What constitutes effective EP support for CYP with SEMH needs? Exploring SENCos' post-coronavirus perspectives using Q-methodology.

Abigail Frances Kershaw

Thesis submitted to the University of Nottingham for the degree of Doctor of Applied Educational Psychology

School of Psychology

November 2024

Word count: 39,644

Abstract

Children and young people's (CYPs') social, emotional and mental health (SEMH) has been a priority for multiple UK policies and strategies aimed at improving support. The 2020 coronavirus pandemic exacerbated existing mental health challenges among vulnerable populations, including secondary school-aged CYP. Existing supply-and-demand challenges for targeted support were amplified, and the pressure on schools to provide early intervention increased. Special educational needs coordinators (SENCos) are key in coordinating this support, often in collaboration with educational psychologists (EP). Thus, SENCos are well-placed to offer insights into the *most* effective EP approaches for supporting secondary school-aged CYPs' SEMH needs in the post-coronavirus context.

Using Q-methodology, this study identified two distinct viewpoints from fourteen SENCos: *holistic and collaborative support* and *systemic and inclusive support.* The first emphasises EPs delivering tailored interventions and psychological assessments that address CYPs' individual needs and fostering collaboration with school staff. The second highlights the importance of EPs upskilling key adults through training and contributing to developing inclusive policies supporting early SEMH identification and timely intervention.

Broader implications include a need for increased funding of comprehensive in-school SEMH support and developing policies that respond to CYPs' evolving needs. Implications for EP practice include a focus on providing targeted training, clear communication of the EP support available, collaborative sharing of best practices, supporting school-staff wellbeing through supervision, and strategic planning to enhance the effectiveness of school-based support.

This research presents valuable insights into SENCos' perceptions of the *most* effective EP approaches, offering practical recommendations for enhancing school-based SEMH support for secondary-aged CYP in the UK. These insights provide a foundation for more targeted interventions aimed at improving this population's SEMH outcomes. Future research should examine the longer-term impacts of these approaches and include additional stakeholders' perspectives, including teachers, parents/carers, and CYP themselves.

Acknowledgements

Completing this doctoral journey would not have been possible without an army of supporters cheering me on every step of the way. I am forever grateful to my research supervisors, Dr Sofia Hussain and Marie House, whose words of wisdom, calm attitudes, and wealth of knowledge were paramount to keeping me grounded throughout. My sincere thanks also goes to the participants who contributed to and made this study possible.

I am deeply thankful to my lovely 'Team Q' for their regular 'check-ins' and insightful, reflective discussions. I'd also like to thank everyone at Applied Psychologies for their support and guidance throughout my studies, especially my supervisors, Laura, Francesca, Dan and Amy.

Last but by no means least, I want to express my heartfelt thanks to my family and friends for their abundance of love, encouragement, and moral support that has undoubtedly helped me put one foot in front of the other and navigate what has, at times, felt like a steep mountain to climb indeed! This includes my mum, Angie, dad, Dave, and brother, Joe. Specifically, I'd like to thank Ash for his endless patience, kindness, support, and love—now it's time to get wedding planning and celebrating us!

This research is dedicated to my beloved Granny, who didn't get chance to see me reach the finish line but who I know was cheering me on the whole way.

She believed she could, so she did. - R.S.Grey.

Table of Contents

Abstract **2**

Acknowledgements **4**

1 Introduction **13**

1.1 Personal and Professional Motivations for Research *14*

1.2 The Broader Social and Economic Context of This Research *15*

2 Literature Review **16**

2.1 Narrative Literature Review *16*

2.2 SEMH *16*
2.2.1 Defining 'SEMH' 16
2.2.2 Difficulties Defining SEMH. 16

2.3 CYPs' SEMH Needs *18*
2.3.1 Prevalence of CYPs' SEMH Needs 18
2.3.2 Impact of the Coronavirus Pandemic on CYPs' SEMH Needs 19

2.4 Impact of Experiencing SEMH Needs During Adolescence *21*

2.5 Risk Factors Increasing an Individual's Vulnerability to SEMH Needs *22*

2.6 Supporting CYPs' SEMH Needs *23*
2.6.1 Alternative Providers of CYPs' SEMH Support 24

2.7 Summary *38*

2.8 Systematic Literature Review *40*
2.8.1 Background and Research Question 40
2.8.2 Search process 41
2.8.3 Systematic database searching 41
2.8.4 Outcomes of systematic search 44
2.8.5 Introduction to the current research 76

2.9 Summary of the literature review *79*

3 Methodology and procedure **80**

3.1 Introduction to Q-methodology *80*
3.1.1 Aims and Background of Q-methodology 80

3.2 Ontological and epistemological positioning and reflexivity *83*
3.2.1 Social Constructionism 84
3.2.2 Post-modernism and Constructivism 84
3.2.3 The Current Study's Epistemological Standpoint 85

3.3 Alternative research designs considered *86*

3.4 Rationale for Q-methodology being the most appropriate methodology *87*
3.4.1 Quality Indicators of Q-methodology 87
3.4.2 Outcomes of critique 88

3.5 An online study *91*
3.5.1 Software and website selection 92
3.5.2 Instructions 93

3.6 Ethical considerations *94*

3.7 Overview of Q-methodology's Procedure *95*
3.7.1 Preliminary research phase 97
3.7.2 Main research phase 113
3.7.3 Measures to Enhance Validity 131

3.8 Methodology summary 133

4 Results and analysis 134

4.1 Introduction to results and analysis 134

4.2 Current study: Factor Analysis 134
4.2.1 Current study: Correlation matrix 134
4.2.2 Current study: Factor extraction 134
4.2.3 Current study: Factor rotation 137
4.2.4 Current study: Exploring factor solutions 137
4.2.5 Current study: Judging the current factor solutions quality 141
4.2.6 Summarising Varimax Rotation 144
4.2.7 Manual rotation 144
4.2.8 Current study: Alternative factor solutions, altering the significance level threshold 148
4.2.9 Current study: Final Factor Solution 151
4.2.10 Current study: Judging the final factor solution's quality 153

4.3 Current study: Factor interpretation 156
4.3.1 Data from the pre-sorting task 156
4.3.2 Interpreting the Factors 156

4.4 Summary of results 200

5 Discussion 201

5.1 Introduction to the discussion 201

5.2 Summary of the research findings 202
5.2.1 Viewpoint One- Holistic and collaborative support 202
5.2.2 Viewpoint Two- Systemic and Inclusive Support 203
5.2.3 Differences in viewpoints 203
5.2.4 Similarities in viewpoints 204
5.2.5 Relating the findings to existing literature 205

5.3 Suggestions for practice 225

5.4 Strengths, limitations and reflections 228
5.4.1 Credibility 228
5.4.2 Dependability and Reliability 241
5.4.3 Confirmability and Objectivity 241
5.4.4 Personal reflections 242

5.5 Concluding summary 246

6 Appendices 311

List of Appendices

Appendix A. Child and Adolescent Mental Health Services (CAMHs) four tiers of mental health support (NHS Hertfordshire Partnership, 2024), ...313
Appendix B. Weare's (2015b) Framework of Effective Approaches....314
Appendix C. The SPIDER approach used to create the present study's RQ, including rationales for inclusion and exclusion criteria. 315
Appendix D. The current SLR's detailed inclusion and exclusion criteria based on SPIDER approach, as well as language/country and date of publication. 317
Appendix E. Preliminary search procedure 319
Appendix F. Process of creating the search string used during database searching. 320
Appendix G. Detailed database search process and outcomes. 327
Appendix H. Details of studies included in SLR 336
Appendix I. The quality appraisal process applied to the five included studies. 342
Appendix J Additional details about limitations to the SLR and mitigations....345
Appendix K. The major paradigms considered relevant to the present study (adapted from Guba and Lincoln (2005) and Mertens (2023)). 346
Appendix L. Alternative research designs considered for the present study and reasons for exclusion. 348
Appendix M. Q-methodology's distinctive qualities, which made it the most appropriate methodology for exploring and answering the present study's RQ. 350
Appendix N. Shenton's (2004) Framework of Provisions "that may be made by a qualitative researcher wishing to address Guba's (1981) four criteria for trustworthiness." 353
Appendix O. Potential challenges of an online Q-study and mitigating factors taken. 359
Appendix P. Criteria considered during appraisal of several Q-sort software and subsequent ratings. 360
Appendix Q. Ethical considerations and mitigations taken 362
Appendix R. Ethical approval letter....366
Appendix S. Examples of the outcomes of informally scoping the field with TEPs....367
Appendix T. Additional details on Step 1: Gathering the concourse 368
Appendix U. Some of the sampling strategies used in Q-methodological studies. 369
Appendix V. Inclusion and exclusion criteria applied to the initial concourse gathering and Q-sort activity phases. 370
Appendix W. Research poster for concourse gathering and piloting the Q-sort (preliminary phase) 373
Appendix X. Contributor information sheet for concourse gathering and piloting the Q-sort (preliminary phase) 374
Appendix Y. Concourse gathering and piloting the Q-sort contributor consent form (preliminary phase) 377
Appendix Z. Demographics of contributors to the preliminary research phase. 379
Appendix AA. Semi-structured interview schedule 380
Appendix BB. Debrief statement for concourse gathering and piloting the Q-sort (preliminary phase) 381
Appendix CC. The full concourse gathered and sources. 384
Appendix DD. Additional details relating to Figure 4 steps 2a, 2b and 2c 405
Appendix EE. 63-item Q-set....408
Appendix FF Alternative Q-sort Distribution Grids....410
Appendix GG. Combinations of terminology considered for condition of instructions and poles 412

Appendix HH. Step-by step written instructions provided to participants during the online Q-sort task. 413
Appendix II Piloting the Q-set form 422
Appendix JJ. Additional details of piloting process 429
Appendix KK. Combined feedback from piloting and peer-reviewing stages 430
Appendix LL Finalised 36-item Q-set 433
Appendix MM. Piloting the Q-sort procedure feedback form. 434
Appendix NN. Additional details of participant recruitment procedure 440
Appendix OO. Research poster for Q-sort (main research phase) 441
Appendix PP. Information sheet for Q-sort (main research phase) 443
Appendix QQ Consent form for Q-sort (main research phase) 445
Appendix RR. Additional procedural information for the present study's main research phase 447
Appendix SS Debrief statement for Q-sort (main research phase). 449
Appendix TT Appraisal of several Q-sort data analysis programs 451
Appendix UU Details of the four statistical guidelines used to support factor extraction and their application within the present study: 452
Appendix VV. Details about Varimax and manual factor rotation. 456
Appendix WW Potential threats to study validity and mitigations applied. 457
Appendix XX Correlation Matrix between sorts. 460
Appendix YY Eigenvalues and variance estimates for 7 factors 462
Appendix ZZ Findings of the Exploratory Factor Extraction Process 464
Appendix AAA. Altering the significance threshold 467
Appendix BBB Demographic information and significance levels of participants that loaded onto each factor, and those who did not load 468
Appendix CCC Factor One crib sheet 469
Appendix DDD Factor Two crib sheet 471
Appendix EEE Viewpoint One comments from significantly loading Q-sorts 473
Appendix FFF Viewpoint Two comments from significantly loading Q-sorts 476
Appendix GGG Consensus statements 478
Appendix HHH Distinguishing statements for Factors One and Two 480
Appendix III. Further personal reflections 482

List of Tables

Table 1. *A table showing acronym definitions*.....11
Table 2. *A table displaying the implications for EP practice as reported and espoused within the five included studies' findings, including the broad themes and sub-themes and the EP approaches considered to fit within these themes.*.....59
Table 3. *A table displaying the researcher's demographics in the interest of supporting reflexivity.*.....86
Table 4. *A table displaying the P-set characteristics.* 115
Table 5. *A table displaying potential threats identified, their possible impact upon validity and the mitigations applied to reduce the risk.*.....131
Table 6. *A table showing the correlation matrix, Eigenvalues and variance estimates for seven factors extracted using CFA.* 135
Table 7. *A table displaying the findings of four statistical 'tests' used to guide factor extraction.* 136
Table 8. *A table showing the outcomes of different factor solutions completed through Varimax rotations and the researcher's appraisal of each solution.* 138
Table 9. *A table displaying the two-factor solution following Varimax rotation.* 140
Table 10. *A table summarising the outcomes of applying Webler et al's. (2009) quality criteria to the current two-factor solution following Varimax rotation and prior to manual rotation.*.....141
Table 11. A table displaying the two-factor solution extracted using CFA and rotated using Varimax.....142
Table 12. A table displaying the effects of considering Q-sort Seven confounding and non-confounding on the two-factor solution.....143
Table 13. *A table displaying the outcomes of the manual rotations completed with the two-factor solution, including, for each rotation, the rotation number, degrees rotated, number of participants that loaded significantly onto each factor, between factor correlation, common variance explained and appraisal of the rotation.*.....145
Table 14. *A table providing an overview of the impact of altering significance value thresholds upon the two-factor solution.* 150
Table 15. *A table displaying the final two-factor solution.*.....152
Table 16. *A table summarising the outcomes of applying Webler et al's. (2009) quality criteria to the final two-factor solution following Varimax and manual rotation.*.....153
Table 17. *A table showing each Factors' z-scores and rank order for each Q-set statement along with the statement numbers.*.....154
Table 18. *A table presenting demographic information for Viewpoint One.*.....158
Table 19. *A table quantitatively showing Viewpoint One's factor array, including each* statement's average z-score, and rank. 160
Table 20. *A table quantitatively showing the distinguishing statements for Viewpoint One, the statement number, ranking and z-score.*.....162
Table 21. *A table presenting demographic information for Viewpoint Two.* 172
Table 22. *A table quantitatively showing Viewpoint Two's factor array, including each* statement's average *z*-score, and rank.....174
Table 23. *A table quantitatively showing the distinguishing statements for Viewpoint Two.*176
Table 24. *A table showing the consensus statements sorted into themes and each statement's ranking within the factors and their average ranking.* 189
Table 25. *A table to show the demographic information of non-significant Q-sorts.* 193

List of Figures

Figure 1. *A figure of the PRISMA flow chart displaying the combined search outcomes from the August 2023 and January 2024 database searches.* 44
Figure 2. *A figure presenting the relationships between philosophical stances considered by researchers.*.....83
Figure 3. *A figure displaying Guba's (1981) qualitative quality constructs and their parallel quantitative quality constructs.*.....88
Figure 4. *Overview of the present study's five-step Q-methodological procedure.* 96
Figure 5. *A figure presenting an overview of the iterative process of Q-set checking, refining, and reducing that the researcher completed.* 103
Figure 6. *A figure showing the present study's forced-choice, quasi-normal distribution grid.* 107
Figure 7. *A figure showing the consistently available 'support' button (circled) within the Q-sort activity.*.....108
Figure 8. *A figure outlining the three parts of Q-methodology data collection* ***(****pre-sorting, Q-sorting and post-sorting activities****)****.*.....117
Figure 9. *A figure outlining the three parts involved in the present study's Q-methodology data collection, comprising pre-sorting, Q-sorting, and post-sorting activities.* 119
Figure 10. *A figure presenting Q-methodology's data analysis process in five stages.* 121
Figure 11. *A figure visually showing Viewpoint One's factor array, including consensus and distinguishing statements and legend.* 159
Figure 12. *A figure visually showing Viewpoint Two's factor array, including consensus and distinguishing statements and legend.* 173
Figure 13. A figure visually showing Gibb's Reflective Model applied in this study. 243

Glossary of Acronyms

To support quick reference, Table 1 presents acronyms used within this thesis.

Table 1. *A table showing acronym definitions*

Acronym	Description
AEP	Association of Educational Psychologists
ALINCo	Additional Learning Needs Coordinator
ASD	Autism spectrum disorder
BPS	British Psychological Society
CAMHs	Child and adolescent mental health services
CBT	Cognitive Behaviour Therapy
CP	Clinical Psychologist
CPD	Continued Professional Development
CYP	Children and Young People
DES	Department of Education and Science
DfE	Department for Education
DfES	Department for Education and Skills
EHCP	Education Health and Care Plan
ELSA	Emotional Literacy Support Assistant
EHWB	Emotional Health and Wellbeing
EP	Educational Psychologist
EPS	Educational Psychology Service
ETHoS	E-thesis online service
GP	General Practitioner
HCPC	Health Care and Professions Council
HLTA	Higher Level Teaching Assistant
IDEA	Individuals with Disabilities Education Act
INCO	Inclusion Co-ordinator
LA	Local Authority
MH	Mental Health
NHS	National Health Service
OfSTED	Office for Standards in Education
PCP	Personal Construct Psychology
PRISMA	Preferred Reporting Items for Systematic Reviews and Meta-Analysis
RQ	Research question
SEAL	Social Emotional Aspects of Learning
SEBD	Social, Emotional, and Behavioural Difficulties
SEMH	Social, Emotional, and Mental Health
SENCo	Special Educational Needs Coordinator
SEND	Special Educational Needs and Disability
SENDCo	Special Educational Needs and Disabilities Coordinator
SFBT	Solution Focused Brief Therapy
SLR	Systematic Literature Review
SLT	Senior Leadership Team
TaMHS	Targeting Mental Health in Schools
TA	Teaching Assistant

TEP	Trainee Educational Psychologist
UK	United Kingdom

1 Introduction

Children and young people's (CYPs') social, emotional and mental health (SEMH) has been the focus of many United Kingdom (UK) policies, strategies, and publications with attempts to improve outcomes by enhancing the quality and accessibility of support. However, in 2020, the infectious coronavirus disease caused by the SARS-CoV-2 virus (World Health Organisation, 2024) led to a global pandemic and unprecedented disruption. This period saw a marked quantitative increase in mental health (MH) needs amongst vulnerable populations, such as secondary-aged CYP (NHS, 2022; NHS Digital, 2021, 2022; UK Parliament POST, 2021; Young Minds Matter [YMM], 2020), further exacerbating existing supply-and-demand challenges within an already overstretched system. While the unavailability of adequate and timely SEMH support likely contributed to negative qualitative impacts on CYP's MH (see Paterson et al., 2024) this study is primarily concerned with the rising quantitative demand for SEMH support and the role of schools and educational psychologists (EPs) in meeting this need.

While the unavailability of adequate and timely SEMH support likely contributed to **qualitative impacts, such as or greater attachment needs among CYP,** this study is primarily concerned with the rising demand for SEMH support and the role of schools and educational psychologists (EPs) in meeting this need.

The growing demand for SEMH support has led to schools being increasingly recognised as early intervention providers. Integral to this support are special educational needs coordinators (SENCos), who (if qualified) are expected to hold a holistic understanding of CYPs' development and potential special educational needs and disabilities (SEND), knowledge of the school context and awareness of how to access additional sources of

support, such as external professionals. Concerning CYPs' SEMH, EPs are the most frequently contacted professionals (Sharpe et al., 2016), meaning SENCos and EPs often work directly with one another. SENCos are typically responsible for coordinating the EP support for the CYP in their school, including those with SEMH needs, and the EP and SENCo often jointly monitor the impact of the support. This makes SENCos well-placed to contribute valuable insights into the EP approaches considered effective in supporting CYPs' SEMH needs.

The present study explores secondary school SENCos' perspectives on the EP approaches deemed effective in supporting secondary school-aged CYP with SEMH needs in the UK within a post-coronavirus landscape. By focusing on the quantitative rise in CYP's SEMH needs rather than more specific qualitative impacts, the research aims to contribute to an evidence base that informs provision and professional practice in a context of increasing demand.

1.1 Personal and Professional Motivations for Research

The researcher's motivation to explore this topic stems from prior experience as a primary teacher, which involved supporting CYP displaying SEMH needs. Transitioning to the trainee EP (TEP) position, the onus to be working alongside stakeholders, such as school SENCos, families, and CYP, remained, albeit in a different capacity – no longer directly part of the school system but indirectly and impartially as part of the broader support system.

Working in a secondary school as a TEP highlighted disparities between the researcher's aspirations and the constraints imposed by professional remit, government guidelines, and the

tiered response system. The situation led to frustration and a lack of clarity when attempting to support CYP effectively while also addressing staff's needs, priorities, and experiences.

The researcher's professional interests lie in understanding the resilience of CYP and how they may benefit from additional SEMH support. Further professional training increased the researcher's appreciation of the complex, vast nature of 'SEMH' manifestations and the wide range of specially designed support, yet frustration persists over the limited availability of tailored support for those with the greatest needs.

The researcher supports the notion that EPs should be accountable for their intervention and confident in their knowledge and understanding of 'what works' (The British Psychological Society, 2017).

This research acknowledges the significant impact of the SENCo-EP partnership on school culture and SEMH support for CYP. It proposes that insight into SENCos' appraisals of direct and indirect EP supports for CYPs' SEMH offers the potential to enhance EP practice and the subsequent school-based SEMH support received by CYP.

1.2 The Broader Social and Economic Context of This Research

This research is positioned within a post-pandemic context following the late 2019-early 2020 viral outbreak of the coronavirus. National lockdowns led to the closure of many support services, including Children and Adolescent Mental Health services (CAMHs) and schools – to all CYP except those considered most vulnerable and those of key workers. This thesis explores SENCos' appraisals of how EPs can best support CYPs' SEMH needs within this context.

2 Literature Review

2.1 Narrative Literature Review

This chapter considers the significance of understanding SENCos' perspectives on SEMH supports provided by EPs amid rising SEMH prevalence. Professional experience (teaching, middle leadership) and reading undertaken during doctoral training inform a narrative review. The Systematic literature review (SLR) identifies relevant research using a transparent, rigorous search strategy, a reliable result-sorting approach, and a systematic critique of existing literature. Findings contribute to the researcher's evidence-based decision-making (Petticrew & Roberts, 2008; Shaffril et al., 2021). The subsequent research question (RQ) is:

Which EP approaches do UK-based mainstream secondary school staff report as effective in aiding their understanding and support of CYPs' SEMH needs?

2.2 SEMH

2.2.1 Defining 'SEMH'

Terminology related to 'SEMH' lacks precision (Miller, 2003). To clarify and promote a shared understanding, the researcher will present a rationale for adopting 'SEMH' in this research.

2.2.2 Difficulties Defining SEMH.

SEMH terminology has shifted from terms like 'maladjusted' (HM Government, 1944) to more inclusive, non-stigmatising language (as seen in the Warnock Report (1978), reflecting societal influences. However, a lack of consensus persists (Miller, 2003), leading to interchangeable usage of terms like 'mental health (MH)' and 'emotional well-being' (Department for Education [DfE], House of Commons, 2017; Public Health England, 2015;

2018). This ambiguity can pose challenges for professionals addressing CYPs' SEMH needs (e.g., Coleman, 2011).

The revised Special Educational Needs and Disability (SEND) Code of Practice (CoP) (Department for Education & Department of Health [DfE & DoH], 2015, p. 98) introduced and broadly defined 'SEMH' as "social, emotional and mental health difficulties." The term encompassed behavioural presentations like withdrawal and challenging behaviour, potentially reflecting underlying MH difficulties. Superseding terms like 'social, emotional, and behavioural difficulties' and 'SEMH' could be considered a shift from viewing 'behaviour' as a special educational need (SEN) to encouraging the identification and support of underlying difficulties. Though some argue the CoP's definition overlooks broader personal and ecological factors, remaining unclear and deficit-focused (Norwich & Eaton, 2015).

Opinions on 'labelling' CYP with 'SEMH' also vary. While some perceive benefits, including increased understanding, tolerance, and access to resources (Bilton & Cooper, 2012; Riddick, 2012), others highlight drawbacks of broad, generic, socially constructed labels, including increased marginalisation, stigma, low expectations and perceptions of permanency (Frederickson & Cline, 2015; Hickinbotham & Soni, 2021; Tobbell & Lawthom, 2005).

Some conceptualise SEMH on a continuum (Miller, 2003), highlighting complex underpinning factors and the importance of recognising behaviour as indicating potentially unmet needs (DfE & DoH, 2015; 2021; Nasen, 2015). However, Martin-Denham (2021) argues this broader perspective omits criteria and thresholds for determining 'SEMH' and

fails to address ambiguity or promote a shared understanding, even amongst experienced professionals (Martin-Denham, 2020).

The present research acknowledges broader conceptualisations of 'MH' as aligning with the more comprehensive concept of SEMH, which considers interconnections between 'MH', 'social well-being,' and 'emotional well-being' (Dawadi, 2022; Mental Health Foundation, 2023; DfE & DoH., 2015; World Health Organisation [WHO].,2022). It recognises 'SEMH' does not exist in isolation with various terms used across research, policies, and guidance. The present study's data collection method will likely involve different perspectives conveyed using multiple terms, and 'SEMH' will be considered to encompass these.

2.3 CYPs' SEMH Needs

2.3.1 Prevalence of CYPs' SEMH Needs

The prevalence of SEMH needs in the UK has risen over the past two decades, becoming a primary need amongst secondary-school-age CYP (Fink et al., 2015; Kessler et al., 2005). With many CYP displaying symptoms by age fourteen (Kessler et al., 2005), adolescence presents a stage of development where identifying and supporting these needs is becoming more crucial. In 2022, one in six CYP aged 7-16 experienced MH difficulties, a considerable increase from one in ten in 2004 and one in nine in 2017 (NHS Digital, 2022). This rise in prevalence has been attributed to various factors, including broader societal pressures, such as increasing inequality and poverty (Allen et al., 2014), as well as school-based factors, such as exam pressure (Danby & Hamilton, 2016). Other potential contributory factors include reduced MH stigma, increased awareness and openness to seeking support, advances in screening tools and diagnostic criteria, and broader, more inclusive definitions (Collishaw, 2015). However, irrespective of the contributory factors, rising SEMH prevalence intensifies

concerns surrounding the current SEMH support system's effectiveness and ability to identify, understand, and support CYPs' MH needs.

2.3.2 Impact of the Coronavirus Pandemic on CYPs' SEMH Needs

The coronavirus pandemic caused significant societal disruption, which exacerbated pre-existing concerns surrounding the increasing prevalence of CYPs' SEMH needs (DfE, 2020b; 2021; NHS Digital, 2021; 2022). In addition to the exacerbating needs of CYP with existing SEMH needs (Bartlett et al., 2020; Haig-Ferguson, 2021; United Nations Educational Scientific and Cultural Organization, 2020b), a second cohort of CYP is experiencing early difficulties (House of Commons., 2021).

The pandemic simultaneously increased MH risk factors (e.g., grief and social isolation) whilst reducing access to protective factors (e.g., leisure activities, socialising, education and support services). Concerns deepened regarding the long-term adverse impact on CYPs' development (Costa Dias et al., 2020; Hoffman & Miller, 2020; NHS Digital, 2022; Rogers, 2022; Roubinov et al., 2020; Szulevicz, 2021; UK Parliament POST, 2021; Vizard et al., 2020; YMM, 2020), with some replacing the term 'pandemic' with 'endemic' to signify its long-term repercussions (Phillips, 2021; Razdan et al., 2022).

These challenges have been attributed to the lack of support services (Zijlmans et al., 2021) and activities deemed essential for healthy development (Shah et al., 2020; United Nations Educational, 2020a). YMM, a CYPs' MH charity, found that 83% of CYP surveyed in 2020 felt that the pandemic exacerbated their existing MH needs, particularly affecting anxiety, depression, trauma, grief, low self-esteem, self-harm, and relationship challenges (Idoiaga, 2020; O'Shea, 2020; Place2Be & National Association of Headteachers, 2022).

Potential extraneous variables and the specific contexts and populations in which data was collected must be considered when examining trends over time. Studies conducted during exam season (e.g., Place2Be and National Association of Headteachers, 2022)—a recognised trigger for depression, anxiety, and low well-being—are unlikely to remain valid and reliable during arguably less intense periods (e.g., school holidays) (NHS Digital, 2021).

Further, the pandemic was not experienced equally by all (Pascal et al., 2020), with some CYP reporting positive impacts (Heyworth et al., 2021; Jones, 2023). Factors cited in national and international studies include increased autonomy and play, calmer learning environments, and higher staff-to-pupil ratios, which some CYP reported led to lower school-related stress levels, increased happiness, better MH and well-being, and more effective learning experiences (Heyworth et al., 2021; Mansfield et al., 2020; NHS Digital, 2021; Rogers, 2022; Waite et al., 2020; Widnall et al., 2020).

Notably, participants without disabilities reported higher levels of SEMH improvements than those with disabilities (Widnall et al., 2020). However, variation in statistical weightings of study samples can make like-for-like comparisons difficult, so caution must be applied during interpretation.

Factors including lack of researcher transparency and methodological rigour mean distinguishing helping and hindering factors is challenging, which makes it impossible to draw definitive conclusions regarding the disproportionate impact of the pandemic on society's most vulnerable, both in the short- and longer-term (Akkermans, 2020; Blundell et al., 2020; Brown et al., 2020; Szulevicz, 2021).

During the pandemic, an estimated 1.5 million CYP required new or increased MH support due to the disruption (O'Shea, 2020). Worryingly, some suggest the pandemic's full impact is yet to be recognised (Martineau & Bakopoulou, 2024), with post-coronavirus research beginning to uncover the extent of the effect on CYPs' SEMH (Lewis et al., 2021; Viner et al., 2021). In the UK, these challenges are set against an economic recession that places many families under increasing financial strain and amidst austerity's impact on available support (Cummins, 2018), leaving society's 'most vulnerable and marginalised' (Barnardos, 2020, p. 3) disproportionately affected and at increased risk of MH difficulties (Newlove-Delgado et al., 2021; Petri-Romano et al., 2021). Thus, there is a pressing need to understand and support CYPs' SEMH needs post-pandemic (Bruining et al., 2021).

2.4 Impact of Experiencing SEMH Needs During Adolescence

SEMH difficulties during adolescent development can have cumulative adverse effects (Jones & Kahn, 2017; WHO, 2021). Short-term risks include lower academic ability and achievement, and reduced school enjoyment (Deighton et al., 2018; Durlak et al., 2011; Moilanen et al., 2010; Nelson et al., 2004; Obradović et al., 2000; Panayiotou et al., 2019), and an increased likelihood of displaying or experiencing negative behaviours, including violence, truancy, and bullying (Martin-Denham, 2021; NHS Digital, 2018). Longer-term risks include unemployment (Goodman et al., 2011; Wagner et al., 2005) and poor (physical and mental) health (Clarke & Lovewell, 2021; Copeland et al., 2015; De Avila et al., 2020; Jokela, 2009; Kontoangelos et al., 2020; Muratori & Ciacchini, 2020a; Richards & Huppert, 2011; White et al., 2012). The disproportionate impact of these risks upon adolescents, coupled with the rising prevalence of SEMH needs, is considered a 'public health concern' (Martineau & Bakopoulou, 2024, p. 34). However, predicting potential social, environmental and pre-disposing risk factors contributing to this rise is far from linear.

2.5 Risk Factors Increasing an Individual's Vulnerability to SEMH Needs

Extensive research, including an annual survey of the well-being of CYP aged 10-17 (The Children's Society, 2023) identified various social and environmental risk factors likely contributing to the comparatively lower levels of happiness experienced by CYP of all ages, genders, and ethnic groups, than previous generations (Patalay & Fitzsimons, 2016; Vizard et al., 2020). These include:

- Having special educational needs and disabilities (SEND) or being part of a socio-economically deprived family, which quadruples the likelihood of experiencing SEMH needs (Amos et al., 2020; Gutman et al., 2015; NHS Digital, 2018; Public Health England, 2016; The Children's Society, 2023).
- Holding caring responsibilities (The Children's Society, 2023).
- Identifying as female or LGBTQ+, which increases the likelihood of experiencing MH difficulties, such as depression and low well-being (Amos et al., 2020; NHS Digital, 2018; Semlyen et al., 2016; The Children's Society, 2023).
- Excessive internet and social media use, particularly among females (Twigg et al., 2020).
- Academic pressures (Hutchings & Kazmi, 2015).
- Poor sleep (Smaldone et al., 2007).
- Experiencing trauma (e.g., abuse, neglect, bereavement) (YMM, 2018).

More recent research identified further risk factors, including discrimination, racism, the climate crisis and poor housing (Rainer & Abdinasir, 2023), whilst key developmental milestones can also increase the risk of SEMH challenges, for example, transitioning between different key stages and school settings (McCoy, 2020; Reupert, 2019).

However, there is a need for further research using measurement tools that capture the complexity of MH and incorporate contemporary factors (e.g., social media platforms) (Twigg et al., 2020). This should seek to appreciate better how various factors (e.g., specific *types* and frequency of social media use) can combine and impact CYPs' MH.

2.6 Supporting CYPs' SEMH Needs

In the UK, rising SEMH needs among CYP (outlined in Section 2.3.1) and their impact, particularly upon vulnerable populations (Section 2.5), have led to increased efforts to improve support.

The health system, including Child and Adolescent Mental Health services (CAMHs), categorises MH support into four tiers (NHS Hertfordshire Partnership, 2024), displayed in Appendix A.

Pre-pandemic, fewer than two-thirds of CYP with MH needs received necessary CAMHs support (Sadler et al., 2018), with concerns about long wait times (Essau, 2005; Frith, 2017) and only a third accessing support within a year of referral (Children's Commissioner, 2017). Consequently, of those asked, 76% of parents/carers reported deterioration in their CYPs' MH while waiting for specialist support (YMM, 2018).

Yet these figures exclude CYP displaying symptoms below CAMHs referral thresholds, as referrals are typically limited to those experiencing the most severe needs (Crenna-Jennings & Hutchinson, 2020; YMM, 2020). They also overlook CYP with less understood SEMH difficulties or those under the remit of other services, like social care (Crenna-Jennings & Hutchinson, 2018; Frith, 2017), leaving many with unmet needs.

Before the coronavirus pandemic, around 1 million CYP displayed emerging or low-level SEMH needs that fell below CAMHs' referral thresholds but would have benefited from early intervention (The Children's Commissioner, 2019). One in four CAMHs referrals were rejected (British Journal of School Nursing, 2018), often leading to re-referrals due to deteriorating MH (Care Quality Commission [CQC], 2017). Increased UK government funding (Burton, 2019) (discussed in Section 2.6.1.1) was deemed insufficient, with rising SEMH needs outstripping available support (Campbell, 2019; Grimm et al., 2022) (further discussed in Section 2.3.1).

2.6.1 Alternative Providers of CYPs' SEMH Support

Supporting CYPs' SEMH needs requires multi-agency collaboration, integrating mental and physical health, education and other services (Reupert, 2019) while addressing logistical challenges and differing views.

2.6.1.1 Government Support

Recent UK government policies aimed to increase access to Tier One support via CAMHs and educational settings. Some were identified as somewhat effective (Rainer & Abdinasir, 2023), including *Future in Mind* (DoH, 2015), *the Five Year Forward View for Mental Health* (NHS, 2016), *the Transforming Children and Young People's Mental Health Provision: Green Paper* (DoH & DfE, 2017), and *the NHS Long Term Plan* (NHS, 2019). Further government pledges included increased action and accountability for CYPs' well-being, focused on improved SEMH support (DfE, 2021).

However, while several initiatives discuss the merit of early preventative support (the Department of Health and Social Care's (DHSC) 2011 *No Health Without Mental Health*, the DoH's 2015 *Future in Mind*, and the DoH and DfE's 2017 *Transforming Children and Young*

People's Mental Health Provision: Green Paper), none focus exclusively on this. Subsequently, they have faced criticisms for being reactive rather than proactive and for missing opportunities for early intervention, which had the potential to reduce demands on the system (Rainer & Abdinasir, 2023; Thompson et al., 2021).

While early intervention responsibilities fall across multiple services, including education, health and Local Authorities (LAs), a lack of clarity has caused confusion and inconsistencies in the planning, implementation, and progress of initiatives at the local level (Rainer & Abdinasir, 2023). Brexit (Britain's exit from the European Union) and the coronavirus pandemic disrupted planned reforms (DoH & DfE, 2017), forming a 'postcode lottery' for CYPs' access to SEMH support (Rainer & Abdinasir, 2023). Subsequently, accessing timely, adequate SEMH support remains challenging, particularly for CYP with SEND, leaving schools increasingly tasked with supporting these needs (e.g., The Children's Society, GOV UK, 2021; 2021).

2.6.1.2 Schools

With statutory responsibilities like The Code of Practice (CoP) (DfE & DoH, 2015), schools are under increasing pressure to bridge gaps in SEMH support (Fazel, 2014; Goldberg et al., 2019; Panayiotou et al., 2019; Public Health England, 2014; Sharpe et al., 2016). This, plus the large amount of time CYP spend in school, positions school-based support as a cost-effective approach to supporting students' SEMH needs (DfE, 2018; 2015; Oberle & Schonert-Reichl, 2016; Public Health England, 2015; Weare, 2015a).

2.6.1.2.1 Tier One and Tier Two SEMH Support

Schools are considered well-positioned to mitigate some escalating MH challenges by providing Tier One MH support to CYP displaying mild to moderate needs, with emphasis placed on prevention, early identification, intervention and, where appropriate, referring or

otherwise facilitating access to specialist services (Cohen, 2009; DfE, 2018; DoH & DfE, 2017; House of Commons, 2014; NHS Hertfordshire Partnership, 2024).

However, a recent review of educational policy and practice recommended that schools also develop Tier Two policies to ensure that staff are skilled in both preventative work to promote good SEMH, and reactive support to detect and support needs early (Hurry et al., 2021). While providing robust, universal, and targeted Tier Two support within schools could somewhat alleviate the supply-and-demand challenges surrounding more specialist Tiers Three and Four support, subsequently improving access, several multi-faceted logistical barriers can impede high-quality implementation. These include access to essential resources, such as staff training and funding, which are crucial for maximising the intervention's benefits (Barnes et al., 2014; Domitrovich et al., 2008; 2017; Durlak et al., 2011; 2016; Fazel, 2014; Fixsen et al., 2005; Goldberg et al., 2019) (discussed further in Section 2.6.1.4).

Whole-school approaches (e.g., Weare's, 2015b Framework of Effective Approaches model, provided in Appendix B) have focused on improving school conditions, supporting wider community and family systems, and forming partnerships with parents/carers and other support networks. This systemic approach fosters a nurturing school environment that prioritises relationships and supports CYP to feel secure and supported (Mahoney et al., 2020). Various recommendations exist for implementing effective whole-school support to promote the SEMH of *all* CYP:

- *Multi-agency collaboration:* strengthen multi-agency working between school-based education and specialist staff (e.g., counsellors and emotional literacy support assistants (ELSAs) and healthcare professionals (e.g., MH specialists) (DoH, 2015; NHS, 2015) that focuses on upskilling staff and driving positive change (Weare, 2015a; Hurry et al., 2021).

- *Clear monitoring procedures:* use evidence-based SEMH approaches with clear frameworks to monitor intervention efficacy.
- *Pupil involvement: include* CYP, particularly those of secondary-school-age, in SEMH policy design (Hurry et al., 2021).
- *Whole school approach:* adopt a holistic approach emphasising universal provision, a supportive ethos, early skills programs, and staff well-being (Weare, 2015a; Hurry et al., 2021).
- *Community engagement:* involve CYP and families in decision-making, learning, and support (Weare, 2015a).
- *Professional development:* equip staff with knowledge of MH, risk factors, and skills to support student resilience (Weare, 2015a).
- *Targeted programs:* implement specific SEMH programs via trained teachers and interactive methods (Weare, 2015a).
- *Supportive policies:* establish robust policies for behaviour, bullying, diversity, and MH (Weare, 2015a).
- *Behaviour management:* address CYPs' presenting behaviours by understanding potential underlying factors (Weare, 2015a).
- *Targeted responses:* provide specialist support for individuals or groups (Weare, 2015a).

By adopting holistic, evidence-based approaches and working preventatively, schools have the potential to create a nurturing environment that promotes CYPs' SEMH while simultaneously supporting the systems' capacity to manage supply and demand and ensure more intensive, timely support is available to those who need it.

2.6.1.2.2 Mental Health Support Teams

Responding to calls for holistic, inclusive strategies that support CYPs' positive SEMH and increase access to early intervention from multidisciplinary teams, the UK Government increased school funding for several initiatives (DfE, 2021; 2023a). This included implementing MH interventions, supporting schools to identify Designated Senior Leaders for MH, and promoting the training and placement of school-based interagency Mental Health Support Teams (MHSTs) (DoH & DfE, 2017; Martineau & Bakopoulou, 2024).

However, subsequent changes to the strategy broadened its commitment to include support for MH and other major health conditions and raised concerns about insufficient resourcing to provide provisions needed to meet CYPs' SEMH needs (DHSC, 2023; The Children's Society, 2023). Evaluation of MHSTs identified persistent challenges that impact their effectiveness, including long wait times and lack of capacity for providing early intervention to CYP who do not meet the thresholds for accessing specialist support (Ellins et al., 2023) (explored further in Sections 2.6 and 2.6.1.2.1).

There is ongoing debate about whether schools should be responsible for providing SEMH support for CYP. Some view it as a positive shift from a within-child view to one that acknowledges and seeks to understand and support the broader environments impacting CYP. Others argue that placing this expectation on schools is excessive, focusing too heavily on altering school-level factors, including values, teaching and learning practices, organisational structures, and goals (Martineau & Bakopoulou, 2024). Instead, critics argue that school staff recognise the need to prioritise social-emotional learning but are constrained by the complex and often restrictive social conditions in which schools operate, and it is these conditions, they argue, that should be the interventions' focus (Mahoney et al., 2020; Martineau &

Bakopoulou, 2024; Patalay et al., 2020). Section 2.6.1.4 considers some of the barriers to delivering school-based SEMH support.

Educational reform necessitates the involvement of accountable individuals in its implementation. Despite teachers being frequently cited as primary contacts for CYPs' SEMH concerns (Ford, 2007; Sharpe et al., 2016), SENCos hold responsibility for the progress of CYP with SEND in their educational setting. Section 2.6.1.6.1 explores this role further.

2.6.1.2.3 ELSAs trained by EPs

Now widely implemented across UK LAs, the ELSA intervention was developed to help schools meet CYPs' SEMH needs using existing in-school resources (Burton, 2008; Martineau & Bakopoulou, 2024). Underpinned by theories including Goleman's *Theory of Emotional intelligence* (1995) and Maslow's *Hierarchy of Needs* (1970), it emphasises that CYP learn more effectively when their emotional needs are met.

Applying their professional knowledge of SEMH development, EPs train TAs as ELSAs, equipping them with the skills to better understand and provide targeted SEMH support (Burton, 2008, 2016; Burton et al., 2009). EPs help the ELSAs develop and deliver tailored 1:1 or small group interventions to CYP that focus on supporting challenges such as low self-esteem, loss and bereavement, social communication challenges, and underdeveloped emotional awareness (Pickering et al., 2019; Shotton & Burton, 2012). Ongoing EP-facilitated supervision ensures high-quality implementation (Pickering et al., 2019).

However, despite the high regard in which the intervention is held by school staff (Grahamslaw, 2010; Mann, 2014; McEwen, 2015) and government recommendations to

expand the ELSA program to close gaps between CYPs' SEMH needs and available high-quality supports (DoH & DfE, 2017), external factors, including lack of 'ringfenced' government funding, have prevented the realisation of these aims (discussed further in Section 2.6.1.1).

2.6.1.3 School Staff's Perspectives on SEMH

Domestic and international research has explored secondary school staffs' perceptions of CYPs' SEMH (Ekornes, 2012; Kidger et al., 2010; Sandler, 2016). Armstrong's (2014) review of 15 studies (seven UK-based) highlighted an urgent need for improvements in educational practices for CYP with SEMH. This included better staff welfare and professional efficacy and increased access to continual professional development (CPD) and research-informed strategies to enhance support (Armstrong & Hallett, 2012; Goodman & Burton, 2010; MacFarlane & Woolfson, 2013; Mooij & Smeets, 2009; Poulou & Norwich, 2002). Given their age and the study's small sample size, these findings must be treat with caution. Still, parallels between these and the benefits of implementing the ELSA intervention, (discussed in Section 2.6.1.2.3), are noteworthy (Grahamslaw, 2010; Mann, 2014; Martineau, 2024; McEwen, 2015).

Semi-structured interviews with secondary school staff (Sandler, 2016) revealed a disconnect between staffs' current practice, their preferred practice and the growing demands being placed on schools to identify and support CYPs' MH (Corcoran, 2015; Rothì et al., 2008). Staff reported feeling unequipped, ill-prepared and helpless about providing effective SEMH support to CYP (Connelly et al., 2008; DfE & DoH, 2015; Humphrey et al., 2010; Rothì et al., 2008; The Key, 2015) and perceived gaps between intervention demands and available staff resources and values (Kidger et al., 2010; Shelemy et al., 2019b) even after MH training (DfE., 2017). This makes them reluctant to address MH topics due to stigma and fear, lack of

funding, training and access to specialist agencies. Almost a quarter of teachers (23%) felt unable to identify behaviour which may underpin MH needs, over a third (34%) felt unequipped to teach CYP with MH needs, and 22% were unsure how to help the CYP access school-based support (Smith et al., 2017). Feeling unprepared impacts staff well-being and reduces intervention effectiveness (Shelemy et al., 2019b).

Conversely, prioritisation of well-being by all staff and fostering nurturing, supportive environments emphasising relationships led to higher levels of well-being amongst CYP (Elias et al., 2006; Mahoney et al., 2020; Martineau & Bakopoulou, 2024; Oberle et al., 2016). In these situations, the pandemic had little perceived impact on CYPs' well-being and MH (Martineau & Bakopoulou, 2024), further highlighting the urgent need for improved support for school staff (Danby & Hamilton, 2016).

2.6.1.4 Barriers to Delivering School-Based SEMH Support

Even before the pandemic, schools faced difficulties responding to CYPs' SEMH needs (National Education Union [NEU], 2021; Patalay et al., 2020). Research has explored factors that help and hinder schools from providing effective SEMH support.

Two decades ago, conflicting priorities between supporting CYPs' SEMH and improving academic results reduced schools' capacity to provide pastoral support (Ainscow, 2006; Baginsky, 2004). However, contrary to previous concerns that supporting CYPs' SEMH needs competes with raising academic standards (Coleman, 2009; Ecclestone & Hayes, 2009), recent studies indicated a positive correlation between the two (The Children's Society, Durlak et al., 2011; Gutman & Vorhaus, 2012; Reupert, 2019; 2023).

Despite these findings, challenges remain, including workload stress and accountability pressures, which can detrimentally impact the emotional well-being of school staff (Connelly et al., 2008). Additionally, limited resources, such as time and funding, restrict schools' ability to buy specialist support, affecting their ability and capacity to deliver effective SEMH support (Connelly et al., 2008; Davies et al., 2021). These factors, compounded by the professional and systemic challenges faced by school staff as a result of the post-coronavirus' 'catch-up' agenda (DfE, 2022; 2023b; Sandler, 2016), remain essential areas for improvement if CYPs' SEMH development is to be enhanced (Martineau & Bakopoulou, 2024).

Martin and Bakopoulou's 2024 study found that teachers were aware of the need to prioritise CYPs' SEMH but felt constrained by systemic factors. Although the small, self-selected sample limits representativity, the findings align with previous studies (Education Support, 2020; Perryman & Calvert, 2019), highlighting a need for more teacher training that focuses on recognising, identifying, understanding, and supporting CYPs' SEMH needs (Martineau & Bakopoulou, 2024).

Additional barriers to embedding effective school-based SEMH supports include:

- Low or non-attendance due to school-related anxiety (Martineau & Bakopoulou, 2024).
- Lack of SLT buy-in (Martineau & Bakopoulou, 2024), crucial for decision-making around many facilitating factors (e.g., reducing academic demands, lowering class sizes, and employing additional pastoral staff).

Schools aim to support many of CYPs' developmental milestones but cannot assist in every aspect. Competing demands and barriers exist (Reupert, 2019), and long-term solutions are

needed to address chronic concerns surrounding CYPs' SEMH (Moss et al., 2021; NEU, 2021). Gaining clarity around CYPs' SEMH through a shared understanding of school staff's appraisal of effective support that aids their knowledge, skills and abilities and, subsequently, the quality of the provision on offer to CYP with SEMH needs is a good starting point. While acknowledging staff concerns and constraints, the present research considers this staff population well-positioned to recognise, appraise and share valuable insights into effective approaches to supporting CYPs' SEMH needs (Shelemy et al., 2019a).

2.6.1.5 Facilitating Factors for Delivering School-Based SEMH Support

Several studies have identified key factors enabling staff delivery of effective school-based SEMH support. Findings include:

- Smaller class sizes (Heyworth et al., 2021; Szulevicz, 2021);
- Broad and diverse curriculums incorporating sports and the arts, pastoral support through targeted and whole-school interventions, explicit teaching of MH and well-being, collaboration with CYP and their families and having a sufficient number of pastoral staff (Department for Education, 2023b);
- High staff investment gained through training that enhances their knowledge, skills, confidence, and motivation to implement SEMH initiatives, along with the necessary resources to do so (Kealey, 2000).
- Initiatives that align with staff teaching styles and self-efficacy and demonstrate clear benefits for CYP (Clark, 1988; Han, 2005; Kealey, 2000).
- All staff prioritising well-being and fostering nurturing, supportive environments that emphasise relationships (Elias et al., 2006; Mahoney et al., 2020; Martineau & Bakopoulou, 2024; Oberle et al., 2016). Research conducted during and after the pandemic highlighted relational approaches, emphasising protective factors including

relationships with friends, family, and teachers, alongside play, creative activities, and nature, with a reduced focus on academic learning (Garden & Downes, 2023; Heyworth et al., 2021; Rogers, 2022).

- SLT modelling of values, which significantly impacts CYPs' outcomes, is second only to classroom teaching (Leithwood & Jantzi, 2008; Reupert, 2019).

A further facilitating factor to effective SEMH support, and a legal requirement of the SENCo role, is collaboration with various external support, including educational psychology services (DfE & DoH, 2015). EPs spend almost half their working time in schools, often work closely with SENCos (Cole, 2005; Kelly & Gray, 2000), and are the external professionals most frequently contacted regarding CYPs' MH needs (Sharpe et al., 2016).

Some argue that EPs are used to address the 'gaps' left by other stretched services, such as CAMHs) (Lee & Woods, 2017). However, an EP's distinct contribution involves bridging research and practice by applying psychology in educational settings to support CYPs' progress (Birch et al., 2015; Roffey, 2015). This positions them well to assist schools in enhancing SEMH provisions, as well as supporting CYPs' SEMH needs (Association of Educational Psychologists [AEP], 2018; British Psychological Society, 2018; Florance & Shield, 2017; Roffey, 2015).

Addressing the increasing severity, complexity, and incidences of CYPs' SEMH needs remains challenging, with current policies and priorities limiting schools' capacity to provide the necessary quality and quantity of support (Levine & Munsch, 2016) (discussed further in Section 2.6.1.4). Little existing research explores school staff perceptions of specific EP approaches perceived as effective in supporting CYPs' SEMH needs. More research is

required into how EP-school collaboration can enhance existing support and address supply and demand pressures
(AEP, 2018; Atkinson et al., 2011; 2012; Beaver, 2011; Dawson & Singh-Dhesi, 2010; Fallon et al., 2010; Farrell et al., 2006a; Florance & Shield, 2017; Roffey, 2015).

2.6.1.6 EP-school Staff Support

EP support encompasses a wide range of functions, including direct work with individual or groups of CYP to deliver interventions or complete assessments and indirect collaboration with parents, carers, and school staff across various contexts and system levels (Atkinson et al., 2012; Farrell et al., 2006a). This may include providing training, supervision, or consultation to increase staff knowledge, skills and abilities (Beaver, 2011; Department for Education, 2020a; Fallon et al., 2010), or fostering collaborative problem-solving at a systemic level (MacKay et al., 2016).

However, research has found that expectations and appraisals of effective EP support vary between and within different groups of school staff and EPs (Ashton & Roberts, 2006; Farrell et al., 2005; Gilman & Medway, 2007; Kelly & Gray, 2000; Young, 2017). Staff, including teachers, headteachers and SENCos, often prioritise 'traditional' EP roles, focusing on supporting individual CYP through assessments, report writing, and the provision of targeted strategies, as opposed to systemic approaches (Ahtola & Kiiski-Mäki, 2014; Ashton & Roberts, 2006; Farrell et al., 2005; Kelly & Gray, 2000; MacKay, 2007; MacKay & Boyle, 1994; Smith, 2012). Although EPs acknowledge the value of individual casework (Atkinson et al., 2014; Boyle & Lauchlan, 2009; Leadbetter, 2000), they also value opportunities to work more systemically and collaboratively through whole-school approaches and direct work with staff, fostering the EP-school relationship and encouraging shifts in staff perspectives (Ashton & Roberts, 2006).

Discrepancies in study findings may arise from participants' individual experiences, understanding, and awareness. For example, headteachers, who often interact less directly with EPs, may hold differing views than SENCos regarding the EP role. This could lead to misaligned perceptions of the effectiveness or breadth of EP approaches (Atkinson et al., 2006; Farrell et al., 2006b; Stringer et al., 2006; Young, 2017), potentially impacting the findings' validity, particularly its credibility.

Other factors contributing to these discrepancies may include the desire of some school staff to avoid placing increasing responsibility and pressure on the school (Buck, 2015) or variations in available school funds, as those with more available funding may be able to purchase additional EP time (Lee & Woods, 2017), subsequently impacting the range of EP support and approaches available and experienced.

However, contrasting findings have indicated increased alignment between the views of school staff and EPs. While school staff continue to value the psychological knowledge and understanding EPs bring to challenging situations (Lee & Woods, 2017), there is a growing perception among EPs and the individuals they work with that it is becoming increasingly difficult to achieve the desired impact (DfE, 2023c). Rising demand for support has led to EPs reporting insufficient time to help staff work preventatively to identify and address emerging needs early before they escalate in severity and require more specialist support. Budget cuts and resource constraints may be driving the growing preference for systemic, whole-school, preventative, and collaborative EP support, which is perhaps seen as benefitting multiple CYP and offering better 'value for money' than interventions targeted at supporting one CYP (Forshaw et al., 2023; Weare, 2015a).

SLT significantly influences how SENCos practice and, to some extent, how EPs practice. However, the present research considers SENCos to maintain a holistic, systemic perspective and understanding of the EP role due partly to the direct SENCo-EP partnership.

2.6.1.6.1 SENCo-EP partnership

Section 2.6.1.6 highlighted discrepancies between school staff perspectives on EP support. Particularly relevant to the present study is the difference in preferences between SENCos and EPs regarding *how* EP support is delivered and each party's conceptualisation of 'effective change' (Ahtola & Kiiski-Mäki, 2014; Young, 2017). Given the collaborative SENCo-EP partnership in planning, assessing, facilitating, and coordinating SEMH support for CYP, it seems essential to develop a further understanding of the EP approaches that SENCos, as a group, perceive to be *most* effective in supporting this population.

Key differences include SENCos:

- Favouring EPs *providing* new information, whereas EPs often perceive their role as focusing on *gathering* information.
- Preferring EPs to adopt an 'expert' role, while EPs prefer a collaborative working relationship.
- Seeking significant or 'big' change, while EPs tend to be comfortable with incremental or 'small' changes.

Despite these differing perspectives, shared viewpoints have emerged about factors that facilitate effective SENCo-EP partnerships (Young, 2017). These include:

- SENCos having a clear understanding of the scope of the EP's role.
- High levels of access to EPs and short wait times between referral and support.

- Less formal EP support, such as drop-in consultations.
- Consistent and regular communication between SENCos and EPs.

SENCos also expressed hopes that early EP interventions, particularly those focused on systemic and preventative approaches, would reduce the need for reactive work later on (Young, 2017).

However, despite the potential to strengthen the SENCo-EP partnership through unified perspectives, external and contextual pressures pose barriers to achieving this (Ashton & Roberts, 2006). Although Ashton and Roberts' (2006) findings are almost two decades old, the findings may still apply in the current, highly pressurised post-coronavirus landscape. Consequently, instead of decision-making being led solely by CYPs' needs, SENCos' choices to request EP support may be underpinned by wider system demands (Davies et al., 2008), such as obtaining assessment outcomes to support a request for statutory assessment, which can often aim to secure additional resources or funding to improve provision and outcomes for CYP (Education and Skills Funding Agency, 2023; Lamb, 2019).

2.7 Summary

Current ineffective SEMH support for CYP (discussed in Section 2.6) raises critical questions surrounding what constitutes effective support. Prompt, accurate identification of CYPs' SEMH needs increases the likelihood of accessing appropriate support (Horridge, 2019) and preventing longer-term adverse outcomes (Jones, 2023). Schools are increasingly expected to identify, assess and support these needs through school-based provisions (Vizard et al., 2020), yet a gap remains between the 'ideal' and the reality, as these demands are often considered unrealistic and misplaced (DfE., 2017; Golder et al., 2009; Hastings & Brown,

2002; Hodkinson, 2009; Kidger et al., 2010; DfE & DoH., 2015; Rothì et al., 2008; Shelemy et al., 2019b; The Key, 2015).

While the SENCo-EP partnership is an important factor in supporting SEMH needs (discussed in Section 2.3.2), research has not yet focused exclusively on SENCos' evaluations of the EP supports they find effective in addressing mainstream secondary-school-aged CYPs' SEMH needs post-coronavirus. If factors cited in the literature could reduce the severity, complexity, or incidence of CYPs' SEMH needs, effectively implementing evidence-based support has the potential to provide long-term benefits. As such, deepening understanding of how EPs can contribute to effective SEMH support post-coronavirus is a key area for new research. This study is particularly interested in exploring and identifying the (direct and indirect) EP approaches that secondary school staff, particularly SENCos, consider most effective for supporting and enhancing school-based SEMH provision for CYP with SEMH needs. The *Systematic Literature Review* (Section 2.8) will further explore what is already known in this research area.

2.8 Systematic Literature Review

2.8.1 Background and Research Question

SLRs involve transparent, rigorous, and replicable search strategies to identify relevant studies regarding specific review questions (Petticrew & Roberts, 2008). However, the effectiveness of the search relies on clear terminology, precise inclusion-exclusion criteria, and a reliable approach to sorting the results (Petticrew & Roberts, 2008). Systematic critique and comparison of the literature guide judgements on the relevance and quality of methodologies and findings relating to specific RQs (Andrews, 2005). Insights can contribute to evidence-based decision-making, provide up-to-date information on topics, contexts, and interventions, explore unanswered questions and guide future research, understanding, policy and practice (Petticrew & Roberts, 2008; Shaffril et al., 2021).

The *Narrative Review* (Section 2.1) supported knowledge and understanding of the research area. No research relating directly to the current study's aims was found.

SLRs are usually restricted in their scope to support accurate interpretation and avoid over-generalising findings (Noblit & Hare, 1988). As 'SEMH' represents a broad topic area, the focus of the present study's SLR was narrowed to support conceptual understanding and increase the findings' explanatory value (Seers, 2012). Subsequently, this SLR aimed to explore secondary-school staff perspectives of EP approaches to support secondary-school CYPs' SEMH needs. More specifically, it sought to identify the direct and indirect EP approaches considered *most* effective by SENCos in supporting and aiding their understanding and skills related to provision for CYPs' SEMH needs. This was followed by subsidiary questions surrounding previously used methodologies and implications of the findings on EP practice.

The SLR's RQ:

> *What EP approaches (direct and indirect) do UK-based mainstream secondary school staff report as effective in supporting CYPs' SEMH needs?*

The SLR's relevant subsidiary questions:

1. What research design and methods were used?

2. What was the school staff sample?

3. What were the described implications of findings for EP practice regarding providing (direct and indirect) SEMH support to CYP?

2.8.2 Search process

The Narrative Review (Section 2.1) highlighted the relevance and importance of exploring school staff's perspectives on what constitutes effective EP support for CYPs' SEMH needs.

The present SLR's RQ and search strategy were created using the SPIDER (sample, phenomenon of interest/intervention, design, evaluation/outcome, research type) approach (Cooke et al., 2012) (displayed in Appendix C and in further detail in Appendix D). Other approaches were considered, including PICO (patient/population, intervention, comparison, outcome) (Miller & Forrest, 2001) and SPICE (setting, perspective, intervention, comparison, evaluation) (Booth, 2006). However, SPIDER was deemed most suitable for the present research as it acknowledges subjectivity in findings and displays validity when searching mixed methods and qualitative research topics (Cooke et al., 2012; Tawfik et al., 2019).

2.8.3 Systematic database searching

Aiming to apply exhaustive searches, SLRs try to identify the maximum amount of relevant research, typically ending when the same references are encountered with no new results

(Levy & Ellis, 2006). This reduces potential bias by ensuring the SLR's conclusions are not disproportionately influenced by the most accessible research (EPPI Centre Evidence for Policy and Practice [EPPI], 2024). Database searching occurred in several steps, outlined below.

2.8.3.1 Search Strategy

The preliminary scoping procedure (shown in Appendix E) elicited no relevant papers, confirming the SLR's originality. Synonyms, keywords, and alternative spellings for the review question's primary and subsidiary research domains were identified, refined through trial searches, and combined with Boolean logic (Appendix F presents the process applied to ensure a comprehensive search). On 20th-21st August 2023, the UoN's NUSearch and Google provided access to 9 databases. The search string in Appendix F was used across the databases. Appendix G presents the specific search process for each database. The search was rerun between 17th and 20th January 2024 (discussed in Section 2.8.4.2).

Educational and qualitative research has extensively applied the PRISMA-P (Preferred Reporting Items for Systematic Reviews and Meta-Analyses Protocols) guidelines (Moher et al., 2009) and they were therefore relevant for supporting and enhancing the present study's SLR process (Page et al., 2021; Shamseer et al., 2015).

2.8.3.2 Inclusion and Exclusion criteria

The inclusion and exclusion criteria shown in Appendix C and D were used to assess each study's relevance to the SLR's RQ.

2.8.3.3 Supplementary hand searching

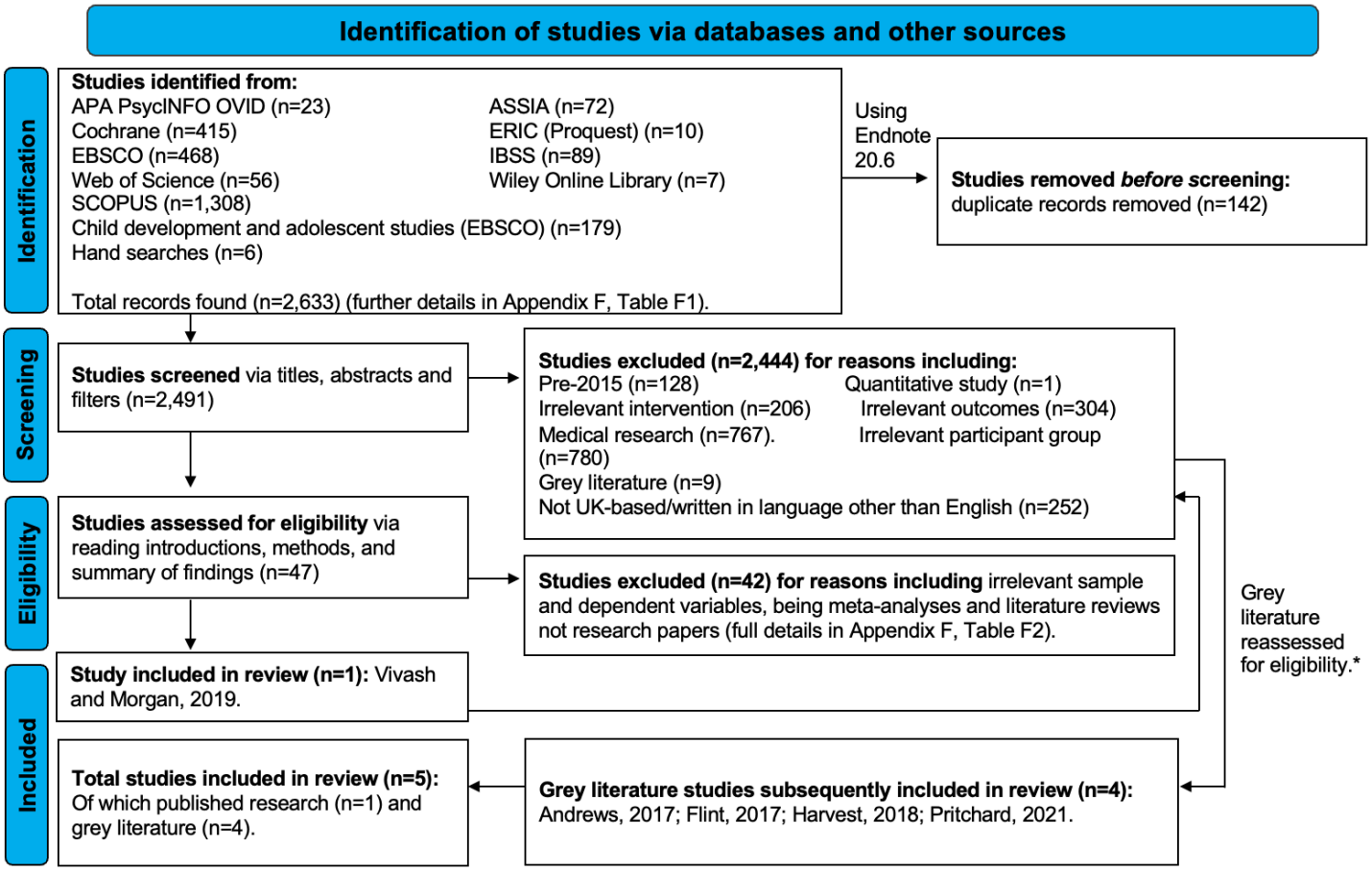
To ensure thoroughness, the reference lists of 'eligible studies' were checked for additional relevant studies on 23rd August 2023 using the 'snowball' technique (Wohlin, 2014).

2.8.4 Outcomes of systematic search

The SLR returned five papers.

Figure **1** shows the outcomes of each stage of the search.

Figure 1. *A figure of the PRISMA flow chart displaying the combined search outcomes from the August 2023 and January 2024 database searches.*



Note. *Following the decision to include grey literature (rationale provided in Section 2.8.4.3), research initially excluded during 'screening' was re-checked for eligibility and potential inclusion.

2.8.4.1 SLR search date: August 2023.

Duplicate records were removed (n=142). The remaining studies were screened for author/s, publication year, journal name, abstract, and digital object identifier. Titles and abstracts were manually checked for inclusion-exclusion criteria, with 2,444 studies discarded. Inclusion eligibility was assessed for n=47 studies (e.g., reading methods sections), with n=42 discarded for reasons including irrelevant sample and dependent variables, being meta-analyses and literature reviews, not research papers. Four relevant studies were identified and consulted as complete studies.

2.8.4.2 SLR re-search date: January 2024.

Due to the topicality and emerging literature surrounding this SLR, database searching was repeated to explore whether previously grey literature or new research had been published since the initial search (Smith & Ho, 2023). Search outcomes are displayed in Appendix G, Table G1. One additional study was identified and included in the SLR. Appendix G, Table G2, details each study's exclusion rationale.

2.8.4.3 Inclusion of grey literature

Grey literature was initially excluded because of its frequent perception as being of poor or questionable quality and lack of peer review. However, the initial SLR identified only one eligible, peer-reviewed, published article.

Subsequently, rationales for and against its inclusion were explored. Several arguments for including grey literature were considered particularly pertinent, including:

- Typically providing detailed methods sections that lead to conclusions (Major & Savin-Baden, 2010).

- Usually having been reviewed by academics specialising in the discipline, suggesting a high level of critical scrutiny.
- Being considered less susceptible to publication bias where studies can be excluded from publication in academic journals because their findings are deemed not noteworthy enough (Torgerson, 2006; Torgerson & Elbourne, 2002).

As the present research seeks the broadest view of findings relevant to the topic area, grey literature was included while acknowledging potential limitations, a nod towards a pragmatic approach.

2.8.4.4 Manual Search

Although manual screening of results protected against the inadvertent exclusion of relevant studies, human error and researcher bias due to decision-making were acknowledged as potential risks, using a protocol underpinned by PRISMA guidelines (Moher et al., 2009), mitigated these risks by ensuring the results did not overly influence the SLR procedure (Gough et al., 2017). Alterations and adaptations to the protocol throughout the research (i.e., inclusion of grey literature) were noted with reasoning (detailed in Section 2.8.4.3).

Manual reference harvesting was conducted from included papers to broaden the search, with no additional relevant papers identified. To mitigate publication bias and seek further information (Lefebvre, 2023), grey literature (four doctoral theses) was included (further detailed in Figure 1).

2.8.4.5 Description of included studies

To aid comparison, narrative summaries of each included study are tabulated in Appendix H, including their aims, methodology and findings regarding the current study's RQ. Several studies explored the views of professionals from different fields using varied methods. Aspects of studies unrelated to EP views, and thus the present study's RQ, are not discussed.

2.8.4.6 Quality appraisal of included studies

SLRs aim to comprehensively represent the knowledge base by methodically evaluating the quality and relevance of included studies (Petticrew & Roberts, 2008; Xiao & Watson). To achieve this, each included study's validity, methodological rigour, and relevance in relation to the SLR's main and subsidiary RQs (Section 2.8.1) are evaluated, assessed and ranked for their quality, typically using checklists tailored to different research designs (Templier & Paré, 2015).

Within the present SLR, Gough's (2007) Weight of Evidence (WoE) model was used to evaluate each included study. Weightings (low, medium, high) were given to each study based on the model's three strands (A, B, C), and subsequently combined to assign an overall fourth weighting (D). Each strand is deliberately broad to enable parallel appraisal of multiple studies of various designs within the same SLR.

However, with the aim of providing a robust and nuanced appraisal focusing on both generic and review-specific qualities, the present researcher chose to follow Gough's (2007) recommendation of integrating the WoE model with the TAPUPAS (Transparency, Accuracy, Purposivity, Utility, Propriety, Accessibility and Specificity) framework (Pawson et al., 2003). To increase transparency, replicability and inclusivity in decision-making,

Appendix I shows how the two models were integrated and how the criteria was defined and applied by the present researcher (Table I1), and provides details pertaining to each included study's assigned ratings (Table I2).

In summary, Flint (2017), Pritchard (2021) and Vivash and Morgan (2019) received medium weightings, whilst Andrews (2017) and Harvest (2018) received high. Section 2.8.4.7 further explains the quality assessment outcomes. The present study's design was informed by the extent to which the included studies addressed the RQs and by the identification of potential limitations.

2.8.4.7 Summary of Quality Assessment

The outcomes of the appraisal process are summarised into sample, methodology and data analysis.

2.8.4.7.1 Sample

Apart from Vivash and Morgan (2019), all papers were rated high regarding transparency, accessibility, and propriety. Vivash and Morgan's (2019) study's transparency and propriety were considered medium. Although Vivash and Morgan (2019) acknowledged several limitations, including analysing, at random, only five of the ten CYPs' interviews, reasons were not specified, reducing replicability. This decision also compromised the representativity and generalisability within Vivash and Morgan's (2019) study. Not all SEND categories were subsequently represented, suggesting findings may have differed if all interviews had been analysed. Further, omitting interviews could present ethical implications if participants falsely believe themselves to have been involved in the study. Providing

clarification around these areas would support the reader's understanding of their potential impact upon the study's outcomes.

Harvest (2018) received medium judgements for accuracy and specificity. The paper used purposive sampling to ensure diversity in participant demographics. Purposive sampling is often used within qualitative research due to its ability to gather in-depth data from knowledgeable participants (Cohen et al., 2017; Smith et al., 2009; Willig, 2013) (e.g., Flint's (2017) gathering of secondary-school staff's experiences. However, purposive sampling seemed somewhat mismatched with Harvest's (2018) 'exploratory' study (p.65). While potentially informative, this may also have introduced bias and limited the exploratory element. An alternative approach is opportunistic sampling, which is often recommended to ensure the method remains exploratory and avoids the influence of prior assumptions frequently seen in purposive sampling (Watts & Stenner, 2005a).

Flint (2017) and Andrews (2017) also received medium judgements for accuracy and specificity. All three papers (Flint, 2017; Harvest, 2018; Andrews, 2017) selected samples based on criteria that may not accurately represent broader populations. Participants were asked to volunteer directly, potentially increasing bias towards professionals holding interests in SEMH and reducing the representativity of less invested individuals. Harvest (2018) acknowledged that participants were 'hand-picked' (p.74) based on professionalism and role relevance but argued that comparisons of attitudes could be drawn because multiple participants were from the same setting. Harvest (2018) and Andrews (2017) acknowledged limitations to generalisability.

Further, whilst Flint (2017) and Vivash and Morgan (2019) declared no prior connections to participants, Andrews (2017), Harvest (2018) and Pritchard (2021) capitalised on pre-existing contacts. Andrews (2017), Harvest (2018) and Pritchard (2021) all acknowledge limits to generalisability, it would be inappropriate for a study seeking to understand participants' views through convenience sampling to make broad claims (Cohen et al., 2017). The researchers also acknowledged other ethical considerations, including:

- Maintaining researcher-practitioner boundaries.
- Recognising potential power imbalances.
- Acknowledging potential social desirability bias.

Pritchard's (2021) paper was also judged medium for accuracy and specificity.

All included studies occurred in schools and held reasonable ecological validity, except Pritchard's (2021), which was conducted virtually.

Flint (2017) acknowledges the limited representativity of the findings to broader populations due to the small sample size. However, limitations were not addressed regarding their generalisability to alternative educational contexts, nor were they addressed regarding the possible impact of participants' contextual and cultural experiences. Suitable sample sizes are often determined by factors including research aims, data type (e.g., qualitative, quantitative) and analysis methods (e.g., IPA and thematic analysis) (Cohen et al., 2017). Here, small samples can ensure that data analysis stages remain logistically plausible amid the available timescale. Considering the present SLR's RQ seeks to gather detailed information about participants' subjective experiences, smaller sample sizes are arguably suitable (Langdridge, 2004).

Pritchard's (2021) and Flint's (2017) utility was judged low as findings broadly discussed support that school staff felt may enhance their current in-school MH support offer. However, this did not concern EP support, so it did not directly implicate EP practice.

All of the studies explored mainstream secondary school staff's views, though only Flint (2017) focused *exclusively* on this population. More specifically, for this study's focus, although Andrews (2017), Pritchard (2021), and Vivash and Morgan (2019) included SENCos, none solely focused on those working in secondary schools. Considering the key role SENCos play in organising and managing EP supports, the lack of research into their views on this limits a comprehensive and credible understanding in relation to the present study's RQ. As such, further research is warranted.

2.8.4.7.2 Methodology

All included studies used mixed methods, except Andrews' (2017), which adopted a qualitative-only design. Although each study implemented methods differently, all contained qualitative elements, aligning with their aims of understanding participants' views and experiences (Willig, 2013).

All included studies used semi-structured interviews (individual or group), which allowed researchers to explore pertinent topics through additional follow-up questioning about participants' responses (Langdridge, 2004). While this flexibility can increase the depth of the collected data, it could introduce researcher bias (Langdridge, 2004). Andrews (2017) and Harvest (2018) acknowledged and sought to mitigate potential subjectivity through transparent reflexivity (Robson, 2011).

Replicability and rigour were increased in Andrews' (2017) and Harvest's (2018) studies due to the inclusion of the questions and prompts within the studies' appendices.

Andrews (2017) conducted individual interviews prior to working groups to create an open environment that supported participation and mitigated potential power imbalances. It also enabled joint validation of data analysis between the SENCos and researchers, ensuring collaborative interpretation and increased rigour.

Harvest (2018) and Andrews' (2017) purposivity, transparency, and propriety were judged high.

Vivash and Morgan's (2019) two-part approach combined document analysis (the 'provision' section of (n=10) Year 9 pupils' written EP advice) and semi-structured interviews (with SENCOs (n=5), teachers (n=5), and teaching assistants (n=5)). Although using consistent interviewers and interview schedules, transcribing the interviews, and triangulating participant responses increased the transparency, accuracy, integrity, and rigour of the mixed approach, contextual limitations apply. The analysed data only originated from the 'provision' section of historical EP advice within one LA and predated both Vivash and Morgan's (2019) study by a range of 6 to 13 years, as well as significant educational reforms, including the CoP (2015) and the 2014 replacement of Statements of SEN with EHCPs (Education, Health and Care Plans). The age of the data and its restricted focus on one LA's pre-2014 EP reports could impact the relevance of the findings, for example, the reports may have reduced emphasis on 'outcomes,' and advice from other LAs may have yielded different findings or the emergence of additional or varied themes. For these reasons, the utility of Vivash and Morgan's (2019) findings was rated low.

Pritchard (2021) employed Q-methodology in two phases, including a preliminary phase involving direct (semi-structured interviews and focus groups) and indirect (reviewing existing literature) gathering of the concourse, and a main research phase which involved primary and secondary school staff (n=22) completing Q-sorts. Q-methodology effectively revealed and gathered subjective perspectives (Stainton-Rogers, 1995), though several concerns and limitations needed to be acknowledged or addressed. Firstly, pre-determined Q-sets have been criticised for limiting participants' expression of views (Block, 2008; Stenner et al., 2008). However, a 33-item Q-set ranked -4 to +4 generates 11,000 times as many unique configurations as the world's population (Brown, 1980, p. 267). Pritchard's (2021) Q-set had 61 items, suggesting ample configurations for participants to communicate their viewpoints. Further, Pritchard's (2021) post-sort activity allowed participants to contribute any views they considered absent from the Q-set, meaning that in the unlikely event that a participant's viewpoint was not there, they would still be able to share this. Additionally, as participants probed and shared their unique views by actively interpreting and ranking the Q-set, Pritchard (2021) argued that this allowed their salient opinions to be gathered (Prasad, 2001). Coupled by the fact that meaning is only ascribed to the configuration's overall positioning *after* the factor analysis stage, participants' holistic and original viewpoints and reasonings were considered preserved (Herrington & Coogan, 2011).

Instead of Q-methodology, Pritchard (2021) initially considered a large-scale aggregative survey, but this risked emphasising the majority views (Brown, 2006). IPA was also rejected due to its aim of understanding an individual's sensemaking, which did not allow for exploring shared viewpoints among groups of school staff (Smith & Eatough, 2019). In contrast, Q-methodology allowed the generation of implications for practice based on shared

viewpoints (ten Klooster et al., 2008). Pritchard (2021) used by-person factor analysis to explore broad implications for practice, though these were not directly linked to EPs' support, reducing their relevance to the present study. Nevertheless, Pritchard's (2021) use of Q-methodology to explore attitudes is considered appropriate (Brown, 1980; Prasad, 2001), and the study's validity and accuracy are high.

However, Pritchard (2021) acknowledged and accepted Q-methodology's limitations of being unable to generate population statistics nor prove hypotheses (Kitzinger, 1987). Limitations around the reliability of findings were also acknowledged, and it was accepted that Q-methodology provides a snapshot in time rather than long-term replicability and that viewpoints may alter over time (Stainton-Rogers, 1991).

Concerns surrounding social desirability and researcher bias were also discussed. Ensuring anonymity sought to address the former, and, despite the researcher's close involvement in Q-methodology, piloting and peer reviewing of the Q-set was considered to mitigate the latter (Peritore, 1989).

Subsequently, Pritchard's (2021) transparency and purposivity are considered high.

2.8.4.7.3 Data analysis

In contrast to Pritchard (2021), Flint (2017) used qualitative IPA to explore individuals' subjective experiences and the meanings they attributed to them. However, Flint (2017) recognised that the findings do not offer a definitive account. Flint (2017) also acknowledged IPA's potential to introduce biases and subjectivity during data interpretation.

In contrast, Andrews (2017), Harvest (2018), and Vivash and Morgan (2019) used Braun and Clarke's (2006) thematic analysis process to identify patterns and themes emerging within transcripts and reports, respectively. Andrews (2017), Harvest (2018), and Vivash and Morgan (2019) all sought integrity and rigour during data analysis by applying appropriate measures, including familiarisation with data, initial code generation, and searching, reviewing, defining, and naming themes, and peer-reviewing coding processes and themes (Braun & Clarke, 2006). Andrews' (2017) use of a 'working group' to facilitate the joint validation of the interview data, finalise findings and discuss the next steps allowed the researcher to check the accuracy of interpretation and provided the participants with the opportunity to clarify.

2.8.4.7.4 Summary

Four of the five included studies furthered understandings related to the main SLR's RQ, while Vivash and Morgan's (2019) study is considered to contribute loosely to the subsidiary RQ. Applying the WoE and TAPUPAS model's criteria guided judgement on each included study's contribution to the present SLR's RQ. The five studies utilised a range of methodologies to explore school staff views. Limitations were often acknowledged and, at times, mitigated.

2.8.4.8 Synthesis of studies

This section aims to present a clear, accessible summary of the available research about the present study:

Main SLR RQ:

What EP approaches (direct and indirect) do UK-based mainstream secondary school staff report as effective in supporting CYPs' SEMH needs?

SLR's relevant subsidiary questions:

1. What research design and methods were used?

2. What was the school staff sample?

3. What were the described implications of findings for EP practice regarding providing (direct and indirect) SEMH support to CYP?

The methodologies and measures used within the included studies varied, so a mixed quali-quantitative method was selected for synthesising the findings, outcomes, and implications. Popay et al. (2006) recommend using narrative syntheses to integrate diverse data in an accessible way and ensure trustworthy descriptions of intervention efficacy or population needs. The present study's researcher applied this guidance to enhance the robustness of the synthesis. For transparency, details regarding the specific method used will now be presented. During the initial reading and quality appraisal stages and prior to synthesis, the researcher read each included study thoroughly, made detailed notes on each and summarised these in Appendix H, Table H1.In summary, the main actions taken were:

- *Reviewing the study summaries:*
    - To enable the comparison of key features and findings, the researcher reviewed the study summaries in Table H1.
- *Thematic Grouping:*
    - Focused on the *Summary and Results* and the *Implications and Conclusions* columns in Table H1.

- Used information gathered during the narrative literature review and the researcher's professional knowledge of the EP role to inductively group findings into broad areas of EP practice (e.g., *'Upskilling others,' 'Supporting collaboration'* and *'Direct work with CYP'*).
- Created iterative spider diagrams to refine (combine, narrow or broaden) the themes, as appropriate, leading to sub-themes. For example, *'Upskilling and supporting others'* was divided into *'Providing guidance and training, enhancing skills, and recommending resources'* and *'Supporting the implementation of whole-school intervention'*.
- Identified the EP approaches within each subtheme (e.g., *'Supporting the implementation of whole-school intervention'* contained *'Promoting universal interventions,' 'Designing group interventions,'* and *'Clarifying whole-school strategies.'*
- Resulted in four broad themes and seven subthemes resulted (shown in Table 2).
- Noted each included study's appraisal weighting (low, medium, high) alongside its findings to ensure methodological quality was considered during interpretation.

- *Comparing and contrasting findings:*
  - Thematic groupings allowed for the identification of similarities and differences between studies' findings.
  - As recommended by (Evans, 2002) the researcher used their detailed, recorded notes to capture nuances beyond the summary table. For instance, although all five studies identified 'Staff training' as an effective EP approach, differences emerged regarding at whom the training should be targeted.
- *Explaining discrepancies:*

    - Following (Popay et al., 2006) relationships between study characteristics and findings were explored.
    - The researcher returned to their notes and Tables H1 and I2 to assess methodological features that could account for differences, such variation in participant demographics.
- *Forming the written synthesis:*
    - Finally, the researcher combined the synthesis notes, thematic groupings and methodological appraisal to form the final written account presented in Section 2.9.4.8.

Participants in three out of five studies (Andrews, 2018; Flint, 2017; Harvest, 2018) identified *only* indirect EP supports as effective. Table 2 presents the EP approaches that school staff participants had previously experienced and *also* reported as effective in supporting CYPs' SEMH needs. These are grouped into broad themes. The implications for EP practice provided by the studies are then presented qualitatively using the same themes for consistency.

Table 2. *A table displaying the implications for EP practice as reported and espoused within the five included studies' findings, including the broad themes and sub-themes and the EP approaches considered to fit within these themes.*

Theme	Sub-theme	EP approaches	Andrews (2017)	Vivash and Morgan (2019)	Flint (2017)	Harvest (2018)	Pritchard (2021)
Upskilling and supporting others	Providing guidance and training, enhancing skills, and recommending resources	Staff training	X	X	X	X	X
		Providing clear guidance relating to 'how' to implement recommended provisions	X	X	X		
		Recognise staff's diverse skillset		X			X
		Support to improve quality of pastoral care	X		X		
		Indirect supervision (training others to support staff wellbeing)	X				
		Direct staff consultation				X	
		Direct group and/or individual supervision	X		X	X	
		Communicate how EPs can support mental health (MH) within remit and competence More clarity in EP role needed	X		X		
		Supporting staff to use pre- and post-measures					X
		Providing support that can be generalised to other children and young people (CYP) (e.g., recommending books).	X				
	Supporting the implementation of whole-school intervention	Promoting universal interventions	X		X		

Theme	Sub-theme	EP approaches	Andrews (2017)	Vivash and Morgan (2019)	Flint (2017)	Harvest (2018)	Pritchard (2021)
		Design group interventions	X				
		Clarifying whole-school strategies	X				X
		Integrating well-being into the wider curriculum					X
New theme: wellbeing of staff	Supporting staff wellbeing	Helping staff process emotions	X		X		
Contributing an alternative perspective		Use of psychological approaches (e.g., humanistic psychology and person-centred therapy) to indirectly encourage changes to school systems				X	
		Bringing psychological understanding to social, emotional and mental health (SEMH)	X			X	
		Different levels EPs work: individual, group, organisational	X		X	X	
Facilitating collaboration	Supporting relationships with others	Facilitate multi-agency work	X		X	X	X
		Assisting in challenging conversations	X		X		
		Home-school consultation				X	
		Promoting home-school collaboration				X	X
		Supporting CYP and families				X	
		Facilitate collaborative problem-solving	X		X		
		Facilitating staff discussion groups to share ideas			X		

Theme	Sub-theme	EP approaches	Andrews (2017)	Vivash and Morgan (2019)	Flint (2017)	Harvest (2018)	Pritchard (2021)
		Having additional time to be 'on-site' to support the special educational needs coordinator (SENCo)	X				
Direct supporting CYP	1:1 work with CYP	Deliver therapeutic interventions to CYP	X				
		Support CYPs' wellbeing	X			X	
	Advocating CYPs' views	Advocating for CYP			X		
		Valuing CYPs' views					X
	Intervention and support at group level	Deliver group interventions	X				

Note. 'X' indicates presence.

In keeping with their study's focus, Harvest (2018) presented the findings in line with Bronfenbrenner's Ecosystemic Framework (1979), which involved considering the EP approach regarding which system level it functions at and impacts (e.g., mesosystem, microsystem). To support consistency, the present researcher will continue using the terms 'direct' and 'indirect' approaches despite some studies conceptualising these in different frameworks.

Outcomes from all five included papers suggest educators broadly acknowledge and embrace the responsibility and 'duty' (Pritchard, 2021, p.102) of schools to support CYPs' SEMH needs. The importance of positive SEMH and early intervention in CYPs' holistic development was recognised. All included studies emphasised the need for EPs to be responsive to the emerging needs of schools and the wider community and work across individual, group and whole-school levels.

School staff participants in the included studies indicated a range of experiences and views amongst school staff about (direct and indirect) EP approaches encountered, as well as those perceived as effective in supporting CYPs' SEMH needs. Apart from Vivash and Morgan (2019), school staff in the included studies held positive views towards the SEMH supports previously given or which could be provided by EPs (Andrews, 2017; Flint, 2017; Harvest, 2018; Pritchard, 2021).

As considered in Section 2.8.4.6, Flint's (2017) and Vivash and Morgan's (2019) studies did not directly inform this SLR's main RQ. However, as they are considered to contribute loosely to the subsidiary RQ, they will be included in the synthesis of findings with this acknowledgement.

The following sections synthesise the SLR's findings, addressing the main and subsidiary RQs by exploring the EP approaches that UK-based mainstream secondary school staff perceive as effective in supporting CYPs' SEMH needs. The synthesis presents and explores four key themes that emerged from the five included studies, including *Upskilling and Supporting Others*, *Contributing an Alternative Perspective, Collaboration,* and *Directly Supporting CYP.*

2.8.4.8.1 Upskilling and supporting others

Vivash and Morgan's (2019) interview analysis found that staff felt indirect EP support (written guidance detailing recommended provisions) needed more clarity and specificity regarding implementing the provisions and the skills and training required. This led to confusion and a negative impact on the staff's ability to implement the recommendations, reducing the effectiveness of the support (including SEMH support) received by the CYP (Vivash & Morgan, 2019).

Concerning potential implications for EPs, staff indicated they would find the following effective:

- Indirect guidance, such as reports that provide specific and clear instructions for the recommended provisions;
- Increased recognition of staff's diverse and existing skill sets and potential training needs before suggesting support should be implemented (Vivash & Morgan, 2019), particularly SEMH support (Pritchard, 2021).

The other four studies also emphasised the importance of ensuring staff have the necessary training, skills and resources to implement effective school-based SEMH supports.

Among school staff in all included studies, upskilling staff through training was considered one of the most effective EP approaches—despite only Harvest's (2018) and Pritchard's (2021) participants stating previous experience of this being effective support from EPs. Within the studies' findings, one focus for the training was to upskill staff to improve the quality of the direct SEMH support they provide to CYP (e.g., reactive supports, interventions, and pastoral support; Andrews, 2017; Harvest, 2018; Vivash & Morgan, 2019; Flint, 2017; Pritchard, 2021).

Within the synthesised research, multiple views emerged regarding preferences for the practical implementation of the training and guidance. This included a need for EPs to provide:

- Clear guidance on implementing interventions or supports (e.g., CBT, pre- and post-measures) (Andrews, 2017; Vivash & Morgan, 2019; Flint, 2017; Pritchard, 2021).
- Practical guidance to staff on monitoring and supporting CYPs' SEMH needs (Pritchard, 2021), including how to deliver interventions at the individual, group, and whole-school levels (Andrews, 2017; Vivash & Morgan, 2019; Flint, 2017; Harvest, 2018; Pritchard, 2021).
- Ongoing CPD rather than standalone, one-off sessions (Pritchard, 2021; Andrews, 2017). Pritchard's (2021) findings suggested that ongoing training is particularly effective concerning Tier One MH support, which typically requires more in-depth and frequent sessions than something more procedural like Precision Teaching. Interestingly, Flint's (2017) participants felt EPs working collaboratively with CAMHs and school staff would effectively ensure staff received a high level of

training and could then deliver high-quality SEMH support to CYP. Vivash and Morgan (2019) shared similar reasoning.

- Support through direct staff consultations (Harvest, 2018) and individual or group supervision (Andrews, 2017; Harvest, 2018; Flint, 2017). Flint's (2017) study drew attention to austerity, stating that group supervision would be more economically viable.
- Bespoke support through group interventions (Andrews, 2017) and integrate well-being into the broader curriculum.

In addition to the more tailored supports listed above, Andrews' (2017) participants saw value in EP guidance that was generalisable to broader school populations (e.g., social groups). Funding challenges also underpin Andrews' (2017) study, which was completed around the same time as Flint (2017).

Another suggested use for training involved providing staff in specific roles (e.g., pastoral) with the skills needed to facilitate well-being support for the wider staff. Interestingly, none of the participants in the included studies explicitly identified staff well-being as something an EP had supported. Instead, other supports could be considered to indirectly support staff well-being (e.g., supervision; Andrews, 2017; Harvest, 2018). Nevertheless, when considering the implications of the studies, Flint (2017) and Andrews (2017) identified EPs as being well-placed to support staff in processing challenging emotions related to supporting CYP with SEMH needs.

Related to this, Andrews (2017) SENCo participants indicated that EPs training staff in a supervisory role would be effective, as the trained staff could supervise other staff members.

This may link to previously mentioned funding challenges and, thus, the desire to ensure support benefits the highest number of people possible.

The school staff of the included studies identified a range of EP approaches used to upskill and support them. Despite this, Andrews (2017) and Flint's (2017) participants shared uncertainty regarding the range of EP supports available. This led to school staff calling for EPs to clarify how they can support CYPs' MH within their remit and competence. This was with the hope that schools, families, and the wider community would be aware and understand that EPs are well-positioned to support MH and school well-being. Focusing more EP work on this would improve the SEMH provision available to CYP.

2.8.4.8.2 Contributing an alternative perspective

Harvest's (2018) case study emphasised an inclusive school ethos that adapts systematically and culturally to meet CYPs' (and staff's) SEMH needs within their unique contexts. Harvest's (2018), Andrews' (2017), and Pritchard's (2021) participants felt EPs contributed to this ethos by combining their knowledge and understanding of the priorities and constraints within schools and how this may impact children's SEMH development. This knowledge was considered to position EPs well to bring new perspectives to the system.

Within the synthesised studies, school staff valued EPs providing an alternative perspective and sharing their understanding of SEMH (Harvest, 2018). Further, EPs combining their psychological knowledge with their understanding of child development and the individual school's context (Andrews, 2017; Pritchard, 2021) was perceived as enabling EPs to influence change at various systems levels (individual, group, whole-school, and organisational) (Flint, 2017; Harvest, 2018). For example, supporting the set-up of an in-

school nurture room (Andrews, 2017) or helping individual CYP and their families (Harvest, 2018).

2.8.4.8.3 Collaboration

Participants in the included studies considered EP's impartiality effective in providing a reflective space for staff to collaborate, assisting during challenging conversations with parents/carers and facilitating collaborative problem-solving between home, school, and other professionals (Andrews, 2017; Harvest, 2018; Pritchard, 2021). Notably, participants in Andrews' (2017) and Harvest's (2018) studies valued experiences focused less on the need for EPs to mediate challenging conversations with parents (as in Pritchard, 2021) but more on promoting collaboration and providing support to CYP and families (e.g., through consultation). Harvest's (2018) participants perceived using EP support to assist CYP and families to be effective.

In terms of implications for EPs, school staff continue to value EPs promoting collaboration by 'bridging the gap' between home, school, and other services (Andrews, 2017; Flint, 2017; Harvest, 2018; Pritchard, 2021). This includes supporting collaborative problem-solving (Andrews, 2017; Flint, 2017), home-school consultations (Harvest, 2018) and assisting with challenging home-school conversations (Andrews, 2017), particularly those focused on CYPs' MH (Flint, 2017).

Of note, Harvest's (2018) participants considered EPs creating relationships with key decision makers (e.g., SENCos) effective in enabling EPs to provide feedback. Discussions of what is working and not working concerning current school-based SEMH support provided the opportunity to explore evidence-based approaches for change. Notably, Andrews' (2017)

SENCo participants shared that they would like to have the EP 'on-site' more to support them in their role so that they can better support CYPs' SEMH needs.

Another experienced and valued focus for EP support was encouraging and facilitating the sharing of ideas and resources. Andrews' (2017) SENCo participants perceived individual and group supervision as a way to support staff well-being for those working with CYP experiencing SEMH needs. EPs facilitating peer-support groups were also found effective (Pritchard, 2021) and something that Flint's (2017) participants would value.

Regarding how school staff would like EPs to work, this involved increasing opportunities for school staff and multi-agency collaboration to improve the identification and monitoring of CYPs' SEMH needs and enhance school-based provision (Pritchard, 2021; Andrews, 2017; Flint, 2017; Harvest, 2018). Pritchard's (2021) participants felt the collaboration would be most effective if facilitated with MH experts and educationalists across school communities. Andrews' (2017), Flint's (2017), and Harvest's (2018) participants also felt supervision at the individual or group levels would be effective in helping them better meet CYPs' SEMH needs.

2.8.4.8.4 Directly supporting CYP

Compared to indirect approaches, participants in the included studies reported relatively few EP approaches involving direct work with CYP. Those identified included EPs conducting assessments (Andrews, 2017) and broadly 'supporting CYPs' well-being' (Harvest, 2018).

Interestingly, individual assessments were not identified as an effective EP approach when participants considered how they would like EPs to support. Whereas school staff felt that

EPs supporting CYPs' well-being (Andrews, 2017; Harvest, 2018), valuing their views, and advocating for these would be effective (Pritchard, 2021) if this involved helping staff elicit the opinions of CYP with communication and interaction *and* SEMH needs (Flint, 2017). School staff also felt EPs could effectively support CYPs' well-being (Harvest, 2018) at the group level (e.g., social skills or well-being interventions) and provide therapeutic intervention on a 1:1 basis (Andrews, 2017).

2.8.4.8.5 Summary

This SLR sought to provide a comprehensive overview of the relevant literature on school staff views on which (direct and indirect) EP approaches most effectively support CYP. There was a consistent emphasis on the EP's role in promoting CYPs' SEMH, with most participants considering indirect EP supports effective, whilst views surrounding the pertinence of direct supports varied. All studies discussed implications for EP practice, but the utility levels differed, as did school staff's experiences, views, and expectations of the EP role in supporting CYPs' SEMH needs.

The findings were considered as broadly representing three main themes:

- Upskilling and supporting others involved EPs delivering bespoke support that met school staff's differing needs and equipped them practically to support CYP with SEMH needs.
- Collaboration encapsulated EP approaches that drew on EP's neutrality and fostered joint problem-solving at individual, group, and systems levels and between organisations.
- Direct supports for CYP were less frequently identified and considered effective EP practice. EPs supporting staff to elicit the pupil voice of CYP with SEMH needs

alongside other areas of need were considered effective. Delivering SEMH interventions to individuals and groups of CYP was also deemed effective EP support.

2.8.4.9 Limitations and gaps within the literature

EPs are key contributors to the knowledge and skills required to support CYPs' SEMH (Greig, 2007). SENCos are also crucial to this process. Previous research has gathered perspectives from school staff in varying roles regarding the EP supports they have experienced, found helpful or believed would help enhance their ability to support CYPs' SEMH needs. However, to the researcher's knowledge, no study has considered SENCos' viewpoints on which EP approaches (experienced and not experienced yet perceived) they deem most effective in supporting CYPs' SEMH needs, potentially overlooking unique insights, challenges and experiences.

SENCos' views are considered pertinent to furthering understanding of 'what works' because:

- They have significant influence over the EP practice in their school (e.g., identifying the CYP to be supported and making decisions around the type of support given) (Section 2.6.1.6.1).
- They have knowledge of the school environment and context (e.g., policies and procedures, what has previously been tried), so they can collaborate with the EP to ensure the support implemented fits with the school's wider SEMH support offer and contextual factors.
- Of all school staff, SENCos often have the broadest overview of each stage of the 'Assess, Plan, Do, Review' cycle used to support CYP. This includes knowledge of the most effective EP supports. This can guide the refinement and development of an EP's future work.

- SENCos are also considered well-placed for sharing the views of wider staff around effective EP support and bridging communications between the EP and wider school staff.
- Compared to EPs, SENCos are not transient professionals. They hold a holistic view of the CYP over time and across contexts (e.g., home and school). This, along with their knowledge of SEND, positions them well to identify and seek EP support for CYPs' SEMH needs.

There is also limited literature focusing on the SEMH supports offered by EPs to secondary-school-aged CYP, with a broader literature base focusing on the primary age phase. This may overlook distinct challenges faced by secondary-age CYP.

2.8.4.10 Limitations to this review

This SLR found five studies of mixed levels of relevance to the main and subsidiary RQs. However, several limitations required consideration. This section summarises these, and Appendix J provides details of the specific mitigations considered and their rationales.

Firstly, it is acknowledged that the researcher's decisions inevitably influenced the process (Wortham, 2001) despite efforts to maximise transparency and objectivity. For example, differences in inclusion criteria and appraisal methods among researchers can influence review conclusions (Juni et al., 1999), while keyword or spelling variations may impact the results by reducing their number or altering their relevance. Mitigations to reduce the impact of potential researcher bias included cross-referencing and reviewing terminology with an objective person.

Secondly, the review only focused on positive outcomes (*effective* SEMH approaches). This may have led to a subsection of participants interested in and motivated to support CYPs' SEMH needs at the expense of inadvertently excluding less invested populations. However, the current study's emphasis on 'what works' justified exploring only *effective* EP approaches (Sections 2.7 and 2.8.4.11 further discuss this rationale).

Thirdly, as 'SEMH' conceptualised a vast topic, care was needed to ensure a manageable number of search results. While the SLRs' inclusion criteria were tightened, other search criteria were widened. Mitigations considered included increasing the research date range, broadening the research location, and widening the target population's age range.

Fourthly, both 'search engine bias' and non-automated searching (e.g., hand-searching, reference harvesting) can produce skewed or partial search results (Goldman, 2006, p. 43). Categorising the included papers using published models (WoE and TAPUPAS) guided the refinement and review process of the included studies' validity and reliability and provided consistency.

Finally, the diverse aims, methods, and methodologies within the synthesised papers made comparing outcomes challenging. Broad appraisal criteria enabled parallel evaluation of various study features, though the studies' heterogeneity may have hindered the synthesis of the findings.

2.8.4.11 Conclusions and implications for future research

This SLR sought to answer:

SLR's main RQ:

> *What EP approaches (direct and indirect) do UK-based mainstream secondary school staff report as effective in supporting CYPs' SEMH needs?*

SLR's relevant subsidiary questions:

1. What research design and methods were used?

2. What was the school staff sample?

3. What were the described implications of findings for EP practice regarding providing (direct and indirect) SEMH support to CYP?

The SLR addressed some aspects of the RQ and subsidiary questions. Four of the five studies provided insight into the direct and indirect EP approaches that UK-based mainstream secondary school staff perceived as effective in supporting CYPs' SEMH needs. Table 2 displays the EP approaches experienced and considered effective, while Section 2.8.4.8 discusses potential implications for EP practice (based on staff requests and the studies' findings).

Efforts were made to widen the search criteria (Section 2.8.3.2), including accepting studies exploring staff perceptions of helpful and effective EP approaches that enhanced *their* skills in facilitating SEMH support for CYP. However, no existing research has explored SENCos' perspectives on the direct or indirect EP approaches considered most effective in supporting the *CYPs'* SEMH needs.

Given the paucity of peer-reviewed literature pertaining to *EP approaches considered effective in supporting CYPs' SEMH needs,* the inclusion of grey literature in this SLR informed a more in-depth and broader understanding. Grey literature is often excluded due to concerns surrounding quality and lack of formal peer review; however, the present researcher proposes that its inclusion offers several advantages which may serve to strengthen SLRs. Grey literature often contains detailed methodological descriptions leading to conclusions (Major & Savin-Baden, 2010), is often reviewed by academics with relevant specialisms, experiences or particular interests in the focus field and may be less susceptible to publication bias than studies written to meet journal-specific criteria (Torgerson, 2006; Torgerson & Elbourne, 2002).

For these reasons, the present researcher proposes that future research could benefit from increased integration of grey literature to capture a more comprehensive and in-depth understanding informed by practice-based findings. As educational and psychological research often informs policy and practice, grey literature, such as government publications, unpublished trial data and doctoral theses, could provide valuable insights that may be omitted or less represented in academic journals. It is therefore suggested that SLRs in these research fields consider adopting more pragmatic approaches that balance quality appraisal with the need for increasingly inclusive and representative syntheses of available evidence.

The present SLR's findings provide valuable insights for future research and practice so clear rationale and design are now presented.

Following the continual rise in UK CYPs' SEMH needs, exacerbated by the coronavirus pandemic, several studies identified the need for increased understanding around effective

SEMH support (NHS, 2022; NHS Digital, 2021; YMM, 2020). However, all five included studies were published before or during the pandemic suggesting updated research that addresses the evolving landscape of CYPs' SEMH needs in schools is required and timely.

Further, all the studies included in this review were completed or published since 2017. Since then, there have been marked changes within school MH policy and practice, particularly following the release of the Green Paper (DoH & DfE, 2017). Across all included studies, school staff in various roles acknowledged the importance of effective, holistic SEMH support for CYP.

However, they also revealed gaps in staff knowledge, skills, abilities, and confidence, suggesting a lack of meaningful change 'on the ground' following the Government's pledges. In the included studies, many staff members indicated the specific, targeted support that they would value receiving from EPs. Continued recognition of schools' role in supporting CYP's SEMH needs, alongside ongoing staff development and collaboration, could inform the creation of more comprehensive and effective in-school support.

In the context of the present research, the SLR findings demonstrate the value and necessity for EP engagement with frontline school staff who support CYP with SEMH needs so that they may better understand their needs and requirements from EP support. Collaborating with staff, recognising their diverse skill sets, and tailoring support to these may enhance their feelings of empowerment and confidence in effectively supporting CYP with SEMH needs. Further, an EP's ability to tailor interventions accordingly enables the development of personalised support that considers the CYPs' unique challenges, potentially improving SEMH outcomes.

Future research should address this gap by exploring SENCos' perspectives on direct and indirect EP approaches that effectively support CYPs' SEMH needs in the post-coronavirus landscape, where CYPs' SEMH challenges are evolving.

2.8.5 Introduction to the current research

Overarching themes and recommendations relevant to the present study's context will now inform and guide its focus.

Section 2.3.2 explored the unprecedented impact of the pandemic on already lengthy wait times faced by secondary-aged CYP seeking to access professional support services. This places this population of CYP at increased risk of adverse outcomes relative to other populations.

Sections 2.6.1 and 2.6.1.4 discussed the increasing pressures placed upon schools to provide early intervention to this population and the integral role of SENCos in this. SENCos are thus considered well-placed to collaborate with other professionals supporting CYP (e.g., EPs), coordinate their work, monitor its impact, and identify effective supports. Therefore, the present study assumes SENCos perceive some EP approaches as effective in supporting the SEMH needs of secondary-school-aged CYP and seeks to fill a gap by exploring these views. The subsidiary aims of this study are to explore how this information could inform EP practice when supporting SENCos in implementing school-based SEMH supports for CYP, post-coronavirus.

Previous literature indicates that school staff broadly value a range of EP approaches. However, uncertainty surrounded some participants' understanding of the range of support that EPs can offer, suggesting that clarity may be needed. This research is interested in finding out the views of a group of SENCos regarding EP supports in the broadest sense. Therefore, a methodology that enables SENCos to share their views against a comprehensive, full coverage of this topic was required. Q-methodology's quali-quantitative approach consists of concourse gathering, semi-structured interviews, Q-sort tasks, and a post-sort questionnaire, which will be used to explore SENCo viewpoints.

Conducting this research may yield valuable insights into the direct and indirect SEMH supports considered to work, which EPs may wish to consider within their practice.

2.8.5.1 Research Question

Considering the literature and rationale presented, the present study's RQs remain relevant to the national agenda of enhancing school-based support for the rising prevalence of CYPs' SEMH needs, as laid out in Section 2.6.

What EP approaches (direct and indirect) do secondary-school SENCos perceive to be effective in supporting mainstream secondary-aged CYPs' SEMH needs post-coronavirus?

- What could these viewpoints tell us about how EPs may support this population's SEMH needs post-coronavirus?
- What could be the implications of the findings upon EP practice?

2.8.5.2 Contribution to the existing literature

Research has not yet explored the EP approaches found most effective in supporting secondary-aged CYPs' SEMH needs from SENCos' perspectives, nor has it focused on whether similarities or differences exist in how 'effective SEMH approaches' are construed by this population and whether these could constitute prevailing viewpoints. Several factors could contribute to the limited research, including:

- The complexity and heterogeneity of SEMH manifestations within complex social systems make it challenging to identify universally effective approaches.
- A lack of consensus regarding *effective* SEMH approaches may make identifying a cohesive understanding of best practices difficult.
- Resource constraints such as time and funding may restrict the scope and depth of studies that can be conducted.
- The prioritisation of other educational issues (e.g., academic achievement).
- Challenges surrounding real-world educational research (e.g., changing policies and populations).

The present study aims to outline elements of the EP role and provide guidance on the approaches SENCos find most effective for supporting CYPs' SEMH needs. None of the reviewed studies were conducted post-coronavirus, so new contributions to the research area within the current landscape are considered pertinent to updating and advancing research.

In seeking to inform practice, the present research proposes an exploratory approach. It adopts a holistic perspective to explore possible patterns in SENCos' views on effective EP approaches for supporting CYPs' SEMH needs within a post-coronavirus landscape. SENCOs are often the school-based professionals working closest with EPs, meaning

research should consider the views and findings shared with them (Andrews, 2017). It is therefore hoped that the present study's findings will build on previous research and the current evidence to offer some helpful guidance for EPs and SENCos who are providing and allocating school-based support to and for CYP with SEMH needs. By supporting an understanding of 'what works,' it is hoped that the findings may contribute to enhancing Tiers One and Two school-based SEMH support. Furthermore, if the findings support more CYP to access better quality in-school support, this may subsequently, in a small way, help others access the more specialised support needed more quickly.

2.9 Summary of the literature review

This chapter explored the current literature around school-based SEMH support. Previously, various policies, guidance, and initiatives have sought to address the continually rising prevalence of CYPs' SEMH needs. The importance of gathering staff views regarding EP support targeted at these needs have also been explored. The SLR identified five relevant studies, the conclusions of which informed the present study's focus, RQs, and methodology.

3 Methodology and procedure

This study explores SENCos' perspectives of approaches they feel constitute effective practice when used by EPs to (directly or indirectly) support CYP with SEMH needs. The suitability of the present study's chosen methodology and procedure will be appraised in this chapter as follows:

- Aims and background of Q-methodology.
- Ontological and epistemological positioning and reflexivity.
- Alternative research designs considered.
- Rationale for Q-methodology being the most appropriate methodology.
- An online study: Q-methodology procedure within the present study.
- Ethical considerations.

3.1 Introduction to Q-methodology

3.1.1 Aims and Background of Q-methodology

Q-methodology, developed by Stephenson in 1935, was chosen for the present study to explore SENCos' perspectives on effective practices used by EPs to support CYP with SEMH needs. Several key features of Q-methodology that align closely with the study's aims justify this choice.

One of Q-methodology's strengths is its use of a scientific framework for holistically and systematically exploring subjectivity and understanding within a sample population (Watts & Stenner, 2012). Subjectivity is an individual's perspective on matters significant to them, including beliefs, opinions, and values (McKeown & Thomas, 2013; Rieber, 2020). Q-methodology allows the subjectivity to be observed and measured through participants'

interactions with objects and the surrounding environment (i.e., statements that reflect their beliefs and experiences) (Herrington & Coogan, 2011; Watts & Stenner, 2012; Webler et al., 2009a).

Unlike qualitative-only approaches such as thematic analysis or grounded theory, which focus on generating themes and concepts from data, Q-methodology provides a structured approach to exploring, analysing, and communicating how participants rank and prioritise different statements about a topic. Combining quantitative *and* qualitative data enables distinct patterns of thought and shared viewpoints to be revealed (Watts & Stenner, 2012; Brown, 1980).

Although quantitative-only methods, such as Likert-scale surveys, can capture attitudes, findings can lack the depth to understand nuanced subjective perspectives and may risk response bias (Howitt & Cramer, 2010). Conversely, Q-methodology addresses this by treating the set of ranked items (Q-set, a pre-prepared, comprehensive group of statements about the focus topic) as a gestalt, a holistic representation of each participant's subjective stance (Brown, 1995; Herrington & Coogan, 2011), captured in measurable data for analysis. This approach is particularly suitable for exploring complex topics like SEMH support, where understanding individual differences in experience and beliefs is essential (Watts & Stenner, 2012).

Q-methodology consists of a Q-sort activity and by-person factor analysis (Small, 2011). *Q-sorting* involves participants systematically ranking the Q-set along a pre-determined continuum. Each Q-set statement is ranked based on its perceived psychological significance to a subjective dimension (e.g., agree/disagree) (Brown, 1995; Herrington & Coogan, 2011;

Watts & Stenner, 2012). When viewed as a whole, participants' completed Q-sort patterns reliably and scientifically represent their viewpoint on the RQ (Brown, 1980; Watts, 2012). *By-person factor analysis* compares and contrasts different sorting patterns (i.e., individual participants' Q-sorts) (Brown, 1980; Ramlo, 2016; Watts & Stenner, 2012), allowing for identifying and grouping those with shared social viewpoints expressed as factors (Watts & Stenner, 2005a; Webler et al., 2009). Q-methodology's capacity to identify these patterns makes it particularly fitting for the present study's aim of exploring shared perspectives among SENCos.

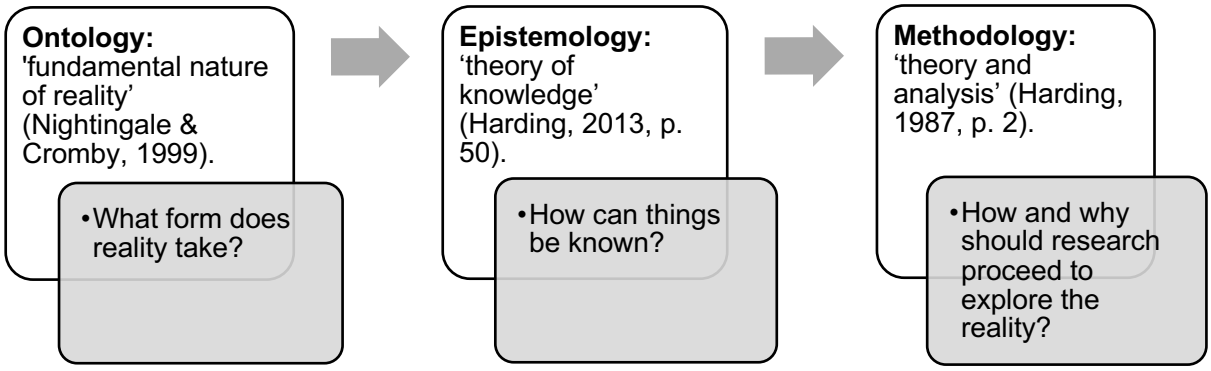
Additionally, Q-methodology counters limitations inherent in hypothetico-deductive (scientific) methods that require separating phenomena into parts. Subsequently, the holistic understanding necessary to interpret interrelated perspectives can be lost (Watts & Stenner, 2012). Instead, Q-methodology considers the phenomenon to be best understood as a whole and explores how the sum of its parts (individual Q-set items) contributes to the overall viewpoint (completed Q-sort) (Brown, 1980).

Furthermore, Q-methodology's abductive approach aligns with the present study's aim of exploring and *discovering* hypotheses rather than testing preexisting ones (Biesta, 2010; Kaushik & Walsh, 2019; Stephenson, 1980; Watts & Stenner, 2005a). Interpretations and new knowledge are drawn from observed data patterns, with hypotheses generated to explain these (Curt, 1994; Shank, 1998; Watts & Stenner, 2012). Importantly, Q-methodology does not enforce a priori assumptions; participants, not the methodology or researcher, assign value and meaning to the data, enhancing the findings' validity and relevance (Watts & Stenner, 2005a).

3.2 Ontological and epistemological positioning and reflexivity

'Paradigms' refer to the overarching frameworks influencing how phenomena are viewed, researched and understood (Kuhn, 1962). Each paradigm holds interrelated beliefs, values, and assumptions that shape and guide the research process, from ontology to epistemology and methodology (Denzin & Lincoln, 2008; Guba & Lincoln, 2005; Pritchard, 2021). Figure 2 illustrates this relationship, demonstrating how paradigmatic selection shapes the researcher's methodological choices.

Figure 2. *A figure presenting the relationships between philosophical stances considered by researchers.*



Conceptualising the positioning of the current research and methodological decisions requires knowledge of its ontology and epistemology. Q-methodology has been positioned in various paradigms, including post-positivist, constructivist-interpretivist, and post-modernist (Gephart, 1999). The current researcher positions it within social constructionism (justified in subsequent sections). Details about excluded philosophical positionings are provided in Appendix K, along with rationales for the decisions.

3.2.1 Social Constructionism

In contrast to positivism, which assumes a single, objective, external and observable reality (expanded upon in Appendix K), social constructionist ontology recognises that individuals' beliefs and experiences form their subjective interpretations of reality (Cresswell, 2009; Mertens, 2023). Social constructionism emphasises individuals' active role in constructing knowledge through their experiences and social interactions (Lincoln et al., 2011). As such, social constructionist researchers must consider the RQ through the range of psychological lenses participants wear (Cohen et al., 2017). From this epistemological position, knowledge is considered co-constructed by researchers and participants through discourse, fostering mutual understanding (Mertens, 2023).

3.2.1.1 Distinguishing Social Constructionism and Constructivism

Social constructio*nism* and social constructi*vism* are often used interchangeably (Young & Collin, 2004). However, as Q-methodology can align with both, distinguishing the two is essential (Watts & Stenner, 2012). The former typically describes knowledge as socially constructed by groups of people (i.e., *shared* viewpoints), whilst the latter focuses on each individual's unique constructions of reality (i.e., their *specific* views) (Robson, 2011).

3.2.2 Post-modernism and Constructivism

Within the post-modernist-constructivist paradigm, the post-modernist aspect rejects explaining concepts through grand narratives and instead emphasises the role of language and discourse in shaping diverse perspectives. It acknowledges individual constructions of meaning *and* knowledge's collective, context-dependent nature. In the present study, this would focus on individual SENCos' perspectives and experiences instead of forcing them into a universal theory of SEMH support.

3.2.3 The Current Study's Epistemological Standpoint

This research is positioned within a post-modernist-constructionist paradigm. It seeks to explore *shared* viewpoints amongst a group of SENCos regarding how they construe SEMH support for CYP (Watts & Stenner, 2012), discussed further in Section 2.8.5. Consistent with the social constructionist ontology, multiple realities are considered to exist, moving away from viewing SEMH support as a 'universal' theory and acknowledging and expecting that individual SENCos' will construe effective EP approaches in various fluid ways, influenced and shaped by beliefs, social interactions, experiences, and contexts (Burr, 1995). Aligning with a social constructionist epistemology, knowledge and mutual understanding will be actively and socially constructed through discourse between the Q-methodological researcher and participants, enabling the exploration of how SENCos construct their subjective understandings of effective EP approaches in supporting SEMH needs (Watts & Stenner, 2012).

3.2.3.1 Reflexivity

Biesta (2010) proposes that knowledge is constructed through the interplay between an individual's actions and the consequences. However, researchers' actions can be inseparable from their experiences, beliefs, and context (Kaushik & Walsh, 2019; Morgan, 2017), so personal and methodological (functional) reflexivity is important for enhancing transparency within research. The former explores the impact of a researcher's characteristics (e.g., biases, assumptions, beliefs) upon the research, while the latter considers the influence of researcher decisions (Finlay, 1998).

Section 1.1 details the researcher's motivations for the present study. The demographic information in Table 3 further supports reflexivity.

Table 3. *A table displaying the researcher's demographics in the interest of supporting reflexivity.*

Demographic criteria	Researcher demographic
Age	33
Gender	Female
Relevant professional experience	Key stage 2 teacher and middle leader in multiple mainstream educational settings, TEP within three EPS.

The Q-methodological researcher applies their interpretation of data at various stages, including concourse gathering, interview question design, Q-set refinement, and Q-sort interpretation. The present researcher acknowledges that they cannot passively observe nor be wholly removed from decisions during these processes. Ongoing functional reflexivity sought to mitigate this and ensure decisions were carefully considered (discussed in Section 3.2).

3.3 Alternative research designs considered

Alternative research designs were considered before Q-methodology was selected as most suitable for addressing the RQ— lack of existing hypotheses and a priori assumptions made experimental methods and deductive approaches inappropriate. Exploratory reading of research into educationalists' perspectives of SEMH supports identified some frequently used research designs, including semi-structured interviews (e.g., Andrews, 2017; Corradi, 2019) and focus groups (e.g., Harvest, 2018; Shelemy et al., 2019a) with thematic analysis (TA) (e.g., Cunningham et al., 2022), semi-structured interviews with Interpretative Phenomenological Analysis (IPA) or Discourse Analysis (DA) (e.g., (e.g., Barker et al.,

2002; Hallam, 2014; Potter & Wetherell, 1987), and Exploratory Factor Analysis (e.g., Kline, 2014). Appendix L presents details of these alternative designs and reasons for their subsequent rejection.

3.4 Rationale for Q-methodology being the most appropriate methodology

Q-methodology was selected as the most appropriate methodology for the present study due to several distinctive qualities discussed in this section.

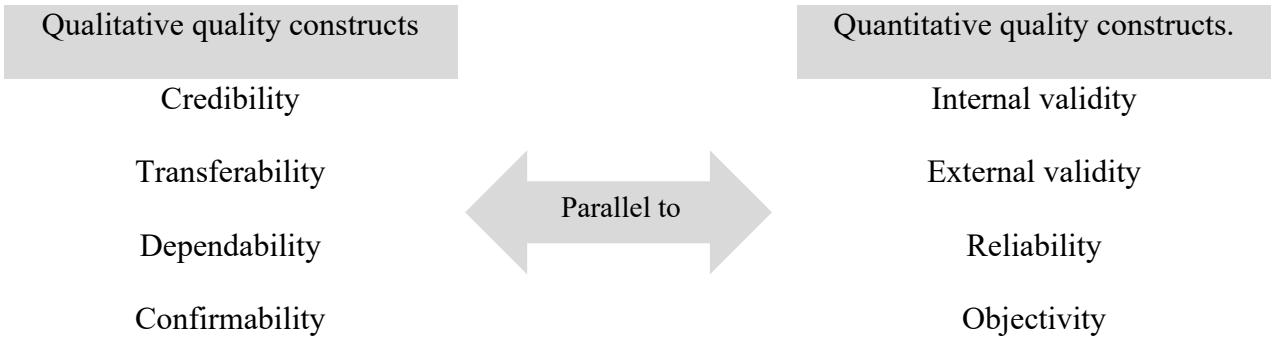
3.4.1 Quality Indicators of Q-methodology

To support ongoing researcher reflexivity and help with the interpretability of the study's findings, the design of this Q-methodological study will be critiqued using robust quality indicators, crucial, given Q-methodology's complex "qualiquantilogical" nature (Fàbregues & Molina-Azorín, 2017). Despite various quality indicator models existing (e.g., Guba, 1981; Tracy, 2010; Yardley, 2000), none explicitly assess the academic rigour of "qualiquantilogical studies" (Ramlo, 2016).

While some researchers have evaluated qualitative and quantitative aspects separately, others, including the present researcher, advocate an integrated approach (Armstrong, 2017; Teddlie & Tashakkori, 2011). Guba (1981) proposed four constructs to assess the trustworthiness of studies with qualitative aspects: credibility, transferability, dependability, and confirmability. Later guidance emphasised flexibility and reflexivity, advising researchers to adapt the standardised criteria to their study's unique characteristics, context and paradigm (Guba & Lincoln, 1989; Lincoln et al., 2011).

As shown in Figure 3, Guba's (1981) qualitative quality constructs can be considered parallel to quantitative quality criteria (Shenton, 2004).

Figure 3. *A figure displaying Guba's (1981) qualitative quality constructs and their parallel quantitative quality constructs.*



The present researcher drew upon Shenton's (2004) Framework of Provisions to evaluate the trustworthiness of the current study design against Guba's (1981) qualitative quality indicators.

3.4.2 Outcomes of critique

Q-methodology has several distinctive qualities that make it most suitable for the present study and answering the RQ. These are summarised in Section 3.4.2.1, with further details in Appendix M, Table M1. Appendix N, Table N1 displays an assessment of the present study's trustworthiness against qualitative (Guba, 1981) and quantitative quality constructs. Potential issues and limitations are identified, and mitigations are applied to reduce them. Some of these were informed by Shenton's (2004) proposed framework of provisions (Figure O1).

3.4.2.1 Q-methodology's distinctive qualities

Credibility and internal validity: Q-methodology emphasises holistic configurations of viewpoints, which makes the approach effective for understanding the complex and nuanced perspectives of SENCos. For example, it can be used to explore shared viewpoints on socially

contested topics, such as SEMH and focus on holistic social representations rather than individual opinions. Q-methodology has been applied in educational psychology research to explore topics including parent-child relationships, emotionally-based school avoidance, resilience and inclusion.

Transferability and external validity/generalisability: Q-methodology is not concerned with transferability but seeks to amplify quieter voices and retain diverse perspectives. This is important for furthering the current understanding of SENCos' varied viewpoints regarding 'what works' to support CYPs' SEMH needs.

Dependability and reliability: Q-methodology overcomes reductionism and maintains integrity in research by using rigorous, transparent analysis, preserving interactions between viewpoints and inverting the traditional participant-variable relationship.

Confirmability and objectivity: Q-methodology is especially suitable for researching topics like SEMH (social, emotional, and mental health), where no clear consensus exists (Watts & Stenner, 2012). Combining qualitative and quantitative aspects, systematically delineating common views, uncovering clusters of shared viewpoints, generating fresh knowledge, and re-evaluating effective school-based SEMH supports, provisions, and practices (Szulevicz, 2021; United Nations Educational Scientific and Cultural Organization, 2020b) enables subjective views to be gathered objectively, reducing bias and enhancing participants' articulation of their perspectives.

Q-methodology's distinct advantages over semi-structured interviews and focus groups: In addition to trustworthiness, Q-methodology offers the present study several unique

advantages in comparison to more traditional qualitative research methods like focus groups and semi-structured interviews. These include:

Reduction of bias: In contrast to methods that rely on participants' verbal articulation and recall of past experiences, which can be influenced by group dynamics or interviewer bias, Q-methodology uses a structured ranking process (the Q-sort). This reduces social desirability bias and ensures all views are represented equally, including those that are quieter and less frequently heard (e.g., SENCos).

Systematic comparison: Q-methodology's use of factor analysis to systematically compare participants' views (Q-sort configurations), reducing researcher interpretation bias.

Capturing implicit viewpoints: While interviews and focus groups often require explicit sharing of views through direct questioning, Q-methodology captures both explicit *and* implicit viewpoints by asking participants to rank a set of pre-planned statements. This, along with factor analysis, can reveal nuances that may not emerge in other contexts.

Preserving complex viewpoints: Q-methodology preserves the complexity of participants' subjective viewpoints by asking them to sort the Q-set on a continuum of relative importance (e.g., more effective-less effective). This structured yet holistic approach increases transparency and replicability compared to some more traditional qualitative approaches, which often use thematic analysis and categorise responses into predefined categories.

Providing a quali-quantitative method: Q-methodology combines qualitative depth with quantitative structure, objectively presenting subjective viewpoints while reducing researcher bias. This is particularly useful for exploring socially contested topics, such as SEMH.

In summary, Q-methodology's high credibility, validity, and reliability make it the most appropriate and robust approach for exploring SENCos' viewpoints on EP approaches perceived to support CYPs' SEMH needs most effectively.

3.5 An online study

Gathering views from SENCos across the UK could present potential logistical and ethical challenges. To lessen these, mitigations were required, as outlined in this section and expanded upon in Appendix O.

Online research has been criticised for being less reflective and yielding lower-quality data due to researchers being unable to verify participants' understanding of tasks (Couper et al., 2001), and paper materials distributed via post have been confusing and unwieldy for participants (ten Klooster, 2008). The present study mitigates these risks using specialist Q-methodology software to facilitate the process and ensure data quality (e.g., Frater, 2021; Lazard & Capdevila, 2020; Pritchard, 2021). Section 3.5.1 details decision-making around software choice.

Reviews comparing online and in-person Q-sort tasks found no difference in validity and high correspondence in the logistics and composite reliability (Nazariadli et al., 2019; Reber et al., 2000), concluding equivalence (Pritchard, 2021).

Within an online format, social desirability bias and researcher influence can be reduced while participants' anonymity is preserved (Cross, 2005).

A potential limitation is that online research frequently yields more IT-literate participants, potentially excluding those with less IT knowledge (Grigorian et al., 2004; Postlethwaite et al., 2020). While the current research acknowledges the potential for exclusion, it assumes SENCos possess basic IT skills due to their job requirements and further addressed this concern by applying strict P-set inclusion and exclusion criteria (Appendix V, Table V1).

Like all online studies, internet-based Q-sorts can experience higher participant attrition rates than in-person studies due to the researcher's physical absence (Fricker et al., 2005; Postlethwaite et al., 2020). The present study allowed participants to complete the Q-sort at their convenience, hoping to increase participation (Pritchard, 2021).

The impact of remote Q-sort delivery remains underexplored; however, considering the points discussed, an online study was deemed appropriate.

3.5.1 Software and website selection

To ensure ethical and logistical requirements were adhered to, the researcher evaluated the suitability of multiple Q-sort software and websites, first independently and then collaboratively with two peer-doctoral students using Q-methodology. The appraisal criteria were guided by those used successfully in previous Q-methodological doctoral research (Pritchard, 2021). This guided the present researcher's decision-making concerning the subsequent acceptance or rejection of the software and websites. Outcomes of the appraisal are presented here, with further details and the applied evaluative criteria presented in Appendix P.

Banasick's (2023) EQ Configurator software (Version 2.0.0) was selected for its customisable instructions, consistent and editable card style and layout (Watts & Stenner, 2012), logistical alignment with in-person Q-sort tasks, ability to facilitate participants' continuous reflection and *relative* evaluation by allowing them to view their whole Q-sort and connectivity to database program for data storage (Banasick, 2023; Watts & Stenner, 2012). This software also overcame challenges found within others, detailed in Appendix P.

Ramlo (2021) has published research which successfully used the EQ Configurator software and, to the present researcher's knowledge, has no vested interest in promoting the program. Similarly to the present study, Ramlo (2021) used the same size Q-set and snowball sampling to recruit participants online, though the P-set size is not specified. Further, EQ Configurator is regularly updated in response to user feedback and has a sister program for Q-methodology data analysis, discussed in Section 3.7.2.3.

Other software and websites used in the present study included:

- Microsoft Teams (Microsoft Corporation, 2024)for researcher-participant support,
- The Qualtrics website (Qualtrics, n.d.) for hosting consent forms, participant information sheets, and the Q-sort URL,
- The Netlify website (Netlify, n.d.) for webpage deployment,
- The Stein website (Stein, n.d.) for linking data storage between Qualtrics and Google Sheets (Google, 2024) in compliance with General Data Protection Regulation (GDPR) Guidelines (European Parliament and Council, 2016) to protect participant data and maintain ethical standards.

3.5.2 Instructions

Instructions are essential to a Q-sorts' success (Watts & Stenner, 2012), particularly in the absence of the researcher, as in online studies (Watts & Stenner, 2012). The present research mitigated this by providing written step-by-step guidance (detailed within Section 3.7.1.2.3.4) and offering real-time remote assistance (e.g., phone or video call) to participants needing clarification or guidance (Watts & Stenner, 2012).

3.6 Ethical considerations

The ethical principles addressed and mitigations taken are summarised in Appendix Q, Table Q1. Ethical requirements were upheld and continually reflected upon in line with professional standards and guidelines to ensure the protection and respect of all involved in the research.

Key documents consulted included:

- Standards of Conduct and Performance and Ethics (Health and Care Professions Council, 2016).
- Code of Ethics and Conduct (British Psychological Society, 2021a).
- Code of Human Research Ethics (British Psychological Society, 2021b).

Ethical approval was gained from the UoN's Ethics Committee (Appendix R).

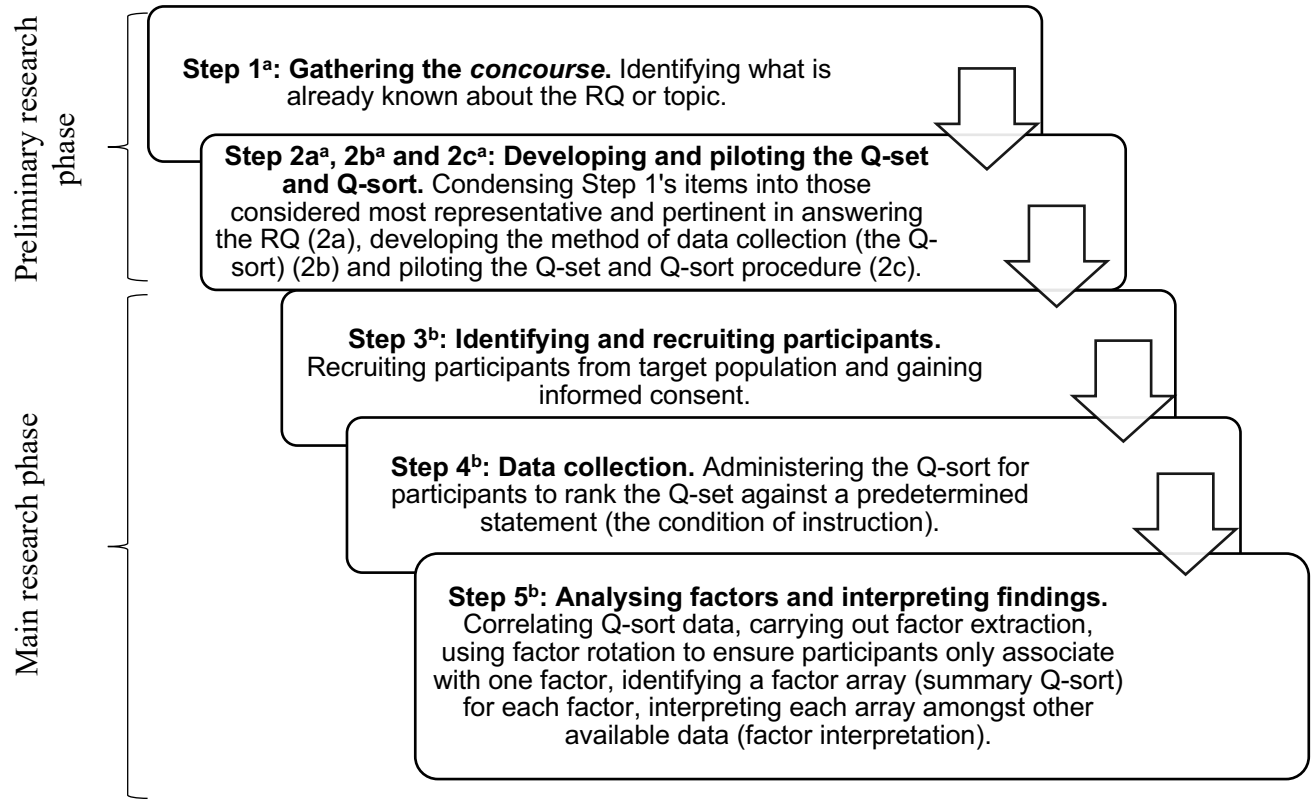
3.7 Overview of Q-methodology's Procedure

Q-methodology can be conceptualised into several systematic steps (Watts & Stenner, 2012).

The present study adopts a five-step process and further divides these into two phases:

preliminary and main, broadly conceptualised in Figure 4.

Figure 4. *Overview of the present study's five-step Q-methodological procedure.*



Note. [a]Steps involved contributions from EPs, AsEPs, and TEPs working with at least one UK-based mainstream secondary school and a secondary school SENCo.

[b]Steps three, four, and five involved secondary SENCo participants.

To distinguish individuals who contributed to the preliminary research phase from those who participated in the main research phase, the former will be labelled *'contributors'* and the latter *'participants.'*

This methodology section has two main parts: the preliminary phase (Section 3.7.1) and the main phase (Section 3.7.2). For consistency, the headings align with those used in Figure 4.

Broad details of each phase are provided, followed by more specific information on the present study's method.

3.7.1 Preliminary research phase

This section provides details of the process followed during the preliminary research phase (Figure 4, steps 1, 2a, 2b, and 2c). This includes gathering the concourse (Figure 4, step 1), condensing it into the EP approaches considered most representative and pertinent to answering the RQ (Figure 4, step 2a), developing the Q-sort (Figure 4, step 2b), and piloting both the Q-set and Q-sort with contributors and peer researchers, respectively (Figure 4, step 2c).

To help plan the concourse gathering strategy, the researcher informally scoped the field with 16 fellow TEPs to identify the EP approaches they had used to support CYPs' SEMH needs. Sixty approaches were identified (examples are presented in Appendix S). Watts and Stenner (2012) advise that the findings of informal scoping must be present in the final Q-set for it to be considered 'broad and balanced' (discussed further in Section 3.7.1.2.3.1).

3.7.1.1 Figure 4, step 1: Gathering the concourse.

Step 1 involves gathering the *concourse.* The *concourse* typically consists of written statements that broadly and thoroughly capture all possible opinions, viewpoints and representations surrounding the RQ or topic (Rieber, 2020; Stainton Rogers, 1995; Stephenson, 1986). Often ambiguous and subjective, it reflects the personal and diverse ways humans communicate (McKeown & Thomas, 2013).

The Q-researcher gathers the *concourse,* which can be 'ready-made' or 'naturalistic' (Watts & Stenner, 2012). The former is gathered from existing, relevant information (e.g., academic

articles, books, and media); the latter is collected directly from the target population through interviews, for instance (Watts & Stenner, 2012). The resulting *concourse* items form the basis of the Q-set and should best represent the topic in a balanced, unambiguous and concise manner (Rieber, 2020).

3.7.1.1.1 Current Study: Gathering the Concourse

Following the informal scoping detailed in Section 3.7.1, an inductive method involving direct and indirect data collection was used to gather the concourse. Multiple sources were used to identify the approaches used by EPs to support CYPs' SEMH needs (Watts & Stenner, 2012), detailed in Appendix T.

3.7.1.1.2 Recruitment of contributors

No specific number of contributors was required. Several sampling strategies were considered (detailed in Appendix U); however, opportunity sampling was selected to ensure broad and diverse viewpoints were gathered and represented. This sought to recruit contributors from personal and professional relationships, various educational settings, geographical locations, and EP services (LA and private) (contributor inclusion and exclusion criteria are detailed in Appendix V). Potential contributors were sent the research poster, URL to the preliminary activity phase's information sheet and consent form (Appendices W, X and Y, respectively). The documents requested that contributors also partake in the subsequent Q-set piloting, though several could not.

Details of the contributors' demographics and the research stages each contributed to are presented in Appendix Z. Notably, all contributors were previous teachers who had supported CYPs' SEMH needs, and most had taught literacy, aligning with suggestions to submit the Q-

set to a literacy specialist (Sexton et al., 1998). One contributor was an experienced Q-methodology researcher, and another was a previous primary school SENCo (this information is omitted from Tables Z1 and Z2 to maintain participant anonymity).

3.7.1.1.3 Procedure for concourse gathering in Q-methodology design

A mutually suitable date and time were agreed upon for the 1:1 (one researcher: one contributor) semi-structured interviews via Microsoft Teams. The interview questions (displayed in Appendix AA) were pre-prepared and inspired by Frater's (2021) Q-methodological study, which, similar to the present research, sought the views of educators (headteachers) on a complex topic (inclusion) that also had no consensus on its definition.

Using interviews allowed the researcher to respond reflexively to the contributors' responses and remain focused on 'what works' in relation to the SENCos' professional practice within the potentially sensitive topic of 'SEMH.' The question prompt sheet (Appendix AA) was displayed via the 'share screen' function, and significant emerging statements were written. This allowed the recorded information to be continuously checked for accuracy and omissions *with* and *by* the contributors' (McKeown & Thomas, 2013; Watts & Stenner, 2012). The interviews took between 15-60 minutes, and no upper or lower limit was applied to the number of examples or answers provided. Following participation, contributors were emailed the debrief form (Appendix BB).

3.7.1.1.4 Summary of Gathering the Concourse

In summary, the wide range of sources drawn upon during rigorous concourse gathering and development resulted in a representative concourse and reduced researcher bias (Webler et al., 2009). At this point, the concourse consisted of 413 statements (112 contributed by participants and 301 drawn from existing research) about EP approaches used to support

CYPs' SEMH needs. Statements, along with the role of their contributor, were recorded in an Excel sheet (displayed in Appendix CC).

Some amalgamation, reduction, and wording alterations were required to ensure the statements stood alone, were grammatically correct, and were accessible to SENCos in the general UK secondary education system.

3.7.1.2 Figure 4, step 2: Developing and piloting the Q-set (step 2a) and Q-sort procedure (step 2b).

Step 2 includes three sub-steps (2a, b and c). These involve decision-making regarding the Q-set structure and size (2a) and how participants in the main research phase will sort the Q-set during the Q-sort (i.e., the condition of instruction and Q-sort poles, distribution (shape and kurtosis) of the Q-sort grid), and the instructions provided during (2b). Step 2c subjects these elements to piloting.

3.7.1.2.1 Figure 4, step 2a: Developing the Q-set.

3.7.1.2.1.1 Q-set structure

Q-sets can be structured or unstructured: the former is developed from an existing framework or themes, while the latter involves the researcher viewing the research topic more broadly (Watts & Stenner, 2012). Both Q-set structures have benefits and drawbacks. While structured frameworks can support the development of a comprehensive and balanced Q-set, an unstructured, holistic approach can offer increased flexibility during Q-set construction. Further, structured Q-sets risk poor credibility if key areas of the framework are omitted during Q-set creation, whereas unstructured Q-sets, while flexible, can be more challenging, time-consuming, and prone to researcher bias.

Each item in the Q-set must be heterogeneous and refer to a single subject matter while retaining topic coverage. Watts and Stenner (2012) conceptualised this as *'carpet tiles' covering* the *'floor'* (the field of interest) with no gaps or overlap.

3.7.1.2.1.2 Q-set size

In Q-methodology, the number of Q-set items represents the sample size rather than the participants (Watts & Stenner, 2012). Still, there is yet to be a consensus regarding the ideal Q-set size. However, considerations should include ensuring the topic area remains fully represented while weighing up the number of statements participants can be expected to sort (Watts & Stenner, 2012). Previous studies recommend between 40-80 statements, with 50 statements taking 30-60 minutes to sort (Akhtar-Danesh et al., 2008; Kerlinger, 1969; Watts & Stenner, 2012). However, effective interpretations have been derived from a Q-set as small as 25 items (Watts & Stenner, 2005a).

Condensing the Q-set involves strategically comparing, contrasting, and reducing Q-set items to create an increasingly focused Q-set that remains thorough but is manageable in size (Watts & Stenner, 2012).

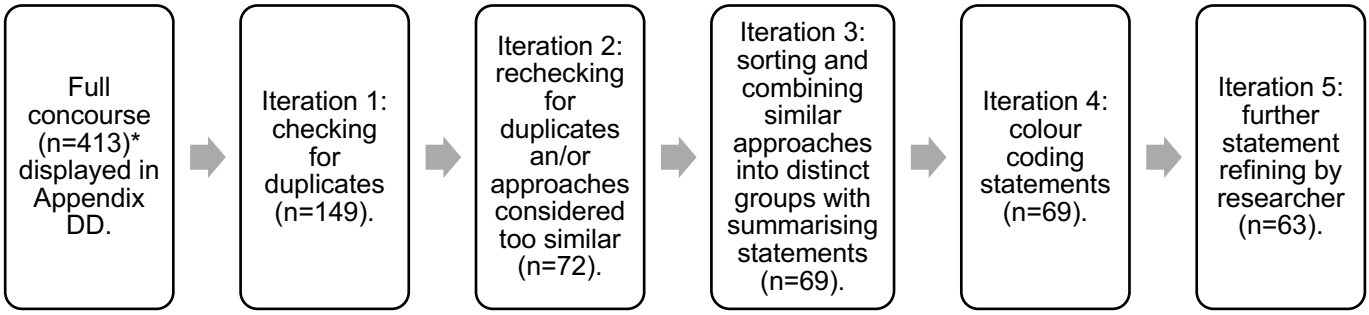
3.7.1.2.1.3 Current study: Q-set structure

An unstructured Q-set was developed due to the lack of existing research in the field of study and the absence of researcher a priori assumptions regarding existing frameworks and themes (Watts & Stenner, 2012), ensuring the study remained exploratory and unbiased.

3.7.1.2.1.4 Current study: Q-set size

A target of 40-80 heterogeneous statements was sought (Stainton-Rogers, 1995; Watts & Stenner, 2005a; Webler et al., 2009). Multiple iterations involved checking, refining, and reducing the 413 statements to 63. Figure 5 displays this process, and Appendix DD gives detailed examples and explanations of each iteration. The resultant 63-item Q-set is shown in Appendix EE.

Figure 5. *A figure presenting an overview of the iterative process of Q-set checking, refining, and reducing that the researcher completed.*



Note. *Bracketed numbers () indicate the remaining statements following each iteration.

3.7.1.2.2 Figure 4, step 2b: Developing the Q-sort procedure

3.7.1.2.2.1 Condition of instruction and Q-sort poles

The condition of instruction is an unambiguous instruction given to participants by the researcher to guide how the Q-set should be sorted (Watts & Stenner, 2012). It is informed by the RQ, ensuring participants can respond effectively to it by sorting the statements against clear, single opposites (e.g., most agree to most disagree (McKeown & Thomas, 2013; Watts & Stenner, 2012).

3.7.1.2.2.2 Q-sorting grid

Researchers must devise an appropriate grid for participants to sort the Q-set, considering distribution, scale range, and kurtosis. Q-sorts can use forced (fixed) or free-choice distributions (Stephenson, 1982). Forced sorts use a pre-defined pattern, limiting the number of items ranked at each scale value. Free sorts allow unrestricted placement. Examples are in Appendix FF.

Forced distributions have faced criticism regarding the potential negative impact of restricting participants' sorting upon their affective factors (e.g., frustration). Several studies

found that standardised distributions can balance the extremes and benefit participants' affective factors by reducing decision-making demands while capitalising on participants' knowledge base by requiring meaningful distinctions at the poles (Watts & Stenner, 2005a, 2012; Webler et al., 2009). Further, standardised distributions offer clearer, more conveniently presented data that is more valid (Block, 2008; Watts & Stenner, 2005a, 2012; Webler et al., 2009). Interestingly, Brown (1980) found non-significant effects between the distribution types, concluding the choice is immaterial provided it is standardised as both allowed participants considerable flexibility during sorting and neither impacted emerging factors (viewpoints). Subsequently, many Q-methodological researchers select fixed distributions for convenience and pragmatism.

3.7.1.2.2.3 Scale's range (distribution), slope and numbering

Kurtosis refers to the data's shape and impacts the extent to which extreme values or outliers exist. High kurtosis means more outliers, and low kurtosis means fewer.

Within fixed quasi-normal distributions, many Q-sorts apply scales of 9, 11 or 13 points (i.e., +4 to -4, +5 to -5, or +6 to -6, respectively) (Watts & Stenner, 2012). The choice of scale size depends on factors including Q-set size, topic familiarity, and balancing participant's affective factors. Larger ranges (shallower kurtosis) require more, potentially unnecessary, sorting decisions, whereas smaller ranges (steeper kurtosis) are more restrictive. However, Q-sorting's factorial nature means that even with a 9-point fixed distribution, a 33-item Q-set allows millions of permutations, providing flexibility to explore holistic viewpoints (Brown, 1980). Brown (1980) recommends 11 columns for less familiar topics like 'SEMH supports.'

3.7.1.2.2.4 Instructions

Section 3.5.2 highlighted the importance of instructions in online Q-sorts. Section 3.7.1.2.2.8 will share the current study's approach to providing instructions.

3.7.1.2.2.5 Line of agreement

A completed Q-sort's 'line of agreement' indicates where a participant's agreement ends and neutrality begins, supporting factor interpretation (Watts & Stenner, 2012). However, Q-sort instructions (Section 3.5.2) should clarify that assigning a negative value to an item does not necessarily indicate disagreement but rather less agreement than higher-ranked items (Watts & Stenner, 2012).

Some Q-methodology studies include a pre-sorting activity where participants organise the Q-set into three piles (e.g., agree, disagree, and neutral) before sorting them onto the Q-grid (McKeown & Thomas, 2013).

Salient Q-methodology literature recommends encouraging participants to adjust their configuration throughout and review their final Q-sort to ensure it reflects their holistic viewpoint (Herrington & Coogan, 2011; Watts & Stenner, 2012).

3.7.1.2.2.6 Current study: The condition of instruction and Q-sort poles

Various combinations for the condition of instruction and Q-sort poles were considered (Appendix GG) with the following selected and piloted (detailed in Section 3.7.1.2.3.3.1):

Condition of instruction:

'As a SENCo who supports CYP with SEMH needs, I think _____ constitutes effective EP practice.'

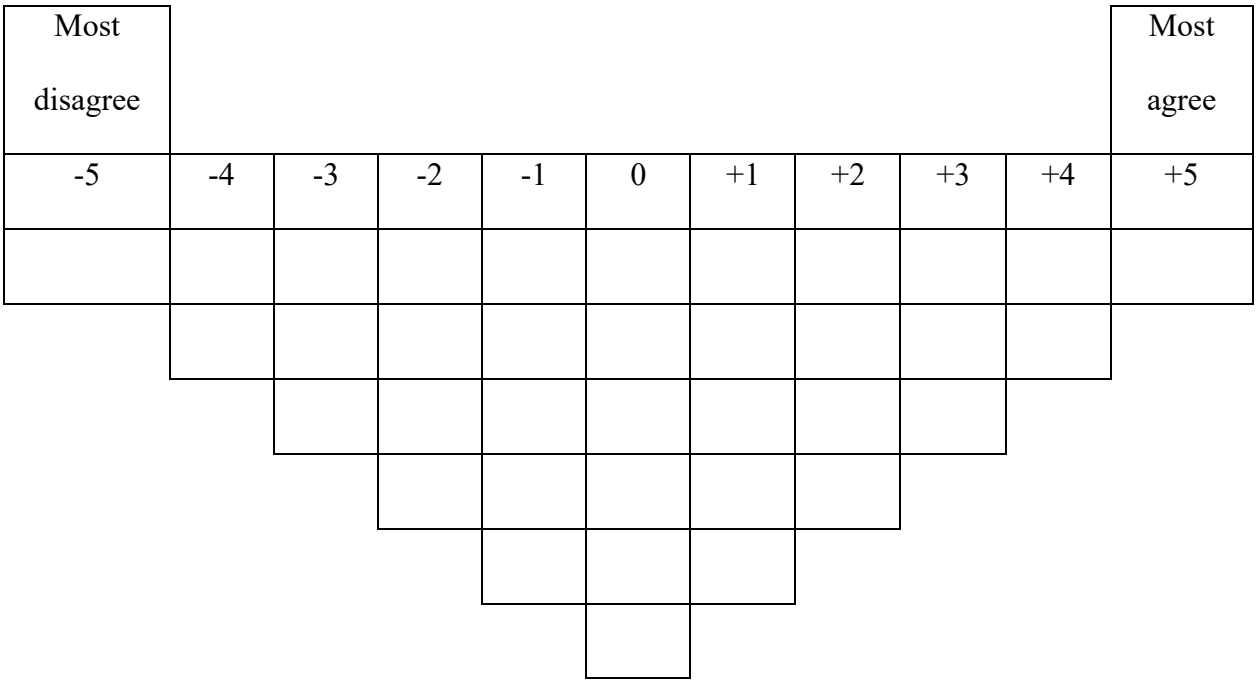
Q-sort poles:

'Most agree – Most disagree.'

3.7.1.2.2.7 Current study: Q-sorting grid

For several reasons, a forced-choice, quasi-normal distribution grid with a steeper kurtosis (eleven ranking values from -5 to +5) best fit the present study's Q-sort (shown in Figure 6). Firstly, the steeper kurtosis helped capture participants' diverse and potentially polarised views, respecting the variety of perspectives and helping to ensure the data remained representative of these. Secondly, it reduced the risk of bias by requiring participants to make definitive sorting choices rather than opting for neutrality. Thirdly, forced-choice grids can be the most appropriate fit for Q-studies exploring topics that are relatively unfamiliar, socially contested, and lacking definitive definitions, as with 'SEMH' (Brown, 1980).

Figure 6. *A figure showing the present study's forced-choice, quasi-normal distribution grid.*

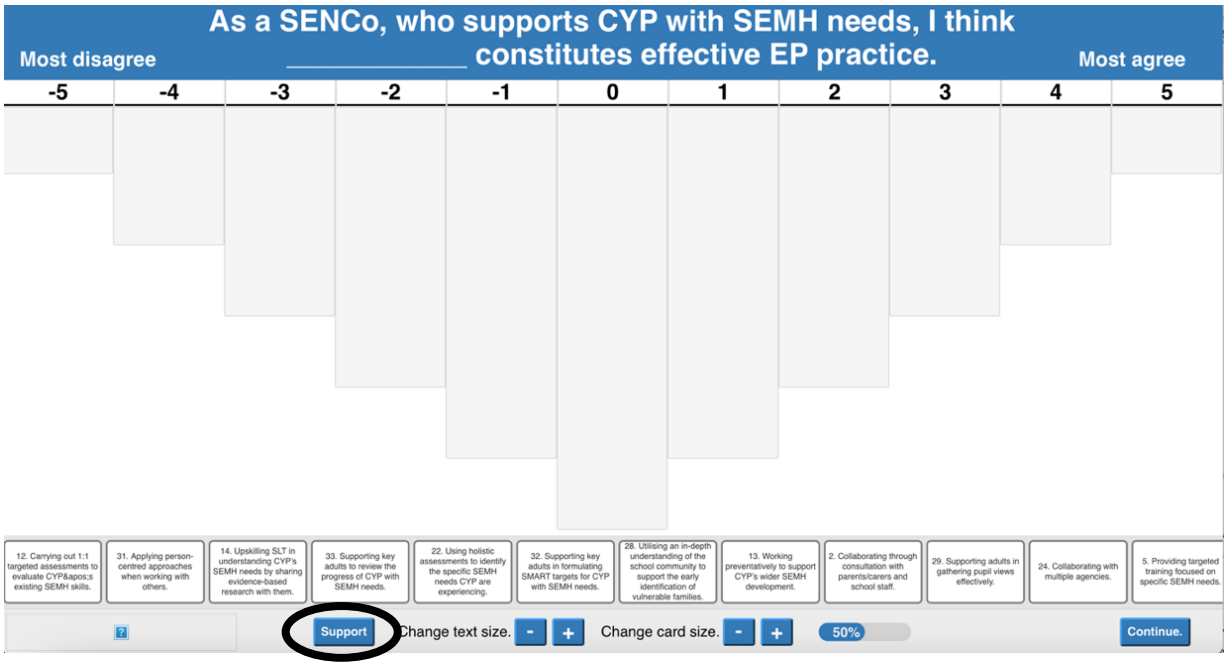


3.7.1.2.2.8 Current study: Instructions

Guided by Watts and Stenner (2012), the researcher created step-by-step written instructions for the online Q-sort process (available in Appendix HH). This promoted transparency and ensured that participants understood and could follow the procedure.

Participants were informed that they could re-access the instructions by clicking a consistently available 'Support' button (circled in Figure 7).

Figure 7. *A figure showing the consistently available 'support' button (circled) within the Q-sort activity.*



3.7.1.2.2.9 Current study: Line of agreement

The EQ Configurator's functionality did not collect data about the participants 'line of agreement.' Including a question in the post-sort activity was considered but rejected, as the program did not allow participants to revisit their submitted Q-sorts. This meant they would have needed to answer retrospectively, which had the potential to cause negative affects (e.g., frustration).

The absent 'line of agreement' is recognised as a limitation. Consequently, factor interpretations and descriptions of an SEMH approach's effectiveness will be provided tentatively, particularly regarding those ranked +1 to -1. Factor interpretation is explained further in Sections 3.7.2.3 and 4.3.

3.7.1.2.3 Figure 4, step 2c: Piloting (the Q-set and Q-sort procedure)

Watts and Stenner (2012) advise Q-researchers to conduct several checks to ensure rigorous refinement of the Q-set and Q-sort procedure. The following sections present the steps taken and the rationales behind the decisions.

3.7.1.2.3.1 Piloting the Q-set

Rigor during Q-set development is essential to ensure clarity, reduce duplication, identify omissions, ensure thorough coverage and representativity, and reduce researcher bias (Watts & Stenner, 2012). However, due to each Q-set's specificity to any given study, evaluating its quality before participants engage in Q-sorting, is challenging. This can present difficulties with validity testing. However, this can be mitigated by referring to the outcomes of informal scoping (discussed in Section 3.7.1) and gathering feedback from piloting, which can aid researcher judgement regarding whether the Q-set has 'broad and balanced' coverage (Watts & Stenner, 2012). Best practice suggests pilot participants should be knowledgeable of and able to comment authoritatively on the research area (Herrington & Coogan, 2011; Watts & Stenner, 2012; Lundberg et al., 2020).

3.7.1.2.3.1 Current study: Piloting the Q-set

Along with the iterative refinement process outlined in Section 3.7.1.2.1.4 and Appendix BB, the researcher also piloted the Q-set to ensure rigour and reflexivity. Piloting feedback was sought from two peer researchers (also completing Q methodological studies), an experienced Q-methodology researcher, and a previous primary school SENCo. The concourse gathering written consent form (Appendix Y) also applied to the piloting stage, which contributors were aware of.

Contributors were emailed the Q-set piloting form (Appendix II), which contained the current Q-set (n=63) and draft glossary. Contributors were asked to scrutinise the accuracy and clarity of the summarising statements and the statement groupings for duplications, mutual exclusivity, frequency, variety of contributing sources, clarity of wording/terminology, relevance, grammar and readability. Detailed descriptions of the criteria are provided in Appendix JJ.

After feedback was received, it was subsequently reflected and acted upon (Watts & Stenner, 2012). This is detailed in Appendix KK.

Following piloting, the finalised Q-set was n=36 (available in Appendix LL). When reviewing the reduced Q-set, the researcher considered the 36-item Q-set's representativity of the topic. The researcher was also cautious of the potential time constraints faced by participants and the conditions under which they agreed to participate in the activity (that it would take around 15 minutes).

3.7.1.2.3.2 Piloting the Q-sort procedure

In contrast to the specialist knowledge of the Q-set pilots, Watts and Stenner (2012) suggest pilots reviewing the overall Q-sort procedure and materials (e.g., the condition of instruction, Q-sort poles, Q-grid's shape, and kurtosis) should hold a lesser understanding of the topic (Watts & Stenner, 2012). It is argued that this can help identify and rectify logistical challenges, establish how easily individuals can interpret and sort the Q-set, and reduce researcher bias (Cross, 2005; Herrington & Coogan, 2011; Lundberg et al., 2020; Sexton et al., 1998).

3.7.1.2.3.3 Current study: Piloting the Q-sort procedure.

To pilot the Q-sort procedure, the researcher created a draft of the main research phase's overall Q-sort procedure using EQ Configurator's Step-by-Step guidance (Section 3.6.1.3 of the program) (Banasick, 2023). The draft Q-sort procedure included the finalised 36-item Q-set (Appendix LL) and the proposed 'condition of instruction,'' Q-sort poles, and Q-grid's shape and kurtosis (detailed in Sections 3.7.1.2.2.6 and 3.7.1.2.2.7, respectively).

Peer researchers who were also using Q-methodology for their studies piloted the procedure. They were emailed the URL for the Q-sort activity and the Q-sort procedure feedback form (Appendix MM) and asked to complete them based on the procedure. Appendix KK displays feedback from the Q-sort procedure piloting.

3.7.1.2.3.3.1 Current study: Piloting the condition of instruction and Q-sort poles.

After exploring piloting feedback (Appendix KK, Table KK1, particularly number 6), the proposed condition of instruction and Q-sort poles (Sections 3.7.1.2.2.6) were considered suitable and effective for the main research phase.

3.7.1.2.3.3.2 Current study: Piloting the Q-grid's shape and kurtosis

Feedback from piloting the Q-grids' shape and kurtosis (Appendix KK, Table KK1, particularly number 7) suggested some perceived the Q-sort as challenging. However, an experienced Q-methodologist's feedback identified no issues, and the researcher felt reflection and careful consideration were necessary elements of the methodology and task. As such, the task's potentially challenging nature was acknowledged in the instructions (Section 3.7.1.2.2.8). Further, in addition to the reasons presented in Section 3.7.1.2.2.7, pragmatically, the forced-choice grid's pre-set pattern (**Figure 6**) fit the reduced 36-item Q-

set, supporting consistency during data collection and processing while remaining manageable. As such, the planned shape and kurtosis of the Q-grid were retained.

3.7.1.2.3.4 Current study: Piloting the instructions

To ensure the instructions (Appendix HH) were fit for purpose, they were also tested as part of the Q-sort procedure pilot. Feedback (presented in Appendix KK, Table KK1) was used to refine the instructions. For example, based on Number 6's feedback, there appeared to be an emerging need to reiterate that assigning an item a negative value on the Q-sort grid's continuum indicates *less* agreement than items placed higher, as opposed to displaying *dis*agreement. After feedback had been actioned, the instructions were uploaded to the Q-sort via the EQ Configurator.

3.7.1.2.3.5 Current study: Limitations of piloting stage

Several limitations to the piloting stage are noted, including the limited diversity and inclusivity of contributor demographics (detailed in Appendix Z). Barriers to achieving this included participant time constraints and the desire to participate.

Despite the researcher's best efforts to seek contributors from various demographics, all contributors were female. Although ideal inclusivity and diversity were not achieved, researcher rigour and reflexivity during concourse gathering and piloting assessed the Q-set's representativeness. They were considered to reduce the risk of omitted nuances.

Further, one secondary SENCo, knowledgeable in 'SEMH supports' and who contributed to the concourse gathering, could not participate in later piloting due to time constraints. However, initial concerns regarding Q-set adequacy were allayed due to the contribution of others with specialist knowledge of the area (two EPs, two TEPs, and two AsEPs).

3.7.2 Main research phase

3.7.2.1 Figure 4, step 3: Identifying and recruiting participants

Step 3 of Q-methodology involves identifying and recruiting participants, referred to as the P-set. This step is part of the main research phase.

3.7.2.1.1 P-set selection

Q-methodology does not seek to determine the proportions of populations with particular viewpoints, so it does not require a representative sample (Hulme et al., 2023; Webster & De Boer, 2021). However, the P-set should hold pertinent viewpoints relative to the topic (Watts & Stenner, 2012).

3.7.2.1.2 P-set size

Q-methodology uses inverted factor analysis. This reverses the typical 2:1 participant-to-variable ratio (Rost, 2021) and enables meaningful statistical analysis (Kline, 2014). The P-set should be diverse enough to maximise the potential for many variables yet smaller than the number of Q-set statements to avoid missing or cancelling finer data patterns (Brown, 1980; Watts & Stenner, 2012). Recommendations for P-set sizes range from 20 to 60 to a 3:1 statements-to-participant ratio (Stainton-Rogers, 1995; Watts, 2015; Webler et al., 2009).

3.7.2.1.3 P-set recruitment strategy

Q-methodological studies use various sampling strategies, including random, convenience, stratified, or opportunistic. Each has benefits and drawbacks, which are considered in Appendix U.

3.7.2.1.4 P-set characteristics

Explicit inclusion and exclusion criteria help prospective participants judge their eligibility to partake.

3.7.2.1.5 Current study: P-set selection

The current study seeks to extend the limited research exploring SENCos' perspectives, discussed in Chapter 2. Thus, to ensure its focus and relevance, inclusion criteria for the P-set included SENCos working in mainstream secondary schools in the UK. To avoid potential bias and conflicts of interest, SENCos previously known to the researcher through professional or personal connections were excluded from the main research phase, and double participation in the preliminary *and* main research phases was not allowed. Further details of inclusion and exclusion criteria is provided in Appendix V, Table V1.

3.7.2.1.6 Current study: P-set size

Based on the 2:1 and 3:1 recommended ratios (Kline, 2014; Watts, 2015; Webler et al., 2009), the lower and upper limits to the P-set's size were 12 and 18, respectively.

3.7.2.1.7 Current study: Recruitment strategy for P-set

Opportunity and non-probability 'snowball' sampling was used to recruit the P-set (procedural details are provided in Appendix NN). The study poster (Appendix OO), Qualtrics URL, participant information sheet (Appendix PP), and written consent form (Appendix QQ) were distributed electronically. The sampling strategy was repeated in the search for meaningful statistical analysis until the desired sample size (between 12 and 18) was met. Section 3.7.2.2.2 will provide specifics regarding the Q-sort procedure used.

3.7.2.1.8 Current study: P-set characteristics

Eighty-six eligible individuals (Appendix V, Table V1 provides detailed inclusion and exclusion criteria) expressed interest in participating in the study during November and December 2023. Fourteen completed the Q-sort. Potential motivations for attrition include insufficient time to participate, realising ineligibility for participation, a change of mind, or

realising that the Q-sort activity was incompatible with mobile devices (explained on the study poster and information sheet (Appendices OO and PP, respectively).

To ensure statistical validity and avoid compromising ethical principles, as the P-set reached the desired sample size range and before taking the Qualtrics URL and Q-sort website offline, partially completed Q-sorts were checked for. The P-set identified as female with an average of 8.3 years of experience working as mainstream secondary school SENCos (tabulated in Table 4).

Table 4. *A table displaying the P-set characteristics.*

Participant	Years in role
1	10
2	25
3	9
4	3
5	1
6	3.5
7	4
8	2
9	20+[a]
10	8
11	2.5
12	2
13	18
14	8

Note. [a]For data analysis purposes, this number is assumed to mean between 20 and 21 years. It is rounded to 20 years because EQ Web Configurator only allows numerical values.

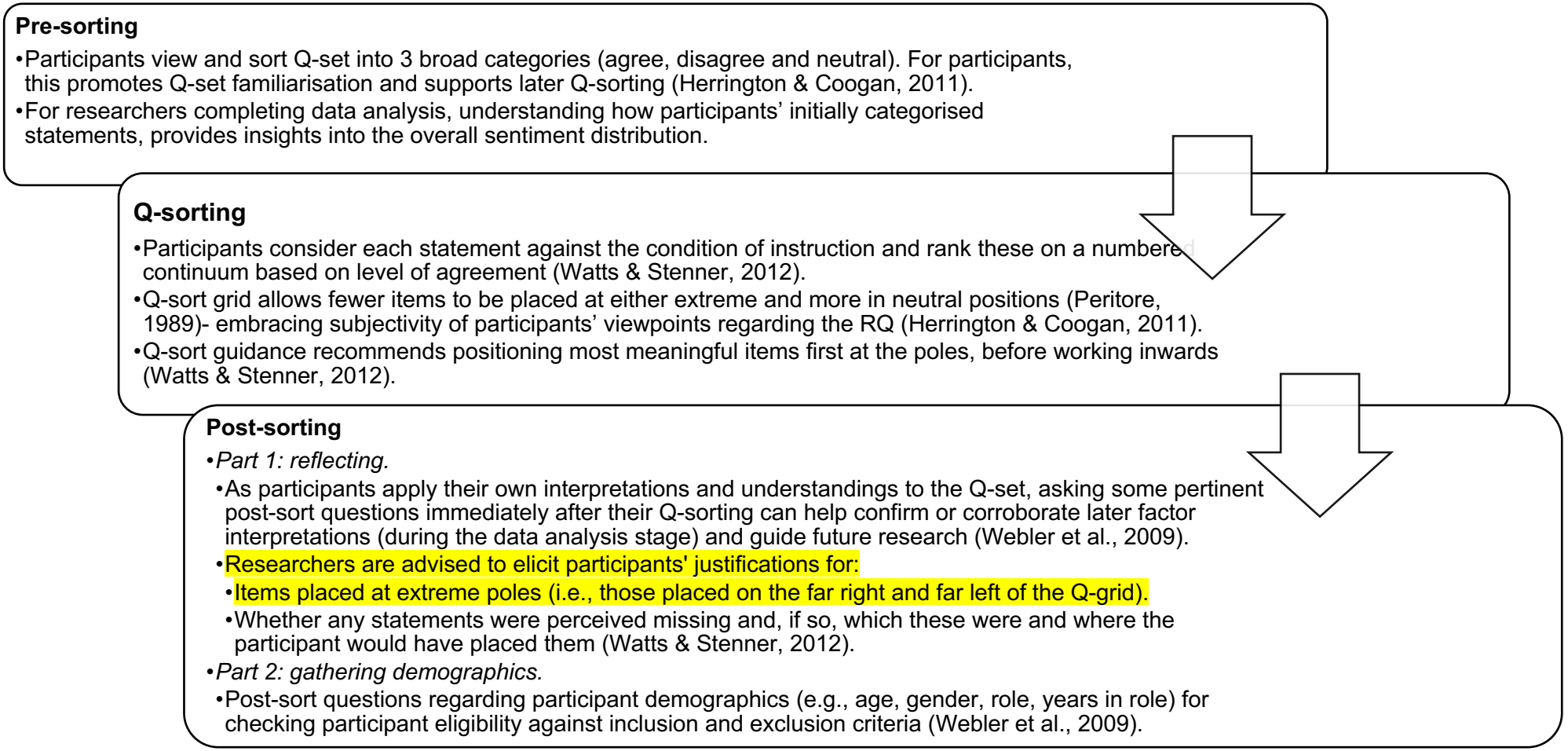
3.7.2.2 Figure 4, step 4: Data collection

Step four is data collection, which forms the second part of the main research phase.

3.7.2.2.1 Administering the Q-sort

During data collection, participants are guided through three parts containing activities (pre-sorting, Q-sorting, and post-sorting), as shown in Figure 8.

Figure 8. *A figure outlining the three parts of Q-methodology data collection (pre-sorting, Q-sorting and post-sorting activities).*

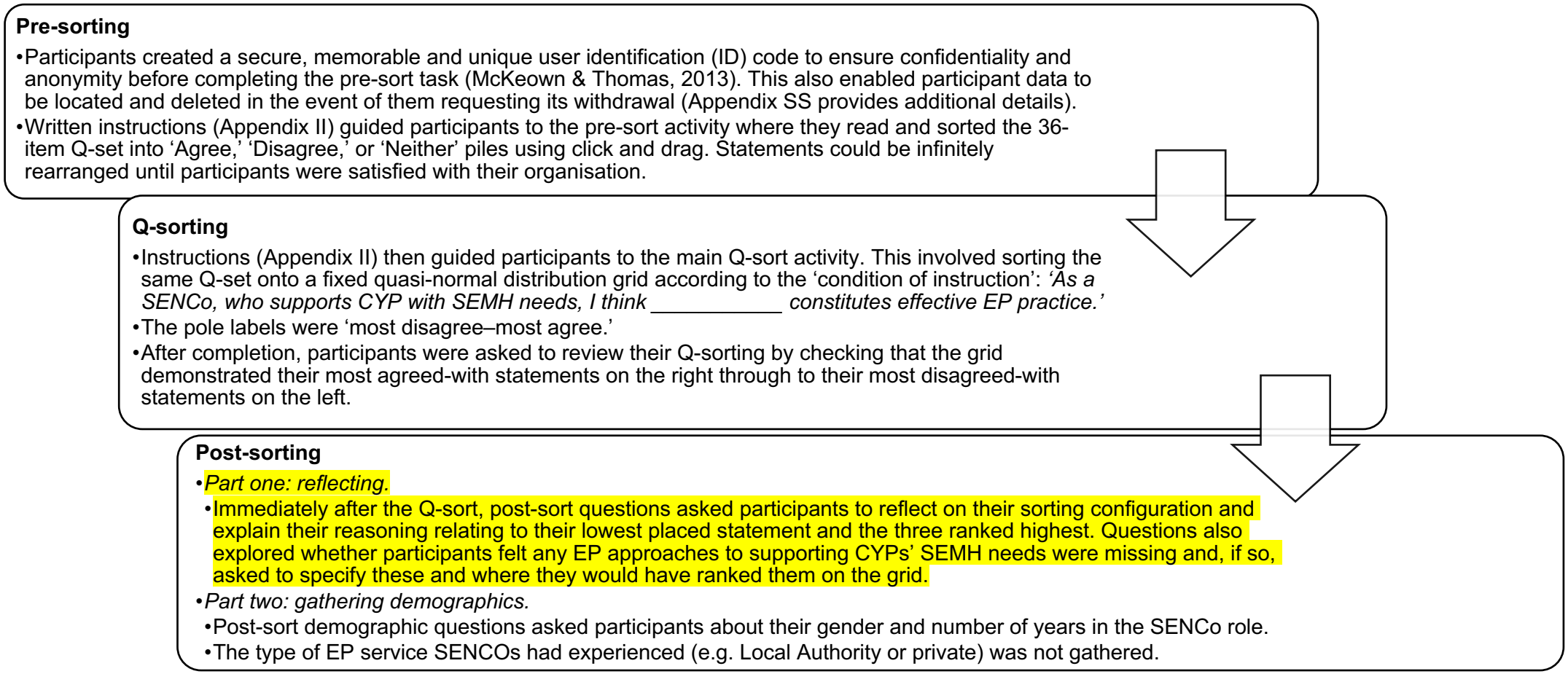


3.7.2.2.2 Current study: Administering the Q-sort

After providing informed consent, participants were given the URL of the Q-sort website. The written instructions (Appendix HH) loaded automatically when they visited.

Figure 9 outlines the present study's Q-sort administration process, and Appendix RR provides additional procedural information. For consistency, this information is organised under the headings used in Figure 8- pre-sorting, Q-sorting, and post-sorting (part one: reflecting and part two: gathering demographics). Following the demographic questions, participants submitted their data, and the debrief sheet (Appendix SS) was displayed.

Figure 9. *A figure outlining the three parts involved in the present study's Q-methodology data collection, comprising pre-sorting, Q-sorting, and post-sorting activities.*



3.7.2.3 Figure 4, step 5: Analysing factors and interpreting findings.

The fifth and final step in Q-methodology involves analysing the factors and interpreting the findings. Here, an overview of the factor analysis process will be given before details relating to the current study's process are presented in Chapter 4. These involve the researcher making multiple decisions in response to the presenting data and are thus considered more accessible when read within this context.

3.7.2.3.1 Preparing and inputting data

Specialist computer programs (e.g., Banasick's EQ Configurator) can support data analysis using correlation and by-person factor analysis to group similar Q-sorts and reveal distinct viewpoints (Hulme et al., 2023; McKeown & Thomas, 2013; Ramlo, 2016). (Watts & Stenner, 2012). Some preparation is required before the raw data can be input into the program. This includes assigning unique IDs to participant data (Watts & Stenner, 2012), often used to summarise participant demographics so that this can be included in the final Ken-Q Analysis Desktop Edition (KADE) output and considered during data analysis. Further preparation can involve the Q-researcher cross-checking the raw data for errors before uploading the Q-set statements and completed Q-sorts to a specialist Q-sort software (discussed in Section 3.7.2.3.2 concerning the present study).

3.7.2.3.2 Current study: Preparing and inputting data

Multiple data analysis programs were evaluated for suitability. The KADE application (Banasick, 2019a) was selected for reasons including compatibility, accessibility, and reliability (full details are provided in Appendix TT).

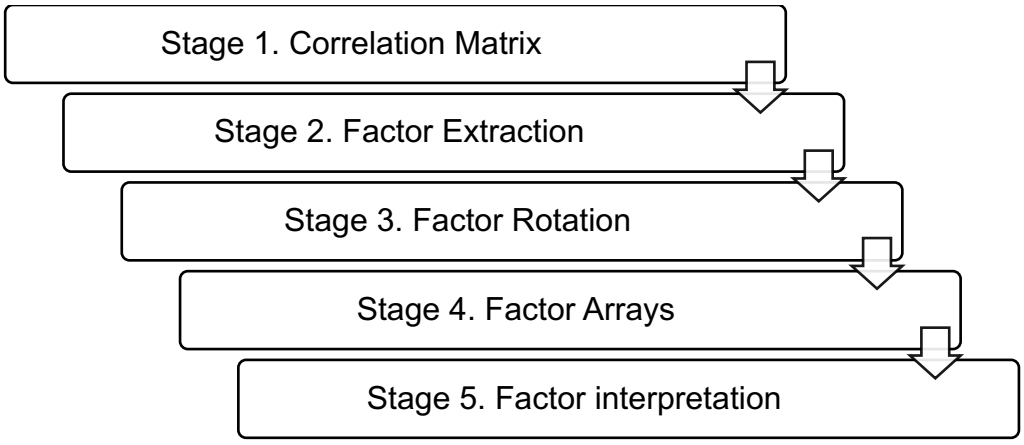
Before uploading to KADE, each Q-sort was assigned a unique ID that summarised the participant's demographic data (detailed in Appendix RR, Table RR1).

To identify factors, the 36 statements and 14 Q-sorts were then uploaded to KADE (Banasick, 2019a) as comma-separated value files and forced Q-sorts. Factor analysis could proceed after checking the data's accuracy by 'eye-balling,' cross-comparing the uploaded data sets, and viewing KADE's predicted Q-sort grid kurtosis.

3.7.2.3.3 Overview of factor analysis process within Q-methodology design

Q-methodology's data analysis process can be considered to have five main stages, outlined in Figure 10.

Figure 10. *A figure presenting Q-methodology's data analysis process in five stages.*



Stage 1: Correlation Matrix is the first stage of data analysis in Q-methodology. Q-methodology seeks to reduce the number of Q-sorts representing individual participants' views to factors summarising group viewpoints (Watts & Stenner, 2012), so by-person factor analysis is used to identify the inter-correlation of whole Q-sorts. The resulting correlation matrix reveals shared patterns (e.g., similarities and differences or agreement and disagreement) between individual Q-sorts (Ramlo, 2016; Van Exel & de Graaf, 2005). High correlations indicate similar configurations or shared views.

The analysis seeks to form social narratives by capturing the complexity of collective viewpoints (Webler et al., 2009). Participants with similar Q-sort configurations are grouped into *'factors'* representing unique viewpoints on the RQ (Brown, 1993) that are held constant in time and compared to others' (Herrington & Coogan, 2011).

A high correlation between factors suggests they are too similar to interpret separately and may instead be considered different manifestations of a single viewpoint (Watts & Stenner, 2012). Conversely, low correlations indicate unique or divergent viewpoints. Researchers can apply several measures to ensure the robustness and representativity of data analysis. This can include analysing the Q-sorts (viewpoints) separately to understand their distinct perspectives, excluding the low correlations from the main factor analysis if significant skewness is of concern, or reanalysing the data to see if additional meaningful factors emerge when outliers are included.

Stage 2: Factor extraction is the second stage of data analysis. Two methods are available: Centroid Factor Analysis (CFA) and Principal Component Analysis (PCA).

Q-methodologists prefer CFA (Stephenson, 1953; Brown,1980) for several reasons. Firstly, it allows for exploring multiple perspectives before deciding on the '*best solution'* (Watts & Stenner, 2012, p.99). Secondly, it enables abductive exploration, combining theory ('top-down' deductive) and data ('bottom-up' inductive) when selecting solutions (Watts & Stenner, 2012). Thirdly, it extracts the largest common variance as Factor One, repeating until no further common variance exists, meaning no new significant viewpoints emerge (Watts & Stenner, 2012). Finally, the output (*unrotated* factor loadings) provides Pearson

correlation coefficients showing to what extent individual Q-sorts typify each factor's pattern (loading).

Nevertheless, CFA has faced criticism for its pragmatic approach, subjective decision-making, and lack of theoretical grounding (Henson & Roberts, 2006; Tabachnick & Fidell, 2007).

In contrast, PCA offers a 'single, mathematically *best* solution' (number of factors extracted) for extracting 'components' (Watts & Stenner, 2012, p. 99), assuming a normal distribution for each variable (Q-sort). However, this limits the opportunity for exploratory engagement with the data in an abductive, investigative, or theoretically driven factor rotation process, leading some to argue that PCA cannot be considered *'factor analysis'* (Watts & Stenner, 2012).

There is no definitive number of factors to retain during factor extraction (Hogarty et al., 2005; Williams et al., 2010). However, initially retaining more factors can be particularly useful in gathering complexities and nuances in the data and subsequently lead to a more comprehensive analysis. The number of factors can be reduced later if they are considered to contribute little to the final solution and if removing them is not detrimental to others (Watts & Stenner, 2012).

Several statistical guidelines help ensure sound judgements of latent factors, factor reduction and construction, and avoid reliance on a single criterion (Costello & Osborne, 2005; Henson & Roberts, 2006). Brown (1980) recommends initially extracting more factors than are expected to be significant, as seemingly small levels of systematic variance can positively

influence major factor loadings. To reduce the risk of prematurely disregarding valuable viewpoints, *'Brown's Magic Seven'* suggests initially retaining seven unrotated factors. However, guidance varies with Watts & Stenner (2012) advocating a 6:1 sample-to-variable ratio and suggesting the retention of three to six factors.

Once the number of extracted factors is decided, their unrotated factor matrices are explored for their Eigenvalues, explained variance estimates and each Q-sort's communality. *Eigenvalues* represent each extracted factor's statistical strength and explanatory power (Watts & Stenner, 2012). Q-sorts *communality* reflects the amount of correlation between Q-sorts and factors. *Explained variance* refers to what extent a factor explains the study variance, with higher percentages more desirable as they indicate that a factor represents the underlying patterns within the data more effectively, between 35-40% is considered acceptable (Kline, 2014).

Four objective statistical guidelines can be applied to the uncorrelated factor matrices (Costello & Osborne, 2005; Thompson & Daniel, 1996). They support the researcher's decision-making during factor analysis by indicating the number of factors to retain for further exploration. The guidelines simplify the factor solutions and produce scale one-dimensionality (differences in factor variance being due to one latent factor/variance source, i.e., one Q-sort) (Williams et al., 2010). The four guidelines are Kaiser-Guttman Criterion (Guttman, 1954; Kaiser, 1960), significance loading (Brown, 1980), Humphrey's rule (Brown, 1980), and Scree Plot testing (Cattell, 1966). Appendix UU provides descriptions of each guideline as well as the outcomes of applying the guidelines to the present study's data (to be discussed in Section 4.2.2).

Stage 3: Factor rotation is the third stage of data analysis. It aims to maximise the level of variance with the fewest factors while ensuring each Q-sort associates with only one factor (Watts & Stenner, 2012). Various factor solutions are explored and rotated to find the best possible solution (i.e., the most Q-sorts significantly loading onto one factor), as higher loadings indicate a greater contribution to the output (Watts & Stenner, 2012). The best possible solution provides the best possible viewpoint/s from which to understand and explain the RQ (Watts & Stenner, 2012).

If a Q-sort loads significantly onto multiple factors, it is *confounding*; if it loads onto no factors, it is *non-significant.* As confounding and non-significant Q-sorts can skew data, they are typically excluded during the factor rotation and estimate stage (Watts & Stenner, 2012).

The factor rotation process relates to the spatial positioning of each Q-sort's loading, with coordinates indicating the position of each Q-sort (Watts & Stenner, 2012). Factor rotation uses two main approaches: Varimax and manual, however, combining these can maximise the explained study variance (Appendix VV provides detailed information on the approaches).

3.7.2.3.3.1 Exploring factor solutions

A viable factor solution requires two or more significantly loaded Q-sorts. Therefore, in addition to applying the statistical guidelines during factor extraction (Section 4.2.2), it can also be helpful to explore whether adjusting the significance level (e.g., raising to $p < 0.001$ or lowering to $p < 0.05$) allows for additional loadings, or reduces or eliminates confounding Q-sorts (Watts & Stenner, 2012).

To alter the significance level, the following calculations can be used (Van Exel & De Graaf, 2005):

For $p < 0.001$:

$3.29\ x\ (1 \div \sqrt{Number\ of\ Q\ set\ Items})$

For $p < 0.05$:

$1.96\ x\ (1 \div \sqrt{Number\ of\ Q\ set\ Items})$

However, altering significance levels presents risks. *Type I errors* (false positives) occur when a test incorrectly indicates an effect or difference where none exists, leading to incorrect conclusions. Lowering the significance level can reduce the risk of *Type I errors* but increase the possibility of *Type II errors* (false negatives). *Type II errors* occur when a real effect or difference is not identified, resulting in possible missed opportunities. Raising the significance level can reduce the risk of Type II errors but increase *Type I errors*. A careful balance is required to minimise these risks.

3.7.2.3.3.2 Final factor solution

Varimax and manual rotation are typically used to identify the final optimal factor solution.

3.7.2.3.3.3 Judging the factor solutions quality

Webler et al. (2009) provided guidance for objectively judging the quality of a factor solution. These were:

- *Simplicity*- Retaining minimum factors without sacrificing important viewpoints.
- *Clarity*- Maximising participant loadings on a single factor, minimising confounding and non-significant Q-sorts.

- *Distinctiveness*- Exploring the distinct overall views to avoid missing nuances. Dancey and Reidy (2011) propose the following guidelines for interpreting between-factor correlations:
    - Weak: 0.1 to 0.3.
    - Moderate: 0.4 to 0.6.
    - Strong: 0.7 to 0.9.

  Lower correlations between factors are preferred to ensure each represents a distinct viewpoint, though capturing points of disagreement through extraction is also important (Webler et al., 2009).
- *Stability*- Preserving the stability of emerging clusters of participants who share similar viewpoints.

Stage 4: Factor arrays are best-estimate summary Q-sorts formed from the weighted average of *z*-scores from individual Q-set items loaded onto each factor (Plummer, 2012). Weighted averaging determines the items' positioning and ranking in the array. To enhance reliability and reduce error, all significantly loading Q-sorts are included in the estimate. Each array represents the typical response pattern of participants with similar Q-sorts, capturing Q-methodology's holistic nature by accounting for the whole item configuration within the relevant factor (Brown, 1993; McKeown & Thomas, 2013; Watts & Stenner, 2012).

Although some argue that reducing data from continuous to ordinal form loses information, combining arrays with *z*-scores provides a comprehensive understanding of the factors at both individual and collective levels. It also supports interpreting relationships between items (Watts & Stenner, 2012).

Stage 5: Factor interpretation is the final stage in Q-methodology's data analysis. It corroborates and validates the social perspectives within each factor (Webler et al., 2009). This involves comparing item data from pre-sort rankings, post-sort data and preexisting theories to support the researcher's sensemaking and the generation of a rich, holistic narrative of the viewpoint represented by each factor array (Stainton-Rogers, 1995). Q-methodology literature often refers to *factors* as *viewpoints* from this point onwards due to their shift from quantitative, statistical commonalities to qualitative, socially meaningful and subjective stances held by participants.

Watts and Stenner (2012) recommend using the crib sheet method for systematic analysis. They argue that this approach increases consistency, transparency, and rigour while reducing researcher bias and ensuring holistic factor interpretation grounded in data. The crib sheet method involves reviewing each factor's array to identify key items, including:

- Pole statements (highest and lowest ranked items).
- Distinguishing items (those ranked significantly differently between viewpoints).
- Consensus items (where there is a significant level of agreement between viewpoints).
- Items ranked at 0 (which does not necessarily indicate neutrality).
- The demographics of significantly loaded participants.

Using a consistent template containing the necessary information for final factor interpretation, the crib sheet method provides an accessible way to view and manage the complexity of the collective individual perspectives as social narratives that form the factors' overall viewpoint (Webler et al., 2009). It also ensures significant data is not overlooked, such as items ranked neutrally in one array but comparatively differently in another) (Watts & Stenner, 2012). Thus, the crib sheet promotes an analytical approach that considers the

possibility of multiple perspectives rather than one definitive solution (Watts & Stenner, 2012).

Abduction is used to generate preliminary hypotheses regarding why particular statements are ranked in specific ways. This involves consulting participants' individual Q-sorts, post-sort questionnaire responses, and all additional statements to ensure none have been dismissed. Corresponding statements can support or reject these hypotheses (Watts & Stenner, 2012).

Virtual research may use follow-up procedures like participant interviews to review, clarify, or validate the researcher's interpretation. However, using third-party websites or applications for this can compromise participant anonymity and data security. Alternatively, approaches, such as peer-reviewing the researcher's interpretation, may be used.

Finally, a summary of each viewpoint, based on all significantly loading Q-sorts and demographics, is then presented. Participants with the highest and lowest loadings are flagged as their responses were prominent in defining the viewpoints. The *z*-scores are explored for subtle nuances between rankings (e.g., the *z*-scores of two statements ranked at +3 can indicate differences in ranking that may not otherwise be apparent from the raw rankings alone). A qualitative interpretation of the viewpoint is provided, including direct quotations from questionnaire responses and a discussion of consensus and distinguishing items and those ranked at either pole. Consensus statements indicate significant agreement (shared perspectives) between the viewpoints. They are interpreted within the context of each factor array, acknowledging that similar rankings may carry different meanings within each viewpoint's overall narrative (Webler et al., 2009).

3.7.2.3.4 Current study: Stages 4 and 5: Factor arrays and interpretation

The factor arrays and interpretation stages involve the researcher making multiple decisions.

To support readability and ensure transparency during these parts of the analysis, *Chapter 4: Results* will provide context through examples, presenting rationales alongside the findings.

3.7.3 Measures to Enhance Validity

Potential threats to validity were considered. These and their mitigations are outlined in Table 5 (additional details in Appendix VV).

Table 5. *A table displaying potential threats identified, their possible impact upon validity and the mitigations applied to reduce the risk.*

Potential threat and possible impact on validity	Mitigations applied
Researcher bias influences findings.	• Reflective and reflexive practice. • Decisions reported transparently. • Piloted Q-set with contributors akin to target population. • Q-set reviewed by experienced Q-methodologist and peer-researchers.' • Data interpretation occurred only during final analysis stage. • Researcher avoided viewing the factor arrays before rotations to ensure abductive approach was maintained, and no prior knowledge impacted the manual rotations. • Q-set cards used had consistent appearance (text, colour, size, and rotation). • Q-sort program randomly numbered and presented the Q-set cards. • Examples removed from Q-set cards and placed in glossary. • Researcher referred to same glossary as participants (displayed in Appendix HH) to ensure statements were interpreted consistently.
Self-selection bias means voluntary participants likely have interest in the research topic and differ qualitatively from those not volunteering.	• Limitation acknowledged. • Descriptive data gathered. • Inclusion and exclusion criteria and study's purpose, specified.
Restrictive Q-set and Q-sort format means	• Rigorous Q-set development and piloting. • Accuracy of researcher's notetaking was checked with each contributor during interviews.

participants cannot accurately share their views.	• Post-sort questionnaire provided opportunity to share approaches perceived to be missing.
Social desirability bias leaves participants feeling they must communicate a particular viewpoint.	• Anonymous Q-sorting. • Only the participant was present during sorting. • Researcher contact details provided should participants want to share additional information.
Errors in interpretation or completion of Q-sort due to researcher's absence.	• Researcher contact details provided should participants require support. • Daily 'live support' timeslots offered to all participants. • Written instructions created based on Watts & Stenner (2012) and piloted.
Low ecological validity due to novel Q-sort task.	• Identical supplementary instructions for participants. • Items linked directly to the 'condition of instruction.'
Low method coherence and integrity lead to variation in participants' experiences.	• All participants received the same guidance. • Researcher kept decision log to increase replicability and transparency.
Stakeholders that could be interested in topic.	• Researcher bears no direct link with the researcher's host EPS. • The University of Nottingham (UoN) as research forms part of the researcher's professional training. The university's research and ethics panel approved proposal. • All participants provided informed, written consent. • SLT were not directly involved in study, apart from in the event of participating SENCos being a member of SLT. • Researcher remained systematic, ethical, and unbiased throughout. • No EP training programmes, Government policymakers, parents, teachers, or professional bodies were directly involved in the study.

3.8 Methodology summary

This chapter presented an overview of Q-methodology and its application in the present study. This included a rationale for Q-methodology being the most appropriate in answering the RQs:

- *Main RQ: What EP approaches (direct and indirect) do secondary-school SENCos perceive to be effective in supporting mainstream secondary-aged CYPs' SEMH needs post-coronavirus?*
- Subsidiary question 1: *What could these viewpoints tell us about how EPs may support this population's SEMH needs post-coronavirus?*
- Subsidiary question 2: *What could be the implications of the findings upon EP practice?*

Chapter 4: Results and analysis will provide specific details regarding the current study's stages 4 and 5 of Figure 10 (factor arrays and interpretation, respectively).

4 Results and analysis

4.1 Introduction to results and analysis

This chapter builds on Chapter 3's overview of Q-methodology's data analysis process (displayed in Figure 10) and, for consistency, continues to use the figure's headings. To ensure transparent and cohesive results, the chapter will provide context through examples, detailing the researcher's decision-making at various points. A systematic approach to analysis ensured conformity with Guba and Lincoln's (1982) Quality Criteria (Sections 3.4.1 and 3.4.2).

Aligned with the social-constructionist perspective, the researcher's role in interpreting the results and constructing a shared meaning of the research topic with participants is acknowledged. To reduce potential bias, the reader is invited to form their own interpretations using the presented raw data and findings.

4.2 *Current study:* Factor Analysis

4.2.1 Current study: Correlation matrix

Using KADE, the researcher applied by-person factor analysis. Appendix XX displays the similarly configured Q-sorts.

4.2.2 Current study: Factor extraction

CFA was used for factor extraction. This aligned with the researcher's social constructionist position by allowing and acknowledging researcher subjectivity, another researcher could analyse the data differently.

Watt and Stenner's (2012) 6:1 ratio suggested extracting three factors. However, the researcher had concerns about prematurely eliminating factors and losing participants' views,

so *Brown's Magic Seven* was applied. KADE generated the unrotated factor matrices for the seven extracted factors, their Eigenvalues, explained variance estimates, and each Q-sorts' commonality, which were then downloaded and explored. For transparency, these are displayed in Table 6, with further details in Appendix YY.

Table 6. *A table showing the correlation matrix, Eigenvalues and variance estimates for seven factors extracted using CFA.*

Q-sort number	Factors						
	One	Two	Three	Four	Five	Six	Seven
1	0.1763	0.5534	-0.237	-0.1677	0.1998	-0.0571	0.1475
2	0.5189	-0.197	-0.2223	0.0523	0.0497	0.5348	0.1507
3	0.3762	-0.0116	0.3086	0.0075	0.0844	-0.1116	0.2695
4	0.2108	0.0307	-0.0418	0.2246	0.031	0.2117	0.2281
5	0.5198	-0.2374	0.2902	0.4488	0.2945	-0.2076	-0.2089
6	0.6218	-0.2132	0.3587	-0.2472	0.1945	0.2578	0.1471
7	0.6423	0.3204	-0.0155	-0.3825	0.1293	-0.0591	-0.2073
8	0.8529	-0.4109	-0.2825	-0.1551	0.1765	-0.0221	0.0485
9	0.2124	-0.0593	-0.5295	0.2581	0.1953	0.0188	-0.2268
10	0.104	0.5095	0.0572	0.0068	0.1417	-0.1613	-0.0037
11	0.6333	-0.2021	0.1086	-0.1007	0.0563	0.0807	-0.2195
12	-0.0604	0.1924	0.1125	0.1761	-0.0474	0.3633	-0.2196
13	0.7651	0.074	0.197	-0.106	0.0425	0.1493	-0.0043
14	0.9089	0.1314	-0.0097	0.3046	0.0649	-0.2045	-0.1772
Eigenvalues	4.1553	1.0832	0.8424	0.7261	0.2926	0.689	0.459
% explained variance	30	8	6	5	2	5	3
Cumulative % explained variance	30	38	44	49	51	56	59

The researcher held no a priori substantive knowledge of the data so Watts and Stenner's (2012) guidance was used to direct decision-making pertaining to the number of factors retained for rotation and informing the best factor solution. The guidelines outlined in

Section 3.7.2.3.3 (stage 2) were applied to the matrices. The results are presented in Table 7 with additional details in Appendix UU.

Table 7. *A table displaying the findings of four statistical 'tests' used to guide factor extraction.*

Statistical 'test'		Number of factors indicated for extraction	Factors indicated for extraction
Kaiser-Guttman Criterion		2	1 and 2
Brown's Significant Loading Test		2	1 and 2
Humphrey's rule	strict: >0.34	1	2
	less strict: >0.17	5	1, 2, 3, 4, and 6
Scree Plot Test		1, 2, 4 or 5	-

The guidelines indicated between two and five factors should be retained for further analysis. Due to the varied results, inter-rater reliability checks were conducted by individuals familiar with Q-methodology (two TEPs and an individual who previously used Q-methodology in their doctoral research). The checks protected against researcher error and reduced potential bias.

To avoid prematurely abandoning valuable factors, reduce potential researcher bias by ensuring peer-views were acknowledged and maximise the opportunity to hear diverse viewpoints and 'quieter voices,' the researcher retained the highest number of factors at this point (five out of fourteen) (Watts & Stenner, 2012). The researcher was reassured by the potential to reduce the number of factors later if they were found to contribute little to the final solution and if removing them did not negatively influence other factors (Watts & Stenner, 2012).

4.2.3 Current study: Factor rotation

Varimax and manual rotations were considered against the present study's data and aim (Brown, 1980). However, as Varimax focuses on identifying only the most common viewpoints without exploring potential underpinning details, this did not fit with the study's aim of uncovering original understanding surrounding the subject matter (Watts & Stenner, 2012). Similarly, pure manual rotation was not appropriate as the researcher adopted a deductive approach, held no a-priori assumptions, and provided no substantive rationale for weighing one Q-sort over another (Watts & Stenner, 2012).

Seeking the best possible factor solution led the researcher to use a combined, complementary approach, with the initial use of Varimax to provide transparency and guide and facilitate later by-hand rotations (Watts & Stenner, 2012). Varimax ensured objectivity, while manual supported the maximum number of Q-sorts to load onto factors and enabled the representation of the highest number of viewpoints possible. This aligned with the researcher's social-constructionist perspective and the study's aim of maintaining a degree of objectivity and preservation of context while providing maximum representation of viewpoints in the factors (Watts & Stenner, 2012).

4.2.4 Current study: Exploring factor solutions

The outcomes of applying the statistical guidelines (Table 7) guided decision-making around the number of factors to be retained (one, two, three, four and five). To be viable, the factor solution needed to have two or more significantly loaded Q-sorts (r =>0.43). Table 8 provides the outcomes, including the number of significantly loaded, confounding, and non-significant Q-sorts and a summary appraisal of each solution. Appendix ZZ provides a detailed evaluation of the solutions with rationales for the researcher's decision-making.

Table 8. *A table showing the outcomes of different factor solutions completed through Varimax rotations and the researcher's appraisal of each solution.*

Factor Solution	Cumulative Eigenvalue (%)	Number of confounding Q-sorts	Number of significantly loaded Q-sorts	Number of non-significant Q-sorts	Factor solution appraisal
One-factor	30	None	8	6	• Not viable. • Cumulative Eigenvalue lower than 35% recommended. • More non-significant Q-sorts than other solutions. • Two viable factors identified in other solutions have been excluded.
Two-factor	38	None	9	5	• Optimal solution; satisfies guidelines (Table 7). • Potential for Q-sort Three to load (0.37), which would account for highest number of loaded Q-sorts (11/14). • Q-sorts 4, 9 and 12 unlikely to load. • Q-sort Seven confounded when rounded to 2dp (Factor One loading= 0.57774 and Factor Two loading= 0.42591 (rounded to 2dp= 0.43). Potential to load significantly onto one factor.
Three-factor	44%	2	10	2	• Initially considered viable, however: • Eigenvalue below one. • Q-sorts 7 and 8 confounded so typically not used at this factor estimate stage (Watts & Stenner, 2012, p. 129). • Q-sort Four (0.2108) and 12 (0.1924) unlikely to load at 0.43. • Q-sort Two transferred to loading onto Factor One (in two-factor solution) to Factor Three.
Four-factor	49	3	9	2	• Not viable. • Q-sorts 14, 7, and 8 confounded. • No Q-sorts significantly loaded onto Factor Four.

Five-factor	51	4	7	3	• Not viable. • No significant loadings on Factors 3 and 5. • Only one significantly loaded Q-sort on Factor Four.

At this point in the research, the researcher felt the two-factor solution was optimal; Table 9 summarises the solution quantitatively.

Table 9. *A table displaying the two-factor solution following Varimax rotation.*

Factor solution	Participants significantly loaded			Between-factor correlation	Common explained variance (%)		
	Factor One	Factor Two	Total		Factor One	Factor Two	Total
Varimax rotation's two-factor	7	2	9	0.1254	30	8	38

4.2.5 Current study: Judging the current factor solutions quality

Webler et al's. (2008) criteria were used to judge the current quality of the two-factor solution so that the outcomes could be considered during subsequent manual rotation. Table 10 summarises the judgement outcomes, and Appendix ZZ provides additional details.

Table 10. *A table summarising the outcomes of applying Webler et al's. (2009) quality criteria to the current two-factor solution following Varimax rotation and prior to manual rotation.*

Criteria	Judgement against two-factor solution
Simplicity	• Two-factor solution aligns with statistical guidelines and satisfies interrater-reliability checks. • Both factors' Eigenvalues were above one and acceptable study variance (38%). • Reduction from three to two factors did not negatively influence solution (Watts & Stenner, 2012).
Clarity	• Both factors contained two or more significantly loading Q-sorts. • Q-sort Eight loaded significantly onto Factor One despite being previously confounding in three-factor solution (Watts & Stenner, 2012). • Potential for Q-sorts Three and Seven to load significantly, which would account for highest number of loaded Q-sorts (11/14) amongst compared solutions. • Q-sorts Four and Twelve not close to being significant (both <.21) so not included in the formal reported data (Watts & Stenner, 2012).
Distinctiveness	• Dancey and Reidy's (2011) between factor correlation weak (0.1836), suggesting clear distinction between factors thus, differing viewpoints.
Stability	• Clusters of Q-sorts preserved: o Factor One: 2, 5, 6, 8, 11, 13, 14 o Factor Two: 1, 10

For transparency, Table 11 presents the KADE output for the two-factor solution extracted using CFA and rotated using Varimax.

Table 11. A table displaying the two-factor solution extracted using CFA and rotated using Varimax.

Q-sort number	Factors loadings	
	Factor One	Factor Two
1	0.0787	0.5755
2	0.545	-0.105
3	**0.3727**	**0.0531**
4	**0.2024**	**0.0665**
5	0.5528	-0.1447
6	0.6491	-0.1032
7	0.5777*	0.4259*
8	0.9108	-0.2584
9	**0.2194**	**-0.022**
10	0.015	0.5198
11	0.6586	-0.0903
12	**-0.0925**	**0.1792**
13	0.741	0.2042
14	0.8729	0.2855
% Explained Variance	30	8

Note. Significantly loaded Q-sorts are grey. Non-significant Q-sorts are **emboldened.** Confounding Q-sorts are asterisked (*).

4.2.5.1 Exploring Q-sort Seven

Before manually rotating the two-factor solution, a clearer understanding of the potential impact of describing Q-sort Seven as confounding versus non-confounding upon the solution was sought. Two Varimax rotations were used to explore this: one in which Q-sort Seven was considered confounding and another in which it was not. Table 12 displays the outcomes of this exploration.

Table 12. A table displaying the effects of considering Q-sort Seven confounding and non-confounding on the two-factor solution.

Varimax rotation of Factors One and Two	Significantly loaded Q-sorts			Between-factor correlation	Common explained variance (%)		
	Factor One	Factor Two	Total		Factor One	Factor Two	Total
Q-sort Seven considered confounding	7	2	9	0.1254	30	8	38%
Q-sort Seven not considered confounding	8	2	10	0.1427	30	8	38%

The common variance explained remained unaffected in both solutions. When Q-sort Seven was considered confounding, the between-variance correlations improved (the relationships between the variances of other variables became clearer). However, when it was considered non-confounding, the between-variance correlations worsened, leading to a less clear understanding of the variances of other variables. Consequently, Q-sort Seven was described as confounding.

4.2.6 Summarising Varimax Rotation

Based on the information gained in Sections 4.2.5 and 4.2.5.1, the two-factor solution consisting of Factors One and Two was selected as the more optimal solution and retained for manual rotation. Manual rotation of the two-factor solution will be discussed in Section 4.2.7. The retained factors will be referred to as Factor One and Factor Two. The unretained factors will not be discussed from this point.

4.2.7 Manual rotation

Following Varimax rotation, small manual rotations were used to explore whether additional Q-sorts (namely 3 and 7 but also 4, 9 and 12; could be loaded onto a single factor at the significance value of $p<.01= 0.43$ and increase the number of Q-sorts accounted for while eliminating the confounding Q-sort (7). Table 13 provides an overview of the outcomes from the manual rotations completed with the two-factor solution.

Table 13. *A table displaying the outcomes of the manual rotations completed with the two-factor solution, including, for each rotation, the rotation number, degrees rotated, number of participants that loaded significantly onto each factor, between factor correlation, common variance explained and appraisal of the rotation.*

Rotation number	Rotations trialled (degrees°)	Participants significantly loaded			Between-factor correlation	Common explained variance (%)			Appraisal of manual rotation
		Factor One	Factor Two	Total		Factor One	Factor Two	Total	
1	-1° anticlockwise	7	2	9	0.1187	30	8	38	• Q-sort Seven loaded more significantly onto Factor Two (0.43593), and its loading on Factor One reduced, though it continued to be confounding. • Correlation between factors increased but remained weak (Dancey & Reidy, 2011).
2	-2° anticlockwise	7	2	9	0.1122	30	8	38	• Q-sort Seven became more confounding. • Common variance remained stable. • Correlation between factors decreased and remained weak (Dancey & Reidy, 2011).
3	-18° anticlockwise	6	3	9	0.2836	30	8	38	• Q-sort Seven was no longer confounding. • Q-sort Fourteen remained confounding. • Correlation between factors increased and almost became moderate (Dancey & Reidy, 2011).
4	-10° anticlockwise	6	2	8	0.0057	30	8	38	• Q-sort Fourteen loaded onto Factor Two (0.43276) but became confounding. • Q-sort Seven remained confounding. • Common variance remained stable. • Correlation between factors decreased and remained weak (Dancey & Reidy, 2011).

Rotation number	Rotations trialled (degrees°)	Participants significantly loaded			Between-factor correlation	Common explained variance (%)			Appraisal of manual rotation
		Factor One	Factor Two	Total		Factor One	Factor Two	Total	
5	1° clockwise	8	2	10	0.1498	30	8	38	• Rotation at 1°, Q-sort Seven loaded onto Factor One and no longer confounding. • Between-factor correlation increased slightly but still weak (Dancey & Reidy, 2011). • Common variance remained stable.
6	2° clockwise	8	2	10	0.1568	30	8	38	Rotation at 2° also allowed 10 Q-sorts to load but with higher between-factors correlation, though this remained weak.
7	3° clockwise	8	2	10	0.1639	30	7	37	Allowed 10 Q-sorts to load but higher between-factors correlation and lower explained variance than other solutions.
8	4° clockwise	8	2	10	0.1707	30	7	37	
9	5° clockwise	8	2	10	0.1778	30	8	38	Led to 10 Q-sorts loading but with increasing between-factors correlation.
10	6° clockwise	8	2	10	0.1845	30	8	38	Same number of loadings on factors but between-factor correlation increased but remained weak.
11	7° clockwise	8	2	10	0.1909	30	8	38	
12	8° clockwise	8	2	10	0.1972	30	8	38	Q-sort Three could not be loaded onto Factor One as it reached its highest possible loading when rotated to 8° (0.37642) before decreasing when rotated to 9° (0.37638).
13	9° clockwise	8	2	10	0.2031	30	8	38	
14	10° clockwise	8	2	10	0.2089	30	8	38	Led to ten Q-sorts loading and increased between factor correlation but this remained weak.

Rotation number	Rotations trialled (degrees°)	Participants significantly loaded			Between-factor correlation	Common explained variance (%)			Appraisal of manual rotation
		Factor One	Factor Two	Total		Factor One	Factor Two	Total	
15	11° clockwise	7	2	9	0.2648	30	8	38	• Led to nine Q-sorts loading significantly. • Q-sort Eight became almost bipolar and confounding when its Factor One loading (-0.4274) was rounded to 2 decimal places (-0.42) and Factor One (0.74). • Variance remained the same and between-factor correlation increased.
16	12° clockwise	9	7	2	0.2701	29	8	37	• Led to nine Q-sorts loading significantly and increased the between-factor correlation. • Q-sort Eight became bipolar and confounding (Factor One= 0.8372, Factor Two= -0.4421). • Study variance decreased on Factor One.

Note. Grey highlight shows the selected two-factor solution.

Aside from loading Q-sort Seven on Factor One, it was not possible to load any additional Q-sorts onto either factor without negatively impacting the significance or variance of other Q-sorts or solutions, respectively. A combination of Varimax and manual rotation of Factors One and Two by 1° (Table 13, rotation number 5) was deemed most appropriate for the current study, in which no a-priori assumptions were held and where there was no substantive rationale for weighting one Q-sort over another (Watts & Stenner, 2012). This rotation provided a transparent approach that led to a more representative factor solution than the initial Varimax solution (Section 4.2.5).

4.2.8 Current study: Alternative factor solutions, altering the significance level threshold

Aligning with the social-constructionist perspective, the researcher applied criteria to rotation decisions that ensured the elicitation of varying viewpoints and inclusion of participants while minimising the risks of Type I and II errors. The following calculations were used to calculate the significance levels (Van Exel & De Graaf, 2005):

For $p<.001$:

$3.29 \times (1 \div \sqrt{36}) = 0.54833333$ (2dp= 0.55)

For $p<.05$:

$1.96 \times (1 \div \sqrt{36}) = 0.32666667$ (2dp= 0.33)

Table 14 provides the main findings of applying the higher and lower significance levels to the two-factor solution. Appendix AAA provides further detail in narrative format.

Table 14. *A table providing an overview of the impact of altering significance value thresholds upon the two-factor solution.*

		Impact on factor loadings		
Significance value applied	Researcher action	Factor One	Factor Two	Comment
$p<.001= 0.55$	No manual rotations	Q-sort Seven: significantly loaded and no longer confounding	Q-sort Ten: no longer loading (0.51538)	Only one Q-sort remained loaded on Factor Two which Watts & Stenner (2012) caution against. Also led to Q-sort Ten (initially higher loading with Varimax rotation) being exchanged for lower loading Q-sort Seven, reducing study variance.
	Manually rotated factors 1°	Q-sort Two: no longer loading	Q-sort Ten no longer loading and reached its highest possible loading (0.51946)	Only one Q-sort remained loaded on Factor Two. Rotation led to lower number of loadings.
	Manually rotated factors -2°	Q-sort Two: remained loaded (0.54834)	Q-sort Ten no longer loading and reached its highest possible loading (0.52)	Maintained loadings after rotation but only one Q-sort remained loaded on Factor Two.
$p<.05= 0.33$	No manual rotations	Q-sort Three: loaded (0.3727)	Q-sorts 1 and 10: maintained loadings	Although confounding, Q-sort Seven's initial Factor One loading (when rotated using Varimax) was higher than Q-sort Three's current loading on the lower threshold. Exchanging higher for lower loading reduced study variance.
		Q-sort Seven: remained confounding (Factor One=0.5777, Factor Two=0.4259)		
Between $p<.05$ and $p<.01$ (0.37 applied)	Manually rotated factors 8°	Q-sort Seven: no longer confounding (Factor One=0.6191, Factor Two=0.36318)		Q-sort Seven Factor Two loading very close to being confounding (0.36318) (confounded when rounded to two decimal places).
		Q-sort Three: loaded (Factor One=0.37617, Factor Two=0.01389)		

Altering the significance level did not improve the two-factor solution—a lower threshold risked reducing the data's reliability and increasing the risk of a Type II error. As such, the study proceeded with 0.43 as the significance value.

4.2.9 Current study: Final Factor Solution

Varimax and manual rotation were combined to identify the optimal factor solution. The two-factor solution displayed in **Table 15** was considered most appropriate for the present study for several reasons. Firstly, it allowed the highest number of Q-sorts to load significantly onto one of the two factors with no confounding Q-sorts. This helped to preserve context and avoid 'leaving out' minority voices (Webler et al., 2009). Secondly, the manual 1° rotation did not impact other significant loadings across the two factors. Thirdly, four Q-sorts remained non-significant; however, it was not possible to produce a more appropriate factor solution using manual rotation. Finally, the explained variance remained acceptable (Kline, 2014), and the between-factors correlation was weak (Dancey & Reidy, 2011).

Table 15. *A table displaying the final two-factor solution.*

Participant Number	Q-sort	Factor loadings	
		Factor One	Factor Two
1	F10YP10Neu3Neg23	0.0887	0.574
2	F25NP27Neu6Neg3	0.5431	-0.1145
3	F9NP19Neu11Neg6	**0.3735**	**0.0466**
4	F3NP29Neu6Neg1	**0.2035**	**0.0629**
5	F1NP13Neu17Neg6	0.5502	-0.1543
6	F4NP30Neu6Neg0	0.6472	-0.1146
7	F4NP21Neu10Neg5	0.5851	0.4158
8	F2NP24Neu7Neg5	0.9062	-0.2742
9	F20YP12Neu13Neg11	**0.219**	**-0.0258**
10	F8NP36Neu0Neg0	0.0241	0.5195
11	F3NP29Neu7Neg0	0.657	-0.1018
12	F02NP28Neu4Neg4	**-0.0894**	**0.1808**
13	F18NP21Neu8Neg7	0.7445	0.1913
14	F08NP26Neu7Neg3	0.8777	0.2703
Total Q-sort loadings		8	2
Eigenvalue		4.1553	1.0832
% Explained Variance		30	8

Note. Significantly loaded Q-sorts are grey. Non-significant Q-sorts are **emboldened.**

4.2.10 Current study: Judging the final factor solution's quality

The researcher judged the quality of the final factor solution against Webler's (2009, p. 32) criteria (described in Section 3.7.2.3.3.3). The outcomes of this judgement are displayed in Table 16.

Table 16. *A table summarising the outcomes of applying Webler et al's. (2009) quality criteria to the final two-factor solution following Varimax and manual rotation.*

Criteria	Judgement against two-factor solution
Simplicity	• Two-factor solution aligns with statistical guidelines and satisfies interrater-reliability checks. • Both factors' Eigenvalues were above one and study variance (38%) remained stable.
Clarity	• Both factors contained two or more significantly loading Q-sorts. • Q-sorts Four and Twelve remained non-significant so not included in the formal reported data (Watts & Stenner, 2012). • Q-sort Seven loaded onto Factor One and was no longer confounding.
Distinctiveness	• Between-factor correlation remained weak (Dancey & Reidy, 2011), suggesting clear distinction between factors meaning differing viewpoints.
Stability	• Clusters of Q-sorts preserved: o Factor One: 2, 5, 6, 7, 8, 11, 13, 14 o Factor Two: 1, 10

Stage 4: Current study: Factor arrays

Table 17 quantitatively displays the *z*-scores' factor arrays for Factors One and Two. Each array will also be presented visually in fixed normal distribution grids (Figure 11 and Figure 12), followed by a qualitative interpretation of each factor.

Table 17. *A table showing each Factors' z-scores and rank order for each Q-set statement along with the statement numbers.*

Statement and statement number	Factor One		Factor Two	
	Factor One z-score	Factor One rank	Factor Two z-score	Factor Two rank
1. Providing support for school staff.	-0.62	27	0.28	14
2. Collaborating through consultation with parents/carers and school staff.	1.01	6	-0.19	23
3. Using psychological principles to gain a deeper understanding of CYPs SEMH needs.	2.05	2	0.56	10
4. Providing targeted training focused on specific SEMH approaches.	0.38	10	0.98	7
5. Providing targeted training focused on specific SEMH needs.	0.76	8	1.49	2
6. Upskilling school staff to help them recognise and understand CYPs' individual SEMH needs and how these can present.	0.13	15	0.84	8
7. Evaluating provisions within educational settings to help schools tailor support to meet specific SEMH needs.	-0.52	24	**-2.32**	**36**
8. Providing recommendations to support the SEMH needs of individual CYP or groups of CYP.	1.87	3	0.33	12
9. Fostering collaborative partnerships with a range of adults.	0.07	17	-0.05	22
10. Utilising interpersonal skills to develop positive relationships with CYP.	-0.65	30	0	20
11. Delivering 1:1 interventions aimed at teaching CYP specific SEMH skills.	-0.02	18	**-2**	**35**
12. Carrying out 1:1 targeted assessments to evaluate CYPs existing SEMH skills.	2.16	1	0.19	16
13. Working preventatively to support CYPs' wider SEMH development.	-0.63	28	0.14	19
14. Upskilling SLT in understanding CYPs SEMH needs by sharing evidence-based research with them.	-0.57	26	2.04	1
15. Supporting SLT with creating and implementing a comprehensive approach to supporting CYPs SEMH needs.	-0.65	29	0.14	18
16. Supporting adults around the CYP (e.g., parents/carers, school staff) to understand the wider contextual factors which may be impacting a CYP's SEMH needs.	0.89	7	0	21
17. Supporting adults around the CYP (e.g., parents/carers, school staff) to understand the potential functions underpinning a CYP's SEMH needs.	0.61	9	-0.46	26
18. Collaborating with parents/carers, school staff and other professionals to design tailored SEMH support.	-0.14	20	-0.74	28

Statement and statement number	Factor One		Factor Two	
	Factor One z-score	Factor One rank	Factor Two z-score	Factor Two rank
19. Providing training to parents/carers to support CYPs' SEMH needs.	0.1	16	1.16	5
20. Establishing peer learning systems for staff to share best practices collaboratively.	**-2**	**36**	**-1.81**	**34**
21. Offering small group support to help CYP develop targeted SEMH skills.	0.19	13	1.3	3
22. Using holistic assessments to identify the specific SEMH needs CYP are experiencing.	1.61	4	-0.88	30
23. Using assessment outcomes to identify when a CYP's SEMH needs may indicate a requirement for more specialist support.	1.05	5	-0.23	24
24. Collaborating with multiple agencies.	-1.01	32	-1.02	32
25. Supporting effective transition.	-0.05	19	0.74	9
26. Providing guidance on evidence-based SEMH support.	-0.49	22	0.23	15
27. Applying solution-focused approaches to explore SEMH needs.	0.16	14	0.19	17
28. Utilising an in-depth understanding of the school community to support the early identification of vulnerable families.	**-1.49**	**34**	1.12	6
29. Supporting adults in gathering pupil views effectively.	**-1.97**	**35**	-0.51	27
30. Advocating CYPs' voices in decisions affecting their lives.	-0.54	25	0.32	13
31. Applying person-centred approaches when working with others.	-0.7	31	-0.33	25
32. Supporting key adults in formulating SMART targets for CYP with SEMH needs.	-0.49	23	-1.53	33
33. Supporting key adults to review the progress of CYP with SEMH needs.	-0.18	21	-0.79	29
34. Supporting key adults to identify next steps for CYP with SEMH needs.	0.37	11	0.51	11
35. Maintaining an objective, neutral, unbiased position when working with a range of adults around the child.	0.34	12	-0.93	31
36. Advocating for the rights of vulnerable populations.	-1.02	33	1.25	4

Note. For each factor, the three highest-ranked statements are highlighted in grey, and the three lowest-ranked statements are **emboldened.**

4.3 Current study: Factor interpretation

The present study's factor interpretation process involved combining data from the pre-sorting task and item rankings within the factor arrays, post-sort data (participant reflections on how they configurated their Q-sort, particularly in relation to items placed at the extreme poles, and demographics (Appendix BBB)), knowledge gathered from the *Literature Review* (Chapter 2), and the researcher's own experiences (Watts & Stenner, 2012). To increase validity and reduce bias, the researcher referred to the glossary of Q-set statements (displayed in Appendix LL) during factor interpretation to ensure they were interpreting the statements as similarly as possible to the participants. Further, to reduce researcher bias, a peer-review follow-up procedure with two TEP colleagues, also conducting Q-methodological studies, evaluated the researcher's factor interpretations.

4.3.1 Data from the pre-sorting task

On average, participants sorted 23.21 statements as positive, 7.5 as neutral, and 5.29 as negative. The high number of positive statements suggests that participants generally felt positive about the effectiveness of most EP approaches in supporting CYPs' SEMH needs. The number of statements sorted as neutral suggests ambivalence towards some EP approaches or a perception that these were only moderately effective. The low number of negatively sorted statements could indicate that participants had few strong disagreements and perceived only some EP approaches as less effective or *in*effective in supporting or negatively impacting CYPs' SEMH needs.

4.3.2 Interpreting the Factors

For transparency, Appendix CCC and Appendix DDD present Factor One and Two's crib sheets, respectively. From this point, extracted Factors One and Two are referred to as *Viewpoints* 1 and 2, respectively (rationale provided in Section 3.7.2.3.3, Stage 5).

The following sections will provide an interpretation of each viewpoint using the following structure: demographic information (available in Appendix BBB), quantitatively presented factor array and distinguishing statements, qualitative interpretation, and summary of the viewpoint. Each viewpoint is split into several themes within the qualitative interpretation sections, and each theme is presented in a table and illustrated with data considered pertinent to the viewpoint (Q-set statement and number, details of the statement ranking and *z*-score, and, where available or appropriate, qualitative quotations from participants loading onto that viewpoint). A narrative summary of the viewpoint follows each table, written in the second person (from the perspective of the SENCos contributing to that viewpoint) as recommended by Watts and Stenner (2012).

It should be noted that word and sentence-level errors in some quotations have been left in (indicated by *[sic])* for transparency and to ensure the study's replicability (Appendix EEE and Appendix FFF present all qualitative data (questionnaire responses) for Viewpoints 1 and 2, respectively). All references to factor array ranking are formatted as follows: (Q-set item number: Rank assigned within the factor array).

4.3.2.1 Viewpoint One

4.3.2.1.1 Demographic information

Table 18 presents the demographic information for Viewpoint One.

Table 18. *A table presenting demographic information for Viewpoint One.*

Demographic category	Viewpoint One's demographics
Study variance explained (%)	30
Eigenvalue	4.1553
Number of participants associated with Viewpoint One	Eight
Highest loading participant	14
Second highest loading participant	8
Gender	Female
Average years' experience in secondary-school SENCo role	6.73

4.3.2.1.2 Viewpoint One: factor array

Figure 11 visually displays Viewpoint One's factor array.

Figure 11. *A figure visually showing Viewpoint One's factor array, including consensus and distinguishing statements and legend.*

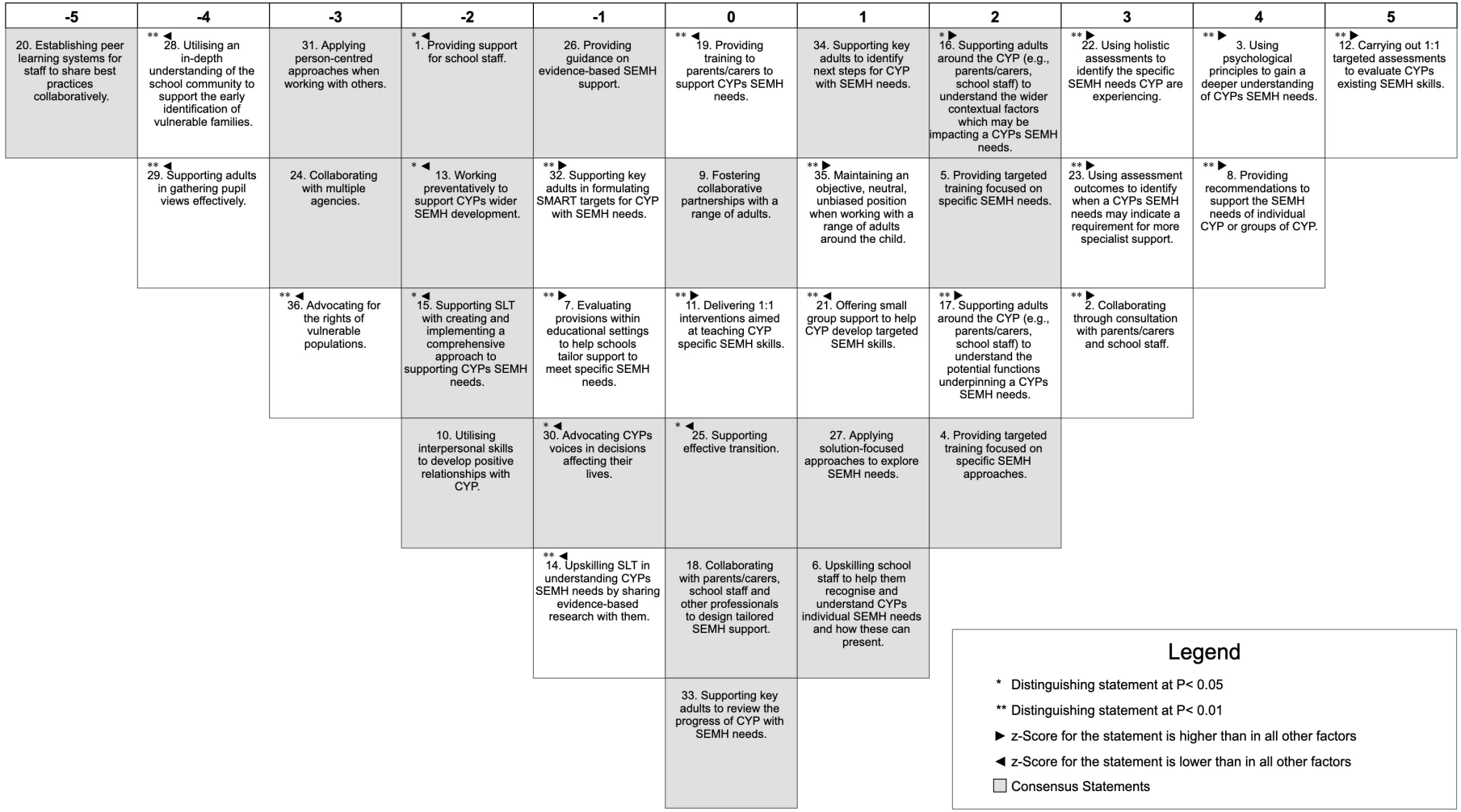


Table 19. *A table quantitatively showing Viewpoint One's factor array, including each* statement's average z-score, and rank.

Statement and statement number	*z*-score	Rank
12. Carrying out 1:1 targeted assessments to evaluate CYPs existing SEMH skills.	2.16	5
3. Using psychological principles to gain a deeper understanding of CYPs' SEMH needs.	2.05	4
8. Providing recommendations to support the SEMH needs of individual CYP or groups of CYP.	1.87	4
22. Using holistic assessments to identify the specific SEMH needs CYP are experiencing.	1.61	3
23. Using assessment outcomes to identify when a CYP's SEMH needs may indicate a requirement for more specialist support.	1.05	3
2. Collaborating through consultation with parents/carers and school staff.	1.01	3
16. Supporting adults around the CYP (e.g., parents/carers, school staff) to understand the wider contextual factors which may be impacting a CYP's SEMH needs.	0.89	2
5. Providing targeted training focused on specific SEMH needs.*	0.76	2
17. Supporting adults around the CYP (e.g., parents/carers, school staff) to understand the potential functions underpinning a CYP's SEMH needs.	0.61	2
4. Providing targeted training focused on specific SEMH approaches.*	0.38	2
34. Supporting key adults to identify next steps for CYP with SEMH needs.*	0.37	1
35. Maintaining an objective, neutral, unbiased position when working with a range of adults around the child.	0.34	1
21. Offering small group support to help CYP develop targeted SEMH skills.	0.19	1
27. Applying solution-focused approaches to explore SEMH needs.*	0.16	1
6. Upskilling school staff to help them recognise and understand CYPs' individual SEMH needs and how these can present.*	0.13	1
19. Providing training to parents/carers to support CYPs SEMH needs.	0.1	0
9. Fostering collaborative partnerships with a range of adults.*	0.07	0
11. Delivering 1:1 interventions aimed at teaching CYP specific SEMH skills.	-0.02	0
25. Supporting effective transition.	-0.05	0
18. Collaborating with parents/carers, school staff and other professionals to design tailored SEMH support.*	-0.14	0
33. Supporting key adults to review the progress of CYP with SEMH needs.*	-0.18	0
26. Providing guidance on evidence-based SEMH support.*	-0.49	-1

32. Supporting key adults in formulating SMART targets for CYP with SEMH needs.	-0.49	-1
7. Evaluating provisions within educational settings to help schools tailor support to meet specific SEMH needs.	-0.52	-1
30. Advocating CYPs' voices in decisions affecting their lives.	-0.54	-1
14. Upskilling SLT in understanding CYPs SEMH needs by sharing evidence-based research with them.	-0.57	-1
1. Providing support for school staff.	-0.62	-2
13. Working preventatively to support CYPs' wider SEMH development.	-0.63	-2
15. Supporting SLT with creating and implementing a comprehensive approach to supporting CYPs SEMH needs.	-0.65	-2
10. Utilising interpersonal skills to develop positive relationships with CYP.	-0.65	-2
31. Applying person-centred approaches when working with others.*	-0.7	-3
24. Collaborating with multiple agencies.*	-1.01	-3
36. Advocating for the rights of vulnerable populations.	-1.02	-3
28. Utilising an in-depth understanding of the school community to support the early identification of vulnerable families.	-1.49	-4
29. Supporting adults in gathering pupil views effectively.	-1.97	-4
20. Establishing peer learning systems for staff to share best practices collaboratively.*	-2.00	-5

Note. Consensus statements that are non-significant at $p<.01$ are shaded grey, and those that are shaded grey *and* flagged with an asterisk (*) are also non-significant at $p<.05$.

Table 20 quantitatively presents the distinguishing statements for Viewpoint One (Appendix HHH presents Factor One and Two's distinguishing statements side-by-side).

Table 20. *A table quantitatively showing the distinguishing statements for Viewpoint One, the statement number, ranking and* z*-score.*

Statement and statement number	Rank	Factor One *z*-score
12. Carrying out 1:1 targeted assessments to evaluate CYPs' existing SEMH skills.*	5	2.16
3. Using psychological principles to gain a deeper understanding of CYPs SEMH needs.*	4	2.05
8. Providing recommendations to support the SEMH needs of individual CYP or groups of CYP.*	4	1.87
22. Using holistic assessments to identify the specific SEMH needs CYP are experiencing.*	3	1.61
23. Using assessment outcomes to identify when a CYP's SEMH needs may indicate a requirement for more specialist support.*	3	1.05
2. Collaborating through consultation with parents/carers and school staff.*	3	1.01
16. Supporting adults around the CYP (e.g., parents/carers, school staff) to understand the wider contextual factors which may be impacting a CYP's SEMH needs.	2	0.89
17. Supporting adults around the CYP (e.g., parents/carers, school staff) to understand the potential functions underpinning a CYP's SEMH needs.*	2	0.61
35. Maintaining an objective, neutral, unbiased position when working with a range of adults around the child.*	1	0.34
21. Offering small group support to help CYP develop targeted SEMH skills.*	1	0.19
19. Providing training to parents/carers to support CYPs' SEMH needs.*	0	0.1
11. Delivering 1:1 interventions aimed at teaching CYP specific SEMH skills.*	0	-0.02
25. Supporting effective transition.	0	-0.05
32. Supporting key adults in formulating SMART targets for CYP with SEMH needs.*	-1	-0.49

7. Evaluating provisions within educational settings to help schools tailor support to meet specific SEMH needs.*	-1	-0.52
30. Advocating CYPs' voices in decisions affecting their lives.	-1	-0.54
14. Upskilling SLT in understanding CYPs' SEMH needs by sharing evidence-based research with them.*	-1	-0.57
1. Providing support for school staff.	-2	-0.62
13. Working preventatively to support CYPs' wider SEMH development.	-2	-0.63
15. Supporting SLT with creating and implementing a comprehensive approach to supporting CYPs' SEMH needs.	-2	-0.65
36. Advocating for the rights of vulnerable populations.*	-3	-1.02
28. Utilising an in-depth understanding of the school community to support the early identification of vulnerable families.*	-4	-1.49
29. Supporting adults in gathering pupil views effectively.*	-4	-1.97

Note: Asterisk (*) indicates significance at $p<.01$.

4.3.2.1.3 Viewpoint One: Qualitative interpretation

Theme: Assessments that inform bespoke intervention

Statement and statement number	Rank and *z*-score	Illustrative quotes from participants' post-sort reflections on Q-Set items placed at the extreme poles
12. EPs carrying out 1:1 targeted assessments to evaluate CYPs' existing SEMH skills	+5 (*z*-score: 2.16) Ranked +5 (most effective) by 4 of 8 participants contributing to viewpoint (Participants 2, 5, 7 and 13), +4 by 3 of 8 (Participants 6, 8 and 14) and +3 by 1 of 8 (Participant Eleven).	*Ensuring that assessments are 1:1 and targeted will give the most focussed [sic] outcomes to any session that an EP completes.* Participant Five. *Need professional opinions to help support need.* Participant Seven. *This is whagt [sic] Ed psychs [sic] are trianed [sic] to do and they must use outcomes to inform best advice and practice to support the CYP.* Participant Thirteen. *To support [sic] EHCAR* process.* Participant Two. *This would be the next step after holistic - it's important to dig down and really understand the issues underlying a CYP [sic] SEMH needs.* Participant Six *Different range of skills and assessment to education staff.* Participant Eight *1-1 Assessments are neede [sic].* Participant Fourteen
3. Using psychological principles to gain a deeper understanding of CYPs' SEMH needs	+4 (*z*-score: 2.05)	*Ed Psychs [sic] should have a better holistic understanding of the CYP brain and of factors that adversely affect teir [sic] well-being. We and parents/carers can provide context but we sekk [sic] next steps from Ed Psychs [sic] as often we have tried everything we can think of to help the CYP.* Participant Thirteen. *EPs are highly qualified and we purchase their services because we want evidence based [sic] solutions to be at the heart of the recommendations. We need the level of understanding to be greater than the majority of other people working with the young person.* Participant Five. *School staff can carry out a range of assessments. We are asking for EP support so that they can apply psychological expertise.* Participant Fourteen.

		Identify areas that [sic] teacher may not see. Participant Eight
8. Providing recommendations to support the SEMH needs of individual or groups of CYP	+4 (*z*-score: 1.87)	*Specific strategies and guidance to improve outcomes.* Participant Eight. *Staff need recommendations to support staff support young people.* Participant Seven. *We seek advice from Ed Psychs [sic] as they are more expert than us.* Participant Thirteen.
22. Using holistic assessments to identify the specific SEMH needs CYP are experiencing.	+3 (*z*-score: 1.61)	*Holistic assessments are important because there [sic] many underlying reasons for SEMH needs. A full understanding is needed for better support.* Participant Fourteen. *With regard to SEMH needs there is a need for holistic assessments which view the whole child [sic].* Participant Eleven. *This would be the first stage in identifying the needs of the CYP* Participant Six
23. Using assessment outcomes to identify when a CYP's SEMH needs may indicate a requirement for more specialist support	+3 (*z*-score: 1.05) Although ranked less effective across the whole viewpoint (+3), Participants 6 and 11 ranked it most effective (+5).	*The EP is essential in providing evidence of why a child requires a certain type of support. They are the professionals and can give this advice.* Participant Eleven. *To provide the correct targeted support for a student it's vital that assessment outcomes are used to see what [sic] specialist support will be best.* Participant Six.
26. Providing guidance on evidence-based SEMH support.	-1 (*z*-score: -0.49) Participant Five ranked this at +4	

Note. *z*-scores have been rounded to 2 decimal places.
*Educational Health and Care Assessment Request.

Interpretation of theme: We consider EP support most effective when it involves the EP working directly with the CYP on a 1:1 basis to carry out in-depth, individualised, and holistic assessments and apply their psychological knowledge to gain a more detailed understanding of their existing SEMH skills than we, as school staff, can achieve. We can carry out some assessments and understand SEMH needs to a degree, however we are not specially trained like EPs so are unaware or may overlook certain things. Instead of using EP time for preventative work that supports CYPs' *wider* SEMH development, we consider it more effective for the EP to work in carefully targeted ways that support CYPs' *current* SEMH needs. EPs are often brought into school when we have tried and tested various SEMH supports. It is highly effective when EPs give feedback on the assessment outcomes to us, as this provides us with a new perspective and helps us better understand the child's wider context and underlying factors which may be contributing to their current SEMH needs. We also find it very effective when EPs provide us with evidence-based recommendations to support the CYPs' specific SEMH needs tailored to the assessment outcomes and logistically plausible to implement in school. In addition to in-school support, it is also very effective when EPs apply their specialist skills to understanding the assessment outcomes and determining whether the CYP would benefit from more specialist support, as this can be used for an application for additional support (which may otherwise be inaccessible or restricted) to ensure those CYP with more complex SEMH needs can access the most appropriate provision.

Theme: Collaboration

Statement and statement number	Rank and *z*-score	Illustrative quotes from participants' post-sort reflections on Q-Set items placed at the extreme poles
2. Collaborating through consultation with parents/carers and school staff.	+3 (*z*-score: 1.01)	*Joined up thinking with all agencies [sic] important in complex cases.* Participant Two.
16. Supporting adults around the CYP to understand wider contextual factors impacting SEMH needs.	+2 (*z*-score: 0.89)	-
5. Providing targeted training focused on specific SEMH needs.	+2 (*z*-score: 0.76)	*Training is so important. Without training from qualified professionals [sic] we cannot run the 1:1 or group sessions we need to support students with SEMH needs.* Participant Eleven.
4. Providing targeted training focused on specific SEMH approaches.	+2 (*z*-score: 0.38)	-
17. Supporting adults to understand potential functions underpinning SEMH needs.	+2 (*z*-score: 0.61)	-
6. Upskilling school staff to help them recognise and understand CYPs' individual SEMH needs and how these can present.	+1 (*z*-score: 0.13)	-
34. Supporting key adults to identify next steps for CYP with SEMH needs.	+1 (*z*-score: 0.37)	-
21. Offering small group support to help CYP develop targeted SEMH skills.	+1 (*z*-score: 0.19)	-
11. Delivering 1:1 interventions aimed at teaching CYP-specific SEMH skills.	0 (*z*-score: 0.02)	-

Note. *z*-scores have been rounded to 2 decimal places.

Interpretation of theme: We find EPs using collaborative approaches to upskill key adults within the CYPs' wider systems very effective in supporting CYPs' presenting SEMH needs, particularly when these are complex. EPs facilitating joined-up working through a collaborative home-school consultation with the adults who know the child best (i.e., parents/carers and school staff) is very effective, particularly when this time is used to develop the adult's understanding of the contextual factors which may be impacting a CYPs SEMH needs.

EPs providing bespoke training to school staff is also highly effective, particularly when this is aimed at helping the adults recognise and support specific SEMH needs and enhancing their holistic understanding and awareness of potential factors and functions that may impact these needs. We also feel it is very effective when EPs provide ongoing professional development for staff through training that equips them to provide best practice SEMH approaches, including 1:1 or group interventions, rather than the EP delivering SEMH supports in these ways. Although EPs working directly with CYP in small groups can be more effective in supporting the CYPs' SEMH needs than working 1:1 (one adult: one CYP) through indirect approaches, the longevity of EP support can be increased. This is because, even once the EP has left the school, staff are well-informed to identify some of the SEMH needs that CYP may be experiencing and provide effective next steps through carefully targeted and evidence-based SEMH support. Thus, indirect EP support is more effective in supporting larger numbers of CYP with SEMH needs than direct EP support. In contrast to staff training, we consider upskilling others through training less effective when only delivered to parents/carers.

Theme: EP approaches perceived as less effective

Statement and statement number	Rank and *z*-score	Illustrative quotes from participants' post-sort reflections on Q-Set items placed at the extreme poles
9. Fostering collaborative partnerships with a range of adults.	0 (*z*-score: 0.07)	-
18. Collaborating with parents/carers, school staff and other professionals to design tailored SEMH support.	0 (*z*-score: -0.14)	-
33. Supporting key adults to review the progress of CYP with SEMH needs.	0 (*z*-score: -0.18)	-
14. Upskilling SLT in understanding CYPs SEMH needs by sharing evidence-based research with them.	-1 (*z*-score: -0.57) Participant Seven ranked this statement +4.	*Support comes from investment and understanding at the top.* Participant Seven.
10. Utilising interpersonal skills to develop positive relationships with CYP.	-2 (*z*-score: -0.65)	-
15. Supporting SLT with creating and implementing a comprehensive approach to supporting CYPs SEMH needs.	-2 (*z*-score: -0.65)	-
24. Collaborating with multiple agencies.	-3 (*z*-score: -1.01) Participants Seven and Eleven ranked lower at -5 and -4 respectively.	*School role [sic] to collaborate and share info [sic] not EP*. Participant Seven.
29. Supporting adults in gathering pupil views effectively.	-4 (*z*-score: -1.97) Participant Eight ranked it lowest at -5).	*This would be helpful but not necessarily needed in all cases.* Participant Six. *They should be able to do that anyway.* Participant Two. *Not EP specific [sic].* Participant Eight.
20. Establishing peer learning systems for staff to share best practices collaboratively.	-5 (*z*-score: -2)	*This can be done without EP support.* Participant Fourteen. *This is something SLT should do.* Participant Thirteen.
36. Advocating for the rights of vulnerable populations.	-3 (*z*-score: -1.02) Participant Eleven ranked this at -5	*EPs do play a part in this but so does every teacher, SENCo, DSL etc [sic] anyone that works with children. It is not solely the role of an EP.* Participant Eleven.

Interpretation of theme: We perceive EP support to be more effective in supporting CYPs' SEMH needs when it involves collaborating with key stakeholders who are familiar with the CYPs' individual context than working more broadly with adults from multiple agencies, which we consider to be the school's responsibility and less effective use of EP support.

We consider EPs working directly with key adults, such as upskilling staff on designing tailored SEMH supports, setting SMART targets, and reviewing progress, to be more effective in supporting CYPs' SEMH needs than broader, systemic work, such as supporting SLT to create and implement a whole-school approach to supporting CYPs' SEMH needs. While sharing evidence-based research with SLT can be somewhat effective in supporting CYPs' SEMH needs as it can help to get SLT's buy-in to the SEMH support, using EP time to increase SLT's understanding of CYPs' SEMH needs is less effective.

We acknowledge the importance of understanding CYPs' wider context; however, rather than EPs having an in-depth understanding of the school community to support the early identification of vulnerable families, we consider it more effective for them to approach each case objectively and without bias or pre-existing ideas of CYP, their families or context and develop their understanding through direct work like assessments and consultations. Further, we consider identifying CYP requiring support to be a less effective EP support to supporting CYPs' SEMH needs, but rather a shared responsibility that should be completed by school staff.

EPs advocating for CYPs' voices is somewhat effective in supporting CYPs' SEMH needs. However, whilst EPs supporting school staff to gather the pupil views could be helpful in some situations, we consider this much less effective and is not a specific role of the EP; there is an expectation that school staff should be able to complete this without EP support. Further, advocating more widely for the *rights* of vulnerable populations is somewhat effective, though

we consider it to be a shared responsibility not purely part of the EP's role; it is more effective for EPs to advocate for the CYPs' views on decisions that affect their lives.

We find EP's providing general support to school staff, such as setting up peer support groups between staff, less effective in supporting CYPs' SEMH needs.

4.3.2.1.4 Viewpoint One summary

When supporting mainstream secondary-aged CYPs' SEMH needs, it is highly effective for EPs to carry out targeted and holistic assessments, apply psychological principles and tailor their recommendations to the individual CYP and their context so that these have a solid foundation for effectiveness. Collaborating with key adults, including parents/carers and school staff who know the CYP well and providing targeted, bespoke training is also highly effective. Rather than EP's providing longer-term support that shows less immediate impact, this viewpoint emphasises EP support being more effective when it helps accurately identify and address CYPs' *current* SEMH needs, leading to actionable next steps to move the situation forward and support the CYP.

4.3.2.2 Viewpoint Two

4.3.2.2.1 Demographic information

Table 21 presents the demographic information for Viewpoint Two.

Table 21. *A table presenting demographic information for Viewpoint Two.*

Demographic category	Viewpoint Two's demographics
Study variance explained (%)	8
Eigenvalue	1.0832
Number of participants associated with Viewpoint Two	2
Highest loading participant	1
Second highest loading participant	10
Gender	Female
Average years' experience in secondary-school SENCo role	9

Viewpoint Two factor array.
Figure 12 visually displays Viewpoint Two's factor array.

Figure 12. *A figure visually showing Viewpoint Two's factor array, including consensus and distinguishing statements and legend.*

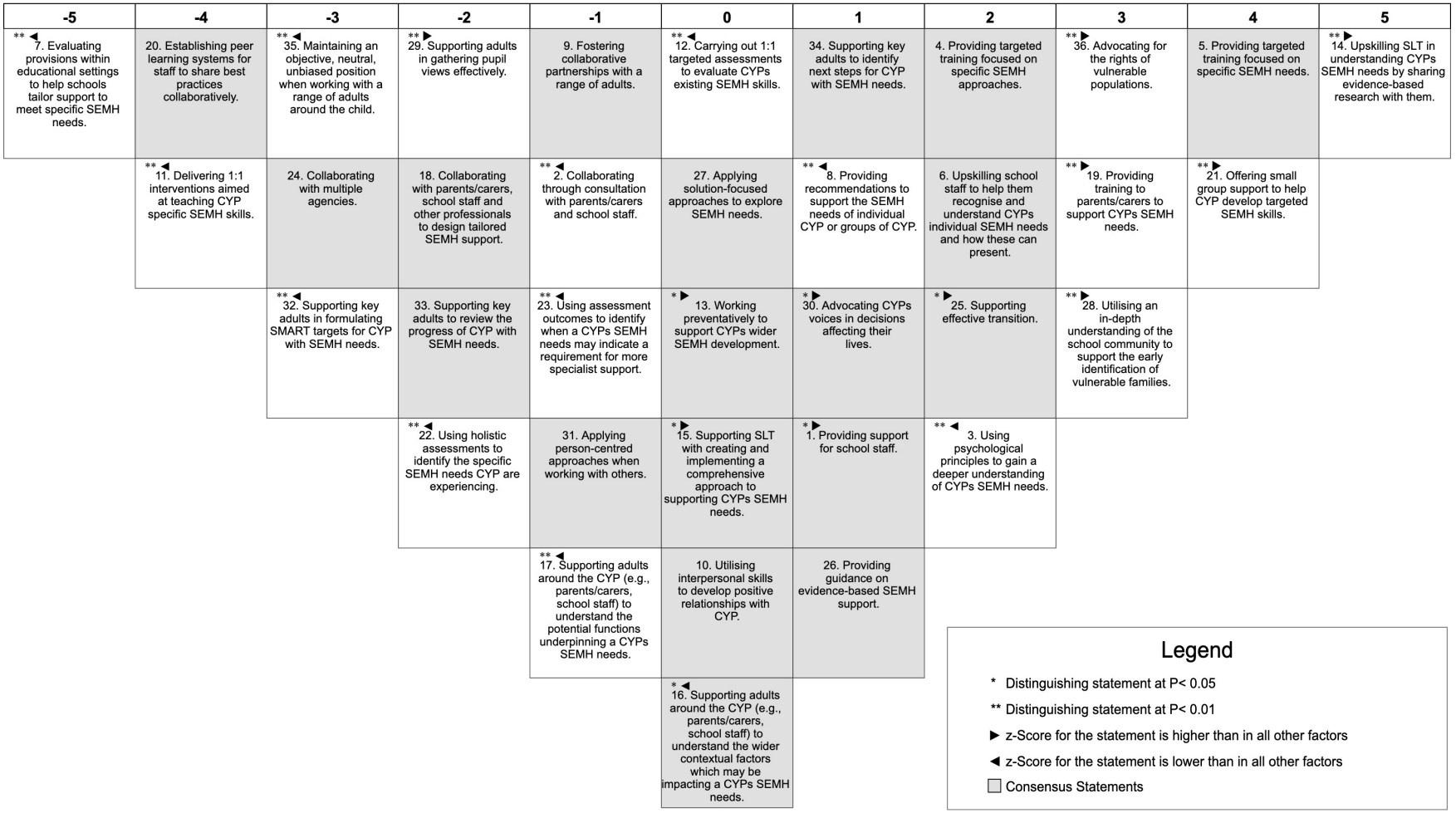


Table 22 quantitatively provides Viewpoint Two's factor array.

Table 22. *A table quantitatively showing Viewpoint Two's factor array, including each* statement's average *z*-score, and rank.

Statement	*z*-score	Q-Sort rank
14. Upskilling SLT in understanding CYPs SEMH needs by sharing evidence-based research with them.	2.04	5
5. Providing targeted training focused on specific SEMH needs.*	1.49	4
21. Offering small group support to help CYP develop targeted SEMH skills.	1.3	4
36. Advocating for the rights of vulnerable populations.	1.25	3
19. Providing training to parents/carers to support CYPs SEMH needs.	1.16	3
28. Utilising an in-depth understanding of the school community to support the early identification of vulnerable families.	1.12	3
4. Providing targeted training focused on specific SEMH approaches.*	0.98	2
6. Upskilling school staff to help them recognise and understand CYPs' individual SEMH needs and how these can present.*	0.84	2
25. Supporting effective transition.	0.74	2
3. Using psychological principles to gain a deeper understanding of CYPs SEMH needs.	0.56	2
34. Supporting key adults to identify next steps for CYP with SEMH needs.*	0.51	1
8. Providing recommendations to support the SEMH needs of individual CYP or groups of CYP.	0.33	1
30. Advocating CYPs' voices in decisions affecting their lives.	0.32	1
1. Providing support for school staff.	0.28	1
26. Providing guidance on evidence-based SEMH support.*	0.23	1
12. Carrying out 1:1 targeted assessments to evaluate CYP's existing SEMH skills.	0.19	0
27. Applying solution-focused approaches to explore SEMH needs.*	0.19	0
15. Supporting SLT with creating and implementing a comprehensive approach to supporting CYPs' SEMH needs.	0.14	0
13. Working preventatively to support CYPs' wider SEMH development.	0.14	0
10. Utilising interpersonal skills to develop positive relationships with CYP.*	0	0
16. Supporting adults around the CYP (e.g., parents/carers, school staff) to understand the wider contextual factors which may be impacting a CYP's SEMH needs.	0	0
9. Fostering collaborative partnerships with a range of adults.*	-0.05	-1

2. Collaborating through consultation with parents/carers and school staff.	-0.19	-1
23. Using assessment outcomes to identify when a CYP's SEMH needs may indicate a requirement for more specialist support.	-0.23	-1
31. Applying person-centred approaches when working with others.*	-0.33	-1
17. Supporting adults around the CYP (e.g., parents/carers, school staff) to understand the potential functions underpinning a CYP's SEMH needs.	-0.46	-1
29. Supporting adults in gathering pupil views effectively.	-0.51	-2
18. Collaborating with parents/carers, school staff and other professionals to design tailored SEMH support.*	-0.74	-2
33. Supporting key adults to review the progress of CYP with SEMH needs.*	-0.79	-2
22. Using holistic assessments to identify the specific SEMH needs CYP are experiencing.	-0.88	-2
35. Maintaining an objective, neutral, unbiased position when working with a range of adults around the child.	-0.93	-3
24. Collaborating with multiple agencies.*	-1.02	-3
32. Supporting key adults in formulating SMART targets for CYP with SEMH needs.	-1.53	-3
20. Establishing peer learning systems for staff to share best practices collaboratively.*	-1.81	-4
11. Delivering 1:1 interventions aimed at teaching CYP specific SEMH skills.	-2	-4
7. Evaluating provisions within educational settings to help schools tailor support to meet specific SEMH needs.	-2.32	-5

Note. Consensus statements that are non-significant at $p<.01$ are shaded grey, and those that are shaded grey *and* flagged with an asterisk (*) are also non-significant at $p<.05$.

Table 22 presents the distinguishing statements for Viewpoint Two. Appendix GGG presents Factor One and Two's distinguishing statements side-by-side.

Table 23. *A table quantitatively showing the distinguishing statements for Viewpoint Two.*

Statement	Rank	Factor 2 *z*-score
14. Upskilling SLT in understanding CYPs' SEMH needs by sharing evidence-based research with them.*	5	2.04
21. Offering small group support to help CYP develop targeted SEMH skills.*	4	1.3
Advocating for the rights of vulnerable populations.*	3	1.25
19. Providing training to parents/carers to support CYPs' SEMH needs.*	3	1.16
28. Utilising an in-depth understanding of the school community to support the early identification of vulnerable families.*	3	1.12
25. Supporting effective transition.	2	0.74
3. Using psychological principles to gain a deeper understanding of CYPs' SEMH needs.*	2	0.56
8. Providing recommendations to support the SEMH needs of individual CYP or groups of CYP.*	1	0.33
30. Advocating CYPs' voices in decisions affecting their lives.	1	0.32
1. Providing support for school staff.	1	0.28
12. Carrying out 1:1 targeted assessments to evaluate CYPs' existing SEMH skills.*	0	0.19
13. Working preventatively to support CYPs' wider SEMH development.	0	0.14
15. Supporting SLT with creating and implementing a comprehensive approach to supporting CYPs' SEMH needs.	0	0.14
16. Supporting adults around the CYP (e.g., parents/carers, school staff) to understand the wider contextual factors which may be impacting a CYP's SEMH needs.	0	0
2. Collaborating through consultation with parents/carers and school staff.*	-1	-0.19
23. Using assessment outcomes to identify when a CYP's SEMH needs may indicate a requirement for more specialist support.*	-1	-0.23
17. Supporting adults around the CYP (e.g., parents/carers, school staff) to understand the potential functions underpinning a CYP's SEMH needs.*	-1	-0.46
29. Supporting adults in gathering pupil views effectively.*	-2	-0.51
22. Using holistic assessments to identify the specific SEMH needs CYP are experiencing.*	-2	-0.88
35. Maintaining an objective, neutral, unbiased position when working with a range of adults around the child.*	-3	-0.93

32. Supporting key adults in formulating SMART targets for CYP with SEMH needs.*	-3	-1.53
11. Delivering 1:1 interventions aimed at teaching CYP specific SEMH skills.*	-4	-2
7. Evaluating provisions within educational settings to help schools tailor support to meet specific SEMH needs.*	-5	-2.32

Note: Asterisk (*) indicates significance at $p<0.01$.

4.3.2.2.2 Qualitative interpretation

Theme: Upskilling SLT in CYPs' SEMH needs to increase buy-in and investment

Statement number and statement	Rank (*z*-score)	Illustrative quotes from participants' post-sort reflections on Q-Set items placed at the extreme poles
14. Upskilling SLT in understanding CYPs SEMH needs by sharing evidence-based research with them.	+5 (2.04)	*SLT have the power to influence, [sic] and you need their buy in to make any real differences to SEMH.* Participant Ten. *I believe that primary provisions [sic] SLT have a better understanding of SEMH compared to secondary schools as the curriculum and targets are rigid. Secondary school organisations are difficult to bring new thoughts forward [sic].* Participant One.

Note. z-score is rounded to 2 decimal places.

Interpretation of theme: We consider it highly effective for EP support to focus on building capacity amongst the school community so that they can successfully and sustainably support CYPs' SEMH needs. The most effective approach to this is supporting from the top-down: enhancing SLT's understanding of CYPs' SEMH needs by sharing evidence-based, real-world research, as this can lead to increased buy-in and funding for the support required to make a real difference. Lack of understanding amongst SLT creates significant barriers to implementing effective school-based SEMH support for CYP as it makes it difficult to get their 'buy-in' to new ideas that could make a 'real' difference. Whereas, an informed SLT can foster a supportive school environment and implement effective school-wide practices, such as SEMH interventions, so a wider number of CYP benefit from these.

Further, whilst we value collaborative approaches in which the EP contributes, we consider EPs establishing staff peer groups focusing on joint learning and sharing of best practices to be a much less effective approach to supporting CYPs' SEMH needs, and for this to be the responsibility of SLT, not EPs.

Theme: Increasing school staff's understanding of CYPs' SEMH needs and approaches to address these by providing targeted training

Statement number and statement	Rank (*z*-score)	Illustrative quotes from participants' post-sort reflections on Q-Set items placed at the extreme poles
5. Providing targeted training focused on specific SEMH needs.	+4 (1.49)	*All staff need to have an understanding on more in depth [sic] training to support CYPs [sic].* Participant Ten.
6 Upskilling school staff to help them recognise and understand CYPs' individual SEMH needs and how these can present.	+2 (0.84)	-
4. Providing targeted training focused on specific SEMH approaches.	+2 (0.98)	-
22 Using holistic assessments to identify the specific SEMH needs CYP are experiencing.	-2 (-0.88)	-
12 Carrying out 1:1 targeted assessments to evaluate CYPs' existing SEMH skills.	0 (0.19)	-
34. Supporting key adults to identify next steps for CYP with SEMH needs.	+1 (0.51)	-
8. Providing recommendations to support the SEMH needs of individual CYP or groups of CYP.	+1 (0.33)	-
7. Evaluating provisions within educational settings to help schools tailor support to meet specific SEMH needs.	-5 (-2.32)	*Most SENCo [sic] are experienced in evaluating provision for SEMH [sic] no support is needed in this field.* Participant One.
15. Supporting SLT with creating and implementing a comprehensive approach to supporting CYPs SEMH needs.	0 (0.14)	-
18. Collaborating with parents/carers, school staff and other professionals to design tailored SEMH support.	-2 (-0.74)	-
11. Delivering 1:1 interventions aimed at teaching CYP specific SEMH skills.	-4 (-2)	*Whilst effective support and intervention needs to be offered on a wider scale across school and part of the curriculum [sic].* Participant Ten.
3. Using psychological principles to gain a deeper understanding of CYPs' SEMH needs.	+2 (0.56)	-

Note. z-scores are rounded to two decimal places.

Interpretation of theme: We also perceive it very effective for EPs to upskill the wider school staff in recognising, understanding, and identifying the next steps in supporting CYP experiencing specific SEMH needs. An EPs ability to move understanding one step further to an alternative perspective through applying psychological principles is effective, as is recommending specialist assessments or interventions. However, whilst we find it somewhat effective for EPs to carry out assessments to evaluate a CYP's existing SEMH skills, it is more effective for EPs to work with staff to teach them to use the supports and resources, such as assessments, than it is for the EP to complete this for them.

Maximising the number of CYP benefitting from EP involvement is important and we consider EP support to be more effective when this benefits multiple CYP. For example, EPs collaborating and upskilling the adults who work closely with the CYP is more effective than the EP working directly with the CYP to deliver 1:1 interventions, which has a small-scale impact and is only effective for that specific child and their context. In contrast, upskilling the adults surrounding the CYP presents the possibility of disseminating the support and bringing about change for more CYP who are experiencing SEMH needs, including embedding the support into wider aspects of school life. EP support is less effective in supporting CYPS' SEMH NEEDS when it includes helping staff with target formulation, designing tailored SEMH support, and monitoring and reviewing progress.

However, SEMH supports received by secondary-aged CYP are hindered by and dependent on the level of knowledge, skills, and ability of these adults.

Compared to supporting CYPs' SEMH needs by using EPs to upskill SLT and the wider staff team, we consider accessing this much less effective for ourselves as SENCos. This is

because we consider ourselves proficient in evaluating existing SEMH provisions, identifying necessary changes and adapting these for CYPs' individual SEMH needs.

Theme: Small Group Support

Statement number and statement	Rank (*z*-score)	Illustrative quote from participants' post-sort reflections on Q-Set items placed at the extreme poles
21. Offering small group support to help CYP develop targeted SEMH skills.	+4 (1.30)	-
10. Utilising interpersonal skills to develop positive relationships with CYP.	0 (0)	-
25. Supporting effective transition.	+2 (0.74)	-
11. Delivering 1:1 interventions aimed at teaching CYP specific SEMH skills.	-4 (-2)	*Whilst effective support and intervention needs to be offered on a wider scale across school and part of the curriculum [sic].* Participant Ten.
13. Working preventatively to support CYPs' wider SEMH development.	0 (0.14)	-

Note. z-scores are rounded to two decimal places.

Interpretation of theme: We consider EP-led small group interventions that enhance the CYPs' independent SEMH skills (e.g., prior to a transition point) highly effective. Where the EP uses their interpersonal skills to build relationships, the groups can provide a supportive environment where CYP can develop specific SEMH skills and allow for more personalised and focused support, which we perceive to be more effective than broader, less targeted interventions and smaller 1:1 interventions.

Theme: Advocating for vulnerable populations

Statement number and statement	Rank (*z*-score)	Illustrative quote from participants' post-sort reflections on Q-Set items placed at the extreme poles
36. Advocating for the rights of vulnerable populations.	+3 (-0.33)	-
30. Advocating CYPs' voices in decisions affecting their lives.	+1 (0.32) Participant Ten ranked this +5	*SEMH support needs to be individualised [sic] and the voice must lead next steps.* Participant Ten.
6. Upskilling school staff to help them recognise and understand CYPs' individual SEMH needs and how these can present.	+2 (0.84)	-
35. Maintaining an objective, neutral, unbiased position when working with a range of adults around the child.	-3 (-0.93)	-
19. Providing training to parents/carers to support CYPs' SEMH needs.	+3 (1.16)	-
14. Upskilling SLT in understanding CYPs' SEMH needs by sharing evidence-based research with them.	+5 (2.04)	-

Note. z-scores are rounded to two decimal places.

Interpretation of theme: We consider EPs advocating for vulnerable populations' rights and needs to ensure they receive the necessary support to effectively support CYPs' SEMH needs and ensure equity and inclusion for SEMH support. We perceive that in order to support CYPs' SEMH needs effectively, in some situations EPs need not remain unbiased and should ensure CYPs' voices are amplified and heard at varying levels of the system (e.g., SLT, parents/carers, school staff so that CYP can access the support they require and have a say in decisions affecting their lives.

Theme: Upskilling parents/carers in supporting their CYPs' SEMH needs

Statement number and statement	Rank (*z*-score)	Illustrative quote from participants' post-sort reflections on Q-Set items placed at the extreme poles
26. Providing guidance on evidence-based SEMH support.	+1 (0.23)	-
4. Providing targeted training focused on specific SEMH approaches.	+2 (0.98)	-
19. Providing training to parents/carers to support CYPs SEMH needs.	+3 (1.16)	*This would help staff with tackling some challenging parents [sic] responses and to support the young person and support parents with discipline and connecting with their child etc [sic].* Participant One.
8. Providing recommendations to support the SEMH needs of individual CYP or groups of CYP.	+1 (0.33)	-
32. Supporting key adults in formulating SMART targets for CYP with SEMH needs.	-3 (-1.53)	-
18. Collaborating with parents/carers, school staff and other professionals to design tailored SEMH support.	-2 (-0.74)	-
33. Supporting key adults to review the progress of CYP with SEMH needs.	-2 (-0.79)	-
2. Collaborating through consultation with parents/carers and school staff.	-1 (-0.19)	-
17. Supporting adults around the CYP (e.g., parents/carers, school staff) to understand the potential functions underpinning a CYP's SEMH needs.	-1 (-0.46)	-
16. Supporting adults around the CYP (e.g., parents/carers, school staff) to understand the wider contextual factors which may be impacting a CYP's SEMH needs.	0 (0)	-
20. Establishing peer learning systems for staff to share best practices collaboratively.	-4 (-1.81)	-
1. Providing support for school staff.	+1 (0.28)	-
5. Providing targeted training focused on specific SEMH needs.	+4 (1.49)	-
6. Upskilling school staff to help them recognise and understand CYPs' individual SEMH needs and how these can present.	+2 (0.84)	-
14. Upskilling SLT in understanding CYPs' SEMH needs by sharing evidence-based research with them.	+5 (2.04)	-
23. Using assessment outcomes to identify when a CYP's SEMH needs may indicate a requirement for more specialist support.	-1 (-0.23)	-
34. Supporting key adults to identify next steps for CYP with SEMH needs.	+1 (0.51)	-

Note. z-scores are rounded to two decimal places.

Interpretation of theme: There is a need to increase some parent's/carers' understanding of roles and responsibilities- that is, effectively supporting CYPs' SEMH needs extends beyond

the school and their crucial role in supporting this. Lack of understanding can lead to challenging home-school dynamics and EPs supporting these interactions to become more collaborative can positively support CYPs' SEMH needs. EPs facilitating collaborative home-school consultations is somewhat effective. However, although using EPs to improve the adults' understanding of possible functions underpinning SEMH needs can be effective if it helps the adults better understand the potential impact of contextual factors upon CYPs' SEMH needs, this is particularly so when it focuses on increasing parents/carers understanding of *how* to support their CYPs' specific SEMH needs using specific SEMH approaches. We consider this an effective approach to positively impacting some parents'/carers' behaviour management skills and strengthening the caregiver-child relationship, leading to more effective SEMH support for CYP. In turn, we feel this would alleviate some of the pressures school staff face and allow increasingly positive home-school interactions, where potentially differing perspectives can be discussed and understood.

Theme: Community Understanding

Statement number and statement	Rank (*z*-score)	Illustrative quote from participants' post-sort eme poles
28. Utilising an in-depth understanding of the school community to support the early identification of vulnerable families.	+3 (1.12)	*It is extremely important to gain an understanding of the subject (core reason) to [sic] the adverse behavioural response which will enable the school to place reasonable adjustments in place to support students' needs rather than a sole focus on the behavioural response [sic]. Teaching staff rarely receive supervision (time to reflect) so teaches [sic] focus on the adverse behaviour policy.* Participant One.
13. Working preventatively to support CYPs' wider SEMH development.	0 (0.14)	-
22. Using holistic assessments to identify the specific SEMH needs CYP are experiencing.	-2 (-0.88)	-
3. Using psychological principles to gain a deeper understanding of CYPs' SEMH needs.	+2 (0.56)	-
36. Advocating for the rights of vulnerable populations.	+3 (1.25)	-

Note. z-scores are rounded to two decimal places.

Interpretation of theme: We consider it highly effective for EPs to adopt a community-based approach to supporting CYPs' SEMH needs. By having a broad and systemic understanding of the school community, EPs are well-placed to work preventatively to identify at-risk populations and vulnerable families early. Proactively identifying CYPs' specific SEMH needs through holistic assessment is somewhat effective as it can allow for early intervention and prevent the needs from escalating.

4.3.2.2.3 Viewpoint Two: Summary

Viewpoint Two perceives the most effective EP approaches for supporting CYPs' SEMH needs to be those focused on upskilling others, including school staff and parents/carers, providing targeted training, offering small group support, advocating for vulnerable populations, and understanding the school community. This blend of direct and indirect work at multiple system levels (home, school and community, and individual, group and systemic) emphasise proactivity, inclusivity, and relational community-based strategies over individualised assessments and interventions.

4.3.2.3 Consensus statements

Consensus statements highlight areas of agreement regarding the perceived effectiveness of the EP approaches in supporting CYPs' SEMH needs. Within the Factor One and Two quantitative arrays (Table 19 and Table 22, respectively), consensus statements that are non-significant at $p<.01$ are shaded in grey, and those that remain non-significant at $p<.05$ are also asterisked (*). In the visual factor arrays for Factor One and Two (Figure 11 and Figure 12, respectively), the consensus statements are shaded grey.

Table 24 displays the consensus statements sorted into qualitative themes; Appendix GGG displays an unsorted version of the data. These are later discussed in the relevant sections. Nineteen statements were non-significant at $p<.01$, and 13 remained non-significant at $p<.05$. Statements non-significant at $p<.05$ are indicated using an asterisk (*). Eighteen consensus statements were related to indirect EP supports, and one was related to direct work with CYP.

Table 24. *A table showing the consensus statements sorted into themes and each statement's ranking within the factors and their average ranking.*

Themes	Statement and statement number	Rankings		
		Factor One	Factor Two	Average
Upskilling and supporting others	1. Providing support for school staff.	-2	+1	-0.5
	4. Providing targeted training focused on specific SEMH approaches.*	+2	+2	+2
	5. Providing targeted training focused on specific SEMH needs. *	+2	+4	+3
	6. Upskilling school staff to help them recognise and understand CYPs' individual SEMH needs and how these can present. *	+1	+2	+1.5
	33. Supporting key adults to review the progress of CYP with SEMH needs.	0	-2	-1
	34. Supporting key adults to identify next steps for CYP with SEMH needs. *	+1	+1	+1
	15. Supporting SLT with creating and implementing a comprehensive approach to supporting CYPs' SEMH needs.	-2	0	-1
	16. Supporting adults around the CYP (e.g., parents/carers, school staff) to understand the wider contextual factors which may be impacting a CYP's SEMH needs.	+2	0	+1
	26. Providing guidance on evidence-based SEMH support. *	-1	+1	0
Facilitating collaboration and using interpersonal skills	9. Fostering collaborative partnerships with a range of adults. *	0	-1	-0.5
	10. Utilising interpersonal skills to develop positive relationships with CYP. *	-2	0	-1
	18. Collaborating with parents/carers, school staff and other professionals to design tailored SEMH support. *	0	-2	-1
	20. Establishing peer learning systems for staff to share best practices collaboratively. *	-5	-4	-4.5
	24. Collaborating with multiple agencies. *	-3	-3	-3
	31. Applying person-centred approaches when working with others. *	-3	-1	-2
Advocating for ~	30. Advocating CYPs' voices in decisions affecting their lives.	-1	+1	0

13. Working preventatively to support CYPs' wider SEMH development.	-2	0	-1
27. Applying solution-focused approaches to explore SEMH needs. *	+1	0	+0.5
25. Supporting effective transition.	0	+2	+1

Note. All listed statements are non-significant at $p<.01$, and those flagged with an asterisk (*) are also non-significant at $p<.05$.

4.3.2.3.1 Summary of consensus statements

The consensus statements indicate varying levels of agreement and disagreement among the SENCos regarding what constitutes effective EP approaches for supporting CYP with SEMH needs.

Upskilling and supporting others

Both viewpoints strongly agreed that EPs providing targeted training that focused on increasing school staff's understanding of specific SEMH approaches and needs was highly effective in supporting CYP with SEMH needs. Upskilling and supporting school staff to identify the next steps for supporting CYPs' SEMH needs was also considered highly effective by both viewpoints. The viewpoints also agreed that EPs providing targeted training that focuses on CYPs' specific SEMH needs is more effective than the EP providing more general support to staff. This reflects a high consensus from SENCos that EPs can indirectly but effectively support CYPs' SEMH needs by equipping staff with the necessary skills and knowledge to address individual CYPs' SEMH needs.

Facilitating collaboration and using interpersonal skills

The viewpoints agreed that some EP approaches related to facilitating collaboration are considerably less effective in supporting CYPs' SEMH needs, though all forms of collaboration were not considered equal. For example, the viewpoints considered EPs working with key adults (e.g., school staff and parents/carers) more effective in supporting CYPs' SEMH needs than multi-agency working or staff-peer learning systems, though both approaches were ranked relatively low.

Advocating for others and working preventatively

The viewpoints agreed that EPs advocating for CYPs' voices, working preventatively to support CYPs' wider SEMH needs, and applying solution-focused approaches were somewhat effective in supporting CYPs' SEMH needs. However, they considered approaches like supporting effective transition, using solution-focused approaches, and helping CYPs' voices to be heard as more effective.

In summary, the viewpoints held agreement on the effectiveness of some EP approaches, particularly around upskilling others, advocacy, and collaboration. However, they differed in their perceptions of which specific strategies were most effective and how EPs should deliver these, highlighting the complex nature of effectively supporting CYPs' SEMH needs.

4.3.2.4 Non-significant Q-sorts.

There were no confounding Q-sorts and four non-significant Q-sorts (Three, Four, Nine and Twelve). Their factor loadings are presented in Table 25. Although not part of the factor interpretation, they were analysed to ensure additional viewpoints were not missed.

Although it remained unloaded, Q-sort Three's factor loading's relatively close proximity (0.3735) to the study's significance value (0.43) suggests it holds a similar viewpoint to Factor One. Q-sorts 4, 9, and 12 were not close to loading onto either factor, suggesting their viewpoints differed from the two factors, so they are interesting to consider individually.

Table 25. *A table to show the demographic information of non-significant Q-sorts.*

Q-sort	Factor One loading	Factor Two loading	Years in SENCo role	Gender
3	0.3735	0.0466	9	Female
4	0.2035	0.0629	3	
9	0.219	-0.0258	20+[a]	
12	-0.0894	0.1808	2	

Note. [a]In secondary settings.

4.3.2.4.1 Q-sort Three

Q-sort Three aligned with Factor One in several areas, such as perceiving it to be less effective for EPs to provide broader support to school staff (1, -3), ranked -2 by Factor One, such as setting up peer-support groups for staff (20, -5). Instead, they perceived that EP support would more effectively support CYPs' SEMH needs if it involved the EP working in a more targeted way. This included supporting key adults to understand better the potential functions underpinning a CYPs' SEMH needs (17, 3) ranked 2 by Factor One, applying psychological principles to understand better CYPs' presenting SEMH needs (3, +5) and providing tailored recommendations (8, +4) as highly effective in supporting these needs.

EP skills and knowledge should be shared to support this group of young people.

Participant Three.

EP training provides a deeper knowledge of psychological principles.

Participant Three.

Despite these similarities, Q-sort Three's viewpoint differed slightly from Factor One in that it appeared to consider EP approaches more effective when they involved the explicit use of psychology, such as providing evidence-based SEMH support (26, +3), ranked -1 by Factor

One. Q-sort Three also considered EP's application of person-centred approaches (31, +4) to be much more effective than Factor One's perception (ranked -3 in Factor One).

Person-centred approaches will gain a better relationship to work with CYP [sic].
Participant Three.

Further, Q-sort Three differed considerably from Factor One's viewpoint in its perception of the effectiveness of EP's carrying out 1:1 targeted assessments to evaluate CYPs' existing SEMH skills (12, -3) ranked +5 by Factor One.

Q-sort Three emphasises the effectiveness of targeted support strategies, explicit sharing of psychology, and person-centred approaches in effectively supporting CYPs' SEMH needs. It aligns with Factor One in some areas but also differs significantly in its perception of how effective 1:1 targeted assessments are.

4.3.2.4.2 Q-sort Four

Q-sort Four considered the most effective EP approaches to support CYPs' SEMH needs to involve EPs working preventatively (13; +5), collaboratively (2; +4) and by applying psychological principles (3, +4). This differs considerably from Factors One's and Two's perceptions of preventative working (13; Factor One: -2, Factor Two: 0). Q-sort Four considered the EP approaches that involve direct, tailored support for CYP and collaboration through consultation with key adults (2; +4) and multi-agency work (24, +3) to be highly effective.

Teamwork is the only way it's possible to make a difference.

Participant Four.

Q-sort Four considered collaboration very effective, aligning with Viewpoint One (2; +3) but in contrast to Viewpoint Two (2; -1).

Q-sort Four considers it very effective for EPs to upskill key adults, including parents/carers and school staff, to more effectively support CYPs' SEMH needs (17, +3; 19, +3).

Interestingly, Q-sort Four considered EPs working to enhance the understanding of key adults in relation to wider contextual factors which may be impacting a CYPs' SEMH needs, to be significantly less effective (16; -5) than the other viewpoints (16; Factor One: +2, Factor Two: 0). Qualitative comments suggested Q-sort Four considered this to be important but not a unique part of the EP role nor a priority in terms of using EP time.

In contrast, Q-sort Four considers more general support for school staff, such as peer learning systems to be much less effective (20, -4), aligning with both viewpoints (Factor One ranked this -5 and Factor Two ranked it -4). Similarly, Q-sort Four perceived EPs increasing key adults' understanding of wider contextual factors that may impact a CYPs' SEMH to be much less effective (16, -5).

4.3.2.4.3 Q-sort Nine

Q-sort Nine considered multi-agency collaboration considerably more effective (24; +5) than the other viewpoints, which both ranked it -3.

The knowledge of the most experienced and skilled practitioners must be worth sharing.

Participant Nine.

Q-sort Nine also considered direct support for school staff and professional development highly effective. This included EPs increasing key adults' understanding of potential functions underpinning a CYPs SEMH needs, which Q-sort Nine considered moderately more effective (17; +4) in supporting CYPs' SEMH needs than Viewpoint One (17; +2) and considerably more effective than Viewpoint Two did (17; -1).

In moderate agreement with Viewpoint Two (25; +2), and considerably more agreement than Viewpoint One (25; 0), Participant Nine considered EPs supporting CYPs' transitions to be useful (25; +4). Participant Nine considered this to be the case due to EPs supporting the transition to run smoothly for CYP and surrounding adults, and for the necessary information to be effectively communicated.

Transition done badly reflects on everyone when the student has a poor start [sic] and staff could have been better informed.
Participant Nine.

In contrast, Q-sort Nine considered EP's upskilling SLT in understanding CYPs SEMH needs by sharing evidence-based research with them to be significantly less effective (14; -5) than the other two viewpoints (14; -1, +5). Qualitative data from Q-sort Nine suggests the disparate ranking of this statement compared to Viewpoint Two could be underpinned by contextual factors (e.g., the ability of SLT to delegate tasks to and trust staff and the size of the school).

This is too specific in a large school where SLT are dealing with 150+ teachers and 2000 students. Leaders must trust the people managing the case.

Participant Nine.

This quotation offers potential insight into the context of Q-sort Nine's low ranking of other EP approaches. This includes EPs utilising an in-depth of the school community to support each identification of vulnerable families (28, -3), evaluating and tailoring provisions to meet specific SEMH needs, providing 1:1 SEMH interventions (11, -4) and working preventatively (12, -2). The low ranking could indicate that implementing the approaches is logistically challenging rather than inherently less effective in supporting CYPs' SEMH needs.

4.3.2.4.4 Q-sort Twelve

Q-sort Twelve indicates that they find EPs using their interpersonal skills, collaboration and structured, targeted approaches highly effective. This includes EPs using interpersonal skills to develop positive relationships with CYP, which Q-sort Twelve considered considerably more effective (10; +5) than the other two viewpoints (10; -2, 0).

Everything is about positive relationship [sic]. Without that nothing happens.

Participant Twelve.

Q-sort Twelve also considered EP approaches that directly support school staff and professional development to be highly effective in supporting CYPs' SEMH needs. This includes EPs supporting key adults to review the progress of CYP with SEMH needs which Q-sort Twelve considers considerably more effective (33; +4) than the other two viewpoints (33; 0, -2).

Empower the adults around [sic] to support the young person.

Participant Twelve.

Q-sort Twelve held considerable agreement with Viewpoint One regarding it being effective for EPs to collaborate through consultation with parents/carers and school staff- ranked by Q-sort Twelve as +4 and Viewpoint One as +3. However, this was considerably different to Viewpoint Two's ranking of -1.

Needs to be a school wide adult wide team [sic] around the child all singing from same sheet.

Participant Twelve.

In contrast, Q-sort Twelve considered EP's supporting SLT (15, -4), supporting key adults to understand wider contextual factors underpinning CYPs' SEMH needs (16, -3), and EPs using psychological principles to be less effective (3, -2). Further, it considers EPs supporting effective transitions to be considerably less effective (25; -5) in supporting CYPs' SEMH needs than the other two viewpoints (25; Factor One: 0, Factor Two: +2), along with using holistic assessments (22, -2) and their outcomes to identify a CYPs' SEMH needs and appropriate support (23, -3)

Exploring Q-sorts 4, 9, and 12 has confirmed that additional viewpoints exist within this population, which a two-factor solution did not capture. A larger sample size may uncover more marginalised viewpoints, while follow-up interviews may have enabled clarification of participants' reasoning behind their chosen rankings.

4.3.2.5 Additional qualitative information

Data from the post-sort questionnaire provided additional pertinent information regarding participant views. One of the questions asked participants whether they perceived any EP approaches to be missing from the Q-set, and if so, what these were and where they would rank them in relation to the condition of instruction.

Participant Fourteen, who loaded onto Viewpoint One, felt that no EP statements were missing but that the Q-set was repetitive.

Participant One, who loaded onto Viewpoint Two, felt EPs providing support to school staff through supervision and training are the most effective EP approaches (ranked "top") in supporting CYPs' SEMH needs. This was considered particularly pertinent when staff are working with CYP, whose presenting behaviours are emotionally challenging for staff members. Participant One appeared to perceive these approaches as missing from the Q-set.

"Top: Schools are becoming hubs for social care and more support is needed regarding training and the use of supervision. Children's needs are more complex over that last few years and schooling is in a recruitment crisis where staff are saying that they are not supported and specific behaviours from students are triggering their own traumas."
Participant One.

Participant Nine, who did not load significantly onto either viewpoint, appeared to find the practice of a previous EP highly effective, particularly regarding training, contemporary evidence-based practices and factoring in time with the SENCo to consider the next steps for CYP with SEMH needs.

"My best professional development came from an EP I had for years who shared all her own training, up to date research knowledge and made time for discussion of cases. She knew them all personally."

Participant 9.

4.4 Summary of results

This chapter provided a detailed overview of how 14 completed Q-sorts were analysed and interpreted as two viewpoints. CFA led to two extracted factors being retained, which were then subject to Varimax and manual rotations. The final two-factor solution accounted for 38% of the study variance. For transparency, each step of the data analysis process has been explained along with the rationales behind the researcher's decisions.

Factor arrays and estimates supported a qualitative interpretation of the viewpoints represented by the factors. The two viewpoints held some consensus regarding the SENCos' views of what constitutes effective EP support for mainstream secondary-school-aged CYP with SEMH needs, particularly regarding supporting others through bespoke, targeted training that focuses on upskilling school staff in specific SEMH approaches and needs and collaborating with others. Disparities between the viewpoints also emerged regarding how the SENCos felt the EP support should be delivered and to whom, particularly regarding the merits of upskilling SLT in understanding CYPs SEMH needs.

Chapter 5 will consider the results' strengths and limitations, evaluate the research findings in the context of existing research, and discuss potential implications for future research.

5 Discussion

5.1 Introduction to the discussion

This chapter begins by summarising the research findings, positioning them within the existing literature and proposing ideas for future research. Following this, potential implications for professional practice and the study's strengths and limitations are discussed.

The study is positioned amid a high prevalence of CYPs' SEMH needs, exacerbated by the societal impacts of the coronavirus pandemic. This amplified existing supply and demand challenges surrounding CYPs' access to specialist SEMH services and the pressures on schools to meet these needs. EPs are well-positioned to assist schools in supporting CYPs' SEMH needs; however, the EP approaches considered *most* effective from SENCos' perspectives, remain unclear despite the close SENCo-EP working partnership. Q-methodology was used to explore SENCos' viewpoints surrounding this topic, aiming to inform EP practice to focus on 'what works' and ensure that more CYP receive necessary and timely support for their presenting SEMH needs.

The research addressed the following:

- *Main RQ: What EP approaches (direct and indirect) do secondary-school SENCos perceive to be effective in supporting mainstream secondary-aged CYPs' SEMH needs post-coronavirus?*
- Subsidiary question 1: *What could these viewpoints tell us about how EPs may support this population's SEMH needs post-coronavirus?*
- Subsidiary question 2: *What could be the implications of the findings upon EP practice?*

5.2 Summary of the research findings

Fourteen secondary school SENCos ranked 36 (direct and indirect) EP approaches, identified among the concourse, as having been used to support CYP with social-emotional and mental health (SEMH) needs (Section 3.7.1.1.1). The findings will be explored in relation to the RQs by firstly identifying effective approaches (main RQ), then interpreting their broader significance, offering adaptable strategies for supporting CYPs' SEMH needs within diverse contexts (subsidiary question one), and finally translating the insights into practical, actionable recommendations for EP practice, suggesting ways for EPs to adapt their approaches to better align with stakeholders' evolving needs (subsidiary question two).

Using Q-methodology, this research effectively captured two distinct social viewpoints among the SENCos' perceptions of effective (direct and indirect) EP approaches. Both highlight EPs' unique roles in supporting secondary-aged CYP with SEMH needs. Along with convergences in the SENCos' perspectives, divergences also emerged. Variability in perceptions aligns with previous research focusing on school staff perspectives (Andrews, 2017; Flint, 2017; Harvest, 2018; Pritchard. 2021), highlighting the complex, nuanced nature of supporting SEMH needs and suggesting that not all approaches are universally viewed or valued equally.

The two distinct viewpoints identified how EPs can most effectively support CYPs' SEMH needs via *holistic and collaborative support and systemic and inclusive support.*

5.2.1 Viewpoint One- Holistic and collaborative support

Viewpoint One perceived that EPs most effectively support CYPs' SEMH needs through targeted, holistic assessments, applying psychological principles, and providing tailored recommendations. EPs integrate psychological knowledge with assessment outcomes to develop a holistic understanding of the CYPs' needs. Further, EPs' collaboration through

consultations with key adults, including parents/carers and school staff, and their ability to provide bespoke SEMH training is perceived as highly effective. These approaches enable adults to better understand and support CYP by offering more tailored next steps. While some direct work with small groups of CYP may help develop their SEMH skills, Viewpoint One emphasises that EPs providing indirect support to key adults through training and consultation is more effective. This indirect support enables the adults to implement broader systemic changes which foster sustainable improvements and shift the focus from the individual child to the broader environment.

5.2.2 Viewpoint Two- Systemic and Inclusive Support

In contrast, Viewpoint Two emphasises EPs working directly *and* indirectly across multiple system levels (home, school, community, group, systemic) to support CYPs' SEMH most effectively needs. This includes upskilling key adults, including school staff and parents/carers, through targeted training, which enhances their ability to identify, understand, and respond to CYPs' specific SEMH needs. Viewpoint Two also highlights the effectiveness of EPs applying inclusive, relational, and holistic approaches to identify at-risk populations early, advocating for vulnerable groups, and providing evidence-based guidance. While direct work with CYP (e.g., small group interventions or transition support) is considered effective, Viewpoint Two primarily focuses on the broader systemic impact that EPs can achieve through working across multiple levels, ensuring a more comprehensive and inclusive approach to SEMH support for CYP.

5.2.3 Differences in viewpoints

The two viewpoints differed significantly in their level of agreement regarding the effectiveness of EPs adopting a "top-down" approach by sharing evidence-based research with SLT to increase their understanding of CYPs' SEMH needs and strategies so that the

support can be accessed on a broader scale. Similarly, the viewpoints differed in the perceived effectiveness of EPs adopting advocacy roles that promote equity and inclusion and support the early identification of vulnerable families or using holistic assessments to identify CYPs' specific SEMH needs. Viewpoint Two generally considered these approaches more effective than Viewpoint One.

5.2.4 Similarities in viewpoints

Despite divergences, the viewpoints also shared perspectives on the effectiveness of several EP approaches. Both agreed it was effective when EPs provided targeted training that focused on enhancing key adults' understanding of specific SEMH approaches and helped the individuals tailor their support for CYP. Advocating for CYPs' voices, working preventatively to support their wider SEMH needs, and applying solution-focused approaches were also considered somewhat effective by both viewpoints. Conversely, both viewpoints agreed that EPs facilitating collaboration between professionals (e.g., multi-agency work and peer learning systems) was not unique to the EP role and that utilising EP support for this was less effective.

In summary, the viewpoints broadly agreed that EPs upskilling others, advocating, and collaborating were more effective approaches to supporting CYPs' SEMH needs. However, they differed regarding the specific nature of the *most* effective approaches, mode of delivery, and support recipient, demonstrating further the complexity of supporting CYPs' SEMH needs. Viewpoint One emphasised indirect EP support through upskilling key adults and fostering systemic changes. Viewpoint Two highlighted a broader, multi-levelled approach involving direct and indirect work across home, school, and community systems. These and the need to navigate multi-system complexities, balance direct and indirect interventions, and

address evolving SEMH challenges demonstrate that SEMH support requires flexible, adaptable, and context-sensitive strategies tailored to individual and systemic needs.

Further exploration of the findings alongside existing literature is needed to better understand their strengths, limitations, and implications for policy and EP professional practice, as well as future research.

Although this study comments on EP approaches that are considered less effective, it adopts a strength-based approach and is interested in the approaches perceived as *most* effective in supporting CYPs' SEMH needs. As such, statements ranked highest (*most* effective) will be the primary focus, aligning with the aim of identifying "what works."

5.2.5 Relating the findings to existing literature

Although limitations to generalisability are recognised, neither this research nor Q-methodology aims to identify the proportion of a population holding a particular view, so this is not considered a limitation of the research (Watts & Stenner, 2012). SEMH support is not a 'one-size-fits-all', and findings from fourteen SENCos are not assumed or considered to reflect or indicate the *prevalence* of viewpoints among the wider population of SENCos or encompass *all* existing viewpoints. However, the fact that varied viewpoints have been identified is significant. The insights provide a nuanced understanding of the *range* of perspectives among secondary school SENCos within the UK post-coronavirus context. This suggests that specific EP approaches are broadly considered effective by SENCos and should inform the practice of those arranging, promoting, or implementing school-based EP supports for CYPs' SEMH needs. The findings are, therefore, significant, and it is appropriate and helpful to consider them against previous research findings.

This research aligns with existing literature (discussed in Chapter Two) that highlighted the increasing prevalence of SEMH needs among CYP, the adverse impact of the coronavirus pandemic on these needs, and the crucial role of schools and EPs in addressing these needs. It also emphasises the complexity of SEMH support and the need for context-specific approaches. Some of the most germane links to previous literature include the following:

- Continually increasing prevalence of CYPs' SEMH needs (Fink et al., 2019; Kessler, 2010; NHS Digital, 2018, 2022).
- Adverse impact of the coronavirus pandemic on these needs (DfE, 2020b; Ford et al., 2021; House of Commons., 2021; Idoiaga, 2020; NHS Digital, 2021, 2022; O'Shea, 2020; Place2Be. & National Association of Headteachers, 2022; YMM, 2020).
- Negative short- and long-term impact of CYP experiencing SEMH needs (Jones & Kahn, 2017; WHO, 2021).
- Predisposing risk factors to SEMH needs (Rainer & Abdinasir, 2023; Reupert, 2019; The Children's Society, 2023).
- Role of schools in supporting CYPs' SEMH needs (Burton, 2008; DfE & DoH, 2015; Fazel, 2014; Goldberg et al., 2019; Hurry et al., 2021; Panayiotou et al., 2019; Public Health England, 2014; Sharpe et al., 2016).
- Role of EPs in supporting CYPs' SEMH needs (Ashton & Roberts, 2006; Atkinson et al., 2012; Beaver, 2011; Department for Education, 2020a; Fallon et al., 2010; MacKay et al., 2016).

The following sections will explore further the EP approaches perceived *most* effective by the SENCos in supporting CYPs' SEMH needs, considering these against existing research and potential implications for practice.

5.2.5.1 Upskilling and supporting others through training and collaboration

Both viewpoints perceived EPs upskilling and supporting key adults around CYP as an effective, indirect approach to enhance support for CYP with SEMH needs. This appeared to be underpinned by the notion that the effectiveness of SEMH interventions often depends on the knowledge, skills, and abilities of the adults involved. Qualitative and quantitative data from both viewpoints emphasised the importance of targeted EP-led training in equipping key adults with specific skill sets, including practical SEMH approaches, that are needed to assist the individual needs of the CYP they support. However, Viewpoint Two placed particular emphasis on the effectiveness of EP-led training aimed at parents/carers, recognising this as essential in enhancing the support received by CYP.

This perspective aligns with previous literature that found secondary school staff desired higher quality and more frequent training to increase their confidence and improve their competence in supporting CYPs' SEMH needs (Andrews, 2017; Connelly et al., 2008; DfE & DoH, 2015; DfE, 2017; Flint, 2017; Harvest, 2018; Humphrey et al., 2010; Kidger et al., 2010; MacFarlane & Woolfson, 2013; Poulou & Norwich, 2002; Pritchard, 2021; Rothì et al., 2008; Shelemy et al., 2019a, 2019b; Smith et al., 2017; The Key, 2015; Vivash & Morgan, 2019).

In the present study, both viewpoints agreed it was effective for EPs to upskill key adults to understand potential contextual factors and functions underpinning a CYP's SEMH needs and identify the next steps to support these. The viewpoints differed on the primary audience and

mode of the training. While Viewpoint One highlighted the effectiveness of EPs upskilling parents/carers *and* school staff, Viewpoint Two unexpectedly emphasised EPs working directly with parents/carers to enhance support for CYPs' SEMH needs.

The following sections explore how the viewpoints relate more specifically to EP-led training for school staff and parents/carers and consider existing literature on effective practices in these contexts.

5.2.5.1.1 Training for school staff

The present study's findings suggest that SENCos consider EP-led training for school staff highly effective in indirectly supporting CYPs' SEMH needs because it bridges the gap between staff skill sets and the demands of providing school-based SEMH support.

Training is so important. Without training from qualified professionals, we cannot run the 1:1 or group sessions we need to support students with SEMH needs.

Participant Eleven (Viewpoint One, statement 5).

All staff need to have an understanding of more in depth [sic] training to support CYPs [sic]

Participant Ten (Viewpoint Two, statement 5).

As SENCos undergo professional training, such as the NASENCo (National Award for SEN Coordination) and the NPQ SEN (National Professional Qualification for SENCos), their awareness of the complexities of addressing CYPs' SEMH needs is likely increased. This increased awareness may indicate disparities between the SENCos' skills in meeting the SEMH needs of CYP and the skills of less experienced staff members.

Previous research identified this incongruence between staff skills and the demands of the SEMH interventions they were tasked with delivering and the subsequent negative impact of this on their well-being (Education Support, 2020; Kidger et al., 2010; Martineau & Bakopoulou, 2024; Perryman & Calvert, 2019; Shelemy et al., 2019b). In turn, this reduced the effectiveness of the support offered to and received by CYP and led to poorer SEMH outcomes. However, by providing targeted training, EPs can positively impact school staff's confidence and competence in providing high-quality, effective SEMH interventions, thus indirectly increasing the quality and effectiveness of SEMH support for CYP (Elias et al., 2006; Kealey, 2000; Mahoney et al., 2020; Martineau & Bakopoulou, 2024; Oberle et al., 2016; Weare, 2015a). More specifically, previous studies suggest that EPs should offer increased support to staff, particularly those in pastoral roles (Andrews, 2017; Flint, 2017; Harvest, 2018), to ensure EP-recommended interventions are implemented to a high standard (Vivash & Morgan, 2019).

Viewpoint Two further distinguished the effectiveness of EP approaches by considering their scale: those supporting individual CYP (e.g., 1:1 interventions) versus those impacting larger groups. Given the increasing prevalence of SEMH needs and funding constraints (Campbell, 2019; Cummins, 2018; NHS Digital, 2022), investment in building staff capacity may reflect a preference for sustainable, economically viable solutions that have the potential to provide more effective support for larger numbers of CYP. This aligns with previous findings (Andrews, 2017), conclusions (Flint, 2017), and recommendations (Forshaw et al., 2023; Hurry et al., 2021; Weare, 2015b).

5.2.5.1.2 Training for parents/carers

Viewpoint Two considered EP-led training for parents/carers a highly effective approach to indirectly supporting CYPs' SEMH needs. Qualitative data indicated that this view was underpinned by the belief that enhancing parents'/carers' knowledge and skills could improve home-school communication, strengthen home-based behaviour management strategies, and foster positive caregiver-child relationships.

This would help staff with tackling some challenging parents [sic] responses and to support the young person and support parents with discipline and connecting with their child etc. Participant One (Viewpoint Two, statement 19).

This perspective aligns with existing research, highlighting the benefits of strong home-school partnerships and identifying increased parental engagement in CYPs' education as positively impacting CYPs' behaviour and SEMH.

EP-led training can indirectly support CYPs' SEMH needs by facilitating and fostering collaboration between school staff, other professionals, family systems and the wider community (AEP, 2018; Atkinson et al., 2012; Atkinson et al., 2011; Beaver, 2011; Dawson & Singh-Dhesi, 2010; DfE & DoH, 2015; Domitrovich et al., 2017; Fallon et al., 2010; Farrell et al., 2006a; Fazel, 2014; Florance & Shield, 2017; Forshaw et al., 2023; Goldberg et al., 2019; Harvest, 2018; Hornby & Witte, 2010; Martineau & Bakopoulou, 2024; Reupert, 2019; Roffey, 2015; Weare, 2015a).

More pertinently, Pritchard's (2021) findings positioned EPs as home-school mediators, suggesting a professional responsibility to facilitate between-systems communication and understanding. Similarly, Andrews (2017) and Harvest (2018) recommended EPs adopt

collaborative, supportive roles that nurture positive home-school relationships. Although providing direct parenting advice falls outside an EP's remit, it is valuable to consider this within the broader context of Viewpoint Two's array, in which the present researcher theorises that the perspective is rooted in the EP's professional understanding that enhancing parents'/carers' knowledge increases the effectiveness of SEMH support for CYP.

While research specifically on EP-led training for parents/carers around CYPs' SEMH needs is limited, broader studies on parental involvement in CYPs' secondary education reveal it as an important predictor of positive outcomes for CYP, including improved behaviour and MH (Christenson, 2004; Hoover-Dempsey et al., 2005). Positive effects were noted in schools that provided support that upskilled parents, such as workshops on CYPs' SEND and SEMH needs, internal parental education opportunities that EPs frequently encourage schools to offer (Hornby & Witte, 2010).

If EP-led training can effectively support the SEMH needs of secondary-aged CYP (Harvest, 2018) by strengthening home-school partnerships (Christenson, 2004; Hoover-Dempsey et al., 2005), this has potential implications for professional practice, discussed further in Section 5.3.1.3.

5.2.5.1.3 How should the training look?

Given the limited research on EP-led parent/carer training, it is unsurprising that little is known about this population's training preferences. As such, this section will focus primarily on *staff* perspectives on EP-led training.

The nature of EP-led training is key to its efficacy, with both viewpoints in the present study considering 'targeted' training tailored to specific school contexts and CYPs' needs very effective. Further, the perception of more effective training involving EP input relating to SEMH 'approaches' could indicate a preference for training that provides practical strategies for supporting CYPs' SEMH needs. This aligns with research indicating staff preferences for training that:

- Is high quality (Andrews, 2017; Flint, 2017; Harvest, 2018; Pritchard, 2021; Vivash & Morgan, 2019), expert-led and focused on recognising signs of MH needs, particularly where these are subtle (Kidger et al., 2010; Shelemy et al., 2019a).
- Provides relevant, practical strategies for supporting SEMH needs, such as checklists and guidance relating to situations of immediate risk like panic attacks or self-harm (Kidger et al., 2010; Pritchard, 2021) or discussing sensitive subjects, such as MH with CYP considered vulnerable (Davies, 2020).
- Uses illustrative case studies to exemplify scenarios (Shelemy et al., 2019a).
- Is part of ongoing CPD rather than one-off sessions (Pritchard, 2021).
- Promotes feelings of competence and confidence in delivering high-quality group and whole-school SEMH support (Andrews, 2017; Vivash & Morgan, 2019; Weare, 2015a).

The perceived effectiveness of EP-led training on CYPs' SEMH support has professional implications, which are discussed in Section 5.3. This focus on the structure and content of effective EP-led training guides future research and practical applications. By understanding that staff value training that involves targeted, context-specific, and practical strategies, EPs can ensure that this indirect approach to supporting CYPs' SEMH needs is provided most effectively.

5.2.5.1.1 Upskilling in assessment

EPs can indirectly support CYPs' SEMH needs by upskilling key adults in their use of assessment outcomes to generate targeted support. The present study's two viewpoints differed on *who* should conduct the assessments with CYP. Viewpoint One suggested EPs, with their psychological 'expertise,' should conduct these, while Viewpoint Two advocated EPs upskilling school staff in completing the assessments.

SENCos contributing to Viewpoint One appeared more reserved about their ability to assess and identify effective support strategies for CYPs' SEMH needs. Instead of adopting a collaborative approach, they perceived EPs as better equipped to use specialist knowledge and understanding to complete assessments and identify and recommend evidence-based strategies.

School staff can carry out a range of assessments. We are asking for EP support so that they can apply psychological expertise.

Participant Fourteen.

Viewpoint One's preference for targeted training and practical strategies could indicate a desire for enhanced 'expertise' rather than a lack of skill. Staff doubt surrounding their abilities is consistent with previous studies (e.g., Andrews, 2017; Danby & Hamilton, 2016; Pritchard, 2021; Rothì et al., 2008; Shelemy et al., 2019a). Meanwhile, Viewpoint Two's SENCos, who had more experience in the SENCo role, considered it more effective to be upskilled in using assessments and approaches than for EPs to complete these. Multiple factors could underpin this, including their increased experience, confidence, or a desire for sustainable EP support.

5.2.5.1.2 Upskilling SLT

Viewpoint Two considered working directly with SLT to enhance their understanding of CYPs' SEMH needs as a highly effective, indirect EP-led approach to supporting the same. Qualitative data highlighted SLT's influence and the importance of their investment in driving meaningful improvements, including increased implementation and integration, of SEMH support available to CYP.

SLT have the power to influence [sic] and you need their buy in to make any real differences to SEMH.

Participant Ten.

Support comes from investment and understanding at the top.

Participant Seven.

Interestingly, Viewpoint One considered EPs upskilling SLT in supporting CYPs' SEMH needs considerably less effective than training key adults around the child. Interestingly, however, Participant Seven, who contributed to Viewpoint One, considered it highly effective for EPs to work with SLT, a perspective which aligned more closely with Viewpoint Two'. Qualitative data from this SENCo suggests they perceived a higher level of SLT buy-in could increase investment in SEMH supports, enhancing support quality for CYP.

Viewpoint Two's perspective aligns with the literature highlighting the positive impact of SLT buy-in on CYPs' SEMH outcomes, demonstrated by SLT promoting and modelling SEMH values and principles (Elias et al., 2006; Leithwood & Jantzi, 2008; Mahoney et al., 2020; Martineau & Bakopoulou, 2024; Oberle et al., 2016; Reupert, 2019). The key role of

SLT in factors that facilitate effective support for CYPs' SEMH needs, including funding and resource allocation, further substantiates the notion that high levels of SLT buy-in can mitigate SEMH risk factors (Martineau & Bakopoulou, 2024), suggesting an area for future research.

Upskilling SLT improves their capacity to support, implement, and sustain SEMH initiatives and provides the basis for more meaningful EP-SLT collaboration. A well-informed and engaged SLT is better positioned to promote SEMH values and resources effectively across the school (further discussed in Section 5.2.5.2.1).

5.2.5.2 Collaboration

Both viewpoints agreed that collaboration between key adults (parents/carers and teachers) effectively supports CYPs' SEMH needs, with Viewpoint One perceiving this slightly more so. This aligns with research advocating such partnerships (Andrews, 2017; Flint, 2017; Harvest, 2018; Pritchard, 2021). Home-school collaboration positively impacts CYPs' SEMH needs (Christenson, 2004; Hoover-Dempsey et al., 2005). These benefits are enhanced when schools internally organise the collaboration (Pomerantz et al., 2007), such as through home-school assessments and reviews of CYPs' educational targets (Hornby & Witte, 2010). Findings also emphasised EPs' pivotal role in fostering this collaboration, suggesting an area for future research (Hornby & Witte, 2010).

The viewpoints differed regarding the perceived effectiveness of *specific* collaborative practices. Viewpoint One particularly valued fostering collaborative partnerships with parents/carers, school staff, and other professionals through consultation, designing bespoke support, and setting SMART targets. Conversely, Viewpoint Two considered this approach less effective.

Qualitative data from Viewpoint One indicated that the SENCos valued joint working with key adults who frequently support the CYP. This familiarity with the CYP and their presenting SEMH needs may enable these adults to offer alternative perspectives, which are considered particularly effective when supporting CYP with complex SEMH needs.

Joined up thinking with all agencies [sic] important in complex cases.
Participant Two, statement 2.

However, both viewpoints considered EPs promoting broader, multi-agency collaboration less effective than joint work with key adults. This contrasts with other post-coronavirus research that highlighted the importance of EPs supporting the broader systems surrounding CYP (Martineau & Bakopoulou, 2024). Qualitative data indicated that both viewpoints perceived some collaborative partnerships to fall outside an EP's remit. SENCos contributing to Viewpoint One considered multi-agency work more effective than those contributing to Viewpoint Two but considered initiating this collaboration was the school staff's responsibility:

School [sic] role to collaborate and share info [sic] not EP.
Participant Seven.

Considering the demographics of the SENCos, loading onto the viewpoints is helpful. Viewpoint One's participants averaged nine years in the role, while Viewpoint Two's averaged 6.73 years. Along with additional practice, this experience could also translate to

greater confidence and competence in arranging multi-agency collaboration, perhaps seeing this as an ineffective use of limited EP resources.

5.2.5.2.1 EP-SLT collaboration

The viewpoints differed on the effectiveness of EP-SLT collaboration. Viewpoint One felt SLT should trust SENCos' professionalism and delegate tasks, such as collaborating with EPs. Conversely, Viewpoint Two emphasised SLT's understanding of EP supports and approaches rather than direct EP-SLT collaboration. This understanding was perceived to influence investment, including monetary, time, curriculum and ethos integration), ultimately enhancing the effectiveness of SEMH support for CYPs' needs. This aligns with previously discussed findings that identified improvements in CYPs' well-being when SLT endorsed initiatives and made these integral within the school (Elias et al., 2006; Mahoney et al., 2020; Martineau & Bakopoulou, 2024; Oberle et al., 2016).

5.2.5.3 EPs are the 'experts' and should bring the psychology.

Both viewpoints agree that EPs add value by introducing new perspectives, assessments, and evidence-based support, aligning with previous research (Lee & Woods, 2017). Qualitative data from both viewpoints suggests that EPs indirectly, yet effectively, support CYPs' SEMH needs by helping key adults understand these needs from alternative perspectives, applying psychological principles and 'specialist knowledge.' Viewpoint One, in particular, emphasises the effectiveness of EPs introducing new perspectives and deepening understanding through EP-led assessments, especially when school staff and parents/carers' feel they have depleted available resources.

We seek advice from Ed Psychs [sic] as they are more expert than us.

Ed Psychs [sic] should have a better holistic understanding of the CYP [sic] brain and of factors that adversely affect their well-being. We and parents/carers can provide context, but we sekk [sic] next steps from Ed Psychs [sic] as often we have tried everything [sic] we can think of to help the CYP.

Participant Thirteen.

SENCos' preferences for EPs to adopt an 'expert' role over a collaborative one aligns with previous findings (Ahtola & Kiiski-Mäki, 2014; Young, 2017). This may indicate a lack of confidence or (perceived or actual) competence among some SENCos in supporting CYPs' SEMH needs. However, it may risk fostering over-reliance on the EP's 'expertise.'

Additionally, qualitative data from Viewpoint One suggests an underlying frustration that gaining an EP's perspective often provides access to otherwise inaccessible or restricted support. For example, EP-generated assessment outcomes may be used to justify or support EHCAR applications which seek access to a CYP's required assistance. This data from Viewpoint One suggests that SENCos' decision to seek EP support can be systems-led and focused on securing resources and funding, reflecting potential disparities between SENCos' ideal practice and the operational reality, an issue identified in previous findings (Ashton & Roberts, 2006; Cole, 2005; Davies et al., 2008; Magi & Kikas, 2009; Topping & Lauchlan, 2013).

5.2.5.4 EPs working directly with CYP

5.2.5.4.1 Interventions

Regarding assessments, Viewpoint One considers EPs' working directly within a 1:1 context with a CYP to be highly effective in supporting SEMH needs; Viewpoint Two considered this less so. In relation to EPs delivering interventions directly to CYP, both viewpoints,

particularly Viewpoint Two, considered this more effective when provided within a broader, group-based approach than in a 1:1 setting.

Whilst effective support and intervention needs to be offered on a wider scale across school and part of the curriculum.

Participant Ten.

The preference for EPs to provide support more broadly may reflect the systemic pressures on schools to provide SEMH support for increasing numbers of CYP with limited resources. Group interventions may be considered more efficient in relation to resource allocation and increased reach, enabling more CYP to benefit from direct EP support in less time and with fewer resources and costs, presenting the possibility of bringing about change for the highest number of CYP with the available supplies. Although supporting CYP through group interventions could promote inclusivity due to individuals not being singled out to attend interventions, it could detrimentally impact the individualised focus of 1:1 interventions, particularly for CYP with complex SEMH needs.

5.2.5.4.2 Amplifying CYPs' voices

Both viewpoints considered amplifying CYPs' voices important but differed in their perceptions of whether it was effective for this to be part of an EP's role. Viewpoint One reflected the expectation that school staff, not EPs, should take responsibility for gathering and understanding CYPs' views.

They should be able to do that anyway.

Participant Two.

This would be helpful but not necessarily needed in all cases.

Participant Six.

Not EP specific.

Participant Eight.

In contrast, Viewpoint Two considers gathering CYPs' views and amplifying these among adults in their microsystems as a highly effective part of an EPs' role (Bronfenbrenner, 1979), and vital for tailoring individual SEMH support and ensuring CYP can participate in decisions that impact them. This aligns with Harvest's (2018) findings.

SEMH support needs to be individualised [sic] and the voice must lead [sic] next steps.

Participant Ten.

The disparity between the viewpoints could be underpinned by varied perceptions amongst the SENCos regarding the purpose of gathering pupil views. Though not explored within the present study, the divisive views indicate an area for future research into individuals' perceptions regarding the role, value and purpose of gathering pupil views and who should take responsibility for this.

5.2.5.5 Monitoring and evaluating school-based SEMH provision

A closer exploration of the individual Q-sorts contributing to Viewpoint Two (Participants One and Ten) indicates that although it was not considered effective nor necessary for EPs to evaluate schools' SEMH provisions, as SENCos themselves could do this, EPs enhancing key adults' understanding of factors underpinning CYPs' SEMH needs and upskilling them to be

better able to implement reasonable adjustments rather than focusing on behaviour and relying on more punitive responses, was considered effective.

It is extremely important to gain an understanding of the subject (core reason) to the adverse behavioural response which will enable the school to place reasonable adjustments in place to support students [sic] needs rather than a sole focus on the behavioural response.
Teaching staff rarely receive supervision (time to reflect) so teaches [sic] focus on the adverse behaviour policy.
Most SENCo are experienced in evaluating provision for SEMH [sic] no support is needed in this field.
Schools are becoming hubs for social care, and more support is needed regarding training and the use of supervision.
Participant One.

All staff need to have an understanding on more in depth [sic] training to support CYPs.
Participant Ten.

This perspective may be rooted in SENCos being better placed to assess the efficacy and implementation of SEMH provisions within their school due to being embedded within the system. However, this raises the potential for oversights or inadvertent bias from SENCos evaluating internal provisions. It may also indicate that the SENCos consider EP support to be more effective when this supports with the logistics and practicalities of putting supports in place rather than monitoring these. Further exploration into how EPs could contribute to monitoring and evaluating school-based SEMH provisions could be beneficial, especially considering the knowledge, skills and understanding they bring.

5.2.5.6 Knowledge and understanding of the wider school community

The Viewpoints also differed on the effectiveness of EPs holding in-depth knowledge and understanding of the school's wider community. Viewpoint Two considered EPs holding a broad, systemic understanding of the school's wider community as highly effective and crucial for the early identification of needs and preventative work to support at-risk populations.

It is extremely important to gain an understanding of the subject (core reason) to the adverse behavioural response which will enable the school to place reasonable adjustments in place to support students needs rather than a sole focus on the behavioural response. Teaching staff rarely receive supervision (time to reflect) so teaches focus on the adverse behaviour policy.

Participant One.

This suggests a perspective of EPs being a part of the school's ecosystem (Bronfenbrenner, 1979) who can contribute unique insights to help schools identify and support SEMH needs early.

Conversely, while Viewpoint One considers it important to understand CYPs' broader contexts and identify individuals requiring SEMH support, it perceives this to be the school's role, not an EP's. Rather, it emphasises the importance of EPs remaining impartial and approaching each case without preconceived ideas regarding the CYP, their family or the wider context. However, this could limit the EPs' ability to engage in preventative work, which often requires a systemic understanding of social and environmental factors impacting a CYP.

Whilst it is important to recognise context when working with a child EPs must treat each as an individual and at face value. They will find out all of the relevant information when working with a child. We ask the EP to work with that child they do not select or identify students in school to work with.

Participant Five.

5.2.5.7 EPs supporting school staff through supervision

Unexpectedly, Participant One perceived 'supervision' as missing from the Q-set:

"Top: [sic] Schools are becoming hubs for social care and more support is needed regarding training and the use of supervision. Children's needs are more complex over that [sic] last few years and schooling is in a recruitment crisis where staff are saying that they are not supported and specific behaviours from students are triggering their own traumas."

While EP-led 'supervision' was not explicitly included in the Q-set as it did not emerge as a salient approach during concourse-gathering, it was covered under broader statements like *'providing support for school staff'* (statement 1). To reduce bias and support validity through consistent interpretation, all participants had access to the glossary (presented at the end of Appendix LL), which defined each statement. Statement 1's definition was: '*facilitating 1:1 or group sessions or discussions (e.g., consultations, providing time for reflecting, coaching, mentoring) among school staff to provide mutual support, share knowledge, and address challenges related to supporting CYPs' SEMH needs collectively'.* The discrepancy may indicate that Participant One did not consider, perceive, agree, or notice that supervision could fit within the remit of this statement or that they did not consult the glossary and may

have applied a different meaning to the statement. It is interesting to further explore Participant One's qualitative data with a view to better understanding the sentiment behind the perception of 'supervision' being omitted:

It is extremely important to gain an understanding of the subject (core reason) to [sic] the adverse behavioural response which will enable the school to place reasonable adjustments in place to support students [sic] needs rather than a sole focus on the behavioural response. Teaching staff rarely receive supervision (time to reflect) so teaches [sic] focus on the adverse behaviour policy.
Participant One (Viewpoint Two, statement 28).

While the comment initially appears to focus on EPs supporting *school staff's* SEMH needs rather than CYPs', further exploration suggests it may be underpinned by the perception that receiving supervision and targeted training could enhance staff practices by deepening their understanding of CYPs' 'complex' SEMH needs, increasing the potential for more bespoke, and thus effective support, moving away from 'punitive' responses.

Prior research indicated improved staff well-being correlates with more effective SEMH support for CYP (Andrews, 2017; Elias et al., 2006; Flint, 2017; Harvest, 2018; Kealey, 2000; Mahoney et al., 2020; Martineau & Bakopoulou, 2024; Oberle et al., 2016). This led to implications for practice, including promoting EP-led supervision (Armstrong & Hallett, 2012) to increase staff well-being (Martineau & Bakopoulou, 2024) and help them manage the emotional challenges of supporting CYP with SEMH needs (Andrews, 2017; Flint, 2017; Goodman & Burton, 2010; Harvest, 2018). The findings were particularly pertinent to

pastoral staff (Andrews, 2017; Harvest, 2018; Flint, 2017). The findings provide potential implications for EP practice, as discussed in Section 5.3.

5.3 Suggestions for practice

Set amid funding shortfalls, resourcing constraints, and rising demand for SEMH support for CYPs' SEMH needs, this study highlights the EP approaches that a group of SENCos perceive as effective in supporting CYPs' SEMH needs. While the findings are not definitive nor generalisable to wider populations of SENCos, they offer valuable insights into perspectives on supporting CYPs' SEMH needs more broadly.

This section transitions from Section 5.2, which collectively aimed to provide a well-rounded exploration of the research topic and identify EP approaches perceived as effective by SENCos in relation to the main RQ, to exploring the findings' potential practical implications and offering suggestions for EPs working to support secondary-aged CYP with SEMH needs within the current educational and socio-political post-coronavirus landscape. The suggestions for practice are presented in relation to the study's subsidiary RQs, which interpret the findings' broader significance (subsidiary question one) and outline actionable recommendations for EP practice (subsidiary question two).

The present study's findings align with those from the DfE (2023) and Hurry et al. (2023), highlighting the need for increased funding for schools to commission EP support, particularly consultation and assessment work. Budget constraints often result in EP-led training and the implementation of SEMH interventions being deprioritised. This indicates the need for increased, "ring-fenced" funding to enable schools to afford the EP approaches that they perceive as *most* effective for supporting CYPs' SEMH needs.

The current study's findings also support Hurry et al.'s (2021) recommendations to amplify CYPs' voices within SEMH policies and to support the systems that impact these to ensure the approaches are relevant, effective, and tailored to the needs and rights of the CYP for whom they are designed.

5.3.1.1 Service delivery

At the local level, some schools effectively manage their SEND provisions, including what they perceive to be effective use of EPs to meet the requirements of CYP with SEMH needs, though others struggle. Hooper et al. (2024) state that no standardised workforce planning tools exist for EP service delivery, prompting the need for new approaches involving consulting planning models from other sectors. In 2021, the AEP commissioned research for a national planning tool to explore "what would good look like?" across UK-based EPS'. The present researcher queries a potential role for EPs in facilitating the sharing of practices that could be considered effective, enabling others to explore whether similar approaches could be useful in their contexts. The present study's pre-sort data indicate that the SENCos ranked most EP approaches positively. The researcher posits that the Q-set from this study could serve as a tool for EPS to gain clarity regarding their schools' needs and the support they perceive as most valuable, as well as contribute to informing funding and expansion discussions and decisions at the EPS or LA level.

Uncertainty regarding the EP support available led to SENCos seeking clarity from EPs about how they can support CYPs' MH needs (Flint, 2017; Andrews, 2017). The current research's Q-set could help outline EP support options for SEMH ('Q-sets' for other areas of SEND could be created) and be developed into an audit tool for EPs to facilitate planning with schools or for SLT or SENCos to gather staff and CYPs' views on required or desired EP support.

5.3.1.2 Training for school staff

Previous research indicates a disparity between training content and the needs of school staff (Vivash & Morgan, 2019). The present study proposes that a Q-set card sort tool could help EPs tailor training to staff-perceived needs, addressing concerns from staff regarding their knowledge and understanding of EP-recommended approaches and intervention delivery skills (Andrews, 2017; Flint, 2017; Vivash & Morgan, 2019; Hurry et al., 2021). Logistical challenges with providing in-depth training for all recommended SEMH supports (e.g., time, monetary budgets) are recognised; however, as the findings indicate that staff perceptions of EP effectiveness are linked to their training needs, EPs may wish to consider approaches that increase access to upskilling opportunities and align with the perceived desire to extend the longevity of EP support. Additionally, given the perception that SLT buy-in enhances CYP's SEMH support, EPs could consider developing specific training programs to upskill school leaders and support them in embedding SEMH principles within the broader school culture and practice.

5.3.1.3 Training for parents/carers

Some EPS offer joint training for staff and parents/carers, such as coffee mornings, while others provide parents/carers with 'surgeries' that focus on their CYPs' needs (Hooper et al., 2024). However, given the perceived need for more research into EP-led training for parents/carers, a good first step could be ascertaining whether parents/carers perceive such training to be valuable or relevant. Following this, the Q-set-style audit discussed in Sections 5.3.1.1 may help explore and identify which training topics are most valued by this group.

5.3.1.4 Supervision

The study further suggests that some SENCos perceive regular EP-led supervision sessions as beneficial for school staff supporting CYP with complex SEMH needs and that they feel this could enhance staff well-being and the effectiveness of support received by CYP.

These implications suggest it is important for EPs to consider staff perspectives on targeted training, role clarity, collaboration across settings, staff support, and strategic planning when developing strategies for CYPs' SEMH provision within educational settings. Further research is necessary to develop these ideas, address ongoing challenges, and refine best practices.

5.4 Strengths, limitations and reflections

Adopting a qualiquantilogical methodology was particularly advantageous and suitable for this research due to its efficacy in generating viewpoints on a macroscopic level and allowing for exploring their relationships. Section 3.4 presented a critical appraisal of Q-methodology, applying parallel qualitative and quantitative quality constructs (Guba & Lincoln, 1989; Lincoln et al., 2011), as outlined in Appendix N. Reflexivity was used throughout this research to ensure rigour and accountability (Rose & Johnson, 2020). This section further discusses it, beginning with the study's broader strengths and limitations, followed by researcher reflections.

5.4.1 Credibility

5.4.1.1 Exploring a topic that lacks consensus

Q-methodology contributed to this study's strength as it provided an effective approach to addressing the RQ. However, the complexity of 'SEMH' as a topic, coupled with the lack of consensus surrounding its definition (Sections 2.2.2), posed possible challenges in exploring

SENCos perspectives on EP approaches effective in supporting CYPs' SEMH needs in the broadest sense.

5.4.1.2 Thick description of scrutinised phenomenon

To ensure clarity and validity, the researcher recorded detailed, transparent descriptions of the research's context, processes, and decision-making.

5.4.1.3 Reducing power imbalances and bias

Q-sorting enabled the collection of SENCos' views and rankings on the effectiveness of various EP approaches, while a post-sort survey provided an opportunity for elaboration. The method offered an accessible, reliable, and ethical approach that reduced power imbalances and researcher bias while preserving participant anonymity.

5.4.1.4 Exploring perceived *and* experienced effectiveness

Identifying SENCos' viewpoints was considered important (Sections 2.6.1.6.1 and 2.8.5). Exclusive use of surveys or interviews can explore SENCos' perspectives on previously experienced EP approaches. However, they may encounter difficulties in identifying or meaningfully appraising approaches yet to be encountered or about which they are less familiar. Unlike previous studies (e.g., Harvest, 2018; Andrews, 2017), which relied heavily on participants' awareness, identification and recall during interviews, Q-methodology allowed for a broader exploration of both perceived *and* experienced effectiveness.

5.4.1.5 Debriefing sessions and peer scrutiny

The researcher attended regular peer supervision sessions with two TEP researchers who also used Q-methodology in their research. The sessions focused on appraising online Q-sort software, refining and piloting the Q-set, scrutinising statistical guidelines and interpretations, and reviewing factor interpretations. This process supported researcher reflexivity and

objectivity, ensuring assumptions were professionally challenged by individuals not immersed in the study and that interpretations were validated (Shenton, 2004).

5.4.1.6 Capturing subjectivity

A strength of Q-methodology is its efficacy in holistically capturing subjective viewpoints effectively (Watts & Stenner, 2005b). Applying principles of a robust factor solution ensured stability, distinctiveness, and clarity of the emergent viewpoints (Webler et al., 2009), with a weak correlation indicating their uniqueness (Watts & Stenner, 2012). By identifying this greater differentiation between the viewpoints, Q-methodology enabled the findings to directly address the RQ more than other methods like focus groups or interviews could achieve.

Two distinct viewpoints emerged, which were interpreted and explained using narrative accounts, suggesting commonalities among participants' perspectives. While not exhaustive, this study did not seek to uncover *all* potential viewpoints nor consider this realistic given the diverse perceptions, experiences, and understandings of 'SEMH' (Section 2.2.2). Nevertheless, the significant overlap among the SENCos' viewpoints (e.g., eight of fourteen participants sorted the Q-set in a configuration characterising Viewpoint One) is noteworthy considering the high number of potential Q-sort-configurations (Brown, 1980) (Section 3.4 and 3.4.2). It is, therefore, unlikely that the shared configurations were due to the Q-sorting activity itself, a coincidental occurrence, nor a result of spontaneity by participants (Watts & Stenner, 2005b) who, to the researcher's knowledge, had never met and remained anonymous. Thus, this exemplifies Q-methodology's ability to uncover shared and varied viewpoints.

5.4.1.7 Negative case analysis

Q-methodology does not require refining hypotheses to account for all gathered data (a negative case-analysis approach); instead, it supports the exclusion of confounding or non-significant Q-sorts (Shenton, 2004). The present study's two-factor solution excluded four Q-sorts. While this presented the potential to overlook or omit marginalised viewpoints within the wider population, the study accounted for this limitation by providing an account of each excluded Q-sort.

5.4.1.8 Random sampling

The study used opportunistic 'snowball sampling' as recommended in Q-methodological literature (Webler et al., 2009) and discussed in Sections 3.7.1.1.2 and 3.7.2.1.7). While this approach risked potential self-selection bias, which cannot definitively be ruled out, nor can knowing whether this impacted the study's ability to capture marginalised viewpoints, the approach *did* reduce researcher bias and yielded a relatively diverse sample.

5.4.1.9 Triangulation

Triangulation was supported throughout various points in the study: concourse development involved consulting multiple sources to ensure a holistic Q-set (Section 3.7.1.1.3), factor interpretation involved quantitative and qualitative data, and recruitment drew participants from different organisations and systems, allowing single viewpoints to be verified against others, increasing credibility (Shenton, 2004). Drawing data from multiple sources and using various approaches could be considered to reinforce the strengths of each individual method while simultaneously reducing their limitations and reinforcing the findings' validity and credibility (Guba, 1981b; Shenton, 2004).

5.4.1.10 Face, construct and content validity.

Similarly to other online Q-methodological and time-bound thesis research (e.g., Frater, 2021; Parekh, 2022), the present study was limited by the researcher's inability to gather additional in-depth participant explanations regarding their Q-sorts. Due to time constraints, it was not possible nor plausible to interview each participant after their Q-sort and asking SENCos to assign additional time for this after completing the Q-sort was considered to present recruitment risks. Undoubtedly, interviews would have enabled the researcher to use prompts or ask follow-up questions to clarify or elicit further details, which may have contributed to more detailed factor interpretations. For example, discussing the following qualitative data with Participant One may have removed ambiguity:

I believe that primary provisions [sic] SLT have a better understanding of SEMH compared to secondary schools as the curriculum and targets are rigid.
Participant One, Viewpoint Two.

Without this discussion, it is not known if Participant One refers to SLT's understanding of the impact of CYPs' SEMH needs on the type of curriculum and supports required, of the specific SEMH needs, or the impact of other school-based factors. However, although the current research cannot answer *'how'* EPs should upskill SLT, this presents a valuable area for future study.

A carefully worded and piloted post-sort questionnaire sought to mitigate this limitation. Many participants provided reasoning on how they positioned the Q-set on the Q-sort grid's poles, though some provided less detailed responses. Member checks with participants during or after participation to check data accuracy and factor interpretations, as used during concourse development described in Section 3.7.1.1.3, may have further enhanced the

credibility of the findings and ensured fully contextualised, nuanced interpretations (Guba & Lincoln, 1982).

Further mitigations to reduce the limitation's impact involved peer-reviewing the data analysis and factor interpretations with two TEPs using Q-methodology.

Alongside gathering SENCos' viewpoints on what *has* been effective support from EPs, this study also explored the approaches they feel *could* be effective but which they may have yet to experience or otherwise recall. This aligned with the researcher's personal and professional values of promoting respect, agency, and the potential for change within a system, made possible using the Q-sort activity. A thorough, systematic approach to concourse gathering and analysis of direct and indirect data ensured the Q-set's high representativeness and content validity.

However, it must be acknowledged that some of the P-set may not have had recent direct contact with EPs, despite holding views on EP practices. While participants may offer valuable perspectives based on past experiences or indirect knowledge, these may not accurately reflect the current state of EP support. This could introduce a disconnect between participants' perceptions and the actual practices of EPs in schools, potentially affecting the reliability and relevance of the findings. As the researcher did not collect data on when the SENCos last worked directly with an EP, it remains unclear whether this limitation is present. Future research could address this by ensuring that P-set inclusion criteria specify that SENCos have had more recent interactions with EPs and by gathering this information in the post-sort questionnaire. This would help to ensure that the P-sets' perspectives are aligned with current EP practices.

To support construct validity, the concourse gathering and piloting stages involved diverse populations knowledgeable on the topic, including a SENCo, EPs (including an experienced Q-methodologist), TEPs (also using Q-methodology), and AsEPs. Where possible, contributors' terminology was preserved and used in the final Q-set. This ensured that the statements broadly and thoroughly captured the opinions and viewpoints (Stainton-Rogers, 1995; Stephenson, 1986).

However, although the present study's Q-set was 'broad and balanced' (Watts & Stenner, 2012), it was implausible for this to encompass all permutations and factors relating to the various aspects of the EP role. For example, within the area of EP-led training, it was not possible to collect data relating to the specific foci, amount, or duration of the training considered most effective by each viewpoint. This is a recognised limitation and potential area for future research.

Overall, piloting and post-sort survey results revealed that the Q-set held high face validity, with no statements identified as omitted or incorrect and all participants able to share their viewpoints. However, four participants' responses warranted further consideration. One person piloting the Q-sort queried whether the condition of instruction and statements were compatible. However, this resulted from the participant interpreting ranking at the 'least agree' pole as equivalent to disagreeing with the statement. Clarifying this direction within the Q-sort instructions reduced the chance of ambiguity recurring.

When asked to identify whether any EP approaches were missing from the Q-set, three participants responded:

A) *"My best professional development came from an EP I had for years who shared all her own training, up to date [sic] research knowledge and made time for discussion of cases. She knew them all personally."*

B) *"None missing, but a lot of repetition."*

C) *"Top: [sic] Schools are becoming hubs for social care and more support is needed regarding training and the use of supervision. Children's needs are more complex over that [sic] last few years and schooling is in a recruitment crisis where staff are saying that they are not supported and specific behaviours from students are triggering their own traumas."*

Response A appeared to be the participant's reflection on effective EP practice and was provided by Participant Nine, who did not significantly load onto either viewpoint. Therefore, no further action was taken in response to their feedback. Response B suggested repetition amongst the Q-set, while Response C suggested that supervision and training were missing. The Q-set was analysed for repetition during piloting, and no issues were highlighted. Piloting feedback agreed that approaches such as supervision and training could be considered encapsulated within the following broad statements (statement numbers precede the statement): *1. Providing support for staff. 6. Providing targeted training focused on specific SEMH approaches. 7. Providing targeted training focused on specific SEMH needs. 8. Upskilling school staff to help them recognise and understand CYPs' individual SEMH needs and how these can present.* As no participants contacted the researcher for support via the Microsoft Teams link or email, it is assumed they understood the task. However, several other factors may have influenced responses B and C, for example the participants may have

misread, misunderstood, or been unfamiliar with the EP approaches, which may have impacted their ability to distinguish between particular approaches. It was hoped that including detailed instructions and the glossary would facilitate participants' understanding of approaches they may be less familiar with and mitigate potential misunderstandings.

The researcher intended to pilot the Q-set with the qualified SENCo who had contributed to the concourse gathering stage so that a member of the target population could check this for features such as accessibility, coverage, and terminology. However, this became logistically impossible, so no SENCos piloted the Q-set. Moving forward, it would be helpful for there to be multiple concourse and piloting contributors representing the target population to increase the possibility of a SENCo being able to participate in the pilot. In turn, this would inform additional statement iterations appropriate in abductive studies.

5.4.1.11 Forced choice Q-sorting

The forced choice element in Q-sorting, caused by the fixed distribution grid (Section 3.7.1.2.2.7), posed potential limitations by restricting how participants could respond. However, previous research indicated no significant distribution effects between forced and free sorts (Brown, 1980).

One contributor to piloting considered the Q-sorting challenging. However, ensuring participants made clear and meaningful sorting distinctions was essential to the Q-sort task and findings (Watts & Stenner, 2005a; Webler et al., 2009). The researcher addressed concerns surrounding participants' potentially finding the Q-sort frustrating by explaining its challenging nature within the written guidance. Nevertheless, it is not possible to rule out the potential for participants' hypothetical frustration to have impacted their meticulousness or persistence during sorting. Allowing participants to sort the cards freely without a set layout

may have been less challenging, however this risked yielding fewer interpretable findings due to fewer Q-sorts presenting distinct viewpoints. As such, the fixed distribution was most suitable as it guided participants during ranking, allowed fewer items to be placed at extreme poles, and embraced the subjectivity of the viewpoints (Herrington & Coogan, 2011; Peritore, 1989; Watts & Stenner, 2005a; Webler et al., 2009).

5.4.1.12 Transferability and External Validity

While Q-methodology is effective in exploring social viewpoints, it does not aim to establish the prevalence of these viewpoints within a population (Baker et al., 2006; Rodl et al., 2020; Van Exel & De Graaf, 2005; Webler et al., 2009; Webster & De Boer, 2021). Instead, it posits that all topics can be reduced to a finite number of unique viewpoints, which can be revealed using a varied sample (Brown, 1980). Thus, Q-methodology findings indicate an approximation of the potential viewpoints among the wider population—a foundational understanding of the topic that can be further explored using representative samples and quantitative methods to identify the distribution of the social viewpoints (Webler et al., 2009).

Q-methodology presents a valuable method of capturing the subjective views of SENCos in relation to what they perceive as effective EP support. However, it does not provide objective evidence of effectiveness in practice. This highlights the tension between understanding what SENCos *perceive* to be effective and determining what *actually* improves outcomes for CYP with SEMH needs. It is acknowledged that SENCos perceptions of effectiveness may be influenced by various factors including their experiences, school culture, familiarity with specific EP approaches, rather than by direct, objectively measurable impacts. As such, while the present study offers insights into the EP approaches that SENCos consider effective, further research, such as mixed-methods studies involving intervention evaluation or

longitudinal trials, is required to establish whether the approaches perceived as *most* effective lead to long-term improvements for CYP with SEMH needs.

Q-methodology has faced criticisms for lack of generalisability; however, this is not Q-methodology's aim, and this limitation must be accepted to avoid *over*generalisation (Watts & Stenner, 2012). Instead, Q-methodology focuses on exploring subjective experiences and individual's sense-making processes. Consequently, while the present study provides valuable insight into SENCOs' perspectives, the findings should be interpreted as a foundation for further research, rather than as definitive evidence that the approaches identified as effective necessarily lead to better outcomes for CYP.

5.4.1.13 P-set size

Q-methodology does not require a large sample size as its aim is not to identify universal views on a topic but rather to explore the range of viewpoints surrounding it (Watts & Stenner, 2012). Fourteen SENCos took part in this study, and two distinct viewpoints emerged. It is not possible to know whether a larger P-set may have revealed additional shared viewpoints on this topic or if only two exist, though indications point towards the former. The presence of a perspective that does not fully align with either of the identified viewpoints (i.e., Participant One (see Section 5.4.1.10 for detailed discussion)) suggests that a larger P-set may have revealed additional shared perspectives or variations within or of the existing factors.

Demographic data including participants' ethnicities, ages, or CPD experiences were not collected in this study. It is possible that a larger P-set could have revealed additional viewpoints. Therefore, future research could be undertaken with an expanded P-set, both in

size and demographic diversity, which could help to identify if additional viewpoints in this area exist and, if so, the nature of these.

The online nature of this study may have contributed to challenges in recruiting additional participants for reasons including lack of access to necessary electronic equipment or eligible participants being unaware of the research. Other barriers to participation may have included participants' lack of availability or willingness to partake.

The research topic is somewhat controversial, so various viewpoints could be expected, particularly from a relatively heterogeneous sample of SENCos with varied types and amounts of experience working in different systems with differing cultures and values.

5.4.1.14 Demographic data

A limitation of this study is the lack of diversity amongst the P-set. Despite the researcher's best efforts, the recruited P-set did not have a representative gender balance for the SENCo population; all fourteen participants identified as female. It is acknowledged that the P-set's lack of gender diversity could have impacted the study's findings. For example, as females are significantly less likely to be promoted to SLT than males (DfE, 2022b), the P-set may be more representative of non-SLT members than those within SLT. As several key findings relate to the role and influence of SLT upon CYPs' SEMH support, it is possible that a P-set with a different quota of SLT could yield differing viewpoints.

Another limitation is that demographic data was *not* collected. Beyond the inclusion criteria, including 'mainstream secondary school SENCos,' demographic data did not ask participants to state their workplace location/LA nor whether the EP supports they refer to are based on the work of LA, private EPs or a mixture. Participant recruitment occurred mainly via social media groups containing UK-based SENCos and from being shared by individuals dispersed

across the UK. It is therefore hypothesised that the SENCo sample originate from a range of secondary schools across various UK LAs.

Upon reflection, this demographic data would have provided greater familiarity with and appreciation of participants' contexts, which may have facilitated the construction of theories more grounded in contextual knowledge. For example, it may have allowed an understanding of whether emergent viewpoints related to the SENCos' access to EP support and whether the approached perceived as most effective may have differed if time and money were no obstacle. In turn, this could have informed understandings regarding the impact of funding cutbacks in real terms.

The average experience within the SENCo role within Viewpoint Two was 9 years, compared to Viewpoint One's 6.3 years. This may offer insight into the participants' experience or familiarity with ‘SEMH’ as a subject. Further, concerning the social-constructionist perspective, it is interesting to note that both of Viewpoint Two’s participants practised as SENCos before or from the date the CoP (2014) was implemented. As such, they may have received alternative training that emphasised different areas of SEMH support, which may have influenced their perspectives.

Ultimately, it is for the researcher to decide how transferable the findings are due to being the sole person aware of the contextual information from which participants were drawn (Lincoln, 1985). The present researcher believes that greater demographic diversity could provide deeper insights into the contextual factors influencing SENCos’ viewpoints on EP approaches.

5.4.2 Dependability and Reliability

Dependability and reliability consider the extent to which a replica study (same sample and approach) could generate similar results (Shenton, 2004). Participants' subjective viewpoints are considered to change over time (Cross, 2005; Watts & Stenner, 2005a), with their Q-sort only representing their viewpoint then (Watts & Stenner, 2012). However, some Q-methodological researchers have argued high reliability and stability in gathering the same viewpoints in test-retest studies involving individual participants (Akhtar-Danesh et al., 2008; Brown, 1980; Nicholas, 2011) and groups (Brown, 1980; Valenta & Wigger, 1997; Watts & Stenner, 2005b). The dependability and replicability of this research is enhanced by detailed documentation of procedures, decision-making processes, and reasoning, and appraisal of its design (Shenton, 2004).

5.4.3 Confirmability and Objectivity

Confirmability addresses the extent to which the research findings represent participants' subjectivity and experiences rather than the researcher's biases. It is acknowledged that the lack of member checks following factor interpretations presents a limitation. However, the researcher sought high confirmability through:

- Triangulating data to reduce researcher bias.
- Presenting transparent accounts of decision-making and approaches (Shenton, 2004).

Similarly, to increase objectivity and reduce researcher bias, various methodological decisions were made, including:

- Choosing a research design that provides a scientifically objective way to explore operant subjectivity using a technical statistic procedure (Watts & Stenner, 2012).
- Applying the criterion of multiple, frequently used statistical tests and adopting an inductive approach during factor extraction (Watts & Stenner, 2012).

- Using manual *and* Varimax during factor rotation (Watts & Stenner, 2012).
- Applying a systematic approach to factor interpretation (Watts & Stenner, 2012).
- Engaging in opportunities for professional conversations and challenges from peers and experienced Q-methodologists.

5.4.4 Personal reflections

The EP Standards of Proficiency (Health and Care Professions Council, 2016, part 11) state that practitioner psychologists must engage in ongoing reflection and review of practice. Throughout this research, 'critical self-reflection' (reflexivity) was key to ensuring that my decisions remained transparent, that I identified, acknowledged and responded to potential biases, and maintained rigor in the data interpretation. Reflexivity involved considering how my thoughts, feelings, behaviours, background, positionality, and the wider systemic context (Finlay & Gough, 2008) influenced my choices, judgements, and interpretations.

To support ongoing reflective and reflexive thinking, I kept a journal throughout the research process, which provided several functions. These included:

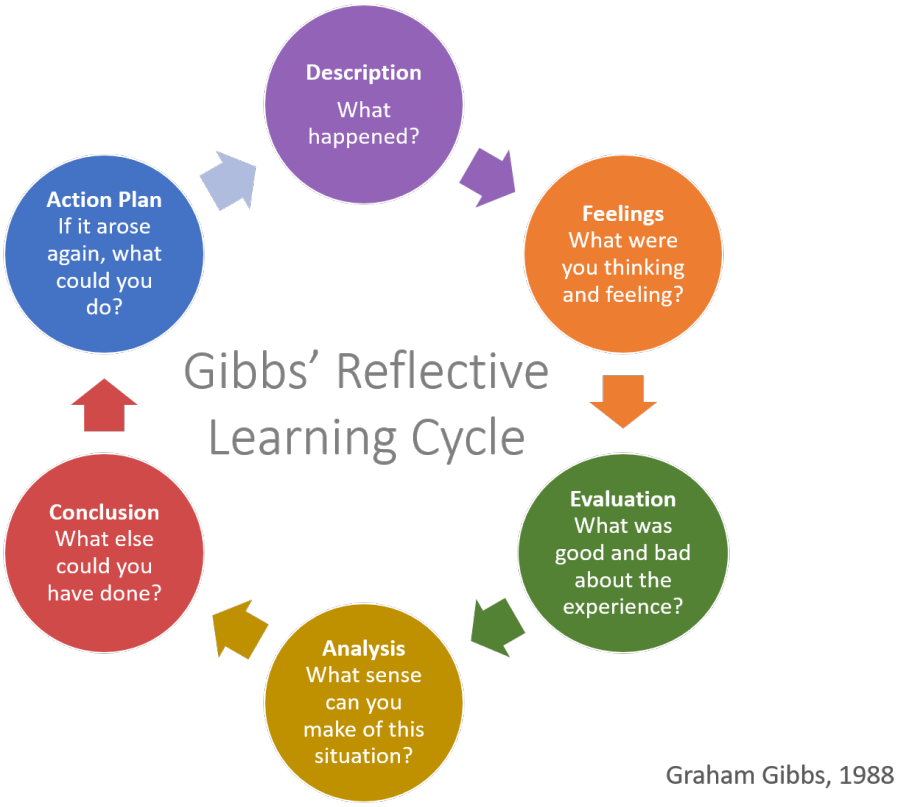
- *Capturing decision-making points:* I documented key decisions and rationales throughout the study (e.g., RQ and Q-sort poles terminology, Q-sort software selected, and the final factor solution). This was particularly useful in aiding later recall and providing a clear rationale for *why* and *how* decisions were made, which, in turn, increased the study's replicability and transparency.
- *Supporting critical engagement and transparency:* Completing the journal also ensured I continued to apply abductive reasoning and engage critically and iteratively with emerging findings. Subsequently revisiting these notes enabled the transparent

reporting of how data guided hypothesis development and ensured interpretations were based on methodical reasoning not assumptions.

- *Recording details of inter-rater reliability checks and peer supervision:* Another key function of the journal was documenting inter-rater reliability checks and peer supervision sessions. These notes included key discussion points, outcomes, and next steps, particularly surrounding the application of statistical guidelines, decisions around factor extraction, and viewpoint interpretation. Systematically recording these reflections helped ensure transparency, consistency, and objectivity, reducing potential researcher bias.
- *Refining the Q-Set and Piloting the Q-Sort Procedure:* I also used the journal to record my reflections on the pilot study and its outcomes, including contributor feedback, wording refinements for Q-set items, glossary definitions and procedural instructions, and practical considerations related to administering the Q-sort task. Recording these reflections ensured contributor feedback directly informed the research design, increasing validity.

To support structured and systematic reflexivity, I used Gibbs' Reflective Model (Gibbs, 1988) (shown in Figure 13) at several key decision-making points (e.g., factor rotation and interpretation).

Figure 13. A figure visually showing Gibb's Reflective Model applied in this study.



The model prompted me to critically and systematically reflect on research decisions (demonstrated below with illustrative examples from my journal):

- *Description (What happened?):* Feedback was received from a contributor in the pilot study who reflected that the word *'championing'* in the Q-set item *'championing pupil voice in decisions affecting their lives,'* could be perceived as biased, emotive, or leading (Appendix KK, number 3).
- *Feelings (What were you thinking and feeling?):* I noted my concerns around whether the Q-set item's wording was clear and unambiguous, reflected on potential synonyms and alternative phrasings, and acknowledged my agreement with the feedback and willingness to action this.

- *Evaluation (What was good and bad about the experience?):* I discussed the issue during a peer supervision session, shared my thoughts regarding alternative terminology, and assessed the potential impact of rewording the item. As the item originated from multiple sources during the concourse gathering stage, and the term *'championing'* was not consistently used within these, the decision was taken to modify it to *'advocating CYPs' voices in decisions affecting their lives.'*
- *Analysis (What sense can you make of this situation*?): Gathering, reflecting and actioning contributors' pilot feedback supported my refinement of the Q-set prior to the main research phase, increasing the study's validity.
- *Conclusion (What else could you have done?):* I increasingly recognised the value of external perspectives in refining research materials, such as the Q-set, and improving the robustness of the research design.
- *Action Plan (If it arose again what could you do?):* Moving forward, I scheduled additional opportunities to gain other's views (e.g., peer supervision sessions and the use of research tutorials), which increased the validity of my study.

Additionally, Bronfenbrenner's Ecological Systems Theory (Bronfenbrenner, 1979), also encouraged my reflections on the impact of various factors on my research, including personal and professional experiences and values, expectations and support from University, my EPS, and wider systems (e.g., societal, political, health and education). Appendix III presents further personal reflections.

Keeping a structured, reflexive research journal helped me provide a transparent account of how my own perspectives, experiences, and methodological choices influenced the research. It also enhanced the rigor and credibility of my study by ensuring interpretations were based on systematic reflection rather than personal assumptions.

5.5 Concluding summary

This study explored SENCos' perspectives on effective EP approaches to supporting secondary school-aged CYP with SEMH needs in the post-coronavirus UK landscape. Using Q-methodology, two distinct viewpoints emerged: *holistic and collaborative support* and *systemic and inclusive support.* The findings highlight the complexity of school-based SEMH support and the diversity of viewpoints surrounding how EPs can most effectively support these needs, both directly and indirectly.

The importance of prompt and accurate identification of SEMH needs, holistic understandings of CYPs' development, and collaboration between SENCos and EPs was emphasised. Both viewpoints agreed on the effectiveness of EPs providing targeted training to upskill school staff and collaborating with key stakeholders, such as parents/carers, to enhance SEMH support. However, the viewpoints differed in preferred approaches: Viewpoint One emphasised a holistic approach, combining psychological principles with assessments to inform individualised intervention recommendations, while Viewpoint Two preferred direct group work with CYP and systemic EP support, including training key adults to foster inclusion and enabling early identification of at-risk groups.

Suggestions for practice include increased funding for schools to commission the *most* effective EP support and more inclusive policies that consider CYP voices to ensure that SEMH strategies are both relevant and fit for purpose. For EPs, this requires clarity in roles, effective communication with SENCos, and providing tailored guidance that builds school staff competence in supporting CYPs' SEMH needs.

This research fills a notable gap by offering practical insights into enhancing school-based SEMH support within the current educational and socio-political post-coronavirus landscape. Valuable guidance is provided on effective EP approaches as identified by participating SENCos. This highlights the EP role in enhancing in-school support for CYPs' SEMH needs, which is considered particularly pertinent given the increasing role of schools as early intervention providers for SEMH support.

Future research should explore the long-term impact of these EP approaches on CYPs' SEMH outcomes and aim to gain perspectives from other stakeholders, such as teachers, parents, and CYP themselves, for a more comprehensive understanding.

This study also demonstrates the value of Q-methodology in exploring and understanding complex issues like SEMH support, identifying distinct yet coexisting viewpoints, which guide the development of targeted strategies within schools.

As the study does not aim for generalisability to all SENCos, its relatively small sample is not a concern. Nevertheless, the insights gained are valuable for informing future research and practice. Further studies could explore broader perspectives and refine best practices in CYPs' SEMH support, particularly around the role of EPs in collaboration and advocacy.

In summary, this study contributes to the literature by presenting insights into a group of SENCos' perspectives on effective EP approaches for supporting secondary-aged CYPs' SEMH needs in a post-pandemic context. It highlights the need for holistic, inclusive and collaborative approaches that support the current, evolving and long-term SEMH needs of CYP and educational settings. Practical recommendations are provided to help shape and

enhance the effectiveness and equity of in-school SEMH support. By furthering understanding of how EPs and SENCos can collaborate to provide tailored, timely support, it is hoped that this study may contribute to improving in-school SEMH support and foster better outcomes for CYP, helping more to access the support they need to thrive.

References

Ahtola, A., & Kiiski-Mäki, H. (2014). What do schools need? School professionals' perceptions of school psychology. . *International Journal of School & Educational Psychology*, *2*, 95-105.

Ainscow, M., Booth, T., & Dyson, A. (2006). Inclusion and the Standards Agenda: Negotiating Policy Pressures in England. . *International Journal of Inclusive Education*, *10*, 295-308. https://doi.org/https://doi.org/10.1080/13603110500430633

Akhtar-Danesh, N., Baumann, A., & Cordingley, L. (2008). Q-methodology in nursing research: a promising method for the study of subjectivity. *Nursing Research*, *30*, 759-773.

Akkermans, J., Richardson, J., Kraimer, M. L. (2020). The covid-19 crisis as a career shock: implications for careers and vocational behavior. . *Journal of Vocational Behavior.*, *119*. https://doi.org/https://doi.org/10.1016/j.jvb.2020.103434

Allen, T. M., Hersh, J., Schoch, K., Curtiss, K., Hooper, S. R., & Shashi, V. (2014). Association of the family environment with behavioural and cognitive outcomes in children with chromosome 22q11.2 deletion syndrome [Article]. *Journal of Intellectual Disability Research*, *58*(1), 31-47. https://doi.org/10.1111/jir.12054

Amos, R., Manalastas, E., White, R., Bos, H., & Patalay, P. (2020). Mental health, social adversity, and health-related outcomes in sexual minority adolescents: a contemporary national cohort study.'. *The Lancet Child & Adolescent Health*, *4*, 36-45.

Andrews, R. (2005). The place of systematic reviews in education research. *British Journal of Educational Studies*, *53*(4), 399-416.

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.* University of East London]. University of East London.

Armstrong, D. (2014). Educator perceptions of children who present with social, emotional and behavioural difficulties: A literature review with implications for recent educational policy in England and internationally. . *International Journal of Inclusive Education*, *18*, 731-745.

Armstrong, D., & Hallett, F. (2012). Private knowledge, public face: Conceptions of children with SEBD by teachers in the UK-a case study. *Educational & Child Psychology*, *29*, 77-87.

Armstrong, H. (2017). *From Pupil Referral Units (PRUs) to mainstream education: a Q methodological study exploring the perceptions of PRU and mainstream secondary school professionals on reintegration.* University of Nottingham]. Nottingham.

Ashton, R., & Roberts, E. (2006). What is valuable and unique about the educational psychologist? Educational Psychology in Practice. *22*, *2*, 111-123.

Association of Educational Psychologists. (2018). *Written evidence – The Association of Educational Psychologists.* http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/health-and-social-care-committee/transforming-children-and-young-peoples-mental-health-provision/written/76876.pdf

Atkinson, C., Bragg, J., Squires, G., Wasilewski, D., & Muscutt, J. (2012). Educational psychologists and therapeutic intervention: Enabling effective practice. . *Assessment and Development Matters*, *4*, 22-25.

Atkinson, C., Corban, I., & Templeton, J. (2011). Educational psychologists' use of therapeutic interventions: Issues arising from two exploratory case studies. *Support for Learning*, *26*, 160-167.

Atkinson, C., Regan, T., & Williams, C. (2006). Working collaboratively with teachers to promote effective learning. *Support for Learning*, *21*, 33-39.

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*, 384-397.

Baginsky, W. (2004). *School Counselling in England, Wales and Northern Ireland: A Review.* http://docplayer.net/19979952-School-counselling-in-england-wales-and-northern-ireland-a-review-william-baginsky-for-the-nspcc-and-keele-university.html

Baker, R., Thompson, C., & Mannion, R. (2006). Q methodology in health economics. . *Journal of Health Services Research and Policy*, *11*, 38-45. https://doi.org/https://doi.org/10.1258/135581906775094217

Banasick, S. (2019a). KADE: A desktop application for Q methodology. *Journal of Open Source Software*, *4*(36). https://doi.org/10.21105/joss.01360

Banasick, S. (2019b). *Comparison KADE and PQMethod Analysis Results.* S. Banasick. https://github.com/shawnbanasick/kade/wiki/KADE-and-PQMethod

Banasick, S. (2023). *EQ Web Configurator.* In (Version 3.0.0)

Barker, C., Pistrang, N., Elliott, R., Barker, D., & Elliott, R. (2002). *Research Methods in Clinical Psychology: An Introduction for Students and Practitioners. John Wiley & Sons, Incorporated.* John Wiley & Sons, Incorporated.

Barnardos. (2020). *Mental Health and Covid-19: In Our Own Words.* https://www.barnardos.org.uk/mental-health-covid19- in-our-own-words-report.

Barnes, T. N., Smith, S. W., & Miller, M. D. (2014). School-based cognitive-behavioral interventions in the treatment of aggression in the United States: A meta analysis. *Aggression and Violent Behavior,*, *19*, 311–321. https://doi.org/doi:10.1016/j.avb.2014.04.013

Bartlett, J., Griffin, J., & D., T. (2020). Resources for supporting children's Emotional wellbeing during the COVID-19 pandemic. *Child Trends*, *12*. https://www.childtrends.org/publications/resources-for-supporting-childrensemotionalwellbeing-during-the-covid-19-pandemic.1–8.

Bazeley, P. (2003). "Teaching mixed methods". *Qualitative Research Journal.*, *3*, 117-126.

Beaver, R. (2011). *Educational Psychology Casework.* Jessica Kingsley.

Beech, K. (2021). *School Staff's Viewpoints of Supervision_A Q Methodological Study_Redacted.pdf*

Biesta, G. (2010). *Pragmatism and the Philosophical Foundations of Mixed Methods Research.* (2 ed.). SAGE Publications, Inc.

Bilton, K., & 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). Routledge.

Birch, S., Fredrickson, N., & Miller, A. (2015). What do educational psychologists do? In T. Cline, Gulliford, A., & Birch, S. (Ed.), *Educational Psychology* (2 ed., pp. 1-27). Hodder Education.

Block, J. (2008). *Q-sort in Character Appraisal: Encoding Subjective Impressions of Persons Quantitatively. Washington, DC. American Psychological Association.* American Psychological Association.

Blundell, R., Costa Dias, M., Joyce, R., & Xu, X. (2020). COVID-19 and inequalities. *Fiscal Studies*, *41*, 291-319. https://doi.org/https://doi.org/10.1111/1475-5890.12232

Booth, A. (2006). 'Clear and present questions: Formulating questions for evidence based practice.'. *Library Hi Tech.*, *24*(3). https://doi.org/10.1108/07378830610692127

Boyle, C., & 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*, 71-84.

Bradley, J., & Miller, A. (2010). 'Widening participation in higher education: Constructions of "going to university"'. *Educational Psychology in Practice*, *26*, 401-413.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*, 77-101.

British Journal of School Nursing. (2018). More than 55 000 refused mental health treatment as CAMHs rejects one in four. *British Journal of School Nursing*, *13*, 422-423.

British Psychological Society. (2018). *Written evidence – British Psychological Society.* http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/health-and-social-care-committee/transforming-children-and-young-peoples-mental-health-provision/written/77129.pdf

British Psychological Society. (2021a). *Code of Ethics and Conduct*. United Kingdom: BPS Ethics Committee Retrieved from https://www.bps.org.uk/guideline/code-ethics-and-conduct

British Psychological Society. (2021b). *Code of Human Research Ethics*. United Kingdom: BPS Ethics Committee Retrieved from https://www.bps.org.uk/guideline/bps-code-human-research-ethics

Bronfenbrenner, U. (1979). *The ecology of human development: Experiments in nature and design.* Harvard University Press.

Brown, S. (1980). *Political Subjectivity: Applications of Q Methodology in Political Science.* Yale University Press.

Brown, S. (1993). A Primer on Q methodology. *Operant Subjectivity*, *15*, 91-138.

Brown, S. (2006). A match made in heaven: A marginalized methodology for studying the marginalized. *Quality and Quantity*, *40*, 361-382. https://doi.org/https://doi.org/10.1007/s11135-005-8828-2

Brown, S., Doom, J., Lechuga-Pena, S., Watamura, S., & Koppels, T. (2020). Stress and parent- ing during the global COVID-19 pandemic, child abuse and amp. . *Neglect.* https://doi.org/https://doi.org/10.1016/j.chiabu.2020.104699

Brown, S. R. (1995). Q methodology as the foundation for a science of subjectivity. *Operant Subjectivity*, *18*, 1-16.

Bruining, H., Bartels, M., Polderman, T., & Popma, A. (2021). "COVID19 and Child and Adolescent Psychiatry: An Unexpected Blessing for Part of our Population?" *European Child & Adolescent Psychiatry 30*, 1139-1140. https://doi.org/doi:10.1007/s00787-020-01578-5.

Buck, D. (2015). Reconstructing educational psychology reports: An historic opportunity to change educational psychologists' advice? . *Educational Psychology in Practice*, *31*, 221-234.

Burr, V. (1995). *An introduction to social constructionism.* . Routledge.

Burton, M. (2019). Suicide and self-harm: vulnerable children and young people. *Practise Nursing*, *20*, 218-223. https://doi.org/https://doi.org/10.12968/pnur.2019.30.5.218

Burton, S. (2008). Empowering learning support assistants to enhance the emotional wellbeing of children in school. . *Educational and Child Psychology,* , *25*, 40-56. http://search.ebscohost.com/login.aspx?direct=true&db=psyh&AN=2009-06944-005&site=ehost-live

Burton, S. (2016). *ELSA Network.* http://www.elsanetwork.org

Burton, S., Traill, M., & Norgate, R. (2009). An evaluation of Emotional Literacy Support Assistant (ELSA) programme. http://www.elsanetwork.org/files/ELSA evaluation report July 2009.pdf

Campbell, D. (2019). *May to promise NHS mental healthcare boost for under- 18s.* https://www.theguardian.com/society/2019/jan/04/may-to-offer-increase-in-nhs-mental-health-support-for-under-18s

Campbell, D. T., & Stanley, J. C. (1963). *Experimental and quasi-experimental designs for research.* Houghton Mifflin.

Capdevila, R., & Lazard, L. (2008). Is it just me...?: Q methodology and representing the marginal. *Operant Subjectivity*, *32*, 70-84.

Care Quality Commission. (2017). *Are we listening? Review of children and young people's mental health services.* UK Retrieved from https://www.cqc.org.uk/sites/default/files/20180308b_arewelistening_report.pdf.

Cattell, R. (1966). The scree test for the number of factors. *Multivariate Behavioral Research.*, *1*, 245-276.

Children's Commissioner. (2017). *Children's Mental Healthcare in England.* https://dera.ioe.ac.uk/30171/1/Childrens-Commissioner-for-England-Mental-Health-Briefing-1.1.pdf

Children's Commissioner. (2019). Early access to mental health support. London: Children's Commissioner. https://www.childrenscommissioner.gov.uk/resource/early-access-to-mental-health-support/

Christenson, S. (2004). The Family-School Partnership: An Opportunity to Promote the Learning Competence of All Students. *School Psychology Review*, *33*(1), 83-104. https://doi.org/10.1080/02796015.2004.12086233

Clark, L., & Elliott, S. N,. (1988). The influence of treatment strength information on knowledgeable teachers' pre-treatment evaluations of social skills training methods. . *Professional School Psychology*, *3*, 241-251.

Clarke, A., & Lovewell, K. (2021). *"Adolescent Mental Health Evidence Brief 2: The Relationship Between Emotional and Behavioural Problems in Adolescence and Adult Outcomes."*. https://www.eif.org.uk/ report/adolescent-mental-health-evidence-brief2-emotional-and-behavioural-problems-in-adolescence-and-adult- outcomes

Clausen, J., Borthwick, A., & Rutledge, D. (2021). Collaborative research and use of Q methodology to understand technology infusion in teacher preparation. *Educational Technology Research and Development*, *69*(3), 1617-1639. https://doi.org/10.1007/s11423-021-10018-3

Cohen, J., McCabe, L., Michelli, N. M., & Pickeral, T. (2009). School climate: Research, policy, practice, and teacher education. *Teachers College Record*, *111*, 180-213.

Cohen, L., Mannion, l., & Morrison, K. (2017). *Research Methods in Education.* (8 ed.). Routledge.

Cole, B. (2005). Mission impossible? Special educational needs, inclusion and the re-conceptualization of the role of the SENCO in England and Wales. . *European Journal of Special Needs Education, , 20*, 287-307.

Coleman, J. (2009). "Well Being in Schools: Empirical Measure, or Politician's Dream?" *Oxford Review of Education*, *35*, 281-292. https://doi.org/doi:10.1080/03054980902934548

Coleman, J. (2011). *The nature of adolescence* (4th ed.). Routledge.

Collishaw, S. (2015). Annual research review: Secular trends in child and adolescent mental health. *Journal of Psychological Psychiatry*, *56*, 370-393.

Connelly, G., Lockhart, E., Wilson, P., Furnivall, J., Bryce, G., Barbour, R., & Phin, L. (2008). Teachers' responses to the emotional needs of children and young people: results from the Scottish Needs Assessment Programme. *Emotional and Behavioural Difficulties*, *13*.

Cook, T. D., & Campbell, D. T. (1979). *Quasi-experimentation: Design and analysis issues for field settings.* Rand McNally.

Cooke, A., Smith, D., & Booth, A. (2012). The benefits of a systematic search strategy when conducting qualitative evidence synthesis; the SPIDER tool. *Qualitative Health Research*, *22*, 1435-1443. https://doi.org/10.1177/1049732312452938.

Cooper, L., & Woods, K. (2017). Evaluating the use of a strengths-based development tool with head teachers [Article]. *Educational Psychology in Practice*, *33*(1), 31-49. https://doi.org/10.1080/02667363.2016.1220924

Copeland, W., Wolke, D., Shanahan, L., & Costello, J. (2015). "Adult Functional Outcomes of Common Childhood Psychiatric Problems: A Prospective, Longitudinal Study.". *JAMA Psychiatry*, *72*, 892-899. https://doi.org/doi:10.1001/jamapsychiatry.2015.0730.

Corcoran, T. F., D,. (2015). Between education and psychology: School staff perspectives. . *Emotional and Behavioural Difficulties*, *20*, 98-113.

Cornwall EPS. (2024). *Educational Psychology*. https://www.cornwall.gov.uk/schools-and-education/special-educational-needs/send-support-services/educational-psychology/

Corradi, O. (2019). Primary school staff's understanding and perceptions of their own and the school role in meeting the social, emotional and mental health (SEMH) needs of all pupils: a grounded theory exploration. In.

Costa Dias, M., Joyce, M., & Keiller, A. (2020). *COVID-19 and the career prospects of young people.* (Institute of Fiscal Studies., Issue.

Costello, A., & Osborne, J. (2005). Best Practices in Exploratory Factor Analysis: Four Recommendations for Getting the Most From Your Analysis. . *Practical Assessment, Research & Evaluation.* , *10*, 1-9.

Couper, M., Traugott, M., & Lamias, M. (2001). Web survey design and administration. *Public Opinion Quarterly*, *65*, 230-253. https://doi.org/https://doi.org/10.1086/322199

Crenna-Jennings, W., & Hutchinson, J. (2018). *'Access to children and young people's mental health services – 2018'*

Crenna-Jennings, W., & Hutchinson, J. (2020). Access to child and adolescent mental health services in 2019. *Education Policy Institute*, 1-32.

Cresswell, J. (2009). *Research design: Qualitative, quantitative, and mixed methods approaches.* SAGE.

Crombag, J. (2022). *Regional differences in the formation of livestock farmers' attitudes towards the recovery of the grey wolf (Canis lupus).* Wageningen University & Research].

Crosby, E. (2022). *Applying a Cultural Historical Activity Theory Approach to Explore the Tensions Within and Between the Roles of Educational Psychologists and Primary Mental Health Workers When Supporting Mental Health Needs in Schools.* Tavistock and Portman NHS Foundation Trust and University of Essex].

Cross, R. (2005). Exploring attitudes: the case for Q methodology. *Health Educ Res*, *20*(2), 206-213. https://doi.org/10.1093/her/cyg121

Cummins, I. (2018). The Impact of Austerity on Mental Health Service Provision: A UK Perspective. *International Journal of Environmental Research and Public Health*, *15*, 1145. https://doi.org/https://doi.org/10.3390/ijerph15061145

Cunningham, A., Harvey, K., & Waite, P. (2022). School staffs' experiences of supporting children with school attendance difficulties in primary school: a qualitative study. *Emotional and Behavioural Difficulties*, 1-16.

Curt, B. (1994). *Textuality and Tectonics: Troubling Social and Psychological Science.* Open University Press.

Danby, G., & Hamilton, P. (2016). Addressing the 'elephant in the room'. The role of the primary school practitioner in supporting children's mental well-being [Article]. *Pastoral care in education*, *34*(2), 90-103. https://doi.org/10.1080/02643944.2016.1167110

Dancey, C., & Reidy, J. (2011). *Statistics without maths for psychology.* (5 ed.). Pearson Education.

Davies, E., & Matley, F,. (2020). Teachers and pupils under pressure: UK teachers' views on the content and format of Personal, Social, Health and Economic Education. *Pastoral care in education*, *38*, 4-22. https://doi.org/https://doi.org/10.1080/02643944.2020.1713868

Davies, P., Diamond, C., & Perry, T. (2021). Implications of autonomy and networks for costs and inclusion: comparing patterns of school spending under different governance systems. *Educational management administration and leadership*(1), 128-144. https://doi.org/https://doi.org/10.1177/1741143219888738

Davies, S., Howes, A., & Farrell, P. (2008). Tensions and dilemmas as drivers for change in an analysis of joint working between teachers and educational psychologists. . *School Psychology International*, *29*, 400-417.

Dawadi, D. (2022). Inclusion of children living with disability in early childhood development and education: construction of a stakeholder-informed framework

[Article]. *Journal of Research in Special Educational Needs*, *22*(3), 254-265. https://doi.org/10.1111/1471-3802.12563

Dawson, J., & Singh-Dhesi, D. (2010). Educational psychology working to improve psychological well-being: An example. *Emotional and Behavioural Difficulties*, *15*, 295-310.

De Avila, M., Hamamoto Filho, P., Jacob, F., Alcantara, L., Berghammer, M., Jenholt Nolbris, M., Olaya-Contreras, P., & Nilsson, S. (2020). Children's anxiety and factors related to the COVID-19 pandemic: An exploratory study using the children's anxiety questionnaire and the numerical rating scale.

. *International journal of environmental research and public health,*, *17*.

de Leeuw, R., de Boer, A., Beckmann, E., van Exel, J., & Minnaert, A. (2019). Young children's perspectives on resolving social exclusion within inclusive classrooms. *International Journal of Educational Research*, *98*, 324-335. https://doi.org/ https://doi-org.nottingham.idm.oclc.org/10.1016/j.ijer.2019.09.009

De Mol, J., & Buysse, A. (2008). Understandings of children's influence in parent—child relationships: A Q-methodological study. *Journal of Social and Personal Relationships*, *25*(2), 359-379. https://doi.org/10.1177/0265407507087963

Deighton, J., Humphrey, N., Belsky, J., Boehnke, J., Vostanis, P., & Patalay, P. (2018). Longitudinal pathways between mental health difficulties and academic performance during middle childhood and early adolescence. *British Journal of Developmental Psychology*, *36*, 110-126.

Denzin, N. K., & Lincoln, Y. S. (2008). *Introduction: Critical methodologies and indigenous inquiry. Handbook of critical and indigenous methodologies.*

Department for Education. (2018). *Mental health and behaviour in schools: Departmental advice for school staff.* UK Retrieved from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/att144achment_data/file/508847/Mental_Health_and_Behaviour_-_advice_for_Schools_160316.pdf

Department for Education. (2020a). *£8m programme to boost pupil and teacher wellbeing.* London Retrieved from https://www.gov.uk/government/news/8m-programme-to-boost-pupil-and-teacher-wellbeing

Department for Education. (2020b). *State of the Nation 2020: Children and Young People's Wellbeing.*

Department for Education. (2022). *School Recovery Strategies year 1 findings*. England: Government Social Research Retrieved from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1045471/School_Recovery_Strategies_year_1_findings.pdf

Department for Education. (2023a). *Summary of responsibilities where a mental health issue is affecting attendance.* England: Department for Education Retrieved from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachmentdata/file/1136965/Summary of responsibilities where a mental health issue is affecting attendance.pdf

Department for Education. (2023b). *School recovery strategies year 2 findings*. England: Government Social Research Retrieved from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1131182/School_recovery_strategies_year_2_findings.pdf

Department for Education. (2023c). *Educational psychology services: workforce insights and school perspectives on impact.* London, England: Government Social Research

Retrieved from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1166208/Educational_Psychology_services_-_Workforce_insights_and_school_perspectives_on_impact.pdf

Department for Education & Department of Health. (2015). *SEND Code of Practice*. England

Department for Education & Department of Health. (2017). *Transforming children and young people's mental health provision- a Green Paper.* England Retrieved from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/664855/Transforming_children_and_young_people_s_mental_health_provision.pdf

Department for Education & Department of Health and Social Care. (2017). *PM: mental health training for teachers will "make a real difference to children's lives. .* https://www.gov.uk/government/news/pm-mental-health-training-for- teachers-will-make-a-real-difference-to-childrens-lives

Department for Education. (2021). *Promoting and supporting mental health and wellbeing in schools and colleges. .* Retrieved from https://www.gov.uk/guidance/mental-health-and-wellbeing-support-in-schools-and-colleges

Department for Education. (2022b). *School leadership in England 2010 to 2020: characteristics and trends.* UK Retrieved from https://assets.publishing.service.gov.uk/media/626950bfe90e0746c0a7b057/School_leadership_in_England_2010_to_2020_characteristics_and_trends_-_report.pdf

Department for Health and Social Care. (2023). *Major conditions strategy: call for evidence.* UK: Department for Health and Social Care Retrieved from gov.uk/government/consultations/major-conditions-strategy-call-for-evidence/major-conditions-strategy-call-for-evidence.

Department of Health. (2015). *Future in mind: Promoting, protecting and improving our children and young people's mental health and wellbeing.* Retrieved from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

Department of Health & Social Care. (2011). *No health without mental health: a cross-Government mental health outcomes strategy for people of all ages analysis of the impact on equality.* UK

Devon County Council. (2024). *Toolkit of evidence-based interventions to promote inclusion of children with SEMH needs.* Devon County Council.,. https://www.devon.gov.uk/support-schools-settings/document/toolkit-of-evidence-based-interventions-to-promote-inclusionof-children-with-semh-needs/

Domitrovich, C., Durlak, J., Staley, K., & Weissberg, R. (2017). Social-Emotional Competence: An Essential Factor for Promoting Positive Adjustment and Reducing Risk in School Children. *Child Development*, *88*, 408-416. https://doi.org/doi:10.1111/cdev.12739.

Domitrovich, C. E., Bradshaw, C. P., Poduska, J. M., Hoagwood, K., Buckley, J. A., Olin, S., Romanelli, L. H., Leaf, P. J., Greenberg, M. T., & Ialongo, N. S. (2008). Maximizing the implementation quality of evidence-based preventive interventions in schools: A conceptual framework. *Advances in School Based Mental Health Promotion.*, *1*, 6-28. https://doi.org/10.1080/1754730x.2008.9715730

Doncaster Educational Psychology Service. (2024). *Educational Psychology Service*. https://www.doncaster.gov.uk/services/schools/educational-psychology-service

Down, M., Picknoll, D., Piggott, B., Hoyne, G., & Bulsara, C. (2023). "I love being in the outdoors": A qualitative descriptive study of outdoor adventure education program

components for adolescent wellbeing [Article]. *Journal of Adolescence*, *95*(6), 1232-1244. https://doi.org/10.1002/jad.12197

Dumfries & Galloway Educational Psychology Service. (2023). *Educational Psychology Service*. Dumfries & Galloway EPS. https://www.dumgal.gov.uk/article/22434/Educational-Psychology-Service

Dunsmuir, S., & Hardy, J. (2016). Delivering psychological therapies in schools and communities.

Durlak, J. (2016). *What everyone should know about program implementation.* (C. E. D. J. A. Durlak, R. P. Weissberg, & T. P. Gullotta Ed.). Guilford.

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*, 405-432. https://doi.org/doi:10.1111/j.1467-8624.2010.01564.x

Eames, V., Shippen, C., & Sharp, H. (2016). The Team of Life: A narrative approach to building resilience in UK school children. *Educational and Child Psychology*, *33*(2), 57-68. https://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=psyc15&AN=2016-40016-005

https://nusearch.nottingham.ac.uk/openurl/44NOTUK/44NOTUK?genre=article&atitle=The+Team+of+Life%3A+A+narrative+approach+to+building+resilience+in+UK+school+children.&title=Educational+and+Child+Psychology&issn=0267-1611&date=2016&volume=33&issue=2&spage=57&aulast=Eames%2C+Vicky&isbn=&__char_set=utf8

Ecclestone, K., & Hayes, D. (2009). *The Dangerous Rise of Therapeutic Education.* Routledge.

Edge, D., Redwood, S., Jindal-Snape, D., & Crawley, E. (2024). Impact of COVID-19 pandemic on secondary school teaching staff and primary to secondary transitions [Article]. *Psychology in the Schools*, *61*(1), 17-28. https://doi.org/10.1002/pits.23017

Education and Skills Funding Agency. (2023). *High needs funding arrangements: 2024 to 2025.* London, UK: Gov.uk Retrieved from https://www.gov.uk/government/publications/high-needs-funding-arrangements-2024-to-2025

Education Support. (2020). Covid-19 and the Classroom: Working in Education during the Coronavirus Pandemic. . https://doi.org/https:// www.cumbria.ac.uk/media/university-of-cumbria-website/content-assets/public/education/images/documents/

courses/partnership/cpd/covid-19-and-the–classroom-2.pdf.

Ekornes, S., Hauge, T., & Lund, I,. (2012). Teachers as mental health promoters: a study of teachers' understanding of the concept of mental health. *International Journal of Mental Health Promotion*, *14*, 289-310.

Elias, M., Parker, S., & Rosenblatt, J. (Eds.). (2006). *"Building Educational Opportunity."* Springer.

Ellins, J., Hocking, L., Al-Haboubi, M., Newbould, J., Fenton, S., Daniel, K., Stockwell, S., Leach, B., Sidhu, M., Bousfield, J., McKenna, G., Saunders, K., O'Neill, S., & Mays, N. (2023). Early evaluation of the Children and Young People's Mental Health Trailblazer programme: a rapid mixed-methods study. . *Health and Social Care Delivery Research.*, *11*.

EPPI Centre Evidence for Policy & Practice. (2024). *Why is it important to be systematic?* https://eppi.ioe.ac.uk/cms/Default.aspx?tabid=69

Essau, C. (2005). Frequency and Patterns of Mental Health Services Utilization among Adolescents with Anxiety and Depressive Disorders. *Depression and Anxiety.*, *22*, 130-137. https://doi.org/doi:10.1002/da.20115

European Parliament and Council. (2016). *General data protection regulation. Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing.* EU: European Parliament and Council

Evans, D. (2002). Systematic reviews of interpretive research: interpretive data synthesis of processed data. . *Australian Journal of Advanced Nursing*, *20*, 22-26.

Fàbregues, S., & Molina-Azorín, J. F. (2017). Addressing quality in mixed methods research: A review and recommendations for a future agenda. . *Quality & Quantity 51*, 2847-2863.

Fallon, K., Woods, K., & Rooney, S. (2010). A discussion of the developing role of educational psychologists within Children's Services. *Educational Psychology in Practice*, *26*, 1-23.

Farrell, P., Jimerson, S., Kalambouka, A., & Benoit, J. (2005). Teachers' perceptions of school psychologists in different countries. *School Psychology International*, *26*, 525-544.

Farrell, P., Woods, K., Lewis, S., Rooney, S., Squires, G., & O'Conner, M. (2006a). *Function and contribution of educational psychologists in light of the 'Every Child Matters: Change for Children' agenda.* . London

Farrell, P., Woods, K., Lewis, S., Rooney, S., Squires, G., & O'Connor, M. (2006b). *A review of the functions and contribution of educational psychologists in England and Wales in light of Every Child Matters: Change for Children.* Nottingham

Fazel, M., Hoagwood, K., Stephan, S., & Ford, T. (2014). Mental health interventions in schools in high-income countries. *Lancet Psychiatry*, *1*, 377-387. https://doi.org/https://doi.org/10.1016/S2215-0366(14)70312-8

Fernie, L. (2021). *What Can Educational Psychologists Do to Support Mental Health?* Psychreg. https://www.psychreg.org/educational-psychologist-mental-health/

Field, A. (2016). *Discovering statistics using IBM SPSS statistics.* (4 ed.). Sage.

Fink, E., Browne, W. V., Hughes, C., & Gibson, J. (2019). Using a "child's-eye view" of social success to understand the importance of school readiness at the transition to formal schooling [Article]. *Social Development*, *28*(1), 186-199. https://doi.org/10.1111/sode.12323

Fink, E., Patalay, P., Sharpe, H., Holley, S., Deighton, J., & Wolpert, M. (2015). Mental Health Difficulties in Early Adolescence: A Comparison of Two Cross-Sectional Studies in England from 2009 to 2014. *Journal of Adolescent Health*, *56*, 502-507. https://doi.org/https://doi.org/10.1016/j.jadohealth.2015.01.023

Finlay, L. (1998). Reflexivity: An essential component for all research? British Journal of Occupational Therapy, . *British Journal of Occupational Therapy,*, *16*(10), 453-456.

Finlay, L., & Gough, B. (2008). *Reflexivity: A practical guide for researchers in health and social sciences*. John Wiley & Sons.

Fixsen, D. L., Naoom, S. F., Blas e, K. A., Friedman, R. M., & Wallace, F. (2005). *Implementation research: A synthesis of the literature.* (Louis de la Parte Florida Mental Health Institute, The National Implementation Research Network, Issue.

Flint, L. (2017). *Exploring the lived experiences of pastoral staff identifying and supporting pupil mental health needs in mainstream secondary schools* Tavistock and Portman NHS Foundation Trust and University of Essex].

Florance, I., & Shield, W. (2017). 'When schools pay for services they demand more – that means we must be more creative in what we do'. *The Psychologist*. https://www.bps.org.uk/psychologist/when-schools-pay-services-they-demand-more-means-we-must-be-more-creative-what-we-do

Fogg, P. (2023). Learning lessons: school communities as points of connection in a 'whole of society' pandemic response [Article]. *Pastoral care in education*, *41*(2), 128-153. https://doi.org/10.1080/02643944.2021.1999310

Ford, T., Hamilton, H., Meltzer, H., & Goodman, R. (2007). Child mental health is everybody's business: the prevalence of contact with public sectors services by type of disorder among British school children in a three-year trial. *CAMH*, *12*, 13-20. https://doi.org/https://doi.org/10.1111/j.1475-3588.2006.00414.x

Ford, T., John, A., & Gunnell, D. (2021). Mental health of children and young people during pandemic. *BMJ*, *372*, n614. https://doi.org/10.1136/bmj.n614

Forshaw, E., Woods, K., & McCaldin, T. (2023). Developing teachers' capacity to support students' assessment experiences: An exploratory participatory action research project in collaboration with high school students. *Educational Psychology in Practice*, *39*(3), 345-363. https://doi.org/10.1080/02667363.2023.2217349

Fraschini, N. (2022). Language learners' emotional dynamics: insights from a Q methodology intensive single-case study. *Language, Culture and Curriculum*, *36*(2), 222-239. https://doi.org/10.1080/07908318.2022.2133137

Frater, M. (2021). *Headteachers' views on inclusion: an exploration using Q-methodology.* University of Nottingham].

Frederickson, N., & Cline, T. (2015). *Special educational needs, inclusion and diversity.* Open University Press.

Fricker, S., Galesic, M., Tourangeau, R., & Yan, T. (2005). An experimental comparison of web and telephone surveys. . *Public Opinion Quarterly*, *69*, 370-392. https://doi.org/https://doi.org/10.1093/poq/nfi027

Frith, E. (2017). *Access and Waiting Times in Children and Young People's Mental Health Services- the Education Policy Institute.* UK Retrieved from https://epi.org.uk/publications-and-research/access-waiting-times-children- young-peoples- mental-health-services/

Garden, A., & Downes, G. (2023). A systematic review of forest schools literature in England [Article]. *Education 3-13*, *51*(2), 320-336. https://doi.org/10.1080/03004279.2021.1971275

Gephart, R. (1999). *Paradigms and research methods.* Research Methods Forum 4 (Summer). , http://division.aomonline.org/rm/1999_RMD_Forum_Paradigms_and_Research_Methods.htm

Gibbs, G. (1988). *Learning by Doing. A Guide to Teaching and Learning Methods.* Oxford Centre for Staff and Learning Development. .

Gillard, D., Flaxman, P., & Hooper, N. (2018). Acceptance and Commitment Therapy: Applications for Educational Psychologists within Schools [Article]. *Educational Psychology in Practice*, *34*(3), 272-281. https://doi.org/10.1080/02667363.2018.1446911

Gilman, R., & Medway, F. (2007). Teachers' perceptions of school psychology: A comparison of regular and special education teacher ratings. . *School Psychology Quarterly*, *22*, 145.

Goldberg, J. M., Sklad, M., Elfrink, T. R., Schreurs, K. M. G., Bohlmeijer, E. T., & Clarke, A. M. (2019). Effectiveness of interventions adopting a whole school approach to

enhancing social and emotional development: a meta-analysis [Article]. *European Journal of Psychology of Education - EJPE (Springer Science & Business Media B.V.)*, *34*(4), 755-782. https://doi.org/10.1007/s10212-018-0406-9

Golder, G., Jones, N., & Quinn, E. (2009). Strengthening the Special Educational Needs Element of Initial Teacher Training and Education. *British Journal of Special Education*, *36*, 183-190. https://doi.org/doi:10.1111/j.1467-8578.2009.00446.x.

Goldman, E. (2006). Search Engine Bias and the Demise of Search Engine Utopianism. *Yale J. L. & Tech.* , *188*. http://digitalcommons.law.scu.edu/facpubs/76

Goleman, D. (1995). *Emotional intelligence: Why it can matter more than IQ.* . Bloomsbury.

Goodman, A., Joyce, R., & Smith, J. P. (2011). The long shadow cast by childhood physical and mental problems on adult life. *Proceedings of the National Academy of Sciences*, *108*, 6032–6037.

Goodman, R. L., & Burton, D. (2010). "The Inclusion of Students with BESD in Mainstream Schools: Teachers' Experiences of and Recommendations for Creating a Successful Inclusive Environment.". *Emotional and Behavioural Difficulties*, *15*, 223–237.

Google. (2024). *Google Sheets*. https://docs.google.com/spreadsheets/

Gough, D., Oliver, S., & Thomas, J. (2017). An Introduction to Systematic Reviews. https://eppi.ioe.ac.uk/cms/Default.aspx?tabid=69

GOV UK. (2021). Education Secretary Addresses NAHT Conference. . https://www.gov.uk/government/speeches/education-secretary-addresses-naht-conference.

Grace, J. (2020). Multisensory rooms: essential characteristics and barriers to effective practice. *Tizard Learning Disability Review*, *25*(2), 67-75. https://doi.org/https://doi.org/10.1108/TLDR-10-2019-0029

Grahamslaw, L. (2010). *An Evaluation of the Emotional Literary Support Assistant (ELSA) Project: What is the Impact of an ELSA Project on Support Assistants' and Children's Self-efficacy Beliefs.* Newcastle University].

Greene, J., & Caracelli, V. (2003). "Making Paradigmatic Sense of Mixed Methods Inquiry". In C. T. A. Tashakkori. (Ed.), *Handbook of Mixed Methods in Social & Behavioral Research*. Sage.

Greig, A. (2007). A framework for the delivery of cognitive behaviour therapy in the educational psychology context. *Educational and Child Psychology*, *24*, 19.

Grigorian, K., Sederstrom, S., & Hoffer, T. (2004). *Web of intrigue? Evaluating effects on response rates of between web SAQ, CATI, and mail SAQ options in a national panel survey.* American Association for Public Opinion Research 59th Annual Conference. , Phoenix, US.

Grimm, S., Alcock, B., Butler, J. E., Crespo, R. B., Davies, A., Peytrignet, S., Piroddi, R., Thorlby, R., & Tallack, C. (2022). *Briefing: Improving children and YPs mental health services. Local data insights from England, Scotland, and Wales.* . Retrieved from https://www.health.org.uk/sites/default/files/upload/publications/2022/CYPMHbriefing

Groff, R. (2004). *Critical realism, post-positivism and the possibility of knowledge.* Routledge.

Grozev, V. H., Easterbrook, M. J., & Jessop, D. C. (2023). Discipline identification, identity incompatibility, belonging and their association with deep approaches to learning and academic self-efficacy during COVID-19 in the UK [Article]. *European Journal of Psychology of Education*. https://doi.org/10.1007/s10212-023-00735-z

Guba, E. (1981). Criteria for assessing the trustworthiness of naturalistic inquiries. . *Ectj.*, *29*, 75-91.

Guba, E., & Lincoln, Y. (1989). *Fourth generation evaluation.* Sage.

Guba, E., & Lincoln, Y. S. (2005). *Paradigmatic controversies, contradictions, and emerging confluences.* (3 ed.). Sage.

Gutman, L. M., Joshi, H., Parsonage, M., & Schoon, I. (2015). *Children of the new century: Mental health findings from the Millennium Cohort Study. Centre for Mental Health Report.* .

Gutman, L. M., & Vorhaus, J. (2012). *The Impact of Pupil Behaviour and Wellbeing on Educational Outcomes.* . UK Retrieved from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/

Guttman, L. (1954). Some necessary and sufficient conditions for common factor analysis. . *Psychometrika.*, *19*, 149-161.

Hackney Local Authority. (2024). *0-25 SEND Local Offer*. Retrieved 11th November from https://www.hackneylocaloffer.co.uk/kb5/hackney/localoffer/home.page

Haig-Ferguson, A., Cooper, K., Cartwright, E., Loades, M. E., & Daniels, J. (2021). Practitioner review: Health anxiety in children and young people in the context of the COVID-19 pandemic. *Behavioural and Cognitive Psychotherapy*, *49*, 129-143.

Hallam, C. (2014). *Teachers' Viewpoints of Strategies to Prevent School Exclusion: A Q Methodological Study* University of Nottingham].

Halligan, C., & Cryer, S. (2022). Emotionally Based School Avoidance (EBSA): Students' Views of What Works in a Specialist Setting. *Continuity in Education*, *3*, 13-24. https://doi.org/https://doi.org/10.5334/cie.38

Hampshire Services. (2021.). *Emotionally Based School Avoidance Hampshire County Council good practice guidance for schools and other support agencies*. https://documents.hants.gov.uk/childrens-services/EBSA-good-practice-guidance.pdf

Han, S., & Weiss, B,. (2005). Sustainability of Teacher Implementation of School-Based Mental Health Programs. *Journal of Abnormal Child Psychology*, *33*, 665-679. https://doi.org/https://doi.org/10.1007/s10802-005-7646-2

Hanley, T., Winter, L., & Burrell, K. (2020). Supporting emotional well-being in schools in the context of austerity: An ecologically informed humanistic perspective [Article]. *British Journal of Educational Psychology*, *90*(1), 1-18. https://doi.org/10.1111/bjep.12275

Harvest, H. (2018). *How can EPs best support secondary school staff to work effectively with children and young people who experience social, emotional and mental health difficulties?* University College London].

Hastings, R. P., & Brown, T. (2002). Behavioural Knowledge, Causal Beliefs and Self-Efficacy as Predictors of Special Educators' Emotional Reactions to Challenging Behaviours. *Journal of Intellectual Disability Research*, *46*, 144-150. https://doi.org/doi:10.1046/j.1365-2788.2002.00378.x.

Hayes, M., & Stringer, P. (2016). Introducing Farouk's process consultation group approach in Irish primary schools. *Educational Psychology in Practice*, *32*, 145-162. https://doi.org/https://doi.org/10.1080/02667363.2015.1129939

Health and Care Professions Council. (2016). *Standards of Conduct and Performance and Ethics.* London: Health and Care Professions Council Retrieved from https://www.hcpc-uk.org/resources/standards/standards-of-conduct-performance-and-ethics/

Heffernan, F. (2017). *'Constructions of resilience' A Q methodological study to explore how young women view resilience.* University of Sheffield].

Hennessey, A., MacQuarrie, S., Pert, K., Bagnall, C., & Squires, G. (2023). Embedding a whole school culture for supporting teacher and pupil wellbeing: A Well Schools case study example [Article]. *Psychology of Education Review*, *47*(2), 22-28. https://doi.org/10.53841/bpsper.2023.47.2.22

Henson, R., & Roberts, J. (2006). Use of Exploratory Factor Analysis in Published Research: Common Errors and Some Comment on Improved Practice. *Educational and Psychological Measurement.*, *66*.

Herrington, N., & Coogan, J. (2011). Q methodology: an overview. *Research in Teacher Education.*, *1*, 24-28. https://doi.org/https://doi.org/10.15123/uel.8604v

Heyworth, M., Brett, S., den Houting, J., Magiati, I., Steward, R., Urbanowicz, A., Stears, M., & Pellicano, E. (2021). ""It Just Fits my Needs Better": Autistic Students and Parents' Experiences of Learning from Home During the Early Phase of the COVID-19 Pandemic.". *Autism & Developmental Language Impairments*, *6*, 1-20. https://doi.org/doi:10.1177/23969415211057681.

Hickinbotham, L., & Soni, A. (2021). A systematic literature review exploring the views and experiences of children and young people of the label Social, Emotional and Mental Health (SEMH). *Emotional and Behavioural Difficulties*, *26*(2), 135-150. https://doi.org/10.1080/13632752.2021.1894743

Hind, K., Larkin, R., & Dunn, A. (2019). Assessing Teacher Opinion on the Inclusion of Children with Social, Emotional and Behavioural Difficulties into Mainstream School Classes. [Article]. *International Journal of Disability, Development and Education*, *66*(4), 424-437. https://doi.org/10.1080/1034912X.2018.1460462

HM Government. (1944). *Education Act 1944.* UK

Hodkinson, A. (2009). Pre-service Teacher Training and Special Educational Needs in England 1970–2008: Is Government Learning the Lessons of the past or Is It Experiencing a Groundhog Day? *European Journal of Special Needs Education*, *24*, 277-289. https://doi.org/doi:10.1080/08856250903016847

Hoffman, J., & Miller, E. (2020). "Addressing the Consequences of School Closure Due to COVID-19 on Children's Physical and Mental Well-Being." *World Medical & Health Policy*. https://doi.org/doi:10.1002/wmh3.365

Hogarty, K., Hines, C., Kromrey, J., Ferron, J., & Mumford, K. (2005). The Quality of Factor Solutions in Exploratory Factor Analysis: The Influence of Sample Size, Communality, and Overdetermination. *Educational and Psychological Measurement.* , *65*, 202-226.

Holzer, J., Bürger, S., Samek-Krenkel, S., Spiel, C., & Schober, B. (2021). Conceptualisation of students' school-related wellbeing: students' and teachers' perspectives [Article]. *Educational Research*, *63*(4), 474-496. https://doi.org/10.1080/00131881.2021.1987152

Hoogendijk, C., Tick, N. T., Holland, J. G., Hofman, W. H. A., Severiens, S. E., Vuijk, P., & van Veen, A. F. D. (2020). Effects of Key2Teach on students' externalising and social-emotional problem behaviours, mediated by the teacher-student relationship [Article]. *Emotional & Behavioural Difficulties*, *25*(3/4), 304-320. https://doi.org/10.1080/13632752.2020.1858259

Hooper, T., Woods, K., Fallon, K., Chilton, H., Dennis, R., Sedgwick, A., Suchy, J., Wilson, J., & Woods, J. (2024). Investigating primary and secondary school staff views on the level of need for educational psychology services in England: "What does good look like?". *Educational Psychology in Practice*, 1-17. https://doi.org/10.1080/02667363.2024.2319080

Hoover-Dempsey, K., Walker, J., Sandler, H., Whetsel, D., Green, C., Wilkins, A., & Closson, K. (2005). Why do parents become involved? Research findings and implications. *The elementary school journal*, *106*(2), 105-130.

Hornby, G., & Witte, C. (2010). Parental involvement in secondary schools in New Zealand: Implications for school psychologists. *School Psychology International*, *31*(5), 495-508. https://doi.org/10.1177/0143034310382611

Horridge, K. (2019). SEND for the Paediatrician: Children and Young People with Special Educational Needs and Disabilities. *Paediatrics and Child Health*, *29*, 415-421. https://doi.org/doi:10.1016/j.paed.2019.07.001.

House of Commons. (2014). *Children's and adolescents' mental health and CAMHS: Third report of Session 2014-2015.* London Retrieved from https://publications.parliament.uk/pa/cm201415/cmselect/cmhealth/342/342.pdf

House of Commons. (2017). *Children and young people's mental health – the role of education: First joint report of the education and health committees of Session 2016-2017.* Retrieved from https://publications.parliament.uk/pa/cm201617/cmselect/cmhealth/849/849.pdf

House of Commons. (2021). *Oral evidence: Children and young people's mental health, HC 1194*. London: House of Commons., Retrieved from https://committees.parliament.uk/oralevidence/1959/pdf/

Howe, J. (2018, 11th November). Mental Health: What have educational psychologists got to do with it? *Educational Psychology blog*. https://blog.bham.ac.uk/educationalpsychology/2018/10/10/mental-health-what-have-educational-psychologists-got-to-do-with-it/

Howitt, D., & Cramer, D. (2010). *Introduction to Research Methods in Psychology* (2 ed.). Pearson Education Limited.

Hulme, M., Adamson, C., & Griffiths, D. (2023). What helps young people at risk of exclusion to remain in high school? Using Q methodology to hear student voices. . *Pastoral Care in Education.* , 1-21. https://doi.org/10.1080/02643944.2023.2232363.

Humphrey, N., Lendrum, A., & Wigelsworth, M. (2010). *Social and Emotional Aspects of Learning (SEAL) Programme in Secondary Schools: National Evaluation.*: DFE Research Report.

Hurry, J., Bonell, C., Carroll, C., & Deighton, J. (2021). *The role of schools in the mental health of children & young people.* (British Educational Research Association., Issue. https://www.bera.ac.uk/publication/the-role-of-schools-in-the-mental-health-of-children-young-people

Hutchings, M., & Kazmi, N. (2015). *Exam Factories? The Impact of Accountability Measures on Children and Young People.* . https://www.basw.co.uk/system/files/resources/basw_112157-4_0.pdf.

Idoiaga, N., Berasategi, N., Eiguren, A., & Picaza, M. (2020). Exploring children's social and emotional representations of the Covid-19 pandemic. *Frontiers in Psychology.*, *11*.

Jayman, M., Ohl, M., Hughes, B., & Fox, P. (2019). Improving socio-emotional health for pupils in early secondary education with Pyramid: A school-based, early intervention model [Article]. *British Journal of Educational Psychology*, *89*(1), 111-130. https://doi.org/10.1111/bjep.12225

Jerrim, J. (2022). The mental health of adolescents in England: How does it vary during their time at school? [Article]. *British Educational Research Journal*, *48*(2), 330-353. https://doi.org/10.1002/berj.3769

John, A., Lee, S. C., Puchades, A., Del Pozo-Baños, M., Morgan, K., Page, N., Moore, G., & Murphy, S. (2023). Self-harm, in-person bullying and cyberbullying in secondary

school-aged children: A data linkage study in Wales [Article]. *Journal of Adolescence*, *95*(1), 97-114. https://doi.org/10.1002/jad.12102

Johnson, R. B., & Onwuegbuzie, A. J. (2004). "Mixed methods research: A research paradigm whose time has come". *Educational Researchers*, *33*, 14-26.

Jokela, M., Ferrie, J. & Kivimäki, M. (2009). Childhood problem behaviors and death by midlife: The British National Child Development Study. *Journal of the American Academy of Child & Adolescent Psychiatry*, *48*, 19-24.

Joliffe, I. (1972). Discarding variables in a principal component analysis. *Journal of the Royal Statistical Society Series: Applied Statistics*, *21*, 160-173.

Jones, E., & Harding, E. (2023). How schools support attachment and SEMH needs, and the associated outcomes: A systematic literature review [Article]. *Educational & Child Psychology*, *40*(3), 90-112. https://doi.org/10.53841/bpsecp.2023.40.3.90

Jones, K., Mallon, S., & Schnitzler, K. (2023). A scoping review of the psychological and emotional impact of the COVID-19 pandemic on children and young people. *Illness, Crisis & Loss*, *31*, 175-199.

Jones, S., & Kahn, J. (2017). *The evidence base for how we learn. Supporting students' social, emotional, and academic development. Consensus statements of evidence from the Council of Distinguished Scientists.* . https://assets.aspeninstitute.org/content/uploads/2017/09/SEAD-Research-Brief-9.12_updatedweb.pdf

joslifipsychology. (2023). *What works with EBSA?* Padlet.

Juni, P., Witschi, A., Bloch, R., & Egger, M. (1999). The hazards of scoring the quality of clinical trials for meta-analysis. *Journal of the American Medical Association*, *282*, 1054–1060.

Kaiser, H. (1960). The application of electronic computers to factor analysis. *Educational and Psychological Measurement.* , *20*, 141-151.

Kaushik, V., & Walsh, C. A. (2019). Pragmatism as a research paradigm and its implications for Social Work research. . *Social Sciences.*, *8*, 255. https://doi.org/10.3390/socsci8090255

Kealey, K. A., Peterson, A. V., Jr., Gaul, M. A., & Dinh, K. T. (2000). Teacher training as a behavior change process: Principles and results from a longitudinal study. . *Health Education and Behavior,* , *27*, 64-81.

Kelly, D., & Gray, C. (2000). *Educational psychology services (England): Current role, good practice and future directions: The Research Report.* Nottingham: DfES Publications.

Kerlinger, F. (1969). *Foundations of Behavioural Research: Educational and Psychological Enquiry.* Holt, Rinehart and Wilson.

Kessler, R. (2010). 'Childhood adversities and adult psychopathology in the WHO World Mental Health Surveys.' *British Journal of Psychiatry 197*, 378-385.

Kessler, R. C., Berglund, P., Demler, O., Jin, R., Merikangas, K. R., & Walters, E. (2005). Lifetime Prevalence and Age-of-Onset Distributions of DSM-IV Disorders in the National Comorbidity Survey Replication. . *Archives of General Psychiatry*, *62*, 593–602.

Kidger, J., Gunnell, D., Biddle, L., Campbell, R., & Donovan, J. (2010). Part and parcel of teaching? Secondary school staff's views on supporting student emotional health and well-being. *British Educational Research Journal*, *36*(6), 919-935. https://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=psyc9&AN=2010-23953-004

https://nusearch.nottingham.ac.uk/openurl/44NOTUK/44NOTUK?genre=article&atitle=Part+and+parcel+of+teaching%3F+Secondary+school+staff%27s+views+on+supporting

+student+emotional+health+and+well-being.&title=British+Educational+Research+Journal&issn=0141-1926&date=2010&volume=36&issue=6&spage=919&aulast=Kidger%2C+Judi&isbn=&__char_set=utf8

Kitzinger, C. (1987). *The Social Construction of Lesbianism.* . Sage.

Kline, P. (2014). *An easy guide to factor analysis.* . Routledge.

Kontoangelos, K., Economou, M., & Papageorgiou, C. (2020). Mental health effects of COVID-19 pandemia: A review of clinical and psychological traits. *Psychiatry Investigation*, *17*, 491-505. https://doi.org/10.30773/pi2020.0161

Kuhn, T. S. (1962). *The structure of scientific revolutions.* University of Chicago Press.

Lamb, B. (2019). Statutory Assessment for Special Educational Needs and the Warnock Report; the First 40 Years [Article]. *Frontiers in Education*, *4*, Article 51. https://doi.org/10.3389/feduc.2019.00051

Langdridge, D. (2004). *Introduction to Research Methods and Data Analysis in Psychology.* . Pearson Education Limited.

Lazard, L., & Capdevila, R. (2020). She's so vain? A Q study of selfies and the curation of an online self. . *New Media & Society.* https://doi.org/https://doi.org/10.1177/1461444820919335

Leadbetter, J. (2000). Patterns of service delivery in educational psychology services: Some implications for practice. *Educational Psychology in Practice.*, *16*, 449-460.

Lee, K., & 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), 111-125. https://doi.org/10.1080/02667363.2016.1258545

Lefebvre, C., Glanville, J., Briscoe, S., Featherstone, R., Littlewood, A., Marshall, C., Metzendorf, M., Noel-Storr, A., Paynter, R., Rader, T., Thomas, J., & L. Wieland, S. (2023). Searching for and selecting studies. In J. Higgins, & Thomas, J., Chandler, J., Cumpston, M., Li, T., Page, M. J., Welch, V. A., (Ed.), *Cochrane Handbook for Systematic Reviews of Interventions* (6.4 ed.). Cochrane 2023. https://training.cochrane.org/handbook/current/chapter-04

Leithwood, K., & Jantzi, D. (2008). Linking leadership to student learning: The contributions of leader efficacy. *Educational Administration Quarterly*, *4*, 496– 528.

Levine, L., & Munsch, J. (2016). Child development from infancy to adolescence: An active learning approach [Developmental Psychology 2800]. *Child development from infancy to adolescence: An active learning approach.* http://ovidsp.ovid.com/ovidweb.cgi?T=JS&PAGE=reference&D=psyc13&NEWS=N&AN=2015-27856-000

Levy, Y., & Ellis, T. J. (2006). A systems approach to conduct an effective literature review in support of information systems research. . *Informing Science*, *9*.

Lewis, S., Munro, A., Smith, G., & Pollock, A. (2021). Closing schools is not evidence based and harms children. *British Medical Journal*. https://doi.org/doi: 10.1136/bmj.n521

Lincoln, Y., Lynham, S., & Guba, E. (2011). Paradigmatic controversies, contradictions, and emerging confluences revisited. . In K. N. a. L. Denzin, Y.S. (Ed.), *The SAGE Handbook of Qualitative Research.* . SAGE.

Lincoln, Y. S., & Guba, E. G,. (1985). *Naturalistic inquiry.* Sage.

Lindelauf, J., Reupert, A., & Jacobs, K. (2018). Teachers' Use of Psycho-Educational Reports in Mainstream Classrooms. *Journal of Psychologists and Counsellors in Schools*, *28*(1), 1-17. https://doi.org/http://dx.doi.org/10.1017/jgc.2018.2

Lundberg, A., de Leeuw, R., & Aliani, R. (2020). Using Q methodology: Sorting out subjectivity in educational research. *Educational Research Review*, *31*. https://doi.org/https://doi.org/10.1016/j.edurev.2020.100361

Ma, K., Burn, A., & Anderson, J. (2023). Review: School-based mental health literacy interventions to promote help-seeking – a systematic review [Article]. *Child & Adolescent Mental Health*, *28*(3), 408-424. https://doi.org/10.1111/camh.12609

MacFarlane, K., & Woolfson, L. (2013). "Teacher Attitudes and Behaviour Toward the Inclusion of Children with Social, Emotional and Behavioral Difficulties in Mainstream Schools: An Application of the Theory of Planned Behaviour." *Teaching and Teacher Education*, *29*, 46-52.

MacKay, T. (2007). Educational Psychology: The fall and rise of therapy. *Individual and Child Psychology*, *24*, 7-18.

MacKay, T., & Boyle, J. (1994). Meeting the needs of pupils with learning difficulties. What do primary and secondary schools expect of their educational psychologists? *Educational Research*, *36*, 187-196.

MacKay, T., Lauchlan, F., Lindsay, G., Monsen, J., Frederickson, N., Gameson, J., & Cobbald, A. (2016). *Frameworks for practice in educational psychology: A textbook for trainees and practitioners.* Jessica Kingsley Publishers.

Magi, K., & Kikas, E. (2009). School Principals on the Work of School Psychologists. *School Psychology International*, *30*, 331-346.

Mahoney, J. L., Weissberg, R., Greenberg, M., Dusenbury, L., Jagers, R., Niemi, K., & Schlinger, M. (2020). Systemic Social and Emotional Learning: Promoting Educational Success for All Preschool to High School Students. . *Online First Publication.* . https://doi.org/doi:10.1037/amp0000701.

Major, C. H., & Savin-Baden, M. (2010). *Exploring the relevance of qualitative research synthesis to higher education research and practice.* Review of Education.

Mann, D. (2014). *A mixed methods evaluation of the Emotional Literacy Support Assistants (ELSA) project.* University of Nottingham.].

Mansfield, K., L.,, Jindra, C., & Fazel, M. (2020). *The OxWell School Survey 2020. Report of preliminary findings.* https://www.psych.ox.ac.uk/research/schoolmentalhealth/summary-report/preliminary-summaryreport_oxwellsurvey2020_entire_survey_2020-09-11.pdf

Maraun, M. (1998). Measurement as a normative practice: Implications of Wittgenstein's philosophy for measurement in psychology. *Theory and Psychology*, *8*, 435-461.

Margetts, K., Woolfolk, A., & Usher, E. (2012). *Educational Psychology*. Pearson Higher Education.

Martin-Denham, S. (2020). *The Enablers and Barriers to Mainstream Schooling: The Voices of Children Excluded from School, Their Caregivers and Professionals.*

Martin-Denham, S. (2021). Defining, identifying, and recognising underlying causes of social, emotional and mental health difficulties: thematic analysis of interviews with headteachers in England. *Emotional and Behavioural Difficulties*, *26*, 187-205.

Martineau, W., & Bakopoulou, I. (2024). What children need to flourish: insights from a qualitative study of children's mental health and wellbeing in the pandemic [Article]. *Education 3-13*, *52*(1), 33-47. https://doi.org/10.1080/03004279.2023.2186973

Maslow, A. (1970). *Motivation and personality.* Harper Row.

Maxcy, S. (2003). "Pragmatic threads in mixed methods research in the social sciences: The search for multiple modes of inquiry and the end of the philosophy of formalism". In C. T. A. Tashakkori. (Ed.), *Handbook of Mixed Methods in Social & Behavioral Research*. Sage.

May, F., Schaffer, G., Allen, K., Berger, E., Hagen, A., Hill, V., Morris, Z., Prior, S., Summers, D., Wurf, G., & Reupert, A. (2023). Perspectives of practicing school psychologists during COVID-19: A multi-country, mixed methods investigation [Article]. *School Psychology International*, *44*(4), 447-467. https://doi.org/10.1177/01430343221137716

Maynard, E., Warhurst, A., & Fairchild, N. (2022). Covid-19 and the lost hidden curriculum: locating an evolving narrative ecology of Schools-in-Covid [Article]. *Pastoral care in education*. https://doi.org/10.1080/02643944.2022.2093953

McBryde, F. (n.d.). *Written evidence submitted by Educational Psychologists from a Local Authority EPS based in East London*. Retrieved from https://committees.parliament.uk/writtenevidence/76915/html/

McCoy, S., Shevlin, M., & Rose, R. (2020). Secondary school transition for students with special educational needs in Ireland. . *European Journal of Special Needs Education*, *35*, 154-170. https://doi.org/https://doi-org.nottingham.idm.oclc.org/10.1080/08856257.2019.1628338

McDonald, B., Lester, K., & Michelson, D. (2023). 'She didn't know how to go back': School attendance problems in the context of the COVID-19 pandemic—A multiple stakeholder qualitative study with parents and professionals [Article]. *British Journal of Educational Psychology*, *93*(1), 386-401. https://doi.org/10.1111/bjep.12562

McEwen, S. (2015). *A qualitative study of ELSAs' and children's experiences of the ELSA programme.* Cardiff University].

McKeown, B., & Thomas, D. B. (2013). *Q methodology.* Sage publications.

McLellan, R. (2019). Enhancing wellbeing: The necessity and implications of a culturally-grounded interdisciplinary conceptualisation [Article]. *Psychology of Education Review*, *43*(2), 37-47. https://doi.org/10.53841/bpsper.2019.43.2.37

Meegan, J. (2023). You Can Do It! A narrative inquiry into children's experiences of a social-emotional and academic learning programme [Article]. *Irish Educational Studies*, *42*(4), 617-633. https://doi.org/10.1080/03323315.2023.2259886

Mental Health Foundation. (2023). *About Mental Health.* Retrieved 09.08.2023 from https://www.mentalhealth.org.uk/explore-mental-health/about-mental-health

Merriam, S. (1998). *Qualitative Research and Case Study Applications in Education. Revised and Expanded from" Case Study Research in Education.".* Jossey-Bass Publishers.

Mertens, D. (2023). *Research and evaluation in education and psychology: Integrating diversity with quantitative, qualitative, and mixed methods.* (6 ed.). Sage publications.

Microsoft Corporation. (2024). *Microsoft Teams (Version 25016).* In https://www.microsoft.com/en/microsoft-teams/

Miller, A. (2003). *Teachers, parents and classroom behaviour: A psychosocial approach.* McGraw-Hill Education.

Miller, S. A., & Forrest, J. L. (2001). 'Enhancing your practice through evidence-based decision making: PICO, learning how to ask good questions'. *The Journal of Evidence-Based Dental Practice.*, *1*(2), 136-141. https://doi.org/10.1016/S1532-3382(01)70024-3

Moher, D., Liberati, A., Tetzlaff, J., Altman, D. G., & Group., P. (2009). Preferred reporting items for systematic reviews and meta-analyses: the PRISMA statement. . *Annals of internal medicine*, *151*, 264-269.

Moilanen, K. L., Shaw, D. S., & Maxwell, K. L. (2010). Developmental cascades: Externalizing, internalizing, and academic competence from middle childhood to early adolescence. *Development and Psychopathology*, *22*, 635-653.

Molloy-Vickers, D., Chopra, J., Saini, P., & Ashworth, E. (2024). Long-term factors associated with positive mental health outcomes for early adolescents during COVID-

19-related school closures [Article]. *Psychology in the Schools*, *61*(1), 173-189. https://doi.org/10.1002/pits.23048

Mooij, T., & Smeets, E. (2009). "Towards Systemic Support of Pupils with Emotional and Behavioural Disorders.". *International Journal of Inclusive Education*, *13*, 597–616.

Morgan, D. L. (2017). Integrating Qualitative and Quantitative Methods: A Pragmatic Approach. In *In Integrating Qualitative and Quantitative Methods: A Pragmatic Approach.* . SAGE Publications, Inc. . https://doi.org/10.4135/9781544304533

Moss, G., Bradbury, A., Braun, A., Duncan, S., & Levy, R. (2021). *Learning Through Disruption: Using Schools' Experiences of COVID to Build a More Resilient Education System.* University College London]. London. https://discovery.ucl.ac.uk/id/ eprint/10136102/1/Learning%20Through%20Disruption%20Main%20Report.pdf.

Muratori, P., & Ciacchini, R. (2020a). Children and the covid-19 transition: Psychological reflections and suggestions for adapting to the emergency. *Clinical Neuropsychiatry*, *17*, 131-134. https://doi.org/10.361ICN20200219

Musso, P., Inguglia, C., Wiium, N., Coco, A. L., Liga, F., Albiero, P., Bartolo, G., Cassibba, R., Barrett, M., Tenenbaum, H., Burns, M. B., & Ingoglia, S. (2024). The role of late adolescents' emotion regulation in the experience of COVID-19 lockdown: A longitudinal study [Article]. *Stress and Health*. https://doi.org/10.1002/smi.3368

Nasen. (2015). *The SEND Code of Practice: 0 to 25 years: A quick guide to the SEND Code of Practice: 0 to 25 years (2014) and its implications for schools and settings.* . Staffordshire

National Education Union. (2021). The State of Education: Young People's Mental Health. https://neu.org.uk/press-releases/ state-education-young-peoples-mental-health-0.

Nazariadli, S., Morais, D. B., Supak, S., Baran, P. K., & Bunds, K. S. (2019). Assessing the visual Q method online research tool: A usability, reliability, and methods agreement analysis. *Methodological Innovations*, *12*. https://doi.org/https://doi.org/10.1177/2059799119832194

Neill, R. D., Lloyd, K., Best, P., Williamson, J., Allen, J., & Tully, M. A. (2023). Development and modelling of a school-based mental health intervention: the co-production of the R.E.A.C.T. programme [Article]. *Current Psychology*, *42*(10), 7897-7908. https://doi.org/10.1007/s12144-022-03195-8

Nelson, J. R., Benner, G. J., Lane, K., & Smith, B. W. (2004). Academic achievement of K-12 students with emotional and behavioral disorders. *Exceptional Children.*, *71*, 59-73.

Netlify. (n.d.). *Netlify*. https://www.netlify.com

Newlove-Delgado, T., McManus, S., & Sadler, K. (2021). Child mental health in England before and during the COVID-19 lockdown. *Lancet Psychiatry*

NHS. (2015). *Hundreds of schools to benefit from £3 million investment in mental health in schools*. https://www.england.nhs.uk/2015/12/mh-in-schools/

NHS. (2016). *The five year forward view for mental health.* https://www. england. nhs. uk/wp-content/uploads/2014/10/5yfv-web. pdf.

NHS. (2019). The NHS long term plan. . https://www.longtermplan.nhs.uk/

NHS. (2022). *Hidden Waits. The lasting impact of the pandemic on children's services in the community.*

. https://www.nhsconfed.org/system/files/2022- 04/Hidden-waits-lasting-impact-pandemic-childrens-services-community.pdf

NHS Digital. (2018). *Mental Health of Children and Young People in England, 2017: Trends and characteristics*.

NHS Digital. (2021). *Mental Health of Children and Young People in England, 2021: Wave 2 follow up to the 2017 survey*. N. Digital.

NHS Digital. (2022). *Mental Health of Children and Young People in England 2022 - wave 3 follow up to the 2017 survey*. England: NHS Digital, part of the Government Statistical Service Retrieved from https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2022-follow-up-to-the-2017-survey#

NHS Hertfordshire Partnership. (2024). *CAMHS tiers*.

Nicholas, J. B. (2011). *Reliability in Q Methodology: A Case Study.* The Eastern Education Research Association Annual Conference., https://www.academia.edu/718386/Reliability_in_Q_Methodology_A_Case_Study?auto=download

Noblit, G. W., & Hare, R. D. (1988). Meta-ethnography: Synthesizing qualitative studies *Qualitative Research Methods*, *11*.

Nolan, A., & Moreland, N. (2014). The process of psychological consultation. . *Educational Psychology in Practice.*, *30*, 63-77. https://doi.org/https://doi.org/10.1080/02667363.2013.873019

Norwich, B., & Eaton, A. (2015). The new special educational needs (SEN) legislation in England and implications for services for children and young people with social, emotional and behavioural difficulties. *Emotional and Behavioural Difficulties*, *20*, 117-132.

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*, 255-271. https://doi.org/https://doi.org/10.1080/02667363.2014.919440

O'Reilly, M., Adams, S., Whiteman, N., Hughes, J., Reilly, P., & Dogra, N. (2018). Whose Responsibility is Adolescent's Mental Health in the UK? Perspectives of Key Stakeholders. *School Ment Health*, *10*(4), 450-461. https://doi.org/10.1007/s12310-018-9263-6

O'Riordan, Z. (2015). Building productive relationships with young people with SEBD in transition: the role of identity [Article]. *Emotional and Behavioural Difficulties*, *20*(4), 415-431. https://doi.org/10.1080/13632752.2015.1032108

O'Shea, N. (2020). *Covid-19 and the nation's mental health: forecasting needs and risks in the UK*. https://www.centreformentalhealth.org.uk/publications/ covid-19-and-nations-mental-health-october-2020

O'Toole, A. R., & Soan, S. (2022). Is the employment of pastoral support staff (PSS) working with students with social, emotional and mental health (SEMH) needs changing the role and responsibilities of teachers in London and South East England? *Pastoral care in education*, *40*(2), 197-216. https://doi.org/10.1080/02643944.2021.1918227

Oberle, E., Domitrovich, C., Meyers, D., & Weissberg, R. (2016). "Establishing Systemic Social and Emotional Learning Approaches in Schools: A Framework for Schoolwide Implementation. . *Cambridge Journal of Education 46*, 277-297. https://doi.org/doi:10.1080/0305764X.2015.112545.

Oberle, E., & Schonert-Reichl, K. A. (2016). Stress contagion in the classroom? The link between classroom teacher burnout and morning cortisol in elementary school students. . *Social Science & Medicine.*, *159*, 30-37.

Obradović, J., Burt, K. B., & Masten, A. S. (2000). Testing a dual cascade model linking competence and symptoms over 20 years from childhood to adulthood. *Journal of Clinical Child & Adolescent Psychology*, *39*, 90-102.

Obsessive Compulsive Disorder UK. (2024). *Occurrences of OCD*. OCD UK. https://www.ocduk.org/ocd/how-common-is-ocd/

Osborne, C., & Alfano, J. (2011). An evaluation of consultation sessions for foster carers and adoptive parents. *Educational Psychology in Practice*, *27*, 395-413. https://doi.org/https://doi.org/10.1080/02667363.2011.624309

Owen, K. L., Griffith, G. M., Gillard, D., & Grindle, C. F. (2023). "Children will leave school with these life skills, which I think is amazing": an interview study exploring teachers' experiences of implementing a health and wellbeing curriculum [Article]. *Pastoral care in education*. https://doi.org/10.1080/02643944.2023.2244506

Page, M. J., Moher, D., Bossuyt, P. M., Boutron, I., Hoffmann, T. C., Mulrow, C. D., Shamseer, L., Tetzlaff, M., Akl, E. A., Brennan, S. E., Chou, R., Glanville, J., Grimshaw, J. M., HrÓbjartsson, A., Lalu, M. M., Li, T., Loder, E. W., Mayo-Wilson, E., McDonald, S.,…McKenzie, J. E. (2021). PRISMA 2020 explanation and elaboration: updated guidance and exemplars for reporting systematic reviews. *British Medical Journal*, *372*. https://doi.org/http://dx.doi.org/10.1136/bmj.n160

Panayiotou, M., Humphrey, N., & Wigelsworth, M. (2019). "An Empirical Basis for Linking Social and Emotional Learning to Academic Performance." *Contemporary Educational Psychology*, *56*, 193-204. https://doi.org/doi:10.1016/j.cedpsych.2019.01.009

Pancorbo, G., Primi, R., John, O., Santos, D., & De Fruyt, F. (2023). Decomposing social-emotional skill rubrics: a methodological approach to examining acquiescence in rubrics' ratings [Article]. *Assessment in Education: Principles, Policy & Practice*, *30*(5/6), 429-447. https://doi.org/10.1080/0969594X.2023.2271679

Parekh, P. (2022). *What Factors of a School Ethos and Culture are Important to Promote Social*

and Emotional Learning? Using Q-Methodology to Gather Primary School Pupils' Views. University of Birmingham].

Pascal, C., Bertram, T., Cullinane, C., & Holt-White, E. (2020). *COVID-19 and Social Mobility Impact Brief #4: Early Years.* . https://dera.ioe.ac.uk/35885/1/Early-Years-Impact-Brief.pdf.

Patalay, P., & Fitzsimons, E. (2016). "Correlates of mental illness and wellbeing in children: are they the same? Results from the UK millennium cohort study." *Journal of the American Academy of Child & Adolescent Psychiatry 55*, 771-783.

Patalay, P., O'Neill, E., Deighton, J., & Fink, E. (2020). School characteristics and children's mental health: A linked survey-administrative data study. *Prev Med*, *141*, 106292. https://doi.org/10.1016/j.ypmed.2020.106292

Paterson, J., McCarthy, M., & Triantafyllopoulou, P. (2024). The impact of the coronavirus pandemic on the lives of children and young people who have special educational needs and/or disabilities in the UK: A scoping review. *Journal of Research in Special Educational Needs*, *24*(1), 12-24.

Pawson, R., Boaz, A., Grayson, L., Long, A., & Barnes, C. (2003). Types and quality of knowledge in social care. . *Knowledge review 3*.

Pearcey, S., Burgess, L., Shum, A., Sajid, E., Sargent, M., Klampe, M. L., Lawrence, P. J., & Waite, P. (2023). How the COVID-19 Pandemic Affected Young People's Mental Health and Wellbeing in the UK: A Qualitative Study [Article]. *Journal of Adolescent Research*. https://doi.org/10.1177/07435584231151902

Peritore, P. (1989). Brazilian party left opinion: a Q-methodology profile. *Political Psychology*, *10*, 675-502.

Perryman, J., & Calvert, G. (2019). "What Motivates People to Teach, and Why Do They Leave? Accountability,

Performativity and Teacher Retention.". *British Journal of Educational Studies*. https://doi.org/doi:10.1080/00071005.2019.1589417

Petri-Romano, P., Bali, E., Enright, J., O'Neill, I., Dyas, R., English, O., Butcher, J., & Minnis, H. (2021). Safe model for school returns during the covid-19 pandemic. https://www.gla.ac.uk/media/Media_736441_smxx.pdf

Petticrew, M., & Roberts, H. (2008). *Systematic reviews in the social sciences: A practical guide.* John Wiley & Sons.

Phillips, D., & Burbules, N. (2000). *Postpositivism and educational research.* Rowman & Littlefield.

Phillips, N. (2021). The coronavirus is here to stay - here's what that means. . *Nature*, *590*, 382-384. https://doi.org/doi: 10.1038/d41586-021-00396-2

Pickering, L., Lambeth, J., Woodcock, C., & Greene, J. (2019). The Emotional Literacy Support Assistant (ELSA) Programme: Can you develop an evidence base for an adaptive intervention? *DECP Debate*(170), 17-22.

Place2Be., & National Association of Headteachers. (2022). *Schools staff witness increase in pupil anxiety low self esteem and depression* https://www.naht.org.uk/News/Latest-comments/Press-room/ArtMID/558/ArticleID/1501/Schools-staff-witness-increase-in-pupil-anxiety-low-self-esteem-and-depression

Platt, I. A., Kannangara, C., Carson, J., & Tytherleigh, M. (2021). Heuristic assessment of psychological interventions in schools (HAPI Schools) [Article]. *Psychology in the Schools*, *58*(7), 1399-1415. https://doi.org/10.1002/pits.22527

Plummer, C. (2012). *Who cares?: an exploration, using q methodology, of young carers' and professionals' viewpoints.* University of Sheffield.]. http://ezphost.dur.ac.uk/login?url=https://search.proquest.com/docview/1512387944?accountid=14533%0Ahttp://openurl.ac.uk/ukfed:dur.ac.uk?genre=dissertati

ons+%26+theses&issn=&title=Who+cares%3F%3A+an+exploration%2C+using+q+methodology%2C+of+young+carers%27

Pointon-Haas, J., Byrom, N., Foster, J., Hayes, C., & Oates, J. (2023). Staff Perspectives: Defining the Types, Challenges and Lessons Learnt of University Peer Support for Student Mental Health and Wellbeing [Article]. *Education Sciences*, *13*(9), Article 962. https://doi.org/10.3390/educsci13090962

Pollak, I., Stiehl, K. A. M., Birchwood, J., Schrank, B., Zechner, K. A., Wiesner, C., & Woodcock, K. A. (2024). Promoting Peer Connectedness Through Social-Emotional Learning: Evaluating the Intervention Effect Mechanisms and Implementation Factors of a Social-Emotional Learning Programme for 9 to 12-Year-Olds [Article]. *Journal of Youth and Adolescence*, *53*(1), 89-116. https://doi.org/10.1007/s10964-023-01871-x

Popay, J., Roberts, H., Sowden, A., Petticrew, M., Arai, L., Rodgers, M., Britten, N., Roen, K., & Duffy, S. (2006). Guidance on the Conduct of Narrative Synthesis in Systematic Reviews: A product from the ESRC Methods Programme. https://doi.org/10.13140/2.1.1018.46.43.

Postlethwaite, A., Kellett, S., & Simmonds-Buckley, N. (2020). Exploring emotions and cognitions in hoarding: A Q-methodology analysis. *Behavioural and Cognitive Psychotherapy*, *48*, 1-16. https://doi.org/https://doi.org/10.1017/S1352465820000181

Potter, J., & Wetherell, M. (1987). *Discourse and Social Psychology: Beyond attitudes and behaviour.* . SAGE.

Poulou, M., & Norwich, B. (2002). “Cognitive, Emotional and Behavioural Responses to Students with Emotional and Behavioural Difficulties: A Model of Decision-Making.”. *British Educational Research Journal*, *28*, 111-138.

Prasad, R. (2001). Development of the HIV/AIDS Q-sort instrument to measure physician attitudes. *Family Medicine*, 772-778.

Pritchard, I. (2021). *Exploring Educators' Viewpoints on Supporting their Pupils' Mental Health: A Q methodological Study* University of Nottingham].

Public Health England. (2014). *The link between pupil health and wellbeing and attainment: A briefing for head teachers, governors and staff in education settings.*

Public Health England. (2015). *Promoting children and young people's emotional health and wellbeing: A whole school and college approach.* London: Public Health England.

Public Health England. (2016). *The mental health of children and young people in England.*

Putwain, D. W., Gallard, D., & Beaumont, J. (2019). A multi-component wellbeing programme for upper secondary students: Effects on wellbeing, buoyancy, and adaptability. *School Psychology International*, *40*(1), 49-65. https://doi.org/10.1177/0143034318806546

Qualtrics. (n.d.). *Qualtrics*. https://www.qualtrics.com

Rainer, C., & Abdinasir, K. (2023). *Children and Young People's Mental Health: an independent review into policy success and challenges over the last decade.* https://cypmhc.org.uk/wp-content/uploads/2023/06/Review-of-CYP-Mental-Health-Policy-Final-Report.-2023.pdf

Ramlo, S. (2016). Mixed Method Lessons Learned From 80 Years of Q-Methodology. *Journal of Mixed Methods Research.*, *10*, 28-45. https://doi.org/https://doi.org/10.1177/1558689815610998

Ramlo, S. (2021). The Coronavirus and Higher Education: Faculty Viewpoints about Universities Moving Online during a Worldwide Pandemic. *Innov High Educ.*, *46*, 241-259. https://doi.org/10.1007/s10755-020-09532-8

Razdan, A., Arora, R., Agarwal, G., Sharma, V., Singh, N., Kandpal, J., Pal, B., Tripathi, R., Singh, V., Vishwakarma, S., & Pal, B. (2022). COVID-19 pandemic to endemic. International Journal of Clinical Virology, . *6*, *2*, 43-49.

Reber, B., Kaufman, S., & Cropp, F. (2000). Assessing Q-Assessor: A Validation Study of Computer Based Q Sorts versus Paper Sorts. *Operant Subjectivity 23*, 192-209.

Rees-Evans, D., & Pevalin, D. J. (2017). Using the Principle Based Model to Improve Well-Being in School: A Mixed-Methods Pilot Study [Article]. *SAGE Open*, *7*(2). https://doi.org/10.1177/2158244017716217

Reichardt, J. (2016). Exploring school experiences of young people who have self-harmed: How can schools help? [Article]. *Educational & Child Psychology*, *33*(4), 28-39. https://doi.org/10.53841/bpsecp.2016.33.4.28

Reupert, A. (2019). *Mental Health and Academic Learning in Schools: Approaches for Facilitating the Wellbeing of Children and Young People.* Routledge. http://ebookcentral.proquest.com/lib/nottingham/detail.action?docID=5855001.

Rhondda Cynon Taf LA (Wales). (2023). Educational Psychology Service https://www.rctcbc.gov.uk/EN/Resident/SchoolsandLearning/AccessandInclusiontoEducation/relateddocs/EPsworkwithchildrenandyoungpeople.pdf

Richards, M., & Huppert, F. A. (2011). Do positive children become positive adults? Evidence from a longitudinal birth cohort study. . *The Journal of Positive Psychology.*, *6*, 75-87.

Riddick, B. (2012). Labelling learners with SEND: The good, the bad and the ugly. In A. a. G. D, Squires (Ed.), *Contemporary Issues in Special Educational Needs: Considering the whole child.* (pp. 25-34). Open University Press.

Rieber, L. (2020). Q methodology in learning, design, and technology: an introduction. *Educational Technology Research and Development*, *68*(5), 2529-2549. https://doi.org/10.1007/s11423-020-09777-2

Robertson, C. (2022). Points from the SENCo-Forum: The SENCo role in reviewing support for pupils with SEND [Article]. *British Journal of Special Education*, *49*(4), 667-670. https://doi.org/10.1111/1467-8578.12444

Robson, C. (2011). *Real world research : A resource for users of social research methods in applied settings.* (3 ed.). Wiley.

Rodl, J., Cruz, R., & Knollman, G. (2020). Applying Q methodology to teacher evaluation research. *Studies in Educational Evaluation*, *65*. https://doi.org/https://doi-org.nottingham.idm.oclc.org/10.1016/j.stueduc.2020.100844

Roffey, S. (2015). Becoming an agent of change for school and student well-being. . *Educational & Child Psychology*, *32*, 21-30.

Roffey, S. (2016). Building a case for whole-child, whole-school wellbeing in challenging contexts [Article]. *Educational & Child Psychology*, *33*(2), 30-42. https://doi.org/10.53841/bpsecp.2016.33.2.30

Roffey, S. (2023). ASPIRE to a Better Future: The Impact of the Pandemic on Young People, and Options for Schools Post-COVID-19 [Article]. *Education Sciences*, *13*(6), Article 623. https://doi.org/10.3390/educsci13060623

Rogers, S. (2022). "Play in the Time of Pandemic: Children's Agency and Lost Learning.". *Education*, 3-13. https://doi.org/doi:10.1080/03004279.2022.2052235.

Roome, T., & Soan, C. (2019). GCSE exam stress: student perceptions of the effects on wellbeing and performance [Article]. *Pastoral care in education*, *37*(4), 297-315. https://doi.org/10.1080/02643944.2019.1665091

Rose, J., & Johnson, C. (2020). Contextualizing reliability and validity in qualitative research: Toward more rigorous and trustworthy qualitative social science in leisure research. *Journal of leisure research*, *51*(4), 432-451.

Rost, F. (2021). Q-sort methodology: Bridging the divide between qualitative and quantitative. An introduction to an innovative method for psychotherapy research. *Counselling and Psychotherapy Research*, *21*, 98-106.

Rothì, D., M., , Leavey, G., & Best, R. (2008). On the front-line: Teachers as active observers of pupils' mental health. *Teaching and Teacher Education*, *26*, 1217-1231. https://doi.org/https://doi.org/10.1016/j.tate.2007.09.011

Roubinov, D., Bush, N., & Boyce, W. (2020). "How a Pandemic Could Advance the Science of Early Adversity." *JAMA pediatrics*, *174*. https://doi.org/doi:10.1001/jamapediatrics.2020.2354

Ruttledge, R. (2022). A whole school approach to building relationships, promoting positive behaviour and reducing teacher stress in a secondary school [Article]. *Educational Psychology in Practice*, *38*(3), 237-258. https://doi.org/10.1080/02667363.2022.2070456

Sadler, K., Vizard, T., Ford, T., Marcheseli, F., Pearce, N., Mandalia, D., & Davis, J. (2018). *Mental Health of Children and Young People in England.* . https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017.

Samuel, V., Constable, C., Harris, E., & Channon, S. (2023). Developing the content of a brief universal acceptance and commitment therapy (ACT) programme for secondary school pupils: InTER-ACT [Article]. *Pastoral care in education*, *41*(1), 42-62. https://doi.org/10.1080/02643944.2021.1977991

Sandler, K. L. (2016). *How do staff with a key role in social, emotional and mental health (SEMH) in secondary school organisations engage in thinking and talking about the issue? A grounded theory study* Tavistock and Portman NHS Foundation Trust/University of Essex].

Saville, K., Leaton Gray, S., Perryman, J., & Hargreaves, E. (2023). Creating year 7 bubbles to support primary to secondary school transition: a positive pandemic outcome? [Article]. *Education 3-13*. https://doi.org/10.1080/03004279.2023.2186977

Seaton, F. (2021). Using Appreciative Inquiry to explore approaches towards mental health in a Scottish secondary school [Article]. *Educational & Child Psychology*, *38*(1), 37-53. https://doi.org/10.53841/bpsecp.2021.38.1.37

Seers, K. (2012). What is a qualitative synthesis? *Evidence based nursing*, *15*. https://doi.org/10.1136/eb-2012-100977

Semlyen, J., King, M., Varney, J., & Hagger-Johnson, G. (2016). Sexual orientation and symptoms of common mental disorder or low wellbeing: combined meta-analysis of 12 UK population health surveys. . *BMC Psychiatry*, *16*. https://doi.org/10.1186/s12888-016-0767-z

Sexton, D., Snyder, P., Wadsworth, D., Jardine, A., & Ernest, J. (1998). Applying Q Methodology to Investigations of Subjective Judgments of Early Intervention Effectiveness. . *Topics in Early Childhood Special Education*, *18*, 95-107.

Shadish, W. R., Cook, T. D., & Campbell, D. T. (2002). *Experimental and quasi-experimental designs for generalized causal inference.*

. Houghton Mifflin.

Shaffril, M., Samsuddin, S., & Abu Samah, A. (2021). The ABC of systematic literature review: the basic methodological guidance for beginners. *Qual Quant 55*, 1319-1346. https://doi.org/https://doi.org/10.1007/s11135-020-01059-6

Shah, K., Mann, S., Singh, R., Bangar, R., & Kulkarni, R. (2020). Impact of COVID-19 on the Mental Health of Children and Adolescents. *Cureus*, *12*.

Shamseer, L., Moher, D., Clarke, M., Ghersi, D., Liberati, A., Petticrew, M., Shekelle, P., Stewart, L., & Group, P.-P. (2015). Preferred reporting items for systematic review and meta-analysis protocols (PRISMA-P) 2015: elaboration and explanation OPEN ACCESS. *British Medical Journal*. https://doi.org/10.1136/bmj.g7647

Shank, G. (1998). The Extraordinary Ordinary Powers of Abductive Reasoning. *Theory & Psychology*, *8*, 841-860. https://doi.org/https://doi.org/10.1177/0959354398086007

Sharpe, H., Ford, T., Lereya, S., T., , Owen, C., Viner, R., M.,, & 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*, 148-153. https://doi.org/https://doi.org/10.1111/camh.12166

Shelemy, L., Harvey, K., & Waite, P. (2019a). Supporting students' mental health in schools: what do teachers want and need? [Article]. *Emotional and Behavioural Difficulties*, *24*(1), 100-116. https://doi.org/10.1080/13632752.2019.1582742

Shelemy, L., Harvey, K., & Waite, P. (2019b). Secondary School Teachers' Experiences of Supporting Mental Health. . *The Journal of Mental Health Training, Education, and Practice*, *14*, 372-383. https://doi.org/https://doi.org/10.1108/JMHTEP-10-2018-0056

Shenton, A. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information*, *22*, 63-75.

Shotton, G., & Burton, S. (2012). *Emotional Wellbeing: an Introductory Handbook.* Speechmark Publishing Ltd.

Siddiqui, N., & Ventista, O. (2018). A review of school-based interventions for the improvement of social emotional skills and wider outcomes of education [Article].

International Journal of Educational Research, *90*, 117-132. https://doi.org/10.1016/j.ijer.2018.06.003

Smaldone, A., Honig, J., & M., B. (2007). Sleepless in America: inadequate sleep and relationships to health and well-being of our nation's children. . *Paediatrics 1*, *19*, 29-37. https://doi.org/https://doi.org/10.1542/peds.2006-2089F

Small, C. (2011). *Effective Solution Focused Coaching : A Q- methodology study of teachers ' views of coaching with educational psychologists.* University of Nottingham].

Smith, G., & Ho, K. (2023). Systematic reviews: When should they be updated? *J Clin Nurs*, *32*(9-10), e17-e18. https://doi.org/10.1111/jocn.16547

Smith, J. A., & Eatough, V. (2019). Looking forward: Conceptual and methodological developments in interpretative phenomenological analysis: Introduction to the special issue. . *Qualitative Research in Psychology*, *16*, 163-165.

Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative Phenomenological Analysis: Theory, Method and Research. London, UK: Sage Publications Ltd.* Sage Publications Ltd.

Smith, R. (2012). *How is the role of the educational psychologist constructed by educational psychologists and by special educational needs co-ordinators in schools?* Cardiff University.]. Cardiff.

Smith, R., McCrone, T., Sharp, C., Menys, R., Rabiasz, A., & Sims, D. (2017). *Teacher Voice Omnibus Survey.* . UK: Department for Education

Smith, S. M., Wallace, E., O'Dowd, T., & Fortin, M. (2021). Interventions for improving outcomes in patients with multimorbidity in primary care and community settings. *Cochrane Database of Systematic Reviews*(1). https://doi.org/10.1002/14651858.CD006560.pub4

Spencer, L. P., Flynn, D., Johnson, A., Maniatopoulos, G., Newham, J. J., Perkins, N., Wood, M., Woodley, H., & Henderson, E. J. (2022). The Implementation of Whole-School Approaches to Transform Mental Health in UK Schools: A Realist Evaluation Protocol. *International Journal of Qualitative Methods*, *21*, Article 16094069221082360. https://doi.org/10.1177/16094069221082360

Stainton-Rogers, R. (Ed.). (1995). *Q methodology.* SAGE.

Stainton-Rogers, R., & Stainton-Rogers, W. (1990). What the Brits got out of Q: And Why Their Work May Not Line Up with the American Way of Getting into It! *Electronic Journal of Communication.*, *1*. http://www.cios.org/www/ejc/v1n190.htm

Stainton-Rogers, W. (1991). *Explaining Health and Illness: An Exploration of Diversity.* . Harvester Wheatsheaf.

Stein. (n.d.). *Stein documentation*. https://docs.steinhq.com/introduction

Stenner, P., Watts, S., & Worrell, M. (2008). Q methodology. . In *The SAGE handbook of qualitative research in psychology* (pp. 215-239.).

Stephenson, W. (1935). Techniques of factor analysis. *Nature*, *136*.

Stephenson, W. (1980). Newton's Fifth Rule and Q Methodology: Application to Educational Psychology. *American Psychologist.*, *35*, 882-889.

Stephenson, W. (1982). Q-methodology, interbehavioral psychology, and quantum theory. The psychological record. *32*, *2*, 235.

Stephenson, W. (1986). Protoconcursus: The concourse theory of communication. . *Operant Subjectivity*, *9*, 73-96.

Stewart, T. M., Fry, D., Wilson, J., McAra, L., Hamilton, S., King, A., Laurie, M., & McCluskey, G. (2023). Adolescent Mental Health Priorities During the Covid-19 Pandemic [Article]. *School Mental Health*, *15*(1), 247-259. https://doi.org/10.1007/s12310-022-09547-w

Stringer, P., Powell, J., & Burton, S. (2006). Developing a community psychology orientation in an educational psychology service. . *Educational and Child Psychology*, *23*, 59.

Surrey County Council. (2024). *The role of educational psychologists and how they work with schools in Surrey*. https://www.surreycc.gov.uk/schools-and-learning/schools/at-school/extra-support-for-your-child/educational-psychology-information/the-role-of-educational-psychologists-and-how-they-work-with-schools-in-surrey

Szulevicz, T. (2021). COVID-19 and Educational Consequences for (Vulnerable) Children from the Perspectives of Educational Psychologists. *Human Arenas*. https://doi.org/10.1007/s42087-021-00214-1

Tabachnick, B., & Fidell, L. (2007). *Using Multivariate Statistics.* . Pearson Education Inc.

Tameside Metropolitan Borough. (2023). *SEND Children Thrive Matching Provision to Need School Age*. https://www.tameside.gov.uk/TamesideMBC/media/policy/SCHOOL-AGE-(Tameside).pdf

Tanya Lereya, S., Cattan, S., Yoon, Y., Gilbert, R., & Deighton, J. (2023). How does the association between special education need and absence vary overtime and across special education need types? [Article]. *European Journal of Special Needs Education*, *38*(2), 245-259. https://doi.org/10.1080/08856257.2022.2059631

Tawfik, G. M., Dila, K. A. S., Mohamed, M. Y. F., Tam, D. N. H., Kien, N. D., Ahmed, A. M., & Huy, N. T. (2019). A step-by-step guide for conducting a systematic review and meta-analysis with simulation data. *Tropical medicine and health.*, *47*. https://doi.org/https://doi.org/10.1186/s41182-019-0165-6

Teddlie, C., & Tashakkori, A. (2011). Mixed methods research. *The Sage handbook of qualitative research.*, *4*, 285-300.

Templier, M., & Paré, G. (2015). A framework for guiding and evaluating literature reviews. *Communications of the Association for Information Systems,* , *37*, 6.

ten Klooster, P., Visser, M., & de Jong, M. (2008). Comparing two image research instruments: The Q-sort method versus the Likert attitude questionnaire. *Food Quality and Preference*, *19*(5), 511-518. https://doi.org/10.1016/j.foodqual.2008.02.007

The British Psychological Society. (2017). BPS Practice Guidelines. *Professional Practice*. https://www.bps.org.uk/guideline/bps-practice-guidelines-2017

The Children's Society. (2021). The Good Childhood Report. . https://www.childrenssociety.org.uk/good-childhood.

The Children's Society. (2023). *Good childhood report.*

The Key. (2015). *Summer Report: School leaders' concerns about pupil wellbeing.* https://thekeysupport.com/wp-content/uploads/2018/03/summer_report_2015_school_leaders_concerns_about_pupil_wellbeing.pdf.

Thomas, D., & McKeown, B. (2013). *Q Methodology* (Vol. 66). Sage Publications.

Thomas, G., & Atkinson, C. (2017). Perspectives on a whole class mindfulness programme [Article]. *Educational Psychology in Practice*, *33*(3), 231-248. https://doi.org/10.1080/02667363.2017.1292396

Thompson, B., & Daniel, L. (1996). Factor analytic evidence for the construct validity of scores: A historical overview and some guidelines. *Educational and Psychological Measurement.* , *56*, 197-208.

Thompson, I., Tawell, A., & Daniels, H. (2021). Conflicts in professional concern and the exclusion of pupils with SEMH in England [Article]. *Emotional and Behavioural Difficulties*, *26*(1), 31-45. https://doi.org/10.1080/13632752.2021.1898769

Thorburn, M. (2017). Evaluating efforts to enhance health and wellbeing in Scottish secondary schools [Article]. *Journal of Curriculum Studies*, *49*(5), 722-741. https://doi.org/10.1080/00220272.2016.1167246

Tobbell, J., & Lawthom, R. (2005). Dispensing with labels: Enabling children and professionals to share a community of practice. *Educational and Child Psychology*, *22*, 89-97.

Topping, K., & Lauchlan, F. (2013). Educational psychologists as researchers. . *The Australian Educational and Developmental Psychologist*, *30*, 74-83.

Torgerson, C. J. (2006). Publication bias: the Achilles' heel of systematic reviews? *British Journal of Educational Studies*, *54*, 89-102.

Torgerson, C. J., & Elbourne, D. (2002). A systematic review and meta-analysis of the effectiveness of information and communication technology (ICT) on the teaching of spelling. *Journal of Research in Reading*, *25*, 129-143.

Tornquist, M., Herrmann, E., & Chiappe, D. (2023). Expressing gratitude and visualising one's best possible self: Assessing the effectiveness of a four-week intervention on affect and health behaviours during the COVID-19 lockdown [Article]. *Current Psychology*. https://doi.org/10.1007/s12144-023-05276-8

Tracy, S. (2010). Qualitative Quality: Eight "Big-Tent" Criteria for Excellent Qualitative Research. *Qualitative Inquiry*, *16*(10), 837-851. https://doi.org/10.1177/1077800410383121

Tsegay, S. M., Wheeler, L., Kirkman, P., & Pratt-Adams, S. (2023). Teacher Perspectives on Primary-Secondary School Transition Projects During the COVID-19 Pandemic [Article]. *SAGE Open*, *13*(2). https://doi.org/10.1177/21582440231181382

Twigg, L., Duncan, C., & Weich, S. (2020). Is social media use associated with children's well-being? Results from the UK Household Longitudinal Study. . *Journal of Adolescence*, *80*, 73-83. https://doi.org/https://doi.org/10.1016/j.adolescence.2020.02.002

UK Parliament POST. (2021). *Children's mental health and the COVID-19 pandemic*.

United Nations Educational, S. a. C. O. (2020a). Empowering students with disabilities during the covid-19 crisis. https://bangkok.unesco.org/content/empowering-students-disabilities-during-covid-19-crisis

United Nations Educational Scientific and Cultural Organization. (2020b). *Global education monitoring report 2020: inclusion and education: all means all.* https://unesdoc.unesco.org/ark:/48223/pf0000373718

Valenta, A., & Wigger, U. (1997). Q Methodology: definition and application in health care informatics.'. *Journal of the American Medical Informatics Association*, *4*, 501-510. https://doi.org/https://doi.org/10.1136/jamia.1997.0040501

Van Exel, J., & De Graaf, G. (2005). Q methodology: A sneak preview. *Social Sciences*, *2*, 1-30.

Viner, R., Russel, S., & Saulle, R. (2021). Impacts of school closures on physical and mental health of children and young people: a systematic review. https://doi.org/doi: 10.1101/2021.02.10.21251526

Vivash, J., & Morgan, G. (2019). The Role of Educational Psychologists in Fuelling the Narrative of the "Velcro TA" [Article]. *Frontiers in Education*, *4*, Article 66. https://doi.org/10.3389/feduc.2019.00066

Vizard, T., Sadler, K., & Ford, T. (2020). *Mental Health of Children and Young People in England, 2020: Wave 1 follow up to the 2017 survey*. https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2020-wave-1-follow-up#

Wagner, M., Newman, L., Cameto, R., & Levine, P. (2005). *Changes over time in the early postschool outcomes of youth with disabilities. A report of findings from the National Longitudinal Transition Study (NLTS) and the National Longitudinal Transition Study-2 (NLTS2).*

.

Waite, P. D., Pearcey, S., Shum, A., Raw, J., Patalay, P., ., & Creswell, C. (2020). How did the mental health of children and adolescents change during early lockdown during the COVID-19 pandemic in the UK? *Psy*. https://doi.org/ 10.31234/osf.io/t8rfxhttps://psyarxiv.com/t8rfx

Warnock, M. (1978). *Special Educational Needs. Report of the Committee of Enquiry into the Education of Handicapped Children and Young People.* London: HMSO

Watts, S. (2015). Develop a Q-methodological study. *Education for Primary Care*, *26*, 435-437.

Watts, S., & Stenner, P. (2005a). Doing Q methodology: Theory, Method, and Interpretation. . *Qualitative Research in Psychology,*, *2*, 67-91. https://doi.org/https://doi.org/10.1191/1478088705qp022oa

Watts, S., & Stenner, P. (2005b). The subjective experience of partnership love: a Q Methodological study. *Br J Soc Psychol*, *44*(Pt 1), 85-107. https://doi.org/10.1348/014466604X23473

Watts, S., & Stenner, P. (2012). *Doing Q methodological Research: Theory, method and interpretation.* Sage.

Weare, K. (2015a). *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. https://www.ncb.org.uk/sites/default/files/uploads/files/ncb_framework_for_promoting_well-being_and_responding_to_mental_health_in_schools.pdf

Weare, K. (2015b). *What Works- Framework of Effective Approaches* [Image]. National Children's Bureau.

https://www.ncb.org.uk/sites/default/files/uploads/files/ncb_framework_for_promoting_well-being_and_responding_to_mental_health_in_schools_0.pdf

Webler, T., Danielson, S., & Tuler, S. (2009). Using Q method to reveal social perspectives in environmental research. *Greenfield MA: Social and Environmental Research Institute.*, *54*, 1-45.

Webster, R., & Blatchford, P. (2017). The Special Educational Needs in Secondary Education (SENSE) study: Final Report: A study of the teaching and support experienced by pupils with Statements and Education, Health and Care Plans in mainstream and special schools.

.

Webster, R., & De Boer, A. A. (2021). Where next for research on teaching assistants: the case for an international response. *European Journal of Special Needs Education*, *36*(2), 294-305. https://doi.org/10.1080/08856257.2021.1901368

White, B., Nicholls, D., Christie, D., Cole, T. J., & Viner, R. M. (2012). Childhood psychological function and obesity risk across the lifecourse: Findings from the 1970 British Cohort Study. *International Journal of Obesity*, *36*, 511-516.

Widnall, E., Winstone, L., Mars, B., Haworth, C., & Kidger, J. (2020). *Young People's Mental Health during the COVID-19 Pandemic: Initial findings from a secondary school survey study in South West England.* (

, Issue. https://sphr.nihr.ac.uk/wp-content/uploads/2020/08/Young-Peoples-Mental-Health-during-the-COVID-19-Pandemic-Report.pdf

Wigelsworth, M., Mason, C., Verity, L., Humphrey, N., & Qualter, P. (2023). A Rose by any Other Name? Using Core Components to Categorize Social and Emotional Learning Provision [Article]. *School Mental Health*, *15*(3), 710-721. https://doi.org/10.1007/s12310-023-09585-y

Williams, B., Onsman, A., & Brown, T. (2010). Exploratory factor analysis: A five-step guide for novices. *Australasian journal of paramedicine*, *8*, 1-13.

Willig, C. (2008). *Introducing qualitative research in psychology: Adventures in theory and method.* . Open University Press.

Willig, C. (2013). *Introducing Qualitative Research in Psychology.* (3 ed.). Open University Press.

Wilson, R., Sellman, E., & Joseph, S. (2023). 'Doing well' and 'being well'—secondary school teachers' perspectives [Article]. *British Educational Research Journal*. https://doi.org/10.1002/berj.3878

Wohlin, C. (2014). *Guidelines for snowballing in systematic literature studies and a replication in software engineering.* Proceedings of the 18th international conference on evaluation and assessment in software engineering

Wood, P., & Legg, N. (2020). Special educational needs and disability provision within an English multi-academy trust: capturing the vision of its practitioners [Article]. *Education 3-13*, *48*(3), 288-302. https://doi.org/10.1080/03004279.2019.1664405

Woolfolk, A., & Usher, E. (2023). *Educational Psychology* (15 ed.). Pearson. Https://www.pearson.com/en-au/media/uyrjjjlg/9780655704690-toc.pdf

World Health Organisation. (2021). *Mental Health of Adolescents*. World Health Organisation/. Retrieved 8.1 from https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health

World Health Organisation. (2022). *Mental Health.* Retrieved 09.08.2023 from https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response#:~:text=Mental%20health%20is%20determined%20by%20a%20complex%20interplay,and%20work%20well%2C%20and%20contribute%20to%20their%20community.

World Health Organisation. (2024). *Coronavirus disease (COVID-19)*. Retrieved 13th February from https://www.who.int/health-topics/coronavirus#tab=tab_1

Wortham, S. (2001). Social construction and pedagogical practice. . In K. Gergen, J (Ed.), *Social construction in context* (pp. 115-136). Sage Publications.

Xiao, Y., & Watson, M. (2019). Guidance on Conducting a Systematic Literature Review. *Journal of Planning Education and Research*, *39*, 93-112. https://doi-org.nottingham.idm.oclc.org/10.1177/0739456X17723971

Yardley, L. (2000).

Dilemmas in qualitative health research. *Psychology and Health*, *15*, 215-228.

Young Minds. (2018). *A New Era for Young People's Mental Health.*

Young Minds Matter. (2020). *Coronavirus: Impact on young people with mental health needs.* https://www.youngminds.org.uk/media/355gyqcd/coronavirus-report-summer-2020-final.pdf

Young, R., & Collin, A. (2004). Introduction: Constructivism and social constructionism in the career field. *Journal of Vocational Behavior*, *64*, 373-388.

Young, S. (2017). *Educational Psychologist and Special Educational Needs Co-ordinator Constructions of Effective Collaborative Working:*

An Exploratory Study

Cardiff University].

Zafeiriou, M., & 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), 422-442. https://doi.org/10.1080/02667363.2020.1818553

Zijlmans, J., L.,, Teela, H., van Ewijk, H., Klip, M., van der Mheen, H., Ruisch, M., & Luijten, e. a. (2021). "Mental and Social Health of Children and Adolescents with

Pre-Existing Mental or Somatic Problems During the COVID-19 Pandemic Lockdown." *Frontiers in Psychiatry*, *12*.

https://doi.org/doi:10.3389/fpsyt.2021.692853

6 Appendices

Appendix A. Child and Adolescent Mental Health Services (CAMHs) four tiers of mental health support (NHS Hertfordshire Partnership, 2024), ...313
Appendix B. Weare's (2015b) Framework of Effective Approaches....314
Appendix C. The SPIDER approach used to create the present study's RQ, including rationales for inclusion and exclusion criteria. 315
Appendix D. The current SLR's detailed inclusion and exclusion criteria based on SPIDER approach, as well as language/country and date of publication. 317
Appendix E. Preliminary search procedure 319
Appendix F. Process of creating the search string used during database searching. 320
Appendix G. Detailed database search process and outcomes. 327
Appendix H. Details of studies included in SLR 336
Appendix I. The quality appraisal process applied to the five included studies. 342
Appendix J Additional details about limitations to the SLR and mitigations....345
Appendix K. The major paradigms considered relevant to the present study (adapted from Guba and Lincoln (2005) and Mertens (2023)). 346
Appendix L. Alternative research designs considered for the present study and reasons for exclusion. 348
Appendix M. Q-methodology's distinctive qualities, which made it the most appropriate methodology for exploring and answering the present study's RQ. 350
Appendix N. Shenton's (2004) Framework of Provisions "that may be made by a qualitative researcher wishing to address Guba's (1981) four criteria for trustworthiness." 353
Appendix O. Potential challenges of an online Q-study and mitigating factors taken. 359
Appendix P. Criteria considered during appraisal of several Q-sort software and subsequent ratings....360
Appendix Q. Ethical considerations and mitigations taken 362
Appendix R. Ethical approval letter....366
Appendix S. Examples of the outcomes of informally scoping the field with TEPs....367
Appendix T. Additional details on Step 1: Gathering the concourse 368
Appendix U. Some of the sampling strategies used in Q-methodological studies. 369
Appendix V. Inclusion and exclusion criteria applied to the initial concourse gathering and Q-sort activity phases. 370
Appendix W. Research poster for concourse gathering and piloting the Q-sort (preliminary phase) 373
Appendix X. Contributor information sheet for concourse gathering and piloting the Q-sort (preliminary phase) 374
Appendix Y. Concourse gathering and piloting the Q-sort contributor consent form (preliminary phase) 377
Appendix Z. Demographics of contributors to the preliminary research phase. 379
Appendix AA. Semi-structured interview schedule 380
Appendix BB. Debrief statement for concourse gathering and piloting the Q-sort (preliminary phase) 381
Appendix CC. The full concourse gathered and sources. 384
Appendix DD. Additional details relating to Figure 4 steps 2a, 2b and 2c 405
Appendix EE. 63-item Q-set....408
Appendix FF Alternative Q-sort Distribution Grids 410

Appendix GG. Combinations of terminology considered for condition of instructions and poles 412
Appendix HH. Step-by step written instructions provided to participants during the online Q-sort task. 413
Appendix II Piloting the Q-set form 422
Appendix JJ. Additional details of piloting process 429
Appendix KK. Combined feedback from piloting and peer-reviewing stages 430
Appendix LL Finalised 36-item Q-set 433
Appendix MM. Piloting the Q-sort procedure feedback form. 434
Appendix NN. Additional details of participant recruitment procedure 440
Appendix OO. Research poster for Q-sort (main research phase) 441
Appendix PP. Information sheet for Q-sort (main research phase) 443
Appendix QQ Consent form for Q-sort (main research phase) 445
Appendix RR. Additional procedural information for the present study's main research phase 447
Appendix SS Debrief statement for Q-sort (main research phase). 449
Appendix TT Appraisal of several Q-sort data analysis programs 451
Appendix UU Details of the four statistical guidelines used to support factor extraction and their application within the present study: 452
Appendix VV. Details about Varimax and manual factor rotation. 456
Appendix WW Potential threats to study validity and mitigations applied. 457
Appendix XX Correlation Matrix between sorts. 460
Appendix YY Eigenvalues and variance estimates for 7 factors 462
Appendix ZZ Findings of the Exploratory Factor Extraction Process 464
Appendix AAA. Altering the significance threshold 467
Appendix BBB Demographic information and significance levels of participants that loaded onto each factor, and those who did not load 468
Appendix CCC Factor One crib sheet 469
Appendix DDD Factor Two crib sheet 471
Appendix EEE Viewpoint One comments from significantly loading Q-sorts 473
Appendix FFF Viewpoint Two comments from significantly loading Q-sorts 476
Appendix GGG Consensus statements 478
Appendix HHH Distinguishing statements for Factors One and Two 480
Appendix III. Further personal reflections 482

Appendix A. Child and Adolescent Mental Health Services (CAMHs) four tiers of mental health support (NHS Hertfordshire Partnership, 2024),

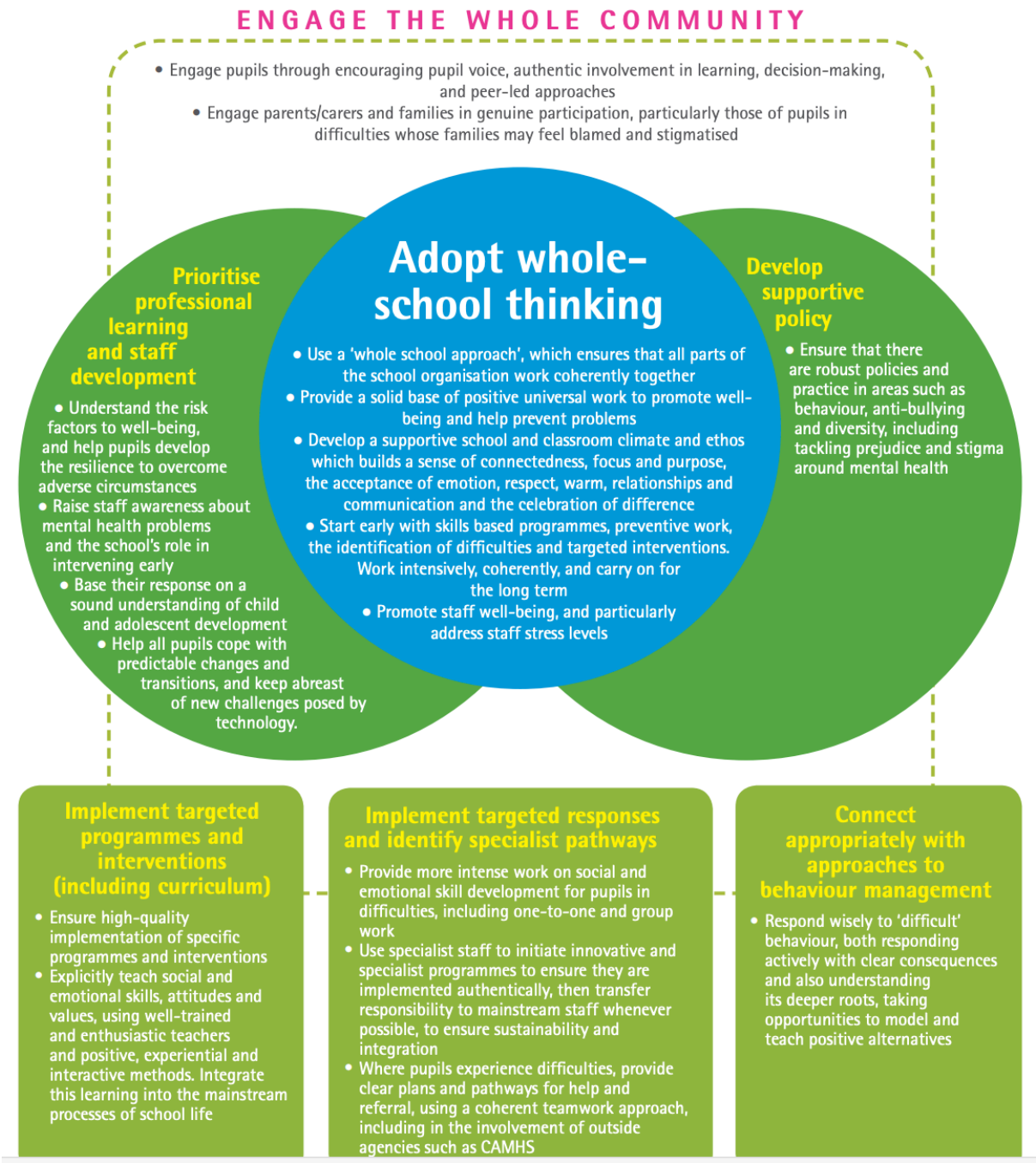
Child and Adolescent Mental Health services (CAMHs) four tiers of mental health support (NHS Hertfordshire Partnership, 2024):

- *Tier One:* Universal SEMH interventions, developed by MH specialists but delivered by non-MH trained school staff and accessible to all CYP.
- *Tier Two:* Targeted group interventions often led by MH professionals (e.g., counsellors) for CYP identified as at risk of experiencing SEMH needs that differ from their peers.
- *Tier Three:* Typically, 1:1 (one adult: one CYP) interventions for specific SEMH needs are provided by MH specialists (e.g., CAMHs).
- *Tier Four:* Specialist services involving highly trained MH professionals, possibly requiring inpatient admission.

Appendix B. Weare's (2015b) Framework of Effective Approaches.

WHAT WORKS – FRAMEWORK OF EFFECTIVE APPROACHES

There is clear evidence from well-conducted systematic reviews to support schools in employing the following approaches to improve outcomes:



Appendix C. The SPIDER approach used to create the present study's RQ, including rationales for inclusion and exclusion criteria.

Table C1. *A table presenting the* SPIDER approach used to create the present study's RQ, including rationales for inclusion and exclusion criteria.

	Inclusion (all to be met).	Exclusion (if any is met).	Rationale for inclusion and exclusion criteria
Sample	Secondary school staff: teaching staff, support staff, SENCos, and members of the senior leadership team (SLT).	Individuals not working in a secondary school and with CYP aged 11-16. School staff who do not work directly with CYP (e.g., receptionists).	Study is focused on secondary-aged CYPs' SEMH needs, and this sample of staff work closely with them and thus are considered well-informed to offer their views.
Phenomenon of Interest/intervention	Approaches (direct and indirect) that EPs may suggest or work with schools to apply as support for CYPs' SEMH needs. Post-2015 literature.	Approaches (direct and indirect) that EPs would not suggest or work with schools to apply to support CYPs' SEMH needs. Pre-2015 literature.	Study is focused on 'what works' and on supporting knowledge and understanding in relation to supporting CYPs' SEMH needs. Post-2015 literature aligns with the introduction of 'SEMH' in the SEND Code of Practice (DfE & DoH, 2015), ensuring the SLR reflects contemporary policy and practice and recognises 'SEMH' as interconnected with social-emotional well-being and encompassing multiple perspectives and terms, aligning with the present study's social constructionist perspective. Pre-2015 literature is excluded, as earlier terminology often framed difficulties behaviourally, whereas post-2015 discourse emphasises underlying needs and aligns with current educational policy and professional practice (Section 2.2 provides further details).
Design	Case studies, qualitative studies, structured and semi-structured interviews, and focus groups.	Designs yielding quantitative data only (e.g., surveys and other cross-sectional study types).	Qualitative and mixed-method designs explore perspectives and contextual information. Surveys and cross-sectional designs do not provide

			information regarding intervention effectiveness (Petticrew & Roberts, 2008).
Evaluation/outcomes	Secondary-school staff perspectives.	Perspectives of individuals not working in a secondary school. Not exploring perspectives related to EP approaches towards SEMH support.	Study focuses on secondary-aged CYPs' SEMH needs.
Research type	Qualitative-only or mixed methods.	Quantitative-only.	Qualitative and mixed methods approaches allow in-depth information about meanings and processes (e.g., why an intervention did or did not work). Quantitative-only methods do not yield data regarding effectiveness (Petticrew & Roberts, 2008).

Appendix D. The current SLR's detailed inclusion and exclusion criteria based on SPIDER approach, as well as language/country and date of publication.

Table D1. *A table showing the current SLR's detailed inclusion and exclusion criteria based on SPIDER approach, as well as language/country and date of publication.*

Study feature including SPIDER criteria	Inclusion criteria	Exclusion criteria
Sample/participants	Any ethnicity, culture, socio-economic status, gender identity. Mainstream setting Member of (permanent or fixed-term) staff in a mainstream secondary school who worked/works directly with CYP Support for the CYP to include direct EP involvement via school staff (as defined above). Have experience working with an EP who was supporting CYP with SEMH needs EPs Communicate in English Aged 18 or over	Private or home tutors School staff who are not employed at the school (e.g., completing work experience or voluntary work, day-to-day or longer-term supply staff). Members of staff employed in special schools or alternative provisions Members of staff working with electively home-educated CYP Unable to communicate in English Members of staff who have not worked directly with CYP with SEMH needs or have only worked indirectly with this population Members of staff who have not worked directly with an EP who was supporting CYP with SEMH needs EPs
Phenomenon of interest/intervention	Direct and/or indirect SEMH support from one or multiple EPs	Direct and/or indirect SEMH support from professionals who are not EPs No EP support identified or reported
Design	Qualitative Mixed methods	Quantitative to maintain a focus on individual perspectives.
Evaluation/outcomes	Discussing the impact upon CYP aged 11-16 attending a secondary mainstream educational setting Direct and indirect EP approaches used and perceived to be effective in aiding school staff support for CYPs' SEMH needs	Discussing impact upon population <11 or >16 years old Direct and indirect EP approaches perceived to be ineffective or detrimental to aiding school staff supports for CYPs' SEMH needs.

	Direct and indirect EP approaches considered to be potentially effective in aiding school staff support for CYPs' SEMH needs. Related to psychology and educational psychology	Direct and indirect EP approaches considered to be potentially ineffective or detrimental to aiding school staff supports for CYPs' SEMH needs. Not related to psychology or educational psychology (e.g., medical)
Research type	Articles published in educational and psychological journals Peer-reviewed research Scholarly journal Full text available Primary literature	Articles published in non-educational and non-psychological journals Opinion pieces Unavailable full texts Abstract-only papers Duplicates Text-types which are not articles Theses (subsequently accepted; Section 2.8.4.3). Non-primary literature
Language/country	English UK-based participants	Non-English
Date of publication	2015-2023	Pre-2015

Appendix E. Preliminary search procedure

1. Initial scoping sought to identify relevant SLRs, check the research idea's validity, avoid topic/study/focus duplication and check if enough existing research was available to inform an analysis.
2. A search of 'educational psychologist approaches to supporting children and young people's social, emotional, and mental health needs' was conducted out on PROSPERO, the Cochrane Library and Campbell Collaboration. Searches found no eligible results.
3. PROSPERO's MeSH subject indexing was also used to search the terms 'social, emotional and mental health,' 'educational psychologist,' and 'children and young people.' No entries were generated.
4. The following terms were searched in Google Scholar with the search criteria subsequently made more specific:
    - 'Educational psychologist approaches to supporting children and young people's social, emotional and mental health needs systematic review' (172,000 results).
    - 'School staff perspectives on educational psychologist approaches used to support children and young people's social, emotional and mental health needs systematic review' (129,000 results).
    - 'Mainstream secondary school staff perspectives on educational psychologist approaches used to support children and young people's social, emotional and mental health needs systematic review' (39,000 results).
    - 'Mainstream secondary school staff perspectives on educational psychologist approaches used to support secondary school aged children and young people's social, emotional and mental health needs systematic review' (0 results).
5. The present SLR does not duplicate existing SLRs, meaning it could be conducted.
6. To ensure manageability within the available timeframe, the current SLR aims to include 4-10 studies.

Appendix F. Process of creating the search string used during database searching.

Figure F1. *A figure displaying the process followed when creating the search string used to search databases within the present SLR.*

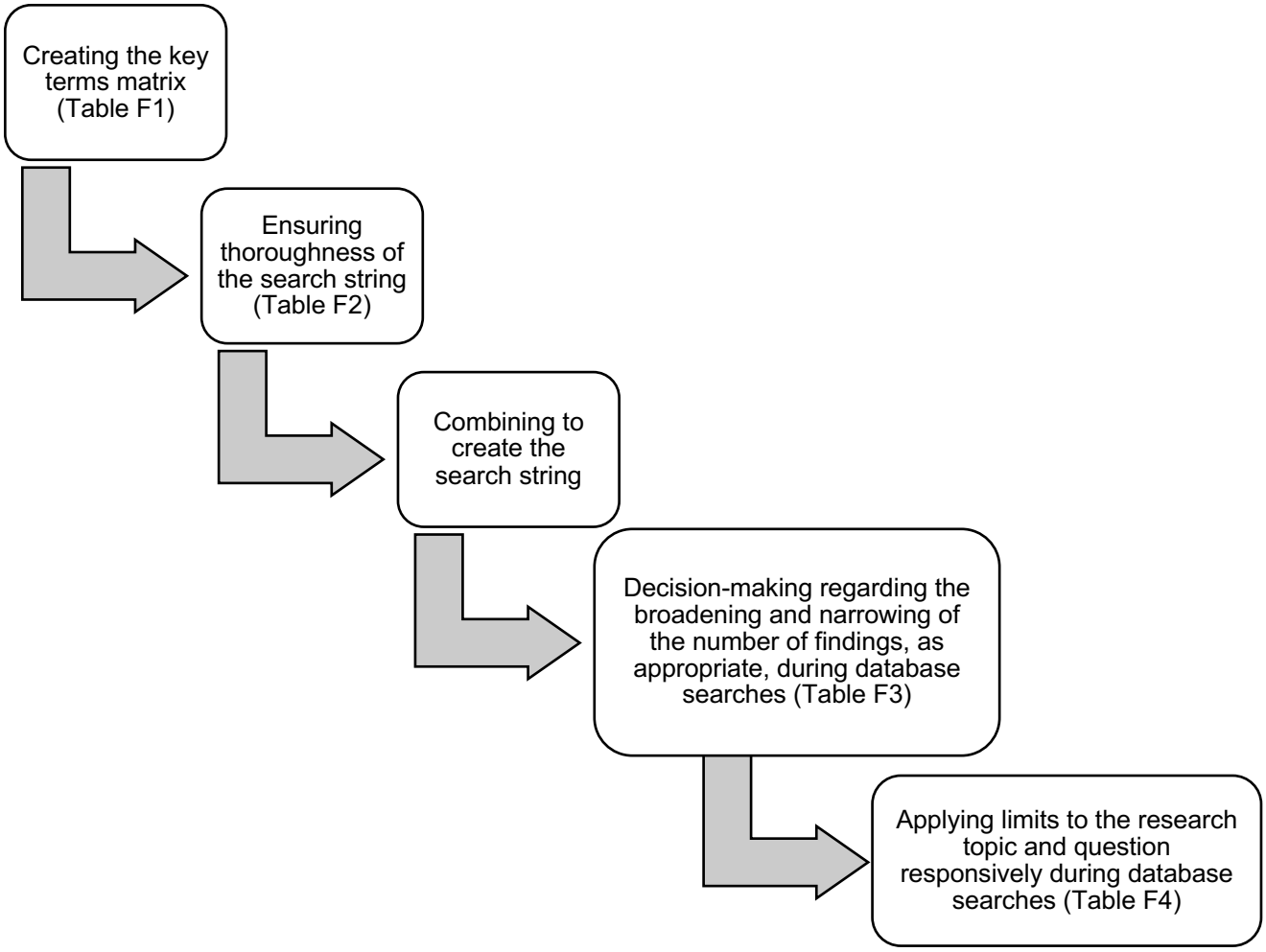


Table F1. *A table displaying the key terms matrix, adapted from Rumsey (2008) and used to ensure thoroughness among the present study's SLRs search terms.*

Concept	Population	SEMH needs	Context	Approach	Outcome
Synonyms	Child* and young pe* CYP Adolescen* Youth Teen* "Young pe*" Student* Child*	Social, emotional and mental health needs SEMH "Social emotional health" "Social emotional need*" "Social emotional skill*"	Mainstream secondary school "secondary school" "high school" "middle school"	Method* Technique* Strateg* Support Approach* Practice*	Perspective* View* Thought* Opinion* Interpret* Perception*s
Narrower terms	"Age 14-16 years"	"Emotional health" "Emotion* skill*" "Emotional literac*" "Emotion* develop*" "Emotion* needs" "Social skill*"	"Year 10 and 11"	Intervention* Tool* "Evidence based strategy" "Evidence based approach" "Evidence based intervention"	"Most effect*" Best Prefer* Impact*
Broader terms	Pupil Learner Child* Kid*	"Mental wellbeing" "Psychological wellbeing" "Emotion* intelligence" Wellbeing	"Academ*" "Comprehensive secondary school" "Prep* school" "Grammar school"	Work* Involvement Provision* Input	Perception* Standpoint* Outlook* Evaluat*
Subject heading	Children, adolescents, adolescence, young people, teenagers, adolescent psychology (IBSS) Adolescent (age group), teens, children and	Special educational needs (IBSS)	Secondary school students, Secondary schools (IBSS)	Approaches, behavioural approaches (IBSS)	Perspectives (IBSS)

	teenagers (ULMS on APA PsychINFO)

Note. *Indicates absent suffix or pluralisation.

Table F2. *A table displaying the process applied to ensure thoroughness when combining the key search terms (Table F1) into the final search string used to search databases.*

Concept								
Population	AND	SEMH needs	AND	Context	AND	Approach	AND	Outcome
Child and young pe**		Social, emotional and mental health needs		Mainstream secondary school		Method*		Perspective*
OR CYP		OR SEMH		OR "secondary school"		OR Technique*		OR View*
*OR Adolescen**		OR "Social emotional health"		OR "high school"		OR Strateg*		OR Thought*
OR Youth		OR "Social emotional need*"		OR "middle school"		OR Support		OR Opinion*
*OR Teen**		OR "Social emotional skill*"		OR "Year 10 and 11"		OR Approach*		OR Interpret*
OR "Young pe"*		OR "Emotional health"		OR "Academ*"		OR Practice*		OR Perception*s
*OR Student**		OR "Emotion* skill*"		OR "Comprehensive secondary school"		OR Intervention*		OR "Most effect*"
*OR Child**		OR "Emotional literac*"		OR "Prep* school"		OR Tool*		OR Best
OR "Age 14-16 years"		OR "Emotion* develop*"		OR "Grammar school"		OR "Evidence based strategy"		OR Prefer*
OR Pupil		OR "Emotion* needs"				OR "Evidence based approach"		OR Impact*
OR Learner		OR "Social skill*"				OR "Evidence based intervention"		OR Perception*
*OR Child**		OR "Mental wellbeing"				OR Work*		OR Standpoint*
*OR Kid**		OR "Psychological wellbeing"				OR Involvement		OR Outlook*
		OR "Emotion* intelligence"				OR Provision*		OR Evaluat*
		OR Wellbeing				OR Input		

Note. * Indicates absent suffix or pluralisation.

The search string used to search databases was:

(“child* and young pe*” OR “adolescen*” OR “youth*” OR “teen*” OR “child*” OR “kid*” OR “young pe*” OR “student*” OR “learner*” OR “pupil*” OR “minor*” OR “CYP” OR “adolescent psychology”) AND (“social emotional mental health need*” OR “psychological ADJ/2 wellbeing” OR “social emotional ADJ/2 needs” OR “emotion* wellbeing” OR “wellbeing” OR “social skill*” OR “emo* skill*” OR “emotional health” OR “SEMH” OR “mental wellbeing” OR “emotional develop*” OR “special educational need*” OR “psychological wellbeing” OR “emotion* intellig*”) AND (“mainstream secondary school*” OR “secondary school*” OR “high school*” OR “middle school*” OR “academ*” OR “Comprehensive secondary school*” OR “Prep* school*” OR “Grammar school*”) AND (“Method*” OR “Technique*” OR “Strateg*” OR “Support” OR “Approach*” OR “Practice*” OR “Intervention*” OR “Tool*” OR “Evidence based strateg*” OR “Evidence based approach*” OR “Evidence based intervention*” OR “behaviour* approach*” OR “work*” OR “contribut*” OR “work*” OR “involvement” OR “provision*” OR “input”) AND (“perspective*” OR “view*” OR “thought*” OR “opinion*” OR “perception*” OR “standpoint*” OR “interpret*” OR “evaluat*” OR “most effect*” OR “best” OR “prefer*” OR “impact*” OR “effective” OR “efficient” OR “successful” OR “productive” OR “useful” OR “valuable”)

Table F3. *A table displaying the researcher's considerations with regards to broadening and narrowing the number of findings, as appropriate, during the present study's database searches.*

Broadening the search	Narrowing the search
Increase the type of literature included (e.g., dissertations). Increase acceptable publication dates from post-2020 to present to post-2015 to present (rationale provided in Table C1). Extend to wider population: school, elementary school, groups, population, year group, class.	Reduce to age specific terms (e.g., teenagers, adolescents) and remove terms referring to younger populations (e.g., children).

Table F4. *A table displaying the limits applied to the research topic and question during the present study's database searches.*

Date range	Language	Material type	Other
2015-present [a]	English	Journal articles published in educational psychology journals	Grey literature (unpublished theses)[b]

Note. [a] and [b] Accepted during a later stage of the research (rationales provided in Table C1 and Section 2.8.4.3, respectively).

Appendix G. Detailed database search process and outcomes.

Table G1. *A table displaying the step-by-step process applied to 10 database searches (first conducted in August 2023 and repeated in January 2024), the number of results generated from each search, and the subsequent number of results remaining after each database filter was applied.*

Number	Databases (Total 10)	Steps	Filters applied	Number of 'hits' remaining after filter applied (August 2023 and January 2024).	
				August 2023	January 2024
1	APA PsycINFO OVID	1. Perform PsychINFO basic search. 2. After applying filters, select the checkbox next to 'all.' 3. Click Export. 4. Choose RIS format. 5. Choose Citation and Abstract fields. 6. Include: external resolver and URL. 7. Click Export. 8. Move PsychINFO file to a suitable folder.	None	62	11
			Journal articles	29	1
			Published in last 8 years	23	Published since last database search: 0
			Peer reviewed studies	23	0
			Studies read (exclusion reasoning in Table G2)	23	0
2	ERIC (Proquest)	1basic ERIC search of education and psychology databases. 2. After applying filters, select the folder next to the articles to add results to a folder. 3. Select folder view, select all and export. 4. Select Direct Export in RIS format. 5. Save ERIC file to a suitable directory or email results to self.	None	952,980	15,803
			Only journal articles	233,127	12,207
			Only within 8 years	146,525	N/A
			Dates between 2023-2024[a]	N/A	1,304
			Only include full texts	131,101	506
			Only include peer reviewed studies	124,942	506
			Only include written in English	122,191	501
			Removed studies in publications that were not linked to education or psychology	118,693	120

			Removed any subjects that were not related to the RQ (education, psychology, coronavirus, secondary-aged students)	89,027	93
			UK only studies	3,384	3
			Only document types stated in inclusion criteria	71	3
			After re-running journal articles filter	14	3
			Hand searched to include only education or psychology publications	10	3
			Manually read titles to check for relevance	0	2
			Studies read in more depth (exclusion reasoning in Table G2)	0	2
3	British Education Index	1. Perform EBSCO basic search. 2. After applying filters, select the folder next to the articles to add results to a folder. 3. Select folder view, select all and export. 4. Select Direct Export in RIS format. 5. Save ERIC file to a suitable directory.	None	746	796
			Academic journals only	730	777
			Only education and psychology journals	668	469
			Only relevant subjects-	654	457
			Dates between 2015-2023	536	N/A
			Dates between 2023-24[a]	N/A	27
			Journal articles only	534	27
			Hand searched titles for key words that were irrelevant populations/ subjects/not published in educational or psychology journals	470	10
			Title not in English	468	10
			Checked for presence in previous SLR results with duplicates removed	N/A	7
			Non-UK based research	0	6
			Read abstracts to check relevance	2	2

			Studies read (exclusion reasoning in Table G2)	0	2
4	SCOPUS	1. Perform SCOPUS search. 2. Filter results and select. 3. Click Export and RIS format. 4. Download Citation information and Abstract. 5. Click Export. 6. Move SCOPUS file to a suitable folder.	None	222,294	239,225
			Journals only	168, 535	181, 021
			Written in English	162,085	174, 053
			Source title involved only education, children and psychology journals	30, 453	14,550
			Published between 2015-2023	23,304	N/A
			Published between 2023-2024[a]	N/A	3,733
			Subject area; only education and psychology	21,862	2,801
			UK research	2,907	266
			Open access only	2,404	222
			Includes relevant key words	1,838	146
			Funding sponsors that are not education or psychology related and/or are not UK based	1,308	109
			Downloaded	0	109
			Titles screened	0	25
			Checked for presence in previous SLR results with duplicates removed	N/A	14
			Abstracts screened for relevance	0	13
			Studies read	0	0
5	Cochrane	1. Perform Cochrane search. 2. Apply filters. 3. Export citations.	Cochrane published between 2015-2023	415	N/A
			Published since last database search with relevant titles, abstracts, keywords	0	1
			Relevance to current research	0	0
			Studies read	0	0
6	Web of Science	1. Perform Web of Science search.	None	5,902	6,268

		2. Apply filters. 3. Export citations in RIS format. 4. Save exported file to suitable folder.	Only Open access	3,105	3,390
			Published between 2015-2023	2817	N/A
			Published between 2023-24[a]	N/A	518
			Articles only	2413	446
			Education and psychology categories only	1353	210
			Written in English	1248	206
			UK based studies	358	56
			Relevant research areas only	329	56
			Relevant citation topics only (meso)	195	11
			Relevant citation topics only (micro)	85	2
			Relevant publication titles only	56	1
			Studies read (exclusion reasoning in Table G2)	4	0
7	Wiley Online Library	1. Perform Wiley Online Library search. 2. Filter results and click 'Export Citations.' 3. Select all and click next. 4. Select RIS format and 'Citation file or direct import.' 5. Click Export. 6. Move the exported Wiley Online Library search to a suitable folder.	None	9630	9,951
			Journals only	8812	9,121
			Published between 2015-2023	4,212	N/A
			Published since last database search	N/A	339
			Open access only	887	170
			Subject relating to education and psychology only	107	9
			Hand searched for relevant titles	9	1
			Studies read	0	0
8		1. Perform ASSIA search.	None	23,745	24,829
			Only peer reviewed studies	22,254	23,336

	Applied Social Sciences Index & Abstracts ASSIA	2. Filter results, select the folder next to the results to add them to a folder. 3. Select folder view, select all and export. 4. Select Direct Export in RIS format. 5. Save ASSIA file to a suitable directory.	Published between 2015-23	11,659	N/A
			Published between 2023-24[a]	N/A	799
			UK based studies	730	31
			Articles only	634	31
			Only relevant publication titles	198	2
			Relevant subjects only	82	1
			Education and psychology companies/organisations only	72	1
			Studies read	0	0
9	Child development and adolescent studies (EBSCO)	1. Perform EBSCO basic search. 2. Select the folder next to the articles to add all results to a folder 3. select folder view, select all and export 4. Select Direct Export in RIS format 5. Save Child development and adolescent studies file to a suitable directory.	None	450	1096
			Peer reviewed only	430	1037
			Published between 2015-2023	254	N/A
			Published since last database search	N/A	43
			Relevant publications only	186	37
			Relevant subjects only	179	37
			UK based studies	0	20
			Only relevant titles	0	7
			Duplicates	0	2
			Studies read	0	0
10	IBSS	1. Perform IBSS search. 2. Filter results and select the folder next to the results to add them to a folder. 3. Select folder view, select all and export. 4. Select Direct Export in RIS format. 5. Save IBSS file to a suitable directory.	None	28,047	29,095
			Peer reviewed only	23,245	24,262
			Scholarly journals only	23,244	24,241
			Published between 2015-2023	12,721	N/A
			Published since last database search	N/A	518
			UK based studies	514	20
			Written in English	512	20
			Relevant subjects only	241	17
			Articles only	222	17
			Only UK educational or psychology companies/ organisations	180	4
			Only relevant publication titles	89	1

	Only relevant article titles	0	0

Note. [a]Database filter did not allow for sorting by 6-month increments.

Table G2. *Rationale for excluding papers from SLR at abstract reading stage.*

Database	Study		Reason for exclusion
EBSCO	1	Down et al. (2023)	Not UK population.
	2	Goldberg et al. (2019)	Meta-analysis
	3	Hanley et al. (2020)	Asked about impact of austerity on staff's work.
	4	Hennessey et al. (2023)	Paper unavailable to researcher
	5	Holzer et al. (2021)	Not about EP role.
	6	Hoogendijk et al. (2020)	Not focusing on EP role.
	7	Jerrim (2022)	Literature review.
	8	Jones and Harding (2023)	Systematic review
	9	Ma et al. (2023)	Systematic review
	10	Martineau and Bakopoulou (2024)	Explored staff and parents' views of the pandemic's impact on CYPs' SEMH needs but not support provided by EPs.
	11	May et al. (2023)	Across countries research that gathered the views of school psychologists not school staff.
	12	McDonald et al. (2023)	Primary school age participants.
	13	McLellan (2019)	Focused on conceptualisations of wellbeing.
	14	Meegan (2023)	Not UK based population.
	15	Pancorbo et al. (2023)	Not UK based population.
	16	Reichardt (2016)	Clinical population of CYP.
	17	Robertson (2022)	Not a published article.
	18	Roffey (2016)	Does not gather staff views on EP role.
	19	Roome and Soan (2019)	Does not gather staff views of EP role.
	20	Ruttledge (2022)	Not UK population.
	21	Seaton (2021)	Not EP role.
	22	Smith et al. (2021)	Not EP approaches nor SEMH interventions.
	23	Thorburn (2017)	Focuses on policy and not on intervention by EPs.
OVID	24	Eames et al. (2016)	Gathered pupil views

ERIC	25	Grace (2020)	Not regarding EP role.
ProQuest	26	Lindelauf et al. (2018)	Explored staff views of EP reports.
SCOPUS	27	Cooper and Woods (2017)	Not regarding EP role.
	28	Fogg (2023)	Primary school staff participants.
	29	Gillard et al. (2018)	Explored impact of EP involvement upon staff wellbeing not whether this subsequently impacted the SEMH support staff provided to CYP.
	30	Hind et al. (2019)	Primary teacher participants.
	31	Jayman et al. (2019)	CYP participants and not EP role.
	32	Maynard et al. (2022)	Explored pandemics impact on CYP, not support.
	33	O'Reilly et al. (2018)	Focused on teacher's views but not of EP practice.
	34	O'Riordan (2015)	Not role of EPs.
	35	Platt et al. (2021)	Discussed role of CAMHs not EP.
	36	Rees-Evans and Pevalin (2017)	Not EP role nor staff's views of this.
	37	Roffey (2023)	Does not discuss role of EP
	38	Samuel et al. (2023)	Does not discuss role of EP.
	39	Saville et al. (2023)	Not regarding SEMH interventions or EP role.
	40	Shelemy et al. (2019a)	Not EP role.
	41	Siddiqui and Ventista (2018)	Not EP role.
	42	Thomas and Atkinson (2017)	Explored staff and child views of an intervention.
	43	Tsegay et al. (2023)	Focuses on primary-secondary transition.
	44	Wigelsworth et al. (2023)	Focuses on social and emotional learning programmes, not EP support.
	45	Wilson et al. (2023)	Explores teacher's views of their wellbeing practice with CYP, not EP role.
	46	Wood and Legg (2020)	Not EP role
	47	Edge et al. (2024)	Explored transition and teacher and pupils' views.
	48	Grozev et al. (2023)	Explored university students' experiences of COVID-19.
	49	John et al. (2023)	Explored impact of bullying and CYPs' self-injurious behaviours
	50	Molloy-Vickers et al. (2024)	Not focused on EP role
	51	Musso et al. (2024)	Not UK-based study.
	52	Neill et al. (2023)	Not focused on EP provided support.
	53	Owen et al. (2023)	Primary school participants
	54	Pearcey et al. (2023)	Adolescent sample and not focused on EP provided support.

	55	Pointon-Haas et al. (2023)	University staff sample
	56	Pollak et al. (2024)	Explored perceptions of transition, non-UK study
	57	Stewart et al. (2023)	Adolescent perspectives
	58	Tanya Lereya et al. (2023)	Dependent variable of school absence, student sample
	59	Tornquist et al. (2023)	University student sample
Web of Science	60	Webster and Blatchford (2017)	Does not relate to SEMH needs but more generally about the EP role.
	61	Spencer et al. (2022)	Not EP role.
	62	Putwain et al. (2019)	CYPs' views, not staff.
	63	O'Toole and Soan (2022)	Focused on staff delivery of support, not EP delivery.
Reference harvesting	64	Zijlmans et al. (2021)	Not UK based and sample is clinical population.

Appendix H. Details of studies included in SLR

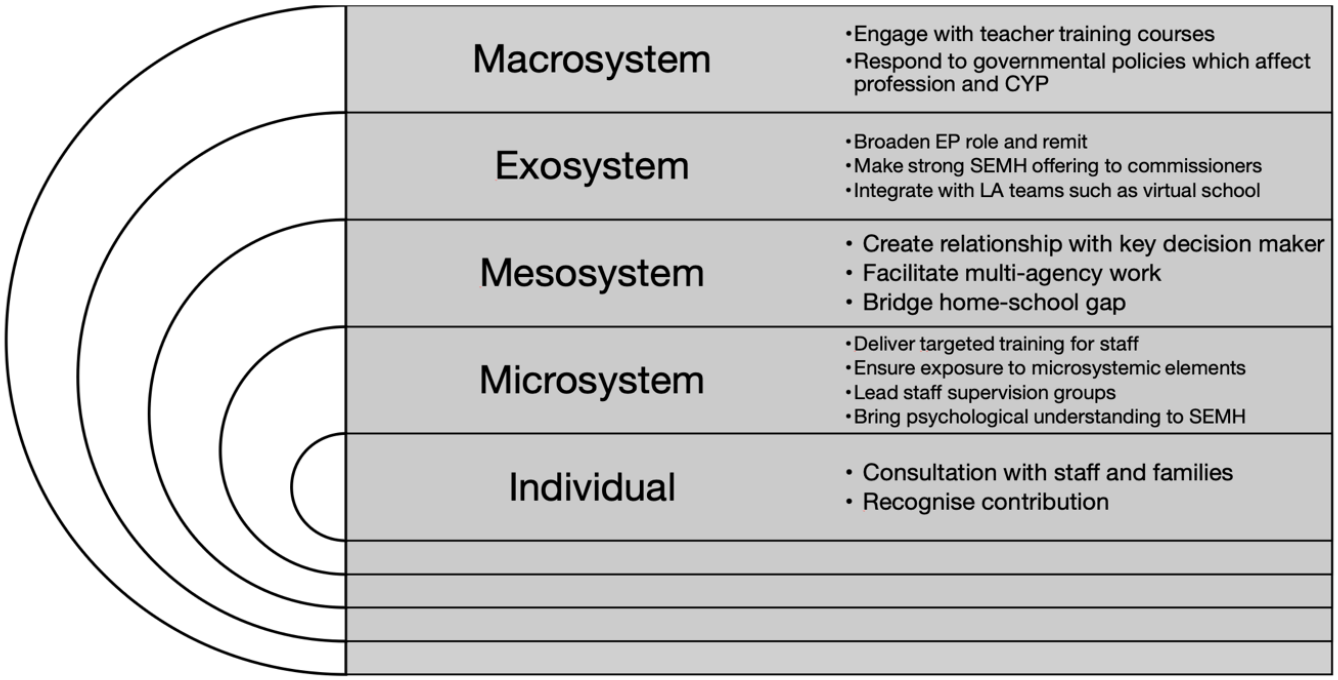
Table H1. *A table showing details of the studies included in SLR, including author, year, study aims and variables, participants, methodology, measures and analysis, summary and results and implications and conclusions.*

Author (year)	Aim and variables	Participants	Methodology, measures and analysis	Summary and results	Implications or conclusions
Andrews (2017)	To explore how EPs and SENCos view the role of the EP in supporting MH and psychological wellbeing in schools.	EPs (n=4), SENCos (n=3). SENCo participants included those based in primary (n=1), secondary (n=1), and special schools (n=1).	Semi-structured interviews and a working party. Interview transcripts were analysed using Braun and Clarke's (2006) thematic analysis process.	Before participating, SENCos had not considered the EP role as including school-based MH and wellbeing support but rather as an assessor. SENCos valued supervision, consultation and collaborative problem solving with home, school, other professionals, EPs providing support that can be generalised to other CYP (e.g., recommending books), the EP's perspective on MH and psychological wellbeing.	Follow-up working party (researcher and the three SENCos) explored the thematic maps and agreed next steps, including how the EP role in supporting MH and wellbeing could be communicated more clearly with other professionals. SENCos requested clarity around EP role and potential activities. SENCos said they would value additional EP support, including delivering therapeutic interventions, the EP providing staff supervision (directly or indirectly), training staff to deliver supervision to one another, supporting wellbeing, the EP designing and delivering, or supporting staff to deliver, group interventions, whole-school level wellbeing support, training to upskill teachers, setting up a social skills group and building staff capacity to continue delivering this, EP to set up and evaluate wellbeing interventions, and social skill groups.

Author (year)	Aim and variables	Participants	Methodology, measures and analysis	Summary and results	Implications or conclusions
Flint (2017)	To explore the experiences of pastoral staff in mainstream secondary schools regarding identifying and supporting CYPs' MH needs.	Secondary school staff in lead pastoral roles (n=4).	Mixed-methods, semi-structured interviews. Interview transcripts were analysed using qualitative, interpretative phenomenological analysis (IPA).	Four themes: *'Multiple Conceptualizations of Role'* (variation in how the pastoral role is understood and conceptualised); *'A Myriad of Emotion'* (the emotional challenges faced by the staff); *'Constraints and Conflict'* (encountered by the staff); and *'Remit'* (the scope of pastoral staff's responsibilities). Findings highlighted barriers faced by staff, including lack of pastoral support when addressing students' MH needs and high variation in training, which impacted staff's ability to identify and support these needs.	Implications for EPs include advocating for CYP, providing staff support (e.g., individual or group supervision), targeted training, clarity of the EP role and remit, promoting whole-school, universal interventions and supporting staff to deliver these, facilitating EP and staff collaboration (in-school and multi-agency), and assisting in challenging conversations related to CYPs' MH. Broader implications included sharing findings at the LA level and working at group and organisational level. Emphasises the need for EPs to be responsive to emerging needs in the school and local contexts. Presents implications in different levels of EP work: individual, group, and organisational.

Author (year)	Aim and variables	Participants	Methodology, measures and analysis	Summary and results	Implications or conclusions
(Harvest, 2018)	To explore what secondary school staff found supportive from EPs regarding the staff's endeavours to promote, identify and manage CYPs' SEMH needs. Particularly RQ 3: Where can EPs be most effective when supporting school staff to feel empowered to effectively fulfil their role towards CYP with SEMH difficulties?	School staff (n=14) across two mainstream secondary schools. EPs (n=5) in a south London borough.	Multiple embedded case studies (each school constituted a case) and multiple units of analysis within each case (staff roles). Semi-structured focus groups. Phase 1: focus group of five EPs explored their perspectives of good EP practice within schools and their role in supporting SEMH needs. Phase 2: Informed by Phase 1 findings, focus groups of mainstream secondary school staff from the two schools. Explored their experiences of supporting CYP with SEMH needs. Thematic analysis of the data using Braun and Clarke (2006) 's process.	Three themes: 'Attunement in the school community', 'staff knowledge and skills', and 'role conflicts.' School staff particularly valued direct, visible EP work at the micro- and mesosystem levels involving CYP and families (Figure 6). Direct approaches included facilitating group supervision, consultation, and training. Indirect support included using psychological models and approaches to encourage systemic changes and promote CYPs' wellbeing.	Implications for EP practice are positioned within Bronfenbrenner's Ecological Systems Framework Bronfenbrenner (1979) and presented in the image below. Findings support understanding how EPs can work effectively (directly and indirectly) at different system levels. Notes a paucity of research into UK-based SENCos' views concerning external professionals, such as EPs.

Author (year)	Aim and variables	Participants	Methodology, measures and analysis	Summary and results	Implications or conclusions
Image taken from Harvest's (2018) study displaying EP approaches valued by mainstream school staff.					



Author (year)	Aim and variables	Participants	Methodology, measures and analysis	Summary and results	Implications or conclusions
Pritchard (2021)	To explore school staff's viewpoints and levels of confidence regarding their involvement in school-based mental health support/provision. To explore whether staff feel anything would enhance the current support they provide.	22 staff members. Primary school: SENCo (n=3), Pastoral support (n=2), TA (n=3), headteacher (n=1), teacher (n=4). Secondary school: SENCo (n=2), pastoral support (n=2), headteacher (n=1), deputy headteacher (n=1), teacher (n=2).	Online Q-methodology. Concourse gathering using semi-structured interviews with headteachers (n=2) (primary (n=1) and secondary (n=1)), domain-specific professionals (n=2) (primary-based ELSA (n=1) and secondary-based MH lead (n=1)) and two focus groups (group 1 n=3 TAs and group 2 n=4 TAs from the same secondary school); existing literature. Q-set (61 statements) By-person factor analysis.	Two viewpoints: *"It's our duty: Well-positioned, well-equipped and highly motivated"* (emphasising a sense of duty-participants felt well-positioned and equipped and highly motivated to support CYPs' MH). *"Help us to help them: The need for training, capacity, and collaboration"* (the need for MH training, collaboration, and support from external professionals). Generally, school staff acknowledged the importance of supporting CYPs' MH and emotional wellbeing regarding positive academic and social outcomes. Barriers to effective MH support include limited resources, lack of staff wellbeing support, and conflicting pressures on attainment and behaviour management.	Recommendations to enhance CYPs' MH identification, monitoring and support included increased staff training (not one-off sessions but ongoing CPD, and including practical elements), supporting staff with using pre- post-measures, clarifying whole-school strategies, integrating wellbeing into the broader curriculum, facilitating staff collaboration with MH experts and networking across school communities, valuing pupil' views, and promoting home-school collaboration. Educational Psychologists are considered well-positioned to assist in these areas. Other implications: EPs should recognise the diversity of staff members' SEMH skills.

Author (year)	Aim and variables	Participants	Methodology, measures and analysis	Summary and results	Implications or conclusions
Vivash & Morgan, 2019)	To explore school staff perspectives regarding how and to what extent EP advice to support CYP with SEND is implemented and delivered in practice.	Secondary school: SENCOs (n=5), Teachers (n=5), and Tas (n=5).	Qualitative, semi-structured interviews. Access to and reading of the 'provision' section of CYPs' (n=10) psychological advice. Thematic analysis of interviews (n=15) and some written advice (n=10) using Braun and Clarke (2006) 's process.	Five overarching themes: 'Role of others', 'Classroom practice', 'Need' (related to the nature of SEN), 'Independence', 'Ambiguity'.	Barriers to implementation included a lack of clarity in understanding 'how' to deliver recommendations. This impacted the staff's ability to operationalise the recommendations and left them unclear on their role when supporting CYP with SEND.

Appendix I. The quality appraisal process applied to the five included studies.

This appendix item shows how the two models were integrated and how the appraisal criteria was defined and applied by the present researcher (Table I1), and provides details pertaining to each included study's assigned ratings (Table I2).

Table I1. *A table presenting the integrated WoE and TAPUPAS models (taken from Gough, 2007, p.11-12) which were used to appraise the five studies included in the present SLR. Additional information regarding the integration is also provided.*

The integrated WoE and TAPUPAS models and the strands and elements of each that were used to determine study weightings in the present SLR	Additional information pertaining to how the two models were integrated
WoE A strand: Generic on quality of execution of study **TAPUPAS elements:** Transparency- clarity of purpose, Accuracy- accurate Accessibility- clear Specificity – method specific quality	WoE strand A: generically considers the study's integrity and coherence. Applying the TAPUPAS model within the WoE model separates this into: Transparency - sufficiency of information about the sample, data collection, analysis, and study limitations. Accuracy– clear links and justifications between evidence and conclusions, well-designed study to access desired population, appropriate measures implemented into design to ensure findings' accuracy. Accessibility– understandable, clarification of subject- or method-specific terminology, abbreviations/acronyms explained, clear and fluent writing style Specificity- meets source-specific standards, appropriate sample sizes, use of coherent and complimentary elements (e.g., valid, objective, reliable and generalisable if quantitative; rich, credible, dependable, transferable if qualitative).
WoE B strand: Review specific on appropriateness of method **TAPUPAS element:** Purposivity- fit for purpose method	WoE strand B- a review-specific judgement assesses the appropriateness of the study's methodology in addressing the RQ. TAPUPAS conceptualises this as purposivity. Purposivity- study designed to capture educator's subjective views, broad and exploratory study, representativity of SLR's target population.
WoE C strand: Review specific on focus / approach of study to review question **TAPUPAS elements:** Utility – provides relevant answers Propriety – legal and ethical research	WoE strand C- a review-specific judgement considers the appropriateness of the study's focus and approach in addressing the RQ. This is considered utility and propriety within TAPUPAS: Utility- extent to which findings relate to educator's views on EP approaches that support CYP's SEMH needs. Propriety- participants able to provide informed consent, risk assessment completed, data protection considered.
WoE D strand: Overall weight of evidence	

Note. For WoE strands A, B and C, low, medium or high ratings were assigned based on each strands average. For WoE strand D, low, medium or high ratings were assigned as an average of strands A, B and C

Weightings of included studies

To provide each included study with a weighting based on the WoE strands, each TAPUPAS elements' weighting was converted into numerical scores (low = 1, medium = 2, high = 3). This allowed each strands' average (mean) to be calculated:
Total strand score ÷ the number of TAPUPAS criteria comprising strand.

To calculate the overall weight of evidence, the average weighting of each strand was rounded to the nearest whole number so that each study had a conclusive weighting and so comparisons could be made. The total WoE scores (A + B + C) were calculated and divided by the number of strands (3) to give the overall weighting.

Table I2. *A table showing the quality appraisal of included studies based on Gough's (2007) Weight of Evidence Model and Pawson et al's (2003) TAPUPAS model, including strands of the WoE model, the TAPUPAS appraisal criteria within these, and the ratings assigned to each included study (high, medium, or low).*

Strand of WoE model	TAPUPAS elements within each WoE strand	Appraisal ratings assigned to each included study (H= high, M= medium, L= low)				
		Andrews (2017)	Flint, 2017)	Harvest, 2018)	Pritchard, (2021)	Vivash and Morgan (2019)
A	Transparency	H	H	H	H	M
	Accuracy	M	M	M	H	M
	Accessibility	H	H	H	H	H
	Specificity	M	M	M	M	M
B	Purposivity	H	H	H	H	M
C	Utility	M	L	M	L	L
	Propriety	H	H	H	H	M
D (overall judgement)		H	M	H	M	M

Appendix J Additional details about limitations to the SLR and mitigations

Table J1. *A table presenting additional information regarding limitations to the present SLR and mitigations taken by the researcher to address these.*

Potential limitation	Mitigations considered and rationale for not applying them
Variance in inclusion criteria, appraisal methods, keyword or spelling variations among different researchers could lead to alternative SLR outcomes (Juni et al., 1999).	Terminology relating to 'SEMH' was cross-referenced to similar existing literature and reviewed by the researcher's supervisor. Reviewing the inclusion and exclusion criteria with members of the target population (e.g., SENCos) could help to ensure the terminology's relevance, breadth and depth and further minimise the chances of missing key terms.
Inadvertent exclusion of some populations.	Although one included study (Vivash & Morgan, 2019) highlighted some challenges in implementing EP advice, the present study's SLR did not explore or represent the wider perspectives of less motivated professionals. Understanding areas of dissent among school staff could offer insights into how their needs could be met more effectively or their motivation increased (Pritchard, 2021).
The broad nature of 'SEMH' could yield an unmanageable number of search results.	Consideration was given to tightening the inclusion criteria. Increasing the research date range from 2015 to include 2014. However, 2014 predates the adoption of 'SEMH' in the Code of Practice, and the historical range of 'SEMH' terminology (Section 2.2.1) was identified as presenting potential challenges to identifying research that focused on consistent populations of CYP and their needs.
	Several options for widening the search criteria were considered. One of these was broadening the location of research beyond the UK. However, because the present study is UK-based, cultural differences (e.g., identification of SEMH needs, supports available, varying policies) could have made it difficult to draw comparisons and conclusions across studies. Another consideration involved widening the target population's age range to include under 11-year-olds and over 16-year-olds. However, it was felt this moved away from the research's rationale for focusing on secondary-aged pupils (presenting with the highest prevalence of SEMH needs; Section 2.3.1). As with the previous point, altering this criterion could also reduce the comparability of studies, reducing the impact and effectiveness of the SLR in informing the present study's design, methodology and conclusions.

Appendix K. The major paradigms considered relevant to the present study (adapted from Guba and Lincoln (2005) and Mertens (2023)).

Table K1. *A table displaying the major paradigms considered relevant to the present study and their principles (adapted from Guba and Lincoln (2005) and Mertens (2023).*

Paradigm	Ontology	Epistemology	Methodology
Positivism	Realism: single external reality.	Objectivist: findings considered as objective truth and not influenced by contextual reality.	Experimental: quantitative data, deductive reasoning, relationships between variables, generalisation, linear causality.
Post-positivism	Critical realism: single external reality we cannot know definitively.	Dualist: single external truth based on probability; potential bias must be controlled.	Quasi-experimental: primarily quantitative with possible qualitative supplement.
Post-modernism & constructivism	Relativism: multiple, subjective perceptions of reality, we can only understand individual interpretations of the world. Interaction exists between context and constructions. Interpretivism, social constructivism.	Subjectivist: findings constructed through social discourse and between researcher- participant collaboration.	Interpretive: qualitative, flexible design, which researcher constructs and interprets data. Inductive reasoning.
Pragmatism	Realist-relativist continuum: single reality with multiple interpretations which can be agreed upon/constructed.	Objectivist-subjectivist continuum: conclusions drawn depend on what researcher deems appropriate to study's context.	Mixed methods: method considered most effective in answering the RQ. Triangulation of data.

Additional information about paradigms:

Positivism

Positivism assumes an objective, external, and observable reality. It applies scientific, systematic methods to measure variables and obtain 'facts' (Mertens, 2023; Robson, 2011) and aims to predict and explain causal relationships (Hallam, 2014).

Positivism has been labelled deterministic and reductionist for oversimplifying human psychology and behaviour and neglecting meaning and contextual influences, such as values, culture, history, and language. Its focus on hypothesising, isolating, and controlling variables, and reliance on quantitative methods arguably hinders the ability to capture, describe, and understand participants' views, instead imposing the researcher's *own* worldview on participants. The level of control required in positivist research means it is often neither replicable nor feasible to conduct as field experiments in complex real-world settings (e.g., educational settings; Phillips & Burbules, 2000).

Post-positivism

Post-positivism's constructivist ontology and positivist epistemology blends a positivist ethos with acknowledgment of barriers in achieving true, objective knowledge (e.g., unobservable phenomena, such as thoughts) and emphasising this knowledge as imperfect and probabilistic (Campbell & Stanley, 1963; Cook & Campbell, 1979; Shadish et al., 2002). Its foundational differences- pursuit of universal laws through reductionist approaches and constructivism's interest in context-dependent, socially constructed knowledge explored through interpretive and holistic approaches- has been labelled an 'intellectual quagmire' (Groff, 2004, p. 23).

Reconciling these tensions, whilst navigating and justifying researcher choices to establish a coherent, effective research framework, led some researchers to advocate for combined approaches- drawing strong associations between mixed methods and pragmatism (e.g., Bazeley, 2003; Greene & Caracelli, 2003; Johnson & Onwuegbuzie, 2004; Maxcy, 2003). Subsequently, the present study's researcher considered the viewpoints of pragmatism, mixed-methods, and social constructionism.

Pragmatism and mixed-methods

Described as philosophical tools to address problems (Biesta, 2010), pragmatism rejects the notion of understanding reality by using a single research method. Rather, it posits researchers should select the methodological approach most appropriate to address their RQ (Kaushik & Walsh, 2019). This can often lead to mixed-method approaches (Mertens, 2023).

Pragmatism was considered a potential lens for the present study due to its recognition of reality's complexity. However, the study's exploration of SENCos' diverse perspectives and beliefs did not align with pragmatism's emphasis on practical solutions, rather with constructivism's emphasis on meaning-making and understanding.

Appendix L. Alternative research designs considered for the present study and reasons for exclusion.

Table L1. *A table displaying alternative research designs considered for the present study and reasons for subsequent exclusion.*

Design considered	Reasons design considered for inclusion	Reasons for exclusion of design
Semi-structured interviews (e.g., Andrews, 2017; Corradi, 2019) and focus groups (e.g., Harvest, 2018; Shelemy et al., 2019a) with thematic analysis (TA) (e.g., Cunningham et al., 2022).	• Focus groups typically have higher ecological validity than 1:1 interviews. • Participants extending, developing and challenging other group members' comments can lead to rich discussion and shared understanding (Harvest, 2018; Willig, 2008).	• Focus groups may limit gathering individual views (Harvest, 2018) or conflict with the aim of understanding multiple participants' viewpoints equally (Watts & Stenner, 2005a). • Interviews and focus groups rely on clear viewpoint articulation (Willig, 2008) but complexity and varied pre-existing narratives of 'SEMH' could impact full expression of views. Validity could be reduced if 'effective' EP approaches omitted or overlooked. • TA focuses on generating themes from qualitative data. Although TA can be useful for understanding experiences, it is not able to systematically compare varied viewpoints across participants like Q-methodology. TA also risks introducing researcher bias from constructing own understanding of viewpoints (Bradley & Miller, 2010). Absence of researcher expectations cannot be guaranteed, despite acknowledging researcher influence and ensuring trustworthiness through reflexivity and triangulation (Baker et al., 2006). • Interviews and focus groups require significant time investment. Study's limited timeframe would have restricted participant numbers, meaning fewer voices heard (Beech, 2021) and conflicting with exploratory aim of gathering underrepresented views. • For SENCos with time-consuming job roles, adequate interview preparation time might not be achievable (Beech, 2021; Frater, 2021), potentially impacting thoroughness of responses and reducing data quality and validity.
Semi-structured interviews with Interpretative Phenomenological Analysis (IPA) or Discourse Analysis (DA).	• Both can explore individual narratives. • DA highly values language (Potter & Wetherell, 1987) and assumes insights into society's social	• DA's microscopic level of analysis would have conflicted with the study's aim of exploring similarities and differences between participants' *holistic,* macroscopic, and shared viewpoints (Hallam, 2014) and the researcher's epistemological standpoint. • Isolating, deconstructing, and analysing data in parts (themes) risks merging individuals' views and losing nuances.

	functioning (e.g., values and attitudes) can be explored through individuals' use of language regarding topic (Barker et al., 2002; Hallam, 2014).	• Small number of participants could be included due to DA's rigorous, lengthy method and study's limited timeframe. Study interested in capturing range of lesser-heard SENCos' views, so many participants were necessary. • Although IPA focuses on individual experiences, it is unable to facilitate the analysis of shared viewpoints, nor can it group participants with similar perspectives- an important element of answering the present study's RQ.
Exploratory Factor Analysis	• By-item factor analysis identifies covarying patterns across variables for each participant. • Correlation between variable values checked (Kline, 2014) and summative understanding of general viewpoints results.	• Summative understanding of general viewpoints conflicts with study's focus on range and diversity of SENCos' views.

Appendix M. Q-methodology's distinctive qualities, which made it the most appropriate methodology for exploring and answering the present study's RQ.

Table M1. *A table presenting Q-methodology's distinctive qualities, which made it the most appropriate methodology for exploring and answering the present study's RQ.*

Qualitative and quantitative criterion	Q-methodology's distinctive quality	Reason appropriate to the present study
Credibility and internal validity: congruency of findings with reality (Merriam, 1998).	Use by social constructionists	• Used to explore populations' shared viewpoints or social representations, emphasising holistic nature of whole Q-sort configurations rather than the self-referential nature of individual ones and applying these to explore 'best-fit' estimates of social viewpoints (Stainton-Rogers & Stainton-Rogers, 1990; Watts & Stenner, 2012). • Credible approach to educational psychology research, having explored factors influencing parent-child relationships (De Mol & Buysse, 2008), supports for emotionally-based school avoidance (Halligan & Cryer, 2022), constructions of resilience (Heffernan, 2017), and viewpoints on supervision and inclusion (Beech, 2021; Frater, 2021 respectively).
	Previous use of Q-methodology	• Previous Q-methodological studies clarified viewpoints on important, complex, and socially contested phenomena lacking definition consensus (Cross, 2005; De Mol & Buysse, 2008; Hallam, 2014; Pritchard, 2021; Stainton-Rogers, 1995; Watts & Stenner, 2005a, 2012). • Q-methodology values personal experience, complexity, context, exploration, discovery, and inductive reasoning (Mertens, 2023). Present researcher recognised importance of avoiding harm and, given sensitivity of 'SEMH' topic, wanted to ensure study remained focused on 'what works' regarding SENCos' professional practice experiences rather than personal ones. • Q-methodology's structured approach and use of human measurement instruments, like semi-structured interviews, enabled this.

Transferability and external validity/generalisability: extent findings can be applied to other contexts (Merriam, 1998).	Amplifying quieter voices	• Q-methodology's reflective, participatory nature not interested in transferability or ascertaining proportion of population holding particular view (Hulme et al., 2023; Webster & De Boer, 2021). • So does not divide participants' views using experimental approaches, objective measures, or significance testing (De Mol & Buysse, 2008; Gephart, 1999; Ramlo, 2016). • Instead, focuses on retaining, emphasising, and amplifying diverse and holistic views of lesser-heard populations (Halligan & Cryer, 2022).
Dependability and reliability: similarity of results in replicated studies with identical methods, participants and context (Shenton, 2004).	Addressing concerns of reductionism	• Applying transparent, rigorous mathematical analysis while preserving interactions between views enables holistic understanding of SEMH approaches (Thomas & McKeown, 2013). Qualiquantilogical nature overcomes concerns of reductionism, also providing confirmability. • Unlike EFA, Q-methodology inverts participants and variables to explore patterns in viewpoints- Q-sets are subjects, and participants' individual Q-sorts are variables (Stainton-Rogers & Stainton-Rogers, 1990). • Significant clusters of correlations are then factorised and described as social viewpoints (Webler et al., 2009).
	Researching topics lacking consensus (e.g., 'SEMH'; Section 2.2.2).	• Using conventional methods and measures risks reducing validity (Maraun, 1998). Research instruments require a concept's definition to be inbuilt during construction, but without an agreed definition, process is based on speculation, and empirical research must shift focus to exploring, discovering, and understanding the subject matter (Watts and Stenner, 2012). • Aligns with these requirements, fitting researcher's epistemological stance (Section 3.2.3) and making sense of complex topics by considering identified factors as available discourses (Ramlo, 2016; Stenner et al., 2008) (Watts & Stenner, 2012).

Confirmability and objectivity: findings resultant of participants' experiences and views, not researcher's preferences and aims (Shenton, 2004).	Qualitative and quantitative aspects	• Combines qualitative and quantitative aspects (often labelled "qualiquantilogical" mixed method) (Herrington & Coogan, 2011; Ramlo, 2016; Stenner, 2011; Stenner & Stainton Rogers, 2004; Stephenson, 1953; Watts & Stenner, 2005a; Webler et al., 2009). • Some argue it extends beyond traditional mixed methods' scope to support hypothesis testing and theoretical development (Ramlo, 2016), though not a universally held view (Watts & Stenner, 2005a). • Present study focuses on exploring SENCos' viewpoints, not testing hypotheses, emphasising qualitative aspects rather than quantitative statistical analyses (Brown, 1993).
	Uncovering new understandings	• Systematically delineates common views in relation to other perspectives (De Mol & Buysse, 2008) and uncovers and analyses clusters of similar or shared viewpoints (Plummer, 2012; Small, 2011). • Aligns with present study's exploratory aim to contribute new understandings of effective SEMH supports (Stainton-Rogers, 1995; Watts & Stenner, 2005a, 2012). Answering 'how' and 'what' questions and formulating theoretical insights (Watts & Stenner, 2005a) within a field lacking consensus on definitions required perspectives of individuals holding important, pertinent, and relevant views (i.e., SENCos) (Watts & Stenner, 2012). • Another research explored what effectively supports CYPs' SEMH but has not identified those *most* effective. Asking SENCos to rank EP supports during Q-sort fills gap. • With supply-demand challenges surrounding SEMH support, identifying effective approaches is timely and could inform best practices among EPs.
	Objectively interpreting subjectivity	• Interprets subjective views objectively, uncovering novel perspectives and reducing bias associated with other methods (Baker et al., 2006; Plummer, 2012) (discussed in Section 3.3). • Enables exploration of viewpoints without solely relying on verbal communication. • Researcher-participant co-construction of social representations during concourse development and Q-sorting addresses concerns surrounding participants' articulation of viewpoints, providing detailed descriptions of research topic (Stainton-Rogers & Stainton-Rogers, 1990). • Using pre-existing statements reduces directiveness, enhancing articulation and the construction of subjective viewpoints (de Leeuw et al., 2019; Hickinbotham & Soni, 2021).

Appendix N. Shenton's (2004) Framework of Provisions "that may be made by a qualitative researcher wishing to address Guba's (1981) four criteria for trustworthiness."

Table N1. *A table displaying an assessment of trustworthiness for the present study against qualitative (Guba, 1981) and quantitative quality constructs along with mitigations applied, including some from Shenton's (2004) proposed framework of provisions (Figure N1).*

Qualitative and quantitative criterion	Potential issues or limitations with Q-methodology	Mitigations
Credibility and internal validity	Despite extensive concourse piloting, niche views may be missed and relying on pre-determined Q-set could be limiting for participants (Block, 2008; Stenner, 2008).	• Various studies applying Q-methodology demonstrate its ability to identify and understand shared subjectivities (Cross, 2005). • Triangulation across various sources during concourse development, including existing literature, interviews, media, peer-reviewing. • Data from various methodological approaches bolsters benefits and reduces limitations (Guba, 1981). Researcher will use range of qualitative data, including post-sort data, demographic information, and quantitative data from factor arrays. • Triangulation will be supported by drawing on range of participants from various contexts and organisations and enable verification of individual viewpoints against others and increase credibility (Shenton, 2004). • A systematic, rigorous approach to concourse gathering and Q-set development can yield a comprehensive, representative Q-set (Cross, 2005). For example, gaining views from the target population (i.e., SENCos) and peer reviewing the concourse. • To support face validity, post-sort qualitative questions will provide participants the opportunity to suggest missing items. • Participants will actively interpret and prioritise the Q-set with the overall configuration of relative preferences forming data for analysis.
	Poor item or construct validity.	• Meaning is only ascribed to the complete, holistic configuration after analysis.

		• Participants use their individual interpretations during the Q-sort (Brown, 1980; Herrington & Coogan, 2011) meaning the context surrounding their reasoning and relative priorities are preserved and collected. • Where possible, original language used during concourse interviews will be utilised in final Q-set items. • Peer-reviewing will support Q-set refinement to ensure representativity of 'SEMH supports' topic. • Diverse population with understanding of topic will pilot Q-set.
	Participants' social desirability bias, dishonest participation (e.g., random Q-sort completion) or contradictory responses and being unable to use iterative questioning to explore these (Shenton, 2004).	• All self-report measures rely on honest cooperation, though arguably subjective Q-sort configurations cannot be dishonest when there is no criterion against which to judge the perception of 'truth.' • If contradiction appears present, this will be highlighted during factor interpretation (Shenton, 2004). • Participants have ongoing right to withdraw or not answer questions, which will be reiterated throughout instructions and information sheets (Shenton, 2004). • Instructions and information sheets will emphasise the anonymity of participation, that the study is seeking authentic viewpoints and that the research is in no way connected to their EPS, so loss of credibility should not be a concern (Shenton, 2004).
	Researcher bias due to heavy involvement in method (e.g., concourse gathering, Q-set creation and factor interpretation).	• Gathering concourse from populations with views on the topic. • Ensuring reflective and transparent commentary around researcher's approach, decisions, and outcomes to help readers interpret findings with necessary caution and parameters (Pritchard, 2021). • Abductive approach will provide transparent account of how data guided emerging hypotheses. • Frequent debriefing sessions and peer scrutiny will be used.
	Low ecological validity of novel, artificial task.	• Unfamiliar activities can generate accurate findings and should not be considered substandard (Watts & Stenner, 2005a). • Selection and prioritisation skills used in Q-methodology also apply across real-life contexts and situations, supporting its' validity beyond naturalistic settings (Thomas & McKeown, 2013).
	No negative case-analysis approach (researcher refining hypotheses to address all captured data).	• Q-methodology involves exclusion of non-significant and confounding Q-sorts (Shenton, 2004), so does not align with negative case-analysis approach. • If Q-sorts are excluded on this basis, the researcher will provide an account of each to ensure potentially marginalised views are heard despite existing amongst wider population beyond the selected factor solution.
	Unable to gain detailed understanding of SENCos' specific contexts (e.g., setting,	• Participants judge their suitability for participation against explicit inclusion and exclusion criteria giving the researcher a broad understanding of participant characteristics.

	experience). Lack of familiarity could reduce ability for constructed theories to be contextually embedded.	
	Snowball sampling could risk self-selection bias and overlook marginalised views.	• Snowball sampling is recommended in Q-methodological research (Webler et al., 2009). • Opportunistic sampling can reduce researcher bias and yield diverse samples.
	No member checks of data and factor interpretations means these cannot be considered within full contextual meaning.	• Appears common practice among online Q-methodological studies (Lazard & Capdevila, 2020). • Due to 'SEMH' being a socially contested topic and in the interest of promoting honest participant reflections, anonymity and data protection will be prioritised over factor validation.
Transferability and external validity/generalisability	Q-methodology cannot prove hypotheses or generate population statistics. Participants may not be representative of wider SENCo population.	• Q-methodology aims to sample diversity of viewpoints, not identify proportion of people expressing these (Webster & De Boer, 2021). This limitation must be accepted to avoid overgeneralisation (Watts & Stenner, 2012). • Instead, previously mentioned threats to generalisation (effects of selection, setting, history and construct; LeCompte & Goetz (1982)) are embraced by Q-methodology, which seeks to explore relationships between subjectivities and individuals' sense-making around the topic (Armstrong, 2017). • To ensure relevance of participant views to the RQ, sample will be drawn from mainstream secondary-school SENCos across the UK using explicit inclusion and exclusion criteria.

Dependability and reliability	Test-retest studies do not always yield consistent responses (Cross, 2005), so replicability may be low.	• Q-methodology seeks to establish *current,* not future viewpoints, but even so, individuals' views are generally accepted and expected to alter over time (Cross, 2005; Watts & Stenner, 2012), raising questions about the necessity of long-term replicability (Stainton-Rogers, 1991). • Despite this, test-retest studies with the same participant at different times found high correlation and consistency (Akhtar-Danesh et al., 2008; Brown, 1980; Nicholas, 2011). • Highly reliable, stable viewpoints gathered from different P-sets indicated a finite number of views (the same shared viewpoints) surrounding a given topic (Brown, 1980; Watts & Stenner, 2005a). • Participants will be informed that Q-sort can be reviewed and altered infinitely before submission. Post-sort qualitative questions will provide further opportunities to reflect on Q-sort, share additional information and suggest items perceived as missing, increasing reliability. • Details of research procedure will seek to enable replication and evaluation of design effectiveness (Shenton, 2004).
Confirmability and objectivity	Respecting participants' integrity.	• Q methodology recognises the complexity of participants' viewpoints and seeks to represent their nuances (Pritchard, 2021). • Researcher views are not imposed, and participants are not tested; instead, they draw on their own perspectives when deciding what is most significant (Herrington & Coogan, 2011; Peritore, 1989).
	Preserving minority views.	• Q-methodology is not interested in the amount of a population that holds each viewpoint (Brown, 2006)- it does not favour any majority views. • 'Ethical, respectful and person-centred' approaches ensure these voices are not overshadowed by addressing potential researcher-participant power imbalances. This involves encouraging *joint* efforts in deciding what is important within the research (Capdevila & Lazard, 2008; Hallam, 2014).
	Participant time and effort requirements	• Participation can be more time and labour-intensive than other self-report measures. However, participation is voluntary and previous study reported participants enjoyed Q-sort activity (Small, 2011). • To avoid sorting fatigue, the researcher can limit the Q-set size (Thomas & McKeown, 2013).
	Researcher bias	• The technical statistic procedure in the chosen Q-methodology provides increased objectivity when exploring subjectivity (Plummer, 2012). • Used multiple, frequently used statistical tests and criteria alongside an inductive approach towards factor extraction (Watts & Stenner, 2012). • Use of Varimax rotation during rotation procedure (Watts & Stenner, 2012).

		• Systematic approach to factor interpretation (Watts & Stenner, 2012). • Researcher bias minimised through transparent reporting of research procedure, triangulation and frequent sharing and reflecting on decisions made with peer researchers using Q-methodology and also experienced Q-methodology researchers.

Figure N1

A figure taken from Shenton's (2004, p. 73) Framework of Provisions including quality criterion to be judged and possible provisions made by the researcher.

Quality criterion	*Possible provision made by researcher*
Credibility	Adoption of appropriate, well recognised research methods
	Development of early familiarity with culture of participating organisations
	Random sampling of individuals serving as informants
	Triangulation via use of different methods, different types of informants and different sites
	Tactics to help ensure honesty in informants
	Iterative questioning in data collection dialogues
	Negative case analysis
	Debriefing sessions between researcher and superiors
	Peer scrutiny of project
	Use of "reflective commentary"
	Description of background, qualifications and experience of the researcher
	Member checks of data collected and interpretations/theories formed
	Thick description of phenomenon under scrutiny
	Examination of previous research to frame findings
Transferability	Provision of background data to establish context of study and detailed description of phenomenon in question to allow comparisons to be made
Dependability	Employment of "overlapping methods"
	In-depth methodological description to allow study to be repeated
Confirmability	Triangulation to reduce effect of investigator bias
	Admission of researcher's beliefs and assumptions
	Recognition of shortcomings in study's methods and their potential effects
	In-depth methodological description to allow integrity of research results to be scrutinised
	Use of diagrams to demonstrate "audit trail"

Appendix O. Potential challenges of an online Q-study and mitigating factors taken.

Table O1. *A table displaying the potential challenges of an online Q-study that were identified, and the mitigating factors taken to address these.*

Potential challenge	Mitigations
Providing instructions	• The researcher drew upon example written instructions that had previously been used successfully in online studies (Watts & Stenner, 2012). This ensured the guidance provided to participants was "self-contained, explicit and transparent" (Watts & Stenner, 2012 p.87) and consistent.
Providing support	• Participants were given a Microsoft Teams link where they could contact the researcher for support (e.g., technical) during set hours.
Attrition and error rates	• High attrition and human-error rates cannot be ruled out, however, these can also be high for alternative data gathering methods (e.g., postal studies; Watts & Stenner, 2012).
Recording the subtleties of Q-sorting	• Various Q-sort computer programs enable participants to view the whole sort at once, supporting the *relative* evaluation process (Watts & Stenner, 2012). • Previous studies found data yielded from self-administrated Q-sorts was highly congruent with that from in-person studies .

Appendix P. Criteria considered during appraisal of several Q-sort software and subsequent ratings.

Table P1. *A table displaying the criteria considered during appraisal of several Q-sort software and subsequent ratings (0= not at all or N/A, 0.5 = partially, 1= yes completely) given to each software.*

	Q-sort software with ratings (0= not at all or N/A, 0.5 = partially, 1= yes completely).				
Criteria	Qualtrics	Q-assessor	EQ configurator	VQ Method	Q-Tip
Able to support the Q-sort normal-distribution grid layout	0	1	1	1	1
Straightforward set up of Q-sort.	-	-	1	1	1
Free program or university access available.	1	0	1	1	1
Previous successful use in Q-methodology studies (e.g., useability, reliability, rigour) and positive reviews from previous users.	1[a]	1	1[b]	1[c]	1
Customisable elements including the Q-sort grid, instructions, pre-sort task and post-sort questions.	-	1	1	1	1
Customisable elements controlled by participants (e.g., font and card size).	-	0	1	0	0
Clear and accessible for users.	-	1	1	1	1
Allows information sheet, consent form and debrief sheet to be inserted.	1	0	1	1	1
Reliable software/website for Q-sort	0	1	1	1	0
IT support available.	-	1	1	1	1

Q-sort data downloadable in a compatible format for subsequent analysis.	-	1	1[d]	1	1
Currently able to support text-based Q-set	-	1	1	0	1
Total score	3	8	12	11	10

Notes. [a]Crombag (2022) though did not use grid for Q-sort.

[b]Ramlo (2021).

[c]Frater (2021) but no longer supports text-based statements.

[d]When linked to external spreadsheet.

Appendix Q. Ethical considerations and mitigations taken

Table Q1. *A table presenting the ethical considerations and the attempts taken by the researcher to minimise or address the concerns.*

Ethical consideration	Attempts to minimise or address concerns.
Informed written consent.	• Participant information sheets and consent forms were provided to participants via the Qualtrics website. These contained research aims, participant requirements, data collection methods, and information on confidentiality, the right to withdraw and how to do so. • After consent was given, the participant was provided with a URL to access the Q-sort website; if consent was not given, the URL was withheld, the participant was thanked for their time and asked to close webpage.
Confidentiality.	• The Qualtrics and Q-sort webpage reset with each reload, so participants could not access others' responses. • Data gathered from all research stages was stored securely under passwords on Qualtrics, Google Sheets or the researcher's laptop, as appropriate to the data type.

Anonymity.	• Within the context of this study, the term 'anonymity' refers to: no one being able to match participant responses to the individual, only the researcher viewing the participants' completed Q-sorts, and all responses being deleted following completion of the research. Anonymity was maintained for all participants as none requested withdrawal of their data.
	• Personal information was gathered during the preliminary activity phase and during the main research phase relating to the participants' gender, professional role, years in the role and the type of school setting, using the semi-structured interview questions and the post-sort questions. Participants were not identifiable from this information. This data was used as preliminary demographic data however the participants' views remained anonymous.
	• Before Q-sorting, participants created an anonymous and memorable user ID and were asked to keep this safe.
	• To avoid multiple, identical IDs, rules were applied:
	  ○ A special character: !@£$%^&*()_+
	  ○ A memorable year (e.g., 1991).
	  ○ A memorable place (e.g., Florida).

Right to withdraw and procedure for participants who may feel	• Participants were informed of their ongoing right to withdraw from the study and how to do so (i.e., by closing the webpage). They were also reminded of their right to refuse to answer questions or partake in tasks at any point. • The participant information sheet outlined the nature of the study and the topic of discussion (SEMH) and provided contact information for questions or concerns to be communicated to the researcher or their supervisor, if necessary.

unable to withdraw or may regret taking part.	• Participants were advised the only time the user ID would be required was to identify and permanently delete the data if withdrawal from the study was requested and that this was possible up until 7 days after the final data collection point (05.12.2023).
Co-operation of gatekeepers	• Access to concourse contributors and SENCos involved emailing gatekeepers (secondary school head teachers, principal EPs within local authority EP services and independent EP services and psychology departments of universities in England, which provide an EP training course). Gatekeepers were asked to follow the link in the email to the participant information sheet and forward this to any eligible contacts, including: o EPs, TEPs, AsEPs. o EPs in contact with SENCos working with CYP. o SENCos working with CYP. o Other professionals in contact with the above populations (e.g., occupational therapists, speech and language therapists, school SLTs, teachers, teaching assistants). • Participants had access to the researcher's email to allow them to ask questions and make an informed choice about participation. Direct contact with the researcher minimised potential influence or pressure from gatekeepers around encouraging their participation. Although participants' line managers were aware of the recruitment process due to forwarding the invite, they were not informed whether the participant participated. • The study recruitment posters were also posted to various secondary school SENCo and EP groups on Facebook and X. The link to the study information was sent directly to respondents.
Avoiding harm-participant health and safety and sensitive or upsetting topics	• During the preliminary activity phase, contributors were asked to share EP approaches they had experienced or used when working with CYP with SEMH. When completing the main research phase, participants were asked to consider how effective they found the EP approaches. There was a potential low risk that reflective activities could trigger memories with some potential associated negative affect recollection. In this study, the reflections focused on the individual's general, professional practice as opposed to the recall of personal memories (e.g., participants may have recollected an incident where they feel the SEMH support accessed by a CYP could have been more effective and may consequently experience some negative affect associated with this). • The research focused on the area of approaches that support CYP who present with SEMH need within the school that they are a part of, which potentially held the risk of being a sensitive topic for participants. The researcher ensured participants were aware of their ongoing right to withdraw and this procedure as well as the right to refuse to answer questions or partake

	in tasks at any point. Participants were provided with an overview of the research topic to be explored via the information sheets meaning they could opt-out if they felt the topic of SEMH could be triggering for them. • The debrief sheets signposted participants to services they could access for additional support, if required. • The researcher's email address was provided by default on the debrief sheets and these sheets informed participants that they could contact the researcher with research-related queries. • The researcher was available for contact on weekdays between 5-8 pm via a pre-arranged Microsoft Teams link, which was included on the participant information sheets. This allowed any participants who experienced any technical challenges during the activity to seek support from the researcher. • If during any conversation, email, initial concourse gathering and potential liaison during the main Q-sort session, the researcher felt any participant was appearing to become distressed or demonstrating sensitivity toward the topic, the procedure would have been stopped for this participant. • The information sheet also provided the following guidelines to reduce the chances of safety being compromised: o Exercise due caution when using equipment. o Take screen and movement breaks as and when needed. o Seek medical help in the event of an injury or accident. o If medical concerns are experienced during the study, then cease participation and, if necessary, seek medical support. o Ensure workspace safety (e.g., use sufficient lighting, computer screen at head height, sit at a desk on a suitable chair). o Use electronic equipment provided by the participants' workplace which is assumed to have been PAT tested and deemed safe for use. o If a problem with electronic equipment arises then participation should be discontinued and usual workplace procedures for reporting the fault should be followed. o The tasks should be completed in a safe space and another individual should be informed that they are completing a research task, where they can be located during this time, how long the task is expected to take and when they have completed the task. o If completing the research task within the workplace, the company's/school's specific Health and Safety at Work rules and risk assessment should be adhered to.
Hacking and online data breach	• All data was anonymous with no identifying, confidential information collected. • Data will be retained until the researcher's thesis is completed and passed then disposed of securely.

- There were few opportunities for participants' data to be viewed or accessed by persons other than the researcher because participants interacted with the study on an individual basis and virtually. Statements collected during the concourse phase were anonymised.

Appendix R. Ethical approval letter

The University of Nottingham
UNITED KINGDOM · CHINA · MALAYSIA

School of Psychology
The University of Nottingham
University Park
Nottingham
NG7 2RD

T: +44 (0)115 8467403 or (0)115 9514344

SJ/tp

Ref: **S1516**

Thursday 18th May 2023

Dear Abigail Kershaw and Sofia Hussain,

Ethics Committee Review
Thank you for submitting an account of your proposed research 'A post-COVID study adopting Q-Methodology. Supporting CYP's SEMH: SENCos perspectives of EP approaches that constitute effective practice.'

That proposal has now been reviewed by the Ethics Committee and I am pleased to tell you that your submission has met with the committee's approval.

Final responsibility for ethical conduct of your research rests with you or your supervisor. The Codes of Practice setting out these responsibilities have been published by the British Psychological Society and the University Research Ethics Committee. If you have any concerns whatever during the conduct of your research then you should consult those Codes of Practice. The Committee should be informed immediately should any participant complaints or adverse events arise during the study.

Independently of the Ethics Committee procedures, supervisors also have responsibilities for the risk assessment of projects as detailed in the safety pages of the University web site. Ethics Committee approval does not alter, replace, or remove those responsibilities, nor does it certify that they have been met.

Yours sincerely



Professor Stephen Jackson
Chair, Ethics Committee

Appendix S. Examples of the outcomes of informally scoping the field with TEPs

Examples of EP SEMH approaches provided by TEPs during scoping activity:
Listening
Reassuring
Containing
Ecosystemic consultations
Emotional literacy checklists
Training (zones of regulation)
Training (emotion coaching)
Personal construct psychology techniques
Trauma-informed approaches
Relational approaches
SCERTS (Social Communication, Emotional Regulation and Transactional Support)
Direct CBT sessions with pupils with SENCo present (indirect training)
Dynamic assessment with pupils with SENCo present (indirect training)
Measuring impact of CBT sessions
Training (SCERTS)
Training (TIAAS: Trauma-Informed and Attachment-Aware Schools)
Training (ELSA: Emotional Literacy Support Assistant)
Training (self-harm)
Training (CBT approaches: cognitive-behavioural therapeutic approaches)
Reports
ROIs (request of involvements)
Circle of adults
Supervision
Solution circles
Signposting (to charities)
Signposting (to specialist services)
Staff drop ins
Functional behaviour assessments
Multi-element plans

Appendix T. Additional details on Step 1: Gathering the concourse

Indirect data gathering- literature review

Compilation of the *Literature Review* (Chapter 2) informed the Q-set development, along with exploring a range of relevant, existing literature sources (Watts & Stenner, 2012; Webler et al., 2009) to gather EP approaches used. Only sources of UK-origin were used due to the differing contexts surrounding CYPs' SEMH needs within and across other countries and cultures. Sources included:

- Academic articles/journals/research/books.
- Newspapers and mainstream media reports.
- Policy documents and national professional and academic discourses.
- Social Media.

Identified statements were recorded on a Microsoft Excel spreadsheet along with their source. No amalgamation was used at this point though some wording was altered to ensure standalone EP approaches with the same underlying meaning were recorded.

Direct data gathering- Semi-structured interviews

Direct data gathering involved exploring the researcher's and contributors' professional practice as teachers, SENCos, AsEPs, TEPs, and family support workers through self-reflection and semi-structured interviews. Online semi-structured interviews, conducted via Microsoft Teams, gathered contributors' experiences of EP approaches used to support CYPs' SEMH needs. Demographic and personal information relating to contributor's preferred gender identity, professional role, years in the role and the type of school setting they worked, were gathered.

Appendix U. Some of the sampling strategies used in Q-methodological studies.

Table U1. *A table displaying some of the sampling strategies used in previous Q-methodological studies.*

Sampling strategy	Reason for consideration or exclusion within the present study
Random or convenience	Unlikely to be used in Q-methodology as random, systematic criteria in purposeful sampling would experience challenges upholding Q-methodology's exploratory approach (Watts & Stenner, 2012).
Stratified	Without clearly defined participant inclusion and exclusion criteria, researchers cannot ensure P-set hold pertinent views related to RQ/topic (Brown, 1980; Webler et al., 2009).
Opportunistic	Maintains balance between homogeneity and overly constructed P-sets while avoiding introducing researcher assumptions (Watts & Stenner, 2012). Can experience difficulties providing representative samples, though Q-methodology is not interested in being representative nor generalisable (Hulme et al., 2023; Webster & De Boer, 2021).

Appendix V. Inclusion and exclusion criteria applied to the initial concourse gathering and Q-sort activity phases.

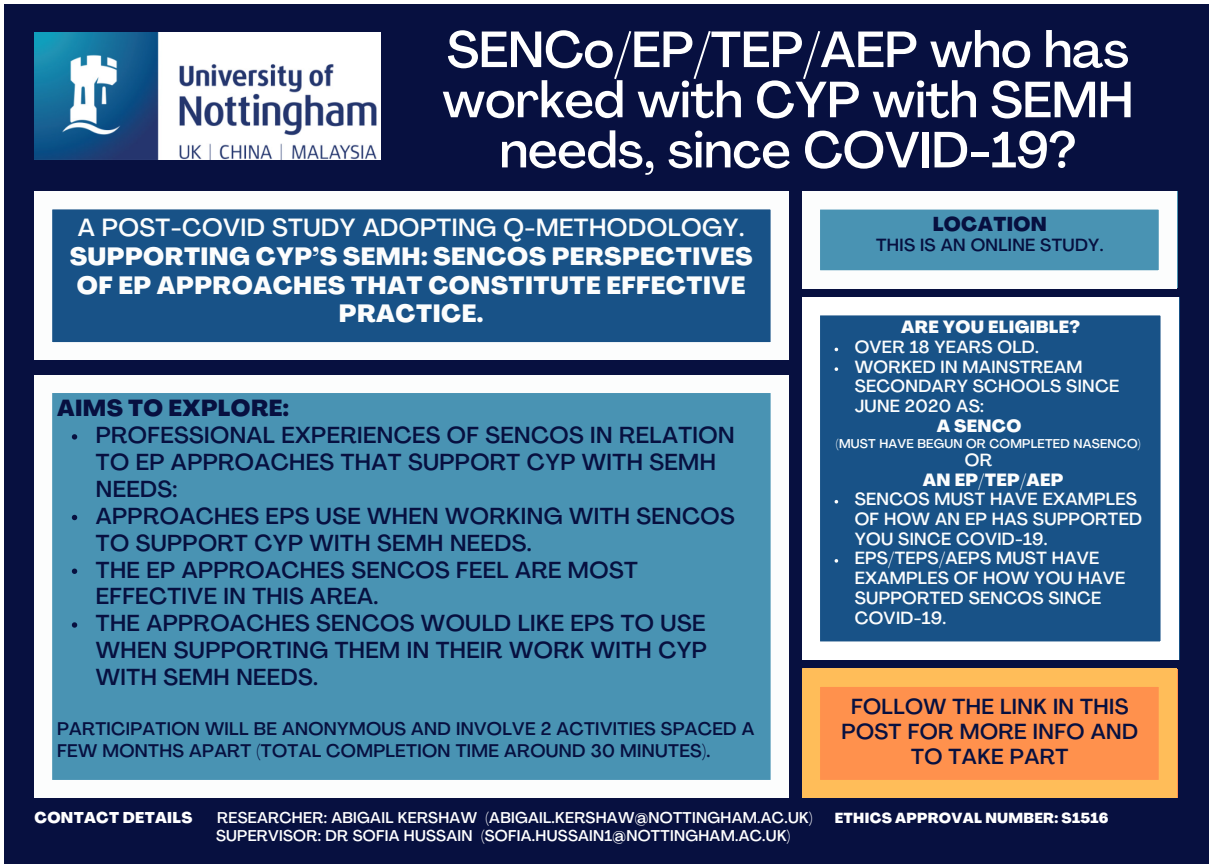
Table V1. *A table displaying the inclusion and exclusion criteria applied to the initial concourse gathering stage (preliminary activity phase) and Q-sort activity (main research phase).*

Characteristics (role dependent)	Criteria for contributors (initial concourse gathering and piloting stage)	Criteria for participants (P-set for the Q-sort task)
Role and qualifications (SENCos)	Inclusion: Be currently employed as a qualified SENCo within a mainstream secondary school. Hold relevant SENCo qualifications (Qualified Teacher Status and National Award for Special Educational Needs Coordination (NASENCO) or be in the process of completing NASENCO. SENCos must have been in the role (this can be at multiple settings) since schools reopened post-coronavirus (since June 2020) to ensure that they have experience with what constitutes effective EP/TEP/AEP approaches within the post-coronavirus landscape. Exclusion: SENCos who have not practiced in the role between June 2020 and the present day.	Inclusion: Working as a qualified SENCO within a UK mainstream secondary school. Relevant SENCo qualifications (Qualified Teacher Status and the National Award for Special Educational Needs Coordination (NASENCO) or be in the process of completing NASENCO. SENCos must have been in the role (this can be at multiple settings) (since schools reopened post-coronavirus (since June 2020) to ensure that they have experience with what constitutes effective EP/TEP/AEP approaches within the post-coronavirus landscape. Exclusion: SENCos who have been practicing in the role between June 2020 and the present day. SENCos who are previously known to the researcher.
Role and qualifications (EPs, AEPs, TEPs)	Inclusion: Be an EP, AEP or TEP (including those accessing the bursary scheme), within an EPS in the UK. EPs, AEPs and TEPs must have been in the role (this can be at multiple EPS') between June 2020 (when schools reopened post-coronavirus) and the present day. This ensures that have practised *during* this time though not necessarily *for* the whole of this and that they	-

	subsequently have experience with what constitutes effective EP/TEP/AEP approaches within the post-coronavirus landscape. Exclusion: EPs, TEPs and AEPs who have not supported a SENCo within a mainstream, secondary school between June 2020 and the present day.	
Experience and time in role (SENCos)	Inclusion: SENCOs must have examples of how their EP supports them to help CYP with SEMH needs within a mainstream secondary school post-coronavirus. All examples are considered valuable and valid, so no upper or lower limit has been set on the number of examples that can be provided. Exclusion: SENCos who have not practiced in the role in a mainstream secondary school between June 2020 and today. SENCos/EPs/TEPs/AEPs who do not work in a mainstream secondary school.	Inclusion: Must have a view on what constitutes effective EP practice when EPs work with them to support CYP with SEMH needs within a mainstream secondary school, post-coronavirus. This can include local authority, private and independent EPs. Exclusion: SENCos who have not practiced in the role in a mainstream secondary school between June 2020 and today. SENCos who do not work in a mainstream secondary school.
Experience and time in role (EPs, AEPs, TEPs)	Inclusion: EPs, TEPs or Assistant EPs must have examples of how they have supported schools to help CYP with SEMH needs, post-coronavirus. All examples are considered valuable and valid, so no upper or lower limit has been set on the number of examples that can be provided. Exclusion: EPs, TEPs and AEPs who have not supported a SENCo within a mainstream, secondary school post-coronavirus.	-

Language	Inclusion: Read and understand English Exclusion: Individuals who are currently unable to read, speak and understand written English.	Inclusion: Read and understand English Exclusion: Individuals who are currently unable to read, speak and understand written English.
Geographical location	Inclusion: Residing and working in the UK. Exclusion: SENCos/EPs/TEPs/AEPs working outside the UK.	Inclusion: Residing in the UK Exclusion: Individuals living and working outside the UK.
Sex and gender.	Inclusion: Participants of any sex or gender.	Inclusion: Participants of any sex or gender.
Accessibility	Inclusion: Have access to a laptop or desktop computer and the internet. Ability to access and use the websites involved in the concourse gathering and piloting stages and Microsoft Teams. Exclusion: no access to laptop or desktop computer nor internet.	Inclusion: Have access to a laptop or desktop computer and the internet. Be able to access and use the websites involved in the Q-sort and Microsoft Teams (if needed). Exclusion: individuals who only have access to a smartphone or tablet as the Q-sort website is not compatible with these devices.

Appendix W. Research poster for concourse gathering and piloting the Q-sort (preliminary phase)



Appendix X. Contributor information sheet for concourse gathering and piloting the Q-sort (preliminary phase)

School of Psychology
Information Sheet for preliminary activity phase
(concourse gathering and pilot study)

The University of Nottingham
UNITED KINGDOM · CHINA · MALAYSIA

A post-COVID study adopting Q-Methodology.
Supporting CYPs' SEMH: SENCos perspectives of EP approaches that constitute effective practice.

Ethics Approval Number: S1516
Researcher: Abigail Kershaw
Supervisor: Dr Sofia Hussain

Contact details
Abigail Kershaw email: abigail.kershaw@nottingham.ac.uk
Dr Sofia Hussain email: sofia.hussain1@nottingham.ac.uk

You are invited to take part in the preliminary activity phase of a two-phase study exploring the professional experiences of SENCos about EP practices that support CYP with social-emotional and mental health (SEMH) needs. You have been invited to take part as you are either:

- The SENCo of an educational setting.
- An EP, assistant EP (AEP), or trainee EP (TEP).

You would therefore be a valued contributor to the preliminary activity phase of this research study as you can provide ideas around SEMH-related practice and support. Before you decide if you wish to take part, please take time to read the following information carefully, as this will help you understand why the research is important and what it will involve from you.

If you have any questions or would like further information about the study, please use the email addresses to contact the researcher (Abigail Kershaw) or the researcher's supervisor (Dr Sofia Hussain).

Thank you for taking the time to read this document.

What are the project's purpose and aims?
Within the preliminary activity phase of this study, I am seeking the views of SENCos and EPs (assistant and trainee EPs, too) as professionals who are considered central to supporting CYPs' SEMH needs. The COVID-19 pandemic exacerbated the already high prevalence of SEMH needs among adolescents, which led to an increase in the wait times to access professional support services. Thus, placing this population of CYP at increased risk of adverse outcomes.

Schools are increasingly recognised as key providers of early help for SEMH needs. Previous research identified EPs as well-placed to deliver preventative and supportive guidance to

school staff (e.g., SENCos) to help schools better support CYPs' SEMH. SENCos also play an integral role in supporting CYPs' SEMH and are well-placed to work collaboratively with EPs due to their holistic understanding of the CYP, the school context, and their knowledge of SEN (Crosby, 2022). Consequently, SENCos are often directly involved in coordinating the EP's work. It follows, that SENCos and EPs/AEPs/TEPs know types of EP practice within this area. This preliminary activity phase will therefore involve the researcher asking you the questions below to identify what types of EP support you have come across about CYPs' SEMH needs. From this, the researcher will develop a set of comprehensive statements which represent the range of EP support experienced by SENCos and provided by EPs/AEPs/TEPs. You will then be asked to contribute to the pilot (testing) phase of the research– described below.

What will taking part involve?
If you choose to participate, you will be asked to take part in a semi-structured interview with the researcher at a time and a place that suits you. Upon consent, this will be arranged directly with you. This interview will focus on exploring your professional experiences as a SENCo or EP/TEP/AEP about what the term 'SEMH needs' means to you, your views on SEMH needs, what constitutes effective SEMH support and the factors you feel facilitate or impede implementation of SEMH support. During the interview, the researcher will construct statements from your responses and record these on a Microsoft Word document which will be shared with you throughout. This is to ensure you can reflect on whether your views have been captured accurately and whether you have any further statements to add.

After you have contributed your experiences, the researcher will combine the statements with those gathered from other contributors and existing literature to create a selection of roughly 60 statements. These will aim to capture all potential viewpoints toward CYPs' SEMH needs. Once this collation has occurred, with your permission you will be contacted with a link to the Q-sort pilot study and requested to complete this online at a time which suits you. The link will remain live for 7 days. The pilot study will involve sorting the statements about SEMH support onto a grid based on how much you agree or disagree with them constituting effective EP practice. The onscreen instructions will guide you through this process and if you experience any technical challenges during the activity, the researcher will be available for contact on weekdays between 5-8 pm via this Microsoft Teams link. The whole procedure will last approximately 30 minutes.

Your valuable contributions during the interview and the following pilot of the Q-sort will assist the researcher in developing a set of statements that adequately covers all potential viewpoints regarding SEMH support for CYP and assist in the finalisation of these statements. In phase two, up to 30 SENCos will rank this finalised set of statements from most agree to least agree when considering the approaches' effectiveness in supporting CYPs' SEMH needs.

Do I have to take part?
You are under no obligation to participate in this study; participation is entirely voluntary. You have the right to change your mind about your participation at any time before, during or after the study (until 7 days after the final data collection point-31.07.2023). You also have the right to refuse to answer questions and/or partake in tasks. You would not be required to give a reason for your withdrawal and any information you contributed up to that point would be removed from the study.

All data collected will be kept confidential and used solely for research. It will be stored in compliance with the Data Protection Act. Your responses to the preliminary activity phase will be saved on a secure, password-protected, personal laptop. You will not be asked for any identifying information (e.g., names or workplace) but if you accidentally include identifiable information then this will be removed from the data set.

As an online contributor to this research, we are obliged to make you aware that there is always a potential risk of intrusion by outside agents, for example through hacking, and therefore the possibility of being identified though this is minimised due to no personally identifiable information being gathered.

No concerns or dangers were identified about participating in this study, and the risk of harm is consistent with that faced during everyday life (British Psychological Society, 2021b). However, if your participation evokes any negative feelings, you will have the opportunity to discuss this with the researcher, or, if preferred and/or necessary, the researcher may signpost you to potential sources of further support (e.g., additional services).

To further reduce the chance of injury, please follow the safety guidelines below:

- Exercise due caution when using the equipment.
- Take screen and movement breaks as and when needed.
- Seek medical help in the event of an injury or accident.
- If any medical concerns are experienced during the study (e.g., headaches) then participation should be discontinued and, if necessary, medical support sought.
- Ensure you have optimal environmental conditions in place (e.g., sufficient lighting, computer screen at head height, sitting at a desk on a suitable chair, using a suitable mouse and keyboard).
- Electronic equipment being used should be provided by your workplace and therefore assumed to have been PAT tested and deemed safe for use.
- If a problem with electronic equipment arises (e.g., broken equipment) then participation should be discontinued and usual workplace procedures for reporting the fault should be followed.
- Complete the task in a safe space and inform another individual that you are completing a research task, where you can be located during this time, how long the task is expected to take, and when you have completed the task.
- If completing the research task within the workplace, the company's/school's specific Health and Safety at Work rules and risk assessment should be adhered to.

This study has been reviewed and ethically approved by School of Psychology Research Ethics Committee.

If you have any questions or concerns, please use the contact details on this document to contact the researcher (Abigail Kershaw) or their supervisor (Dr Sofia Hussain).

If you have any complaints about the study, please contact:
Stephen Jackson (Chair of Ethics Committee)
stephen.jackson@nottingham.ac.uk

Appendix Y. Concourse gathering and piloting the Q-sort contributor consent form

(preliminary phase)

School of Psychology
Consent Form for concourse gathering and pilot study.

University of Nottingham
UK | CHINA | MALAYSIA

Title of project: A post-COVID study adopting Q-Methodology. Supporting CYPs' SEMH: SENCos perspectives of EP approaches that constitute effective practice.

Ethics Approval Number: S1516
Researcher: Abigail Kershaw (abigail.kershaw@nottingham.ac.uk)
Supervisor: Dr Sofia Hussain (sofia.hussain1@nottingham.ac.uk)

The contributor should answer these questions independently:

- Have you read and understood the Information Sheet? YES/NO
- Have you had the opportunity to ask questions about the study? YES/NO
- Have all your questions been answered satisfactorily (if applicable)? YES/NO/NOT APPLICABLE
- Do you understand that you are free to withdraw from the study? (at any time and without giving a reason) YES/NO
- I give permission for my data from this study to be shared with other researchers provided that my anonymity is completely protected. YES/NO
- Do you agree to take part in the study? YES/NO

By ticking the box below, you are indicating that the study has been explained to you to your satisfaction, and you agree to take part. You understand that you are free to withdraw at any time.

[Tick box] "This study has been explained to me to my satisfaction, and I agree to take part. I understand that I am free to withdraw at any time."

Signature of the Participant: Date:

Name (in block capitals):

I have explained the study to the above contributor, and he/she has agreed to take part.

Signature of researcher: AKershaw Date: 26.04.2023

Appendix Z. Demographics of contributors to the preliminary research phase.

Table Z1. *A table presenting the demographics of the preliminary research phase's contributors.*

Demographic information		N	Percentage
Gender	Female	10	100
	Male	0	0
Professional role	EP	2	20
	TEP	5	50
	AsEP	2	20
	Secondary school SENCo	1	10
Total number of contributors	-	10	-

Table Z2. *A table displaying contributors to individual stages within the preliminary research phases (concourse gathering, piloting or both) and the researcher's rationale for including them.*

Role	Stage of preliminary research phase contributed to (concourse gathering, piloting, or both)	Rationale for inclusion in preliminary research phase
EPs	Both	Each supporting secondary provisions.
TEPs	Both (n=3)	University students on placement in different UK-based EPS' and supporting secondary provisions.
	Piloting stage only (n=2)	
AsEPs	Both	Supporting secondary provisions.
Secondary school SENCo	Concourse gathering stage only.	Working in a secondary provision.

Appendix AA. Semi-structured interview schedule

School of Psychology
Semi-structured interview structure



- Which gender do you associate with?
- What is your professional role?
- How many years have you been in this role?
- What type of school setting is your role based in?
- What does the term 'SEMH needs' mean to you?
- What do SEMH needs constitute?
- What do SEMH approaches look like in practice?
- What constitutes effective SEMH support?
- What are the benefits of appropriate SEMH practice?
- What is the impact of a lack of appropriate SEMH support?
- What are the barriers to implementing SEMH supports and practices?
- What are the facilitating factors for implementing SEMH supports and practices?
- How does effective SEMH support impact:
  - CYP academically, socially, emotionally and in terms of their well-being?
  - CYPs' families /outside of school /wider systems?
  - Schools?
  - The local authority and/or EP service?
  - Wider society?

- How does an EP impact SEMH support for CYP?
- What EP approaches, targeted at supporting CYP with SEMH needs, have you experienced?
- Is there anything else to say about support for CYP with SEMH needs?

Appendix BB. Debrief statement for concourse gathering and piloting the Q-sort

(preliminary phase)

EXPERIMENTAL DEBRIEFING INFORMATION

School of Psychology

University of Nottingham

Name of Experimenter:	**Email of Experimenter:**
Abigail Kershaw	abigail.kershaw@nottingham.ac.uk
Name of Supervisor:	**Email of Supervisor:**
Dr Sofia Hussain	sofia.hussain1@nottingham.ac.uk

Title of Research: A post-COVID study adopting Q-Methodology.
Supporting CYPs' SEMH: SENCos perspectives of EP approaches that constitute effective practice.

Background:
This is an exploratory piece of research which aims to explore the perspectives of SENCos on the EP approaches they feel constitute effective practice when supporting CYP with SEMH needs in the UK. The COVID-19 pandemic exacerbated the already high prevalence of SEMH needs among adolescents relative to other age groups and increased the wait times for access to professional support services. Thus, placing this population of CYP at increased risk of adverse outcomes.

Schools are increasingly recognised as key providers of early help for SEMH needs. Previous research identified EPs as well-placed to deliver preventative and supportive guidance to school staff (e.g., SENCos) to help schools better support CYPs' SEMH. However, SENCos play an integral role in supporting CYPs' SEMH and are well-placed to work collaboratively with EPs due to their holistic understanding of the CYP, the school context, and their knowledge of SEN. Consequently, SENCos are often directly involved in coordinating the EP's work. It follows, that SENCos have knowledge about the most effective EP approaches and as such, their perspectives are considered pertinent to this study's focus on identifying 'what works' best to ensure the EP role remains effective and relevant in the post-COVID landscape.

Design and Dependent Measures:
A Q-sort methodological design is used in this research study. Approximately 30 SENCos will be sampled and complete the Q-sorting activity. The individual's completed Q-sorts and the qualitative data gathered from the post-sort questionnaire will be the dependent variables.

Intended Analysis:
For data analysis, the researcher will use the PQMethod computer suite. Each contributor's whole Q-Sorts will be evaluated, and a correlation matrix will be created, allowing the researcher to identify which individual Q-Sorts cluster together to form a "factor." These factors will then be explored further to find the "best fit" understanding of the number of

different clustered viewpoints that emerge from the sample, with enough participants in each to represent as many viewpoints as possible. These factors will then be objectively interpreted using Q-Sorts and qualitative data to have a greater understanding of each viewpoint given as a factor.

Will I receive a copy of the research?
Please contact the researcher to request a full copy of the study, upon completion.

Questions:
If you have any questions, please contact the researcher using the details above.

Sources of support:
If you feel you have been negatively affected at any point during your participation in this study, the links below may be helpful in directing you to further support.
https://www.mind.org.uk/information-support/guides-to-support-and-services/
https://www.nhs.uk/nhs-services/mental-health-services/

Thank you for taking part in this study.

Abigail Kershaw
Trainee Educational Psychologist

Appendix CC. The full concourse gathered and sources.

Table CC1. A table presenting the full concourse gathered (statement number and approach) and the sources from which it was retrieved.

Statement number	Statement/approach	Source
1	1:1 staff consultation	An EP
2	1:1 time with staff to reflect (think about a situation)	
3	1:1 time with staff to unpick a situation	
4	1:1 time with staff to communicate CYPs' needs (from EP or staff's perspectives)	
5	Delivering training to groups of staff	
6	Delivering training which involves using a particular psychological model (e.g., *Human Givens*) as a framework.	
7	An EP supporting staff to hypothesise which areas of a psychological model (e.g., *Human Givens*) were less met (provides focus for support).	
8	An EP supporting staff to reflect on a psychological model (e.g., *Human Givens*) and consider what this might tell us (provides focus for support, e.g., what's one thing that's going to make the biggest difference?)	
9	EP using a tool or framework during conversations	
10	Training in a specific need (e.g., attachment, adverse childhood experiences).	
11	Talking to SLT to find out what they want staff to know [in relation to training]	
12	Working with SLT to consider how to create consistency [across teachers/classes/year groups].	
13	Contributing to the wider school priorities (e.g., SEMH)	
14	Strategic work: working strategically to develop policies (e.g., developing a system to deal with challenging behaviour).	
15	Preventative support	
16	Understanding pupil's lived experiences	
17	Casework level involvement	
18	Unpicking background context	
19	Draw out the impact of gaps in children's emotional needs [helping staff to understand the unmet needs]	
20	Do things differently [to how they have previously been done] to see how we can meet the child where they are	

21	Inject psychology at SLT level to open up opportunity for understanding whole groups needs
22	Working with SLT to explore what we can do to better understand children's needs
23	Recommending 1:1 (bought) interventions (e.g., *The Anxiety Gremlin*)
24	Having an understanding of psychology
25	Using attachment approaches (e.g., belonging and connection)
26	Supporting staff to generalise SEMH interventions to a wider population
27	Facilitating the sharing of SEMH approaches between staff
28	Focusing on the child within the environment
29	Focusing on the child within the wider systems
30	Exploring how systems can meet children's needs for belonging
31	Exploring how systems can meet children's needs for connection
32	Exploring how systems can meet children's needs for emotional regulation
33	Exploring how systems can meet children's needs for support
34	Helping adults (e.g., staff) to be self-aware of their own behaviours
35	Helping adults (e.g., staff) recognise their own behaviours
36	Helping adults to be reflective of their own behaviours
37	Facilitating collaboration within a team (e.g., what has worked, what has not worked?)
38	Suggesting strategies
39	Shifting staff thinking
40	Supporting effective information sharing practices amongst staff
41	Eps using emotion coaching with CYP
42	Check-ins with key adults
43	EPs using/introducing *Zones of regulation*
44	Positive reinforcement report cards
45	Supporting staff to increase belonging

46	Supporting staff to increase connections	
47	Normalising brain development	
48	Empowering staff	
49	Using explicit psychology (e.g., the hand model)	
50	Making links between explicit psychology and how this can be generalised	
51	Noticing CYPs' good behaviour and sharing with head of years	
52	Noticing CYPs' good behaviour and sharing with child	
53	Noticing CYPs' good behaviour and sharing with home	
54	Promoting reflection amongst staff	
55	Being a critical friend	
56	Introducing schools to an interactionist framework (e.g., Bronfenbrenner's Ecological Model, 1979) to support staff to see wider context/circumstances/causes	Harvest (2018)
57	Applying person centred ideas to support staff to understand wider context/circumstances/causes	
58	Support schools in their understanding of SEMH	
59	Support schools to understand the different ways SEMH can manifest	Fallon et al. (2010)
60	Support schools in their understanding of wellbeing,	
61	Support schools to understand the different ways wellbeing can manifest	
62	Support schools in their understanding of mental health	
63	Support schools to understand the different ways mental health can manifest	
64	Consultation at organisational level	
65	Consultation at group level	
66	Consultation at individual level	
67	Assessment at organisational level	
68	Assessment at group level	
69	Assessment at individual level	
70	Intervention at organisational level	

71	Intervention at group level	
72	Intervention at individual level	
73	Research at organisational level	
74	Research at group level	
75	Research at individual level	
76	Training at organisational level	
77	Training at group level	
78	Training at individual level	
79	Direct EP work with CYP: assessment	
80	Direct EP work with staff: consultation	Rothi et al., (2008)
81	Direct EP work with staff: observing in the classroom	
82	Training for staff which specifically addresses the schools' identified gaps in knowledge	
83	Training for staff which specifically addresses the schools' identified gaps in skills	
84	Training for staff which specifically addresses the schools' identified gaps in skills needed to understand SEMH, wellbeing, MH	
85	Supporting schools to consider how national policies can be translated in a meaningful way within their context	
86	Deliver therapeutic interventions	
87	Reflective spaces for staff such as *Solution Circles*	Dunsmuir and Hardy (2016)
88	Reflective spaces for staff such as *Circles of Adults and Solution Circles*	Harvest (2018) and Devon County Council (2024)
89	Reflective spaces for staff such as work discussion groups	
90	Advice giving to school and home	Harvest (2018)
91	Statutory assessment work	Ashton and Roberts (2006)
92	Individual assessment	
93	Training in viewing behaviour psychologically	

94	Adapting provisions to meet specific needs (e.g., ASD, nurture)	
95	Multi-agency team work to support identification of at-risk children	
96	Multi-agency team work to provide mental health support	
97	Supporting targeted culture change using techniques (e.g., appreciative enquiry, school policy evaluation)	
98	Providing verbal persuasion to reduce anxiety through professional reassurance during consultation	
99	Consultation with staff and families	
100	Building confidence of staff, families or groups in SEMHD through consultation	
101	Set up peer learning systems	
102	Using a group model for supervision	
103	Applying aspects of psychological theory (e.g., attachment theory, person-centred principles and positive psychology).	
104	Applying aspects of psychological models	
105	Applying aspects of psychological theory to support staff understanding of children's externalising behaviours as relational and interactionist (eg., Bronfenbrenner, 1979).	Harvest (2018)
106	Supervision for staff whose roles involve frequent contact with the most distressed children	
107	Support staff wellbeing	
108	Holding planning and strategy meetings with a key decision-maker (e.g., SLT) in the school to identify strengths and needs	
109	Noticing and giving feedback on what works and what does not in relation to SEMHD	
110	Discuss evidence-based ideas for change with key decision-makers	
111	Facilitating the relationship between school and parents	
112	Targeted work with particularly vulnerable populations	
113	Sitting on panels (e.g., for children facing exclusion)	
114	Sharing knowledge of 'what works'	
115	Promoting evidence informed approaches to develop practice (e.g., numeracy, literacy, health and wellbeing) in establishments	Dumfries & Galloway Dumfries & Galloway Educational
116	Highlighting the interactive nature of assessment	
117	Highlighting the interactive nature of teaching	

118	Highlighting the interactive nature of learning	Psychology Service (2023)
119	Designing interventions in partnership with others to support communities to develop resilience	
120	Designing interventions in partnership with others to support individuals to develop resilience	
121	Implementing interventions in partnership with others to support communities to develop resilience	
122	Implementing interventions in partnership with others to support individuals to develop resilience	
123	Designing interventions in partnership with others to support communities to ensure young people are safe	
124	Designing interventions in partnership with others to support individuals to ensure young people are safe	
125	Implementing interventions in partnership with others to support communities to ensure young people are safe	
126	Implementing interventions in partnership with others to support individuals to ensure young people are safe	
127	Designing interventions in partnership with others to support communities to ensure young people are healthy	
128	Designing interventions in partnership with others to support individuals to ensure young people are healthy	
129	Implementing interventions in partnership with others to support communities to ensure young people are healthy	
130	Implementing interventions in partnership with others to support individuals to ensure young people are healthy	
131	Designing interventions in partnership with others to support communities to ensure young people are nurtured	
132	Designing interventions in partnership with others to support individuals to ensure young people are nurtured	
133	Implementing interventions in partnership with others to support communities to ensure young people are nurtured	
134	Implementing interventions in partnership with others to support individuals to ensure young people are nurtured	
135	Designing interventions in partnership with others to support communities to ensure young people are achieving	
136	Designing interventions in partnership with others to support individuals to ensure young people are achieving	
137	Implementing interventions in partnership with others to support communities to ensure young people are achieving	
138	Implementing interventions in partnership with others to support individuals to ensure young people are achieving	
139	Designing interventions in partnership with others to support communities to ensure young people are respected	
140	Designing interventions in partnership with others to support individuals to ensure young people are respected	
141	Implementing interventions in partnership with others to support communities to ensure young people are respected	
142	Implementing interventions in partnership with others to support individuals to ensure young people are respected	

143	Designing interventions in partnership with others to support communities to ensure young people are included	
144	Designing interventions in partnership with others to support individuals to ensure young people are included	
145	Implementing interventions in partnership with others to support communities to ensure young people are included	
146	Implementing interventions in partnership with others to support individuals to ensure young people are included	
147	Designing interventions in partnership with others to support communities to ensure young people are responsible	
148	Designing interventions in partnership with others to support individuals to ensure young people are responsible	
149	Implementing interventions in partnership with others to support communities to ensure young people are responsible	
150	Implementing interventions in partnership with others to support individuals to ensure young people are responsible	
151	Supporting effective transition from primary to secondary school	
152	Supporting effective transition from secondary to post school	
153	Providing input/guidance/introducing around universal evidence-based interventions for all children with SEMH needs (*PACE* for key adults, TAs and mentors of staff working with children with SEMH; coaching; mindfulness; restorative approaches; *SEAL; THRIVE)*	
154	Providing input/guidance/introducing around targeted evidence-based interventions for some CYP with SEMH needs (attachment-based mentoring; *Circle Of Adults; Circle Of Friends; Emotion Coaching;* training ELSAs; *The Homunculi Approach* to social and emotional wellbeing; maps *(Making Action Plans); Motivational Interviewing; Nurture Groups; Solution Circles;* Staff supervision).	
155	Providing input/guidance/introducing specialist evidence-based interventions (e.g., *From Timid to Tiger, LEGO based therapy, The Overcoming Programme)*	Devon County Council (2024)
156	Providing guidance on evidence-based approaches to supporting CYPs' SEMH needs	
157	Support with implementing targeted responses	
158	Support with identifying specialist pathways	
159	Completing home visits (e.g., when EBSA is present)	
160	Provide information booklet for parents/carers, CYP to support conversations (regarding EBSA).	Hampshire Services. (2021.)
161	Gathering/accessing pupil views (e.g., using tools such as *EBSA risk and resilience cards, Mapping Landscape of School, Ideal Classroom, Person Centered planning).*	

162	Helping schools access pupil views (e.g., providing tools such as *EBSA risk and resilience cards, Mapping Landscape of School, Ideal Classroom, Person Centered planning).*
163	Using active listening skills (summarising, hearing content, listening to feelings, observing body language, non-judgemental, paraphrasing, self-awareness, reflection, questioning, clarifying)
164	Completing a functional analysis of CYPs' presenting behaviour (avoid, escape, attention, gain something tangible)
165	Recommending bespoke interventions based on the identified function of the behaviour (avoid, escape, attention, gain something tangible)
166	Collaboratively creating bespoke interventions based on the identified function of the behaviour (avoid, escape, attention, gain something tangible)
167	In the case of a CYP avoiding something or situations that elicit negative feelings or high levels of stress: helping the CYP learn about anxiety/worry.
168	In the case of a CYP avoiding something or situations that elicit negative feelings or high levels of stress: helping the CYP manage their anxiety through techniques.
169	In the case of a CYP avoiding something or situations that elicit negative feelings or high levels of stress: helping the CYP overcome their fears (e.g., gradual re-exposure)
170	In the case of a CYP seeking to escape difficult situations (e.g., social): helping the CYP learn about anxiety/worry.
171	In the case of a CYP seeking to escape difficult situations (e.g., social): helping the CYP manage their anxiety through techniques.
172	In the case of a CYP seeking to escape difficult situations (e.g., social): giving the CYP opportunities to practise coping skills in social situations (e.g., relaxation training).
173	In the case of a CYP seeking to escape difficult situations (e.g., social): teaching the CYP coping skills for social situations (e.g., pre-teaching).
174	In the case of a CYP seeking to receive attention from or spend more time with significant others: supporting caregivers to develop skills and techniques (e.g., managing school avoidance behaviours, establish morning routines, use problem-solving techniques, establish positive and individual time to spend with the child outside school hours, focus on positive behaviours, limit the attention the child receives when they do not attend school, establish rewards for when they attend school and, where appropriate, consequences if they do not).
175	In the case of a CYP seeking to spend more time out of school as it is more fun or stimulating (e.g., watching TV, going shopping): providing guidance around interventions (e.g., increasing 'rewards' for attendance and disincentives for nonattendance i.e., laptop time, access to internet, phone credit, time with friends in town etc.; limiting the attention a

	child receives during non-attendance; taking away the more stimulating activity; supporting their travel to and from school; teaching them how to refuse offers from peers; making school as stimulating as possible.	
176	Reviewing plans with key personnel to identify and celebrate progress and review new information and next steps: consolidating and maintaining the current support plan	
177	Reviewing plans with key personnel to identify and celebrate progress and review new information and next steps: setting new outcomes and or actions for the young person, school and parent	
178	Reviewing plans with key personnel to identify and celebrate progress and review new information and next steps: identifying that further consultation with other agencies needs to occur and perhaps referral to other services	
179	Supporting partnerships between schools and external agencies	
180	Supporting partnerships between schools and parents	
181	Supporting triad partnership between schools, parents and external agencies	
182	Creating policies (e.g., attendance, behaviour, bullying, transition) which details responsibilities and support in one place	
183	Supporting the creation of a curriculum which teaches resilience	
184	Supporting the creation of a curriculum which teaches coping skills	
185	Supporting the creation of a curriculum which teaches social skills	
186	Helping to ensure the roles and responsibilities of SENCos, emotional wellbeing leads and SLT are clear.	
187	Supporting the creation of clear systems for the early identification of CYPs' SEMH needs.	
188	Promoting the nomination of an appointed member of staff who investigates and acts on concerns	
189	Supports schools with the holistic use of Early Help plans	
190	Supports schools to create a provision of interventions within a graduated response (assess, plan, do, review)	
191	Working with external agencies	
192	Support schools to implement provisions (e.g., safe places, key person)	
193	Support the dissemination of information regarding specific strategies and programmes in place amongst staff	
194	Using ACT approaches with parents	
195	Using resources with staff: comic strip stories	joslifipsychology. (2023)
196	Helping school personnel formulate and revise IEPs	

197	Suggesting practical strategies to help support pupils experiencing difficulties	Rothí, Leavey and Best (2008)
198	Recognising when a CYP difficulties constituted a potential MH need	
199	Eps usefulness in supporting CYP with difficulties that constitute a potential MH need	
200	Helping to identify the type of SEN difficulty a CYP might be experiencing (e.g., SEMH, C&L etc)	
201	Aiding schools in the identification of CYPs' SEN needs (e.g., SEMH, C&L)	
202	Hands on' intervention with CYP in the classroom	
203	Involving EPs as early intervention when concerns are first raised	
204	Ad hoc consultation service to discuss concerns about particular issues or children	
205	Consultation skills in supporting adults to manage challenging behaviour	
206	Care-giving process offer attunement	Hayes and Stringer (2016); Nolan and Moreland (2014); Nugent et al. (2014); Osborne and Alfano (2011); Zafeiriou and Gulliford (2020)
207	Collaborative, directive consultation	Zafeiriou and Gulliford (2020)
208	EP keeps turning up when other people fade away	
209	A distinctive combination of specialist consultative skills, and child development and organisational knowledge bases	
210	Specific approaches 1:1: The coping power programme	
211	Whole staff MH training (e.g., emotionally friendly schools)	Tameside Metropolitan Borough (2023)
213	Specific approaches 1:1: *Cool Connections* with Cognitive Behavioural Therapy:	
214	Assessment 1:1: emotional literacy assessment	
215	Specific approaches 1:1: The *FRIENDS* programme	

216	*The Incredible Years parent training intervention* (BASIC school-age)
217	*Kidscreen* measures of general quality of life (ages 6-11)
218	*Multidimensional Students Life Satisfaction Scale* (MSLSS)
219	*No Worries (*KS3-4) 1:1 programme (focus on reducing anxiety)
220	Nurture groups
221	Pyramid Club, *Socially Speaking* (social skills)
222	Measurements of pupils' attitudes towards themselves and school (e.g., *Pupils Attitudes to Self and School* (PASS))
223	1:1 targeted assessment of individuals to help evaluate social skills, problem behaviours, and academic competence (e.g., *The Social Skills Improvement System (SSIS) Rating Scales)*
224	Small group targeted assessment of small groups to help evaluate social skills, problem behaviours, and academic competence (e.g., *The Social Skills Improvement System (SSIS) Rating Scales)*
225	Small group social skills (e.g., *S.S. GRIN (Social Skills Group Intervention*) targeted intervention addresses bullying, victimisation and social-emotional competence. Specific social-emotional skills taught and practiced
	Stirling Children's Wellbeing Scale (positively worded, holistic measure of children's psychological and emotional wellbeing)
226	*The Strengths and Difficulties Questionnaire* (SDQ) (brief behavioural screening measure for early detection of strengths and emotional problems)
227	*Superflex® A Superhero Social Thinking Curriculum* (social communication difficulties)
228	*Think Good, Feel Good* CBT
229	Embed whole school programmes and strategies to promote emotional health and wellbeing e.g. *.b mindfulness, Lions Quest skills for Adolescence (11-16), R Time, Second Step (11-14).*
230	Use effective assessment tools to identify an overall profile of emotional wellbeing at the whole school and classroom level,
231	Obtain and record parental information and views. These can include questionnaires, parents' evenings, assemblies and social media forums.
232	Use appropriate assessments to identify difficulties early, establish a greater understanding of the young person's needs and inform appropriate referral to other services (examples are provided under specific needs below).

233	Set realistic targets and review termly in collaboration with the Special Educational Needs and Disability Co-ordinator (SENDCo), teaching staff and the young person/parents/carers where appropriate. For example, use Individual Education Plans (IEPs), pupil profiles, behaviour support plans.
234	Implement appropriate interventions for young people with specific individual needs, e.g. Anxiety-based difficulties and attachment difficulties.
235	Refer to relevant external agencies, e.g. Behaviour for Learning and Inclusion, Healthy Young Minds, Virtual School Team.
236	Use the Plan-Do-Review process to monitor the young person's progress, alongside any external agencies' advice, whilst collating evidence of the impact of the strategies being used.
237	Complete Annual Review of EHC Plan.
238	Social understanding: *Social Stories*
239	An appropriately trained adult, (supported by the SENDCo, Educational Psychologist or CAMHs professional), to be available to provide de- escalation and reflection work following confrontation with peers (e.g., Comic Strip Conversations).
240	Offer whole school training to support staff in de- escalation techniques.
241	Embed whole class approaches to teaching emotional regulation strategies, e.g., *Mindfulness in Schools* project.
242	Offer small group support to develop skills related to emotional regulation and emotional literacy e.g. Recognising and labelling emotions, self-calming techniques and using *Zones of Regulation* or *Lego Therapy.*
243	Use appropriate emotional awareness and regulation workbooks or programmes within individual or a small group, s
244	Reducing anxiety: Work with a group of key staff to identify the individual profile of the young person to gain an understanding of their individual triggers, observable behaviours, as well specific escalating and de- escalating adult responses (e.g., RAMP (Reducing Anxiety Management Plan)).
245	Emotional regulation: Assign a key adult/ team of adults for daily check ins with the young person.
246	Use the *Incredible 5-Point Scale* to aid emotional self-regulation.
247	Teach self-calming techniques, such as breathing, visualisation or repetitive, soothing or sensory activities (colouring, play dough, *Thera putty)*
248	Put an appropriate support plan in place (may be a behaviour/risk management plan), which has been devised with the young person according to what they feel helps them to feel calm. This might include a safe-handling plan.
249	Whole school resiliency training (e.g., Bounce Forward).

250	Any plan should include how to reflect upon, learn from the 'incident' or behaviour, and debriefing for staff and the young person.	
251	Use person centred reviews and meetings as an opportunity to evidence and celebrate positive achievements, with an audience of people who are significant to the young person.	
252	Self-esteem/self-efficacy: Consider Exam Access arrangements.	
253	Provide time within the curriculum for 1:1 work with an appropriately accredited therapist, e.g. Play therapy, art therapy. Reintegration to class/ school following therapeutic work needs to be managed sensitively and appropriately.	
254	Group interventions to develop resilience in young people, e.g. Smart Moves®.	
255	Resilience: Consider risk and protective factors to provide a profile of the young person, e.g. *BOING BOING.*	
256	Embed growth mindset as a whole school approach.	
257	Peer integration/friendships: Adult support in class to scaffold any group/paired work.	
258	Use conflict resolution strategies and other similar techniques such as restorative justice to support pupils through conflicts.	
259	Development of an agreed planned response developed with the young person	
260	Identification of a specific key adult with whom they can build a trusting relationship	
261	Emphasising prevention and de- escalation, e.g. The Incredible 5 Point Scale.	
262	Devise a self-harm school policy, including a clear confidentiality policy	
263	Working with particular groups of CYP such as those who are in the care of the LA, those who have English as an Additional Language and those who are receiving support from Youth Offending Teams (YOTs).	
264	Discussions aimed at working towards developing solutions that address concerns	Rhondda Cynon Taf LA (Wales) (2023)
265	Chairing and/or participation in multi-agency meetings and forums	
266	Parent workshops, parent support programmes, parent 'drop in' sessions and telephone consultations.	
267	Specialist advice	
268	Supporting communities when there are critical incidents and sad events	
269	Supporting with: relationships, peer pressure and bullying, adolescence and puberty, wellbeing and resilience, substance misuse, social media use and misuse, sexuality/identity, mental health concerns, offending behaviour	
270	Personal Construct Theory	
271	Solution focused intervention	

272	Solution Focused Brief Therapy	
273	Encouraging equal access and opportunities to the curriculum for all children	
274	Learning walks	Surrey County Council (2024)
275	Supporting systemic planning of a whole school wellbeing agenda, including responding to new concerns with evidence and analysis (such as through considering psychological benefits and risks of social media and internet use)	McBryde (n.d.)
276	Supporting early identification of vulnerable families, through knowing the school community.	
277	Educating schools and families on the range of typical social and emotional development, which can involve re-framing challenging behaviour and making links between learning needs and emotional wellbeing.	
278	Using technology to screen for high-risk pupils.	
279	Group interventions, including those based on Cognitive Behavioural Therapy (CBT), narrative work, circle time, family tree work, buddying interventions and social skills work.	
280	Targeted family workshops, including through supporting parental awareness of how to look after their own mental wellbeing.	
281	Mentoring professionals.	
282	Drop-in sessions in the community and at Children's Centres.	
283	Supporting schools to deliver evidence-based interventions (e.g. Lego therapy, nurture groups, peer mentoring etc.).	
284	Implementing other evidence-based interventions on a one-to-one basis (CBT, narrative, play therapy etc.).	
285	Holistic approaches to assessment that take into account emotional wellbeing and individual contexts.	
286	Helping others that work with the child or young person to understand their needs and frame them in a social context.	
287	Awareness raising within casework of social models of disability and mental wellbeing.	
288	Varied approaches to looking at different strengths and difficulties to inform intervention.	
289	Monitoring individual's progress over time and in context.	
290	Championing pupil voice in making decisions that affect their own lives.	
291	Consult with key figures in a child's life (e.g. teachers, parents, TAs, professionals, friends etc)	
292	Sign posting families to key services.	
293	Promoting emotional wellbeing, building resilience, and establishing and protecting good mental health	

294	Cluster meetings for SENCos	
295	Training for school governors	Doncaster Educational Psychology Service (2024)
296	Pyramid planning meetings	
297	MAT level: consultation and planning with senior management teams	
298	PATH/MAP work with MAT around future goals	
299	Contribution to MAT wide curricular innovation or/and initiatives	
300	Contribution to establishing MAT wide interventions (e.g., anti-bullying initiatives, alternatives to exclusion, promoting social inclusion, resource allocation).	
301	Contribution to MAT wide strategic planning	
302	Solution oriented problem-solving processes	
303	Developing supervision networks across a MAT for any and all members of staff	
304	Across MAT policy development	
305	Bespoke training	Cornwall EPS (2024)
306	Audits/survey	
307	Trust wide initiatives and strategy development	
308	Provision management across MAT	
309	Design, implementation and evaluation of MAT wide action research (e.g., early intervention, raising achievement, effective use/deployment of Tas).	
310	TAC meeting	
311	Play based assessment	
312	DA	
313	Supporting ACEs and trauma	
314	3 session change programme	
315	*Draw and Talk* intervention	

316	*Therapeutic story writing* intervention: emotional literacy	
317	Loss and change intervention: resilience and coping	
318	OFSTED preparation	
319	Soft systems methodology (whole school problem-analysis tool and action planning)	
320	VIG (contribution to MAT wide curricular innovation or/and initiatives)	
321	VERP (video enhanced reflective practice) professional development tool with individuals and groups to improve comm, teaching or management skills	
322	Follow-up session after training	
323	Identity support	
324	Moral development	Cooke et al (2012); Woolfolk and Usher (2023)
325	Values education	
326	Supporting CYP living in the LA but attending a school out of area	
327	Proactive not reactive approaches	Hackney Local Authority (2024)
328	Therapeutic intervention in school environment as opposed to a more stigmatising context	Fernie (2021)
329	Working creatively and flexibly	Howe (2018)
330	Developing positive relationships with children, young people and families, schools and education settings, and wider professionals	DfE (2023c)
331	Being linked to specific schools	
332	Multi-agency working.	
333	Local authority-wide training	
334	Reviewing and influencing local authority policies.	
335	Research skills used to support in-depth data collection, co-production, and analysis to inform system-level change	
336	Promoting open interactions in a collaborative and constructive way	

337	Relationship-based approach to working with children, young people, families, and professionals;	
338	Voluntary support for children, young people and families which helped parent/carer buy-in;	
339	Non-judgemental approach (and a lack of stigma for families who are supported by EPs);	
340	Strong interpersonal skills and clear communication style, particularly with children, young people and families;	
341	Skill in triangulating different perspectives;	
342	Approach to facilitating productive, efficient, and clearly structured meetings in which participants felt ‘safe’;	
343	Ability to help manage complex relationships between families and professionals and between different professional groups to help empower them to bring about change	
344	Critical friend' and ‘mediator’ to improve practices	
345	Having a unique, independent, and neutral position within the wider education and children and families services landscape to advocate for children and young people	
346	Objective professionals who keep children and young people at the heart of their work	
347	Uniquely placed to capture the voices of children and young people	
348	Having a dedicated EP linked to their school helped develop trusting relationships with staff and families and provided EPs with an in-depth understanding of the school context	
349	The long-term nature of the relationship enabled them to ‘ground’ themselves in the setting and collaboratively shape their support offer to the wider school context	
350	Contacting for immediate advice or guidance, which school staff found helpful for quickly accessing appropriate support	
351	Providing access/links/signposting to additional resources (e.g., guidance, videos, leaflets).	
352	Consultation: circle of adults	
354	Helping to shift the narrative	TEP contributors
356	Help staff realise where students are at in terms of now and their experiences	
357	Direct work with young people: gather pupil voice (e.g., ideal self/school)	
358	Delegate pupil voice tasks to staff where this is beneficial	
359	Building interventions (e.g., Zones of Regulation with less engaged groups of YP or those who seem mature for the intervention (e.g., Y10-11's) - TEP signposted to ACT workbook- more appropriate focus for age)	
360	Use person centred approaches	

361	Use solution focused approaches
362	Support the building of a picture of the individual's (including the child's) best hopes for the current situation
363	Traded work
364	Early intervention
366	Training for the assessment and intervention of SEMH needs
367	1:1 therapeutic work with pupil
368	Supporting the wider community through multi-disciplinary working
369	EPs help to implement a multi-disciplinary team (MHSTs includes EHMPs, parent and community workers)
370	Multi-disciplinary (police)
371	Run additional needs partnership group (multiple SENCos discuss SEMH cases anonymously) MHSTs training
372	MHST enables peer supervision for the SENCos)
373	Whole-school prioritising CYPs' SEMH
374	Supporting particularly vulnerable populations (e.g., care-experienced)
375	Setting SMART targets
376	Reviewing and monitoring progress
377	Measuring progress
378	Consultations with class teachers to unpick
379	Gathering CYPs' views
380	Building rapport
381	Challenging some people's views (teachers, SENCos etc)- helping them see beyond the behaviour
382	Building relationships with SENCos so they feel able to take on TEP support/advice
383	Motivational interviewing
384	SFBT
385	Ideal school
386	*Myself as a Learner scale* (anxiety and perception of self)

387	Dynamic assessment for affective factors (e.g., motivation)	
388	Restorative approaches	
389	Helping class teachers to reflect	SENCo contributor
390	Sharing of resources to support	
391	Suggestions for further support	
392	Training: PATH	
393	Helping CYP to understand why the EP/TEP/AsEP is there	
394	Helping CYP to understanding that working with an EP is optional	AsEP contributors
395	Differentiating support to the individual	
396	Relational approaches	
397	Using info from people who know them best- adapt to individual	
398	Go with the CYPs' lead (flexibility over sessions)	
399	Seek views in diff ways	
400	Going with the CYPs' strengths and interests- show you value	
401	Interpersonal skills- let them share – active listening	
402	Not judging the CYP	
403	Trust- feeling they can share and not be judged	
404	Helping CYP to understand why EP involvement is available and that it is there if they want it	
405	Gaining their consent for EP involvement	
406	Card sorts- share ideas without verbalising	
407	Blob tree/classroom- situations, removes pressure/3rd person perspective/outside in, uses their words, not a script	
408	Rating scales- good day/bad day, helping shift perspectives (not always bad), pinpoint what helps them, helping them see value of being at school (feeling like their presence is valued, best interests in mind)	
409	Listening to CYP building relationships with SENCos so they feel able to take on TEP support/advice	

410	Emotion coaching training
411	Supporting CYPs' emotional literacy skills
412	ELSAs
413	Supporting transition

Appendix DD. Additional details relating to Figure 4 steps 2a, 2b and 2c

This appendix item provides information on the following steps from Figure 4:

- Step 2a: Developing the Q-set
    - Iteration 1: Researcher checked for duplicate statements
    - Iteration 2: Researcher rechecked for duplicates and EP approaches considered too similar.
    - Iteration 3: Researcher sorted and combined similar approaches into distinct groups with summarising statements.
    - Iteration 4: Researcher colour coded statements.
    - Iteration 5: Researcher conducted further statement checking and reduction, and also sought piloting feedback from peer-researchers, an experienced Q-methodology researcher, and a previous primary school SENCo.
- Step 2b: Developing the Q-sort.
- Step 2c: Piloting the Q-set and Q-sort.
    - Peer researchers, EPs and an experienced Q-methodology researcher piloted the Q-set.

Step 2a: Developing the Q-set (following the iterative process outlined in Figure 5).

- **Iteration 1: Researcher checked for duplicate statements.** Iteration 1 began with 413 approaches and ended with 149.
- **Iteration 2: Researcher rechecked for duplicates and EP approaches considered too similar.** Iteration 2 began with 149 approaches and ended with 72.
- **Iteration 3: Researcher sorted and combined similar approaches into distinct groups with summarising statements.**
    - To support the navigation of the remaining 72 approaches, these were sorted and combined into 69 distinctive groups that shared similar underpinning meanings.
    - Care was taken with this to avoid ambiguity in statements. For example, when choosing terminology such as ‘upskilling,’ the researcher needed to consider that this could hold multiple meanings, including to increase someone’s skill level or to increase someone’s understanding.
    - A summarising statement was assigned to each of the 69 groups to capture the multiple underpinning EP SEMH approaches. Where possible, the summarising statements were sourced directly from the concourse to minimise researcher influence and retain authentic and operant participant terminology Thomas and McKeown (2013). Table DD1 provides an example of this process.
    - Iteration 3 began with 72 approaches and ended with 69.

Table DD1. *A table displaying an example of how a summarising statement was assigned to each of the 69 groups to capture the multiple underpinning EP SEMH approaches, the EP approaches included within the group and the source from which they were gathered.*

Summarising statement	Items within this group	Source
Delivering bespoke training based on the school's unique requirements	Training in a specific need (e.g., attachment, adverse childhood experiences)	EP
	Talking to SLT to find out what they want staff to know [in relation to training]	EP
	Training for staff which specifically addresses the schools' identified gaps in knowledge	Rothí, Leavey and Best (2008)
	Training for staff which specifically addresses the schools' identified gaps in skills	Rothí, Leavey and Best (2008)
	Training for staff which specifically addresses the schools' identified gaps in skills needed to understand SEMH, wellbeing, MH	Rothí, Leavey and Best (2008)
	Whole staff MH training (e.g., emotionally friendly schools)	Tameside LA
	Offer whole school training to support staff in de-escalation techniques	Tameside LA
	Whole school resiliency training (e.g., Bounce Forward)	Tameside LA
	Training for school governors	Cornwall EPS
	Bespoke training	Cornwall EPS
	Follow-up session after training	Cornwall EPS
	Training for the assessment and intervention of SEMH needs	TEP
	Training: PATH	SENCo

- **Iteration 4: Researcher colour coded statements.**
  - Each statement was assigned a colour based on their source.
  - This allowed for the visual appreciation of whether the statements originated from various sources and prepared the statements for Iteration 5.
  - Table DD2 exemplifies the colour coding applied.
  - Iteration 4 began with 69 statements and ended with 63.

Table DD2. *A table displaying the colour-coding used to identify whether the statements originated from multiple sources.*

Concourse colour coding key	
Academic literature (yellow)	Local authority websites and local offers (red)
Interviews with EPs (light green)	Newspapers and online articles (pink)
Interviews with TEPs (dark green)	Online forums, blogs, and websites (brown)
Interviews with AEPs (dark blue)	Government policy, agendas, and published guidance (turquoise)
Interviews with SENCos (purple)	

Note. Name of assigned colour in (brackets).

Iteration 5: Researcher conducted further statement checking and reduction.

Appendix EE. 63-item Q-set

1. Facilitating group support for staff
2. Collaborating with home and school in consultation
3. Engaging with external agencies to coordinate efforts in supporting CYP's SEMH needs.
4. facilitating 1:1 staff support
5. facilitating 1:1 peer supervision
6. using psychological principles to gain a deeper understanding of CYP's SEMH needs.
7. Providing targeted training focused on specific SEMH approaches (e.g., emotionally friendly schools)
8. Providing targeted training focused on specific SEMH needs (e.g., attachment, adverse childhood experiences).
9. Supporting schools in developing skills to identify the unique SEMH needs of CYP
10. Evaluating provisions to help settings best support particular SEMH needs
11. Providing recommendations for approaches to support CYP experiencing SEMH difficulties.
12. supporting schools in implementing provisions tailored to meet specific SEMH needs
13. Fostering collaborative partnerships between school, parents and external agencies to support CYP's SEMH needs
14. facilitating the home-school relationship to better address SEMH needs.
15. developing positive relationships with CYP
16. developing positive relationships with CYP's families
17. developing positive relationships with CYP's education settings
18. developing positive relationships with wider professionals supporting CYP
19. Providing 1:1 teaching of specific SEMH skills to CYP
20. Carrying out 1:1 targeted assessments to evaluate CYP's SEMH skills
21. Providing 1:1 interventions to address CYP's SEMH needs
22. Supporting CYP with broader SEMH development (e.g., relationships, resilience etc).
23. working with SLT to explore evidence-based ideas for change to better understand children's SEMH needs
24. supporting the creation of clear systems for the early identification of CYP's SEMH needs.
25. supporting schools to create a provision of interventions within a graduated response
26. Providing consultation at the organizational level, including senior management teams.
27. Injecting psychology at SLT level to support understanding of group needs
28. supporting targeted culture change at organisational level using techniques (e.g., appreciative enquiry, school policy evaluation)
29. supporting individuals to understand the wider context surrounding CYP's SEMH needs
30. Supporting staff in recognizing the impact of unmet emotional needs in children.
31. Helping schools to understand the different ways SEMH can manifest in CYP

32. Providing information related to psychological theory to develop staff understanding of the functions of CYP's SEMH needs.
33. collaborating with home and school to design tailored SEMH support
34. Involving parents and caregivers in the SEMH support process.
35. Providing training to parents and caregivers to support CYP's SEMH needs.

36. Establishing peer learning systems for staff to share best practices collaboratively.
37. Offering small group support to help CYP develop targeted SEMH skills
38. Using holistic assessments to identify SEMH needs in at-risk CYP early
39. Using assessments to inform appropriate referrals to other services.
40. Completing targeted assessments of SEMH skills in groups to evaluate progress.
41. Assessing the SEMH of the whole-school community.
42. Completing statutory assessment work
43. Providing signposting to additional support services
44. Collaborating with multiple agencies to support the identification of at-risk children.
45. designing interventions in partnership with others to support CYP's SEMH needs
46. implementing targeted interventions in partnership with others to support CYP's SEMH needs
47. Skill in triangulating different perspectives to gain a comprehensive view of SEMH challenges.
48. Assisting CYP with SEMH needs in transitioning effectively.
49. Offering guidance on evidence-based interventions for SEMH needs.
50. Offering guidance on evidence-based approaches for SEMH needs.
51. Applying solution-focused approaches to explore SEMH needs.
52. Having in-depth knowledge of the school community
53. Using an in-depth understanding of the school community to support the early identification of vulnerable families.
54. Equipping staff with tools to gather pupil views effectively.
55. Championing pupil voice in decisions affecting their lives.
56. Applying interpersonal skills when working with others.
57. Applying person-centred approaches when working with others.
58. Identifying when a CYP's difficulties may indicate potential mental health needs.
59. Supporting key personnel in formulating SMART targets for CYP with SEMH needs
60. supporting key personnel to review the progress of CYP with SEMH needs
61. supporting key personnel to identify next steps for CYP with SEMH needs
62. Maintaining objectivity as a professional to improve practice
63. Advocating for the rights of vulnerable populations.

Appendix FF Alternative Q-sort Distribution Grids

Figure FF1

A figure displaying a Q-grid with a steeper (near-normal fixed) distribution for a 40-item Q-set allowing more items to be placed in towards the middle thus less decisions and potentially less negative affect for participants.

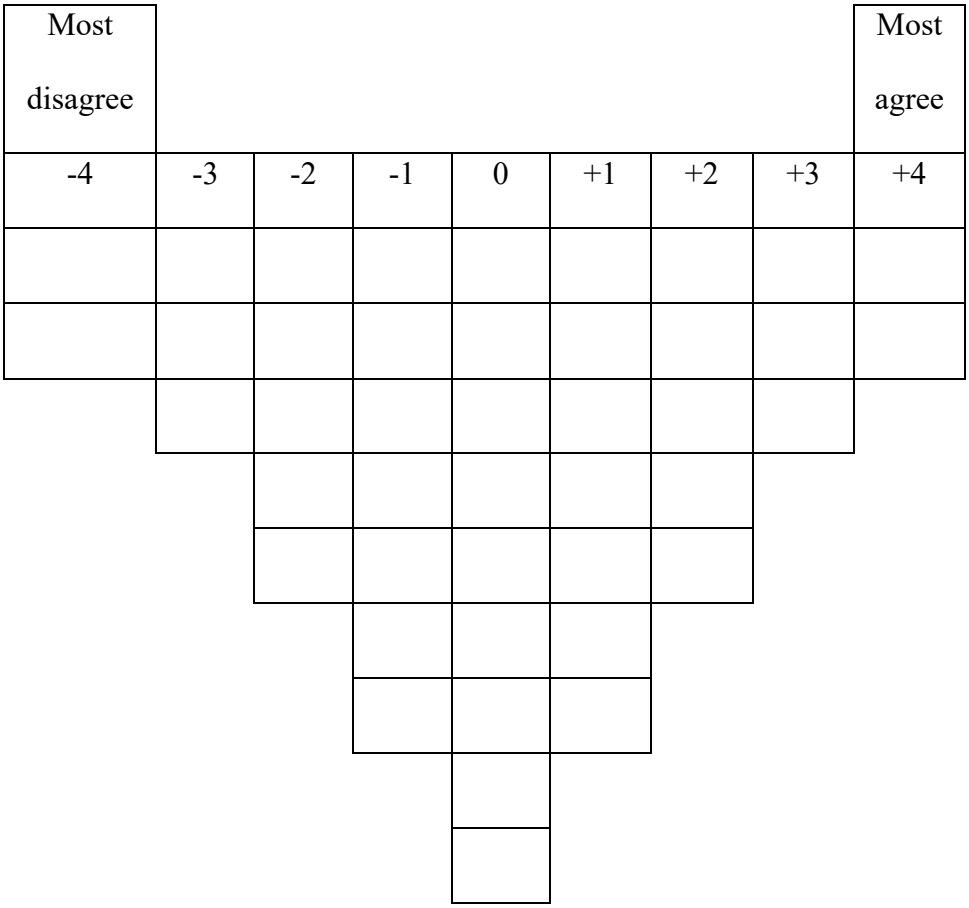
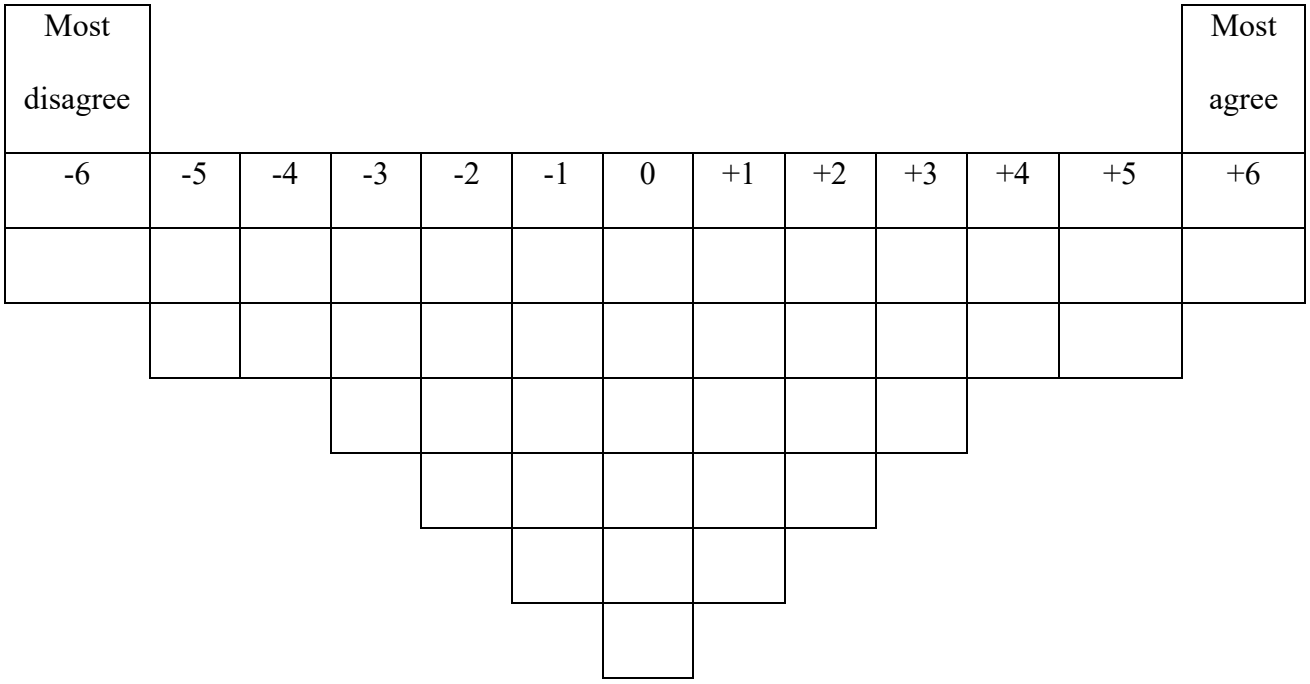


Figure FF2

A figure showing a Q-grid with a shallower (flatter platykurtic) distribution for a 40-item Q-set offering more opportunity for fine-tuned discriminations at each extreme.



Appendix GG. Combinations of terminology considered for condition of instructions and poles

Condition of instruction

- 'I find it most useful/supportive/helpful/effective when EPs use [INSERT EP APPROACH].'
- 'As a SENCo supporting CYP with SEMH needs, I find it helpful/useful/supportive/effective/successful when EPs [INSERT EP APPROACH].'
- 'As a SENCo, I find it helpful when EPs assist me with [INSERT EP APPROACH].'

Poles

- Most unsupportive – most supportive.
- Most unsuccessful – most successful.
- Most ineffective – most effective.
- Most meaningless – most meaningful.
- Most unhelpful – most helpful.
- Most useless – most useful.

The above conditions of instructions and poles were discarded for reasons including:

- The pole at the minus end being undoubtedly negative (e.g., most useless).
- Being potentially leading for participants. For example, the term *effects* could suggest the EP approach has to be effective in some way.
- Being dependent on how the approach was delivered by the individual EP, how it was construed by the SENCo etc.
- Presenting a possible evaluative element/requirement. For example, considering the term *effects,* on what basis is something judged effective? How is this quantified and measured? Alternatively, if it is referring to what happened because of the EP approach, consideration must be given to how these are known and specific details (e.g., to whom, how often, under what circumstances etc). Do we mean what CYP take from the supports, how they use this, their views of this, how they access it?
- During the Q sort what if participants haven't experienced a specific approach- they wouldn't be able to rank it accurately against the condition of instruction. This could mean that they sort some cards into 'least' or 'neutral' ranks by default, which could skew the results.
    - It could be argued Q-methodology assumes each person has their own interpretation of each statement. However, the present study's focus on specific approaches is less open to interpretation than, for example, a Q-sort focusing on participants' narratives surrounding a phenomenon. Thus, to help participants to discriminate between the approaches, the researcher provided a glossary of all the EP approaches in the Q-set along with examples of these.
- The term '14-16 years old' in the condition of instruction. Although this age-group are identified as experiencing high levels of SEMH needs, including the term within the Q-sort felt like it could restrict the study to being only focused on when an SEMH need has already developed, as opposed to being preventative. Also, it was considered that it might be challenging for SENCos to accurately identify specific examples for such a narrow group of CYP and that a focus on the wider age group of secondary school CYP may be more suitable.

Appendix HH. Step-by step written instructions provided to participants during the online Q-sort task.

This appendix presents the step-by-step instructions that were created to guide participants during the online Q-sort task.

Step 1: Creating a unique identification code

Figure HH1. *A figure showing the initial landing screen asking participants to create an anonymous and memorable unique user identification code.*

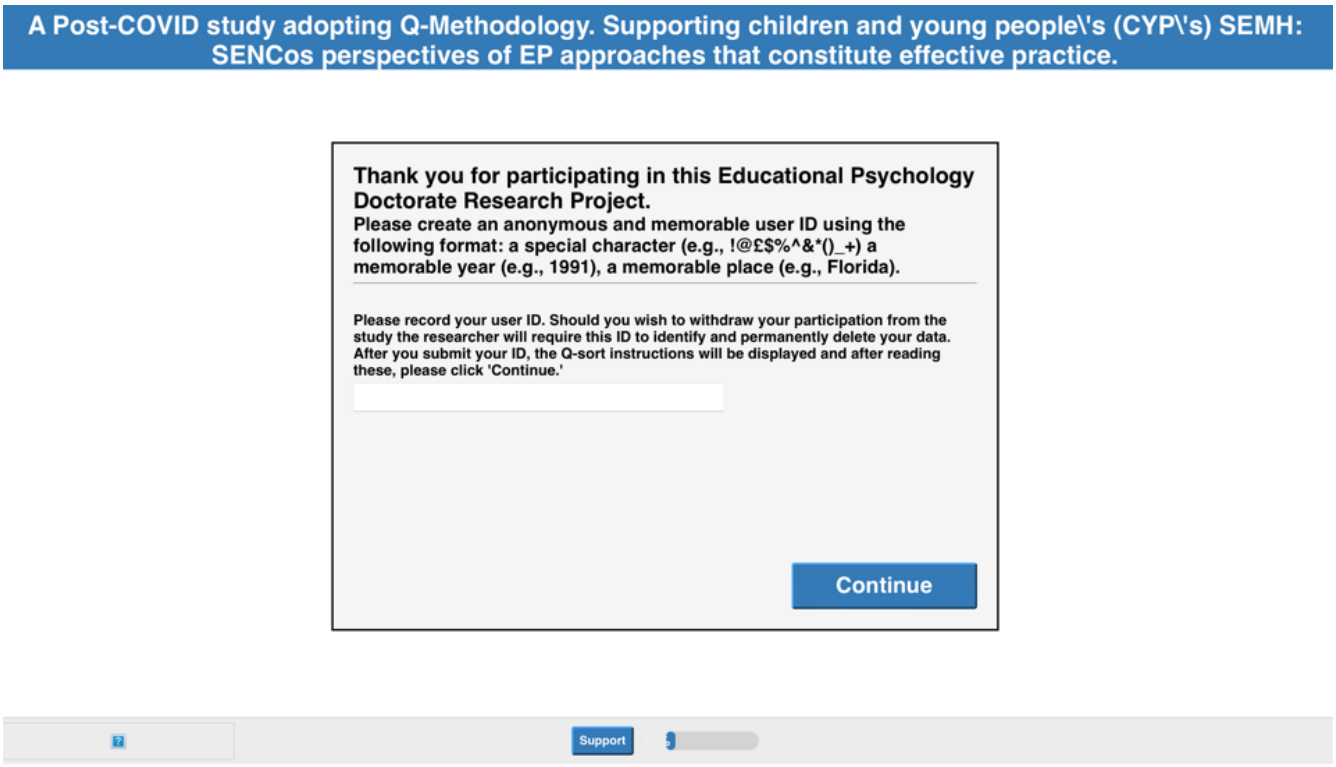
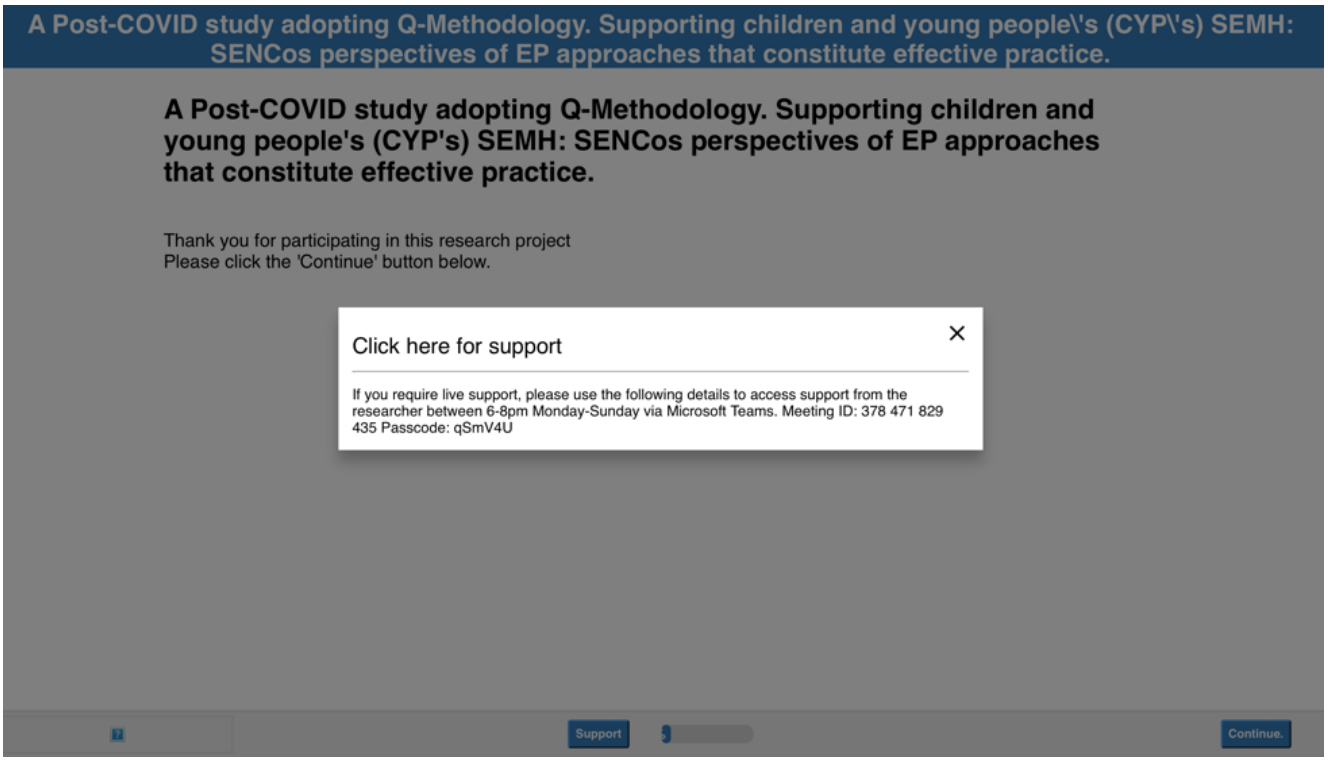


Figure HH2. *A figure showing the message shown to participants a*fter *they submitted their unique identification code (explained in Figure II1). The message was continually available via the 'support' button.*



Step 2: Pre-sort activity

Pre-sort activity instructions

The following text and glossary was presented to participants at the start of the pre-sort activity:

Please read and consider the 36 statements at the top of the page then sort them (click and drag) into three piles: agree, disagree and neither.
You can put as many statements under each heading as you see fit. Changes to your choices can be made later in the Q-sort. The card and font size can be increased and decreased using the blue buttons below.
A definition of each approach can be viewed below. If you want to read this text again click the 'Support' button below.

Glossary

The finalised 36-item glossary is provided in Appendix NN.

Pre-sort activity

Figure HH3. *A figure showing the pre-sort activity as seen by participants.*

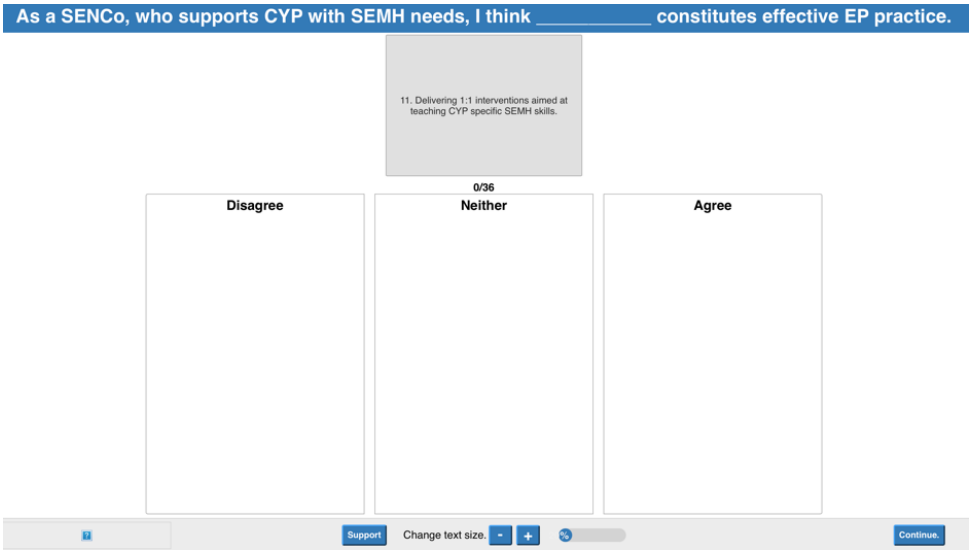
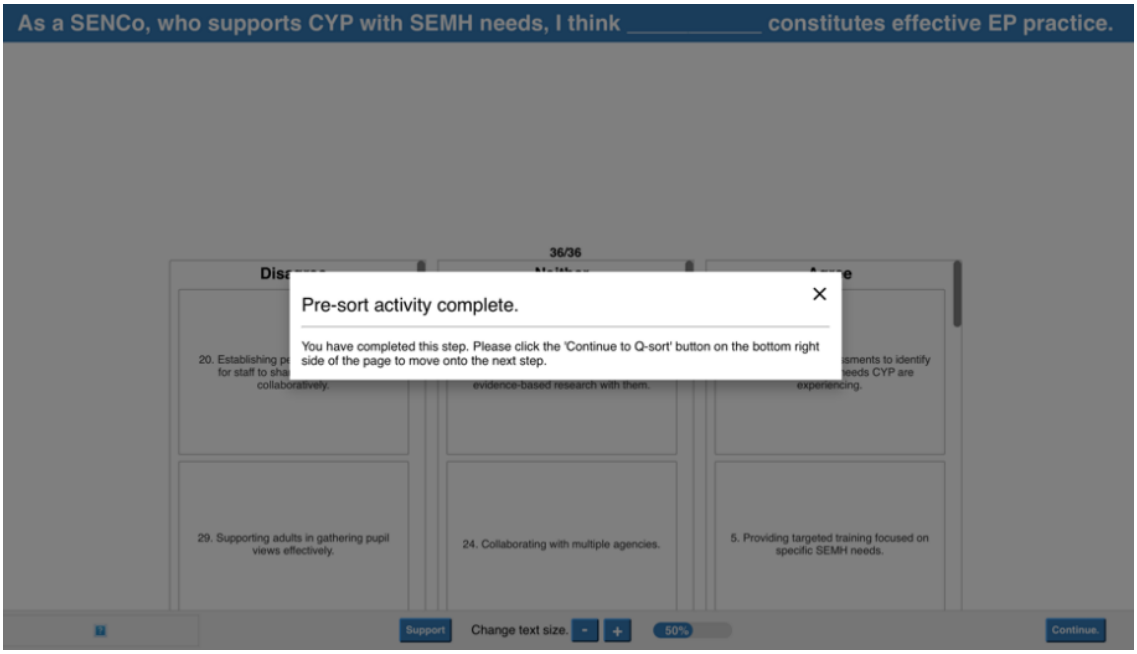


Figure HH4. *A figure showing the 'pre-sort activity complete' message as seen by participants.*



Step 3: Q-sort task

The following Q-sort task instructions were provided to participants with the glossary accessible throughout:

Please reconsider the 36 statements at the bottom of the screen and sort them (click and drag) into the grid shown on the screen. Statements you most agree with should be placed on the far-right side of the grid and statements which you most disagree with should be placed on the far-left side.

The data collection process in a Q-sort is designed to make you think about your placement of the statements, however, if you have any questions, please contact the researcher at abigail.kershaw@nottingham.ac.uk or access live support from the researcher between 6-8pm Monday-Sunday via Microsoft Teams. Meeting ID: 378 471 829 435 Passcode: qSmV4U.

•

It is important to note that placing a statement in a negative value column (e.g., the most disagree column) does not suggest you disagree with the item rather it indicates that you agree with it less-so than those you placed above it on the scale. You can move the cards an unlimited amount of times until you are happy with your sort.

The card and font size can be increased and decreased using the blue buttons below.

Figure HH5. *A figure showing the warning message which was presented to participants if one or more of the Q-grid columns were overloaded during the Q-sort.*

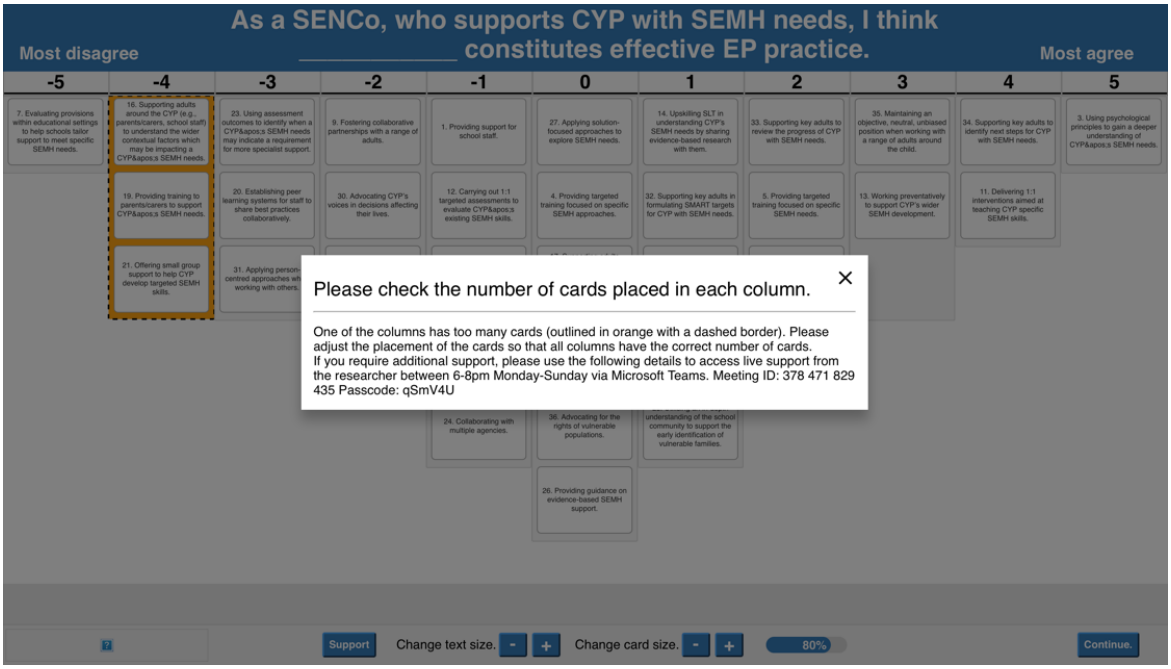
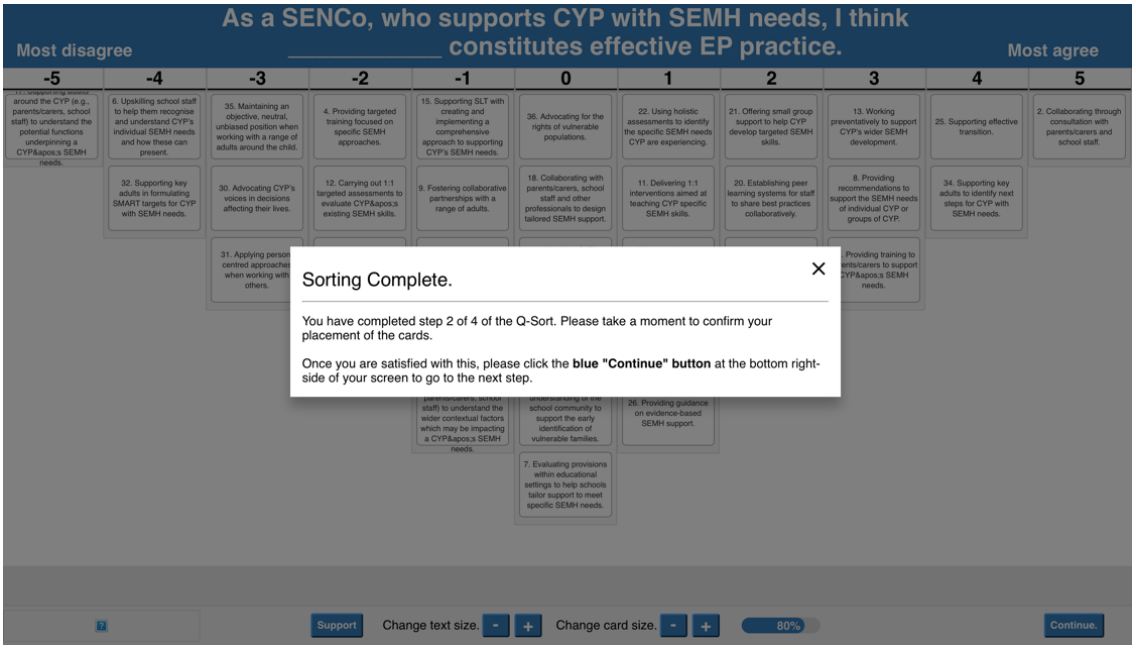
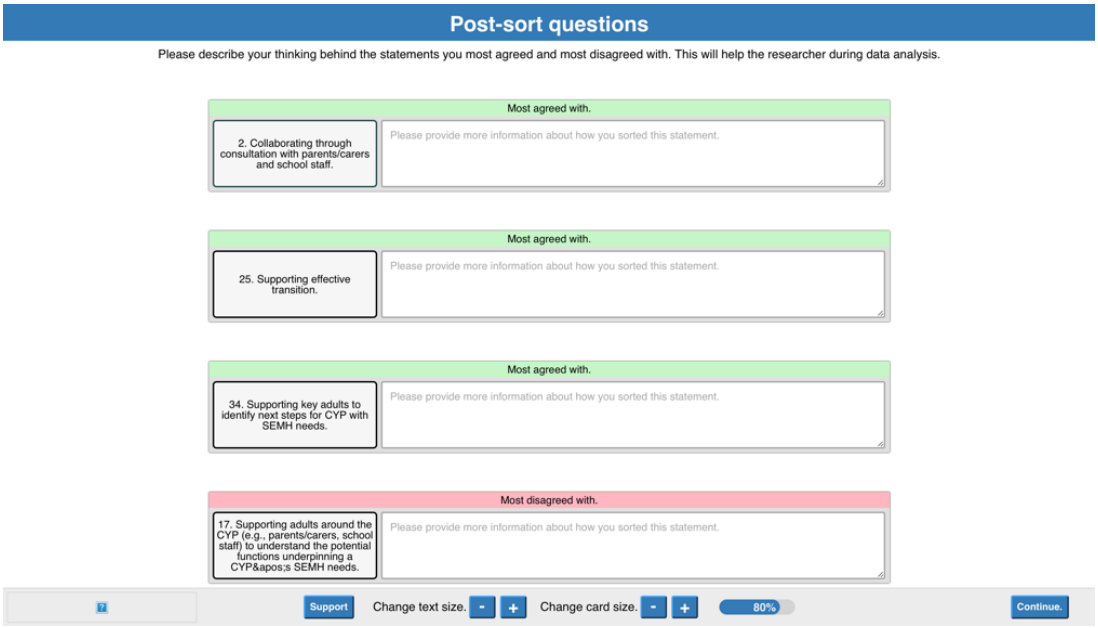


Figure HH6. *A figure showing the message which was presented to participants once they had completed the Q-sort task.*



Step 4: Post-sort questions

Figure HH7. *A figure showing the post-sort questions presented to participants following the completion of the Q-sort.*



Step 5: Post-sort questionnaire

Figure HH8. *A figure showing the message presented to participants following the post-sort questions and at the beginning of the post-sort questionnaire.*

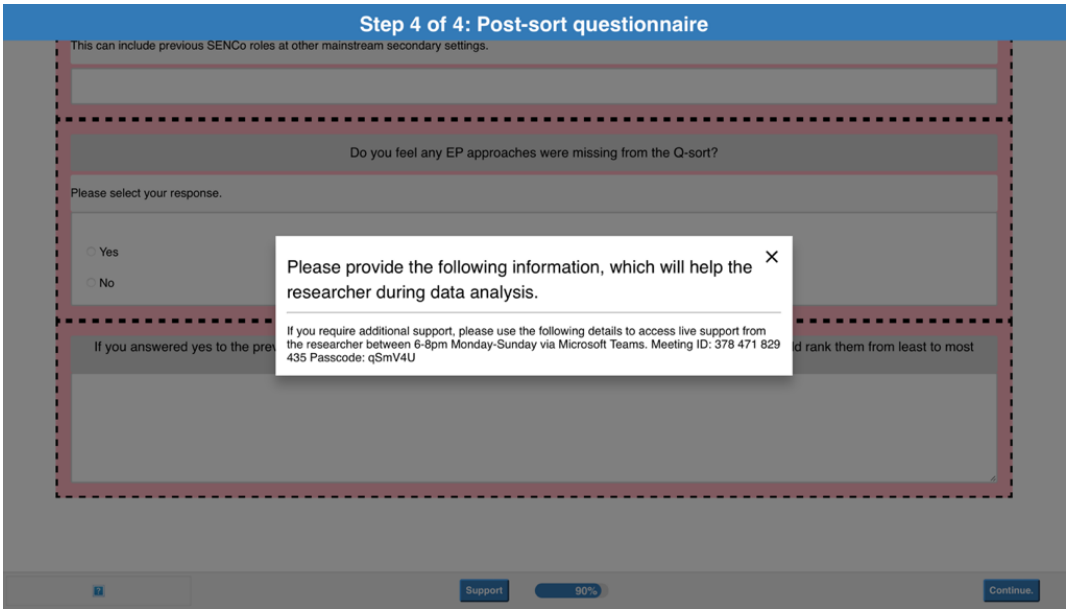


Figure HH9. *A figure showing the post-sort questionnaire presented to participants following the completion of the post-sort questions.*

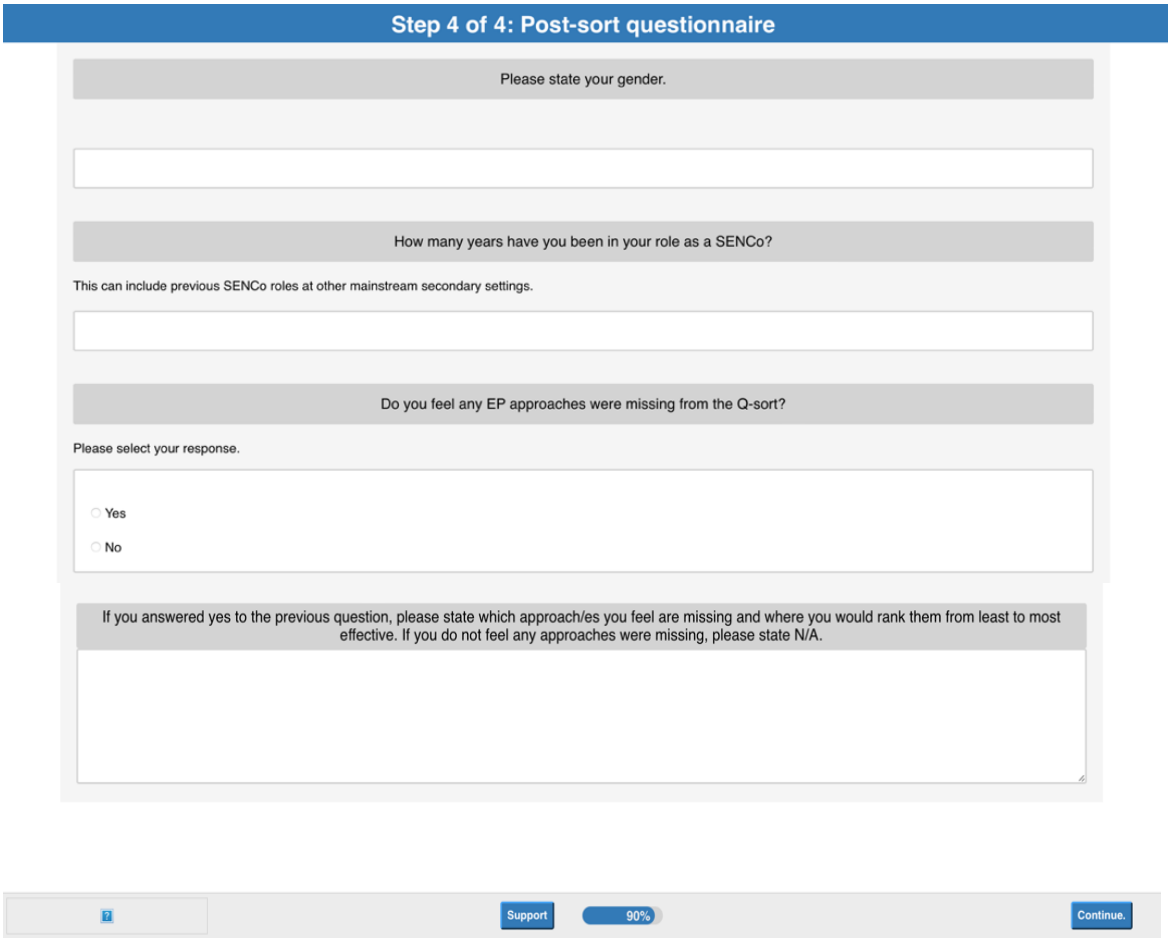
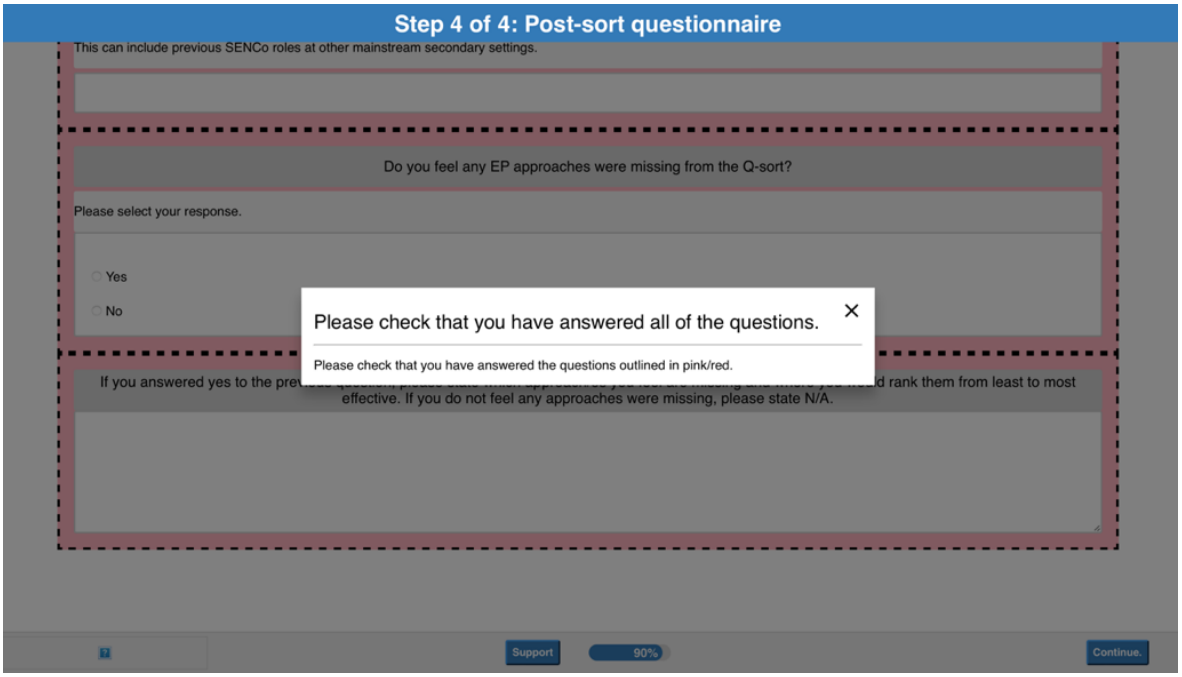
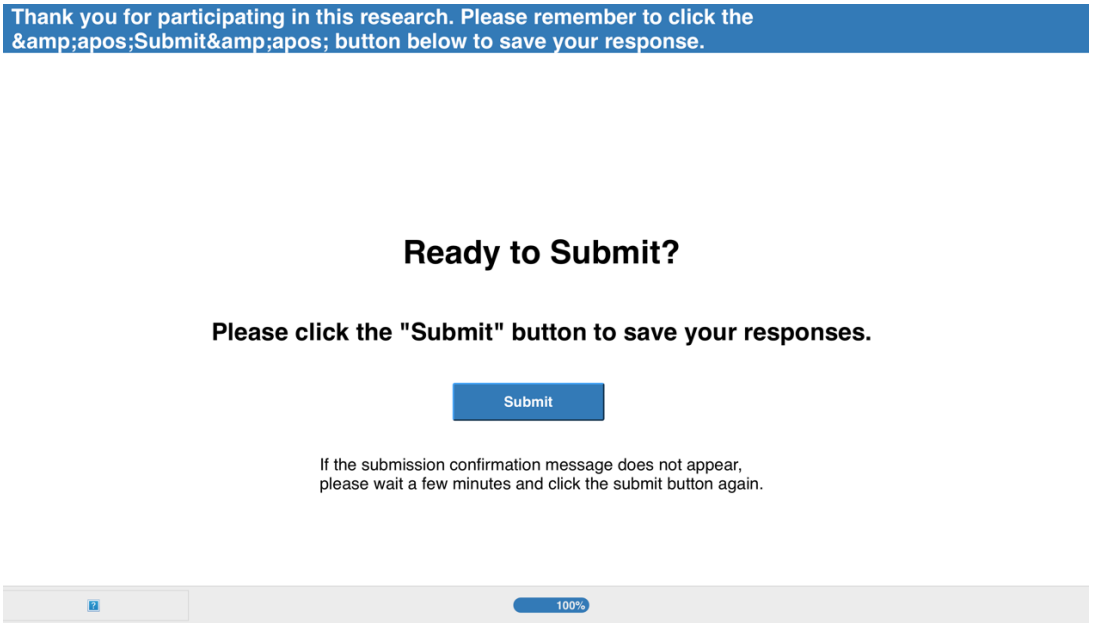


Figure HH10. *A figure showing the message presented to participants if any parts of the post-sort questionnaire were left blank.*



Step 6: Data submission

Figure HH11. *A figure showing the message presented to participants at the end of the post-sort questionnaire.*



After clicking submit, the participants were informed that their responses had been received and the debrief sheet were displayed.

Appendix II Piloting the Q-set form

This appendix contains the Q-set form that contributors completed when piloting the 63-item Q-set.

Piloting the Q-set

Date:
Role:

Information about the study
Title: *A post-COVID study adopting Q-Methodology. Supporting CYPs' SEMH: SENCos perspectives of EP approaches that constitute effective practice.*

Research question: *In a post-COVID landscape, which EP approaches do SENCos perceive to be effective when used to support the SEMH need of secondary-aged CYP?*

Q-sort's planned condition of instruction: *As a SENCo, who supports CYP with SEMH needs, I think _____ constitutes effective EP practice.* Participants will sort each card from most to least agree.

Peer review task: The items below aim to represent the approaches that have previously been used by EPs, AsEPs and TEPs when supporting secondary school age children or young people with social, emotional, and mental health needs. A definition of each statement's approach is provided in the glossary to allow participants to give their views on approaches they may not have experienced but feel could be effective. Please read the contents of the table and answer the questions below the table.

1. Facilitating group support for staff
2. Collaborating with home and school in consultation
3. Engaging with external agencies to coordinate efforts in supporting CYP's SEMH needs.
4. facilitating 1:1 staff support
5. facilitating 1:1 peer supervision
6. using psychological principles to gain a deeper understanding of CYP's SEMH needs.
7. Providing targeted training focused on specific SEMH approaches (e.g., emotionally friendly schools)
8. Providing targeted training focused on specific SEMH needs (e.g., attachment, adverse childhood experiences).
9. Supporting schools in developing skills to identify the unique SEMH needs of CYP
10. Evaluating provisions to help settings best support particular SEMH needs
11. Providing recommendations for approaches to support CYP experiencing SEMH difficulties.
12. supporting schools in implementing provisions tailored to meet specific SEMH needs
13. Fostering collaborative partnerships between school, parents and external agencies to support CYP's SEMH needs
14. facilitating the home-school relationship to better address SEMH needs.
15. developing positive relationships with CYP

16. developing positive relationships with CYP's families
17. developing positive relationships with CYP's education settings
18. developing positive relationships with wider professionals supporting CYP
19. Providing 1:1 teaching of specific SEMH skills to CYP
20. Carrying out 1:1 targeted assessments to evaluate CYP's SEMH skills
21. Providing 1:1 interventions to address CYP's SEMH needs
22. Supporting CYP with broader SEMH development (e.g., relationships, resilience etc).
23. working with SLT to explore evidence-based ideas for change to better understand children's SEMH needs
24. supporting the creation of clear systems for the early identification of CYP's SEMH needs.
25. supporting schools to create a provision of interventions within a graduated response
26. Providing consultation at the organizational level, including senior management teams.
27. Injecting psychology at SLT level to support understanding of group needs
28. supporting targeted culture change at organisational level using techniques (e.g., appreciative enquiry, school policy evaluation)
29. supporting individuals to understand the wider context surrounding CYP's SEMH needs
30. Supporting staff in recognizing the impact of unmet emotional needs in children.
31. Helping schools to understand the different ways SEMH can manifest in CYP
32. Providing information related to psychological theory to develop staff understanding of the functions of CYP's SEMH needs.
33. collaborating with home and school to design tailored SEMH support
34. Involving parents and caregivers in the SEMH support process.
35. Providing training to parents and caregivers to support CYP's SEMH needs.
36. Establishing peer learning systems for staff to share best practices collaboratively.
37. Offering small group support to help CYP develop targeted SEMH skills
38. Using holistic assessments to identify SEMH needs in at-risk CYP early
39. Using assessments to inform appropriate referrals to other services.
40. Completing targeted assessments of SEMH skills in groups to evaluate progress.
41. Assessing the SEMH of the whole-school community.
42. Completing statutory assessment work
43. Providing signposting to additional support services
44. Collaborating with multiple agencies to support the identification of at-risk children.
45. designing interventions in partnership with others to support CYP's SEMH needs
46. implementing targeted interventions in partnership with others to support CYP's SEMH needs
47. Skill in triangulating different perspectives to gain a comprehensive view of SEMH challenges.
48. Assisting CYP with SEMH needs in transitioning effectively.
49. Offering guidance on evidence-based interventions for SEMH needs.
50. Offering guidance on evidence-based approaches for SEMH needs.
51. Applying solution-focused approaches to explore SEMH needs.
52. Having in-depth knowledge of the school community

53. Using an in-depth understanding of the school community to support the early identification of vulnerable families.
54. Equipping staff with tools to gather pupil views effectively.
55. Championing pupil voice in decisions affecting their lives.
56. Applying interpersonal skills when working with others.
57. Applying person-centred approaches when working with others.
58. Identifying when a CYP's difficulties may indicate potential mental health needs.
59. Supporting key personnel in formulating SMART targets for CYP with SEMH needs
60. supporting key personnel to review the progress of CYP with SEMH needs
61. supporting key personnel to identify next steps for CYP with SEMH needs
62. Maintaining objectivity as a professional to improve practice
63. Advocating for the rights of vulnerable populations.

Having read the statements above, please answer the following questions:
Did any statements in the Q-set express similar approaches/ideas/concepts? If so, please provide the statement numbers.

Were the statements in the Q-set clearly and understandably worded, using everyday language rather than technical terminology? If you encountered any statements that were unclear, please provide the statement numbers.

Did any statements in the Q-set express multiple ideas or approaches within a single statement? If yes, please provide the statement numbers.

Do you feel that the Q-set adequately covered a broad range of relevant EP approaches related to the research topic? Were there any approaches that you think were missing from the statements, if so, please provide details of these?

Can all statements be sorted using the condition of instruction? If not, please provide the statement numbers.

Overall Impressions: Based on your experience with the Q-set, do you have any general comments or suggestions regarding its construction or content? Is there anything else you think is important for the researcher to consider when finalizing the Q-set?

Is it possible that you may hold some bias in your interpretation of the Q-set? If so, what might your biases be?

Do you feel that any of the glossary definitions are inaccurate and/or unclear? If so, please provide the definition number.

Glossary

1. Facilitating group support for staff: leading group sessions or discussions among school staff to provide mutual support, share knowledge, and address challenges related to supporting CYPs' SEMH needs collectively.
2. Collaborating with home and school in consultation: actively working with both the child's parents/caregivers and the school to engage in consultations and discussions aimed at effectively understanding and addressing the SEMH needs of the child.

3. Engaging with external agencies to coordinate efforts in supporting CYPs' SEMH needs: collaborating with external organisations or agencies, such as mental health services or social services, to ensure a coordinated and comprehensive approach to supporting CYP with SEMH needs.
4. Facilitating 1:1 staff support: providing individualized support and guidance to school staff to develop their understanding and skills in supporting CYPs' SEMH needs.
5. Facilitating 1:1 peer supervision: organising 1:1 sessions between peers or colleagues to encourage reflection, discussion, and skill development in supporting CYPs' SEMH needs.
6. Using psychological principles to gain a deeper understanding of CYPs' SEMH needs: applying psychological theories and concepts to holistically understand the SEMH needs faced by CYP.
7. Providing targeted training focused on specific SEMH approaches: offering training that concentrates on specific approaches or strategies (e.g., emotionally friendly schools) aimed at effectively supporting CYPs' SEMH needs.
8. Providing targeted training focused on specific SEMH needs: delivering training that focuses on addressing particular SEMH needs experienced by CYP (e.g., attachment needs, adverse childhood experiences).
9. Supporting schools in developing skills to identify the unique SEMH needs of CYP: assisting school staff in improving their ability to recognise and understand the individual SEMH needs of each CYP and how these could present.
10. Evaluating provisions to help settings best support particular SEMH needs: auditing the existing provisions and resources within educational settings to determine how well they support specific SEMH needs.
11. Providing recommendations for approaches to support CYP experiencing SEMH difficulties: offering suggestions and guidance to schools and staff on strategies and interventions aimed at supporting CYP with SEMH needs.
12. Supporting schools in implementing provisions tailored to meet specific SEMH needs: assisting schools in putting in place bespoke interventions and support systems that address the unique SEMH needs of CYP.
13. Fostering collaborative partnerships between school, home, and external agencies to support CYPs' SEMH needs: building a cooperative triad of relationships to provide holistic support for CYP with SEMH needs.
14. Facilitating the home-school relationship to better address SEMH needs: actively promoting and facilitating effective communication and collaboration between the child's parents/caregivers and school staff to address CYPs' SEMH needs.
15. Developing positive relationships with CYP: building strong, trust-based connections with students to create a supportive environment for supporting SEMH needs.
16. Developing positive relationships with CYPs' families: establishing positive and collaborative relationships with CYPs' families or caregivers to work jointly to address CYPs' SEMH needs.
17. Developing positive relationships with the adults within CYPs' education settings: fostering constructive relationships with school staff to promote an effective environment for supporting CYPs' SEMH needs.
18. Developing positive relationships with wider professionals supporting CYP: building positive and collaborative relationships with professionals from various fields who play a role in supporting CYP with SEMH needs.
19. Providing 1:1 teaching of specific SEMH needs to CYP: delivering 1:1 support to CYP to develop specific SEMH needs tailored to their individual needs.

20. Carrying out 1:1 targeted assessments to evaluate CYPs' SEMH needs: conducting individualised assessments to evaluate the SEMH needs of CYP.
21. Providing 1:1 interventions to address CYPs' SEMH needs: offering direct, tailored interventions and support to CYP to support their SEMH needs.
22. Supporting CYP with broader SEMH development (e.g., relationships, resilience, etc.): providing support and guidance to CYP in developing a range of SEMH needs and competencies beyond needs identified at the individual level.
23. Working with SLT to explore evidence-based ideas for change to better understand CYPs' SEMH needs: collaborating with SLT to identify and implement evidence-based strategies and practices for improving the understanding of CYPs' SEMH needs.
24. Supporting the creation of clear systems for the early identification of CYPs' SEMH needs: assisting in the development of structured systems and processes within schools to identify CYPs' SEMH needs at an early stage.
25. Supporting schools to create a provision of interventions within a graduated response (assess, plan, do, review): helping schools establish a structured approach to providing interventions for supporting CYPs' SEMH needs that includes the stages of assess, plan, do, review.
26. Organisational level consultation with senior management teams: engaging in discussions at the organisational level, including senior management teams, to address SEMH challenges.
27. Injecting psychology at SLT level to support understanding of group needs: introducing psychological principles at the SLT level to enhance understanding of the collective SEMH needs of groups within the school setting.
28. Supporting targeted culture change at organisational level using techniques (e.g., appreciative inquiry, school policy evaluation): facilitating and guiding efforts to bring about specific cultural changes within the organisation to better address CYPs' SEMH needs.
29. Supporting individuals to understand the wider context surrounding CYPs' SEMH needs: assisting individuals in gaining a deeper understanding of the broader contextual factors that can influence the SEMH needs of CYP.
30. Supporting staff in recognising the impact of unmet emotional needs in children: providing guidance and training to help school staff recognise and understand potential links between unmet emotional needs and CYPs' well-being and behaviour.
31. Helping schools understand the different ways SEMH can manifest in CYP: offering insights and education to schools on the various ways in which CYPs' SEMH needs may present.
32. Providing information related to psychological theory to develop staff understanding of the functions of CYPs' SEMH needs: sharing psychological theory to enhance staff understanding of the potential underlying functions of CYPs' SEMH needs.
33. Collaborating with home and school to design tailored SEMH support: working in partnership with the adults at home and school to create bespoke support plans and interventions for individual CYPs' SEMH needs.
34. Involving parents and caregivers in the SEMH support process: actively engaging parents/caregivers in the process of identifying and addressing CYPs' SEMH needs.
35. Providing training to parents and caregivers to support CYPs' SEMH needs: offering training and resources to parents/caregivers to empower them to effectively support their CYPs' SEMH needs.

36. Establishing peer learning systems for staff to share best practices collaboratively: setting up systems where staff can share their best practices, insights, and knowledge with peers to collectively improve SEMH support.
37. Offering small group support to help CYP develop targeted SEMH needs: providing structured and focused support in small groups to CYP to develop specific SEMH needs.
38. Using holistic assessments to identify SEMH needs in at-risk CYP early: employing comprehensive assessments that consider various aspects of a CYPs' individual contexts to identify potential SEMH needs in at an early stage, particularly those CYP deemed to be at a greater risk of SEMH needs.
39. Using assessments to inform appropriate referrals to other services: utilising assessment results to make informed decisions and recommendations for referring CYP to additional support services as needed.
40. Completing targeted assessments of SEMH needs in groups to evaluate progress: conducting assessments of groups of CYPs' SEMH needs to measure their progress and identify areas for improvement.
41. Assessing the SEMH of the whole-school community: evaluating and analysing the SEMH of the school community to gain a comprehensive understanding of the SEMH needs of the population.
42. Completing statutory assessment work: conducting assessments that are legally required to determine the bespoke SEMH provision necessary for CYP.
43. Providing signposting to additional support services: offering guidance to CYP, their families and their schools regarding supplementary support and resources.
44. Collaborating with multiple agencies to support the identification of at-risk children: working in coordination with various agencies and organisations to identify CYP who may be at increased risk of SEMH challenges.
45. Designing interventions in partnership with others to support CYPs' SEMH needs: collaboratively developing and implementing interventions with other professionals and agencies to support CYPs' SEMH needs.
46. Implementing targeted interventions in partnership with others to support CYPs' SEMH needs: collaboratively delivering specific, focused interventions with other professionals and agencies to support CYPs' SEMH needs.
47. Skill in triangulating different perspectives to gain a comprehensive view of SEMH challenges: considering and integrating multiple perspectives to obtain a holistic understanding of a CYPs' SEMH needs.
48. Assisting CYP with SEMH needs in transitioning effectively: providing support to CYP with SEMH needs who are experiencing transition within the educational system or life stages.
49. Offering guidance on evidence-based interventions for SEMH needs: providing recommendations and support based on evidence-based interventions aimed at supporting CYPs' SEMH needs.
50. Offering guidance on evidence-based approaches for SEMH needs: providing recommendations and support based on evidence-based approaches aimed at supporting CYPs' SEMH needs.
51. Applying solution-focused approaches to explore SEMH needs: using solution-focused techniques to explore CYPs' SEMH needs in positive and solution-oriented ways.
52. Having in-depth knowledge of the school community: holding a holistic understanding of the dynamics, culture, and context within the school community.

53. Using an in-depth understanding of the school community to support the early identification of vulnerable families: using their knowledge of the school community to identify CYPs' families who may be particularly vulnerable and require additional, early support.
54. Equipping staff with tools to gather pupil views effectively: providing school staff with the necessary resources and skills to collect CYPs' perspectives.
55. Championing pupil voice in decisions affecting their lives: advocating for the inclusion of CYPs' views in decisions and policies that directly impact their lives.
56. Applying interpersonal skills when working with others: using effective interpersonal skills, such as communication and relationship-building, when collaborating with others.
57. Applying person-centred approaches when working with others: focusing on individual needs, preferences, and goals when working with others and tailoring support accordingly.
58. Identifying when a CYPs' difficulties may indicate potential mental health needs: recognising potential signs and behaviours which may suggest the CYP is experiencing mental health challenges.
59. Supporting key personnel in formulating SMART targets for CYP with SEMH needs: assisting key individuals in setting Specific, Measurable, Achievable, Relevant, and Time-bound (SMART) goals for CYP with SEMH needs.
60. Supporting key personnel to review the progress of CYP with SEMH needs: assisting key individuals in regularly reviewing and evaluating the progress of CYP with SEMH needs.
61. Supporting key personnel to identify next steps for CYP with SEMH needs: collaborating with key individuals to determine potential next steps and support for CYP with SEMH needs.
62. Maintaining objectivity as a professional to improve practice: ensuring impartiality and neutrality when assessing and addressing CYPs' SEMH needs to enhance professional practice.
63. Advocating for the rights of vulnerable populations: speaking up and taking action to protect and promote the rights and well-being of vulnerable individuals and communities.

Appendix JJ. Additional details of piloting process

Pilot contributors recorded feedback on the piloting form (Appendix II) in relation to the following criteria:

- *Duplications:* Statements were manually checked for duplicates.
- *Mutual exclusivity*- Statements were checked for:
    - Mutual exclusivity (e.g., single prepositions, no double-barrels).
    - Whether participants may experience challenges sorting the statements into single locations due to wanting to choose multiple locations.
    - If any statements could be combined using a collective noun (e.g., whole-school, organisation, system, local authority) while retaining a single meaning.
    - Whether all statements could be sorted using the 'condition of instruction.'
    - If any statements are not relevant to the study's focus. For example, *'*sitting on panels [for children facing exclusion]' was removed as this did not involve EPs directly supporting SENCos in the school environment.
- *Frequency*- The number of times a statement appeared was checked. Those with low frequency or only appearing once could have suggested the approach to be of lower importance or a niche perspective within the target population.
- *Variety of contributing sources*- The number of sources that referenced a particular approach (e.g., academic literature). Statements originating from a single source type were removed as they may have only been reflective of a specific community of educators.
- *Clarity of wording/terminology.*
- *Relevance*- of the statements to the RQ and topic.
- *Grammar and readability.*

Appendix KK. Combined feedback from piloting and peer-reviewing stages

Table KK1. *A table displaying the feedback and assigned reference number (for cross-referencing to the study's main body text) received from the contributors who piloted the 63-item Q-set (Appendix FF) and those who later piloted the full Q-sort procedure, and the researcher's subsequent actions.*

Feedback reference number	Feedback	Subsequent researcher actions
1	Statements carrying multiple meanings (e.g., including the terms collaborating, using psychological principles, and gaining deeper understanding).	Ensured only one meaning could be construed from the statement. Glossary developed for each statement's EP approach to allow participants to give their views on approaches they may not have had the opportunity to experience but feel could be effective. Provided examples within the glossary to discriminate between the approaches. Merged some statements which were identified as identical or similar and thus possible to group (e.g., 'collaborating with home and school to design tailored SEMH support and Involving parents' and 'caregivers in the SEMH support process' became 'collaborating with parents/carers, school staff and other professionals to design tailored SEMH support'.
2	Unclear terminology (e.g., within *'evaluating provisions to help...SEMH needs,' does provision refer to* settings, or provision within a single setting. Which specific group does the term 'individuals' relate to (e.g., parents/carers, staff)?	Increased the clarification and specificity of terminology. Definitions and examples of some terminology within the glossary (e.g., 'solution-focused).' The glossary aims to support the participant to sort even SEMH approaches that they haven't experienced so that this research can explore what *might* be helpful too.
3	Ensuring terminology is non-biased, not emotive, and not leading (e.g., the word 'championing' in 'championing pupil voice in decisions affecting their lives.'	As this approach was gathered from multiple sources and the term 'championing' was not consistently used within these, the decision was taken to alter the statement to 'advocating CYPs' voices in decisions affecting their lives.'

4	Duplication of a statement.	Removed duplicate.
5	Conflict between participant preference for the term 'SEMH' to be followed by 'needs' not 'skills.'	The researcher chose to use the term 'skills' as the support detailed in the statement in question aims to support CYP to develop targeted SEMH skills, where as an EP cannot help to develop CYPs' SEMH needs. This conflict was also identified by the contributor as a potential bias due to their positioning as a TEP and so was not acted upon.
6	Query relating to the compatibility of the 'condition of instruction' (As a SENCo, who supports CYP with SEMH needs, I think _____ constitutes effective EP practice) and the poles (most disagree and most agree).	Further exploration indicated the contributor had interpreted statements sorted into the 'most disagree' column as representing a negative view when, in fact, they still represent agreement with the statement but at a lower level than other statements. Clarified within Q-sort instructions that sorting a statement as 'least agree' is not suggesting that they most disagree with it, it's that they agree with it less than other statements.
7	Participant perceived the Q-sort as challenging.	Added a sentence in the Q-sort guidance to explicitly state the activity is designed to be challenging. Feedback from an experienced Q-methodologist identified no issues, so the research proceeded with the planned layout.
8	Grammar error.	Corrected
9	Challenges with accessibility of Q-sort elements (e.g., size of text and cards) leading to text overlap and difficulties in reading and rearranging them.	Ensured Q-sort guidance explicitly stated that the text and card sizes could be increased and decreased.
10	Usefulness of glossary.	Explored other peer feedback to see if view was mentioned again- it was not. Kept glossary.
11	Inclusion of examples of approaches on the cards could be leading for participants (e.g., providing targeted training focused	Moved all examples to the glossary.

	on specific SEMH needs (e.g., attachment, adverse childhood experiences).	
12	Suggestions to reduce length of statements by removing repetitive wording (e.g., Engaging with external agencies to coordinate efforts in supporting CYPs' SEMH needs.)	Original statement wording was maintained where it was felt that this was required to aid participant understanding of the approach.

Appendix LL Finalised 36-item Q-set

The revised Q-set (n=36) was placed into a new Excel sheet ready for transference into the EQ Web Configurator software ahead of being reviewed by peer-researchers.

Final Q-set:

1. Providing support for school staff.
2. Collaborating through consultation with parents/carers and school staff.
3. Using psychological principles to gain a deeper understanding of CYPs' SEMH needs.
4. Providing targeted training focused on specific SEMH approaches.
5. Providing targeted training focused on specific SEMH needs.
6. Upskilling school staff to help them recognise and understand CYPs' individual SEMH needs and how these can present.
7. Evaluating provisions within educational settings to help school's tailor support to meet specific SEMH needs.
8. Providing recommendations to support the SEMH needs of individual CYP or groups of CYP.
9. Fostering collaborative partnerships with a range of adults.
10. Utilising interpersonal skills to develop positive relationships with CYP.
11. Delivering 1:1 interventions aimed at teaching CYP specific SEMH skills.
12. Carrying out 1:1 targeted assessments to evaluate CYPs' existing SEMH skills.
13. Working preventatively to support CYPs' wider SEMH development.
14. Upskilling SLT in understanding CYPs' SEMH needs by sharing evidence-based research with them.
15. Supporting SLT with creating and implementing a comprehensive approach to supporting CYPs' SEMH needs.
16. Supporting adults around the CYP (e.g., parents/carers, school staff) to understand the wider contextual factors which may be impacting a CYPs' SEMH needs.
17. Supporting adults around the CYP (e.g., parents/carers, school staff) to understand the potential functions underpinning a CYPs' SEMH needs.
18. Collaborating with parents/carers, school staff and other professionals to design tailored SEMH support.
19. Providing training to parents/carers to support CYPs' SEMH needs.
20. Establishing peer learning systems for staff to share best practices collaboratively.
21. Offering small group support to help CYP develop targeted SEMH skills.
22. Using holistic assessments to identify the specific SEMH needs CYP are experiencing.
23. Using assessment outcomes to identify when a CYPs' SEMH needs may indicate a requirement for more specialist support.
24. Collaborating with multiple agencies.
25. Supporting effective transition.
26. Providing guidance on evidence-based SEMH support.
27. Applying solution-focused approaches to explore SEMH needs.
28. Utilising an in-depth understanding of the school community to support the early identification of vulnerable families.
29. Supporting adults in gathering pupil views effectively.
30. Advocating CYPs' voices in decisions affecting their lives.

31. Applying person-centred approaches when working with others.
32. Supporting key adults in formulating SMART targets for CYP with SEMH needs.
33. supporting key adults to review the progress of CYP with SEMH needs.
34. supporting key adults to identify next steps for CYP with SEMH needs.
35. Maintaining an objective, neutral, unbiased position when working with a range of adults around the child.
36. Advocating for the rights of vulnerable populations.

Appendix MM. Piloting the Q-sort procedure feedback form.

This appendix presents the feedback form given to peer-researchers who were reviewing the overall Q-sort activity's procedure (including trialling the use of the electronic Q-sort and relevant materials (e.g., the 36-item Q-set, condition of instruction, the glossary etc.).

Date:
Role:
Information about the study

Title: *A post-COVID study adopting Q-Methodology. Supporting CYPs' SEMH: SENCos perspectives of EP approaches that constitute effective practice.*

Research question: *In a post-COVID landscape, which EP approaches do SENCos perceive to be effective when used to support the SEMH need of secondary-aged CYP?*

Q-sort's planned condition of instruction: *As a SENCo, who supports CYP with SEMH needs, I think _____ constitutes effective EP practice.* Participants will sort each card from most to least agree.

Peer review task: The items below aim to represent the approaches that have previously been used by EPs, AsEPs and TEPs when supporting secondary school age children or young people with social, emotional, and mental health needs. A definition of each statement's approach is provided, which serves as a glossary to allow participants to give their views on approaches they may not have experienced but feel could be effective. Please read the contents of the tables and answer the questions below the table.

Approach	Source
1. Providing support for school staff.	Cornwall EPS (2024); EP contributor; Fallon et al (2010); Harvest (2018); McBryde (n.d.); Rothi̇ et al (2008); SENCo contributor; Tameside Metropolitan Borough (2023); TEP contributor; Zafeiriou and Gulliford (2020)
2. Collaborating through consultation with parents/carers and school staff.	EP contributor; Harvest (2018); Hayes & Stringer (2016); Nolan and Moreland (2014); Nugent et al (2014); Osborne and Alfano (2011)
3. using psychological principles to gain a deeper understanding of CYPs' SEMH needs.	EP contributor; Harvest (2018)
4. Providing targeted training focused on specific SEMH approaches.	Cornwall EPS (2024); EP contributor; Fallon et al (2010); Rothi̇ et al (2008); SENCo contributor; TEP contributor; Tameside Metropolitan Borough (2023)
5. Providing targeted training focused on specific SEMH needs.	Cornwall EPS; EP contributor; Fallon et al (2010); Harvest (2018); Rothi̇ et al (2008); SENCo; TEP contributor
6. Upskilling school staff to help them recognise and understand	Rothi̇ et al (2008); Tameside LA (2023); TEP contributor

CYPs' individual SEMH needs and how these can present.	
7. Evaluating provisions within educational settings to help school's tailor support to meet specific SEMH needs.	Cornwall EPS (2024); EP contributor; Fallon et al (2010); Hampshire County council guidance (2021); Harvest (2018); McBryde (n.d.); Rothì et al (2008); SENCo contributor; Tameside Metropolitan Borough (2023)
8. Providing recommendations to support the SEMH needs of individual CYP or groups of CYP	EP contributor; Rothì Leavey and Best (2008)
9. Fostering collaborative partnerships with a range of adults.	DfE (2023); Hampshire County Council guidance (2021); Harvest (2018); McBryde (n.d.)
10. Utilising interpersonal skills to develop positive relationships with CYP	AsEP contributor; DfE (2023); Hampshire County Council guidance (2021); Harvest (2018)
11. Delivering 1:1 interventions aimed at teaching CYP specific SEMH skills	Cornwall EPS (2024), Dunsmuir and Hardy (2016); Fallon et al (2010); Hampshire County Council guidance (2021); Rhondda Cynon Taf LA (Wales), Rothì et al (2008); Tameside Metropolitan Borough (2023); TEP contributor
12. Carrying out 1:1 targeted assessments to evaluate CYPs' existing SEMH skills.	Fallon et al (2010); McBryde (n.d.); Tameside Metropolitan Borough (2023); TEP contributor
13. Working preventatively to support CYPs' wider SEMH development.	Rhondda Cynon Taf LA (Wales) (2023); Margetts et al. (2012)
14. Upskilling SLT in understanding CYPs' SEMH needs by sharing evidence-based research with them.	Cornwall EPS (2024); DfE (2023) Dumfries & Galloway Educational Psychology Service (2023); Devon County Council (2024); EP contributor; Fallon et al (2010); Hampshire County Council guidance (2021); Harvest (2018); McBryde (n.d.); Tameside Metropolitan Borough (2023)
15. Supporting SLT with creating and implementing a comprehensive approach to supporting CYPs' SEMH needs.	Fallon et al (2010); Fernie (2021) Hampshire County Council guidance (2021); Harvest (2018); Tameside Metropolitan Borough (2023); TEP contributor
16. Supporting adults around the CYP (e.g., parents/carers, school staff) to understand the wider contextual factors which may be impacting a CYPs' SEMH needs.	EP contributor, Harvest (2018); McBryde (n.d.); TEP contributor
17. Supporting adults around the CYP (e.g., parents/carers, school staff) to understand the potential functions underpinning a CYPs' SEMH needs.	EP contributor; Fallon et al (2010); Hampshire County Council guidance (2021); Harvest (2018); joslifipsychology. (2023); TEP contributor

18. Collaborating with parents/carers, school staff and other professionals to design tailored SEMH support.	Dumfries and Galloway EPS (2023); Hampshire County Council guidance (2021); Rhondda Cynon Taf LA (Wales) (2023); Tameside Metropolitan Borough (2023); TEP contributor,
19. Providing training to parents/carers to support CYPs' SEMH needs.	Hampshire County Council guidance (2021); McBryde (n.d.); Rhondda Cynon Taf LA (Wales) (2023)
20. Establishing peer learning systems for staff to share best practices collaboratively.	Doncaster EPS (2024); EP contributor; Harvest (2018)
21. Offering small group support to help CYP develop targeted SEMH skills.	Fallon et al (2010); McBryde (n.d.); Tameside Metropolitan Borough (2023)
22. Using holistic assessments to identify the specific SEMH needs CYP are experiencing.	Cornwall EPS (2024); Fallon et al (2010); Harvest (2018); McBryde (n.d.); Rhondda Cynon Taf LA (Wales) (2023); Tameside Metropolitan Borough (2023); TEP contributor
23. Using assessment outcomes to identify when a CYPs' SEMH needs may indicate a requirement for more specialist support.	Ashton and Roberts (2006); Devon County Council (2024); DfE (2023), McBryde (n.d.); Rothì et al (2008); SENCo contributor; Tameside Metropolitan Borough (2023); TEP contributor
24. Collaborating with multiple agencies.	DfE (2023); Devon County Council (2024); Dumfries and Galloway EPS (2023); Harvest (2018); McBryde (n.d.); Tameside Metropolitan Borough (2023); TEP contributor
25. Supporting effective transition.	Dumfries and Galloway EPS (2023)
26. Providing guidance on evidence-based SEMH support.	Ashton and Roberts (2006); Devon County Council (2024); Hampshire County Council guidance (2021)
27. Applying solution-focused approaches to explore SEMH needs.	Cornwall EPS (2024); Rhondda Cynon Taf LA (Wales) (2023); TEP contributor
28. Utilising an in-depth understanding of the school community to support the early identification of vulnerable families.	(DfE, 2023c); McBryde (n.d.)DfE (2023); McBryde (n.d.)
29. Supporting adults in gathering pupil views effectively.	Hampshire County Council guidance (2021)
30. Advocating CYPs' voices in decisions affecting their lives.	AsEP contributor; DfE (2023); EP contributor; Hampshire County Council guidance (2021); McBryde (n.d.); Tameside Metropolitan Borough (2023); TEP contributor
31. Applying person-centred approaches when working with others.	Tameside Metropolitan Borough (2023); TEP contributor
32. Supporting key adults in formulating SMART targets for CYP with SEMH needs	Hampshire County Council guidance (2021); Rothì et al (2008); TEP contributor

33. supporting key adults to review the progress of CYP with SEMH needs	DfE (2023); Hampshire County Council guidance (2021); McBryde (n.d.); Tameside Metropolitan Borough (2023); TEP contributor
34. supporting key adults to identify next steps for CYP with SEMH needs	Hampshire County Council guidance (2021); McBryde (n.d.); Tameside Metropolitan Borough (2023); DfE (2023); TEP contributor
35. Maintaining an objective, neutral, unbiased position when working with a range of adults around the child.	DfE (2023)
36. Advocating for the rights of vulnerable populations.	Cornwall EPS (2024); EP contributor; Rhondda Cynon Taf LA (Wales) (2023); Surrey County Council (2024)

Having read the statements above, please answer the following questions:

- Did any statements in the Q-set express similar approaches/ideas/concepts? If so, please provide the statement numbers.
- Were the statements in the Q-set clearly and understandably worded, using everyday language rather than technical terminology? If you encountered any statements that were unclear, please provide the statement numbers.
- Did any statements in the Q-set express multiple ideas or approaches within a single statement? If yes, please provide the statement numbers.
- Do you feel that the Q-set adequately covered a broad range of relevant EP approaches related to the research topic? Were there any approaches that you think were missing from the statements, if so, please provide details of these?
- Can all statements be sorted using the condition of instruction? If not, please provide the statement numbers.
- Overall Impressions: Based on your experience with the Q-set, do you have any general comments or suggestions regarding its construction or content? Is there anything else you think is important for the researcher to consider when finalizing the Q-set?
- Is it possible that you may hold some bias in your interpretation of the Q-set? If so, what might your biases be?
- Do you feel that any of the glossary definitions are inaccurate and/or unclear? If so, please provide the definition number.

Glossary

1. Facilitating 1:1 or group sessions or discussions (e.g., consultations, providing time for reflecting, coaching, mentoring) among school staff to provide mutual support, share knowledge, and address challenges related to supporting CYPs' SEMH needs collectively.
2. Actively working with both the child's parents/caregivers and the school to engage in consultations and discussions aimed at effectively understanding and addressing the SEMH needs of the child.
3. Applying psychological theories and concepts (e.g., the potential impact of trauma, the role of the 'fight-flight-freeze' response, how attachments are formed) to holistically understand the SEMH needs faced by CYP.
4. Offering training that concentrates on specific approaches or strategies (e.g., emotionally friendly schools, emotion coaching) aimed at effectively supporting CYPs' SEMH needs.
5. Delivering training that focuses on addressing particular SEMH needs experienced by CYP (e.g., attachment needs, adverse childhood experiences).
6. Supporting the development of school staff's skills to identify the unique SEMH needs of CYP.
7. Auditing the existing provisions and resources within educational settings to determine how well they support specific SEMH needs.
8. Offering suggestions and guidance to schools and staff on strategies and interventions aimed at supporting CYP with SEMH needs.
9. Promoting and facilitating effective communication and collaboration with a range of adults (e.g., parents/carers, school staff, other professionals) to provide holistic support for CYP with SEMH needs.
10. Building strong, trust-based connections with students to create a supportive environment for supporting SEMH needs.
11. Providing 1:1 support to CYP to develop specific SEMH needs tailored to their individual needs.
12. Carrying out 1:1 targeted assessments (e.g., observation, questionnaires, interviews) to evaluate CYPs' existing SEMH skills (e.g., self-esteem, conflict resolution, ability to express their thoughts and feelings).
13. Providing support and guidance to CYP in developing a range of SEMH needs and competencies (e.g., building relationships, resilience etc) beyond needs identified at the individual level.
14. Collaboratively exploring evidence-based strategies and practices for supporting CYPs' SEMH needs with the aim of enhancing SLT's understanding.
15. Assisting in the development and implementation of structured systems and processes (e.g., systems for identifying needs early and a graduated response framework) within schools to identify CYPs' SEMH needs at an early stage and provide intervention.
16. Assisting adults who know the CYP (e.g., parents/carers, school staff's) understanding of the wider contextual factors which may be impacting a CYPs' SEMH needs.
17. Providing guidance and training to help individuals who know the CYP (e.g., parents/carers, school staff's) recognise and understand potential links between unmet emotional needs and CYPs' well-being and behaviour and the various ways in which CYPs' SEMH needs may present.
18. Actively engaging a variety of adults in working in partnership to create bespoke support plans and interventions for individual CYPs' SEMH needs.

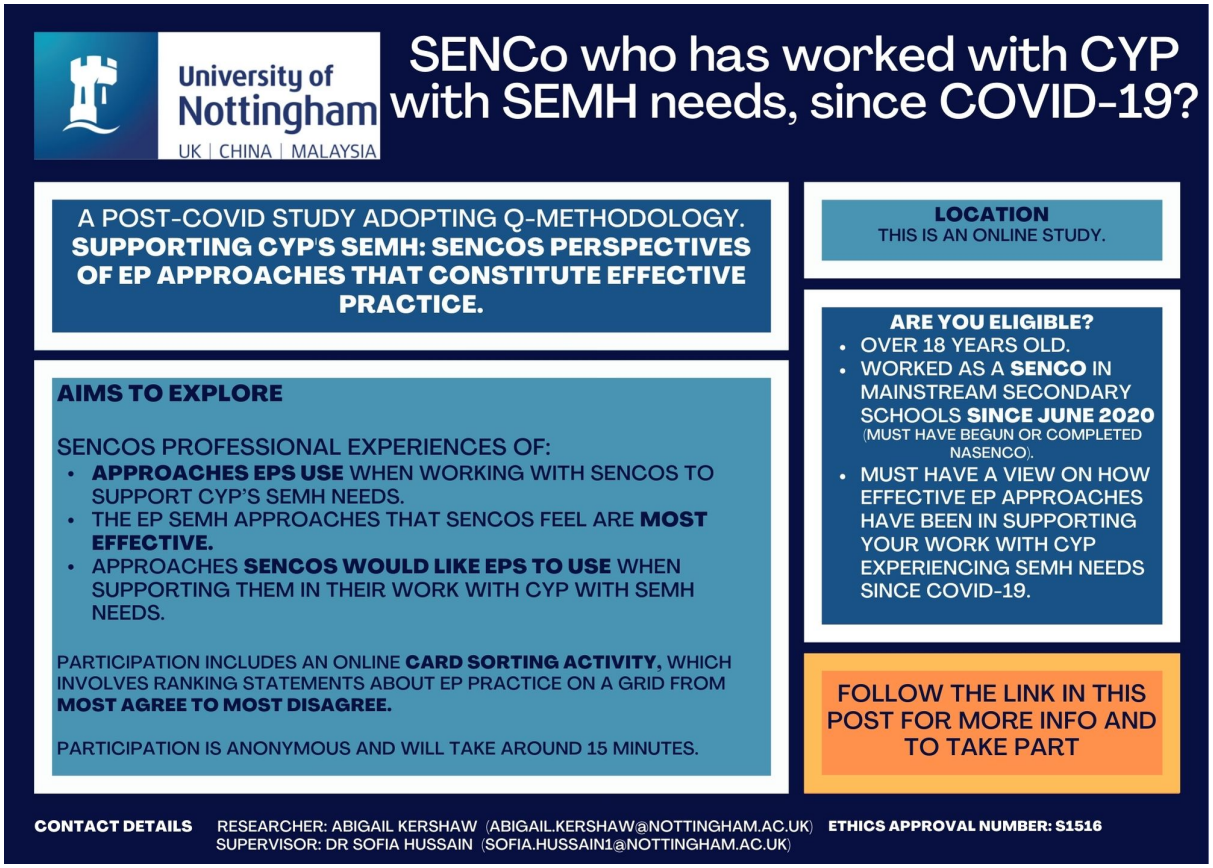
19. Offering training and resources to parents/caregivers to empower them to effectively support their CYPs' SEMH needs.
20. Setting up systems where staff can share their best practices, insights, and knowledge with peers to collectively improve SEMH support.
21. Providing structured and focused support in small groups to CYP to develop specific SEMH needs.
22. Using comprehensive assessments that consider various aspects of a CYPs' individual context to identify the specific SEMH needs they may be experiencing.
23. Utilising assessment results to make informed decisions and recommendations for referring CYP to additional support services as needed.
24. Working in coordination with various agencies and organisations to triangulate perspectives, identify CYP who may be at increased risk of SEMH challenges, collaboratively developing and implementing interventions to support CYPs' SEMH needs.
25. Providing support to CYP with SEMH needs who are experiencing transition within the educational system or life stages.
26. Providing recommendations and support based on evidence-based approaches and interventions aimed at supporting CYPs' SEMH needs.
27. Using solution-focused techniques to explore CYPs' SEMH needs in positive and solution-oriented ways (e.g., focusing on what's working and possible solutions as opposed to remaining focused on challenges).
28. Having in-depth knowledge of the school community.
29. Using their holistic understanding of the dynamics, culture, and context within the school community to identify CYPs' families who may be particularly vulnerable and require additional, early support.
30. Advocating for the inclusion of CYPs' views in decisions and policies that directly impact their lives.
31. Considering the individual (e.g., the CYP, parents/carers, school staff) as central and considering their feelings, preferences, and needs when making decisions and adapting support accordingly.
32. Assisting key individuals in setting Specific, Measurable, Achievable, Relevant, and Time-bound (SMART) goals for CYP with SEMH needs.
33. Assisting key individuals in regularly reviewing and evaluating the progress of CYP with SEMH needs.
34. Collaborating with key individuals to determine potential next steps and support for CYP with SEMH needs.
35. Ensuring impartiality and neutrality when working with adults (e.g., from school, home, or other services) to support CYPs' SEMH needs.
36. Speaking up and taking action to protect and promote the rights and well-being of vulnerable individuals and communities.

Appendix NN. Additional details of participant recruitment procedure.

To maximise the heterogeneity of the P-set and diversity of pertinent views and support the recruitment of SENCos who may have otherwise been difficult to reach, the researcher asked professional and personal contacts to circulate the study poster (Appendix PP) via email, social media and other means with eligible contacts and gatekeepers (Watts & Stenner, 2005a, 2005b, 2012; Webler et al., 2009). This included secondary school head teachers, principal EPs within private and local authority EPS' and an LA's SEND services manager.

The study poster (Appendix PP) and Qualtrics URL, which took participants to the participant information sheet (Appendix PP) and consent form (Appendix QQ), were also distributed via social networks (X and Facebook), email, and direct messages. Interested participants followed the URL or contacted the researcher via email, direct message, or 'liking' the social media post. If the latter approach was taken, the researcher sent the written consent form, which, after being signed electronically, led to the Q-sort activity.

Appendix OO. Research poster for Q-sort (main research phase)


University of Nottingham
UK | CHINA | MALAYSIA
SENCo who has worked with CYP with SEMH needs, since COVID-19?
A POST-COVID STUDY ADOPTING Q-METHODOLOGY.
SUPPORTING CYP'S SEMH: SENCOS PERSPECTIVES OF EP APPROACHES THAT CONSTITUTE EFFECTIVE PRACTICE.
AIMS TO EXPLORE
SENCOS PROFESSIONAL EXPERIENCES OF:
APPROACHES EPS USE WHEN WORKING WITH SENCOS TO SUPPORT CYP'S SEMH NEEDS.
THE EP SEMH APPROACHES THAT SENCOS FEEL ARE MOST EFFECTIVE.
APPROACHES SENCOS WOULD LIKE EPS TO USE WHEN SUPPORTING THEM IN THEIR WORK WITH CYP WITH SEMH NEEDS.
PARTICIPATION INCLUDES AN ONLINE CARD SORTING ACTIVITY, WHICH INVOLVES RANKING STATEMENTS ABOUT EP PRACTICE ON A GRID FROM MOST AGREE TO MOST DISAGREE.
PARTICIPATION IS ANONYMOUS AND WILL TAKE AROUND 15 MINUTES.
LOCATION
THIS IS AN ONLINE STUDY.
ARE YOU ELIGIBLE?
OVER 18 YEARS OLD.
WORKED AS A SENCO IN MAINSTREAM SECONDARY SCHOOLS SINCE JUNE 2020 (MUST HAVE BEGUN OR COMPLETED NASENCO).
MUST HAVE A VIEW ON HOW EFFECTIVE EP APPROACHES HAVE BEEN IN SUPPORTING YOUR WORK WITH CYP EXPERIENCING SEMH NEEDS SINCE COVID-19.
FOLLOW THE LINK IN THIS POST FOR MORE INFO AND TO TAKE PART
CONTACT DETAILS
RESEARCHER: ABIGAIL KERSHAW (ABIGAIL.KERSHAW@NOTTINGHAM.AC.UK)
SUPERVISOR: DR SOFIA HUSSAIN (SOFIA.HUSSAIN1@NOTTINGHAM.AC.UK)
ETHICS APPROVAL NUMBER: S1516

Appendix PP. Information sheet for Q-sort (main research phase)

School of Psychology
Information Sheet for SENCos

The University of Nottingham
UNITED KINGDOM · CHINA · MALAYSIA

A post-COVID study adopting Q-Methodology.
Supporting CYPs' SEMH: SENCos perspectives of EP approaches that constitute effective practice.

Ethics Approval Number: S1516
Researcher: Abigail Kershaw
Supervisor: Dr Sofia Hussain

Contact details
Researcher email: abigail.kershaw@nottingham.ac.uk
Supervisor email: sofia.hussain1@nottingham.ac.uk

You are invited to take part in the main research phase of a two-part study exploring the professional experiences of SENCos about practices that support CYP with social-emotional and mental health (SEMH) needs. You have been invited to take part as you are the SENCo of an educational setting.

You would therefore be a valued participant in the main research phase of this study as you can provide ideas around SEMH-related practice and support. Before you decide if you wish to take part, please take time to read the following information carefully, as this will help you understand why the research is important and what it will involve from you.

If you have any questions or would like further information about the study, please use the email addresses to contact the researcher (Abigail Kershaw) or the researcher's supervisor (Dr Sofia Hussain).

Thank you for taking the time to read this document.

What are the project's purpose and aims?
Within the main research phase of this study, I am seeking views from SENCos as professionals who are considered central to supporting CYPs' SEMH needs. The COVID-19 pandemic exacerbated the already high prevalence of SEMH needs among adolescents relative to other age groups and increased the wait times for access to professional support services. Thus, placing this population of CYP at increased risk of adverse outcomes.

Schools are increasingly recognised as key providers of early help for SEMH needs. Previous research identified EPs as well-placed to deliver preventative and supportive guidance to school staff (e.g., SENCos) to help schools better support CYPs' SEMH. However, SENCos play an integral role in supporting CYPs' SEMH and are well-placed to work collaboratively with EPs due to their holistic understanding of the CYP, the school context, and their knowledge of SEN (Crosby, 2022). Consequently, SENCos are often directly involved in coordinating the EP's work. It follows that SENCos have knowledge about what constitutes effective EP practice in this area. This main research phase will therefore involve the

researcher asking you to rank a set of comprehensive statements which represent the range of EP support experienced by SENCos and provided by EPs/AEPs/TEPs about how effective you feel the approaches are in supporting CYPs' SEMH needs.

What will taking part involve?
If you choose to participate, you will be asked to follow a URL link to a card sorting activity and share your post-COVID (since June 2020) professional experiences as a SENCo. This will involve sorting 36 cards containing statements about EP practice onto a grid based on how much you agree or disagree with them about the following statement:

'As a SENCo, who supports CYP with SEMH needs, I think [INSERT STATEMENT] constitutes effective EP practice.'

Completion of this phase of the study will take approximately 15 minutes and can be completed at a time that suits you.

If you experience technical challenges during the activity, the researcher will be available for contact on weekdays between 5-8 pm via this link [link inserted] to Microsoft Teams.
Why have I been invited to partake?
This phase of the research will involve at least 30 SENCos. You have been invited to take part because of your role as a SENCo within a mainstream secondary school in the UK, since the COVID pandemic (since June 2020). This suggests that you may have a view on how effective EP approaches are in supporting CYPs' SEMH needs.

Do I have to take part?
You are under no obligation to participate in this study; participation is entirely voluntary. You have the right to change your mind about your participation at any time before, during or after the study (until 7 days after the final data collection point-31.07.2023). You also have the right to refuse to answer questions and/or partake in tasks. You would not be required to give a reason for your withdrawal and any information you contributed up to that point would be removed from the study.

All data gathered will be kept confidential and used solely for research. It will be stored in compliance with the Data Protection Act. Your responses to the main research phase will be saved in a spreadsheet in a password-protected Google Drive account and then downloaded seven days after the final day of data collection (31.10.2023) and saved in a Q-sort desktop programme on a password-protected secure personal laptop. The data will then be permanently deleted from Google Drive. You will not be asked for any identifying information (e.g., names or workplace) but if you accidentally include identifiable information then this will be removed from the data set.

As an online participant in this research, we are obliged to make you aware that there is always a potential risk of intrusion by outside agents, for example through hacking, and therefore the possibility of being identified though this is minimised due to no personally identifiable information being gathered.

No concerns or dangers were identified about participating in this study, and the risk of harm is consistent with that faced during everyday life (BPS, 2014). However, if your participation evokes any negative feelings, you will have the opportunity to discuss this with the

researcher, or, if preferred and/or necessary, the researcher may signpost you to potential sources of further support.

To further reduce the chance of injury, please follow the safety guidelines below:

- Exercise due caution when using the equipment.
- Take screen and movement breaks as and when needed.
- Seek medical help in the event of an injury or accident.
- If any medical concerns are experienced during the study (e.g., headaches) then participation should be discontinued and, if necessary, medical support sought.
- Ensure you have optimal environmental conditions in place (e.g., sufficient lighting, computer screen at head height, sitting at a desk on a suitable chair, using a suitable mouse and keyboard).
- Electronic equipment being used should be provided by your workplace and therefore assumed to have been PAT tested and deemed safe for use.
- If a problem with electronic equipment arises (e.g., broken equipment) then participation should be discontinued and usual workplace procedures for reporting the fault should be followed.
- Complete the task in a safe space and inform another individual that you are completing a research task, where you can be located during this time, how long the task is expected to take, and when you have completed the task.
- If completing the research task within the workplace, the company's/school's specific Health and Safety at Work rules and risk assessment should be adhered to.

This study has been reviewed and ethically approved by School of Psychology Research Ethics Committee.

If you have any questions or concerns, please use the contact details on this document to contact the researcher (Abigail Kershaw) or their supervisor (Dr Sofia Hussain).

If you have any complaints about the study, please contact:
Stephen Jackson (Chair of Ethics Committee)
stephen.jackson@nottingham.ac.uk

To participate in this research, please continue to the informed consent form on the next page. Once consent has been given a link will be provided for the Q-sort activity.

Appendix QQ Consent form for Q-sort (main research phase)

School of Psychology
Consent Form for Q-sort

University of Nottingham
UK | CHINA | MALAYSIA

Title of project: A post-COVID study adopting Q-Methodology. Supporting CYPs' SEMH: SENCos perspectives of EP approaches that constitute effective practice.

Ethics Approval Number: S1516
Researcher: Abigail Kershaw (abigail.kershaw@nottingham.ac.uk)
Supervisor: Sofia Hussain (sofia.hussain1@nottingham.ac.uk)

The participant should answer these questions independently:

- Have you read and understood the Information Sheet? YES/NO
- Have you had the opportunity to ask questions about the study? YES/NO
- Have all your questions been answered satisfactorily (if applicable)? YES/NO/NOT APPLICABLE
- Do you understand that you are free to withdraw from the study? YES/NO (at any time and without giving a reason)
- I give permission for my data from this study to be shared with other researchers provided that my anonymity is completely protected. YES/NO
- Do you agree to take part in the study? YES/NO

By ticking the box below, you are indicating that the study has been explained to you to your satisfaction, and you agree to take part. You understand that you are free to withdraw at any time.

[Tick box] "This study has been explained to me to my satisfaction, and I agree to take part. I understand that I am free to withdraw at any time."

Signature of the Participant: Date:

Name (in block capitals):

I have explained the study to the above participant, and he/she has agreed to take part.

Signature of researcher:  Date: 26.04.2023

Appendix RR. Additional procedural information for the present study's main research phase

Deadline for Q-sort completion: Intending to maximise participation, no 'deadline' for Q-sort completion was imposed, instead offering flexibility for participants to complete the task at a convenient time. The research schedule was adjusted accordingly with written, gentle prompts sent periodically to individuals who had shown an interest in participating via electronic messages from 05.11.2023 to 05.12.2023. All prompts explicitly stated that participation was voluntary, and consent could be withdrawn at any time.

Average total completion time: The average total Q-sort completion (pre-sorting to post-sort questions) was 18 minutes, ranging from seven to 67 minutes. Several factors could underpin the considerably higher than average completion time recorded for one participant (e.g., experiencing challenges with remaining on task, such as needing to pause due to external factors or technical issues temporarily, or it could indicate the participant took great care and thought extensively about their responses). As every participant had access to live support and contact information with the researcher, and no requests for support were received, it is assumed technical issues were not present.

Assigning unique ID codes: Each Q-sort was assigned a unique ID that summarised participants' demographic data, including:

- Self-reported gender.
- Number of years in job role.
- Whether the Q-sort was perceived to be missing any items.
- Number of items ranked positive, negative, and neutral in the pre-sort task.

Table RR1 displays the coding system.

Table RR1. *A table displaying the unique identification coding system used to summarise demographic information*

Demographic data	Assigned codes and meanings
Self-reported gender	M= male F= female
Years in role	[digits]*
Perceived items to be missing from Q-sort	Y= yes N= no
Number of items ranked positive in pre-sort	P[digits]
Number of items ranked neutral in pre-sort	Neu[digits]
Number of items ranked negative in pre-sort	N[digits]

Note. Where the number of years was provided as a decimal value, this was rounded to the nearest whole number as KADE does not support decimal points.

For example, the code 'F2NP12Neu7Neg8' indicates a female participant with two years of SENCo experience, who felt that no statements were missing from the Q-set. During the pre-sort task, they sorted 12 statements as positive, seven as neutral and eight as negative.

Appendix SS Debrief statement for Q-sort (main research phase).

EXPERIMENTAL DEBRIEFING INFORMATION

School of Psychology

University of Nottingham

Name of Experimenter: Abigail Kershaw

Email of Experimenter: abigail.kershaw@nottingham.ac.uk

Name of Supervisor: Dr Sofia Hussain

Email of Supervisor: sofia.hussain1@nottingham.ac.uk

Title of Research: A post-COVID study adopting Q-Methodology.
Supporting CYPs' SEMH: SENCos perspectives of EP approaches that constitute effective practice.

Background:
This is an exploratory piece of research which aims to explore the perspectives of SENCos on the EP approaches they feel constitute effective practice when supporting CYP with SEMH needs in the UK. The COVID-19 pandemic exacerbated the already high prevalence of SEMH needs among adolescents relative to other age groups and increased the wait times for access to professional support services. Thus, placing this population of CYP at increased risk of adverse outcomes.

Schools are increasingly recognised as key providers of early help for SEMH needs. Previous research identified EPs as well-placed to deliver preventative and supportive guidance to school staff (e.g., SENCos) to help schools better support CYPs' SEMH. However, SENCos play an integral role in supporting CYPs' SEMH and are well-placed to work collaboratively with EPs due to their holistic understanding of the CYP, the school context, and their knowledge of SEN. Consequently, SENCos are often directly involved in coordinating the EP's work. It follows, that SENCos have knowledge about the most effective EP approaches and as such, their perspectives are considered pertinent to this study's focus on identifying 'what works' best to ensure the EP role remains effective and relevant in the post-COVID landscape.

Design and Dependent Measures:
A Q-sort methodological design is used in this research study. Approximately 30 SENCos will be sampled and complete the Q-sorting activity. The individual's completed Q-sorts and the qualitative data gathered from the post-sort questionnaire will be the dependent variables.

Intended Analysis:

For data analysis, the researcher will use the PQMethod computer suite. Each contributor's whole Q-Sorts will be evaluated, and a correlation matrix will be created, allowing the researcher to identify which individual Q-Sorts cluster together to form a "factor." These factors will then be explored further to find the "best fit" understanding of the number of different clustered viewpoints that emerge from the sample, with enough participants in each to represent as many viewpoints as possible. These factors will then be objectively interpreted using Q-Sorts and qualitative data to have a greater understanding of each viewpoint given as a factor.

Will I receive a copy of the research?
Please contact the researcher to request a full copy of the study, upon completion.

Questions:
If you have any questions, please contact the researcher using the details above.

Sources of support:
If you feel you have been negatively affected at any point during your participation in this study, the links below may be helpful in directing you to further support.
https://www.mind.org.uk/information-support/guides-to-support-and-services/
https://www.nhs.uk/nhs-services/mental-health-services/

Thank you for taking part in this study.

Abigail Kershaw
Trainee Educational Psychologist

Appendix TT Appraisal of several Q-sort data analysis programs

Table TT1. *A table displaying the Q-sort data analysis programs appraised and the reasoning behind their subsequent rejection or selection for use in the present study.*

Data analysis program	Reason for rejection or selection
Google Sheets	Unable to support a factor rotation
Microsoft Excel	Unable to support a factor rotation
Margin Note 3	Paid for app.
PQMethod	Only supported on computers running Windows so not accessible to researcher via IOS.
KenQ (KADE)	Allows choices for factor extraction and rotation. Provides required tables to describe emerging viewpoints.

The Ken-Q Analysis Desktop Edition (KADE) application (Banasick, 2019a) was selected for the following reasons:

- Compatibility with the EQ Configurator program (same developer) and the researcher's operating system (IOS).
- Offline accessibility.
- Step-by-step instructions.
- Aesthetic appeal.
- Availability of technical support.
- Frequency of updates released based on user feedback.
- Generating almost identical results to other Q-sort applications (Banasick, 2019b), and having been used successfully in previously published research (Fraschini, 2022; Ramlo, 2021).
- Outputs a downloadable Excel file containing additional data and a Scree plot of Eigenvalues (Clausen et al., 2021) to support later factor analysis.

Appendix UU Details of the four statistical guidelines used to support factor extraction and their application within the present study:

This appendix item provides supplementary details of the four statistical guidelines applied to support factor extraction. For each, an explanation is first provided followed by the findings of the guideline when it is applied to the present study's data. The former is relevant when reading Section 3.7.2.3.3 and the latter during Section 4.2.2.

Guideline one: *Kaiser-Guttman Criterion (Guttman, 1954; Kaiser, 1960):* identifies the factors significantly contributing to the final solution. It suggests retaining factors with Eigenvalues above 1.00 and disregarding any with variance below 1.00, as this would not constitute a reduction in data. Various Eigenvalue 'cut-offs' exist (e.g., 0.7; Joliffe (1972)), though for studies with less than 30 variables, Kaiser-Guttman Criterion is considered accurate and appropriate (Field, 2016).

Application within the present study: *suggested* retaining two factors (one and two) for additional analysis.

Guideline two: *Brown's significantly loading Q-sort (Brown, 1980)* identifies the Q-sorts that load significantly onto the respective factor (i.e., contributed 'meaningfully' to its creation) and should thus be included in the analysis. The study's significance level is calculated as:

$2.58\ x\ (1 \div \sqrt{Number\ of\ Q\ set\ Items})$

To satisfy this criterion, two or more participants must have post-extraction factor loadings above the significance level (p<0.01).

Application within the present study: two or more participants were required to have post-extraction factor loadings above 0.43 (the current study's significance level (p<.01). This was calculated as:

$2.58\ x\ (1 \div \sqrt{Number\ of\ Q\ set\ Items})$
$2.58\ x\ (1 \div \sqrt{36}) = 0.43$

Table UU1 presents the Q-sorts that loaded significantly onto each factor. The 'significant factor loadings' (Brown, 1980) 'test' indicated two factors (one and two) should be retained.

Table UU1. *A table showing which, if any, Q-sorts loaded significantly onto each of the seven factors.*

Factor	Q-sorts loading significantly onto each factor
1	2, 5, 6, 7, 8, 11, 13, 14
2	1, 10
3	None
4	5
5	None
6	2
7	None

Guideline three: *Humphrey's Rule (Brown, 1980)* considers factors significant and thus extractable, based on their standard error. The standard error is calculated by:

$1 \div \sqrt{Number\ of\ Q\ set\ Items})$

Humphrey's Rule can be applied using either a stricter or a less strict criterion (Watts & Stenner, 2012). The stricter criterion suggests a factor is significant if the cross-product (ignoring the sign) of its two highest loadings is greater than twice the standard error (Brown, 1980). The less strict criterion recommends doubling the standard error.

Application within the present study: the standard error is calculated as:
$1 \div \sqrt{Number\ of\ Q\ set\ Items})$
$1 \div \sqrt{36} = 0.1667$ (std err.= 0.17)
Less strict criterion= 0.17
Stricter criterion= 0.34.

Only Factor One met the strict *Humphrey's rule* criterion (0.9089 x 0.8529= 0.77520081), with the cross-product of Factor Two's highest loadings being 0.2819573, suggesting one factor should be extracted. While five factors (1, 2, 3, 4 and 6) met the less strict criterion. Table UU2 quantitatively presents the outcomes of applying Humphrey's rule to the present study's data.

Table UU2. *A table displaying the outcomes of Humphrey's Rule 'test,' including, for each of the seven factors, the two highest loading Q-sorts and their cross-product, whether the factor solution met the strict and/or less strict Humphrey's rule criterion.*

Fac tor	Two Q-sorts with the highest loadings	Cross-product of two highest loadings	Has it met strict Humphrey's rule criterion (>0.34)?	Has it met less strict Humphrey's rule criterion (>0.17)?
1	14 and 8	0.9089 x 0.8529= 0.77520081	Yes	Yes
2	1 and 10	0.5534 x 0.5095= 0.2819573.	No	Yes
3	6 and 9	0.3587 x 0.5295 = 0.18993165	No	Yes
4	5 and 7	0.4488 x 0.3825 = 0.171666	No	Yes
5	5 and 1	0.2945 x 0.1998 = 0.0588411	No	No
6	2 and 12	0.5348 x 0.3633 = 0.19429284	No	Yes
7	*3 and 4*	*0.2695 x 0.2281 = 0.06147295*	*No*	*No*

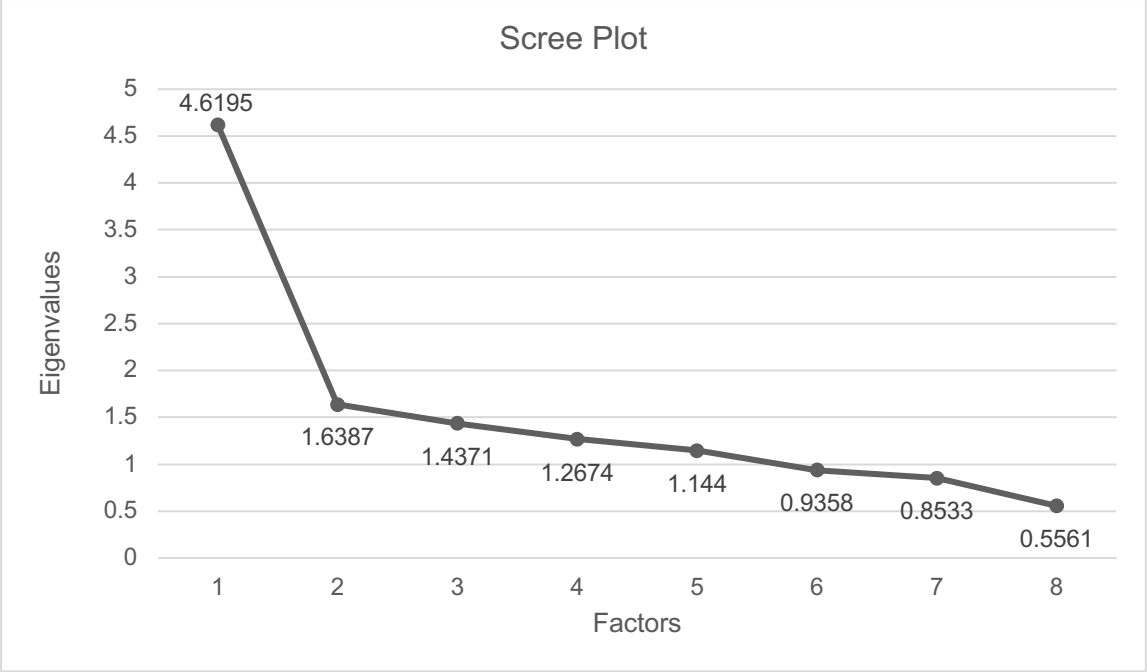
Note. Grey highlight indicates the factor solutions that met Humphrey's rule criterion.

Guideline four: *Scree Plot Test* (Cattell, 1966) helps distinguish *major* factors from *trivial* ones, enabling analysis to focus on the former (Ledesma et al., 2015). Although originally designed for use with PCA, it provides valuable information and is recommended for use in Q-methodological studies (Watts & Stenner, 2012). For this 'test,' PCA must be used (Watts & Stenner, 2012).

The Scree Plot test involves plotting each factor's Eigenvalues on a graph and visually analysing the slope to judge sufficient factor variance. When the graph's slope levels off, factors to the left of this inflexion point are retained for analysis, while those to the right are discarded due to negligible contribution (Cattell, 1966; Watts & Stenner, 2012). However, since determining the slope is somewhat subjective, inter-rater reliability checks are recommended to mitigate researcher bias.

Application within the present study: each factor's Eigenvalues were input to the Scree Plot (Figure UU1) and visually analysed to gauge where the slope levelled off. Inter-rater reliability checks led to the researcher and one TEP judging the line to indicate two factors, the other TEP suggesting one, and the Q-methodologist suggesting four or five.

Figure UU1. *A figure displaying the Scree Plot test graph, which used PCA.*



Multiple factors could underpin these inconsistent judgements, including a lack of familiarity with and understanding of Scree Plot interpretation. The Q-methodologist shared that they did not utilise a Scree Plot test when conducting their research, so they felt they needed more confidence to interpret it accurately.

Appendix VV. Details about Varimax and manual factor rotation.

Varimax rotation is an automated, objective process that uses the optimal mathematical approach to account for maximum participant variance (Watts & Stenner, 2012). This ensures that each Q-sort only loads significantly onto one factor and supports transparent and straightforward data analysis that avoids researcher bias, making it helpful for less experienced Q-methodology researchers (Webler et al., 2009).

Manual rotation involves rotating two factors simultaneously in any direction around their origin (Watts & Stenner, 2012). Manual (by-hand) rotation can help preserve context and avoid 'leaving out' minority voices,' as it allows exploration and hypothesis testing of how specific participants' viewpoints are related or focused on particular Q-sorts (Webler et al., 2009). However, manual rotation is not appropriate for studies adopting deductive approaches where no a-priori assumptions are held, or no substantive rationale exists for weighing one Q-sort over another (Watts & Stenner, 2012).

Combined Varimax and manual rotation: can capitalise on both approaches' strengths, starting with Varimax for transparency and following with manual rotation to check if additional Q-sorts can load onto factor/s (Watts & Stenner, 2012). This blended approach is particularly useful in studies using abductive approaches and where there is no theoretical argument or hypothesis for favouring one Q-sort over another. Further, combining the approaches can maximise explained study variance (35% or above is considered acceptable (Kline, 2014) and minimise researcher bias with peer reviewing recommended to reduce this further (Watts & Stenner, 2012).

Appendix WW Potential threats to study validity and mitigations applied.

Table WW1. *A table presenting the potential threats to the study's validity identified by the researcher and the mitigations applied to reduce or remove the impact of these.*

Potential threat and possible impact upon validity	Mitigations applied
Researcher bias could influence findings due to subjectivity at various points in the research (e.g., concourse gathering, data analysis and interpretation).	• Continuous reflective and reflexive practice throughout the research and decisions reported transparently. • Target population and concourse contributors piloted Q-set. • Q-set reviewed and refined by peer-researchers also using Q-methodology and an experienced Q-methodological researcher. • Data interpretation to occur only during final analysis stage. • A consistent appearance was kept across the different Q-set cards (i.e., text and card style and colour, size, and rotation) though text and card size were editable by participants. The uniform appearance sought to ensure sort configurations were based on participant reactions to the card's contents, not other factors (e.g., appearance of the cards) (Watts & Stenner, 2012). • The Q-sort program presented and numbered the cards randomly to the participants. This sought to avoid leading the participants and presenting items of similar themes consecutively (Watts & Stenner, 2012). • Removing examples of items from being on the Q-sort cards and instead placing them in a glossary. This aimed to make the presence of examples less leading for participants and to help them appear as *some* examples as opposed to options. Consequently, it was hoped that seeing particular examples rather than others would not (consciously or subconsciously) influence participants' decision-making during the Q-sort.
Self-selection bias: volunteering participants are likely to have a keener interest in the research topic and differ qualitatively than non-volunteering individuals.	• Limitation acknowledged. • Descriptive data gathered (e.g., years in role). • Specific inclusion and exclusion criteria provided along with the purpose of the study.

Restrictive Q-set and Q-sort format: participants may feel unable to accurately share their views due to missing EP approaches in the Q-set, or their level of agreement may not be accurately represented via the forced normal distribution.	• Rigorous Q-set development and piloting with experienced Q-methodology researchers, peers, and people akin to the target population and from populations with a view on the topic. Feeding back the summary of the concourse contributor's views to check the notes' accuracy. • Post-sort questionnaire provided opportunity to share missing approaches.
Social desirability bias: participants may feel pressure (e.g., from employer, organisation researcher) to communicate a particular viewpoint.	• Q-sorts anonymous and neither the researcher nor participants' line managers were present during the Q-sorts. • The Q-sort being online and maintaining anonymity throughout could reduce the likelihood of social desirability bias (Peritore, 1989). • Communication methods provided for participants to contact the researcher or their supervisor if they wished to share additional information.
Errors in completion: lack of researcher presence could increase the risk of interpretation or completion errors.	• Participants could contact the researcher with questions or queries. • Written instructions created based on Watts & Stenner, 2012) guidance. • Instructions piloted.
Low ecological validity: due to the novel Q-sort task.	• Identical supplementary instructions were provided to participants and all Q-set items linked directly to the 'condition of instruction' (Section 3.7.1.2.2.6).
Ensuring method coherence and integrity	• The researcher drew upon example written instructions that had previously been successfully used in online studies (Watts & Stenner, 2012). This ensured the guidance provided to participants was "self-contained, explicit and transparent" (Watts & Stenner, 2012 p.87) and also maintained the same method for each participant. • To increase the study's replicability and ensure transparency, the researcher systematically kept a log of decisions made and the reasoning behind these and referred to these throughout this write up.
Stakeholders: could be interested in topic areas.	The EPS: The researcher is currently on placement as a trainee educational psychologist (TEP) within a private EPS. The research bears no direct link with the EPS, though the service may be interested in the study's findings due to CYPs' SEMH needs being an area that team members frequently support

	The University of Nottingham (UoN): This research forms part of the researcher's professional training for the Doctorate in Applied Educational Psychology at the UoN, so its proposal had to be approved by the university's research and ethics panel. Participating SENCos, EPs, TEPs, AsEPs: All participants provided informed, written consent. Negotiations were made between staff (work and non-work) commitments to enable timetabling of data collection. The SLT participating SENCos: SLT were not directly involved in the study, though its outcomes may be of interest to them. The study's researcher: The researcher is interested in how best to support CYP with SEMH needs and so conducting systematic, ethical, and unbiased researcher is essential throughout. EP training programmes, Government policymakers, parents, teachers, and professional bodies: Although not directly involved in the study, they may hold an interest in how best EPs can support the SEMH needs of the CYP they live or work with/for.

Appendix XX Correlation Matrix between sorts.

Table XX1. *A table displaying the correlation matrix between participants' Q-sorts, including the participants' number and unique identification code*

Participant		1	2	3	4	5	6	7	8	9	10	11	12	13	14
1	F10YP10Neu3Neg23	100	-3	6	9	-17	1	35	4	6	27	-6	-3	20	27
2	F25NP27Neu6Neg3	-3	100	7	38	24	44	16	54	30	-16	31	-8	42	40
3	F9NP19Neu11Neg6	6	7	100	14	45	42	17	28	-12	1	15	-6	34	31
4	F3NP29Neu6Neg1	9	38	14	100	-1	10	10	17	8	12	7	17	16	13
5	F1NP13Neu17Neg6	-17	24	45	-1	100	35	23	40	25	8	37	1	41	58
6	F4NP30Neu6Neg0	1	44	42	10	35	100	33	58	-15	-8	59	-5	65	43
7	F4NP21Neu10Neg5	35	16	17	10	23	33	100	52	7	15	42	-9	63	62
8	F2NP24Neu7Neg5	4	54	28	17	40	58	52	100	40	-5	61	-27	55	60
9	F20YP12Neu13Neg11	6	30	-12	8	25	-15	7	40	100	-14	19	1	4	40
10	F8NP36Neu0Neg0	27	-16	1	12	8	-8	15	-5	-14	100	8	1	10	31
11	F3NP29Neu7Neg0	-6	31	15	7	37	59	42	61	19	8	100	-8	47	50
12	F02NP28Neu4Neg4	-3	-8	-6	17	1	-5	-9	-27	1	1	-8	100	9	-4
13	F18NP21Neu8Neg7	20	42	34	16	41	65	63	55	4	10	47	9	100	59

14	F08NP26Neu7Neg3	27	40	31	13	58	43	62	60	40	31	50	-4	59	100

Appendix YY Eigenvalues and variance estimates for 7 factors

Table YY1. *A table showing the Eigenvalues and variance estimates for 7 factors extracted using CFA along with each participants' number, unique identification code, factor loadings, percentage of explained variance and cumulative percentage of explained variance.*

Number	Participant	Factor One	Factor Two	Factor Three	Factor Four	Factor Five	Factor Six	Factor Seven
1	F10YP10Neu3Neg23	0.1763	0.5534	-0.237	-0.1677	0.1998	-0.0571	0.1475
2	F25NP27Neu6Neg3	0.5189	-0.197	-0.2223	0.0523	0.0497	0.5348	0.1507
3	F9NP19Neu11Neg6	0.3762	-0.0116	0.3086	0.0075	0.0844	-0.1116	0.2695
4	F3NP29Neu6Neg1	0.2108	0.0307	-0.0418	0.2246	0.031	0.2117	0.2281
5	F1NP13Neu17Neg6	0.5198	-0.2374	0.2902	0.4488	0.2945	-0.2076	-0.2089
6	F4NP30Neu6Neg0	0.6218	-0.2132	0.3587	-0.2472	0.1945	0.2578	0.1471
7	F4NP21Neu10Neg5	0.6423	0.3204	-0.0155	-0.3825	0.1293	-0.0591	-0.2073
8	F2NP24Neu7Neg5	0.8529	-0.4109	-0.2825	-0.1551	0.1765	-0.0221	0.0485
9	F20YP12Neu13Neg11	0.2124	-0.0593	-0.5295	0.2581	0.1953	0.0188	-0.2268
10	F8NP36Neu0Neg0	0.104	0.5095	0.0572	0.0068	0.1417	-0.1613	-0.0037
11	F3NP29Neu7Neg0	0.6333	-0.2021	0.1086	-0.1007	0.0563	0.0807	-0.2195
12	F02NP28Neu4Neg4	-0.0604	0.1924	0.1125	0.1761	-0.0474	0.3633	-0.2196
13	F18NP21Neu8Neg7	0.7651	0.074	0.197	-0.106	0.0425	0.1493	-0.0043
14	F08NP26Neu7Neg3	0.9089	0.1314	-0.0097	0.3046	0.0649	-0.2045	-0.1772
Eigenvalues		4.1553	1.0832	0.8424	0.7261	0.2926	0.689	0.459
% explained variance		30	8	6	5	2	5	3
Cumulative % explained variance		30	38	44	49	51	56	59

Note. Yellow highlight indicates significantly loading Q-sorts (p<0.01). Grey highlight indicates Eigenvalues above 1.

The data in Table YY1 indicated:

- Factor One accounts for 30% of the common variance present in the current study- that is, almost one third of everything that the Q-sorts have in common (Watts & Stenner, 2012).
- Eigenvalues above 1 (n=2) led to two factors satisfying this extraction criteria.

Appendix ZZ Findings of the Exploratory Factor Extraction Process

Table ZZ1. *A table presenting the findings of the exploratory factor extraction process, including, for each factor solution, the Q-sorts that significantly loaded onto each factor, any confounding or non-significant Q-sorts, the total number of Q-sorts significantly loaded onto a factor, the cumulative Eigenvalues, and the researcher's evaluative summary of the solution.*

Factor solution	Q-sorts loading onto each factor	Confounding Q-sorts	Non-significant Q-sorts	Total number of Q-sorts significantly loaded onto a factor within the solution (out of 14)	Cumulative Eigenvalues for factor solution	Factor solution evaluation
1 factor solution	Factor One: 2, 5, 6, 7, 8, 11, 13, 14	None	3, 9, 4, 1, 10, 12	8	30%	Not viable. Increased number of non-significantly loading Q-sorts, lower cumulative Eigenvalue. Excluded two viable factors.
2 factor solution	Factor One: 8, 14, 6, 13, 11, 5, 2, 7 Factor Two: 1, 10	None	3, 9, 4, 12	10	38%	Viable, optimal solution. Q-sort Seven was confounded in 3 factor solution but has now loaded onto Factor One. Non-significant loadings: Q-sort Three (0.37) could potentially load. Q-sorts 9 (0.21), 4 (0.2), 12 (0.17) are unlikely to load at 0.43 even with rotation. However, if Q-sort Three loads onto Factor One, solution would account for highest number of loaded Q-sorts (11/14) across explored solutions. Q-sorts 8 and 7 are significantly loaded onto Factor One (confounded in 3-factor solution). But 2-factor solution excluded viable Factor Three.

3 factor solution	Factor One: 14, 6, 13, 11, 5, 3 Factor Two: 1, 10 Factor Three: 9, 2	7, 8	4, 12	10	44%	Initially considered viable but Factor Three's Eigenvalue below one, Q-sorts 7 and 8 confounded: loading onto factors 1 and 2 and 1 and 3, respectively so typically not used in this factor estimates stage (Watts & Stenner, 2012, p. 129). Non-significant loadings: Q-sort Four (0.2108), 12 (0.1924) are unlikely to load at 0.43 even with rotation. Q-sort Two flipped from Factor One (in 2 factor solution) to Factor Three.
4 factor solution	Factor One: 6, 13, 11, 5, 3 Factor Two: 1, 10 Factor Three: 9, 2 Factor Four: none	14, 7, 8	4, 12	9	49%	Not viable. Although cumulatively the factor solution accounts for 49%, no Q-sorts significantly loaded onto Factor Four, Q-sorts 14, 7, and 8 are confounded. Q-sort Fourteen's loadings on Factor One and Factor Three could be manifestations as their loadings are very close (0.6762 and 0.639, respectively) Q-sort Seven loads onto Factor One and Factor Two (0.5063 and 0.5987, respectively). Q-sort Eight loads onto Factor One, Factor Three and Factor Four (0.5898, 0.5136, 0.6223, respectively). Interestingly, Q-sort Eight's Factor Four loading (0.6223) is the highest of all Factor Four loadings, but it is also the only significant loading on Factor Four with the next closest being Q-sort Four at 0.2859 (which is unlikely to load).

5 factor solution	Factor One: 6, 13, 11, 3 Factor Two: 1, 10 Factor Three: none Factor Four: 9 Factor Five: none	14, 5, 7, 8	12, 2, 4	7	51%	Not viable. No Q-sorts significantly loaded onto factors 3 or 5 and only 1 loaded significantly onto Factor Four.

Appendix AAA. Altering the significance threshold

Raising the significance threshold

Raising the significance threshold to 0.55 gained one additional loading (Q-sort Seven), which was no longer confounded but led to one Q-sort (10) no longer loading (Factor Two= 0.51538).

The researcher manually rotated the factors 1 degree, which led to Q-sort Ten being at its highest possible on Factor Two (0.51946) and led to Q-sort Two no longer loading onto Factor One (0.5431). Similarly, rotating to -2 degrees led to Q-sort Ten being at its highest possible loading on Factor Two (0.52) though in this rotation Q-sort Two remained loaded on Factor One (0.54834).

Furthermore, the loss of Q-sort Ten meant only one Q-sort remained significantly loaded onto Factor One- which Watts and Stenner (2012) suggest avoiding.

The researcher also wanted to avoid acting prematurely and preventing other Q-sorts that were reasonably close to loading at the original .43 significance level from doing so (e.g., Q-sort Three= 0.3727) by raising the threshold. As such, the significance level was kept at .43.

Lowering the significance threshold

The researcher also trialled changing the significance level to p=<0.05 (0.33) (as per Section 4.2.8). Lowering the threshold allowed Q-sort Three (0.3727) to load onto Factor One but Q-sort Seven remained confounded (Factor One loading= 0.5777, Factor Two loading= 0.4259). It also became clear that applying the lower threshold would result in the higher loading Q-sort (7) being exchanged for one with a lower loading (3), which would reduce the study variance.

The researcher experimented with significance thresholds that lay between the p=<0.05 and p=<0.01 values. If the lower threshold was altered to .37 applied with a rotation of 8 degrees, then Q-sort Seven (Factor One= .6191 Factor Two= 0.36318) became unconfounded, whilst Q-sort Three loaded (Factor One =0.37617 and Factor Two= 0.01389). However, in the way Q-sort Seven's Factor Two loading in the initial Varimax rotation (0.4259) considered to load (when rounded to 2dp) at the .43 threshold, its loading value in this solution was also very close to being significant (0.36318) at the .37 threshold. The researcher reflected on multiple factors. Although it was confounded in both solutions, Q-sort Seven's loading onto Factor Two was of higher weighting in the initial Varimax rotation (0.4259). Applying a lower threshold risked reducing the data's reliability and increased the risk of a Type II error. As such, altering the significance level was not considered to improve the solution, so p=<0.01 (0.43) was applied.

The criteria applied to rotation decisions aligned with the present study's *Literature Review* (Chapter 2). This included ensuring the elicitation of varying viewpoints and the inclusion of participants.

Appendix BBB Demographic information and significance levels of participants that loaded onto each factor, and those who did not load

Table BBB1. *A table displaying the demographic information (years in SENCo role and gender) and significance levels of participants that loaded onto each factor, and those who did not load.*

Loading status	Participant	Years in SENCo role	Gender
Factor One	2	25	Female
	5	1	
	6	4	
	7	4	
	8*	2	
	11	3	
	13***	18	
	14**	8	
Factor Two	1*	10	
	10**	8	
Unloaded	3	9	
	4	3	
	9	20	
	12	2	

Note. *Highest loading participant onto each factor respectively. **Second highest loading participant onto each factor respectively. ***Third highest-loading participant.

Appendix CCC Factor One crib sheet

General overview of Factor One:
EP support is effective when it focuses on:

- Using the outcomes of targeted assessments to plan the next steps in supporting CYPs' individual SEMH needs.
- Providing specialist, psychological knowledge and recommending individualised support to CYP through evidence-based approaches.
- Collaborating with the people who know the CYP best to help them better understand CYPs' presenting SEMH needs and how these can be supported.

Ranking	Statement number and statement
+5	3. Using psychological principles to gain a deeper understanding of CYPs SEMH needs.
+4	12. Carrying out 1:1 targeted assessments to evaluate CYPs existing SEMH skills. 8. Providing recommendations to support the SEMH needs of individual CYP or groups of CYP.
Higher in Factor One array than in Factor Two array	22. Using holistic assessments to identify the specific SEMH needs CYP are experiencing. 23. Using assessment outcomes to identify when a CYPs SEMH needs may indicate a requirement for more specialist support. 2. Collaborating through consultation with parents/carers and school staff. 16. Supporting adults around the CYP (e.g., parents/carers, school staff) to understand the wider contextual factors which may be impacting a CYPs SEMH needs. 17. Supporting adults around the CYP (e.g., parents/carers, school staff) to understand the potential functions underpinning a CYPs SEMH needs. 35. Maintaining an objective, neutral, unbiased position when working with a range of adults around the child. 11. Delivering 1:1 interventions aimed at teaching CYP specific SEMH skills. 32. Supporting key adults in formulating SMART targets for CYP with SEMH needs. 7. Evaluating provisions within educational settings to help schools tailor support to meet specific SEMH needs.
Lower in Factor One array than in other factor arrays	5. Providing targeted training focused on specific SEMH needs. 21. Offering small group support to help CYP develop targeted SEMH skills. 19. Providing training to parents/carers to support CYPs SEMH needs. 25. Supporting effective transition. 14. Supporting effective transition. 30. Advocating CYPs voices in decisions affecting their lives. 1. Providing support for school staff. 15. Supporting SLT with creating and implementing a comprehensive approach to supporting CYPs SEMH needs.

	13. Working preventatively to support CYPs wider SEMH development. 36. Advocating for the rights of vulnerable populations.
-4	28. Utilising an in-depth understanding of the school community to support the early identification of vulnerable families. 29. Supporting adults in gathering pupil views effectively.
-5	20. Establishing peer learning systems for staff to share best practices collaboratively.

Appendix DDD Factor Two crib sheet

General overview of Factor Two:
EPs are well-placed to provide effective direct and indirect support to CYP with SEMH needs. This can be done effectively through a systemic approach that focuses on the whole child, including:

- Enabling collaboration between the EP, adults who know the CYP best and other professionals.
- Upskilling these adults in designing individualised supports for CYP.
- Advocating for CYPs' views.
- Supporting CYP with transition.

Ranking	Statement number and statement
+5	14. Upskilling SLT in understanding CYPs SEMH needs by sharing evidence-based research with them.
+4	5. Providing targeted training focused on specific SEMH needs. 21. Offering small group support to help CYP develop targeted SEMH skills.
Higher in Factor Two array than in Factor One array	36. Advocating for the rights of vulnerable populations. 19. Providing training to parents/carers to support CYPs SEMH needs. 28. Utilising an in-depth understanding of the school community to support the early identification of vulnerable families. 25. Supporting effective transition. 30. Advocating CYPs voices in decisions affecting their lives. 1. Providing support for school staff. 13. Working preventatively to support CYPs wider SEMH development. 15. Supporting SLT with creating and implementing a comprehensive approach to supporting CYPs SEMH needs. 29. Supporting adults in gathering pupil views effectively.
Lower in Factor Two array than in other factor arrays	3. Using psychological principles to gain a deeper understanding of CYPs SEMH needs. 8. Providing recommendations to support the SEMH needs of individual CYP or groups of CYP. 12. Carrying out 1:1 targeted assessments to evaluate CYPs existing SEMH skills. 16. Supporting adults around the CYP (e.g., parents/carers, school staff) to understand the wider contextual factors which may be impacting a CYPs SEMH needs. 2. Collaborating through consultation with parents/carers and school staff. 23. Using assessment outcomes to identify when a CYPs SEMH needs may indicate a requirement for more specialist support. 17. Supporting adults around the CYP (e.g., parents/carers, school staff) to understand the potential functions underpinning a CYPs SEMH needs.

	22. Using holistic assessments to identify the specific SEMH needs CYP are experiencing. 35. Maintaining an objective, neutral, unbiased position when working with a range of adults around the child 32. Supporting key adults in formulating SMART targets for CYP with SEMH needs.
-4	20. Establishing peer learning systems for staff to share best practices collaboratively. 11. Delivering 1:1 interventions aimed at teaching CYP specific SEMH skills.
-5	7. Evaluating provisions within educational settings to help schools tailor support to meet specific SEMH needs.

Appendix EEE Viewpoint One comments from significantly loading Q-sorts

Table EEE1. *A table displaying the Q-sorts that loaded significantly onto Viewpoint One, the three highest ranked and one lowest ranked statement, the statement number and ranking, and the qualitative comment provided by each participant in relation to their ranking.*

Q-sort	Statement number	Ranking	Qualitative comment
2	12	+5	To support [*sic*] EHCAR process
	2	+4	Joined up thinking with all agencies [*sic*] important in complex cases
	3	+4	Makes sense!
	29	-5	They should be able to do that anyway
5	12	+5	Ensuring that assessments are 1:1 and targeted will give the most focused outcomes to any session that an EP completes
	26	+4	EPs are highly qualified [*sic*] and we purchase their services because we want evidence-based solutions to be at the heart of the recommendations
	3	+4	EPs are highly qualified [*sic*] and we purchase their services because we want evidence based solutions to be at the heart of the recommendations. We need the level of understanding to be greater than the majority of other people working with the young person.
	28	-5	Whilst it is important to recognise context when working with a child [*sic*] EPs must treat each as an individual and at face value. They will find out all of the relevant information when working with a child. We ask the EP to work with that child they do not select or identify students in school to work with
6	23	+5	To provide the correct targeted support for a student it's vital that assessment outcomes are used to see what specialist support will be best.
	22	+4	This would be the first stage in identifying the needs of the CYP

	12	+4	This would be the next step after holistic - it's important to dig down and really understand the issues underlying a CYP SEMH needs
	29	-5	This would be helpful but not necessarily needed in all cases
7	12	+5	[*sic*] Need professional opinions to help support need
	8	+4	Staff need recommendations to support staff support young people
	14	+4	Support comes from investment and understanding at the top.
	24	-5	[*sic*] School role to collaborate and share info [*sic*] not EP [*sic*]
8*	8	+5	[*sic*] Specific strategies and guidance to improve outcomes
	3	+4	[*sic*] Identify areas that teacher may not see
	12	+4	different range of skills and assessment to education staff
	29	-5	[*sic*] Not EP specific
11	23	+5	The EP is essential in providing evidence of why a child requires a certain type of support. They are the professionals and can give this advice.
	5	+4	Training is so important. Without training from qualified professionals we cannot run the 1:1 or group sessions we need to support students with SEMH needs.
	22	+4	With regard to SEMH needs there is a need for holistic assessments which view the whole child.
	36	-5	EPs do play a part in this but so does every teacher [*sic*] senco [*sic*] DSL [*sic*] etc anyone that works with children. It is not solely the role of an EP.
13	12	+5	This is whagt [*sic*] Ed psychs [*sic*] are trianed to do and they must use outcomes to inform best advice and practice to support the CYP
	8	+4	We seek advice from Ed Psychs [*sic*] as they are more expert than us.

	3	+4	Ed Psychs [*sic*] should have a better holistic understanding of the CYP [*sic*] brain and of factors that adversely affect teir [*sic*] well-being. We and parents / carers can provide context but we sekk [*sic*] next steps from Ed Psychs [*sic*] as often we have tried everything [*sic*] we can think of to help the CYP
	20	-5	This is something SLT should do.
14**	3	+5	School staff can carry out a range of assessments. We are asking for EP support so that they can apply psychological expertise.
	22	+4	Holistic assessments are important because there many underlying reasons for SEMH needs. A full understanding is needed for better support
	12	+4	1-1 Assessments are neede [*sic*]
	20	-5	This can be done without EP support.
	Additional comment when asked if they felt any EP approaches were missing.		None missing, but a lot of repetition.

Note. *Highest loading participant. **Second highest loading participant.

Appendix FFF Viewpoint Two comments from significantly loading Q-sorts

Table FFF1. *A table displaying the Q-sorts that loaded significantly onto Viewpoint Two, the three highest ranked and one lowest ranked statement, the statement number and ranking, and the qualitative comment provided by each participant in relation to their ranking.*

Participant	Statement number	Ranking	Qualitative comment
1	19	+5	This would help staff with tackling some challenging parents [*sic*] responses and to support the young person and support parents with discipline and connecting with their child etc [*sic*]
	28	+4	It is extremely important to gain an understanding of the subject (core reason) to the adverse behavioural response [*sic*] which will enable the school to place reasonable adjustments in place to support students [*sic*] needs rather than a sole focus on the behavioural response. Teaching staff rarely receive supervision (time to reflect) so teaches [*sic*] focus on the adverse behaviour policy.
	14	+4	I believe that primary provisions [*sic*] SLT have a better understanding of SEMH compared to secondary schools as the curriculum and targets are rigid. Secondary school organisations are difficult to bring new thoughts forward [*sic*]
	7	-5	Most SENCo [*sic*] are experienced in evaluating provision for SEMH [*sic*] no support is needed in this field.
		Additional comment provided when asked if participant perceived any EP	Top: Schools are becoming hubs for social care and more support is needed regarding training and the use of supervision. Children's needs are more complex over that [*sic*] last few years and schooling is in a recruitment crisis where staff are saying that they are not supported and specific behaviours from students are triggering their own traumas.

		approaches as missing from the Q-sort.	
10	30	+5	SEMH support needs to be individualised [*sic*] and the [*sic*] voice must lead next steps.
	5	+4	All staff need to have an understanding on more in depth [*sic*] training to support CYPs [*sic*]
	14	+4	SLT have the power to influence [*sic*] and you need their buy in to make any real differences to SEMH
	11	-5	Whilst effective [*sic*] support and intervention needs to be offered on a wider scale across school and part of the curriculum

Note. *Highest loading participant. **Second highest loading participant.

Appendix GGG Consensus statements

Table GGG1. *A table displaying consensus items that do not distinguish between Factor One or 2, including statement number, whether the item is significant, the statement, the Q-sort value (Q-SV) rank and z-score of each statement within the relevant factor.*

Statement Number	Significance	Statement	Factor One Q-SV	Factor One *z*-score	Factor Two Q-SV	Factor Two *z*-score
1		Providing support for school staff.	-2	-0.62	1	0.28
4	*	Providing targeted training focused on specific SEMH approaches.	2	0.381	2	0.975
5	*	Providing targeted training focused on specific SEMH needs.	2	0.761	4	1.485
6	*	Upskilling school staff to help them recognise and understand CYPs individual SEMH needs and how these can present.	1	0.133	2	0.837
9	*	Fostering collaborative partnerships with a range of adults.	0	0.067	-1	-0.047
10	*	Utilising interpersonal skills to develop positive relationships with CYP.	-2	-0.653	0	0
13		Working preventatively to support CYPs wider SEMH development.	-2	-0.63	0	0.14
15		Supporting SLT with creating and implementing a comprehensive approach to supporting CYPs SEMH needs.	-2	-0.65	0	0.14
16		Supporting adults around the CYP (e.g., parents/carers, school staff) to understand the wider contextual factors which may be impacting a CYPs SEMH needs.	2	0.89	0	0

18	*	Collaborating with parents/carers, school staff and other professionals to design tailored SEMH support.	0	-0.136	-2	-0.742
20	*	Establishing peer learning systems for staff to share best practices collaboratively.	-5	-2.001	-4	-1.812
24	*	Collaborating with multiple agencies.	-3	-1.013	-3	-1.021
25		Supporting effective transition.	0	-0.05	2	0.74
26	*	Providing guidance on evidence-based SEMH support.	-1	-0.486	1	0.232
27	*	Applying solution-focused approaches to explore SEMH needs.	1	0.16	0	0.185
30		Advocating CYPs voices in decisions affecting their lives.	-1	-0.54	1	0.32
31	*	Applying person-centred approaches when working with others.	-3	-0.695	-1	-0.326
33	*	Supporting key adults to review the progress of CYP with SEMH needs.	0	-0.182	-2	-0.789
34	*	Supporting key adults to identify next steps for CYP with SEMH needs.	1	0.366	1	0.511

Note. All listed statements are non-significant at $p<.01$, and those flagged with an asterisk (*) are also non-significant at $p<.05$).

Appendix HHH Distinguishing statements for Factors One and Two

Table HHH1. *A table displaying distinguishing items between Factor One or Two, including statement number, whether the item is significant, the statement, the Q-sort value (Q-SV) rank and z-score of each statement within the relevant factor.*

Statement number	Significance	Statement	Factor One Q-SV	Factor One *z*-score	Factor Two Q-SV	Factor Two *z*-score
12	*	Carrying out 1:1 targeted assessments to evaluate CYPs existing SEMH skills.	5	2.16	0	0.185
3	*	Using psychological principles to gain a deeper understanding of CYPs SEMH needs.	4	2.05	2	0.557
8	*	Providing recommendations to support the SEMH needs of individual CYP or groups of CYP.	4	1.87	1	0.326
22	*	Using holistic assessments to identify the specific SEMH needs CYP are experiencing.	3	1.61	-2	-0.884
23	*	Using assessment outcomes to identify when a CYPs SEMH needs may indicate a requirement for more specialist support.	3	1.05	-1	-0.232
2	*	Collaborating through consultation with parents/carers and school staff.	3	1.01	-1	-0.185
16		Supporting adults around the CYP (e.g., parents/carers, school staff) to understand the wider contextual factors which may be impacting a CYPs SEMH needs.	2	0.89	0	0
17	*	Supporting adults around the CYP (e.g., parents/carers, school staff) to understand the potential functions underpinning a CYPs SEMH needs.	2	0.61	-1	-0.464
35	*	Maintaining an objective, neutral, unbiased position when working with a range of adults around the child.	1	0.34	-3	-0.928
21	*	Offering small group support to help CYP develop targeted SEMH skills	1	0.19	4	1.301
19	*	Providing training to parents/carers to support CYPs SEMH needs.	0	0.1	3	1.163

11	*	Delivering 1:1 interventions aimed at teaching CYP specific SEMH skills.	0	-0.02	-4	-1.996
25		Supporting effective transition.	0	-0.05	2	0.742
32	*	Supporting key adults in formulating SMART targets for CYP with SEMH needs.	-1	-0.49	-3	-1.533
7	*	Evaluating provisions within educational settings to help schools tailor support to meet specific SEMH needs.	-1	-0.52	-5	-2.322
30		Advocating CYPs voices in decisions affecting their lives.	-1	-0.54	1	0.322
14	*	Upskilling SLT in understanding CYPs SEMH needs by sharing evidence-based research with them.	-1	-0.57	5	2.043
1		Providing support for school staff.	-2	-0.62	1	0.279
13		Working preventatively to support CYPs wider SEMH development.	-2	-0.63	0	0.138
15		Supporting SLT with creating and implementing a comprehensive approach to supporting CYPs SEMH needs.	-2	-0.65	0	0.141
36	*	Advocating for the rights of vulnerable populations.	-3	-1.02	3	1.253
28	*	Utilising an in-depth understanding of the school community to support the early identification of vulnerable families.	-4	-1.49	3	1.116
29	*	Supporting adults in gathering pupil views effectively.	-4	-1.97	-2	-0.511

Note. (p<.05; asterisk (*) indicates significance at 0<.01).

Appendix III. Further personal reflections

My research journey began in 2021 with my initial interests surrounding how EPs could best support secondary-aged CYP with obsessive-compulsive disorder (OCD). Supervision discussions explored ethical challenges surrounding the use of clinical populations in my research and the feasibility of accessing this population. Considerations included how this population would be identified, would I only gather the views of CYP with diagnoses or recruit individuals displaying behaviours that typify OCD? If the latter, who would be qualified to make a reliable and valid judgement of participant eligibility? Further, with OCD symptoms typically occurring gradually over time (Obsessive Compulsive Disorder, Obsessive Compulsive Disorder UK., 2024), would it be plausible to expect these to be identified during a CYPs' school years? Concerns also arose around gaining ethical clearance for the study in time for the research to be conducted. Subsequently, the research focus was shifted to a broader focus, which still encapsulated my drive to support CYP with SEMH needs but focused upon a more objectively identifiable and accessible population.