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A mixed methods study exploring how Social Emotional Mental Health (SEMH) special schools monitor pupils SEMH development.

Siara Nawaz

A dissertation submitted to the University of Bristol in accordance with the requirements for award of the degree of Doctorate of Educational Psychology (DEdPsy) in the faculty of social science and law.

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Abstract

Monitoring pupils' SEMH development plays an important role in developing pupils' SEMH needs, which significantly impact their engagement with learning and later life outcomes, (David et al., 2015; Smithers et al., 2018). There is limited literature on monitoring SEMH development and this exploratory research aimed to contribute to the literature on monitoring SEMH development. A mixed methods approach was used to gather the views of staff within SEMH special schools. A web-based survey was disseminated to all SEMH special schools within England, 68 SEMH special schools contributed to the survey data. Staff from 13 SEMH special schools participated in the online semi-structured interviews. The findings from the current research found SEMH special schools use a wide range of approaches to monitor pupils' SEMH development. The Boxall Profile, Strengths and Difficulties Questionnaire, Outcome Star, Emotional Literacy Assessment, Pupil Attitude to Self and School, and Beck Youth Inventory were all popular approaches identified by participants. Participants also highlighted monitoring was more than a teacher completing a survey and consisted of; pupil and parent involvement, observational data, staff meetings and data tracked by schools. Several factors influence SEMH special schools' decision when selecting an approach, the usefulness of the data and evidence informed approaches were amongst the commonly identified factors. This research was also interested in how the SEMH monitoring approaches were used. The findings highlight several people are involved in monitoring pupils' development including all staff within SEMH schools, parents and pupils. Additionally, the frequency of administering an approach varied and was dependent on the type of approach selected. Furthermore, the data gathered informed teaching practice, whole school practice and wider processes such as annual review meetings. Practical guidance has been created to support SEMH special schools to begin to make an informed decision when selecting an approach to monitor pupils' SEMH development.

Dedication and Acknowledgements

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Author's declaration

I declare that the work in this dissertation was carried out in accordance with the requirements of the University's *Regulations and Code of Practice for Research Degree Programmes* and that it has not been submitted for any other academic award. Except where indicated by specific reference in the text, the work is the candidate's own work. Work done in collaboration with, or with the assistance of, others, is indicated as such. Any views expressed in the dissertation are those of the author.

SIGNED: S.Nawaz

DATE: 01/09/2021

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1 Chapter 1: Introduction

This chapter provides a brief introduction to Special Educational Needs and Disabilities (SEND) for children and young people. In this chapter I specifically focus on Social Emotional and Mental Health (SEMH) needs and how identifying and monitoring SEMH needs can help ensure pupils receive appropriate educational experiences. I explore the prevalence of SEMH needs within England and I briefly outline how pupils are identified as having SEMH needs. Next, I examine the importance of supporting pupils' SEMH needs and the importance therefore, of monitoring SEMH needs. Following this, I share my personal and professional background, the aims of the study, define key research terms and outline each chapter of this thesis.

1.1 Significance of this topic

This study explores how special schools that primarily support pupils with SEMH needs monitor pupils' SEMH development.

1.1.1 Identification of Special Educational Needs and Disabilities:

Within England, the understanding of SEND has been influenced by the Salamanca Statement (UNESCO, 1994), which highlighted the need for the United Kingdom government to introduce law and policy for inclusive education for all children in mainstream schools. Also, the Warnock report (Committee Warnock, 1978) recognised the need for society to move away from viewing SEND through the medical model and shifting toward the social model of disability. The medical model of disability argues difficulties are 'within-person' and a person's disability is due to physical, psychological or intellectual impairments or functioning (Gallagher, Connor, & Ferri, 2014). The social model of disability is underpinned by social constructionism, arguing that the concept of disability is constructed by society and institutes (Reindal, 2008; Terzi, 2004). The social model aims to challenge societal and cultural attitudes toward disability and address issues of oppression and discrimination for people with a disability (Conner, 2016; Shakespeare & Watson, 2002).

The SEND Code of Practice (CoP) is statutory guidance for any person or organisation working with children who have SEND. The SEND CoP categorised need into four areas: cognition and learning; communication and interaction; physical and sensory; and SEMH. The document sets out policies and procedures linked to Part 3 of the Children and Families Act 2014 (The

Children and Families Act, 2014). The SEND CoP is reviewed periodically, the most recent review of the SEND CoP made significant changes to support pupils with SEND. Some of these changes are outlined below.

- The new guidance covers the 0-25 age range, whereas previously, the SEND CoP only supported young people up to 16 years of age.
- Statements of SEND were replaced with Education Health Care Plan (EHCP) to support pupils with complex needs through integrated plans within social care, education and health services.
- The term Behavioural Emotional and Social Difficulties (BESD) was changed to SEMH. The new term removed behaviour and replaced it with mental health. It aimed to encompass children and young people who experienced mental health-related issues and broadened the needs of pupils categorised within this area of need (Nasen, 2015).

1.1.2 Defining SEMH

This section provides a definition for the term SEMH used within the current research. Definitions of other key terms used within this research are outlined in Appendix 1.

SEMH is the broad term identified within the SEND CoP (Department for Education, 2015). SEMH encompasses social wellbeing, emotional wellbeing and mental health. The term may be used to identify one or multiple domains. The SEND code of practice defines **SEMH difficulties** as the following.

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

Schools and colleges should have clear processes to support children and young people, including how they will manage the effect of any disruptive behaviour,

so it does not adversely affect other pupils. (Department for Education, 2015, p.98.)”.

The definition highlights how the umbrella term SEMH encompasses a range of needs across a spectrum from internalised to externalised behaviours. The change in the terminology from BESD to SEMH aimed to encourage educational settings to consider the underlying reason for behaviour so that the cause could be identified and addressed (Martin-Denham, 2021). The change to the terminology recognises that some behaviours result from underlying mental health issues. One of the issues with the definition of SEMH identified within the literature is the lack of clarity when specifying the threshold or criteria when identifying SEMH difficulties; this can lead to inconsistencies in the level of need identified within different schools and local authorities (Carroll & Hurry, 2018; Norwich & Eaton, 2015).

1.1.3 EHCP and specialist settings

The majority of pupils with SEND can have their needs met within a mainstream school. However, some pupils may require an education health care needs assessment in order for their local authority to identify the severity of their needs and outline the special educational provision required to enable a pupil to make progress. EHCP's aim to identify the best outcomes for pupils across educational, health and social care sectors with the ultimate aim to prepare pupils for adulthood.

As part of the education health care needs assessment process, educational settings are required to evidence special educational provision in place to remove barriers and evidence the effectiveness of targeted interventions, also known as the graduated response. Schools are required to measure and monitor pupils' progress as part of the graduated response. As part of the education health care needs assessment process, if pupils' needs are considered significant, they will receive an EHCP from the local authority they reside in. An element of the plan requires the local authority and parents to name an educational setting. Local authorities can agree a special school for a pupil if their needs can only be met in a special school or if a request is made by a parent. After receiving an EHCP, pupils' progress is reviewed annually.

Special educational provision may be best provided in a special school. A special school would provide intensive or bespoke support to meet a pupil's needs so that they can engage with a

balanced and broad curriculum (Department for Education, 2015). Following changes to the SEND CoP, for pupils to be enrolled at a special school, they would typically require an EHCP. Within England, the number of SEMH special schools has increased over time, in 2018 there were 381 SEMH special schools which increased to 399 in 2019 (Department for Education, 2019c). The figure highlight the increased number of pupils attending SEMH special schools.

1.1.4 SEMH special schools

Like mainstream schools, SEMH special schools within England can include state funded, independent and non-maintained special schools (National Statistics Gov.UK, 2021). Most SEMH special schools within England are day schools with a small number of schools providing residential care. As highlighted earlier, pupils who attend a SEMH special school must have an EHCP, with SEMH being their primary area of need. In addition, these pupils may have secondary needs and can have medical conditions such as ADHD or ASC. To attend a SEMH special school, pupils' needs must be significant and cannot be met at a mainstream school or through a parental request can be made. As a result, young people who attend SEMH special schools are vulnerable and have significant needs that can negatively impact their engagement with schools and future life outcomes (Carroll & Hurry, 2018; Cosma & Soni, 2019).

SEMH special schools are structured like mainstream schools, however, SEMH special schools have a higher staff to pupil ratio, this is made up of teachers and teaching assistants to support pupils needs, which is often identified in the provision section of an EHCP. The classroom sizes are smaller, e.g., eight pupils per classroom. Other key members of staff in SEMH special schools include mid-day supervisors and taxi drivers. Most children will be transported to and from school via taxis or a school bus. Some SEMH special schools will employ unqualified teachers. SEMH special schools also have involvement from a wide range of external services, including speech and language therapists, occupational therapists, psychotherapists, counsellors, art therapists, and educational psychologists. The ultimate goal of a SEMH special school is to develop pupils SEMH needs and enable them to access a broad and balanced curriculum and ultimately prepare them for adulthood. The outcomes for each pupil are individualised, which are often outlined on the EHCP or from baseline assessments.

1.1.5 Prevalence of SEMH

The national statistics for special educational needs in England highlighted that in 2019, 2020 and 2021 SEMH was the third-highest primary type of need within England for pupils who receive SEND support and have an Education Health Care Plan (EHCP) (Department for Education, 2021). Additionally, for the academic year 2019-2020 and 2020-2021, the number of EHCPs with a primary area of need being SEMH has also increased steadily (Department for Education, 2020, 2021). Just as the number of pupils with SEMH needs has increased, many pupils attending SEMH special schools have also steadily increased. In 2019, within England, there were 15,891 pupils who attended a special school whose primary area of need is SEMH compared within 2018 where there were 14,391 (Department for Education, 2019b; Education, 2018). These statistics highlight the increased prevalence of pupils with SEMH within England and pupils attending SEMH special schools. It is important to note, these statistics refer to pupils with SEMH as their primary area of need and can suggest needs are observed in isolation and is a narrow view of SEMH. The four areas of need identified within the SEND CoP can interlink, for example, pupils with a primary area of need being communication and interaction can have SEMH as a secondary area of need, however, they would not be included in these statistics. This can suggest the statistics are an underrepresentation of pupils with SEMH needs,

1.1.6 Defining monitoring

Over the last ten years, one of the most significant shifts within education has been the drive to evaluate the impact of specific interventions and monitoring progress. Whilst the literature does not identify a specific definition for monitoring SEMH, the Education Endowment Foundation (EEF) suggests that monitoring serves two purposes. The Education Endowment Foundation (EEF) highlights a difference between monitoring pupils' progress and evaluating specific interventions (Education Endowment Foundation, n.d.). Evaluating specific interventions is the process of judging how effective an intervention is, for example, using a standardised measure before and after an evidence-based intervention to measure the usefulness of the intervention and determine if it is worth continuing. Monitoring pupils progress is observing the level of progress over time. It is important to note, evaluating specific interventions can form part of monitoring pupils' progress.

Within this thesis monitoring is understood as continuously observing and checking progress over a period of time; at regular points throughout the year (Ferduas, 2016; Nasen, 2014; Education Endowment Foundation, n.d.). Monitoring progress within education can identify areas of concern for individual pupils; and at times further exploration and enquiry are required to gain a deeper understanding of the situation (Nasen, 2014). The National Association for Special Educational Needs (Nasen) is a charitable organisation that supports people working with pupils with SEND. Nasen produced a document to support educational settings with tracking progress and managing provision. Nasen (2014) highlighted that tracking or monitoring academic progress is expected from schools, often involving tracking pupils against the national curriculum. However, the literature on monitoring within education primarily focuses on academic attainment. There is little research on monitoring practices within other areas of development such as SEMH, despite the SEND CoP indicating progress should be tracked within all areas of SEND (Department for Education, 2015).

Monitoring consists of several approaches. Within this research, the term approach primarily refers to standardised or formal measures used to monitor SEMH, for example the Strengths and Difficulties Questionnaire. Nasen (2014) suggests that one monitoring approach alone cannot capture a child's needs. Staff within education are often required to draw on evidence from a range of sources to identify why a pupil is not achieving expected levels of progress; this may include gaining the child's and parents' views, reviewing behaviour and attendance and scrutinising work. Triangulation of several sources of data is key to understanding a child's needs. The range of sources can form part of monitoring academic progress, however there is little information on what sources can inform monitoring SEMH progress.

1.1.7 Why monitoring is important?

As highlighted earlier monitoring depicts pupils progress over time and indicated when pupils may require additional support. Many guidance papers for educational settings place importance on monitoring pupil progress within education. The most recent OFSTED framework clearly states inspectors will make a judgment on whether teachers: *“Check learners’ understanding systematically, identify misconceptions accurately and provide clear, direct feedback. In doing so, they respond and adapt their teaching as necessary, without unnecessarily elaborate or differentiated approaches”* (Ofsted, 2019, p9). This quote emphasises the importance of monitoring, and form part of the OFSTED inspection

framework which can incentivising schools, although this quote only comments on academic progress. However, the recent OFSTED framework also highlighted that learners should develop their resilience, confidence, independence and understanding of keeping mentally healthy (Ofsted, 2019). The OFSTED framework raised the importance of SEMH and that these areas of development should be monitored. Additionally, guidance by Public Health England suggests measuring outcomes can help identify needs for individual pupils or a cohort of pupils (Public Health England, 2015).

Furthermore, as part of an EHCP process, short term and long-term outcomes for the pupil to achieve are set, which must be reviewed by the school annually. This annual review aims to evaluate the progress pupils have made and explore the effectiveness of the special educational provision set for specific outcomes suggested within the EHCP. This helps establish whether the suggested support within the plan is appropriately meeting each pupil's needs.

1.1.8 Importance of monitoring SEMH

In 2014, Public Health England published a briefing on 'The link between pupil health and wellbeing and attainment'. The document highlighted that improved health and wellbeing is likely to increase academic attainment. The document suggested that pupils' wellbeing encompasses factors such as the social, physical and psychological aspects of their lives, which school plays a vital role in shaping. Similarly, previous literature has explored how SEMH needs can impact academic attainment, suggesting that social competencies positively affect pupils' academic attainment (Davis et al., 2014; Jones et al., 2015).

Additionally, Travers, Morisano, & Locke (2015) found that self-set growth goals positively impacted academic growth goals such as self-efficacy and academic performance even after the research project had ended. Similarly, research highlights that pupils who have developed their problem-solving skills could perform better academically and overcome obstacles (Zins et al., 2004). Furthermore, David et al., (2015) found that a social and emotional curriculum has a positive effect on pupils' academic proficiency. The research literature highlights the positive impact of developing pupils' social and emotional competencies on their academic attainment. Research literature also highlights the impact of social and emotional skills on later life outcomes; this includes physical and mental health, crime, employment and income. Smithers et al., (2018)

found some evidence to suggest there was a positive effect on health and income, which highlights the longevity of the impact on individuals and society.

1.2 Personal and professional background to the study

My choice of research topic is driven by my experiences of becoming an Educational Psychologist. As an Assistant Psychologist for a local authority within the Midlands, one of my roles was to provide psychological advice as part of the transfer process from statements of SEN to EHCPs. One of the schools I worked in was a SEMH special school. During the transfer review process, I recognised the school was not always evidencing the support they provided and did not have a consistent approach to monitoring pupils' SEMH progress. Additionally, as an Assistant Psychologist, I was part of a working group for one local authority that developed a SEMH pathway from early identification to special school support. The pathway was influenced by the graduated response and identified screening measures and interventions that schools could use to monitor SEMH needs, with information for schools on administering and scoring the assessment when monitoring pupils' progress. I was surprised, given the importance of monitoring academic attainment, wellbeing and later life outcomes as highlighted above, that special schools did not have a consistent approach. As a result, I am interested in finding out what SEMH special schools do to monitor pupils' SEMH development and what factors influence their selection of an approach.

Furthermore, as a Trainee Educational Psychologist working within a range of local authorities, I visited several SEMH special schools and recognised that each school had a different approach to monitoring pupils' SEMH. Through discussion with the schools, I recognised there was limited information for schools on how to monitor pupils' SEMH development and it was these conversations that confirmed my interest in this research topic. One school reported there was limited guidance on SEMH monitoring and they did not know where to look for information. Over the years, it appears little has changed in terms of monitoring guidance for SEMH special schools. Therefore, this exploratory research is a good opportunity to investigate these areas further and find out what would support schools in selecting SEMH monitoring approaches and, therefore, make a positive change for pupils with SEMH needs.

1.3 Aims of the study

This exploratory research aims to investigate what approaches are used by SEMH special schools to monitor pupils' SEMH development and what factors influence their decision-making process when selecting an approach. Furthermore, this research also aims to explore how SEMH special schools use the approaches they select, focusing on how often they are administered, who administered the approach and how the data gathered is used within the settings.

Investigating this information will support SEMH special schools in considering the most appropriate approach for their school context. Therefore, the following research questions were investigated:

- 1) What approaches are used by special schools that primarily support pupils with SEMH needs to monitor pupils' SEMH development?
- 2) What factors influence the selection of an approach to monitor SEMH development?
- 3) How do special schools that primarily support pupils with SEMH needs use the approaches they have selected?

1.4 Chapter outline

Chapter 2 presents a critical review of the literature on monitoring and approaches used to monitor pupils' SEMH. This research uses two literature searches; the systematic principles used to select and review the literature for both are outlined. First, I provide insight into the literature on monitoring within education regarding the factors to consider when monitoring progress, frequency and who contributes to monitoring. Following this, the literature review explores the range of approaches used to monitor pupil's SEMH, focusing on the reliability and validity, of an approach. These factors may influence a schools' decision to select a particular approach. Finally, this chapter identify the gap within the literature and justify the current research.

Chapter 3 is the methodology and findings chapter. Within this chapter, I detail my philosophical and methodological design. I explore my ontological and epistemological position, which informs my methodological approach. The selection of the mixed methods research design tools. The procedure of the current research and the data analysis techniques considered are outlined. Following this the findings of the current research are presented.

The range of data from the two different data sets are brought together in a complementary way to provide an organised summary of the key findings.

Chapter 4 provides a discussion of the findings, linking back to the literature summarised in Chapter 2 whilst introducing new literature, when necessary, to enhance further understanding. Following this the strengths and limitations of the research study and the implications for the profession are outlined. This chapter concludes with a reflexive account on conducting the research.

2 Chapter 2: Literature review

This chapter explores the literature on monitoring pupils' progress within education and approaches used to monitor pupils' SEMH development. The initial examination of the literature indicated minimal literature on monitoring SEMH development and for this reason two literature searches were conducted: 1) monitoring academic progress and 2) approaches to monitor SEMH development.

First, I explain the measures I implemented to establish my literature searches. Then I examine the literature on monitoring academic progress within education, summarised into three key themes:

- factors to consider when selecting an approach;
- who monitors progress; and
- frequency of monitoring pupils' progress.

I explored the literature on monitoring academic progress to extrapolate aspects of monitoring that may be relevant to monitoring SEMH development. Next, I synthesise the literature on SEMH monitoring approaches, mainly focusing on reliability and validity. Finally, I summarise the chapter, highlighting areas of exploration within the literature. I identify how the current research aims to explore a gap within the literature, concentrating on increasing the understanding of what approaches are used by SEMH special schools to monitor SEMH development and what factors influence their decision-making process when selecting an approach. A further gap being explored is how the SEMH special schools use the approaches they select, concentrating on how often they are used, who they are used by and how the data gathered is used within the settings. This chapter concludes by stating the research questions.

2.1 Literature searches

To identify and review the appropriate literature, a literature review based on systematic search principles was conducted. Using the University of Bristol's library, four databases were searched, and the literature identified informed this chapter: British Educational Index, Child Development and Adolescent Studies, Educational Resources Information Centre (ERIC) and Psych Info (Ovid). Other databases explored were SAGE and Scopus, but no relevant journal articles were found. Other literature was identified through snowballing, where new research

papers are identified through previous research papers (Wohil, 2016), Google searches and additional relevant literature, including government legislation, policies, guidance and advice are.

An initial scoping review of the literature indicated there was minimal literature, suggesting the subject of monitoring SEMH development within education is an under researched area. For this reason, it was essential to conduct two research strategies to explore the research through a broader lens to draw out relevant findings from monitoring academic progress. Literature search one was broad and explored monitoring academic progress and literature search two was more specific, identifying approaches used to monitor SEMH needs. Most of the literature on monitoring pupils' progress is focused on, and relevant to, academic progress. Although this is not the focus of the current research, it is important to explore this literature to discover aspects of monitoring that may be relevant to monitoring SEMH development.

To select the most appropriate papers, an initial exclusion criterion was applied during the database search, these included but were not limited to the date of publication or research, publication type and language. Further information can be found in Appendix 2 and 3. Following this, further inclusion and exclusion criteria were applied at the abstract search (see Appendix 4).

To identify and examine the most appropriate literature from both literature search strategies, a critical appraisal tool was used. A critical appraisal tool is a framework that assists in assessing the trustworthiness, relevance and results of research and is often used when reviewing the literature. A critical appraisal tool is a checklist to analyse several aspects of research, including appropriateness of aims, methodology, research design, recruitment, procedures, data collection, potential biases, ethical issues, data analysis, findings, and overall contributions. A number of critical appraisal tools were considered to evaluate the literature within this chapter. Based on the literature from both research strategies, the current research used the Joanna Briggs Institute (JBI) critical appraisal tools to evaluate and critique the literature, as the JBI has a wider range of tools including text and opinion papers and quasi studies which were required for the literature review and were not available on the Critical Appraisal Skills Programme toolkit (CASP, n.d.; Joanna Briggs Institute, n.d.; Porritt et al., 2014). Furthermore, the JBI critical appraisal tools are commonly cited within the literature

and for these reasons, the JBI was considered the most appropriate tool. Examples of completed checklists can be found in Appendix 6. Key aspects of the critical appraisal of each paper is included within the review of the literature below to give context to the findings.

The relevant findings in the literature uncovered within the searches were grouped into the following themes to provide background and context to the current knowledge on the topic under research.

1. Factors to consider when selecting an approach
2. Who monitors the progress?
3. Frequency of monitoring pupils' progress.
4. Reliability and validity of approaches that monitor SEMH development.

Themes one, two and three were identified from the first literature search exploring monitoring progress within education. Theme four was identified from the second literature search on approaches used to monitor pupils' SEMH. These topics inform the structure of my literature review. In the next two sections (2.2 and 2.3) each literature search is presented.

A summary of my literature search strategies are presented at the start of each section. The search strategies were conducted in August 2020. The search terms were periodically checked for more recent published research, the most recent check was in July 2021. The full literature search strategies can be found in the appendices (See Appendix 2 and 3).

2.2 Literature search one: Monitoring pupils' progress

2.2.1 Search terms identifying literature on monitoring progress within education.

This section outlines the search strategy employed to explore the literature on monitoring progress within education. The table below presents the search terms used on relevant databases (stated above in section 2.1). In addition to the exclusion criteria identified in Table 1, an in-depth inclusion and exclusion criteria are provided in Appendix 4 and a comprehensive search strategy is available in Appendix 2.

Search terms
Monitor* or track*
AND progress
AND education or school
AND pupil* or student* or child*
NOT university or college or higher education
NOT predict* or longitudinal or life expect*

Table 1: Search terms for literature search 1.

I explored the relevant papers identified from literature search one (monitoring within education). The section focuses on how staff within educational settings monitor pupils' academic progress to draw out what is relevant for monitoring SEMH development. Three key themes were identified:

- factors to consider when selecting an approach;
- who is responsible for monitoring progress; and
- frequency of monitoring.

2.2.2 Factors to consider when selecting an approach.

As highlighted earlier, the literature regarding monitoring progress often refers to academic progress, however, a holistic understanding of pupils' development consists of several areas, e.g., communication and language, social and emotional development and literacy. Factors identified as useful when selecting an approach to monitor academic attainment may be transferable to monitoring other areas of pupil development, including SEMH. This theme explores factors to consider when selecting a monitoring approach. Two papers were identified within the literature that explicitly address what factors to consider when selecting an approach. Both papers are text and opinion papers and I reviewed the critical opinion and commentary of these papers.

Austin and Filderman (2020) provide teachers with guidance to select an appropriate approach to measure reading progress of pupils with disabilities to determine whether they are making progress. The guidance is informed by previous research on monitoring reading progress. Austin and Filderman suggest the reliability and validity of an approach is a key factor to consider when selecting an approach. The writers describe a multi-step process to

determine what progress monitoring approaches are appropriate; this begins with universal or standardised assessments used diagnostically to establish broad areas of need and followed by specific curriculum-based assessments. These monitoring processes help to establish which approaches may be required. Austin and Filderman suggest school staff should explore whether an approach is technically sound by assessing the reliability (produce stable and consistent results), validity (measure what it intends to) and if it is unbiased (tested within multiple population groups). Furthermore, the writers highlight having information on the pupils' ages, area of difficulties and pupils' characteristics can help to select an appropriate empirically supported approach. The writers recognise some approaches will have good empirical evidence whilst others will have moderate empirical evidence or no empirical evidence. For approaches with moderate empirical evidence, schools should weigh the cost and benefits of using the approach with other factors such as availability or time required to administer the approach, to support their decision when selecting an approach.

Another key factor identified by Austin and Filderman (2020), is determining the availability and feasibility of an approach. The writers suggest educational settings should consider whether the approach is available or needs purchasing and whether it is feasible to administer to their pupils. Staff should consider if it has to be administered electronically or by hand, individually or in a group, the cost associated, and the time required to administer. All these factors can influence whether an educational setting select an approach. As highlighted earlier a progress monitoring approach may not meet all the educational settings requirements, so they suggest that staff must select an approach that best meets the pupils' specific needs.

Although the paper focuses on reading assessments, the guidance provides key considerations when selecting an approach such as the reliability, validity, availability and feasibility, which can support educational settings' decision-making process regarding monitoring SEMH progress. Whilst it is an American study, the guidance is similar to monitoring practices within the UK as highlighted within Nasen (2014) and outlined by the EEF, (n.d). The Nasen states the accessibility of an approach is important when selecting an approach; it must be user-friendly and easy to understand pupils and staff to understand. The EEF provides information on the empirical evidence supporting monitoring approaches including SEMH monitoring approaches. Nonetheless, the factors suggested are not fixed, but

guidance for an educational setting, these factors may facilitate the thinking process when selecting an approach to monitor pupils' progress in other domains, such as SEMH.

Raikes (2017) provides an opinion paper discussing three approaches to child development and raises some challenges in comparing outcomes of these early childhood development measures. Although the paper focuses on early years education, the paper is pertinent to the current research as it emphasises considerations when selecting an approach. Similar to Austin and Filderman (2020) paper, Raikes also highlights the importance of an approach being reliable and valid. Raikes states that accurate, reliable measures can inform policy and can identify where support is required. Raikes suggests when considering an approach to monitor progress, it should achieve technical strength (i.e., the measure is robust). Raikes states the culture and context of a pupil can have a significant effect on a pupil's development and therefore it is important the empirical evidence is reflective of cultures and contexts. Raikes also states the language of administration of an approach can also effect the technical strength and these factors should be considered when selecting an approach. This may be a key consideration for educational settings within England given the diversity and the increased level of pupils with English as an additional language (Department for Education, 2019a).

Another key factor to consider is the method of monitoring progress. Raikes (2017) states that child development encapsulates a range of skills and competencies across various areas of development. Measurements for each domain are possible; however, a range of methodologies are required, such as self-reports from parents and direct assessments, which need to be considered when selecting an approach. Many research papers in this literature review have focused on teacher-led assessment and teacher observations, this suggested a wide range of approaches may not be used within practice. Furthermore, domains such as academic attainment have a greater level of conceptualisation and are therefore easier to monitor compared to other areas of development, e.g., SEMH, which are more complex to operationalise and monitor.

Raikes highlights several factors to consider when selecting an approach. To gather a holistic picture, Raikes suggested multiple methods and multiple people (pupils, parents, teachers and other professionals) may be involved in the process. However little consideration is given to the time required to gain a holistic picture or the frequency of administering an approach,

which may affect whether a setting selects an approach. These factors are important for educational settings to consider when selecting approaches to monitor a range of domains including SEMH development.

Similarly, Nasen (2014) also highlighted that monitoring progress within education can identify areas of concern for individual pupils; further exploration and enquiry are required to gain a deeper understanding of the situation. This suggests that one approach alone cannot capture a child's needs. Staff may be required to draw on evidence from a range of sources to identify why a pupil may not be achieving expected levels of progress; this may include gaining the child's and parents' views, reviewing behaviour and attendance and scrutinising work. Triangulation of several sources of data is key to understanding a child's needs.

In summary, the two research papers identify a range of key considerations for educational staff when selecting a monitoring approach including reliability, validity, feasibility, cost, time and availability. Raikes (2017) and Austin and Filderman (2020) highlight that monitoring is often more than a single process to gather a holistic picture of a pupil's development, e.g., universal and specific measures. The papers are both informed by literature on monitoring academic progress, these factors may be relevant to monitoring other areas of development such as SEMH. The following theme analyses the literature on who contributes to monitoring progress.

2.2.3 Who monitors progress?

This theme examines the literature on individuals who contribute to the monitoring process. To best understand who contributes to monitoring, it is important to know what practices are embedded within educational settings. The papers identified within this theme aim to understand monitoring practices within schools and mostly use qualitative research.

O'Connor's (2018) paper is a case study documenting a new approach to monitoring pupils' progress in a special school within England and emphasised all professionals are responsible for monitoring pupils' progress. Pupils who attended the school had a wide range of learning needs and their ages ranged from 4-11 years old. The special school recognised there were issues with their assessment or monitoring techniques. Staff felt the assessment techniques did not demonstrate consistent steps of progress, as pupils could not meet their targets consistently as each developmental step was too big. Staff perceived this was partially due to

assessments not being fit for purpose, as the assessments did not evidence the smaller steps of progress, they observed the pupils make. As a result, the staff looked to change how they measured and monitored pupils' progress.

The staff created a new assessment system, which monitored smaller steps of progress; in doing so several steps were undertaken to assess pupils' progress, involving a range of staff within the special school. All staff were expected to attend weekly planning meetings, senior leadership team (SLT) monitored medium-term planners, pupil progress meetings were held every six-weeks, and all professionals involved with the pupils were expected to attend and contribute to pupils' progress meetings. The teaching staff had the opportunity to analyse results from the assessment, and collaboratively, a decision would be made regarding interventions and support. Outcomes from pupil progress meetings were shared with all staff. Workbooks were used to highlight pupils' progress. Additionally, an assessment team was created in the school to oversee the new assessment system.

The new system led to an increase in evidence of pupil progress, and all staff were involved in the process. Involvement from external agencies and staff understanding of the assessment data contributed to this success. The studies shows monitoring as a multi-step whole school approach, where monitoring occurred top-down and bottom-up, which means that the senior leadership teams (SLT), teaching staff and non-teaching staff were all involved in monitoring progress. A combination of monitoring at different frequencies (weekly, monthly, termly) and disseminating information across all staff were also key contributors to the success of the new approach.

As the paper is a case study documenting the process of monitoring pupils' progress within one school, the findings are reflective of one method of monitoring used within one school developed by the staff within the school in the study. Therefore, the bespoke monitoring practice is one way to monitoring progress. However O'Connor does provide detailed insight into the steps taken with regards to monitoring and therefore this information may be transferable to other settings (Smith, 2017). It is important to note, researcher subjectivity may have influenced the study as the author of the paper also worked within the school.

Similar to the O'Connor paper, Nasen (2014) guidance suggests that teachers are responsible and accountable for their pupils' progress (Ofsted, 2019). Therefore, class teachers should be

involved in the data gathering and analysis of progress data; this requires teachers to have a basic understanding of the assessments and how to analyse and interpret the results to identify appropriate special educational provision or next steps. Additionally, within some schools, SLT also have the responsibility to track all pupils' progress within a school and therefore they too should be competent in analysing and interpreting data from assessments.

Additionally, Dann (2016) conducted a qualitative study to understand how to enhance early years and key stage one pupils' progress in schools located in deprived areas. Dann conducted interviews and focus groups with five headteachers, three assistant head teachers, 23 teachers and 26 teaching assistants from five schools categorised as failing by Ofsted. Subsequent Ofsted inspections have rated all schools involved outstanding or good.

Five key themes were identified; the most relevant theme for this literature was 'assessing, tracking progress and providing intervention', which is discussed. Dann states that all schools highlighted that assessing pupils progress was imperative to make teaching and learning effective. For core subjects such as literacy and numeracy, monitoring occurred every six weeks to identify if pupils were making expected levels of progress. Similar to O'Connor's (2018) case study, all staff within the school took responsibility for monitoring and information was disseminated to all staff. In addition, teachers and teaching assistants were sent on training to support and upskill their knowledge on assessment. The study found teaching assistants were regarded highly in monitoring progress, which the researcher states contradicts previous evidence (Education Endowment Foundation, n.d.-g). The researcher found the data on monitoring can inform whether interventions would be necessary, which was the responsibility of the SENCO within all schools.

Furthermore, monitoring data informed planning of lessons and teaching practice and as a result whole school planning and sharing of lesson plans was not possible. Teachers had the autonomy to change the scope of the lesson as a result of the data generated. However, Dann does not state how the interview data in her study was analysed and how themes were generated. Dann recognises the themes identified within the study are not a fixed process to improving pupils progress but the individual context of pupils and the educational setting should be considered. Like O'Connor's case study, Dann's study provides detailed insight into the steps taken with regards to monitoring and therefore this information may be transferable to other settings (Smith, 2017).

Both papers are reflective, following changes within the school's monitoring practices. The subjective experiences of participants within both studies highlight the different monitoring practices within UK schools. The studies identified a range of educational staff involved in monitoring pupils' progress including, teaching staff, SLT and teaching assistants. Both studies highlight how effective monitoring is a whole school approach, in which all staff are aware of their role within the process. The studies also highlight the importance of data being shared amongst staff and the need to upskill staff to increase their competence to contribute to the monitoring process. The studies detail monitoring as a multi-step approach parallel to the monitoring process suggested by Austin and Filderman (2020). Although the key factors highlighted above are specific to academic progress, the general themes identified above may be transferable to monitoring other areas of development such as SEMH. The next theme unpicks the literature on the frequency of monitoring academic progress.

2.2.4 Frequency of monitoring pupils' progress

This theme examines the literature on frequency of progress monitoring and the implications of the findings for educational staff. Five key papers were identified in the literature searches in addition to O'Connor's research who, as noted above, states the different frequencies (weekly, monthly, termly) of monitoring progress was a key factor in observing consistent progress of pupils with SEND.

Ciullo, Relle, Kim, Seo and Bryant (2011) explored a range of progress monitoring approaches specifically focusing on mathematics, to be used by education staff to implement within a classroom. Although this paper focuses on maths, the guidance may be applicable when monitor other domains of development. The researchers hoped the approaches could support education staff to make data informed decisions when considering special educational provision (support that is different from, or in addition to, what would be provided to similar-aged pupils) or intervention. Ciullo, Relle, Kim, Seo and Bryant (2011) state assessments have become increasingly popular within educational policies. The research is an American study, therefore, refers to American policy, however, a similar narrative is present within England (Department for Education, 2013; Ofsted, 2011).

Ciullo, Relle, Kim, Seo and Bryant (2011) examined four progress monitoring levels: benchmark, daily, unit and aims checks. The purpose of each approach was outlined, specifying how each approach is administered and examples of the type of approach.

Benchmark checks are given to all students, identifying where students fall in comparison to age-related peers. Performance on a benchmark test relates to testing, such as standardised tests, e.g., national curriculum tests or SATs. Scores from benchmark tests can indicate whether a pupil is working at age related expectations or if they require additional support or intervention. Benchmark checks are often given periodically throughout the year and provide a greater level of detail and assess broader areas of development. Daily checks are to observe if pupils have met the lesson's objective and are expected to take one minute, and therefore do not require a huge amount of time. Daily checks enable pupils to demonstrate an understanding of concepts and key skills. Unit checks are similar to the end of topic tests measuring the extent to which pupils have mastered the context of a topic or at the end of an intervention; they are often at the end of half term (six week). Unit checks assess topic specific progress and would need to be done for all topics, which can be time consuming. The frequency and length of unit checks can vary across the curriculum. Finally, aims checks assess if pupils are making progress towards a targeted goal. Scores from an aims check are compared on a progress monitoring chart. These goals need to be established before undertaking aims checks.

The writers argued that for pupils who are significantly below their peers, frequent monitoring is pivotal to determine whether pupils are making progress following support or whether the type of support needs to be reviewed to diminish the attainment gap. However, they also noted that each school has the responsibility to determine what type of approach and the frequency of the approach. Although the approaches discussed are specific to monitoring mathematics, some of the approaches described are similar to stage two within Austin and Filderman (2020) paper. This suggests the approaches described by Ciullo, Relle, Kim, Seo and Bryant (2011) may be relevant to monitoring other domains such as SEMH.

January et al. (2019) aimed to evaluate the frequency (the number of times an approach was administered per week) and density (number of probes administered per session) of monitoring pupils' oral reading progress using curriculum-based measures (CBM-R). The empirical study used quantitative data to analyse methods to evaluate the frequency and density of monitoring pupils' progress. The research aimed to extend the literature exploring the utility of monitoring pupils' progress with increased frequency. The study used 45 second-grade students (age 7-8, year 3) and 34 fourth grade students (age 9-10, year 5) in American

schools. The inclusion criteria for the research was participants who had scored below the 30th percentile on a curriculum-based assessment for reading and had access to special educational needs support.

Participants' oral reading rate was monitored twice a week for ten weeks in a quiet space within the school, by a trained researcher. The results revealed that progress monitoring frequency and density significantly affected accuracy of predicting pupil's growth. The accuracy of predicting pupil's growth was greater when monitoring data was collected twice weekly compared to weekly. Therefore, the researchers had greater confidence in progress monitoring decisions made twice weekly; suggesting increasing frequency of monitoring strengthens the accuracy of predicting pupils' growth. Monitoring more frequently may also increase staff confidence. Furthermore, findings suggest using more probes during each administration can increase the precision of predicting pupil's growth.

The reduced length of time (10 weeks) of this study may have contributed to the findings; further research using monitoring twice weekly over longer periods of time may offer greater validity. Additionally, monitoring progress twice weekly may not be feasible for educational practitioners and may present implementation challenges and therefore may only be useful in research. Furthermore, January et al (2019) states teaching staff do not usually have access to norm-based measures (comparing individual scores against appropriate groups of peers) and therefore the findings may not be transferable to a classroom setting. The study highlights the importance of considering the frequency and density of monitoring progress of pupils with additional needs, and this finding may also apply to monitoring SEMH needs. These findings may influence educational staff's decisions to select approaches that monitor progress.

Similar to the study above, Hier, January, and Van Norman (2020) also used qualitative measures to examine the effects of progress monitoring frequency on CBM of writing expression (CBM-WE). The random control trial design was part of a larger study. 111 participants were recruited from the larger study. All participants were taught using the Step Up To Writing curriculum by their class teacher. All participants were assessed using a benchmark assessments (CBM-WE), by a trained research assistant, to ascertain a baseline. Following this, participants accessed a 12-week intervention delivered by the research assistants. All participants were randomly allocated into three groups to monitor their

progress. The paper does not suggest whether the participants and research assistant were blind to the condition of the other groups.

The ANOVA test conducted suggested the frequency of monitoring (weekly, bimonthly, monthly, or six weekly) had a small effect on student performance and the rate of progress. However, it did have a moderate effect on precision of the estimated rate of progress and the estimated final progress. The findings from the study suggest that monitoring every six weeks can improve CBM-WE. The positive implication of less frequent monitoring is the reduction of resources and time for teaching staff. These findings differ to January et al., (2019), which suggests more frequent monitoring is beneficial; this may indicate the area of development being monitored can influence how frequently an approach should be used. Furthermore, the study was undertaken over 13 weeks, and the researchers noted that their study may have yielded different results over a longer period.

Jenkins and Terjeson (2011) state previous research does not develop optimal frequency recommendation for educational professionals. The researchers explored the effectiveness of goal setting (defined as a minimum amount of weekly growth considered as adequate progress), frequency of progress monitoring (two, four, eight weeks) and methods of evaluating progress on instructional changes (i.e., when student growth is unsatisfactory, and instructions should be modified). The study was a within group experimental design, and the researcher recruited 31 participants (18 male, 13 female). All students received special educational provision and were age 7-12 years. At the start of the academic year, special educational teachers selected three or four students for progress monitoring and provided their estimated reading levels. The researchers selected 13 reading passages for each participant, according to their estimated reading levels provided. On week one of the study a baseline was assessed using four of the reading passages, two reading passages were used to assess words read correctly every two weeks until week eight and three reading passages were used on the final week.

The result also found more ambitious goals (e.g., growth of 1.5 word per week) resulted in an increased number of students performing below their teachers' aspirations and that this therefore prompted changes to instruction. The researchers highlighted that changes to instruction prompts, whilst potentially useful, can be time consuming for teachers, therefore over ambitious goal setting could be counterproductive for teachers. However, the level of

ambition needs to be aspirational for the student. Furthermore, the results also suggested more instructional changes occurred at eight weeks rather than at two weeks, suggesting that monitoring every eight weeks is more likely to indicate whether a change in instruction is required. The researchers concluded monitoring less frequently (eight weeks) may be sufficient when considering whether to make changes if sufficient progress is not being made. This study further highlights the purpose of monitoring can be a key factor to identifying how frequently progress should be monitored. The length of the study was short in time with a small sample size which may impact the generalisability of findings. The study did not have a control or comparison group which may have strengthened the findings. Also, the research used participants who received special education needs provision and the findings may have yielded different results if working with students not recognised as having SEND.

Interestingly, Thornblad and Christ (2014), also explored how many weeks of daily CBM-R is necessary to make instructional changes. Similar to the Jenkins and Terjeson (2011) study the researchers used a within-group design with 40 participants (19 female and 21 male). They were pupils ages 7-8 years. For all participants reading passages were administered daily for six weeks by trained undergraduate students. The first three and last three were considered pre and post-tests. The researchers were interested in evaluating the reliability and validity of the CBM-R data to suggest whether the data at six weeks can guide instruction decisions. The results found the reliability, validity and precision of the CBM-R outcomes increased over the weeks; however, the reliability and validity was moderate (0.61 for both) at six weeks. The findings highlight six weeks is not enough time to make instruction decisions with confidence. The findings support Jenkins and Terjeson's (2011), who suggest eight weeks is appropriate to highlight when to make instructional changes for pupils. Both studies would indicate data informing changes to provision can be monitored less frequently. As highlighted, monitoring less frequently can positively impact teachers, as preparation for monitoring, administering assessments, and making instruction changes can be time-consuming for a teacher (Jenkins & Terjeson, 2011).

The studies discussed within this theme, frequency of monitoring pupils' progress, recognise the lack of recommendation for how frequently progress should be monitored. All five papers highlight the importance of monitoring pupils' progress and the importance of considering the frequency to track developmental growth. The papers identify a range of approaches with

different frequencies that can be used to monitor pupils' progress. The frequency of monitoring discussed varied from weekly to three times a year. The level of detail the school staff hope to gain from the approaches used to monitor progress can influence their selection. Some research suggested that monitoring progress more frequently (twice weekly) has a greater impact when supporting pupils' development (January et al., 2019). Other researchers suggest that a longer period (eight weeks) is required between monitoring to make data informed decision to make changes to provision (Jenkins & Terjeson, 2011; Thornblad & Christ, 2014). However, the research studies explored, monitoring different domains of development e.g., reading or writing which may account for the difference in how often an approach is administered.

Most studies cited, have used statistical approaches to explore monitoring of student progress which can be complex to understand. Also, the research papers are within academic journals which schools may not have access to. As a result, these findings may not inform educational staffs' decisions when considering how often to use the approaches. The next section summarises the key findings from literature search one.

2.2.5 Summary of literature search one: monitoring processes within education

Literature search one examines the literature on monitoring practices within education and identified nine key studies which were discussed under three themes; factors to consider, who monitors progress and frequency of progress monitoring. The literature suggests educational settings should be making informed decisions when selecting an approach, some of the suggested considerations by Austin and Filderman (2020) and Raikes (2017) include reliability, validity and feasibility of administering an approach. Austin and Filderman suggest each educational setting needs to weigh up the factors when selecting the most appropriate approach for their pupils.

When considering who monitors progress, two qualitative studies explored the role of a range of adults within an educational setting (Dann, 2016; O'Connor, 2018). Both papers identified teachers and teaching assistants as integral to collect monitoring data. Some members of staff e.g., SENCOs have specific roles within monitoring, such as making evidence-based decisions when selecting an intervention. Overall, the papers highlighted monitoring pupils progress is a whole school approach, with several professionals involved in monitoring pupils' progress. Additionally, the subjective experiences of educational staff were recognised within this

section, these studies highlighted the characteristics of good monitoring practices which included everyone being involved in the process, dissemination of information to all staff, everyone being aware of how to monitor progress and upskilling staff.

The literature focusing on frequency is more complex and the studies recognise the lack of guidance on the frequency of progress monitoring. A range of progress monitoring approaches were described within the literature by Ciullo et al., (2011) each with a specific purpose that can influence monitoring frequency. The approaches described are reflective of what is typically observed within practice. Some studies suggest increased monitoring can inform educational staff of pupils' academic growth (January et al., 2019). When considering the data to make an informed decision regarding special educational provision, the research suggests that the data is more reliable after an extended period e.g., eight weeks (Jenkins & Terjeson, 2011; Thornblad & Christ, 2014). This suggests the purpose of monitoring can affect how often an approach is administered.

Monitoring practices discussed are specifically focused on academic attainment mainly within mainstream educational settings. Whilst the factors identified within literature search one may be applicable to monitoring SEMH progress, there is a gap in understanding SEMH monitoring practices. The next literature search (below) evaluates approaches used to monitor pupils' SEMH, to further inform the understanding of monitoring SEMH development. The key themes identified within this section are used to inform the structure of the next section.

2.3 Literature search two: Approaches to monitoring SEMH.

The purpose of literature search two was to identify approaches used to monitor SEMH development (a definition of approach(es) is provided in Appendix 1). This section outlines the search strategy applied to generate relevant literature focusing on approaches used to monitor SEMH development. Following this, I discuss the number of approaches found and how the information for each approach was synthesised. In this section I provide detailed information on the reliability and validity of the approaches. Reliability and validity is discussed within this section as this was a key consideration raised within the first literature search. Furthermore, within the UK there is an increased focus on evidence based monitoring

(Fox, 2010). I conclude this section with a summary of the key findings from literature search two.

2.3.1 Search terms exploring literature on approaches used to monitor SEMH.

The table below presents the search terms used to ascertain literature focusing on what approaches are available to monitor SEMH. For transparency, in addition to the exclusion criteria identified in Table 2, an in-depth inclusion and exclusion criterion is provided in Appendix 4 along with further details of literature search strategies (see Appendix 3).

Search terms
Measure* or monitor* or track* or approach*
AND SEMH or social emotional mental health or social wellbeing or emotional wellbeing or mental health or wellbeing or BESD or behaviour
AND education or school
AND England or Britain or UK or United Kingdom
NOT university

Table 2: Search terms for literature search 2

Due to the broad nature of SEMH the number of articles generated from the search terms was high. Using the search terms in Table 2, 9 relevant journal articles were selected from the literature search and 12 papers were identified through snowballing; giving a total of 21 papers identified, additional information can be found in Appendix 3.

2.3.2 Approaches selected

A wide range of approaches are used to monitor domains of SEMH which may be due to the breadth of needs captured under SEMH , as highlighted in Chapter 1. Within this section I identified 33 approaches to measure SEMH development and have synthesised the information on these approaches (see Appendix 7 and 8). These approaches were selected as they were identified from literature search two and through snowballing, additional information can be found in Appendix 3 and 5. All approaches selected had to monitor domains of SEMH and be suitable for school staff to use. Whilst approaches monitoring various SEMH domains have been explored there is recognition that it is beyond the scope of this thesis to capture all approaches.

As well as relevant literature identified within the research strategy, many of the approaches are reviewed and recommended by the Anna Freud Centre, Child Outcome Research Consortium (CORC) and the Education Endowment Foundation (EEF), three UK organisations that support professionals with progress monitoring. All three organisations are recommended in the Mental Health and Behaviour guidance published by the Department for Education (2018).

Through snowballing the Anna Freud Mental Health Toolkit was identified. The Anna Freud Mental Health toolkit for Schools is a document created by Public Health England and the Anna Freud National Centre for Children and Families (Public Health England, 2015). The document identifies a range of approaches through a literature search of mental health and wellbeing and consultations with 52 schools and colleges within England. An inclusion criteria was applied when selecting approaches for the document, these included:

- the suitability for children and young people,
- feasibility for educational settings to use, time efficiency, and
- the approach including items of positive wellbeing and mental health.

When selecting approaches for this thesis it would be logical to start with the extensive work undertaken by colleagues at the Anna Freud Centre. For this reason, all but two approaches from the Anna Freud document are discussed in this literature review. The first approach not discussed was the Resilience Doughnut, as it consisted of a number of approaches including the Strengths and Difficulties Questionnaire (SDQ) a behavioural screening approach, (see Appendix 7 and 8 for more information on the SDQ) and this may confuse the reader and participants. The second approach not discussed was The Youth Quality of Life-research version (Edwards et al., 2002) as this is more suitable for research than educational settings. An additional five approaches were selected as they were either cited within the literature or observed within practice.

CORC, (cited in Department for Education, 2018) is the United Kingdom's leading organisation, to collect and use evidence on children's wellbeing and mental health for professionals in various sectors (health, social care and education). CORC provides information on a range of approaches that can be used to monitor pupils' SEMH. CORC, is informed by empirically supported evidence and for this reason is used within this literature

search. EEF is a charity aiming to raise educational achievement and break the link between family income and achievement. One of the many purposes of the EEF is to provide information on approaches to monitoring essential skills & non-academic outcomes. The database provides a wide range of evidence-based information on a range of monitoring approaches. All three sources of data provide valuable insight into the range of approaches available to monitor SEMH. All three organisations serve a different purpose and have attempted to provide accessible information about SEMH approaches including, providing information on reliability and validity. However, the wealth of knowledge and approaches available on all three websites may overwhelm schools when considering what approaches to select.

Two tables were created to consider and compare all information regarding the 33 approaches identified within the second literature search (see Appendix 7 and 8). Appendix 7 provides a brief description of each approach and where each approach is cited within the literature. Appendix 8 provides information on a range of areas including themes identified within literature search one, these include;

- domains of SEMH measured,
- age range,
- contributors to the monitoring process,
- cost,
- reliability, and
- validity.

Of importance, information on the frequency of monitoring (i.e., how often educational staff monitor progress) is not provided in Appendix 7 or 8 or within this section of the literature review; despite frequency being a key consideration highlighted in the first part of this literature review. To the best of my knowledge there is no information regarding how frequently an approach should be used to monitor pupils' SEMH progress within the literature. The lack of information on frequency suggests there is no guidance on how frequently educational settings should monitor pupils' SEMH needs, which is surprising and highlights a significant gap in the literature. This gap regarding frequency of monitoring SEMH needs may impact education staffs' decisions when considering how often pupils' SEMH

progress is monitored and may create inconsistencies in SEMH monitoring practices amongst educational settings, including SEMH special schools.

The next section critically examine the literature that is available on the reliability and validity of the SEMH monitoring approaches noted above. In total ten approaches are discussed, as the other 23 approaches did not have literature on reliability and validity or the literature did not meet the inclusion exclusion criteria.

2.3.3 Reliability and validity of approaches

As highlighted earlier in this chapter, an approach must be reliable and valid to be technically sound and these are factors to consider when selecting an approach (Austin and Filderman, 2020). Within the first literature search, reliability and validity of an approach was a theme that many researchers identified as important factors to consider. Within the UK there is an increased focus on empirically supported approach is a reliable and valid (Education Endowment Foundation, n.d.-b).

Whilst reliability and validity should not be the sole reason an educational setting selects an approach, the literature does stress the importance of an approach being reliable and valid (Raikes, 2017, Austin and Filderman 2020). Furthermore, the SEND CoP (Department for Education, 2015) also stresses educational settings should make reliable evidence informed decisions, where decisions are supported by empirical evidence. Therefore, in this section, it seems crucial to examine available research on the reliability and validity of SEMH monitoring approaches to identify what technically sound SEMH approaches are available. Several forms of reliability and validity can be assessed.

- Internal reliability investigates whether the items on the approach consistently measure the same construct, measured using a Cronbach Alpha score.
- External reliability (also known as test-retest reliability) explores whether the approaches consistently measure the same construct over time.
- Face validity explores whether the approach appears to measure its intended purpose (face value).
- Construct validity examines whether the construct of approach actually measures the intended construct.

- Convergent validity assesses whether the scores from two measures are close enough to demonstrate measuring the same constructs.
- Concurrent validity analyses how well a new test compares with a previously valid test.

The above descriptions and definitions of reliability and validity are used throughout this section as I explore the literature on the reliability and validity of approaches monitoring pupils' SEMH development.

Without prior knowledge of statistics, it can be difficult to critically examine and interpret the findings on the literature on reliability and validity. Therefore, the research on reliability and validity may lack accessibility, impacting the school's engagement with the relevant literature. Furthermore, most of the journals are not free journal publications which may be a further barrier for schools accessing literature on the reliability and validity of an approach. However, CORC and EEF attempt to simplify the information on reliability and validity, despite this the reader still requires some knowledge to interpret statistical scores.

Most researchers typically use a Cronbach Alpha to calculate the internal reliability. Commonly, a Pearson or Spearman correlation is used to calculate the external reliability and the concurrent validity. Interestingly, there is little guidance on interpreting the different statistical tests scores. However, from reading the literature the consensus is a Cronbach Alpha score above 0.7 is acceptable and below 0.5 is inaccessible. For a Pearson correlation a score above 0.7 is high between 0.5-0.7 is moderate and below 0.5 is low.

Literature search two identified research on the reliability and validity of ten approaches, therefore the following ten sub-sections explores the reliability and validity of each approaches. Following this I summarise the literature from the second literature search.

2.3.3.1 *Boxall Profile*

The Boxall Profile is an approach used to measure pupils' social, emotional wellbeing and behavioural development (Public Health England, 2015). Ruby (2020) assessed the British norms and psychometric properties (reliability and validity) of the Boxall Profile in primary school children. Ruby highlights that mental health and wellbeing are a current priority for the UK government and are given much attention in recent government papers and guidance (Department for Education, 2018a). The Mental Health and Behaviour in school guidance outlined the Boxall Profile and the SDQ (see below) as measures that schools can use to

identify mental health needs. The researcher argues this is the first study to provide evidence on standardisation and psychometric properties.

The researcher used data from 487 primary school-age children from one school within the UK (nine participants were excluded as they did not have Boxall data). Pupils ages ranged from 4-11 years and pupils were taken from each year group. 89 participants with EHCPs, or in receipt of SEN support. All class teachers were asked to complete the SDQ and Boxall profile for pupils. The data was sent to the researcher who statistically analysed the data.

For this research, I focus on how Ruby calculated the reliability and validity of the Boxall. The internal reliability (which assesses whether the items on the approach consistently measure the same construct) of all 20 strands on the Boxall Profile were investigated using a Cronbach Alpha (statistical measure of internal reliability). Eight out of ten developmental strands (strand, A, B, C, D, E, G, H and I) had a satisfactory or good internal consistency Cronbach Alpha score, suggesting these strands measure the same constructs. However, only six of the diagnostic strands (strands Q, R, T, X, Y and Z) had a satisfactory or good internal consistency Cronbach Alpha score, this suggests a poor correlation between some items, which may affect the interpretation of the scores. However, the researcher suggests this may be due to the strands being made up of fewer items.

The concurrent validity (analyses how well a new test compares with a previously valid test) between the Boxall Profile and the SDQ were calculated using a Spearman-Rank correlation. The total developmental score on the Boxall Profile negatively correlated with all subscales, except Prosocial scale, which positively correlated. The researcher highlights these findings suggest the Boxall Profile has good concurrent validity and supports previous research findings (Couture et al., 2011). Couture, Cooper and Royer (2011) assessed the concurrent validity between the Boxall Profile and the SDQ, using scores from 202 children aged 3-14 from 25 schools within England. The finding found a high level of concordance between the two approaches.

To investigate convergent validity (to assess whether the scores from two measures are close enough to demonstrate measuring the same construct), the researcher explored whether children with an EHCP, or received SEN support because of their SEMH needs, demonstrated

lower social and emotional difficulty and higher behavioural difficulties. The result correlated with this, indicating the Boxall has high convergent validity.

This paper provides information on the reliability and validity of the Boxall Profile. The researcher uses statistical analysis to highlight most of the strands on the Boxall have a high internal reliability. The Boxall also scored highly on convergent and concurrent validity. The research highlights further exploration is required determine the structural validity. Overall, this research suggests that Boxall has properties of being technically sound to monitor SEMH needs. However, Ruby states to establish British norms the sample size was relatively small and all pupils were from one school, therefore the findings may not represent the population of UK primary school-age children and recruiting participants from a range of schools would be beneficial. Using a wide range of schools would aim to capture an increased number of pupils with SEND, who receive SEN support or have an EHCP and increase the diversity of ethnic backgrounds of participants (which was not stated in the paper) and therefore be more reflective of UK population. Furthermore, the Boxall is also used within secondary schools and the findings regarding reliability and validity may not be representative of older pupils.

2.3.3.2 Stirling wellbeing scale

The Stirling wellbeing scale measures life satisfaction. The Stirling wellbeing scale is widely cited and is identified within the Anna Freud Mental Health toolkit and by CORC. The Stirling Wellbeing scale's reliability and validity were identified in Liddle and Carter's (2015) research. The researchers explored the development and validation of the Stirling Wellbeing Scale and outlined the process of developing the approach. Liddle and Carter recruited 1849 pupils (aged 7-15) from 18 primary and secondary schools within the UK to support the construction and validation of the Stirling Wellbeing Scale. Participants were recruited through an opt-out recruitment strategy as research information was provided to all parents and children from all 18 schools selected. The researcher provided limited information regarding how the schools were selected. The study aimed to create an approach that was accessible to school-age children. The researchers reported that to ensure the validation of the approach, several requirements had to be met, which included the following: face validity, construct validity, internal reliability, external reliability and sensitivity. The study consisted of two phases.

Following the construction of the Sterling Wellbeing Scale, in phase one, phase two assessed the internal reliability, construct validity and external reliability. 703 pupils aged 8-15 years

from six schools were recruited. All participants completed the Stirling Wellbeing Scale, WHO-5 and Dubois Self-esteem scale. The Stirling Wellbeing Scale was administered again after a week to calculate a test-retest score. The internal reliability was calculated using a Cronbach Alpha, and a score of 0.847 was ascertained demonstrating the Stirling Wellbeing scale has high internal reliability. The score indicated that all 12 items consistently measure life satisfaction and the score strongly reflects a child or young person's life satisfaction. The external reliability was assessed by conducting a test-retest analysis. A Pearson correlation assessed initial scores and scores after a week and a correlation of 0.752 was calculated. The score demonstrated a strong external reliability, which suggests the approach is stable over time and is not effected by environmental factors, therefore it can be concluded the Stirling Wellbeing Scale is a highly reliable approach to measure life satisfaction. The construct validity was calculated by correlating scores from the Stirling Wellbeing Scale and the WHO-5 and Dubois Self-esteem scale (measure also used to assess life satisfaction). A strong correlation (0.694) was calculated suggesting it measures life satisfaction against the other similar scales.

This study highlights the robust properties of the Stirling wellbeing scale and can give school staff the confidence to use the approach. Liddle and Carter also recruited a large sample size from the UK, which can support the generalisability of the findings to all school age pupils. However, participants were recruited from mainstream schools, and research may have produced different results with pupils from special schools such as SEMH special schools.

2.3.3.3 Child Outcome Rating Scale/ Outcome Rating Scale (CORS/ORS).

The CORS measures psychological distress, it is a way to monitor feedback on therapeutic progress. Casey et al, (2020) explore the validity and the reliability of the CORS for a community and clinical sample of children aged 10-15. From the community samples 7834 pupils were recruited from 90 English schools. Participants were recruited as part of the Head start programme; however, little information was provided as to how participants were recruited. 7822 participants completed at least one CORS item 7609 completed the full CORS. The age ranges for participants in the community sample were not provided. The clinical sample was recruited from public funded charities and mental health services within the UK. 2621 young people were recruited and 2604 completed the CORS. Participant's ages ranged from 11-15 years. Young people in the community sample completed the CORS on a computer

with the support of their teacher at school. The young people in the clinical sample completed the CORS during the first session in the clinical setting.

A Cronbach Alpha and McDonald's ω (a reliability coefficient which similar to a Cronbach Alpha which takes into account the strength between items) were used to calculate the internal reliability. The researchers suggested a score above 0.70 for both was acceptable. The Cronbach Alpha for the overall CORS scales was 0.81 and a McDonald's ω 0.82. This suggests the items on the CORS consistently measures the constructs of psychosocial functioning. To assess the construct validity the CORS scores were compared against scores from the Me and My Feelings, EQ 5D-Y and the Student Resilience Survey. The correlation between the CORS and other scales varied from -0.54-0.49. The CORS had a negative correlation with symptoms of mental health identified on the Me and My Feelings, SRS and the EQ 5D-Y, and the CORS correlated positively with measures of resilience. A moderate negative correlation was calculated with emotional problems ($r = .54$) on the SRS and moderate positive correlation with self-esteem on the SRS ($r = .49$).

The study is one of the first studies to explore the validity and reliability of the CORS within a UK population, as much of the previous work on the ORS or CORS are American studies. Unlike the previous research within this section (Ruby, 2020); the researchers use a large population sample of both clinical and community participants. Due to the nature of a clinical sample, the findings from this study may be more generalised to pupils with SEMH needs. The results suggest the CORS is reliable in measuring wellbeing. The results also suggest the CORS is moderately valid for measuring mental health and wellbeing. These findings also suggests the CORS has properties of being a technically sound approach. However, it is important to note that the CORS is designed for pupils 6-12 years, and the findings may not represent its intended age range, due to the age of the participants. Finally, the researchers used two samples, community and clinical and conducted no exploration of the difference between groups to further enhance the findings.

2.3.3.4 Warwick–Edinburgh Mental Wellbeing Scale (WEMWBS)

The WEMWBS consists of 14 items and a shortened version consists of only seven items measuring mental wellbeing. McKay and Andretta, (2017) assess the reliability and validity of the WEMWBS with Scottish and Northern Irish adolescents. Like Casey et al., (2020) McKay and Andretta used a large sample size, 9063 participants were recruited (2721 Scottish

participants and 6343 Northern Irish participants), from 101 schools, all participants were in Year 11. Recruiting participants from the same year group, may mean it is difficult to generalise to all adolescents. All participants were asked to complete the WEMWBS, and psychosomatic symptoms were measured using the Health Behaviour of School Children symptom checklist (categorised into two sections of somatic and psychological symptoms) and self-rated health, in their schools under exam conditions using a paper version by one of three different researchers.

On the full version (14 items) a Cronbach Alpha score for Scottish participants was 0.89 and for Northern Irish participants 0.89. On the short version (7 items) the Cronbach Alpha score for Scottish participants was 0.80 and for Northern Irish participants 0.78. These scores suggest the WEMWBS has high internal reliability, which means similar items on the WEMWBS yield similar scores. It also highlights the use of both versions are highly reliable.

The construct validity on the WEMWBS for both versions were calculated using a Pearson correlation between the WEMWBS and psychological and somatic symptoms and self-rated health. The results for the correlation between both versions of the WEMWBS and somatic symptoms was 0.44-0.48. The correlation between both versions of the WEMWBS and the psychological wellbeing was small (-0.29--0.30). The correlation was also small for both version of the WEMWBS and self-rated health (0.29-0.31). While the authors suggest the WEMWBS is valid, these findings suggest that the WEMWBS does not measure the same constructs against similar scales and may lack validity. The authors argue the other health measure verifies the construct validity of both versions of the WEMWBS, suggesting the researchers did not select the most appropriate comparison measures. Whilst the study suggest the WEMWBS is reliable the findings of the study may suggest the validity is questionable and may lead to some confusion as to whether the WEMWBS is appropriate.

Tennant et al. (2007) explored the development of the WEMWBS, a large sample from a UK university and population sample were recruited. 348 university students and 1752 population sample were recruited. An internal reliability calculated using a Cronbach Alpha and score of 0.89 for the university students and 0.91 for the population sample. The finding the supporting McKay and Andretta, (2017) finding in suggest the WEMWBS has a good internal reliability.

The university sample was used to calculate an external reliability score (after one week) the WEMWBS achieved a score 0.83, suggesting it has high internal reliability. The construct validity was assessed by correlating scores between the WEMWBS and other scales that measure aspects of mental health. Correlations were moderately - high between WEMWBS and the: Scale of Psychological Well-being (0.73); Satisfaction with Life Scale (0.72); Short Depression Happiness Scale (0.76); Positive and Negative Affect Scale – positive subscale (0.73); and the WHO-Five Well-being Index (0.77). These results suggest items of the WEMWBS measure the intended constructs. The study highlight the WEMWBS is a highlight reliable and valid to monitor mental wellbeing.

2.3.3.5 Student Resilience Survey (SRS)

The SRS is a 47-item measure which consists of 10 subscales. Participants answer their responses on a 5-point Likert scale. Lereya et al. (2016) cited in Child Outcomes Research Consortium (n.d), aimed to examine the SRS's reliability and validity. The researchers recruited 7663 pupils aged 11-15 years from 12 primary and secondary schools across England. All participants completed the SRS questionnaire regarding their mental and physical health online for ease and accessibility during the school day.

The reliability of the approach was assessed using a Cronbach Alpha. The internal reliability of the ten subscales SRS were high: family connection subscale (0.80), school connection subscale (0.89); community connection subscale (0.91); participation in home and school life subscale (0.79); participation in community life subscale (0.74); self-esteem subscale (0.80); empathy subscale (0.77), problem-solving subscale (0.83), goals and aspirations subscale (0.73); lastly for the peer support subscale (0.93). These findings suggest that the SRS is a highly reliable approach to gather students' perception of their resilience as all items within each subscales measure the same construct.

The findings from this study would indicate the SRS is technically sound to assess pupil relevant protective factors and staff can use this approach with confidence to explore pupil resilience. The researchers noted the population of the study being a limitation and state sample was not representative of school children within England. Furthermore, the research may have benefited from calculating the external validity by re-testing participants to provide further information about the reliability of an approach. In addition, the researchers pointed

out there were differences in responses amongst schools and, although not the purpose of the study, further exploration would be beneficial to further consider the validity of the SRS.

2.3.3.6 *Kidscreen-27*

Kidscreen measures generic quality of life and consist of 27 items. Other versions are available e.g., Kidscreen-52. Ravens-Sieberer et al. (2007) cited on the EEF website assess the reliability and validity of the Kidscreen-27 in 13 European Countries. 559 children and young people aged 8-18 years were recruited from 13 European countries including the UK. Multiple methods of administration were utilised including telephones, mail and via their school. Participants were assessed using the Kidscreen-27 for a second time after two weeks. External reliability was assessed using an interclass correlation co-efficiency between the Kidscreen tests. The external reliability was calculated for all four domains of the Kidscreen (Physical Wellbeing, Psychological Wellbeing, Parents & Autonomy, Social Support & Peers and School Environment) and ranged from 0.61-0.74. These scores suggest the Kidscreen has good external reliability which means external factors do not affect the scores and therefore is a reliable measure for quality of life.

Criterion validity was assessed by correlating scores from Kidscreen domains with the following:

- Paediatric Quality of Life Inventory (PedsQL)
- Child Health and Illness Profile-Adolescent Edition (CHIP-AE),
- The Youth Quality of Life Instrument-Surveillance Version (YQOL-S) and
- The HBSC Symptom Checklist.

Whilst the conventional benchmark for a high criterion validity is 0.7, this study stated scores over 0.5 were high criterion validity, and so this may be a limitation for the findings. The criterion validity between the PedsQL and the Kidscreen ranged from 0.44 – 0.54. The Criterion validity between the CHIP-AE and the Kidscreen ranged from 0.39-0.62; between YQOL-S ranged from 0.37-0.64; and HBSC ranged from 0.25-0.52. However, the researchers suggest there was no sizable difference between the correlations. These scores suggest the items on the Kidscreen moderately measure quality of life against another similar scales.

Whilst the findings from this study suggest the Kidscreen has good external reliability, the variance between correlational scores suggests moderate construct validity compared with

other similar approaches. These findings can provide schools with some confidence to use the Kidscreen to monitor pupil's quality of life and the approach can be used repeatedly to track change over time. However, the study does not provide in-depth information on how participants were recruited and participants' demographic information. Furthermore, information on the study procedure was limited, and the range of countries participants were recruited from can affect the study's replicability. The difference between European countries was also not explored to identify any further cross-cultural differences.

2.3.3.7 Outcome Star (Mental Health Recovery Star MHRS)

Outcome Star measures a wide range of SEMH domains, and it is widely used by education, health and social care professionals. Killaspy, White, Taylor and King (2012) cited by CORC, (n.d.) assessed the reliability and convergent validity of the Outcome Star. 170 service users and 120 staff from inpatient and community services were recruited and used a version of the Outcome Star (mental health recovery star MHRS). Participants were recruited through local health services within England.

To calculate the external reliability of staff rating, 182 staff members who knew a service user completed the MHRS without collaboration with the service user (generally the outcome star is completed in collaboration) and completed it again after a month. An internal correlation co-efficiency score of 0.7 was calculated, which indicates a good internal reliability. The external reliability between 92 service users and key workers collaboration was also measured. Service users and key workers collaboratively completed the MHRS twice after two weeks and internal correlation co-efficiency score of 0.7 which indicates the Outcome Star has good external reliability when completed collaboratively. Both findings would suggest the Outcome Star is robust despite external factors.

The convergent validity was examined by comparing 140 staff responses MHRM with the Life Skills Profile. The results found convergent validity using social function measures were acceptable for three of the seven MHRS subscales assessed. However, the MHRS had poor convergence for a service user's subjective recovery. The result suggests that the scale has higher validity when assessing social functioning than a service user's personal experiences. This can cause difficulty for staff to reflect on a service user's subjective experiences without corroboration with the service user and highlights the importance of completing the ORS collaboratively.

This paper demonstrates that Outcome Star has properties of being technically sound with good external reliability and varied construct validity results. However, this study was used with adults and most of the Outcome Star research is conducted with adults and so findings may be difficult to generalise to children and young people. However, the participants are accessed mental health services which may suggest the Outcome Star may be suitable for pupils within SEMH special schools, who have identified SEMH needs.

2.3.3.8 Beck Youth Inventory (BYI)

The BYI is a self-report inventory which assesses symptoms for self-concept, depression, anxiety, disruptive behaviour and anger. The CORC states the BYI has a consistent high internal reliability Cronbach Alpha Score for all-five inventories exceeding 0.86-0.96 (Child Outcomes Research Consortium, n.d.-a). This suggests each inventory consistently measures the intended construct e.g., depression or anger. CORC also suggest the concurrent validity ranged between 0.74-0.93 (Child Outcomes Research Consortium, n.d.-a);). This suggests when compared against a similar approach the scores were similar. I have tried to access the references for the BYI, but as I was unsuccessful, there is little information regarding what approach the BYI was compared against. The findings demonstrate a high reliability and validity of the approach, suggesting the findings from this approach would be robust. However, there is little information on how these scores were ascertained.

2.3.3.9 School Children Happiness Inventory (SCHI)

SHCI was designed to measure happiness; also known as subjective wellbeing. Ivens (2007) assessed the validity of the SCHI. 77 participants were recruited age 8-11 years from a UK primary school to test the concurrent validity and reliability of the SCHI. All participants completed the

- SCHI,
- Culture-Free Self-Esteem Inventory,
- Children's Depression Inventory, and
- Positive and Negative Affect Scale: Children.

49 participants completed the SCHI again after 13 days. The internal reliability was calculated using a Cronbach Alpha and a score of 0.86 was ascertained suggesting the SCHI has a high internal reliability, which means all the items consistently measure subjective wellbeing. This

indicated the SCHI is technically sound. 49 participants completed the SCHI again after 13 days and an external reliability score 0.72 was calculated suggesting external factors did not affect the result. From the findings it can be implied the SCHI is a reliable approach for measuring subjective wellbeing.

The concurrent validity was calculated by correlating scores with those from the Culture-Free Self-Esteem Inventory, Children's Depression Inventory and Positive and Negative Affect Scale: Children. The SCHI has a moderate positive correlation with Culture-Free Self-Esteem Inventory and Positive and Negative Affect Scale: Children. As expected, a moderate negative correlation was associated between the SCHI and Children's Depression Inventory. These findings suggest the SCHI measures subjective wellbeing similar to Culture-Free Self-Esteem Inventory and Positive and Negative Affect Scale: Children. The study suggests the SCHI has a high concurrent validity. Ivens suggests the SCHI is a technically sound approach to measure children's subjective wellbeing. However, the reliability and concurrent validity was only assessed against a small number of pupils (n=77) from one primary school. A larger sample size reflective of all schools within the UK with a wide age range would be beneficial to increase the understanding of reliability and validity of the approach and therefore increase confidence using the SCHI. Furthermore, there is little information on the demographic of the participants recruited and therefore there is no information on the impact of this on the results.

2.3.3.10 Me and My School Questionnaire (M&MS)

M&MS assesses behavioural and emotional difficulties. Moffa et al., (2021), examined the cross-cultural validity of the M&MS. The researcher used an opportunity sample to recruit participants from the UK from three primary schools and American participants from seven primary schools, all participants were aged between 8-12 years. In the UK, university researchers collected the data from three schools. All participants completed the M&MS, Social Emotional Health Survey-Primary and Bully victimization. In 2016 415 American students participated in the research and in 2017 369 additional American students participated in the research. 138 of the American participants completed the M&MS again after a year. For the UK 538 participants were recruited in 2017.

The external validity was calculated for M&MS comparing initial responses and responses after one year. For the behavioural difficulties section, a correlation co-efficiency of 0.69 was

calculated and for the behavioural difficulties a correlation co-efficiency of 0.47 was calculated. The scores suggest overall the M&MS has a moderate-high external reliability, suggesting the approach is stable over time. However, the time between retesting was a year, and participants' emotional and behavioural needs may have changed within that time, which would affect the correlation co-efficiency score.

The convergent and discriminatory validity was calculated with domains of the Social Emotional Health Survey–Primary and Bully victimization. The result shows the behavioural and emotional difficulties negatively correlated with positive social-emotional factors, (the effect size was small-moderate) suggesting emotional and behavioural difficulties are indicative of wellbeing. Furthermore, the behaviour and emotional difficulties correlated positively with scores on the Bully Victimization score, (with a small effect size) the result suggests the M&MS has acceptable convergent and discriminatory validity as it correlates positively with approaches measuring similar constructs and measures negatively with approaches measuring opposing constructs.

Deighton et al., (2013) also assessed the psychometric properties of M&MS. 9814 pupil ages 8-9 years from 311 primary schools and 9881 pupils aged 11-12 from 82 secondary schools were recruited. Participants electronically completed the M&MS and the SDQ. A Cronbach Alpha was score for the behavioural and emotional difficulties separately. For the behavioural difficulties a Cronbach Alpha score of 0.78 for pupils ages 8-9 and 0.80 for pupils aged 11-12, for the emotional difficulties a Cronbach Alpha score of 0.72 for pupils ages 8-9 and 0.77 for pupils aged 11-12. A construct validity between M&MS and the SDQ was calculated for secondary aged pupils. A positive good correlation was calculated between the M&MS and similar subscales on the SDQ $r=0.67-0.70$. A weak correlation was calculated between noncorresponding subscales. These scores suggest the approach is reliable and valid in measuring and monitoring emotional and behaviour difficulties.

The finding suggests psychometric properties of the M&MS are encouraging and can provide schools with the confidence to gain evidence-informed data. The next section provides a summary of information found in literature search two.

2.3.4 Summary of literature search two: measures used to monitor pupils SEMH.

This section focuses on what literature is available on the reliability and validity of approaches used as this was raised as a key consideration in literature search one. The second literature review has examined the information available regarding some key considerations of approaches used to monitor pupils' SEMH. The reliability, validity, target user, frequency and cost may need to be considered when exploring the usefulness of an approach. This information has been synthesised into Appendix 7 and 8.

In summary, this section shows the range of different approaches (n=10) that have some evidence to highlight their psychometric properties (and meet the inclusion exclusion criteria of the literature search), indicating how reliable and valid the approaches are when monitoring pupils' SEMH development. Six out of the ten approaches discussed are designed to be completed by pupils. The Boxall profile is designed to be completed by an educational professional and the Outcome Star is designed to be completed in collaboration. Many approaches have demonstrated good or high reliability and validity; however, some approaches have produced satisfactory or low scores. The reliability and validity can provide confidence to support the use of the approach, which is an important factor to consider when monitoring progress, as Raikes (2017) highlighted earlier.

However this section shows that there are several aspects of research that can impact the exploration of the reliability and validity of an approach, these include sample size (Ivens, 2007; Ruby, 2019), and the transparency of the methods (Child Outcomes Research Consortium, n.d.-a). Furthermore, whilst this information on reliability and validity is important, the papers discussed were ascertained via journal databases through the University of Bristol, and many educational professionals may not have access to relevant databases to explore the literature. Furthermore, the complexity of the papers can also make it difficult to understand the narrative on reliability and validity for SEMH approaches. Additionally, the majority of the studies have used participants from mainstream settings and these findings may not be relevant for pupils with SEMH needs. This barrier may affect whether a SEMH special school selects an approach which is informed by evidence on reliability and validity.

As highlighted earlier, CORC and EEF have attempted to synthesise the information for some approaches to make them more accessible for non-researchers, however the quantity of

information available is huge and the approaches are not specific for SEMH special schools. The second literature search has identified 33 approaches that can be used to monitor SEMH, however it is unclear what approaches are used by SEMH special schools and why they are selecting these approaches.

2.4 Conclusion of literature review

The first literature search highlights the range of factors to consider when monitoring pupils' academic progress. The literature identified factors to consider when monitoring pupils' progress, who is responsible for monitoring progress, and the frequency of monitoring pupils' progress. The second literature search explored the existing approaches to monitor pupils' SEMH. The literature considered factors such as domains of SEMH, age range, reliability and validity, the target users and cost. It is important to note, there was limited information on how frequently an approach monitoring SEMH development should be administered. However, the literature is not specific to SEMH special schools

As highlighted in the introduction chapter, pupils attending SEMH special schools have significant needs that cannot be supported within a mainstream school, impacting on their engagement with learning. SEMH special schools provides a high level of support and would likely benefit from monitoring pupils' SEMH needs. Effective monitoring could help SEMH special schools identify areas of need and provide the most appropriate provision to enable pupils with SEMH to achieve their potential. The above literature review indicated numerous approaches can facilitate monitoring processes within SEMH special schools. The literature indicates that the Boxall Profile is commonly used and the information reliability, validity and age range may influence the use of these approaches. Despite this, there is limited information on SEMH monitoring practices within SEMH special schools. There is limited understanding of what approaches are used by SEMH special schools to monitor pupils SEMH development. Furthermore, despite the factors identified by previous literature, there is a lack of understanding of what factors influence their decision to select an approach. There is also a lack of literature in understanding how the approaches are used in SEMH special schools. The current research intended to explore these gaps within the literature.

2.5 Research aims and questions

This research is an exploratory study being the first time SEMH special schools, have been asked these questions. The research aims to explore what approaches used by SEMH special schools to monitor pupils' SEMH development and what factors influence their decision-making process when selecting an approach. I seek to identify what approaches are most commonly used by SEMH special schools. Furthermore, this research also aims to explore how the schools use the approaches they select, focusing on how often they were used, who they are used by and how the data gathered is used within the settings.

Investigating this information will support schools in considering what approach is the most appropriate for their school context. The following research questions were investigated:

- 1) What approaches are used by special schools that primarily support pupils with SEMH needs to monitor pupils' SEMH development?
- 2) What factors influence the selection of an approach to monitor SEMH development?
- 3) How do special schools that primarily support pupils with SEMH needs use the approaches they have selected?

3 Chapter 3: Methodology and Findings

3.1 Section overview

This chapter begins by exploring philosophical considerations including ontological and epistemological orientation and research paradigms. This chapter also explores the considerations and decisions which enabled the selection of a mixed-methods approach within the current research. This chapter is presented in two phases representing the different data collection methods. In each phase I outline the rationale for the chosen method, explore the development of the data collection tool, identify my sampling and recruitment strategy and detail the procedure. Following this, data analysis is outlined and finally, the findings from each phase are presented.

3.2 Aims of research and research question.

This exploratory research aims to explore what approaches used by staff within SEMH special schools monitor pupils' SEMH development and what factors influence their decision-making process when selecting an approach. I seek to identify what approaches are most commonly used by SEMH special schools. Furthermore, this research also aims to explore how the schools use the approaches they select, focusing on how often they were used, who they are used by and how the data gathered is used within the setting.

This research is an exploratory study as it is the first time SEMH special schools, have been asked these questions. Investigating this information will support schools in considering what approaches are most appropriate for their school as I aim to provide guidance on the range of different approaches available. I hope my findings help inform the discourse on monitoring pupils' SEMH development within SEMH special schools. The following research questions were investigated:

- 1) What approaches are used by special schools that primarily support pupils' with SEMH development to monitor pupil's SEMH?
- 2) What factors influence the selection of SEMH monitoring approaches?
- 3) How do special schools that primarily support pupils' with SEMH development use the approaches they have selected?

3.3 Philosophical considerations

Research design provides researchers with a framework for data collection and analysis (Bryman, 2016). The research designs are concerned with philosophical, pragmatic and methodological designs and are explored within this section. Research design based on the researcher's philosophical stance effects the type of research undertaken and how it aims to answer their research questions (Harding, 2013).

3.3.1 Ontology

Ontology is concerned with what comprises reality (Cohen et al., 2011). Ontology also considers what we believe exists in the world and how we understand phenomena (Ritchie et al., 2014). There are several different ontological positions a researcher can adopt; these can include realism and constructionism. Realist perspectives suggest there is one version of reality which is independent of beliefs and perceptions (Levers, 2013). Researchers espousing a realist perspective believe reality can be measured and observed. Constructionist positions believe multiple realities can be changed or reconstructed through interactions with others (Bryman, 2015). Researchers who adopt this position are interested in people's experiences as they believe that no one reality can be sought. As a social constructionist, I accept that different people and organisations, such as senior leadership staff from SEMH special schools, have different views created through their social interactions; this has influenced my research and is represented in the research questions. I am interested in the views and experiences of senior leadership staff from SEMH special schools, I acknowledge educational staff from different SEMH special schools may have differing experiences when monitoring pupils' SEMH development. I aim to identify what factors influence their decision when selecting an approach and how they use the approaches they select.

3.3.2 Epistemology

A researcher's ontological position informs their epistemological position. Epistemology is interested in how the researcher views knowledge and what encompasses knowledge (Bryman, 2015). The epistemological positions considered impacts what a researcher may do to gather knowledge. One way of viewing epistemological positions within social research is on a spectrum which include positivist and constructionist (Porta & Keating, 2008). Researchers adopting a positivist position assume there is one singular reality and researchers can separate themselves from the research in an impartial way without interpreting the

information gathered (Creswell & Plano Clark, 2007; Porta & Keating, 2008), whereas, the constructionist perspective suggests knowledge is created through subjective meaning and lived experiences (Creswell, 2014). Researchers espousing a constructionist position are often interested in investigating meaning through a social context and often use qualitative research methods (Creswell, 2014).

3.3.3 Pragmatism

A pragmatic approach offers an alternative paradigm, which involves using an approach which best fits with the enquiry of research. Proponents of a pragmatic position believe pragmatism solves practical, real-world problems (Feilzer, 2010). Researchers advocating a pragmatic position are at liberty to use any research methods or techniques that best answer the research questions as they believe no single method is best (Denscombe, 2017). Pragmatism recognises that each method has its limitations and therefore different methods complement each other. Pragmatism can provide a fusion of two approaches - qualitative and quantitative (Denscombe, 2007).

I position myself in more than one philosophical design; therefore, a pragmatic approach was adopted. The qualitative data provided a greater understanding of what approaches are used to monitor SEMH development and provide insight into how the approaches are used within settings, and how contextual factors can impact the decisions of staff within SEMH special schools when selecting an approach. Whereas the quantitative data predominantly aimed to capture a broader picture of what approaches are used by staff within SEMH special schools in England and what factors influence the selection of approaches to monitor SEMH development.

3.4 Research paradigm

The philosophical position a researcher holds influences the methodological approach they adopt. The research paradigm relates to how research is undertaken (Flick, 2009). The research paradigm can include quantitative, qualitative or mixed methods approaches. In this section, these approaches are explained, and my position is explored.

3.4.1 Quantitative

Quantitative approaches derive from positivism. The method suggests facts can be separated from values to gather information with procedures that follow rigour to create research with

true validity. True validity is the integrity of how accurate a research method measures what is intended to be measured (Bryman, 2015). Quantitative research investigates generalisable cause and effect and tests theories. Quantitative approaches use statistical approaches such as mathematical analysis, questionnaires or experimental design (Mertier, 2019).

3.4.2 Qualitative

Qualitative research is influenced by interpretivist views (i.e., seeking to understand the meaning behind human actions) and constructionist philosophical positions (Bryman, 2015; Ritchie et al., 2013). Qualitative research emphasises understanding a phenomenon through meaning, interpretation and context to gain a holistic understanding of the participants' viewpoint (Harding, 2013). The sample size is less important in qualitative research as the emphasis is placed on collating rich data and not generalising findings or representing a wider population (Hellström, 2008). Qualitative research often utilises hermeneutics (an approach used to interpret and understand texts influenced by interpretivism; Bryman, 2011), phenomenology (which focuses on an aspect of a person's life, on a situation or one set of attitudes; Bryman, 2011) or case studies (which employ qualitative research techniques such as observations, focus groups and interviews Ritchie et al., 2013).

3.4.3 Mixed methods

Mixed methods research offers the opportunity to merge quantitative and qualitative research (Doyle et al., 2009). A pragmatic approach influences mixed methods research; it focuses on the research questions informing the research design. The practical implications and utility of combining the two perspective methods can give breadth and depth to research studies (Lund, 2012; Teddlie and Tashakkori, 2009; Brierley, 2017). A mixed methods approach aims to make sense of a phenomenon from different perspectives to provide an enhanced understanding (Feilzer, 2010). Mixed methods research involves collecting data using qualitative and quantitative approaches within one research study concurrently or sequentially and involves integrating the data at some stage of the research (Tashakkori & Teddlie, 2015).

All three research paradigms were considered for this research. A mixed methods approach was considered the most suitable to answer the research questions for this study. I concluded a mixed methods design would align with my philosophical position of pragmatism. This research is an exploratory study as it is the first time SEMH special schools, have been asked

these questions. In this research, the quantitative strand predominately aimed to understand what approaches are used by SEMH special school within England to monitor pupils' SEMH development. The qualitative strand predominantly aimed to understand how staff within SEMH special schools use the approaches to monitor pupils' SEMH development and factors that influence the selection of an approach to monitor SEMH.

3.5 Ethical considerations

Ethics and moral integrity are important in ensuring that research and research findings are valid and trustworthy (Hesse-Biber, 2017). The British Psychological Society (BPS) identified four primary ethical principles: respect, competence, responsibility and integrity (The British Psychological Society, 2018). Additionally, The British Psychological Society's Code of Human Research Ethics (The British Psychological Society, 2014) identified four key principles, which are;

- respect for autonomy, primary and dignity of individuals and communities,
- scientific integrity,
- social responsibility and
- maximising benefits & minimising harm.

The core principles identified by The British Psychological Society underpinned the current research and were integral in planning and undertaking the research and gaining ethical approval. Consistent with the principles identified, within this research, the ethical issues identified as being problematic are discussed below and the actions taken to overcome them.

3.5.1 Informed consent

The British Psychological Society Code of Ethics (2018) highlights respect for the dignity of the person, which a researcher should consider. Ali & Kelly (2012) suggested informed consent as the focal point of any research ethics. Informed consent can ensure dignity can be maintained. Individual participants have the right to know what they are involved in (Gilbert, 2008). The process of informed consent increases participants' autonomy and safeguards people's rights to participate in the research knowingly and voluntarily. The purpose of informed consent is for the participants to make an informed decision and assess the potential risks of participating in the research. To make an informed decision and consent to the research, participants should be provided with the research information both verbally and written,

presented in an accessible way (Ali & Kelly, 2012). The accessibility of my consent form and information was considered when developing them.

3.5.1.1 *Web-based survey*

The initial email recruiting participants for the web base survey provided brief information, inclusion criteria and a web link to the survey. The information page on the survey answers the following questions:

- The purpose of the research.
- Expectation and time required by the participant.
- Advantages of participating.
- How the data will be stored and what will be done with the data.
- The anonymity of the participants.
- Participants right to withdraw.

After reading the information participants would consent to their involvement in the research. Participants who disagreed with the statements on the consent page will have their data securely removed.

3.5.1.2 *Online semi-structured interviews*

Participants volunteering to be involved in the semi-structured interviews had received an information sheet providing them with the details of the purpose of their involvement in the interview. In addition to the information provided above, participants were made aware the interview would be audio recorded on an encrypted audio device and securely destroyed once the data had been transcribed. Additionally, I attached a consent form for participants to complete and sign (electronically or wet ink) and return.

3.5.2 *Confidentiality and anonymity*

Confidentiality is another key value underpinned in The British Psychological Society's (2018) principle of respect. Confidentiality ensures participants are not identifiable within the data. This principle is also interested in how the data gathered within the research is shared and with whom it is shared. Confidentiality is often guided by the Data Protection Act (*Data Protection Act 2018*, 2018) and General Data Protection Regulation guidance (Legislation.gov.uk, 2018), providing information on storing individuals' data.

The contact details for all settings was gathered from the Department for Education pursuant to the Freedom of Information Act (Legislation.gov.uk, 2002). This information is accessible to the public. The survey was designed to ensure no information about the settings, or the participants were gathered. Participants could provide their details at the end of the survey to participate in an interview, which meant, for those participants, their data was not anonymous but was confidential. This information was stored on a password protected programme and the information was destroyed at the end of the research.

I informed participants any personal data disclosed would be removed or given pseudonyms. Participants were made aware of this on the information sheet before agreeing to participate in the research and consented to ensure they agreed with the steps taken to maintain their confidentiality and anonymity.

3.5.3 Protection from harm

Another ethical consideration when conducting human research is to ensure little or no harm is caused to participants. Although the interview was not focused on asking questions regarding individual professionals' practice but focusing on whole school practice, participants may feel under pressure to answer in a way that may present their school positively. Participants were reminded of the purpose of the research and that their participation was confidential. I planned to terminate any interviews if participants became distressed and direct them to services available in their school or more generic services such as the NHS website - however I was not required to do so.

Interviews were conducted on Microsoft Teams; I asked participants to use a professional account for the interviews. Similarly, I used a university-affiliated account to protect personal information.

3.5.4 Protecting the researcher from harm

A researcher must ensure they protect themselves and make good research decisions throughout the process (Webster et al., 2014). The BPS' code of ethical principles of competency identifies researchers recognising the limits of their practice. To protect myself from harm, I utilised supervision to reflect on my practice (The British Psychological Society, 2018).

3.6 Research model

Within this section I present the mixed methods research model I utilised. Creswell (2014) identified four different mixed methods designs, these include:

- Triangulation design, a one-phase design in which the qualitative and quantitative data is collected in the same timeframe with equal weighting.
- Embedded design, one set of data has a secondary role.
- Explanatory design, a two-phase design in which the quantitative builds upon qualitative data.
- Exploratory design, a two-phase design when the results of the qualitative build or inform the quantitative data.

Four key considerations (noted below) should be reflected when selecting one of these mixed-methods designs (Creswell & Piano-Clark, 2007). I highlight my decisions for each consideration below.

Level of interaction: the level of interaction between the qualitative and quantitative strands. For the current research study, the strands of research are independent which means data collection and analysis were separate from each other. The mixing and interaction of the qualitative and quantitative data occurred at the end of the study during the interpretations stage. However, participants for the qualitative research were recruited at the end of the quantitative survey.

Timing: the timing of the quantitative and qualitative methods. For the current research study, the quantitative and qualitative data-gathering stage occurred in the same timeframe. For this research, interview participants were recruited at the end of the survey, by providing their contact details on the last page of the survey, although interviews were conducted whilst the survey remained open and other participants could contribute to the survey data.

Priority: the relative weighting of the approaches within the study. Equal weight was given to both survey (quantitative) and interview (qualitative) data, in answering the research questions.

Procedure for mixing: the mixing of the quantitative and qualitative data. The data merged during the interpretation stage once all the data had been collected and analysed.

Having considered the key factors, the current research used an explanatory design as defined by Creswell (2014), and this is described below in detail.

3.6.1 Mixed methods model: explanatory design

An explanatory design is a two-phase mixed methods approach. The first stage consists of collecting and analysing quantitative data, followed by collecting and analysing the qualitative data (Creswell and Piano-Clark, 2007). The aim of this design is that qualitative data helps to build upon the quantitative results. Within my research, the data collection for quantitative and qualitative data is undertaken separately and the qualitative participants are recruited from the quantitative participants. The data for both phases converged during the interpretation stage (see Figure 1 below).

The current research explored how SEMH special school staff monitor pupils' SEMH development. The research is also interested in identifying factors influencing staff within SEMH special schools' decisions when selecting approaches. Research questions one and two seek to identify the range of different approaches used by SEMH special school staff and highlight how they are used. Phase 1 of the research links to the positivist perspective and therefore quantitative data was gathered using an appropriate tool.

Research questions two and three are predominantly answered in Phase 2, where I explored potential factors impacting SEMH special schools' decisions when selecting an approach to monitor pupils' SEMH development and how the approaches are used. Phase 2 reflects a constructionist perspective, as there are multiple realities to monitoring pupils' SEMH development. Therefore, the use of qualitative data collection methods, such as semi-structured interviews were beneficial.

The current research converged the data at the interpretation stage. Creswell & Piano-Clark (2007) highlighted this approach as an efficient design, as both data types can be collected at similar times. However, it might be difficult to integrate two sets of different data in a meaningful way (Creswell & Piano-Clark, 2007). When analysing the data, I was mindful of the challenges with integrating the different data sets and looked for similar themes within both data sets to enable both data sets to complement one another. Creswell (2018), suggest there are a range of ways to represent the merging of mixed methods findings. Within the current research I used a side-by-side joint display, where I arranged the quantitative and qualitative

data and explored the similarities and difference between them to inform my interpretations section within the next chapter. Side by side joint display is a commonly used in convergent design (Creswell, 2018). Appendix 21 highlights the process of converging the data. The image below provides a visual representation of the model used within the current research.

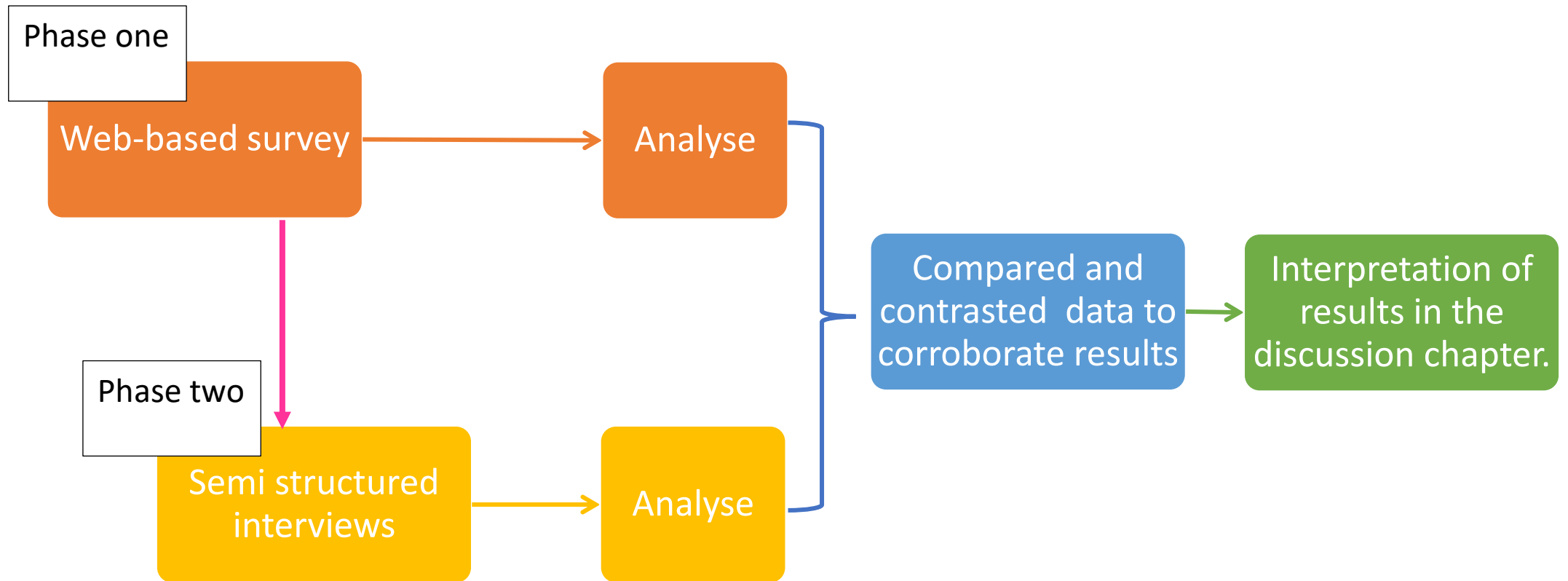


Figure 1: Research model for the current research

3.7 Phase one: quantitative-web based surveys

This section explores the following areas:

- rationale for Phase 1 and the data collection tool;
- sampling, recruitment and procedure for Phase 1;
- reliability and validity of quantitative data;
- hypothesis, statistical analysis rationale and findings for Phase 1.



3.7.1 Description of Phase 1

The main purpose of Phase 1 was to explore what approaches are used by staff within SEMH special schools in England to monitor pupils' SEMH development, understand what factors affect their decision when selecting and approach and begin to understand how these approaches are used by staff within SEMH special schools. I aimed to identify the most commonly used approaches and the range of approaches used. The tool used within this phase was a web-based survey I designed.

3.7.2 Rationale for Phase 1

The rationale for Phase 1 is identified below as discussed at the end of the literature review (see Chapter 2):

- A quantitative measure to capture what approaches SEMH special schools in England use to monitor SEMH was not found during the literature review.
- There is limited understanding within the literature of what approaches are used by staff working in SEMH special schools to monitor SEMH development.
- Previous research has identified factors that may need to be considered when selecting a monitoring approach, but there is limited understanding of what factors influence staff within SEMH schools in England when selecting an approach to monitor SEMH development.

- Previous research has explored factors to consider when monitoring progress including SEMH development (e.g., frequency, contributors, informing practice) but there is limited attempts to understand how SEMH special school use the approaches they select to monitor SEMH development.

3.7.3 Rationale for using web-based survey.

Over the last decade, surveys have become a data collection method frequently used within social research and have become increasingly favourable within educational research (Bryman, 2016; Roberts & Allen, 2015). Surveys can provide researchers with a snapshot of how things are, rather than tracking behaviour over time; and can gather information from a large population (Babbie, 2016). In this study, I aimed to explore what approaches are used by SEMH special schools to monitor pupils' SEMH development; I also aimed to identify the most commonly used approaches and the range of approaches used. For this reason, the use of survey design to gain information from a large sample would be appropriate. Creating a survey that generates valuable data can be complex; it requires careful consideration of many factors that are explored below.

I have created a web-based survey (see Appendix 12), with the main purpose to explore the range of approaches used by staff in SEMH schools in England to monitor pupils' SEMH development. Surveys are also useful for collating timely knowledge and providing information on current issues. Web-based surveys use an email to recruit participants and the email often provides a web link to complete the survey online (Becker et al., 2012). Surveys have many benefits which were considered for the current research; these include administering and disseminating surveys quickly and easily in a user-friendly way (Solomon, 2000); and the cost associated with web-based surveys is low (Becker et al., 2012; Gillham, 2011; Schonlau, 2002). Greenlaw and Brown-Welty (2009), argue web-based surveys can be used to collect data from a large sample size. Furthermore, participants can complete a web-based survey at their convenience and go at the speed they choose; this removes the pressure for participants to produce an immediate response. Participants are able to reflect on their monitoring practices and provide a considered response. Additionally, surveys are often short reducing the risk of participants becoming fatigued or terminating the survey.

Web-based surveys often have easy-to-follow designs, minimising the risk of participant filtering or omitting questions (Hoonakker & Carayon, 2009). Additionally, using a web-based

survey creates an absence of interviewer affect (where the interviewer can affect participants response through their presence or behaviour), as there is no risk of the interviewer asking questions in a different order or the communication methods influencing interview responses (Gillham, 2008). The advantages highlighted above are the reason why a web-based survey was selected. The survey mainly gathered nominal and ordinal data. The frequency of the data is explored and the relationship between the relevant ordinal and nominal data is examined.

3.7.4 Development of web-based survey

The survey was created on Bristol University's online survey platform JISC. Gillham (2008) highlights the importance of drafting questions and considering their impact on participants' engagement. Surveys are a structured research method, as the researcher determines the questions and often the answers. Most surveys consist heavily or entirely of closed questions which are easier for the researcher to analyse. I chose to mainly use closed questions, so that codes for the answers can be predetermined and it allowed answers to be processed easily; however, this can limit the possible responses (Denscombe, 2017). I used the 'other' response option to help capture all participants' responses.

Survey questions can be from three categories: facts, opinions or behaviours. Factual questions often gain demographic data such as sex, age group or location and are often closed questions, these questions are often at the start of the survey. Whereas opinion questions explore participant's opinions or beliefs and are often open-ended questions as a result they are more difficult to answer. Behaviour questions are interested in what people do. The current research is interested in what staff within SEMH school use to monitor SEMH development, as a result, most of the questions within the survey are behaviour questions. However, a few questions gaining participants' opinions are located at the end of the survey (see page 11 on Appendix 12).

Multiple-choice responses are easy for participants and can reduce the risk of participants getting bored or disengaged. Greenlaw and Brown-Welty (2009) reported that providing participants with a choice of responses can directly affect the response rate, which inevitably affects the validity and analysis of the findings. For this reason, I used multiple-choice answers for most questions in the survey in the current research. For example, one of the key questions explored on the survey, is what SEMH monitoring approaches are used by SEMH

special schools. I provided the list of SEMH monitoring approaches extrapolated from literature search two in Chapter 2. Although 33 approaches were identified from the second literature search the survey provides a list of 32 approaches as one approach was identified after the survey was disseminated to participants. Appendix 9 shows how the literature in chapter two informed the survey questions.

The survey in the current research consisted of 20 questions (excluding consent statements see page 2 on Appendix 12) as Gillham (2008) argues a survey should have no more than 30 questions, as a lengthy survey may result in participants becoming fatigued. Dillman and Bowker (2001) found 'simple' web-based surveys had a higher response rate than a more complex survey. Furthermore, they also state the survey design is highly important; how the survey looks, and functions is a key characteristic of the response rate. Factors such as the layout and the amount of information presented on each page were carefully considered when developing my survey to maximise participants' engagement and the response rate.

Although Bryman (2015) suggest web-based surveys are usually distributed with a cover letter explaining the research purpose, I incorporated the research information on page one of the survey (see Appendix 12). The objective was to minimise the amount of information the participants would read.

Web-based surveys have a number of disadvantages. Some of the most relevant disadvantages and methods of negating barriers are highlighted here. One of the main limitations of using web-based surveys is the low response rate (Converse et al., 2017). To overcome this, I frequently sent reminder emails to encourage participants to complete the survey to increase the response rate. Research by Van Mol (2017) highlighted that extra reminders could help increase participants response rates. In addition to this, I also used other recruitment methods such as snowballing (which is when participants recruit additional participants) and advertising on social media to increase participant response rates. Other steps that can be taken to improve the response rate include, having a shorter survey, clear instructions, and a good information sheet, which explains the research purpose concisely (Bryman, 2015). This can reduce the demand on the participant and decrease the risk of them disengaging with the survey. I considered these factors when developing the survey.

Another disadvantage to web-based surveys is the lack of support provided to participants throughout the process. When using surveys, researchers have no way to prompt participants if they are having difficulty answering questions. To overcome this, I ensured questions on the survey were clearly written and unambiguous, which was achieved by piloting the survey (Fox, Murray, & Warm, 2010). The web-based survey was piloted with trainee Educational Psychologists and educational professionals. Due to COVID-19, it was not considered appropriate to contact specialist provisions that primarily support CYP with SEMH development to pilot the survey and interviews, as at the time of me piloting my study England was in the first national lockdown (July 2020). Some examples of the modifications from the pilot feedback included changes and omission to the wording on the information page. Additionally, the instructions on page 5 and 6 of the survey were made clearer as the question is the same on both pages. Full details of the feedback from the pilot are documented in Appendix 10.

Furthermore, when using a survey as a data collection method, there is no option to probe and no opportunity to allow participants to elaborate - although open-ended questions provide scope to elaborate. However, Denscombe (2017), states too many open-ended questions should not be included in the surveys, as it can require considerable input from a participant. Within this research, I considered ways to reduce the effort required from participants and most questions have pre-populated answers for participants to select, including Likert scales. It is also noted that to engage participants in the survey; the researcher should minimise irrelevant questions, as participants can become tired or disengaged if too many questions do not apply to them (Gillham, 2008). To minimise participants' risk of becoming disengaged, I incorporated an inclusion criterion to identify the most appropriate person to complete the survey to ensure all questions were relevant and appropriate for them to answer. The inclusion criterion was embedded at the start of the survey. In addition, Gillham (2008) suggests another disadvantage to using surveys is the increased risk of missing data and partially answered questions. To negate concerns regarding missing data, the survey for the current research was designed so that all participants were required to answer all questions.

3.7.5 Sampling and recruitment

To understand how SEMH special schools monitor pupils' SEMH development I used an opportunity sample which enabled selection of participants from a specific target group (Jupp, 2011). The contact details for SEMH special schools in England were obtained from the Department for Education pursuant to the Freedom of Information Act (2002). I emailed headteachers from all 328 SEMH special schools within England about the research with an inclusion criteria for participants. The inclusion criteria for participants completing the web-based survey were the following:

- Participants must work at a SEMH specialist school in England.
- Participants must have a clear understanding of the approaches used to monitor pupils' SEMH development, ideally a member of staff from senior leadership or the SENCO.

Additional sampling strategies, such as snowballing (where I contacted a small number of members of the target population, and they introduced me to others) or convenience sampling (using participants immediately available), were used as a secondary sampling strategy. I also advertised my research on EP networks and asked the interview participants to disseminate the research to SEMH working groups and SENCO networks.

Despite several reminder emails, I was only able to recruit 68 settings who responded to the survey, which is a 22% response rate. I recognise that COVID-19, national and local lockdowns may have impacted participants' engagement as school staff were overwhelmed with adapting to the changes and managing their wellbeing over the recruitment period (September 2020- January 2021).

Table 3 below is a breakdown of the types of SEMH special school's participants were recruited from during Phase 1.

Type of SEMH school	Number of participants
Primary	18
Secondary	25
All-through school*	25

Table 3: Types of SEMH special schools recruited in Phase 1.

*All-through schools refer to schools which provide primary and secondary education.

Table 3 shows there was a fairly even distribution of participants in Phase 1 from the different types of SEMH schools, this indicates the data equally represents the view of participants from all three types of schools.

Table 4 below is a breakdown of the location of SEMH special school’s participants were reflecting on during Phase 1.

Location of SEMH School	Number of participants
Greater London	5
South East	16
South West	10
West Midlands	9
North West	11
North East	4
Yorkshire and the Humber	7
East Midlands	3
East Anglia	3

Table 4: Location of SEMH special schools recruited in Phase 1.

This data indicates that participants were recruited from all regions across England.

3.7.6 Procedure

Several ethical considerations were reflected on when planning the procedure for Phase 1; these included, maintaining participants’ confidentiality, gaining informed consent, and protecting the researcher and the participant from harm. A detailed description of the ethical considerations is provided in section 3.5.

All 328 settings were sent an initial email outlining the study's purpose and a link to the online survey in September 2021 (see Appendix 11) and reminder emails were sent out periodically, approximately every four weeks. To ensure participants’ confidentiality was maintained, the surveys were anonymous, I could not identify schools that participated in the research which meant I emailed all participants again. Schools that had emailed to inform me they had completed the survey, or did not wish to participate in the research, and their details were noted and removed from the mailing list. After reading the research information and

consenting electronically, the participants would complete the survey. The survey took between 7-12 minutes to complete.

3.7.7 Reliability and validity of quantitative data

This section outlines the steps taken to increase the reliability and validity of Phase 1. Reliability explores whether the research study is replicable and would produce the same results if repeated (Bryman, 2011). Reliability would suggest one reality that can be measured (Braun and Clarke, 2014) and it disregards the researcher's role in the process and the notion that the researcher may create different results (Braun and Clarke, 2014). The current research used web-based surveys which were disseminated via email. All surveys were identical and were administered in the same way. As a result, all participants were asked the same questions, and provided with pre-determined answers increasing the reliability of the research. The results were analysed once the survey link had closed; all the results were analysed together using the analysis tool on the survey software and Statistical Package for the Social Sciences (SPSS). The data was transferred to SPSS via the survey to avoid human error, therefore increasing the reliability.

Validity is interested in the accuracy of the tools and findings. Validity has many components, including whether the tools measure what they are attempting to measure, whether the findings reflect the data (internal validity) and how generalisable the findings are (externalising validity). Ecological validity explores how data is collected within naturally occurring settings rather than in laboratory studies (Braun and Clark, 2014). The web-based survey for the current research was piloted with educational professionals and educational psychology colleagues to help ensure the survey measured what it intended to and ensure the questions were not misinterpreted. Feedback from this pilot was taken into consideration and changes were made.

Additionally, to increase the internal validity, I ensured the survey questions reflected the three research questions. Furthermore, the email disseminating the survey was scrutinised during the pilot stage to ensure information was clear. This email informed participants of the purpose of the research and stated an inclusion criteria ensuring the most appropriate person completed the survey, as this would impact the quality of the data. As highlighted above the survey was sent to head teachers of SEMH special schools to complete the survey or delegate to the most appropriate staff member, who had a good understanding of the monitoring

processes within their school. The procedure of disseminating and completing the survey were the same for all participants. Participants had the choice to complete the survey at a time convenient for them. Additionally, to increase the external validity, participants were provided with answers to self-select from. The proposed answers were gathered from the literature specific to SEMH and monitoring. For each response, I provided a wide range of options and an 'other' option, where participants could provide their responses, to ensure their responses were not limited and reflective of the participants' experiences. Furthermore, participants were asked to reflect and respond according to their current practice within their setting to reflect their school's real-life situation.

3.7.8 Analysis: statistical tests used rationale

Once all the data was generated on JISC, the data was exported to SPSS. SPSS was used to provide descriptive statistics for the frequency data. This included the following:

- demographic information,
- the range of approaches used,
- the number of approaches used by SEMH special schools,
- factors influencing selection process, and
- staff responsible for monitoring pupils' progress.

Using SPSS, I carried out statistical analysis on the data set. Some of the data was clustered to create more robust variables. I conducted a Kruskal Wallis test, exploring the statistical significance between categorical (nominal/ordinal) data. A Kruskal Wallis test is a non-parametric equivalent of a one-way ANOVA. The data met the assumptions for this statistical test to be carried out which were:

- The data must have one independent variable (IV) with two or more levels (i.e., How frequently the approach is used)
- The dependent variable (DV) (i.e., pupil progress/staff confidence/ informing staff practice) is ordinal data.
- The data should meet assumptions of independence, which means there is no relationship between variables, if the same person appear in two different variables in your data it can skew findings.

- All groups should have the same shape distributions, which means the spread of the data is similar, often calculated using SPSS.

A Kruskal Wallis test was carried out to explore the relationship between:

- How frequently SEMH is monitored x pupil progress.
- How frequently SEMH is monitored x informing staff practice.

The results are shown below in section 3.7.10.

Using SPSS, I conducted a non-parametric Spearman's Rho rank order on the data set to measure the correlation between two variables. The data met the assumptions for this statistical test to be carried out which were:

- The two variables should be measured on an ordinal, interval or ratio scale.
- The data between the two variables is linear.
- The variables represent paired observations which is where two measurement are taken from the same subject.

Spearman's rank-order was carried out separately for each of the following variables:

1. Number of approaches used by each SEMH special schools to monitor SEMH (IV) x pupil progress (DV).
2. Number of approaches used by each SEMH special schools to monitor SEMH (IV) x how frequently the approach is used (DV).
3. Number of approaches by each SEMH special schools to monitor SEMH (IV) x informing staff practice (DV).

A cross tabulation was calculated to explore the relationship between:

1. Approaches and factors that influence selection of an approach.
2. Number of approaches and factors that influence the selection of an approach.
3. Frequency of using approaches and factors that influence the selection of an approach.

The findings for Phase 1 are detailed in the next section.

3.7.9 Findings for Phase 1

3.7.9.1 Descriptive statistics

3.7.9.1.1 Approaches used to monitor pupils' SEMH development.

On the web-based survey, participants were provided with a list of 32 approaches to select from, identified from the literature. One approach (M&MS) was not included on the survey as it was identified after the survey was disseminated to participants, however this approach was not noted by participants using the other function. Participants had the option to select from as many approaches as possible. There was an option for participants to include additional responses using the 'other' function. Table 5 and Figure 2 below shows the range of approaches selected on the survey.

A bar chart depicting the range and frequency of approaches used to monitor pupil SEMH development.

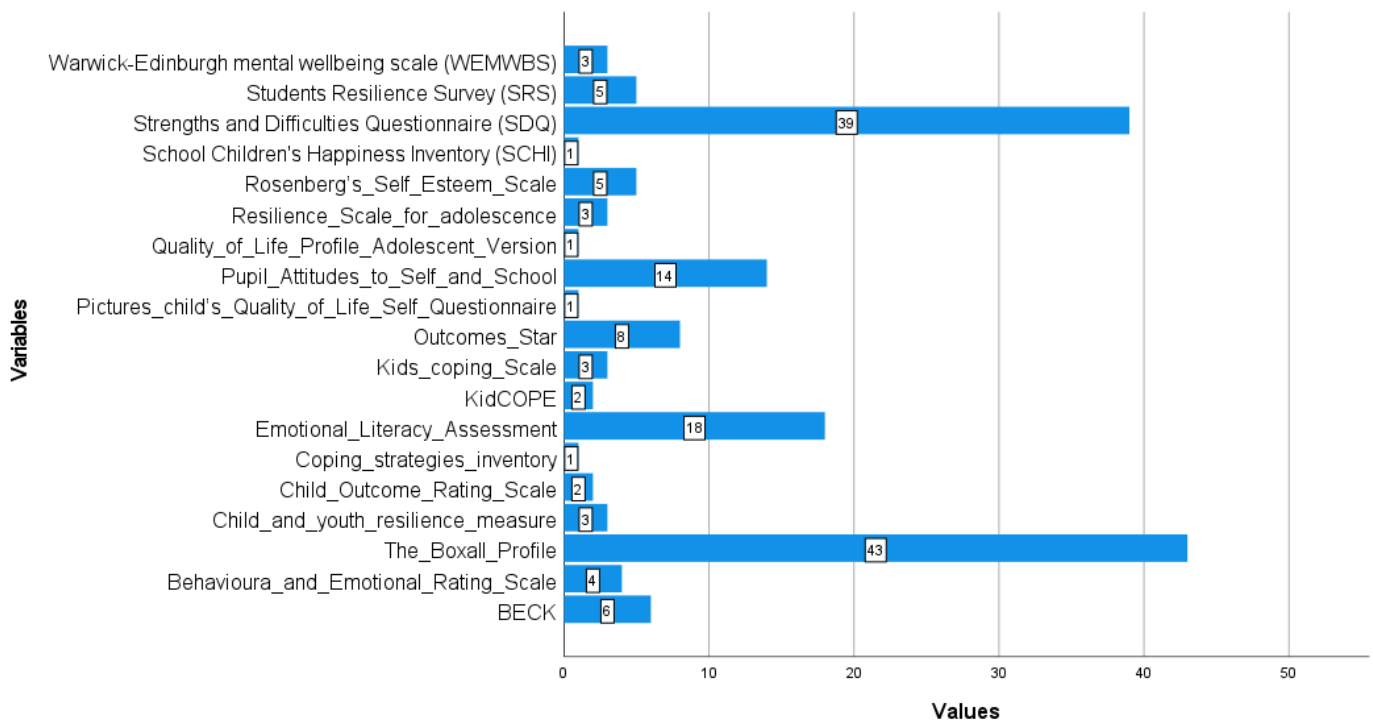


Figure 2: Frequency of approaches selected by special schools that primarily support pupils with SEMH development.

<u>Approaches used to monitor SEMH</u>	<u>Percentage</u>
BECK	8.82%
Behavioural and Emotional Rating Scale	5.88%
Boxall Profile	63.24%
Child and youth resilience measure	4.41%
Child Outcome Rating Scale	2.94%
Coping strategies inventory	1.47%
Emotional Literacy Assessment	26.47%
KidCOPE	2.94%
Kids coping Scale	4.41%
Outcomes_Star	11.76%
Pictures child's Quality of Life Self Questionnaire	1.47%
Pupil Attitudes to Self and School	20.59%
Quality of Life Profile Adolescent Version	1.47%
Resilience_Scale_for_adolescence	4.41%
Rosenberg's Self Esteem Scale	7.35%
School Children's Happiness Inventory (SCHI)	1.47%
Strengths and Difficulties Questionnaire (SDQ)	57.35%
Students Resilience Survey (SRS)	7.35%
Warwick-Edinburgh mental wellbeing scale (WEMWBS)	4.41%

Table 5: A list of all the approaches selected by participants in Phase 1.

Table 5 shows that, 19 out of 32 approaches were selected by the SEMH special schools. The most popular approaches selected by participants include Boxall Profile (63.24%), SDQ (57.35%), Emotional Literacy Assessment (26.47%), Pupil Attitude to Self and School (20.59%) and Outcome Star (11.76%). Using the 'other' function, 24 participants provided information on the approaches they use to monitor pupils' SEMH development, this is detailed below. This means most SEMH special schools are using approaches identified within the literature search in Chapter 2, with approaches such as Boxall Profile and SDQ considered more popular than others.

Table 6 presents the list of other approaches used to monitor SEMH identified by participants in Phase 1.

Other approaches identified in Phase 1
Personal and social development tracking
ELSA assessment
Social skills grid assessment
Staff talk to pupils on a daily basis and pupil input is discussed and tracked by management each day.
Happiness Line Measure
Reintegration Readiness Scale
Novoki Anger Scale
Rating scales and evaluation tools designed by own therapeutic team
Thrive
Psychological assessment of emotional needs
The school developed its own EQ tracking system
Motional
Muntham House
sense of community index
Other-school designed questionnaires
ARC Framework
Our own designed 'Willingness to Learn' model.
Information on individual children is personalised through reports and live information sharing via CPOMS and social emotional recording systems. SLEUTH
Trauma informed PACE approach
Have created our own system
Story stem Mulberry Bush Emotional and social assessing pupil progress
Fagus

Table 6: Other approaches identified by participants in Phase 1.

From the list of ‘other’ approaches in Table 7, a few approaches were noted more than once. Thrive was noted by three participants (Thrive promotes positive mental health by helping adults to respond to pupils difficult and sometimes distressed behaviours) and Motional by two participants (Motional is an online tool to identify, assess and improve SEMH) to monitor pupils’ SEMH development. Furthermore, 20 other SEMH monitoring approaches were noted once by participants of which five schools state they have developed their own model to monitor pupils’ SEMH development.

The figure below depicts the breakdown of what approaches are used by primary, secondary and all through schools. Figure 3 depicts the range of approaches used by primary SEMH special schools.

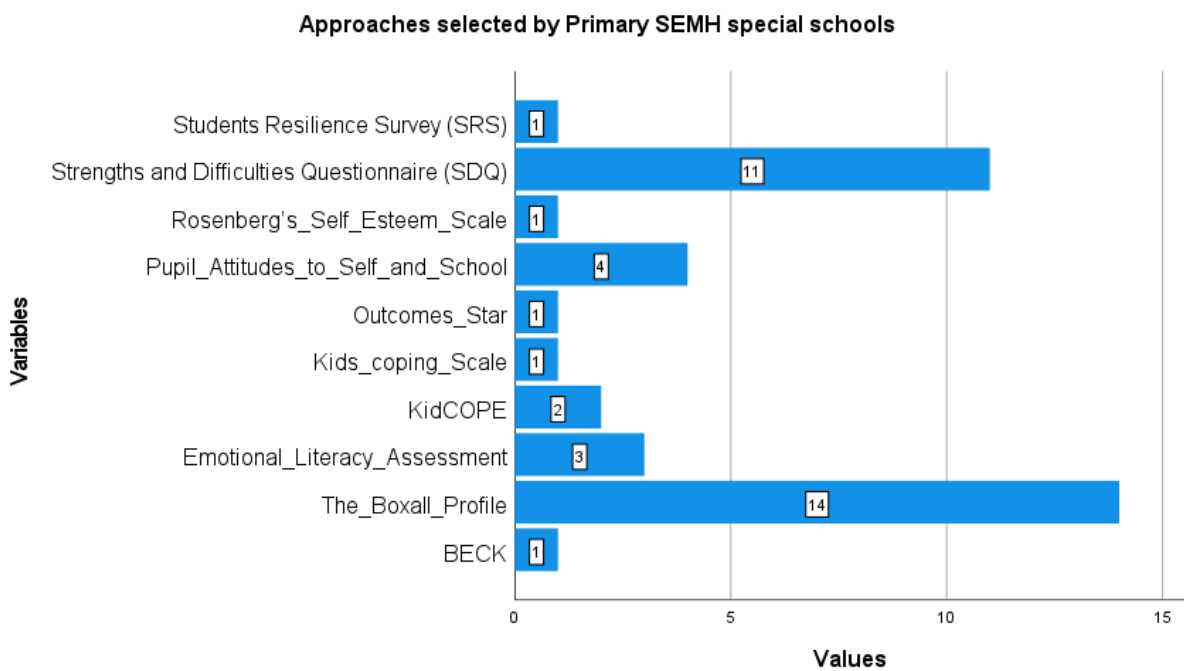


Figure 3: approaches used by staff within primary SEMH special schools in Phase 1.

Participants in Phase 1 from primary SEMH school commonly used the Boxall Profile (n=14) followed closely by the SDQ (n=11). Figure 3 also shows that participants from primary SEMH schools selected only 10 approaches on the survey, which may suggest primary SEMH schools across England use fewer approaches to monitor SEMH in comparison to other types of SEMH schools. This may be linked to the fewer number of approaches available for primary SEMH aged pupils as highlighted in Appendix 8.

Figure 4 depicts the range of approaches used by secondary SEMH special schools.

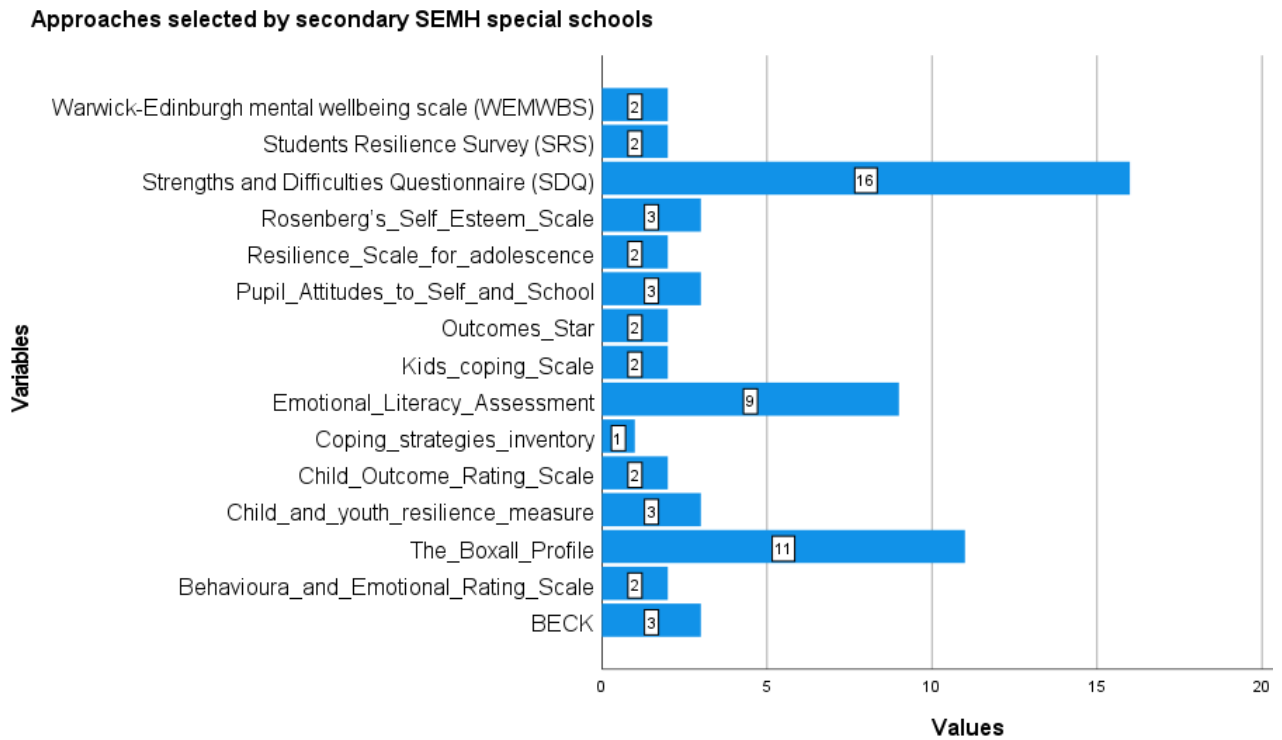


Figure 4: Approaches used by staff within secondary SEMH special school in Phase 1.

This figure shows that in secondary SEMH special schools the SDQ (n=16) was the most commonly used approach, followed by Boxall Profile (n=11) and Emotional Literacy Assessment (n=9). The figure also highlights secondary SEMH schools use a wider range of approaches to monitor SEMH, than primary schools.

Figure 5 depicts the range of approaches used by all-through SEMH special schools.

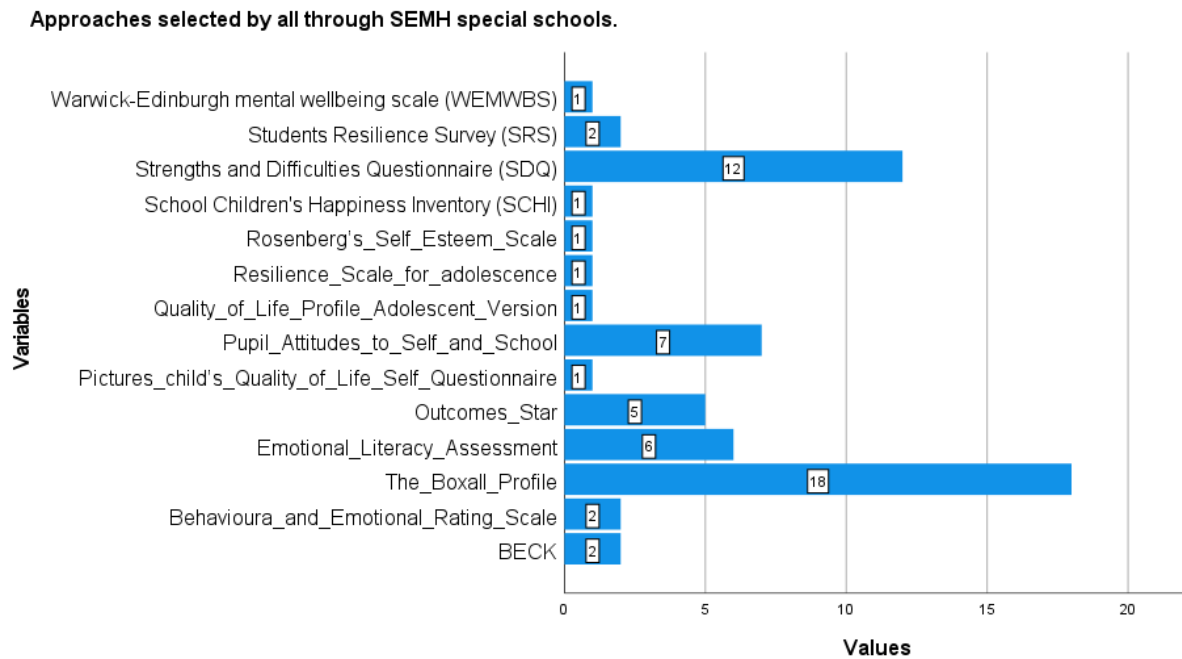


Figure 5: Approaches used by staff within all-through SEMH special school in Phase 1.

Figures 5 shows all-through SEMH schools are most likely to use Boxall Profile (n =18), followed by SDQ (n=12) and PASS (n=7). Similarly, to secondary SEMH special school participants all-through school also identified using 14 different approaches from the survey. This would indicate more approaches are used to monitor SEMH for older students. Furthermore, PASS is most commonly selected by participants from all through schools this may be as a result of its suitability for all key stages.

3.7.9.1.2 Number of approaches used to monitor SEMH.

This section provides an overview of the number of approaches use by all participants in Phase 1, which include a breakdown of participants from primary, secondary and all through SEMH special schools.

The number of approaches used by each SEMH special school was also gathered, shown in Figure 6.

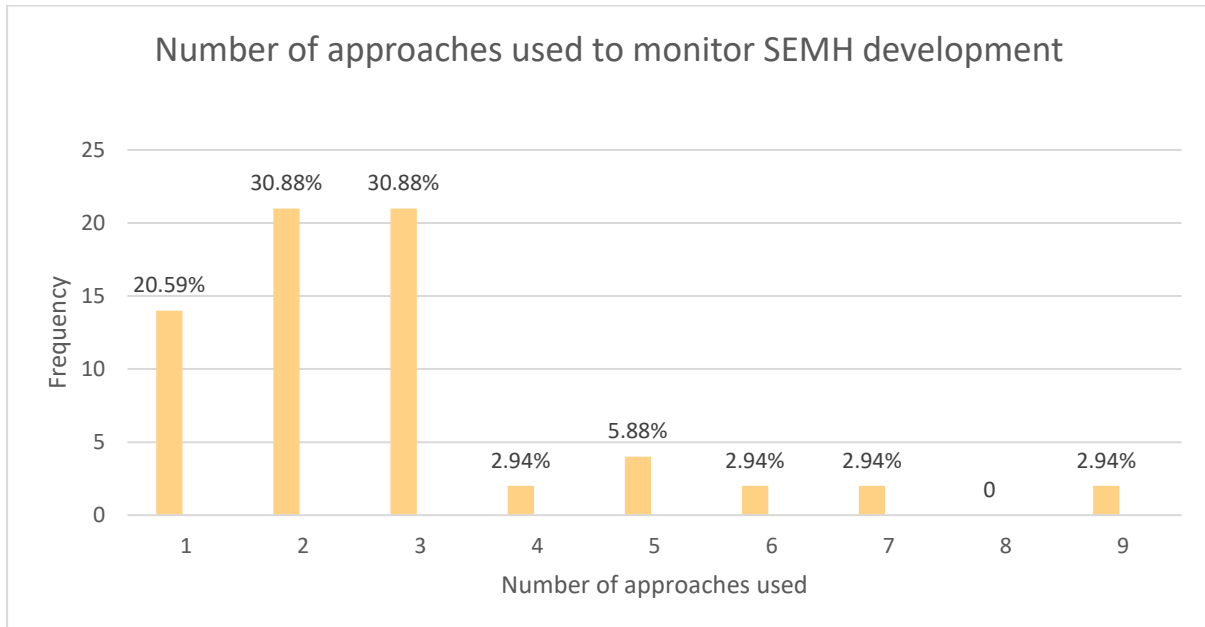


Figure 6: Number of approaches selected by survey participants.

The number of approaches used by participants ranged from one-nine. 61.76% survey participants selected either two or three approaches used within their schools and 20.55% survey participants only use one approach to monitor pupils' SEMH development. This finding suggests most participants are likely to use between one-three approaches.

3.7.9.1.3 Factors influencing the selection process.

One part of the survey asked participants to record what factors influenced their selection of an approach to monitor pupils' SEMH development. They were able to select multiple responses drawn from the review of literature, shown on Figure 7.

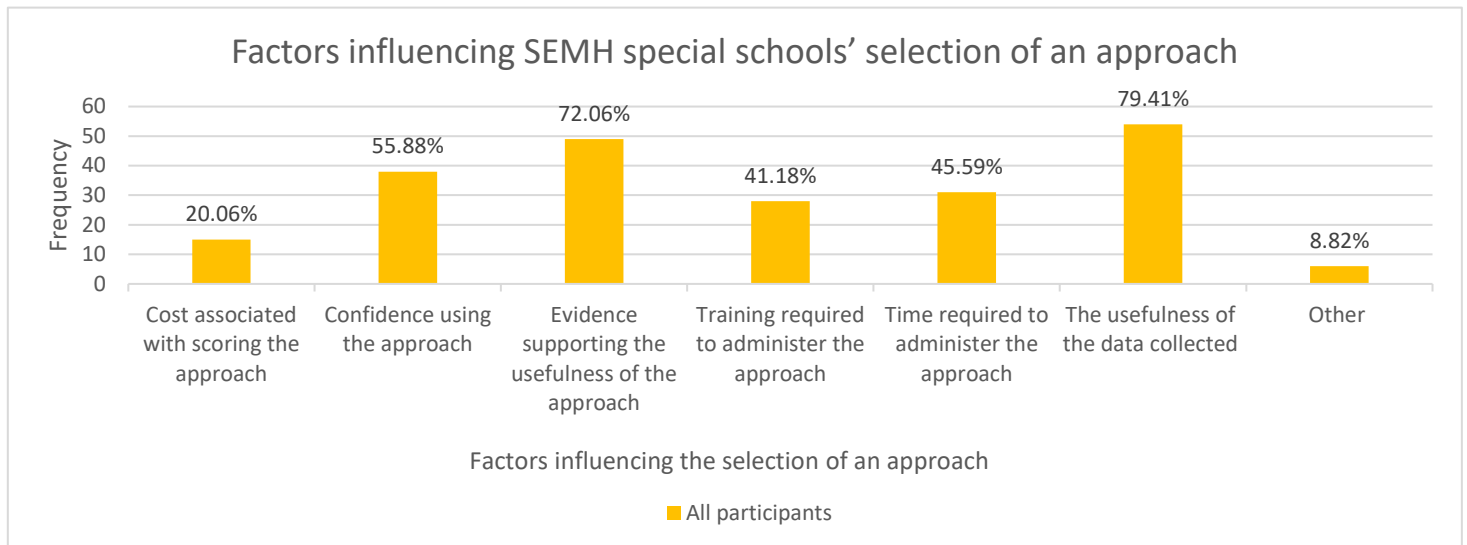


Figure 7: Factors influencing the selection process.

The usefulness of the data collected was the most significant factor that influences a participant's decision when selecting an approach (79.41%) for all participants. As highlighted in Chapter 1, monitoring data can identify areas of concern for individual pupils which can then inform teaching practice (Nasen, 2014). This may suggest data informing support for pupils and informing teaching practice is considered useful and is important for SEMH special schools.

Overall, the second most common factor selected by participants was the evidence base supporting the usefulness of an approach (72.06%). This was followed by their confidence in using the approach (55.88%) and the time required to administer the approach (41.18%). Six participants provided additional responses using the 'other' option, which can be found in Table 7 below.

Other factors influencing the selection process identified in Phase 1
Previous experience of other tools and their usefulness; avoid tools which others may be using too frequently.
All staff having a common and co-created understanding of the approach.
Ability to use the tool with every key stage.
We have adapted and designed our own approach, based on our own knowledge and experience of the cohort of service users that we have.
Suggested resources.
Link between assessment package and the curriculum.

Table 7: Other factors influencing the selection process identified by participants in Phase 1.

The responses highlight a range of other factors of that influence their decision indicating their responses are subject to their experiences and the context of their SEMH special schools.

3.7.9.1.4 Frequency of monitoring

Participants were asked to record how often pupils' development is monitored. They were able to select one response from a multiple choice shown in Figure 8. Figure 8 highlights how often SEMH is monitored and provides a breakdown according to the type of SEMH special school.

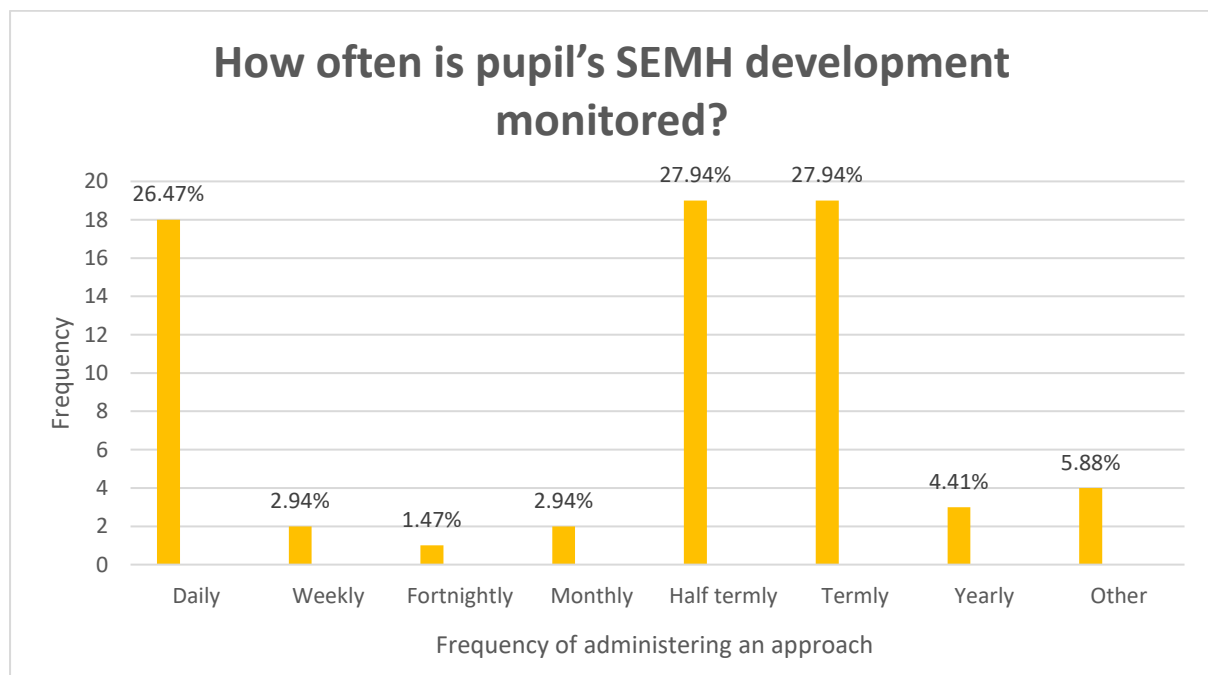


Figure 8: Frequency of monitoring SEMH development.

The data shows the frequency of monitoring SEMH development is varied amongst SEMH special schools. Overall, monitoring pupils' progress half termly (27.94%) and termly (27.94%) were the most commonly selected responses. A further 26.47% of participants selected daily as to how often they monitor pupils' progress.

3.7.9.1.5 Staff responsible for monitoring

One part of the survey asked participants to record the main member of staff responsible for monitoring pupils' SEMH development by selecting from a pre-determined list presented in Figure 9.

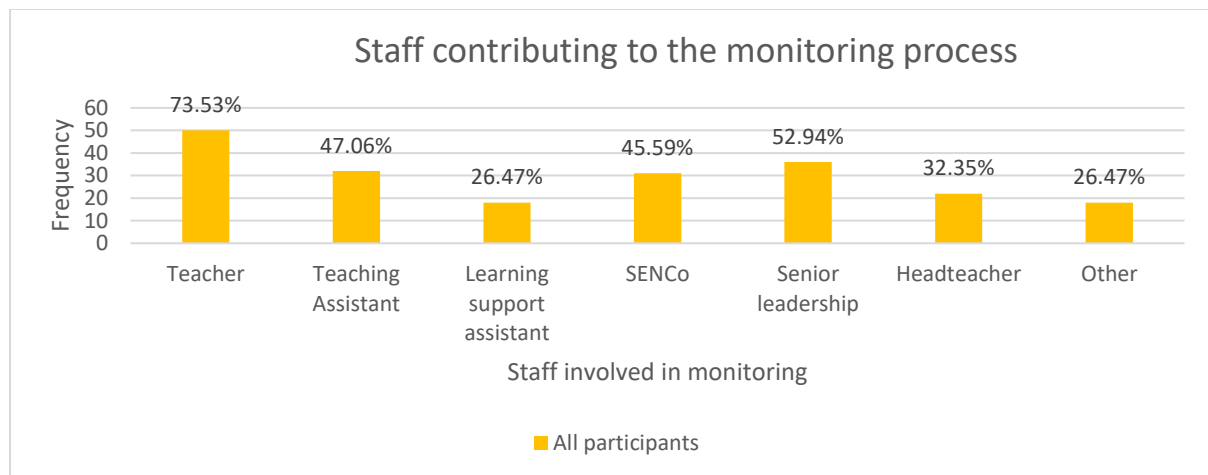


Figure 9: Staff responsible for monitoring.

Figure 9 shows a range of staff are responsible for monitoring pupils' progress. The data show that for teachers were most commonly identified as being responsible for monitoring pupils' SEMH development, followed by SLT, teaching assistants, and SENCOs, respectively.

3.7.9.1.6 Monitoring data informing pupil progress.

One part of the survey asked participants to rate whether the approaches they use demonstrated pupil progress; this was presented on a Likert scale shown in Figure 10. The table shows the responses for all participants and a breakdown according to the type of school.

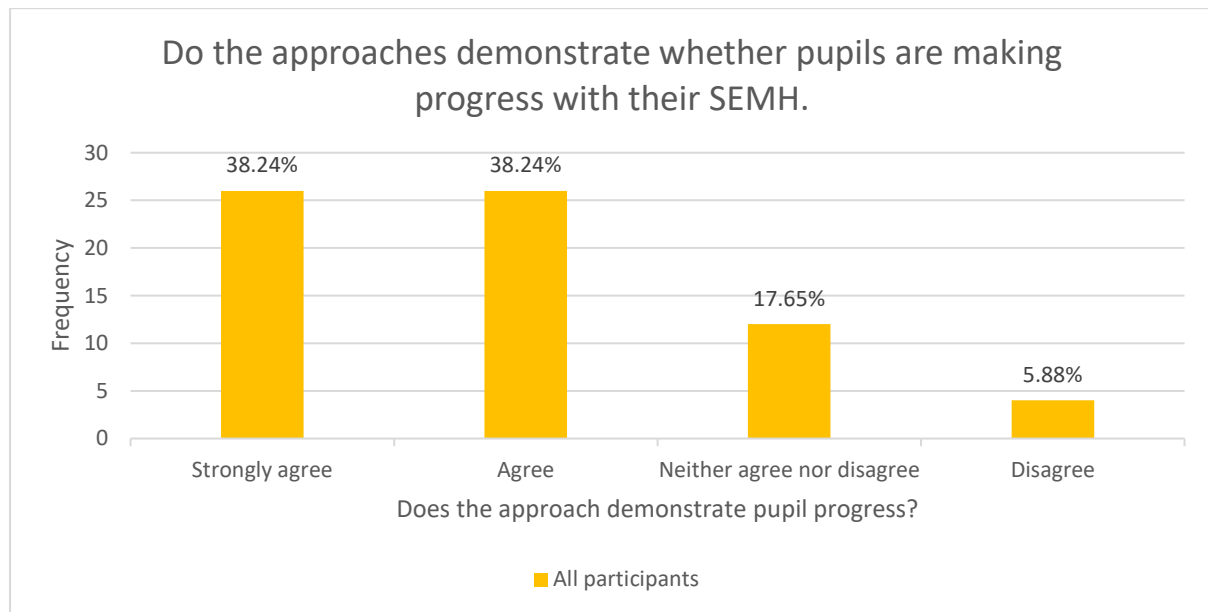


Figure 10: SEMH Data informing pupil's progress

The figure shows, most participants selected agree or strongly agree (76.47%) to indicate that the approaches used within their setting demonstrate whether pupils are making progress with their SEMH). An additional 17.65% of participant selected neither agree nor disagree and four participants disagreed with the statement. The figure shows that for the majority of schools the data gathered demonstrates pupils' SEMH development. This finding may be linked to the usefulness of the data being a key consideration when selecting an approach.

3.7.9.1.7 Monitoring data informing staff practice.

The survey asked participants to rate whether the data gathered from the approaches informed teaching practice; this was rated on a Likert scale shown in Figure 11. The figure shows the responses for all participants and a breakdown according to the type of school.

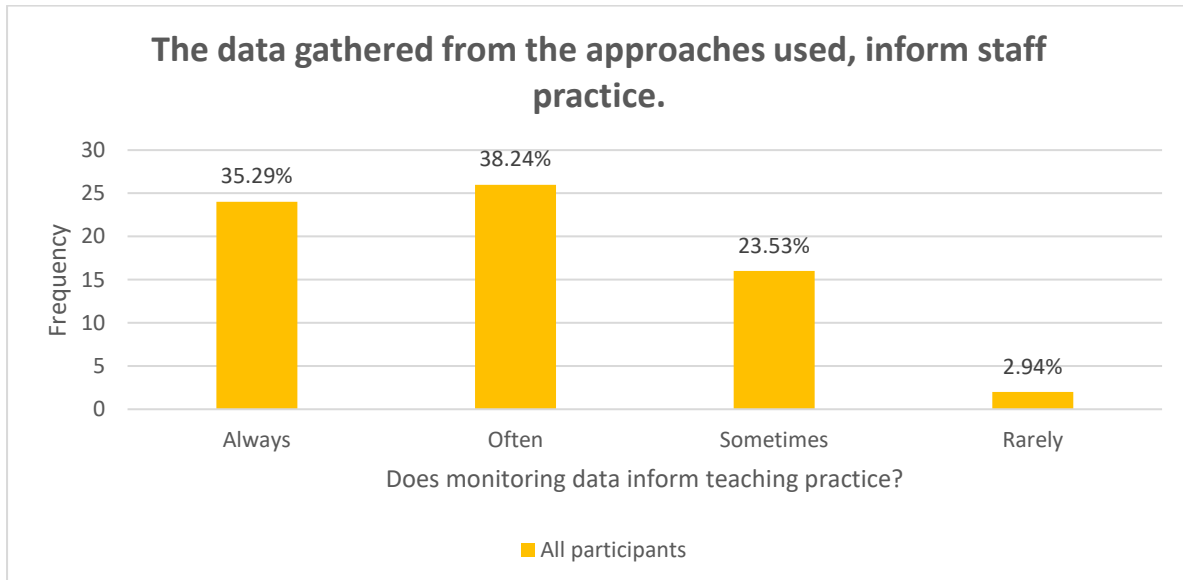


Figure 11: SEMH Data informing staff practice.

The data shows irrespective of the type of school, 73.53% of participants felt the data gathered always or often informed teaching practice. Only two participants (2.94%) suggested the data does not inform staff practice within their school. The data would indicate monitoring pupils' progress is useful in informing teaching practice, this highlights the usefulness of the data being collected. This finding may also contribute to schools selecting the usefulness of data being a key consideration.

3.7.9.2 *Cross tabulation*

Cross tabulation 1 in Appendix 13 highlights the factors influencing the selection process for each approach, and also highlights the factors in order of importance. For example, for 43 participants who selected the Boxall Profile, the commonly identified factors in order of importance were.

- the usefulness of the data collection (n=33),
- evidence supporting the usefulness of the approach (n=30),
- confidence using the approach (n=20),
- time required to administer the approach (n=18),
- cost associated with administering approach and training required to administer the approach (n=15),
- Cost associated with scoring the approach (n=11), and
- Time required to score the approach (n=10).

The usefulness of the data was the most commonly identified factor selected by participants in Phase 1. 19 of the 20 approaches selected identified the usefulness of the data as the top or joint top factor. As the usefulness of the data was selected for most approaches, it would suggest a number of additional factors would influence the selection of an approach. SEMH special schools would need to consider all factors important to them before selecting an approach.

Cross tabulation 2 in Appendix 13 compares the number of approaches used by participants in Phase 1 and the factors that influence the selection of an approach. The data suggests that, in general, regardless of the number of approaches used, the most influencing factor is the time required to score the approach (n=54). The second most commonly identified factor is confidence using the approach (n=49). The exception to this was for participants who use two approaches to monitor pupils' progress, who identified cost associated with administering an approach as the second most commonly identified approach. Furthermore, participants who used two or three approaches to monitor SEMH, selected the most number of factors that influence their decision; this would suggest when increasing the number of approaches, further consideration when selecting an approach is required.

Cross tabulation 3 in Appendix 13 analyses the relationship between how often an approach is used by participants and what factors influenced their selection of an approach. The findings suggest the usefulness of the data was the most commonly identified factor when monitoring progress daily, half-termly and termly. This suggests that regardless of how frequently the approach is administered, the usefulness of the data is the most influential factor when selecting an approach.

In summary the cross tabulations highlight the usefulness of the data was a key consideration regardless of the approach selected or how often the approach is administered. This indicates how the data informs school staff regarding pupil progress and teaching practice is key for SEMH special schools, which is the purpose of monitoring (Nasen, 2014). However, the findings also highlight participants consider a range of factors when selecting an approach, the variety of responses may suggest it is dependent on the context of the SEMH special school. Furthermore, when comparing the number of approaches, time was a key factor for participants. This finding indicates the time required to monitor progress is a key consideration when selecting how many approaches to use, understandably SEMH special schools are busy environments. Overall, the analysis indicated a wide range of factors are considered when selecting an approach.

3.8 Phase two: quantitative – semi structured interviews

This section explores the following areas:

- rationale for Phase 2, the data collection tool and the development of the tool;
- sampling, recruitment and procedure for Phase 2;
- trustworthiness of qualitative data;
- analysis rationale and findings for Phase 2.



3.8.1 Description of Phase 2

The main purpose of Phase 2 is to explore in greater depth the potential factors impacting staff within SEMH special schools' decisions when selecting an approach. Phase 2 is also interested in understanding how the approaches selected are used to monitor pupils' development focusing on how often they were used, by whom and how the data gathered is used within the setting, whilst taking into consideration the context of each SEMH special school.

3.8.2 Rationale for Phase 2

- To the best of my knowledge there is no qualitative research to explore how staff within how SEMH special schools monitor pupils' SEMH development, and this information will add to the quantitative data gathered in Phase 1.
- To gather detailed accounts to understand factors influencing staff within SEMH special schools in England when selecting an approach to monitor SEMH development.
- To understand in greater detail how often staff within SEMH special schools use the approaches they select to monitor pupils' SEMH development.
- To understand who uses the approaches they select to monitor pupils' SEMH development.
- To understand how the data gathered is used within SEMH special schools.

3.8.3 Rationale for using semi structured interviews.

Interviews were selected to answer the research questions in the current research. The rationale for using semi-structured interviews are outlined within this section. Interviews are the most widely used qualitative data collection method (Bryman, 2015). Semi-structured interviews can be flexible allowing the interviewer to adapt the interview so they can understand the complex issues raised. Additionally, interviews are conventionally conducted individually. Semi-structured interviews consist of open-ended and closed questions, often followed up with questions exploring why or how. Semi-structured interviews have questions or specific topics to cover within the interview. This is often referred to as a topic guide. The topic guide ensures that the same topics are covered in all interviews, although the questions asked in each interview can vary depending on the responses the participant gives (Newing et al., 2010). The interview guide can help create some structure and develop cross-case comparability when conducting multiple interviews.

Semi-structured interviews are time intensive and laborious; they also require the participants to have sufficient knowledge about the topic of interest (Bryman, 2015). The current research identified an inclusion criterion for interview participants to ensure the participants could contribute to all questions, therefore maximising the data gathered. The process of conducting an interview requires consideration when preparing, setting up and when conducting the interview. Post-interview, the researcher would need to analyse and transcribe the data, which highlights the time implications of using semi structured interviews. As a result, this often requires a smaller sample size; however, the data is richer and more in-depth. One hour is considered a reasonable amount of time for a semi-structured interview , any longer than one hour may result in the participant and the researcher experiencing fatigue (Adams & Umbach, 2012). For the current research, the interviews were on average 60 minutes.

3.8.4 Development of interview topic guide

The development of the tool is explained within this section. The current research used remote data collection methods to enable a national sample rather than a local sample. Research by Roberts and Allen (2015) highlighted researchers are extending their use of online research to collect data as an alternative to face-to-face interviews and they look at the ethical implications of online research. Robert and Allen (2015) suggest collecting data

online can present its challenges, including gaining informed consent and whether participants have a safe space to conduct the interview. Additionally, Janghorban, Roudsari and Taghipour (2014), argue despite the benefits of conducting research online both the researcher and participants need to ensure they have access to high speed internet, they are familiar with online platforms and have digital literacy, as these factors can affect the interview. I considered these challenges and addressed them when gaining ethical approval.

Additional reminders of confidentiality, anonymity and participant's right to withdraw at the start of the interview were given. Janghorban et al. (2014), highlighted participants can withdraw from the research by clicking a button, which means participants have increased autonomy to withdraw during an interview. Interviews were held virtually, via Microsoft Teams at a time convenient for the participant. It was important to consider an online platform that was secure and encrypted (Lobe et al., 2020).

Participants completed the web-based survey to volunteer to participate in the interview therefore the first few questions encouraged participants to discuss their survey responses specifically exploring how they use the approaches selected on the survey. Furthermore, key factors identified within the literature were explored e.g., frequency, who contributed to monitoring, how it informs practice, how they recorded the data and how often pupils are involved. The second half of the topic guide focused on what factors influence their decision to select an approach.

3.8.5 Sampling and recruitment

Purposive sampling (specifically seeking out SLT from SEMH special schools) was used in Phase 2, where I selected a typical sample based on an inclusion criteria (Jupp, 2011). Purposive sampling was needed to select the most appropriate participants to answer the research questions as not all staff will be aware of their settings monitoring processes and the decisions made to select an approach. At the end of the web-based survey participants could register their interest in participating in an interview. Participation was voluntary, and settings were informed their interest in the research does not mean they are required to participate in the research. The participants must be working at a SEMH special school and should be a senior leadership team member or a Special Educational Needs and Disability Co-ordinator (SENCO), these roles were considered appropriate as they would have an understanding of settings' monitoring processes within their setting. I intended on recruiting up to ten participants as

Smith (2015) recommended sample size for medium postgraduate project interviews using thematic analysis, is that a researcher should recruit 6-15 participants. I was able to recruit 20 participants to participate in the interviews; however, I was only able to conduct 13 interviews as two participants became ill and five could not commit to a time for the interview.

The final sample consisted of 13 participants from different mon. The tables below are a breakdown of the types of school and locations of the SEMH special schools recruited for the interviews.

Type of SEMH school	Number of participants
Primary	4
Secondary	4
Through school	5

Table 8: Types of SEMH schools recruited in Phase 2

Table 8 shows there was a fairly even distribution of the participant's in Phase 2 from the different types of SEMH schools, therefore the qualitative data would be representative of all types of SEMH schools.

Location of SEMH School	Number of participants
Greater London	1
South East	6
West Midlands	2
North West	1
North East	1
Yorkshire and the Humber	2

Table 9: Location of SEMH special schools recruited in Phase 2

Table 9 shows the location of the school participants were reflecting on during their interviews in Phase 2 across England, the table shows many participant were recruited from South East England.

3.8.6 Procedure

Within this section the procedure of Phase 2 is outlined. Several ethical considerations were reflected on when planning the procedure for Phase 2, these included: maintaining

participants' confidentiality; gaining informed consent; and protecting the researcher and the participant from harm. A detailed description of the ethical considerations is provided in section 3.5.

After participants volunteered (on the web-based survey) to be involved in semi structured interviews, participants were emailed informing them of Phase 2, with a consent form, and information sheet attached (see Appendix 14, 15 & 16). Once participants had returned their signed consent form, I contacted them to arrange a date and time for the interview.

On the day of the interview, I re-confirmed participants were willing to participate and informed them of their right to withdraw at any point during the interview. Microsoft Teams interviews were recorded on an encrypted recording device. The interview times ranged from 45-75 minutes (average 60 minutes) and followed the structure of the interview topic guide (see Appendix 17). The interviews were conducted from November 2020 - January 2021. I used a research journal to reflect after each interview to help ensure my experiences did not influence my interpretation.

Microsoft Teams was selected, as this is a secure online platform. Some interviews were held over the phone when there were connection issues and were also recorded on an encrypted device. I used a university associated Microsoft Teams account to maintain professional integrity. To build rapport, I began the interview with problem-free talk, for example talking about their job role to develop a relationship with the participants to create a safe environment before discussing the research topic.

I used interview skills such as summarising, clarifying and active listening to ensure I had captured the participant's voice. At the end of the interview, I provided a debrief, explaining what would happen next. I explained what I am hoping to achieve, what I intend to do with their data and when I anticipated for the research to finish. I also asked if they had any questions for me. I found conducting research virtually can be difficult to read non-verbal cues and therefore, I had to explicitly communicate my thoughts and feelings to demonstrate my listening skills. For example, I verbally agreed rather than just nodding my head and I summarised more frequently. Also, at the start of the interview I verbalised the difficulties with virtual meetings to acknowledge the challenges and humanise the process.

3.8.7 Trustworthiness of qualitative research

Nowell, Norris, White and Moules (2017), suggested trustworthiness is a way to determine whether qualitative research findings are "worthy of attention" and suggested a criterion can be used. The criteria include credibility, transferability, dependability and conformability, as well as validity and reliability. This section will explore the trustworthiness of Phase 2.

Credibility

A study's credibility is determined if a co-researcher or a reader can recognise the research if confronted with the experiences (Nowell et al., 2017). Credibility is linked to internal validity to accurately represent a phenomenon linked to quantitative research (Morrow, 2005; Suchy, 2017). Nowell et al., (2017) identified several techniques that can be used to maintain credibility, including prolonged engagement, persistent observation, data collection triangulation and research triangulation; additionally, peer debriefing can increase credibility. Participants clarifying the findings and interpretations of the study can increase credibility. The current research attempted to maintain credibility by using a mixed-method approach to triangulate findings. When conducting the interviews, I familiarised myself with the participant's survey responses and frequently summarised participant's responses to verify interpretations. This prolonged engagement provided participants with a secondary opportunity to expand on a topic. I also asked for examples of aspects such as how they use the approaches within their setting to get a better understanding when discussing specific topics.

Transferability

Transferability is closely linked to external validity (Morrow, 2005). It is interested in the generalisability of the research findings. Transferability is concerned with the degree in which findings can transfer or generalise from other contexts or settings (Given, 2012). The researcher is responsible for providing a description of this so that future researchers can make their own judgements on transferability. Qualitative research often involves smaller scale studies compared to quantitative research, and therefore, it can be difficult to generalise findings (Willig, 2013). Additionally, Smith (2015), highlighted generalisability within qualitative research can be challenging; however, transferability is a type of generalisability within qualitative research. Within the current research, each school's context

was explored to enable the reader to understand the decision staff make when selecting a SEMH monitoring approach. I found similarities from interview participants which are presented in themes.

Dependability

Dependability is to ensure the process of the research is logical, traceable and clearly documented. When this process is read, the reader should be able to judge the dependability of the research. I have clearly highlighted using a visual within this chapter, the process of the research. The interview schedule also identified key topics that were asked at the interviews, to allow for some consistency within the interview process. The process of interpreting and analysing the data also follows logic and has been outlined later in this chapter in detail.

Conformability

Conformability is interested in ensuring the researcher's interpretations and findings are derived from the data. The researcher should demonstrate how they reached their interpretations and conclusions (Nowell et al., 2017). Conformability is achieved when credibility, transformability and dependability are achieved. I aimed to achieve conformability through discussions during supervision and keeping a research diary to reflect on my thoughts during and after the interviews; to recognise and minimise personal bias or experiences.

3.8.8 Analysis: rationale for thematic analysis

One of the key considerations of qualitative research is how to analyse the data generated. Analysis of qualitative data involves creativity and systematic searching (Nowell et al., 2017). The volume of data collected is reduced at the analysis stage and the researcher decides how the data will be grouped or categorised (Willig, 2013). This section provides the rationale for thematic analysis. Several methods of data analysis were considered, and thematic analysis was selected. A description of alternative methods of data analysis considered can be found in Appendix 18.

For the current research reflexive thematic analysis was considered the most appropriate approach, as it provides rich and compelling insight into real world experiences and is useful to summarise larger sets of data (Braun & Clarke, 2014; Braun & Clarke, 2006). Furthermore reflexive thematic analysis allows the researcher to reflect on how they influence their research, as researcher subjectivity is inevitable (Braun & Clarke, 2019). Braun and Clarke

(2006) argue thematic analysis can be the foundational method of analysis within qualitative research, as it encourages the use of core skills required for most qualitative research analysis. Thematic analysis is particularly useful when gaining several participants' perspectives identifying similarities and differences between participants' responses.

Thematic analysis was selected to add depth to the current research topic by identifying and reporting themes within the data and systematically interpreting the data in rich detail (Braun & Clarke, 2006). The analysis was conducted in an inductive, data-driven manner, where the codes and themes are derived from the data itself rather than theories or research question (Braun & Clarke, 2014). Thematic analysis was used as it can organise content and give meaning to qualitative data (Willig, 2013). It involves discovering, interpreting and reporting patterns within the data. Within the current research, thematic analysis organised the findings on monitoring SEMH development in an accessible format that can inform policy and practice (Braun & Clarke, 2006). Thematic analysis is not linked to a theoretical approach; the researcher's epistemological position and research questions can help identify what the themes generated from the analysis represent. Braun, Clarke and Hayfield (2015), described it as academic freedom, as the method is independent of a theory or epistemology.

It is important to note there are criticisms of qualitative research including thematic analysis as the studies, for example, it can be difficult to replicate (Creswell, 2013). Braun and Clarke (2006) also recognise the approach does not allow the researcher to comment and analyse the language used. In addition, thematic analysis can lack structure and precision which can lead to a lack of consistency when developing themes derived from the research data (Nowell et al., 2017). Furthermore, like many other qualitative research, the analysis is reliant on the subjectivity of the researcher's interpretation and therefore it was crucial to outline my role within the analysis process. To overcome these issues with thematic analysis Braun and Clarke (2006) provide a clear structured procedure to ensure rigorous data analysis. Nowell et al. (2017), state rigorous thematic analysis can produce trustworthy findings. Within this research, to ensure a high standard of quality was met, Braun and Clarke (2015) six step framework was followed. A detailed description of data analysis in relation to each phase is provided in Appendix 19 to ensure transparency of this process.

3.8.9 Findings for Phase 2

This section presents the analysis for Phase 2. Following analysis of 13 interviews using the steps highlighted above, 86 codes emerged from the data, organised into four themes, each with several subthemes. Table 10 shows the names of each theme and subtheme. The interviews aimed to enhance the understanding of monitoring approaches used by staff within SEMH special schools in England. Interview participants had completed the survey and identified approaches they use to monitor SEMH, however many participants in Phase 2 elaborated on other monitoring approaches used, in addition to the approaches identified on the survey.

<u>Main theme</u>	<u>Sub-themes</u>
There is no one way to monitor SEMH	Staff involvement
	Frequency
Monitoring is than just a teacher completing survey	Observations
	Pupil involvement
	Data tracked by schools
	Parent views
	Staff meetings
How on earth do I know which one to choose?	Cost
	Time
	Evidence-based
	Shared practice
	How useful is the approach?
	Wider systemic factors
What is the purpose of monitoring?	Informing Individual teacher practice
	Informing whole school practice
	Informing wider processes

Table 10: Themes table for all generate from the semi-structured interviews.

3.8.9.1 Theme one: There is no one way to monitor SEMH

This theme highlights that monitoring SEMH is complex, and the findings suggest there is no consistent method of monitoring amongst participants within Phase 2. This theme highlights that SEMH occurs beyond the classroom (e.g., the classroom, playground and in the community), by different staff at different frequencies. This theme is grouped into two subthemes, and are presented, respectively.

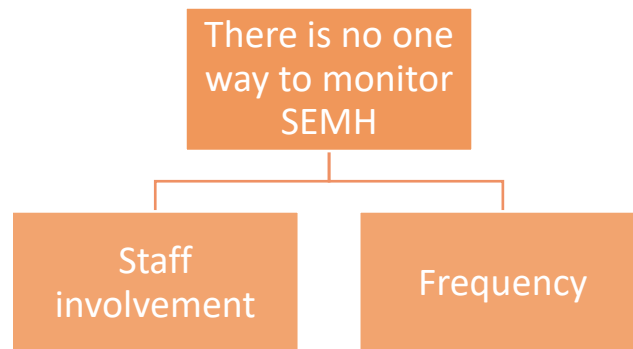


Figure 12: Thematic map for theme 1

3.8.9.1.1 Subtheme 1a: Staff involvement

When considering school staff involved in monitoring SEMH development, a range of staff were identified. Several participants described the responsibility of monitoring falling on everyone in the SEMH special school, beyond the staff identified on the survey. A point revealed in the quote by Jackson¹ who outlines how everyone within the school structure contributes to understanding and monitoring pupils' SEMH development:

Jackson: It's something that everyone's feeding into so whether it's the dinner lady, the schoolteacher, the SENCO, the foster carer, the taxi driver. Whoever if everyone is contributing to that conversation, suddenly you get a much better understanding and a more accurate assessment, even if there might be contention, it's worth doing.

The quote highlights the notion that monitoring SEMH development is complex and occurs beyond the classroom. Schools are also monitoring SEMH at home, in the community and during unstructured times.

¹ All participants have been given pseudonyms to maintain confidentiality,

Some participants further elaborated that different staff members are responsible for different aspects of monitoring SEMH development to gain a holistic understanding of a pupil's needs, an example of this is provided in the quote below.

Kim: My assistant headteacher is responsible for overseeing that (monitoring SEMH). But the class teams are responsible for completing and updating on a timely basis, and then we can analyse the results and do the analysis for them. There's a clear structure of who does what. The class teams know their children the best, so it has to be them that fills in the data.

Kim discussed how class teams are often responsible for monitoring SEMH within the classroom and the assistant head would collate and analyse all the monitoring data, beyond what the class teams provide, highlighting the different roles staff have in monitoring progress.

Whereas Paris explicitly discussed that teachers were not responsible for monitoring progress and would not share monitoring data with teachers as she did not feel staff would understand the data. However, during the interview, Paris highlighted many of the staff in her setting are unqualified teachers.

Paris: Obviously, I would reassess, so I have data. I would have a starting point and I would have an impact point, but for the staff I wouldn't give them that endpoint.

Paris: People have been here a very long time or who aren't necessarily qualified teachers. So, knowledge and understanding is the hindrance in this setting.

These quotes suggest the structure of a SEMH special school can influence who monitors SEMH development. The findings also suggest staff involvement in monitoring varies amongst participants, this highlights the differences in monitoring practices and that not all staff are involved in monitoring SEMH development.

Staff competence can influence staff involvement in monitoring SEMH development. This is presented in the quote by Paris which points out that many staff do not have the appropriate

level of training on SEND to understand SEMH and therefore how to monitor SEMH development.

Paris: The initial teacher training is bloody awful! It is absolutely appalling. There is no specific and clear SEND information. There is nothing about differentiation there is almost nothing about supporting student's wellbeing and mental health.

Furthermore, as pointed out by Chris there is no incentive to improve staff knowledge and practice within education.

Chris: My experience these days is that both the training and the financial reward for outstanding teachers to come across into this sector just doesn't really exist in most places.

The quotes reflect the view that the initial teacher training and staff knowledge of SEND were identified as factors that effects staff involvement in monitoring pupil SEMH development. Approaches that require a high level of knowledge of SEMH and monitoring, would need competent staff to use the approach. Limited knowledge of monitoring SEMH development would mean there is a need to upskill staff through training, which has a cost implication for schools. The lack of staff competence can impact the level of involvement in monitoring pupils' SEMH development. This factor may contribute to the inconsistencies amongst SEMH special schools.

This subtheme illustrates how a range of school staff are responsible for monitoring pupils' SEMH development within a range of contexts beyond the classroom, as SEMH impacts all aspects of a pupil life. Some participants discuss all staff being involved whilst other participants suggested specific staff are responsible for monitoring. Staff knowledge of SEND and SEMH can influence whether they are involved in the process.

3.8.9.1.2 Subtheme 1b: Frequency

This theme highlight that there are a plethora of responses in how frequently SEMH special schools monitor SEMH development. Paris explained how as well as monitoring in class, all staff in her school would monitor progress daily and weekly during unstructured times. Paris' example below is an activity during lunch time.

Paris: if we're working on a target on their social development and their target is social skills.... we might say, look, we're going to a team building exercise our team building games, let's get together in a circle.

Six participants discussed staff monitoring pupils' progress on a half termly basis, they highlighted that this enabled them to identify both the progress pupils have made and identify areas of concern. This is shown in the quote by Kim who discussed a process of monitoring progress as part of the graduated response.

Kim: On a half termly basis you are looking at your baseline, you're setting targets, you're moderating targets. You are then delivering and then again moderating the work.

The quote demonstrates that monitoring SEMH development is an ongoing process, assessing the level of pupil progress over time and acknowledging pupil's success. Whereas, for some schools, staff monitor SEMH development termly in line with academic curriculum, illustrated in the quotes below.

Jackson: Usually three times a year, they (staff) will go through and reassess pupils so that we can see the progress that is being made.

This suggests that different monitoring processes have different frequencies, where a more formal review process may occur after a longer time. Several participants named a range of norms based approaches that are administered termly, this view is represented in the quotes by Paris and Jackson.

Paris: We started using the SDQ at the outset of each term.

Jackson: Yeah, and we did agonise about using Boxall and we use it three times a year from roughly the point of entry.

The SDQ and Boxall Profile are examples of approaches that aim to capture a bigger picture of pupils' needs, where staff would need to reflect on pupils' SEMH development beyond the classroom. Furthermore, these quotes suggest approaches that require staff to complete a survey or questions about individual pupils occur less frequently. This may be linked to the time required to complete the approach, evidence base or the cost associated with them. Furthermore, Jackson's quote suggests the frequency of monitoring progress is constantly

being reviewed highlighting the uncertainty in considering how often to monitor pupils' progress.

This theme highlights that there is no one way to monitor SEMH development. Monitoring SEMH is multifaceted and occurs within various settings such as the classroom, around the school and within the community, this is because SEMH effects all aspects of a pupil's life. As a result, various staff can be involved in monitoring SEMH development. For some schools all staff are involved such as teachers, taxi drivers and mid-day supervisors, whilst in other SEMH special school specific members are responsible for monitoring. The findings suggest staff competency of SEND and SEMH is a key contributor to whether they monitor pupils' SEMH development. Furthermore, this theme also highlights, school staff are involved in monitoring progress at different frequencies. The findings suggest the type of monitoring approach used can influence how often staff monitor progress. Participants' responses suggested standardised or norm referenced approaches such as the SDQ and the Boxall Profile are used less frequently.

3.8.9.2 *Theme two: Monitoring is more than just a teacher completing a survey.*

The interview participants' discussions suggested monitoring is greater than teachers completing surveys or approaches that were identified on the web-based survey in Phase 1. This theme highlights the range of monitoring practices suggested by participants. This theme consists of five subthemes, each theme is explored respectively.

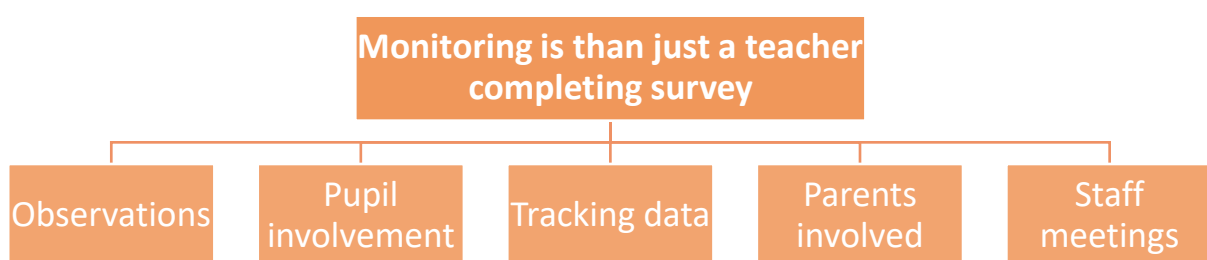


Figure 13: Thematic map for theme 2

3.8.9.2.1 *Subtheme 2a: Observational data*

Although all the approaches in the web-based survey were approaches identified within the literature, eight participants discussed the use of staff observations as a method of monitoring pupils' progress and highlighted how this is a fundamental part of monitoring pupils' SEMH development. These observations are undertaken by a range of staff within the

SEMH special schools and form a part of the assessment process, which is illustrated in the quotes by Logan and Luke.

Logan: The best data is always going to come from the people that interact on a day-to-day basis with that child.

Luke: The majority of the way that we monitor is anecdotal. How the pupils present? Are they happy? Are they taking part in lessons? Are they making academic progress?

Interestingly, both quotes highlight how observational data occurs more frequently, daily or weekly. Both examples suggest the observations are not overly time consuming and are part of teaching practice.

This subtheme highlights that monitoring SEMH development consists of many components. Observations appear to be foundational in understanding pupils' needs and informs other monitoring processes such as completing the Boxall or SDQ.

3.8.9.2.2 Subtheme 2b: Pupil involvement

Many participants discussed a range of different pupil assessments in addition to the approaches identified on the survey. Many of these were approaches developed by the schools themselves to enable pupil involvement. The voice of the child and child participation is influenced by literature and guidance, which highlights the importance of child involvement. Participants shared a range of creative ways to monitor progress through pupil involvement. Most of these interactions with pupils occurred daily or weekly with some support from a key adult or teaching assistant, this is demonstrated in the quote below by Suki.

Suki: So, what we do is we have a structure within the school whereby every lesson is worth five points and the children know that that's what they're aiming for at the end of the week during social time.

Taylor also described a visual and accessible way for pupils to assess their development.

Taylor: They call them Behaviour Wheels and they identify the characteristics of being a successful learner in a group. Say for example, you know 'I can, I can accept help if I get stuck' or 'I can work with another child

and listen to their ideas'. So those sort of social and emotional skills that you need in the classroom; that's another sort of assessment structure, really.

Many participants discussed pupils' involvement in daily monitoring of their progress. Examples are presented in the quotes below.

Kim: There's daily monitoring and pupils have a target book which they reflect in every day.

This subtheme highlights how pupils are an integral part in monitoring their SEMH development. Furthermore, it also highlights the importance SEMH special schools place on pupil involvement as it is encouraged by policy and guidance. The findings also suggest pupils' involvement occurs more frequently (daily or weekly) to allow pupils to reflect and celebrate their successes which can increase motivation. The participants have described creative ways to include pupil participation, which indicates the approaches available within the literature are not widely used to gather pupils' views, as they may not be quick or efficient to use. Furthermore, the approach discussed are easy for pupils to access and do not require a high level of cognitive demand.

3.8.9.2.3 Subtheme 2c: Data tracked by schools

All but one participant discussed the use of tracking and analysing data to monitor pupils' SEMH development. The data schools discussed included monitoring behavioural logs, pupils' attendance, detentions, exclusions, isolations, and the number of restrictive physical interventions. This data is observed by all staff within throughout the school day within and outside of the classroom. Furthermore, participants also highlighted this data can establish patterns within the data for example, are swimming lessons the reason for a pupil to become emotionally dysregulated? The staff can then support pupils accordingly. The data identified in this subtheme is not monitored in isolation but collectively with other monitoring approaches to provide a richer picture. The quotes below shows the range of additional approaches.

Jess: We also monitor both positive and negative behaviours, there's a lot of different things we measure. You know everything from negative events in incidents or fixed term exclusions, the need to use restrictive interventions and the different types of referrals that go in. Even complaints.

Luke's quote illustrated how this data can be used to evaluate the effectiveness of an intervention.

Luke: We tend to record negative incidents, primarily because it gives us an idea on how the children are responding to the environment that we're providing. So, if there were a lot of negative incidents, perhaps the environment is not meeting their needs.

This subtheme shows how tracking data typically gathered by schools is used as part of the monitoring process within SEMH special schools and can help establish patterns of behaviour to understand how to support a pupil.

3.8.9.2.4 Subtheme 2d: Staff meetings

Many participants also discussed using staff meetings, either debriefs at the end of the day or professional meetings, to monitor pupils' progress. Some of these meetings are formal, while others are ad hoc when needed to discuss a pupils' development. Participants highlighted that these meetings are helpful to increase staff motivation. The conversations during these meetings help to explore positives and negatives in pupils' development and identify the effectiveness of interventions, exemplified in the quote below.

Suki: We also have a mental health team that meets every week on a Wednesday. With myself, the SLT and the school psychotherapist that we employ for 2.5 days a week. And what we'll do is we'll bring particular children, where there's issues with the child's progress emotionally or socially.

This subtheme makes note of how staff meetings are one part of the monitoring pupil SEMH development the process enables staff to reflect on practice and problem solve.

3.8.9.2.5 Subtheme 2e: Parent views

One of the subthemes generated from the data was parents' and carers' involvement in monitoring pupils' progress. Some participants discussed developing their own monitoring approach to gather parents' views, often in the form of a survey. Whilst other discussed, using parent versions of an approach was one way to gather their views, which is illustrated in Kim's and Logan's quotes below:

Kim: So, on progress days, parents would normally fill in the emotional literacy checklist.

Logan: On the emotional literacy, there's three different ones. ... Sometimes that's useful to probe into understanding why they are different views between parents and the school versions.

This subtheme suggests a range of ways parents are involved in the monitoring process to gain a holistic picture of a pupils needs. Parent involvements appear to be less frequent and both examples involve parent completing an approach.

This theme highlights a range of other monitoring practices which contribute to monitoring pupil SEMH development. This includes, observations, pupil involvement, tracking school data, staff meetings and gathering parents' views. This theme highlights pupil involvement occurs more frequently and discussed a range of approaches they had created themselves, rather than the approaches discussed on the survey. This theme demonstrates that monitoring is complex and requires a range of sources, which is more than the approaches identified on the survey, to capture an in-depth picture of pupils SEMH development.

3.8.9.3 Theme three: How on earth do I know which one to choose?

When exploring what factors influence staff within SEMH special schools' decisions to select an approach, it was clear from participants' responses they consider several factors, which can make decision making difficult. This theme has six subthemes, each subtheme is explored below.

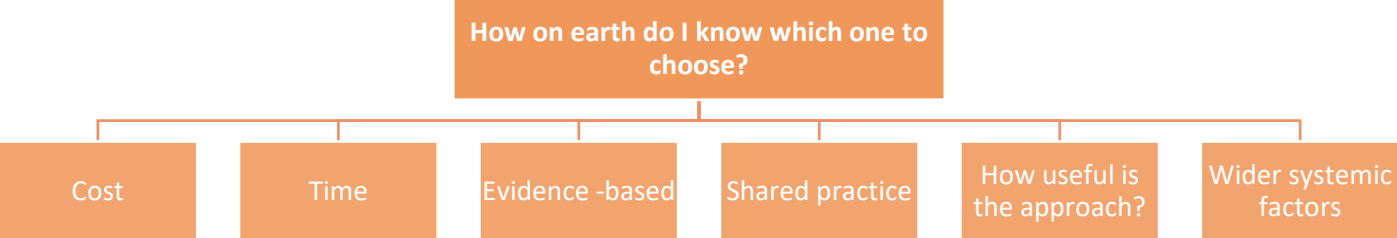


Figure 14: Thematic map for theme 3

3.8.9.3.1 Subtheme 3a: Cost

The cost associated with an approach and the scoring of an approach was a theme that many participants discussed, an example of this is presented in Paris's quote, which highlights the challenges of financing assessments.

Paris: it's massively important that I keep costs low. I don't have a budget; I do not have a budget which means I have to go cap in hand every time I want something, or I have to try and get it out of PPG. So cost is massively important.

Another good example is the quote by Chris highlighting the cost associated with delivering staff training to enable them to use the approach is important. Chris highlights that many special schools are smaller than mainstream schools and have fewer teachers and pupils.

Chris: The cost of the actual thing isn't too bad, but the cost of the training is massively prohibitive for us as a small organisation. They are thinking that they're going to be training a whole secondary school with 100 teachers. We have five teachers. They're asking for £2500, It's just way beyond what we can even comprehend so that that's another problem.

This subtheme emphasises cost can refer to purchasing, administering, scoring an approach and training staff. Furthermore, the size of the school and number of pupils or staff can impact the cost implications of an approach for each SEMH special school.

3.8.9.3.2 Subtheme 3b: Time

One of the factors that all participants discussed was the time implications of using an approach to monitor pupils' SEMH, both when administering and when scoring an approach.

This is expressed in the quote by Kirk and Kim:

Kirk: There's one simple criteria, to be quick. Nothing lengthy, and my God, I've seen so many ridiculously lengthy measures, they have to be quick, they have to be accessible.

Kim: Time is definitely a restraint. I cannot be giving unnecessary data for people to fill in.

Staff workload was also linked to the time implication when selecting an approach. Participants did not want to overload staff or use processes that are tokenistic that create unnecessary data, which is illustrated in the quote by Lane who stated her setting carefully consider the expectation of the assessment on staff workload when selecting an approach.

Lane: So, in terms of time, we are weighing this up. Ultimately teacher's workload versus monitoring.

Additionally, staff workload is highlighted in the quote by Jackson who states the Department for Education guidance influenced his decision when selecting approaches to monitor pupils' SEMH development.

Jackson: There's been recent publications from the DfE about staff workload. You know to reduce workload, reducing work for work's sake, reduce data collection, all of these bits. Yeah, you can go over the top.

This subtheme highlights the time required to administer and interpret an approach when monitoring SEMH is a key consideration when selecting an approach. Understandably the length of an approach can be an indicator of the time required and therefore staff can use this to make a judgement of time. Time pressures on staff and the desire to avoid increased pressures on staff and their workload negatively influence some SEMH special schools from selecting approaches that may be considered time consuming.

3.8.9.3.3 Subtheme 3c: Evidence Based Practice

Several participants discussed the importance of evidence base informing their practice, several key researchers and authors were mentioned, that influenced the use of a specific approach. The participants discussion suggests they view evidence-based as empirically supported approaches. The theme of evidence-based practice is illustrated in the quote by Paris who highlighted that having access to literature as part of her SENCO qualification had enabled her to explore evidence-based approaches.

Paris: Reading Lorna Hughes, Simon Allis, Geddes and Marjorie Boxall. This reading was part of my SENCO assignments which really has had an impact on me.

Similarly, the importance of evidence base is expressed in the quote by Kim who discussed the preference for evidence-based approaches.

Kim: We are moving to an evidence-based approach to try and do everything that we're doing rather than sticking to the idea someone said it was good. We are using the Education Endowment Foundation information. I prefer to

use standardised assessments because I think it's really important that then you can say that your data, is reliable.

Although evidence base was considered an essential factor for many schools, the lack of evidence on approaches can result in schools not selecting an approach. This is illustrated in the quote below by Paris, who highlighted a critical point that staff need to be able to understand how to search for evidence-based literature.

Paris: So, I don't know about any other things (approaches) unless I go out and look for them. And if you don't know specifically what you're looking for, it's very difficult.

Similarly, limited evidence base is also shown in quotes by Chris and Kim.

Chris: There's nothing out there, so it's about word of mouth, seeing what other people do.

Kim: I used to have access to all the academic documents, but I don't have that any longer.

The finding suggests some SEMH schools are making informed decision from the evidence based available (e.g., the reliability and validity of an approach) to identify what approaches they should use to monitor pupils' SEMH development. It also highlights how this consideration is an important factor, which is relatively new. Furthermore, this subtheme also points out the skill set required to search for evidence-based literature on monitoring can be a hinderance to selecting an approach. Additionally, the lack of access to research is also disadvantageous for schools wanting to make evidence-based decisions.

[3.8.9.3.4 Subtheme 3d: Shared practice](#)

Five participants shared their previous experiences and staff experiences within their SEMH school, which influenced their decision-making process when selecting an approach to monitor pupils' SEMH development. This is evident in the quote by Jackson who spoke tly about the experience of a staff member who heavily influenced the selection of a new monitoring approach.

Jackson: My colleague did the training initially and accessed all the information that he needed to install and set up the process. So, he trained the whole school, all the adults in the school.

Participants' experiences in previous roles influenced their decision-making process. This is shown in the quote by Kim discussing, her higher education background had indoctrinated the value she placed on quantifiable data, which informs the decisions she makes:

Kim: I am a biologist by training. I have a background in biological research. And I think I'm just quantitatively biased.

Taylor's quote is also reflective of this subtheme and discussed that the shared experiences of all staff within his setting can help with the decision-making process:

Taylor: We've got a lot of very experienced people, and if you try something new then you're getting feedback from the staff and then that's informing your decision making about whether it's a good fit or not. So that's how I would describe it as collaborative process and trusting staff.

Furthermore, shared practice between professionals is a contributing factor for some settings when selecting an approach. A point presented in the quote by Paris when sharing how her SENCO qualification provided opportunities to share practice with other SENCOs.

Paris: Doing the SENCO qualification was amazing for me. I found out about Boxall and Thrive and having done a little bit of research into the two, I selected Boxall and we started using Boxall Profile two years ago.

Furthermore, it also exhibited in the quote by Luke who highlighted how peer support groups specifically for SEMH special schools can share ideas that can inform the decision-making process.

Luke: Recommendations from colleagues is important. There is a peer review group which I am part of which shares good information. It helped to think about what good practice is and question what's a useful approach?

These quotes highlight a range of ways staff share practice within and between SEMH special schools, which can help inform some of the decision staff make when selecting an approach.

The analysis also suggests the process requires staff to hear the views of others. However, some participants expressed that a lack of shared practice was a barrier and left them feeling isolated within the profession. These participants felt that to enhance their monitoring processes, there is a need for increased shared practice between other SEMH special schools, this includes having a common language and sharing an understanding of the term SEMH with all schools exploring what needs are encompassed under this term. Participants also hoped for increased opportunities to share monitoring ideas amongst similar settings and opportunities to reflect on practices. Participants suggested this would need to be some form of social media forum accessible to all types of SEMH special schools, including independent special schools. Some participants discussed the hope to create a network for SEMH special schools for a small number of SEMH schools with the hope to share practice. The need to shared practice is captured in the quotes below:

Paris: I don't have other same SENCOs that I can bounce ideas off or ask for recommendations.

Logan: There isn't even forums for SEMH special school, so this is something we're trying to set up quite soon, which is like heads forums because we have the same unique pressures.

This subtheme highlights the importance of sharing practice and expertise of staff within and between SEMH special schools, to support each other when selecting approaches to monitor SEMH development. The points raised in this subtheme suggest some changes are required to enable schools to share practice.

3.8.9.3.5 Subtheme 3e: How useful is the approach?

Many participants interpreted the usefulness of an approach as an approach that is easy for staff to use and the data gathered being easy to understand. Participants also expressed when an approach is not useful this can affect the selection of an approach.

Some SEMH special schools have more than one site or support pupils across all ages and participants discussed needing an approach that can be used in various contexts. The quotes below highlight participants' views on accessibility.

Paris: I needed something that could be accessed remotely, by both settings and it wasn't going to confuse staff.

Seven participants discussed the data gathered needing to be simple, useful and meaningful and how these factors have influenced their decision to select an approach. Illustrated in the quote by Logan below:

Logan: Effectively, it has to be useful. Everything we do has to be useful for the children. It has to give us rich important information which is going to meaningfully change their provision. Or it's going to allow us to understand at a whole school level whether things work or don't work.

Paris' quote also discussed the accessibility and ease of interpreting the Boxall Profile, which contributed to her selecting the approach.

Paris: I liked how simple it was to interpret the data from Boxall. I liked the sliders. I liked the fact they quantify it. At the end you have that lovely page that comes with the printout on the PDF that says he/she and then gives me a list of observable behaviours from my selection.

Many participants discussed the limitations of the approaches available, meaning they avoided using a particular approach. Participants reported they would not consider approaches that did not provide an accurate or holistic image of pupil's needs, are not comprehensive or are not accessible for pupils who attend SEMH special schools, examples are illustrated in the quotes below.

Logan: But all of the approaches that we've come across in all the approaches I've used historically, are design for mainstream schools. So, what they can do quite effectively is sample out 500 children, get them all to do a quick thing and go you know what these 15 probably need extra support.

Logan: It's not sensitive enough to pick up the kind of change in the kind of need that the children in our school have.

When considering an approach, the appearance of it is also important; this is shown in a quote from Kim who raised an important point about the look and accessibility of the SDQ.

Kim: I think an assessment tool has got to be appealing to how we assess in the 21st century as well. The SDQ is very old, it's just black and white. The

font is appalling; you know you don't use it for people with reading difficulties.

Several participants discussed the need for an improved assessment that was more accessible, transferable, robustly developed on computerised software. Participants felt with these factors their monitoring processes would be enhanced, illustrated in the quote below.

Logan: I'm imagining something like a computer-based system. The children would be able to regularly monitor and assess their own wellbeing and take ownership. Its that something else which is similar to the class team can do, and that would then feeds into the big whole school picture stuff, but would use it for the individual child, an individual class.

This subtheme highlights the importance of an approach being easy to administer and interpret. However, some approaches available are often not accessible for pupils' within SEMH schools, who have a high level of need. The approaches do not provide the detail required to show smaller steps of progress or need. These factors can make an approach unsuitable for SEMH special schools. This subtheme further suggests the need for an approach to be computerised, accessible and user-friendly, which has not been developed or schools are unaware of. The quotes highlight the need to further develop monitoring SEMH practices.

3.8.9.3.6 Subtheme 3f: Wider systemic factors

Some participants identified broader systemic factors that can influence a settings decision when selecting an approach. These include issues with the EHCP process, pressures from the local authority, cultural, contextual and political factors. Services such as social care can ask SEMH special schools to complete approaches such as the SDQ as part of their review process. Some schools highlighted this as a factor that influences their decision to minimise the workload on staff. The theme of wider systemic factors is illustrated in quotes below. Kim suggests the cultural shift toward understanding mental health has impacted the type of assessments her setting use.

Kim: There's a shift in our attitudes towards mental health ... there is a shift of narrative away from productivity, and more towards mental health.

Many participants discussed issues with EHCPs when pupils first arrive at their setting, this is shown in the quote by Lane, which highlighted how the EHCP documents are not an accurate reflection of pupils' needs, requiring staff to gather their own assessments to identify pupils' needs.

AS: EHCP paperwork ... there's sometimes a huge discrepancy between the description of the child and then the child that actually turns up because it's so context influenced as well.

Furthermore, Lane highlights the Educational Psychology reports that form part of the EHCP do not accurately reflect the child's needs, requiring further assessment when pupils attend her school.

Lane: You're looking at is based on the Educational Psychologist's report... in mainstream schools, what they tend to focus on is the presentation in terms of what it actually looks like ... at the point that they're leaving often it's being articulated in a way to move them on so they're almost doubling down on all the negatives, to say why they can't meet need.

This subtheme recognises the range of wider issues that can influence the selection of an approach.

This theme generated a range of factors that can influence the selection of an approach, which include cost, time, evidence base, shared practice, usefulness of an approach and wider systemic factors. It is important to note more than one factor can positively or negatively affect the selection of an approach as SEMH special schools are often assessing several factors to select the most appropriate approach for their setting.

3.8.9.4 Theme four: What is the purpose of monitoring?

Participants in Phase 2 were asked to expand on how the data gathered from the approaches was used. They were specifically asked to reflect on how the data may inform individual teacher practice and whole school practice. Many participants also explained how the data can inform wider processes. Participants views are grouped into three subthemes which are expanded below.

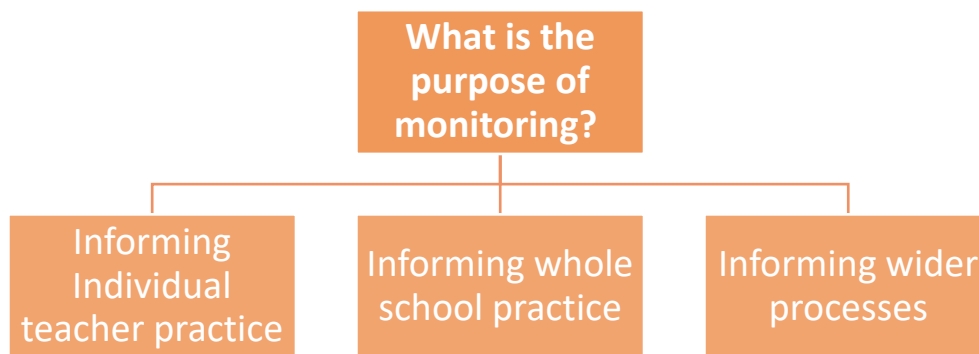


Figure 15: Thematic map for theme 4

3.8.9.4.1 Subtheme 4a: informing individual teacher practice

Seven interview participants also discussed how the data informs individual teaching practice, this is illustrated in the quotes below by Suki, Michelle and Chris.

Suki: Oh, massive, absolutely, because every child is treated as an individual. And although we have classes of say 6-8 children within those classes, every child will have a slightly tweaked version of the boundaries, the rules and the consistency depending on their own emotional needs.

Similarly, Michelle's quote is an example of how the data can improve staff practice.

Jess: All the information helps inform practice, better practice in terms of how we deliver and what we deliver.

Chris' quote indicated how the data is evidence for SLT to prompt and encourage staff to change their practice rather than stick to what they know and are comfortable with.

Chris: Some teachers are very good, but the majority tend to revert to standard teaching practices, and you have to remind them on a continual basis to think outside the box and be a little bit more creative.

This subtheme strongly suggests the data generated can inform teaching practice as the assessment can help to identify barriers and change teacher practice. Teaching staff are expected to adjust their practice for each pupil.

3.8.9.4.2 Subtheme 4b: informing whole school practice

Participants also discussed how the data gathered from the approaches used to monitor pupils' SEMH development could inform whole school practice. Suki's quote is an example of

how the data from a specific approach (Boxall Profile) could inform a whole school curriculum the following year.

Suki: Definitely when we gather all the data from the Boxall's, we'll identify whole school trends, so it might be 'self-negating' is an issue, one particular year. 'Ability to take responsibility' might be another theme that comes out another year, so will take two or three of those key components of the Boxall and put those within our whole school aims for that year.

Taylor's quote is another example illustrating how data gathered over the year can inform staff training and curriculum changes.

Taylor: So, for example there's a strand on play, so if that area if the analysis of the data over a year showed that progress in play was not as strong as previously, then they that could trigger a school development group, focusing on play. Looking at further opportunities to train staff to be confident or to increase the resource is that promote play.

The quotes highlight how the data will reflect some of the changes made to the curriculum, which would mean the curriculum is not fixed to meet the need of pupils with SEMH development.

[3.8.9.4.3 Subtheme 4c: Informing wider processes.](#)

Interestingly, all participants discussed how the data gathered from the approaches used to monitor pupils' progress could inform wider processes within the school. An example of this subtheme is illustrated in the quote below by Kim which highlights the range of statutory processes that can be informed by monitoring pupils' SEMH development.

Kim: Obviously, it will be shared in things like child protection, child in need, childcare reviews, peeps and things like that that run, alongside the EHCPs as well.

As well as local authority statutory requirements, the quote below indicated the information gathered can also be used to share with parents.

Lane: Parents already have access to the child side of it which is the learner Journal so they can see the weekly progress.

The quotes suggest monitoring data is used beyond tracking and to observe SEMH progress over time but can also inform a range of wider processes such as annual review, parent's evenings and Children in Care meeting. This theme highlights how data from SEMH monitoring practices can be used to inform various forums to support pupils and aim to improve their educational experience.

3.9 Conclusion

This chapter has outlined the methodological consideration and presented the views of participants in both phases of the research. The quantitative and qualitative views were presented separately. Participants identified a wide range of approaches used to monitor pupils' SEMH development. The data extrapolated positive and negative factors that influence participants' decision to select an approach. Participants also identified potential factors that can enhance monitoring processes. Additionally, information gathered explored how the data is used, how often the data is gathered, and those who monitor pupils' progress. Finally, how the data informs practice was also explored.

The next chapter ties together my interpretations of the findings and evaluates their contribution to the existing literature on this topic by placing key findings in the context of previous research literature. It also identifies future recommendations for research and practice.

4 Chapter 4: Discussion

4.1 Chapter introduction

This chapter presents and discusses the key findings of the current research and evaluates how this research supports the literature on monitoring pupils' SEMH progress within education and approaches used to monitor pupils' SEMH development. I interpreted the findings to answer each research question. Following this, practical guidance is presented to support SEMH special schools to monitor pupils' SEMH development. The strengths and limitations of the research explore and research implications are explored in relation to SEMH special schools, Educational Psychology practice and future research. This chapter concludes by sharing a personal reflective account.

4.2 Research questions

This research explored what approaches SEMH special schools use to monitor pupils' SEMH development and what factors influence their decision-making process when selecting an approach. Furthermore, this research also explored how the schools use the approaches they select, focusing on how often they are administered, whom they are used by and how the data gathered is used within the settings.

This research is an exploratory study as it is the first time SEMH special schools, have been asked the research questions. Investigating this information will support SEMH special schools in considering the most appropriate approach for their school context. Therefore, the following research questions were investigated:

- 1) What approaches are used by special schools that primarily support pupils with SEMH needs to monitor pupils' SEMH development?
- 2) What factors influence the selection of an approach to monitor SEMH development?
- 3) How do special schools that primarily support pupils with SEMH needs use the approaches they have selected?

I used a side-by-side joint display as a framework to converge my data (Creswell, 2015). I arranged the quantitative and qualitative data next to each other to identify similarities and differences within the data. Appendix 21 shows the process of converging. Below is my interpretation of the data presented under each research question.

4.3 Research question one

What approaches do special schools that primarily support pupils with SEMH needs, use to monitor pupils' SEMH development?

Research question one aimed to capture the range of approaches used by SEMH special schools to monitor SEMH development. Both quantitative and qualitative data was used to study this research question.

The findings from the current research suggests monitoring is complex and consists of multiple elements to capture a greater picture of pupils' SEMH development. These elements can include monitoring using a range of approaches, observations, pupil's involvement, parent's involvement, staff meetings and tracking school data. Furthermore, the findings suggest SEMH monitoring practices differ between SEMH special schools, which can depend on the context and the needs of pupils in the school. Within previous literature there is limited understanding of what approaches are used by SEMH special schools, the findings are a new contribution within this area of research.

Although the approaches listed on the survey were informed by the literature, the findings from this study showed that 19 different approaches were selected (by Phase 1 participants) to monitor pupils' SEMH development. This highlights a wide range of approaches are used by staff within SEMH special schools in England. The variety of approaches used by SEMH special schools is indicative of the second literature search in Chapter 2, which identified a considerable number of approaches (33 approaches) to monitor SEMH development (although only 32 were included in the survey). The wide range of approaches used by SEMH special schools may be linked to the nature of SEMH, which is a broad term that encompasses a range of needs, as Carroll and Hurry (2018) stated, the lack of clarity of SEMH could result in inconsistencies amongst educational settings and local authorities. As SEMH is an umbrella term, it requires a wide range of approaches; this may suggest that one approach alone cannot monitor all aspects of a pupils' SEMH development, hence the range of approaches selected amongst participants. The selection of a variety of approaches from participants in Phase 1 suggests there is no consistent approach to monitoring SEMH development amongst SEMH special schools, this may be due to the limited guidance on monitoring SEMH development for SEMH special schools.

The findings highlight that some approaches are more favourable in SEMH schools as they were widely selected by participants, such as the SDQ and Boxall Profile; 63% of participants (n=43) selected Boxall Profile. This data supports Ruby's (2020), research which states that the Boxall Profile is the most commonly used approach to monitor pupils' SEMH development. The Boxall Profile can be used by educational staff to measure and monitor pupils' social, emotional wellbeing and behavioural development. It is recognised and recommended by the Anna Freud Mental Health Toolkit (Public Health England, 2015) and The Mental Health and Behaviour guidance (Department for Education, 2018). The recognition of this tool within the literature may explain why this tool has been widely selected by participants and is widely used within SEMH special schools. Furthermore, Ruby's (2020) research provides empirically supported evidence to suggest the Boxall Profile is reliable and valid, providing settings with the confidence to use the evidence-based approach. This supports the work of Austin and Filderman (2020) and Raikes (2017) who both suggest schools should be considering a technically sound approach.

Interestingly, the findings from the current research shows that the second most commonly selected approach is the SDQ. The SDQ was cited within the literature and noted within Appendix 7 and 8, however there was no literature on the reliability and validity of the SDQ (which met the inclusion criteria for this research). The SDQ has several international and European research papers assessing its technical strength. Yao et al. (2009) examined the reliability and validity of the SDQ using adolescents within China. The Cronbach Alpha score for the total of all scales was 0.81 and this score it suggests the SDQ has a high internal consistency. The initial SDQ scores and the score after eight weeks were correlated and the total score of all scales was 0.70 which shows a moderate external reliability; this would imply the test is consistent irrelevant of test conditions such as the environment which can impact on the results. Similarly, Lundh, Wangby-Lundh and Bjärehed (2008) examined the psychometric properties of the SDQ in 1254 Swedish pupils aged 14-15. The study showed the SDQ has scored high in reliability and validity. Furthermore, Mieloo et al., (2012) assess the reliability and validity of the parent and teacher version of the SDQ used for Dutch children aged 5-6 years. The internal reliability for the total difficulties for the parent version was 0.77 and for the teacher version was 0.81. This suggests the teacher and parent version of the SDQ are reliable approaches. The study also found SDQ has a moderate concurrent and

divergent validity when compared with similar approaches. This may suggest SEMH schools are making decision based on non-UK empirical research.

Additionally, the SDQ is recommended in the government guidance papers and CORC, which may have contributed to its wide use amongst SEMH special schools (Child Outcomes Research Consortium, n.d.-j; Department for Education, 2018b). The findings from the current research highlight that the SDQ is widely used by other professions such as social care. As a result, using the SDQ can create some consistency between services to understand pupil's needs which may contribute to why the SDQ is one of the widely selected approaches within this research.

A new finding from Phase 1, highlights primary SEMH special schools use fewer approaches to monitor SEMH development (n=10) compared to secondary (n= 15) and all-through schools (n=14). These findings reflect the literature, which identified fewer approaches for pupils in Key Stage 2 and even less for pupils in Key Stage 1 (see Appendix 8). These findings show that there are fewer approaches suitable for primary age pupils and therefore limited options for primary SEMH special schools. Furthermore, participants from primary SEMH special schools noted a high number of 'other' approaches (n=10), which may be linked to the limited number of approaches identified within the literature for primary aged pupils.

Interestingly, a finding not widely cited within the literature, six participants from Phase 1 stated their school had developed their own approach to monitor pupils' SEMH development. These schools have created their own approach due to the lack of literature on monitoring SEMH development in SEMH special schools. This was highlighted by participants in Phase 2 when Logan said, " But all of the approaches that we've come across in all the approaches I've used historically, are design for mainstream schools". These findings indicate that for some SEMH special schools the approaches available to monitor SEMH development are not suitable for their settings, which has resulted in them developing their own monitoring approaches. This finding reflects O'Connor's (2018) case study where a bespoke approach was created to monitor pupils' progress, as the approaches available were not suitable for the pupils within the special school.

This study proposes that monitoring SEMH development consists of using several approaches. The findings from the survey data suggest most SEMH special schools use between one-three

approaches, with a few schools using several more. Furthermore, during the interviews, all participants discussed a vast range of monitoring approaches used within their settings, in addition to the approaches selected within the survey. This highlights the number of approaches used by participants is higher than what is reported in Phase 1. The additional monitoring approaches discussed in the current research include staff meetings, observational data, pupil involvement, parent involvement and data tracked by schools. Many of the participants indicated that these themes are used alongside the approaches identified in Phase 1. These findings are in line with Nasen's (2014) guidance for schools that promotes tracking pupils' progress. The Nasen guidance suggests that one assessment alone cannot capture the needs of pupils and staff would need to draw from a range of sources to gather a holistic picture of a pupils' needs. The findings are also synonymous with O'Connor's (2018) paper which described a range of monitoring practices to effectively monitor development for pupils with additional needs. Another reason SEMH special schools may use more than one approach is because there is no singular sophisticated approach to monitor SEMH development. This is highlighted by participants in Phase 2 when Logan said, "It is not sensitive enough to pick up the kind of change and the kind of need that the children in our school have". The findings highlights that monitoring SEMH development is a multi-element ongoing process.

All 33 approaches selected within the literature review require a teacher, pupil or parent to complete questions to assess a pupil's SEMH development. However, the interview participants elaborated on a range of additional approaches beyond answering questions on a survey. A new finding not cited within the literature review is pupil involvement in monitoring SEMH development. The current research suggests approaches involving pupils are undertaken frequently (daily or weekly) by pupils independently or collaboratively through discussions with a key adult. These findings are in line with the United Nations Convention on the Rights of the Child, which states that children's views should be respected and provided with the freedom to express their views. The examples provided by participants in Phase 2, suggest the involvement from pupils did not require a high level of cognitive demand, this may be to reduce the expectation on pupils, as research highlights pupils with SEMH needs can often have underlying social communication or cognition and learning needs (Jalali & Morgan, 2018; Royal college of Speech and Language Therapist, 2019).

Furthermore, research not cited in the literature review highlights the importance of pupil involvement on their motivation, independence, perception of autonomy and developing metacognitive skills (Harding & Atkinson, 2009). Harding and Atkinson's (2009) research emphasises the clear advantages of pupils' involvement on their wellbeing and engagement, and pupil involvement is also emphasised in the SEND CoP (Department for Education, 2015). Furthermore, the approaches discussed involving pupils are similar to the guidance produced by Ciullo et al. (2011), which describes daily checks to monitor pupils' development frequently as it requires minimal time.

The findings from the current research also suggest parents' views contribute to monitoring SEMH development. Parents views often involve completing a parent version of an assessment such as the SDQ. Parent views are also emphasised by the SEND CoP (Department for Education, 2015). The quote by Logan *"Sometimes that's useful to probe into understanding why they are different views between parents and the school versions"* suggests despite the reduced interrater reliability between parent and teacher versions, it useful to gather various sources of information to investigate the differences in perspectives to further understand pupils' SEMH development.

A further finding of interest, not widely cited within the literature is schools reviewing tracking data. Many participants expanded on reviewing data tracked by schools, such as behavioural data and attendance, as a source of monitoring pupils' SEMH development. The current research found that these monitoring approaches enable SEMH special schools to track positive or negative changes in pupils' development from the data generated and, therefore, reflect the effectiveness of staff and whole school practices, which can lead to changes in practice. These findings are parallel to Dann's (2016) research which also found that monitoring data can lead to changes in teaching practice and as a result it is difficult to have whole year lesson plans and share lesson plans amongst teachers, as the lesson plans can change according to the needs of the children in their class. In addition, data tracked by schools can provide insight into, and find patterns of behaviour, which can help identify the cause of the behaviour and therefore provide the most appropriate support. The type of data monitored (e.g., attendance, behavioural incidences and restrictive physical interventions) are closely linked to needs encapsulated under SEMH (see 1.1.2 and Appendix 1) and this

suggests that SEMH special schools carefully consider the type of data they observe to inform their practice.

The range of observational data used to monitor pupils' SEMH development is comparable to previous research. For example, Raikes (2007) explained that various areas of development should be monitored to gain a holistic picture of a child's development. Although the findings suggest observing pupils' day to day interactions is key in understanding their SEMH, these observations would form part of more comprehensive monitoring approaches as the observational data is often used to inform other processes such as a teacher completing the SDQ or to track behavioural data.

Within the current research, participants highlighted a range of meetings used to review pupils' SEMH development to ensure they provide the necessary support. These meetings include daily debriefs, weekly staff meetings and multi professional meetings. The purpose of these meetings is to reflect on practice, have conversations regarding pupils' progress, and evaluate the level of support pupils receive. Staff meetings are a process of monitoring reflected in Dann's (2016) study which suggests review meetings are a means to monitoring pupils' SEMH. Furthermore, staff meetings to monitor progress is also discussed in O'Connor's (2018) case study which explored monitoring approaches within a special school. The case study discussed utilising professionals' meetings to monitor and assess progress. The current research expresses how the staff meetings are a supportive and reflective process where staff can reflect on their practice and explore pupils' progress.

A range of schools contributed to the current research (e.g., independent, state, and non-maintained special schools). A surprise finding within the current research highlighted that independent SEMH schools could and do employ unqualified teachers who are not skilled enough to understand SEMH monitoring practices. As highlighted in Chapter 1, pupils who attend SEMH special schools have significant SEMH needs and are highly vulnerable. Pupils who attend SEMH special school require specialist provision to support their SEMH needs; however, they can be educated by teachers with less expertise who have a limited understanding of SEMH and monitoring practices, this finding may suggest that some SEMH special schools do not provide specialist SEMH provision. Staff expertise is one factor that contributes to the range of monitoring practices amongst SEMH special schools.

In answering the first research question, the current research acknowledges a vast selection of monitoring approaches used amongst SEMH special schools. The findings recognise that monitoring practices differ amongst SEMH special schools and there is no consistent approach to monitoring pupils' SEMH development. Furthermore, monitoring SEMH development is multi-layered consisting of several elements. Whilst many SEMH special schools use the approaches identified within the survey, some approaches like SDQ and Boxall Profile are considered more favourable. These approaches are often used in conjunction with assessing data tracked by schools, staff observations, review meetings, involving pupils and gathering parent's views to capture pupils' SEMH development. This research highlights that SEMH is complex and the monitoring practices vary amongst SEMH special schools and the age of pupils and needs of pupils can effect this. Additionally, the findings suggest some participants have developed their own monitoring approaches which indicated there is limited availability of approaches for some age groups or the approaches available are not suitable for some SEMH special schools.

4.4 Research question two

What factors influence the selection of an approach to monitor SEMH development?

Research question two aims to explore what factors influence participants decisions when selecting approaches to monitor pupils' SEMH development.

The findings from both data sets suggests that many positive and negative factors can influence decisions when selecting an approach. This links to the factors identified within the literature in Chapter 2. Each SEMH special school needs to contemplate the factors to select the most appropriate approaches for their school and their pupils. In addition, participants also identified factors to enhance monitoring practice that could also influence their decision to select an approach. The data from both phases is presented in five aspects these are: shared practice; empirically supported approaches; staffing; wider issues; accessibility; and time and cost.

4.4.1 Shared practice

Shared practice on monitoring SEMH amongst educational staff is a new finding within this study, not cited within the literature. Sharing practice about approaches amongst staff within the same school, and other SEMH special schools is a positive factor influencing SEMH special

schools' decisions when selecting an approach. Some participants highlighted how they would share experiences amongst skilled staff and with other similar schools in the same organisation or academy. However, the range of shared practice varied, as other participants did not feel SEMH special schools shared practice amongst themselves, and as a result, some participants felt isolated. This factor was not identified by either literature search (in Chapter 2). However, research highlights the benefits of sharing knowledge amongst teaching professionals. For example, Maher, Schuck, and Perry (2017), investigated the exchange of knowledge amongst a range of teaching staff through a range of qualitative data collection methods. The researchers concluded that sharing of teaching practice enables collaboration, promotes a reflection on practice and facilitates further development. Furthermore, Rhodes and Beneicke (2002) also highlight how peer networking and coaching can be used to enhance teaching practice.

Consistent with the literature cited above, when asked how their monitoring processes could be further enhanced participants hoped to increase shared practice and ideas and to explore the evidence-based literature with other SEMH special schools. The findings from the current research highlight the benefits of shared practice amongst educational professionals; this should be considered to enhance SEMH monitoring processes amongst SEMH special schools further. A few participants discussed the idea of creating opportunities for shared practice amongst SEMH special schools within the same region but recognised that it can take time to organise a platform. Shared practice may also increase staff confidence of monitoring pupils' SEMH which has a positive impact for pupils' development. Shared practice may not have been implemented within practice as the view of staff within SEMH special schools regarding monitoring SEMH development is under researched.

4.4.2 Empirically supported evidence

Within this research evidence-based research is considered as empirically supported evidence. Both data sets raised the evidence base as a crucial factor when selecting an approach. However, this research suggests that considering the empirically supported evidence of an approach is complex and requires considering a range of factors, including gaining access to evidence-based literature and having the knowledge to interpret the literature findings.

Survey participants identified evidence base as the second most influential factor. This study's findings reflect the literature review's findings, which emphasised the importance of evidence-based decisions informing practice (Hout & Elliott 2011; Austin & Filderman 2020; Raikes 2017). Literature search two (in Chapter 2) identified ten approaches with information on reliability and validity. Of those ten approaches, seven were selected by participants in Phase 1. This finding indicates that many schools are selecting empirically supported approaches to monitor pupils' SEMH progress and that this aspect influences their selection of an approach. Furthermore, some of the most commonly selected approaches in Phase 1 were empirically informed, Boxall Profile (Ruby, 2020) and Outcome Star (Killaspy, White, Taylor and King, 2012). It is important to note, the SDQ is also empirically informed but the literature did not meet the inclusion exclusion criteria as they were not UK studies. This would support the literature suggesting evidence base is an important factor which can influence the selection of an approach (Austin and Filderman, 2020; Raikes, 2017). However, 11 approaches selected by participants in Phase 1 have a limited evidence base and have not been widely cited within the literature which suggests evidence base is not the only factor when selecting an approach.

Furthermore, participants in Phase 2 highlighted that the lack of evidence base negatively influences their decision-making process. The lack of evidence base is indicative of the literature search two, which acknowledged a range of approaches that had no, or limited evidence on the reliability and validity of the approach specific to population within the United Kingdom e.g., Behavioural and Emotional Rating Scale, Child and Youth Resilience Measure and Emotional Literacy: Assessment.

A new finding of interest, not widely cited in the literature, is the lack of resources enabling staff within SEMH special schools to access the literature to examine the evidence base of a tool, and thus hindering the selection process. This factor should be considered regarding how to support SEMH special schools to examine the evidence base, and a solution should be sought to ensure SEMH schools can make informed evidence-based decisions. Gaining access to literature has a cost implication for many SEMH special schools, a cost they do not wish to incur. Additionally, there is also a time consideration associated with examining the literature to source empirically supported approaches, factors participants have expressed as

undesirable. This finding indicates that assessing the empirical evidence of an approach has wider implications for schools.

Furthermore, some participants in Phase 2 discussed their research experiences and training courses (such as the SENCO qualification) enabled them to understand and interpret the data on the reliability and validity of an approach. However, this finding is reflective of the educational backgrounds of the participants, this is not the same for all staff within SEMH special schools. Some SEMH special school staff require additional support analysing the evidence base available, to enable them to make evidence-based decisions. The findings from the literature review in Chapter 2 are synthesised in two tables (See Appendix 7 and 8), this may be a useful document for SEMH schools to begin their considerations.

4.4.3 Staffing

Interestingly the role of staff was discussed by all participants. Staff confidence using an approach was selected by over 50% of participants as a factor to consider when selecting an approach. This is understood to be staff confidence administering, scoring and interpreting an approach. Phase 2 participants explained how the initial teacher training does not equip staff with the skills to monitor pupils' SEMH development, and as a result the setting is required to upskill staff so that they can administer, score and interpret SEMH monitoring approaches. The lack of knowledge and skill can result in reduced staff confidence when monitoring pupils' SEMH development, which emphasises the importance of training. Furthermore, the training required to administer an approach was also a factor that can influence the selection of an approach, being selected by over 40% of participants. Additionally Phase 2 participants expressed the importance of staff knowledge and training which can influence their involvement in monitoring pupils' SEMH development. This finding aligns with the finding from Dann's (2016) study which expressed the importance of staff CPD to upskill staff knowledge on monitoring. Dann's (2016) study emphasises the importance of increasing staff knowledge and confidence for effective monitoring of SEMH development. However, there is a cost and time implication to training staff to use an approach, which participants in Phase 2 highlighted as undesirable.

Furthermore, another new finding from the current research is the impact that staff workload and competency has on a SEMH special schools' decision to select an approach which is not widely explored within the literature searches. Participants reported they do not wish to

overwhelm their staff with increased workload with monitoring processes, which can impact the selection of an approach, a finding participants stated is supported by guidance from the Department for Education. This guidance suggests schools staff should consider the purpose of the data collection, consider what is the most time efficient process and the reliability and validity of a approach (Department for Education, 2019d).

4.4.4 Wider issues

The wider issues raised by interview participants that can influence SEMH special school's decision to select an approach, have also not been cited within the literature. These include issues with the EHCP process, pressures from the local authority, cultural, contextual and political factors. The factors raised by participants in Phase 2, positively influence their decision to select an approach. For example, government recognition of supporting mental health has influenced staff within SEMH special schools to select approaches to monitor areas of mental health. Although Raikes (2007) highlighted cultural and contextual factors can affect monitoring developmental competencies, the literature has not explored how a range of wider issues can influence an educational settings' selection process. The lack of insight into wider issues that affect the selection of monitoring approaches, may be due to the topic being under researched within SEMH special schools.

The participants also raised issues with EHCPs as a contributing factor, indicating that pupils' EHCPs do not accurately reflect their SEMH needs and therefore the special schools are required to undertake assessments to capture a baseline to assess pupils' SEMH needs. The monitoring approach they select therefore needs to identify and establish a comprehensive understanding of pupils' SEMH and this influences their decision to select an approach. A further unexpected new finding was Educational Psychology assessments (for EHCPs) lack in-depth understanding of pupils' needs and the EHCP provision section lacked specificity for SEMH special schools. The participants reported the suggestions on the legal document were not bespoke to the pupils' needs and were generic suggestions, as a result participants would need to undertake assessments to establish what support a pupil requires. These findings would suggest Educational Psychologists and local authorities need to explore how to further enhance the education health care needs assessment process to ensure the document accurately represents the pupil so that educational settings can more easily support them.

4.4.5 Accessibility

Interestingly, although evidence base was considered an important factor within the literature review, survey participants selected the usefulness of the data more than the evidence base supporting the approach as an important factor. Within this research, the accessibility of an approach, is considering the ease of using an approach, the data gathered being easy to understand and how useful the data is to inform teaching practice and show pupils' SEMH development. The usefulness of the data was the most commonly identified factor by participants in Phase 1 and was corroborated by data in Phase 2. Furthermore, the usefulness of the data collected was important to participants in Phase 1, regardless of the approach they selected and how frequently they monitored pupils' SEMH development. The analysis in Phase 2 suggests participants desire an approach that is easy for staff to use in various contexts, provides meaningful data to inform how to support pupils and is easy to interpret. These findings are synonymous with the guidance produced by Nasen (2014), which emphasises the importance of an approach being user-friendly and easy to understand. Furthermore, Liddle and Carter (2015) highlighted the importance of accessibility, when creating the Stirling Wellbeing scale as the researchers suggested other wellbeing measures were not accessible to children. It is important to note that the accessibility of an approach is dependent on the context of the school, these factors may be pertinent for schools who have inexperienced staff or for schools which have multiple sites.

Although the current research findings and the literature indicate that the accessibility of an approach is a key consideration, there is limited information within the literature regarding how educational settings can assess the accessibility of an approach. This would mean special schools would need to speak to other schools who have used an approach or trialled using an approach. The latter has a cost implication which participants discussed as a factor that can negatively influence the selection of an approach. Furthermore, participants have discussed the lack of communication between other SEMH schools as a barrier, which suggests that determining the accessibility of an approach is through trial and error, which can be time consuming and costly.

Interestingly, a range of limitations were identified within Phase 2 regarding the accessibility of approaches, which negatively influences the selection of an approach. A new finding from Phase 2 suggests some approaches are not sensitive enough for pupils attending SEMH special

schools as they do not provide rich and meaningful data on pupils' SEMH development, a point which is not widely cited within the literature. Participants stated this is because the approaches were designed for pupils in mainstream settings, and therefore not suitable for the level of need of pupils attending SEMH special schools. This view is reflective of both literature searches in which the literature predominantly focused on pupils in mainstream settings.

Furthermore, participants in Phase 2 commented on the need for approaches to be more robust and computer friendly, a finding reflective of Austin and Filderman's (2020) research which suggests educational settings should consider whether an approach has to be administered electronically or by hand, individually or in a group, the cost associated, and the time required. Interestingly the findings from the current research indicate the SDQ is extensively used by SEMH special schools, despite it being described by one participant as "clunky". It is often administered by hand and the colour and font could be considered inaccessible and unappealing for pupils with additional needs such as Dyslexia. This may suggest that factors such as empirically supported evidence, low cost and multiple user options outweigh the lack of accessibility of the SDQ. This interpretation links to guidance by Austin and Filderman (2020), who suggest a progress monitoring approach may not meet all the criteria, but settings will use the best tool to meet the needs of pupils. This section highlights the importance of accessibility when selecting a monitoring approach, the significance of this factor may be dependent on the context of the setting.

4.4.6 Time and cost

The time and cost associated with administering, scoring and interpreting an approach were key considerations when selecting an approach, all participants from both data sets identified this. Many participants explained how all staff especially teachers are pressured by time constraints and how money is always an issue for educational settings. Comparably, Austin and Filderman (2020) also highlight that the time required and cost associated with monitoring should be considered when selecting an approach. Information on the cost associated with many approaches was obtained from the Anna Freud Mental Health Tool Kit (Public Health England, 2015). The literature highlights a range of free or inexpensive approaches and some of the approaches have a cost associated with the administration and scoring. The cost of an approach would need to be weighed up with other factors to identify

the most appropriate approach, as highlighted within this research and the literature (Austin and Filderman, 2020).

A key example of this is the Boxall Profile; participants identified this as the most commonly used approach. The Boxall Profile has a cost associated with administering the tool and participants highlighted that the approach is accessible, easy to use and had a good evidence base. These factors were of greater importance to these participants than the cost of the Boxall Profile. This finding suggests schools weigh up which factors are of greater value to them. However, it is important to note, these considerations are dependent on each SEMH school, the size of the school, their financial capacity, experience of staff and access to the literature.

Furthermore, despite time being an important factor for all participants, the literature provided little information on the time required to use the approaches within educational settings. This would suggest SEMH special schools may be required to find this information out by asking colleagues, making a judgment from the length of the approach or exploring further the time required to use the approach through trial and error, ironically this requires time to ascertain this information. Providing SEMH special schools with information on the time required to administer an approach would be beneficial for SEMH special schools and this may influence their decision when selecting an approach; highlighted by Kim in Phase 2, "time is definitely a restraint. I cannot be giving unnecessary data for people to fill in".

In answering the second research question, the current research adds to the previous literature identifying a range of factors that will influence and hinder a SEMH special schools' decision to select an approach. As highlighted by Austin and Filderman (2020), an approach selected may not meet all the criteria, but educational settings should use what is best for pupils. A setting must consider and weigh up all the factors before making this decision. However, some information such as guidance on the time required to administer an approach and evidence base of an approach is difficult to ascertain, which can adversely affect the selection process.

4.5 Research question three

How do special schools that primarily support pupils with SEMH needs use the approaches they have selected?

Research question three aims to explore how the schools use the approaches they select, focusing on how the approaches are used and how the monitoring data is used.

4.5.1 Using monitoring approaches is complex

In trying to understand how SEMH monitoring approaches are used within SEMH special schools, the findings suggest SEMH monitoring practices are inconsistent. As highlighted earlier, a wide range of monitoring approaches are used to monitor pupils' SEMH development. This section focuses on how often and who uses the approaches. Each SEMH special school makes decisions according to what is appropriate for their school, as a result, how approaches are used can vary.

Both phases of data identified a range of people involved in monitoring pupils' SEMH development. Whilst the survey focused on teaching and non-teaching staff, the interview responses extrapolated a wider range of people who contribute to monitoring SEMH development, including parents, pupils, housekeepers and taxi drivers. Similarly, previous research cited in Chapter 2 also suggested a range of people who contribute to monitoring pupils' development (Raikes, 2017; O'Connor 2018; Dann 2016), suggesting each person's contribution can be different. Raikes (2017) suggests parent involvement can be through self-administered surveys whilst teaching staff can conduct assessments or observations. Whereas Dann (2016) states it is the SENCO's responsibility to assess monitoring data and make decisions regarding interventions but all staff are involved in collecting monitoring data. O'Connor's (2018) case study highlighted all staff, including teachers and teaching assistants, are responsible for monitoring weekly, half termly and termly, whilst senior leadership teams would only be involved in half termly progress meetings. O'Connor (2018) demonstrates everyone is responsible for monitoring pupils' progress.

Adding to this, the current research highlights that pupil involvement occurs more frequently, either daily or weekly and often uses approaches that are developed by staff within a SEMH special school. Pupil involvement is time efficient and inexpensive. One participant described daily target monitoring where pupils score themselves at the end of each lesson, pupils complete this on their own or with the support of an adult. From the details provided by participants it would suggest approaches involving pupils, do not require the adults to have a high level of knowledge on monitoring or SEMH. Monitoring involving pupils supports previous literature by Ciullo et al. (2011) which states daily checks are undertaken more

frequently where pupils assess their own progress. Daily checks are done quickly and are time efficient.

The literature highlights the importance of child participation on learning and education. The SEND CoP emphasises the importance of educational settings involving pupils in monitoring to enhance their progress. Although not cited within the literature review Atkinson and Harding (2009) suggest pupil involvement could increase meta learning skills and enable pupils to take responsibility of their development. This supports the findings from the current research which suggest pupil involvement is fundamental in monitoring their SEMH. Despite the literature review identifying a range of approaches to gather pupils' views (e.g., PASS, Rosenberg Self-esteem scale or School Happiness Line inventory), many of these approaches were not selected by participants in Phase 1 nor discussed within Phase 2. Many Phase 2 participants interpreted child contribution as their participation in target setting and daily evaluation of their own progress. The lack of empirically supported approaches for pupils may explain why few approaches designed for pupils were selected. Furthermore, although it is not cited within the literature review, pupils with SEMH needs often have underlying cognition and learning or social communication needs and this may impact their engagement with the approaches identified within the literature (Royal college of Speech and Language Therapist, 2019). This may be a contributing factor as to why these approaches were not widely selected or discussed by participants within the current research (Maggio et al., 2014; Van Daal et al., 2007).

Other monitoring practices that occur more frequently are tracking school data and staff observations, which occur daily and weekly. Tracking data involves staff tracking various behaviours, such as monitoring attendance, restrictive physical interventions and behavioural incidences. Monitoring this behaviour is undertaken by a range of adults, within the classroom, and around the school or the journey to and from school (as most pupils arrive via taxi). This is because SEMH affects all aspects of a pupil's life and therefore to capture a holistic understanding of pupils' development, SEMH cannot solely be monitored within the classroom. As a result, for some schools a wide range of staff are involved in tracking school data, e.g., mid-day supervisors, SLT and taxi drivers. Generally, schools reported the frequencies of most of these monitoring practices are as and when the behaviour is observed,

except for monitoring attendance which is done at the start of each lesson, which is common practice in all educational settings.

All the data tracked by SEMH specials school is often shared with the local authority and therefore its sole purpose is not to monitor pupils' SEMH development. However, many participants discussed that members of SLT collate the data and observe patterns within the data periodically, often every 6 weeks. The purpose of this is to identify if the data can inform changes to teaching practice or identify support a pupil may need. This compliments the findings by Dann (2016) who highlighted it is the SENCOs who are responsible for overseeing and assessing monitoring data and making decisions regarding intervention. Furthermore, O'Connor (2018) referenced the SLT within the school being responsible for monitoring the progress data, which was done less frequently, every six weeks. The findings from the current research are supported by previous research to suggest that in many SEMH schools, certain staff members take responsibility for monitoring SEMH needs. The analysis of the data is often shared with teaching staff. Tracking school data is an example of how monitoring SEMH development is multifaceted.

Some approaches used less frequently, i.e., half termly and termly, are approaches such as SDQ and Boxall Profile, which can be longer to administer, score and interpret. This may suggest the time required to complete an approach may influence how frequently the approach is used. This is consistent with the research by Ciullo et al. (2011), stating benchmark checks (a means of identifying where students fall in comparison to age-related peers) are completed less frequently. Similarly, Austin and Filderman (2020) highlighted universal screeners are administered less frequently, e.g., every 12 weeks, to identify pupils' levels of progress. Like the previous literature, the current research indicates the types of approaches used can influence how often they are administered. The findings from the current research suggests approaches that are used less frequently are undertaken by teachers, teaching assistants and SLT. They often require a high level of skill to administer, score and interpret. As highlighted these approaches require more time than other approaches and have a cost implication, which may indicate why they are used less frequently. Furthermore, the purpose of the approach is to monitor progress over time and therefore monitoring frequently would not be appropriate. This finding supports previous literature by Hier, January, and Van Norman (2020) and Jenkins and Terjeson's (2011) who both suggest monitoring less

frequently can inform teaching practice. Similarly, Dann (2016) also highlighted that school monitored six-weekly to assess whether pupils are making progress. The previous literature recognises there is a lack of guidance on monitoring progress, and the literature reviewed in Chapter 2 did not suggest how often the approaches used to monitor SEMH should be administered. This may explain why there is inconsistency in how frequently schools monitor progress, some SEMH special schools monitored half termly and others chose to monitor progress termly, participants did not have a clear answer for their decision on frequencies but cited staff workload as one of the reasons.

A Kruskal Wallis H test showed a non-significant difference between the frequency of administering an approach and whether the approach demonstrates pupils' progress. The results from the Kruskal Wallis test highlights that increased frequency of administration does not increase staff perceptions of whether the approach demonstrates pupils' progress. As highlighted above, the qualitative data suggested the differences in frequency of administering an approach are linked to different types of approaches, for example, pupil involvement was often daily or weekly and approaches such as Boxall Profile, are used less frequently (termly). The result suggests there is no relationship between the frequency of administering an approach and pupils' progress (i.e., increased frequency of monitoring does not lead to increased evidence of pupils' progress).

Furthermore, there was a weak non-significant correlation between the number of approaches use to monitor SEMH development and the frequency of administering an approach. This suggests that the number of approaches used to monitor pupils' SEMH development does not affect how frequently approaches are administered to monitor SEMH development. As stated above, the literature and current findings suggest the frequency of administering an approach is dependent on the type of approach being used, not how many approaches are used, which may highlight why there is a non-significant correlation. Further exploration is required to explore SEMH special schools' rationale for selecting the number of approaches they use.

Another new finding which identified a factor contributing to monitoring pupils' SEMH development is whom the approach is designed for (e.g., parents, pupils or teachers). Literature search two, in Chapter 2, identified 33 approaches (although 32 were included in the survey). Thirty-one approaches were identified to be self-administered by pupils alone or

with the support of an adult (see Appendix 8). Only five of the approaches were designed for teachers: Boxall Profile, Child and Youth Resilience Measure, SDQ, Emotional Literacy Assessment, Outcome Star, and PASS. Additionally, four measures were targeted for parents: SDQ, Emotional literacy assessment, Kid-KINDL and Kidscreen. This highlights that many of the approaches are intended for children and young people. The approaches developed to gather teachers' or parents' views are limited and consequently SEMH special schools may need to consider other approaches to gather parents' and teachers' views. These findings are akin to the views of some participants who suggested they have developed an approach to gather parents' views of their child's SEMH development. Interestingly, the five most commonly used approaches identified within the data are the approaches specifically targeted for teachers, which may indicate that the intended contributor of the approach is a key consideration for SEMH schools when selecting an approach; this finding is not cited within the literature. Despite the literature highlighting the importance of pupil involvement in monitoring, approaches designed for teachers were most commonly selected by participants in Phase 1 (Atkinson & Harding, 2009; Department for Education, 2015).

4.5.2 The data informs various practices

How the data is used was also identified as a key factor that can influence the selection of an approach. A weak correlation was calculated between the number of approaches and whether it informs staff practice, highlighting no significant relationship between the two variables. This suggests the number of approaches used within SEMH special schools does not affect whether the data gathered informs staff teaching practice. Furthermore, the descriptive statistics highlight that 66 out of 68 participants in Phase 1, state the data gathered, 'always', 'sometimes' or 'often' informs staff practice. These data suggests overall that monitoring data informed staff practice regardless of the number of approaches used. The weak correlation may be due to the varied number of approaches used amongst SEMH special schools. Further exploration would be required to explore the rationale for the number of approaches used.

Participants in Phase 2 discussed how monitoring data informed teaching practice. These findings are in keeping with Dann (2016), who suggested that monitoring is used to inform teaching practice and results in changes to the curriculum. In the current research, many participants reported teachers would tweak their practice to support their pupils because of

the data gathered (e.g., the data may highlight areas of need). The current research also highlighted how the data gathered can inform whole school and wider systemic practices. For example, the data can result in changes to the curriculum if there are collective concerns regarding specific areas of development. The data can also support local authority processes such as annual reviews to evidence pupils' progress. These factors have not been identified within the review of the literature in Chapter 2.

Furthermore, a non-significant difference was calculated between the frequency of administering an approach and staff practice, and this suggests how often an approach was used did not affect staff practice. As highlighted earlier most participants in Phase 1 reported the data can inform their practice. Therefore, the non-significant difference between the two variables may result from the varied responses amongst SEMH special schools in how frequently they monitor pupils' SEMH development. The variance amongst participants may be due to the lack of guidance on the frequency of administering an approach and the limited literature on how often SEMH development should be monitored (Jenkins & Terjeson, 2011).

4.6 Model: practical guidance to support monitoring pupils' SEMH.

The data gathered from the literature review and the current research has been reflected to create guidance to support SEMH special schools when selecting an approach to monitor SEMH development or evaluate their current monitoring approaches. Appendix 23 visually presents all the monitoring approaches used to monitor pupils' SEMH development identified within this research. The guidance in Appendix 23 provides questions to prompt SEMH special schools when considering what approach to select to monitor pupils' SEMH development, these have been generated from findings of this research and the literature reviewed. The questions and considerations are aimed to initiate conversations when selecting monitoring approaches. In addition to this, an audit tool (see Appendix 24) has been developed to facilitate the considerations of SEMH monitoring approaches and compare and contrast approaches.

4.7 Key consideration of the research

A critical analysis has been undertaken to explore the strengths and limitations of this research. Below I present the strengths and limitations identified.

4.7.1 Strengths of the research

As highlighted throughout this research, there is limited literature on SEMH monitoring practices within SEMH special school and therefore two literature search strategies were used. Most of the research within this area focuses on monitoring academic attainment and there is limited guidance on how to monitor pupils' SEMH development and identify what approaches to use. To the best of my knowledge, this is the first study in this research area to gather the views of SEMH special schools on monitoring SEMH development using a mixed methods approach.

The use of a mixed methods approach was a strength. The quantitative data gathered the views of a wider participant group and enabled me to contact all SEMH special schools within England, offering them the opportunity to participate in the research. The web-based survey data mapped out the range of approaches identified by SEMH special schools, what factors influenced their decision to select an approach, and begin to understand how the approaches are used. The qualitative data allowed individual schools to be heard and share their own experiences of monitoring practices to enhance the research further. The use of semi-structured interviews allowed participants to discuss additional monitoring practices and approaches used within their setting, which had not been identified within the survey. Most participants commented on how the research topic is an under-researched area and were pleased the topic was being explored.

The range of SEMH special schools (primary, secondary and all-through schools) recruited in both data collection methods further strengthens this research. This ensured the data gathered and the approaches identified were not subjective to a particular age group or type of school. The research participation was limited to England, as other countries within the United Kingdom have different SEND processes that may have impacted the research findings. Furthermore, the use of virtual semi-structured interviews enabled me to gather participants' views from settings across England, which would not have been feasible if I conducted face to face interviews. During the pandemic, using virtual interviews enabled me to continue my

research and participants were able to continue with their involvement throughout the various local and national lockdowns.

4.7.2 Limitations of the research

Notwithstanding the strengths, there are limitations to the current research. The limitations of this research cannot be fully understood without considering the context in which it was undertaken. The Covid-19 pandemic has had a significant impact on schools, including but not limited to the disruptions to pupils attending school; changes to the environment; and changes to the way teaching and learning is delivered. These changes have impacted my recruitment process. Although I recruited a 22% response rate on web-based surveys, I appreciate that completing a short survey was not a top priority for many schools during the pandemic. Several reminder emails were sent to schools to encourage participation in the research, the timing of the emails was carefully considered, taking into consideration the narrative of Covid-19 and school holidays. A few participants had emailed to request they were removed from the mailing list and a document was created with a list of these participants. Due to the difficulties with recruiting participants, I had to change my sampling strategy and advertise my research on various educational platforms such as the Association of Educational Psychologists and EPNET to increase participant uptake. As a result, the time required to collect my data was longer than anticipated.

Due to the low survey response rate, I increased the number of interview participants to enrich the data further. Twenty-five participants volunteered to participate in the research. However, due to Covid-19 related issues, such as illness, only thirteen participants were involved in the research. Furthermore, it is important to note, when introducing themselves, several interview participants shared their educational and professional experiences, which included participants achieving a Masters, PhD or doctorate and working for OFSTED. Participants' educational and professional experiences may have increased their motivation to participate in the research, impacting the data.

Another limitation of the study is the sample inclusion criteria, in which participants needed to have a 'clear understanding of SEMH monitoring' within their school. This inclusion criterion meant that only participants who understood their school's monitoring practices would participate within the research and therefore, the findings are biased of SEMH special schools with a good understanding of their monitoring practices. Furthermore, participation

within the research was capped at one respondent per setting, which may not provide a broader understanding of monitoring practices, another limitation of this study. In addition, it is also important to note, the sample was self-selected and therefore the data gathered from the survey may not accurately reflect the monitoring practices employed by all staff within SEMH special schools.

A further limitation may have been the expected time to complete the survey suggested in the initial email. This was 15-20 minutes; however, the data generated from the online survey platform JISC suggested participants were taking between 7-12 minutes to complete the survey. Thus, reducing the expected time to complete the survey on the initial email may have increased the participants' response rate. On reflection, I should have explored in greater detail the time required to complete the survey. However, due to Covid-19 and school closures, I could not pilot the survey with SEMH special schools and instead used trainee Educational Psychologists and educational professionals.

Phase 2 gathered the views of only SLT on their monitoring practices within SEMH special schools and adding the views of teachers may have provided further insight into how pupils' SEMH development is monitored. However, this research aimed to gain a breadth of understanding and future research may explore the research topic in greater depth. In addition, the research did not explicitly explore how Educational Psychologists could support SEMH schools with monitoring SEMH; an exploration into this could have provided greater insight into implications for EP practice. However, despite this, many schools discussed the strengths and limitations of EP practice to support monitoring.

Another challenge with recruiting participants was sending emails to all 328 SEMH special schools in England. The information for each educational setting was gathered from the Department for Education pursuant to the Freedom of Information Act (Legislation.gov.uk, 2002). However, I received many messages informing me the email was undelivered as there was an error in the email address. This required me to search for the SEMH special school on Google and then search for an email address for the headteacher. Many SEMH special schools did not have a working website, or the details were not available. I phoned the SEMH special schools to ask for a contact detail for the headteacher in those cases. During this process, it became apparent that there is a high level of staff turnover as many of the named headteachers provided by the Department for Education no longer worked at the schools.

This stage of the recruitment process was time consuming and laborious, which I had not anticipated.

The lack of clarity regarding what SEMH encompasses was also a limitation within this research. Many schools and educational professionals continue to conceptualise SEMH primarily as behaviour, which limits the understanding of SEMH. Furthermore, the lack of clarity regarding SEMH can make it difficult to measure and monitor aspects of SEMH and is often subjective to each professional.

4.8 Implications

The research findings from the current research and the models developed, suggest a range of implications for schools, Educational Psychology practice and future research. This section outlines implications for each.

4.8.1 Implication for SEMH special schools

The findings from this research have identified a range of implications for SEMH special schools. Firstly, the findings offer SEMH special schools an understanding of what approaches other similar settings use within England. From Phase 2, Paris's quote *"I don't know about any other things unless I go out and look for them. And if you don't know specifically what you're looking for, that's very difficult"*, highlights the difficulty in knowing what is available to monitor pupils' SEMH, emphasising the importance of sharing this knowledge amongst SEMH special schools. Appendix 8 succinctly presents the range of approaches identified in the surveys with key information that can help inform SEMH special schools' decisions. Furthermore, along with the key questions to consider on, Appendix 22 and the monitoring approaches audit tool (see Appendix 23), SEMH special schools can begin to make an informed decision when selecting an approach to monitor pupils' SEMH development.

The lack of shared practice was also identified amongst SEMH special schools. A further quote from Paris, *"I don't have other same SENCOs that I can bounce ideas off or ask for recommendations"*, captures the views of many of the interview participants who discussed their desire to know what other schools are doing. Rhodes and Beneicke (2002) highlight how sharing ideas amongst educational settings can improve staff practice. Although some participants in Phase 2 stated they are sharing ideas amongst similar educational settings, the findings suggest that SEMH special schools would benefit from a platform to network, connect

and share practice. This networking platform would ideally be made available for all SEMH special schools.

Both the previous literature and the findings from this research discuss the challenges in defining what encompasses SEMH. SEMH special schools can work together to critically analyse the current definition of SEMH provided within the SEND CoP to develop a shared understanding of SEMH.

4.8.2 Implication for Educational Psychology practice

The current research findings also identify implications for Educational Psychology practice and present opportunities for Educational Psychologists to support SEMH special schools to monitor pupils' SEMH development. The findings show that many SEMH special schools value the use of evidence-based literature on monitoring SEMH, but many schools also highlighted the lack of access to literature as a barrier to enhancing their practice. Educational Psychologists are in a good position to support SEMH special schools in identifying and understanding the evidence base of an approach. Educational Psychologists can also support schools with the selection process of their monitoring approaches.

Furthermore, Educational Psychologists should be informed of current research on monitoring pupils' SEMH progress and be able to share this information with SEMH special schools. The findings are not limited to SEMH special schools and therefore Educational Psychologists can also share this information with other educational settings. The wider sharing of information may ensure a continued monitoring process when pupils are transitioning between settings, e.g., from a mainstream setting to a SEMH special school, to ensure pupils received the most appropriate support and can develop their SEMH needs.

The findings from this research also highlight staff competency as a concern when selecting an approach as many participants raised the point that teaching and non-teaching staff often lack the knowledge, understanding and confidence when monitoring pupils' SEMH development. One of the roles of an Educational Psychologist is to upskill teaching staff and provide training on a range of areas (Ashton & Roberts, 2006; Boyle & Lauchlan, 2009). Most Educational Psychologists have a doctoral degree, experience with research (statistics) and access to literature. They are in the most opportune position to support staff with

administering, scoring and interpreting monitoring approaches to better understand pupils' SEMH needs and enhance pupils' educational experiences.

The findings from the current research also highlighted concerns with the EHCP process not accurately reflecting pupils' SEMH needs. Participants commented on the needs and provision sections of the EHCP and Educational Psychology reports lacking detail or misrepresenting a child's needs. In the short term, the findings from this research can encourage Educational Psychologists to reflect on their own practice, considering whether their reports accurately reflect pupils' needs and to explore the discrepancy between needs identified on EHCPs and what SEMH special schools observe.

Furthermore, in the longer term, Educational Psychologists can also begin wider discussions regarding some of the issues with the EHCP experienced by SEMH special schools. These conversations will ensure pupils with SEMH receive the right support to meet their needs, enabling them to access the curriculum and receive a balanced and broad education.

4.8.3 Implication for future research

The findings from this study add to the literature on monitoring, more specifically, monitoring SEMH development within SEMH special schools. The findings have identified what approaches are used to monitor pupils' SEMH development, how these approaches are used and what factors influence the school's decision when selecting an approach. However, despite the exploration of this research, there are further opportunities to develop this area of research. The findings from the current study have a biased sample, as they reflect the views of participants who have a clear understanding of monitoring SEMH development. Future research should provide an unbiased estimate of the approaches used to monitor pupils SEMH by gathering views from all schools regardless of their knowledge of SEMH monitoring practices.

Furthermore, whilst the findings from the current research identified a wide range of monitoring practices. Future research may also wish to provide a more comprehensive picture of monitoring approaches available in addition to the standardised approaches outlined on the survey, taking into account different sources of relevant information, e.g., day-to-day observations carried out by the members of staff, school attendance, the information provided by the pupils, information provided by the parents.

4.9 Personal reflective account

One of the key reflections on conducting this research was how well received the research was by participants. I received several emails from SEMH special schools sharing their enthusiasm that the research area was being explored; one participant reporting the research was, "trying to promote what we do, this is so exciting". Furthermore, during the interviews, the participants also expressed their gratitude for the research on SEMH monitoring and were keen to hear the findings from my research and encouraged me to disseminate the findings amongst professionals. It highlighted how open these settings are to sharing their practice and their eagerness to hear how they could improve their practice.

As highlighted earlier, there were several recruitment challenges, which I had not fully anticipated. I was aware that a survey can have a low participant response rate, and I conducted my research during a pandemic, which is noted above, I appreciate this has had an impact on my recruitment. I had also not considered how uncomfortable I felt sending several emails to schools to remind them to participate in the research. I had decided to send reminder emails as the literature suggested this can increase participant response rates (Van Mol, 2017). After speaking to an Educational Psychologist who had experience using surveys and speaking with my supervisor, I sent reminder emails. I monitored the number of responses I received through the online survey platform JISC and continued to do this until the response rate (after a reminder email) was below 5.

Reflecting on the data analysis process, I was aware that my own experiences might have impacted my qualitative findings. For example, my experience working closely with SEMH special schools and creating a SEMH pathway to support the identification and monitoring of SEMH needs may have influenced my analysis. As a result, I kept a reflective journal after each interview to acknowledge my thoughts during the interviews and help guard against them impacting my interpretation of the data. Furthermore, I used Braun and Clark's (2006) thematic analysis model to analyse my qualitative data. Braun and Clarke's (2006) framework provided me with some confidence to ensure transparency in analysing my data and that the data was guiding my findings.

Overall, I have found this experience rewarding, I am incredibly grateful for all who dedicated their time to participate in the web-based survey and the semi-structured interviews.

The current research will be available on the British library and the research summary (Appendix 22), guidance (Appendix 23) and audit tool (Appendix 24) will be disseminated to all interview participants. Further consideration will be made to explore how the key findings, practical guidance and audit tool can be disseminated to SEMH special school practitioners.

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6 Appendices

6.1 Appendix 1: Definition of key terms

Key terms used within the current research.

Educational setting refers to any establishment that offers education to children and young people including, nurseries, schools, special schools and colleges.

The SEND Code of Practice uses the term **special schools** to describe a school that provides educational provision specifically for children with SEND. Special schools can be local authority maintained, community special schools, foundation special schools and independent special schools. Within this research, I am referring to all types of special schools.

SEMH special school describes special schools that primarily support pupils' with SEMH needs. This terminology is familiar to educational professionals and, as highlighted above, is a term used within the SEND Code of Practice.

The term **special educational provision** refers to support that is different from or in addition to what would be provided to similar-aged pupils. The purpose of the provision is to ensure pupils with SEND can have their need met to bridge the gap within their development and access the learning within their school.

Within this research, the term **approach(es)** is used as a collective term for tools, measures, assessments, or other monitoring processes. The term approach has been used to prevent participants and the reader from narrowing their consideration of the full range of monitoring processes available.

Additionally, the term **intervention** refers to targeted support to help a pupil improve an area of development identified as a concern through monitoring approaches.

This research focuses only on monitoring the progress of children and young people who attend SEMH special schools, therefore the term **pupil(s)** will be used throughout this research.

6.2 Appendix 2: Literature search one

Table 1 Database: Child Development & Adolescent Studies

Search terms:	Hits
monitor* or track*	8662
AND Progress	638
AND Education or school	270
AND pupil* or student* or child*	245
NOT university or college or higher education	222
Not home	208
NOT predict* or longitudinal or life expect*	138
Limiters: - 2010-2021 - Journal Article - English;	78
Papers used	2 (including one duplicate)

Table 2 Database: British Education Index, ERIC

Search terms:	Hits
monitor* or track*	48574
AND Progress	7551
AND Education or school	7122
AND pupil* or student* or child*	6225
NOT university or college or higher education	3760
Not home	3565
NOT predict* or longitudinal or life expect*	3186
Limiters: - Full Text; Scholarly (Peer Reviewed) Journals - 2010-2021 - Journal Article - English;	381
Papers used	7

Table 3 Database: APA PsycInfo

Search terms	Hits
Track or monitor	34604 62299
AND Progress or development	8322 25547
AND Education or school	2460 13892
Limiters - full text and apa psycarticles journals and all journals and English language and yr.="2010 -Current"	25
Papers used	2

6.3 Appendix 3: Literature search two

Table 4 Database: Child Development & Adolescent Studies, British Education Index, ERIC

Search terms	Hits
Measure* or monitor* or track* or approach*	129234
AND SEMH or social emotional mental health or social wellbeing or emotional wellbeing or mental health or wellbeing or BESD or behaviour	38494
AND education or school	27430
AND England or Britain or UK or United Kingdom	3099
Not university	491
Limiters: Full Text; Scholarly (Peer Reviewed) Journals; Publication Date: 20050101-20201231; Publication Type: Academic Journal; Document Type: Journal Article; Language: English; Journal or Document: Journal Article (EJ); Language: English; Publication Type: academic journal; Document Type: article	
Papers used	10
Additional papers from snowballing	12
Total papers used	22

6.4 Appendix 4: Inclusion exclusion criteria

Once all the search terms were inserted into the database an inclusion and exclusion criteria was applied to identify the most relevant articles for the literature search. Some of the criteria was added to the database whilst other criterion were assessed during the title and abstract search. The inclusion and exclusion criteria also applied for articles identified through snowballing. The inclusion and exclusion criteria for both literature search can be found in the tables below.

Table 6: inclusion exclusion criteria.

Inclusion of literature search 1	Exclusion of literature search 1
<p>Studies focusing on monitoring within education.</p> <p>Educational based studies.</p> <p>Monitoring students with education.</p> <p>Grey literature and thesis</p>	<p>Students not in education</p> <p>Studies focusing on developing specific areas of need, e.g., reading.</p> <p>Studies focusing on specific tools used to monitor progress.</p> <p>Studies focusing on the effectiveness of an intervention.</p> <p>Studies focusing on teaching methods.</p> <p>Studies looking a physical health.</p> <p>Studies focusing on attitudes of an intervention.</p>

Table 7: inclusion exclusion criteria

Inclusion of literature search 2	Exclusion of literature search 2
<p>Studies focusing on measures used to monitor SEMH.</p> <p>Educational based studies.</p> <p>Monitoring students with education.</p> <p>Grey literature and thesis</p>	<p>Students not in education</p> <p>Students in university</p> <p>Studies that don't focus on monitoring domains of SEMH.</p> <p>Studies on SEMH in general.</p> <p>Studies that explore developing an intervention.</p> <p>Studies that explore supporting SEMH needs.</p> <p>Teacher, pupils or parents' attitudes / perceptions of SEMH</p>

6.5 Appendix 5: Table of research papers identified through snowballing

This chart below highlights where the additional papers research paper were ascertained from for literature search two.

Data base search	Snowballing	Snowballing	Snowballing
Ohl, Fox, & Mitchell (2013)			
Francis, Bennion, & Humrich, (2017)			
Cobbett (2016)			
Binnie & Allen (2008)			
Ruby (2020))	Department for Education (2018) Mental health and behaviour in schools	CORC. n. d CORC outcome and experience measurements	Measure profile, 2012
			Bringhurst, Watson, Miller & Duncan, (2006)
			McKay & Andretta (2017)
			TeCasey, Patalay, Deighton, Miller and Wolpert, (2020)
			Lereya et al., (2016)
			Kallaspy el al. (2012)
		Public Health England, (2015) Measuring and monitoring children and young people's mental wellbeing: a toolkit for schools and colleges	
		Education Endowment Foundation	Iven (2007) (Haranin et al., 2007)
			Ravens-Sieberer et al. (2007)
Liddle and Carter (2015)			
Moore and Smith (2018)			
Moffa et al., (2021)			
Stanbridge & Campbell, (2016)	Ives (2007)		

6.6 Appendix 6: Examples of critical appraisal checklist.

JBI Critical Appraisal Checklist for quasi-experimental studies

Research study: Curriculum-Based Measurement of Reading: Is 6 Weeks of Daily Progress Monitoring Enough? Within- participant experimental design. the checklist was used as it was best fit for purpose.

	Yes	No	Unclear	Not applicable
1. Is it clear in the study what is the 'cause' and what is the 'effect' (i.e., there is no confusion about which variable comes first)? The IV and DV and clearly state	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Were the participants included in any comparisons similar?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Were the participants included in any comparisons receiving similar treatment/care, other than the exposure or intervention of interest?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Was there a control group?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Were there multiple measurements of the outcome both pre and post the intervention/exposure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Was follow up complete and if not, were differences between groups in terms of their follow up adequately described and analysed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Were the outcomes of participants included in any comparisons measured in the same way?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Were outcomes measured in a reliable way?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Was appropriate statistical analysis used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall appraisal: Include Exclude Seek further info

Comments (Including reason for exclusion)

This study evaluated the quality of CBM-R data that was collected daily for 6 weeks, as well as the quality of the corresponding growth estimates. Previous research suggests 6 weeks of daily data collection was insufficient to guide instructional decisions. The findings from the study suggest 6 week is not enough. This findings can inform practitioners monitoring practices. However, the findings are specific to motoring the effectiveness of the intervention. The findings suggest more the 6 weeks of data is required to make evidence informed decisions.

JBI Critical Appraisal Checklist for Qualitative Research

Research title: Understanding and Enhancing Pupils' Learning Progress in Schools in Deprived Communities

	Yes	No	Unclear	Not applicable
1. Is there congruity between the stated philosophical perspective and the research methodology?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is there congruity between the research methodology and the research question or objectives? Concerned with subjectivity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is there congruity between the research methodology and the methods used to collect data? Aiming to gain person experiences so focus group and interviews were used.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is there congruity between the research methodology and the representation and analysis of data? Little information on analysis, but quote is provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is there congruity between the research methodology and the interpretation of results? We are informed themes are generated but unsure how they are generated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is there a statement locating the researcher culturally or theoretically?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is the influence of the researcher on the research, and vice-versa, addressed? No indication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are participants, and their voices, adequately represented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Is the research ethical according to current criteria or, for recent studies, and is there evidence of ethical approval by an appropriate body?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Do the conclusions drawn in the research report flow from the analysis, or interpretation, of the data?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall appraisal: Include Exclude Seek further info

Comments (Including reason for exclusion)

The themes identified by the research highlight factors that contribute to increased pupil progress within deprived areas. The researcher recognises monitoring as a theme. Although this research gains the subjective insight of these participants using qualitative methods, the research focusing on academic progress.

6.7 Appendix 7: Brief description of SEMH monitoring approaches identified within the literature.

Approach	Cited in	Brief description
Beck Youth Inventory	CORC EFF	The BYI is a 100 item self-report approach, it consists of five inventories each with 20 statement. Each inventory assess symptoms for self-concept, depressions, anxiety, disruptive behaviour and anger. Children and young people express how true the statement has been over the last two weeks. Children and young people will assess each statement on a four point Likert scale (Child Outcomes Research Consortium, n.d.-a; Education Endowment Foundation, n.d.-a).
Behavioural and Emotional Rating Scale (BERS)	Anna Freud Mental Health Toolkit (AFMHT)	The BERS is a strength-based approach. it consists of 52 item, all items on a scale of 0-3. The BERS covers a wide range of domains (Public Health England, 2015).
The Boxall Profile	Ruby (2020) AFMHT CORC Department for Education (2018) Cooper and Whitebread (2007)	The Boxall Profile is an approach used to measure pupils' social, emotional wellbeing and behavioural development (Public Health England, 2015). Cooper and Whitebread (2007) highlight that current is commonly used by trained staff in nurture groups within schools. It was developed by Malorie Boxall in 1969, who established nurture groups to support children who were struggling with behavioural difficulties within a mainstream classroom (Ruby, 2020). The Boxall Profile is a standardised measure consisting of 68 descriptive items scored on a five-point Likert Scale, it is scored online. The Boxall Profile along with the SDQ is recommended in the Department for Education Mental health and behaviour in schools document (Department for Education, 2018).
Child and youth resilience measure	AFMHT	Child and youth resilience measure, measures family relationships and protective factors. There are four versions of this measure, child aged 5-9, youth aged 10-23, Adults aged 24 and older and someone who knows the child or young person well. All versions come in a 12 item and 26 item version (Public Health England, 2015). Each item is scored on a 5-point Likert scale, one being not at all and 5 being a lot. The child and youth resilience measure had three subscales, individual capacities/resources, relationships with primary caregivers and contextual factors that facilitate a sense of belonging. Each subscale is scored by calculating the sum. The

		manual provides additional information regarding interpreting the scores (Child Outcomes Research Consortium, n.d.-b).
(Child) Outcome Rating Scale: (CORS/ORS)	AFMHT CORC Casey, Patalay, Deighton, Miller and Wolpert, (2020)	The CORS is a combined measure of protective factors, it measures of psychological distress. The CORS is very brief; it only has four items. Each item is on a 10 cm scale, on one end there is a sad face, and on the other, there is a happy face. Children are expected to put a mark to indicate an answer for the item. The CORS is child friendly and can facilitate a child understanding when scaling. Scoring is done in front of the child or young person; the use of pictures can help negate any language barriers. Using a ruler to measure the distance from the start of the line to the marker the C has drawn on. For example, if the distance is 5.2cm, the score is 5.2. The score for each is collated; an overall score is produced. The total possible score is 40. This can be plotted on a graph to monitor progress over time (Child Outcomes Research Consortium, n.d.-g; Public Health England, 2015; Casey, Patalay, Deighton, Miller and Wolpert, 2020).
Coping strategies inventory	AFMHT	Coping strategies inventory measures coping and control. It focuses on assessing individuals' thoughts and behaviours following stress. The coping strategies inventory consists of 72 items. There is also a short version which consists of 32 items. It is a standardised self-administered tool for children seven years and older. The assessment is organised into 14 subscales, eight primary scales, four secondary scales, two tertiary scales. Each item on a five-point Likert scale. (Public Health England, 2015).
Emotional Literacy: Assessment	AFMHT CORC	The Emotional Literacy: Assessment consists of 25 statements. The primary assessment covers children aged 7-11 and the secondary assessment can be used for young people aged 11-16. An additional parent and teacher questionnaires are available. Children and young people can respond on a four-point Likert scale; very true, somewhat true, not really true and not at all true. Each response has a numerical score; the sum score for each response creates an emotional literacy score. An overall score below 68 would indicate a low emotional literacy, and an overall score of above 82 indicates a high emotional literacy. A low score would indicate additional emotional literacy support is required (Child Outcomes Research Consortium, n.d.-c; Public Health England, 2015).
Generic Children's Quality of Life Measure (GCQ)	AFMHT CORC EFF	The GCQ measures quality of life focusing on areas such as family, peers, and school. The GCQ consists of 25 item. There are two versions a boy and girl's version. Items are scored on a five-point Likert scale range from 1=always and 5=never (Child Outcomes Research Consortium, n.d.-d; Education Endowment Foundation, n.d.-c; Public Health England, 2015).

Good childhood index	AFMHT Department for Education (2018)	The Good childhood index is a self-administered tool suitable for children and young people aged eight and over. The tools categorised into three categories, Huebner's section, Happiness section and friend's section. The Huebner's section and friends' section are scored on a five-point Likert scale; strongly agree, agree, neither agree nor disagree, strongly disagree, do not know. The happiness section: 0 to 10 (0 = very unhappy, 5 = not happy or unhappy, 10 = very happy). These questions use a scale from 0 to 10. On the scale 0 means 'very unhappy', 5 means 'not happy or unhappy' and ten means 'very happy' (Department for Education, 2018b; Public Health England, 2015).
KidCOPE	AFMHT CORC	KidCOPE measures coping and control, it is a brief clinical checklist to assess cognitive and behavioural coping for children and young people. KidCOPE has two versions, one for children 7-12 years and one for young people 13-18 years. The child version had 15 items exploring 11 different types of coping strategies, and the adolescent version had 11 items explores at frequency and efficacy (Child Outcomes Research Consortium, n.d.-e; Public Health England, 2015).
Kids coping scale	AFMHT	The Kids coping scale measures three aspects of coping; problem-focused coping, emotion-focused coping and social support. The tool is for children seven years and older. The tool has nine items, which can be self-administered. items can be scored on a three-point scale; never, sometimes or a lot (Public Health England, 2015).
Kid- KINDL	AFMHT	The Kidd-KINDL is a tool measuring health-related quality of life in children and young people. There are three versions: 4-6 years, 7-13 years, and 14-17 years. A self-administered tool consists of 25 items. For younger children, there are 13 items. Items are scored on a 5-point Likert scale, never, seldom, sometimes, often and all the time. Scoring the Kidd- KINDL can be found in the manual (Public Health England, 2015).
KIDSCREEN	AFMHT EFF Ravens-Sieberer et al., 2007	The Kidscreen consists of three versions, 3-5 years, 6-11 years and one for parents to fill in. The Kidscreen-10 consists of 21 items scores are used for monitoring and screening. It takes approximately 5 minutes to complete. The Kidscreen can be administered over the phone, face-to-face or sent out in the post. A computer version is also available (Education Endowment Foundation EEF, n.d; Public Health England, 2015; Ravens-Sieberer et al., 2007).
Multidimensional Students Life Satisfaction Scale (MSLSS).	AFMHT CORC EFF	The MSLSS measure family relationships and peer relationships or popularity. The MSLSS consists of 40 items which are grouped into five subscales, family (7 items), friends (9 items), school (8 items), living environment (9 items) and Self (7 items). Although this is a self-administered survey, for younger children, an adult can read items out aloud. Each item is scored on a 4-point Likert Scale, 1=never, 2=sometimes, 3=often or 4=almost always. However, a 6-point Likert scale has been established for older children (Child Outcomes Research

	Haranin, Huebner, & Suldo (2007)	Consortium, n.d.; Education Endowment Foundation, n.d.-e; Haranin et al., 2007; Public Health England, 2015).
Me and My School Questionnaire	(Moffa et al., 2021) CORC EFF	The Me and My School Questionnaire consistent of 16 items which cover two broad domains behavioural and emotional difficulties. Children and young people over 8 year can rate each item on a three-point Likert scale (Child Outcomes Research Consortium, n.d.-f; Education Endowment Foundation, n.d.-d; Moffa et al., 2021).
ONS Personal Wellbeing Domain for Children & Young People – ONS4.	AFMHT	The ONS4 measures protective factors, exploring life satisfaction, happiness, worthwhileness, and anxiety. The ONS4 is a four-item self-administering tool for children and young people ten years or older. The last item on the survey is suitable for children over 14 years. It can be administered by paper or on the computer. Each item is scored on a 10-point Likert scale 0= not at all and 10 – completely. For the Life satisfaction, worthwhile and happiness question, a score 0 to 4 = low, 5 to 6 = Medium, 7 to 8 = High and 9 to 10 = Very high. For the anxiety question, a score 0 to 1 =Very low, 2 to 3=Low, 4 to 5 = Medium and 6 to 10 = High (Public Health England, 2015).
Outcomes Star	AFMHT CORC Killaspy, White, Taylor and King (2012)	Outcome Star measure a wide range of SEMH domains, it is widely used by education, health and social care professionals. The outcome star has several version of outcomes stars. My Star is for children and young people aged 7-14. The Shooting Star is for secondary school students; teen star is for young people aged 11-18. Additionally, the attention Star is for children and young people, aged between 5 and 18, who have an ADHD diagnosis. The Life Star is for young people and adults with learning needs, and finally, the Student Star is for young people with additional needs in colleges or other supported work (Child Outcomes Research Consortium, n.d.-h; Killaspy et al., 2012; Public Health England, 2015).
Pictures child's Quality of Life Self Questionnaire.	AFMHT	The questionnaire is a picture-based question exploring pupils' perception of their quality of life concerning their health. There are several quality of life domains such as family life, social life or health. There are two versions of the questionnaire, one for younger children aged 3-5 years consisting of 26 items and one for older children aged 6-11 years consisting of 33 items. Each item is scored on a four-point Likert scale ranging from very dissatisfied to very satisfied. One question has an open-ended response. The literature provides limited information on how to score and interpret the score. Setting who may decide to use this tool may need to enquire about scoring and interpretation before using this tool (Public Health England, 2015).

Piers-Harris 2	AFMHT	The questionnaire explores self-concept, it consists of 60 items. The questionnaire is suitable for children and young people aged 7-18 years. The child or young person would answer each item with a yes or no. Scoring information is provided in the manual (Public Health England, 2015). Similarly, there is limited information on how to score and interpret the score. Setting who may decide to use this tool may need to enquire about scoring and interpretation before using this tool (Public Health England, 2015).
Pupil Attitudes to Self and School (PASS)	AFMHT	The PASS measure pupils' attitude towards themselves. It consists of 50 statements and takes approximate 20 minutes. The PASS can be used by teachers, SLT, SENCOs and Educational Psychologists (Child Outcomes Research Consortium, n.d.-i; Public Health England, 2015).
Quality of Life Profile Adolescent Version (QOLPAV)	AFMHT	The questionnaire covers various aspects of quality of life for importance and satisfaction. The survey consists of three scales (being, belonging and becoming) each consisting of three subscales. Being: physical, psychological, spiritual; belonging; physical, social, community and becoming practical, leisure and growth. The questionnaire can be administered to children and young people ages 6-17 years. The Each item was scored on a five-point Likert scale, from 1 (not at all important/no satisfaction at all) to 5 (extremely important/extremely satisfied). Interpretation of information is provided in the manual (Public Health England, 2015).
Resilience Scale for adolescence	AFMHT	Resilience scale is a framework to understand how adolescence think and how they interact with family and community following adversity. It looks specifically at coping/ control, life satisfaction (quality of life) and happiness or positive outlook. Resilience Scale for adolescence is suitable for children between 9-18 years. It a self-administered survey with three sub-scales, Sense of Mastery Scale (Optimism, Self-Efficacy, Adaptivity), Sense of Relatedness Scale (Trust, Support, Comfort, Tolerance) and Emotional Reactivity Scale (Sensitivity, Recovery, Impairment). Each sub-scale has between 19-24 questions. The subscales can be completed individually or together. Each item is scored on a four-point Likert scale. The raw score for each subset I calculated and converted into a t-score and percentile comparing against children of a similar age (Public Health England, 2015).
Rosenberg's Self Esteem Scale	EFF	Rosenberg's Self-Esteem scale measures global self-esteem. It consists of 10 statements which are related to self-worth and self-acceptance. Half the statements are positively worded, and half are negatively worded (Moore and Smith, 2018). Each statement is scored on a four-point Likert scale. Pupils of all ages can complete the scale on their own; however, an adult can support the administration of the scale acting as a reader or scribe (Moore & Smith, 2018; Public Health England, 2015).

School Happiness child inventory	EFF Stanbridge and Campbell Ivens (2007)	SHCI was designed to measure happiness, also known as subjective wellbeing (Stanbridge & Campbell, 2016). The tool is a self-evaluation of how happy or unhappy a person is. The tool is a 30-item standardised questionnaire for school children aged 8-15 years old. (Education Endowment Foundation, n.d.-f; Ivens, 2007; Stanbridge & Campbell, 2016)
School and students Health Education Unit survey	AFMHT	There are a range of questionnaires for children and young people. The administrator can select from a range of topics such as wellbeing. There is a range of topics for different participants groups, pupils, parents, teacher, or governors. Additionally, the survey can be adapted for children with additional needs. The responses for each survey are dependent on the type of survey selected. There is a cost associated with administering and scoring the tool. Scoring information can be found in information (Public Health England, 2015).
Stirling Children's Wellbeing Scale (SCWBS)	AFMHT Liddle and Carter's (2015)	The Stirling wellbeing scale, measures life satisfaction (quality of life), happiness or positive outlook (Public Health England, 2015). The Stirling wellbeing scale is designed for children and young people aged 8-15 years. The robust measure consists of 12 items, the assessment has three subscales, positive emotional state, positive outlook, and social desirability indicator (Liddle & Carter, 2015).
Strengths and difficulties questionnaire	Department for Education (2018) CORC Ruby (2020) Yao et al (2009).	The SDQ questionnaire can be used to assess children's mental health, it asks about 25 positive and negative attributes. The 25 items are divided into five scales: emotional symptoms subscale, conduct problems subscale, hyperactivity and inattention subscale, peer relationship problems subscale and prosocial behaviour subscale. Typically, it takes 5-10 minutes to complete the assessment (Child Outcomes Research Consortium, n.d.-j; Department for Education, 2018; Goodman, 1997; Public Health England, 2015; Ruby, 2020; Yao et al., 2009).
Student Life Satisfaction Scale	AFMHT CORC	This assessment measures Life Satisfaction (quality of life), happiness or positive outlook. And school environments or feeling towards school. Suitable for children between 8-18 years. The scale consists of seven items. Children and young people can administer it themselves or by an adult. Each item is scored on a seven-

		point Likert Scale, ranging from 1=strongly disagree to 6=strongly agree. Except for two items which have a reverse score from 6 to 1 (Child Outcomes Research Consortium, n.d.-k; Public Health England, 2015).
Students Resilience Survey (SRS)	AFMHT CORC Lereya et al., 2016	The SRS consists of 47-item self-administered tool, which encompasses 12 subscales. Each item is scored on a five-point Likert scale 1- never to 5 – always (Child Outcome Research Consortium, n.d.; Lereya et al., 2016; Public Health England, 2015).
The World Health Organisation-Five Well-Being Index (WHO-5)	AFMHT	WHO-5 measure wellbeing; it can be used for anyone over nine years of age. The document consists of five items. Participants should indicate how they are feeling concerning each statement over the last two weeks. Each item would be scored on a 5-point Likert scale, (All of the time; Most of the time; More than half of the time; Less than half of the time; Some of the time; At no time). A total score can range from 0-25. A low score of 0 represents the poor wellbeing, and a high score of 100 represents good wellbeing. The test is free of cost and does not require permission to use (Public Health England, 2015).
Understanding society (USoc)	AFMHT	USoc measures six protective factors. The same questions have also been used in the Millennium Cohort. USoc can be used for young people aged 10-15 years. Each item is scored on a 7-point Likert scale. One being completely happy and seven is not at all happy. Permission may need to be gained to use this tool (Public Health England, 2015). Limited information on how to score and interpret the score (Public Health England, 2015).
Warwick Edinburgh Mental Wellbeing Scale (WEMWBS)	AFMHT CORC McKay & Andretta, 2017	The WEMWBS is a self-report scale which consists of 14 positively phrased statements. Each statement is scored on a five-point Likert scale, ranging from 1= none of the time and 5=all the time. Scores for the WEMWBS range from 14-70. A higher score would indicate a higher level of wellbeing (Child Outcomes Research Consortium, n.d.-i; McKay & Andretta, 2017; Public Health England, 2015).
Youth Empowerment	AFMHT	This tool consists of 23 items designed to assess a sense of empowerment. The tool can be used as an interview format with children aged nine years of age. It can be self-administered with young as 14 years old.

Scale- Mental Health (YES-MH)		The items are categories into three scales, self, services and systems. Each item is scored on a five-point Likert scale, one being never or almost never to 5 being always or almost always. The tool is free to use (Public Health England, 2015). Similarly, the literature provides limited information on how to score and interpret the score. Setting who may decide to use this tool may need to enquire about scoring and interpretation before using this tool (Public Health England, 2015).
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6.8 Appendix 8: Synthesised information on approaches identified within the literature.

Index for domains measured:

- Family Relationships (FR),
- Peer Relationships or Popularity (PRP),
- Combined Measure of Protective Factors (CMFP),
- Emotional and Social Skills (ESS),
- Health (H),
- Wellbeing (W),
- Coping / Control (CC),
- Life Satisfaction (Quality of Life), Happiness or Positive Outlook (LSPO),
- View of self or appearance (SA),
- Time or money use or future plans (T),
- Home Environment (HE),
- Neighbourhood Environment (NE),
- School Environment or Feelings toward School (SE),
- Attitudes toward learning (L), and
- Measures View on Service Support (SS).

Approaches	Is there an evidence on the reliability and validity?	KS1	KS2	Secondary aged (KS3 &KS4)	Cost	Parent version	Pupil version	Teacher version	Domains measured
Beck Youth Inventory	x	x	x	X	X		x		
Behavioural and Emotional Rating Scale		X	x	X	X		x		CMPF
The Boxall Profile	x	x	x	X	X			x	ESS, CC, SE, L
Child and youth resilience measure		X	x	X			x		FR, CMPF
(Child) Outcome Rating Scale: (CORS/ORS)	x	X	x				x		CMPF
Coping strategies inventory			x	X	?		X		CC
Emotional Literacy: Assessment			x	X	X	x	X	x	ESS, CC, SA
Generic Children's Quality of Life Measure (GCQ)	x	x	x	x (Not KS4)	X		X		FR, PRP, LSPO, SA, T, HW, SE
Good childhood index			x	x			X		CC
KidCOPE	x		x	X			X		CC

Approaches	Is there an evidence on the reliability and validity?	KS1	KS2	Secondary aged (KS3 &KS4)	Cost	Parent version	Pupil version	Teacher version	Domains measured
Kids coping Scale			x	x	x		X		CC
Kid- KINDL			x	x		X	X		FR, PRP, H, W, SA, T
KIDSCREEN	x		x	x	x		X		FR, PRP, H, W, SA, HE, SE
Me & My School Questionnaire	x		x	x			X		
Multidimensional Students Life Satisfaction Scale (MSLSS).	x		x	x			X		FR, PRP, SA, NE, SE
ONS Personal Wellbeing Domain for Children & Young People – ONS4.				x			X		CMPF
Outcomes Star	x	x	x	x	x		X		FR, PRP, CMPF, ESS, H, W, LSPO, SA, R, HE, NE, SE, L, SS
Pictures child's Quality of Life Self Questionnaire.		x	x			x	X		FR, PRP, H, W, SE

Approaches	Is there an evidence on the reliability and validity?	KS1	KS2	Secondary aged (KS3 &KS4)	Cost	Parent version	Pupil version	Teacher version	Domains measured
Piers-Harris 2			x	x	x		X		PRP, LSPO, SA, SE
Pupil Attitudes to Self and School (PASS)		x	x	x	x		X	x	SA, SE, L
Quality of Life Profile Adolescent Version (QOLPAV)		x	x	x	x		x		PRP, H, W.LukePO, SA, NE
Resilience Scale for adolescence			x	x	x		x		CC, LSPO
Rosenberg's Self Esteem Scale	X		x	x	n/a		x		
School Happiness child inventory	X		x	x	n/a		x		
School and students Health Education Unit survey		x	x	x	x	X	x	x	PRP, H, W, LSPO, SA, T, SE
Stirling Children's Wellbeing Scale (SCWBS)	X		x	x			x		LSPO
Strengths and difficulties questionnaire	X		x	x	x	X	x	x	
Student Life Satisfaction Scale	X		x	x			x		LSPO, NE

Approaches	Is there an evidence on the reliability and validity?	KS1	KS2	Secondary aged (KS3 &KS4)	Cost	Parent version	Pupil version	Teacher version	Domains measured
Students Resilience Survey (SRS)	X		x	x			x		FR, PRP, SA, T, NE SE
The World Health Organisation-Five Wellbeing Index (WHO-5)			x	x			x		W
Understanding society (USoc)			x	x			x		CMPF
Warwick Edinburgh Mental Wellbeing Scale (WEMWBS)	x			x			x		W
Youth Empowerment Scale- Mental Health (YES-MH)			x	x			x		SA, SS

6.9 Appendix 9: Development of survey

The table below highlights what informed many of the research questions.

Survey questions	Literature informing the question(s)
Page 5 and 6	Section 2.3
Page 8 - baseline	Section 2.2.4
Page 9 – frequency	Section 2.2.4
Page 9- staff responsible	Section 2.2.3
Page 10	Section 2.2.3
Page 11	Chapter 1, Nasen guidance, Section 2.2.3
Page 12	Section 2.2.2

6.10 Appendix 10: Pilot study feedback

Pilot feedback	Changes
<p>Page two:</p> <p>The wording on this confused me, I think I understand it but it might be reworded to be a bit easier to understand. Like if I give my details my participant in part one will not be anonymous however my data in the survey will remain confidential?</p>	<p>Changed to</p> <p>I understand that all the information I provide will remain anonymous and will retain the confidentiality of participants. I understand that all efforts will be made to ensure my school cannot be identified in the study and give permission for the researchers to use the data. I understand that if I provide my school's details at the end of the survey, my participation will not be anonymous however my data will be confidential.</p>
<p>What is your role within the school?</p> <p>Move this question to page 4 of the survey which looks at the SEMH special schools' demographic information.</p>	<p>Moved to page four</p>
<p>Page 5: on the information at the top of the page edit "as many approaches" to bold.</p>	<p>Done?</p>
<p>Page 5: please make sure participants know there is another page for their consideration.</p>	<p>The following sentence was added in page 5</p> <p>Please note there are more approaches on the next page.</p>
<p>Page six: title</p> <p>Add brackets around the word "continued"</p>	<p>Brackets added</p>

6.11 Appendix 11: Phase 1 recruitment emails

Appendix 3: Recruitment email

Dear school,

My name is Siara Nawaz, and I am in my third year of training on the Educational Psychology Doctorate at the University of Bristol. As part of my doctoral training, I am conducting research, "*Exploring what approaches social emotional and mental health special schools use to monitor pupil's social, emotional wellbeing and mental health*". My research is due to be completed in December 2021.

The first part of my research aims to gather information through a web-based survey. I would like you to participate in my research; your involvement will include completing a short survey. Participants must work at a SEMH special school and have a clear understanding of the approaches used to monitor pupils' social, emotional, mental health development. I anticipate the questionnaire will take 15-20 minutes to complete.

If you wish for your school to participate in my research project, please identify the best person to answer questions about the approaches used to monitor pupils' social, emotional wellbeing and mental health. Please click the link below or copy and paste the link into your browser to direct you to the survey. If you encounter any difficulties, please do not hesitate to contact me.

Survey link: <https://sps.onlinesurveys.ac.uk/exploring-what-approaches-social-emotional-and-mental-heal-2>

The survey will be live until [ADD DATE]. If you are interested, please ensure you complete the survey by this date. Once again, your participation is essential in identifying what SEMH settings within England are doing to monitor pupils' progress. If you have any questions regarding the research, please use the contact details provided below.

Thank you very much for your time.

Kind Regards

Siara Nawaz

**Trainee Educational Psychologist
School of social disability studies
University of Bristol
Bristol
BS8 1TZ
lm18411@bristol.ac.uk**

Supervisor:

Dr Jak Lee (jak.lee@bristol.ac.uk)

Email to AEP/ DECP/ NAPEP

Dear AEP/ DECP/ NAPEP,

My name is Siara Nawaz, and I am in my third year of training on the Educational Psychology Doctorate at the University of Bristol. As part of my doctoral training, I am conducting research, "*Exploring what approaches social emotional and mental health special schools use to monitor pupil's social, emotional wellbeing and mental health*".

The first part of my research aims to gather information through a web-based survey from all SEMH special schools in England. The second part of my survey will include conducting semi-structured interviews with SEMH special schools in England. The purpose of the research is to map what approaches are being used by SEMH schools within England and how the approaches are used within settings. Additionally, the research is interested in identifying what factors influence settings decision when selecting an approach. This will be the first time this has been done within the literature and may help to establish if there are any approaches which are more favourable amongst settings.

To broaden the recruitment process, I ask if you could advertise to Educational Psychologists working with SEMH schools, to prompt settings to consider participating in my research. If you would like any additional information about the research, please feel free to contact me.

Thank you very much for your time.

Kind Regards

Siara Nawaz

**Trainee Educational Psychologist
School of social disability studies
University of Bristol
Bristol
BS8 1TZ
lm18411@bristol.ac.uk
Supervisor:
Dr Jak Lee: jak.lee@bristol.ac.uk**



Exploring what approaches social emotional and mental health special schools use to monitor pupil's social, emotional wellbeing and mental health

Page 1: Information

The purpose of the research is to identify what approaches are being used by social emotional mental health special schools, and how they are used.

If you decide that you would like to continue, the survey should take 15-20 minutes. At the end of the survey, there is an option to provide your contact details should you wish to participate in a semi-structured interview to discuss the research topic further, which will form the second part of my research project.

An advantages of taking part in the research is it gives your setting the opportunity to contribute to the mapping of what approaches are being used by SEMH schools within England, as this information is limited within the research literature.

Your data will be saved on a secure password protected server. The research will be written up and submitted to the University of Bristol as part of the course requirements for a Doctorate in Educational Psychology. It is possible that a shorter version of the full research report will be published in an online journal once I have completed my qualification. A full copy of the research might also be available online. Your school will not be identifiable in any of the written work and other identifiable information will not be included in these reports.

You can request that all the information held about your setting be deleted without giving a reason. As your responses are anonymous, it may be impossible to delete your information after you complete the survey. If you provide your detail at the end of the survey to participate in an interview, your responses will not be anonymous however your data in the survey will remain confidential.

Page 2: Consent

I confirm that I have been given, have read and understood the information regarding this research project and I am happy to take part.

Agree Disagree

I understand that my participation is voluntary and that I am free to withdraw from the research at any time. I understand that I do not need to give a reason for this. I understand once completing the survey, my responses are anonymous and withdrawing my responses may be difficult.

Agree Disagree

I understand that taking part in the study involves me completing an online survey.

Agree Disagree

I understand that the information I provide will be used for doctoral research and may be published.

Agree Disagree

I understand that all the information I provide will remain anonymous and will retain the confidentiality of participants. I understand that all efforts will be made to ensure my school cannot be identified in the study and give permission for the researchers to use the data. I understand that if I provide my school's details at the end of the survey, my participation will not be anonymous however my data will be confidential.

Agree Disagree

I understand the procedures involved in collecting and storing information will be in line with Bristol University's GDPR Policy.

Agree

Disagree

I understand that data will be stored at the University of Bristol password protected serve. [?](#)

Required

Agree

Disagree

I give consent for my data to be archived and kept with open access to other researchers for future research.

Agree

Disagree

Page 3: Selection requirement

Is your school a social emotional mental health special school?

Yes

No

Do you have a clear understanding of the approaches used to monitor pupils' social emotional mental health development, in order to complete this survey?

Yes

No

Are you employed by the school?

Yes

No

If you answered 'No' to any one of the questions, you have not met the inclusion criteria.

Page 4: Demographic information

Please state the type of school you work in:

- Primary
- Secondary
- Through school

Select from the list below the regional area is your school located in

- Greater London
- South East
- South West
- West Midlands
- North East
- North West
- Yorkshire and the Humber
- East Midlands
- East Anglia

What is your role within the school?

Page 5: Approaches used

The list below are widely used approaches identified from the literature. Please look at the list and tick **as many approaches** used within your setting to monitor pupils' social, emotional wellbeing and mental health.

Please note there are more approaches on the next page.

<input type="checkbox"/> BECK Youth Inventory	<input type="checkbox"/> Behavioural and Emotional Rating Scale.	<input type="checkbox"/> The Boxall Profile
<input type="checkbox"/> Child and youth resilience measure	<input type="checkbox"/> (Child) Outcome Rating (CORS/ORS)	<input type="checkbox"/> Coping strategies inventory
<input type="checkbox"/> Emotional Literacy: Assessment	<input type="checkbox"/> Generic Children's Quality of Measure (GCQ)	<input type="checkbox"/> Good childhood index
<input type="checkbox"/> KidCOPE	<input type="checkbox"/> Kids coping	<input type="checkbox"/> Kidd- KINDL
<input type="checkbox"/> KIDSCREEN	<input type="checkbox"/> Multidimensional Students Life Satisfaction Scale (MSLSS).	<input type="checkbox"/> ONS Personal Wellbeing Domain for Children & People –

Page 6: Approaches used (continued)

The list below are widely used approaches identified from the literature. Please look at the list and tick **as many approaches** used within your setting to monitor pupils' social, emotional wellbeing and mental health. If you use an approach that is not listed, please tick other and type your response.

<input type="checkbox"/> Outcomes Star	<input type="checkbox"/> Pictures child's Quality of Life Self Questionnaire.	<input type="checkbox"/> Piers Harris 2
<input type="checkbox"/> Pupil Attitudes to Self and School (PASS)	<input type="checkbox"/> Quality of Life Profile Adolescent Version (QOLPAV)	<input type="checkbox"/> Resilience Scale for adolescence
<input type="checkbox"/> Rosenberg's Self-Esteem Scale	<input type="checkbox"/> Student Life Satisfaction Scale	<input type="checkbox"/> School Children's Happiness Inventory (SCHI)
<input type="checkbox"/> Stirling Children's Wellbeing Scale (SCWBS)	<input type="checkbox"/> Strengths and Difficulties Questionnaire (SDQ)	<input type="checkbox"/> Students Resilience Survey (SRS)
<input type="checkbox"/> The World Health Organisation-Five Well-Being Index (WHO-5)	<input type="checkbox"/> Warwick-Edinburgh mental wellbeing scale (WEMWBS)	<input type="checkbox"/> Youth Empowerment Scale- Mental Health (YES-MH)
<input type="checkbox"/> Other	<input type="checkbox"/> Understanding society (USoc)	<input type="checkbox"/> School and students Health Education Unit

If you selected Other, please specify:

[More info](#)

Page 7: Approaches used

When monitoring social, emotional wellbeing and mental health, are the same approaches used with all pupils?

- Yes
- No

If you answered No for the previous question, please select the factors considered to monitor individual pupil's social, emotional wellbeing and mental health.

- Cost associated.
- Level of engagement of the pupil
- Provision and outcomes recommended on the pupil's EHCP.
- The needs of a
- Staff capacity
- Staff competence
- Other

If you selected Other, please specify:

Page 8: Monitoring

Does your school identify a baseline for pupils' social emotional wellbeing and mental health when they start at the school?

- Yes
- No

Is a baseline identified with the approaches your setting use?

- Yes
- No

If you answered ~~Yes~~, please indicate which approaches are used to

Page 9: Monitoring (continued)

How often is pupils' progress monitored?

- Daily
- Weekly
- Fortnightly
- Monthly
- Half termly
- Termly
- Yearly
- Other

If you selected Other, please specify:

Who is responsible for monitoring pupils' social, emotional wellbeing and mental health?

Required

- Teacher
- Teaching Assistant
- Learning support assistant
- SENCo
- Senior leadership
- Headteacher
- Other

If you selected Other, please specify:

Page 10: Monitoring (continued)

Are all staff aware of the approaches your school use?

Yes

No

How many members of staff work at the school?

Please enter a whole number (integer).

How many staff are responsible for monitoring pupils social, emotional wellbeing and mental health?

Please enter a whole number (integer).

Page 11: Monitoring (continued)

The approaches your school use demonstrate whether pupils are making progress with their social, emotional wellbeing and mental health.

- Strongly agree.
- Agree
- Neither agree nor disagree
- Disagree
- Strongly Disagree

Staff are confident in understanding the data gathered from the approaches

- Strongly agree.
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree.

The data gathered from the approaches used, inform staff practice.

- Always
- Often
- Sometimes
- Rarely
- Never

Page 12: Selecting approaches

When selecting an approach, many factors may be considered. Please select from the list below factors that influenced your school's decisions when selecting an

- Cost associated with administering approach.
- Cost associated with scoring the approach.
- Confidence using the approach.
- Evidence supporting the usefulness of the approach.
- Training required to administer the
- Time required to administer the approach.
- Time required to score the approach.
- The usefulness of the data collected.
- Other

If you selected Other, please specify:

Page 13: Research part two

Participating in part two of my research gives your setting the opportunity to contribute to the mapping of what approaches are being used by SEMH schools to monitor pupil's social emotional well-being and mental health. Please consider participating in part two of this research project. If you decide to participate in the interview, your contribution hopes to gain a greater understanding of the contextual factors your school have considered when selecting an approach and provide greater depth in understanding how the approaches are used, and how this may have changed over time. This information aims to help identify the usefulness of the approaches and identify best practice to monitoring pupil's social emotional wellbeing and mental health. The development of this can help inform policy and Educational Psychology practice. Your participation aims to increase understanding of the process of monitoring pupil's social emotional wellbeing and mental health and has important implications for pupil's wellbeing in their setting, as the process can identify obstacles and facilitate change if pupils are not making progress and identify provision that is successful in meeting pupils needs. If your setting would like to participate in an online interview, please provide your details in the text box below. If you provide your detail your participation in the survey will not be anonymous however your

data will remain confidential.

Page 14: Final page

Thank you for completed the Survey.

If you wish to read the completed research, please feel free to contact me via email and I will provide a summary of the research on completion. I anticipate the research to be complete by December 2021.

If you have any further questions, please do not hesitate to contact me on: lm18411@bristol.ac.uk.

6.13 Appendix 13: Phase 1 cross tabulations

Cross tabulation 1 analysing the relationship between approaches and factors influence selection process.

Approaches	Factors influencing the selection of a SEMH monitoring approach.									Totals
	Cost associated with administering approach	Cost associated with scoring the approach	Confidence using the approach	Evidence supporting the usefulness of the approach	Training required to administer the approach	Time required to administer the approach	Time required to score the approach	The usefulness of the data collected	Other	
BECK Youth Inventory	1	0	3	5	2	2	0	5	1	19
Behavioural and Emotional Rating Scale. (BERS)	3	2	2	3	2	1	1	3	0	17
The Boxall Profile	15	11	20	30	15	18	10	33	3	155
Child and youth resilience measure	1	0	0	2	0	1	0	2	1	7
(Child) Outcome Rating Scale: (CORS/ORS)	1	0	0	1	0	1	0	1	0	4
Coping strategies inventory	1	0	0	0	0	0	0	0	0	1
Emotional Literacy: Assessment	8	5	7	13	10	7	3	13	1	67
KidCOPE	1	1	1	2	1	1	1	2	0	10
Kids coping Scale	1	0	0	1	1	1	0	2	0	6
Outcome Star	4	2	4	6	3	2	2	7	1	31
Pictures child's Quality of Life Self Questionnaire.	0	0	0	1	1	0	0	1	0	3
Pupil Attitudes to Self and School (PASS)	7	4	8	10	9	6	5	11	3	63
Quality of Life Profile Adolescent Version (QOLPAV)	0	0	0	1	1	0	0	1	0	3
Resilience Scale for adolescence	1	0	2	2	2	0	0	3	0	10
Rosenberg's Self-Esteem Scale	1	1	1	5	1	1	0	5	0	15
School Children's Happiness Inventory (SCHI)	1	0	1	1	1	1	1	1	0	7
Strengths and Difficulties Questionnaire (SDQ)	13	9	22	27	16	17	10	33	1	148

Students Resilience Survey (SRS)	2	1	2	4	2	1	1	5	0	18
Warwick-Edinburgh mental wellbeing scale (WEMWBS)	0	0	1	3	0	1	0	3	0	8
Other*	5	4	15	21	11	14	6	21	5	102
Totals	66	40	89	138	78	75	40	152	16	694

Cross tabulation 2 analysing the relationship between the number of approaches and factors that influence the selection of an approach.

Number of approaches used by participants in Phase 1	Factors influencing the selection of a SEMH monitoring approach.									Totals
	Cost associated with administering approach	Cost associated with scoring the approach	Confidence using the approach	Evidence supporting the usefulness of the approach	Training required to administer the approach	Time required to administer the approach	Time required to score the approach	The usefulness of the data collected	Other	
1	2	9	10	6	8	4	10	0	0	49
2	6	15	14	8	11	4	18	1	3	80
3	4	9	15	8	9	6	16	4	3	74
4	2	1	2	1	1	0	1	0	0	8
5	2	2	4	2	2	2	4	1	0	19
6	1	2	1	2	1	1	2	0	0	10
7	0	0	2	1	1	0	2	0	0	6
9	0	0	1	0	0	0	1	0	0	2
Total	17	38	49	28	33	17	54	6	6	248

Cross tabulation 3 analysing the relationship between the frequency of using an approaches and factors that influence the selection of an approach.

Number of approaches used by participants in Phase 1	Factors influencing the selection of a SEMH monitoring approach.									Totals
	Cost associated with administering approach	Cost associated with scoring the approach	Confidence using the approach	Evidence supporting the usefulness of the approach	Training required to administer the approach	Time required to administer the approach	Time required to score the approach	The usefulness of the data collected	Other	
1	2	9	10	6	8	4	10	0	0	49
2	6	15	14	8	11	4	18	1	3	80
3	4	9	15	8	9	6	16	4	3	74
4	2	1	2	1	1	0	1	0	0	8
5	2	2	4	2	2	2	4	1	0	19
6	1	2	1	2	1	1	2	0	0	10
7	0	0	2	1	1	0	2	0	0	6
9	0	0	1	0	0	0	1	0	0	2
Total	17	38	49	28	33	17	54	6	6	248

6.14 Appendix 14: Phase 2 recruitment email

Dear participant,

Thank you for completing the online survey and providing your school's details to participate in a Microsoft Teams interview. Part two of my research involves taking part in an interview. I anticipate the interview will take 30-45 minutes to complete. For your school to participate in the research, the interviewee would need to be a SENCO or a member of senior leadership within the school; this is to ensure they can provide the level of detail required for the interview.

Attached to this email is an information sheet regarding the second part of my research and a consent form. Please can you read the information sheet and consent form. If you agree with all the statements on the consent form, please could you provide an electronic signature and return via email. Once I have received your completed consent form, I will contact you within seven working days to arrange a time and date for the interview.

If you have any questions regarding the research, please contact me. If you have a complain please raise them with my supervisor, contact details are provided below.

Thank you very much for your time.

Kind Regards

Siara Nawaz

**Trainee Educational Psychologist
School of social disability studies
University of Bristol**

Bristol

BS8 1TZ

lm18411@bristol.ac.uk

Supervisor:

Dr Jak Lee: jak.lee@bristol.ac.uk

6.15 Appendix 15: Phase 2 consent form

Please complete this consent form electronically and return to lm18411@bristol.ac.uk

School for Policy Studies



8 Priory Road

Bristol BS8 1TZ

Tel: +44 (0)117 954 6738

Fax: +44 (0)117 954 6756

bristol.ac.uk/sps

Project title: *Exploring the approach Social Emotional and Mental Health Special Schools use to monitor pupils' social, emotional wellbeing and mental health.*

Please tick the appropriate boxes

Yes

No

I confirm that I have been given, have read and understood the information regarding this research project. I have been able to ask questions about the study and my questions have been answered to my satisfaction.	<input type="checkbox"/>	<input type="checkbox"/>
I understand that my participation is voluntary and that I am free to withdraw from the research at any time. I understand that I do not need to give a reason for this, and all my data will be erased without any of my rights affected in any way. I understand after my data is anonymised; this might become difficult.	<input type="checkbox"/>	<input type="checkbox"/>
I understand that taking part in the study involves me taking part in a Microsoft Teams interview.	<input type="checkbox"/>	<input type="checkbox"/>
I understand that all the information will be kept confidential unless there is a serious risk of harm. I permit the researcher to use the data.	<input type="checkbox"/>	<input type="checkbox"/>
I understand that the interview will be recorded, and the recording will be destroyed after my interview is transcribed.	<input type="checkbox"/>	<input type="checkbox"/>
I understand the procedures involved in collecting and storing information will be in line with Bristol University's GDPR Policy.	<input type="checkbox"/>	<input type="checkbox"/>
I understand that data will be stored at the University of Bristol password protected serve.	<input type="checkbox"/>	<input type="checkbox"/>
I give consent for my data to be archived and kept with open access to other researchers for future research.	<input type="checkbox"/>	<input type="checkbox"/>
I understand that the information I provide will be used for doctoral research and may be published as part of a journal article.	<input type="checkbox"/>	<input type="checkbox"/>

Signatures

Name of participant

[IN CAPITALS]

Signature

(Electronic or handwritten)

Date

6.16 Appendix 16: Phase 2 information sheet

Appendix 1 Information Sheet (Semi-structured interviews) School for Policy Studies



8 Priory Road
Bristol BS8 1TZ
Tel: +44 (0)117 954 6738
Fax: +44 (0)117 954 6756
bristol.ac.uk/sps

Project title: *Exploring the approaches Social Emotional and Mental Health Special Schools use to monitor pupils' social, emotional wellbeing and mental health.*

What is the research about?

The purpose of the research is to map what approaches are being used by SEMH schools within England and how the approaches are used within setting. Additionally, the research is interested in identifying what 's factors influence settings decision when selecting an approach. Your views and experiences are valuable in gaining a richer understanding of how SEMH setting monitor pupils' social, emotional well-being and mental health.

The research will be conducted by myself, and the project has been approved by the School for Policy studies research Ethics Committee at Bristol University.

What does taking part involve?

Thank you for completing the online survey and providing your details to participate in the second part of my research. Part two of my research involves taking part in a semi-structured interview via Microsoft Teams. I anticipate the interview will take 30-45 minutes to complete. If you are willing to participate in the research, please read through and sign electronically the consent form and return via email to lm18411@bristol.ac.uk. Once I have received your completed consent form, I will contact you within seven days to arrange a time and date for the interview.

Will the interview be recorded?

I will use an encrypted digital voice recording device and the record function on the online platform to record the interview. With your consent I will use a password protected device to record our interview and once transcribed this data will be removed, data will be stored on the University of Bristol password protect server. In the transcribing process I will remove any identifiable information and I will randomly assign a pseudonym to you. I will transcribe the conversation before deleting the recording from the secure University of Bristol server. During the interview, please avoid using names of children or staff, however if you do, I will remove all the names of people and schools from the interview so that everyone remains anonymous.

What are the possible advantages of taking part?

Taking part in the research allows your setting to contribute to the mapping of what approaches are being used by SEMH schools to monitor pupils' social, emotional wellbeing and mental health. Your participation in the interview will help to gain a greater understanding of the contextual factors your school have considered when selecting an approach and provide greater depth in understanding how the approaches are used, and how this may have changed over time. From your participation, I aim to identify what approaches are more commonly used amongst SEMH Schools and why they are selected, I hope

this will inform best practice guidance. The research finding can help inform your practice and Educational Psychology practice.

Will my involvement be kept confidential and anonymous?

All the information you share during the interview will be kept confidential. Any other information which might identify you and/or your school will be removed from the data. With your consent, your anonymised data to be archived and kept with open access to other researchers for future research.

What happens with the information I give?

On completion of my research, I will write a summary of the key findings; please email your interest if you wish to read the summary of key findings. The research will be submitted to the University of Bristol as part of the course requirements for a Doctorate in Educational Psychology. A shorter version of the full research report may be published in an online journal once I have completed my qualification. A full copy of the research might also be available online. Your school will not be identifiable in any of this written work, and other identifiable information will not be included in these reports.

Can I ask for my information to be deleted at any time?

You can request that all the information held about your setting be deleted without giving a reason. Once your data has been anonymised, it may, however, be impossible to delete this information.

What next?

If you wish to read the completed research, please feel free to contact me via email, and I will provide a summary of the research on completion. I anticipate the research to be completed by December 2021.

If you have any further queries about this research or would like more information, please contact me by email: lm18411@bristol.ac.uk.

Thank you for your time,
Yours Sincerely,

Siara Nawaz
Trainee Educational Psychologist
University of Bristol

Should you have any concerns about the study, please get in touch with my research supervisor:
Dr Jak Lee: jak.lee@bristol.ac.uk

6.17 Appendix 17: Phase 2 interview topic guide

- **Problem free talk**
start with their role? What that entails? Type of school? Time there? Exp in SEMH education generally?
- **Summarise purpose of the interview.**
- **Gaining consent again**
- **Inform the participant of their right to withdraw.**
- **Inform them the interview will be recorded.**

Approaches, information gathered and how it is used (RQ1 & 2)

- 1) Can you tell me a little more about the approaches your school use to monitor pupils' social emotional wellbeing and mental health?
- 2) How is the information recorded? And how and when is it used?
(Annual reviews/ OFSTED)
- 3) How does the information gathered (from the approaches used) inform whole school practice? Specifically, to support SEMH curriculum? Academic curriculum? (Was this important when you are considering an approach?)
 - Prompt: changed to curriculum, considering specialist support, specialist interventions
 - *Can you give me an example.

How does the informing gathered (from the approaches used) inform individual teacher school practice to supporting pupils SEMH development? Cognition and learning needs? Is this important when you are considering an approach?

*can you give me an example

- 4) Are children involved in the process of monitoring their progress?

Approaches used/ Decision (RQ3)

- 5) When selecting your approaches, what factors influenced your decision-making process?

Prompts: Cost? Context of the setting? Evidence base? Information from other schools? How did these factors influence your decision? Did you try to overcome them?

Are there any approaches you have considered and not use? What led to this decision?

- 6) Do you review the approaches you use?

- 7) Has your approach to monitoring pupils progress changed over time and why?

- 8) Is there anything you would change about the approaches your school use to monitor pupils' social, emotional wellbeing and mental health? What is stopping this change from occurring? what would be more useful? Information? How is it gathered?

6.18 Appendix 21: Converging data side by side joint display.

RQ	Quantitative data	Qualitative data	Similarities	Differences
1	<ul style="list-style-type: none"> • 19 approach selected by participants. • Boxall and SDQ were most popular. • 24 participants identified other approaches. • Primary use fewer approaches than secondary and all through schools. • Number of approaches ranges from 1-9. • With most participants using 1-3. • 2-3 approaches were the most commonly identified approaches. 	<ul style="list-style-type: none"> • Staff involvement. • Observation data • Pupil involvement • Staff meetings • Data tracked by schools • Parents views 	<p>All participants from both data set identified approaches on the survey.</p> <p>Most commonly identified approaches, Boxall SDQ.</p> <p>Most participants on both phases identified using more than one approaches.</p> <p>Six participants created their own monitoring approaches.</p>	<p>A wider range of approaches were identified beyond what was discussed on the survey. These are depicted in the subthemes in Theme one.</p> <p>The following were identified to contribute to the monitoring process which were not discussed on the surveys.</p> <ul style="list-style-type: none"> - Pupil involvement - Data tacked by schools - Observational data - Staff meetings - Parent involvement
2	<ul style="list-style-type: none"> • A range of factors were identified to influence the selection of an approach. 	<ul style="list-style-type: none"> • Cost • Time • EBP • Shared practice 	<p>All participants discussed the range of factor influencing their selection of an approaches</p>	<p>The interviews were able to depict how factors positively or negatively</p>

	<ul style="list-style-type: none"> • The usefulness of the data collected was most commonly selected followed by evidence-based. • Cross tabulation showed overall regardless of the approach selected the usefulness of the data as the top or joint top factor to influence the selection of an approach. • The cross tabulation data suggests that, in general, regardless of the number of approaches used, the most influencing factor is the time required to score the approach (n=54). The second most commonly identified factor is confidence using the approach (n=49). • The cross tabulation findings suggest the usefulness of the data was the most commonly identified factor when monitoring progress daily, half-termly and termly. 	<ul style="list-style-type: none"> • How useful is the approaches • Wider systemic factors. 	<p>highlighted on the survey. Interview participants discussed in detail how the factor effected their decisions.</p> <p>Accessibility was identified in both phases.</p> <p>Evidence-based was identified in both phases.</p> <p>Time and cost was identified in both phases.</p> <p>Staffing identified in both stages.</p>	<p>influence their decision to select an approach.</p> <p>Sharing practice between and within SEMH special schools was only mentioned by interview participants.</p> <p>Issues with EHCP process and wider systemic issues enhances the understanding of factors that influence the decision not discussed on the survey.</p> <p>Participants discussed on factors to enhance monitoring practices.</p> <p>Cross tabulation was able to analysis data the finding were not found by interview participants.</p>
3	<ul style="list-style-type: none"> • Frequency of monitoring SEMH data was varied. Termly, half termly and daily were most commonly selected. • Range of staff identified as main member of staff responsible for monitoring pupils. Teacher identified 	<ul style="list-style-type: none"> • Use of data • Frequency • Who monitors progress 	<p>The frequency of data was very similar for both data sets. Were able to identify what daily was used for and what termly and half termly was used for.</p>	<p>Interview participants discussed the input from cleaners, taxi drivers, parents and pupils. This was not discussed on the survey.</p>

	<p>as most common followed by SENCO's.</p> <ul style="list-style-type: none"> • 58/68 participants said the approaches demonstrate whether pupils are making progress with their SEMH. • 66/68 the data gathered from the approaches used, always, often or sometimes informed staff practice. • From the data gathered on the survey, a Spearman's Rank Correlation was run to determine the relationship between the number of approaches and whether the approach demonstrates pupils' progress. There was a weak and non-significant correlation ($r=-0.066$, $p=0.59$). • A Spearman's Rank Correlation was run to determine the relationship between the number of approaches and whether it informs staff practice. There was a weak correlation which was non-significant ($r=-0.047$, $p=0.703$). • A Spearman's Rank Correlation was run to determine the relationship between the number of approaches and the frequency of monitoring pupil's progress. There was a weak 		<p>A wide range of staff responsible for monitoring identified on both data sets.</p> <p>Most participants on both data sets suggested the data informed practice.</p> <p>The null hypothesis shows number of approaches used to monitor SEMH development has no effect on the frequency of monitoring progress. the qualitative data shows monitoring at different frequencies has different purposes.</p>	<p>Interview data suggest the data informed whole schools' practice and wider process.</p> <p>Participant discussed reviewing their monitoring process.</p>
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	<p>and non-significant correlation ($r=-0.07$, $p=0.55$).</p> <ul style="list-style-type: none">• A Kruskal-Wallis H test showed a non-significant difference in the frequency pupils' progress is monitored and staff practice $\chi^2(3) = 2.638$ $p=0.451$.• A Kruskal-Wallis H test also showed a non-significant difference in the frequency of approaches used and whether the approaches used demonstrate if pupils progress $\chi^2(3) = 2.351$ $p=0.503$.			
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6.19 Appendix 18: Alternative methodological approaches considered.

Grounded theory

Grounded theory is amongst some of the most influential modes of understanding qualitative research (Strauss & Corbin, 1997). Grounded theory is an inductive approach and therefore aims to discover or construct theory from the data, through seeking out patterns from the data (Tie, birks & Francis, 2019). This fits with the aims of the current research as this research aims to provide an understanding into what approaches are used by SEMH special schools, how they are used and what factors influence their decision when selecting an approach as this is an under researched topic. Grounded theory is flexible and suggests theory are grounded by participants experiences, actions and interaction. Grounded theory is suitable for interviews, which is the choice of qualitative data collection for the current research. However, Grounded theory is a complex methodology with various different versions, and can result in some methodological errors (Tie, Birks, & Francis, 2019). Grounded theory is also time consuming and a laborious process (Toufic, Hussein, Hirst, & Salyers, 2014). Having set research questions can impact the grounded theory approach and previous knowledge can affect the process. Furthermore, there is limited guidance to follow to support the identification of codes. Grounded theory is good for larger scale research projects due to the time constraints and the impact of covid the number of participants that could have been recruited was unknown. Grounded theory is difficult to achieve within the time frame, for these reasons grounded theory was not used to analyse the data in Phase 2.

Interpretive phenomenological analysis (IPA)

IPA is interested in examining their lived experiences and provide detail interpretations of these accounts (Smith & Osborn, 2015). IPA is useful for small scale studies and enable the researcher to generate themes from the data. However, the current research is asking participants to reflect on the practices of all staff within their setting rather than their own experiences. Furthermore, the current research was interested in factors influencing their decision when selecting an approach and how they monitor SEMH, rather than their experiences of monitoring pupils' SEMH development. For these reasons IPA was not used to analyse Phase 2 data in the current research.

6.20 Appendix 19: Steps to thematic analysis

Step one: familiarising

Braun and Clark suggest when beginning data analysis, the researcher must familiarise and immerse themselves with the data by reading and re-reading the data transcripts, listening to the audio recordings and making any analytical observations. The process ensures the researcher looks beyond surface-level meanings. Braun & Clarke (2006) suggested that a researcher read all transcripts at least once before beginning to code the data. Reading all the data can identify possible patterns within the data. For this study, I listened to the audio recordings twice, once while transcribing the data and a second time to ensure I had not mis-transcribed any information. I also read all the transcripts once before coding the data. Below is an example of a transcript.

Interviewer: So, could you tell me a little bit more about the pupil's self-assessment?

Logan: The pupil's self-assessment on the emotional literacy. So, there's three different ones. You've got the teacher one, you got parent one, and then you've got the pupil one and the pupil one is not a million miles away from the psychological index of distress or something of that sort it. But it's not standardized, it will give you a number. If that number is up or down, then you'll know if that number is up or down. Whereas the parent and the teacher will tell you whether they deem it to be average, below average, well below average, above average or well above average.






Interviewer: At the moment is your main assessment tool the emotional literacy scale?

Logan: No, that's used for mentors. When they are always do for new children when they join. Because there's a like a block of mentoring in in a hub, and when they join like a transitional thing, so that is used at that point. It's also used as a pre-measure and post measure for learning mentors, and it also helps to inform the areas that they might want to target. Boxall profile is what we've used up until now. We've just run it again and just going back through the data and discussed it. So, Boxall is the one we use for all children. That's the one I'm saying now that I don't think is useful.

Interviewer: So, what else are you doing in terms of to monitor pupils' progress? Is there anything that you do internally half termly you?

Step two: coding

This stage involves the initial coding of the data. It is a systematic approach to identifying and labelling relevant data, linked to the research questions (Smith, 2015). Coding is the first stage of arranging data into groups. It allows the researcher to focus on certain aspects of the data. Braun and Clark (2006) recommend the researcher works systematically through the entire data set. There are several coding approaches, including coding a specific statement grouped to create a phenomenon of interest or a theme (Creswell, 2014).

<p>in terms of their SEMH development, those targets are then, you know, they're measured against those targets in every lesson. And the children self-assess. So, for instance, it might be that, you know, I have child x and Boxall profile said that they need interactions with peers. And so, we will say, Okay, first five points. Yes, no, yes, not fine. Last two points- can you remember what your targets were? Because the key adult would have had a chat with the child about their targets for the child knows. Yeah. And then we give them the merit point for that target or not based on whether or not we thought that, or they thought they were successful or not.</p> <p>Interviewer: Do you corroborate that with whether teachers feel they've met that target?</p> <p>AS: Yes, yes. And then what we then do is that towards the end of every half term, we have a key worker system. So, then the key adult writes up a tiny report to send home just like a really small one, with qualitative evidence against targets. So, we think that X has, you know, tried really hard at their interactions with peers, because they were open to instruction and because they've had some good modelling. So, we'll send these home just as a qualitative end of term something that you child has done really well at the end of every half term. Yeah. And obviously, so this, this whole project sort of rests with one senior leader. And if the key adult feels that the child has met that previous</p>	<ul style="list-style-type: none"> siara nawaz Behavioural observations  siara nawaz Pupil involvement  siara nawaz Half termly  siara nawaz Every half term  siara nawaz SLT responsible
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needs and aces and autism in their background that would respond to a certain dynamic and a certain way or approaching each lesson. The other children might have significant behavior difficulties because of lack of boundaries, lack of feeling safe, and also lack of attention to them. they might have ADHD etc or PDA and those children will be in a class together. So, we very much identify the child's profile and use that to structure our approach to them. **So, every six weeks and monitor their progress. We monitor their progress every term with the parents. We monitored with the children themselves. Give them, you know, really good feedback about areas that we can then target and work on with them. And every small successes is celebrated.**

Interviewer: I have a few questions, just from what we've discussed. Just going from the most recent thing that you shared. Every 6 six its monitor. Is that teacher observations or is it an assessment?

HS: Yes, I **mean it'll go on teacher observation**, so every child will have their own individual ican targets on the wall and on sometimes on the desk if they need a visual reminder. Sometimes at the beginning of each of their books as well. It'll be, you know this is what I'm going to be working on, so **it's very much based on observations and the weekly logs that we use**.

Interviewer: what does a weekly log entail?

HS: The weekly log details the progress across the week and how a children responded to the lessons, the staffing, the opportunities, the amount of resilience they've shown that week. **So, every week a child will gain a percentage based on how they manage their behavior and how much resilience they've shown, how much respect they've shown, how much responsibility they're able to take for their own behavior, and that the effect that they have on others.**

Interviewer: Thank you and then what's done with that information?

● siara nawaz
Six weekly

● siara nawaz
Termly

● siara nawaz
Pupil involvement

● siara nawaz
Teacher observation

● siara nawaz
Observation

● siara nawaz
Weekly monitoring

JG: So, the Boxall is the one that we're doing every term. But from now I'm trying to find new options. Does that make sense?

Interviewer: Yes, that makes more sense. And I wonder is there anything that you're doing daily? I know you mentioned this to begin with, are there any observational data that you include as part of your process?

JG: Yes, so I've just put in time **half termly progress meetings and part of that we do discuss the children's wellbeing. As part of safeguarding meetings, we do look at sort of behavioural logs and we also match that with attendance and then discuss if there's any behavioural changes asked you changes for the pupils and those are kind of minutes.** But It doesn't produce numerical scores if that makes sense. Yeah, we've looked at a few different options and I'm investigating a few different things. There's ones where are the adult or the pupil, either each session or at certain points during the day, or for a whole day, can give

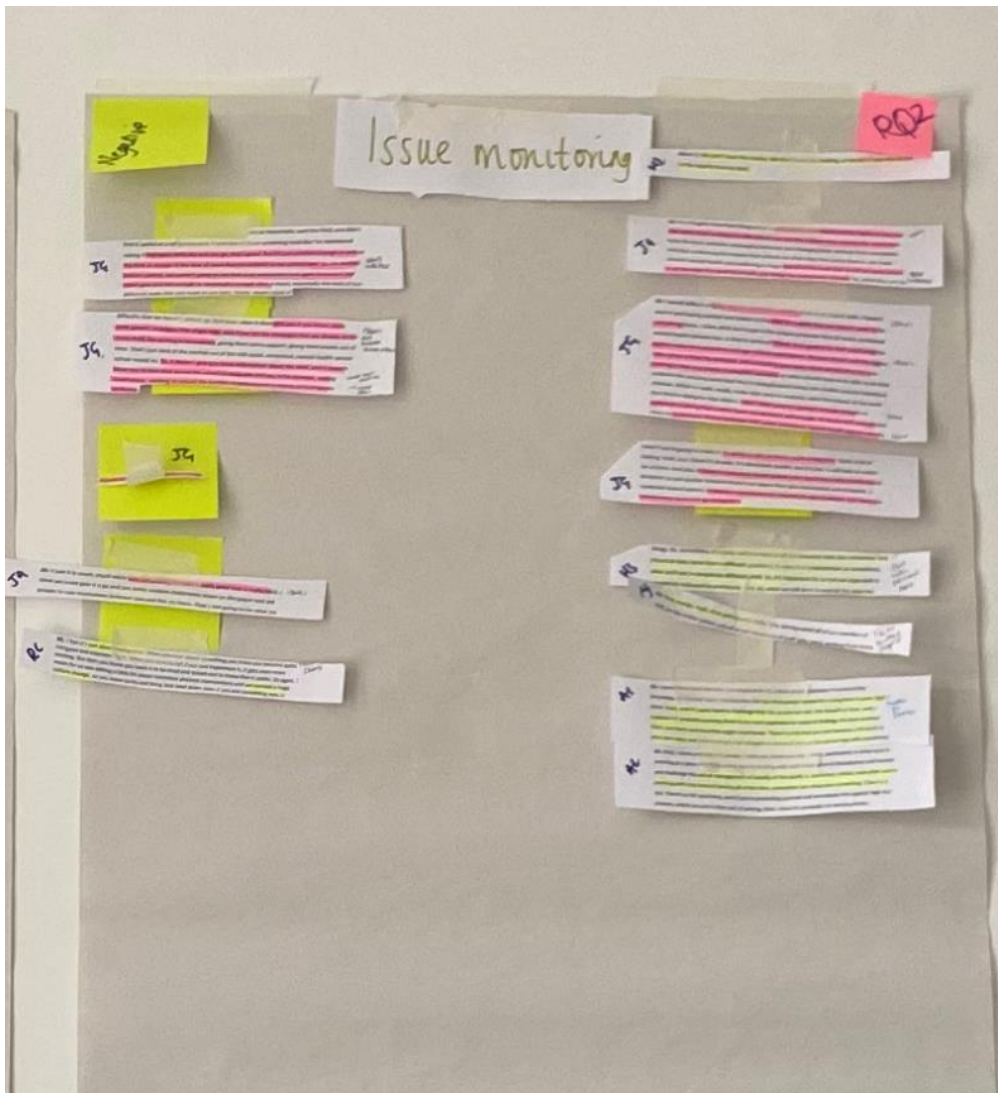
● siara nawaz
Half terms

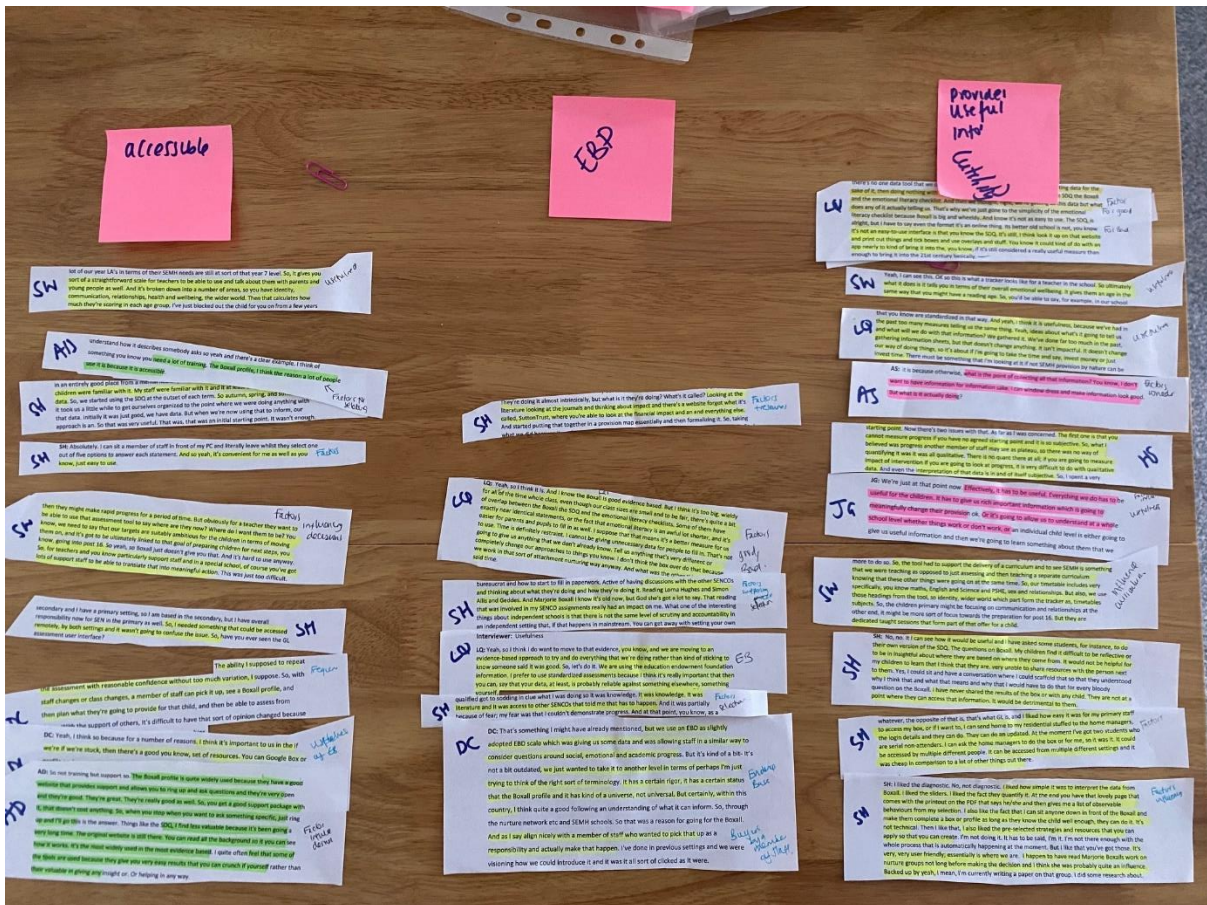
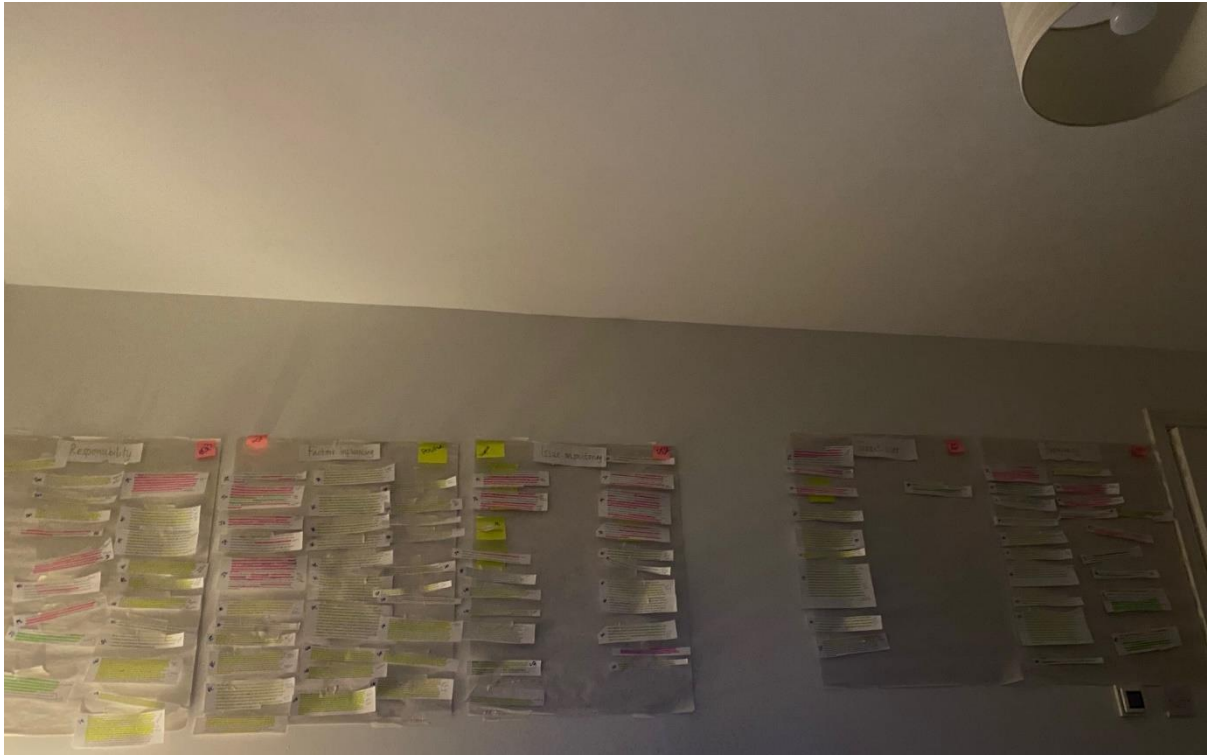
● siara nawaz
Progress meeting

● siara nawaz
Other data: behaviour logs or attendance

Step three: generating initial for themes.

Generating a theme requires the researcher to cluster codes to create a credible mapping of a key pattern within the data (Smith, 2015). Writing the codes onto post-it notes to physically arrange the themes was a useful strategy. Clustering the codes onto larger paper was an effective visual representation of the themes and sub-themes.





Step four: reviewing themes.

At this step, the researcher reviews whether the provisional themes are appropriate and whether they fit the coded data. Each theme should have a distinctive concept. This review stage can result in some themes being changed, discarded or even restarting the previous stage. During this stage I discarded some subthemes that did not have sufficient data to support.

Step five: defining and naming themes.

At this step, the researcher identifies an accurate label to capture the theme (Braun and Clark, 2006). The names of the four subthemes need to be 'punchy', giving the reader a sense of the theme (Nowell et al., 2017). The names were carefully considered a changed several times to ensure they reflected the coded data appropriately.

The table below highlights the names for each theme and subtheme.

<u>Main theme</u>	<u>Sub-themes</u>
There is no one way to monitor SEMH	Staff involvement
	Frequency
Monitoring is than just a teacher completing survey	Observations
	Pupil involvement.
	Tracking data.
	Parent's voice
	Contributing to staff meetings.
How on earth do I know which one to choose?	Cost
	Time
	Evidence-based
	Shared practice
	How useful is the approach?
	Wider systemic factors
What is the purpose of monitoring?	Informing Individual teacher practice
	Informing whole school practice
	Informing wider processes

Step six: writing a report.

At step six, the researcher combines their analytical narrative and data extracts. The themes provide a framework for this analysis. Nowell et al. (2017) suggested the write-up of themes should be 'concise, coherent, logical and nonrepetitive'. The write up should be accessible and easy to follow the researcher's process. The narrative of the finding for each of the four themes are presented in methods and finding chapter with quote to illustrate each subtheme.

6.21 Appendix 20: Themes table

Main theme	Sub theme	Codes
There is no one way to monitor SEMH	Staff involvement	10 codes: everyone contributes, all adult is responsible, everyone responsible. Specific member responsible, teacher responsible, SLT responsible, Issues with staff understanding. Staff limited knowledge, staff retention, upskilling staff, staff competences.
	Frequency	5 codes: weekly, daily monitoring, half termly, termly, six monthly,
Monitoring is than just a teacher completing survey	Observations	6 codes: observation, teacher observation, teacher observational data, observational data, observation of interaction, informal assessment observation
	Pupil involvement.	6 codes: pupil involvement, pupil assessment, child self-assessment, child involvement, child voice, pupil voice, pupil views
	Tracking data.	6 codes: monitoring behaviour logs, monitoring behavioural data, monitoring attendance data, RPI, other behavioural measures, monitoring academic data, monitoring incidences.
	Parent's views	2 codes: parents views, parents' involvement
	Contributing to staff meetings.	2 codes: progress meetings, Staff meetings
How on earth do I know which one to choose?	Cost	3 codes: Cost, lack of money, funding

	Time	6 code: Quick, Time consuming, lack of time, time consideration, Staff workload, unnecessary data
	Evidence-based	6 Code: evidence base. Literature., lack of literature, lack of evidence base, lack of staff understanding, difficulty access literature
	Shared practice	7 code: share practice Staff experiences, upskilling staff, previous knowledge, common language, shared understanding, lack of shared practice, improving understanding.
	How useful is the approach?	10 codes: Usefulness, simple multiple use. , accessible, ease of use and familiarity, limitation of the tools, lacks a holistic picture, not accessible, not enough detail, IT, robust assessment, transferable
	Wider systemic factors	8 codes: Legacy issues, wider issues, political issues, contextual, cultural, issues with EHCP, Issues with EHCP outcomes, issue with EHCP reviews, issues with EP assessment, Issues with previous data
What is the purpose of monitoring?	Individual teacher practice	2 codes: informing teaching practice, teaching practice.
	Whole school practice	3 codes: Impact curriculum, whole school practice, academic curriculum
	Informing wider process'	4 codes: EHCP. LA process, governors, parent Ofsted

6.22 Appendix 22: Research summary

Monitoring pupils' SEMH plays an important role in developing pupils' SEMH needs, which significantly impacts their engagement with learning and later life outcomes (David et al., 2015; Smithers et al., 2018). Pupils who attend SEMH special schools have significant SEMH needs that cannot be met in a mainstream setting, therefore monitoring pupils' SEMH development is paramount to ensuring staff are aware of what skills to teach pupils, how to adapt their teaching practice and identify if pupils are making progress. The initial examination of the literature indicated minimal knowledge base on monitoring SEMH development and for this reason two literature searches were conducted. The first literature search which focussed on monitoring academic progress was relevant to extrapolate considerations that could be relevant to monitoring SEMH development. Several considerations were identified including who monitors the process, the frequency of administering an approach and factors to consider when selecting an approach. Furthermore, most of the relevant key literature papers identified within the first literature search focused on mainstream settings and there was limited guidance for monitoring within special schools; the current research aimed to extend this area of literature.

The second literature search identified 33 approaches that can be used to monitor pupils' SEMH development. The literature was synthesised to explore: the reliability and validity of the approaches, the frequency (how often an approach is administered) by staff within a SEMH special school, the intended target user and the cost of an approach. The review of this literature focuses on the reliability and validity of the approaches for which there was information on ten approaches. Although a wide range of approaches were cited within the literature, most approaches were developed for children and young people in mainstream settings. There is limited information on what approaches are used within SEMH special schools.

For this reason, the current research aimed to explore what approaches SEMH special schools use to monitor pupils' SEMH development. The following research questions were investigated:

- 1) What approaches are used by special schools that primarily support pupils with SEMH needs to monitor pupils' SEMH development?
- 2) What factors influence the selection of an approach to monitor SEMH development?

- 3) How do special schools that primarily support pupils with SEMH needs use the approaches they have selected?

A mixed-methods approach was used to explore the three research questions. In Phase 1, web-based surveys were disseminated to all SEMH special schools within England. Sixty-eight schools completed the survey, and the data was analysed using SPSS to present descriptive statistics, cross tabulations, Kruskal Wallis test and Spearman correlation. In Phase 2, semi-structured interviews were conducted with 13 SEMH special schools from various regions within England. Using an inductive thematic analysis, eight themes were identified, each with several subthemes. The two data sets were analysed independently, and the data was converged and interpreted in the discussion chapter. From the current research findings, guidance and an audit tool have been developed for SEMH special schools to support SEMH monitoring practices within their schools.

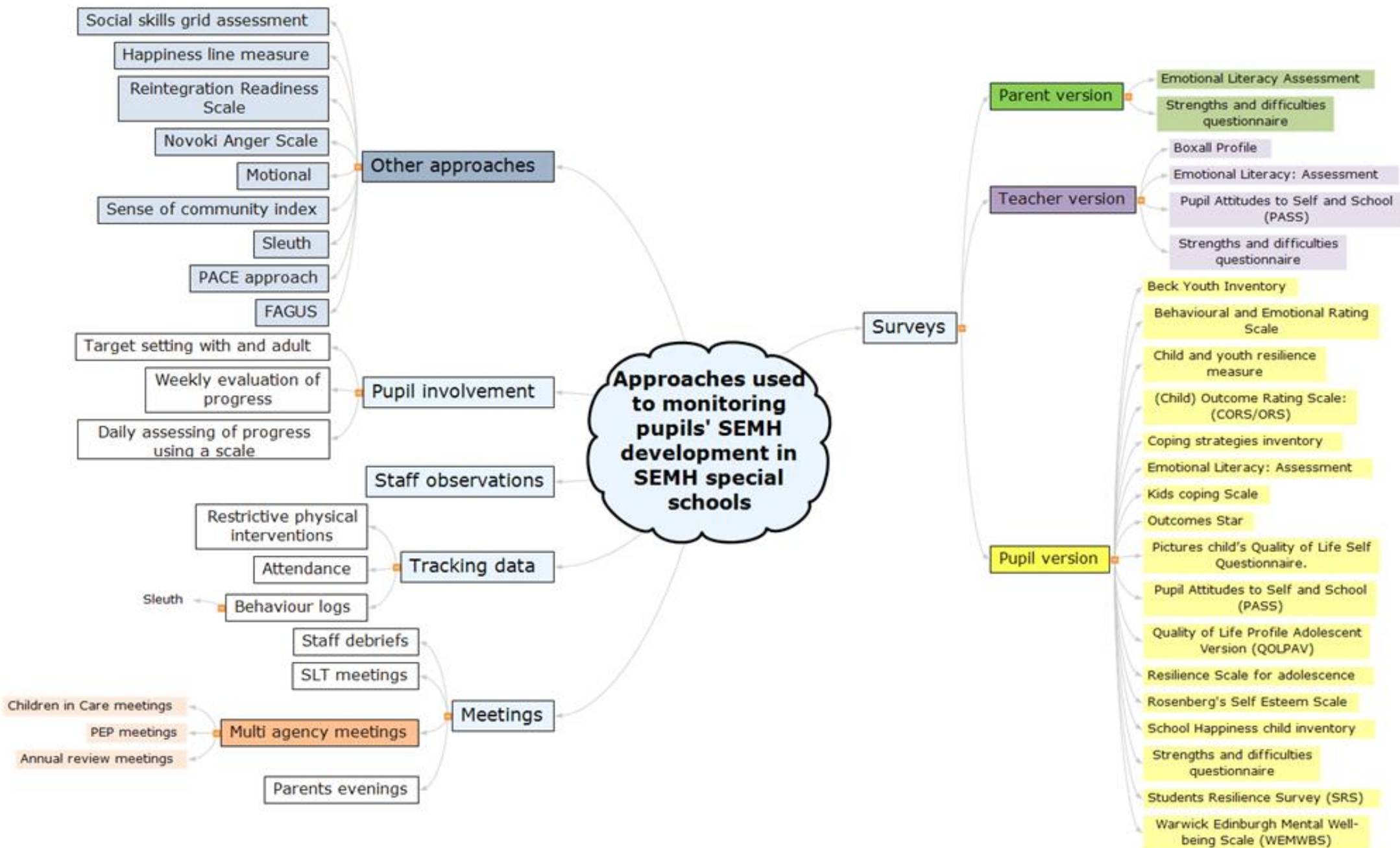
The findings from the current research highlight that monitoring SEMH development is complex. SEMH special schools use a wide range of approaches to monitor pupils' SEMH development. Over 25 approaches were identified as being used within SEMH special schools within England. Many of these approaches were identified in the literature. The data suggests some of the most widely selected approaches are the Strengths and Difficulties Questionnaire, Boxall Profile, Outcome Star, Pupil Attitude to Self and School, Emotional Literacy and Beck Youth Inventory. Participants also highlighted a range of other monitoring practices are undertaken including, pupil and parent involvement, observational data, staff meetings and data tracked by schools all form part of the monitoring process. Furthermore, most participants use more than one approach to monitor pupils' SEMH development. These findings are supportive of previous literature which suggests one approach cannot capture a holistic understanding of pupils' needs and development (Nasen, 2014; Austin and Filderman, 2020; Raikes, 2017). The findings from the current research highlighted a range of factors influence a SEMH special schools' decision when selecting an approach. These factors include, cost, time, evidence-based, shared practice, usefulness of the data and wider issues.

When considering how an approach is used to monitor pupils' SEMH development, the current research was interested in the frequency (how often an approach is used), who monitors progress and how the data gathered is used. The findings from the current research support previous research suggesting that the frequency of administering an approach is

dependent on the approach being use. The frequencies in the current research ranged from daily to termly. Daily, half-termly and termly were the most popular selected responses amongst participants. The findings from the current research illustrate a range of people are responsible for monitoring pupils' SEMH development; they include school staff (and for some schools this can include maintenance staff and taxi driver), parents/ carers and children. The findings from the current research emphasise how the data gathered from the monitoring approaches is used. Many participants reflected on how the data can inform individual teacher practice, whole school practice and can inform wider systems such as the annual review, and Child in Care meetings.

6.23 Appendix 23: Practical guidance when seeking to select an approach to monitor SEMH development.

The data gathered from the literature review and the current research has been reflected to create guidance to support SEMH special schools when selecting an approach to monitor SEMH development or evaluate their current monitoring approaches. Below visually present all the monitoring approaches used to monitor pupils SEMH development identified within this research. The guidance provides questions to prompt SEMH special schools when considering what approach to select to monitoring pupil SEMH development, these have been generated from findings of this research and considering the literature reviewed. A range of questions and considerations have been identified to initiate conversations when selecting monitoring approaches. In addition to this, an audit tool has been developed and a table synthesising the key information from the literature and the findings from the current research created.



Guidance when seeking to select an approach to monitor SEMH development.

What type of approaches do I want?

There are a range of approaches that can be used to monitor pupils' SEMH development. Many SEMH special schools use a number of approaches to capture a rich picture of a pupils' SEMH development.

The map presented within this guidance highlights the range of approaches used by some SEMH special schools. It is important to note this is not an exhaustive list as not all SEMH schools contributed to this research.

Some broad types of approaches to consider are:

- Surveys: online assessments or paper assessments
- Pupil involvement in target setting and self-evaluating their progress.
- Data tracked by schools: behavioural logs, attendance, restrictive physical interventions.
- Staff meetings and professionals' meetings, parent's evenings.

What factors do I need to consider?

When selecting an approach(es) several factors may be considered. Many SEMH schools consider more than one factor. Many SEMH special schools weigh up the factors when selecting an approach and consider the context of their setting. These factors include the following:

- Is the approach supported by empirical evidence on the reliability and validity?
- Can I get access to the empirical literature?
- Have I considered the time and cost implications of using this approach?
- Are my staff competent in using this approach?
- Do my staff have the capacity to undertake this approach?
- Who would need to contribute to use this approach?
- Is this approach easy to use for my staff?
- Will my staff require training to use this approach?
- Is the data generated from the approach easy to understand?
- Am I able to talk to colleagues within my school or from other SEMH special schools about this approach?

Who would I like to contribute?

Using several sources of information is important to capture pupils' SEMH development, as SEMH occurs beyond the classroom. SEMH special schools use a range of stakeholders to monitor SEMH development. Some key stakeholders involved in monitoring have been listed below.

- Child or young person
- Parents or carers
- Teachers, teaching assistants, SLT, SENCO
- Other professionals working within educational settings e.g., house keepers, taxi drivers, residential care workers, midday supervisors.
- External professionals working with the child or young person, CAMHS, TAMHS, Speech and Language therapists.

How frequently do I want to monitor progress?

Monitoring occurs at different intervals. Considering how frequently to monitor progress can determine what approach you may use. The following frequencies are most commonly used by SEMH special schools:

- Daily/weekly: this is often less time consuming and cost effective. Pupils are often involved in the daily or weekly monitoring. Pupils are often involved in setting their targets and evaluating their development at the end of each lesson, each day or at the end of the week. Pupils can do this independently or with the support of an adult, usually a key worker. Monitoring approaches used daily or weekly are often developed by schools.
- Half termly or termly monitoring often involves staff assessing pupils' SEMH progress against a benchmark to assess if they are making progress over time and to assess whether the interventions in place are effective. Monitoring half termly or termly requires more time to administer, score and interpret an approach. Many of the approaches used will have a cost associated with the approach.
- Half termly and termly monitoring also involves analysing tracking data to see if there are any observable patterns within the data.
- Parent involvement generally occurs half termly or termly and parents often complete a parent version of a survey or complete a survey created by the setting.

How can I use this data?

It is important to consider how the data can be used to further support pupils' SEMH development. The data gathered from the monitoring approaches can inform a range of practices including:

- Inform teacher practice.
- Inform whole school practice
- Use in wider processes such as annual reviews, Children In Care meetings, Personal Education Plan meetings or provide evidence to governors.

Resource links

- [EFF](#)
- [CORC](#)
- [Anna Freud mental health toolkit](#)
- [Mental health and behaviour guidance](#)
- [SEND Code of Practice](#)

6.24 Appendix 24: Audit tool to support the selection of an approach to monitor SEMH development.

The SEMH monitoring audit tool has been created to support SEMH special schools' decisions when selecting an approach. It could also be used to evaluate the usefulness of the current approaches used within their settings. The questions consider the factors influencing decision-making processes to select a SEMH approach, identified from the current research and the literature review. The audit tool aims to be used quickly to establish the starting point for considering approaches. The audit tool should be used in conjunction with the guidance created to support SEMH schools when selecting an approach to monitor SEMH development.

Tools	Evidence base?	Do staff have experience in implementing it?	Is it time efficient ?	Is it affordable ?	Is it accessible and easy to use?	Can staff manage their workload using this tool?	Can the tool be used for statutory processes ?	Can parents share their views?	Can pupils share their views?	Any other comments
Example SDQ	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Daily target monitoring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	