**In the Child's Voice:
The Experiences of Primary School Children with Social, Emotional and Mental Health
Difficulties**

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Abstract

In England 193,657 children were identified as having their primary special education needs as Social, Emotional and Mental Health (SEMH) difficulties (DfE, 2018a). Schools are increasingly responsible for supporting these children, yet their voices are rarely represented. Through semi-structured interviews the views of eleven children aged 6-11-years with SEMH difficulties were sought. Using thematic analysis two themes were identified – (1) social relationships and interactions, and (2) emotional and behavioural reactions. The children demonstrated that they were articulate and reflective about the impact their difficulties have in the learning environment. For some, they reported building and maintaining close reciprocal friendships which they felt enriched their time at school. It was concluded that children with SEMH difficulties need to feel safe and supported by adults to flourish in school. This work demonstrates the importance of taking a child-centred approach, allowing children to feel heard, understood, and valued.

Key Words: Children; mental health; social and emotional health; qualitative; school.

Introduction

Early figures from the United Kingdom (UK) suggested that 10% of children aged 5-16 years had a diagnosable disorder, whilst one-in-seven had a less severe problem (Green et al., 2005). This was mirrored internationally, with global estimates showing between 10–20% of children experiencing difficulties (Kieling et al., 2011). However, globally there has been a rise in the prevalence of child mental health difficulties (Bor et al., 2014), with recent UK figures showing a prevalence of 12.8% (NHS digital, 2018). Such increases have led to mental health becoming a growing priority (World Health Organization, 2016), particularly for young populations as mental health difficulties often emerge during the primary school years (Howard et al., 2017). Furthermore approximately 50% of adults with mental health difficulties report they first encountered problems before age 15 (Kessler et al., 2005). Due to this, it becomes clear that schools are one agency who can play a role in the prevention of mental health difficulties and provide support for children who encounter them.

Currently in England there are around 193,657 children in school classified as having Social, Emotional and Mental Health (SEMH) difficulties as their primary need (Department for Education [DfE], 2018a). SEMH is conceptualised as an umbrella term incorporating a range of presentations in children. For example, the DfE (2018b) recognises that children with SEMH difficulties may be quiet and withdrawn or conversely display disruptive and challenging behaviours. Children with SEMH covers a range of passive behaviours such as low mood, lethargy, and isolation, and active behaviours such as mood swings, impulsivity and aggression. The revised Code of Practice (DfE, 2014) further acknowledges that behaviours of children with SEMH difficulties may be indicative of an underlying mental health difficulty and therefore school professionals should be watchful of changes in a child's

behaviour. These children can experience one or more conditions, including underlying difficulties such as Autism Spectrum Disorder, anxiety disorder, depression, or Attention Deficit Hyperactivity Disorder. These children may also self-harm and can have learning difficulties.

These children are at high risk of being excluded from school (Cole, 2015), and the challenges posed in meeting their needs are often underpinned by poor understanding of the issues involved. Teachers report that they felt that they lacked the skills and training to meet the needs of children with SEMH difficulties (Lebeer et al., 2012; O'Reilly et al., 2018), and are unable to distinguish between atypical and typical mental health and behaviours (Loades & Mastroyannopoulou, 2010). Nonetheless, every child is entitled to an education which develops their academic attainment alongside their spiritual, moral, cultural, mental and physical development (DfE, 2013) and schools are responsible for ensuring that a holistic education is provided.

Whilst there is considerable evidence concerning SEMH difficulties, research in the Primary School age-range has been mostly limited to the voice of professionals and parents/carers. However, without listening to the voices of children experiencing these difficulties, attempts to provide appropriate support will be hindered. In 1989 the United Nations adopted the Convention on the Rights of the Child (UNCRC). This informs domestic policy in the UK, notably in the areas of social care and education (e.g., Children's Act 1989; Equality At 2010), as well as in most other countries. The role of such legislation has led to changes in thinking about children and childhood, and we have seen a paradigmatic shift in what it is to be a 'child' (Corsaro, 2011). In this new paradigm, childhood is understood as a social construction where the institution of 'childhood' provides an interpretive frame for

understanding the developmental period and this position means that children's social relationships and cultures need to be studied independently whereby children are viewed as actively involved in the construction of their social worlds (James & Prout, 2015). It follows therefore that listening to the voices of children with SEMH difficulties is essential to promote their right to be heard and ensure their inclusion for understanding their social world from their perspectives.

It is a Parliamentary recommendation that schools work in collaboration with other professional agencies to support children (House of Commons, 2017). Schools therefore find themselves increasingly looked to as key providers of mental health support (Wolpert et al., 2017). According to statutory legislation, this should be non-discriminatory, inclusive and child-centred (DfE, 2014; DoH & NHS England, 2015). Children with SEMH difficulties must be placed at the centre of discussions concerning their educational needs with school support being crucial to meeting those needs (Humphrey & Lewis, 2008). Although children's views are central to the SEND process historically they have felt isolated and disempowered (Weare, 2000). Recent studies have further shown, in the UK and internationally, that children and young people with SEMH difficulties remain marginalised and misunderstood by their families, peers and professionals, feeling their voices are largely ignored (e.g., Jalali & Morgan, 2018).

Aims of the Paper

The focus of this study was to capture children's voices by utilising a child-centred theoretical framework respecting their rights. The aim was to provide primary age children with SEMH difficulties the opportunity to share their views of themselves, their individual

experiences in school and the support they receive. To achieve this, we asked “*how do children with SEMH difficulties conceptualise their needs and the support they receive in school?*”

Method

A qualitative design was applied to take a holistic, child-centred approach to the collection of data, reflecting each child’s individual experiences, and capturing their viewpoints (Clark, 2011; O’Reilly & Dogra, 2016).

Theory

Societal views of children and childhood have changed over time, and research is now more inclusive of their experiences (Corsaro, 2011). Where children had previously been marginalised, new perspectives emerged viewing them as active participants within their communities (Clark, 2011). Subsequently, approaches have been designed to empower a child’s voice in the research process (O’Reilly & Dogra, 2016). A social constructionist theoretical framework underpins the research as this is suited to child-centred research. It allows for a flexible approach, viewing each child as an individual in their own context (Clark, 2011), and advocates that children are and should be actively engaged in the construction of their own social world (James and Prout, 2015).

Sampling

Children were recruited from a mainstream primary school (UK), from a large, semi-rural area in the East Midlands. This school has a diverse population taking children from areas of low socio-economic and high socio-economic indices; covering a relatively large region with a mixed demographic. The SEND register at this school showed that 104 children (approximately 25% of the total population) were identified as having SEND. This was determined according to the SEND code of Practice Four Broad Areas of Need (DfE, 2014):

1. Communication and Interaction
2. Cognition and Learning
3. SEMH
4. Sensory and/or Physical Needs

The focus for our research was broadly mental health and therefore children with difficulties in area 3 (SEMH) were invited to participate. This was an active decision to focus the research in mental health, to give a voice to children who are often an overlooked section of society and not just those with externalising issues but also those with internalising problems (i.e., behavioural and emotional). In consultation with teaching staff, children's names were randomly selected from the register and parents were approached. Sampling continued until data saturation was assured (see Francis et al., 2010). With parental consent secured, children's assent was taken, which in practice required a rapport building exercise, consultation and then assent. In total 11 children were recruited and these reflected some heterogeneity in emotions and behaviours, with children representing different profiles. Demographic details are in table 1.

>INSERT TABLE1<

Data Collection

A child-centred, qualitative design aimed at eliciting opinions and experiences from children with mental health difficulties called for using semi-structured interviews, providing a loose framework around which to base each conversation (O'Reilly & Parker, 2014). This was consistent with the exploratory approach that was necessitated by the limited child focused evidence in this area. This allowed for flexibility in the direction of the conversation and the participatory methods used to tailor each interview to fit the individual needs and abilities of each child (Clark, 2011). These were audio-recorded and transcribed verbatim with key paralinguistic features identified and emphasis noted (Davidson, 2010).

Participatory Methods

As the children were young, had SEMH difficulties and in some cases additional learning difficulties, participatory tools were used. Tamsin Ford's "*How I feel about my school*" questionnaire was used to build rapport and introduce the idea of thinking and talking about emotions and feelings (Allen et al., 2018). This was enhanced by using pictorial games and resources to facilitate conversation.

Data Analysis

Data were analysed using thematic analysis due to its participant focus and data-driven strategy (Braun and Clark, 2006). A broad coding framework was created, resulting in 22 second order codes (see Boyatzis, 1998), which collapsed into five superordinate themes. The focus of this paper reports on the specific research question regarding the conceptualisation

of difficulties and support, and therefore the two themes identified in relation to this are reported.

Ethics

Approval for the project was provided by the University of (anonymous). When involving children in qualitative research the rights and wellbeing of the children must be protected (Clark, 2011; O'Reilly and Parker, 2014). To assure this, Gatekeeper Agreement was provided by the Head Teacher (Principal) and all parents provided written informed consent. Children provided assent within the realms of their capacity. Their potential vulnerability was recognised, and the participatory techniques were utilised to facilitate communication. During the interviews the experienced interviewer was iteratively alert to any possible sign of dissent, and regular checks with each child was made to ensure they understood they could stop or refuse to answer a question. Furthermore, interviews were kept deliberately short, within allocated time slots fitting with the school routine. It is however noted at this juncture, that children themselves were relaxed and comfortable being interviewed, sometimes appeared excited, and did seem to value the opportunity to express their views.

Results

Broadly there were two areas where children reported there were difficulties or needed support. These were 'social relationships and interactions in the learning environment' and 'emotional and behavioural reactions in the learning environment'. The children's perspectives of their social world, the way they interact with adults and the reactions they

have in the learning environment served as a narrative through which children represented their personal voice.

Theme One: Social Relationships and Interactions in the Learning Environment

In this first they, children spoke of their relationships with adults in education and gave perspectives on the positive and less helpful effects of those relationships. Broadly, they identified two issues: first was feeling safe and supported, second was feeling misunderstood.

- *Child-to-Adult Relationships–Feeling Safe and Supported:*

In education it is important for children with SEMH difficulties to build good relationships with significant adults to support academic attainment and promote wellbeing. When discussing these relationships, some children spoke of deep attachments, feeling safe, feeling cared for and feeling supported. A good example of this was Child 6 who reported feeling safe, supported and cared for by her key adult. When asked to select pictures that depicted this relationship she allocated the swaddled baby being cradled in its mother's arms, and two smiling peers with their arms around each other's shoulders. She explained her choices thus:

Child 6: Yeah, cos I feel like Mrs B is my friend and is helping me

This suggests a relationship of trust, support and closeness, arguably key components when working with vulnerable children to aid them to feel safe and thus thrive in school. Child 6 used the word 'safe' repeatedly throughout the interview and here specifically identified that the teacher was a source of help. Notably, the child characterised this teacher as a 'friend',

which denotes a kind of close relationship. This child went on to show some awareness of her need for boundaries to behave in a safe way and credited her key adult with providing them.

Interviewer: So why do you have Mrs B sitting with you?

Child 6: because, um, last year, it was maths, I was in the classroom, and [names another child] was sitting next to me and we were seeing how sharp our pencils were, but mine was the sharpest and I stabbed her in the knee

Interviewer: And so now you have Mrs B with you.

Child 6: Yeah. Which is easier

Interviewer: It's easier? Why is it easier?

Child 6: Because she just helps me concentrate and not do silly things

Through this exchange Child 6 highlighted that the behaviour engaged in, such as stabbing another child in the knee, was not appropriate, in her words it was characterised as a '*silly thing*'. The child here was able to recognise the connection between how she behaved and sanctioning by the teacher to stay in the classroom and remain part of the class community. By recognising the importance of not doing '*silly things*' she demonstrated an understanding of the benefits to her from having adult supervision as she described this as making it '*easier*' and ultimately helping her to '*concentrate*' on the academic task. This was important because it allowed her to take ownership of her actions, acknowledge the consequences and subsequently aim to make changes.

This notion of being safe in the classroom was shared by several children. For example, Child 5 also reported the importance of the safe classroom environment and adult support:

Child 5: This classroom's safe

Interviewer: Is it? Where else is safe?

Child 5: The space [named room where Nurture-Group is held]

Child 5 spoke very little during the interview and required lots of participatory engagement and simple questions. To facilitate interaction a board game was played. Most questions were answered nonverbally with minimal eye contact. Noteworthy from this child, however, was that this discourse offered here was unprompted by a question and occurred naturally during a quiet part of the interview. However, the fact that he chose to articulate this implies that feeling safe at school was in some way important to him.

A feature of safety in the school environment oriented to by some children was their need to feel reassured and calmed by a significant adult. A good example of this was Child 7 who argued that he needed his key adult to help him calm down.

Interviewer: Who do you get sent out with?

Child 7: With....M:r:s....A

Interviewer: With Mrs A. And what does Mrs A do?

Child 7: have a tight squeeze

Interviewer: You have a tight squeeze? Does that help?

Child 7: Yeah

Interviewer: Why does that help?

Child 7: because it helps (2s) me

Interviewer: It helps you? Does it help you feel a bit calmer?

Child 7: Yeah

The ‘tight squeeze’ referred to here is a form of restraining a child safely by sitting on the floor behind them and holding them in a bear hug. It is used when challenging behaviour escalates and the child cannot calm themselves or regulate their behaviour and emotions. Importantly, prior to this extract Child 7 revealed he had to be removed from the class and restrained because of his behaviour. However, rather than reporting being upset about this he showed that he actively sought it out, escalating his behaviour until he got what he reported he needed. This was evidenced further as the interview progressed.

*Interviewer: What about in school when you get too excited? What do you
do in school? [4s]*

Child 7: Be silly

Interviewer: Be silly? Then what happens?

Child 7: Tight squeeze

Child 7 here described the reasons why he behaved as he did, i.e., seeking out the support from a trusted adult in this way. However, he would not say what triggered his behaviour, he merely stayed silent when asked, for over six seconds, until the Interviewer, sensing his discomfort, moved to another topic. The dilemma here is difficult; the disruptive behaviour must be dealt with so other children can focus on their learning, but by ‘rewarding’ his challenging behaviour, arguably he is influencing the adults around him. The silence from the child during the interview further compounds any interpretation here, as while the child reported frequently behaving in ways that resulted in a ‘tight squeeze’ and gave the

interviewer several examples of such behaviour, the motivations for doing so were not revealed.

The complexity of supporting children is further demonstrated by Child 4. This child described positive relationships with the adults but also expressed reliance on her key adult to the extent that when they were elsewhere she argued she could not succeed in class.

Child 4: Yeah like, so on Wednesday if I don't know what to do and I not listen to Mrs M then I don't have nobody to help me, when Mrs E is working right here on the blue table and I don't know what to do

Here we see the complex challenge between the child requesting support and implying a possible dependency on the adult. Child 4 provides a specific example of the relevant adult not being available to provide the support, and she describes this as *'I don't have nobody to help me'*, which on Wednesdays results in her not knowing *'what to do'*. Even though two other teachers are cited as present in the classroom (Mrs M and Mrs E), this child presented a case that there was no support for her specifically. This may suggest an overreliance on the missing supporting adult or a challenge for the child to engage the help of present adults.

- *Adult Relationships – Misunderstood and Unheard*

Although children described many of the positive aspects of their relationships with adults in school, there were examples where they reported adults hindering their learning or misunderstanding them and their behaviour. There were children who reported negative feelings towards the adults they interacted with, using words like *“cross”*, *“shouting”* and

“bossy” to characterise those people. We provide three examples below from Child 11, 9 and 10 who described these kinds of experiences.

Interviewer: *But why did you feel so cross?*

Child 11: [Shouting] *nobody ever listens to me!*

Interviewer: *Nobody ever listens to you?*

Child 11: *No never, not school not my mummy and daddy*

Interviewer: *What makes you mad? What kind of things make you get mad at school?*

Child 9: *When people don't listen.*

Interviewer: *So, it's not your tables that are too noisy for you?*

Child 10: *Yeah, it's just the people in general I can't cope with the chaos*

Interviewer: *Ok, so if you tell Miss T that everything's getting a bit too noisy and chaotic for you, what kind of things does she do to help?*

Child 10: *Miss T did say, about, maybe you could get up and have a little wriggle*

Interviewer: *Does it help to do that then?*

Child 10: *Mmm, not really*

Here the children conceptualised their experiences as not feeling listened to. Whether it was specific incidents where they reported being ignored, or children described it triggered feelings of frustration (child 9 used the word *mad*, child 11 used the word *cross*). In the case of Child 11 he stated that “*nobody ever listens to me*” and in so doing raised his voice quite

loud to express that feeling. This kind of phrase captures a sense that *nobody*, to suggest lots of adults, and *ever* to suggest frequency of the event, overall implies a consistency to not being heard. A similar feeling was reported by Child 10 who expressed “*I can’t cope with the chaos*”, suggesting an anxiety about the noise. The solution offered by the teacher however was argued to be ineffective as when questioned if the technique of moving to ‘*wriggle*’ helped, he said “*not really*”.

For some children their reports of how they felt about the adults was stronger, with some arguing that the lack of engagement by teachers was perceived as deliberate on the part of the adult. For example, Child 2 reported that his teacher was purposefully ignoring his needs:

Interviewer: *Are there any other times at school when you feel like things are tricky for you?*

Child 2: *Yeah, if we’ve got something hard to do in maths and it’s a big problem – not like a problem problem, like a tricky sum, and I struggle and um no one’s come to help me and I say ‘Miss G please can you help me’ then she normally comes for a very long time*

Interviewer: *She comes and sits with you for a very long time?*

Child 2: *No she uh she doesn’t come till a very long time*

Interviewer: *Ah, right. How does that feel inside?*

Child 2: *Angry*

In this extract the child reported a request for help from the teacher with an academic matter. Following some confusion from the interviewer who suggested the teacher sat with him for a

long time, Child 2 made it clear the issue was waiting for a long time for that requested help to be forthcoming. His report he had to wait for a “*very long time*” to get help from the teacher on the academic “*problem*” was argued to make him feel “*angry*”. This implies the child had an expectation regarding what might be a reasonable time to wait for support from the teacher, and that the time spend did not meet those expectations. Of course, those expectations may be unrealistic in a busy classroom, but the feelings reported were nonetheless seen as important by the child.

Theme Two - Emotional and Behavioural Reactions in the Learning Environment

The complexities, successes and struggles of children’s interactions within the learning environment were reported by the children to have an impact on their emotional and behavioural reactions. Within these narratives about their emotions and behaviour the children were quite introspective and reflective in their reports as they considered the impact and meaning of their emotional and behavioural reactions to adults, peers and their learning. The children reported reacting emotionally to their environment and the people in it. For example, the children spoke of times when they externalised their fear, anxiety, frustration and anger. Subsequently, children framed their experiences broadly into their emotional reactions and their behavioural reactions.

- ***Emotional Reactions***

All children spoke about experiencing anxiety at some point in the school day and considered the impact this had. For example, when asked about her experiences in the dining hall, Child 4 reported that she felt physical pain.

Child 4: Is too much noise and makes my ears hurt

Interviewer: How does that feel?

Child 4: Uh, it makes me panicking

Interviewer: Why does it make you panic?

Child 4: It makes me panic because I think it will go in my brain and then my brain will be in danger

Interviewer: Do you think so? So when things are very noisy do you think it will hurt your brain?

Child 4: Yeah, and I thought I just got to keep it safe before it comes out

Interviewer: Your brain?

Child 4: Yep

Child 4 reported being overwhelmed by the noise and busyness during lunch in school that she feared for the safety of her brain. Not only did the child report “*panicking*”, but she articulated that this noise means that “*my brain will be in danger*”. Consequently, the child reported that she needed to keep her brain “*safe before it comes out*”. Although this may reflect the child’s limited maturity it is important to consider the child’s perspective here in terms of the metaphor she is describing. In doing so, we can identify the anxiety she experienced every day when entering the lunch hall. Fortunately, the child narrated what happened when she reported her panic to the school as she was moved to a smaller, quieter room for dining.

Child 4: It got nice again

Interviewer: Where, in lunch club? So why is lunch club better?

Child 4: *Because it's quiet*

Interviewer: *And now lunch time is okay is it?*

Child 4: *Yeah, it makes my brain keeping safe and stay in all the time now.*

Here we can see that the school listened to the child's reports of anxiety and this demonstrates child-centred practice. As she herself said, a safe space was provided for her and she now feels her brain is protected while she has lunch "*it makes my brain keeping safe*". Anxiety, however, was a common issue and one expressed by Child 3. Child 3 spoke repetitively throughout the interview about the pressure of school work leading him to feel anxious.

Child 3: *The reason why as well is because I sometimes feel they're trying to push us a bit too much or um when they do like maths tests I sometimes get all nervous and agitated and anxious so, yeah. So yeah, I don't really know what you do a maths test for as well*

Interviewer: *Maths test?*

Child 3: *Yeah*

Interviewer: *You mean like you did the other day?*

Child 3: *Yeah, I mean, I got really scared on doing it*

Child 3: *Learning objectives, steps to success, success criteria, targets*

Interviewer: *There's a lot to remember isn't there!*

Child 3: *Yeah*

Interviewer: There's a lot you need to know

Child 3: Yeah, now I think I feel a bit more pushed

In these two examples from different points in the interview, Child 3 expressed the stress he encountered at school. He described these feelings as being “*nervous*”, “*agitated*”, and “*anxious*”. In his words, this was because he felt “*pushed*” by the school, specifically in relation to maths tests. The child articulated that this feeling of being pushed was due to “*learning objectives, steps to success, success criteria and targets*”, which is quite a sophisticated appraisal of the English educational system. Child 3 suggested that the anxiety and being pushed is because of these elements of school.

Interviewer: What helps you calm down when you've been cross?

Child 3: Just having that dippy fit

Interviewer: Being cross?

Child 3: Yeah being cross so I can get that big feeling out (3s) so I need to do what I need to do – that's a saying – so I need to finish off what I need to do, like, just have a dippy fit then I can get on with the day

Importantly, Child 3 was able to articulate the emotional and behavioural responses to that reported pressure. He identified his behavioural response of being disruptive, which escalated to such an extent he was removed from the classroom. In his words, he has a “*dippy fit*”, an English colloquialism for losing control, rather like a toddler tantrum. In describing a physical need to externalise his emotions, the anxiety he felt from the pressure of the school day could be released.

Another child who found it challenging to cope with the stresses of the school day was Child 10. Rather than the work directly leading to stress, he cited the classroom environment.

Interviewer: Does it help to have a bit of time out of the classroom?

Child 10: Yeah, cos sometimes I get [sighs, wipes his forehead with back of his hand and slumps, to demonstrate how he feels] because sometimes it get very noisy in the class, I..(2s pause)

Interviewer: Is that one of the things you don't like?

Child 10: Yeah, when it gets too noisy

Interviewer: Is that one of the things you struggle with?

Child 10: Yeah, cos, say I'm doing my work, like that, and it gets stupidly loud, I'm like [clutches head] 'Aghhh', trying to concentrate but all the noise its putting me off to one side

Child 10 appeared to find the challenges of coping in the classroom environment physically draining, as well as stressful. In this extract he offered an example that the noise of the classroom was something that he struggled with. He argued that the noise was “*putting me off*” and consequently affected his “*concentration*”. Notably, this child did go on to show that the solutions were to help him in school and repeated the word “*calm*” throughout expressing a desire to have somewhere calm to retreat to as the following two examples demonstrate.

Child 10: Yeah. So, when lots of people were out of the classroom and we did some work, I could cope with that, not many people were there and it was more calm

Interviewer: Right

Child 10: And I thought ah, I wish it was like this every single day

Child 10: I would just like to go and work out there in that bit, outside the class where it's a bit calmer. There the only thing I can hear really is the computer mouse and the keys

Child 10 reported a need to move out of the mainstream classroom environment to a place where it was “*more calm*” or “*a bit calmer*”. Through the interview he described daily sensory issues that he reported increased his anxiety and made it more difficult for him to concentrate on his work. Prominently, he was asking for a quiet, calm space to work through his emotional responses, but from the perspective of this child, the calmer environments were not provided frequently enough.

- *Behavioural Reactions*

Some children spoke of times when their emotions were expressed through their behaviour. A good example of this is Child 11 who reported being angry whenever an adult instilled discipline.

Child 11: That's when they put me outside the class and I went like this
(pulls an angry face). I feeled cross!

Interviewer: I bet you did – did you show that? Did you show how you felt?

Child 11: Well I cried a little bit

Interviewer: Did you?

Child 11: It really did hu::rt

Interviewer: It hurt? (2s) What other things do you do when you feel cross?

Child 11: Sometimes I go like this (makes a fist and shakes it)

Interviewer: What – make a fist? And pretend to punch something?

Child 11: Well yeah, but that's not for humans

Child 11 explained that he cries when cross, but he justified his crying by saying “*it really did hurt*”. Reporting that “*it really did hurt*” is interesting analytically, as he was talking about being put in a ‘time out’. Arguably, he experienced emotional pain at being removed from the classroom, but specifically, he explained that he needed to show his anger in a physical way, by pulling an angry face and shaking his fist. However, he said, “*that's not for humans*” and in so doing suggested that he does not hit people when he is angry. The interviewer therefore clarified the meaning of this and the example can be seen below.

Child 11: Well I used to when I was a baby, but I didn't really know that.

Here he reported two things. First, that he hurt people when he was younger because arguably, he did not know any better, in his words “*I didn't really know that*”. Second, he seems aware of that he is growing up and identified a sense of what constitutes appropriate behaviour, that you don't hit “*humans*”. This would imply some degree of self-control – while he feels the need to express his anger, he reported that he does not lose control of it,

which implies some ability to self-regulate. While he reported not to hurt other people, Child 11 did however say that he harmed himself to alleviate his anger.

Child 11: I felt cross about it

Interviewer: You felt cross?

Child 11: Yes, so I banged my head on the wooden thing

The behavioural expression of the anger was reported to be self-directed. The child here argued that in response to feeling “cross”, the child’s framing of anger, he “*banged his head on the wooden thing*”. The extent of the physical harm to the child was not established, but this kind of behavioural response was quite common for the child as he offered up other examples, implying that he has not found a safe way to express his anger.

This was also true of Child 2 who reflected on a recent incident, reporting on what happened, why he thought it had happened and how he thought it made him and those around him feel. The incident he described was one where he had accidentally hurt another child and was spoken to about it, although from his perspective he had done nothing wrong. This sense of injustice led to a reaction of anger and violence, shown in the two extracts below.

Interviewer: So, when you got angry with Miss for telling you off, did you tell her you were angry or show her that you were angry?

Child 2: Um (quietly) I showed her

Interviewer: Did you? (2s) How did you show her?

Child 2: By um looking like I’m angry

Child 2: And then um I was a bit scared and then um she called N down in The Space

Interviewer: Mhm

Child 2: And then she wrapped me up and took me to the ICT suite um she sat on a chair at my table and she was squeezing me then she dragged me to the ICT suite

Interviewer: Ok. When she was squeezing you, and taking you into the ICT suite, do you know why she was doing that?

Child 2: Um, to keep me safe

This child described a wide range of emotional reactions that occurred alongside his physical anger. First, he was angry due to his reported sense of injustice, which he communicated to his teacher. Second, he spoke of how he felt scared as his anger escalated, and he ‘chose’ not to calm down and was finally restrained and removed. Third, he understood there was a worry for his safety as when prompted by the interviewer he reported that the teacher’s actions were to “*keep me safe*”.

Discussion

Voices of children with SEMH difficulties are rarely heard within research, particularly those of young children. To effectively support vulnerable children with SEMH difficulties in school it is argued to be necessary that they are given the opportunity to express their perspectives and experiences. Listening to children is important as this respects their autonomy, takes their views seriously, and recognises their rights to be involved in decisions (Clark, 2011). By listening to children with SEMH difficulties we can begin to understand the

whole child. We can move beyond simply seeing the difficulties they experience and instead interact with them in an appropriate way - responding to their needs effectively. Respecting children's voices is central to informing educational decisions concerning them and policies that reflect their needs. The aim of the research was to give children the opportunity to freely express, without judgement or prejudice, their perspectives of their SEMH difficulties so that they can be better understood and heard.

Two core themes were identified through analysis. Theme one brought together the children's perspectives of their social interactions in the learning environment and theme two explored their emotional and behavioural reactions to their learning environment. A key finding was the need for children with SEMH difficulties to feel safe and protected at school. The children were able to verbalise their need for safety and talk about the adults and places in school where they felt the safest. An important factor for the children in this study was maintaining a sense of safety through secure, trusting attachment to the adults around them whom they could rely on in times of crisis. In this way teachers were regarded as ad hoc attachment figures providing a secure base function which highlights the relevance of teacher sensitivity to children's needs which is arguably a central proximal determinant of relationship quality (Verschuere and Koomen, 2012). An area worthy of further investigation may therefore be that of children becoming too dependent on adult intervention, rather than learning the tools to succeed independently and regulate their own behaviour. It is difficult to speculate from our data, but there were some implications that children relied quite heavily on certain sources of support and refused to work with alternative adults. Arguably, and potentially means they have developed a secure attachment to the professional adult because that person is responsive to their needs, and yet this also reflects their

difficulties as they seek to function in a chaotic classroom and make sense of their environment.

Findings also revealed the detrimental impact that poor child-adult relationships can have from the perspective of the child as children in our data argued that this led to anxiety, frustration, feelings of injustice and extreme anger. Children with SEMH difficulties are atypical in both their day-to-day needs and their needs from the adults around them. These children need greater levels of support from adults in education, but this support is not always provided, which can have a negative impact on their experiences (Humphrey and Lewis, 2008). Our research highlights the tensions school staff face between providing pastoral support and academic attainment, especially as the data illustrated that a core trigger for less desirable behaviours was feeling pressured to perform academically. The current education system arguably makes limited allowances for children with SEMH difficulties, who are persistently recognised as under-attaining against their peers. Although guidance has been provided (DfE, 2018 b) and schools are required to make reasonable adjustment (DfE, 2014), these guidelines have tended to be adult-centric with only limited consultation with the children affected, especially those of primary school age.

The nature of the SEMH difficulty and related behaviours and emotions is relevant in the educational context. Children's behaviour may be affected by the type of . difficulty they have - a child with disordered attachment will have very different needs to a child with ASD, for example. Our sample was varied in terms of some children having strong behavioural challenges and others having more emotional or learning need. Some children had a diagnosis of an underlying mental health condition, and others did not. Adults need to find ways to respond to the needs of each child appropriately for them to feel understood and safe and

their needs will to some extent be dictated by the nature of their SEMH difficulty. Indeed, in our experience, teachers strive to do what is best for the children in their care and this is not always as straightforward as it may ostensibly seem. These children can benefit from being allowed to express themselves in safe and supported ways, being properly heard. Indeed, in our data, children reported some good examples of this kind of best practice, which is encouraging, whereby children reported that they felt safe and cared for, that they had a teacher they could communicate with, and where they reported that the techniques did regulate their behaviour or emotions. However, when children reported that this was not happening, they highlighted examples of how their difficulties remained unresolved and their experiences of education became negative. Consequently, this can have long-term impacts on their wellbeing, academic attainment and subsequent long-term outcomes. Evidently, there is a need to utilise the experiences and examples of good practice in education for training, but also to help teachers. Teachers are under a considerable pressure in achieving the standards and academic targets and work hard to provide the pastoral support needed. However, we know from research that they feel there is a need for more knowledge of these issues and support through training to better equip them to support SEMH children in the classroom (O'Reilly et al., 2018).

Finally, and perhaps most importantly, the children who participated in the project were articulate and effectively communicated how they felt, with the support of the participatory techniques and a sensitive interviewer. The interviewer (and lead author) works in education and has a training background in mental health; with reflection these skills facilitated rapport building and interview techniques, ensuring that children had a voice in the research and their competence to articulate was facilitated by this. The social competencies of children with difficulties can be underestimated, and this should not be a barrier to their inclusion in

research (O'Reilly and Parker, 2014). In some cases, they were able to reflect on past behaviours and consider the impact it may have had on the adults and peers around them. Moreover, they were able to express what they felt they needed from the adults who supported them, and in their own ways tried to communicate that to them. This could take the form of words or, more often, their behaviour. Listening to the children has great potential to inform educational practice, enabling practitioners to work holistically with the children they support. This is important for the ideology of the 'child-centred society' whereby children's voices are supposed to be at the centre of decisions (James & Prout, 2015). Hopefully this will ensure that the children feel safe, supported and listened to, enabling them to flourish in the school environment and reach their full potential. Furthermore, by actively listening to children and engaging them in research affords them agency and recognises them as social actors (James & Prout, 2015). If these children's voices are integrated with other important voices in the field, such as parents, teachers and legislators, then the intersections of those perspectives would provide balance and person-centred derived policy and codes of practice.

In conclusion, it has been demonstrated that young children with SEMH difficulties can relate their personal experiences and perspectives effectively and accurately and their voices should be included in future research. Their personal views, opinions and reflections have an important contribution to make to the evidence base and with careful prompting, participatory techniques, and sensitive questioning, these children can report and reflect on their experiences. The voices of these children demonstrate a social competence to express themselves, and important messages for the field. In this way they are active agents in the construction of their own social worlds. Although we acknowledge that this was a small sample, it did reach the sampling adequacy marker of saturation, as indicated by the repetition of themes and codes, and was exploratory in its aims. Furthermore, as the literature

including these children's perspectives is so limited, this paper makes an important contribution to a sparse field, and with future qualitative work in this area can start to build an important picture of their views on education. As the emphasis on the mental health and wellbeing of children increases and schools take on more responsibility for supporting children with mental health difficulties more research is needed. This is required to gain better understanding of the difficulties these children face and the support they need and such work could better account for the heterogeneity and diversity within the SEMH population of children. We would argue, policies and practices which do not include the child's voice will be of limited impact and benefit in meeting the child's needs.

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Declaration of interest statement;

The authors have no conflicting interests to declare.

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Table 1: Participant Demographics

Child No	Referred to as	Gender (M/F)	Age (Yrs:Mths)	School Year	Primary SEND Classification	Additional Information
01	Child 1	M	7:1	2	SEMH	MLD
02	Child 2	M	7:4	2	SEMH	-
03	Child 3	M	9:8	4	SEMH	ASD
04	Child 4	F	8:6	3	SEMH	ASD; MLD
05	Child 5	M	8:5	3	SEMH	
06	Child 6	F	8:10	3	SEMH	-
07	Child 7	M	9:2	4	SEMH	-
08	Child 8	M	7:4	2	SEMH	-
09	Child 9	F	10:3	5	SEMH	ADHD; MLD
10	Child 10	M	9:7	4	SEMH	ASD
11	Child 11	M	6:5	1	SEMH	ASD

Key: SEND = Special Educational Needs and Disabilities; SEMH = Social, Emotional and Mental Health Classification; MLD = Moderate Learning Difficulties; ASD = Autism Spectrum Disorder; ADHD = Attention Deficit Hyperactivity Disorder