in terminology represented a move away from a discourse of behaviour to the inclusion of a mental health discourse in education and policy. Whilst many EPs recognise the role and contribution of EPs in promoting CYP's SEMH (Association of Educational

Psychologists (AEP), 2017; Birchwood, 2018; Greig, MacKay and Ginter, 2019), little research within the literature has focused on how TEPs/EPs talk about and construct a role for themselves within this context. Furthermore, despite governmental initiatives and policies emphasising the importance of supporting CYP's mental health in education, such as the government's green paper (DoH/DfE, 2017), discourses within the EP profession construct the EP's role within SEMH as misunderstood and rarely acknowledged (O'Hare, 2017; AEP, 2018).

My personal interest in SEMH began whilst working in special education as a teaching assistant in a specialist primary school in 2014, which corresponded with the emergence of SEMH as a descriptor of need. I was interested in the implications of this language for CYP including constructions of need and associated changes in provision. Subsequently, my doctoral training has furthered my interest in this area. Through my role as a TEP I was exposed to variability in discourse when pupils, families, and professionals talk about, and construct need particularly within the area of SEMH. This had significant implications for CYP described as having SEMH difficulties. Indeed, these pupils experience the highest rate of exclusions compared to pupils identified with other areas of SEN (Graham *et al.*, 2019). Whilst SEMH concerns form a significant part of my casework, it became clear that different professionals had different understandings of the role of the EP within this area. My doctoral study encouraged me to reflect on power inequalities in education including the implications of language in policies such as the SEND CoP (DfE/DoH, 2015). These documents and associated terminology, such as 'disorder' and 'difficulties', and quasi-categories, such as SEMH, are argued to reinforce discourses of normality and abnormality which can function to locate the problem within individual pupils (Tobbell and Lawthom, 2005;

Timimi, 2009). Whilst not a formal or official category, the term SEMH difficulties, is widely used within the UK education system, and forms part of the educational discourse used to describe and categorise CYP identified as having special educational needs. Therefore, it is pertinent that EPs are aware of and engage in critical reflection of the discourses used by themselves and others to construct CYP (Bozic, 1999). This led me to Billington (2006) who situates professional practice within a social interactionist model and encourages professionals working with CYP to critically consider five questions:

“How do we speak of children? How do we speak with children? How do we write of children? How do we listen to children? And how do we listen to ourselves (when working with children)?” (Billington, 2006, p. 8).

1.2.2. Social constructionism and the importance of language

Billington's (2006) questions were instrumental to the development of my research. Specifically, my interest in 'how do we speak of children?' and 'how do we listen to ourselves (when working with children)?' led to this research which aimed to explore and facilitate reflection on how we speak about CYP's SEMH and the TEP/EP role. It was important to go beyond essentialist understandings of SEMH. A consideration of how concepts such as SEMH are socially constructed and the focus on the use of language was deemed a valuable contribution to existing research and literature. Therefore, this study draws on a framework which utilised social constructionism and discourse analysis as it enabled exploration of how concepts such as SEMH and the TEP/EP role are constructed in and through discourse. A discourse is a set of cultural practices and resources, such as statements and metaphors, that construct objects and events (Gergen, 2015). Burr (2015) states that:

“Discourses, through what is said, written or otherwise represented, serve to construct the phenomena of our world for us, and different discourses construct these things in different ways, each discourse portraying the object as having a very different nature from the next.” (p. 76).

Thus, social constructionism and discourse analysis are guided by a central focus on the performative role of language (Burr, 2015). Such research seeks to explore how social constructions, such as SEMH, sustain specific patterns of social action and exclude others (Gergen, 2015). My role as a TEP on a doctoral training course offered me the opportunity to explore how my colleagues on placement in diverse, regional, local authorities (LAs) constructed CYP’s SEMH and the TEP/EP role within this area of practice. It is intended that this research will encourage critical reflection on professional practice within educational psychology and the impact of language on those professional’s work with CYP. Further discussion of my theoretical orientation and how discourse analysis was applied in this research is provided in Chapter 3.2, 3.3 and 3.4.

1.2.3. Covid-19 impact statement

The global Covid-19 pandemic and its associated disruption, which coincided with my final two years of doctoral study, also influenced the development of this research. Originally, I had planned to investigate how SEMH is constructed through the discourses employed by teachers and pupils in a single secondary school however indirect and direct effects of the Covid-19 pandemic raised practical and ethical dilemmas. To mitigate the disruption to my research, guided by Billington’s (2006) reflective questions, I redirected the research to explore how TEPs on the third year of

studying for the educational psychology doctorate talk about SEMH difficulties, and the TEP/EP role in supporting CYP described as having SEMH difficulties. This remains pertinent as new practitioners working with CYP are encouraged to engage in critical reflection of their own work and the systems in which they operate (Billington, 2006). See appendix one for a timeline of the impact of Covid-19 on early developments in this research and data collection.

1.2.4. The use of terminology

The present study was influenced by the shift in discourse to social, emotional, and mental health difficulties within the SEND CoP (DfE/DoH, 2015). Therefore, this terminology is used throughout this research. However, it is not used unproblematically. I recognise that whilst the acronym SEMH appears to be used unquestionably throughout professional and public discourse (Thomas and Loxley, 2022), this terminology is widely contested and has been critiqued for its ambiguity (Norwich and Eaton, 2015). I also acknowledge that the use of this term is value-laden and located with a specific social and cultural context, however as Parker *et al.* (1995, p.2) notes 'choosing friendly euphemisms will not solve the problem'. Indeed, it is hoped that this research will encourage critical reflection on the use and consequences of this discourse.

Throughout this research the term discourse is used interchangeably to refer to documents and theoretical framings. The term discourse is used to refer to cultural resources, such as documents, research, and talk, that construct objects and topics (Gergen, 2015). It is also used to demonstrate the multiple ways of constructing any one object or topic. For example, within this research, findings and conclusions from

psychological research and theory are considered to be one of many possible discourses and ways of constructing a topic (Burr, 2015).

1.3. Structure of volume one

This volume is comprised of five chapters. This first chapter has introduced the thesis including the background to the development of this research and an introduction to the theoretical orientation. Chapter two provides a review of existing literature including an overview of relevant policy and literature regarding SEMH and the EP role in the current national context and research. Chapter three outlines the methodological approach used in this research including the theoretical orientation, research design, and decisions regarding the research method including data collection, sampling, and data analysis. Chapter four presents the analysis and discussion of the TEP interviews to answer the research questions. Finally, chapter five summarises the key findings from the present study and considers implications for practice. Chapter five also evaluates the research through consideration of the study's strengths and limitations before suggesting possible areas for future research.

CHAPTER TWO: LITERATURE REVIEW

2.1. Introduction

This research is influenced by the shift in discourse within the SEND CoP (DfE/DoH, 2015) where discourses of mental health replaced discourses of behaviour as a descriptor of 'need'. Hence, it is important to consider key developments that may have contributed to this shift in discourse to provide a context for this research. This section will firstly consider constructions of SEMH in relevant literature and policy, followed by the implications for educational psychology practice in relation to SEMH. Finally, recent literature will be reviewed to explore constructions of the EP role in SEMH in the current context.

2.2. The 'crisis' in SEMH and the role of schools

The emergence of a mental health discourse in education coincides with growing emphasis in governmental policies and research on the role of schools in identifying and supporting CYP's mental health difficulties (DoH, 2014; DfE, 2018). This has occurred alongside discourse in the media and research of a mental health "crisis" and difficulties in accessing timely and appropriate support (Sadler *et al.*, 2018). While prevalence rates for mental health difficulties are affected by variations in terminology and issues related to measurement and definition, recent research estimates that in 2017 one in eight (12.8%) CYP aged five to nineteen years old in England met the diagnostic criteria for at least one mental disorder (Sadler *et al.*, 2018). A follow-up to this survey, using the Strengths and Difficulties Questionnaire (SDQ), suggested an increase in estimates of a probable mental disorder in CYP aged six to sixteen years from 11.6% in 2017 to 17.4% in 2021 (Newlove-Delgado *et al.*, 2021). Whilst this study relied on a self-report measure, which cannot provide definitive measures of SEMH or

information about context (Foulkes, 2021), these statistics continue to be used in literature and media to construct an ongoing crisis in the rising prevalence of CYP's mental health difficulties. Additionally, mental health difficulties in childhood and adolescence have been associated with negative impacts on academic, social, physical, economic, and later life outcomes (Meltzer *et al.*, 2000; Colman *et al.*, 2009; Durlak *et al.*, 2011; DoH, 2014; Weare, 2015). CYP described as having SEMH needs are also excluded at higher rates than CYP described as having other types of SEN (Graham *et al.*, 2019). The importance of early intervention and promotion of CYP's mental health has been further emphasised in policy and practice. CYP's mental health difficulties are translated into high economic costs for the state regarding provision and services for life-long mental health concerns (DoH, 2011; Davies, 2013; Burstow *et al.*, 2018).

In response to these concerns, since the late 1990s, governmental policy and guidance has increasingly focused on the importance of identifying and supporting CYP's SEMH needs within schools. This can be found in publications such as *Every Child Matters* (Department for Education and Skills, DfES, 2003), *Social and Emotional Aspects of Learning* (SEAL; DfES, 2007), *Targeted Mental Health in Schools* (TaMHS; Department for Children, Schools and Families, DCSF, 2008), *Future in Mind* (DoH, 2015) and the subsequent Green Paper *Transforming Children and Young People's Mental Health Provision* (DoH/DfE, 2017). This includes a commitment for the establishment of Mental Health Support Teams (MHSTs) in education and the development of Educational Mental Health Practitioners whose role is to provide evidence-based interventions, support a whole-school approach to mental health, support education staff and liaise with CYP mental health services where necessary.

More recently, a governmental initiative has focused on encouraging schools to identify and train a Senior Lead for Mental Health who will be responsible for implementing a whole-school approach to mental health and wellbeing (DfE, 2021). It may be that EPs can support with the training and supervision of Senior Leads. Within the last two decades there has also been government initiatives to promote timely access to support services including *No Health without Mental Health* (DoH, 2011) and *Closing the Gap: Priorities for Essential Change in Mental Health Policy* (DoH, 2014), and to roll out Mental Health First Aid Training for schools (PHE/DfE, 2021). Whilst research provides support for the effectiveness of school-based interventions and suggests that schools can play a significant part in promoting CYP's SEMH through an understanding of risk and protective factors (Weare and Nind, 2011; Weare, 2015), other research suggests that school staff may not construct mental health as part of their role or lack confidence in identification and provision for SEMH needs (Kidger *et al.*, 2010).

2.2.1. The role of external professionals

The increased demands on school staff to support CYP's SEMH and general pressures within teaching (Allen, 2015; Ekornes, 2017) constructs a role for external professionals, such as the Children and Adolescent Mental Health Service (CAMHS), clinical psychologists, and EPs, in supporting schools and school staff in the arena of SEMH. The role of EP's in SEMH will be further explored in sections 2.8 and 2.9.

CAMHS is a UK-wide service run by the National Health Service (NHS) which assesses and treats children and young people with severe and complex mental health issues. CAMHS is comprised of multi-disciplinary teams that include psychologists, psychiatrists, therapists, social workers, and mental health workers. Schools can seek

advice and consultation from CAMHS professionals and refer CYP for specialist assessment and treatment (DfE, 2018). CYP may be supported by child clinical psychologists, through NHS services such as CAMHS, or privately, who provide assessment, formulation, and treatment for a range of SEMH concerns including mental health difficulties. Practitioner psychologists, such as clinical psychologists and educational psychologists, are required to work effectively with others as part of a multi-disciplinary team (Health and Care Professions Council, HCPC 2015). Therefore, clinical, and educational psychologists may work collaboratively and liaise when supporting the identification and intervention of CYP's SEMH difficulties. For example, educational psychologists have been identified as a source of support to anchor the support provided by CAMHS and clinical psychologists in schools, this includes the importance of joined-up working (Weare, 2015).

Schools and external professionals supporting CYP with mental health difficulties can also refer to National Institute for Health and Care Excellence (NICE) for advice and support. NICE provides national evidence-based guidance to promote the SEMH of CYP including whole-school approaches to mental health, universal curriculum, identification of mental health needs and targeted support (NICE, 2022). NICE also provides guidance for specific mental health conditions, including anxiety and depression, and evidence-based interventions to support.

2.3. Constructions of SEMH

This research acknowledges the role of language in the construction and meaning making of concepts such as SEMH (Burr, 2015), and it is suggested that SEMH is a socially constructed concept. A discussion of the development of the term SEMH and its historical and cultural context is therefore considered important and is provided

below. Additionally, the subsequent review of relevant literature aims to explore discourses of SEMH and the EP role within this area to consider how these discourses contribute to constructions of the EP role in SEMH and the multiple ways of constructing SEMH difficulties and the EP role. This review adopts a position of social constructionism and aims to explore how knowledge constructed through language enables dominant and alternative discourses.

2.3.1. Historical constructions and changing terminology

The mental health and behaviour of children has been a concern since the eighteenth century; however, constructions of children's mental health and behaviour have changed over time (Harwood and Allan, 2014). Whilst it is beyond the scope of this thesis to provide a comprehensive historical analysis of these changes, this section aims to briefly explore key changes in historical constructions of CYP's mental health and behaviour in education.

It has been suggested that the concept of SEMH difficulties and descriptions of CYP's behaviour and mental health are widely contested (Frederickson and Cline, 2015). This is perhaps reflected in the changing terminology over the years in both educational policy and practice. Concerns regarding children's behaviour and mental health can be traced back to the early 19th century, where children who misbehaved were perceived as 'bad' and required punishment (Cole and Visser, 1999). Schooling was suggested to offer more 'sympathetic treatment' and following the 1881 Education Act school became compulsory for children aged five to twelve years. From the beginning, many children were excluded from education, and the growth in accessibility of schooling and education emphasised differences between children (Billington, 1996). As a result of the larger numbers of children in school, it has been suggested that to

maintain control and order, schools implemented disciplinary practices (Harwood and Allan, 2014). There was also an increased emphasis in education on identification and measurement. In the 1944 Education Act, children with emotional difficulties were described as 'educationally sub-normal' and 'maladjusted' due to a 'psychological disturbance'. This terminology appears to reflect the dominance of the medical model at that time whereby children were positioned as requiring 'treatment' to become 'readjusted'.

Whilst these early constructions located emotional and behavioural difficulties within-child, the Underwood Report (1955) constructed maladjustment as a failure to respond to discipline and as a reaction to 'abnormal childhood experiences' suggesting an emerging discourse in policy and legislation that recognised the role of the environment. Despite the Warnock Report (Department of Education and Science, DES, 1978) retaining the term 'maladjusted', growing concerns about the stigmatisation of children and acknowledgement of wider societal factors, contributed to the adoption of the term Emotional and Behavioural Difficulties (EBD) in the 1994 Code of Practice (DfE, 1994). EBD was described as a continuum where behaviour was constructed as 'naughty' to 'EBD' and to 'serious mental illness'. Despite this, there continued to be a focus on identification and management utilising medical discourse (Cooper, Smith and Upton, 1994). In 2001, in England, EBD terminology in the Special Educational Needs (SEN) Code of Practice was replaced with Behavioural, Social and Emotional Difficulties (BESD) (DfES, 2001) to further emphasise the role of social factors.

The changes in discourse to describe CYP are proposed to reflect changes in constructions of SEN from within child to the role of wider societal factors (Frederickson

and Cline, 2015). However, concerns regarding the implications of these terms on CYP continue. Particularly, the concern that standardising behaviour, mental health, and ability has reinforced notions of abnormality and normality in education where CYP need to successfully achieve the status of a 'good' or 'normal' pupil (Allan, 1996; Coppock, 2005; Laws, 2012). Thomas and Loxley (2022) argue that such terminology in policy and education reinforces notions of deficit and disadvantage which locate the 'problem' within child and a focus on treating CYP. Furthermore, the strive towards assessment and identification is associated with the growth of 'expert' medical and psychological professionals whose role it is to identify those who do not fit within these standards (Harwood and Allan, 2014). Conversely, others have suggested that labels, such as SEMH, function to provide access to resources and support, absolve blame, and to increase understanding and tolerance (Reindal, 2008; Bilton and Cooper, 2012; Riddick, 2012). Furthermore, diagnostic labels are suggested to serve practical functions such as to categorise specific mental health difficulties and to evaluate the effectiveness of interventions (Foulkes, 2021).

2.3.2. SEMH: a shift in discourse

In 2015, within educational policy in England, the revised SEND CoP (DfE/DoH, 2015) was introduced. This provides current guidance for SEND procedures in schools and LA services. Whilst there are no formal categories of SEND, the revised CoP introduced the terminology SEMH to describe one of four broad areas of need. It defined SEMH as:

“Children and young people may experience a wide range of social and emotional difficulties which manifest themselves in many ways. These may include becoming withdrawn or isolated, as well as displaying

challenging, disruptive, or disturbing behaviour. These behaviours may reflect underlying mental health difficulties such as anxiety or depression, self-harming, substance misuse, eating disorders or physical symptoms that are medically unexplained. Other children and young people may have disorders such as attention deficit disorder, attention deficit hyperactive disorder or attachment disorder.” (SEND CoP, DfE/DoH, 2015, p. 98).

The adoption of the term SEMH superseded the terminology BESD in the previous CoP (DfES, 2001). This signified a move away from a behaviour discourse in constructions of SEN towards a mental health discourse. Behaviour is no longer constructed as a discrete SEN but as being underpinned by or reflecting an ‘underlying’ social, emotional, or mental health need. The emphasis on mental health and the move away from behaviour is further evidenced through increased references to ‘mental health’ within the 2015 SEND CoP and decreased references to ‘behaviour’. Whilst in 2001, behaviour and mental health were constructed as distinct but potentially overlapping; mental health was positioned within the realm of specialist services outside of education such as children and adolescent mental health services (CAMHS). The inclusion of the term SEMH suggests that mental health now forms a significant part of educational and SEN discourse. Additionally, SEMH is defined in relation to diagnostic and medical discourse such as anxiety, and disorders such as attention deficit hyperactive disorder. Consequently, mental health is constructed as a discrete SEN, and emphasis is placed on identification and provision for unmet or unaddressed needs.

Despite the change in terminology, policies such as the CoP, are critiqued for reproducing essentialist notions of SEN through a continued emphasis on the identification and assessment of need (Allan, 1996). Furthermore, the use of diagnostic labels when describing CYP difficulties are suggested to overlook wider environmental factors by adopting a medical model which locates problems and solutions within individual CYP (Gillman, Heyman and Swain, 2000; Timimi, 2009; Thomas and Loxley, 2022). Tensions about the terminology used to describe and define SEN such as concerns about stigmatisation, pathologisation, and constructions of permanency can be seen to continue (Jones, 2003a; Lauchlan and Boyle, 2007; Weare and Nind, 2011; Armstrong and Hallet, 2012; Frederickson and Cline, 2015). Recent research has also suggested that CYP themselves perceive terminology such as BESD and SEMH negatively and construct their needs differently (Sheffield and Morgan, 2017), highlighting the importance of considering the impact of dominant discourses and constructions on CYP.

2.4. Discourses of SEMH

Discourses are considered powerful constructions through which CYP are subjected (Laws, 2012; Burman, 2017). Therefore, it is important to explore existing theoretical and professional discourses and how these influence constructions of the concept of SEMH and position CYP within psychological literature and policy. Laws (2012) provides a useful insight into constructions of CYP mental health and behaviour in Australian educational policy which overlaps with UK policy and research. These constructions are considered alongside dominant discourses of mental health following the inclusion of a mental health discourse in UK educational policy (DfE/DoH, 2015).

These will now be explored to highlight the complexity of discourses that underpin practice within SEMH.

2.4.1. Special educational need and disability

Since the term SEMH forms part of the wider discourse of special education, it is valuable to consider discourses of special educational need and disability (SEND). The Warnock Report (DES, 1978) is largely attributed with introducing SEND discourse into the UK education system and policy, where it remains a dominant discourse over forty years later (Runswick-Cole and Hodge, 2009). Indeed, Thomas and Glenny (2000) suggest that a needs discourse is so dominant in UK policy and practice today that it is rarely questioned. SEND discourses and terminology were introduced to reduce exclusionary practices and are associated with 'rights' discourse, such as The Equality Act 2014, which positions CYP as having a right to education and the same educational opportunities as other CYP (Laws, 2012). Currently, SEND discourses construct CYP's difficulties as a consequence of their unmet needs (DfE/DoH, 2015). This overlaps with a dominant educational discourse which focuses on difficulties as a consequence of faulty learning and teaching (Laws, 2012). This positions CYP as having deficits in cognitive, social, emotional, or behavioural skills and requiring evidence-based interventions and teaching to target these deficits and develop their skills (Laws, 2012). These discourses have emerged alongside an educational discourse which focuses on standards (Cooper, 1998).

Meanwhile, SEND discourses have been critiqued for enabling the categorisation of CYP through assumptions of normality and abnormality (Billington, 1996; Reid and Valle, 2004). Furthermore, SEND discourses are constructed as leading to reduced tolerance of CYP's 'difficult behaviour' resulting in exclusionary practices (Egan, 2006).

This may be associated with a health and safety discourse in educational practice and policy where CYP who are deemed to violate discourses of safety and risk are not tolerated (Laws, 2012). Runswick-Cole and Hodge (2009) propose abandoning a special educational needs discourse altogether in favour of an educational rights discourse, which is constructed through policy and legislation such as the Convention on the Rights of the Child (United Nations, 1989). Childs rights discourse positions CYP as having rights related to protection, provision, and prevention of harm and emphasises CYP's right for participation (Larkins *et al.*, 2015). This contrasts with a needs discourse that emphasises CYP's need for protection. Burnam (2017) suggests that the dominant needs discourse positions CYP as passive, suppressing alternative rights discourse that positions CYP as engaged and active participants.

2.4.2. *Punitive versus welfare approaches*

Co-existing punitive and welfare approaches have long been a source of tension within education (Parsons, 2005; Macleod, 2006). The ongoing tension between discipline and care is evidenced within current educational policy. Thomas and Glenny (2000) propose that within the area of special education pupils are transferred from constructions of 'naughty therefore impose sanctions' to 'disturbed therefore meet needs' (p. 286). This moves CYP from a position of requiring punishment to one of requiring help or support. Ball, Maguire, and Braun (2012) suggest that the preoccupation in education with behaviour and discipline is associated with a need to maintain control and to support learning. Conflicting notions of discipline versus care can be seen to continue in recent non-statutory guidance. For example, *Behaviour and discipline in schools* (DfE, 2016) contains 23 references to 'discipline' and 14 references to 'punishment'. Within this guidance there is a focus on a behavioural

discourse related to 'reinforcement', 'sanctions', 'compliance' and 'disciplinary measures' which may include 'exclusion'. This is compared to only two references to 'discipline' and no references to 'punishment' in *Mental health and behaviour in schools* (DfE, 2018), which was published to sit alongside this guidance. Here emphasis is placed on school's role in 'identification', 'support', 'welfare', 'prevention' and possibly referral to 'specialist services'. These conflicting discourses create professional conflict (Ball, Maguire, and Braun, 2012), and are likely to have implications for CYP described as having SEMH needs. Indeed, whether a CYP is blamed (punitive approach) or supported (welfare approach) is argued to be associated with whether individual deficits within CYP or wider societal factors are held responsible (Macleod, 2006).

2.4.3. 'Bad', 'Sad' or 'Mad' pupils

There are concerns within the literature regarding the consequences of dominant educational and psychological discourses, which are claimed to reinforce notions of deviance, deficit, and disadvantage within CYP (Thomas and Loxley, 2022). These discourses related to CYP's mental health and behaviour have implications for whether CYP are positioned as 'bad', 'mad' or 'sad' (Macleod, 2006; Laws, 2012).

2.4.3.1. Bad pupil

CYP whose behaviour and mental health are constructed as the result of individual deficits appear to be positioned as 'bad' (Macleod, (2006). These CYP are positioned as responsible and irresponsible, such that they are held accountable for their behaviour whilst at the same time lacking self-control and positioned as not capable of behaving differently (Macleod, 2006; Wright, 2009). Laws (2012) proposes that rational discourse constructs these CYP as complex and potentially dangerous. The solution is constructed as one of discipline, and a lack of tolerance to explicit displays of

behaviour and mental health. This may be reflected in policy discourse that emphasises the use of punishment and discipline including the use of exclusion for 'extreme cases' (DfE, 2016), which positions some CYP as 'abnormally bad' (Laws, 2012).

2.4.3.2. Mad pupil

On the other hand, CYP are positioned as 'mad' when their behaviour and mental health is constructed as the result of a disorder. This functions to absolve CYP of blame but appears to position them as ill or mad associated with a medical discourse (Macleod, 2006). Such constructions have been criticised for failing to recognise the role of the social context, denying CYP agency, and locating difficulties within child through psycho-medical discourse (Lloyd, 2003). The increase in a mental health discourse in policy and education, that emphasises diagnosis and identification of disorders (DfE/DoH, 2015; DfE, 2018), may be seen to contribute to constructions of CYP as mad or ill. A mental health discourse and medicalisation of CYP's behaviour may construct CYP as having an excess of emotions, and attribute these to psychological conditions or mental illness, which locates the solution as diagnosis and treatment from expert professionals (Wright, 2009; Laws, 2012).

2.4.3.3. Sad pupil

Alternative discourses construct behaviour and mental health as the result of structural inequalities, positioning CYP as 'sad pupils' who are the victims of their circumstances (Macleod, 2006; Wright, 2009). Such circumstances include trauma, neglect, abuse, poverty, and conflict, and solutions within this discourse function to protect CYP through nurturing and therapeutic approaches (Wright, 2009). This discourse is associated with constructions of SEMH as influenced by a complex interaction of

factors and emphasises the individual experiences of CYP. Others are positioned as having a role in understanding CYP's unique experiences to provide support (Lloyd, 2003). Such discourse may be apparent in policy and educational discourse that focuses on the role of adverse childhood experiences (ACEs) and risk and protective factors in CYP's SEMH (DfE, 2018). School staff are positioned as responsible for providing support and early identification which may also include specialist services such as CAMHS.

2.4.4. Influenced by context

2.4.4.1. Peer relationships

Peer relationships are constructed as impacting on CYP's SEMH. For example, difficulties in peer interactions are constructed as both contributing to, and a consequence, of CYP's SEMH. Therefore, interventions that focus on improving peer interactions and increasing peer acceptance are constructed as solutions within this discourse (Bowers *et al.*, 2000; Moroz and Jones, 2002; Barrett and Randall, 2004). Peer relationships are constructed as contributing to CYP's SEMH difficulties through bullying and rejection by their peer group (Hamre and Pianta, 2001). Additionally, peer relationships are constructed as putting CYP at risk through association with peers who are positioned as anti-social and problematic role models (Cooper and Jacobs, 2011; Laws, 2012). These constructions are associated with increasing SEMH difficulties (Barth *et al.*, 2004), whilst peer support is constructed as facilitating interventions and positive outcomes in SEMH (Cooper and Jacobs, 2011).

2.4.4.2. Parental factors

A dominant discourse within literature constructs parent and family factors as influencing CYP's SEMH through poor monitoring and indiscipline, insecure

attachments, parental and familial mental health, and parental and familial substance abuse (Laws, 2012). Within UK policy and media discourse, a deficit discourse appears to be prevalent in which parents are positioned as contributing to CYP's SEMH through poor parenting and low expectations (Araújo, 2005). Parental and family-based interventions, such as Triple P Parenting, are constructed as the solution (Cooper and Jacobs, 2011). This positions parents as requiring interventions similar to their CYP (Macleod *et al.*, 2013; Harwood and Allan, 2014). A focus on parental deficit discourse is argued to overlook the wider socio-political context in which CYP and their families operate. This can lead to stigmatisation and further discrimination (Slee, 2015; Mowat, 2015), and suppresses alternative discourses such as the impact of poverty (Laws, 2012).

2.4.4.3. Teachers and schools

Alternatively, schools and teachers are constructed as impacting on CYP's SEMH. SEMH is constructed as a response to an inadequate teaching and school environment (Laws, 2012). This locates responsibility for CYP's SEMH within schools and teachers. For example, teachers are positioned as responsible for CYP's SEMH related to the fit between teacher skills and qualities and pupils, which either exacerbates or alleviates CYP's SEMH difficulties (Gibbs and Gardiner, 2008; Cooper and Jacobs, 2011). Poor teacher-pupil relationships are constructed as impacting negatively on CYP's SEMH (Myers and Pianta, 2008). Whereas positive interactions and relationships between teachers and pupils, that include nurturing approaches and effective teaching, are constructed as having a positive impact (Cooper and McIntyre, 1996; Cooper and Jacobs, 2011; Prince and Hadwin, 2013). These approaches may contradict with

current educational policy discourse that emphasises the role of discipline and behaviour management (DfE, 2016).

Furthermore, CYP's SEMH is constructed as a response to the wider school system. For example, sense of belongingness and a supportive and caring school ethos are associated with positive SEMH outcomes for CYP (Cooper and McIntyre, 1996; Prince and Hadwin, 2013). Whilst critics have suggested that in contemporary discourse schools are rarely positioned to be at fault (Thomas and Glenny, 2000; Harwood and Allan, 2014), literature suggests that schools contribute to CYP's SEMH difficulties. For example, through inflexible school systems and structures, the curriculum not matching CYP's individual needs, the use of exclusion, and the emphasis on standards and success (Munn and Lloyd, 2003; Razer, Friedman and Warshofsky, 2013; Mowat, 2015). Moreover, Lloyd (2008) suggests that a dominant discourse in education and policy which focuses on removing barriers for CYP can perpetuate a deficit discourse and suppress alternative discourses that highlight the role of the curriculum and school's performance agenda. Such discourses reflect alternative educational discourses where SEMH difficulties are constructed as schools need rather than an identifiable individual need within CYP (Thomas and Loxley, 2022).

2.4.4.4. Society

Socio-political discourse constructs CYP's SEMH as an understandable response to extreme circumstances (Laws, 2012). This may be associated with constructions of the 'sad pupil' (Macleod, 2006). CYP are positioned as vulnerable due to wider structural and social factors such as poverty (Parsons, 2005). Discourses of disadvantage are also referenced in policy to position CYP as at risk of mental health difficulties (DfE, 2018). Despite literature that constructs CYP as marginalised through

poverty, race and ethnicity, sexual orientation, disability, and religion (Mowat, 2015), writers contend that discourses of disadvantage and marginalisation are rarely drawn on in practice to construct CYP's SEMH (Laws, 2012; Harwood and Allan, 2014).

2.4.5. Summary

A review of the wider literature has made visible the multiple and contradictory ways of constructing CYP's SEMH, including whether CYP's SEMH is constructed as the result of within child or wider environmental factors. However, despite a range of discourses related to individual, parental, school, or societal factors, dominant discourses within the literature continue to construct a solution for CYP's SEMH that focuses on individual treatment and support for CYP. This may result in CYP being positioned as requiring expert professional support from a range of systems (Thomas and Glenny, 2000). These systems are suggested to construct the same SEMH difficulties differently dependent on their own professional discourses and practice (Coppock, 2005). This has implications for how CYP are supported and treated. Since Billington (2006) proposes that professionals, such as EPs, rarely reflect on the impact of their own discourses and constructions on CYP, the following sections will consider constructions of the EP role generally followed by constructions of the EP role within SEMH.

2.5. Constructions of the EP role

The following two sections will consider how the EP role has been constructed over time (section 2.5) and the impact of the current socio-political context on EPs' ways of working including the significance of EPs statutory duty and the development of traded models of service delivery (section 2.6).

2.5.1. Reconstructions of the EP role

Since the beginnings of the EP profession in England in the early 20th century, the EP role has been constructed in a variety of ways (Leadbetter, 2010). Comprehensive historical analysis of the EP profession and practice over time have been documented by Birch, Frederickson, and Miller (2015) and Leadbetter (2002; 2010). Some of the key historical changes within the profession are briefly considered below.

In 1913, the appointment of the first EP, Cyril Burt, constructed the role of the EP in assessment and categorisation related to Burt's use of psychometrics to identify children who required special education (Dessent, 1978; Love, 2009). A psychometric discourse can be seen to position the EP role within a deficit model at the individual level. Burt was also employed to conduct research, and this could be argued to parallel with current discourse of the EP role as a 'scientist-practitioner' (Fallon, Woods and Rooney, 2010; Birch, Frederickson and Miller, 2015). Following the Second World War, the EP profession appeared to adopt a greater therapeutic discourse with the emergence of child guidance centres in 1932. The role of the EP within child guidance centres focused on the 'identification' and 'treatment' of children identified as having 'behavioural problems'. This suggests EPs were largely operating within the discourse of the dominant medical model at this time through the use of psychometric testing (Birch, Frederickson and Miller, 2015). Leadbetter (2002) highlighted the role of legislation in defining the EP role during the 1940s and 1950s, with the publication of the 1944 Education Act and the 1955 Underwood Report, that further encompassed medical discourse within the EP role and education. Another key development at this time was the establishment of school psychological services where schools could now refer CYP to EPs. The Summerfield Report published in 1968 represented the first

governmental review of the EP profession. It suggested that the EP role continued to be preoccupied with the identification and treatment of CYP. This role has been constructed as the 'traditional' EP role (Philips, 1971; Leadbetter, 2002).

Amongst the context of increasing school populations following the discontinuation of classifying children as uneducable in the 1970 Education Act, and growing frustrations in the 1970s and 1980s with the dominance of medical discourse within EP practice, there was a shift towards a preventative and systemic discourse (Leadbetter, 2010). This shift was documented in the publication of *Reconstructing Educational Psychology* (Gillham, 1978) which provided an alternative construction to the dominant discourse of the EP role at the time. It constructed a role for the EP that emphasised work at an organisational and systems level and preventative work with parents and teachers (Birch *et al.*, 2015). The EP role was constructed as one of 'agent of change' within school systems (Burden, 1978). This ongoing tension between constructions of the EP role at the 'traditional' individual level with CYP, such as assessment and intervention, and the move towards constructions of the EP as applying psychology at a wider systemic and preventative level continue in the 21st century (MacKay, 2007). SEN legislation and policy in the 1980s and 1990s is largely attributed for the maintained emphasis on assessment within the EP profession (Atkinson, Corban and Templeton, 2011). More recently, since the start of the 21st century, there has been a rise in the use of systemic approaches within EP practice including consultation (Leadbetter, 2006). There have also been several formal reviews of the EP role (Department for Education and Employment, DfEE, 2000; Farrell *et al.*, 2006) and discussions have centred on the unique contribution of the EP (Ashton and Roberts.

2006). The implications of these discussions on the current role of EP will now be explored.

2.5.2. Current EP practice: Five core functions

Alongside changing historical constructions of the EP role, within the professional literature it is widely recognised that the EP role is diverse and difficult to define (Stobie, 2002). However, Fallon, Woods, and Rooney (2010) suggest that what EPs *actually do* is reasonably clear:

“EPs are fundamentally scientist-practitioners who utilise, for the benefit of CYP, psychological skills, knowledge, and understanding through the functions of consultation, assessment, intervention, research and training, at organisational, group or individual level across educational, community and care settings, with a variety of role partners” (p.4).

Fallon, Woods and Rooney’s (2010) description of the EP role adopts and applies the five core functions of the EP role, as defined within the Currie Report which reviewed EP services in Scotland (Scottish Executive, 2002). The notion of the EP delivery model as encapsulating the core functions of consultation, assessment, intervention, training, and research across the three levels of the individual, school or establishment, and local authority, remains today. Thus, EPs can be seen to be constructed and positioned in a variety of ways: as an assessor, a consultant and problem-solver, an agent of change, a trainer, and an evidence-based practitioner. Furthermore, EPs are positioned as child-centred practitioners whose role focuses on the best interests of CYP (Fallon, Woods and Rooney, 2010).

2.5.3. *A unique contribution*

Alongside EPs broad practice and associated difficulties of role definition, there exists an enduring question about the unique contribution of the EP role (Farrell *et al.*, 2006; Cameron, 2006; Boyle and Lauchlan, 2009; Fallon, Woods, and Rooney, 2010). The concern with professional identity was explored by Ashton and Roberts (2006) who suggested that EPs themselves, and school professionals such as special educational needs co-ordinators (SENCOs), constructed the value of the EP role differently. SENCOs valued individual assessment, including statutory assessment, and expert advice (which the authors constructed as the “traditional” EP role). Meanwhile, EPs constructed their role more broadly including ‘changing perspectives’ and using ‘contextual knowledge’ suggesting EPs may utilise a systemic and interactive discourse when describing their role. This research was conducted over fifteen years ago, and whilst it is possible that views of the EP role may now vary due to the changing historical-cultural context, over the last twenty years professional literature suggests that other professionals continue to construct the role of the EP differently. These differences impact on effective multi-agency working (Durbin, 2010), service user’s understanding of the EP role (Fallon, Woods and Rooney, 2010), and create a tension between what service users such as schools want from EPs and what EPs would like to offer (DfEE, 2000). This constructs a wider tension whereby the EP role is influenced and limited by other’s constructions that are proposed to typically differ from the constructions of EP themselves.

2.6. The role of the EP: Socio-political context

Likewise, the socio-political context has been implicated in influencing the role of the EP and how educational psychology services (EPSs) currently operate (Farrell *et al.*,

2006; Fallon, Woods and Rooney, 2010; Purewal, 2020). This section will consider the role of SEND legislation, training, and EP standards on current constructions of the EP role.

2.6.1. EPs and statutory assessment

The legislative context influences constructions of the EP role. Arguably, one of the most significant legislative influences on the shape of EP practice is the statutory duty that first emerged within SEN legislation in the 1980s and remains in practice today. Following the publication of the Warnock Report in 1978 (DES, 1978), and the enactment of this in legislation in the 1981 Education Act, EPs have had a statutory function providing assessment of CYP's needs through statements of SEN. Leadbetter (2002) noted that whilst some EPs welcomed the status and recognition this position afforded the profession, others have been critical of the effects of this legislation calling it a 'tragedy' (Gillham, 1999), and more radically claiming that it had 'destroyed' the EP profession (Sutton, 1997, cited in Leadbetter, 2002). Furthermore, Dessent (1994) asserted that following this legislation the EP role is now explicitly linked to the requirements of the SEN system which governs both understanding of and scope for EPs work.

Despite these criticisms, the statutory duty of EPs in providing assessment can be seen to remain in the present day. While the publication of the Children and Families Act (DfE/DoH, 2014) and revised SEND CoP (DfE/DoH, 2015) replaced statements of SEN with Education Health Care Plans (EHCPs) (Norwich, 2019), EPs continue to be constructed as having a role in both the identification of SEND and in supporting schools with provision to meet the needs of pupils with SEND (DfE/DoH, 2015; Law and Woods, 2018). Indeed, since the 1980s, statutory legislation has maintained the

constructions and positioning of the EP role as one of psychological assessor (Atkinson, Corban and Templeton, 2001).

2.6.2. *Traded services*

It is acknowledged that EPs can work in contexts aside from local authority EPSs (Lyonette *et al.*, 2019). As this study gathered data from TEPs who were on placement within LA EPSs, this section focuses on contextual influences on models of service delivery and EP work within LA EPSs (Farrell *et al.*, 2006; Love, 2009; Hill, 2013). There continues to be debate about whether models of service delivery have positive or negative outcomes for the EP role (Thomson, 1996; Woods, 2016), however, it is broadly suggested that LA EPSs model of service delivery influences not only the work EPs can do but how they can do it (Fallon, Woods and Rooney, 2010).

Following the 2010 budget cuts in education, many LA EPSs have moved towards traded models of service delivery to support income generation and cover their costs (Lee and Woods, 2017). Partially or fully traded models of service delivery shift responsibility from local authorities onto educational settings, such as schools, and other services, to directly commission EP involvement (Buser, 2013; Lee and Woods, 2017). Limited research exists within the literature regarding the impact of these changes on constructions of the EP role. However, Fallon, Woods and Rooney (2010) have suggested that traded models could have long-term implications including contributing to difficulties clarifying the unique contribution of the EP role and difficulties negotiating and declining commissions of work. Indeed, ethical concerns within the profession regarding the shift to traded models contributed to the publication of the British Psychological Society (BPS, 2018) *Ethical Trading Guidelines for Practice for Educational Psychologists*.

On the other hand, it has been proposed that traded services create opportunities for EPs to expand their work and services (Fallon, Wood and Rooney, 2010). However, service commissioners continued to construct a significant role for the EP in meeting the needs of CYP with SEN through assessment and consultation (Lee and Woods, 2017). Furthermore, EPs success in offering a wider range of work is constructed as impingent on facilitating greater understanding of the EP role (Lee and Woods, 2017). This suggests ongoing tensions within professional literature which position EPs as, on the one hand, powerless and constrained by the current socio-political context, whilst at the same time positioning EPs as negotiators who use their agency and skills to create opportunities in practice to expand their role and the type of work they offer.

2.6.3. Standards

Within the United Kingdom (UK), the educational psychology profession is governed by the BPS and the Health and Care Professions Council (HCPC) and one must adhere to the standards and proficiencies outlined in the BPS (2017) *Practice Guidelines*, BPS (2021) *Code of Ethics and Conduct*, and the HCPC (2015) *Standards of Proficiency*.

The HCPC (2015) standards stipulate that EPs should be able to:

- develop psychological formulations,
- conduct and analyse large-scale data gathering,
- formulate interventions,
- apply interventions to promote learning, wellbeing and social, emotional and behavioural development,
- work with other professions and parents and carers,

- adopt a preventative approach to promote wellbeing,
- implement therapeutic approaches,
- promote contribution of psychological services,
- conduct research to support evidence-based research
- utilize evidence-based practice.

Meanwhile, the BPS (2017) practice guidelines describe five core skills of applied psychologists:

- assessment,
- formulation,
- intervention,
- evaluation
- communication.

These standards construct a wide-ranging role for EPs, which has similarities with definitions of the EP role related to five core functions and work across multiple levels (Fallon, Woods and Rooney, 2010). The standards contribute towards constructions of a potential role for EPs within the area of SEMH. For example, through reference to promoting 'wellbeing', 'social, emotional and behavioural development', a 'preventative approach' and the use of 'therapeutic approaches'.

2.6.3.1. Trainee educational psychologists

Since this research is concerned with the talk of TEPs, it is important to situate TEPs within the current policy and guidance. At this time, qualification as an EP in England requires registration with professional bodies BPS and HCPC once BPS (2019) standards for the accreditation of doctoral programmes in educational psychology, and

HCPC (2015) standards of proficiency, have been obtained during a three-year doctorate. The restructuring of the training course from a one-year master's degree to a three-year full-time doctorate is argued to be in response to the developing role and context of EPs during the 1990s (Evans *et al.*, 2012). Farrell, Gersch and Morris (1998) summarised these as:

- to provide necessary depth of educational psychology theory and research,
- to provide three years of applied psychological practice in line with other applied psychology doctorates,
- to develop competencies in research and practice, and to promote newly qualified EPs confidence in expanding the EP role.

Following consultation through the Doctoral Working Party a core curriculum was established that focused on four areas: psychological assessment and intervention, the profession and its context, research and enquiry, and interpersonal effectiveness (BPS Division of Educational and Child Psychology, 2007).

A review of training arrangements in 2011 suggests that benefits of the three-year doctorate include improved research rigour, evidence-based practice and research, assessment and intervention, and a broader range of experience including therapeutic and preventative work (DfE, 2011). Additionally, to explore whether EP training was relevant and valued, Evans *et al.* (2012) gathered the views of recently qualified educational psychologists (RQEPs) and principal educational psychologists (PEPs). Evans *et al.* (2012) found that RQEPs reported discrepancies between training and the realities of the EP role. The mismatch between expectations of the EP role is likely to reflect the wider context and ongoing concerns of an indistinct EP identity (Cameron,

2006; Fallon, Woods and Rooney, 2010). More recently, the capacity for training providers has increased following The Research on Educational Psychologist Workforce Report (Lyonette *et al.*, 2019) and the government's pledge to tackle the shortage of EPs and to increase the number of TEPs nationwide. It is important to highlight that the TEPs in this research are from the 2018-2021 cohort, a year prior to these changes in funding.

2.6.4. Summary

Despite a wealth of literature exploring the functions and contribution of the EP role, a review of the literature suggests ongoing difficulties for EPs in clarifying the role of the EP, and issues related to professional identity and confidence. A lack of understanding of the EP role both within and outside of the profession is constructed as the result of ongoing reconstructions of the profession over time, and the influence of the current socio-political and legislative context. This alludes to an ongoing tension within the EP profession and academic literature regarding how EPs themselves construct their role and how their role is constructed by others. This may have implications for how the EP role within SEMH is constructed. Indeed, it has been proposed that the EP role within mental health is less clear (Fee, 2011). Thus, the remainder of this literature review will explore how the EP role in SEMH is constructed within professional and academic literature.

2.7. The role of the EP in SEMH

A review of the professional educational psychological literature indicated that EPs are constructed as having a potential role in supporting CYP's SEMH through their application of psychological knowledge and understanding of child development (Squires, 2010; Weeks, Hill and Owen, 2017). Additionally, research suggests that the

EP role in SEMH encapsulates the five core functions including assessment, consultation, therapeutic intervention, training, and research into the effectiveness of therapeutic interventions in EP practice, and across individual, group and organisational levels (Law and Woods, 2018). Moreover, Durbin (2010) highlighted the different ways the EP role within mental health has been constructed within the literature. These roles included EPs as therapists, consultants, community psychologists and child psychologists. These constructions of the EP role will be further considered below, in relation to existing literature and research, followed by the role of legislation and policy in current constructions of the EP role in CYP's SEMH.

2.7.1. EPs as therapeutic practitioners

Literature constructs a role for EPs in supporting CYP's SEMH through therapeutic approaches. Following the increased emphasis on CYP's mental health needs within education, MacKay (2007) proposed that the re-emergence of the EP role within therapeutic practice is a 'historical inevitability'. The EP role as a therapeutic practitioner is rooted in historical constructions of the EP role within child guidance centres (Durbin, 2010). Jones (2003b) has advocated for a return to the child and family centred practice to meet the needs of CYP, including the use of evidence-based therapeutic interventions and greater multi-disciplinary working as characterised by child guidance centres. Recent research has highlighted the effectiveness of a broad range of therapeutic interventions used by EPs, such as cognitive-behavioural therapy (CBT), solution-focused brief therapy (SFBT), personal construct psychology (PCP) and motivational interviewing (MI), on positive outcomes for CYP (Atkinson *et al.*, 2011; Atkinson *et al.*, 2013; Law and Woods, 2018). In addition, a survey of EP practice in 2011 demonstrated that 92% of EPs surveyed reported using therapeutic interventions

as part of their practice including CBT, PCP, SFBT (Atkinson *et al.*, 2011). However, concerns persist regarding the long-term effectiveness of individual therapeutic interventions compared to systemic approaches which promote social and organisational change (Prilleltensky and Nelson, 2000; Pellegrini, 2009). Emerging research suggests that EPs use therapeutic approaches creatively and systemically through consultation, whole-class and multi-agency working (Zafeiriou and Gulliford, 2020) rather than adherence to a time-limited, discrete individual intervention with CYP.

2.7.2. EPs as systemic practitioners

Alternative constructions of the EP role draw on interactional and systemic discourse to position the EP role in SEMH as a systemic practitioner. EPs are constructed as providing a more holistic understanding of CYP through ecological systems approaches that consider CYP within the multiple systems they operate including family and school systems (Bronfenbrenner, 1979; Bronfenbrenner and Ceci, 1994; Woolfson, 2013; McGuiggan, 2021). For example, a Bioecological Model of development suggests CYP's development is influenced by four interacting systems: microsystem, mesosystem, exosystem and macrosystem. From this perspective explanations of CYP's development and SEMH difficulties can be understood through individual and systemic influences. Later revisions of Bronfenbrenner's Bioecological Model of development recognise the influence of the chronosystem and propose that CYP's development is influenced by four interrelated factors: process, personal characteristics, environmental context, and time (Bronfenbrenner and Evans, 2000). This Process-Person-Context-Time (PPCT) model considers how interactions between different systems affect each other over time.

2.7.2.1. Facilitator and consultant

The EP role as consultant and facilitator emerged through the growing use of consultation within the EP profession since the 1990s, including EPs focus on facilitating change at an individual and wider systemic level (Leadbetter, 2010). Various definitions of consultation exist but perhaps one of the most influential descriptions of consultation in EP practice is offered by Wagner (2000), who defined consultation as “a voluntary, collaborative, non-supervisory approach, established to aid the functioning of a system and its inter-related systems (p. 11). Consultation incorporates psychological models suited to the context in which EPs work, including systems thinking, symbolic interactionism, social constructionism, and personal construct psychology. There are queries about how consultation is understood and interpreted by both EPs and EPSs, with Leadbetter (2006) suggesting that consultation is used by EPs in three ways: a defined task with recognised characteristics, a specific skill, or a model of service delivery. In addition, Durbin (2010) highlighted that the use of consultation to promote CYP’s SEMH is unclear. However, since 2010 there has been an emerging body of research exploring how EPs use consultation to promote CYP’s SEMH and it has found that group consultation promotes teacher’s behaviour management skills (Nugent *et al.*, 2014; Hayes and Stringer, 2016), increases confidence in dealing with behaviour that challenges (Osborne and Alfano, 2011), and consultation is used to problem-solve with adults to meet the needs of CYP and to provide emotional containment and support (Zafeiriou and Gulliford, 2020).

2.7.2.2. Community psychologists

Within the literature, constraints related to working within the school system and within educational legislation have contributed to an alternative construction of the EP role as

a community psychologist (Stringer, Powell, and Burton, 2006). In fact, MacKay (2006) points to increased social inequalities and mental health difficulties as establishing a need for EPs to develop the profession through a community focus. It is proposed that a shift towards a community EPSs would enable the EP role to move away from bureaucratic educational functions associated with SEND and statutory assessment towards meeting the needs of all CYP and their families (MacKay, 2006; Stringer, Powell and Burton, 2006; McGuiggan, 2021). This constructs a role for EPs to support CYP's SEMH at a community level beyond the level of individual CYP and their immediate contexts (Burton, Boyle, Harris, and Kagan, 2007), enabling a more holistic understanding.

2.7.3. Policy and legislation: A limited role for EPs

Despite professional educational psychology literature constructing a role for EPs with CYP described as having SEMH difficulties, a recent scoping review of the literature overlooked the role of the EP (Carroll and Hurry, 2018). The review was conducted outside of the EP profession and explored support for CYP with SEMH needs. It has also been observed that discussion of the EP role in SEMH is absent within recent government policies and legislation (AEP, 2017; McAlister and Lawlor, 2017). Thus, mental health legislation may construct a limited role for EPs. For example, the EP role is excluded from key policy documents (DoH, 2014), referred to only once (DoH, 2015), or replaced with broader, unprotected titles such as 'external specialist' (DfE, 2018). The lack of recognition of the EP role in current legislation and guidance may well construct a peripheral role for EPs in the current governmental and educational agenda to promote CYP's SEMH. This contrasts with the growing body of research which suggests EPs are involved in SEMH practice across a range of functions and levels.

Therefore, whilst the EP profession itself might construct a role for EPs in SEMH, this is not recognised in the policy and legislation distributed to schools. Consequently, EPs under-representation in policy may explain why schools, and other professionals, lack an awareness of the EP role in supporting CYP's SEMH (Atkinson *et al.*, 2014). Thus, schools may continue to construct a 'traditional' role for the EP in relation to SEMH, focused on assessment related to SEN procedures, rather than a wider systemic and preventative role.

2.8. EP's views of the work of EP's in SEMH

2.8.1. Introduction

A principle aim of this research is to explore how the EP role in SEMH is constructed by third-year trainee educational psychologists. This section reviews recent literature to describe the current discourses of EPs constructions of their role in SEMH and the implications for practice. Adopting a social constructionist perspective, existing literature and its findings are considered as one of several possible discourses in constructing the role of the EP in SEMH (Gergen, 2015). Through a review of the literature, dominant and alternative ways of talking about the topic are revealed to see how these are reproduced or resisted through TEPs discourses in this study. Therefore, this section focuses on the importance of language and talk in existing literature and research (Burr, 2015), to address the following question: *how do EPs in current literature talk about the EP role in relation to the area of SEMH?*

2.8.2. Identifying key literature on EP's views of the work of EP's in SEMH

To gather information on how the EP role in relation to SEMH is constructed within educational psychology literature an initial search was conducted using the terms "educational psychology*" AND "social emotional mental health" OR "SEMH" or

“BESD” or “EBD”. I also manually searched the E-Theses Online Service (EThOS) database and the Educational Psychology in Practice (EPiP) Journal as these are relevant to EP practice. Searches were conducted between June and August 2021. Due to the limited number of published studies, the literature review focused on research that was peer-reviewed (including theses), that focused on SEMH and the EP role, was conducted in the UK, and from 2015 onwards to reflect change in terminology in SEND CoP (DfE/DoH, 2015). See appendix two for an overview of the six key studies that informed this literature review.

Across the literature there were similarities and differences in how the EP role in SEMH is talked about by EPs. These have been synthesised under the headings below to address the literature review question.

2.8.3. A role for the EP in SEMH: Differing constructions

Within the literature, it is suggested that within the EP profession EPs construct the extent of their role in SEMH differently (Andrews, 2017; Price, 2017). On one hand, it is argued that most EPs construct a role for themselves within the area of SEMH (Price, 2017; Greig, Mackay and Ginter, 2019). Within this discourse, EPs are positioned as motivated to work in this area through a ‘desire’, ‘conscious priority’ and need to ‘stake a claim’ in SEMH (Andrews, 2017; Purewal, 2020). However, other EPs construct their role in SEMH as ‘minor’ or ‘somewhat’ (Andrews, 2017; Price, 2017). This highlights a possible tension within current educational psychological literature about the EP role in supporting CYP’s SEMH. Whilst some discourses position EPs as well-placed to support ‘rising SEMH needs’ (Law and Woods, 2019) others draw on discourses related to ‘pressures’ which position EPs as ‘having to pick up CYP’ due to capacity

issues accessing external support such as CAMHS (Price, 2017), suggesting a lack of autonomy within their role.

Discourses of onward referrer were drawn on in two studies (Grieg, MacKay and Ginter, 2019; Purewal, 2020) to position EPs as having a peripheral role in SEMH and lacking the skills and expertise required to support CYP with SEMH. Within this discourse, EPs were likely to construct other agencies as 'best placed' to provide specialist support such as CAMHS. This overlaps with EPs discourses of competency and skills in relation to SEMH (section 2.8.5) and confusion related to role definition.

The unique and distinctive contribution of the EP continues to be constructed as a concern within the area of SEMH (Ashton and Roberts, 2006; Greig, MacKay and Ginter, 2019; Law and Woods, 2019; Purewal, 2020). The gap between how EPs view their role in SEMH and how others construct their role positions EPs as vulnerable through 'threats to professional identity' (Andrews, 2017; Law and Woods, 2019). Furthermore, constructions of the EP role in SEMH as poorly understood or recognised by others including schools, professionals, and in governmental policy, positions EPs as having to promote their role within this area of practice and to provide clarity regarding the EP role (Andrews, 2017; Greig, MacKay and Ginter, 2019; Purewal, 2020). Within the literature it is suggested that EPs construct a distinctive role through their application of psychological knowledge, consultation, systemic service delivery to effect change (Law and Woods, 2019; Purewal, 2020; Zafeiriou and Gulliford, 2020).

2.8.4. Current constructions of EP practice in SEMH

EPs drew on a variety of psychological theories and paradigms when constructing their role in relation to SEMH, suggesting that EPs utilise an eclectic range of theories rather

than a one-size fits all approach to understanding and supporting SEMH needs. EPs constructed the importance of applying psychological theories within context and were guided by a range of theories including ecological systems theory, psychodynamic, humanistic, cognitive, neurobiological, and behavioural (Law and Woods, 2019; Purewal, 2020). Research referred to EPs 'paradigmatic flexibility' in SEMH practice which also included personal construct psychology, attachment theory, solution-focussed, and self-determination theory (Purewal, 2020; Zafeiriou and Gulliford, 2020).

Across all five studies, constructions of the EP role in SEMH across the core functions of assessment, consultation, intervention, training, and research was evident. This suggests that twenty years later, EPs continue to define their practice related to the five core functions of an EP (Scottish Executive, 2002). EPs were reported to be most involved in individual assessment and casework such as gathering of pupil views and measures of wellbeing (Price, 2017; Greig, MacKay and Ginter, 2019; Law and Woods, 2019; Purewal, 2020). EPs were also commonly involved in supporting CYP SEMH through consultation (Andrews, 2017, Price, 2017; Law and Woods, 2019; Purewal, 2020; Zafeiriou and Gulliford, 2020). EPs were constructed as 'empowering others' and 'giving psychology away' by supporting and challenging others (Purewal, 2020; Zafeiriou and Gulliford, 2020). Law and Woods (2019) construct the role of the EP in consultation as to support others to identify underlying and interacting factors. However, Andrews (2017) notes that not all EPs constructed engagement in consultation positively, as two EPs positioned themselves as 'restricted' by the consultation model of service delivery. They discussed concerns about how the focus on systemic approaches such as consultation negatively impacted on their opportunities to engage in individual therapeutic interventions. This is supported by

Price (2017) as EPs indicated that whilst they did engage in mental health interventions this was not the most common type of work. This contrasts with EP practice in a Scottish context, as EPs reported to mostly engage in direct intervention work with pupils (Greig, MacKay and Ginter, 2019). Research also indicates that EPs are engaged in training related to SEMH including whole-school training related to nurture groups and self-harm (Andrews, 2017).

Across all five research studies there was a notion of the EP as a systemic practitioner within the area of SEMH. Price (2017) suggested that EPs adopt a systemic role within SEMH in line with a biopsychosocial construction of mental health whereby EPs were positioned as having a role supporting and promoting the wellbeing of the school system and school staff not just CYP. The role of the EP in supporting teachers and others in regular contact with CYP, and concerns related to the wellbeing of school staff and the system were also discussed within Greig, MacKay and Ginter (2019) and Andrews (2017) research. Adoption of systemic discourse rather than medical or within-child discourse was also evident across the literature (Andrews, 2017; Purewal, 2020). Within this discourse, EPs are positioned as moving away from within-child deficit models by adopting eco-systemic and interactionist approaches to supporting SEMH. For example, EPs constructed their role in SEMH as supportive and facilitative through training, whole-school approaches, group consultation and supervision (Andrews, 2017; Greig, MacKay and Ginter, 2019; Law and Woods, 2019; Purewal, 2020; Zafeiriou and Gulliford, 2020). Working at a systemic level was suggested to provide greater opportunities for early intervention and prevention (Purewal, 2020). The shift away from medical and diagnostic models of SEMH towards psychosocial and systemic approaches was suggested to be a source of conflict for EPs who may

experience unease with psychological labels and terminology that reflect medical discourse such as 'mental health' in current policy and educational discourse (Andrews, 2017; Purewal, 2020).

Previous literature has also constructed a developing role for EPs in therapeutic practice (Gulliford, 1999; Atkinson, Corban and Templeton, 2011). However, current literature suggests that engagement and delivery of therapeutic interventions is 'less common' and EPs are positioned as wanting to do more of this in practice (Purewal, 2020). This is supported by Andrews (2017) who constructs a tension within educational psychology practice between espoused practice whilst training, where EPs are expected to engage in therapeutic practice, and limited opportunities to deliver therapeutic practice when qualified. Andrews (2017) also suggests that different EPs may construct therapeutic practice differently which affects reporting rates. Meanwhile, within a Scottish EPS context, research constructed EPs as confident in delivering direct therapeutic work (Greig, MacKay and Ginter, 2019), perhaps reflecting how contextual differences impact on constructions of role of the EP in SEMH.

2.8.5. Factors constructed as impacting on the EP role in SEMH

Research constructs the EP role in SEMH as affected by EP's skills and confidence. A lack of confidence in engaging in individual therapeutic interventions positions EPs as lacking skills and knowledge, and solutions within the discourse focus on further training and professional development (Price, 2017). Alternative discourses construct EPs as skilled and knowledgeable practitioners, who engage in varied SEMH work across multiple levels including staff training, multi-agency working, consultation and assessment (Greig, MacKay and Ginter, 2019; Purewal, 2020). EPs have been constructed as most confident when engaging in individual therapeutic intervention

despite limited opportunities (Purewal, 2020), which suggests conflicting discourses in EP's skills and competency within this area of SEMH practice.

Overlapping with discourses of confidence and competency, discourses within the literature construct the EP as "well-equipped" and "well-placed" to work within area of SEMH (Andrews, 2017; Greig, MacKay and Winter, 2019). EPs were positioned as well-equipped due to factors such as initial doctoral training, regular supervision and developing the evidence-base through continuous professional development (CPD). However, a notion of training, supervision and CPD as 'insufficient' was apparent in Purewal (2020). Here, lack of quality training, supervision, and a supportive service culture construct EPs as unsupported within the area of SEMH impacting on their engagement with this type of work (Atkinson, Corban and Templeton, 2011). This suggests individual differences in how EPs construct their role in SEMH, dependent upon where they work and where they trained.

Furthermore, several barriers related to the EP role in SEMH were constructed across the literature. EPs talked about 'competing priorities' which suggested that schools prioritised CYP with learning needs (Price, 2017). This may be associated with the emphasis in education on academic outcomes. Competing pressures within the EP profession were also discussed as impacting on the role of the EP in SEMH. Specifically, EPs reported time constraints and staffing as impacting on their role in supporting SEMH (Andrews, 2017; Price, 2017; Greig, MacKay and Ginter, 2019; Purewal, 2020).

The current socio-political context was identified as impacting on the role EPs role in SEMH. EPs reported concerns that their role is confined to statutory assessment which

limited long-term involvement and opportunities for therapeutic intervention (Purewal, 2020). This was supported by Andrews (2017) who found EPs spent most of their time completing statutory work. Traded models of service delivery were constructed as limiting capacity for a broad range of EP practice particularly due to time and financial constraints (Andrews, 2017; Law and Woods, 2019; Purewal, 2020). The EP role in SEMH was constructed as negatively impacted through these constraints as it affected whether schools prioritised the EP role in supporting SEMH or for learning assessments (Purewal, 2020). The notion of time and availability in facilitating the EP role in SEMH was emphasised by Zafeiriou and Gulliford (2020) who highlighted the importance of the EP being available over time and committed to SEMH work.

2.9. The current research

2.9.1. Rationale

The revised SEND CoP (DfE/DoH, 2015) contributed to a shift in discourse in education that included a move away from a behaviour discourse towards a mental health discourse with the introduction of the term SEMH to replace BESD. Such terminology and discourse have been critiqued for its role in the psychologization and pathologisation of CYP by locating difficulties within-child through the application of psychological frameworks (Burr and Butt, 2000). This is of relevance to EPs, as despite reconstructions of their role over time, it is widely acknowledged within the profession that the EP role in identifying and supporting CYP's SEMH remains somewhat stable (Leadbetter, 2013).

Literature has illustrated the complex ways SEMH, and the EP role, are constructed in professional, policy and educational discourse. Such discourses are suggested to have implications for how CYP are supported and positioned particularly within the areas of

behaviour and mental health (Thomas and Glenny, 2000; MacLeod, 2006; Thomas and Loxley, 2022). Considering the continued emphasis in education and policy on identifying and supporting CYP's SEMH, and the relatively missing reference to the EP role in SEMH within policy discourse, it is pertinent to explore constructions of CYP's SEMH and the EP role within SEMH. Whilst some suggest that EPs may utilise essentialist discourses to provide prompt solutions (Slee, 1995), others suggest EPs employ an eco-systemic discourse including the application of psychosocial or biopsychosocial approaches when working in SEMH (Jones, 2003a; Cooper 2014). Nevertheless, Billington (1996) proposes that regulation and pathologisation processes have affected EP practice so perniciously that it can be difficult to render them visible. Since EPs are recognised as involved in the construction, reproduction, and manipulation of discourses (Bozic, Leadbetter and Stringer, 1998), it appears timely to consider how an increased awareness of constructions and discourse can support TEPs and EPs to critically reflect on Billington's five questions:

“How do we speak of children? How do we speak with children? How do we write of children? How do we listen to children? And how do we listen to ourselves (when working with children)?” (Billington, 2006, p. 8).

This is particularly important as reflective and ethical practice is central to the EP role (BPS, 2017; BPS, 2021).

While emerging research has sought to explore EP's views of their role in SEMH practice (see section 2.8), much existing research has focused on perceptions of role, including barriers and facilitators, rather than their socially constructed nature. Additionally, despite the use of a social constructionist approach in some studies

(Price, 2017; Zafeiriou and Gulliford, 2020), to date, there is no published research that has employed a discursive analytical approach to explore how TEPs/EPs discursively construct SEMH and the TEP/EP role within SEMH. Therefore, this research aims to understand how TEPs construct CYP's SEMH and the TEP/EP role in this area of practice. As new and emerging practitioners to the EP profession are encouraged to engage in critical reflection of their work and wider systems when working with CYP (Billington, 2006), it was considered pertinent to explore how TEPs in their third and final year of training construct their role working with CYP described as having SEMH needs.

2.9.2. Research aims and questions

This research aims to explore TEP's discursive constructions of SEMH and EP practice in SEMH. To meet this aim, this research addresses the following research questions:

1. What interpretive repertoires are employed by TEPs when talking about CYP described as having SEMH difficulties?
2. How are CYP described as having SEMH difficulties positioned through discourse employed by TEPs?
3. What interpretive repertoires do TEPs in their final year of training draw on when constructing their own and the EP role in relation to CYP's SEMH?
4. How do TEPs in their final year of training position themselves in relation to the TEP/EP role in CYP's SEMH?
5. What ideological dilemmas exist in TEPs talk about the TEP/EP role in relation to CYP's SEMH and how do these dilemmas influence constructions?

CHAPTER THREE: METHODOLOGY

3.1. Introduction

This research utilised Billington's (2006) critical questions to explore and analyse "how we speak of" CYP described as having SEMH difficulties, and the TEP/EP role within SEMH practice. A flexible, qualitative design was utilised, and data gathered using semi-structured interviews with five TEPs. The interview data gathered was analysed using discourse analysis and aimed to address the following research questions, based on Billington's (2006) question "*how do we speak of children?*":

1. What interpretive repertoires are employed by TEPs when talking about CYP described as having SEMH difficulties?
2. How are CYP described as having SEMH difficulties positioned through discourse employed by TEPs?
3. What interpretive repertoires do TEPs in their final year of training draw on when constructing their own and the EP role in relation to CYP's SEMH?
4. How do TEPs in their final year of training position themselves in relation to the TEP/EP role in CYP's SEMH?
5. What ideological dilemmas exist in TEPs talk about the TEP/EP role in relation to CYP's SEMH and how do these dilemmas influence constructions?

This chapter begins by outlining the ontological, epistemological, and methodological assumptions underpinning the approach to this research, followed by an overview of the research design including participants, sampling, and consideration of ethical issues. Finally, I provide an overview of the method used for data collection followed by the procedure used for data analysis. In line with the social constructionist position

that this research adopts, which views knowledge as situated and partial, this chapter does not seek to enable replication of the research but to provide a transparent and detailed description of how I designed and conducted this research including how I collected and analysed the data (Wetherell, Taylor and Yates, 2001).

3.2. Research orientation

3.2.1. Positionality

By exploring my positionality, I consider how my world view as a social science researcher and TEP has affected and influenced my research (Holmes, 2020). In this research, I simultaneously occupied the position of insider and outsider to the research participants; I was a third year TEP in the same cohort and same training provider, but I was not on placement in the same local authorities. The advantages and disadvantages of this position are further discussed in section 5.4.

3.2.2. Ontological, epistemological, and methodological considerations

It is also important to consider how my philosophical assumptions influenced the development of this research and the appropriateness of the use of discourse analysis in this research (Marsh, Furlong and Ercan, 2018). Ontological assumptions are beliefs about the nature of social reality and how the researcher views the world (Delanty and Strydom, 2003; Thomas, 2017). Whilst epistemological assumptions are beliefs about the theory of knowledge and how the researcher knows and finds out about the social world (Thomas, 2017; Rosenberg, 2018). This research is positioned within social constructionism whereby concepts such as SEMH are viewed as historically and culturally specific, co-created through social interactions. Social constructionism emphasises the performative function of language in meaning-making and constructing objects (Burr, 2015). This challenges the traditional notion that objective

realities and truths exist to be discovered and that research can be objective and impartial. Rather I recognise that my own personal constructions and experiences of CYP described as having SEMH difficulties, and the TEP/EP role, will be part of the constructions in this research. My research questions originated from my desire to explore how TEPs talk about CYP's SEMH and the TEP/EP role within this area. The adoption of a social constructionist position necessitates a methodology that enables me to explore language and the different ways of talking about an object. Therefore, this research utilised a qualitative methodology to gather rich, detailed data about TEPs talk.

3.3. Social constructionism

This research drew upon concepts from social constructionism to explore how CYP described as having SEMH difficulties, and the TEP/EP role, are constructed. There is no single definition of social constructionism, but it can be understood as a theoretical orientation that is based upon the following tenets identified by Burr (2015):

- Critical of mainstream psychology's claim of objective knowledge and essentialist truths.
- Knowledge is historically and culturally specific
- Knowledge and understanding of the world are constructed through social interaction with an emphasis on language.
- Social processes and interaction produce multiple social constructions and these constructions sustain or exclude social actions.

Therefore, research adopting a social constructionist approach places emphasis on the role of language in constructing realities in a specific historical and cultural context

(Burr, 2015; Gergen, 2015). Thus, social constructionists are concerned with the role of discourse in social constructions:

“Whenever someone speaks, it is important to listen twice, once to the content of what is said, and second, to what this content invites or suppresses in terms of the actions that follow.” Gergen (2015) p. 76.

My research drew upon a social constructionist approach to consider how concepts such as SEMH and the TEP/EP role are based on representations within current culture, are historically and culturally specific, and constructed through exchanges between people including EPs and TEPs. For example, social constructionist assumptions suggest that our current understanding of SEMH and the TEP/EP role is constructed in social exchanges between people rather than the product of objective observations. Thus, to explore constructions of these concepts I need to talk to people about SEMH and the TEP/EP role as this is where meaning-making and patterns of social action are produced (Gergen, 2015). The present study does not seek to make knowledge claims but to explore how others, specifically TEPs, construct CYP described as having SEMH difficulties, and the TEP/EP role, through language and talk. I am also interested in the implications of this language on social action and positioning in terms of the TEP/EP role.

3.4. Discourse analysis

Discourse analysis is an umbrella term referring to a diverse range of different analytical techniques for exploring language (Taylor, 2001). These approaches all adhere to the fundamental principle that language constructs social reality and the central focus of investigation is discourse (Burr, 2015). Throughout this thesis,

discourse refers to the cultural resources, including research and talk, that constructs topics such as SEMH difficulties (Gergen, 2015). The different approaches to discourse analysis differ in the type of research questions they address, and the analytical principles used. For example, conversational analysis is interested in naturally occurring interactions, and analysis focuses on how patterns in language, such as adjacency pairs, membership, and categorisation devices, are used to produce talk and interactions (Wooffitt, 2001; Hutchby and Wooffitt, 2005). Whilst Foucauldian discourse analysis is concerned with how language is implicated in power relations and the implications for subjectivity and practice (Willig; 2013 Burr, 2015). Critical discourse analysis is also concerned with the relationship between language and power (Fairclough, 2001; Fairclough, 2010) but its aim is to expose the powerful ideologies and power relations produced and resisted through discourse in a variety of texts (Burr, 2015).

The discourse analytical approach that informed the design of this research is referred to as critical discursive psychology (CDP), which:

“aims to capture the paradoxical relationship that exists between discourse and the speaking subject. It acknowledges that people are, at the same time, both the products and the producers of discourse (Billing, 1991)”. Edley (2001) p. 190.

This perspective provides a dual reading of talk where discourse is explored as both culturally and historically located whilst also a form of social action. For Edley (2001), CDP enables the researcher to explore dominant discourses available to the speaker and how the speaker selectively deploys discourses within an interaction to accomplish

different action orientations. Therefore, the analytical approach is concerned with analysis of talk where talk is constructive, sensitive to the cultural history of the research topic, and sensitive to the operation of power (Edley, 2001). To fulfil these aims CDP focuses on three key analytical concepts: interpretive repertoires, ideological dilemmas, and subject positions (see table 1).

Table 1. Three key analytical concepts in CDP (adapted from Edley, 2001).

Three key analytical concepts	Description
Interpretive repertoires	Patterns of talking about or constructing an object or activity.
Ideological dilemmas	Tensions and contradictions that exist between different ways of talking about as object or activity.
Subject positions	Locations or positions made available in conversation through specific ways of talking.

Social constructionism and discourse analysis are not without critique. Several authors have expressed concerns about the lack, or loss, of the person within social constructionist approaches due to its central focus on discourse (Butt and Landridge, 2003; Landridge, 2004; Willig, 2013; Burr, 2015). Willig (2013) suggests that, as a result, social constructionism and discourse analysis do not address subjectivity including individual differences and emotional investments in discursive constructions and positions (Burr, 2015). Yet, Gergen (2015) argues that such topics can be

addressed through 'working vocabularies' (p. 28) that explore their socially constructed meaning. Additionally, Gergen (2015) notes that social constructionism does not deny the existence of phenomena but 'invites us to be critically aware' (p. 223), and to be 'careful in treating daily realities as unquestionably and universally real' (p.22), by exploring how language can be harmful and how new alternatives can be created.

Despite these critiques, discourse analysis has been proposed to offer a useful analytical approach for EPs to critically analyse their practice and resist procedures of pathologisation (Billington, 1996). Indeed, an emerging number of doctoral theses have demonstrated the utility of adopting a social constructionist and discourse analytical approach within research in educational psychology. Such research has explored a range of topics including teacher and pupil discourses of mental health and behavioural difficulties of boys (Pearson, 2016), teacher and South Asian girl's discourses of mental health and shame (Sangar, 2018), discursive constructions of therapeutic practice in EP practice (Stiff, 2013), and EPs constructions of sexuality (Marks, 2010). Discourse analysis was employed using discursive psychology (Marks, 2010; Stiff, 2013) and Foucauldian discourse analysis (Pearson, 2016; Sangar, 2018). For this purpose, with acknowledgement of the limitations, I adopted a synthetic approach to discourse analysis, using a critical discursive psychology approach to enable me to explore how SEMH and the TEP/EP role are constructed in and through discourse embedded within a historical and cultural context (Wetherell, 1998; Edley, 2001). This contributed to the current research by allowing exploration of the different ways TEPs construct CYP described as having SEMH difficulties and the TEP/EP role in talk, and how they position themselves and others through discourse.

3.5. Research Design

A flexible research design was used, consistent with the research orientation. Interpretivist approaches acknowledge the social construction of knowledge and the performative role of language (Gergen, 2015). Flexible designs are appropriate for interpretivist approaches and position the researcher as an instrument for data collection; acknowledging their active role and subjectivity in the process (Robson and McCartan, 2016; Thomas, 2017). Therefore, an exploratory design was used that collected qualitative data to explore how CYP's SEMH and the role of the TEP/EP are constructed through discourse by TEPs. The purpose was to explore the language used by TEPs and the function of this language in a specific social context, hence this research is not concerned with making claims of generalisability (Thomas, 2017).

3.6. The context

This research was situated within a single educational psychology training provider in England as I wanted to explore TEPs constructions of CYP's SEMH and the TEP/EP role. The choice of training provider was identified using convenience sampling based on accessibility (Bryman, 2016). As I am a TEP on the same EP training programme, I was able to expediently obtain consent from the programme directors. At the time of this research, the training provider was one of thirteen universities who participated in the Educational Psychology Funding Training (EPFT) scheme in England. The training structure consisted of taught elements in addition to supervised professional practice placements in a variety of approved and typically regional settings; therefore, although there were similarities in taught input, TEP activity on placement was wide-ranging and diverse.

3.7. Selecting and recruiting participants

3.7.1. Trainee educational psychologists

This research aimed to explore TEPs constructions of CYP's SEMH and the TEP/EP role. I was interested in how TEPs, near to EP qualification and on placement in diverse LA EPSs, constructed CYP described as having SEMH difficulties and the role of the TEP/EP in CYP's SEMH. To select participants relevant to these research aims a non-probability purposive sampling strategy was used (Bryman, 2016). Participants who met both of the following inclusion criteria were invited to participate:

- In their third year of study, and currently enrolled, on the educational psychology training programme.
- Currently undertaking a placement in a regional LA EPS.

Potential participants were contacted directly via email to share information about the research and to invite them to participate (see appendix 3). An information sheet (see appendix 4) was provided as an attachment in the email to provide further information about the aims of the research, what TEPs participation would involve, and ethical considerations such as their right to withdraw. Seven potential participants contacted me directly to express interest in participating; of these seven participants, five participants were interviewed, and two participants were unable to take part due to practical reasons regarding time constraints.

3.7.2. Demographic information

The final five participants had a range of prior experiences to starting the course: three were qualified teachers and two had been assistant EPs. All five TEPs were on placement in different LA EPSs within England. Information related to participant's

previous professional experience was collected as research suggests prior knowledge and training influences constructions of the EP role in SEMH (Andrews, 2017; Price, 2017; Purewal, 2020).

3.8. Interviews

3.8.1. Design

Whilst the collection of naturally occurring talk has the advantage of being possibly unaffected by the presence of the researcher, it was not possible within this research due to time constraints and ethical implications including informed consent. As I was interested in patterns of talk, rather than talk as an interaction, research interviews were considered appropriate (Taylor, 2001). I considered the use of focus groups as these have the advantage of being more time-efficient than individual interviews and they are not entirely controlled by the interviewer, which may enable more spontaneous natural talk and interaction in relation to the research topic (Bryman, 2016). However, the use of focus groups raised pragmatic difficulties including finding an appropriate time for all participants. Furthermore, social distancing restrictions in place at the time of data collection, necessitated data to be collected virtually which posed potential difficulties including reliance on technology working for all participants and facilitating the group discussion due to the lack of non-verbal information. Instead, individual interviews were used to generate talk from different TEPs about CYP's SEMH and the TEP/EP role.

My interview technique was guided by the active interview approach, which aligns with the social constructionist position within this research. The use of an active interview approach acknowledges that interviews are an interactive and collaborative social process (Holstein and Gubrium, 1995). All participants, including myself and the

interviewee, are engaged in meaning-making and co-construct knowledge through their relationship in the interview (Brinkmann and Kvale, 2015). A key principle of active interviews is the use of a flexible and conversational interview technique, guided by me (the interviewer), and the aims of the research. Therefore, semi-structured interviews were considered appropriate as the use of an interview schedule provided a list of questions to engage the participant in talk related to CYP's SEMH and the TEP/EP role whilst ensuring flexibility and freedom to explore and follow-up on TEPs views and the language used (Thomas, 2017).

The interviews were designed to collect data to answer research questions related to how TEPs talk about CYP described as having SEMH difficulties and the TEP/EP role. Therefore, interview questions aimed to elicit meaningful and detailed talk relevant to this topic. To achieve this, the interview schedule began with broad questions about TEPs background and experience before moving onto specific questions related to CYP's SEMH and the TEP/EP role (Brinkmann and Kvale, 2015). The content of interview questions was informed by the aims of the research and by prior research that has explored the role of EPs in supporting SEMH needs (Purewal, 2020). See appendix five for a copy of interview schedule. I utilised open-ended questions to encourage free responses so that rich, detailed, qualitative data could be gathered for discourse analysis (Cohen, Manion, and Morrison, 2018).

Initially, I had planned to collect data using in-person methods. However, due to the Covid-19 pandemic and social distancing guidance in England at the time of data collection in March and April 2021, interviews were conducted virtually via Microsoft Teams. This enabled the interview to be conducted synchronously. Whilst online interviewing was not my initial choice of data collection it is not a novel approach. See

table 2 for an overview of the advantages and limitations of online interviews. Interviews conducted via Microsoft Teams were deemed appropriate as all participants were familiar with this software through either remote working in LA EPSs or remote learning via the training course.

Table 2. Advantages and limitations of online interviews (adapted Bryman, 2016; Cohen, Manion and Morrison, 2018).

Advantages	Limitations
More flexible.	Technological problems such as internet connectivity and unfamiliarity with online platforms.
Time and cost savings due to lack of travel.	Internet quality can create connection issues and disrupt the interview
Convenience can encourage participation	

To reflect on the clarity and validity of the interview questions and to identify any potential technological difficulties, a pilot interview was completed with a second year TEP on the same training course. The interview was not recorded or included in the research data set. The following amendments were made to the interview schedule based on personal reflections and feedback:

- Reworded some of the questions to improve clarity and to avoid leading questions.

- Changed the order of last two questions to ensure the interview ended on a positively framed question.
- Added an additional prompt to one question to encourage participants to reflect on a piece of casework to generate discussion.

3.8.2. Procedure

Once written consent (see appendix 6) had been obtained, each TEP was invited to a single online interview via Microsoft Teams at a time convenient for them. Interviews were conducted using visual and audio; however, only audio information was recorded. The interviews ranged from 45 minutes to 70 minutes in length; the average interview was 62 minutes long. At the start of each interview the purpose of the research was explained to each participant and that I would be asking questions about the topic area of CYP’s SEMH, including their own understanding and experiences of this area. Participants were informed that there was an interview schedule, but this would be used flexibly and that the interviews would be conversational in nature. Approximately fifteen minutes was spent at the start of each interview providing an overview of the research, answering questions, and developing rapport. Participants were verbally informed when I began and stopped audio-recording the interview. Participants were debriefed immediately following the interview which provided an opportunity for them to ask any questions. See table 3 for a timeline of data collection.

Table 3: Timeline for data collection.

Activity	Timeline
Pilot interview with one second year TEP	February 2021

Refined interview schedule following pilot interview	February 2021
Recruited TEPs to participate	February – March 2021
Conducted individual virtual interviews with five TEPs	March – April 2021
Transcribed interviews	April – July 2021

3.9. Ethical considerations

Ethical approval was obtained from the University of Birmingham ethical review board prior to commencing data collection. Ethical considerations were informed by the University of Birmingham’s Code of Practice for Research, the British Educational Research Association’s Ethical Guidelines for Educational Research (BERA, 2018), the British Psychological Society’s Code of Ethics and Conduct (BPS, 2018) and ethical guidance for conducting research with human participants during Covid-19 (BPS, 2020). See table 4 for ethical considerations pertinent to this research and how ethical issues were managed.

Table 4. Ethical considerations and management.

Ethical consideration	How managed within this research
Informed consent	Participation in this research was voluntary to maintain the ethical principle of respect for participants (BPS, 2018). Freely given informed consent was obtained from TEPs participating by providing information about the research aims, data collection and

	<p>handling, and ethical considerations via email (appendix 3) and via an attached information sheet (appendix 4). TEPs who expressed an interest in taking part were invited to contact me for further information and completed a written consent form which included consent to audio-record the interview (appendix 6). I verbally talked through the information sheet at the start of each interview to ensure that TEPs understood what their participation involved, their right to withdraw without reason or consequence, and to confirm that TEPs still gave their consent to take part.</p>
Confidentiality	<p>The identity of TEP participants was known only by me to maintain the ethical principles of privacy and confidentiality for participants (BPS, 2018). All TEPs were informed verbally and in writing that interviews would be audio-recorded. To ensure their confidentiality only I listened to and transcribed interview recordings. TEPs were also informed that any identifiable information such as names would be removed from transcriptions, analysis, and not included in the write up. Data was stored in accordance with BEAR Research and Data Storage Policy. Due to the small sample size, there were issues that comments made during the interview about the placement provider or themselves would allow TEPs to be identified. To ensure TEPs confidentiality I edited and removed identifiable information about themselves, the placement provider, and the training course provider from TEPs responses. Care was taken to only remove specific information as I wanted to avoid</p>

	<p>affecting the validity of the data by removing contextual information.</p> <p>Additionally, I was careful not to include demographic information that would lead to TEPs, or EPSs, being identified when writing up the research.</p>
<p>Potential benefits and minimising risks</p>	<p>It was anticipated that this research would benefit participants by allowing them to share their views and constructions of CYP's SEMH promoting self-reflection on how they talk about and support pupils within this area of practice. Participation in this research was not anticipated to cause harm; however, with consideration to the ethical principle of responsibility and duty of care to participants (BPS, 2018), due to the potential sensitive topic area of SEMH, participants were provided with opportunities to discuss concerns prior to and immediately following individual interviews.</p>

3.10. Data analysis

This research was influenced by Potter and Wetherell's (1987) approach to discourse analysis and CDP (see Edley, 2001). Potter and Wetherell (1987, p. 160) suggest that discourse analysis does not follow clear, sequential steps and that there can be considerable variation but for 'convenience and clarity' they divided 'the process of discourse analysis into ten stages': research question, sample selection, collection of record and documents, interviews, transcription, coding, analysis, validation, report and application. The first four stages of discourse analysis are conducted prior to analysing the data. Validity and application of the analysis are considered and discussed in detail in Section 3.11 and 5.4. Therefore, the data was analysed following

the remaining four stages: transcription, coding, analysing, and reporting. These four stages were used flexibly as a framework to guide analysis rather than adhered to rigidly. The stages of analysis as applied to this research are described in table 5.

Data analysis was completed by highlighting and annotating electronic copies of each transcript. Initially to identify interpretive repertoires I looked for patterns in TEPs ways of talking about SEMH, and the TEP role within this area of practices. I highlighted excerpts from the transcripts and grouped these under initial interpretive repertoires.

To identify interpretive repertoires, I looked for similarities and differences in TEPs ways of talking about SEMH and their role within this area of practice. Highlighted excerpts from the transcripts were grouped under initial interpretive repertoires.

Examples of initial interpretive repertoires of SEMH identified include:

- SEMH as underlying and hidden
- SEMH as influenced by environment
- SEMH as influenced by school
- SEMH as socially constructed
- SEMH as behaviour
- SEMH as interactive
- SEMH as normal
- SEMH as a psychological condition
- SEMH as an unmet need
- SEMH as an illness

I then re-read the transcripts to assess the evidence for interpretive repertoires in the data set which resulted in initial interpretive repertoires being regrouped and redefined.

For example, I regrouped SEMH as influenced by school, and SEMH as influenced by environment, to reflect an overarching pattern of talking about SEMH as interactive. If there were insufficient evidence interpretive repertoires were removed such as SEMH as an illness as this was only apparent in one transcript. The final five interpretive repertoires that remained for SEMH were:

- SEMH and behaviour
- SEMH as a need
- SEMH as interactive
- SEMH and mental health
- SEMH as a social construction

I repeated this process to identify the interpretive repertoires for the TEP/EP role in SEMH. A selection of initial interpretive repertoires for the TEP/EP role include:

- EP role as reframing
- EP role as person centred
- EP role as restricted/limited
- EP role as eclectic
- EP role as therapeutic
- EP role as systemic

After re-reading transcripts and reviewing quotes, I grouped EP role as reframing and EP role as systemic together, resulting in the remaining five interpretive repertoires:

- EP role in SEMH as person-centred

- EP role in SEMH as systemic
- EP role in SEMH as therapeutic
- EP role in SEMH as eclectic
- EP role in SEMH as restricted

Table 5. Stages of analysis (adapted from Potter and Wetherell, 1987).

Stage	Description	Process
1. Transcription	Transcription is recognised as a constructive activity. Transcripts should provide sufficient information and detail dependent on the preceding level of analysis.	I transcribed the five interviews in their entirety. I identified as pauses as either brief (.) or longer (...). See appendix seven for an example of a transcript.
2. Coding	The goal is to organise the data into manageable chunks. Coding categories are related to the research questions and data is coded inclusively.	I read each transcript and highlighted any references to SEMH and the EP role in SEMH (implicitly or explicitly). See appendix seven for an example extract of a coded transcript.
3. Analysing	No mechanical procedure. It involves two phases: 1) searching for patterns in the	I read through each coded transcript looking for patterns in the data both within

	<p>data (variability and consistency) and for functions and consequences and 2) hypothesising about functions and locating evidence.</p>	<p>(intertextuality) and across (interdiscursivity) transcripts. I did this by noting key ways TEPs talked about SEMH and the EP role within and across transcripts. I then identified how these ways of talking clustered together into a pattern (interpretive repertoires). I then colour-coded each transcript by interpretive repertoire (see appendix eight for an example extract) and identified how TEPs used talk to position themselves and CYP in relation to SEMH, and identified any ideological dilemmas present in their talk</p>
<p>4. Reporting</p>	<p>Present analysis, discussion, and conclusions to allow the reader to assess the researcher's interpretations.</p>	<p>I identified and provided a set of illustrative quotes and examples from the data alongside an interpretation linking analytical claims to</p>

		extracts of the data. See appendix nine for table of quotes.
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The first stage in data analysis was the transcription of the audio-recorded data from the interviews. All five interviews were transcribed in their entirety. I transcribed each interview myself to enable me to listen in depth to the recordings and to begin to identify key themes within and between TEP's responses. As this research was concerned with the content of discussion, rather than detailed conversational analysis, it was not considered necessary to annotate the transcript with finer details such as intonation (Potter and Wetherell, 1987).

Consistent with a CDP approach, analysis utilised three analytical concepts: interpretive repertoires, ideological dilemmas, and subject positions, as outlined in section 3.4. It is important to highlight that analysis followed an iterative process that firstly, looked for patterns both within and across the transcripts and secondly, searched for evidence of the functions and effects of TEPs talk. Furthermore, congruent with discourse analytical data and analysis, the analysis presented in this research is not considered 'exhausted' as there are multiple constructions possible in the rich dataset. Instead, the most complete and interesting patterns are presented (Taylor, 2001). I recognise that this is subjective and that another researcher may have analysed the data differently or presented different repertoires.

3.11. Quality assurance

Traditionally, psychological research is evaluated in terms of validity, reliability, and representativeness to determine its quality (Cohen, Manion and Morrison, 2018). However, these criteria are not considered appropriate for qualitative research due to the difference in ontological and epistemological assumptions (Reicher, 2000). Quality assurance remains important in assessing the quality of qualitative research (Cohen, Manion and Morrison, 2018). Yet there are no universally agreed criteria for evaluating qualitative research and it is recognised that this is a complex and disputed area (Wetherell, Taylor and Yates, 2001).

Criteria considered appropriate in assessing the quality of research with a social constructionist epistemology are internal coherence, reader evaluation, and deviant case analysis (Madill, Jordan, and Shirley, 2000; Willig, 2013). A description of each criterion and the application of these criteria to the current study are considered in table 6 below.

Table 6. Description and application of criteria for evaluating social constructionist research (adapted from Willig, 2013).

Evaluation criteria	Description	Application
Internal coherence	The extent to which the research is coherent; it does not contain significant	Research questions asked, method of data collection, and method of data analysis aligned with the theoretical and philosophical positions underpinning the research. The development of research

	<p>contradictions and it 'hangs together' well.</p>	<p>questions which focused on the action orientation of language, the use of an active interviewing approach to recognise the co-construction of talk, and analysis informed by a CDP approach were all consistent with the present study's focus on the role of language in the social construction of reality and knowledge.</p>
<p>Reader evaluation</p>	<p>The extent to which the research contributes understanding and new insights for the reader and allows them to come to their own interpretations of the data.</p>	<p>I sought to provide a clear and convincing account of the research recognising this research as a discursive construction in of itself (Willig, 2013). Raw data from the interview transcripts are included as illustrative quotes to encourage readers to arrive at their own interpretations. I acknowledge that reflexivity could have been enhanced by reflecting on the use of the active interview approach, and analysing the interview data, with a second researcher or my supervisor. This would have enabled further refinement of the active approach and use of interview schedule in the following interviews. It was not considered appropriate to employ 'member checking' to</p>

		check for accuracy or authenticity in participants accounts as this contradicts the philosophical assumptions underpinning the research, namely that it is not possible to access 'true' knowledge from participants rather multiple constructions and realities exist (Willig, 2013).
Deviant case analysis	Testing emerging formulations from the data by considering contradicting patterns or cases.	The framework for analysis influenced by Potter and Wetherell (1978) was useful to explore deviant cases within the data as it enabled an iterative process where patterns and contradictions, within the material were continually sought and reviewed.

3.12. Writing up discourse analytic research

Typically, psychological research presents the results and discussion of research in separate chapters. However, for the purposes of reporting discourse analytic research, more meaningful analysis of the data occurs when the analysis is contextualised within a discussion of wider literature and context (Willig, 2013). Therefore, it was considered appropriate to combine the analysis of the data collected from semi-structured interviews with TEPs with a discussion of the data in relation to broader discourses and literature. This is presented in the following chapter.

CHAPTER FOUR: ANALYSIS AND DISCUSSION

4.1. Introduction

This chapter presents the analysis and discussion of the data collected from interviews with the five TEPs who participated in this research. The semi-structured interviews were designed to elicit how TEPs talk about and construct CYP's SEMH and the role of the TEP/EP in supporting CYP's SEMH to gather data to answer the following research questions:

1. What interpretive repertoires are employed by TEPs when talking about CYP described as having SEMH difficulties?
2. How are CYP described as having SEMH difficulties positioned through discourse employed by TEPs?
3. What interpretive repertoires do TEPs in their final year of training draw on when constructing their own and the EP role in relation to CYP's SEMH?
4. How do TEPS in their final year of training position themselves in relation to the TEP/EP role in CYP's SEMH?
5. What ideological dilemmas exist in TEPs talk about the TEP/EP role in relation to CYP's SEMH and how do these dilemmas influence constructions?

To improve readability and reduce repetition, discussions of how CYP described as having SEMH difficulties are positioned through discourse (research question two) will be presented within research question one in section 4.2. Discussions of how TEPs in their final year of training position themselves in relation to the TEP/EP role in CYP's SEMH (research question four) will be explored within research question three in section 4.3. Finally, discussions of the presence of ideological dilemmas and the

impact on constructions of the TEP/EP role in CYP's SEMH (question five) is presented separately in section 4.4. To differentiate between participant's interviews, each participant has been allocated a pseudonym. Direct quotes from the transcribed interviews are presented to illustrate the interpretive repertoires and ideological dilemmas. Short, direct key words or phrases are shown in italics followed by the participant's pseudonym. Longer direct quotes are indented in text after the participants pseudonym.

4.2. What interpretive repertoires are employed by TEPs when talking about CYP described as having SEMH difficulties?

Five interpretive repertoires emerged from analysis of TEPs talk about children and young people described as having SEMH difficulties. These were:

- SEMH and behaviour
- SEMH as a need
- SEMH as interactive
- SEMH and mental health
- SEMH as a social construction

Each interpretive repertoire will now be discussed in turn with illustrative quotations and located within wider discourses to address research question one. Consideration will also be given to how these interpretive repertoires position CYP to address research question two (how are CYP described as having SEMH difficulties positioned through discourse employed by TEPs?).

4.2.1. SEMH and behaviour

Four TEPs drew upon an interpretive repertoire of 'SEMH and behaviour' when constructing CYP's SEMH. Within their talk, three TEPs appeared to use this repertoire to indicate what other professionals, such as school staff, rather than themselves, might say SEMH is. TEPs drew on dispositional discourses that located behaviour as within child. This is illustrated in Daisy's comments that for some schools:

Daisy: you've got those that just, just the, SEMH is bad behaviour... just see it as like an innate "oh they're just naughty" or "they're just defiant".

It is also implicit in Daisy's account of historical constructions of SEMH where she says:

Daisy: I suppose historically it feels like it was just naughty school children.

This functions to create a simple and straightforward image of the CYP with SEMH difficulties. They are portrayed as CYP who misbehave in school, which appears to position them as 'naughty' and 'defiant'. This lends itself to dominant constructions of the 'bad pupil' in wider literature (Laws, 2012; MacLeod, 2006). Constructions of a 'bad pupil' are also associated with notions of control, particularly a pupil's lack of control (Macleod, 2006; Wright, 2009). For example, in the following extract, Daisy again draws on SEMH and behaviour to show how discourses of behaviour and control have implications for CYP, as the young girl is constructed as *wild* and *out of control* and constructed as having SEMH difficulties when their behaviour does not fit with school's expectations or rules:

Daisy: one school in a recent consultation said to me that they were concerned about, I don't think they used the term SEMH but it felt like that... this little girl in Year 4... she's just wild, she's just running around... which I suppose I found interesting because it was the idea that she wasn't following the expectations or the rules that were being set for her and then seen as really naughty.

Through TEPs talk it appears that a dominant educational discourse constructs problems as located within CYP, positioning CYP as responsible for their behaviour. TEPs associated SEMH and behaviour repertoire with discourses of discipline and a focus on maintaining control through discipline, behaviour management and consequences (Thomas and Glenny, 2000). When TEPs voiced the work they did to support CYP through descriptions of behaviour, it was often associated with resisting and challenging exclusions whilst expressing empathy for the challenges schools and teachers faced:

Amy: a lot of children potentially were being fixed term excluded, or were being moved to PRUs and it's about if they've got this, what can we do to keep them here? Keep them safe, keep everyone safe as well, because safety as well, if the behaviours are extreme, is also an issue.

TEPs appeared to reject pathologising discourses and exclusionary practices by drawing on SEMH and behaviour repertoire to challenge simplistic constructions of CYP's behaviour. This is apparent when Amy talks about *presenting behaviours* and using the concept of safety to position CYP as feeling unsafe:

Amy: Things like anxiety and the behaviours they present can be very controlling... you got to really pull people back and say well I understand that that child may seem like they're being a controlling person but actually the reason they're controlling is because they don't feel safe and it's their only bit to control and try to get that sort of reframing.

Amy positions herself as having empathy with schools suggesting she can understand their perspective, but also positions herself as having a role in challenging and *reframing* this discourse. This is also evident when Chloe constructs behaviours as having an *underlying function*. In doing so, Chloe is positioning CYP as having agency and behaviours as having a functional purpose for CYP rather than irrational:

Chloe: And we behave in ways which we know are going to be effective for meeting our needs, and I do believe that behaviours have an underlying function, and even if we perceive a behaviour to be maladaptive, it must be adaptive for young person, they've learnt to do that behaviour for a reason, to meet those needs.

When Amy and Chloe talk about 'underlying functions' and 'reframing behaviours' they construct a position for themselves and others where behaviours require exploration and support. By referencing notions of safety and survival they construct an alternative position of CYP where they are positioned more sympathetically.

4.2.2. SEMH as a need

Across all five TEP interviews there was a notion of SEMH as a need. This contrasted with the SEMH and behaviour repertoire. When asked what SEMH meant to them

TEPs drew on SEN discourse using language from the SEND CoP (DfE/DoH, 2015) such as *underlying need* (Daisy), *social and emotional needs* (Chloe), and *mental health* (Beth and Amy). For example, Beth and Amy constructed SEMH as:

Beth: I suppose again if we kind of split it up into social and then emotional. I mean in terms of social... social isolation... not having the skills to be able to approach other children or knowing how to interact... if a child is on the spectrum they might struggle with that side of things. The emotional... recognising emotions in ourselves and others... not being able to emotionally regulate.

Amy: I think I'd define each bit in turn, so with the social would be, are there social issues with those interactions with others? emotional are emotions overtaking and coming out in behaviours?... mental health... yeah that's when I get to kind of that big label because it could mean, I suppose anything really, but I think it's just looking for any signs that their health of their thoughts and their feelings is not as healthy as it could be.

Amy and Beth seemed to draw on SEN discourse which positioned CYP as displaying externalising and internalising behaviours associated with deficits in skills such as social skills and emotional regulation. This is also related to discourse which positions CYP as having deficits in learning and the solution constructed is one of supporting CYP to develop skills in social and emotional competence (Laws, 2012; Frederickson and Cline, 2015). Whilst this continues to locate difficulties within CYP through deficit discourse it removes blame from CYP and draws on learning discourse to construct a

role where EPs can support schools and teachers to develop CYP's skills and development.

When constructing SEMH difficulties as a need, TEPs also drew on policy and SEN discourses that constructed CYP as having *underlying* (Daisy and Beth) and *unmet needs* (Chloe). This is demonstrated in the extract below when Daisy describes SEMH using an ice-berg metaphor:

Daisy: I kind of see all the presenting things on top of the iceberg but then I'm looking at what's underneath that and what's going on... it's something that is two-fold because half of it is hidden....you can see half of it, you can see what's going on but you can't see the other part that's driving it.

This reflects wider literature where schools are constructed as preoccupied with external behaviours and disregarding underlying emotional processes (Bowers, 2004). TEPs positioned CYP as requiring support from others to have their needs identified and met appropriately. This overlapped with SEMH and behaviour, where TEPs constructed behaviour as having an underlying function that reflected unmet or underlying needs:

Chloe: I like the fact that it shows that maybe the behaviour had an underlying function, so there's a function around maybe their needs, their social needs or their emotional needs weren't necessarily being met and that's why we perhaps saw their behaviour

It seemed that drawing on SEMH as a need served two main functions in TEPs talk. First, it positioned CYP more sympathetically and rejected constructions of CYP as 'bad pupils' who required punishment:

Daisy: A school might recognise that you've got your presenting behaviour but that actually underneath that their actions are needs, so they'll kind of have a conversation with you about that, but then in the next sentence it's "OK so what consequence can I give them for this?", "what punishment do you think would be appropriate for this?".

ME: Yeah.

Daisy: ...well if you understand that there's an underlying need then I would like to think or expect that the next conversation might be about how to support that need.

Daisy appears to use a SEMH as a need repertoire to reposition CYP away from requiring punishment to requiring support. This is consistent with ideas in wider literature that SEN discourse enables CYP to move from a position of naughty requires sanctions to disturbed and a focus on meeting needs (Thomas and Glenny, 2000). Whilst Daisy doesn't explicitly construct CYP as disturbed, she does position a role for EPs as helping CYP through support and identification of their needs. Secondly, by constructing SEMH as underlying needs it positions TEPs and EPs as having a role in exploring what these needs are. This is illustrated by Emma, who in her interview used a metaphor of *deep rooted* SEMH needs and suggested the role of others is to *drill down* to discover what these needs are.

4.2.3. SEMH as interactive

When asked to define SEMH or identify the main reasons for SEMH difficulties, TEPs constructed SEMH as interactive, such that it is difficult to define or explain due to its complexity. TEPs commonly used language such as *multi-faceted* (Daisy), *myriad of factors* (Chloe), and *varied* (Daisy) to construct that SEMH cannot be explained by a single factor rather SEMH is influenced by a range of interacting factors across multiple systems including individual, school and family:

Daisy: I don't think there's one factor or reason or explanation. I think it's just so multifaceted... it's just so varied.

Chloe: I think there is also that mix of genetics and the environment, and interactions and relationships. It's all going to play a part in everybody's individual lived experiences.

Rather than draw on medical discourse to construct SEMH difficulties, Chloe draws on ecological and biopsychosocial discourse, which could be considered in relation to Bronfenbrenner's ecological systems model (Bronfenbrenner, 1979; Bronfenbrenner and Evans, 2000). From this perspective, the complexities of SEMH difficulties can be comprehended through the interaction of the individual (e.g., genetics) with interactions with wider systems over time (e.g., CYP's lived experiences) which recognises how CYP change over time and the influence of proximal processes (Bronfenbrenner and Evans, 2000). This enabled TEPs to talk about SEMH as an interaction of wider contextual factors locating explanations for CYP's SEMH within their social context as opposed to constructing SEMH as a deficit or difference within CYP. By talking about the complex *mix* of factors and CYP's *individual lived experiences*, Chloe constructs

no two CYP as the same, and positions the TEP/EP role as one that tries to understand CYP's lived experiences so that they can provide support (Lloyd, 2003).

TEPs talk around contextual factors and the influence of systems, such as schools, appeared to indicate that TEPs were confident and comfortable talking about these concepts. They drew on a range of discourses that emphasised the impact of wider contextual factors including SEMH as influenced by peer relationships such as *bullying* (Daisy), parental factors such as *attachment* and *mental health* (Amy), *teaching matching how the child needs to be taught* (Emma), school factors such as *curriculum demands* (Emma), *exams and transitions* (Amy) and disadvantage such as *early trauma* (Beth), and *responses to poverty* (Chloe).

In the TEPs talk there appeared to be a dominant discourse related to the association between SEMH and attachment, trauma, and neglect. The focus was on how these experiences disadvantaged CYP, negatively impacting on their trust and relationships with others and on their development and learning:

Chloe: I've seen young people... who've experienced quite a lot of developmental trauma or neglect... and that's really impacted on their relationships and their sort of trust of people around them.

Beth: children that have had really early neglect, but actually schools not necessarily understanding that even if that's just the first few days that can have a real impact then on later development.

Here TEPs talk construct SEMH difficulties by talking about issues related to trauma, neglect, and attachment. They draw on systemic and developmental discourse to construct SEMH difficulties as an interaction between CYP and their microsystems

e.g., home environment and schools. Beth and Chloe appear to talk about SEMH difficulties using bioecological discourse by talking about the chronosystem (Bronfenbrenner and Evans, 2000), including the role of life events (e.g. trauma and neglect) and the impact over time on CYP's development (e.g. negative impact on relationships). In these extracts, both Chloe and Beth appear to position CYP as victims of their circumstances which may suggest that they are not responsible for their difficulties. They appear to construct an image of the 'sad pupil' (Macleod, 2006) whose difficulties are best understood as a response to structural factors such as trauma and neglect. By doing so, TEPs position these CYP as in need of protection through welfare or nurturing approaches (Laws, 2012; Wright, 2009).

4.2.4. SEMH and mental health

When constructing SEMH and mental health, TEPs drew on psychiatric and psychological discourses using language as reported in the International Classification of Diseases 11th Revision (ICD-11) (World Health Organisation, 2022) and SEND CoP (DfE/DoH, 2015) such as anxiety, depression, and self-harm. TEPs appeared to reproduce mental health discourse that is distributed in education and practice through the SEND CoP (DfE/DoH, 2015) when constructing SEMH. For example, when Beth was asked for examples of the type of SEMH needs she has worked with in her role as TEP she responded:

Beth: I've had selective talking cases, so obviously the anxiety underlying that, quite a few emotion-based school avoiders... quite a lot of general mental health, so I've had children who self-harm, children who perhaps have even tried to take their lives so really quite severe mental health needs.

The strong association between SEMH and mental health was apparent in two TEPs interviews where CYP's SEMH was constructed through a mental health discourse. Although Beth was asked a general question about SEMH difficulties she related this to "mental health":

ME: And how do you feel SEMH difficulties impact on pupils? What sort of difficulties have you have you seen, in practice?

Beth: OK... SEMH did you say?

ME: Yeah, sorry.

Beth: Yeah, the whole thing? No, no, it's fine I didn't know if you meant just mental health.

Within the wider literature there is a concern regarding the medicalisation of CYP's behaviour and the dominance of medical discourse in education and policy (Timimi, 2009). Such discourse constructs problems as located within CYP and focuses on diagnosis and treatment including use of medication (Law, 2012). These discourses were not apparent in the TEPs interviews, where constructions of SEMH and mental health were related to normalising discourse. For example, Emma states:

Emma: I mean, we all have social emotional mental health to start off with. I think it's really important that we do take like a view of recognising that we go through peaks and sometimes dips of when that does struggle a little bit more.

Emma appeared to reject pathologising discourse by suggesting *we all have social emotional mental health* and that it exists on a continuum rather than indicative of abnormality in specific CYP. However, when TEPs described the SEMH difficulties they had supported in practice, they often described SEMH in relation to CYP's emotions, specifically anxiety:

Emma: I always find it a little bit interesting when schools say... I keep coming back to anxiety because that is the word that comes around, isn't it? Because even if there's a learning need, and learning is at the forefront, the primary concern is always anxiety for some reason.

Whilst anxiety was constructed as *a perfectly normal emotion* (Emma), TEPs drew on anxiety to construct this as underlying CYP's difficulties for example when referring to casework involving *selective talking* (Beth) and *emotional based school avoidance (EBSA)* (Daisy). TEPs constructed SEMH, particularly *high levels of anxiety* (Chloe), as impacting on CYP's access to and engagement with education, and as affecting their daily functioning. This appeared to position CYP as 'ill' such that the CYP is not to blame for their distress (Macleod, 2006):

Chloe: Young people with very high levels of anxiety... young people who are too anxious to be able to physically attend school or become very anxious when any demands are placed on them in school, and that can result in them leaving the classroom or communicating their distress in other ways.

Despite using language related to anxiety to describe CYP's SEMH difficulties within her own interview including *generalised anxiety*, Emma critically reflected on constructions of CYP's difficulties as anxiety:

Emma: And even that's interpreted as anxiety I think, and I think why can't that just be interpreted as teaching not matching what they need at that moment in time.

Laws (2012) suggested that an alternative discourse constructs CYP's mental health and behaviour as a response to ineffective teaching to meet CYP's needs. By challenging SEMH as anxiety Emma locates the problem within wider educational discourses that focus on the role of teachers and schools in reducing or increasing CYP's needs (Cooper and Jacobs, 2011).

4.2.5. SEMH as a social construction

Within their talk about CYP's SEMH, three TEPs drew on the concept of SEMH as socially constructed, both in terms of how the term has *evolved over time* (Daisy), and the differences in how different professionals view and understand the term:

Daisy: Do you know what it's different between schools I think... I just think that different professionals have a different view of it.

Emma: I guess you all have your different heads on in terms of maybe a medical professional might see it as one way, a parent will see it as how the child is presenting, and I've probably made it quite clear that I look at it very much context based and in the school.

Thomas and Loxley (2022) suggest that terminology such as SEMH is socially constructed and has implications for how CYP's behaviour and mental health is

understood. By drawing on a SEMH as socially constructed repertoire, TEPs appeared to resist pathologising discourses which locate explanations and identification of SEMH within-child to a focus on the role of the wider context. In doing so, TEPs acknowledged that this might not align with the views and dominant discourses of other professionals which is consistent with literature that suggests paradigm conflicts between different professionals can be a barrier to effective multi-agency working within mental health (Fee, 2011).

Daisy appeared to resist identifying SEMH needs within CYP she works with by constructing these as influenced by other's *perceptions* and *thresholds*:

Daisy: I think it's really difficult because I think different professionals in different schools will have different thresholds.

So, by focusing on how SEMH is constructed and understood differently by different professionals, TEPs appeared to challenge dominant policy and educational discourses that SEMH is something that objectively exists and can be easily identified or measured (DfE/DoH, 2015). This was further illustrated by Chloe who near the end of her interview critically reflected on the use of SEMH terminology:

Chloe: Linking into some of the training I've had this week on exclusions, looking at those more institutional factors such as the role racism plays, the role gender plays, the role that socio-economic status plays, in how we construct SEMH, and how some people might get that SEMH label and others wouldn't get that SEMH label.

Here, Chloe appears to employ a SEMH as socially constructed repertoire to challenge the oppressive consequences of these constructions which are associated with

increased rates of exclusionary practices (Graham *et al*, 2019; Laws, 2012). Through critical reflection on the socially constructed nature of the term SEMH, Chloe was able to open up talk about wider social, cultural and political factors that influence whether a CYP comes to be labelled as SEMH. In doing so, CYP are positioned as lacking power to resist these discourses and as marginalised and oppressed by society (Harwood and Allan, 2014; Mowat, 2015), whilst also creating a position where TEPs/EPs have a role and responsibility advocating for and empowering CYP.

4.3. What interpretive repertoires do TEPs in their final year of training draw on when constructing the TEP/EP role in relation to CYP's SEMH?

The following interpretive repertoires of the EP role in CYP's SEMH emerged in the interviews with TEPs. These were:

- EP role in SEMH as person-centred
- EP role in SEMH as systemic
- EP role in SEMH as therapeutic
- EP role in SEMH as eclectic
- EP role in SEMH as restricted

In line with a critical discursive psychology analytical approach, each interpretive repertoire will be discussed and located within wider discourses, using illustrative examples from the transcripts to answer research question three. Consideration will also be given to how TEPs position themselves and EPs within each of these interpretive repertoires to address research question four (how do TEPs in their final year of training position themselves in relation to the TEP/EP role in CYP's SEMH?).

4.3.1. EP role in SEMH as person-centred

All the TEPs within this research drew on a repertoire of the EP role in SEMH as person-centred. Within this repertoire, the EP role is constructed as one of child advocate. TEPs positioned themselves as having responsibility for gathering and listening to child's views and voice. This is evident through use of language such as *child centred* (Beth), *person centred* (Emma), *jointly problem solve* (Daisy), *capture voices* (Amy) and *hearing their voice* (Chloe). For example:

Beth: Definitely having that empathy. Being very... understanding and actually appreciating that you don't know everything about that child's journey, but finding out with them and almost going on a bit of a journey with them of what works for you, making it very very child centred.

In this account Beth appears to be positioning herself as engaging in joint discovery with CYP resisting an expert position of the CYP's situation and positioning herself as a facilitator. Beth elaborates this further by talking about finding out *what they actually want* and the importance of asking the CYP *is this a problem for you?*:

Beth: Finding out as well from the child what they actually want. Is this a problem for you?... If it is, absolutely we'll build on that... But if it's not a problem again who is this a problem for?

By drawing on person-centred and humanistic discourse Beth appears to be resisting discourses of need. This is evident when later in the extract Beth goes on to rhetorically question *who is this a problem for?* positioning herself as a critical and self-reflective practitioner. This may be linked to alternative discourse in the literature that questions

the construction of need within SEN discourse, suggesting it distracts from the schools need for order and control by locating the problem within CYP (Thomas and Glenny, 2000).

The EP role in SEMH as person-centred repertoire was also drawn on to emphasise the importance of gathering CYP's views. This is evident through Emma talking about how *imperative* pupil views are for successful outcomes:

Emma: I do think getting child's views is so imperative because it's all fine we can work on consultation to problem solve, and actually maybe it is about problem solving with adults how we implement recommendations, but... If we're doing to the child and not with, in terms of getting their views, I wonder how successful the recommendations will always be.

Emma appears to draw on restorative and relational discourse to promote working with rather than doing to CYP (Thorsborne and Blood, 2013). This seems to position Emma as an advocate for CYP resisting constructions of CYP as passive but rather having agency and a voice. This reflects policy and legislation discourse which emphasise CYP's right to be heard and participate in key decisions (UNICEF, 1989; DfE/DoH, 2015). Furthermore, TEPs positioned themselves as having a role in empowering CYP described as having SEMH to share their voice and views, which is consistent with research that positions CYP's views as making significant contributions to understanding their experiences (Cefai and Cooper, 2010; Cosma and Soni, 2019).

4.3.2. EP role in SEMH as systemic

TEPs employed a repertoire of the EP role in SEMH as systemic to position themselves and EPs as having a positive role and responsibility in supporting CYP through working at a wider systems level, using language related to joint consultation, joint problem solving, reframing, shared understanding, and context. This positioned TEPs and the EP role as contributing to a holistic understanding of CYP by developing *empathy* (Beth), *reframing their narratives* (Amy and Chloe), and *bringing everyone together* (Chloe):

Chloe: For some young people it might be something like a circle of adults, where I get all of the adults around the young person together and maybe try and reframe their... narratives around the young person... get them to do that joint consultation to jointly problem solve, but also to try and induce more empathy, especially by talking through the young person's journey.

TEPs constructed a role for EPs at a systemic level within schools by positioning themselves as having a *good understanding of the setting* (Beth), *support with training and signposting* (Daisy), *working with others through consultation* (Emma), and *school support systems* (Amy). This was associated with creating a better understanding of CYP:

Beth: Consulting with the setting and the home to understand the child's needs rather than... there are things I do with the child to better understand and there's that whole, obviously the whole kind of

therapeutic side, but I think for me, sometimes it's more about the context around the child than for the child themselves.

However, TEPs appeared less confident when talking about the EP role within other systems and constructed their role mainly within the school system:

Emma: I've probably made it quite clear that I look at it very much context based and in the school. Because I think, I can somehow do the analysis if it's a school based one. I can't necessarily analyse in a wider environment.

The focus on school systems was further illustrated when I asked Chloe how SEMH is supported within the LA:

Chloe: I think it is very much school focused. I don't think it's very community or family focused. We're not doing a lot of direct work with families around SEMH, I know some of the team are doing some work with the early years children but I don't think we're doing a lot to support within the family or within the community.

When I asked why she thought it was school focused Chloe responded:

Chloe: I think sometimes working more within families and communities can be... scary for us... because maybe that's not where we position ourselves and maybe we feel more vulnerable working with those groups.

Chloe implies that EPs do not position themselves as working within family and community systems and positions TEPs/EPs as feeling *vulnerable* or *scared* to adopt

this work in practice. This contrasts with wider literature that suggests EPs are well placed to support CYP and their families (McGuiggan, 2020), and at a community level beyond CYP's immediate systems (MacKay, 2006).

4.3.3. *EP role in SEMH as therapeutic*

When constructing the EP role in SEMH as therapeutic, TEPs drew on psychiatric and clinical discourse such as *trauma* (Beth and Chloe), *mental health issue* (Daisy) and *emergency* (Daisy):

Beth : I had a level of trauma in a child that was so high I felt like it was out of my remit. And I did have to refer them on... it just was such a high level of trauma... I just felt completely in over my head, and I thought I don't want to do more damage here by not having the expertise to know how to deal with this.

Daisy: But then... we're not an emergency service... we're not a 24-hour hotline.... And... if it's a significant mental health issue like it has to be CAMHS that are supporting with that because that is their area.

Within these extracts, Beth and Daisy used clinical discourse to position themselves as underconfident and lacking expertise within their role to deal with some SEMH difficulties. They positioned themselves as needing to pass or refer the problem on, as illustrated in the two extracts above, to more suitable professionals or services such as CAMHS or counselling psychologists. It may also suggest that TEPs require further information about what CAMHS do as Daisy constructs CAMHS as an emergency service. It could be that psychiatric discourse in policy positions TEPs as deskilled such

that they construct some SEMH difficulties, particularly those that are *high level* (Beth), or *significant* (Daisy), as beyond their remit. This could be seen to absolve TEPs and EPs of responsibility for supporting these CYP. However, through TEPs deployment of ethical discourse related to their roles and responsibilities to protect CYP from harm, including *I don't want to do more damage here* (Beth), and accessibility, including *we're not a 24-hour hotline* (Daisy), Beth and Daisy position themselves as responsible and ethical practitioners. They position themselves as having acted in the best interests of the CYP by recognising their own competencies and referring CYP to an appropriate specialist.

TEPs also positioned themselves and EPs as filling the gap regarding specialist services for SEMH. For example, in the extracts below the TEPs construct external services such as CAMHS as *overloaded* (Amy) and having *capacity difficulties* (Daisy). This may position these services as better placed but inaccessible. Therefore, the EP role in SEMH is constructed as one that fills the gaps due to external pressures:

Daisy: I think that because of the capacity difficulties with CAMHS, the waiting list for CAMHS, I think that's where a lot more of it filters down to the EP service that wouldn't have potentially done in the past.

Amy: People from CAMHS will sit on there, but so will so many other agencies, and I think it was basically because CAMHS were getting overloaded... I think that panel, you know, I like the idea that it embeds the graduated approach more... often they will say, "well, have you thought about getting your EP involved?"

Across TEPs talk it was apparent that the EP role in SEMH as therapeutic repertoire was used in contradictory and contrasting ways. Chloe talked about her EPS having a *therapeutic focus* and there being *a priority of doing CBT or referring to therapy*. Chloe began by framing this therapeutic focus positively and as something she values having the opportunity to use in practice. However, she then questioned the impact of this work by employing wider discourse that suggests that therapeutic approaches may reinforce notions of deficit and locate difficulties within CYP, rather than wider systems (Prilleltensky and Nelson, 2000):

Chloe: It can reinforce the narrative to schools that there's something, yeah, it's the young person's the problem holder, and we'll do therapy with the young person, and put them back into the same system.

Alternatively, Beth constructed therapeutic practice as something she *really does want to do* but has not yet had the opportunity to. Beth appears to blame the wider context which overlaps with discourses of the EP role in SEMH as restricted:

Beth: It's more constraints around time and resources, and the fact that were traded, the fact that we've got so much statutory work... eating into the amount of time we can utilise for perhaps therapeutic approaches and things like that.

Both Beth and Chloe can be seen to position TEPs and EPs as having a therapeutic role in SEMH practice which is consistent with existing literature (Jones, 2003b; MacKay, 2007), but the utility and viability of this position is questioned related to

constraints within the wider system, and concerns regarding pathologising CYP by ignoring the wider context (Thomas and Loxley, 2022).

On the other hand, two TEPs when constructing the EP role in SEMH as therapeutic positioned themselves as underconfident, underqualified, and apprehensive within their role towards CYP:

Emma: I personally don't feel confident with therapeutic interventions. I've done a little bit very, very, very, heavily supervised on placement... but... I don't feel like I feel confident on the boundaries of when we do and don't engage in that kind of work.

Daisy: We very rarely have the sessions to be able to say I'm gonna do this six-week input on CBT and actually we're not qualified cognitive behavioural therapists anyway.

In the extract above, Daisy positions herself in opposition to the EP role as therapeutic practitioner. It appears that Daisy defends this position through moral and ethical discourse. She states that she does not have the time to deliver a formal therapeutic intervention, but even if she did have capacity, she does not consider herself to be qualified to. This positions Daisy as a responsible practitioner. Furthermore, Emma contrasts discrete therapeutic interventions with *having a conversation* to position TEPs as having a role in informal therapeutic approaches:

Emma: There's a difference between having a conversation with the young person knowing in your head you may be taking a bit of a motivational interviewing perspective in the way you say things to them, so there's a difference between having that kind of consultation, I think, approach

versus okay, I'm going to see you every week for six weeks now, to work through X, Y, and Z...

This illustrates how TEPs constructed therapeutic practice differently within their talk. It may be that TEPs positioned themselves as more competent when therapeutic approaches were constructed as part of their general everyday skills as an EP, such as motivational interviewing and personal construct psychology, rather than approaches associated with clinical discourse such as cognitive-behavioural therapy. By drawing on an EP role in SEMH as therapeutic, Daisy and Emma appeared to position themselves as disempowered and they may fail to see a role for the EP in therapy that is associated with medical discourse. This is evident in the following extract where Daisy suggests there needs to be wider systemic changes and training to enable EPs to work therapeutically in SEMH:

Daisy: If the EP profession drives more towards supporting with SEMH then there needs to be a look at the traded system and how that fits in with it, but then also more training provided for EPs to be qualified to do that.

ME: And when you say qualified to do that, what type of work do you do you mean?

Daisy: I suppose I'm thinking like play therapy, or CBT.

4.3.4. *EP role in SEMH as eclectic*

A repertoire of the EP role in SEMH as eclectic was evident across all five TEPs talk, such that the TEP/EP role when working within SEMH practice *varies on a case-by-case basis* (Chloe) and that *it's such as complex area, there's so many different things*

you could use (Daisy). By constructing TEP/EP work in SEMH as complex and varied, TEPs positioned themselves as flexible and autonomous practitioners who have control over their practice. For example, Chloe explicitly states, *I do have quite a lot of autonomy within it.*

When talking about the EP role in SEMH as eclectic TEPs appeared to position themselves and EPs as having a positive identity within SEMH practice. This is illustrated in the extract below where Amy talks about *sharing the psychology*:

Amy: I think it's many things. I think sometimes it's just drawing attention to these aspects and then informing people you know by sharing the psychology, by sharing theories.

Fallon, Woods and Rooney (2010) suggest the EP role involves the application of psychological skills and knowledge. Constructions of the EP role as linked to sharing and applying psychological knowledge was apparent in other TEPs talk. For example:

Amy: I think our role is to be evidence research informed... I'll come back to the research, and I'll use the evidence as well "this is why"

Here Amy appeared to position TEPs and EPs as skilled and knowledgeable practitioners who utilised psychological theory and evidence within their work in SEMH. The use of psychological theory facilitating TEPs work in SEMH is further illustrated below:

Chloe: I know there's lots of different things in my toolbox... I can dip into doing a bit of PCP now, or I can dip into doing a bit of Lego, we can have a PCP based conversation using Lego... motivational

interviewing... I read up on things such as evidence bases... like the motivational interviewing before I go into setting.

Chloe talks about having *lots of different things in my toolkit* which included different psychological theories such as personal construct psychology and motivational interviewing. Chloe comments that she can *dip into* these approaches constructing them as informal and flexible techniques rather than following a rigid or prescriptive process, constructing a degree of flexibility within the TEP/EP role. An EP role in SEMH as eclectic repertoire may function to enable TEPs and EPs to avoid committing to a specific approach within SEMH which is indicative of what Law and Woods (2019) call '*paradigm flexibility*'. This may also function to provide a space where TEPs and EPs can resist other's constructions of the EP role, such as a focus on assessment or delivering formal therapy (Atkinson, Corban and Templeton, 2011). On the other hand, an EP role in SEMH as eclectic repertoire could be seen to construct an EP role in SEMH that is difficult to define (Ashton and Roberts, 2006; Andrews, 2017; Law and Woods, 2019).

When talking about the EP role as eclectic, TEPs constructed the TEP/EP role as dependent on the individual characteristics and experiences of EPs, including where they trained, their previous work experience, and supervision. This is exemplified in Daisy, Amy, and Beth's extracts below:

Daisy: Because I think there's such a vast difference in between the course content in different unis and... essentially that will have an impact on the kind of EP that you then go on to become.

Amy: I would say that's based on my training as well. My supervisors been great in terms of saying you just turn up and you bring you first.

Beth: It's a very personal thing and it's based on your experiences. You might have an EP who was previously a counselling psychologist... they might have that level of expertise so I think it's very personal.

By constructing the EP role as a *very personal thing* (Beth) and to *bring you first* (Amy) they position EPs as individual and autonomous practitioners. This functions to justify why not all EPs work the same and the variance of EP practice in SEMH. This contrasts with dominant discourse in the literature that constructs EPs lack of professional identify problematically (Ashton and Roberts, 2006; Fallon, Woods and Rooney, 2010; Andrews, 2017)

TEPs in this study indicated the importance of the EP role in SEMH, suggesting that EPs are *very well placed to be involved* (Chloe). When Beth was asked 'what would you class as not being our role within SEMH?', she responded:

Beth: I can't think of anything. I think everything is our role and I think everything is our responsibility.

TEPs appeared to construct the EP role in SEMH as linked to the sharing and application of psychological knowledge and theories. However, by drawing on the EP role in SEMH as eclectic repertoire they also constructed a space where EPs could resist being positioned as having a role in SEMH. This was evident as TEPs deployed

professional autonomy discourse, and individual differences, when constructing whether EPs view themselves as having a role in SEMH or not:

Daisy: It's different as well because different EPs feel differently about it...I don't know if it's a generational thing or if it's an experience thing...I expect that the role of an EP does include SEMH and mental health, but I think for other EPs they might just feel like well actually I'm in educational psychology, my focus is on education, and that's the key part of it.

4.3.5. *EP role in SEMH as restricted*

TEPs talked about being *heavily involved as EPs* in SEMH (Chloe) and as SEMH work being *our bread and butter* (Beth) in LA working. TEPs drew on this language to construct SEMH as part of everyday EP practice suggesting SEMH work is an important and valued part of the EP role. This positioned TEPs and EPs as capable practitioners in this area. However, by employing an EP role in SEMH as restricted repertoire in their talk, all five TEPs constructed barriers to preferred ways of working in SEMH, associated with the context in which EPs work and other's constructions of the profession. This was evident in language which constructed the EP role as a *checkbox* (Daisy, Chloe and Beth), *pressured* (Chloe), restricted by *time* and *capacity* (Daisy, Emma, Chloe and Beth) and *misunderstood* (Amy).

TEPs constructed the EP/TEP role in SEMH as restricted by traded models of service delivery:

Chloe: The way our traded model of delivery is, we don't necessarily support as much as I'd like to do in terms of the plan, do, review

cycle. It's very much you come in, you do an assessment, you write a report and then the case is closed to you, rather than that sort of ongoing support around a young person and around a school, a school's team.

Chloe seems to construct a role for EPs in supporting SEMH longer-term, which research suggests is a significant facilitator in practice (Zafeirou and Gulliford, 2020), however, Chloe suggests a tension with her espoused way of working using *the plan do review cycle* and what she can achieve in practice. She constructs the traded service model of delivery as restricting her practice by limiting on-going involvement with CYP, staff, or schools, and positions herself passive and powerless within this process as *the case is closed to you*.

TEPs also constructed the EP role in SEMH as restricted by other's constructions of the profession. One TEP discusses parents and schools as constructing the EP role within historical discourse:

Daisy: I think there's a real lack of understanding or lack of knowledge around the EP role because I just think historically an EP comes in, with a briefcase, does a cognitive assessment...

This positions the TEP/EP role as restricted by the historical context in which EPs work, which may be associated with a 'traditional role' of the EP that focuses on assessment and cognition and learning (Leadbetter, 2002; Ashton and Roberts, 2006). This is also evident in Beth's interview where she describes that other's perceptions of the role have presented a challenge to her work within SEMH, which is associated with schools competing priorities in wider literature (Price, 2017):

Beth: They hear educational psychologist or trainee educational psychologist, and they think that that's cognition and learning.

This is problematic, coupled with constructions of a lack of understanding of the TEP/EP role in SEMH within the profession:

Emma: I'm always more scared to deal with SEMH because I don't understand, I didn't understand for quite some time the remit of an EP's role.

This positions EPs as vulnerable and constrained within SEMH practice. The difficulty understanding the role of the EP within SEMH is compounded by wider discourses which construct EPs as having an absent role in SEMH policy (AEP, 2017; McAlister and Lawlor, 2017). Lack of understanding of the EP role is reflective of literature that constructs a persistent confusion related to the unique contribution of the EP profession (Greig, MacKay and Ginter, 2019; Law and Woods, 2019).

4.4. What ideological dilemmas exist in TEPs talk about the EP role in relation to CYP's SEMH and how do these dilemmas influence constructions?

Each TEP used a range of contradictory interpretive repertoires that constructed tensions and ideological dilemmas within their talk both within and across the five interviews including:

- Informal versus formal approach
- Well-placed versus restricted
- Individual assessment versus systemic approaches

One dilemma present within TEPs talk was a tension between informal as opposed to formal approaches to supporting CYP's SEMH. Within the EP role as therapeutic

repertoire, informal therapeutic approaches to supporting SEMH were often constructed in contrast to formal therapeutic approaches. Several TEPs oscillated between the two to position themselves in two contrasting ways: as unqualified and out of their remit, or as part of their everyday practice. This is demonstrated when Emma talks about providing therapeutic intervention and *the boundary of our role*. She moves from a position of a lack of confidence and knowledge: *I personally don't feel confident with therapeutic interventions and there's definitely a lot of, lack of knowledge from me there* to the ethical position of being person-centred with CYP: *there's a difference between having a conversation in your head, you may be taking a bit of a motivational interviewing perspective in the way you say things to them and in them instances, I do think getting child's views is so imperative*. In doing so, Emma appears to be resisting discourses in EP practice that positions EPs as well-placed to offer formal therapeutic interventions such as CBT (Atkinson *et al.*, 2011), which creates a tension between who is the right person to deliver such interventions. However, by drawing on the EP role as eclectic repertoire and informal discourse Emma appears to position herself as having a moral responsibility to support CYP's SEMH and reconstructs a role for herself using child rights and person-centred discourse in which she feels more confident.

Another dilemma apparent in TEPs talk was a tension between language related to TEPs/EPs being well-placed to support CYP's SEMH and the TEP/EP role as restricted. TEPs constructed the TEP/EP role in SEMH as the *bread and butter* (Beth) in practice but also described factors that restricted and limited their role in SEMH such as traded models of service delivery, capacity, and other people's expectations of the role. This positioned TEPs and EPs as competent practitioners within SEMH, to

passive, constrained and reliant on wider systems, which is consistent with wider literature that constructs the EP role as defined by others and the socio-political context (Andrews, 2017; Law and Woods, 2019; Purewal, 2020). Competing discourses around how TEPs/EPs construct their own role, and how it is constructed by others, also suggest a possible conflict between TEPs/EPs espoused and preferred ways of working and what is viable in practice. The existence of such tensions is evident in TEPs talk. For example, when Amy talks about her role within SEMH she positions the importance of early intervention *I think one thing that we like as our role is getting there, in there early*, before immediately positioning herself and EPs as restricted *but obviously it depends doesn't it? If it's going to be funded, or you know, all those sort of outside factors to our profession*.

As TEPs attempted to negotiate this tension within their talk they moved from a restricted role which absolved TEPs/EPs from blame, to positioning themselves as having a varied and positive role in SEMH through the TEP/EP role in SEMH as eclectic and systemic repertoires. For example, Chloe does this when talking about promoting consultations with families within her practice. She moves from a passive position where she lacks power by highlighting the importance of school wanting to commission this work, *I hope that is something that schools have found helpful and they want to continue using their trading time for* to one of greater autonomy and agency where she is responsible for negotiating her role, *noting the success it's something that I am going to be more widely recommending we do, and having that family at the heart of the process*'. By drawing on TEP/EP role as systemic TEPs positioned themselves and other EPs as adaptable and autonomous practitioners who can develop and negotiate new ways of working that challenge existing expectations.

A third dilemma evident in TEPs talk was related to the TEP/EP role to in the identification and assessment of SEN and their role to work systemically. Within policy and educational practice there is a dominant needs discourse which may compete with a child rights and systemic discourse. Notions of CYP's needs may pathologise CYP through an emphasis on a deficit discourse that locates difficulties and interventions at the level of the individual and may shift attention away from role of wider societal factors (Thomas and Loxley, 2022). This might create a dilemma for TEPs and EPs who are constructed as having a dual responsibility in their role providing identification and assessment of SEN through a statutory function (DfE/DoH, 2015), whilst simultaneously constructed within professional discourse as well-placed to support school systems (Leadbetter, 2006; Zafeiriou and Gulliford, 2020). Such tensions were evident in TEPs talk in several ways. TEPs employed normalising discourse to resist pathologising CYP. For example, when Emma stated *I mean we all have social emotional mental health to start of with*. Additionally, TEPs appeared to resist the position of expert which is dominant in policy discourse (DfE/DoH, 2015) by constructing their role as a facilitator and collaborator. However, TEPs recognized that they moved into an expert position when challenging other people's constructions of SEMH and exclusionary practice. This is illustrated when Chloe talks about the use of consultation saying *makes me go into that sorta expert model, which I don't necessarily want to be going into it, but I think sometimes I do go in there when I'm trying to challenge a school's point of view*.

Likewise, TEPs appeared to negotiate the tension of pathologisation by positioning other services as having responsibility for diagnosis and intervention in mental health. They drew on competing medical and eco-systemic discourses to defend a position of

a low level of involvement in diagnosis or individual intervention which avoided positioning CYP as ill. For example, Daisy states *if it's a significant mental health issue like it has to be CAMHS that are supporting with that because that is their area* and positions herself and EPs as having a role at the wider systemic level *within our remit I think systemic and light touch work*. Tensions related to oppositional constructions of different services roles in SEMH may create resistance to the adoption of different roles and practices within this area of EP practice (Mitchell, 2009) which will be important to consider when promoting multi-agency working and the EP role in SEMH.

4.5. Summary

This chapter explored how TEPs constructed SEMH and the TEP/EP role in SEMH, how CYP, TEPs and EPs are positioned within these interpretive repertoires, and ideological dilemmas present in TEPs talk.

Analysis of TEPs interviews demonstrates that there is no singular way of talking to construct both SEMH and CYP's described as having SEMH difficulties, or the TEP/EP role in SEMH amongst the TEPs in my research. Rather TEPs constructed SEMH in complex ways including SEMH 'and behaviour', 'as a need', 'as interactive', 'and mental health' and 'as a social construction'. These repertoires positioned CYP in different ways from passive and vulnerable to having rights and agency to participate.

TEPs constructed the TEP/EP role in SEMH as 'person-centred', 'systemic', 'therapeutic', 'eclectic' and 'restricted'. These interpretive repertoires highlight the complex and at times contradictory ways TEPs constructed the TEP/EP role. TEPs talk reflected discourses within the wider literature that construct EPs as having a role

in SEMH through systemic and therapeutic practice whilst also impacted by the external socio-political context.

Finally, several dilemmas and tensions were evident in TEPs talk, including tensions between formal and informal approaches to supporting SEMH, well-placed to support but also restricted in practice, and conflict between their role in identifying need whilst supporting at a wider systemic level.

CHAPTER FIVE: CONCLUSIONS AND IMPLICATIONS

5.1. Introduction

This final chapter summarises the aims and key findings of this research. The implications of this research, particularly for the TEP role, are then considered, followed by consideration of the strengths and limitations. Finally, suggestions for future research and my own reflections are presented before outlining the final conclusions drawn from the research.

5.2. Research aims

This research explored how TEPs in their third year of training construct SEMH and the TEP role following the shift in discourse with the introduction of the term SEMH in the revised SEND Code of Practice in 2015 (DfE/DoH, 2015). It was hoped that this would enable exploration of how TEPs entering the EP profession speak of SEMH, including children described as having SEMH difficulties, and the TEP/EP role within this area of practice (Billington, 2006). The purpose of this study was not to seek facts about the social world. Rather, this research sought to investigate TEPs constructions of SEMH and the TEP role to explore how these constructions were drawn on in conversation and the potential consequences for both the CYP who are subject to this discourse but also for TEPs themselves (Potter and Wetherell, 1987). I recognise that this research and my analysis are influenced by my own social characteristics as a white, woman, working as a TEP in the same local authority that I was born and currently live in. It is from this position that I have identified discursive constructions of SEMH, and the TEP role, and I acknowledge that another researcher may have constructed the data differently.

5.3. Summary of key findings

In summary, the analysis of TEPs talk highlighted the complexity and contradictory ways TEPs talk about SEMH and the TEP role. When constructing CYP's SEMH, TEPs employed a range of repertoires, which constructed SEMH as an underlying need reflecting dominant SEN discourse in policy, whilst also using psychosocial and biopsychosocial discourse to construct SEMH as the result of an interaction of a range of factors. These constructions positioned CYP in a variety of ways including requiring support and intervention through skill development, to CYP having a voice and agency in contributing to constructions of SEMH, which included consideration of environmental factors.

Constructions of the TEP role in SEMH were reflective of wider literature that constructed a confused view of the EP's role when working with CYP described as having SEMH difficulties. Some of the TEPs talk constructed a positive role for the TEP in promoting CYP's SEMH at a systemic level, using a range of psychological tools and theories, with CYP at the centre. In contrast, TEPs also constructed the TEP role in SEMH as restricted and misunderstood. When discussing a therapeutic role in SEMH there appeared to be tension where some TEPs positioned themselves as competent and wanting to do more therapeutic interventions whilst others constructed formal therapeutic intervention as the role of other external professionals. This is likely to impact on whether TEPs construct themselves or others as best placed to support CYP's SEMH and may impact on opportunities within this area.

5.4. Implications

The findings from this research highlight the importance and power of language in constructing and positioning TEPs within their role supporting the SEMH of CYP. Willig

(1999) suggests that knowledge gained through discourse analytical research can be applied to provide a space for alternative constructions to be heard and, in education, to resist specific discourses and positionings. Further applications are argued to include critique; making implicit recommendations for change and empowerment; and creating new opportunities whilst acknowledging struggles (Taylor, 2001). The implications and applications of this research are considered below.

Firstly, it has been recognised that the reference to the role of EPs is largely absent in policy guidance and initiatives related to supporting CYP SEMH (DfE, 2016; DfE, 2018). Although it is acknowledged that EPs are referenced in the recent *Promoting children and young people's mental health and wellbeing guidance* (PHE/DfE, 2021). The current research suggests that policy makers consider their use, or absence, of language relating the EP role to SEMH to avoid using discourses, such as clinical discourse, which may alienate some TEPs from their role in supporting SEMH. On the other hand, despite the absence of the EP role in current policy and initiatives, TEPs in this study constructed a role for themselves which drew on repertoires of systemic and person-centred practitioners. This may also have applications for training providers, as this research highlights the importance of considering discourses and language used when talking about SEMH in EP practice when training TEPs, since this has implications for how TEPs construct their role in the future. EP training providers could consider incorporating time into the teaching schedule to explore these conflicts and dilemmas in greater detail. Furthermore, TEPs constructions of other professionals and services when responding to emergency mental health concerns suggests TEPs would benefit from greater knowledge of the roles of other professionals and services, such as CAMHS, in supporting CYP's mental health.

Secondly, this study enabled five TEPs to explore their professional identity within EP practice when supporting the SEMH of CYP. As EPs have a significant role in the creation, use and manipulation of discourse (Bozic, Leadbetter and Stringer, 1998), it is important TEPs and EPs are encouraged to practice reflexivity related to their role in constructions of CYP's SEMH, their role within this area of practice, and the discourses they may encounter from others. This research highlights how TEPs drew on and used alternative language and repertoires to challenge and resist dominant discourses in educational practice through training and consultation. By reconstructing SEMH as an unmet or underlying need rather than bad behaviour, TEPs were able to create alternative positions for CYP, moving from 'bad' pupil requiring punishment, to a pupil 'in need' requiring support and nurturing relationships.

Since TEPs and EPs are embedded within school systems, they may be key resources in highlighting, interpreting, and re-constructing discourses related to CYP's SEMH (Monkman, 2013). It is hoped that this research encourages TEPs to reflect on discourses that may impact on their role within SEMH, and to empower them to challenge existing constructions or help promote change to bring about alternative constructions within their future role. Whilst recognising the significant power imbalances in adopting and resisting discourse, which are likely to privilege the voices of experts and EPs, the present research indicates that TEPs construct a role for themselves advocating for the voice of the CYP they support. It is hoped that through critical awareness and reflection, TEPs can use their position to help elicit how CYP construct themselves, which may be different to dominant discourses, and create new opportunities for how SEMH is constructed and CYP positioned through discourse.

Finally, findings from this research could be incorporated into placement supervisor training for qualified EPs to support them to engage in critical and reflective supervision with TEPs regarding the dilemmas highlighted in this research. This may include further supervision of TEPs understanding of what mental health means in EP practice and how they construct their role in supporting.

5.5. Strengths and limitations

This section considers the strengths and limitations of the study with relevance to the scale, design and methodology employed within the research. Considerations of strengths and limitations of research are also often influenced by the positionality and philosophical assumptions of the researcher. Positivist research often seeks to demonstrate its utility through reliability, validity, and generalisability (Cohen, Manion and Morrison, 2018). On the other hand, social constructionist research recognises the existence of multiple 'truths' and seeks to explore the multiple constructions of phenomena (Burr, 2015; Gergen, 2015). Therefore, this research did not seek to demonstrate generalisability due to the adoption of a social constructionist methodology (Thomas, 2017). However, it is recognised that different groups, such as TEPs on a course with a different training provider, or from different professional and personal backgrounds, may have differential constructions of SEMH and the TEP/EP role. This may be worthy of exploration in future research. Discussion of the steps taken to evaluate the quality of this research, in line with the research's ontological and epistemological orientation, are provided in chapter 3.

The adoption of a social constructionist approach to research also acknowledges that I, as the researcher, inevitably influenced the research process and I will now reflect on the influence of my presence in the co-construction of this research. Firstly, the use

of terminology I used during the interviews is likely to have contributed to TEPs constructions. Within the interview schedule and during the interviews, I assumed the terminology of 'SEMH difficulties', which is consistent with the current SEND CoP (DfE/DoH, 2015), but I recognise that this may have influenced TEPs constructions and reinforced essentialist notions of SEMH (Tobbell and Lawthom, 2005). Consequently, a limitation of the terminology used in the wording of interview questions is that it did not allow for exploration of participants constructions of a strengths-based approach to CYP's mental health and wellbeing. Future research could adopt alternative strengths-based terminology to explore the impact on constructions of mental health and wellbeing.

Secondly, within this research I occupied an insider position. This was a powerful position as it enabled me to understand participants experiences as third year TEPs, enabled easier access to this participant group, to ask meaningful questions based on a-priori knowledge, develop rapport, gain rich description and I was able to understand the language used (Robson and McCartan, 2015; Holmes, 2020). Due to many of these advantages, such as ease of access, it was a practical necessity for me to take up a position of insider. However, on reflection, whilst reading transcripts, it became apparent that my insider position also affected the data collected. As participants were from the same training provider as me, there were times I was not as objectively critical, for example I did not always question, challenge, or follow up on points due to our shared understanding and familiarity. This is also likely to have impacted on participants elaborations, and it is possible that I would have asked different questions and challenged participants, or participants may have discussed more sensitive information with me had I been an outsider who they had no future contact with

(Holmes, 2020). For example, had I interviewed TEPs who were not known to me and selected participants from other EP training courses. Future research could explore whether participants from different training providers talk about CYP's SEMH and the TEP role in similar or diverging ways. Whilst the use of an active-interview approach may have overcome this limitation, I recognise that further practice and supervision related to this approach may have helped hone my skills when employing this technique within my research. Still the utility of an insider-outsider dichotomy in research that acknowledges the social process of research, and the role of the researcher and interviewees in the co-construction of knowledge and data, has been questioned (Herod, 1999).

On reflection, the use of interviews as a method of gathering data in this research enabled TEPs to talk with relative flexibility about SEMH and their role, but it did not allow the collection of naturally occurring talk and is thus artificial in nature. This limitation could have been addressed with an ethnographic approach which would have enabled me to explore how SEMH and the TEP role are constructed in naturally occurring conversations with TEPs. However, this was not possible within this research due to practical limitations and time constraints. Moreover, whilst interviews afforded practical advantages when collecting data, if I were to repeat this research, I would employ the use of focus groups with TEPs as this would have enabled constructions to develop through interactions between the TEPs rather than solely with me, as the interviewer. It would also have enabled exploration of how TEPs manage the tensions and ideological dilemmas identified within this research in their interactions with each other.

Finally, a strength of this research is the novel contribution of the use of discourse analysis to explore dominant discourses and constructions in EP practice. The use of a discourse analytical approach demonstrates the active role TEPs have in constructing their role in supporting the SEMH of CYP. It illustrates how TEPs draw on different interpretive repertoires to construct a role for the TEP within SEMH. Through individual interviews TEPs were provided time and space for critical reflection and to explore how they talk about supporting CYP within SEMH practice. This also enabled a space where TEPs could construct and reconstruct their role to address issues that they identified and to consider how they can best support the CYP they work with. Through talk TEPs were able to render events socially visible and establish expectations for their future role (Gergen, 2015). The individual interviews enabled exploration of how TEPs construct SEMH and their role within this area of practice (producers of discourse), and how they reproduced or resisted existing discourses of the EP role in SEMH (produced by discourse) which is likely to influence future constructions of their role. Therefore, it is important that TEPs and EPs are provided with space to critically reflect on how they talk about their role and supporting CYP, in line with Billington's (2006) reflective questions. This is also pertinent given the HCPC (2015) requirement that psychologists reflect on and review their practice by engaging in critical reflection (11.3) and use supervision to aid reflection (11.4). At the end of the interviews, several TEPs commented on how the interview had allowed them time and space to explore issues and their views, illustrating the importance of this space. It may be that reflective supervision is one such space and tool that could be utilised by professionals such as TEPs and EPs to promote critical reflection on the use of talk and language (Hewson and Carroll, 2016).

5.6. Future research

This research provides an exploration of how five TEPs construct SEMH and the EP role in SEMH practice. Future research could expand upon or develop this research in several ways. Firstly, as previously highlighted, an ethnographic approach would enable analysis of naturally occurring data. Future research could adopt this approach by exploring how TEPs construct SEMH and the EP role in naturally occurring interactions in their EP practice such as consultations, planning meetings and multi-professional meetings. Secondly, the present research could also be extended by exploring whether different stakeholders such as pupils, parents, teachers, and other professionals, draw on differential repertoires, and the function of these, when talking about CYP's SEMH and the EP role. This seems particularly pertinent as the current research suggests that different professionals construct SEMH and the EP role differently. Thirdly, adopting an alternative discourse analytical approach such as Foucauldian Discourse Analysis, would enable a fuller consideration of the production of power through discourse. Finally, this study did not explore the intersectionality of the research topic of SEMH, nor how intersectionality interacts with constructions. Future research may want to consider the influence of race, gender, or socio-economic status in constructions.

5.7. Concluding comment

Seven years on from the revised SEND CoP (DfE/DoH, 2015), which moved away from a discourse of behaviour towards a mental health discourse, this research explored five TEPs constructions of SEMH and the TEP/EP role within this area of practice. This demonstrated the multiple and complex ways TEPs talk about SEMH and their, and how they positioned CYP and TEPs/EPs through these repertoires.

TEPs appeared to resist pathologising CYP through a focus on interacting environmental factors and humanistic discourse, which emphasised the importance of empowering CYP to share their views and experience. However, at times, TEPs also reproduced discourses of need which functioned to challenge exclusionary practices but also positioned CYP as lacking agency and requiring intervention and support. By making these different ways of talking and tensions visible through talk, it opens up opportunities for myself, TEPs in this study, and other EPs to be aware of our own and others language, and to talk about and reconstruct CYP's SEMH and the TEP/EP role in new ways.

Finally, it is hoped that this research is considered by others, including TEPS and EPs, to underline the need to critically engage with Billington's five reflective questions in EP professional practice:

“How do we speak of children? How do we speak with children? How do we write of children? How do we listen to children? And how do we listen to ourselves (when working with children)?” (Billington, 2006, p. 8).

REFERENCES

- Allan, J., 1996. 'Foucault and Special Educational Needs: A "box of tools" for analysing children's experiences of mainstreaming', *Disability & Society*, 11(2), pp.219–234.
- Allen, R., 2015. 'Education policy', *National Institute Economic Review*, 231(1), R36–R43.
- American Psychiatric Association., 2013. *Diagnostic and statistical manual of mental disorders DSM-5 (5th ed.)*. Washington, DC: APA.
- Andrews, R., 2017. *Reaching for a shared understanding: exploring the views of educational psychologists and special educational needs coordinators about the role of the educational psychologist in supporting mental health and psychological wellbeing in schools*. [Doctoral Thesis, University of East London]
- Araújo, M., 2005. 'Disruptive or disrupted? A qualitative study on the construction of indiscipline', *International Journal of Inclusive Education*, 9(3), pp.241–268.
- Armstrong, D. and Hallett, F. 2012. 'Private knowledge, public face: Conceptions of children with SEBD by teachers in the UK-a case study'. *Educational & Child Psychology*, 29(4), pp.77-87.
- Ashton, R. and Roberts, E., 2006. 'What is valuable and unique about the educational psychologist?', *Educational Psychology in Practice*, 22(2), pp. 111-123.
- Association of Educational Psychologists (AEP)., 2017. *Written evidence – The AEP*. Retrieved July 2021 from [Written evidence - The Association of Educational Psychologists \(parliament.uk\)](https://www.parliament.uk/written-evidence/aep)
- Association of Educational Psychologists (AEP)., 2018. *Written evidence from the Association of Educational Psychologists*. Retrieved July 2021 from [Written evidence - The Association of Educational Psychologists \(parliament.uk\)](https://www.parliament.uk/written-evidence/aep)
- Atkinson, C., Bragg, J., Squires, G., Muscutt, J., and Wasilewski, D., 2011. 'School psychologists and therapeutic interventions: Preliminary findings from a UK-wide survey', *Debate*, 140, pp. 6–12.
- Atkinson, C., Corban, I. and Templeton, J., 2011. 'Educational psychologists' use of therapeutic interventions: issues arising from two exploratory case studies', *Support for Learning*, 26(4), pp. 160 – 167.
- Atkinson, C., Squires, G., Bragg, J., Muscutt, J., & Wasilewski, D., 2014. 'Facilitators and barriers to the provision of therapeutic interventions by school psychologists', *School Psychology International*, 35(4), pp. 384–397.

- Atkinson, C., Squires, G., Bragg, J., Wasilewski, D. and Muscutt, J., 2013. 'Effective delivery of therapeutic interventions: findings from four site visits', *Educational Psychology in Practice*, 29(1), pp. 54-68.
- Ball, S., Maguire, M. & Braun, A., 2012. *How schools do policy: policy enactments in secondary schools*. Oxon: Routledge.
- Barrett, W. & Randall, L., 2004. 'Investigating the Circle of Friends approach: Adaptations and implications for practice', *Educational Psychology in Practice*, 20(4), pp.353–368.
- Billington, T., 1996. 'Pathologizing children: Psychology in education and acts of government'. In *Psychology, discourse and social practice: From regulation to resistance*, edited by E. Burman *et al.*, pp. 37-54. Oxon: Taylor & Francis.
- Billington, T., 2006. *Working with children: Assessment, representation and intervention*. London: Sage.
- Bilton, K. and Cooper, P., 2012. 'ADHD and children with social, emotional and behavioural difficulties'. In *The Routledge International Companion to Emotional and Behavioural Difficulties* (pp. 52-59). London: Routledge.
- Birch, S., Frederickson, N., and Miller, A., 2015. 'What do educational psychologists do?' In *Educational Psychology*, edited by N. Frederickson, A. Miller, and T. Cline, pp. 3-30. London: Routledge.
- Birchwood, J., 2018. *Mental Health: What have educational psychologists got to do with it?* Retrieved July 2021 from <https://blog.bham.ac.uk/educationalpsychology/2018/10/10/mental-health-what-have-educational-psychologists-got-to-do-with-it/>
- Bowers, F. E., Woods, D. W., Carlyon, W. D., and Friman, P. C., 2000. 'Using positive peer reporting to improve the social interactions and acceptance of socially isolated adolescents in residential care: A systematic replication', *Journal of Applied Behavior Analysis*, 33(2), pp. 239-242.
- Bowers, T., 2004. 'The forgotten 'E' in EBD', In *Handbook of emotional and behavioural difficulties*, edited by P. Clough, P. Garner, J. Pardeck and F. Yuen. London: Sage.
- Boyle, C. and Lauchlan, F., 2009. 'Applied psychology and the case for individual casework: some reflections on the role of the educational psychologist', *Educational Psychology in Practice*, 25(1), pp. 71-84.
- Bozic, N., 1999. 'An Educational Psychologist in practice', *Educational Psychology in Practice*, 14(4), pp. 240-242.
- Bozic, N., Leadbetter, J. & Stringer, P., 1998. 'Discourse analysis: elevating the mundane', *Educational and Child Psychology*, 15(3), pp.65–73.

- Brinkmann, S. and Kvale, S., 2015. *Interviews: Learning the craft of qualitative research interviewing*. London: Sage.
- British Educational Research Association (BERA)., 2018. *Ethical guidelines for educational research*. <https://www.bera.ac.uk/publication/ethical-guidelines-for-educational-research-2018>
- British Psychological Society (BPS) Division of Educational and Child Psychology (DECP)., 2007. *Criteria for the accreditation of three-year training programmes in educational psychology in England, Northern Ireland and Wales*. Leicester: BPS.
- British Psychological Society (BPS)., 2017. *Practice guidelines*. <https://www.bps.org.uk/sites/www.bps.org.uk/files/Policy/Policy%20-%20Files/Conducting%20research%20with%20human%20participants%20during%20Covid-19.pdf>
- British Psychological Society (BPS)., 2018. *Code of ethics and conduct*. [https://www.bps.org.uk/sites/bps.org.uk/files/Policy%20-%20Files/BPS%20Code%20of%20Ethics%20and%20Conduct%20\(Updated%20July%202018\).pdf](https://www.bps.org.uk/sites/bps.org.uk/files/Policy%20-%20Files/BPS%20Code%20of%20Ethics%20and%20Conduct%20(Updated%20July%202018).pdf)
- British Psychological Society (BPS)., 2019. *Standards for the accreditations of Doctoral programmes in educational psychology in England, Northern Ireland and Wales*. <https://www.bps.org.uk/sites/www.bps.org.uk/files/Accreditation/Educational%20Accreditation%20Handbook%202019.pdf>
- British Psychological Society (BPS)., 2020. *Ethics best practice guidance on conducting research with human participants during Covid-19*. <https://www.bps.org.uk/sites/www.bps.org.uk/files/Policy/Policy%20-%20Files/Conducting%20research%20with%20human%20participants%20during%20Covid-19.pdf>
- British Psychological Society (BPS)., 2021. *Code of ethics and conduct*. [BPS Code of Ethics and Conduct.pdf](#)
- Bronfenbrenner, U. 1979. *The Ecology of Human Development: Experiments by Nature and Design*. London: Harvard University Press.
- Bronfenbrenner, U. and Ceci, S.J., 1994. Nature-nuture reconceptualized in developmental perspective: A bioecological model. *Psychological Review*, 101(4), pp.568-586.
- Bronfenbrenner, U. and Evans, G.W., 2000. Developmental science in the 21st century: Emerging questions, theoretical models, research designs and empirical findings. *Social Development*, 9(1), pp.115-125.
- Bryman, A., 2016. *Social research methods*. Oxford: Oxford University Press.

- Burden, R., 1978. 'Schools' systems analysis: A project-centred approach', In *Reconstructing educational psychology*, edited by B. Gillham. London: Croom Helm.
- Burman, E., 2017. *Deconstructing Developmental Psychology*. Sussex: Routledge.
- Burr, V. and Butt, T., 2000. 'Psychological distress and postmodern thought', In *Pathology and the Postmodern: Mental illness as discourse and experience*, edited by D. Fee, pp. 186-206. London: Sage.
- Burr, V., 2015. *Social constructionism*. London: Routledge.
- Burstow, P., Newbigging, K., Tew, J., and Costello, B., 2018. *Investing in a resilient generation: keys to a mentally prosperous nation*. Birmingham: University of Birmingham.
- Burton M., Boyle S., Harris C., & Kagan C. M., 2007. 'Community psychology in Britain', In *International community psychology: History and theories*, edited by S. Reich, M. Riemer, I. Prilleltensky, and M. Montero, pp. 219-237. Irvine: Springer
- Buser, M., 2013. 'Tracing the democratic narrative: Big society, localism and civic engagement', *Local Government Studies*, 39, pp. 3–21.
- Butt, T., and Langdrige, D., 2003. 'The construction of self: the public reach into the private sphere', *Sociology*, 37(3), pp. 477-494.
- Cameron, R.J., 2006. 'Educational psychology: The distinctive contribution', *Educational Psychology in Practice*, 22(4), pp. 289-304.
- Carroll, C. and Hurry, J., 2018. 'Supporting pupils in school with social, emotional and mental health needs: a scoping review of the literature', *Emotional and Behavioural Difficulties*, 23(3), pp. 310-325
- Cefai, C. and Cooper, P., 2010. 'Students without voices: the unheard accounts of secondary school students with social, emotional and behaviour difficulties', *European Journal of Special Needs Education*, 25(2), pp.183–198.
- Cohen, L., Manion, L., and Morrison, K., 2018. *Research methods in education*. Oxon: Routledge
- Cole, T. & Visser, J., 1999. 'The history of special provision for pupils with emotional or behavioral difficulties in England: What has proved effective?', *Behavioral Disorders*, 25(1), pp.56–64
- Colman, I., Murray, J., Abbott, R., Maughan, B., Kuh, D., Croudace, T., & Jones, P., 2009. 'Outcomes of conduct problems in adolescence: forty-year follow-up of a national cohort'. *British Medical Journal*, 338, a2981.
- Cooper, P., 1998. 'Theories of causation and policy responses in relation to EBD since 1981', In *Changing perceptions: Emotional and behavioural difficulties*

- since 1945, edited by R. Laslett et al., pp. 51-65. East Sutton: The Association of Workers for Children with Emotional and Behavioural Difficulties.
- Cooper, P., 2014. 'Biology, emotion and behaviour: The value of a biopsychosocial perspective in understanding SEBD', In *The SAGE handbook of emotional and behavioural difficulties*, edited by P. Garner, K. James and E. Julian, pp. 109-130. London: SAGE.
- Cooper, P., and Jacobs, B., 2011. *Evidence of best practice models and outcomes in the education of children with emotional disturbance/behavioural difficulties: An international review*. Trim: National Council for Special Education.
- Cooper, P., and McIntyre, D., 1996. *Effective teaching and learning: Teachers' and students' perspectives*. Milton Keynes: Open University Press.
- Cooper, P., Smith, C., and Upton, G., 1994. *Emotional and behavioural difficulties: Theory to practice*. London: Routledge
- Coppock, V., 2005. 'Mad, bad or misunderstood?' In *Child welfare and social policy: An essential reader*, edited by H. Hendrick, pp.285-300. Bristol: The Policy Press.
- Cosma, P. and Soni, A. 2019 'A Systematic Literature Review Exploring the Factors Identified by Children and Young People with Behavioural, Emotional and Social Difficulties as Influential on Their Experiences of Education', *Emotional & Behavioural Difficulties*, 24(4), pp. 421-435.
- Davies, S., 2013. *Annual Report of the Chief Medical Officer 2013 Public Mental Health Priorities: Investing in the Evidence*. Retrieved June 2022, from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/413196/CMO_web_doc.pdf
- Delanty, G. and Strydom, P., 2003. *Philosophies of social science: The classic and contemporary readings*. Maidenhead: Open University Press.
- Department for Children, Schools and Families (DCSF)., 2008. *Targeted mental health in schools project*. London: DCSF.
- Department for Education (DfE) and Department of Health (DoH)., 2014. *The Children and Families Act*. London: DfE/DoH
- Department for Education (DfE) and Department of Health (DoH)., 2015. *Special Educational Needs and Disability Code of Practice: 0 to 25 Years*. London: DfE/DoH.
- Department for Education (DfE)., 1994. *Code of Practice on the identification and assessment of special educational needs*. London: HMSO
- Department for Education (DfE)., 2016. *Behaviour and discipline in schools: Advice for headteachers and school staff*. London: DfE.

- Department for Education (DfE)., 2019. *National statistics: Special educational needs in England: January 2019*. London: DfE
- Department for Education (DfE)., 2021. *Promoting and supporting mental health and wellbeing in schools and colleges*. London: DfE.
- Department for Education (DfE)., 2011. *Developing sustainable arrangements for the initial training of educational psychologists*. London: The Stationary Office.
- Department for Education (DfE).,2018. *Mental health and behaviour in schools*. London: DfE.
- Department for Education and Employment (DfEE)., 2000. *Educational psychology services (England): Current role, good practice and future directions – Report of the Working Group*. London: HMSO.
- Department for Education and Science (DES)., 1978. *Special educational needs: Report of the committee of enquiry into the education of handicapped children and young people. (Warnock Report)*. London: HMSO
- Department for Education and Skills (DfES)., 2001. *Special educational needs code of practice*. London: DfES.
- Department for Education and Skills (DfES)., 2004. *Every Child Matters: Change for Children*. Nottingham: DfES.
- Department for Education and Skills (DfES)., 2007. *Social and emotional aspects of learning: improving learning improving behaviour*. Nottingham: DfES.
- Department of Education and Science (DES) 1981., *Education Act 1981*. London: HMSO.
- Department of Education and Science (DES)., 1968. *Psychologists in Education Services. (The Summerfield Report)*. London: HMSO.
- Department of Health (DoH) and Department for Education (DfE)., 2017. *Transforming children and young people’s mental health provision: a green paper*. London: DoH/DfE.
- Department of Health (DoH)., 2011. *No health without mental health: A cross-government mental health outcomes strategy for people of all ages*. London: DoH.
- Department of Health (DoH)., 2014. *Closing the gap: priorities for essential change in mental health*. London: DoH.
- Department of Health (DoH)., 2015. *Future in mind: promoting, protecting and improving our children and young people’s mental health and wellbeing*. London: DoH.

- Dessent, T., 1978. 'The historical development of school psychological services', In *Reconstructing Educational Psychology*, edited by B. Gillham. London: Croom Helm.
- Durbin, N.J., 2010. *Promoting mental health and psychological wellbeing in children: A socio-cultural activity theory analysis of professional contributions and learning in a multidisciplinary team*. [Doctoral thesis, University of Birmingham].
- Durlak, J. A., Weissberg, R. P., Dymnicki, A. B., Taylor, R. D., & Schellinger, K. B., 2011. 'The impact of enhancing students' social and emotional learning: a meta-analysis of school-based universal interventions', *Child Development*, 82(1), 405–432.
- Edley, N., 2001. 'Analysing masculinity: Interpretive repertoires, ideological dilemmas and subject positions'. In *Discourse as data: A guide for analysis*, edited by M. Wetherell, S. Taylor, and S.J. Yates, pp. 189-228. London: Sage.
- Education Act., 1944. *Education Act 1944*. London: HSMO.
- Education Act., 1970. *Education Act 1970*. London: HSMO.
- Egan, M., 2006. 'The manufacture of mental defectives. Why the number of mental defectives increased in Scotland 1857-1939', In *Mental illness and learning disability since 1850: Finding a place for mental disorder in the United Kingdom*, edited by P. Dale and J. Melling, pp. 131-153. Oxford: Routledge.
- Ekornes, S., 2017. 'Teacher stress related to student mental health promotion: The match between perceived demands and competence to help students with mental health problems', *Scandinavian Journal of Educational Research*, 61(3), pp. 333–353.
- Evans, S., Grahamslaw, L., Henson, L., and Prince, E., 2012. 'Is the restructured initial professional training in educational psychology fit for purpose?', *Educational Psychology in Practice*, 28(4), pp. 373-393.
- Fairclough, N., 2001. 'The discourse of New Labour: Critical discourse analysis'. In *Discourse as data: A guide for analysis*, edited by M. Wetherell, S. Taylor, and S.J. Yates, pp. 229-266. London: Sage.
- Fairclough, N., 2010. *Critical discourse analysis: The critical study of language*. London: Routledge.
- Fallon, K., Woods, K. and Rooney, S., 2010. 'A discussion of the developing role of educational psychologists within Children's Services', *Educational Psychology in Practice*, 26(1), pp. 1-23.
- Farrell, P., Woods, K., Lewis, S., Rooney, S., Squires, G., and O'Connor, M., 2006. *A review of the functions and contribution of educational psychologists in*

England and Wales in light of "Every Child Matters: Change for Children".
London: Department for Education and Skills.

- Farrell, P., Gersch, I. and Morris, S., 1998. 'Progress towards three year professional training courses for educational psychologists', *Educational Psychology in Practice*, 14(1), pp. 44–51.
- Fee, J., 2011. *An exploration of educational psychologists' views of their role with child and adolescent mental health and psychological wellbeing*. [Doctoral thesis, University of East London].
- Foulkes, L., 2021. *Losing our minds: What mental illness really is and what it isn't*. London: The Bodley Head
- Frederickson, N., and Cline, T., 2015. *Special educational needs, inclusion and diversity*. Maidenhead: McGraw-Hill Education.
- Gergen, K., 2015. *An invitation to Social Constructionism*. London: Sage.
- Gibbs, S., and Gardiner, M., 2008. 'The structure of primary and secondary teachers' attributions for pupils' misbehaviour: A preliminary cross-phase and cross-cultural investigation', *Journal of Research in Special Educational Needs*, 8(2), pp. 68-77.
- Gillham, B., 1978. *Reconstructing educational psychology*. London: Croom Helm
- Gillham, B., 1999. 'The writing of Reconstructing Educational Psychology', *Educational Psychology in Practice*, 14(4), pp. 220 – 221.
- Gillman, M., Heyman, B. and Swain, J., 2000. 'What's in a name? The implications of diagnosis for people with learning difficulties and their family carers'. *Disability & Society*, 15(3), pp.389-409.
- Graham, B., White, C., Edwards, A., Potter, S. and Street, C., 2019. *School exclusion: a literature review on the continued disproportionate exclusion of certain children*. London: DfE.
- Green, S.L. and Atkinson, S., 2016. 'Implementation Issues: a 'FRIENDS for life' course in a mainstream secondary school', *Educational Psychology in Practice*, 32(3), pp. 217-230.
- Greig, A., MacKay, T., and Ginter, L., 2019. 'Supporting the mental health of children and young people: a survey of Scottish educational psychology services', *Educational Psychology in Practice*, 35(3), pp. 257-270.
- Gulliford, A., 1999. 'Life as an educational psychologist', *Educational Psychology in Practice*, 14(4), pp. 237-239.
- Hamre, B. K., and Pianta, R. C., 2001. 'Early teacher-child relationships and the trajectory of children's school outcomes through eighth grade', *Child Development*, 72(2), pp. 625-663.

- Harwood, V., and Allan, J., 2014. *Psychopathology at school: theorizing mental disorders in education*. London: Routledge.
- Hayes, M., and Stringer, P., 2016. 'Introducing Farouk's process consultation group approach in Irish primary schools', *Educational Psychology in Practice*, 32(2), pp. 145–162.
- Health and Care Professions Council (HCPC)., 2015. *Standards of proficiency – Practitioner psychologists*. <https://www.hcpc-uk.org/globalassets/resources/standards/standards-of-proficiency---practitioner-psychologists.pdf?v=637106257690000000>
- Herod, A., 1999. 'Reflections on interviewing foreign elites: Praxis, positionality, validity and the cult of the insider', *Geoforum*, 30, pp. 313-327.
- Hewson, D., and Carroll, M., 2016. *Reflective practice in supervision*. Hazelbrook: MoshPit Publishing.
- Hill, V., 2013. 'An evolving discipline: Exploring the origins of educational psychology, educational selection and special education', In *British educational psychology: The first hundred years*, edited by C. Arnold & J. Hardy, pp. 24–37. Leicester: The British Psychological Society.
- Holmes, A.G.D., 2020. 'Researcher positionality - A consideration of its influence and place in qualitative research- A new researcher guide', *Shanlax International Journal of Education*, 8(4), pp.1-10.
- Holstein, J.A. and Gubrium, J.F., 1995. *The active interview* (Vol. 37). London: Sage.
- Hutchby, I. and Wooffitt, R., 2008. *Conversation analysis*. Cambridge: Polity Press.
- Jones, P., 2003b. 'Child and family guidance: A phoenix from the ashes? A personal account', *Educational Psychology in Practice*, 19(4), pp. 317-324.
- Jones, R., 2003a. 'The construction of emotional and behavioural difficulties', *Educational Psychology in Practice*, 19(2), pp.147–157.
- Kidger, J., Gunnell, D., Biddle, L., Campbell, R. and Donovan, J., 2010. 'Part and parcel of teaching? Secondary school staff's views on supporting student emotional health and wellbeing', *British Educational Research Journal*, 36(6), pp. 919-935.
- Langdrige, D., 2004. *Research methods and data analysis in psychology*. London: Pearson.
- Larkins, C., Thomas, N., Carter, B., Farrelly, N. J., Judd, D. B., and Lloyd, J., 2015. 'Intergenerational support for children's protagonism: Methodological moves towards critical children rights research framed from below', *The International Journal of Children's Rights*, 23(2), pp. 332-364.

- Lauchlan, F. and Boyle, C., 2007. 'Is the use of labels in special education helpful?'. *Support for Learning*, 22(1), pp.36-42.
- Law C.E. and Woods, K., 2018. 'The representation of the management of behavioural difficulties in EP practice', *Educational Psychology in Practice*, 34(4), pp. 352-369.
- Law, C.E. and Woods, K., 2019. 'Reviewing and developing a psychological service's response to managing behavioural difficulties through action research', *Educational Psychology in Practice*, 35(1), pp. 99-117.
- Laws, C., 2012. *Poststructuralism at work with marginalised children*. London: Bentham Science.
- Leadbetter, J., 2002. *A sociocultural and activity theoretical investigation of the changing patterns of professional practice in educational psychology services*. [Doctoral thesis, University of Birmingham].
- Leadbetter, J., 2006. 'Investigating and conceptualising the notion of consultation to facilitate multi-agency work', *Educational Psychology in Practice*, 22 (1), pp. 19-31.
- Leadbetter, J., 2010. 'Guest editorial', *Emotional and behavioural difficulties*, 15(4), pp. 273-277.
- Lee, K. and Woods, K., 2017. 'Exploration of the developing role of the educational psychologist within the context of "traded" psychological services', *Educational Psychology in Practice*, 33(2), pp. 111-125.
- Lloyd, C., 2008. 'Removing barriers to achievement: A strategy for inclusion or exclusion?', *International Journal of Inclusive Education*, 12(2), pp.221–236.
- Lloyd, G., 2003. 'Listening not labelling. Responding to troubled and troublesome students', *International Journal of School Disaffection*, 1(1), pp. 30–34.
- Love, P., 2009. 'Educational psychologists: The early search for an identity', *Educational Psychology in Practice*, 25(1), pp. 3-8.
- Lyonette, C., Atfield, G., Baldauf, B., & Owen, D., 2019. *Research on the Educational Psychologist Workforce: Research Report*. London: DfE.
- Mackay, T., 2006. 'The educational psychologist as community psychologist: Holistic child psychology across home, school and community', *Educational and Child Psychology: Community Psychology: Theoretical and Practical Implications for Educational Psychologists*, 23(1), pp. 7–15.
- Mackay, T., 2007. 'Educational psychology: The fall and rise of therapy', *Educational and Child Psychology*, 24(1), pp. 7-18.

- Macleod, G., Pirrie, A., McCluskey, G., and Cullen, M., 2013. 'Parents of excluded pupils: customers, partners, problems?', *Educational Review*, 65(4), pp. 387-401.
- Madill, A., Jordan, A. and Shirley, C., 2000. 'Objectivity and reliability in qualitative analysis: Realist, contextualist and radical constructionist epistemologies', *British Journal of Psychology*, 91(1), pp.1-20.
- Marks, C., 2010. *An exploration of educational psychologists' constructions of sexuality and the implications for practice*. [Doctoral thesis, University of Birmingham].
- Marsh, D., Furlong, P. and Ercan, S., 2018. 'A skin not a sweater: Ontology and epistemology in political science'. In *Theory and Methods in Political Science*, edited by V. Lowndes, D. Marsh, and G. Stoker, pp. 177-198. London: Palgrave
- McGuiggan, C., 2021. 'Stepping over the boundary: An exploration of educational psychologists' work with families', *Educational Psychology in Practice*, 37(1), pp. 1-18.
- Meltzer, H., Gatward, R., Goodman, R., and Ford, T., 2000. *The mental health of children and adolescents in Great Britain*. London: Office of National Statistics.
- Ministry of Education., 1955. *Report of the committee on maladjusted children (Underwood Report)*. London: HMSO
- Monkman, H., 2013. 'The teacher's role in supporting student mental health and well-being'. In *Critical Educational Psychology*, edited by A. Williams, T. Billington, D. Goodley and T. Corcoran, pp. 146-156. Chichester: Wiley & Sons.
- Moroz, K. B., and Jones, K. M., 2002. 'The effects of positive peer reporting on children's social involvement', *School Psychology Review*, 31(2), pp. 235-245.
- Mowat, J., 2015. 'Towards a new conceptualisation of marginalisation', *European Educational Research Journal*, 14(5), pp. 454-476.
- Munn, P., and Lloyd, G., 2005. 'Exclusion and excluded pupils', *British Educational Research Journal*, 31(2), pp. 205–251.
- Myers, S.S., and Pianta, R.C., 2008. 'Developmental commentary: Individual and contextual influences on student-teacher relationships and children's early problem behaviors', *Journal of Clinical Child and Adolescent Psychology*, 37(3), pp. 600-608.
- National Institute for Health and Care Excellence (NICE)., 2022. *Social, emotional and mental wellbeing in primary and secondary education*. London: NICE.
- Newlove-Delgado, T., Williams, T., Robertson, K., McManus, S., Sadler, K., Vizard, T., Cartwright, C., Matthews, F., Norman, S., Marcheselli, F., and Ford, T.,

2021. *Mental health of children and young people in England, 2021*. Retrieved May 2022 from [mhcyp_2021_rep.pdf \(digital.nhs.uk\)](https://digital.nhs.uk/mhcyp-2021-rep.pdf)
- Norwich, B. and 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), pp.117-132.
- Norwich, B., 2019. 'From the Warnock Report (1978) to an education framework commission: A novel contemporary approach to educational policy making for pupils with special educational needs/disabilities', *Frontiers in Education*, 4(72), pp. 1-10.
- Nugent, M., Jones, D. V., McElroy, D., Peelo, M., Thornton, T., & Tierney, T., 2014. 'Consulting with groups of teachers. Evaluation of a pilot project in Ireland', *Educational Psychology in Practice*, 30(3), pp. 255–271.
- O'Callaghan, P. and Cunningham, E., 2015. 'Can a targeted, group-based CBT intervention reduce depression and anxiety and improve self-concept in primary-age children?', *Educational Psychology in Practice*, 31(3), pp. 314-326.
- O'Hare, D., 2017. *Where are the EPs? Theresa May, mental health and schools*. Retrieved July 2021 from [Where are the EPs? Theresa May, mental health and schools - edpsy.org.uk](https://www.edpsy.org.uk/where-are-the-eps-theresa-may-mental-health-and-schools)
- Osborne, C., & Alfano, J., 2011. 'An Evaluation of Consultation Sessions for Foster Carers and Adoptive Parents', *Educational Psychology in Practice*, 27(4), pp. 395–413.
- Parker, I., Georgaca, E., Harper, D., McLaughlin, T., and Stowell-Smith, M., 1995. *Deconstructing Psychopathology*. London: Sage.
- Parsons, C., 2005. 'School Exclusion: The Will to Punish', *British Journal of Educational Studies*, 53(2), pp.187–211
- Pearson, R., 2016. *Boys' behavioural and mental health difficulties: An exploration of pupil and teacher discourses*. [Doctoral thesis, University of Birmingham]
- Pellegrini, D. W., 2009. 'Applied systemic theory and educational psychology: Can the twain ever meet?', *Educational Psychology in Practice*, 25(3), pp. 271–286.
- Phillips, C.J., 1971. 'Summerfield and after: `the training of educational psychologists', *Bulletin of the British Psychological Society*, 24, pp. 207-212.
- Potter, J. and Wetherell, M., 1987. *Discourse and social psychology: Beyond attitudes and behaviour*. London: Sage.

- Price, R., 2017. *The Role of the Educational Psychologist in Children and Young People's Mental Health: An explorative study in Wales*. [Doctoral thesis, Cardiff University].
- Prilleltensky, I., & Nelson, G., 2000. 'Promoting child and family wellness: Priorities for psychological and social intervention', *Journal of Community and Applied Social Psychology*, 10(2), pp. 85–105.
- Prince, E., and Hadwin, J., 2013. 'The role of a sense of school belonging in understanding the effectiveness of inclusion of children with special educational needs', *International Journal of Inclusive Education*, 17(3), pp. 238-262.
- Public Health England (PHE) and Department for Education (DfE)., 2021. *Promoting children and young people's mental health and wellbeing*. London: PHE.
- Purewal, N., 2020. *An investigation of the role of the educational psychologist in meeting social, emotional and mental health needs*. [Doctoral thesis, University of Nottingham].
- Razer, M., Friedman, V. J., and Warshofsky, B., 2013. 'Schools as agents of social exclusion and inclusion', *International Journal of Inclusive Education* 17(11), pp. 1152–1170.
- Reicher, S., 2000. 'Against methodolatry: some comments on Elliott, Fischer, and Rennie', *The British Journal of Clinical Psychology*, 39, pp.1-6.
- Reid, D.K., and Valle, J.W., 2004. 'The discursive practice of learning disability: Implications for instruction and parent-school relations', *Journal of Learning Disabilities*, 37(6), pp.466–481.
- Reindal, S. M. 2008. 'A social relational model of disability: a theoretical framework for special needs education?', *European Journal of Special Needs Education*, 23(2), pp.135-146.
- Riddick, B. 2012. 'Labelling learners with SEND: The good, the bad and the ugly'. In *Contemporary Issues in Special Educational Needs: Considering the whole child*, edited by D, Armstrong and G, Squires, pp.25-34. Maidenhead: Open University Press.
- Robson, C. and McCartan, K., 2016. *Real world research: a resource for users of social research methods in applied settings*. Chichester: Wiley & Sons.
- Rosenberg, A., 2018. *Philosophy of social science*. 5th edn. New York: Routledge.
- Runswick-Cole, K., and Hodge, N., 2009. 'Needs or rights? A challenge to the discourse of special education', *British Journal of Special Education*, 36(4), pp.198–203.
- Sadler, K., Vizard, T., Ford, T., Goodman, A., Goodman R. and Mcmanus, S., 2018. *Mental health of children and young people in England, 2017*. Retrieved

August 2021 from [Mental Health of Children and Young People in England, 2017 \[PAS\] - NHS Digital](#)

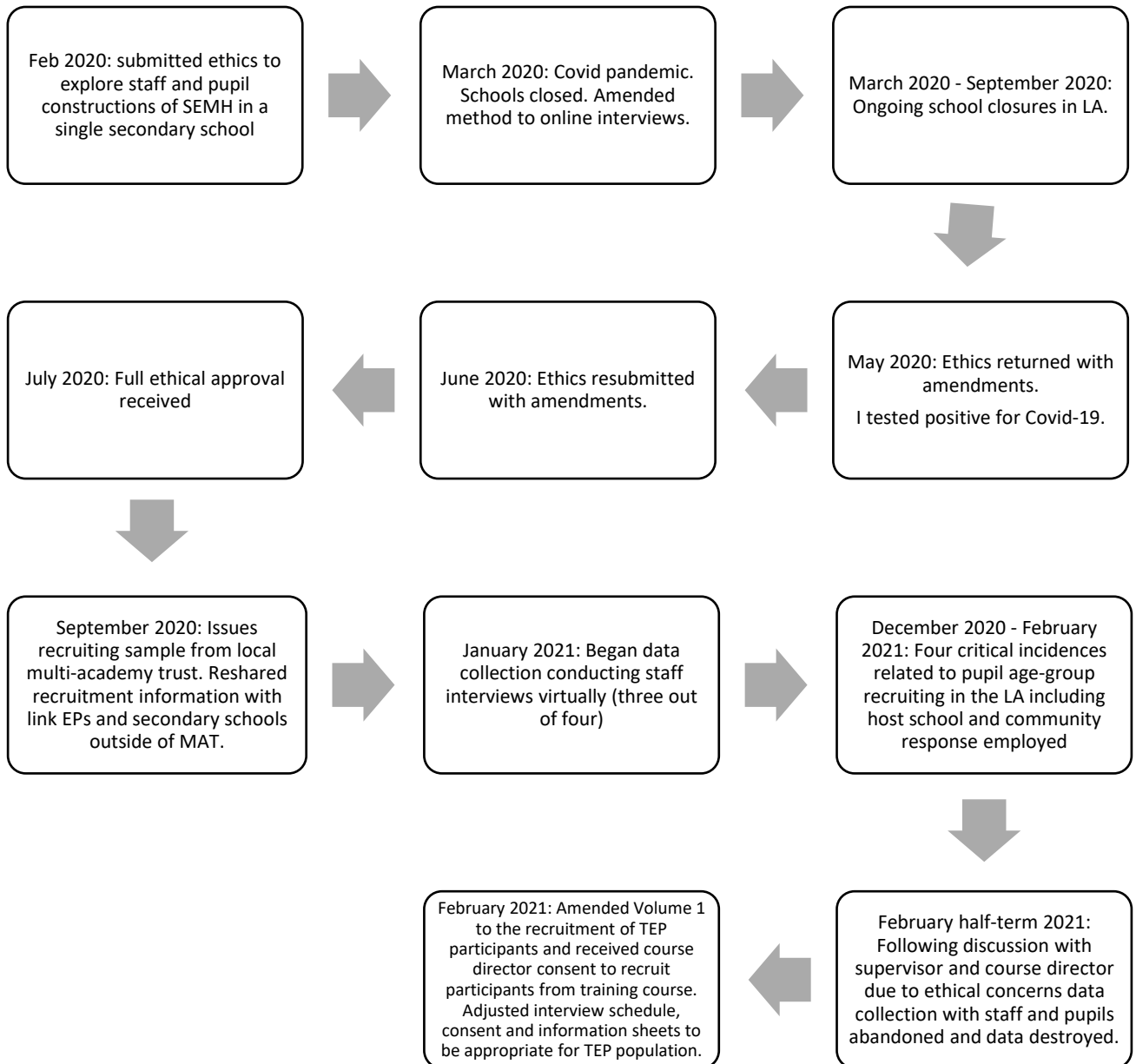
- Sanger, M., 2018. *Mental health and shame: A Foucauldian analysis of the discourses of south Asian girls and their teachers*. [Doctoral thesis, University of Birmingham].
- Scottish Executive., 2002. *Review of the provision of educational psychology services in Scotland*. Edinburgh: The Stationary Office.
- Sharpe, H., Ford, T., Lereya, S., Owen, C., Viner, R., and Wolpert, M., 2016. 'Survey of schools' work with child and adolescent mental health across England: a system in need of support', *Child and Adolescent Mental Health*, 21(3), pp. 148 – 153.
- Sheffield, E. L. and Morgan, G., 2017. 'The perceptions and experiences of young people with a BESD/SEMH classification', *Educational Psychology in Practice*, 33(1), pp. 50-64.
- Slee, R., 1995. *Changing theories and practices of discipline*. London: Falmer.
- Slee, R., 2015. 'Beyond a psychology of student behaviour', *Emotional and Behavioural Difficulties*, 20(1), pp. 3-19.
- Squires, G., 2010. 'Countering the argument that educational psychologists need specific training to use cognitive behavioural therapy', *Emotional and Behavioural Difficulties*, 15(4), 279-294.
- Stiff, C., 2013. *A discourse analytical study that explores the discursive constructions of therapeutic practice within educational psychology*. . [Doctoral thesis, University of Sheffield].
- Stobie, I., 2002. 'Processes of 'change' and 'continuity' in educational psychology part two', *Educational Psychology in Practice*, 18(3), pp. 213-237.
- Stringer, P., Powell, J., & Burton, S., 2006. 'Developing a community psychology orientation in an educational psychology service', *Educational and Child Psychology, Community Psychology: Theoretical and Practical Implications for Educational Psychologists*, 23(1), pp. 59–67.
- Taylor, S., 2001. 'Locating and conducting discourse analytic research'. In *Discourse as data: A guide for analysis*, edited by M. Wetherell, S. Taylor, and S.J. Yates, pp. 5-48. London: Sage.
- Thomas, G. and Loxley, A., 2022. *Deconstructing special education and constructing inclusion*. London: Open University Press.
- Thomas, G., 2017. *How to do your research project: A guide for students*. London: Sage.

- Thomas, G., and Glenny, G., 2000. 'Emotional and behavioural difficulties: Bogus needs in a false category', *Discourse: Studies in the Cultural Politics of Education*, 21(3), pp.283–298.
- Thomson, L., 1996. 'Searching for a niche: Future directions for educational psychologists', *Educational Psychology in Practice*, 12, pp. 99–106.
- Thorsborne, M., and Blood, P., 2013. *Implementing restorative practices in schools: A practical guide to transforming school communities*. London: Jessica Kingsley Publishers.
- Timimi, S., 2009. *A Straight Talking Introduction to Children's Mental Health Problems*. Herefordshire: PCCS Books
- Tobbell, J. and Lawthom, R., 2005. 'Dispensing with labels: Enabling children and professionals to share a community of practice', *Educational and Child Psychology*, 22(3), pp. 89-97.
- United Nations. 1989. *Convention on the Rights of the Child*. Geneva: United Nations.
- Wagner, P., 2000. 'Consultation: Developing a comprehensive approach to service delivery', *Educational Psychology in Practice*, 16(1), pp. 9-18.
- Wagner, P., 2013. 'Consultation as a framework for practice', In *Frameworks for practice in educational psychology*, edited by B. Kelly, L. Woolfson, & J. Boyle, pp. 139 - 161. London: Jessica Kingsley Publishers.
- Weare, K., & Nind, M., 2011. 'Mental health promotion and problem prevention in schools: what does the evidence say?', *Health Promotion International*, 26 (S1), i29-69.
- Weare, K., 2015. *What works in promoting social and emotional well-being and responding to mental health problems in schools? Partnership for Well-being and Mental Health in Schools*. London: National Children's Bureau
- Weeks, C., Hill, V. and Owen, C., 2017. 'Changing thoughts, changing practice: examining the delivery of a group CBT-based intervention in a school setting', *Educational Psychology in Practice*, 33(1), pp. 1–15
- Wetherell, M., 1998. 'Positioning and interpretive repertoires: conversation analysis and post-structuralism in dialogue', *Discourse and Society*, 9(3), pp. 387-413.
- Wetherell, M., Taylor, S. and Yates, S.J. eds., 2001. *Discourse as data: A guide for analysis*. London: Sage.
- Willig, C., 1999. 'Beyond appearances: A critical realist approach to social constructionist work', In *Social Constructionist Psychology: A critical analysis of theory and practice*, edited by D. Nightingale and J. Cromby, pp. 37-51. Buckingham: Open University Press.

- Willig, C., 2013. *Introducing qualitative research in psychology*. Maidenhead: McGraw-Hill Education.
- Woods, K., 2016. 'The role and perspectives of practitioner educational psychologists'. In *Special educational needs: A guide for inclusive practice*, edited by L. Peer and G. Reid, pp. 319–339. London: Sage Publications.
- Woofit, R., 2001. 'Researching psychic practitioners: Conversation analysis'. In *Discourse as data: A guide for analysis*, edited by M. Wetherell, S. Taylor, and S.J. Yates, pp. 49-92. London: Sage.
- Woolfson, L., 2013. 'The Woolfson et al. integrated framework: An executive framework for servicewide delivery', In *Frameworks for practice in educational psychology*, edited by B. Kelly, L. Woolfson, & J. Boyle, pp. 128-137. London: Jessica Kingsley Publishers.
- World Health Organisation., 2022. *International Classification of Diseases (11th ed.)*. London: WHO.
- Wright, A., 2009. 'Every Child Matters: discourses of challenging behaviour', *Pastoral Care in Education*, 27(4), pp.279–290.
- Zafeiriou, M., and Gulliford, A., 2020. 'A grounded theory of educational psychologists' mental health casework in schools: Connection, direction and reconstruction through consultation', *Educational Psychology in Practice*, 36(4), pp. 422-442.

APPENDICES

APPENDIX 1: Timeline of the impact of Covid-19 pandemic on initial research including data collection and topic.



APPENDIX 2: Overview of six studies included in literature review exploring EP's views of the work of EP's in SEMH.

Author(s), Year, Title.	Journal/ Database	Research aim	Participants	Methodology
Andrews (2017) – Reaching for a shared understanding: Exploring the views of educational psychologists and special educational needs coordinators about the role of the educational psychologist in supporting mental health and psychological wellbeing in schools.	ETHoS	Explored EPs and SENCOs views of EP role in mental health and wellbeing	4 EPs 3 SENCOs	Semi-structured interviews and inductive thematic analysis
Price (2017) – The role of the educational psychologist in children and young people's mental health: An explorative study in Wales.	ETHoS	Explored current EP practice in CYP's mental health in Wales.	Questionnaire: 17 EPs across 9 LAs Interviews: 6 EPs across 3 LAs	Mixed methods - questionnaire and semi-structured interviews. Descriptive statistics and thematic analysis.
Greig, MacKay and Ginter (2019) – Supporting the mental health of children and young people: A survey of Scottish educational psychology services	Educational Psychology in Practice	Explored current EP practice in supporting CYP mental health in Scotland.	21 EPs across 19 Scottish LA EPSs.	Quantitative survey and frequencies
Law and Woods (2019) – Reviewing and developing a psychological service's response to managing behavioural difficulties through action research	Educational Psychology in Practice	Explored EP practice in behaviour.	6 EPs – focus group 1 PEP - interview	Action research and inductive thematic analysis.
Purewal (2020) – An investigation of the role of the educational psychologist in meeting social, emotional and mental health needs.	ETHoS	Explored EP role in supporting CYP's SEMH	154 (113 EPs, 37 TEPs, 4 unknown)	Mixed methods web-based survey and descriptive statistics and content analysis.
Zafeiriou and Gulliford (2020) – A grounded theory of educational psychologists' mental health casework in schools: connection, direction and reconstruction through consultation	Educational Psychology in Practice	Explored EPs casework in mental health in schools.	Five EPs within one EPS in England	Semi-structured interviews and Constructivist grounded theory

APPENDIX 3: Recruitment email

Dear TEPs,

As part of my doctoral thesis, I am undertaking a study exploring how SEMH difficulties are understood and supported by TEPs on placement in LA EPSs. The aim of this research is to explore how TEPs talk about SEMH difficulties and the role of EPs in supporting the SEMH of pupils. I am also interested in how TEPs talk about supporting SEMH following the Covid-19 pandemic.

I am contacting you to invite you to participate within this study. Participation involves taking part in an individual semi-structured interview where we will discuss your thoughts and experiences as a TEP supporting the SEMH of pupils. Interviews will be conducted virtually and last for approximately 60 minutes. Interviews will be audio-recorded and transcribed. Please read the attached information sheet for further information about the research and how data will be collected, handled and used.

If you would like to take part, require further information or have any additional questions, please contact me at: [REDACTED], [REDACTED], or alternatively you can contact my supervisor Anita Soni at [REDACTED]

Thank you for taking the time to consider this proposal.

Kind regards,

Laura Hickinbotham

Trainee Educational Psychologist.



Invitation to participate in research.

Hello,

I would like to invite you to take part in my doctoral research as part of my professional practice training. I am interested in how social, emotional, and mental health (SEMH) difficulties and behaviour difficulties are understood and supported by trainee educational psychologists (TEPs) on placement in local authority educational psychology services.

I would like to invite you to participate in an individual interview about this topic. Further information about my research is provided below to help inform your decision on whether you would like to take part.

What is my research about?

This research project aims to explore how TEPs talk about social, emotional, and mental health (SEMH) difficulties. I am interested in exploring the role of educational psychologists in supporting the SEMH of pupils.

It is hoped that the findings from the project will help us to understand how we can support pupils who may be struggling with their social, emotional, and mental health in school.

What will taking part involve?

- Participation is voluntary and you will be asked to sign a consent form if you agree to take part in the research.
- If you agree to participate, I will contact you to arrange a time and date to interview you. The interview will be conducted virtually via Microsoft Teams at a time that is convenient for you.
- The purpose of this interview will be to discuss your thoughts and experiences around supporting pupils with SEMH difficulties.
- If you change your mind about participating in the research you can let me know before, during or up to 10 working days after the date of your interview. My contact details are provided at the end of this letter.

What happens to the information collected from the interviews?

The interview will be audio-recorded, and I will be the only person who listens to this recording. The recording will be written up and your name changed to ensure research data remains confidential. I will then analyse your data and write up the findings for my doctorate (thesis). All data will be handled in accordance with the Data Protection Act (2018), General Data Protection Regulations (GDPR) and the University of Birmingham Code of Practice for Research and Ethics.

The only time information will not be kept confidential is if it is felt that you, or others, may be at risk or in danger. In these circumstances, standard safeguarding procedures will be followed.

What will happen to the findings?

- The findings from the research will be written up and published as a doctoral thesis.
- The findings will also be shared with educational psychologists within my local authority EPS.
- I will also share my findings with you in a summary report.
- I will not use your name or the local authority's details when I write up the findings from the interviews.

How do I take part?

- If you require further information before giving consent or have any questions about the research or interview process, please do not hesitate to contact me or my supervisor on the details provided on this form.
- If you would like to take part in the research, please complete the attached consent form and return this to the email address provided. Please take the time to read the information provided on this form carefully when making your decision.
- Once I have received your consent, I will contact you to arrange a time and date to interview you.

How can you contact me?

Researcher:

Laura Hickinbotham, Trainee Educational Psychologist

Tel: [REDACTED], Email: [REDACTED]

Supervisor:

Dr Anita Soni

Email: [REDACTED]

Thank you for your time and consideration.

Yours sincerely,

Laura Hickinbotham

APPENDIX 5: Interview schedule

1. Welcome
2. Discuss key points from information sheet.
3. Provide opportunity to ask questions and outline what they can expect from interview process.
4. Check consent to audio-recording of interview.
5. Remind of their rights (including consent, right to withdraw and how to do so)

Topic	Questions	Potential follow up questions	Probes
Introduction	<p>What was your experience prior to starting the course?</p> <p>Can you tell me a bit about the EPS you are on placement in?</p> <p>Can you tell me about your experiences on placement as a TEP in a LA EPS service?</p>	<p>Why interested in becoming TEP?</p> <p>What service delivery model do they use? What type of LA is it (e.g. city, shire)</p> <p>i.e. type of needs, provisions, level of involvement.</p>	<p><i>Tell me more about that.</i></p>
Construction of Social, Emotional and Mental Health (SEMH)	<p>What does the term 'social, emotional and mental health' mean to you?</p> <p>What SEMH difficulties have you observed in your role as a TEP?</p> <p>How do you think SEMH difficulties impact on pupils?</p>	<p>How would you define the term?</p> <p>Has our understanding of SEMH changed over time?</p> <p>Does it impact your role as a TEP? In what ways?</p> <p>Do you have any examples?</p> <p>What are your thoughts and feelings about that?</p>	<p><i>Can you tell me more about that?</i></p> <p><i>And... ?</i></p>

	Why do you think pupils experience SEMH difficulties?	In your experience, what are the main reasons for SEMH difficulties? What other factors do you think contribute to or influence SEMH difficulties?	
Experience of supporting pupils with SEMH difficulties	<p>In your experience, what SEMH difficulties have you supported? Can you tell me about a particular piece of work where you have supported SEMH?</p> <p>How are SEMH difficulties managed or supported within the LA EPS?</p> <p>What have you found most successful for supporting pupils with SEMH difficulties?</p> <p>What, if anything, hindered your role in supporting pupils with SEMH difficulties?</p>	<p>What did you do to support?</p> <p>Thinking about 5 functions of the EP role/with children, adults, school? Is this successful? Is this similar or different to other LA's you have worked in?</p> <p>What was the outcome or impact?</p> <p>Do you have an example?</p> <p>In what way? What did you do differently?</p>	<p><i>And then?</i></p> <p><i>Tell me more about your role supporting SEMH; what was significant about your role; why important</i></p> <p><i>Tell me more about the LA EPS role supporting SEMH</i></p> <p><i>Can you tell me more?</i></p> <p><i>What do you experience as barriers , what experience as facilitators</i></p>
Covid-19	What impact, if any, do you think Covid-19 will have on pupil's SEMH?	In what way? (e.g. cultural influences, media portrayals)	<p><i>Can you tell me more?</i></p> <p><i>Do you feel the recent events,</i></p>

	<p>What do you think the EP role should be in supporting SEMH following Covid-19?</p> <p>How can EPs help contribute to positive outcomes for SEMH?</p> <p>How are you feeling about supporting SEMH difficulties following Covid-19?</p>	<p>Is it an area EPs should be involved in?</p> <p>Type of work (assessment, intervention, training, research, consultation); with who (individual, group, whole school; local, national).</p> <p>What skills? What theory do EPs have?</p> <p>What, if anything, barriers do you perceive/have you experienced in supporting SEMH following Covid-19?</p> <p>What support do you think will be/is helpful?</p>	<p><i>Covid 19, have changed EP service role in supporting SEMH? Has it changed your role? In what ways?</i></p> <p><i>What would you ideally like EPs role to be in SEMH?</i></p>
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Closing comments

- Thank participants for their time and participation in the research.
- Remind participants of their rights to withdraw within 10 working days of the interview (provide exact date) and make sure participants have my contact details for any later questions or to withdraw.
- Provide participants with opportunity to ask any questions.

APPENDIX 6: Consent form

Consent form



**UNIVERSITY OF
BIRMINGHAM**

Please circle your response:

I would like to take part in the research project exploring
TEPs constructions of Social, Emotional and Mental Health.

YES / NO.

I have read and understood the information provided in the
attached information sheet about what my participation will
involve.

YES / NO

I understand that this research forms part of Laura's
professional qualification as an educational psychologist

YES / NO

I give permission for the interview to be audio-recorded

YES / NO

I understand that I have the right to withdraw my
participation at any point before, during or up until 10 working
days after the interview date

YES / NO

I have had the opportunity to ask questions and I am
happy that any questions have been answered.

YES / NO

Name:

Signed:

Date:.....

APPENDIX 7: Extract of example transcript coded for EP role

Key to code: Where reference made to EP role in SEMH coded in **green**

ME: That's good. Okay, so, I just thinking more specifically about SEMH now and I was thinking what does the term social emotional mental health mean to you? How would you define it?

A: erm, I think I'd define each bit in turn, so with the social would be, you know are there social issues with those interactions with others?, emotional are emotions overtaking and coming out in behaviours? Not necessarily just the the external, but you know it could be the more internalised you know, are they very, I don't know, really, very nervous, but you know, not necessarily just externalising it and mental health. Erm... yeah that's when I get to kind of that big label because it could mean, I suppose anything really, but I think it's just looking for any signs that their health of their thoughts and their feelings is not as healthy as it could be. And you do often, you will come across that quite quickly, I imagine. Erm but I still think there's a long way to go coz I think sometimes it still misunderstood. You know things like anxiety and the behaviours they present can be very controlling and then sometimes you gotta really pull people back and say well I understand that that child may seem like they're being a controlling person but actually the reason they're controlling is because they don't feel safe and it's their only bit to control and try to get that sort of re framing I think I think with mental health sometimes the behaviours need re framing.

ME: **Yeah, and is that a role you see for the EPS, as an EP?**

A: **Yeah, and that's what I've been doing in my casework as well. Erm, yeah. Definitely...and with families as well actually. I would say. Re framing the behaviours.**

ME: Is there anything you've found particularly helpful for doing that?

A: **Explaining the psychological theories to be honest but very simple. I always find this the simpler images are more effective,** so um, you know, like the **emotional sort of bucket** idea you're your buckets too full. I often talk about that. I've suddenly started to explain a bit more about **the window of tolerance** as well. You know that when it's bigger and then when it's smaller and getting the adults to think about that when the window is smaller, the demands, and getting them to think about what is the demand and well a demand is lots of things you know it doesn't mean that you're being demanding, it's just that you expect the child to come into the classroom on

time where you expect the child to do, you know, little demands. The window of tolerance I've been using a lot, but that's more for kind of anxiety and regulation. And yeah, the bucket again, but I would say at the moment there has been quite a few anxiety's, sort of, themes to my casework.

ME: Okay, and do you think, I think you mentioned it in the introduction, but do you think our understanding of SEMH has changed overtime?

A: I think so, I think... I suppose I was just suddenly thinking then about attachment and how attachment thinking, now that we've got more research into kind of neuroscience and you know how we're seeing children, not many, not loads of people are, but you're seeing the nervous system of the child and you're thinking more about the regulation and nervous system and the child. That they haven't formed kind of the vagal tone from when they were younger, and this sort of neuroscience input I think does kind of change sort of understanding, so I think research will always change understanding. I think societal attitudes as well will also change it. I feel comfortable now to say the term mental health. Erm, so, I just. Yeah, I think there are changes, but for the right reasons I suppose.

ME: Did you feel comfortable using that term in school settings as well? And things like that?

A: Yeah, I really do. But sometimes I wonder if it's too much and I want to just remember you know, for example, that child's... reaction years ago, "(gasp) mental health". So I think, yeah when I'm explaining it verbally to parents, I don't think I do it in schools to teachers or SENCOs, I think when I'm explaining to parents and sometimes I'll explain which bit of SEMH I'm talking about you know. And if it is mental health for, what bit of mental health am I my talking about.

ME: How would you choose to explain it to schools because you said you might not do it in the same way?

A: I don't think I'd explain it much in schools cause I'd expect them to have that understanding because of the code of practice. I would be expecting them you know they have a lot of accountability for schools, but if not, I would just go back to those sort basics of examples, you know.

ME: And erm, what sort of SEMH difficulties have you kind of observed in your role as a trainee EP?

A: ...erm... I suppose a lot of emotional regulation that jumps out at me recently. Anxiety. The thing I've done recently is I've moved, I've moved some aspects of social interaction when they're linked to an autism diagnosis into communication interaction. So, I think less of that now under the social if a child is struggling to initiate and have shared attention, you know, then that becomes a different category for me. So it would be more the social conflicts and the problem solving skills which I'll unpick. I use the problem-solving measure for social conflict, sometimes, just to give me that...input of you know it's very theoretical how the child responds, but you can actually see there's a lot of the time they have got the problem-solving skills it's just that when they're in the moment they might be their emotional regulation or they haven't fully picked up on the subtle cues as well. Erm and then the mental health, yeah anything else jumps out, there's been a little bit of self-harm... erm...I'm trying to think... For me, I want to, at the moment I've been thinking a little bit more about sleep as well. And I want to unpick that a little bit more in my case work, but that's often mentioned that the child's not sleeping well as well and I know that's not potentially good as well, so I would put that within that branch. The child struggling with their sleeping and anxiety thoughts, anger, anger as well, erm self-harm. I'm trying to think of anything else that I've recently come across... Attachment type issues.....

ME: And do you feel like they need different kind of strategies to support? Would you approach them in different ways or?

A: I've said that they would and I would say that's based on my training as well. Um, my supervisors been great in terms of saying you just turn up and you bring you first, so you don't bring all these tools and you don't bring, you know, so then I'll see it's always based on what I feel is informative. So... I suppose I pick up in terms of what - why am I doing this assessment or why am I bringing this bit information? The other thing I like to look at is the graduated approach in terms of seeing well what's already worked for the child, or how does the child already respond to you know, situations... erm so yeah, I would say each one has been slightly different, even if I've used the same thing like for example a screener for anxiety or the problem solving conflict I'm potentially looking for different things sometimes.

APPENDIX 8: Extract of example transcript coded for EP role in SEMH interpretive repertoires.

Key to codes: person-centred; restricted; systemic; therapeutic; eclectic

ME: Do understandings of SEMH impact on your role as a Trainee EP or within the EPS service?

Daisy: Erm yeah, well I think yeah because I think working, I can also see some of my relationships, not my relationships with schools but I can kind of, I could identify which schools I've had certain conversations with, erm. And then with the ones that potentially are, erm, potentially have less of an understanding of the underlying causes of some levels of SEMH. Erm. **I kind of feel like I'm working more with them in a kind of gentle but challenging way** of, OK, so you can see this, but why do you think they're doing that? What do you think is kind of pushing their buttons, so to speak, to kind of result in that presentation? Erm, yeah so I definitely feel like I'm kind of pushing that more with schools. But then I think as well like I think like the media to a certain extent are actually helping with that

Daisy: Erm, thinking about another little girl who had like attachment difficulties and she was looked after, erm and school were saying that she's acting out and she was after a lot of attention from the teacher. Erm, **but again I saw that as, and again tried to reframe that with school as well, as attention needing rather than attention seeking**. Erm, and what was quite interesting there was that the class teacher didn't really know what the child's background was in terms of being looked after and in terms of, which I thought actually that's really important, like obviously not everybody needs to know that, but I just thought that's really important for the class teacher to know because that will then potentially impact on her approach to this child.

ME: Yeah.

Daisy: I thought it was quite interesting that that information appears to have been withheld from her.

ME: Yeah, yeah, and within those pieces of work it sounds like a lot of your work has been around kind of that anxiety um level in pupils. What has been your role within that as a trainee EP?

Daisy: Erm, so I suppose with some it's kind of been **getting pupil views**.

Me: Yeah.

Daisy: within the EBSA stuff it was **probably looking at the push and pull factors between school and home, erm and trying to kind of build a relationship with children and young people within that time**, which I think can be **difficult** because... I sometimes feel like when you're working with a child or young person whose presenting need is within the realms of SEMH, like I sometimes feel like you **almost need a bit more time with those children because you want to develop more of a relationship, more of a rapport because you kind of want to unpick what's going on** and I don't know it feels a bit **deeper** than maybe something that is probably cognition and learning.

ME: Yeah.

Daisy: Erm... yeah, so yeah, some has been **pupil views**, some has been kind of **working systemically between home and school and trying to bring them together**. Erm, some has been some **transition work, post-16, and some group work** with some students who were presenting with anxiety prior to GCSES. Erm, but I feel like with that, it felt like that piece of **casework was something that school wanted me to do as a tick box so that they could then get something for these pupils**, whether it was extra time, erm yeah.

ME: And what do you feel the impact was of kind of gathering those pupil views in that case work?

Daisy: Erm I think. I think a lot of the time and it's, it surprises me, like especially **with pupil views** stuff, like you can get so much out, and I do sometimes question like, if somebody in school had done this work, what could they have got out because they'll have more time potentially to spend with the child than we do, you know what kind of things could they have elicited from the child and actually problem solved together to make it feel better. Erm, so a lot of the time I feel like with the **pupil views stuff**, even though they might not be explicitly saying it, like I feel like a lot of that gives you, **gives you a direction to go in**. Like **almost helps you to solve the problem with them**.

ME: Yeah.

Daisy: Erm... Sorry, did you ask about the effectiveness of -

ME: - yeah, just what it felt like the impact or the outcomes

Daisy: so, with the young person whose experiencing EBSA. We did a **PATH**, erm, remotely, and that **worked incredibly well**. Erm, yeah it worked, it was the first time I'd done that and it felt, cause I was checking in with mum afterwards and the mum was saying like she'd been a walk to the shop on her on today whereas previously she would very rarely leave the bedroom. Erm, and she'd started to do online study, and she was looking at courses that she could apply to at college. Erm, so **that felt like it was really successful**. And I think with that case as well, when I became involved the family support worker had been involved for quite some time, erm and actually because I was **aware of the time limitations on my input**, I was, **I made the decision to actually not work directly with the young person but to work with her through her family support worker, and through her mum**. Just because **I didn't want her to have to build up a relationship with someone who was then going to leave**, and I knew that was **the limit on my kind of time so it felt better to do it through the people that she did already have that trusting relationship with**. Erm, so yeah I think that worked really well. Erm, and then for the transition stuff, erm as they were looking at transition from specialist setting into a post-16 setting **we kind of looked at ideal college**, and what your ideal college it looks like, and a non-ideal college, and kind of yeah, did some remote work around that which **felt quite useful**.

ME: It sounds very interesting, and what do you feel their EP role is within the area of SEMH?

Daisy: Erm... I feel like, I think it's a growing area. And I think it's a **growing area** because it's a growing area of need. And I think that because of the **capacity difficulties with CAMHS**, the waiting list for CAMHS, I think that's where a lot **more of it filters down to the EP service that wouldn't have potentially done in the past.**

ME: yeah

Daisy: Erm. I think... **we're best placed to kind of provide systemic support**, so kind of **training staff** to support children and young people in schools **because essentially we're not, well we're not a school counsellor.** Erm... and we don't, **we very rarely have, or at least in my service, very rarely have the sessions to be able to say, you know, like I'm gonna do this six week input on CBT and actually we're not qualified cognitive behavioural therapists anyway,** so it kind of feels like **we can provide light touch, we can provide a theoretical overview, practical activities to try, erm but actually we're not qualified therapists.** And I think sometimes **that's where the line becomes quite blurred, especially with the mental health side of things.** where some funds in line, because that **blurs like, especially with the mental health side of things, which is challenging because we are getting more of those through** and like I say, especially in my local authority, because **we're like kind of the only face or support service from the LA, erm, you know that's where we'll get an increasing amount of work.**

ME: Yeah.

Daisy: and I think different, I think **it's different as well because different EPs feel differently about it and I don't know if it's kind of a generational thing or if it's an experience thing,** erm like I expect that the role of an EP does include SEMH and mental health, **but I think for other EPs they might just feel like well actually I'm in educational psychology, my focus is on education, and that's the key part of it.** Erm, so yeah I think, and I think that's, that will be kind of **based on different factors, like I say it could be generational, it could be based on experience, it could be based on where you trained.**

ME: Yeah, yeah.

Daisy: Because I think there's **such a vast difference in between the course content in different unis and that will, essentially that will have an impact on the kind of EP that you then go on to become.**

ME: So in terms of supporting mental health difficulties, what do you feel like is the role of an EP?

D: I –

ME: And what would you say isn't? Sorry. So, what would you say you feel like is, and then also conversely, what would you say do you feel really isn't our role?

D: So I think like, **it's within our remit to support systemically.** You know, **support with training, support with signposting, support with recommendations, and unpicking things.** Erm...but then... **we're not an emergency service.** You know, we kind of... **we're not a 24-hour hotline....** and I think sometimes you kind of if, **if it's a significant mental**

health issue like it has to be CAMHS that are supporting with that because that is their area. Erm. So, yeah I suppose, within our remit I think systemic and kind of light touch work. Where that's appropriate and that's enough. Erm. But I feel like if it becomes something that needs to be a long-term thing, actually we're not best placed to do that, because of capacity because of the fact we're a traded service, like I just think the ethical implications of that are quite sticky really.

ME: Yeah.

Daisy: Yeah, it doesn't feel like that's, and I don't know if that would be different if we weren't a traded service. Erm, but definitely with like the context that we're working within, you know, that's what needs to kind of be like CAMHS or a school counsellor kind of role, you know. We can support in terms of supervision for school counsellor, for example, or supervision for staff. Erm but not actually kind of providing an in depth, long term intervention to somebody.

ME: And do you feel that kind of other people, so I'm thinking kind of parents or schools, do you think they have similar expectations of the EP role in SEMH? Or do you think they have different?

Daisy: Erm, I, I think in general, not EP in terms of SEMH, I think there's a real lack of understanding or lack of knowledge around the EP role. Erm, because I just think historically an EP comes in, with a briefcase, does a cognitive assessment, and tells you whether you're kind of average, above average, or below average. And I think that is the historical context in which we work, and we know that that's changed because we're doing it day in day out and because we read articles and you know, we're in that circle of hearing all about the ed psych world, but parents and teachers that we work with don't necessarily know that progression's happened, erm because for some parents the first time they hear of an educational psychologist is when oh you know "we've spoken to the EP and they're coming in", "oh god well what are they gonna come in and do to my child"

APPENDIX 9: Illustrative quotes for interpretive repertoires table.

Interpretive repertoires and supporting quotes/examples [EP role]	
<p>Ep role in SEMH as person-centred</p>	<p>Daisy: Erm I think. I think a lot of the time and it's, it surprises me, like especially with pupil views stuff, like you can get so much out, and I do sometimes question like, if somebody in school had done this work, what could they have got out because they'll have more time potentially to spend with the child than we do, you know what kind of things could they have elicited from the child and actually problem solved together to make it feel better. Erm, so a lot of the time I feel like with the pupil views stuff, even though they might not be explicitly saying it, like I feel like a lot of that gives you, gives you a direction to go in. Like almost helps you to solve the problem with them.</p> <p>Emma: I mean for me, in them instances, I do think getting child's views is so imperative because it's all fine, you know, we can work on consultation to problem solve, and actually maybe it is about problem solving with adults how we implement recommendations, but... If we're doing to the child and not with, in terms of getting their views, but I wonder how successful the recommendations will always be</p> <p>Amy: We also know from research that they go online to look at self-harm behaviours because there's a gap in support, and so I think you know it's about having those conversations, erm judging it, whether the child can, you know, it's not about no, you know, we don't want to cause any harm, but asking those sorts of questions that potentially no one else has asked. What supports you? What is the cause of this? Unpicking it and coming up with next steps, whatever those next steps are really, so that we can reduce self-harm behaviours absolutely.</p> <p>ME: and I was just wondering why do you feel that's important? Chloe: Erm..... I don't know. I think pupil voice is just, I don't know. That's one of my really key values, I think I try to make it central to everything I do. Erm, because at the end of the day... as adult's, I suppose my epistemological (laughs) stance, oh those dreaded words, is around that erm... we can't understand a young person's experience without like directly speaking to that young person, and I think we can make a lot of assumptions, and maybe have a lot of hypotheses around how a young person is perceiving the world around them, or understanding the world, or interacting with the world, but yes, I feel like we need to maybe test these hypothesis and the only way I feel that we can do this is by actually working directly with the young person, and often it's, I find it's really surprising some the things they come out with, and by</p>

	<p>talking to them and understanding they're perceiving the world has actually really helped inform key recommendations. In terms of strategies or what's going to work for them. It helps them feel involved in the process. I think if we're making all decisions about a young person without actually involving a young person, what's going to motivate them to follow almost this action plan that we've put together, which they've had no say in. I think if we sort of even look at the psychological evidence base, if someone feels included and someone does feel part of the decision making, then they're more likely to buy into that process and want to be involved, so it's not only that they provide us with knowledge which is more relevant and which is more likely to provide us with accurate outcomes, but it's also going to help things such as motivation, it's going to, erm yeah, let them know that they are central to the process and we want to... we want to listen to them and we want them to be heard.</p> <p>Beth: I think you know, definitely having that empathy. Being very... understanding and actually appreciating that you don't know everything about that child's journey, but finding out with them and almost going on a bit of a journey with them of what works for you, making it very very child centred. Erm, and finding out as well from the child what like I said, what they actually want. Is this a problem for you? Is this something that you, yeah, you don't socialise very much, but do you want to socialise? Is this something that is essential? If it is, absolutely we'll build on that, we'll make it so that they can, you know, feel more confident and socialising. But if it's not a problem, you know, again who is this a problem for? So I think that's something that's really important to focus on.</p>
<p>Ep role in SEMH as restricted</p>	<p>Amy: Erm, I think... funding access to resources, political sort of drives, and how things are kind of set out really, you know. I think one thing that we like as our role is getting there, in there early but obviously it depends, doesn't it? If it's going to be funded, or you know, all those sort of outside factors to our profession.</p> <p>Tick box</p> <p>Daisy: Erm, but I feel like with that, it felt like that piece of casework was something that school wanted me to do as a tick box so that they could then get something for these pupils, whether it was extra time, erm yeah.</p> <p>Emma: I have to be honest, most of it goes into reports. Erm, and then, you know, writing up reports, how much of that then gets used. After I do genuinely question that. Because I think</p>

also it's been quite hard not going into schools, actually see things **implemented** as well.

Chloe: **with some other schools it can be seen as sort of a tick box exercise in terms of I won't get funding or I won't get anything until I've seen the EP**, and looking back through a young person's history, they've been seen by the EP quite frequently, but when you talk to them about okay, **what recommendations did the last EP make?, can you show me that you put these in place? I sometimes get the impression that a report's been written, it's been sent off with an application fund – er form, and it hasn't necessarily been, erm, fully explored**

Beth: **I think schools kind of utilising us as a way to get evidence for an EHCP for example, sometimes it doesn't feel like it's for the child as much as it's to tick a box** and I think that's probably the case across the board for most erm services, but **sometimes I just feel like you know I'm doing all of this work and actually is this going to have any impact? It can feel quite demoralising actually when you're kind of thinking are they going to put any of this in place**

Time/capacity

Daisy: And I think with that case as well, when I became involved the family support worker had been involved for quite some time, erm and actually because I was **aware of the time limitations on my input**, I was, **I made the decision to actually not work directly with the young person but to work with her through her family support worker, and through her mum. Just because I didn't want her to have to build up a relationship with someone who was then going to leave, and I knew that was the limit on my kind of time so it felt better to do it through the people that she did already have that trusting relationship with**

Emma: And **I have conversations with parents a lot about the fact that we, we have a finite number**, you know, it's not like, I don't know how other services run, but **it's not that we have an allocation of how many hours, erm in terms of if they need some kind of therapeutic input or something like that. We don't have a lot of time. That has to be negotiated with the school.**

Chloe: Just **because I think we are so pressured in so many other ways to. Especially being fully traded that you've got to account for all of your time. It is quite a fast pace, in terms of the service. Having that time to actually be able to sit and**

think about the bigger picture and the systemic stuff and everything else in relation to SEMH.

Beth: I think that modelling it is really useful erm so I always try and do that, but I wouldn't, I'd quite like to be involved for a few sessions if I could, but then you obviously the time constraints and things like that so, yeah

Traded

Daisy: Erm. But I feel like if it becomes something that **needs to be a long-term thing, actually we're not best placed to do that, because of capacity because of the fact we're a traded service**, like I just think the **ethical implications of that are quite sticky really.**

Emma: Um, so I **think trading... commissioning of services is a, is a barrier** to our work. Because it's just not there, to be able to do that a lot of the time.

Chloe: But I think that's also due to the **service model of delivery**. Just because the way they our **traded model of delivery is, we don't necessarily support as much as I'd like to do in terms of the plan, do, review cycle**. It's very much you **come in, you do an assessment, you write a report and then the case is closed to you**, rather than that sort of ongoing support around a young person and around a school, a schools team.

Others/own lack understanding of role

Daisy: **I think there's a real lack of understanding or lack of knowledge around the EP role**. Erm, because I just think **historically an EP comes in, with a briefcase, does a cognitive assessment, and tells you whether you're kind of average, above average, or below average**. And I think that is the **historical context in which we work, and we know that that's changed because we're doing it day in day out and because we read articles and you know, we're in that circle of hearing all about the ed psych world, but parents and teachers that we work with don't necessarily know that progression's happened**

Emma:...I think I'm **always more scared to deal with SEMH because I, I don't understand, I didn't understand for quite some time like the remit of an EP's role...** Erm, and I think even now that's **something I continue to struggle with**, I have to be honest with you... erm... and then I think, especially when they talk about low SEMH in schools

	<p>Amy: You naturally would just see them, whereas I think self-harm for me I always think, I always check, and I take it to supervision, and have I done everything because I think sometimes there's misunderstandings about our roles, really and I just say self-harm makes me feel I suppose the most vulnerable</p> <p>Chloe: So I do feel like there has been an impact there, but I also think sometimes even...though that construct has maybe shifted, the role of the EP has still maybe stayed the same in terms of a gate keeper for resources sometimes, within that SEMH framework, even though there's more of a shared understanding, I think they still sometimes maybe see me as that gatekeeper.</p> <p>Beth: I think in terms of the TEP role, perhaps they see our role more as cognition and learning, which has been a bit of a challenge, so perhaps they haven't, kind of, I don't know if that is to do with kind of the, that might be the same across the board, but erm I think there's definitely a focus on parents thinking. You know, they hear educational psychologist or or trainee educational psychologist and they kind of think, that, that's cognition and learning. You know it's things like dyslexia assessments and perhaps don't think so much about the SEMH side I suppose it is about knowing but but I suppose I still think that's our responsibility, I just think that maybe it's our responsibility to also know the remit of our role and to know [ME: yeah] where those limits are.</p>
<p>Ep role in SEMH as systemic</p>	<p>Daisy: And then with the ones that potentially are, erm, potentially have less of an understanding of the underlying causes of some levels of SEMH. Erm. I kind of feel like I'm working more with them in a kind of gentle but challenging way of, OK, so you can see this, but why do you think they're doing that? What do you think is kind of pushing their buttons, so to speak, to kind of result in that presentation? Erm, yeah so I definitely feel like I'm kind of pushing that more with schools.</p> <p>Emma: I think it also does make people think though more about the context base when you are doing problem solving and consultation. Actually, it's not just about saying these concerns, it's about trying to drill out, drill down a lot where these concerns arise, what's contributing to them. So, I actually think in some ways it's made people think and kind of analyse situations a lot more carefully.</p> <p>Amy: I can then share that with school so that they can put the emotional literacy there rather than the behaviours you know, prioritise talking about the emotions. Erm</p>

	<p>understanding, as I said reframing what those behaviours are. If the child is ripping something up, then taking them back and really thinking about, well look at the context of that, and actually they had so many things going on to that situation, that why did they rip it up? and why did they do this controlling behaviour? We can actually start to understand better now where that's come from.</p> <p>Chloe: so for some young people it might be something like a circle of adults, where I get all of the adults around the young person together and maybe try and reframe their... narratives around the young person and therefore get them to do that joint consultation to jointly problem solve, but also to try and induce more empathy, especially by talking through the young person's journey. It can get that shared understanding and it might reframe how we're thinking about some of the young people and how we're labelling some of their SEMH needs.</p> <p>Beth: I think, I think empathy a lot of it comes down to empathy and perhaps when you're working with schools, understanding that it's okay not to have all the answers and not to kind of get it right all the time, actually</p> <p>So sometimes I think it's about changing, trying to, it's not an easy job, but trying to change that narrative around the child. And that's why I always use emotional dysregulation instead of behaviour, cause I just think the word behaviour is very within child.</p> <p>So, for SEMH cases I tend to do a lot of work with the setting and with home...to kind of re, I guess, re formulate almost get them to kind of look at it in a new light, like what they think the needs are might not be what the needs are. Let's strip this right back,</p>
<p>Ep role in SEMH as therapeutic</p>	<p>Filling a gap</p> <p>Daisy: Erm... I feel like, I think it's a growing area. And I think it's a growing area because it's a growing area of need. And I think that because of the capacity difficulties with CAMHS, the waiting list for CAMHS, I think that's where a lot more of it filters down to the EP service that wouldn't have potentially done in the past</p> <p>Amy: And people from CAMHS will sit on there, but so will so many other agencies, and I think it was basically because CAMHS were getting overloaded with, you know their waiting list was huge and stuff. And so I think that panel, you know, I like the idea that it embeds the graduated approach more, you know, often they will say, "well, have you thought about getting your EP involved?"</p> <p>Not best placed/ill equipped</p>

	<p>Daisy: schools because essentially we're not, well we're not a school counsellor. Erm... and we don't, we very rarely have, or at least in my service, very rarely have the sessions to be able to say, you know, like I'm gonna do this six week input on CBT and actually we're not qualified cognitive behavioural therapists anyway</p> <p>Erm...but then... we're not an emergency service. You know, we kind of... we're not a 24-hour hotline.... and I think sometimes you kind of if, if it's a significant mental health issue like it has to be CAMHS that are supporting with that because that is their area</p> <p>Emma: I... I personally don't feel confident with therapeutic interventions. Erm, I've done a little bit very, very, very, heavily supervised on placement... erm... but... I don't feel like I feel confident on the boundaries of when we do and don't engage in that kind of work. There's a difference between having a conversation with the young person knowing in your head you may be taking a bit of a motivational interviewing perspective in the way you say things to them, so there's a difference between having that kind of consultation, I think, approach versus okay, I'm going to see you every week for six weeks now, to work through X, Y, and Z... and I don't know at what point we say, actually, this is what we think is the best route for someone.</p> <p>Amy: I think the less confident is the self-harm, because potentially it is an indicator of... a track of suicidal sort of thoughts really, and I just can't forget that, and I think, I feel a little bit vulnerable going in and out of a school, leaving them with that, or thinking they've left that with me and that's something I want to unpick a little bit more</p> <p>Beth: actually I have thought something. I suppose one thing that recently happened was I had a level of trauma in a child that was so high I felt like it was out of my remit. And I did have to refer them on kind of a counselling psychologist cause it just was so such a high level of trauma. Nothing that anyone in my service had kind of dealt with before and I just felt completely in over my head and I sort of thought I don't want to do more damage here by not having the expertise to know how to deal with this</p>
<p>Ep role in SEMH as eclectic</p>	<p>Daisy: like I expect that the role of an EP does include SEMH and mental health, but I think for other EPs they might just feel like well actually I'm in educational psychology, my focus is on education, and that's the key part of it. Erm, so yeah I think, and I think that's, that will be kind of based on</p>

different factors, like I say it could be generational, it could be based on experience, it could be **based on where you trained**.

ME: Yeah, yeah.

Daisy: Because I think there's **such a vast difference in between the course content in different unis and that will, essentially that will have an impact on the kind of EP that you then go on to become**.

Erm, so I think it's just really, really varied... like yeah using pictures, feelings cards, "so when you feel like this?", that kind of thing. I don't think there's ever one, ill never go right OK the main area of need is SEMH, I'm going to get out this tool whatever it is for everything. I think it's such a **complex area, there's so many different things you could use**.

Emma: Erm, I certainly, like I said, **I'm trying to promote the restorative approaches language, also just been trying to use a bit more emotion coaching as well**. I'm always like not 100% sure about emotion coaching because the evidence can be quite... **there's not a great level of evidence out for there for it**, to be honest with you, but then I have to think about the fact that **actually this is probably more a practice based approach rather than necessarily evidence-based because it is so flexible as a tool...**

Amy: I've said that they would and **I would say that's based on my training as well**. Um, my **supervisors been great in terms of saying you just turn up and you bring you first**, so you don't bring all these tools and you don't bring, you know, so **then I'll see it's always based on what I feel is informative**. So... I suppose I pick up in terms of what - **why am I doing this assessment or why am I bringing this bit information?** I think it's many things. I think sometimes it's **just drawing attention to these aspects and then informing people you know by sharing the psychology, by sharing theories**. But I think ultimately **sometimes I think we feel that it's something different across the life span, or you know different setting but actually I still think it comes to the same sort of things really**, were still talking about, you know, theories of child development, erm research which will support you know, whatever we're looking at

Chloe: Erm...So it really **varies on a case-by-case basis**. I do have quite a lot of **autonomy** within it **reduce my anxieties around going in there and I know there's lots of different things in my toolbox which I can also, okay, I can dip into doing a bit of PCP now, or I can dip into doing a bit of Lego**, we can have a PCP based conversation using Lego. Erm, **motivational interviewing** like sometimes, on the system,

we've got like a script, that you can use, which again **can then increase my confidence because I feel like I know where I'm going with it**, I've got a bit of a structure, a session structure around it. I think I'm probably a **bit of an over researcher, I quite like having access to articles and things, especially I like to read up on things such as evidence bases**. I do like reading up on, yeah, searching for different resources and things like that, such as like the motivational interviewing, and reading up on those different approaches before I go into setting. Erm, I think **supervision that's good- key support for me, in terms of my understanding and erm, looking at the bigger picture**

Beth: **I suppose it's a very personal thing and it's based on your experiences. You might have an EP who was previously a counselling psychologist you know they might have that level of expertise, so I think it's very personal** erm yeah.