

**How do staff in a post-16 college co-construct Social, Emotional and
Mental Health (SEMH) needs in their setting?
A Discourse Analysis.**

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Abstract

In the past three years, the Educational Psychologist (EP) profession has undergone significant developments as a result of the revised Special Educational Needs and Disabilities (SEND) Code of Practice (Department for Education, 2014). Two specific changes outlined in the SEND Code of Practice underpin the purpose of this research. The first was the change in terminology from Behaviour, Emotional and Social Development (BESD), to Social, Emotional and Mental Health (SEMH), as one of the four broad categories of identified SEND. The second change was the extended age range of which the SEND Code of Practice now relates to: 16-25 years.

The aim of this research was to explore how college staff co-constructed SEMH needs in their setting, to offer a valuable insight as to how EPs can best support similar settings in the future. Existing literature highlighted an absence of EP research on SEMH needs in post-16 education, or how college settings conceptualise SEMH needs. This study used a Discourse Analysis approach to explore how participants in a focus group (6 staff members in a sixth form college) co-constructed SEMH needs through their discourses, and a social constructionist epistemology underpinned the approach to this study.

The identification of dominant and suppressed discourses illustrated variation in the staff members' talk, suggesting the difficulties and dilemmas that arose when co-constructing a term such as SEMH. Emphasis placed on various discourses of SEMH was seen to impact on practice, highlighting the importance in identifying dominant and suppressed discourses of SEMH in educational settings. The college setting was seen to hinder and support SEMH needs simultaneously, and contrasts between

disempowering and empowering students and staff to manage SEMH needs were explored. The emotional energy required to work with adolescent students was highlighted, and the extent to which discourses of pathologising students with SEMH needs functioned to defend against social anxiety, was also explored.

The role of reflexivity throughout the research process, strengths and limitations of the study, and implications for EP practice were discussed.

Confidentiality

To maintain confidentiality, all names and places in this thesis have been anonymised and pseudonyms have been used.

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1. Introduction

1.1 Chapter overview

This chapter outlines and explores the national and local context of emotional well-being and mental health in education, before introducing the specific topic in relation to this research thesis: Social, Emotional and Mental Health (SEMH) in colleges. An introduction to the role of the Educational Psychologist (EP) in college settings is explored. The specified epistemology and ontology for this research is introduced, followed by a discussion as to how these contributed to the rationale for the proposed research. The chapter concludes by stating how EP practice will benefit from the research study.

1.2 National context

1.2.1 Emotional well-being and mental health in schools

The subject of emotional well-being and mental health in children and young people has been an ongoing widely discussed topic on an international, national, and local level (Ecclestone & Hayes, 2009). In recent years, emotional well-being and mental health have been a regular topic in the media, although it is argued that mental health is often depicted in a negative manner (Bithell, 2010). It has also been argued that the media have helped maintain a stigma surrounding this sensitive subject by persistently reporting that mental health difficulties in adolescents are increasing (Briggs, 2009; Bithell, 2010). In response to this perceived stigma there have been a number of national charity led campaigns over the years to help tackle

discrimination against those with mental health disorders, including the Time to Change campaign (2007), and Heads Together (2017). Hosman (2000) noted that in the past 30 years, substantial developments have been made in mental health research, with over 2000 published studies focusing on mental health *promotion* and *prevention*.

The question arises then, as to why emotional well-being and mental health is such a frequent subject for discussion, and why it might be important to discuss when supporting children and young people. In the United Kingdom (UK), it has been estimated that more than half of mental health issues in adult life occur from age 14, and this rises to 75% that begin by age 18 (Department of Health, 2015).

Research suggests that risk factors related to the transition to adulthood can be a key time for young people to encounter an increase or onset in mental health issues (Warwick, Maxwell, Simon, Statham & Aggleton, 2006). Developmentally, adolescents are more likely to engage in experimentation and can be sensitive to social pressures to behave in certain ways (Macleod & Brownlie 2014). Landstedt, Asplund and Gådin (2009) argue that it is important to bear in mind these developmental factors when exploring ways to support adolescent mental health.

In 2015 the government allocated an additional £150 million funding over five years to support children and young people's mental health. The aim of this additional support was to enable a successful transition to adulthood and to prevent the risk of mental health continuing into adulthood (Department of Health, 2015). As research suggests, mental health issues in adolescence can be costly to the healthcare system

(Macleod and Brownlie, 2014), whereas positive mental health can support economic growth and lead to a functional society (Barry, 2009).

In recent years the government have introduced a number of mental health initiatives in primary and secondary schools, as there is evidence to suggest that there is a strong link between a child or young person's mental health, and their level of educational attainment (Ekornes, Hauge & Lund, 2012; World Health Organisation, 2012; Public Health England, 2014). Shah and Marks (2004) however, argue that schools should not be placing too much emphasis on supporting mental health needs for the purpose of raising educational attainment, as this 'ideal' of educational performance only perpetuates mental health issues further.

Prior to the coalition government in 2010, the Social and Emotional Aspects of Learning (SEAL) approach and the Targeted Mental Health in Schools (TAMHS) project were introduced to schools (Norwich & Eaton, 2015). The coalition government's mental health policy, *No Health Without Mental Health* was published in 2011, followed by *Closing the Gap* in 2014 (Department of Health). In a recent government publication titled *Mental Health and Behaviour in Schools* (Department for Education (DfE), 2016), further emphasis was placed on the link between a child's behaviour and underlying mental health needs. This aimed to encourage a more holistic approach in identifying causes of behaviour, and to move away from focusing on identifying special educational needs (Norwich & Eaton, 2015). Whilst these government publications continue to promote mental health awareness in education, the guidance does not always elaborate on specific support for college settings and their students.

1.2.2 Emotional well-being and mental health in post-16 college education

Research suggests that whilst mental health awareness has received a lot of attention in schools, this is less evident in the post-16 college sector (Foster, 2005; Warwick et al., 2006). Williams (2014) argues that governmental priorities often focus on school and university settings, rather than post-16 colleges.

Post-16 college provision in the UK includes sixth form, Further Education (FE), Higher Education (HE), apprenticeships and residential special schools. Whereas sixth form provision offers qualifications to prepare students for HE courses, FE covers a wider range of qualifications and levels that include vocational courses, entry level courses, and foundation degrees. Vocational courses provide practical training in preparation for a specific job role, and entry level courses and foundation degrees offer qualifications below GCSE, and honours degree level, respectively.

In the Department for Education and Skills (DfES) publication *Further Education: Raising skills, improving life chances* (DfES, 2006), it was acknowledged that FE colleges must meet the needs of learners to be able to produce skilled workers for the country's economic future. Whilst it was noted that cultural, social and economic factors are barriers that need to be addressed to support the engagement of learners, the emotional well-being of learners was not specifically addressed. In other governmental publications from the Learning and Skills Council (LSC)¹, however, a larger focus on students' mental health needs was presented. The LSC were specifically responsible for planning and funding FE in England. In 2006, they published *Improving Services for People with Mental Health Difficulties* (LSC, 2006),

¹ The government has since replaced the LSC twice; initially with the Skills Funding Agency, followed by the Education and Skills Funding Agency.

and three years later, they published *Mental Health Strategy – The Way Forward* (LSC, 2009). This latter publication recognised that “*too often the disabilities experienced by people are socially constructed*” (p.4) and it was stated that a social model of disability was therefore needed, as opposed to a model where “*someone with mental health difficulties may be disabled by other people’s fears and prejudices*” (LSC, 2009, p.4). Research suggests that mental health policy is often shaped by disability or illness (Goldman & Grob, 2006; Slade, 2010), and these policies can perpetuate the idea that individuals with mental health difficulties are likely to have a negative impact on the safety of others (Georgaca, 2014). The disability model of mental health is reflected in the Disability Discrimination Act (DDA) (2002). The DDA specifies that educators in post-16 settings, and potential employers, should not discriminate against those with a disability or impairment, which includes those with mental health issues. Eaton (2008) and Slade (2010) argue that educational policy should focus on positive mental health and well-being, rather than mental health needs as a disability.

In 2010, Paul Currey, an inspector for the Office for Standards in Education, Children’s Services and Skills (OFSTED), published a short briefing in relation to FE provision. The briefing outlined the need for collaborative working between colleges and external agencies, to effectively improve students’ physical and emotional well-being and to contribute to future success in education or work (Currey, 2010). In 2015, the Association of Colleges (AOC) published findings from a nationwide survey on mental health in colleges. Their findings revealed that 66% of respondents (principals and student support service staff from 123 colleges in England) stated that mental health difficulties in students had ‘significantly increased’ in the

previous three years. The AOC made recommendations for colleges to develop their mental health policies, and similarly to Currey, noted that colleges could establish better links with external agencies (AOC, 2015).

In September 2015, OFSTED implemented changes in their new Common Inspection Framework (OFSTED, 2015). This included a component titled 'personal development, behaviour and welfare', aiming to focus on how young people are supported in achieving their goals, in the areas of education, employment, and independent living. The Public Health's publication; *Promoting children and young people's emotional health and well-being* (Public Health England, 2015) specifically links to the OFSTED framework when illustrating how to support colleges in meeting young people's needs. This includes creating a positive ethos of promoting emotional well-being across the college setting, measuring the impact of interventions that aim to support student mental health needs, working collaboratively with parents, and supporting staff health and well-being.

1.3 Local context

The researcher's Educational Psychology Service (EPS) is based in a Greater London borough. The borough has a predominantly white British population. There is, however, a growing ethnic diversity in the borough's population, and this is particularly observed in the age 10 – 19 category. The borough has a lower percentage of 16-18 year olds who are identified as Not in Education or Employment (NEET) (4%), when compared to the national average of 5.7%.

Raising awareness and promoting an understanding of emotional well-being and mental health needs has been a priority for the EPS, particularly when commissioning early intervention and preventative work in schools. Schools often report that educational pressures appear to have a significant impact on students' mental health, and this is observed in both primary and secondary schools. There has also been an increase in Child and Adolescent Mental Health Service (CAMHS) referrals in the borough; however, CAMHS do not currently have the capacity to accept all referrals. As a result, the threshold for CAMHS input has been raised. Where appropriate, the EPS has responded accordingly and contracted work with schools related to lower level mental health needs. Parallel to this, in the past three years CAMHS, social care and education services in the borough have been working more closely together to form a comprehensive plan focusing on how to address the increase in mental health needs in the student population.

Within the borough, there are two FE colleges, one sixth form college, one post-16 provision attached to a special school, and twelve sixth forms attached to secondary schools. There are also colleges in neighbouring Local Authorities that are attended by students from the borough. Since the introduction of the revised SEND Code of Practice in 2014 (DfE, 2014), the EPS has gradually begun to develop links with local colleges, however this has generally been limited to Education, Health and Care Plan (EHCP) assessments. There is currently no regular, or ongoing direct involvement with the college settings, and little is known about how colleges support their students' emotional well-being and mental health needs.

1.4 Defining mental health and well-being

When considering how to support young people with mental health issues, Rosenbaum & Liebert (2015) argue that there needs to be a more detailed exploration as to what the term *mental health* means. Ekornes et al. (2012) and Barry (2009) suggests that this can be a difficult task, noting that *mental health* should be distinct from *mental illness*. It is also argued that mental health is dependent on the cultural context (Fovet, 2011), historical context (Gergen, 1999), and has been developed as a mainstream concept in English speaking and developed countries (Kovess-Masfety, Murray & Gureje, 2005). Subsequently, some argue that mental health is fluid in its definition, and the terms *well-being* or *emotional health* are sometimes used interchangeably (National Survivor User Network, 2015).

The majority of research on the conceptualisation of mental health has concluded that individuals are often pathologized through the use of diagnoses and labelling (Fovet, 2011; McCann, 2016; Horwitz, 2002). Tuffin, Tuffin & Watson (2001) argue that the dominant discourses of mental health stem from medicine and psychology, the media, and health promotion. They explain that the use of certain language in the media significantly influences how society perceives mental illness. Gergen (1999) argues that it is the professional disciplines that maintain power over the language used in relation to mental health, to establish hierarchical categories in society, such as 'normal' in contrast to 'abnormal', or 'healthy' in contrast to 'unhealthy'. This imbalance and variation in language use is reflected in various research studies (Lindley, 2009; Tucker, 2009; Ekornes et al. 2012; Lofgren, Hewitt & das Nair, 2015) where it is suggested that the language used by mental health

professionals can significantly affect the way in which individuals perceive their own mental health. Consequently, the focus on diagnostic processes and symptomology detracts from the importance of the individual's subjective experiences (Rosenbaum & Liebert, 2015). This is also reflective of the way in which mental health services operate, where services can predominantly focus on disorders and treatment rather than prevention (Vassilev & Pilgrim, 2007).

A social constructionist perspective offers an alternative approach to the deficit or disability model of mental health (Horwitz, 2002). Horwitz argues that mental health should be measured at the social and relational level with an increased focus on positive psychological states, rather than relying on diagnostic criteria. In addition, Barry (2009) discusses the concept of *positive mental health* and argues that this is more helpful for mental health promotion at a community level, than it is to focus on mental health *disorders*.

1.5 Behavioural, Emotional and Social Difficulties (BESD) and SEMH

The term BESD (also known as SEBD, or EBD) first arose in the UK in the 1990's (Armstrong, 2014). BESD became a legal term within the 1996 Education Act and affiliated Special Educational Needs (SEN) Code of Practice (2001), where it was stipulated as a category of SEN. BESD was defined as the following:

Children and young people who demonstrate features of emotional and behavioural difficulties, who are withdrawn or isolated, disruptive and disturbing, hyperactive and lack concentration; those with immature social skills; and those presenting challenging behaviours arising from other complex special needs. (DfE, 2001).

This terminology was introduced to encourage educators to explore causes of behaviours further, rather than primarily focusing on the presenting behaviour itself (Armstrong, 2014). It is argued however, that the term BESD can be difficult to define as it encompasses a range of presentations (Fovet, 2011).

In 2012, the DfE's Green Paper explored the helpfulness of the term BESD in identifying children and young peoples' underlying needs. They found that 52% of those consulted thought that the term was unhelpful because it was too broad and focused on negative behaviours. The DfE considered that the revised SEND Code of Practice should include more of an emphasis on underlying emotional and social issues, and as a result, the term Social, Emotional and Mental Health (SEMH) needs replaced BESD. SEMH was officially introduced in the amended Children and Families Act 2014 and the SEND Code of Practice, also marking the first time that 'mental health' had been included in SEND legislation in the UK. SEMH is defined as:

Children and young people [who] 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.

(DfE, 2014, Section 6.32).

Similar to Fovet's (2011) observations regarding the broad definition of BESD, Norwich and Eaton (2015) argue that the above definition continues to be unclear, as it does not specify the criteria for identifying the described difficulties. Since the revised SEND Code of Practice has been implemented, Sheffield and Morgan (2017) note that SEMH needs has been the most frequent category of SEND observed in

secondary schools in England, and students with such needs have been associated with poorer outcomes and social exclusion.

1.6 A changing context for EP work; supporting SEMH needs in post-16 education

The revised SEND Code of Practice in 2014 now applies to young people up to the age of 25 (compared to 18 years old previously), with the introduction of Education, Health and Care Plans (EHCPs) which replaced Statements of Special Educational Needs. EHCPs aim to provide collaborative multi-agency working to better support the young person with their life outcomes. In 2014 the government also announced that once young people have reached the school leaving age of 16 in England, they are required to stay on in some form of education, training or apprenticeships until the age of 18 (DfE, 2015). Before the revised legislation was introduced, the 18-25 cohort was a less familiar age group for EPs (as well as for other professionals involved in children's services and SEN). Atkinson, Dunsmuir, Lang and Wright (2015) stated that this change in legislation significantly impacts the way in which EPs work, and this has already been observed in EPS's with developments in commissioning further work with post-16 college settings.

The relatively limited involvement that EPs have had with colleges when compared to schools, is reflected in the absence of EP based research literature on BESD / SEMH needs in post-16 college education (see literature review chapter for more information). Atkinson et al. (2015) suggest that EP led research in post-16 education has largely focused on post-school transitions, supporting the development of sexuality, young people who are NEET, and young people at risk of

social exclusion. In contrast to this, a wealth of EP research on the topic of BESD and mental health in primary and secondary schools has been conducted, including specific research on the constructs of BESD / SEMH needs (Kidger, Gunnell, Biddle, Campbell & Donovan, 2010; Green, 2012; Monkman, 2013; Roffey, 2015; Sheffield & Morgan, 2017). This is suggestive of a pertinent topic for EPs to continue to research, and one which requires attention particularly in the area of post-16 education. At a wider level, however, there does not appear to be a well identified link between the EP role and their knowledge and skills in supporting SEMH needs. This was illustrated in the Prime Minister's speech in early 2017, where it was announced that further funding for early intervention support for mental health in schools is needed (Cabinet Office, 2017). There was no mention, however, of the value of the EP role in supporting this, and the focus remained on the National Health Service (NHS) mental health workforce to establish further links with educational settings.

1.7 Rationale, epistemology and ontology of the research

An introduction to the national and local context demonstrated that SEMH is a fairly new terminology, replacing the term BESD as a category of SEND in the revised Code of Practice. This legislation also stipulated an extended age range, consequently increasing the impact on colleges, as well as the work of current EP practice. EPs' familiarity of the topic of SEMH / BESD in primary and secondary school settings was discussed, and in contrast to this, there was a noted absence of this topic in EP research in post-16 colleges, and of the value of the EP role in supporting SEMH

needs in education. Therefore, little appears to be known about how colleges support their students' emotional well-being and mental health needs from an EP perspective, suggesting that research in this area would be valuable for the evolving EP profession. In addition, the significant developmental factors that occur in adolescence (Landstedt et al., 2009), and the impact that the transition to adulthood can have on mental health (Warwick et al., 2006), suggests that there is scope for EPs to use their skills and knowledge to support college settings.

The following introduction to the social constructionist epistemology and relativist ontology underpinning this research justifies the rationale for the study in further detail (see the Methodology chapter for a more detailed description and application of epistemology and ontology).

Epistemology is the "*study of the nature of knowledge*" and how we give meaning to something (Burr, 1995, p.59). A social constructionist epistemology argues that meanings develop through the culture of the setting, known as "*cultural specificity*" (Burr, 1995, p.3). Relating to this research, a social constructionist perspective would suggest that although EPs may have a greater level of understanding of what SEMH needs are in relation to primary or secondary schools, the conceptualisation of SEMH may differ depending on the setting, in this case, post-16 colleges. This perspective also applies to context dependent meanings that may deviate from the formal definition of SEMH needs in the legislative context.

The idea of cultural specificity also reflects arguments put forward in the introduction, with regards to the concept of mental health being dependent on the context of time, history and culture (Barry, 2009; Fovet, 2011). Furthermore, the

perceived dominant 'deficit' view of mental health, suggests that it is timely to explore to what extent a fairly recent term such as SEMH has been impacted by these societal discourses, and how this impacts practice within the college.

Social constructionism considers language within interaction to be the tool in which meanings are created (Burr, 1995), as discourses are seen to be a form of "*social action*" (Burr, 1995, p.5). A *relativist* ontology complements this theoretical framework. Whilst epistemology is concerned with the study of knowledge, ontology is the "*study of...existence*" (Burr, 1995, p.59). A *relativist* ontology therefore argues that there are multiple truths, as reality is a subjective experience (Levers, 2013). In relation to the research topic, the researcher proposes that the term SEMH does not have one true definition, and instead, it can be constructed in many ways depending on various factors in the college setting. A Discourse Analysis (DA) method was used to guide the research analysis, which is described as the "*study of talk...*" (Wetherell, Taylor & Yates, 2001, p.i). The detailed analysis of language included exploring how the participants' interactional talk was used to co-construct variations of SEMH. Lofgren et al. (2015) states that the *variations* in discourses are important to research because it can help to understand how and why certain influences are more dominant than others, and this can directly impact how a setting decides to support mental health needs. Therefore, this research study was underpinned by a social constructionist epistemology and relativist ontology, to offer a rich insight into how and why discourses of SEMH are shaped within the college setting itself. This enabled the researcher to conclude how, and to what extent, EPs can support SEMH needs within the college.

The following chapter explores relevant existing literature in more detail, and identifies the gaps in research in which this research study aimed to fulfil.

2. Literature Review

2.1 Chapter overview

This chapter begins by outlining the literature search process, justifying the reasons for the chosen research literature and highlighting the inclusion / exclusion criteria. An introduction and critique of the existing literature is given before synthesizing the literature together, to support the aims of this chapter. A closing discussion follows, demonstrating gaps in the current research literature. The chapter concludes by explaining how the current research contributed to the identified gaps in the literature, and how this helped to inform EP practice.

2.2 Approach to literature review

From a social constructionist perspective, meanings are considered to be context dependent (Burr, 1995). This framework was used to explore how SEMH was discussed in the existing research literature, within college contexts. As SEMH is a fairly recent term, the following question guided this exploration:

How is BESD or SEMH spoken about in college education, within the existing research literature?

A systematic literature search (see Appendix A for full details of the process) was completed using the Discovery database. In addition, key words from the literature search were typed into Google Scholar to identify further research that may not have been included in the Discovery database.

The following information justifies the inclusion and exclusion criteria:

- **Year 2001 onwards** – The previous SEN Code of Practice came into effect in this year. It included the term BESD and so it was of interest to see if, or how, this was reflected in the literature.
- **Cultural relevance to post-16 college settings in the UK** – For example, American studies were excluded as students in America finish their school education at 18 years old and do not attend an educational setting in the interim between school and university. In comparison, the educational structure of colleges in Australia and New Zealand are similar to post-16 colleges in the UK. The decision to either include or exclude studies from these countries was discussed in supervision, as the researcher reflected on the extent to which these countries in general are culturally relevant to the UK. It was concluded that studies from Australia and New Zealand would be included if they met the rest of the inclusion / exclusion criteria as they would provide valuable research findings from post-16 college education, to support answering the literature review question. It should also be noted that the cultural relevance of the studies were evaluated during the critical appraisal stage of the literature review (see Appendices B and C for examples of critical evaluations of the studies).

- **Type of educational setting** – Research was excluded if the college was affiliated with a school (as it was considered that this type of college would be heavily influenced by the level of support that the secondary school received for SEMH needs).
- **16 – 25 age group** – Participating students needed to be within this age group (or at least partly within this age group). If staff participated, there needed to be evidence of a focus (or at least partly) on this age group.
- **Main focus of the research needed to be on SEMH (or its associated components)** – For example, research was excluded if the primary focus of a study was on the relationship between staff and students, but a secondary focus of mental health arose from the research. The justification for this was to be able to extract from the research any overarching themes / absence of themes that emerged when BESD / SEMH was the primary focus.

Following the systematic literature search, fifteen research papers (eleven journal articles, three research reports, and one Ph.D. thesis) were identified as appropriate for the literature review.

It should be noted that there were no relevant studies that explicitly discussed the terms BESD or SEMH in college settings. The subject of *mental health* was the most frequent term used, and the significance of this finding is explored and discussed later in the chapter.

It is argued in the research field that it may not be appropriate to combine studies using different research methodologies in the same literature review (Aveyard, 2007). The researcher argues that their literature review aimed to explore how

existing research has focused on SEMH and the choice of research methodology and theoretical frameworks that underpin the existing research were therefore important factors to discuss. As a result, the literature review was inclusive of qualitative, quantitative, and mixed methods research. To accommodate the critical appraisal of the differing research methodologies, the researcher used the Evaluation Tool for Qualitative Studies, Evaluation Tool for Mixed Methods Studies, and Evaluation Tool for Quantitative Research Studies (Long, Godfrey, Randall, Brettle & Grant, 2002). See Appendices B and C for examples of how the research papers were critically evaluated using these tools.

The first section of the literature review (section 2.3) serves two functions; to describe each study and context, and to introduce the broad themes that arose from each of the categories as outlined below. Thirteen out of the fifteen research studies naturally fell into four categories:

- *Exploration of management and support of mental health in colleges*
- *Disclosure of mental illness in colleges*
- *Stigma of mental illness*
- *Supported education*

In addition to these, two research studies did not 'fit' into any of the themes, and were placed under their own sub-headings:

- *The 'disengaged and disaffected'*
- *Mental health following post-16 transitions*

The second section of the literature review (section 2.4) synthesized the research literature, exploring the focuses of mental health that emerged from the research, in relation to the literature review question.

2.3 Introduction to the research literature

2.3.1 Managing and supporting mental health in colleges

Five research studies (three research reports, one journal article, and one Ph.D. thesis) focused their research on managing and supporting mental health, and were all of an exploratory case study design. The Evaluation Tool for Mixed Methods Studies (Long et al., 2002) and the Evaluation Tool for Qualitative Studies (Long et al., 2002) were used to critically appraise these research papers. In Warwick, Maxwell, Statham, Aggleton and Simon's (2008) study, they aimed to see if, and how, FE colleges in England were addressing mental health issues in their younger students (aged 16-19). The researchers argued that although there had been an increase in national policies in promoting and supporting mental health, there had been little research in colleges conducted on this topic. A postal survey was completed by 56 colleges, semi-structured interviews were conducted with 18 key informants from a number of institutions (including the AOC and DfES), and case studies were completed in five FE colleges. These case studies consisted of interviews with management, staff responsible for managing student mental health, a linked external agency, and a small number of students. The five colleges selected for the case studies were identified as *"having a good track record of addressing mental health issues"* (Warwick et al., 2008), and therefore the findings (discussed

later in this section) may have been framed to support this view. Equally, Warwick et al.'s findings may have differed if colleges with a range of mental health provisions had been used in the case studies.

In the same year, Miller and Nguyen (2008) conducted their exploratory research across educational sites in Australia. They argued that it is estimated that the number of students in the Vocational Education and Training (VET)² sector with mental health difficulties is under reported. In addition, they stated that previous research suggested that students with a mental illness have generally poorer educational outcomes, creating challenges for the VET sector. Miller and Nguyen (2008) sought VET staffs' perspectives on how they responded to students with a mental illness, to investigate how students could be supported more effectively in colleges. Data was collected qualitatively through interviews and group discussions with 113 staff across six Technical and Further Education (TAFE)³ colleges in Australia. The data analysis process was not provided in the journal article, impacting the reliability and trustworthiness of the findings.

A year later, Worrall and Law (2009) were commissioned to produce a research report to illustrate the extent of emotional and psychological distress and well-being needs of learners aged 14-19 in 11 FE and sixth form colleges, and work-based learning providers. This research was in response to an increase in young people experiencing mental health difficulties in the North West of England. Data was

² Vocational and Education Training (VET) – These courses are more likely to have a vocational focus to prepare students for employment. The courses also offer lower level qualifications than those in HE. VET courses are generally found in TAFE institutes, or private colleges.

³ Technical and Further Education (TAFE) – Educational institutions that largely offer vocational courses.

gathered through surveys (completed by 1,329 students and 14 staff), and three follow up interviews with staff and students. The participants interviewed were chosen as they were identified as having “*interesting or innovative models of support*” (Worral & Law, 2009, p.16). It could be argued that the absent views of students and staff who experienced greater challenges in accessing effective support for mental health needs, may have resulted in different findings. In addition, findings were not always distinguished between the college settings and work-based learning providers, which proved difficult to identify college specific findings.

More recently, Leach and Hall (2011) carried out a three year project to investigate a city-wide approach to meeting the mental health needs of students, in an anonymised city in England. The city had a relatively large full-time student population. Leach and Hall (2011) reported that there had been an increase in the general student population in the United Kingdom, as well as, an increase in mental health needs in students. As a result, they argued that their research helpfully examined how collaboration across education and mental health networks could support students more appropriately and effectively. Quantitative and qualitative data was gathered from two universities, one FE college, a primary care trust, and a mental health care trust. Semi-structured interviews were carried out with 76 participants (student peer supporters and staff from each of the organisations) and an additional 40 participants (students and staff members) took part in focus groups. Thirty eight surveys were also completed by local support organisations and service providers, all of whom supported the educational settings involved in the project. Throughout the three year project, the researchers delivered conferences and workshops on student mental health to the network of organisations and external

bodies. Feedback gathered from these events, and relevant documentation from each organisation, were also used as data sources.

All four research studies mentioned thus far were funded by public bodies within the health or education sector, and all are fairly dated with regards to references to policy and mental health statistics.

The fifth, most recent research study, was conducted by Williams (2014). This exploratory research was conducted in a FE college in South West England.

Interviews were completed with seven students (all of whom had experienced mental health difficulties), and 23 college staff. Williams argued that her research could contribute to a lack of exploratory research in this area within education, specifically to help understand peoples' experiences of having a mental health difficulty, as well as helping identify the appropriate support for the college.

Emphasis in Williams' Ph.D. thesis was placed on the impact of potential bias on being an 'insider' researcher, and an ongoing reflective process was facilitated to address this.

The findings from all five research studies highlighted overlapping themes, and generally, findings were directly related to policy implications. Warwick et al. (2008) highlighted five key factors that could support student mental health in FE colleges; understanding the correlation between mental health and learning, prioritising promotion and support of mental health within policies, developing an inclusive ethos within the college, having a supportive leadership team, and developing staff competencies by linking with specialist external agencies. Worrall and Law (2009) echoed similar findings from their research in the North West of England, and they

also discussed the importance of involving the students themselves in the planning of appropriate and required provision in colleges. In the Australian research study by Miller and Nguyen (2008), they too discussed the impact of mental illness on learning progress, the importance of prioritising mental health promotion, and clearer processes required for student support. This was extended through the staffs' experience of being "*legally responsible for ensuring they provide reasonable adjustments across TAFE for students with a disability*" (Miller & Nguyen, 2008). These job role pressures were also supported by another key finding, which recommended support for staff themselves.

Leach and Hall (2011) primarily focused on the policy implications of cross boundary working, highlighting challenges that needed to be addressed; ethical dilemmas of sharing sensitive information, role boundaries, differences in the language and approach used across roles / organisations, and differences in resources available. They also argued that the social aspect of support had not been largely discussed in the literature, and this was an important area to research further. Findings specific to FE colleges within Leach and Hall's (2011) study however (their findings were often discussed in terms of students from both universities and colleges), highlighted that access to support was more limited than in universities, and some of the college tutors felt that they had been given the responsibility of supporting the vulnerable students. The researchers only sought views from one FE college, which limits the generalisability of the findings to other colleges.

Williams' (2014) findings reflected some of the broader ideas noted in the four studies above. Williams' research however, was strongly positioned as attempting to

understand the individual student's experience of their mental health issues, as it was argued that this can be a heavily subjective experience. This echoed the findings from Worrall and Law (2009) who stated the importance of the students' voice in mental health research. Williams (2014) discovered some overlapping themes amongst students and staff, which included the strong presence of learned helplessness from both perspectives. For students, they often felt that asking for help would not make a great difference, and this appeared to make a significant impact on their mental health difficulties and on their career choices and aspirations. For staff, they generally felt overwhelmed by the level of mental health difficulties that they were supporting in the college, leading them to feeling helpless. Staff support was identified as a significant need within the college, and this reflected findings from the other research studies mentioned.

In all five research studies, the recruitment and selection of participants should be noted. Where minimal information was given in this area (Warwick et al., 2008; Miller & Nguyen, 2008; Leach & Hall, 2011), it is possible that the participants (particularly staff members) could have been selected for their willingness to engage in the research, and may not represent a range of views from the staff or student population. For all five studies, the issue of participants potentially wanting to provide desirable answers to a 'sensitive' topic such as mental health, may have also impacted the findings. Whilst Williams (2014) placed an emphasis on the findings being related to the specific college only, Warwick et al. (2008), Miller and Nguyen (2008), Worrall and Law (2009) and Leach and Hall (2011) all noted that their findings could be generalised to some extent to a wider student population.

2.3.2 Disclosure of a mental illness

One research study by Venville and Street (2012) fell into this category, and the results were published in a research report for the governmental Department of Education, Employment and Workplace Relations in Australia. Following Venville and Street's (2012) initial study, further research questions relating to disclosure emerged from their data and as a result, two further research articles based on the original data were published; Venville, Street and Fossey (2014a) and Venville, Street and Fossey (2014b). The Evaluation Tool for Qualitative Studies (Long et al., 2002) was used to critically appraise these research papers. Venville and Street (2012) conducted their study across the VET sector in Australia, and aimed to address the gap in the literature concerning students' perspectives of disclosure and factors related to success of course completion. They noted that whilst it was well established that mental illness impacted on educational attainment at college, the rates of disclosing a mental illness were relatively low, and this needed to be addressed. Twenty VET students with a diagnosed mental illness were interviewed, as well as twenty staff (teachers, counsellors, and student support staff), across four VET sites in Australia. Geographical diversity was taken into account when selecting the participating colleges, although the recruitment process and impact of demographic diversity on mental health was not discussed. Through in-depth qualitative interpretation of the students' voices, Venville and Street (2012) concluded that students generally found it difficult to make the decision as to whether to disclose or not. A discrepancy between student and staff views of student disclosure was also highlighted; staff considered disclosure to be the

appropriate route for students to take, whereas students feared disclosing their own mental illness for various reasons, particularly stigma and social rejection.

Following on from this research, Venville et al. (2014a and 2014b) expanded the original data analysis and discussion to explore the process of disclosure further.

Venville et al. (2014a) argued that the social context of how mental illness was conceptualised is important to focus on, because it fundamentally determines how people experience mental illness. The researchers therefore focused on staffs' perspectives of student disclosure using a social constructionist framework. They found that staff felt strongly about students needing to disclose their mental illness to be able to access the appropriate support. This belief was however, impacted by staffs' feelings of incompetency in their role as a 'mental health supporter', and in their related anxieties about the current work climate and fears of job cuts. In addition, the researchers found a significant difference between the discomforts that staff felt in disclosing their own mental health difficulties, and how they felt about the importance of students being able to disclose their mental illness.

Venville et al. (2014b) offered an extended analysis and discussion of student perspectives of disclosure. The analysis of the data was also led by a social constructionist framework, to challenge the dominant discourse of disclosure being the 'right' thing to do. The researchers argued that this needed to be challenged because a strong theme that emerged was that students felt non-disclosure was often a more feasible option for them. Venville et al. (2014b) concluded that change was required at a wider cultural level, to shift the discourses of disclosure and what it means to have a mental illness.

2.3.3 Stigma

Two journal articles (Twardzicki, 2008; Aggarwal, 2012) addressed the topic of stigma, although the approach and research design of the two studies were distinct from one another. The Evaluation Tool for Mixed Methods Studies was used to critically appraise these research papers. Twardzicki (2008) evaluated a performing arts project in a sixth form college in Surrey, England, arguing that the creative arts were identified as having an existing research base in appropriately challenging stigma around mental illness and promoting social inclusion. The project ran for three years, and at the end of each year a quantitative and qualitative evaluation was completed. The project involved both students and tutors from the sixth form college (the recruitment process of students and tutors were not stipulated), and clients from mental health services. Clients were recruited from the mental health services that they received support from. Their mental health difficulties were not stated, and the ages and demographics of participants were also not given. Across the three years, 67 students, 34 clients, and seven tutors took part. It was not made clear whether there were any participants that overlapped across different years of the project. Students and clients collaboratively worked together to produce a performance based on mental health and stigma, which they performed in front of an audience. Following the show, students, clients, tutors, and the audience, were asked to evaluate the project by completing a questionnaire and giving descriptive feedback. Students were also asked to fill out an attitude questionnaire (adapted from a mental health campaign questionnaire) before and after they had participated in the project.

For Aggarwal's study (2012), it was argued that despite the number of national and local initiatives / campaigns aimed to challenge mental health stigma, there continued to be a significant lack of knowledge and understanding of those with mental health disorders. Aggarwal focused on student perspectives in their research to address this. Seventy six students who were enrolled on various health studies courses in one FE college in London, were asked to complete a quantitative questionnaire on attitudes towards people with mental ill health. Participants were aged between 19 and 45 years old. Following this, the researcher interviewed five students who had a diagnosed mental disorder (schizophrenia, post-traumatic stress disorder and depression, obsessive-compulsive disorder, bipolar disorder, and attention deficit hyperactivity disorder) and who were enrolled on similar courses to those who completed the questionnaire. The aim of the interviews was to explore how learning and well-being was impacted by mental ill health.

Due to the differing nature of the two research articles, findings varied considerably. Aggarwal (2012) found that there continued to be negative attitudes towards those with a mental illness, although this was largely reported from those students who were interviewed (and had a mental illness), rather than from the students who completed a survey (and may have not had a mental illness). The likelihood of demand characteristics were noted, as the health studies students may have had more positive attitudes in general than the average student. Twardzicki (2008) in comparison, concluded that the collaborative performing arts project demonstrated clear benefits to all those involved. It is worth noting however, that the clients who agreed to participate in the project may have been more motivated by performing arts and confident enough to work with new people. It is likely then, that pre-

existing factors unrelated to the project could have positively impacted on the results, rather than solely the project itself. In addition, students may not have felt comfortable with offering negative feedback, particularly due to the explicit aims of the project that involved reducing stigma and raising awareness of mental health.

The settings and context of the studies are also important to highlight, as Aggarwal (2012) explored stigma in a FE college, whereas Twardzicki (2008) carried out the project in a sixth form college. The differences in academic and vocational focus between the two settings were likely to result in differing needs across the two student populations. This could have impacted on the results from varying students' beliefs and attitudes between the two colleges. Equally, the project outlined in Twardzicki (2008), was a collaborative approach between students and clients. These developing relationships were likely to have made a positive impact, which were not accounted for or controlled for in the study.

2.3.4 Supported Education (SE)

Three journal articles focused on SE in colleges. The Evaluation Tool for Mixed Methods Studies (Long et al., 2002) and the Evaluation Tool for Quantitative Research Studies (Long et al., 2002) were used to critically appraise these research papers. Isenwater, Lanham and Thornhill (2002), and Morrison, Clift and Stosz (2010) conducted research on SE in FE colleges in London and South East England. Best, Still and Cameron (2008), who were from an Occupational Therapy background, conducted their research on SE in Australia. SE is considered an

inclusive practice, where students with longer term mental health problems are supported practically and psychologically in their educational setting (Isenwater et al., 2002).

Isenwater et al. (2002) evaluated the College Link Program, a joint project with Health, Education and Social Services that was facilitated in one FE college in London. The program aimed to support course completion, for students with long term mental health needs. The evaluative study aimed to measure whether hospital admissions decreased after students had completed the program, and to explore if the students themselves had noted changes in their mental health. Two groups of students participated; the first group consisted of 16 students aged 18 and above, all of whom experienced 'long term mental health needs', and some had specific mental health diagnoses. This group participated immediately after they had finished the program (attending the program for at least 6 months or more). Six students from this group also participated in semi-structured interviews, and hospital admissions data was additionally sought. The second group of participants consisted of 19 students who completed a questionnaire approximately 10-22 months after completing the program.

Morrison et al. (2010) also used a mixed methods design, where 25 FE colleges and 25 Primary Care Trusts (PCTs) across the South East of England completed a questionnaire on the types of provision available for their students with long term mental health needs. The researchers noted that the relatively low response rate (76% of FE colleges and 51% of PCTs) may have reflected discomfort from the organisations when being asked about their mental health provision; a topic that

college settings may have already been aware of as a growing concern. Morrison et al. (2010) argued that it was important to explore both educational and health contexts, as they believed that collaborative working can support the success of inclusive education for students with long term mental health needs.

Findings from SE approaches in England concluded that hospitalisation rates decreased after completion of a SE program, and students generally felt less stigmatised (Isenwater et al., 2002). Morrison et al. (2010) found that the medical model of mental health was dominantly used in mental health services. This incurred challenges when working with the education sector, which generally utilised a social model of health, and an associated holistic approach when working with students with mental health issues. Isenwater et al. (2002) and Morrison et al. (2010) also focused on the financial savings that SE could offer educational institutions, concluding that SE was a cost-effective approach to supporting students with long term mental health needs. These findings were however fairly vague, and based on relatively small samples of students.

In Australia, Best et al. (2008) stated that their evaluation of the SE program was not intended to be a rigorous research project, and data was collected by informal discussions with 61 students (aged between 21 – 68), and TAFE staff (the number of staff participants were not stipulated). All participating students had a diagnosed mental illness and had enrolled onto the SE program. This particular SE program followed the self-contained classroom model, where students attended lessons separate to mainstream classes (Best et al., 2008). The part-time courses that formed part of the SE program were horticulture, hospitality, and computing,

although not all 61 students took all three courses. Students were contacted within 6 – 12 months of finishing the courses, to give feedback on their current work / education status, and any reasons for not fully completing the courses. Findings from the evaluations were vague, although the researchers reported that they identified collaborative working between education and health as a key to successful SE programs. They further concluded that the course completion rates for their evaluated SE program were relatively close to the national average of course completion rates in TAFE. Whilst this demonstrates that inclusive practice in education should be promoted, the outcomes for participants' mental health following the course was not explored and as a result it cannot be concluded as to how valuable the long term effects of SE programs were.

It is clear from the description of the SE programs mentioned by Isenwater et al. (2002), Best et al. (2008) and Morrison et al. (2010), that these had been designed for students with longer term, and more severe mental illnesses. The researchers did not report how SE programs can be adapted to those students who may not suffer with such severe symptoms, but may still require substantial support at college for their mental health needs.

2.3.5 The 'disengaged and disaffected'

This research article by Lumby (2012) stands alone in its focus of research, theoretical framework, and its findings. The Evaluation Tool for Mixed Methods Studies (Long et al., 2002) was used to critically appraise this research paper. Lumby

explored the perceptions of young people considered at risk in education and the factors related to 'successful' schooling, arguing that there is a dominant narrative in society of young people being labelled as 'vulnerable' and at 'risk'. Lumby's research aimed to challenge these narratives, arguing that the student voice was required to achieve a valid exploration of this. A subset of data from a national survey in England was used, originating from the data set that was commissioned by the Department for Children, Schools and Families, and the Qualifications and Curriculum Authority. This survey gathered data from young people (across 53 schools and colleges), aiming to evaluate the impact of the Every Child Matters agenda. Lumby used the data from 65 young people (aged 14–17), who were in Year 10, 11 and 12 at school or college. They were considered by their teachers / lecturers to be 'disengaged', or 'disaffected' from education, rather than these terms being a representation of the students' own perspectives. Descriptive statistics and data from the interviews were used to generate findings.

Lumby (2012) generally discussed findings that applied at a wider level, where it was argued that the education system is largely dictated by culture and societal ideals. As a result, a number of young people continued to remain at risk (and more likely to achieve poorer life outcomes), which in turn, maintains a 'balanced' socio-economic system. The study used Hirschman's theory of exit, voice and loyalty (Hirschman, 1970), to explain the findings of why a young person may become disengaged or disaffected. Applying this theory, Lumby argued that although a student may choose to physically or psychologically 'exit' education, both the student and the education system share responsibility for this.

It should be noted that the subset of data was derived from schools and colleges, and as a result this incurred challenges when extracting findings from the study that were wholly relevant to college education to answer the literature review question. The wider theme of labelling students as 'at risk' and 'vulnerable', however, remains highly relevant to the discussions in this literature review.

2.3.6 Mental health following post-16 transitions

This final research article also stands alone in its aims and findings, and the Evaluation Tool for Quantitative Research Studies (Long et al., 2002) was used to critically appraise the paper. Symonds, Dietrich, Chow and Salmela-Aro (2016) used a quantitative research design to examine how mental health shifted in response to transitioning from school to 'academic' routes, vocational education, employment, or becoming NEET. Symonds et al. (2016) used a subset of data gathered from the Next Steps study, DfE. This longitudinal study gathered data from thousands of young people in England aged 14 - 20 years old. Symonds et al. (2016) used data at age 15 (wave 1), and age 17 (wave 2), with a total sample size of 13,678 young people. The post-16 destinations were either a sixth form college, FE college, apprenticeship training, in part-time or full-time work, or NEET. The researchers hypothesized that young people who chose a vocational route after school would experience poorer mental health whilst at school, but there would be an improvement in their mental health after they transitioned to their vocational destination. In contrast, adolescents who continued with an 'academic' route would

experience an increase in educational pressures, causing a detriment to their mental health following transition. The stage-fit environment theory (Eccles & Midgley, 1989), and the job demands-resources model (Demerouti et al., 2001) were used to test these hypotheses. These theories argued that the quality of the immediate environment, and resources that a person has, is correlated with a person's mental health and opportunity to "*flourish*" (Symonds et al., 2016, p.652). 'Mental health' for this study was measured by the General Health Questionnaire (Goldberg, 1969; cited in Symonds et al., 2016), which had been completed during waves 1 and 2. Inferential statistics was used to produce a three-factor solution, from the constructs within the questionnaire. These resulted in three sub-categories of mental health; depression, anxiety, and positive functioning.

The researchers found that students continuing on an 'academic route' (staying at school or sixth form college), had increased levels of anxiety and depression, and decreased positive functioning, after transition. Adolescents transferring to full-time work, apprenticeships, or vocational college experienced gains in mental health, and those who became NEET experienced the largest losses in mental health. Whilst this study offers an insight into the impact of transitions on mental health, the research design follows a reductionist perspective where additional qualitative factors have not been taken into account; family background, relationships with staff, the student voice, experiences from childhood, trauma, and so on. Certain data however (gender, childhood achievement, ethnic background and socioeconomic status), were analysed with regards to their statistical effects on mental health outcomes. In addition, the attrition rate and addition of adolescents between wave 1 and 2 (2,094 and 356 respectively), as well as the reported omission of participants who did not

'fit' the post-16 destination categories identified by the researchers (over 200 adolescents), may have altered the findings.

2.4 Synthesis of the literature

Commonalities and differences emerged across the research literature, and these have been synthesized into the sections below to support answering the literature review question.

2.4.1 An increase in mental health 'issues'

An increase in mental health issues, and the influx of mental health policies, commonly justified the proposed research (Warwick et al., 2008; Worrall & Law, 2009; Leach & Hall, 2011; Aggarwal, 2012; Williams, 2014). Mental health figures were described as concerning in both the English and Australian studies, suggesting a cross-cultural phenomenon of increasing mental health difficulties in student populations.

A common focus across the research literature often surrounded the *deficits* that students experienced in their mental health, such as 'mental illness' (Miller & Nguyen, 2008; Twardzicki, 2008; Aggarwal, 2011; Best et al., 2008; Venville & Street, 2012), 'difficulties' or 'issues' (Warwick et al., 2008), 'long-term mental health needs' (Morrison et al., 2010; Isenwater et al., 2002), and the 'disengaged' and 'disaffected' (Lumby, 2012). In addition, the terms 'special needs' (Leach & Hall, 2011), 'disability'

(Venville & Street, 2012), 'vulnerable' and 'disempowered' (Isenwater et al., 2002; Best et al., 2008; Morrison et al., 2010; Venville et al., 2014b; Lumby, 2012; Williams, 2014) were used to describe students with mental health issues.

Whilst the majority of the research literature primarily focused on deficits of mental health, consideration was also given to mental health on a spectrum, where both negative and positive aspects were discussed. This included how to promote emotional well-being and health (Warwick et al., 2008; Worrall & Law, 2009; Williams, 2014; Symonds et al., 2016). Lumby (2012) also argued that positive factors such as resilience, buoyancy and happiness were often suppressed when discussing students 'at risk' in education, and Venville et al. (2014a) stated that it is important to examine how mental health is constructed within educational settings, to allow for a deeper understanding of the social underpinnings of this concept and to be able to support the colleges accordingly.

Terminology was used interchangeably throughout individual research articles, such as 'mental well-being', 'emotional or psychological problems' (Worrall & Law, 2009) and 'emotional well-being' (Williams, 2014; Warwick et al., 2008; Aggarwal, 2012). The inconsistency of terminology suggests that there was a lack of consensus as to how mental health is defined, and it was argued that this is largely impacted by an ongoing wider debate between the dominant medical model of mental health, and the social model of mental health (Williams, 2014; Venville et al., 2014a). Williams (2014) further explained that the medical model of mental health is deeply engrained due to dominant traditions of scientific knowledge, whereas the neutral term 'mental health' is considered to be a relatively modern one. This was also

evidenced by the choice of students used in a number of the studies, where participating students were required to have a clinical diagnosis of a mental health disorder to participate (Isenwater et al., 2002; Best et al., 2008; Morrison et al., 2010; Aggarwal, 2012).

Worrall and Law (2009) and Morrison et al. (2010) noted that a holistic model of mental health had begun to emerge in some of the colleges studied, however this was often in parallel and contrast to a medical model of mental health that was used by external services (Morrison et al., 2010; Leach & Hall, 2011). Whilst there were also some references made in the research literature of colleges that managed student mental health well (Warwick et al., 2008; Worrall & Law, 2009), these were often the secondary focuses of the research studies, further suggesting that mental health was primarily viewed through a deficit lens.

2.4.2 Differing perspectives on mental health

The research literature predominantly studied students', staffs', and other professionals' accounts of mental health, and consequently, this affected how mental health was spoken about. Most of the participating students in the studies often discussed the stigma attached to mental health issues, hindering them from seeking support (Aggarwal, 2012; Worrall & Law, 2009; Twardzicki, 2008; Venville & Street, 2012; Venville et al., 2014b). These findings suggest that the subject of mental health continues to be perceived not only in deficit terms, but also positions

the individual experiencing mental health difficulties as 'problematic' if they feel that they cannot freely speak about such experiences.

Warwick et al. (2008) found that some staff had noted an increase in mental health 'problems' in their students, although the research literature generally demonstrated that staff members perceived it to be difficult to identify mental health needs in their students (Worral & Law, 2009; Miller & Nguyen, 2008; Leach & Hall, 2011). In addition, Morrison et al. (2010) noted that staff members generally did not focus on the positive progress that students with mental illnesses had made.

Across the research literature, staff strongly felt that it was the student's responsibility to disclose a mental illness, to be supported appropriately (Venville & Street, 2012; Venville et al., 2014a), however, their perspective changed when thinking about their own mental health needs and disclosing this to their employer (Venville et al., 2014a). This indicated that the identification of mental health needs in staff members was perceived to be less acceptable than students with similar difficulties, but also suggested that staff members positioned themselves as responsible to some extent to manage students' mental health needs.

Only one study explicitly discussed how terminology may differ between staff and students. Lumby (2012) argued that the term 'well-being' can shift in concept when describing a disengaged / disaffected young person, depending on whether the young person themselves, or the professionals within a particular system are asked. Lumby (2012), Williams (2014) and Venville et al. (2014b) further noted that by empowering the student's voice when discussing their own mental health and emotional well-being, can help to shift dominant discourses of students being seen

as 'vulnerable'. This not only empowers the student because they are able to give direct accounts of their own individual experiences, but also because the overarching education system has been relatively immobile in shifting from a disability model of mental health.

2.4.3 The role of the college in addressing mental health issues

The research literature generally leaned towards the idea that colleges should take more responsibility for managing and supporting their students' mental health needs, particularly to discourage stigma of mental illness (Isenwater et al., 2002; Twardzicki, 2008; Morrison et al., 2010; Aggarwal, 2012; Venville & Street, 2012). This was further evidenced by the research linking course completion and mental health difficulties together (Isenwater et al. 2002; Miller & Nguyen, 2008; Warwick et al., 2008; Worrall & Law, 2009; Morrison et al., 2010; Venville & Street, 2012; Venville et al. 2014a, 2014b), as well as the risk of experiencing social or economic exclusion and unemployment (Best et al., 2008; Lumby, 2012; Twardzicki, 2008; Morrison et al., 2010; Leach & Hall, 2011; Venville & Street, 2012; Aggarwal, 2012, Venville et al., 2014a).

Williams (2014) noted that over time, the concept of 'adolescence' and the dynamics and structure of the FE sector and its accessibility to a wider range of learners (and therefore a wider range of needs present) has shifted. As a result, these factors may be contributing to the rise of a "therapeutic culture" where colleges are required to attend to the students' emotional well-being, as well as

their learning (Williams, 2014, p.187). Evidence of this across the literature was illustrated by the levels of anxiety that staff reported in terms of feeling responsible for the students' well-being, which they often felt ill-equipped to manage (Miller & Nguyen, 2008; Worrall & Law, 2009; Williams, 2014). The staff role of mental health 'supporter' was evidenced in Williams (2014), where it was concluded that staff invested heavily in "*emotional labour*" (p.40). This term encompasses the idea that the staff member's role extends beyond teaching, as it involves the management and maintenance of feelings and emotions in both themselves, and the students. Venville et al. (2014a) specifically noted the infrequency of staff self-reports of confidence and skill in managing student mental health, and several studies concluded that staff required further training and support in managing students' mental health needs (Aggarwal, 2012; Twardzicki, 2008; Warwick et al., 2008; Isenwater et al., 2002; Morrison et al., 2010; Miller & Nguyen, 2008; Best et al., 2008). Links with a wider network of specialist external agencies was also highlighted as important (Warwick et al., 2008; Worrall & Law, 2009; Leach & Hall, 2011), further suggesting the idea of a therapeutic culture in education.

Lumby (2012) challenged the notion of educational settings labelling students as 'vulnerable', 'disengaged' or 'disaffected', and argued that these terms maintain "*educational homeostasis*" (p.276). This term refers to the social ideal of economic competitiveness, which is maintained by ensuring that there are varying levels of educational performance within the student population. As a result, focus is shifted away from the levels of resilience and buoyancy in 'at risk' students as this disturbs the balance between the levels of educational attainment.

The concept that educational settings may not only support but also hinder mental health was evidenced by Symonds et al. (2016) who argued that educational pressures are a significant causal factor for deteriorating mental health after transitioning to an academic post-16 setting. Whilst this link appears reductionist in its argument, other studies within the research literature also discussed educational pressures as having an impact on student mental health (Isenwater et al., 2002; Best et al., 2008; Warwick et al., 2010; Morrison et al., 2010; Aggarwal, 2012; Williams, 2014, Venville et al., 2014b). It could be argued therefore, that the very system that has developed numerous policies over the years to support student mental health has also been negatively impacting student mental health as a result of increasing educational demands. Risk factors for mental health difficulties external to the educational environment were noted in the research literature (Warwick et al., 2008; Worrall & Law, 2009), however, colleges were generally seen to be a key environment for mental health to occur, and to be addressed. Furthermore, mental health was noted as a crisis specifically for students in colleges, rather than as an issue that should be addressed across the organisation (Venville et al., 2014a).

In conjunction with mental health and emotional well-being, social aspects to well-being were also noted in the literature. Twardzicki (2008), Leach and Hall (2011), and Morrison et al. (2010) concluded that an individual's social well-being was significantly impacted by social and educational inclusion. External to the college, Worrall and Law (2009) noted that students identified friends and family particularly, as contributing to their general well-being. It appears then, that emotional well-being and social well-being were seen to be interchangeable at times, and this

indicates the extent to which the college shares responsibility with external networks to support social inclusion.

2.5 Summary

This literature review demonstrated that BESD or SEMH have not been explicitly researched in post-16 college settings since the SEN Code of Practice came into effect in 2001. This highlights the first gap in existing literature, relevant to the current research study. The absence of the terms BESD or SEMH in college settings in the research literature are likely to be due to the previous SEN Code of Practice being relevant to young people up to the age of 18 (and therefore less likely to be applied in colleges, as opposed to schools). The revised SEND Code of Practice that came into effect in 2014 applies to the upper age limit of 25; however there is yet to be research on SEMH in colleges. The researcher is, however, satisfied that the literature review question has been answered, as it can be concluded that the primary focus across the research literature was on one particular element of SEMH, and that is, the more frequently used term of 'mental health'.

Various perspectives were studied; students, college staff, college organisations, and external mental health agencies. Different perspectives indicated a shift in how mental health was spoken about. Students often perceived there to be stigma attached to disclosing their mental health needs, and conversely, staff considered student disclosure to be vital to getting them the support they required, rather than focusing on the possible stigma attached to this. The colleges researched were also

seen to perceive mental health in deficit terms, not only for the individual student, but also as problematic for the college. Whilst positive elements of mental health and the concept of being mentally healthy were discussed, this was commonly a secondary focus. An emerging holistic view of mental health was seen to be evident in some colleges; however the medical model of mental health appeared to dominate, filtering down from a wider societal level. This highlights a second gap in the research literature, where the dominant focus of severe and longer term mental health needs suppressed other ideas or perceptions of mental health. The researcher suggests that the variation in dominant and suppressed discourses of SEMH needs is important to identify and explore, to understand the functions that these discourses serve in the context that they occur.

Another noted gap in the research literature regarded a lack of exploration of the conceptualisations of mental health. As noted by Williams (2014), the concept of mental health can change, and Williams (2014) and Venville et al. (2014a) argued that it is important for future research to explore these constructed meanings, for mental health and emotional well-being to be supported appropriately. To further illustrate the need for conceptualisations within specific settings to be explored, it can be argued that for various reasons, college students present differently to school students, and this is likely to affect the way in which SEMH is constructed. For instance, factors such as adolescent development and early adulthood, the transition to employment / higher education and a greater sense of independence, and increased educational pressures, may all impact how SEMH needs in a college setting are perceived.

An Educational Psychologist (EP) perspective also proved absent from the research literature (twelve research studies were conducted by academic professionals, two from health professionals, and one from a college professional). This is an important gap to fulfil, particularly due to the change in educational legislation and the expanded work of the EP in relation to the 16 – 25 age range.

Identification of the gaps in the existing literature guided the researcher's study, and enabled the researcher to contribute further to the existing literature. The researcher firstly addressed the gaps in the literature by carrying out the research as a Trainee Educational Psychologist (TEP). This helped to directly inform the EPS as to how they could support colleges more effectively, in relation to the subject of SEMH and the relevant revised legislation. Secondly, the researcher sought to address the gap of how the term SEMH is constructed within a college setting, using a social constructionist framework to guide their research. Whilst this framework reflects that of Venville et al. (2014a and 2014b), the current researcher specifically used a social constructionist approach to explore the co-constructions of SEMH through the language used. This directly addressed a gap in the literature as the current researcher did not begin with a set definition of SEMH, and instead, co-constructions emerged from those who participated. In addition to this, the researcher sought to present the term SEMH in a neutral manner, to analyse the discourses that dominated or were suppressed throughout the participants' discussions.

Having concluded findings and identified gaps from the existing literature, the researcher argues that EP led research is well placed to explore the co-constructions

of SEMH in a college setting, taking into consideration their developing work in post-16 education and the relevance of the SEND Code of Practice to post-16 students.

3. Methodology

3.1 Chapter overview

This chapter begins by outlining the aim and purpose of the research, and the research questions. This is followed by a general discussion of epistemology and ontology, and the researcher's social constructionist positioning in relation to these. The process of participant recruitment and data collection are described, and this is followed by a detailed discussion of the data analysis method for this research: Discourse Analysis (DA). Ethical issues related to the research process and well-being of participants are outlined, and the importance of reflexivity within the researcher's role throughout this qualitative research study is discussed.

3.2 Research aim and purpose

This research aimed to explore *how* a staff group co-constructed SEMH needs, and what those constructions were. It can be argued that an *exploratory* purpose in real world research can support the understanding of a phenomenon (Robson, 2011). An exploratory purpose is directly relevant to SEMH, as this term is relatively new in legislation and in educational settings. As concluded in the literature review chapter, Venville et al. (2014a) discussed the importance of exploring meanings associated with mental health, particularly from a social context. The literature review also demonstrated that there is a lack of research in relation to the specific terminology of SEMH (or its predecessor, BESD) in post-16 colleges. This current research aimed

to address some of these shortcomings in the literature. An exploratory purpose was therefore deemed appropriate in meeting the aims of the research, to understand how colleges may be interpreting this terminology, and how this impacts on their practice.

3.3 Research questions

Research question 1:

What discourses are used by college staff when discussing Social, Emotional and Mental Health?

Research question 2:

How do these discourses contribute to the staffs' co-constructions of Social, Emotional and Mental Health?

3.4 Qualitative research and an introduction to Discourse Analysis (DA)

Qualitative research gives a rich insight into data that is collected, as it is concerned with human experiences, rather than focusing on numerical information (Robson, 2011). As this study aimed to explore meanings and constructs within the language used amongst staff members, a qualitative research method was decided as the most appropriate. Quantitative research methods, in contrast, often adopt a

positivist approach to gathering data. Positivist research follows deterministic and reductionist principles in which knowledge is seen as absolute (Creswell, 2014).

Nicolson (1995) argues that qualitative research methods should be adopted when studying subjects such as mental health, as it is crucial to understanding the subjective experiences of such a phenomenon. The researcher's epistemological positioning helps to further achieve this, which is discussed in more detail in the section *Epistemological and Ontological positioning* later in this chapter.

DA was the chosen framework used to analyse the data. Potter and Wetherell (1987) and Burr (1995) argue that DA should not be considered solely as a method for analysis, but rather as an approach to an entire research process. For ease of reading however, the researcher has allocated a specific section for DA in this chapter (see section titled *Discourse Analysis*), to ensure clarity and transparency of the analysis process.

Before explaining why DA was chosen, it is useful to understand the researcher's elimination process of other qualitative methodologies; of these Interpretative Phenomenological Analysis (IPA), and Grounded Theory (GT) were potentially appropriate. IPA explores the lived experiences of the participants of a particular phenomenon (Starks & Trinidad, 2007), and this could have been facilitated in the researcher's study, by exploring college staffs' experiences of working with students with SEMH needs. IPA, however, requires a fairly homogenous sample of those who have experienced the same identifiable phenomenon (Starks & Trinidad, 2007). This is in contrast to the researcher's aims of gathering perspectives from different job roles, to explore the co-construction of SEMH within the college setting. IPA fits with

a social constructivist epistemology, where interaction amongst others is explored, however it is the individuals' understanding of the world that is focused on, rather than a collective of individuals (Creswell, 2014). This *constructivist* epistemology therefore differs to the researcher's social *constructionist* epistemology, which is discussed in the section titled *Epistemological and Ontological Positioning*, later in the chapter.

GT aims to develop a theory as the research progresses, based on the social processes that are researched (Starks & Trinidad, 2007). There are numerous debates regarding the epistemological perspective of GT research. It is argued that GT can fit within a spectrum of positivist, through to social constructionist based research; the theory comes from data that is already there, or the theory is constructed by the researcher's interaction with the data (Willig, 2013). Whilst the researcher acknowledges that a social constructionist GT approach may have been a potential research method for their study, their research phenomenon was primarily interested with the way in which SEMH was co-constructed through the *language* used. Therefore, DA was chosen as the most appropriate research method to address this as DA argues that language is not merely used as description of action, but it is a form of social action itself (Burr, 1995; Harper, 1995; Jorgensen & Phillips, 2002).

DA can be defined as '*...the study of talk and texts. It is a set of methods and theories for investigating language in use and language in social contexts.*' (Wetherell, Taylor & Yates, 2001, p.i). DA also looks for patterns in language, offering a way to understand the world within the social and cultural context in which language occurs

(Jorgensen & Phillips, 2002; Paltridge, 2012). These definitions highlight other important reasons why DA was used for this study. Firstly, Barry (2009) and Fovet (2011) argue that *mental health* as a concept varies as a function of time, place, culture and context. Therefore, DA is able to address and capture what SEMH means to the college staff group at a particular point in time. Barry (2009) and Rosenbaum and Liebert (2015) also argue that there needs to be an understanding of the conceptualisation of mental health for effective promotion and management within the relevant setting. Secondly, DA is a useful method when researching groups, as a “*discourse community*” develops through co-constructed language (Paltridge, 2012, p.15). This is defined as a group of people who theoretically share common goals and characteristics (Paltridge, 2012).

3.5 Epistemological and ontological positioning

Alvesson and Sköldbberg (2000) argue that the debate between the advantages and disadvantages of qualitative research can lead to insignificant conclusions. It can therefore be more productive to discuss the *ontology* and *epistemology* of social science research, as these underpin the research process (Alvesson & Sköldbberg, 2000). Epistemology is the “*study of the nature of knowledge*” (Burr, 1995, p.59). Darlaston-Jones (2007) argues that researchers within the social sciences should explicitly demonstrate how their research method and epistemology is positioned in relation to traditional views of objectivity and science as ‘truth’, noting that science is somewhat taken for granted as “*situated within empiricism*” (p.20) rather than being seen as an epistemology in itself.

The contrasting epistemological position to *empiricism* can be defined as *constructionism* (Darlaston-Jones, 2007). Constructionism (this will be referred to as social constructionism from this point forward), posits that knowledge is socially constructed (Berger & Luckmann, 1966; Gergen, 1999), and in its purest form argues that there cannot be a single identified truth or falsity (Liebrucks, 2001).

The researcher aimed to explore how meanings of SEMH were created through language and discourse; particularly through interactions amongst the participants. This is associated with a social constructionist epistemology (Robson, 2011; McCann, 2016), as language facilitates social processes (Cromby & Nightingale, 1999). In relation to the topic of mental health and well-being in education, social constructionism would argue that the knowledge and meaning of these concepts develops through the culture of the educational setting and the language used (rather than it being an empirical reality), otherwise known as “*cultural specificity*” (Burr, 1995, p.3). Georgaca (2014) suggests that by applying a social constructionist framework to deconstruct mental health terminology, dominant discourses can be sensitively challenged. As a result, suppressed discourses are given space to emerge, which may allow for a better understanding of the phenomenon.

Ontology is “*the nature of reality*” (Maxwell, 2011, p.10). Maxwell describes *epistemology* and *ontology* to be distinct concepts from each other, but ones which are also closely connected. A social constructionist epistemology is traditionally considered to best fit with a *relativist* ontology; relativism is the belief that there are multiple truths, as reality is a subjective experience (Levers, 2013). Relativism is generally viewed as a contrasting ontology to *realism*, which is concerned with the

idea that there is an external reality, independent from subjective perceptions (Nightingale & Cromby, 2002). Whilst social constructionism is seen to traditionally fit with a relativist ontology, Nightingale and Cromby (2002) argue that social constructionism in itself is a spectrum in which a realist ontology could indeed fit into. Their *critical realist* stance of social constructionism, posits that individual's meanings that are created are not without the constraints of an already existing external reality (Nightingale & Cromby, 2002). The researcher however, strongly defends a relativist ontology that guides their research, as their belief is that discourses of SEMH are subjective to the specific interactions that take place within its historical, social and cultural context.

The concept of social constructionism within the field of psychology can be elusive, particularly as its core features can reject the tenets of traditional psychology (Gergen, 1999; Burr, 1995; Liebrucks, 2001; Stam, 2001). Gergen (1999) argues that different strands of psychology; cognitive, developmental, and even social, focus too often on the *individual*. The *self* is seen to take precedence, and the relationships and social processes are merely seen as a "*byproduct*" (Gergen, 1999, p.54).

Jorgensen and Phillips (2002) note that one main criticism of Gergen's social constructionist perspective is the notion that if all knowledge is socially constructed, then there are no parameters or boundaries to what we know. Cromby and Nightingale (1999) also argue that the longstanding focus of social constructionists on language and discourse, has turned attention away from what may be "*beyond the text*" (p.19). In response to these arguments, Burr (1995) notes that language can be researched as social action rather than solely description, as knowledge and meaning develops through interaction. Parker (1992) also suggests that abstract

concepts, such as *mental health*, are constructed through discourses. Language or talk therefore, acts as a parameter or boundary within that specific context in which it is delivered.

The researcher argues that a social constructionist epistemology and a relativist ontology fit with the research purpose and aims. Whilst the limitations of these perspectives have been discussed and acknowledged, the exploration of co-constructed meanings gives a rich, detailed picture of SEMH, looking at both dominant and suppressed discourses. Further acknowledging that the researcher's epistemological and ontological positioning encompasses their part in co-constructing meanings from the data, a high level of reflexivity was exercised throughout the entire research process. Reflexivity of the research process is discussed later in this chapter, as well as in the Discussion chapter.

3.6 Research design

This study consisted of one audio recorded focus group with six participants, all of whom were staff members who worked in the same post-16 college. The recruitment of the college and the participants are separated into two sections and discussed below.

3.6.1 Stage one of recruitment: colleges

Prior to approaching the colleges and the recruitment of participants, the researcher was granted ethical approval by the Tavistock and Portman NHS Foundation Trust Ethics Committee (see Appendix D). The section titled *Ethical Considerations* can be found later in this chapter.

The researcher required two colleges to participate; one for the pilot focus group, and one for the main focus group. Colleges attached to schools were excluded from the potential sample, as it was felt that these colleges would have received SEMH support in some capacity that was linked to the school, and this study sought to find out views solely from college settings. All three post-16 colleges (not attached to schools) within the Local Authority, and the closest post-16 college in a neighbouring Local Authority were contacted by email, and then by a follow up phone call. Two were sixth form colleges, and two were FE colleges. The researcher had previously visited the colleges earlier in the year (in their role as a TEP new to the EPS), and therefore the initial staff contacts from each college were familiar to the researcher. The researcher explained that they were hoping to conduct some research in the area of staffs' perspectives on Social, Emotional and Mental Health, and this would be done by conducting a one-off focus group of between six to eight staff members. It was explained that should the college express interest, the researcher would contact them to discuss recruitment of participants. A three week deadline was given, for the college to respond with their interest in participating. Potential benefits for the college, and for the staff members were also outlined. These

included; providing an opportunity for the staff to have their voices heard, and potentially helping shape how the EPS could support local colleges most effectively.

Two of the colleges initially expressed interest, however they were due to merge with other neighbouring colleges and therefore declined further involvement in the research process. The other two colleges; Abbey Hall Sixth Form, and St. Paul's Sixth Form, expressed their interest and were subsequently used for the pilot, and main focus group. It was decided that the college who were able to participate at an earlier date, would be used as the pilot focus group. This happened to be Abbey Hall Sixth Form, in the neighbouring Local Authority. It was explained to both colleges that the findings from their focus group would be fed back to the researcher's EPS, and used to contribute to the development of working relationships between the EPS and post-16 providers. The colleges were also informed that the findings may be included in the researcher's doctoral thesis.

3.6.2 Stage two of recruitment: participants

The researcher suggested to the two colleges that she could attend a staff meeting to introduce herself and clarify what would be required from potential participants. Both colleges explained that it was not possible to attend a general staff meeting as they only had team meetings within each faculty. The researcher therefore decided that a general email would be sent round to all appropriate staff members.

Appropriate staff members were identified using a purposive sampling method, allowing the researcher to access a sample of participants that met the aims of the

research as best as possible (Robson, 2011). Participants were identified as those whose job role within the college was in some capacity related to supporting students in their learning, or with their well-being. Potential job roles within the two colleges were identified as:

- Tutors / teachers
- Learning support assistants
- Teaching assistants
- Counsellors
- Mental health facilitators
- Pastoral care staff
- Special needs support staff
- Student advisors / career advisors
- Managers / Leadership team

The email sent to staff included an introduction to the researcher's aims for the study. It explained that the data collected would be used to help inform the researcher's EPS as to how they could effectively work with local colleges, and the (anonymous) data would be incorporated in some capacity in the researcher's doctoral thesis. The email also included a time and date for the focus group, as the researcher felt that stipulating this would support the timeline of the recruitment process. A particular weekday afternoon was identified in both colleges as being the most convenient for staff members. Staff members were also informed that by expressing their interest, it may be the case that they would not be eligible to take part, as the researcher was looking for a range of job roles. The email further

explained however, that the researcher would make herself available if the interested staff member wished to find out more about the research project in general. Information sheets and consent forms (see Appendices E and F respectively) also accompanied the email, as well as the researcher's contact details. Information sheets were given to the contact person from each college, so they were accessible in hard copy for staff.

For the pilot focus group at Abbey Hall Sixth Form College, nine staff members expressed their interest. Although the researcher had initially explained that the focus group would have a maximum of eight people, it was agreed that nine people could attend on this occasion to support the researcher's learning as a focus group facilitator. In addition, all staff members met the range of job role criteria, and all were able to attend on the designated time and date. Table 2 should be referred to for reflections of the researcher's role as focus group facilitator, and how this information was used to inform the facilitation of the main focus group.

3.6.3 St. Paul's Sixth Form College (main focus group)

This college is one of three partner colleges in the wider geographical area. Although it is a Catholic college, students do not need to be Catholic to attend. Many of their feeder secondary schools however, are Catholic. A Level subjects, BTEC National, and First Diplomas are offered. At the time of the research study there were approximately 850 students enrolled at the college, with a high proportion of Afro Caribbean students. The college reported that 6 students had EHCPs. They also

reported that a growing number of students were self-referring for mental health issues, and the college had made approximately 20 CAMHS referrals in the last year. At the time of contacting the college, they were in the final stages of recruiting a Mental Health Co-ordinator to work across the three colleges.

Six staff members initially expressed interest, however, one person was not able to attend due to unexpected circumstances. Two other staff members arrived at the focus group who had not expressed prior interest, although one staff member only stayed for 30 minutes (as he had to teach a class) and did not speak. The other staff member had been encouraged to come to the focus group by their colleague. Whilst they had received the initial email, it appeared that their attendance was mostly due to what may be considered an inadvertent snowballing sampling technique; with existing participants recruiting colleagues who they felt would be beneficial for the research (Robson, 2011). At the end of the focus group, there had been 6 participants who contributed and were active throughout the discussion.

Table 1: Focus group participants

Participant	Job title	Age	Gender	Ethnic origin
<i>Participant 1:</i> Rachel	Teaching Assistant	62	Female	White British
<i>Participant 2:</i> Abigail	Manager of Additional Learning Support	59	Female	White British
<i>Participant 3:</i> Lenny	Media Teacher	48	Male	Eastern European
<i>Participant 4:</i> Sara	Psychology Teacher and Head of Hall	31	Female	White British
<i>Participant 5:</i> Beatrice	Foreign Languages Teacher	-	Female	White French
<i>Participant 6:</i> Jed (did not speak and left early)	Politics Teacher	29	Male	White British
<i>Participant 7:</i> Cleo	Psychology Teacher	23	Female	Black British

3.7 Focus groups

The main aim of the research was to explore how language was used by a group of college staff to co-construct SEMH needs in their setting. A semi-structured focus group was considered an appropriate method to collect the data, as it enabled the researcher to experience first-hand how SEMH was co-constructed by the participants and how associated discourses emerged. Krueger and Casey (2009) note that careful consideration to the *purpose* of the group discussion needs to be made, which includes seeking a range of ideas/feelings and differences in perspectives,

perceived influential factors on behaviour or ideas, and allowing ideas to grow and develop from the group. The researcher sought to fulfil all of these points.

Smithson (2000) explains that focus groups emerged from sociological studies, and are now frequently used in social science research. A focus group can be defined as a “*group interview*” (Robson, 2011) and where the “*group interaction [is] part of the method*” (Kitzinger, 1995).

Krueger and Casey (2009) note that the number of participants for a functional focus group can range from four to twelve, as the group should have enough participants for a range of views to be sought, but small enough for the group to be able to share one another’s views. The researcher chose to recruit six to eight participants for their focus group, as it was deemed sufficient enough data to be analysed using a DA approach. Potter & Wetherell (1987) argue that DA is about the *language used* rather than those using the language, and therefore this type of research should not be wholly dependent on the sample size for effective results.

Whilst a focus group was thought to be the most appropriate method to use, the researcher also considered some of the limitations of the approach and how to overcome these. To address any potential challenges that may have arisen, the researcher decided to conduct a pilot focus group first. This group also aided the development of her moderation skills as a focus group facilitator, with the primary aim of ensuring that the main focus group could capture the most relevant and fruitful data. Potential challenges that were accounted for included the number of questions that could be asked in the set time frame (as a number of people may wish to answer), dominant/quiet voices within the group, power dynamics that may

cause conflict within the group, and difficulty of transferability of the findings (Robson, 2011). Krueger and Casey (2009) also noted that some participants in focus groups bring forth their most thoughtful selves, and can answer dishonestly. The researcher acknowledged that this may have occurred because the participants felt more pressured when speaking amongst their colleagues or peers. Smithson (2000) also questions the lack of naturalistic elements of focus group discussions, instead suggesting that the discussions are likely to be controlled by the researcher's questions. In addition, challenges may occur where participants perceive there to be professional hierarchy between the researcher and other participants, or amongst the participants themselves. Several issues arose from the pilot focus group, which are highlighted in Table 2.

It was recognised that the most valuable tool that the researcher brought to the focus group, was their capacity to build rapport with the participants. This involved making the participants feel welcome and comfortable at the beginning of the focus group, as well as ensuring that the researcher was approachable and contactable outside of the focus group discussion. The researcher's reflections are incorporated in Table 2 below, illustrating how these experiences helped prepare for the main focus group:

Table 2: Reflections of pilot focus group

Issue experienced in pilot focus group	Amendments made for main focus group
<p>Logistics and timings/participants availability:</p> <p>Most participants arrived late, or had to leave early.</p>	<p>Whilst it is acknowledged that this cannot entirely be controlled for, the researcher liaised closely with their contact staff member at the college who was in more frequent contact with the staff. This helped to ensure that clearer information was given with regards to timings and location.</p>
<p>Types of questions asked:</p> <p>Some participants did not understand particular questions, and one question was <i>closed</i> in nature.</p>	<p>The researcher listened to the pilot focus group from the audio recording and noted down how connected/disconnected the participants responses to the questions were. This was also brought to supervision. Fewer questions were asked in the main focus group, and these questions were more exploratory and open ended.</p>
<p>Participants going 'off topic' and the researcher finding it difficult to know when to steer them back, without disrupting the group's discussions.</p>	<p>Listening back to the discussion on the audio recording was helpful in having time to think about which point the group moved away from discussing the question. Having a visual prompt of the question written down for participants was helpful, and the researcher developed their confidence in reading out the question again to sensitively bring them back to the topic.</p>
<p>Group dynamics:</p> <ul style="list-style-type: none"> - Dominant and quiet voices emerged - Occasionally there were sub-groups that began their own conversations - Challenges associated with hierarchy within the group 	<p>The researcher reflected on how the challenging group dynamics in the pilot focus group were partly due to the staff cohort being interviewed, as the participants from the main focus group demonstrated less of these issues. However, the researcher found it useful to reflect on how to manage dominant voices, by using prompting questions with quieter participants to encourage them to elaborate on their responses. The researcher reflected on their role as observer and facilitator, and how their prompting questions may have influenced discussions that may not have emerged 'organically' within the group if</p>

	<p>they had not been prompted. Certain gestures were also used when sub-group discussions emerged, e.g. getting the next question ready by turning the paper, or by asking the group a prompting question.</p> <p>Discussion about hierarchy was not particularly evident in the main focus group; however, the researcher was aware that all but one participant were teachers or a manager. This teaching assistant (Rachel; Participant 1) also spoke a little less than the other participants. The researcher attempted to encourage the staff member to speak more, by giving subtle eye contact, as well as directing prompting questions towards them.</p>
<p><i>Participants directing their answers at the researcher</i></p>	<p>The researcher reflected on the level of eye contact that they had given to the participants in the pilot focus group, and changed this to give less eye contact in the main focus group. This helped the participants direct their responses towards the rest of the group. It was also explicitly stated at the beginning of the discussion that the aim of the session was to facilitate a group discussion amongst them, and the researcher had a role as an observer and facilitator, rather than an active participant.</p>

3.7.1 Logistics and focus group questions

The main focus group was conducted in an empty classroom in the college, with seats arranged around a table so the audio recorder could be placed in the middle of the table. A video recorder (for the purpose of transcribing accurately) was also placed on a shelf in close proximity to the group, to capture all of the participants. The researcher positioned themselves slightly outside of the group circle, and took some notes whilst the participants spoke. The researcher began by giving a brief

overview of the study, explaining the main points that were noted in the consent form and information sheet. Four questions were asked and these were written down on paper and shown (one at a time) to the participants so they could refer back to this, rather than directing their questions at the researcher. This often helped the participants remain focused on answering the question. Four questions were decided upon, following discussions in research supervision, with colleagues from the EPS, and from the pilot focus group. The following questions were asked during the focus group discussion:

1. What comes to mind when you hear the term Social, Emotional and Mental Health?
2. How is the term Social, Emotional and Mental Health relevant to this college?
3. What factors (if any) have influenced or impacted on your perspectives of Social, Emotional and Mental Health?
4. If I were to ask the students what Social, Emotional and Mental Health means to them, what do you think they would say?

Following the main body of questions in a focus group, Krueger and Casey (2009) suggest that it is important to ask questions that help the participants to summarise, and reflect on the points they feel have been most pertinent from the group discussion. These consisted of the following questions:

1. What do you feel are the most important points discussed?
2. Is there anything you think that I have missed, or anything you thought I was going to ask you about?

On occasion, the researcher used minimal prompts to gain clarity or elaboration on a point that a participant had made, for example, “*could you clarify what that means?*” The focus group lasted for approximately one hour, and ended with the researcher giving a debrief about the purpose of the study, and answering any questions that the participants had.

3.8 Discourse Analysis (DA)

DA encompasses a growing number of approaches, and it is recognised that the theoretical underpinnings, analytic methods used, and the nature of the discourses differ from one approach to another (Antaki, Billig, Edwards & Potter, 2003). Potter and Wetherell (1987) outline John Austin’s *Speech Act Theory* (Austin, 1962) as being of particular significance in the development of the DA approach. Austin’s theory not only focuses on the social context within which language occurs, but also stresses the function of language rather than viewing language solely as a descriptive tool (Austin, 1962). Some of the most commonly used DA approaches in psychological research include Critical Discourse Analysis, Foucauldian Analysis and Discursive Psychology. Jorgensen and Phillips (2002) state that these approaches are underpinned by a social constructionist perspective, where “*discourse is a form of social action*” (p.5). This also reflects Potter and Wetherell (1987) and Burr (1995) in their argument that language goes beyond simply *describing* something.

Critical Discourse Analysis and Foucauldian Analysis are both concerned with the concept of *power* used in discourses. Whilst Critical Discourse Analysis specifically

focuses on the process of how to produce social change to target social inequality (Jorgensen & Phillips, 2002, p.7; van Dijk, 1993), Foucauldian Analysis focuses on power and knowledge within the social and historical context (Carabine, 2001).

The Discursive Psychology (DP) method is thought to have emerged in the 1990's (Wooffitt, 2001), stemming in the main from Potter and Wetherell's work in the late 1980's as social psychologists, and later on from Edwards and Potter (1992) who argued that DA is more than just a methodology. DP offers an alternative view of social psychology phenomena; from cognitive processes, to exploring discourses instead (Jorgensen & Phillips, 2002). However, Wood and Kroger (2000) argue that the term *Discursive Psychology* has been articulated in different ways by different researchers in the field.

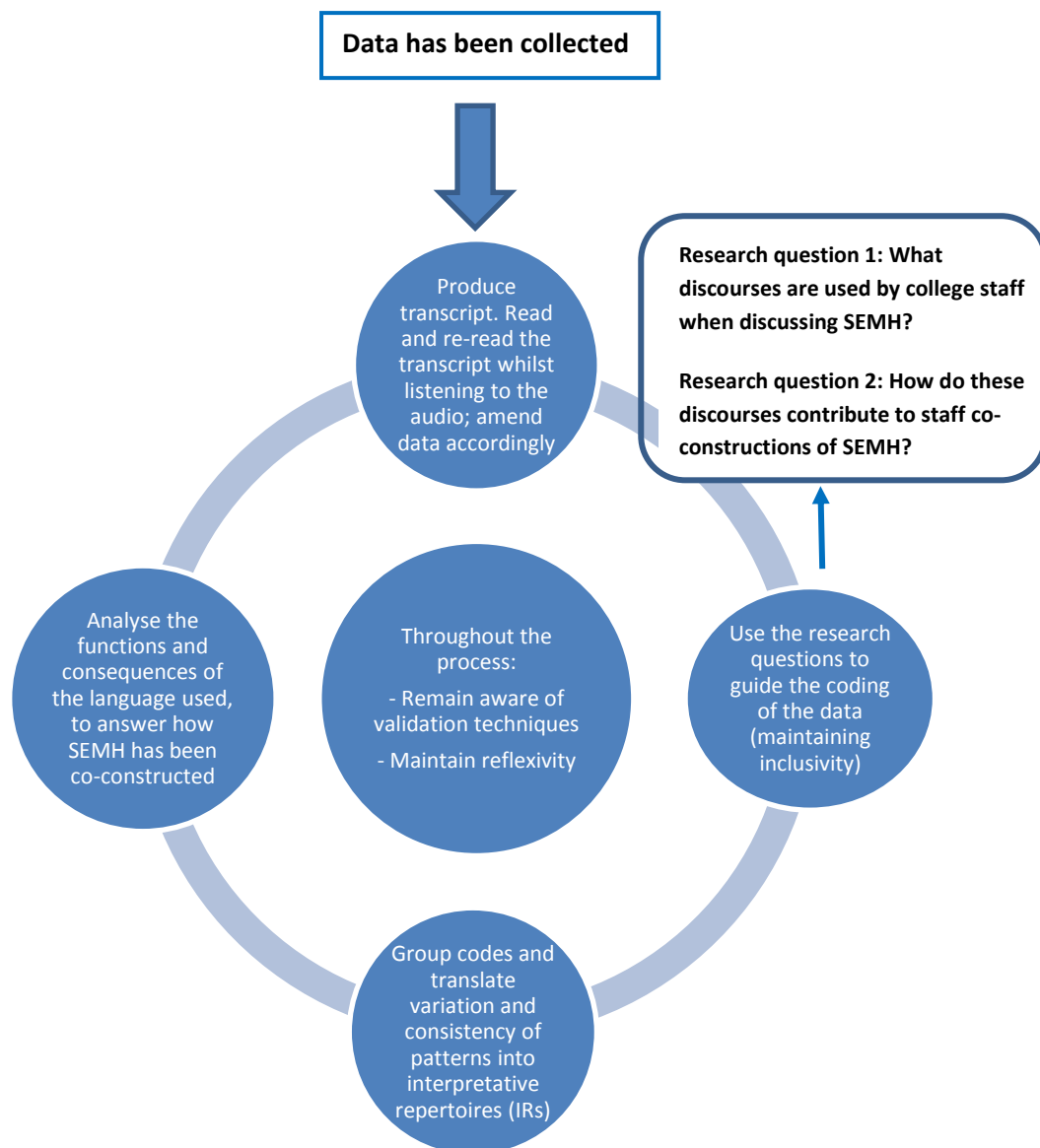
Due to the range of DA approaches, Cheek (2004) suggests that it is important for the researcher to specify their chosen approach, to ensure research quality. The researcher acknowledges that there are some theoretical overlaps with the DA framework used for their research, and that of DP. For the reader's clarity however, the DA approach from Potter and Wetherell's (1987) text was primarily used to guide the research process (see sections 3.8.1 – 3.8.5 in this chapter for a full description of DA within the analysis stage of the research). The researcher felt that this DA approach best addressed the research questions with regards to how meaning is created within social processes. To elaborate, Lofgren et al. (2015) state that research that aims to gather individuals' attitudes and beliefs on mental health is often based on a predefined assumption of what mental health is. They argue that

a DA approach counteracts this epistemological and ontological position, as it explores how a phenomenon is “*talked into being*” (Lofgren et al., 2015, p.3).

There is debate as to what extent the research method of Conversation Analysis is associated with, and overlaps with DA (Wooffitt, 2005). Conversation Analysis is a method used to analyse naturalistic interaction, which explores the conversational strategies and competencies that speakers use when interacting with each other to create social action (Wooffitt, 2001). DA is also concerned with how social action is created and this involves to some extent analysing the conversational technicalities of interactions, however the functions of the talk and the discourses involved are much broader in analysis (Wooffitt, 2005).

DA is not considered to be a linear process of analysis, as the researcher is required to move back and forth amongst the stages of analysis to reach fruitful conclusions (Potter & Wetherell, 1987; Wood & Kroger, 2000). In light of this, the researcher produced a conceptual framework to facilitate transparency of the stages of the analysis process. Figure 1 illustrates the cyclical process of the data analysis, and this is followed by descriptions of each stage, listed in subsequent sections below:

Figure 1: Process of analysis



3.8.1 Transcription

The process of transcribing the data is seen to represent thorough preparation for the analysis stage (Antaki et al., 2003). Due to time constraints, a transcriber was hired to transcribe the main body of the discussion. The audio recording was sent via a secure, password protected email system, and the hired transcriber did not have any access to identifiable names and places in the audio recording. The Data

Protection Act (1998) was adhered to, and the transcriber confirmed that the data had been deleted from their computer once they had completed the work. Once the researcher received the completed transcription, she used the audio and video recording to amend any errors in assigning participants to their discussions, and relevant linguistic markers were added (see Appendix J for the full list of transcription conventions used). Adding the finer details to the transcript enabled the researcher to feel immersed in the data transcription process. The researcher also listened to the audio recording several times to get a sense of the participants' interactions with one another and the flow of their talk. The video recording was destroyed as soon as the transcription was completed. The full transcript has been included in Appendix J for clarity and transparency. For these reasons, the transcript should be referred to throughout the reading of the Analysis chapter, to provide transparency of how the researcher reached their interpretations and conclusions.

3.8.2 Use of research questions to guide coding of the data

Potter and Wetherell (1987) considered *coding* to be separate from the *analysis* stage. They noted that categories identified in the data from the coding process should be closely linked to the research questions. In addition to this, *inclusivity* should be facilitated where all data, regardless of its level of relevance is included. The transcript was read through a number of times to ensure that codes were placed as appropriately as possible. Consequently, codes were amended a few times to reflect stronger links with the research questions. Appendix G illustrates an

example of how the researcher initially coded the transcript, and how these shifted when the second cycle of coding took place. Also see analysis chapter, page 87 for a working example

3.8.3 Interpretative repertoires (IRs)

Once the data was fully coded, codes were then grouped appropriately into interpretative repertoires (IRs) (see Figure 3 on page 89 in the analysis chapter). Potter and Wetherell (1987) define IRs as “*lexicon or register of terms and metaphors drawn upon to characterize and evaluate actions and events.*” (p.138). It is their belief that IRs have an increased validity when referring to the often inconsistent and unpredictable nature of interaction through language (Potter & Wetherell, 1987), reflecting their argument that *variations* in patterns of language are equally as important to analyse as *consistencies*. They further explain that the exploration of variations challenges the researcher’s presuppositions and restores balance between the researcher and those researched. Wiggins and Potter (2008) argue that it is often the case that the processes of identification of IRs in DA research are not always detailed. The researcher addressed this by clearly illustrating how the codes were grouped into IRs (see Figure 3 on page 89 in the analysis chapter). In addition, detailing each IR in turn in the Analysis chapter provided a clear illustration of the analysis process. The exploration of the identified IRs in the Analysis chapter answered Research Question 1, and the exploration of

functions and consequences of talk (outlined below) helped to answer Research Question 2.

3.8.4 Functions and consequences of talk

Potter and Wetherell (1987) explained that exploring the *functions* and *consequences* of talk is a fundamental stage of analysis, as a DA framework argues that “*people’s talk fulfils many functions and has varying effects*” (p.168).

Furthermore, it encompasses the theoretical perspective of DA that language is social action (Burr, 1995; Harper, 1995; Jorgensen & Phillips, 2002). In the context of the current study, the researcher sought to form hypotheses of identified functions of talk, and the effects they had on the co-constructions of SEMH amongst the group. See Appendix H for examples of this stage of analysis.

To examine the functions and consequences in analytic detail, *discursive features* were identified and discussed (see Appendix I for examples). This term can vary (Mueller & Whittle, 2011), however the researcher chose to use the term *discursive strategies*. The word ‘strategy’ initially implies that the speakers were consciously aware of how their talk impacted the co-constructions, however, when this word is preceded by ‘discursive’ it suggests that an in-depth analysis is required to uncover patterns in talk that are not always conscious efforts of the speaker. Antaki et al. (2003) argue that DA should not simply consist of identifying discursive features, but the analysis should explain how they are used, and the impact of this. Various discursive strategies were identified during data analysis, and a full list of these is

described in Appendix I. Discursive strategies can be used to *position* oneself as a speaker (and to be positioned by others), and this is dependent on the context (Davies & Harré, 1990). Harper (1995) notes that individuals are not always conscious of how they position themselves in certain ways, and for this reason, identifying their positioning can help to understand the functions and consequences of talk further (Harper, 1995).

3.8.5 Validation techniques

Hiles & Čermák (2007) state that *transparency* is important throughout the research process and they define this as the researcher needing to be “...*explicit, clear and open about the assumptions made and procedures used*” (p.2). One main criticism of a DA approach is the perceived lack of rigour in its analytical process (Antaki et al., 2003). Potter and Wetherell (1987) explain that to combat this misperception, four validation stages exist:

- 1. Coherence** - The researcher ensured that any hypotheses made, were demonstrated alongside evidence in the data. Coherence in the analysis stage also encompassed identification and exploration of the exceptions, as well as the broader themes and patterns in the data.
- 2. Participants’ orientation** – The researcher curiously questioned their own assumptions and interpretations of talk between participants, to ensure that the participants’ co-constructions of SEMH were interpreted as validly as possible. The researcher also provided evidence of how participants viewed

differences or consistencies during the discussion, to illustrate the participants' orientations.

- 3. New problems** - Whilst discursive strategies (e.g. turn-taking), are used to serve a function in a conversation, they can also create problems. Therefore, “*secondary systems*” (Potter & Wetherell, 1987, p.171), which support the initial system, were identified and analysed from the data. For example, the consequence of a speaker strongly disagreeing with the rest of the group on numerous occasions would increase the difficulty in aligning themselves with others should they wish to do so. As a result, discursive strategies facilitate a secondary system that enables the speaker to increase their alliance with others, whilst at the same time protecting their own views. One example of a discursive strategy is using a *narrative* approach. This creates the impression of a story or a journey, which Edwards and Potter (1992) suggests add plausibility to an account.
- 4. Fruitfulness** - This is considered a fundamental aim of the analysis stage, in which explanations and ideas are generated from the data. The DA framework and the research questions guided these explanations and ideas, through the identification and exploration of the interactions between the IRs. Relevant literature was drawn upon in the Discussion chapter to discuss how the research findings related to existing research.

3.8.6 Further evaluative considerations in qualitative research

Hammersley (2007) argues that qualitative research is often heavily criticised for its poorly defined criteria in determining the quality of the research, particularly when it is compared to quantitative research methods. Guba and Lincoln (1994) and Golafshani (2003) argue that *validity* and *reliability* are positivist notions, suggesting that *trustworthiness* is a more appropriate criteria for judging the quality of the research. Trustworthiness encompasses a number of factors, outlined by Guba and Lincoln (1994):

- **Credibility** - This consists of ensuring that the research explores what it claims to explore, and could be considered a similar concept to *internal validity* used in positivist research (Guba & Lincoln, 1994). Shenton (2004) notes that there are several sub-criteria, which the researcher took into account throughout their study;
 - ***Employing the appropriate data analysis method, and one which aims to answer the research questions as closely as possible.*** The researcher justified their chosen research method of DA to explore how the language is used amongst the group of participants and, in their Analysis and Discussion chapters, explained how the research questions were answered.
 - ***Familiarity of the culture of the setting that is researched.*** The researcher, in their parallel role as TEP, was familiar with the educational structure of college settings. The researcher had visited the colleges in the Local Authority, as well as surrounding colleges prior to beginning the research, to understand the organisations further.

- **Triangulation involving the use of different research methods to collate the data.** The researcher felt that a focus group was an appropriate data collection method to answer the research questions of this study. The researcher invited a range of job roles to the focus group (those who worked directly with students), to support the triangulation of data collection.
- **Random sampling to control for researcher bias.** Although purposive sampling was used for this study, researcher bias was controlled as the researcher had not met any of the participants prior to the focus group.
- **Ensuring honesty in participants.** Participants were given clear guidance about the research process, and opportunities were given to contact the researcher prior to the focus group, to support them in feeling comfortable and confident to express their views. At the beginning of the focus group, it was also made clear that there were no right or wrong answers, and anything they did say would be helpful in exploring their views further. Confidentiality was explained, to support participants in giving further information which they may have felt restricted to do so otherwise (e.g. expressing views about hierarchical issues).
- **Iterative questioning to clarify further information from participants, and to uncover potential false information.** The researcher used prompts from time to time during the focus group when elaboration on answers was required.
- **Negative case analysis to account for all of the data.** Negative case analysis suggests that hypotheses should be refined to account for all of

the data. In DA research however, it is important to highlight exceptions in the data to indicate the differences in the functions of the language. This offers further information as to what may be occurring in developing discourses (Potter & Wetherell, 1987).

- **Reflective practice.** This includes peer scrutiny of the research, and exploring ideas and processes prior to conducting the research. The researcher conducted a pilot focus group to account for practicalities and reflections on the overall process and questioning techniques. This can be found in Table 2. The researcher also had regular supervision throughout the research process to support reflective capacity and for appropriate challenging of ideas and hypotheses.
- **Detailed exploration of previous findings in the area of phenomenon, and detailed description of findings.** The researcher conducted a systematic literature review (see literature review chapter) to account for previous research in the field of SEMH. The literature review also identified how the researcher's study fits into existing literature, and the value it subsequently holds.
- **Transferability:** This is concerned with the applicability to other situations and populations. It is, however, a concept that is associated more often with quantitative research (Shenton, 2004). Talja (1999) suggests that it may be useful to consider how findings can be transferable in terms of *how* they can be interpreted. By using this notion, the researcher explored how the language used around SEMH can be interpreted in other college settings,

providing useful implications for practice (see the Discussion chapter for more information).

- **Dependability:** Where this may be considered as *reliability* in positivist research, dependability is concerned with qualitative research being described in detail so a future researcher can follow the same process. This may not be to replicate the results, but to investigate the phenomenon in a similar way in another setting (Shenton, 2004). To ensure dependability within the current study, the researcher clearly detailed their research design, recruitment process, and analytic procedures in this current chapter.
- **Conformability:** This is comparable to *objectivity* of findings, where the researcher's bias is taken into account and data is sought from the participants as truly as possible (Shenton, 2004). The researcher accounted for this by remaining reflexive throughout the process (see *Reflexivity and awareness of the researcher's role throughout the research process* section later on in the chapter). To ensure transparency and to support the reader in making their own assessments of how the findings were concluded, the researcher included examples of their coding of the data (see page 87 in the analysis chapter for an example, as well as Appendix G). Transcription extracts were also placed in the Analysis chapter prior to any descriptive analysis, and the full transcript can be found in Appendix J.

3.9 Ethical considerations

Using the British Psychological Society (BPS) Code of Human Research Ethics (2010) and BPS Code of Ethics and Conduct (2009), the following issues were accounted for:

- **Informed consent** – Participants (staff members) were given information sheets and consent forms (see Appendices E and F respectively) at the recruiting stage. The researcher considered all participants to have full capacity to make a decision as to whether to give informed consent. Their potential participation was explained clearly, and this included an explanation that an audio and video recording would be used for the purpose of accurately capturing the data. Many opportunities were given prior to the focus group, and following the focus group, for participants to ask any clarifying questions regarding their participation. The researcher gave their full contact details if the participants wished to contact them regarding their participation. The researcher also considered the potential impact of power imbalance between themselves as a TEP, and the staff member as a participant, on their decision to give informed consent.
- **Withdrawal** – Participants were informed that participation was voluntary. It was outlined in the consent form and information sheet, as well as clarified prior to the focus group, that participants had the right to withdraw their data following their focus group participation, up to the point of data analysis.
- **Anonymity and confidentiality** – All names and details of participants, colleges, EPSs and Local Authorities were anonymised to ensure that this information is kept confidential. Participants were told that every effort was made to ensure

that their details were kept confidential, however due to the small size of the group there were some limitations to their anonymity. It was also explained to participants that should they disclose of imminent harm to themselves or to others, then confidentiality would be limited in these instances as the researcher would need to follow appropriate safeguarding procedures.

- **Risk and sensitivity of topic** – The researcher considered the potential risks that may occur when asking participants to discuss issues related to wellbeing and mental health. These included the participants potentially becoming distressed if discussing such issues. Potential risks were outlined in the information sheet given to participants, and the researcher made herself available immediately after the focus group, as well as throughout the research process if participants wished to discuss any issues. Participants were reminded that their participation was voluntary, and they could withdraw from the process up to three weeks after the focus group. The researcher was also prepared to signpost the participant to relevant agencies for the appropriate support to be given, should it have felt appropriate to do so. The researcher attended regular supervision to reflect on the research process, and this helped to minimise this risk of the sensitivity of the topic to herself and others.
- **Debrief** – There were no significant details withheld from the participants prior to the focus group, as the information sheet and introductions by the researcher were made as transparent as possible in terms of the aims of the research. The researcher therefore, was not required to give a full debrief at the end of the focus group. The researcher did, however, remind the participants of the aims of the research, and offered time for any questions or queries to be

clarified. The researcher also explained that a summary of findings would be made available to all participants, once this had been produced.

- **Data protection** – This research process complied with the Data Protection Act (1998) and relates to confidentiality, where participant's data was anonymised by using a coding system, which only the researcher had access to. Following data collection, the data was not kept for longer than necessary and was stored on an encrypted memory stick and locked in a secure cupboard when not in use.

3.10 Reflexivity and awareness of the researcher's role throughout the research process

The role of reflexivity in qualitative research is seen to be paramount (Shenton, 2004). Reflexivity consists of critically examining one's own research and theoretical framework that it is guided by (Burr, 1995; Finlay & Gough, 2003). Burr (1995) argues that if the researcher does not challenge their own assumptions, then dominant discourses of the subject matter are likely to be reaffirmed. Maintaining this reflexivity was achieved through regular supervision, as well as, following the validation guidelines as mentioned by Potter and Wetherell (1987) earlier in the chapter.

Robson (2011) highlights the importance of remaining aware of any shifts in role throughout the research process, as this can affect how the phenomenon is viewed. The researcher reflected on how her roles as a TEP, an EPS representative, a Local Authority representative, and an observer, might have influenced her own constructions of SEMH during different stages of the research. As a Local Authority

representative for instance, the researcher had knowledge of a reported increase in mental health issues in schools in the borough, and how this impacted on CAMHS referrals. Equally, the researcher remained aware of how the participants' job roles may have influenced their constructions of SEMH, or why they may have been motivated to participate in a focus group that was facilitated by a TEP / Local Authority representative. Furthermore, participants may have attempted to justify their actions if they felt scrutinized by an external educational professional. As previously mentioned, building a rapport with the participants prior to the beginning of the focus group discussion helped to alleviate some of these challenges. Role boundaries were also clearly explained to the participants, so they were aware when the researcher was in role of 'researcher', or as a 'TEP' (for instance when answering any questions they had about the EPS, during the debrief stage of the focus group session).

Burr (1995) suggests that in order to maintain reflexivity during the stage of data analysis, the researcher should address the power dynamic between themselves and the participants. The researcher found Burnham, Palma & Whitehouse's (2008) acronym of Social GRRAACCEESS a useful framework to help her reflect on this dynamic. The acronym stands for the individual's gender, race, religion, age, ability, class, culture, ethnicity, education, sexuality, and spirituality. Reflecting on these factors supported the researcher to think about how she interacted with the data and to fully consider any biases or assumptions that she may have had. To illustrate an example of this, the researcher is a white, caucasian female, with a catholic school background and the research was conducted in a catholic sixth form college, with a predominantly Afro Caribbean student population and a white caucasian staff

population. A consequence of this interaction between the researcher's background and the context of the college meant that initially the researcher had assumed that the theme of religion would be strongly focused on in the group discussion. Using Burnham et al.'s (2008) framework however, helped the researcher to fully explore her assumptions and this allowed her to read the data as more closely aligned to the participants' meanings, than of her own. A further example is the researcher's longstanding interest in the psychology of language, as well as group dynamics. The researcher remained aware that she would need to be able to recognise her own biases that may stem from her background and experiences, when interacting with the data. Reflexivity is revisited in the Discussion chapter.

3.11 Chapter summary

This chapter discussed the aims and purpose of the research, as well as describing how the qualitative research method of DA was an appropriate methodology to answer the research questions. The researcher's epistemological and ontological positioning of the research study was explored, specifically in terms of how social constructionism steered the research design. Details of recruitment of participants, ethical considerations and the data collection method were presented. Evaluative considerations of qualitative research were discussed, and the role of a 'reflexive researcher' was explored.

4. Analysis

4.1 Chapter overview

This chapter presents the analysis of the data, using a DA framework. The researcher begins by outlining the process of coding the data, to establish identified interpretative repertoires (IRs) that were used by the participants to co-construct SEMH. Both research questions were answered by analysing each IR in turn. The former sought to identify and describe the content of each IR, while the latter focused on how the IRs contributed to the co-constructions of SEMH. This was achieved by analysing the participants' talk; examining the functions of discursive strategies used, and the consequences of these functions. The descriptions are supported by evidence from extracts provided from the data.⁴

4.2 Coding of the data to establish the interpretative repertoires (IRs)

Noted in the methodology chapter (see sections 3.8.2 – 3.8.3), the coding of the data was a back and forth process where codes were amended a number of times to be able to answer the research questions as closely as possible. 'Data' was identified as any discourse present in the transcript that was relevant to the research questions. Data was also identified from a word level, with an emphasis on including data that may have appeared irrelevant at first sight, before narrowing this down through a number of coding cycles. Coding of the data through these parameters

⁴ Due to word constraints, extracts were minimalised. Reference should be made to the transcript to accompany the reading of this chapter (see Appendix J).

highlights the use of a DA approach, where inclusivity is considered paramount (Potter & Wetherell, 1987). Whilst the coding of data and search for patterns may initially be considered similar to that of a Thematic Analysis approach (Braun & Clarke, 2006), DA emphasizes the importance of searching for variation in patterns through language to explore the functions of talk (Potter & Wetherell, 1987). The researcher's identification of IRs also illustrated a DA approach, where the potentially dominant and suppressed discourses of the co-constructions of SEMH could be explored in greater depth.

An example of the researcher's initial and secondary cycle of coding can be seen below in Figure 2, where a section of the transcript was manually coded and re-coded (see Extract 15 on page 104 of this chapter for the analysis of this section). As shown in the key below, codes were abbreviated to help with ease of reference when manually coding the transcript.

Coding key for second coding cycle (from Example 2 on following page):

LAR / VUL – Large amount of need / vulnerable students

ANX / ANXOBS – Anxiety being an obvious need

MANFAC – Many factors involved

HOMC / EXTP – Home as a cause / external pressures

EDUP – Educational pressures

LINK – Needs are linked together

COP / EST / CON – Coping / self-esteem / confidence


MOT / SEMHI – Motivation / Needs can impact other parts of life

Figure 2: Example of two coding cycles (taken from Extract 15)

Example 1: First coding cycle

low self-esteem / confidence Vulnerability Anxiety / Home / Pressures Consequences / Many factors

<p>Facilitator</p>	<p>[START]</p> <p>Okay so... um... the first [1] question I guess I have to prompt discussion [1] is what comes to mind when you hear the term... Social Emotional Mental Health?</p> <p>[3]</p>
<p>Participant 2</p>	<p>Well for me I'm thinking about certain students that ... work in my room... and I do have quite a lot of <u>vulnerable</u> students that come down [breathe in]... So for <u>many</u> of them... I think of <u>anxiety</u> as being a a real <u>issue</u> for a lot of them but for all <u>different reasons</u> erm... so sometimes ... due to issues at home ... things going on outside of college or <u>sometimes</u> it can be just... the <u>pressure of being</u>... in a... you know environment where they're expected to ... produce quite a lot of coursework and that sort of thing so ... /</p>
<p>Participant 2 Participant</p>	<p>\ think of <u>anxiety</u> / [sniff]</p>
<p>Participant 2</p>	<p>\ perhaps as the the one that springs to mind immediately [1] [click] And then obviously... <u>linked with that</u> ... is the feeling they can't cope ... and <u>low self-esteem</u>... <u>lack of confidence</u> <u>lack of motivation</u>... and <u>all of those things</u> that <u>impact</u> on the on their <u>life</u>... and... you know in college and <u>out</u> of college</p>



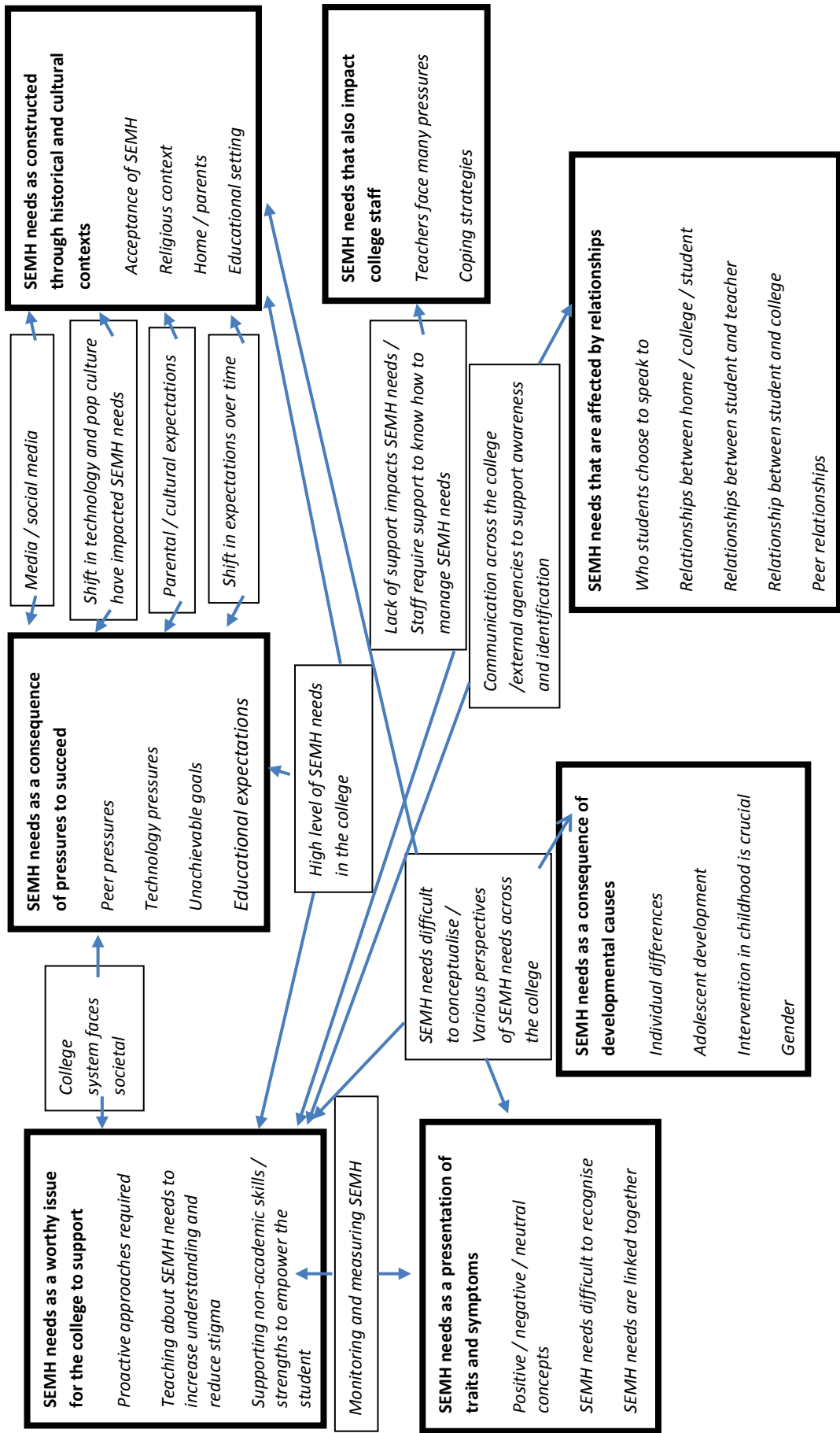
Example 2: Second coding cycle

<p>0:03:08 Participant 2 <i>LAR/VUL</i> <i>ANX/ANXOBS</i> <i>MANFAC/</i> <i>HOMC/EXTP/</i> <i>EDUP/</i></p>	<p>[3]</p> <p>Well for me I'm thinking about certain students that ... work in my room... and I do have quite a lot of <u>vulnerable</u> students that come down [breathe in]... So for <u>many</u> of them... I think of <u>anxiety</u> as being a a real <u>issue</u> for a lot of them but for all <u>different reasons</u> erm... so sometimes ... due to issues at home ... things going on outside of college or <u>sometimes</u> it can be just... the <u>pressure of being</u>... in a... you know environment where they're expected to ... produce quite a lot of coursework and that sort of thing so ... /</p>
<p>Participant 2 <i>ANX/</i> Participant</p>	<p>\ think of <u>anxiety</u> / [sniff]</p>
<p>Participant 2 <i>ANXOBS</i> <i>LINK</i> <i>COP/EST/CON</i> <i>MOT/SEMHI</i></p>	<p>\ perhaps as the the one that springs to mind immediately [1] [click] And then obviously... <u>linked with that</u> ... is the feeling they can't cope ... and <u>low self-esteem</u>... <u>lack of confidence</u> <u>lack of motivation</u>... and <u>all of those things</u> that <u>impact</u> on the on their <u>life</u>... and... you know in college and <u>out</u> of college</p> <p>[4]</p>

In Example 2 above (secondary cycle), it can be seen that codes were assigned more systematically, where they were then able to be grouped accordingly. Equally, codes were more specific in the secondary cycle, to support the answering of the research questions. See Appendix G for another example of a sequential coding cycle during the initial analysis stage.

Following a number of coding cycles, the researcher then grouped the codes into relevant and appropriate sub-groups. This was also a back and forth process, where the researcher discussed her analysis process in supervision to ensure a coherent flow in the data set developed (see section 3.8.5 in the methodology chapter for further details on validation techniques). Figure 3 below illustrates how the codes (identified in italics) did not always 'fit' neatly into one IR (IRs are identified in the bold boxes), with some codes overlapping into more than one IR. This also demonstrates a DA approach where inclusivity of the data is maintained. In Figure 3 below then, it can be seen that some of the italicised codes sit outside of the bold boxes and overlap into more than one IR. Additionally, this demonstrates an interactive element to the discourses.

Figure 3: Coding and mapping of IRs



Seven IRs were identified from the assigned codes, as shown in Figure 3. These are listed below, from the most dominant, to the least dominant during the focus group discussion. 'Dominance' is considered here to highlight the level of emphasis that was placed on the particular discourses by the participants throughout the focus group discussion. The list of IRs below is also the order in which they appear throughout this Analysis chapter:

SEMH needs....

1. *... as a worthy issue for the college to support*
2. *... as a consequence of pressures to succeed*
3. *... as a presentation of traits and symptoms*
4. *... as constructed through historical and cultural contexts*
5. *... that are affected by relationships*
6. *... as a consequence of developmental causes*
7. *... that also impact college staff*

4.4 Analysis of the interpretative repertoires (IRs)

4.4.1 SEMH needs as a worthy issue for the college to support

A dominant discourse that emerged from the group discussion was the idea that supporting students' SEMH needs required prioritising in the college. This can be seen in the extract below:

Extract 1

179.12 Abigail It's all very well sort of discussing it and we know it **exists** all
179.13 these anxieties but how do we **deal** with it

By using “we” in both lines, Abigail has aligned the rest of the group to be in agreement with her that there is pre-existing knowledge that anxiety is a ‘reality’, but “we” also places shared responsibility of managing SEMH needs, amongst the group. This positions staff members as competent to a certain extent in their awareness of SEMH needs, suggesting that this topic is worthy of exploring further. The function of the question (line 179.13) also suggests that the staff group are well equipped to move on to a more advanced stage of understanding SEMH needs, but acknowledging that they require support to do so.

Later on, however, there is variation as to how mental health is viewed in the college:

Extract 2

1189.0 Rachel \ you know there's [3] you know their mental health is important
1189.1 isn't it and lots and lots of students have got issues
1190.0 Abigail I think it's about awareness isn't it

Here, we see Rachel and Abigail applying a more tentative approach by using the rhetorical question “*isn’t it*” (lines 1189.0 and 1190.0). Rachel also uses the more generic term of “*mental health*” (line 1189.0) and Abigail’s use of “*I think*” (line 1190.0) suggests that there is wider scope for other views to be put forward. This tentative approach functions in contrast to Abigail’s statement in Extract 1, suggesting that as the group discussion progressed it was recognised that SEMH needs may not have been as well known to all staff members as first stated. However, Rachel’s comment above regarding the high frequency of students with issues, indicates that SEMH needs should be a college priority regardless of the difference in level of awareness across the staff group. Her ability to identify these needs in students, positions her as having extended knowledge on the topic of SEMH needs. The following extract⁵ offers an example of how the differences in staffs’ perspectives shifted the discourses of the IR in question:

Extract 3

625.2 Sara \ for **me** I think... when I've taken on the Head of Hall role that's...
 625.3 kind of I guess made me much more aware of this /
 625.4
 626.0 Pp [\ Mmm
 627.0 Sara Because... /]
 627.1
 628.0 Abigail [Mmmm... all the pastoral issues mmm
 629.0 Sara \ you know as you were saying about the vulnerable... /]
 629.1
 629.2 Sara \ register you're not only aware of it as a teacher [1] erm [1] and
 629.3 then suddenly you're exposed... to kind of almost students entire
 629.4 life stories and it all unravels and then [breathe in] [2] y you know
 629.5 it kind of becomes... a whole picture [1] so to speak whereas when
 629.6 [1] you're just **teaching** them... y you just see them in and out
 629.7 don't you for the lesson

⁵ 'Pp' in extracts is 'unidentified participant'

Sara uses her two job roles here; Teacher and Head of Hall, to highlight how variation of awareness can occur between staff members. This also functioned to create a persuadable and empathetic argument that although it is difficult for teachers to view SEMH needs holistically, by doing so can result in managing needs more appropriately. This is evidenced when Sara firstly says “*suddenly you’re exposed*” (lines 629.3), suggesting that a teacher can be ill-equipped to manage SEMH needs. Secondly, the metaphors used; “*unravels*” and “*whole picture*” (lines 629.4-629.5) allows the rest of the group to visualise how their awareness and understanding of the student’s needs could be expanded, if they were able to access this information. It is not only the positioning between different staff members that was discussed as impacting on the level of awareness and management of SEMH needs, but the positioning between staff members and the college itself. This is evidenced in the extract below:

Extract 4

384.1 Abigail that's... one of the... the things that sh we **should** be... thinking
 384.2 about you know I've er had this... erm... chat with erm... Tracy who's
 384.3 our principle about a student who [1] you know academically wasn't
 384.4 doing very well at all and was gonna come out with a pass... but I
 384.5 said actually... this student's done **amazingly** well because... over the
 384.6 year he's had a really good year he's been really happy his made
 384.7 friends for the first time he's... you know... enjoyed the year he's
 384.8 much more confident he's more independent [1] but where is that
 384.9 on.. /

Abigail identifies a specific person to represent the college, in this case, the college principal (line 384.2). This creates a direct line of responsibility of students’ SEMH needs. As a consequence, this also suggests that staff members who are below the hierarchy of management have limited power or control in promoting SEMH needs

as requiring further attention from the college. This can also be seen in lines 384.4-384.8, where Abigail is required to provide an array of evidence of how SEMH needs have positively developed over time. The disconnect between the college's acknowledgement of educational attainment and a student's positive SEMH, suggests that educational attainment can take priority over supporting SEMH needs. The discrepancy between the college's priorities and those noted by the staff group is elaborated on in the following extract when the students' use of the Additional Learning Support (ALS) room is discussed:

Extract 5

492.2 Rachel [\ like a sanctuary...yeah....a real safety net
 492.3 Beatrice it's [inaudible]
 492.4 Abigail literally from the minute they come in]
 492.5
 493.0 Abigail Before... before lessons they're there they're there break times
 493.1 lunchtimes **free** lessons and right through to when they leave...
 493.2 and it's their little **haven**

Describing the student support room as a "*sanctuary*" (line 492.2) and a "*haven*" (line 493.2), suggests that it provides immediate relief from perceived danger, which in this instance, is placed in the rest of the college. These metaphors also suggest that the nurturing of students' SEMH needs by supportive adults and peers are predominantly found in the ALS room. By illustrating this idea, Abigail and Rachel are positioning themselves as staff members who are actively supporting SEMH needs within the college, although the college system itself may not always support this nurturing approach. The lack of support available was often noted:

Extract 6

166.6 Abigail \ coordinating across three colleges so there's been cutbacks and
 166.7 I don't know if that's the case across.. other sixth forms but.. you
 166.8 know we've losst.. some of the support that we would have had..
 166.9 and erm what we're not able to give.. at this college anymore is
 166.10 continual support..

Recalling previous memories of greater 'in house' support in the college, functions to illustrate how the college's approach to supporting SEMH needs has disintegrated to some extent. In addition, by comparing to other colleges (line 166.7), persuades the rest of the staff group to imagine what support could look like. Use of the word "*continual*" (line 166.10) suggests that students have previously experienced severe SEMH needs, which the college were able to historically address and manage appropriately.

Support from external agencies was also seen to be beneficial in helping staff manage students' SEMH needs. In the extract below, Abigail discusses how an external company was used to support students with confidence issues:

Extract 7

1117.4 Abigail [\ it's not something we could do I th /
 1118.0 Pp Empowering
 1118.1 Lenny Yeah]
 1118.2
 1119.0 Abigail [\ I it was somebody who was trained /
 1120.0 Beatrice Nurturing yeah
 1121.0 Lenny Yeah]

Emphasis on the word "*we*" (line 1117.4) suggests that staff within the college are not equipped to the extent of being able to provide teaching on specific subjects relating to SEMH needs. This is also noted by the word "*trained*" (line 1119.0) where

an additional layer of expertise is required to offer adequate support. Placing the responsibility in the external professionals, suggests that SEMH needs are severe enough that college staff should not have this responsibility. This is in contrast, however, to the positive approaches mentioned by other participants in lines 1118.0 and 1120.0, which Abigail herself also implicitly explains that she uses in Extract 5. This contradiction functions as an illustration that SEMH needs do require attention in the college, although there are some specific needs that the college staff feel they do not currently have the skills to manage by themselves. Staff did feel however, that they were equipped to teach some aspects of SEMH needs, and this is shown in the extract below where the participants discussed a recent tutorial session that had been produced by the college leadership team:

Extract 8

1078.5	Sara	\ it was an opportunity... <u>wasted</u> it <u>could have</u> been
1078.6	Pp	mmm
1078.7	Sara	[1] a very good opportunity I think to talk about mental
1078.8		health but um
1079.0	Pp	Mmm
1080.0	Sara	... it <u>wasn't</u> great [1] the resources

The repeated word “*opportunity*” (lines 1078.5 and 1078.7) suggests an occasional event that can lead to a positive outcome, which depicts the topic of mental health as being important to discuss with the students. Sara’s comments also indicate that the teachers were ill equipped on this occasion, but she also positions herself as having sufficient knowledge to produce an effective tutorial session, by her recognition that the resources were not very good (line 1080.0). This suggests that there are staff members who are confident at times, in taking the role as SEMH supporter.

4.4.2 SEMH needs as a consequence of pressures to succeed

Various pressures and the impact these had on SEMH were frequently discussed, including educational attainment and targets, pressure from society to 'succeed', peer pressure, pressures from the media, technologies including social media, financial pressures, family and parental pressures, cultural expectations, and pressures that teachers faced. The extract below introduces the idea that educational pressures have increased over time:

Extract 9

2.0 Lenny [click] uh er for **me** I I just wonder how much [cough] [click] we as
 2.1 educational institutions have created... poor emotional and mental
 2.2 **health**... Cause when I **was** at **school**.. nobody used to talk about [1]
 2.3 **grades** .. and you weren't **pushed** for grades.. and that didn't /
 2.4
 3.0 Pp [Mmm
 4.0 Lenny \ mean that people... /
 5.0 Abigail Yeah
 5.1 Sara [inaudible]]
 5.2
 6.0 Lenny \ weren't **teaching you**.. that you weren't **learning** [1] but erm all
 6.1 our... **conversations** with students seem to be predicated on have
 6.2 you reached your.. **target** grade? /
 6.3
 6.4 Lenny [\ **Why** haven't you reached your target grade? We're going to
 6.5 phone home if you haven't reached your /
 6.6 Pp Mmm... Mmm
 6.7 Pp Mmm]
 6.8
 6.9 Lenny [\ target grade... /
 6.10 Abigail Yeah]
 6.11
 6.12 Lenny \ we are gonna put you in **detention** if you /
 6.13
 6.14 Lenny [\ haven't reached /
 6.15 Sara [Sniff]]
 6.16
 6.17 Lenny \ your target grade [1] And um.. I I just wonder whether it's a
 6.18 societal.. kind of **pressure** now on.. young people

Lenny suggests here that the college has in some way been detrimental to students' SEMH needs (line 2.1), rather than supporting these needs. Lenny uses his previous experiences to validate his argument that pressures have worsened, and he also achieves this by reciting a list of interrogatory questions that students are asked (lines 6.1 – 6.17). This suggests that educational pressures are relentless, with little room for nurturing of the students and therefore a greater chance of students developing poor SEMH. Although Lenny begins by explaining educational pressures from the college setting, he ends by wondering about the "*societal*" pressure (line 6.18), indicating that the pressures that students face are multifaceted and come from a greater hierarchical level. This positions not only the students, but also the staff members as victims to societal pressures, and as a consequence, the blame of not being able to support SEMH needs is distanced from those staff members who directly work with the students. The repetitive use of the word "*target*" throughout the extract functions to emphasize specific expectations that the college have for the students, but this also portrays students as helpless and lacking in control of how they choose to define their own success. In the extract below, the concepts of 'failure' and 'success' are explored:

Extract 10

- 7.3 Abigail I agree with everything you've just said because erm.. I think there's
 7.4 been a huge increase.. in the level of anxiety amongst.. students..
 7.5 and I think a lot of it is related to this **fact** that they're not allowed
 7.6 to be seen to **fail**
- 8.0 Lenny Yeah
- 9.0 Abigail You know ..with all the sort of **league** tables and everything else
 9.1 they all have the minimum ex expected grade.. and it's.. you know
 9.2 it's almost like.. **some** of them are **set** up to fail really.. because
 9.3 some of the grades are.. unrealistic to start **off** with so already /
 9.4
- 9.5 Abigail [\ they /
 10.0 Pp Mmm]
 10.1
- 11.0 Abigail \ are at a disadvantage and the-en w **however** much they **work** ..and
 11.1 however much effort they put in.. they still see themselves as
 11.2 failures, because at the end of the day if they don't **pass**... that
 11.3 exam or they don't meet that **grade**.. erm.. all of the other stuff..
 11.4 isn't you know.. seen as as **good** The fact they've made **progress**
 11.5 the fact that they've got more **confidence** that that isn't **measured**
 11.6 It's the measurable stuff.. the exam... /

In this extract, Abigail is agreeing with Lenny's comments seen in Extract 9. By agreeing with "everything" (line 7.3), this adds leverage to the argument, and positions Abigail as having an in-depth understanding of how pressures impact on SEMH needs. Abigail presents the student's perception of failure as a direct link to impacting on SEMH needs, and she also infers that the concept of failure is engrained at a wider level (lines 7.5-7.6). Similar to Lenny in Extract 9, students are seen here to be helpless and with little control within the system they are in (lines 9.2 and 11.0). Although Abigail states that positive elements of SEMH should be focused on (line 11.4), this idea is suppressed when she uses the words "measured" and "measurable" (lines 11.5-11.6), as these words demonstrate that SEMH needs *can*, and *should* be quantified. This creates a discourse of pressure, where failure (and the negative consequences) is primarily focused on. As an overarching

consequence, the discourse that a student can either fail *or* succeed in their SEMH needs suppresses alternative views that SEMH needs are unmeasurable, or of a holistic nature.

Pressures from parents were also seen to directly impact students' SEMH needs:

Extract 11

848.0 Lenny \ *about* Social and Emotional Mental Health [1] you **make**
 848.1 students do... stuff they **don't** wanna be doing
 848.2 Abigail yeah
 848.3 Lenny or they're a **living out** the **fantasy**
 848.4 Pp mmm
 848.5 Lenny that parents that /
 848.6
 849.0 Beatrice [Especially languages
 850.0 Lenny \ is a **sure** fire way of /
 850.1 Pp Mmm]
 850.2
 850.3 Lenny \ making people miserable it **really** is

Lenny's emphasis on the word "*make*" (line 848.0), and utterance "*living out the fantasy*" (line 848.3) suggests how SEMH can be negatively impacted by 'forced' choices, or having a lack of control. This also reflects pressures and successes in education illustrated in Extract 10; students cannot control what is deemed successful or not, as this is predetermined for them through measurable outcomes. Peer pressures, as well as parental pressures, were also discussed as having a direct impact on SEMH needs:

Extract 12

132.0 Cleo And they're they're **constantly** y you know its.. it's **competit**ion... /
 132.1
 133.0 Abigail [Yeah
 134.0 Cleo \ that's /]
 134.1
 134.2 Cleo \ what it is..and [1] you know.. there's lots of different stu.. you
 134.3 know.. students that are [1] from different backgrounds so **you**
 134.4 might see that [1] your friend has **this** but you will never.. be able
 134.5 to get that /
 134.6
 135.0 Pp [Mmm
 136.0 Cleo \ and that.. /]
 136.1
 136.2 Cleo affects them and that [1] makes them feel as though.. perhaps
 136.3 they're not good enough /
 136.4
 137.0 Pp [Mm
 138.0 Pp Mm
 139.0 Cleo \ And /]
 139.1
 139.2 Cleo \ Then.. you know from that {they start to feel depressed they
 139.3 start to feel down there's just **so much** competition}

Pressures to succeed are defined here in terms of students owning materialistic goods that are comparable to their peers, and as a consequence, relationships with peers and their self-identity are impacted (lines 136.2-136.3). Cleo does not offer any specific examples of materialistic goods (line 134.4-134.5), and this ambiguity positions herself as a staff member as distant to the student, as though the staff group are immune to being impacted by this. In addition, the lack of description here possibly highlights an irrelevance, or trivial nature of the 'issue', which further separates any staffs' needs with students' SEMH needs. Connotations of a competitive race are reflected by Cleo's use of the word "*constantly*" (line 132.0), and by talking quickly (lines 139.2 – 139.3), and Cleo explains how competition with peers can trigger the onset of a negative journey of SEMH. This idea reflects the

discourse of pressures having a significant impact on SEMH, but also, one which appears to be widespread and engrained amongst friendship groups. As a result, SEMH is presented as a negative journey that appears a somewhat unavoidable part of modern student life, notably due to unrealistic or unachievable goals.

The relentless nature of pressures are conceptualised through Sara's reflection of her previous experiences:

Extract 13

89.0 Sara When I was at school you'd go **home** and you'd try and forget
 89.1 about it if you'd had a bad day.. But.. now.. you know
 89.2
 90.0 Beatrice [[inaudible] **youtube** yeah
 91.0 Sara \ it just **continues** doesn't it yeah
 91.1 Pp Yeah
 92.0 Rachel Mmm]

Using a past experience to demonstrate contrasting views supports Sara to separate herself from the students, and the nostalgic technique can also help to persuade the staff group to agree with her statement. By separating herself from the students, Sara is able to illustrate more objectively how SEMH needs have increased over time, due to increasing pressures. Emphasis on the word "*home*" (line 89.0), suggests that there was previously a distinct boundary between home and school, however these boundaries are now blurred as pressures from modern technology and increased pressures from education have presented themselves. Equally, previously distinct boundaries allowed the student to "*forget about it*" (line 89.0-89.1), however Sara explains that this is no longer the case, due to the unescapable pressures.

Pressures that have become prevalent in the modern day were seen to impact greatly on students' SEMH needs. This was particularly true of social media and communication technologies:

Extract 14

73.4 Abigail \ that normal isn't really normal any more is it because the
 73.5 expectation.. on social **media** is that everyone has gotta be better
 73.6 than actually they **are..** and so they can never **achieve** that can
 73.7 they

In this extract, the pressures from social media are seen to be creating an 'illusion' of what success is. This success is seen to be unachievable and positions the students as lacking in control and helpless to these pressures. This also relates to Cleo's comments in Extract 12 where unachievable expectations are discussed. Abigail infers that there is a consensus amongst the staff group as to what 'normality' is (line 73.4), and by doing so, suggests that the staff group hold knowledge and experience above the students. This indicates that staff members are in a position to support the needs, rather than experience these difficulties themselves. This is further evidenced by the use of "they" (lines 73.6 and 73.7), which is used to distance staff from students.

4.4.3 SEMH needs as a presentation of traits and symptoms

Throughout the group discussion, participants used a range of descriptive words and phrases to describe the different elements of SEMH. Whilst there are too many to analyse in detail here, descriptive words included; "*depression*", "*behaviour*",

“stress”, “confidence”, “emotionally expressive”, “upset”, “anxiety”, “empowered”, “vulnerable”, “worried”, “happy”, “unhappy”, “problem”, “issues”, “miserable”, “not energised”, “social skills”, “motivation”, “self-esteem”, “overwhelmed”, “wellbeing”, and “withdrawn”. As can be briefly seen from these examples, a range of positive, negative and neutral words were used throughout the group discussion. There was, however, a higher frequency of descriptive words used that depicted a deficit in the students’ SEMH. This is demonstrated in the extract below, which shortly followed the opening question of “*what comes to mind when you hear the term... Social, Emotional and Mental Health?*” (Facilitator, lines 0.1-0.2; see Appendix J):

Extract 15

1.8 Abigail \ think of anxiety /
 1.9 Pp [sniff]
 1.10
 1.11 Abigail \ perhaps as the the one that springs to mind immediately [1]
 1.12 [click] And then obviously.. linked with **that** .. is the feeling they can’t
 1.13 cope .. and low self-esteem... lack of confidence lack of motivation...
 1.14 and all of those things that **impact** on the on their **life**... and.. you
 1.15 know in college and out of college

Abigail spoke first in the group discussion, and this promotes her level of knowledge on the subject of SEMH and presents her comments as trustworthy. This is also evidenced by using the word “*obviously*” (line 1.12). As a consequence of this the discourse of focusing on the deficit elements of SEMH needs is promoted. The metaphor, “*springs to mind*” (line 1.11) suggests that ‘anxiety’ is the most obvious element of SEMH needs, but by detailing a list of other ailments, negative SEMH needs are seen to be linked together and impact on each other accordingly. The metaphor also presents a paradox with the preceding word “*perhaps*” (line 1.11);

this allows room for other views to be presented, whilst at the same time Abigail maintains her own position of how she views SEMH needs. Variation on her focus of negative elements of SEMH needs can, however, be seen in the extract below:

Extract 16

153.0 Abigail I mean the **key** to that is.. is the unhappiness of all of this.. isn't
 153.1 it because.. you talk about social emotional.. and mental **health**..
 153.2 It's your.. your feeling of wellbeing and happiness /

Here, Abigail puts forward the idea that there is a definitive answer to what SEMH needs are (*"the key to that is"* – line 153.0), and this maintains her position as knowledgeable. Between Extracts 15 and 16, however, there is a shift from a focus on negative elements. This contrast suggests that as the discussion progressed, SEMH was seen to be a spectrum of needs, and therefore Abigail may have been attempting to regain her knowledge on this topic. Another shift occurred between the extracts, from discussing *students'* SEMH needs, to SEMH needs in *general*. The use of *"your"* (line 153.2) invites the idea that SEMH needs can impact everyone, but without using identifiable pronouns, staff members are distanced at this point. This suggests that there may be an element of controversy surrounding teaching staff discussing their SEMH needs.

Throughout the group discussion, staff members gave specific examples of students experiencing SEMH needs:

Extract 17

349.0 Rachel \at *9 O'clock* this morning an and... emotionally she couldn't cope
 349.1 with that lesson

Rachel describes a very recent incident, and this increases the level of relevance to the discussion and also positions her level of expertise as she illustrated how she helped to manage SEMH needs. SEMH needs in the student are described clearly as a negative presentation; *“emotionally she couldn’t cope”*. This description also suggests that there are various ways that ‘not coping’ can present itself, although this is the one seen to be most relevant to SEMH needs. The ‘emotional’ element of SEMH needs is also recognised as being highly sensitive and reactive to the environment, as shown by the comment, *“that lesson”*. Another example of how students present their SEMH needs is shown below, particularly highlighting differences between students:

Extract 18

995.0 Sara [breathe in] I think they can go either way can't /
 995.1
 995.2 Sara [\ they it's kind /
 996.0 Pp Mmm]
 996.1
 997.0 Sara \ It's kind of like when... you look you take self-harming
 997.1 for example
 998.0 Pp Mm
 999.0 Sara You know a student that [1] you know has got it all
 999.1 oouut... I I is very **different** from a student who is doing it...
 999.2 /
 999.3 Sara
 999.4 [\ you know very discreetly... yeah like on the legs or
 999.5 something you know
 1000.0 Pp Mmm...mmm
 1001.0 Rachel Yeah... Covered up mmm]

Sara introduces the idea that SEMH needs can result in different physical presentations amongst students (line 999.0-999.4). Focusing on the physical symptoms, suggests that SEMH needs alone can be difficult to identify, or conceptualise. All extracts presented thus far in this IR demonstrated that SEMH is presented as a variety of different symptoms, and ones which hinder a student's functioning. There were occasions throughout the group discussion, however, where participants explained that they were not sure as to how SEMH needs presented themselves:

Extract 19

1162.0 Beatrice an an social er... I'm not sure I know what it means so.. I'm not
1162.1 even sure that we **are** answering the question [1] are we?

By saying "*I'm not sure*", Beatrice is suggesting that she has knowledge to some extent, however the concept of SEMH needs itself is an abstract term that requires clarification. This is sought by asking the question at the end. Beatrice moves from "*I*" to "*we*", dispersing her limited knowledge amongst the rest of the group, suggesting that the whole group could take responsibility to answer the question. Equally, by asking if the question has been answered suggests that there is a definitive, 'clear cut' answer, an idea which was also noted in Extract 16. Later on in the group discussion, variation in understanding of what is encompassed within SEMH needs is demonstrated:

Extract 20

1216.0 Rachel I think it was what I expected because we've got that
 1216.1 same... /
 1216.2 Rachel
 [\ Code [1] mmm

Rachel's response is in relation to the facilitator's closing question when the group were asked their thoughts on the questions asked (see lines 1211.0-1211.14 in Appendix J). In this extract we see that 'SEMH' is an identifiable term used in the college, suggesting that students' SEMH needs are in some way categorised by a recognisable definition. The variation in staffs' understanding of this term (evidenced between Extract 19 and 20) further suggests that different staff members have differing levels of responsibility in understanding what SEMH is, as evidenced by Rachel saying "*I think it was what I expected*" (line 1216.0). By using "*I think*", however, Rachel is allowing room for other views beside hers, but also protecting her own level of knowledge. In addition, Rachel's comment functions to position her closer to the facilitator / researcher who could be seen as having extended knowledge on SEMH. A similar positioning is also seen in Extract 15.

In the extract below, Lenny presents the idea that the dominant discourse of SEMH needs is based on a deficit view:

Extract 21

1008.0 Lenny But u [1] a this I **debate's framed** isn't it in terms of [2] mental
 1008.1 and social
 1009.0 Beatrice And social yeah
 1010.0 Lenny That's gone **wrong** [1] there's very little isn't there in terms of.../
 1010.1
 1010.2 Lenny [\ teaching /
 1010.3 Pp [sniff]]
 1010.4
 1010.5 Lenny \ students what good mental health... looks right and
 1011.0 Pp Mmm
 1012.0 Lenny To what point s feeling **sad** is **okay**

An already established debate has been acknowledged (*"this debate's framed"* in line 1008.0), although the word *"this"* in the same line may reflect the ambiguity of where the debate is rooted; from the researcher and their questions, within the staff members participating in the group discussion, at a college level, or at a societal level. The use of the word *"framed"* suggests that the debate is common knowledge, and may be difficult to shift regardless of where it originates from. The challenge in shifting this discourse is noted by Lenny who explains that teaching about positive mental health is scarce (lines 1010.0-1010.5). Within this extract we see variation across the spectrum of SEMH, from the negative and positive aspects, but also in between, as demonstrated when Lenny says *"to what point"* (line 1012.0). This line does, however, suggest that an emotion such as sadness can become problematic if it goes beyond a certain level, and this notion in itself leans towards a problematic way of thinking about SEMH. Similar to the majority of the examples noted in this IR, Lenny discussed identified SEMH needs in relation to the students. This positions the staff members as that of 'supporters' of SEMH, rather than presenting with SEMH needs themselves.

4.4.4 SEMH needs as constructed through historical and cultural contexts

Numerous discussions contributed to SEMH being co-constructed through historical and cultural contexts. Discussions included the culture of the home environment, advances in technology over time, the culture of social media, religious beliefs, the culture of the college, and an increase in pressures over time. In particular, these shifts were demonstrated through the participants' personal and / or previous experiences:

Extract 22

57.0 Beatrice Er for **me** it's to do with new technologies That's what's come to
57.1 mind.. Er because.. nowadays [1] the new technologies have taken
57.2 over their **lives..** and [Jed comes back into the room] their abito
57.3 ability to socialise with each otherrr...

The repeated use of “*new*” (lines 57.0 and 57.1) stresses the idea that previous technological devices did not have such an impact on SEMH needs, reflecting similar ideas from Extract 14 relating to technological advances and the cultural pressures of social media. Beatrice argues to an extent that students are losing control of their own “*lives*” as technological demands increase, linking poor SEMH needs with a loss of control. In role as a staff member, Beatrice distances herself from students by using “*their*” (line 57.2). This functions to illustrate how people historically had more control over their SEMH needs in previous times, further depicting students in the present time as vulnerable and requiring support.

One question asked by the facilitator during the group discussion, focused on SEMH needs specific to the college setting (see lines 196.0-196.2 in Appendix J). The

extract below offers an example of how specific college values linked to SEMH

needs:

Extract 23

472.0 Facilitator And also I guess.. specifically to this college as well
 473.0 Beatrice *Well we have chaplaincy* so obviously there is aa religious
 473.1 dimension to the college and... a lot of our students are actually
 473.2 err religious

Beatrice's raised volume (line 473.0) functions to produce a clear and strong statement, and one which also suggests a direct link between the religious values of the college and students, to the students' SEMH needs. Again, students are specifically mentioned, suggesting that their needs (as opposed to staffs) are the focus within the college setting. To justify her link between the college's religious "dimension" (line 473.0-473.1) and students' SEMH needs, the use of the word "obviously" (line 473.0), and noting the number of students who are religious (line 473.1), strengthens Beatrice's argument further. Beatrice may be attempting to position herself as having sufficient knowledge on the topic of SEMH, as it has already been discussed in Extract 19 how there was a lack of clarity as to what SEMH meant. By appearing more clear on the concept of SEMH needs here, suggests that it may be easier to define a broad topic such as SEMH when embedded in a cultural context, and in this case, the religious dimension of the college setting.

Earlier on in the group discussion, Beatrice explains the extent to which mental health is socially accepted:

Extract 24

193.0 Beatrice I *don't know* where it fits in with social mental health as i.
 193.1 as other than that [1] as part of the /
 193.2
 193.3 Beatrice [\ community /
 193.4 Pp [Sniff]]
 193.5
 193.6 Beatrice \ we **belong** here..
 193.7 Pp mmm
 193.8 Beatrice there is a social [1] **acceptance** that people have mental
 193.9 health /
 193.10
 193.11 Beatrice [\ **issue** and and /
 193.12 Pp Mmm... mmm]

By stating “*I don't know*” (line 193.0), Beatrice offers a tentative view of SEMH needs, suggesting that the subject area may be a complex one. The words “*community*” (line 193.3) and “*acceptance*” (line 193.8), infer that SEMH needs are not always accepted elsewhere. This indicates that the cultural context can determine how individuals identify with themselves, that is, either unwelcome / isolated, or feeling as though they belong. The term “*social acceptance*” (line 193.8) also functions to show the hierarchical level of decision making; as a result, discourses are filtered down through organisations such as colleges, and in this case, Beatrice explains this by placing emphasis on “*we belong here*” (line 193.6). Later on in the group discussion Beatrice positions her native culture as a polar opposite to the college setting, illustrating how the cultural context can shape discourses of SEMH needs:

Extract 25

967.2 Beatrice \ *in **my** world you* /
 967.3
 967.4 Beatrice [\ ***don**'t share* [1] where I come from.. you **don**'t have [laughs
 967.5 - problems] [full?] stop

Using the pronouns “*my*” (line 967.2) and “*I*” (line 967.4), takes full ownership of the account and creates a greater level of factuality. This functions to demonstrate variation across cultures. The repeated emphasis on “*don't*” (967.4) suggests that there is a pre-existing discourse that other cultures strongly disagree with sharing problems. The use of the word “*problems*” indicates a focus on the negative elements of mental health, but also shows that any deficit in an individual’s daily functioning can be stigmatised at a cultural level. One variation that separates Extract 24 and 25 from previous examples in this IR is that students and staff are not separated here. As a result, this positions college staff within a cultural context as also affected by SEMH needs.

Descriptions of this IR so far, have highlighted a strong focus on SEMH needs being problematic in the current historical and cultural context. In the extract below, participants note how *students* can also focus on problematic symptoms, but also how their openness and taking control of their own SEMH needs has emerged and developed over the course of time:

Extract 26

- 407.0 Lenny [click] | | I... I **will say one thing** about... this... is that erm [1]
 407.1 students are far more [1] you you f... I find that you are far more
 407.2 likely to be approached by students **telling** you who use... stress
 407.3 as an explanation
 408.0 Pp Mmm
 409.0 Lenny Or say this **stresses** me out or that stresses me out
 409.1
 409.2 Lenny [[inaudible]
 410.0 Abigail Yeah they're quite open about those conversations aren't they?
 411.0 Pp Mmm]
 411.1
 412.0 Lenny Whereas you never I can't remember ever having conversations like
 412.1 that twenty years ago... whereas now [2] at least [1]
 412.2
 413.0 Beatrice [They make you aware
 414.0 Lenny There's at least **one** /]
 414.1
 414.2 Lenny \ *or two every year* /

Lenny's comparison to current students is offered by a memory of his previous experiences at college. By using a statement of probability and saying that students are "*far more likely*" (line 407.1-407.2), opens up possibilities for different views, whilst strengthening plausibility in his own account. Lenny's observations suggest that students are increasingly taking a more active role in managing their stress, rather than remaining relatively passive in the treatment process. Abigail's comment in line 410.0, and Beatrice in line 413.0, also illustrates this shift from passive to active, and the idea that students are taking more responsibility and control of their SEMH needs. This discourse balances the power dynamic between staff and students, rather than staff solely taking on the role as 'helper'. Exploration of the positioning ideals between the student, staff member, and the college culture are illustrated in the extract below:

Extract 27

913.0 Beatrice from everything we're saying I'm I'm just wondering now how [1]
 913.1 howw er am l... being too maybe too **punitive** you know or [1] I
 913.2 don't know... I don't **think** I am now but I'm just wondering to
 913.3 what extent [1] er I I I should be even **more** positive
 914.0 Pp Mmm
 915.0 Beatrice You know [2] yeah
 915.1
 916.0 [2]
 916.1
 917.0 Abigail But th you're in a **system**
 917.1 Sara [sniff]
 917.2 Abigail which is [click]... **not** that way
 917.3
 917.4 Abigail [is it
 918.0 Lenny You're in a culture aren't you?
 919.0 Pp Yeah
 919.1 Beatrice Yeah true]

In lines 913.0-913.3 we see variation in Beatrice's account, where she openly questions and justifies her own practice simultaneously. This functions to offer some leverage in her views towards the idea that a punitive agenda may or may not support SEMH needs. Abigail and Lenny proceed by explaining that staff members' nurturing practices are hindered by the fixed nature of the college culture, as indicated in line 917.2 and 918.0. This suggests that impenetrable barriers exist and positions the staff members as helpless in supporting SEMH needs effectively. Lines 917.0 – 917.2 and 918.0 also suggest that the fluidity of individuals' responses to SEMH needs is not always compatible with the fixed views of the wider system. This indicates a paradox, where the cultural context can support, but also hinder SEMH simultaneously, depending on the interactions between sub-cultural levels. A lack of connectedness amongst sub-cultural levels was also demonstrated in the following extract:

Extract 28

805.0 Lenny But we can ***challenge** cultures*
 805.1 Pp Mmm]
 805.2
 806.0 Abigail **Well** we.. you **can** but you know it's difficult isn't it really
 806.1 because
 806.2
 806.3 [1]
 806.4
 807.0 Beatrice We can't challenge their parents

This conversational exchange occurred in response to the participants discussing how students' SEMH needs are impacted by parental pressures and expectations. In line 805.0 Lenny uses the future tense to make a statement, and by doing so, the statement also takes the form of a hypothesis. This consequently promotes his own view but also allows for a debate to follow. The notion that this idea is open for debate indicates a level of controversy in the discourse of 'challenging' cultures. In Extract 27, however, Lenny stated that cultures were fixed systems. His variation in views suggests that situations in which cultures can be challenged may depend on the power dynamic within specific cultural contexts; in this case, it may be 'easier' to challenge parental expectations, rather than organisational expectations. The variation between Abigail's and Beatrice's responses in line 806.0 and 807.0, indicates that the debate in challenging cultures for the purpose of supporting SEMH needs, is one which does not offer a clear answer. Equally, this variation between Lenny, Abigail and Beatrice suggests that the conceptualisation of SEMH needs may differ depending on the cultural context, making it more difficult to 'challenge'.

4.4.5 SEMH needs that are affected by relationships

In this IR, various levels of relationships were discussed by the participants; not only from one person to another, but between the college organisation, students, staff, parents, and the wider community. General relationships across the college were discussed in correlation to SEMH needs:

Extract 29

18.0 Lenny It's it's a institutional **stress**.. /
 18.1
 19.0 Abigail [Definitely.. yeah yeah
 20.0 Lenny \ **Transferred** onto.. /]
 21.0
 22.0 Lenny \ onto students and some young people

This extract demonstrates the impact of a hierarchical relationship; the college as an institution displaces its stress onto college staff members and this is then filtered down to the students. This positions the students as vulnerable, inferring that the students' SEMH needs require a greater level of support. By describing the “*stress*” as originating from the organisational structure this early on in the group discussion (line 18.0), shifts the blame of directly impacting students' SEMH needs away from the college staff. Considering the displacement of stress into the students, communication of students' needs was seen to be important to be able to manage them:

Extract 30

292.0 Abigail It is all about.. communicating... the /
 292.1
 292.2 Abigail [\ needs isn't it.. I suppose really
 293.0 Beatrice Yeah... yeah /]
 293.1
 294.0 Beatrice And connecting with the student /

Variation can be seen here, from the certainty of “*It is all about*” (line 292.0) to a tentative “*isn't it*” and “*I suppose*” (line 292.2), which suggests that the idea of communicating needs is more challenging and complicated a process than Abigail initially put forward. The ambiguity of who should be communicating the needs suggests a general communication across the college, and this also highlights that functional relationships need to be in place for SEMH needs to be managed effectively. This places the responsibility as ‘shared’ across the college organisation. Beatrice’s use of the word “*student*” (line 294.0) distances the needs in question from the college staff, and places them in the student population. As a consequence, it portrays the staff member as SEMH supporter within the staff-student relationship, rather than requiring support themselves.

The function of a positive relationship as a means to connect with students effectively, was elaborated on in the following extract:

Extract 31

1128.0 Beatrice I think it's also about us not giving up on them you know /
 1128.1
 1129.0 Pp [Yeah
 1130.0 Beatrice \ If you /]
 1130.1
 1130.2 Beatrice \ if you.. have an end goal.. with *without* being overly pushy

A positive, hopeful and consistent relationship is noted here as supporting a student's SEMH needs, and the alternative (and less desirable) option is given in line 1130.2; *"overly pushy"*. By illustrating the alternative, Beatrice is demonstrating how relationships can affect SEMH needs in a variety of ways. Equally, the use of *"overly"* suggests that college staff are positioned as authority figures in the relationship, but this is alleviated slightly to allow room for the student to take some control of their future and subsequent SEMH needs. The nurturing relationships between staff and students were occasionally discussed in relation to this being facilitated more easily in certain parts of the college. Below, Abigail and Rachel discuss the positive staff-student relationships formed in the Additional Learning Support (ALS) room:

Extract 32

523.0 Abigail That's quite good and then and then also down **there**... there is a
 523.1 feeling... it is quite a **supportive** environment isn't it?
 523.2
 524.0 Rachel [Yes yes
 524.1 Pp [inaudible]]
 524.2
 525.0 Abigail [It's **calm**
 526.0 Rachel There's **somebody** /]
 526.1
 526.2 Rachel \ there it's calm
 527.0 Pp Yeah
 528.0 Rachel They can talk to us about... /
 528.1 Pp yeah
 528.2 Rachel \ anything and

The positive relationships described as being facilitated in the ALS room (lines 523.1 and 528.0-528.2), suggest that relationships external to this room in the college can be different, and perhaps not as supportive. In lines 528.0-528.2, the student is

positioned as the one requiring support with their SEMH needs, and the staff member is positioned as the competent supporter. The following extract demonstrates how the ALS team in particular were seen to be able to develop effective relationships with the students and therefore provide effective support for SEMH needs:

Extract 33

612.0 Beatrice I'd say you might be the first adults are actually listening

Here, Beatrice (a teacher) suggests that the ALS team provide support for students' SEMH needs by developing valuable relationships with the students, and this serves a number of functions. Firstly, it highlights that specific adults are better equipped in their role at being able to offer initial support for SEMH needs. This places parents, teachers, and other college staff members in a secondary position to offering support. Secondly, the use of "*actually*" suggests that there is an 'active' function to the ALS team's support towards the students, offering an insight into the ALS team having the time and capacity to be able to develop these relationships with students.

Later on in the group discussion, however, variation in the idea that the ALS team should primarily offer initial support to students was demonstrated:

Extract 34

1247.0 Beatrice Is *not a lack of places to ask for help* /
 1247.1
 1247.2 Beatrice [\ it's the /
 1247.3 Abigail No]
 1247.4
 1247.5 Beatrice \ **courage** to /
 1247.6
 1247.7 Beatrice [\ ask for help /
 1247.8 Abigail yeah
 1247.9 Cleo mmm]
 1247.10
 1247.11 Beatrice the issue

Availability of help for SEMH needs was considered to be plentiful (line 1247.0), suggesting that the college's approach is seen to be proactive, competent and readily aware of SEMH needs. The variation indicated between the amount of support available and the student's "*courage*" to ask for help (lines 1247.0 and 1247.5), suggests a shift in the staff-student relationships from Extract 32. In this current extract, students are positioned as having to take a greater level of responsibility and control of their SEMH needs, which also reflects experiences of the students described in Extract 26. Use of the word "*courage*" (line 1247.5) also suggests that the student's SEMH needs may be stigmatised within the staff-student relationship, indicating that negative discourses of SEMH may hinder effective working relationships. As a consequence, students may be reluctant to seek support in the first instance. The idea that SEMH needs are stigmatised between different relationships can be seen in the extract below, in the discussion of differences between staff-student, and student-student relationships:

Extract 35

970.2 Beatrice \ **child** tha nowadays s l'm curious I *know they would share
 970.3 with **me*** You know l've l've g l've had students coming... and
 970.4 saying er Miss err um [1] you know thing things aren't [1] er
 970.5 err as good as they should be or whatever but I wonder
 970.6 **among** them in **their** groups whether it still a hiding façade
 971.0 Pp Mmm
 971.1
 972.0 Cleo [I don't think they would /
 972.1 Pp [inaudible]]
 972.2
 972.3 Cleo [\ Cause I [1]
 973.0 Abigail No]
 973.1
 974.0 Cleo [I think it's [1] I think that they'd go to the teacher because
 974.1 in their minds they think a teacher would understand
 975.0 Beatrice And remain *neutral yes yes*
 975.1 Pp [inaudible]]

In this extract, staff and students have been separated in their approach to SEMH needs. Staff members are seen as approachable, non-judgemental, understanding and aware, and the emphasis represented by Beatrice's raised volume (line 970.2-970.3) supports this idea. Students, in comparison, are seen as having a lack of understanding of SEMH needs (see lines 970.6 and 974.1). By distancing the students and staff and constructing relationships in this way, staff members are seen to hold a higher level of competency and responsibility in supporting SEMH needs. It also places the vulnerability amongst the student cohort and more likely as having SEMH 'needs', than the staff cohort. This demonstrates a link between social relationships and how SEMH needs are perceived in relation to who the student is speaking to. The link between relationships and SEMH needs were also discussed with regards to students speaking to people outside of the college organisation:

Extract 36

175.6 Abigail and **students** don't always want to talk to teachers they want to
 175.7 talk to somebody who comes in from outside.. who erm [1] they
 175.8 can talk.. to about things they wouldn't feel comfortable.. talking
 175.9 to about.. you know to **teachers** /
 175.10
 175.11 Abigail [\ about so.. *Someone* who you know is um.. not seen..
 175.12 walking around the building everywhere...

Abigail offers an explanation here for reasons why a student may not wish to speak to a teacher about their SEMH issues. The idea that external professionals work within the college setting, suggests that working relationships have been established between the college and external services. This indicates that SEMH needs require a level of specialist support that cannot be accommodated by the college staff (as also noted in Extract 7). It therefore appears important for relationships to be built not only between the college staff and the students, but between the college organisation and the wider network of external services to be able to effectively support SEMH needs.

4.4.6 SEMH needs as a consequence of developmental causes

Whilst this IR was not as commonly used by the participants to co-construct SEMH needs, it emerged at times to facilitate explanations of why some college students presented with certain SEMH needs. In the extract below, Cleo explains why some students find it difficult to recognise how social media can create unrealistic expectations for students from different backgrounds:

Extract 37

149.2 Cleo \ But that's not necessarily the case but I don't think that
 149.3 they're.. at **this** age they're able to grasp...

In this extract, college age students are seen to be still developing, and at a stage in their development where a more informed understanding of SEMH needs is out of their reach. This distances the college staff away from 'developing' students, and positions them as having responsibility to support the students' understanding of SEMH needs. However, the use of the word "*grasp*" suggests that college students are approaching an age where their capacity to understand these concepts will develop.

In the extract below, individual differences amongst students are used to explain students' SEMH needs:

Extract 38

1025.0 Sara \ It's not something that's gonna be a given [1] all of your **life** I
 1025.1 mean some people are lucky enough.. for that to happen but
 1025.2 other people have to work on being mentally /
 1025.3
 1025.4 Sara [\ healthy [breathe in] /
 1026.0 Lenny Mmm
 1027.0 Pp Mmm]

Sara's use of the word "*lucky*" (line 1025.1) suggests that being mentally healthy is an innate disposition for some people. The word "*people*", rather than 'students' (lines 1025.1 and 1025.2), infers that SEMH needs continue beyond adolescence and further suggests that problems can be encountered if individuals do not take control of their own mental health at an earlier stage in life. The notion that people need to work on their own mental health (lines 1025.1 – 1025.2), suggests that 'problems' or

'needs' originate from within the person and largely biologically caused, rather than occurring through interactions with other people, or with the environment around them.

Developmental causes linked to gender and SEMH needs were raised in the group discussion. Below, Lenny attempts to establish this link:

Extract 39

1165.0 Lenny [click] ah d **y**esterday I did s.. there might be a **gen**der thing
1165.1 here as well

Lenny presents as unsure here as to whether there are differences between the genders, and presentation of SEMH needs. This suggests that there may be wider societal discourses relating to gender and mental health that Lenny may have been influenced by. The discussion below demonstrates variation in responses to this link between gender and SEMH needs:

Extract 40

1169.0 Lenny \ Whereas the /
 1169.1
 1169.2 Lenny [\ **boys** /
 1169.3 Sara [sniff]]
 1169.4
 1169.5 Lenny really didn't... didn't know... [laughs] ... **what** to think.. about
 1169.6 how they would be in in ten years' time
 1170.0
 1171.0 Sara Do you think that's because /
 1171.1
 1171.2 Sara [\ they might /
 1171.3 Lenny [sniff]
 1171.4 Pp [inaudible]]
 1171.5
 1171.6 Sara think it was embarrassing to say
 1172.0 Abigail They wouldn't like to say I /
 1172.1
 1172.3 Abigail [\ want to be married with three kids
 1173.0 Lenny I mean I l... yeah I me /
 1174.0 Sara [inaudible] Yeah]

It appears that Lenny is suggesting that college age boys may be less likely to demonstrate decisiveness of future aspirations, than girls are. By doing so, he is suggesting that there is a possible link between having future aspirations and SEMH needs. Sara offers the alternative possibility that boys may be embarrassed to answer (line 1171.6), rather than boys demonstrating a difference in their SEMH needs when compared to girls. Equally, the interjections and overlaps between lines 1171.2 and 1174.0 further suggest that there was debate and disagreement amongst the group, with regards to Lenny's identified link between gender, decisiveness, and future aspirations. These discursive strategies functioned to suppress the discourse that traits of decisiveness and future aspirations are factors in determining the link between SEMH and gender. Throughout the group discussion however, there were implicit references made to gender and SEMH needs. One

particular example can be found in Extract 17 where a female student's experience was used to illustrate SEMH needs. In comparison to this, the extract below offers an example as to how a primary school aged boy with SEMH needs may be perceived:

Extract 41

- 1140.7 Lenny \ you know look at that naughty boy you don't want to
 1140.8 behave like them... you don't seem to get...
 1141.0 Beatrice The nurturing there
 1142.0 Lenny like **really** intense psychological [1] **help** at that point
 1143.0 Pp Hmm
 1144.0 Lenny That's how I think the resource should be [1] or there should
 1144.1 be more resource *because they come here they're **formed**
 1144.2 essentially* an we can do [1] /
 1144.3
 1144.4 Lenny [\ **some**
 1144.5 Pp Mmm]
 1144.6
 1144.7 Lenny \ bits and pieces but [1] they've had **sixteen** years of whatever
 1144.8 it is that's been forming them
 1145.0 Beatrice Yeah but that's that's not a reason not to change
 1145.1
 1146.0 Lenny [*Oh no it's not it's not* m
 1147.0 Beatrice At *sixteen years* you're still errr... /]
 1147.1
 1147.2 Beatrice **everything** is possible
 1148.0 Lenny You can /
 1148.1
 1148.2 Lenny [\ **try** but I
 1149.0 Beatrice I believe in... /]
 1149.1
 1149.2 Beatrice change /
 1149.3
 1149.4 Beatrice [\ I believe in
 1150.0 Lenny [laughs]
 1150.1 Sara [laughs]]
 1150.2
 1151.0 Beatrice Uh [1] *i can't* give up on anybody at sixteen come on [1] *at
 1151.1 any age* /
 1152.0 Beatrice [\ Actually [2] nerrr
 1153.0 Sara *Yeah any age* no]

In line 1140.7, Lenny quotes a primary school staff member to demonstrate how a boy may be labelled as “naughty”, rather than exploring and supporting the causes of the behaviours. This extract firstly demonstrates how boys may be perceived differently to girls in their behavioural presentations, suggesting that boys may be seen to present with more ‘obvious’ behavioural difficulties than girls. Secondly, it also demonstrates the variation between SEMH needs becoming “formed” at college age due to lack of support from childhood experiences (line 1144.1), or SEMH needs being fluid over time, regardless of childhood experiences (line 1145.0). By putting forward the argument that SEMH needs become “formed” by college age (line 1144.1), shifts blame away from the college setting, and places responsibility of unsupported SEMH needs on the primary school setting. Subsequently, it positions the college staff as disempowered if they are then faced with managing unmet SEMH needs at college age. This is in contrast to Beatrice’s argument that her role within the college involves maintaining hope (line 1151.0) as students continue to develop their SEMH needs (line 1145.0). This variation was followed, however, by a shift in agreement towards the discourse of SEMH needs being ‘fixed’:

Extract 42

1155.0	Beatrice	[laughs] However [1] y yeah you you do have a <u>problem</u> if
1155.1		people have er... patterns
1156.0	Lenny	Yeah
1157.0	Beatrice	that have been er h hindering their behaviour for such a long
1157.1		<u>time</u> for sure

Beatrice’s emphasis on “however” (line 1155.0) demonstrates some exceptions that lean towards a discourse of SEMH needs becoming fixed as adolescent development progresses. The shifts in this argument suggest that SEMH can become ‘problematic’

if early recognition and intervention are not facilitated. Equally, the use of “people” (line 1155.1) is indicative that SEMH needs can occur throughout life, and as a consequence, responsibility is distanced from the college setting specifically to manage SEMH needs.

4.4.7 SEMH needs that also impact college staff

This final IR featured the least throughout the group discussion and the IR was utilised when focusing on college staffs’ SEMH needs, as opposed to the students’ SEMH needs. The extract below offers an insight into how college staffs’ SEMH needs were described:

Extract 43

367.0 Lenny \ I I think if you're **stressed** [1] it is in... you know you you
367.1 **pass** that stress on

Lenny is suggesting here that staffs’ own SEMH needs have a direct impact on others. The ambiguity as to who the stress is passed onto is indicative that college staff could also be the recipients of stress. This reflects Extract 29 where it was discussed how stress filters through the college setting. Participants gave a specific example as to how a teacher experiencing stress can impact on student’s SEMH needs:

Extract 44

315.0 Sara And what's obviously happened is a teacher in their stress [1]
 315.1 has probably said /
 315.2
 315.3 Beatrice [[laughs]
 316.0 Sara \ to a whole group]
 316.1
 316.2 Abigail yeah
 316.4 Sara You know If you don't passs you'll be withdrawn....

Sara's use of "obviously" (line 315.0) suggests that this may be a common scenario, but also that there is certainty that the teacher's response is a cause of the student's reaction. This highlights the teacher's stress as overwhelming and problematic. The participants hypothesized underlying reasons for college staff experiencing high levels of stress:

Extract 45

298.8 Abigail I think some of the [laugh] *some of the things that we
 298.9 discussed*]
 299.0 Abigail also apply to teachers [1] /
 299.1
 299.2 Abigail [\ *Pressure.. meeting deadlines* You know league tables
 /
 300.0 Beatrice Mmmmmm... Mmm
 300.1 Pp Absolutely
 300.2 Pp Mmm... mmm]

In this extract, staff and students are seen to align more closely together due to experiencing similar educational pressures (line 299.0). The emphasis on educational pressures could be seen to be a safe topic for discussion, functioning as a buffer and creating distance in discussions surrounding college staffs' personal or previous experiences of SEMH needs. This discussion may also be a safer one because the

responsibility and cause of SEMH needs is seen to come from those who create the pressures, rather than from individual needs. Therefore, although the staff members are seen to have some level of vulnerability here, this is not heightened by the discussion of individual needs or backgrounds. This further highlights how college staff may not feel as though they can be vulnerable when required to attend to the numerous pressures they face. An extreme version of SEMH needs within college staff is illustrated below:

Extract 46

355.0 Lenny I... would be interested to know how many **teachers** are on
 355.1 [sertraline?] [2] and or any other drug that [1] helps with stress
 355.2 and all the /
 355.3
 355.4 Lenny [\ rest of it
 356.0 Abigail How many **teachers** are on?
 357.0 Pp Mmm]
 357.1
 358.0 Lenny [Yes how many teachers and whether there's
 359.0 Abigail [laughter]
 359.1 Pp Mmm]
 359.2
 360.0 Lenny a correlation in terms of how many /
 360.1
 360.2 Lenny [\ **students** are are are /
 361.0 Beatrice [inaudible] [laughter]]
 361.1
 362.0 Lenny [\ kind of being medicated
 363.0 Beatrice How many of you are on vallium?]

Lenny opens by asking a question (line 355.0), and creates distance between himself and the teachers he has queried. This distancing strategy and the laughter that followed (lines 359.0 and 361.0), suggests medication as a coping strategy for staff members is a sensitive subject to discuss. As seen in Extract 45, the staff and students are being aligned similarly in this extract (line 360.0), suggesting that there is an interactional process between a staff member's and a student's SEMH needs.

The idea that medication as a coping strategy is being discussed, finally suggests that the teachers' SEMH has reached a severe and overwhelming level that requires a "*drug*" (line 355.1) to help manage the amount of stress that they endure.

4.5 Chapter summary

This chapter has described and analysed each of the seven IRs. By utilising each IR, participants were able to position themselves differently and variation was noted across discourses to achieve accountability of their co-constructions of SEMH needs within certain contexts. The following chapter begins by synthesizing the findings, and this encompasses an exploration of the interactions between the IRs. The synthesis of findings is then discussed in relation to its implications for Educational Psychology practice.

5. Discussion

5.1 Chapter overview

This chapter begins by discussing the emerging discourses of SEMH needs that developed through the interactions between the IRs. The findings are discussed in relation to relevant literature, and these are then related to implications for EP practice. The dissemination is also discussed to highlight how the findings from the study were fed back to the participating colleges, EPS and the wider profession. A thorough evaluation of the study is detailed, and this includes both strengths and limitations to the research process and methodology. The researcher's reflexivity throughout the research journey is revisited, followed by a discussion of recommendations for future research.

5.2 Research questions revisited

Research question 1:

What discourses are used by college staff when discussing Social, Emotional and Mental Health?

Research question 2:

How do these discourses contribute to the staffs' co-constructions of Social, Emotional and Mental Health?

5.3 Discussion of findings

For ease of reference the IRs are labelled as follows:

- **IR 1** – SEMH needs as a worthy issue for the college to support
- **IR 2** - SEMH needs as a consequence of pressures to succeed
- **IR 3** - SEMH needs as a presentation of traits and symptoms
- **IR 4** – SEMH needs as constructed through historical and cultural contexts
- **IR 5** – SEMH needs that are affected by relationships
- **IR 6** – SEMH needs as a consequence of developmental causes
- **IR 7** – SEMH needs that also impact college staff

5.3.1 The nature of language and interaction: variable co-constructions of SEMH needs

Seven IRs were identified from the group discussion, demonstrating that participants drew upon different discourses when co-constructing SEMH needs. An interactive process across the IRs also took place (see Figure 3 on page 89), illustrating overlapping, as well as contradictory discourses of SEMH. These ‘contradictory’ discourses account for shifts in both individual, and the group’s discourses. An example of a shift in an individual’s discourse can be seen between Extracts 15 and 16. The staff member began with a primary discourse of SEMH being identified through problematic symptoms, before later moving on to SEMH being identified through general well-being.

Potter and Wetherell (1987) identify these variations as a reflection of the nature of language through interaction. From a social constructionist perspective, such inconsistencies and variations reflect the nature of change in attitudes over time, rather than a more traditional psychological view that attitudes remain relatively stable (Potter & Wetherell, 1987; Tuffin et al., 2001).

The participants were seen to position themselves in various ways when co-constructing their accounts. This positioning did not only appear in relation to other participants in the group, but in relation to the researcher, to the rest of the college, to parents, and to wider networks. Participants regularly positioned themselves as having sufficient knowledge of SEMH needs, but at the same time they were open to other views and this helped them to manage issues of accountability and to demonstrate credibility in their constructions (Harper, 1995). Their positioning may have also been influenced by a perception of the facilitator's / researcher's role of having a greater level of knowledge on the topic (see section; *Limitations on the research* later on in the chapter). Additionally, social ideologies of SEMH needs that had infiltrated the college setting could have impacted the way in which participants positioned themselves. In these instances where participants presented with these ideological dilemmas of to what extent SEMH needs should be identified and supported in the college (see Extracts 4, 10 and 27 for examples), contradictory talk can occur (Billig et al., 1998). Hierarchical discourses were seen to emerge from the presented ideological dilemmas; the dominant societal discourses related to prioritising educational attainment, and the often suppressed discourses of the group, or individual staff member, related to the desire to attend more to SEMH needs.

Some participants, however, positioned themselves towards extreme views, or openly acknowledged that they were not clear about the term SEMH (see Extract 19). As highlighted in the literature review chapter, *mental health* can be an ambiguous term (Williams, 2014; Venville et al., 2014a), and therefore the participants in the current research study may have found the more recent concept of SEMH difficult to define or explain. Variation between Extracts 19 and 23, however, demonstrated how a clearer illustration of SEMH needs was possible when embedded in a certain context, reflecting the idea of meanings of SEMH being dependent on “*cultural specificity*” (Burr, 1995, p.3).

5.3.2 A race to fix the SEMH ‘crisis’: a social anxiety?

An overwhelming similarity across the IRs contributed to a discourse of SEMH needs being a very real and current issue in the college setting, and at times, it appeared that this issue had almost reached crisis point (see Extracts 10 and 12 for examples). This also reflects the research from the literature review, where most of the studies had concluded that mental health needs were a concerning issue in the college (Isenwater et al., 2002; Best et al., 2008; Warwick et al., 2008; Miller & Nguyen, 2008; Worrall & Law, 2009; Morrison, 2010; Leach & Hall, 2011; Venville & Street, 2012; Williams, 2014). Participants in the current study indicated that they wished for a greater sense of progress with regards to how SEMH needs were managed in the college, which is again suggestive of SEMH needs being a concerning issue (see Extract 1 for an example). These discussions may be rooted in a *social anxiety*, which

Robson, Bailey and Mendick (2008) argue can manifest itself in ways that are particular to the historical and cultural contexts of the educational setting; for example, the anxiety can be presented through the idea of a student academically 'failing', or the anxiety can be displaced into the individual students themselves (as a defence against the social anxiety). This can result in an increased level of SEMH needs across the student population, which the participants recognised as occurring in their college (illustrated in Extract 29). Equally, it is argued that educational settings often hold the burden of social anxieties, stemming from the social expectations that a school or college is responsible for preparing the child or young person for employment and adulthood (Tucker, 2014). Social anxiety can be further perpetuated by educational staff feeling the pressures of appearing competent, particularly in light of funding issues and their own job security, as noted in Venville et al.'s study (2014a).

Participants constructed the notion of a limited period of time to support students' SEMH needs effectively in the sixth form college (see Extract 41 for an example), and this discourse may have presented itself differently in FE colleges as students enrol from a wider age range. Williams (2014) notes that the concept of adolescence, and the college education system continues to change over time and this can create uncertainty and confusion as to how to meet needs effectively. Equally, during adolescent development there is a gain in independence and autonomy, but at the same time there continues to be a level of dependency on adults (Williams, 2014). This back and forth shift between dependency and independence was reflected in the confusion of the participants, particularly through the emergence of IR 1 and

how to support students' SEMH needs when they were no longer entirely dependent on key adults.

Considering the sixth form college setting of the research study, academic pressures were a frequent discussion, as illustrated by IR 2. Participants often explained how this had a direct impact on the students' SEMH needs, reflecting the findings from Symonds et al. (2016) who argued that students who chose an academic route at college experienced greater mental health needs as a result of the overwhelming pressures that they were put under to 'succeed'. Shah and Marks (2004) further argued that the 'ideals' of academic success only perpetuate mental health issues, and this can be seen in Extract 10. In addition to this, Nath (2008) explains that high achieving students can sometimes unintentionally be ignored, as they are perceived to be able to look after themselves. Whilst this link was not explicitly made by the participants, the idea that higher achieving students can demonstrate anxiety that may be difficult for staff to identify can be seen in lines 311-320 (see Appendix J). This leads on to the following section, which considers where the responsibility for supporting and managing SEMH needs lie. This debate formed a significant contribution to the co-construction of SEMH needs in the focus group discussion, as well as in the existing literature.

5.3.3 College staff as SEMH supporters: an emotional labour

The emergence of IRs 1 and 7 demonstrated how participants felt to some extent confident in managing SEMH needs, but also recognised how they required further

support; not only to be able to support students' SEMH needs effectively, but also their own. The staff members' own SEMH needs were generally suppressed in their discussions, suggesting that there was a desire to discuss their role as SEMH 'supporter', rather than the individual receiving the support. This was also noted in Venville et al. (2014a), where staff members did not feel comfortable discussing their own SEMH needs (although they felt they needed support). It was concluded that this was because it placed them in a vulnerable position rather than as a 'supporter', and the college did not appear to encourage this dual positioning.

The idea of social anxiety, as discussed from Robson et al., (2008) may also help to explain why staffs' SEMH needs were not able to be comfortably spoken about.

Macnab, Visser and Daniels (2008) elaborate on this by explaining that educational professionals can often place mental health needs 'into' the young person, as it can be too difficult to explore the relational aspect that may be impacting on the situation. The theory of "*adolescent emotionality*" (Briggs, 2009, p.52) explains why working with young people can be challenging and sometimes 'emotionally' painful, as it encompasses managing heightened emotions, hormonal responses and impulsive behaviour (Briggs, 2009). In attempts to avoid this (adults are often unaware of the extent of these feelings), 'boundaries' are maintained by observing the adolescent as 'problematic', rather than issues that occur within the relationship between adult and student (Briggs, 2009). In addition to this, students perceived as difficult or challenging may be supported by external agencies, and this can help to maintain boundaries and defend the staff members against possibly painful reactions to "*adolescent emotionality*" (Briggs, 2009, p.52: see Extracts 7 and 36 for possible illustrations of this, alongside further discussions below).

Predominantly through the use of IRs 1, 2, and 4, participants discussed the extent to which the college should focus more on SEMH needs. Participants also discussed how adults external to the college shared responsibility to help support students' SEMH needs, and this appeared to shift responsibility away from them (see Extract 41 for an example, and as noted above by the references to Extracts 7 and 36).

Research suggests that a 'social responsibility' approach to managing SEMH needs could be seen as a social ideology (Tuffin et al., 2001), functioning to diffuse responsibility because the direct management of SEMH needs may be considered too great a risk. This is further evidenced in Extracts 9 and 11, where blame is shifted towards academic and parental pressures. Equally, the notion that SEMH needs may be an engrained or natural part of adolescent development (as illustrated in Extract 12), shifts the primary responsibility of managing SEMH needs away from the educational professional. As a result of diffusing responsibility, the participants positioned themselves as the 'mediator' between the student and the college organisation (see Extracts 5 and 17). This was a role that the participants noted was difficult to manage, due to a perceived lack of support from the college system. This illustrates similar findings from Williams (2014) where it was noted that *emotional labour* consumed a large part of the college staff member's role, involving the management of emotions and feelings in the students, and in themselves. Emotional labour requires a kind and nurturing relationship to exist between staff and student, but also a level of skill and emotional energy (Eaton, 2008) and this was sometimes considered difficult to maintain by the staff members in the current study (for examples, see lines 921-926 and 1192-1197 in Appendix J). The theory of emotional

labour also fits with the idea of “*adolescent emotionality*” as previously discussed (Briggs, 2009, p.52).

The participants felt that a lack of support for SEMH needs was as a result of the college’s priority of raising educational attainment. This presented a paradox where the college simultaneously nurtured, but also hindered staff and students’ SEMH needs, and this was particularly represented through the use of IR 2. Using IRs 1, 2 and 4 to co-construct SEMH needs, can be seen to reflect the debate of a *therapeutic culture* in education. It is argued that an *emotional curriculum* should exist because teaching and learning is an emotional practice (Storrs, 2012). This can be seen in Extract 1, where the need for SEMH support in the college is identified. Other research, however, suggests that *well-being* in educational policy should be appropriately challenged, rather than assuming that there should be governmental policies in place to support SEMH needs and such like (Ecclestone & Hayes, 2009), and this can be seen in Extract 21. Ecclestone and Hayes (2009) further argue that governmental policy and the social concept of emotional well-being should be challenged, because the current focus on emotional well-being perpetuates the concept of vulnerability. This leads onto the following section which explores the dominant discourses of vulnerability and disability in education.

5.3.4 The dominant focus on SEMH needs: to pathologize or to empower?

Whilst most IRs depicted SEMH in both positive and negative ways, the dominant discourses that emerged co-constructed SEMH as a burden and a deficit, not only to

the individual, but to the college setting and at a social level. This negative societal discourse is directly identified in Extract 21. Discussions across IR 3, and those specifically regarding the range of physical symptoms that enable SEMH needs to be identified, also contributed to the discourses of deficits or problems (see Extract 18 for an example). Furthermore, the concept of *measuring* SEMH needs was suggested by the participants. Whilst this focus of measuring SEMH needs was placed on positive elements (see Extracts 4 and 10), Ecclestone and Hayes (2009) suggest that the idea of objectifying such a concept reaffirms an existing discourse of defining the 'norm'. By doing so, some students are relatively positioned as problematic and vulnerable. The discourse of a deficit model of SEMH was commonly reflected in the existing literature, with mental health being largely discussed in pathological terms. There have also been many DA studies on the topic of mental health, and a dominant discourse of this topic often favours a disability model and of mental 'illness' (Harper, 1995; Georgaca, 2014; National Survivor User Network, 2015).

Conrad and Barker (2010) argue that mental illness has been socially constructed by the cultural context within which it is positioned, and Reeve (2002) suggests that *psycho-emotional* dimensions of disability continue to be maintained in society. Therefore, defining SEMH needs as a *disability* positions the recipient as vulnerable and requiring support. Wishart and Jahnukainen (2010) and Sheffield and Morgan (2017) note that by identifying and categorising those in need of support, allows for greater access to funding and resources. As a result of this, however, mental health needs can be overly identified (Sheffield & Morgan, 2017). Lumby (2012) presents the argument that the ideology of vulnerability for a proportion of the student population continues to be maintained, to act as a defence against social anxiety.

Educational homeostasis occurs as a result, where economic competitiveness remains stable. The consequence of this, however, is that certain students are socially excluded from a system that does not support them, and this maintains the status quo. This reflects findings from Reeve (2002) and Venville et al. (2014a), who argue that attempting to shift the dominant view of disability is a significant challenge. This was inadvertently reflected in the participants' talk, where the idea of being 'socially accepted' suggests that an individual who has SEMH needs is perceived to deviate from the social 'norm' (see Extract 24). In parallel to this, however, the participants were also seen to position themselves in disagreement and helplessness to the wider discourses and constructs (see Extract 27 for an example).

In reference to the SEND category of SEMH needs, it could be agreed that the legislative context is required to clearly define terminology to be fit for purpose. By doing so, however, can maintain societal discourses of young people with SEMH needs to be categorized with a *special educational need*. The wording of this SEND category of SEMH needs also reflects a 'within' person deficit, rather than highlighting the relational and social aspects of underlying needs. Sheffield and Morgan (2017) note, however, that the purpose of this guidance was to be able to respond appropriately, rather than focusing on categorising needs. The participants in the focus group did not refer to, or appear aware of the legislation, although they did note that they categorised their students with the term 'SEMH needs' (see Extract 20). This suggests that although the term 'SEMH' has become familiar in the college setting, the legislative context and accompanying definition has yet to make a significant impact on individual staff members' practice. Compared to the

legislative term of SEMH needs, the staff members' co-constructions of this terminology offered a greater holistic view of mental health. This may be potentially due to the increased independence of college age students, and the greater focus on a more balanced power dynamic within the staff-student relationship. In addition to this, although behaviours were discussed throughout the focus group, the staff members most often focused on the emotional aspects of the student. This potentially indicates that the very absence of the word *behaviour* in the term 'SEMH', impacts on the way in which SEMH needs is focused on and co-constructed.

IR 2 and the concept of failure versus success, as well as the biological causes of SEMH needs constructed through IR 6, were suggestive of discourses of pathologising individuals who have experienced SEMH needs. Some students with SEMH needs were also depicted as having 'lifelong' difficulties, and there was debate as to what extent SEMH needs were seen to be 'fixed' (see Extracts 38 and 41). Georgaca (2014) notes that conclusions made from DA studies on mental health can often find biological causes to be a dominant discourse, however this positions the individual as being disempowered. It did not always appear that the participants from this research study were aware that these were the discourses they were constructing, and it therefore seems that dominant social discourses had a significant impact on how SEMH was discussed.

In light of these dominant discourses, other variants related to biological causes such as gender or ethnicity were rarely evident (and ethnicity was only referred to in relation to the staff member; see Extract 25). Equally, discussion was absent in relation to the link between socio-economic status or sexuality, and SEMH needs.

The researcher remains curious as to what extent these discourses may have been suppressed, considering the cultural diversity of the college population. An absence of these topics and the links with mental health was also reflected in the existing literature, although studies such as Symonds et al. (2016) did control for these variables. Regarding participants in the current study, the potentially suppressed discourses of students' backgrounds may have been because differences between cultural contexts were seen to be too great to overcome, or too great a risk to discuss. This can be seen in Extract 28, where a debate regarding the challenging of cultures is illustrated.

It is argued that whilst a view of disability may enable mental health to be more easily conceptualised, this does not mean it is the most appropriate view to take (National Survivor User Network, 2015). The participants' discourses sometimes demonstrated a shift away from SEMH as a solely negative presentation, and co-constructions of SEMH were also seen to be multifaceted (as illustrated in Extract 15). Discussions also included the concept of empowerment and students having a greater sense of control over their lives, resulting in more effective self-management of their SEMH needs (see Extract 4 for an example). The discourse of empowering students reflect findings from Lumby (2012) and Venville et al. (2014b), where it was argued that factors such as resilience as well as empowerment required a greater focus on students who were being marginalised, or who were experiencing mental health difficulties. Further research suggests that resilience and protective factors are important to take into account, as adverse circumstances or mental health difficulties do not always amount to negative outcomes (Dray et al., 2014; Roffey, 2015). Discourses of empowerment also reflects Morrison et al.'s (2010) and Leach

and Hall's (2011) findings, where it was concluded that college settings demonstrated more of a holistic view to mental health when compared to the external mental health network that supported the colleges who primarily focused on diagnosis of mental 'illness'. A holistic view of SEMH needs encompasses a greater understanding of social processes that support mental health and emotional well-being. The role of inclusion within a holistic framework was also indirectly discussed by the participants in the current study (see Extract 24, as well as lines 443-445 in Appendix J), and existing literature argues that more support should be given to students with mental health needs, for an inclusive approach to be facilitated where appropriate (Macnab et al., 2008; Twardzicki, 2008; Cooper, 2008; Lumby, 2012).

Social processes noted in Morrison et al. (2010) and Leach and Hall (2011) were also evident in the participants' talk, particularly through IR 5, where the link between relationships and SEMH needs were discussed in detail. This correlation was not always directly linked together, however the participants did identify that positive relationships often supported students' SEMH needs (see Extracts 27 and 33).

Equally, the participants noted that as the students gained more control in the working relationship between the staff member / parent or college, they became more empowered (see Extract 26). Peer relationships were also briefly touched on, and this reflects findings from Macnab et al. (2008), Twarzicki (2008), Leach and Hall (2011) and Ennals, Fossie and Howie (2015), who note the importance of building on social support and positive relationships to nurture SEMH needs.

5.4 Concluding summaries of the research questions

5.4.1 Research question 1

What discourses are used by college staff when discussing Social, Emotional and Mental Health?

College staff in the research study used a number of discourses to discuss SEMH in the college setting. Some discourses were found to have more emphasis placed on them than others, although variation also arose within certain discourses. This illustrates how the interactional component of language impacts on the staffs' co-constructions, as well as, some of the challenges that the staff group found when attempting to 'define' SEMH. Through a DA approach, it was concluded that the college staff discussed SEMH in their college predominantly through the use of seven IRs. Analysis highlighted the dominant, but just as importantly, suppressed discourses of SEMH that emerged. College staff placed emphasis on SEMH needs requiring further support in colleges, however various pressures across the college setting, and at a societal level, created challenges to achieving this.

5.4.2 Research question 2

How do these discourses contribute to the staffs' co-constructions of Social, Emotional and Mental Health?

Throughout the focus group, debate and exploration of the constructions of SEMH developed, contributing to an evolving nature of SEMH in the college context. The linguistic positioning of individual staff members, and of the group, illustrated how SEMH was being co-constructed. Evidence of this positioning was particularly noted by the level of responsibility that the college staff felt they had towards managing the students' SEMH needs. The staff group would also use their positioning of 'SEMH supporter' to explore the level of responsibility that an adolescent student might have for managing their own SEMH needs, where their developing independent skills were seen to be at a crucial stage. An overwhelming focus on the discourse of supporting student SEMH rather than the staff group positioning *themselves* as the recipient of support for their well-being, indicated how educational pressures continued to be a focus for the college setting. As a consequence, these discourses contributed to co-constructions of SEMH as not only helping, but hindering such needs simultaneously.

5.5 Implications for Educational Psychology (EP) practice

DA research is seen to promote a critical view of different discourses, and this can have an impact on an organisational, and policy level (Potter & Wetherell, 1987).

The researcher argues that this theoretical approach can be directly applied to the findings from her research study, as the college staff co-constructed SEMH as being *impacted by*, as well as, *impacting on* an individual, group, and organisational level.

In light of this, the researcher believes that the synthesis of findings has revealed a

wealth of implications for EP practice across all of these levels, which are discussed below.

Whilst this research study cannot be generalised due to the small scale nature of the research sample (see *Evaluation of the research study* section later on in this chapter), the idea of *transferability* can be applied where the emphasis is on *how* findings can be translated into other settings (Talja, 1999).

5.5.1 Individual level; Consultation skills and the EP toolkit

The research study illustrated the difficulties that people experience when asked to define, or describe an abstract term such as ‘Social, Emotional and Mental Health’. Existing literature also revealed that the concept of ‘mental health’ has proven difficult to conceptualise, and Lindley (2009) and Lofgren et al. (2015) note that this difficulty does not solely relate to the public, but also to mental health professionals. Harper (1995) argues that dominant discourses of pathologizing mental health should be appropriately and sensitively challenged; the aim of this is not to deviate away from the fact that individuals can suffer from severe mental health conditions, but as Ecclestone (2012) states, the complexities of human nature need to be fully explored through counter-narratives. EPs have a valuable skill set and knowledge of consultation approaches to support educational professionals, young people and their families to explore meanings further. EP led consultation can also offer opportunities to explore strengths (Roffey, 2015) and to establish a ‘common language’ to support the collaborative process in consultation (Newman, Guiney &

Barrett, 2015). This can be extended to multi-agency work to support role clarification and effective management of students' SEMH needs (Salmon & Faris, 2006; Leach & Hall, 2011).

A consultation approach, such as process consultation, is based on the idea that the EP attends to the client with no prior assumptions, and curiously questions the client to help them explore meanings collaboratively (Schein, 1990). Consultation can also take the form of specific systemic approaches, such as using the Co-ordinated Management of Meaning (CMM) model. This model assumes that meanings can differ depending on an individual's social reality, and as such, meanings need to be managed carefully within an interaction to ensure that a common language can develop (Cronen, Pearce & Harris, 1982). These collaborative and reflective consultation approaches also sensitively focus on the power dynamic between the EP and client, with relationships being highlighted as particularly important throughout the discussions of supporting SEMH needs. Therefore, discussions in consultation should encourage empowerment to help manage SEMH needs, rather than dependency on professional input.

Aside from consultation, EPs are well equipped to explore an individual's or groups' meanings of SEMH, such as through the use of Personal Construct Psychology (Kelly, 1955) techniques, narrative therapy and externalisation techniques to explore alternative narratives (Hobbs et al., 2012), or solution focused approaches to explore exceptions (Cane, 2016).

5.5.2. Organisational level; A whole college approach

EP involvement at an organisational level is seen to be particularly significant in relation to the findings from this research study, considering the participants' discussions of how SEMH needs impacted the whole college setting. As EPs are relatively unfamiliar professionals to many colleges, clarification regarding the EP role in relation to supporting SEMH needs will help the college to differentiate between this profession and other agencies such as Child and Adolescent Mental Health Service (CAMHS). This is of particular importance where EPs may have more availability to work with young people who do not meet the threshold for CAMHS support. In addition, EPs are well placed to clarify educational and statutory processes related to the SEND Code of Practice, and this may include discussions regarding the identification of young people with SEMH needs in the college, and how EPs may be able to support proactively. This can help to reframe language to shift away from categories of SEND where appropriate.

Lindley (2009) and Aggarwal (2012) note that there should be a greater level of exploration as to how to educate young people regarding topics such as mental health, particularly as societal discourses focus on deficit based language. Therefore, the identification and promotion of suppressed discourses could be encouraged during taught sessions on mental health and emotional well-being, such as SEMH being on a spectrum, and the importance of peer and staff relationships to nurture SEMH (rather than the focus being 'within' person). On a wider scale, the college ethos should also encompass these messages (Tuffin et al., 2001; Georgaca, 2014).

The research findings also demonstrated that staff experienced difficulties with their own SEMH, particularly in relation to the parallel pressures that the staff and students were confronted with. Whilst referrals for EP work may focus on individual students, there may be opportunities to offer professional support in some capacity for staff members. This would be with the aim to explore the relational components of supporting SEMH needs, and the impact that it has on the emotional well-being of staff. Staff support could take the form of a reflective space, such as individual supervisory input, work discussion groups (Jackson, 2008), or solution circles (Grahamslaw & Henson, 2015). EPs could also offer opportunities for staff across the college to come together to discuss their experiences of supporting students with SEMH needs. Additionally, training sessions on adolescent development could help to highlight how this may affect not only the students' well-being, but staffs' well-being as well when working with this student population. It may be useful to not only focus on biological causes of SEMH needs, but to consider the relational and social development that occurs during adolescence and what impact this can have (Briggs, 2009; Williams, 2014). As highlighted in sections 5.3.2 and 5.3.3 in this chapter, it is possible that the discourses of staffs' own SEMH are often suppressed to defend against a social anxiety of a pressure to appear competent and confident in one's job role, particularly as the focus on accountability increases in the workplace (Venville et al., 2014a). As a consequence, SEMH needs of the adolescent student population is often solely focused on. The EP role could help to facilitate a structured supervisory space for staff groups to support appropriate reflection of this, whilst simultaneously supporting staffs' own well-being.

5.5.3 Policy implications and multi-agency working

At a wider level, EPs like to be seen as ‘agents of change’ (Roffey, 2015) and have capacity to use their psychological knowledge and status as Local Authority representatives to impact local and national policies and initiatives. An example of this has been outlined in the Introduction chapter, where the researcher’s EPS joined with the borough’s CAMHS team to establish a working partnership to meet the needs of the young people in the local area.

Burton, Bartlett and de Cuevas (2009) argue that there can be contradictory messages in mental health policies, and this can filter down into educational settings and present itself as confusion and uncertainty as to how to support SEMH needs most effectively. EPs are therefore in a valuable position to support understanding of national, local, and organisational educational policies when working with colleges, or with the Local Authority. Goldman and Grob (2006) note that mental health policies often focus on mental *illness*, however suppressed groups, such as individuals without labels, diagnoses or disorders, should be included in support outlined in policies. Equally, mental health policy should also include social processes and community involvement, to help move away from a ‘within’ person model of mental health needs (Goldman & Grob, 2006). As noted by Ecclestone and Hayes (2009) and Lumby (2012), it would be useful to sensitively explore the link between emotional well-being and educational policy, with a view to support local agencies and colleges to think about what may be underpinning such policies and what may be in the students’ best interests. For instance, the link between emotional well-being and academic pressures (as noted in this research study) could

help to support how academic pressures could be managed more effectively. This may include collaborative involvement with the students to help develop policies, to support an inclusive approach in meeting their needs.

5.6 Dissemination of findings

Considering the implications of findings on EP practice, the researcher disseminated the findings with their EPS, as well as the two colleges that participated (for the pilot and the main focus group).

5.6.1 Feedback to the Educational Psychology Service

The researcher gave feedback to the team regarding the research process, engagement with the colleges, and implications of the findings. This feedback was delivered as a forum for discussion during individual and peer supervision sessions, as well as during a team meeting, where a short presentation was given. The presentation included ideas for future work with post-16 students and with colleges in the borough. Training packages were discussed, and the ways in which school training on SEMH needs could be adapted to help college staff to support SEMH needs that may occur throughout adolescent development and early adulthood. The appropriateness and relevance of reframing language, as well as the use of different consultation approaches was also discussed. The researcher explained that these skills are often facilitated during EHCP related work in colleges, and this existing

work can also help to showcase how outcome-based and solution-focused approaches can be used in further consultation work.

5.6.2 Feedback to the colleges

The researcher contacted the pilot focus group participants by email to offer general feedback of the findings. Whilst it is recognised that the main focus group's findings were not generalisable to the pilot focus group, the main themes were outlined with reference to how this could help to inform EP practice and how it could help to benefit the college. Suggestions were made as to how to support the students (with references made from the *Implications for EP practice* section), however, as this college is supported by another EPS, these were outlined as general recommendations.

For the college that participated in the main focus group, the researcher met with the group of participants. The mental health co-ordinator at the college was also invited, as it was felt that she could be in the position of offering her views on the feedback, but also to support the discussions of feasibility of the implications for practice. The researcher initially felt hesitant when considering the feedback that would be given; she was hoping to be as transparent as possible about the findings, but also to remain sensitive as to how this information was shared. The researcher decided that sharing the seven interpretative repertoires would be a useful way to structure the feedback, but also to demonstrate how the staffs' voices had been heard and interpreted. A group consultation approach was used to feed back the

implications for practice, where ideas were not only given to the participants, but ideas were encouraged to emerge from the group as the discussion continued.

Feedback included the importance of the exploration of language surrounding SEMH needs, and how the use of a 'curious question' can help to sensitively challenge dominant discourses and further support alternative thinking. This could also be applied to tutors when delivering tutorial sessions on mental health, and reflecting on the implications of relaying dominant discourses of deficits of mental health, to students. Equally, the discussion of how to help students feel empowered in supporting their own mental health was explored. This included how to sensitively discuss topics such as mental health with parents who may differ in their cultural beliefs, and the researcher illustrated the CMM model (Cronen, Pearce & Harris, 1982) to show how meanings can be explored in a curious and helpful way.

The role of the EP in the college was finally explored, and it was an additional opportunity for the researcher to clarify the work of the EP, and the work that they could offer in relation to supporting SEMH needs.

Following the feedback session, all participants were given the researcher's contact details if they wanted to discuss the research findings further.

5.7 Evaluation of the research study

As discussed in the Methodology chapter, validation techniques pertinent to qualitative research and DA were adhered to throughout the research process. As with any research design however, there are both strengths, and limitations, and these are discussed below.

5.7.1 Strengths of the research

To the researcher's knowledge, their research is the first DA study to explore the specific term of 'SEMH', and more significantly, from an EP's perspective in a post-16 college setting. It is felt that this has been a timely piece of research in light of the relatively recent legislation both highly relevant to EP practice and to the colleges within which EPs are now working with, as the SEND category of SEMH needs now applies to young people up to 25 years old. Whilst SEMH needs are recognised as a category of SEND, SEMH can be seen to be on a spectrum and therefore the findings can be transferred to the general college population. DA has enabled dominant discourses of a fairly ambiguous topic such as SEMH to be researched, and the action-oriented aspect of language has been examined in full detail. Exploring the functions and consequences of language has proved useful in understanding the college's focuses, and why this may be. This has offered the researcher valuable information as to how the EPS can support the college appropriately.

The application of a social constructionist perspective and a DA framework also permitted the researcher to not be confined to 'set' definitions, but to fully allow for meanings to be co-constructed from the participants. The researcher felt it was important to utilise a research design that offered open exploration and one which focused on sociocultural and interactional processes. This was seen to be particularly valuable as the discourses of mental health and emotional well-being are argued to often be constructed through a negative tone in mainstream media (Bithell, 2010), requiring these discourses to be challenged in educational policy (Ecclestone & Hayes, 2009).

5.7.2 Limitations of the research

A social constructionist framework was used to fully explore meanings of SEMH. Whilst social constructionism does not seek to generalise results as a positivist research design might, it seeks to find multiple meanings (Burr, 1995). This study used a small number of participants in the specific setting of a sixth form college. This college was also religiously affiliated, and had a specific demographic of students. Results from a FE college, for example, may have yielded different results, perhaps due to a wider age range, as well as a possibly different variety of needs amongst the student population. In addition, whilst the researcher sought to include a range of job roles, the sample largely consisted of teachers. Taking these factors into account, the findings from this study cannot be generalised. However,

transferability of findings into other settings is seen to be a more appropriate concept in qualitative research (Shenton, 2004).

Conformability is achieved in qualitative research when the researcher's bias is taken into account to allow for the participants' accounts to be sought as truly as possible (Shenton, 2004). The researcher acknowledges that whilst she engaged in a reflective and reflexive process throughout the research journey, the accounts of the participants from a social constructionist and DA perspective also include the researcher's interpretations. See the *Reflexivity revisited* section below for more discussion of this.

From the participants' perspectives, they may have given answers which they considered the facilitator / researcher wished to hear, particularly as the subject of SEMH may be considered as a sensitive or difficult subject (Aggarwal, 2012).

Equally, participants may have taken a defensive stance to 'protect' their organisation and held back on the information they presented. In addition, a DA approach views language as social action (Potter & Wetherell, 1987; Burr, 1995) and the participants may have answered in certain ways to impact what the researcher may 'do' with the information given, that is, to influence college management or agencies working with the college.

Regarding the use of a DA approach, Wiggins and Potter (2008) argue that data should be naturalistic to truly capture the nuances of interactional language. This research used a focus group design, which although not seen to be wholly naturalistic in language use, was considered to be an appropriate method to meet the aims of the study. The researcher in role of facilitator was present during the

focus group, which may have also impacted the language used. Georgaca (2014) further notes that a DA approach and its emphasis on language can be dismissive of individual *experiences*, which in this case would translate into individual experiences of SEMH needs.

The researcher also encountered logistic and practical limitations throughout the DA research journey. DA can be very time consuming, particularly during the transcription phase and when working through the analysis. This is further explored in the section below.

5.8 Reflexivity revisited

The researcher found that maintaining a reflexive approach throughout the research journey supported a richer analysis of the data. Maintaining a high level of reflexivity was, however, a challenging process. The researcher found this particularly challenging throughout the stage of analysis and synthesis of findings when regular intervals were required for the researcher to pause and consider how and why an extract had been chosen, as well as how and why such findings had been arrived at.

The analysis stage involved a cyclical approach, where previous stages, such as the coding and identification of IRs, were revisited on numerous occasions in parallel to writing up the analysis. The researcher found herself at times drawn to particular participants, especially if they made more 'controversial' comments or if the researcher perceived their discussions to be of similar interest or perspectives to her own. Burnham et al.'s Social GRRACCEESS framework (2008) helped the researcher

to reflect on whether her level of interest of particular discussions remained true to answering the research questions, or whether her interest was primarily driven by her background and experiences. Remaining aware of this, and questioning why certain participants were more 'interesting' to the researcher, helped to detract from making biased decisions and to engage in a research process that held greater validity. This became a longer process than the researcher had anticipated, however it is felt that the validity of the findings and conclusions are maintained due to this process, ensuring that the participants' talk was interpreted as 'truly' as possible.

The researcher also found it particularly challenging to put aside her biases and assumptions, not only due to her dual roles of a social constructionist researcher and TEP, but also due to her personal interest in the topic of SEMH and how she views it. In one sense, however, it was helpful to conduct the research in an educational setting that was not well known to the researcher, or to the EPS. This supported the process of setting aside any specific knowledge of staff members.

As the synthesis of findings developed, the researcher became more aware of a parallel between the conclusions of the impact of social anxiety on supporting SEMH needs, and the impact of social anxiety that may have influenced the researcher's decision to conduct a study on this topic. At this stage, the researcher found it helpful to consider her research perspective as a TEP, and how this could add a greater level of awareness when working with colleges to support SEMH needs. This included awareness of the importance of her role in empowering college staff, rather than contributing further to a potential 'social anxiety'.

5.9 Recommendations for future research

Future research would continue to benefit from a DA framework, particularly as SEMH needs are seen to be dependent on the cultural and historical context within which they are embedded. This research focused on staff members' co-constructions, and future research could expand on this by exploring the students' co-constructions of SEMH needs. As Worrall and Law (2009) concluded, the student voice is often absent in mental health literature. Giving students a platform would enable them to feel more empowered and independent in managing their own SEMH needs, but also to recognise their protective factors and strengths. Times of transition were noted in the existing literature as particularly stressful periods, and it would be useful to explore these further in relation to how students may co-construct SEMH needs during these times. Furthermore, research focusing on the discourses of adolescent development would be interesting to explore, particularly when considering the conclusions made with regards to social responses to adolescent emotionality.

Suppressed discourses of gender, ethnicity and social class in relation to SEMH needs would contribute greatly to the existing research literature, particularly when considering ideas such as social inclusion and working with diversity. This would help to understand how these contribute to constructions of SEMH needs and how this can inform EP practice.

Finally, EP researchers who embark on future studies that focus on topics such as mental health should remain aware of their justifications for doing so. This would

include a reflexive and reflective process, where it is questioned whether dominant discourses are simply being reaffirmed for the purposes of meeting the aims of the research, or whether there is scope to explore the less dominant and possibly marginalised discourses. By doing so, future research can helpfully and sensitively challenge 'mainstream' discourses and add value to the mental health support provided by the EP profession, translating this into effectively working with educational settings with regards to these topics.

5.10 Concluding remarks

This research has revealed variability and ambiguity in the co-constructions of SEMH needs in the college setting, illustrating how difficult it can be to conceptualise an abstract topic such as this. Whilst a deficit model of SEMH appeared to prevail, staff members did attempt to shift from this and expand on a holistic view, taking into account some of the relational dimensions of SEMH needs.

Whilst it is accepted that a definition may need to exist for the purposes of legislation and meeting SEND needs appropriately, the EP profession are well placed to address the imbalance between the common use of the deficit model and to consider the focus on resilient and protective factors, when working with colleges. The deficit model of SEMH was argued as maintaining the displacement of SEMH needs primarily in the student population, and this may not always be a true presentation of where support is required. As discussed, social change can be a very slow and challenging process; however, if language is seen to be social action, then

reframing the language of SEMH needs to empower students and staff members further can be a useful starting point.

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Vassilev, I., & Pilgrim, D. (2007). Risk, trust and the myth of mental health services. *Journal of Mental Health*, 16 (3), 347-357.

Venville, A., & Street, A. (2012). *Unfinished business: student perspectives on disclosure of mental illness and success in VET* (Australian Government: Department of Education, Employment and Workplace Relations). Retrieved from <http://files.eric.ed.gov/fulltext/ED529678.pdf>

Venville, A., Street, A., & Fossey, E. (2014a). Good intentions: Teaching and specialist support staff perspectives of student disclosure of mental health issues in post-

secondary education. *International Journal of Inclusive Education*, 18 (11), 1172-1188.

Venville, A., Street, A., & Fossey, E. (2014b). Student perspectives on disclosure of mental illness in post-compulsory education: displacing doxa. *Disability and Society*, 29 (5), 792-806.

Warwick, I., Maxwell, C., Simon, A., Statham, J., & Aggleton, P. (2006). *Mental health and emotional well-being of students in further education – a scoping study*. London: Department of Health.

Warwick, I., Maxwell, C., Statham, J., Aggleton, P., and Simon, A. (2008). Supporting mental health and emotional well-being among younger students in further education. *Journal of further and higher education*, 32, (1), 1-13.

Wetherell, M., Taylor, S., & Yates, S. (2001). *Discourse as data: A guide for analysis*. London: Sage Publications Limited.

Wiggins, S., & Potter, J. (2008). Discursive psychology. In C. Willig & W. Stainton-Rogers (Eds.). *The SAGE Handbook of qualitative research in Psychology* (pp.73-90). London: Sage.

Williams, J. (2014). *Managing and supporting adolescent students experiencing mental health issues: A case study exploring motivation and career choice in further education*. (PhD thesis). Retrieved from: <http://eprints.uwe.ac.uk/24094>.

Willig, C. (2013). *Introducing Qualitative Research in Psychology*. (3rd Ed.). Berkshire: Open University Press.

Wishart, D., & Jahnukainen, M. (2010). Difficulties associated with the coding and categorisation of students with emotional and behavioural disabilities in Alberta. *Emotional and Behavioural Difficulties*, 15 (3), 181-187.

Wood, L., & Kroger, R. (2000). *Doing Discourse Analysis: Methods for studying action in talk and text*. California: Sage Publications Limited.

Wooffitt, R. (2001). Researching psychic practitioners: Conversation Analysis. In Wetherell, M., Taylor, S., & Yates, S. (Eds.). *Discourse as data: A guide for analysis* (pp.49-92). London: Sage Publications Limited.

Wooffitt, R. (2005). *Conversation Analysis and Discourse Analysis. A comparative and critical introduction*. London: Sage Publications Limited.

World Health Organisation. (2012). *Adolescent Mental Health*. Switzerland: World Health Organisation.

Worral, C., & Law, C. (2009). *The North West Further Education project: The mental health and well-being of learners aged 14-19*. Retrieved from <http://mhfe.org.uk/sites/default/files/north%20west%20fe%20yp%20study.pdf>

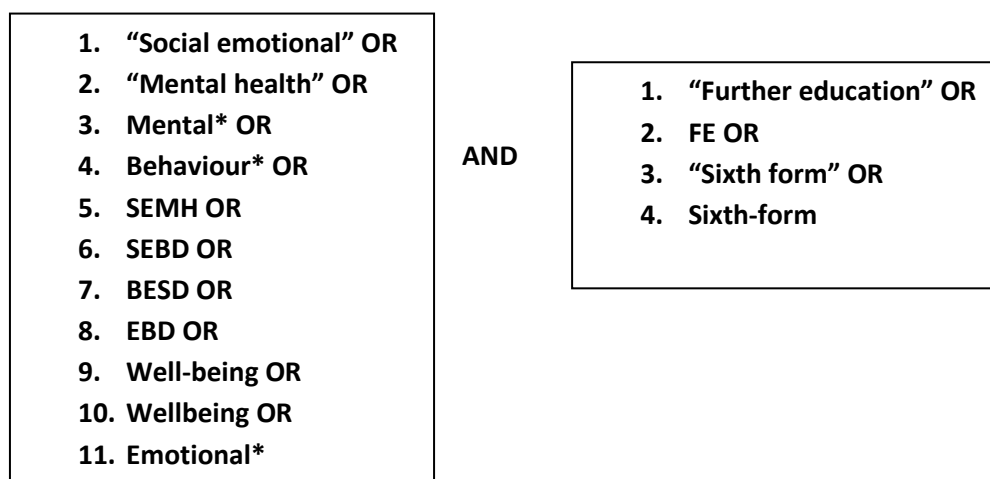
Appendix A: Systematic Literature Search

This systematic literature review was carried out on 26.02.2017:

Step 1 – Choose database: **Discovery** database was chosen as it allowed the search to be limited to geographical locations.

Steps 2a - 2c – Choose search terms (peer reviewed, years 2001 – 2017, English language, and Abstracts only):

Step 2a)



AND

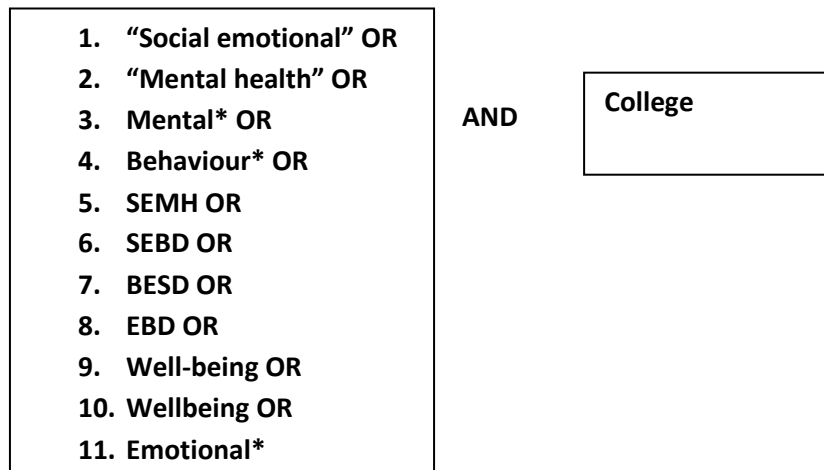
1. United Kingdom, Great Britain, Scotland, Wales, England or Northern Ireland ONLY

= 85 hits

THEN

1. Focus of research needs to be on 16 – 25 age group (or at least inclusive of this age group in study and findings).
2. Main focus of study was on SEMH needs, BESD, emotional wellbeing or mental health, as identified by the outlined aims of the study. For example, if the primary focus of a study was on the relationship between staff and students, but a secondary factor of mental health arose from the research, this study was excluded.

= 9 hits were relevant

Step 2b)**AND**

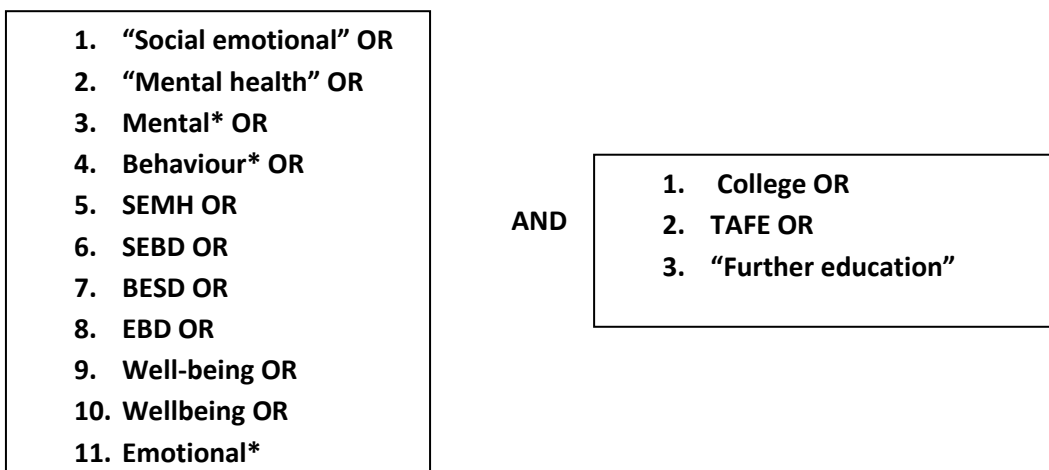
1. United Kingdom, Great Britain, Scotland, Wales, England, or Northern Ireland ONLY.

= 202 hits

THEN

1. Focus of research needs to be on 16 – 25 age group (or at least inclusive of this age group in study and findings).
2. Main focus of study was on SEMH needs, BESD, emotional wellbeing or mental health.

= 5 hits were relevant; 3 of these were already identified from Step 2a.

Step 2c)**AND**

1. Australia or New Zealand ONLY.

= 119 hits

THEN

1. Focus of research needs to be on 16 – 25 age group (or at least inclusive of this age group in study and findings).
2. Main focus of study was on SEMH needs, BESD, emotional wellbeing or mental health.

= **2 hits** were relevant

RESULT of hits from Steps 2a – c = 13 hits

Step 3 -

- Search Google scholar.
- Snowballing method (the identified 13 papers in Steps 2a, 2b and 2c were typed into Google Scholar to see if there were other papers that cited them and may be of relevance).
- Search through the reference lists of the identified 'hits'.
- Apply all inclusion / exclusion criteria to any potential papers found from Google Scholar, snowballing, and searching of reference lists.

RESULT of Step 3 = 4 hits

Step 4 – Combine all 'hits' together from Steps 2a-c and 3 = **17 hits**. Exclude papers or articles that were extension papers of the researcher's previous work, or not ethically robust. Ethical robustness was assessed by contacting the researchers of a referenced journal article, who clarified that their study was withdrawn due to ethical issues.

= **15 research papers** appropriate for the literature review

Appendix B: Example 1 of using a critical appraisal tool to evaluate the research literature

The table on the following page illustrates two examples of how the researcher used the Evaluation Tool for Mixed Methods Studies (Long et al., 2002) to critically evaluate the research papers. The researcher chose to colour code sections of information to visually represent the critical evaluations and to additionally support her critical review of the research studies when they were combined in the literature review.

Key (for table on following page):

Green font = satisfactory information given in relation to the question

Red font = information is either missing, or research is lacking in rigour

Orange font = not enough information given to warrant a satisfactory level of research quality

Evaluation Tool for Mixed Methods Studies (Long et al., 2002)	Aggarwal (2012) - London	Leach & Hall (2011) – England
<p>Study evaluative overview</p> <p>Purpose</p> <p>Justification</p> <p>Key findings</p> <p>Evaluative summary (strengths and weaknesses of the study and theory, policy and practice implications)</p>	<p>Explores how peer attitudes and beliefs about mental illness could impact on student learning.</p> <p>The research originally stemmed from tutorials and subject reviews with students. Mentioned there was a need for more research within education re: stigma and mental illness. Discussed national and international context of promoting mental health awareness.</p> <p>Some justification of methodology given, although very brief – <i>“quan and qual employed to elicit the required information”</i>.</p> <p>Findings are related to theoretical perspectives and policy. Stereotypes and prejudice still remain in colleges, and this can have a negative impact on learners with mental disorders.</p> <p>Theory:</p> <ul style="list-style-type: none"> - Mental health stigma and mental health awareness, and the impact that these can have on peoples’ lives. <p>Strengths:</p> <ul style="list-style-type: none"> - Research was carried out after identifying a need for it. - Subjective experiences are given a lot of room for discussion. - Links to policy and local context, in which inclusion is considered important. <p>Weaknesses:</p> <ul style="list-style-type: none"> - It seems as though everything is fitting with previous theory, policy and the quan survey. - Mention of demand characteristics, as well as only interviewing health studies students - Survey was subjective as it 	<p>Looking at how MH needs of students are met through a city-wide approach.</p> <p>Hypothesizes that a collaborative approach to providing support would be best to maintain students MH and allow them to continue their education. A multiple case study was chosen to research the nature of support provided from a network of providers within a city context.</p> <p>Specific to further education colleges (although information was limited):</p> <ul style="list-style-type: none"> - Access to support was more limited. - The role of looking out for vulnerable students fell onto the tutors (but this may be the case for this particular college, rather than a generic idea) <p>Theory:</p> <ul style="list-style-type: none"> - Community and city-wide mental health network perspective. - Roles and boundaries of cross-agency working. <p>Strengths:</p> <ul style="list-style-type: none"> - The participants were offered the transcripts of their interviews for corrections, and reference. - Researcher discussed two researcher supervisors being present in the analysis stage. <p>Weaknesses:</p> <ul style="list-style-type: none"> - It was difficult to differentiate between the rest of the results from the college, or the other establishments. - No mention of the demographics of the participants, or the city, or universities, etc. - Low survey response rate – possibly due to the pressures the services were under. - No specifics given about how the purposive sample was chosen, or

	<p>looked at the words that participants chose to describe their attitudes.</p> <ul style="list-style-type: none"> - No mention of how 5 students were selected from the course. - Some limitations discussed re: health care students, and how they may choose to answer the questions. - It does not say if it is the participant's perspective (that they have a mental disorder), or if it is a clinical diagnosis. - No mention of how the college was selected. - Ethnicity and gender not discussed. - Demographics or context of the college are not given. - Qual data was not discussed re: rigorousness of data findings. - The impact of other beliefs (e.g. staff / family), or other factors, is not considered. 	<p>how they recruited.</p> <ul style="list-style-type: none"> - Does not mention if the participants were mixed up in the focus group, or from the same organisations and networks. - It does appear that universities are given more weight in the paper, when compared to the FE college - Acknowledgement of limitations regarding researching one small city, however they note that results can be applied to other student populations.
<u>Study and context</u>	<p>Mixed methods – exploratory study</p> <p>Qualitative –</p> <ul style="list-style-type: none"> - semi-structured interviews with 5 participants with a diagnosed mental health disorder. <p>Quantitative –</p> <ul style="list-style-type: none"> - survey with 76 students. 	<p>Mixed methods – multiple case study of 2 universities, 1 FE college, 1 PCT and 1 MH care trust. 3 year project.</p> <p>Qualitative –</p> <ul style="list-style-type: none"> - semi-structured interviews (76 participants) - focus groups (40 participants) - Case study data taken from conferences and workshops <p>Quantitative –</p> <ul style="list-style-type: none"> - Survey – 45 out of 146 local support organisations responded.
Setting	<p>Further education college in South London.</p>	<p>A relatively small city (150,000 residents), with 28,000 students. The organisations chosen for the case studies were known to, and were some of the workplaces of the individuals involved in their networks.</p> <p>University, FE college, and health trusts.</p>
Sample	<p>See study above. Students for the survey were enrolled on an Access to Health Studies Diploma Course. This consisted of a variety of sub-courses. Students were aged between 19 and 45 years old.</p> <p>Range of cultural and economic backgrounds.</p>	<p>Purposive sampling – 85 student peer supporters and staff were approached. Only 9 people declined to take part – no more specifics given.</p> <p>40 further participants also took part in focus groups – student peer supporters, counsellors, residential staff, academic staff, health and social care staff, admin,</p>

<p>Outcome measurement</p>	<p>Survey – Adapted from the Semantic Differential Survey. Descriptive statistics given. Various perspectives addressed.</p>	<p>voluntary sector, and advice workers.</p> <p>Description of the 3 years project process, in which data was derived from various workshops, conferences, surveys and interviews. Various perspectives addressed. Descriptive statistics given.</p>
<p>Ethics</p>	<p>Mentioned briefly that consent was gained for the interviews. No further discussion given.</p>	<p>Ethical clearance mentioned. Ethics was raised in the discussion as a factor for a barrier for collaborative working, but not mentioned re: any other issues in the research process.</p>
<p>Group comparability</p>	<p>Comparability given in terms of the participants' responses, and the expectations from the researcher.</p>	<p>Some comparability given between the university and the FE college, although this did not appear to be a significant aim of the researchers.</p>
<p>Qualitative data collection and analysis Data collection</p> <p>Data analysis</p> <p>Researchers potential bias</p>	<p>Semi-structured interviews with 5 participants with a diagnosed mental health disorder.</p> <p>No mention of which specific analytic method was used (apart from themes and patterns extracted and noted).</p> <p>Researcher and some students had worked together before, but this was not discussed re: impact on research. Or, whether, this was in the same college. No mention of how the researcher influenced data analysis, or the process.</p>	<p>17 workshops and 2 conference events, documentary evidence, survey, semi-structured interviews, and focus groups.</p> <p>Findings of data was mentioned as being presented in a particular sequence, which reflected how the students accessed and used support. Typed up interview notes were offered to the participants afterwards for any amendments or comments. Thematic analysis. From initial data collection, codes and categories were identified.</p> <p>Researcher discussed two researcher supervisors being present in the analysis stage.</p>
<p>Policy and practice implications</p>	<p>Misses out a more general subject of mental health issues, rather than those solely with diagnoses.</p> <p>Some discussion about how training can be introduced, and how particular staff members can be supported.</p>	<p>Multi-agency working and limitations of this discussed – systemic issues taken into account.</p>

	New areas for research identified – students from other subject areas, and in different educational settings.	
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Appendix C: Example 2 of using a critical appraisal tool to evaluate the research literature

The table on the following page illustrates an example of how the researcher used the Evaluation Tool for Qualitative Studies (Long et al., 2002) to critically evaluate the research paper. The researcher chose to colour code sections of information to visually represent the critical evaluations and to additionally support her critical review of the research studies when they were combined in the literature review.

Key (for table on following page):

Green font = satisfactory information given in relation to the question

Red font = information is either missing, or research is lacking in rigour

Orange font = not enough information given to warrant a satisfactory level of research quality

Evaluation Tool for Qualitative Studies (Long et al., 2002)	Miller & Nguyen (2008) – Australia
<p><u>Study overview</u></p> <p>Purpose</p> <p>Key findings</p> <p>Evaluative summary (strengths and weaknesses of the study and policy and practice implications)</p>	<p>Explores how TAFEs respond to the needs of students with mental illnesses. Also explores the staffs' perspectives on supporting students with mental illnesses. Mentioned that a significant issue for TAFE is responding to the needs of students who do not disclose their mental illness, and so they justified their research in this way.</p> <p>Significant issue of TAFEs responding to students with mental health difficulties, who do not disclose this information. Staff felt a lack of clarity in their roles in supporting students with mental illnesses.</p> <p>Strengths:</p> <ul style="list-style-type: none"> - Easily accessible research, i.e. from findings to implications - Large sample with in depth interviews <p>Weaknesses:</p> <ul style="list-style-type: none"> - Very brief introduction to how data was gathered. No justification given. - Not fully detailed how the conclusions reached. - Relationship between researcher and the researched, not addressed at all. - No discussion of how the participants were recruited or approached. - Very brief mention as to how the colleges or staff members were approached and recruited (self-selected). Two challenges were briefly noted in relation to the recruitment process; self-selecting participants, and other TAFEs in Australia which may have had differing views. - Cultural transferability to be taken into consideration – whilst TAFEs are similar to vocational colleges in UK, some differences may also occur (language and terminology used, potentially different needs of the students, educational expectations of the colleges, etc.). - Ethics - may have been challenging to support staff if they discussed difficulties in the support they give / or cannot give. - No mention of data analysis, or validity of findings.

<u>Study, setting, sample</u> Phenomena under study	Staff perceptions of supporting students with mental illnesses.
Theoretical framework	Policy based, and statistics given for prevalence of mental illness in TAFE.
Setting	Six Technical and further education colleges (TAFE) across Australia.
Sample	<p>113 staff members across 6 sites –</p> <ul style="list-style-type: none"> - Managers - Teachers (mainstream and specialist) - Support staff (counsellors, disability liaison officers, librarians, etc.) <p>Organisations – Reframing the Future, Equity Research Centre, etc.</p>
Outcome	<p>Attitudes, awareness, skills and support were explored. Main themes that emerged from the data were defined as:</p> <ul style="list-style-type: none"> - Mental illnesses in VET - Issues and impacts of mental illnesses in study and learning - Supporting students with mental health difficulties - Supporting staff to assist students - Mental health promotion <p>Varying opinions from staff were discussed</p>
<u>Ethics</u>	Not discussed. May have been challenging to support staff if they discussed difficulties in the support they give / or cannot give.
<u>Data collection, analysis and potential researcher bias</u>	<p>Data collection</p> <p>The interview schedule was provided, as well as the research questions, however no mention of details beyond this. Interviews and structured group discussions (113 staff, across 6 sites) as well as consultations with external organisations.</p> <p>Data analysis</p> <p>No mention of data analysis method. Only briefly mentions that there were 5 main issues that their analysis focuses on.</p> <p>Researcher bias</p> <p>Not discussed.</p>
<u>Policy and practice implications</u>	<p>The research was undertaken by the National Centre for Vocational Education Research, and therefore demonstrated their findings in a way that was accessible to those working in relevant fields. Findings were summarised in the areas of:</p> <ul style="list-style-type: none"> - Issues and impacts of mental illnesses on learning - Support available for students - Support available for staff - Mental health promotion <p>The idea of TAFE focusing on education, rather than therapy was outlined.</p>

Appendix D: Letter of ethical approval from the Trust Research Ethics Committee

The Tavistock and Portman 

NHS Foundation Trust

Quality Assurance & Enhancement

Directorate of Education & Training

Tavistock Centre

120 Belsize Lane

London

NW3 5BA

Tel: 020 8938 2699

Suzanne Devereux

By Email

10 June 2016

Re: Research Ethics Application

Title: How do staff in a further education college use language to co-construct Social Emotional and Mental Health (SEMH) needs in their student population?

Dear Suzanne,

I am pleased to inform you that subject to formal ratification by the Trust Research Ethics Committee your research ethics application has been approved. This means you can proceed with your research.

If you have any further questions or require any clarification do not hesitate to contact me.

I am copying this communication to your supervisor.

May I take this opportunity of wishing you every success with your research.

Best regards,



Paru Jeram

Secretary to the Trust Research Degrees Subcommittee

cc. Brian Davis, Course Lead

Appendix E: Information sheet for participants

Study of college staffs' perspectives on social, emotional and mental health needs in the college setting

INFORMATION SHEET – PLEASE READ

Thank you for your interest in this research study. Before consenting to participate, it is important that you understand the research aims and what will be required from your participation. This will be described below.

If there are any questions or you would like more information, please do not hesitate to contact me by using the contact details on the next page.

What is the research about?

My research is an exploration of Social, Emotional and Mental Health (SEMH) needs in post-16 educational provision. I am interested to hear from staff about this subject, as so far, there has been a lot of research done on SEMH needs in schools, but not in colleges.

The data collected from the focus group will help inform and support any future links with the Educational Psychology Service and the college, as well as supporting other post-16 educational provisions in [REDACTED]

What will I be required to do as a participant?

Your participation will involve being part of one focus group which will last between 1 – 2 hours, with up to 8 staff members in total. Staff members from your college, whose job roles are involved in some way with students' SEMH needs will be invited to be part of the group.

I will be facilitating the focus group, and I may ask some questions about your job role to get a clearer understanding of what it entails. My main role in the focus group will be to ask other questions relating to SEMH needs to guide conversation in the group.

The research findings will be sent to all participants in the focus group. If you would like to discuss the findings with the researcher, a meeting can be organised. The research results will also be presented to the Educational Psychology Service within [REDACTED] Local Authority. The researcher may use the data from the focus group, to write up their doctoral thesis. This may be read by other students or people interested in the topic area.

Will I be identifiable from the focus group conversations?

I will be using an audio recorder to record the focus group conversation. All names will be anonymised when transcribing the data and you will not be personally identifiable in any part of the study (there will be limitations in confidentiality if there is a disclosure of imminent harm to oneself, or to others). In accordance with the Data Protection Act (1998) all information will be kept securely,

electronic data will be stored on the researcher's password protected work computer and information will be kept for no longer than necessary. In addition, the data generated from this research will be retained in accordance with the Tavistock and Portman Data Protection Policy.

Please note that although every effort will be made to ensure that any information you provide in the group will be anonymised, there can be limitations to this when being part of a small focus group (there may be instances when the information you provide can make you identifiable, e.g. to the college, or to other parties). During the focus group, if you were to relate your experience in SEMH needs to an individual student in the college, you will need to refer to them by pseudonym.

What happens if I need to speak to somebody after the focus group?

While no physical or emotional risks to the researcher or participants are expected as a result of participating in this research, it may be that some questions may cause distress to some participants. The researcher will ensure that time is made available after the focus group to discuss any concerns, or if you would like some time to reflect on the processes of being part of the focus group.

What happens if I decide before or after the focus group that I do not want to be a part of the research anymore?

Your participation is completely voluntary and there will be no adverse consequences if you decide not to participate. If you choose to take part, you are still free to withdraw at any time during, and up to three weeks after the date of the focus group prior to the start of data analysis.

This study has been approved by the Tavistock and Portman NHS Trust/University of Essex's Research Ethics Committee. If you have any concerns or complaints about the conduct of the study, you can contact the researcher's supervisor at [REDACTED] Educational Psychology Service on [REDACTED], or the researcher's supervisor at the Tavistock on [REDACTED].

If participants have any concerns about the conduct of the researcher(s) or any other aspect of this research project, they should contact Louis Taussig, the Trust Quality Assurance Officer.

I hope this information sheet proves useful in helping you make an informed decision about whether to participate in this research. My contact details are shown below, should you have any questions or queries. Thank you for taking the time to read this.

If you wish to take part, please sign the attached consent form and hand it in to [REDACTED].

I look forward to working with you and the college,

Suzanne Devereux

Trainee Educational Psychologist

Contact information:

Suzanne Devereux – Trainee
Educational Psychologist

Contact details: [REDACTED]

Appendix F: Consent form for participants

CONSENT FORM FOR STUDY ON SOCIAL, EMOTIONAL AND MENTAL HEALTH NEEDS.

PLEASE READ AND SIGN

Please tick the boxes below if you agree to take part in this study:

1. I understand that my participation is voluntary and that I am free to withdraw at any time before, and up to three weeks after the date of the interview without giving any reason, and that any data related to my involvement to the project will be destroyed.

2. I agree to the focus group's conversation being audio recorded for the purposes of collecting the data and I understand that all names and locations will be anonymised. All information will be kept confidential by the researcher unless they feel that there is a risk of imminent harm to the participants, or anonymised students discussed.

3. I understand that the small size of the focus group means that there are some limitations to the information provided in the focus group being kept anonymous.

4. I agree to the possibility that the research findings may be incorporated into the researcher's doctoral thesis, as well as being presented to Educational Psychology Service.

5. I agree to take part in this study.

Signature:.....

Name of participant:.....

Date:.....

Please circle the days that you work in the college:

Monday

Tuesday

Wednesday

Thursday

Friday

Preferred contact or email address:

Name of Researcher for this study: Suzanne Devereux – see contact details on the information sheet provided.

Appendix G: Example of coding

Taken from Extract 12

Example 1: First coding cycle

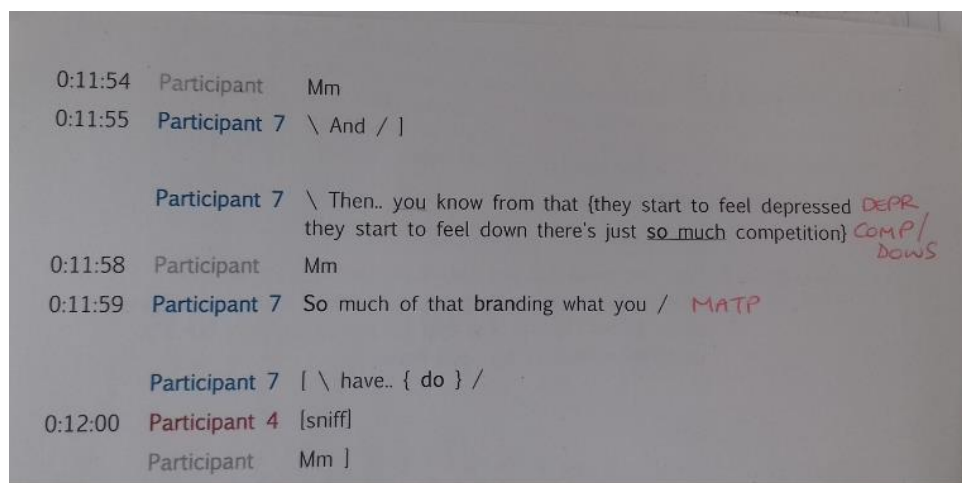
Participant	[Mmm]
Participant 7	And they're they're constantly y you know its.. it's competition.. /
Participant 2	[Yeah
Participant 7	\ that's /]
Participant 7	\ what it is..and [1] you know.. there's lots of different stu... you know.. students that are [1] from different backgrounds so <u>you</u> might see that [1] <u>your friend</u> has <u>this</u> but you will never.. be able to get that /
Participant	[Mmm
Participant 7	\ and that.. /]
Participant 7	affects them and that [1] makes them feel as though.. perhaps they're not good enough /
Participant	[Mm
Participant	Mm
Participant 7	\ And /]
Participant 7	\ Then.. <u>you</u> know from that (they start to feel depressed they start to feel down there's just <u>so much</u> competition)
Participant	Mm
Participant 7	<u>So</u> much of that <u>branding</u> what you /
Participant 7	[\ have.. do /

Negative SEMH Individual differences Competition peer pressure

Example 2: Second coding cycle

0:11:34	Participant 7	Mmm	And they're they're constantly y you know its.. it's competition.. /	comp/sucp! REP
0:11:36	Participant 2	[Yeah		
0:11:37	Participant 7	\ that's /]		
0:11:38	Participant 7	\ what it is..and [1] you know.. there's lots of different stu... you know.. students that are [1] from different backgrounds so <u>you</u> might see that [1] <u>your friend</u> has <u>this</u> but you will never.. be able to get that /		INDD REF/COMP
0:11:49	Participant	[Mmm		
0:11:50	Participant 7	\ and that.. /]		
	Participant 7	affects them and that [1] makes them feel as though.. perhaps they're not good enough /		NOT G /SUCP
0:11:53	Participant	[Mm		

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(Example 2 continued)***Coding key for second coding cycle (from Example 2):***

COMP / SUCP / PEP – Competition / pressure to succeed / peer pressures

INDD – Individual differences

NOTG – Students perceived to be not good enough

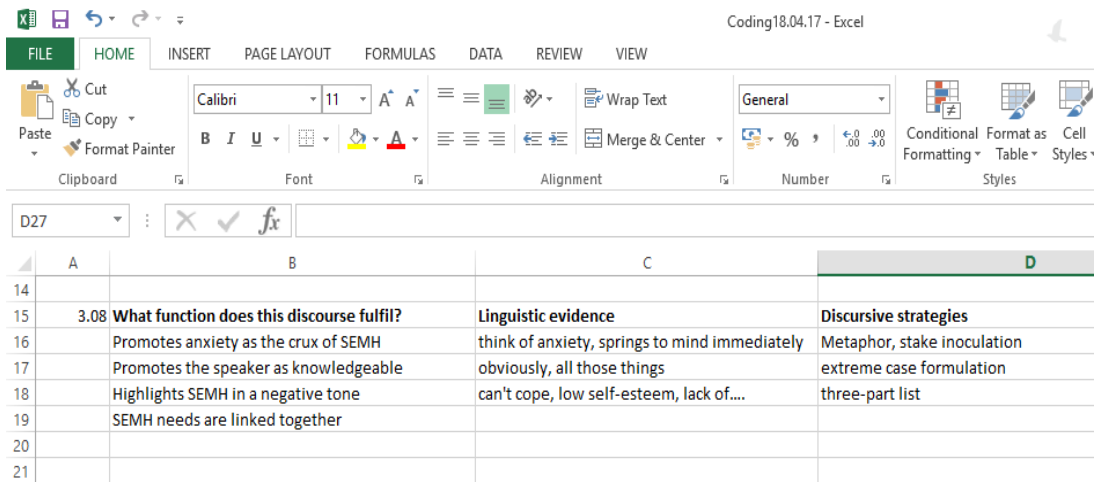
DEPR – Depressed

DOWS – Downward spiral of needs

MATP – Material pressures

Appendix H: Examples of analysing functions of talk

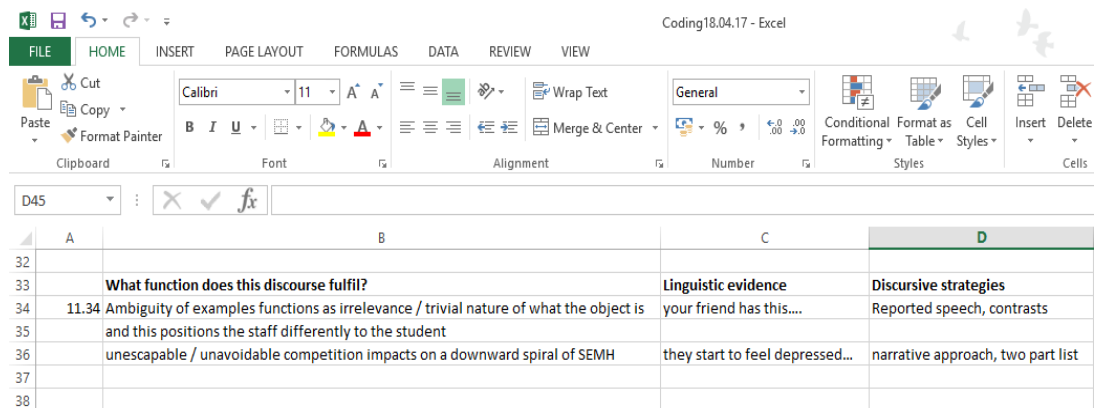
Example 1: Extract 15 from IR 3 (SEMH needs as a presentation of traits and symptoms).



Coding18.04.17 - Excel

	A	B	C	D
14				
15	3.08	What function does this discourse fulfil?	Linguistic evidence	Discursive strategies
16		Promotes anxiety as the crux of SEMH	think of anxiety, springs to mind immediately	Metaphor, stake inoculation
17		Promotes the speaker as knowledgeable	obviously, all those things	extreme case formulation
18		Highlights SEMH in a negative tone	can't cope, low self-esteem, lack of....	three-part list
19		SEMH needs are linked together		
20				
21				

Example 2: Extract 12 from IR 2 (SEMH needs as a consequence of pressures).



Coding18.04.17 - Excel

	A	B	C	D
32				
33		What function does this discourse fulfil?	Linguistic evidence	Discursive strategies
34	11.34	Ambiguity of examples functions as irrelevance / trivial nature of what the object is and this positions the staff differently to the student	your friend has this....	Reported speech, contrasts
35		unescapable / unavoidable competition impacts on a downward spiral of SEMH	they start to feel depressed...	narrative approach, two part list
36				
37				
38				

Appendix I: Discursive strategies identified in the participants' talk

Ideological dilemma: The speaker presents two different arguments; one is a dominant societal influence, and the other is often in contrast to the speaker's ideals (Billig et al., 1998).

Narrative approach: Creates the impression of a story or journey, adding plausibility to an account (Edwards & Potter, 1992).

Metaphor: Use of visual based language can help to strengthen an argument, and metaphors do not always need to be explicit to make an impact (Wood & Kroger, 2000).

Reported speech: This strategy enhances story-telling and conveys the account as factual (Wood & Kroger, 2000).

Contrasts: The speaker uses stark differences to highlight the importance or severity of a debate (Edwards & Potter, 1992).

Empathy: This allows the speaker to convey a more balanced account (Edwards & Potter, 1992).

Externalisation: The speaker distances themselves from the construction of the topic, whilst being able to illustrate an argument (Potter, 1996).

Two / three-part list: Increases an argument as being seen as representative, by demonstrating the variability or extent of the discussed topic (Edwards & Potter, 1992).

Extreme case formulation: A strategy used to justify the strength of an argument by giving an extreme example of something (Pomerantz, 1986).

Rhetorical questioning: The speaker seeks acknowledgement and agreement rather than further information, whilst appearing tentative (Rohde, 2006).

Stake inoculation: The speaker conveys their account as fact, whilst avoiding challenges from other speakers (Potter, 1996).

Appendix J: Transcription of the focus group discussion and transcription key

Key:

Words between [] are either inaudible, non-verbal, or indeterminate

[yeah

Mmm] - marks overlapping speech

[2] - 2 seconds pause

... - momentary pause

/ - marks the breaking of a sentence by a person interrupting

\ - marks the end of the previous sentence

{...} - says quickly

Bold - emphasis on word

Underline - rising intonation

abc - increased volume

Passsing - deliberate extension of vowels/consonants indicates extension of the sound

[click] - alveolar click

Participants (pseudonyms):

Participant 1 - Rachel

Participant 2 - Abigail

Participant 3 - Lenny

Participant 4 - Sara

Participant 5 - Beatrice

Participant 6 - Jed (did not speak)

Participant 7 - Cleo

Participant - unidentifiable

0.0	Facilitator	<p>[START]</p> <p>Okay so... um.. the first [1] question I guess I have to prompt discussion [1] is what comes to mind when you hear the term... Social Emotional and Mental Health?</p> <p>[3]</p>
1.	<p>Abigail</p> <p>Abigail Participant</p> <p>Abigail</p>	<p>Well for me I'm thinking about certain students that .. work in my room.. and I do have quite a lot of <u>vulnerable</u> students that come down [breathe in]... So for many of them... I think of anxiety as being a a real issue for a lot of them but for all different <u>reasons</u> erm.. so sometimes .. due to issues at <u>home</u> .. things going on outside of <u>college</u> or <u>sometimes</u> it can be just... the pressure of being.. in a.. you know environment where they're expected to .. produce quite a lot of coursework and that sort of thing so .. I /</p> <p>\ think of anxiety / [sniff]</p> <p>\ perhaps as the the one that springs to mind immediately [1] [click] And then obviously.. <u>linked</u> with that .. is the feeling they can't cope .. and low self-<u>esteem</u>... lack of confidence lack of <u>motivation</u>... and <u>all of those</u> things that impact on the on their life... and.. you know in college <u>and out</u> of college</p> <p>[4]</p>
2.	Lenny	<p>[click] uh er for me I I just wonder how much [cough] [click] we as educational institutions have created... poor emotional and mental <u>health</u>... Cause when I was at school.. nobody used to talk about [1] grades .. and you weren't pushed for grades.. and that didn't /</p>
3.	Participant	[Mmm
4.	Lenny	\ mean that people... /
5.	<p>Abigail</p> <p>Sara</p>	<p>Yeah</p> <p>[inaudible]]</p>

6.	<p>Lenny</p> <p>Lenny</p> <p>Participant</p> <p>Participant</p> <p>Lenny</p> <p>Abigail</p> <p>Lenny</p> <p>Lenny</p> <p>Sara</p> <p>Lenny</p>	<p>\ weren't teaching you.. that you weren't learning [1] but erm all <u>our</u>... conversations with students seem to be predicated on have you reached your.. target grade? /</p> <p>[\ <u>Why</u> haven't you reached your target grade? We're going to phone home if you haven't reached your /</p> <p>Mmm... Mmm</p> <p>Mmm]</p> <p>[\ target grade... /</p> <p>Yeah]</p> <p>\ we are gonna put you in detention if you /</p> <p>[\ haven't reached /</p> <p>[Sniff]]</p> <p>\ your target grade [1] And um.. I I just wonder whether it's a societal.. kind of pressure now on.. young people</p>
7.	<p>Abigail</p> <p>Lenny</p> <p>Abigail</p>	<p>[\ <u>agree</u></p> <p>Um]</p> <p>\ <u>agree</u> with everything you've just said because erm.. I think there's been a huge increase.. in the level of anxiety amongst.. students.. and I think a lot of it is related to this fact that they're not allowed to be seen to fail</p>
8.	Lenny	Yeah
9.	<p>Abigail</p> <p>Abigail</p>	<p>You know ..with all the sort of league tables and everything else they all have the minimum ex expected grade.. and it's.. you know it's almost like.. <u>some</u> of them are set up to fail really.. because some of the grades are.. unrealistic to start off with so already /</p> <p>[\ they /</p>
10.	Participant	Mmm]
11.	Abigail	<p>\ are at a disadvantage and the-en w how ever much they work ..and however much effort they put in.. they still see themselves as <u>failures</u>, because at the end of the day if they don't pass... that exam or they don't meet that grade.. erm.. all of the other stuff.. isn't you know.. seen as as good The fact they've made progress the fact that they've got more confidence that that isn't <u>measured</u> It's the measurable stuff.. the exam... /</p>
12.		
13.	Abigail	[\ grades that...
14.	Participant	Mmm]

15.	Abigail Abigail Participant	\ causes / [\ <u>anxiety</u> and I think you're right there... / Mmm]
16.	Lenny	[do believe /
17.	Abigail	\ We create a lot of it <u>ourselves</u> .. Yeah]
18.	Lenny	It's it's a institutional stress .. /
19.	Abigail	[Definitely.. yeah yeah
20.	Lenny	\ Transferred onto.. /]
21.		
22.	Lenny Lenny	\ onto students and some young people.. they're *not allowed to be children* anymore / [\ essentially
23.	Abigail Participant	No [sniff] Mmm] [1]
24.	Sara Sara	Yeah and I guess it's all all the <u>testing</u> as well isn't it Like I don't remember much about <u>primary</u> school [bang] but what / [\ young people [inaudible]...
25.	Abigail Participant Facilitator Cleo	Al also primary school as well [inaudible]] [Cleo enters the room] Oh hello Hi sorry
26.		
27.	Participant	Hi
28.	Participant	Hello
29.	Sara	...from...
30.	Participant	Hello there...
31.	Sara	Sorry I should have mentioned that.. Cleo is another psychology teacher
32.	Facilitator	Oh okay. Brilliant.
33.	Participant	Erm, who said she might drop by.
34.	Participant	Yeah that's okay
35.	Facilitator	If I'd just erm be able to take a pause so, erm, I'm Melanie.
36.	Cleo	Yeah
37.	Facilitator	I'm facilitating the group discussion today.. Erm there there's a consent form and information sheet there

38.	Cleo	Alright okay
39.	Facilitator	If you'd just like to fill out the consent form quickly but it's just erm a group discussion about Social and Emotional Mental Health
40.	Cleo	Ah right
41.	Facilitator	And what..what your thoughts are on that [1] Erm [1] so [1] we were just talking ab this was the first prompting question erm 'What comes to mind when you hear the term Social Emotional Mental Health?'. [4]
42.	Sara Sara Abigail Rachel	Erm.. yeah so I was just saying about the <u>testing</u> wasn't I I mean I don't know about.. much about primary school..but.. they've <u>already been</u> / [\ <u>tested</u> Yeah [1] mmm They're <u>already</u> tested their SATS and mmm... mmm They've already been tested [inaudible] from year two upwards I think]
43.		
44.	Sara	Mmm
45.	Rachel Rachel	And I've got a actually a <u>niece</u> who's [1] you know <u>already</u> the stress is there as to what <u>secondary</u> school.. she will get / [\ into /
46.	Sara	Mmm]
47.	Rachel	\ and what tests she needs to take to.. to do this [1] Sh..You know she's <u>nine</u>
48.		
49.	Sara Rachel	[Mmm too young isn't it So that.. It <u>continues</u> /]
50.		
51.	Rachel Rachel Participant Rachel	\ doesn't it all the / [\ way through [3] / Mmm] \ school and I was <u>thinking</u>
52.	Abigail	Well <u>this</u> generation is the most <u>tested</u> generation.. ever because of the SATS.. and because of the 11+ and th you know [whoosh sound] and all that sort of thing and then [1] once they move on to <u>secondary</u> school it doesn't <u>stop</u> does it I mean it's just <u>endless</u>
53.	Beatrice Abigail	[[inaudible] Vass]

54.	Abigail	And also .. I mean.. if you think when we.. back in the day.. we did O-Levels and <u>A</u> -levels you had exams after two years.. But now we have continual assessment for a lot of subjects as well I know some of that's changing but.. *that* ... increases the pressure because everything they do .. is gonna be measured here as we could sit back for two years and think well were okay until [begin to laugh].. we get to that exam and then we might have [bang – Jed leaves the room] you know a bit more pressure then.. So I think.. you know that's one of the reasons why..there's a.. huge rise in the level of anxiety
55.	Sara	[sniff] Mmm
56.		[3]
57.	Beatrice	Er for me it's to do with new technologies That's what's come to mind.. Er because.. nowadays [1] the new technologies have taken over their lives .. and [Jed comes back into the room] their abito ability to socialise with each otherrr...
58.	Participant	Mmm
59.	Beatrice	has changed...
60.	Abigail	Yeah
61.	Beatrice	I mean you picked up the phone in your house when you or at least when I was a child and.. it was occasionally you would be allowed to pick up the phone...
62.	Sara	[[laughs]
63.	Beatrice Beatrice Participant Beatrice	[laughs – it wasn't.. /] [\ er / Mmm] \ something you could do.. all the time and certainly at the table you know erm so for me Social Mental Health is to what extents are new technologies affecting .. their wellbeing
64.	Participant	Mmm
65.	Abigail Sara	[And social media puts a lot of pressure on [inaudible] mmm [1] mmm
66.	Rachel Beatrice	Do you mean social media? *Er* /]

67.	Beatrice	m.m.m mobile phones... /
	Beatrice Participant	[\ any thing to do with new technologies.. / mmm [1] mmm]
	Beatrice	\ because em otionally they are <u>different</u> <u>people</u> They are.. [click] I <u>find them</u> much more emotionally exp ressive than I would have ev er been...
68.	Abigail	Mmm
69.	Beatrice	...or dar e to be.. But at the same time .. there is an element of with draw ing...
70.	Participant	[Mmm Mmm
71.	Beatrice	And /]
	Beatrice	\ an behaving in ways that arrr... i.. [click] <u>introverted</u> <u>at the</u> <u>same time</u> /
72.	Participant	[Mmm
73.	Abigail	Because they want to sort of fit in with what they see is normal .. but that /
	Beatrice	Like you... they too
	Sara	Yeah]
	Abigail	\ that normal isn't really <u>normal</u> any more is it because the <u>expectation</u> .. on social media is that everyone has gotta be better than actually they are .. and so they can never ach ieve that can they
74.	Beatrice	Again yeah /
	Beatrice	[\ [inaudible]
75.	Participant	Mmm
76.	Rachel	Connections /]
	Rachel	\ are actually.. on the <u>internet</u> aren't they..
	Rachel	[\ more so than... than face-to-face so they're...[breathe in]... <u>you</u> know they're they're /
77.	Sara	Rather than face to face
78.	Participant	Mmm
79.	Participant	Mmm
80.	Beatrice	Exactly]
81.	Rachel	\ socially interacting with somebody they may not have seen or somebody that.. lives.. you /
	Rachel	[\ know at the other

82.	Sara	Mmm]
	Rachel	\ end of the country that's.. that's not what I would have considered <u>socialising</u> ... /
83.		
84.	Sara	[No [2] and /
85.	Rachel Beatrice	But it is now It's normal now isn't it Exactly]
86.	Sara	\ there's no hiding as well is there like if you're being bullied [1]
87.	Participant	Mmm
88.	Participant	Yeah
89.	Sara	When I was at school you'd go home and you'd try and forget about it if you'd had a bad day.. But.. now.. you know
90.	Beatrice	[[inaudible] youtube yeah
91.	Sara Participant	\ it just continues doesn't it yeah Yeah
92.	Rachel	Mmm]
93.		
94.	Sara	On the phones
95.	Participant	Mm mm [1]
96.	Beatrice	So is <u>there</u> is <u>there</u> element of er.. to what extent is it affecting their [1] their mental health so.. you know is it normal to be spending lunchtime with your parents and everybody's on a <u>mobile</u> phone and it's okay? .. Is that is that? [1] I mean to me it's very shocking /
97.	Participant	Mm
98.	Beatrice Participant Beatrice	[\ you know that my nephews Mmm] would come.. at Christmas and even begin to try that one [laughs]
99.	Participant	[inaudible speech]
100.	Beatrice Beatrice Participant Beatrice	we didn't for long [[laughs] [laughs]] but yeah .. that's different [1] n I wonder *maybe it's not* affecting at all their well- being .. but I wonder to what extent it could
101.	Abigail	Well th there so reliant on their mobiles now aren't they

102.	Participant	Mmm
103.	Abigail	It's almost like their umbilical chords I call it they they /
104.	Beatrice	[Yeah
105.	Abigail	\ can't let go /
106.	Participant	Mm]
107.	Abigail	It's like if they're without that then.. And I think we are a bit the same perhaps now as well.. But [1] [cough] but I think that does put a lot of pressure on students [2]
108.	Participant	[Mmm
109.	Participant	Mm]
110.	Beatrice	I mean I have students who are addicted .. It's /
	Beatrice	[\ obvious
111.	Participant	Mmm]
112.	Beatrice	Yo you keep telling them the whole session /
	Beatrice	[\ <u>through</u> /
113.	Participant	Mm]
114.	Beatrice	\ Please remove your /
	Beatrice	[\ <u>mobile</u> /
	Sara	[Sniff]]
	Beatrice	\ phone
115.	Participant	Mm
116.	Beatrice	you know they can't they <u>can't</u> they're actually <u>addicted</u>
117.	Participant	Mmm a
118.	Participant	[3] Mmm [6]
119.	Facilitator	Mmm k.. any thoughts [2] from people? [3]

120.	Cleo Cleo Abigail Sara Cleo	I feel like there's a lot of sorry I feel like there's.. a lot of [2] there's a lot of pressure from social media [1] which I think probably affects their social emotional mental health but [1] at the same time I think [1] there's a lot of pressure from the <u>media as well</u> and I / [\ think that [cough cough] [sniff]] [2] I think it's got a lot to do with [1] [inaudible speech] [1] unrealistic or not the greatest role models that perhaps they /
121.	Participant	[Mm
122.	Cleo Cleo	\ Now /] \ have in comparison to the types of role models that we had [2] years <u>ago</u> .. so I think that's a little bit you know the people that they're looking up to.. and again it comes back to you know...
123.	Participant	Mm
124.	Cleo	it's unrealistic...
125.	Participant	Mm
126.	Cleo Cleo	you know a lot of / [\ these...
127.	Participant	Mmm true]
128.	Cleo Cleo Sara Cleo	\ That you know.. / [\ celebrities [1] [sniff]] um.. and these <u>images</u> that.. have been portrayed from celebrities you know [1] those celebrities [1] they've <u>achieved</u> those things [2] in a way that [1] <u>not</u> to say this but it's probably unrealistic for.. you know /
129.	Participant	[Mm
130.	Cleo Participant Cleo	\ The ordinary.. / Mm] sort of sixteen to <u>eighteen</u> year old but that's what they're looking up to so again it's this thing that they're never going to be able to achieve that...
131.	Participant	Mmm

132.	Cleo	And they're they're constantly y you know its.. it's competition ... /
133.	Abigail	[Yeah
134.	Cleo	\ that's /]
	Cleo	\ what it is..and [1] you know.. there's lots of different stu.. you know.. students that are [1] from different backgrounds so you might see that [1] your friend has this but you will never.. be able to get that /
135.	Participant	[Mmm
136.	Cleo	\ and that.. /]
	Cleo	affects them and that [1] makes them feel as though.. perhaps they're not good enough /
137.	Participant	[Mm
138.	Participant	Mm
139.	Cleo	\ And /]
	Cleo	\ Then.. you know from that {they start to feel depressed they start to feel down there's just so much competition}
140.	Participant	Mm
141.	Cleo	So much of that branding what you /
	Cleo	[\ have.. do /
142.	Sara Participant	[sniff] Mm]
143.	Cleo	[\ you have the latest thing /
144.	Participant	Mmm mmm]
145.	Cleo	\ are you wearing the latest clothes.. have you got the latest /
	Cleo	[\ iPad or /
146.	Participant	Mm]
147.	Cleo	whatever it is un [1] I think they can't seem to understand that [1] [click] ummm [1] not everybody has the opportunity to that they're just lookin on social media they're seeing what people.. are showing off and just.. immediately think oh there's something wrong with me because I haven't /
148.	Participant	[Mm

149.	Cleo Cleo	\ got that /] \ But that's not necessarily the case but I don't think that they're.. at this age they're able to grasp...
150.	Abigail	[No
151.	Cleo Cleo	<u>Grasp</u>] That and and see that [1] everyone's [1] kinda from a different [1] different place and won't necessarily have the access to.. to that particular stuff those designers un.. the latest stuff etcetera [2]
152.	Participant	Mmm
153.	Abigail	I mean the key to that is.. is the un happiness of all of this.. isn't it because.. you talk about social emotional.. and mental health .. It's your.. your feeling of wellbeing and happiness /
154.	Participant	[Mm
155.	Abigail Abigail Participant Abigail Abigail Participant Abigail Abigail Participant Abigail	\ And /] \ that gets eroded .. with all of these things that are going on .. so it's when you start seeing students that.. y' know as you say with draw .. and then they start looking miserable and then they don't sleep very well.. / [mm \ And /] i it just all gets on top of them and then they start to fall.. behind with their work because they're not energised.. and i it's almost like a dye downwards spiral isn't it / [mm \ And.. /] \ you know at some point [1] you know.. there are alarm bells that go off.. with students and you think actually now it's got to the point where they really do need help but they have to go quite a way down before you.. sometimes pick that / [\ up [1] / Yeah
156.	Participant	Mmm]

157.	Abigail Abigail Rachel	As well you <u>know</u> I mean.. it happens sometimes with / [\ students we work with yeah I mean we find /]
158.	Rachel	\ Students wi that we <u>we</u> 've got we can see its different.. anxieties you know
159.	Participant	Mmm
160.	Rachel Participant Rachel Participant Rachel	We a at the beginning of September we get but a number of students coming in.. without exam concessions.. mm but they've taken their exams in a small room [1] mm f for anxiety .. reasons now [1] y you know you sort of think well [2]
161.	Beatrice	[In September
162.	Rachel Rachel Sara Rachel Rachel	That in /] \ September why have they been.. you know what is it that's making them so anxious about college or previously at school [1] [[sniff] Mmm] [3] Mmm [1]
163.		
164.	Rachel	I mean we do.. s see students don't we s.. with referrals to CAHMS but that's.. /
165.	Abigail Abigail Rachel Abigail Abigail Rachel	Well I mean / [\ the thing is we had.. / \ [inaudible]] \ I mean last year we had erm.. at the <u>college</u> we had er two counsellors one that.. sort of co-ordinated things but she was only here for a very.. sort of limited.. amount of time through the week.. and then we had another lady who used to come inn forr two <u>mornings</u> s s not quite two days [1] you know.. and that's been cut back.. / [\ And / Mmm]

166.	<p>Abigail</p> <p>Abigail Participant</p> <p>Abigail</p> <p>Sara</p> <p>Abigail</p> <p>Abigail Beatrice</p> <p>Abigail</p>	<p>Now we've got one person coming in [1] erm /</p> <p>[\ she's / Yeah]</p> <p>\ coordinating across three <u>colleges</u> so there's <u>been cutbacks</u> and I don't know if that's the case across.. other sixth forms but.. you know <u>we've losst</u>.. some of the support that we would have had.. and erm what we're not able to give.. at this college anymore is <u>continual</u> support..</p> <p>[sniff]</p> <p>for the entire time that a student's here so the [1] the idea noww.. is that if there is a student who we know we're.. concerned about with some of these issues.. we can.. refer them.. to the.. counsellor [1] [click] she will see them probably for a maximum of six weeks before then referring them on.. problem is.. for a lot of these students.. when they get /</p> <p>[\ referred on / [inaudible]]</p> <p>the delay...</p>
167.	Participant	Mmm
168.	<p>Abigail</p> <p>Sara</p> <p>Abigail</p> <p>Sara Participant</p> <p>Abigail</p>	<p>is just too long</p> <p>[sniff]</p> <p>[[inaudible can] / Yeah Mmm]</p> <p>\ Take..it's supposed to take up to six months or less.. but.. can take longer if they're not prioritised [1]</p>
169.		
170.	Participant Participant	[Mm Mm
171.	<p>Abigail</p> <p>Abigail</p> <p>Abigail</p>	<p>An /]</p> <p>and <u>you</u> know you tell them to go to their GP b there are other options out there for them to get counselling but it all takes time.. and sometimes the students <u>themselves</u> don't want to go to the GP they're not comfortable about /</p> <p>[\ doing that /</p>

172.	Participant	Mm]
173.	Abigail	\ So.. it is difficult getting them the support that they actually need [1] Erm.. I think what we had <u>last</u> year was better because.. you know we had somebody who could see them every week
174.	Participant	Mmm
175.	Abigail Abigail Sara Abigail Abigail	You know throughout the / [\ entire / [Sniff]] \ time they were here now we are looking at a very limited.. amount of support.. and stud ents don't always want to talk to teachers they want to talk to somebody who comes in from <u>outs</u> ide.. who erm [1] they can talk.. to about things they wouldn't feel com fortable.. talking to about.. you know to teachers / [\ about so.. *Someone* who you know is um.. not seen.. walking around the building everywhere...
176.	Beatrice	Someone you see everydaay Hmmm]
177.		
178.	Participant	Mm
179.	Abigail Abigail Sara Abigail Abigail Participant Abigail	...[breathe in] and they know that it's confid ential [1] um so I think al so.. you know when you're sort of.. talking about these things you've got to think about / [\ what support / [Sniff]] \ Is n.. avai lable for / [\ these students.. / Mmm] It's all very well sort of discussing it and we know it exists all these anxieties but how do we deal with it [1]
180.	Participant	Mmm
181.		

182.	<p>Beatrice</p> <p>Abigail</p> <p>Beatrice</p> <p>Beatrice</p> <p>Sara</p> <p>Beatrice</p> <p>Participant</p> <p>Beatrice</p> <p>Participant</p> <p>Beatrice</p> <p>Beatrice</p>	<p>Yeah... I *mean in the past* there wasn't support.. well at least fromm.. the French system where I <u>come</u> from</p> <p>yeah</p> <p>The the.. idea of a <u>tutor</u> the idea that anyone would listen to you when you /</p> <p>[\ have /</p> <p>[Sniff]]</p> <p>\ problems was [1] nnon-existent so actually I find your system extraordinary.. even though there are <u>cuts</u> /</p> <p>[\ etcetera /</p> <p>[sniff]]</p> <p>\ I think.. the the students today have at least have somewhere to reach <u>out</u> and I find that quite /</p> <p>[\ amazing personally.. /</p> <p>mmm... mmm]</p> <p>even if.. there is not <u>enough</u> /</p> <p>[\ or</p>
183.	Abigail	Yeah]
184.	Beatrice	Yeah?
185.	Abigail	I suppose you know /
	Abigail	[\ That [inaudible] [1] yeah
186.	Beatrice	I just remembered /]
	Beatrice	\ that in France .. even today <u>uh</u> if you have a <u>problem</u> we'll refer you to a <u>psychologist</u> outside of the /
	Beatrice	[\ college.. /
	Abigail	Mmm]
	Beatrice	\ but in coll in school there will be nothing in place for you
187.	Participant	Mm
188.	Beatrice	You know sooo...you
189.	Abigail	[So things /
	Beatrice	Inaudible]]
	Abigail	\ are better here
190.	Beatrice	You are offering a fantastic s..
	Participant	mm
	Beatrice	you know service <u>already</u>

191.	Participant	Mmm mmm
192.	Participant	Mmm [2]
193.	Beatrice Beatrice Participant Beatrice Participant Beatrice Beatrice Participant Beatrice	I *don't know* where it fits in with social mental health as i.. as other than that [1] as part of the / [\ community / [Sniff]] \ we belong here.. mmm there is a social [1] acceptance that people have mental health / [\ issue and and / Mmm... mmm] \ that's something to be valued I think
194.	Participant Participant	Mmm mmm Mmm
195.	Participant Participant	[3] Yeah [Sniff] [3]
196.	Facilitator	Okay so I think .. well we.. touched on it quite a bit but if we could just expand a bit more.. How is the term.. Social and Emotional Mental Health relevant .. to this college?
197.		[quiet laughter]
198.	Beatrice	Okay [laughs]
199.	Abigail	I think I think teachers are very aware .. that there are students.. with these problems.. /
200.	Sara	[Mmm

201.	Abigail Abigail Abigail	\ And /] \ I think we have quite a good system now.. of monitoring students I mean we've got this in-house system for a <u>monitor</u> so.. all concerns are logged now so I think.. that's good that there's communication [1] <u>you</u> know system within the <u>college</u> .. for pastoral care which.. where people share information.. [inaudible from outside the room – ongoing for a few minutes] [breathe in] we also have erm.. [click] um a <u>register</u> for <u>vulnerable</u> students [1] I have one issue with that.. and that's because thee students on the vulnerable [1] register are only known to a select few ...
202.		[shouting and chatter in distance continues]
203.	Participant	Mm
204.	Abigail	[teachers /
205.	Participant	Mm]
206.	Abigail Abigail	\ And I actually feel sometimes I can *see why * because there / [is.. /
207.	Participant	Mmm]
208.	Abigail Sara Abigail Abigail Sara Abigail	\ Th you know.. Data Protection an all of that .. but at the same [[sniff] Time /] \ I s s feel that thi some of this information that's on there [1] if [1] teachers were aware of it [1] they could perhaps [1] beha you know be more sensitive .. Mmm in certain situations
209.	Beatrice Beatrice Abigail Participant Cleo	We are / [Jed gets up to leave] [\ Aware Especially [inaudible] About that]

210.	Sara Sara Participant Participant Abigail	*Well you know..* th you know they're on the / [\ list but you don't known certain situations Mm [inaudible various voices] *you know they're on the list*..
211.	Rachel	Specifics [inaudible]
212.	Beatrice	Specifics [1] yesss]
213.	Beatrice Beatrice	Ah but it changes everything.. It changes everything when when I I look I have a student in mind.. and I can <u>see</u> that.. he is very keen but there are <u>issues</u> there.. an i l've looked at whether it was V .. or what colour.. what [\ colour /
214.	Abigail	Yeah]
215.	Beatrice	\ Coded and when I realised that it was emotional .. completely changed my... [Jed leaves the room after whispering something in Cleo's ear]
216.	Abigail	[Yeah tha
217.	Beatrice Beatrice	Approach /] \ to him
218.	Abigail	Yeah
219.	Beatrice	So it does have an impact
220.	Abigail	[Yeah
221.	Beatrice Beatrice	<u>Even</u> /] \ though I don't know what's wrong .. in fact I was going to come and see you...
222.	Abigail	[Yeah
223.	Beatrice Beatrice	To see /] \ if you could give me a a bit of support with.. what can I do better to <u>support</u> him
224.	Abigail	Yeah
225.	Beatrice Beatrice Abigail	[breathe in] Erm [1] [click] it duh it does have an impact for me because it / [\ makes / Yeah]
226.		
227.	Beatrice	\ me take a a step back.. w Why am I going to.. call home..
228.	Participant	Mmm

229.	Beatrice	Put him on /
	Beatrice	[\ disciplinary?
230.	Participant	Mmm
	Participant	Mmm]
231.	Beatrice	\ *All* of that goes out of the window /
	Beatrice	[\ necesse /
	Participant	Mmm]
	Beatrice	\ not necessarily.. good thing [1] but the moment i see that red dot.. I know oh.. I oh hang on
232.	Sara	I think /
	Sara	[\ teachers
233.	Beatrice	*Even if I*]
	Beatrice	\ *don't know what's* /
	Beatrice	[\ wrong yeah
	Participant	Mmm]
234.	Sara	I think teachers can always ask heads of hall [1] /
	Sara	[\ * It's not like* heads /
	Abigail	[inaudible]]
	Sara	\ Of hall wouldn't.. give you /
	Sara	[\ the information
235.	Abigail	[inaudible]]
236.	Cleo	Yeah cause I always worry 'cause <u>in</u> psychology obviously we are talking about some.. really /
	Cleo	[\ controversial /
	Participant	[sniff]]
	Cleo	\ Stuff..
237.	Sara	Mmm
238.	Cleo	And you just don't know if... /
239.	Cleo	[\ Yeah [inaudible] Yeah an I don't want to talk about something /
240.	Participant	[inaudible various voices]
241.	Rachel	Yeah If they're gonna be suffering from
242.	Abigail	That's affecting someone... [inaudible] health and social care so]

243.	<p>Cleo</p> <p>Participant</p> <p>Cleo</p> <p>Cleo</p> <p>Abigail</p> <p>Cleo</p>	<p>\ If [1] actually one of my students have been /</p> <p>[[inaudible]</p> <p>\ or are going through that /]</p> <p>and</p> <p>yeah</p> <p>sometimes it's a little bit helpful to know just so you can...</p>
244.	Participant	Mmm
245.	<p>Cleo</p> <p>Cleo</p> <p>Participant</p> <p>Cleo</p>	<p><u>maybe</u> even you know speak.. before the lesson just give them the heads up that you know this is what we're gonna /</p> <p>[\ have a /</p> <p>Mm]</p> <p>\ look at so if at any time... /</p>
246.	Cleo	[\ You know you feel as though yeah you don't /
247.	Rachel	Give them the choice [inaudible]]
248.		
249.	<p>Cleo</p> <p>Cleo</p> <p>Rachel</p> <p>Participant</p> <p>Cleo</p> <p>Cleo</p>	<p>\ need to come /</p> <p>[\ to that lesson /</p> <p>[inaudible]</p> <p>Yeah]</p> <p>\ it would just.. /</p> <p>[\ it would be quite helpful</p>
250.	<p>Abigail</p> <p>Abigail</p>	<p>And I've I've had situations /]</p> <p>\ Where [1] you know [1] I've known something's gone on at <u>home</u> with students and it's affected.. you know they haven't been able to meet a deadline or whatever.. and they are on the vulnerable list.. and [1] well the teachers perhaps have overlooked the fact</p>
251.	Participant	Mmm
252.	Abigail	That there might be reasons.. <u>genuine</u> reasons why a student is <u>struggling</u>
253.	<p>Beatrice</p> <p>Beatrice</p> <p>Abigail</p>	<p>You can't function /</p> <p>[\ that's it</p> <p>and I've had to kind of /]</p>

254.	Abigail	\ Intervene.. but so I <u>don't</u> I mean you're obviously an example of how good it is if it <u>works</u> .. you're obviously <u>checking</u> [1] [breathe in] but I suppose we need to promote that <u>more</u> because.. I do find sometimes
255.	Beatrice Abigail Beatrice	[Abigail.. we are / We do have to] \ all aware of it
256.	Abigail Beatrice Abigail Abigail Abigail	Oh yeah yeah [[cos we've got - inaudible] but not /] \ everybodyyy.. perhaps / [\ checks
257.	Sara Sara	Yeah not /] \ everybody looks
258.	Beatrice Beatrice Abigail Beatrice Beatrice Abigail Beatrice Beatrice	Ehhh [\ you you can't [inaudible]] avoid it / [\ it's in Yeah] your face you / [\ know
259.	Abigail	Yeah]
260.	Beatrice	You you have
261.	Abigail	Yeah
262.	Beatrice Beatrice Abigail	next to the picture of the.. er the the red <u>dot</u> or the yellow / [\ dot and the <u>v</u> Yeah [sign?]]
263.	Beatrice	so [1]
264.	Participant	Mmm

265.	Abigail	Yeah
	Abigail	[[inaudible]
266.	Beatrice	*If anything * /]
	Beatrice	\ I think [1] we should move the V personally.. because /
267.	Participant	[[inaudible]
	Beatrice	\ When it comes up
	Sara	[inaudible] the students see]
	Participant	[yeah
	Sara	Yeah]
268.		
269.	Beatrice	Er it should even be a different <u>colour</u> blue <u>colour</u>
270.	Sara	Mm
271.	Beatrice	so that
	Beatrice	[they you know
272.	Abigail	Yeah the V isn't... /]
	Abigail	\ Isn't a good sign to have on there /
	Abigail	[\ is it?
273.	Sara	Yeah
274.	Beatrice	Yeah
	Participant	Mmm
	Participant	No]
275.	Beatrice	I thin I <u>think</u> the letter is too much I think...
276.	Participant	[yeah
	Participant	Yeah
277.	Beatrice	you know]
	Beatrice	blue dot
278.	Sara	Because some students have <u>three</u>
		[1]
279.	Beatrice	[Yeah
	Abigail	Yeah
280.	Participant	Yeah]
		[1]

281.	Cleo Sara Cleo	Erm... cause last year I had a particular student she had like a..[click] it was like a sheet it was like a... [breathe in] traffic light system so at <u>least</u> I had an idea of [1] what she was dealing with and also I knew [1] [sniff] when she was in certain moods how /
282.	Participant	[Yeah
283.	Cleo Cleo Cleo Rachel	\ to act /] \ and how not to act because / [\ it gave me / and that was...]
284.		
285.	Cleo Cleo Rachel Cleo Cleo Rachel Cleo Cleo Participant Cleo Participant Cleo Cleo	tips [\ it said / provided by the counsellor?] yeah [\ it <u>gave</u> / [inaudible]] \ Me tips it said you know [1] if I ask her something she just <u>refuses</u> you know don't... continue and / [\ if / [sniff]] she mmm wants to put her headphones in then let her do / [\ you know and /
286.	Participant	Mmm
287.	Participant Participant	Yeah Mmm]
288.	Cleo	I knew because sometimes sh [1] you *might see* that but then you [1] <u>still</u> wouldn't think.. if that student was like oh can I keep my headphones if <u>even</u> if you see the V on the register you you wouldn't necessarily think that that's maybe a coping mechanism for them or

289.	Participant	[Mmm
290.	Abigail	Yeah]
	Abigail Participant Cleo	[yeah mmm \ Anything like that /]
291.	Cleo	\ Whereas I was <u>given</u> that information at the beginning of the <u>year</u> /
	Cleo Participant Participant	[\ so I / yeah mmm]
	Cleo Participant Cleo	\ <u>knew</u> that [1] mmm and.. you know I could.. support her in the ways that /
	Cleo Abigail Participant Cleo	[\ it / yeah Mmm]
		\ it suggested and it was helpful
292.	Abigail	It <u>is</u> all about.. communicating... the /
	Abigail	[\ needs isn't it.. I suppose really
293.	Beatrice	Yeah... yeah /]
294.	Beatrice	And <u>connect</u> ing with the student /
	Beatrice Abigail	[\ As / Mmm]
	Beatrice	\ welll [1]
295.	Sara	I think unfortunately sometimes teachers are just [1] under so much <u>pressure</u> aren't /
	Sara	[\ they that
296.	Participant Abigail	Mmm So busy] [1]

297.	Sara Participant	You know mmm [1] Sara it kind of just get forgotten sometimes doesn't it? [2]
298.	Beatrice Beatrice Sara Beatrice Beatrice Abigail	I I'm gonna say I *have small groups* so I can still have that / [\ Privilege / Mmm] \ But I can / [\ see if you have twenty four students I think some of the [laugh] *some of the things that we discussed*]
299.	Abigail Abigail	also apply to <u>teachers</u> [1] / [\ *Pressure.. meeting deadlines* You know league tables /
300.	Beatrice Participant Participant	Mmmmmm... Mmm Absolutely Mmm... mmm]
301.		
302.	Abigail Abigail	Erm you know... / [\ I think
303.	Rachel Rachel	A vicious <u>circle</u> /] [\ isn't it
304.	Participant	Mmm]
305.	Abigail	[It <u>is</u> a bit
306.	Rachel	Vicious <u>circle</u>]
307.	Abigail	Because... we pressure is on <u>us</u> ... as <u>teachers</u> to make sure that... you know they get the best <u>grades</u> no one's allowed to <u>fail</u> you know you've got to do everything you can [1] which then we [laugh] impose on the <u>students</u> as <u>well</u> so it's kind of like
308.	Participant	Mmm
309.	Abigail	A vicious <u>circle</u> isn't it
310.	Participant	Mmm

311.	Sara	Because I've actually this year for the first time I've had because I've.. got the AGPs [1] I've had... like three or <u>four</u> like you know like.. they just seem lovely lovely girls they've come on my.. door knocked on my door and said [sniff]
	Sara	Miss I'm really worried about the [FSA's?] [1] erm..i'm worried that if I fail it I'm gonna be <u>withdrawn</u>
312.	Participant	Mmm
313.	Sara	And *like I've looked* and their... record's <u>impeccable</u>
314.	Participant	Mmm
315.	Sara	And what's obviously <u>happened</u> is a <u>teacher</u> in their stress [1] has probably said /
	Beatrice	[[laughs]
316.	Sara	\ to a whole group]
	Abigail	yeah
	Sara	You know If you don't pass you'll be withdrawn...and then /
317.	Participant	[Yep
318.	Sara	\ They've /]
	Sara	\ taken it to hearrrt
319.	Participant	Mmm
320.	Sara	And they're so conscientious and.. they've like <u>some</u> of them were <u>really worried</u> about it
321.	Participant Participant	[Mmm Mmm]
322.	Sara	over a weekend
323.		
324.	Abigail	And *they are* often the.. the conscientious <u>good</u> students
325.	Sara	Yeah because they're the one that's
	Sara	[listening
326.	Abigail	Who will worry]
	Abigail	More
327.	Sara	Yeah
328.	Abigail	because they <u>are</u> conscientious
329.	Participant	Mmm
330.	Sara	And you've got to just kind of say well no This doesn't apply to you [laugh] /
	Sara	[\ like

331.	Abigail	No I I we]
	Abigail	<u>often</u>
	Abigail Participant	say that they didn't they didn't mean [inaudible]
	Abigail	you personally it's just... to the whole class but... /
	Abigail	[\ obviously you're /
332.	Sara	Yeah]
333.	Abigail	\ doing really well and we had that conversation this <u>morning</u> /
	Abigail	[\ <u>didn't</u> we /
334.	Rachel	Yeah]
	Abigail Rachel	[\ With a student / Yeah yeah]
335.	Abigail	\ [breathe in] who was in tears about something
336.		
337.	Sara	Yeah
338.	Abigail	Because she'd missed... a lesson... [breathe in] um that was put on as a <u>replac</u> ement lesson for a c certain subject
339.	Participant	Mmm
340.	Abigail	and teacher sort of had a go at the class ... not.. intentionally to her but she got very <u>upset</u> because she took it all personally /
341.	Participant	Mmm
342.	Rachel Abigail Participant	[And she was upset \ and Mmm]
343.	Abigail	Yeah she
	Abigail	[was
344.	Rachel	She /]
	Rachel	\ Was upset from for different reasons
345.	Abigail	[As well that
346.	Participant Sara	Yeah Yes
347.	Rachel	And it all impacted /]
348.		

349.	Rachel	\at *9 O'clock* this morning an and... emotionally she couldn't cope with that <u>lesson</u>
	Participant	[sniff]
		[1]
	Rachel	had to withdraw her from the lesson she'd you know /
350.	Participant Participant Rachel	[Mmm Mmm \ Too /]
351.	Rachel	\ much going on wasn't there
352.	Abigail	Because on top of that she had things going on at <u>home</u> an.. bla bla blaa
353.	Rachel	[Mmm
354.	Abigail Abigail	Wasn't there] Yeah [2]
355.	Lenny Lenny	I... would be interested to know how many teachers are on [<u>sertraline?</u>] [2] and or any other drug that [1] helps with stress and all the / [\ rest of it
356.	Abigail	How many teachers are on?
357.	Participant	Mmm]
358.	Lenny	[Yes how many teachers and whether there's
359.	Abigail Participant	[laughter] Mmm]
360.	Lenny Lenny	a correlation in terms of how many / [\ students are are are /
361.	Beatrice	[inaudible] [laughter]]
362.	Lenny	[\ kind of being medicated
363.	Beatrice Beatrice	How many of you are on <u>vallium?</u>] [[laughter]
364.	Abigail	No [1] no I'm not.. no not yet]

365.	Lenny	But /
	Lenny	[\ just take your point /
366.	Abigail	Yeah... yeah]
367.	Lenny	\ think if you're stressed [1] it is in... you know you you pass that stress on
368.	Sara	[Mmm
369.	Beatrice	Oh [somehow?]
370.	Abigail	Definitely... yeah yeah
371.	Lenny	So if the environment is stresses you /]
	Abigail	yeah
	Lenny	\ you yo... that is gonna communicate itself /
	Lenny	[\ to... to the students
372.	Abigail	I <u>do</u> think that makes a difference]
	Abigail Participant	Because [1] you know there is a if teachers are under pressure mmm
	Abigail	erm and it's <u>all</u> relating to results [1] an... the means of <u>gettin</u> those results... is to put the pressure on the <u>students</u> to make sure they're constantly /
	Abigail	[\ working /
373.	Sara	Mmm]
374.		
375.	Abigail	\ Constantly doing this that and the other an it and it <u>does</u> ... it /
	Abigail	[\ does /
376.	Participant	Mm]
377.	Abigail	\ impact all the way <u>through</u> doesn't it <u>really</u> and I suppose it kind of starts from management down doesn't it [1] erm but it all goes back.. to this business of erm you know... <u>percentages</u> and <u>statistics</u> and <u>proving</u> that
	Participant	[sniff]
	Abigail	value added and all of that.. what we don't ever measure... is... <u>confidence</u> you know someone's social skills you know somebody might have failed all their exams but actually ... being at <u>college over</u> ... the year or two years they've blossomed in terms of... their <u>social</u> skills
378.	Participant	Mmm

379.	Abigail Abigail Participant Abigail	And they're much more / [\ <u>con</u> fidant / [sniff]] \ and they're much happy but we don't measure that [1] we don't see that as an a successful /
380.	Participant	Mmm
381.	Abigail	[\ thing to even /
382.	Participant	Mmm
383.	Participant	Mmm]
384.	Abigail Abigail	\ <u>discuss</u> [breathe in]... we're only concerned about... see I <u>think</u> .. <u>you</u> know that's... one of the... the things that sh we should be... thinking about you know I've er had this... erm... chat with erm... <u>Tracy</u> who's our <u>principle</u> about a <u>student</u> who [1] <u>you</u> know academically wasn't doing very well at <u>all</u> and was gonna come out with a <u>pass</u> ... but I said actually... this student's done amazingly well because... over the year he's had a <u>really good year he's been really happy</u> his made <u>friends for the first time</u> he's... you know... <u>enjoyed the year</u> he's much more <u>confident</u> he's more independent [1] but where is that on.. / [\ on a /
385.	Sara	Mmm]
386.	Abigail	\ bit of paper that he's gonna take forward with him you know when he leaves
387.	Participant	Mmm
388.	Abigail	It's not is it? [1] because we don't <u>measure</u> that [1] but that is still... in <u>my</u> eyes [1] you know a a sign of... <u>success</u>
389.	Participant Sara	Mmm Definitely
390.	Abigail	And we've done our <u>job</u> [2] you know regardless of whether we've got a <u>pass</u> /
391.	Beatrice	[Mmm that's true
392.	Abigail	\ or a <u>merit</u> or a /
393.	Participant	Mmm]
394.	Abigail	[\ <u>distinction</u>
395.	Participant Participant	Mmm Mmm]
396.	Sara Sara	Yeah it's... way more than just exam / [\ results isn't it
397.	Participant	Yeah

398.	Beatrice Participant	Absolutely Yeah
399.	Participant	Yeah [inaudible]]
400.	Abigail	There's that but you know the education system to me in this [1] country is dire isn't it let's face it It's all geared towards you know everyone's gotta get a C in <u>English</u>
401.	Lenny	At sixteen
402.	Abigail Abigail	A a [You know
403.	Lenny	Whether they're ready or not]
404.	Abigail	A a you know this idea of that is just crazy an and <u>whoever</u> can say that has no <u>know</u> ledge... of how people <u>learn</u> and the rates that people learn and how we're all individuals an and <u>some</u> <u>people they could</u> ... be in in school for the rest of their lives and still never get a C grade in English so do we say that they're a <u>failure</u> ? [1] you know I mean <u>that's</u> ... the system we're <u>in</u> isn't it
405.	Sara	[Mmm
406.	Participant Participant	Mmm] Mmm [2]
407.	Lenny	[click] I... I will say one thing about... this... is that erm [1] students are far more [1] you you f... I find that you are far more likely to be approached by students telling you who <u>use</u> ... stress as an explanation
408.	Participant	Mmm
409.	Lenny Lenny	Or say this stresses me out or that stresses me out [[inaudible]
410.	Abigail	Yeah they're quite open about those conversations aren't they?
411.	Participant	Mmm]
412.	Lenny	Whereas you never I can't remember ever having conversations like that twenty years ago... whereas now [2] at least [1]
413.	Beatrice	[They make you aware
414.	Lenny Lenny	There's at least one /] \ *or two every year* /
415.	Participant	[Mmm

416.	Lenny	\ Across... /]
	Lenny	\ classes that somebody will say [1] I <u>behaved</u> like that because of anxiety or /
	Lenny	[\ stress /
417.	Participant	Mmm
418.	Participant	Mmm]
419.	Lenny	\ Or can I please not do that because it makes me anxious
420.	Participant	[Mmm
421.	Participant	[inaudible] yeah
422.	Rachel	Mmm I think we talked /]
	Rachel	\ about that didn't we as a going back back in the day where it was a two year linear.. course... that <u>first</u> lower sixth was th [1] the year where you could do other the <u>things</u> outside activities /
	Rachel	[\ <u>alongside</u> /
	Beatrice	Mmm]
	Rachel	[\ learning and [breathe in] /
	Abigail	Yeah]
	Rachel	\ An building up... you know new friendships and things but now they're straight in with.. you know your first FSAs /
	Rachel	[\ September and
423.	Participant	[inaudible]
	Sara	I know really /]
	Sara	\ now we've gone back to the linear we should be un /
	Sara	[\ taking our foot off the <u>gas</u> a little bit actually /
424.	Rachel	We <u>should</u> be able to.. we should be
425.	Participant	Mmm
426.	Lenny	Yeah]
427.	Sara	\ but I find it's gone the other wayyy
428.	Lenny	[laughs]
429.	Abigail	[Yeah
430.	Participant	Mmm]

431.	Sara Sara	More assessments like in <u>other</u> colleges my friend was saying oh it's greaat [breathe in] we've been doing loads of present <u>ations</u> and stuff with our / [\ students /
432.	Participant	Mmm]
433.	Sara	[\ Cos we've got more time /
434.	Rachel Rachel Sara	Got more time for] [Visits <u>outside</u> ? And I was like gosh]
435.	Abigail	[It should be more fun
436.	Sara Participant Participant Cleo	We should be doing that [1] yeah! Yeah! [inaudible] You *know why* /]
437.		
438.	Cleo	that's because they wanna... take go in and wean out the students that aren't gonna pass so the only way in which.. you are meant to.. <u>know</u> that is... dependent on the <u>grades</u> that they're gettin that's why
439.	Beatrice Beatrice	And their / [\ progression
440.	Cleo Cleo Cleo	Because they don't /] \ they don't want to a... place where so many people fail / [\ and actually /
441.	Participant	Mmm]
442.	Cleo Cleo Sara	\ you should have / [\ been picked them up at the end of it as well yeah but isn't that awful /]
443.	Sara Sara Participant Sara	\ that like you know they've been here a whole [\ <u>year</u> and then / yeah [inaudible]] \ they get <u>withdrawn</u> like you know I think just give everyone a <u>chance</u>
444.	Participant Participant	[Mmm Mmm

445.	Sara	Everyone <u>deserves</u> /]
	Sara	\ a go /
	Sara	[\ <u>don't</u> they /
446.	Participant	Mmm
447.	Participant Participant Rachel	Yeah...yeah Yeah And that you know s if impact with
448.	Beatrice Beatrice Participant Beatrice	And they mature so <u>much</u> /] \ as well I mean errr from AS to A2 exactly is I'm... I'm not saying the whole summer <u>changes</u> them but /
449.	Participant	[Mmm
450.	Beatrice Beatrice Beatrice Participant	\ There /] \ is a certain level of / [\ ma <u>turity</u> / [sniff]]
451.	Abigail	[Yeah
452.	Sara Sara	Definitely] [yeah
453.	Beatrice Beatrice	\ They realise /] \ in eight months' time... I'm off to universityyy... <u>Some</u> of them not all of them
454.	Abigail	[They have a goal to work towards isn't it they get to that point
455.	Beatrice Beatrice	*Some of them do realise that's <u>it</u> it suddenly* /] \ hits [hitting sound] home
456.	Participant Sara	Yeah [yeah
457.	Beatrice Beatrice Beatrice Participant	You know /] \ I want to.. I'm doing my <u>UCAS</u> .. / [\ Everybody Yeah

458.	Sara	Some of them are]
	Sara	completely <u>different</u> aren't they
	Sara	[[inaudible]
459.	Beatrice	Yes yeah]
	Beatrice	[Absolutely
	Abigail	Yeah]
	Beatrice	They theyyy... somehow wake <u>up</u> [clicking noise with fingers] you /
	Beatrice	[\ know
460.	Sara	Yeah
	Participant	Mmm
461.	Abigail	Yeah]
462.	Beatrice	This is <u>my</u> life
	Beatrice	[Yeah?
463.	Participant	Mmm
464.	Participant	Yeah]
	Participant	Yeah
465.		
466.		[4]
467.	Beatrice	What was the question?
468.	Participant	[laughter from various participants]
469.		
470.		
471.	Beatrice	[reads out the question] How is the term social and emotional mental health to the college?
472.	Facilitator	And also I guess.. specifically to this college as well
473.	Beatrice	*Well we have <u>chaplaincy</u> * so obviously there is a religious dimension to the <u>college</u> and... a lot of our students are actually err <u>religious</u>
474.	Participant	Mmm
475.	Beatrice	Er er so I would imagine that for them .. al although it's a spiritual <u>dimension</u> [1] <u>emotionally</u> might be a way of... somehow letting a bit of the steam off you know ou out of their <u>system</u> .. because we've got somewhere peaceful... er a /
	Participant	[[sniff]
	Beatrice	\ dedicated /]
	Beatrice	\ er.. chaplain to go and <u>speak</u> to as well
476.	Participant	Mmm

477.	Beatrice	So er
478.	Abigail	[And for some students that's really /
479.	Beatrice	*And somewhere to play*]
	Abigail	\ Important /
	Abigail Beatrice	[\ Actually and som..yeah yeah and somewhere to play /]
	Beatrice	\ don don't they just <u>play</u> in that room
480.	Abigail	[Well they've got a common room [inaudible] where they play <u>together</u> so that that
481.	Sara	That common room yeah mmm
482.	Participant	Mmm yeah
483.	Beatrice	It's <u>playtime</u> isn't it]
484.	Abigail	kind of relaxing... area for them as well
	Abigail	[yeah
485.	Participant	Yeah
486.	Rachel	And we find that actually in our room too]
487.	Beatrice	[And they socialise there
488.	Abigail	Yeah]
489.		
490.	Rachel	in our room in the ALS room we have certain students that spend <u>all</u> their /
	Rachel	[\ free time there /
491.	Abigail	Entire time there]
492.	Rachel	\ And it's /
	Rachel Beatrice Abigail	[\ like a sanctuary...yeah....a real safety net it's [inaudible] literally from the minute they come in]
493.	Abigail	Before... before lessons they're there they're there break times lunchtimes free lessons and right through to when they leave... and it's their little <u>haven</u>
494.	Participant	Mmm
495.	Participant	[Mmm

496.	Abigail	And an that's /]
	Abigail	\ where a lot of friendships are made /
	Abigail	[\ aren't they /
497.	Participant	Mmm]
498.	Participant	[Mmm
499.	Abigail	\ And they /]
	Abigail	\ feel <u>safe</u> in it because they know that there's always somebody there supervising /
500.	Participant Participant	Mmm Mmm
501.	Abigail	\ And <u>also</u> [1] the same /
502.	Beatrice	[Faces
503.	Abigail	\ Faces yeah /
504.	Participant	Yeah]
505.	Abigail	\ Most of the time
506.	Participant	[Mmm
507.	Participant	Mmm]
508.	Abigail	And they hate it if they have to go to the LRC... and I think s we're always getting [laugh - loads of other people] wanting to come down and work in there as well [breathe in] <u>How do I, how do I get</u> into this room?
509.	Abigail Participant	[*That's* a good thing [laughter from various participants]]
510.	Rachel Participant	[How do I get on the list [laughter continues from various participants]]
511.	Participant	[[laughter]
512.	Abigail	Yeah <u>how</u> /]
513.	Abigail	\ do I get on that <u>register</u> ?... they that's a good thing because they're not actually aware that to... /
514.	Beatrice	[There not prejudiced...yeah
515.	Abigail Abigail	\ get on that register you might actually /] \ have to have a <u>problem of some sort</u> /
516.	Participant	[Mmm

517.	Abigail	\ So... /]
	Abigail	\ that's quite <u>positive</u> in a way /
518.	Participant	[Mmm
519.	Abigail	\ I'm quite /]
	Abigail	\ pleased that's the case [says the next two sentences really fast] Miss I wanna get on that register <u>How</u> do I get on that register? [breathe in] <u>You</u> know and I <u>think</u> well this is <u>good</u> that they don't see it as kind of special needs in any way it's just... you know where you go... /
520.	Beatrice	[Yeah!
521.	Abigail	\ it's... /]
	Abigail	\ a nice place to <u>work</u> kind of thing so
522.	Participant	Mmm
523.	Abigail	<u>That's</u> quite good and then and then also down there ... there is a feeling... it is quite a supportive environment isn't it?
524.	Rachel Participant	[Yes yes [inaudible]]
525.	Abigail	[It's calm
526.	Rachel	There's somebody /]
	Rachel	\ there it's calm
527.	Participant	Yeah
528.	Rachel Participant Rachel Rachel	They can talk to us about... / yeah \ <u>anything</u> and [they do
529.	Abigail	Yeah they often do
530.	Beatrice	<u>Also</u> ... /]
	Beatrice	\ the LRC even though it's all silent
531.	Participant	Yeah
532.	Beatrice	they are together in a way in the LRC even thoughh its individual work
533.	Abigail	Yeah
534.	Beatrice Beatrice	Er I I find that sometimes they are er... probably more... con <u>nect</u> ed in a way by the fact that they all working ... towards the same / [\ goals /
535.	Participant	Mmm]

536.	Beatrice	\ I <u>th</u> ink that's a good thing as well
537.	Participant	Mm
538.	Abigail	And they have those sort of <u>group</u> rooms as well /
	Abigail	[\ [inaudible]... book
539.	Participant	Mmm
540.	Beatrice	Yes]
541.	Abigail	[Where they can go and work as a group /
542.	Beatrice	Yeah where they can actually do <u>group</u> work /]
543.	Abigail Beatrice	[\ so it's good / \ Acrosss]
	Abigail Beatrice Abigail	\ that they're encouraged to do that as well / mmm \ to work in groups and things like that
544.	Participant	Mmm
545.	Abigail	*We have* community days... and things like that here don't we
546.	Participant Cleo Participant	[Yeah Yeah Mmm
547.	Beatrice	Yes [inaudible] days]
548.	Cleo	Cause I think it just... erm takes the... pressure off them you know
549.	Rachel	[Yeah
550.	Participant Cleo	Yeah They just]
551.	Cleo	They just have a day where they can
552.	Abigail	So they're off timetable
553.	Cleo	<u>Yeah</u>
554.	Abigail	and do <u>fun</u> things for the day
555.	Sara	[Mmm
556.	Cleo Cleo	And they can] just actually [1] support each <u>other</u> and and you know... it's nice for them [1] to do things that are outside of
557.	Participant	Mmm
558.	Cleo	of the actual curriculum but still really good <u>you</u> know people have different <u>talents</u> or if people make <u>dresses</u>
559.	Participant	[Mm
560.	Participant	Mmm

561.	Cleo	And it's nice /]
	Cleo	\ To [1] you know <u>something</u> else that they can channel <u>any</u> kind of negative emotions or whatever they think /
562.	Participant	[Mmm
563.	Cleo	\ they can /]
	Cleo	\ channel it into those things it's j [sniff]
	Cleo	[[inaudible]
564.	Abigail	And then /]
	Abigail	\ obviously Wednesday afternoons that we have en... <u>richment</u> programs.. as well so students can sign up to activities there <u>can't</u> they so [breathe in]
565.	Participant	Mmm
566.	Abigail	<u>That's</u> another little sort of /
	Abigail	[\ sideline away /
	Participant	Mmm]
	Abigail	\ from the usual sort of [1] <u>lessons</u> /
567.	Participant	[Mmm
568.	Abigail	\ And... /]
	Abigail	\ you know /
	Abigail	[\ academic work
569.	Participant	Mmm]
		[1]
570.	Beatrice	Yeah and they can <u>relate</u> to us differently /
	Beatrice	[\ these days /
	Sara Participant	[cough cough]
		Mmm]
	Beatrice	\ you know a you can see that /
	Beatrice	[\ er /
	Sara	[sniff]]
	Beatrice	\ Somehow [1] you know /
	Beatrice	[\ the

571.	Rachel Rachel	Outside /] \ a <u>classroom</u>
572.	Beatrice	[Yes... like like like
573.	Cleo	Yeah
574.	Sara	Mmm]
575.	Beatrice Beatrice Participant Participant Beatrice Beatrice Participant Participant Beatrice Participant Beatrice Beatrice	The [schtod?] comes... you know / [\ Er er / Mmm Mmm] \ with different errr [1] Oh! there's <u>somebody</u> in / [\ there It's / yeah mmm] \ not just somebody who's gonna give me <u>homework</u> or / \ er [1] / mmm \ come running after me / [[laughs loudly]
576.	Participant	[laughs]
577.	Participant	Yeah]
578.	Abigail	But I <u>think</u> the <u>relationship</u> between stu..dents and staff here is really <u>good</u> actually /
579.	Beatrice	[Yesss
580.	Abigail Abigail Abigail	\ If you compare /] \ it to other [1] cause you know I've worked at lots of different / [\ <u>schools</u> and so on /
581.	Beatrice	Yess especially [inaudible]]
582.	Abigail Participant Abigail Abigail	\ and I <u>think</u> that <u>maybe</u> because it's a sixth form when they're that much <u>older</u> / mmm \ But I do feel that... <u>you</u> know [1] that there's quite is there are [1] <u>you</u> know [1] good <u>relationships</u> generally between.. yeah / [\ Staff and students

583.	Beatrice	The <u>discipline</u> is /]
	Beatrice	\ really good here I find You know I've I've <u>worked</u> in other scho college o <u>schools</u> actually [breathe in] where the teacher was <u>always</u> the guilty <u>party</u> /
584.	Participant	[Mmmm
585.	Beatrice	\ If your /]
	Beatrice	\ classroom was in a <u>mess</u> orr.. there was [1] a lot of... there were a lot of /
	Beatrice Abigail	[\ er <u>issues</u> ... [cough cough]]
	Beatrice	\ you were... <u>solely</u> <u>responsible</u> /
	Beatrice Participant	[\ <u>You</u> know / Mmm]
	Beatrice	\ <u>outside</u> of that <u>no</u> one... whereas <u>here</u> we're all responsible an I /
	Beatrice Participant	[\ <u>love</u> / Mmm]
	Beatrice	\ that I love the fact that we all [1] <u>you know</u> like [1] okay you're not gonna wear a <u>hood</u> you know [laughs - you're not] gonna /
	Beatrice Participant	[\ <u>wearrr</u> / Mmm]
	Beatrice	\ er an we all <u>respect</u> that [1] Because er I I I <u>think it affects</u> the... the level of <u>discipline</u>
586.	Participant	[Mm
587.	Participant	Mm mm] [1]
588.	Beatrice	Yeah and respect as <u>well</u> <u>you</u> know I've <u>never</u> heard a student tell... saying some like the F word or anything like that <u>like that</u> to me here
	Participant	[[inaudible]
589.	Abigail	No <u>we've</u> <u>we don't</u> experience [inaudible]
590.	Participant	Mmm]
	Abigail	[[inaudible]

591.	<p>Beatrice</p> <p>Abigail</p> <p>Beatrice</p> <p>Abigail</p> <p>Beatrice</p> <p>Participant</p> <p>Rachel</p>	<p>*There's not* ... /]</p> <p>[[inaudible]</p> <p>\ *It <u>doesn't</u> mean we don't <u>swear</u>* /]</p> <p>[*having <u>said</u> that...*</p> <p>\ but we not/know they not/know</p> <p>[inaudible]</p> <p>[inaudible] it's not about you]</p>
592.	Rachel	[yeah
593.	<p>Beatrice</p> <p>Participant</p> <p>Beatrice</p>	<p>*It's never no it's very* /</p> <p>[inaudible]]</p> <p>\ <u>respectful</u></p>
594.	Participant	Yeah
595.	Beatrice	This environment I <u>love</u> that [2] yep
596.		[2]
597.	<p>Rachel</p> <p>Rachel</p>	<p><u>Sometimes</u></p> <p>[we see another side [inaudible]</p>
598.	<p>Beatrice</p> <p>Beatrice</p> <p>Beatrice</p>	<p>I <u>think</u> that's that's where the /]</p> <p>\ <u>management</u> is strong /</p> <p>[\ here for that</p>
599.	<p>Abigail</p> <p>Abigail</p> <p>Abigail</p> <p>Beatrice</p> <p>Lenny</p> <p>Abigail</p> <p>Abigail</p> <p>Lenny</p> <p>Abigail</p>	<p><u>Yeah</u> I mean...]</p> <p>our room is used as a <u>holding</u> ground sometimes for students who er</p> <p>[have misbehaved elsewhere /</p> <p>[inaudible] [laughs]</p> <p>[inaudible]]</p> <p>\ and we do see /</p> <p>[\ they're /</p> <p>[inaudible]]</p> <p>\ not our.. our students as I as I say ALS students so much but they are [breathe in]... <u>often</u> students that.. you know we don't know who might be brought to our room for various reasons we do have those students <u>around</u></p>
600.	Participant	Mmm

601.	Abigail	Um... and they might be asked to work in our <u>room</u> and... {when they're in our room actually they...} tend to /
	Abigail	[\ tow /
602.	Rachel	Mmm]
603.	Abigail	\ The line /
	Abigail	[\ don't /
	Rachel	Mmm]
	Abigail	\ They because <u>again</u> it's quite... <u>you</u> know it's a nice
	Abigail	<u>at</u> mosphere
		[But/that
604.	Rachel	But thinking /]
	Rachel	\ about one or two of them... th looking into... <u>you</u> know their difficulties in more <u>detail</u> /
605.	Participant	[Mmm
606.	Rachel	\ There's... /]
	Rachel	\ <u>often</u> other... /
	Rachel	[\ elements /
	Sara	Mmm]
	Rachel	[\ impacting on /
	Participant	[deep breathe in]]
	Rachel	\ that /
	Rachel	[\ <u>behaviour</u>
607.	Abigail	Yeah]
	Abigail	Yeah
	Abigail	[<u>always</u> really
	Rachel	you know <u>mostly</u>]
608.	Abigail	[Home
	Rachel	Home]
609.	Rachel	<u>Home</u> environment [1] <u>emotional</u> needs
610.	Participant	Mmm
611.	Rachel	That are not being met outside... so.. <u>you</u> know <u>we may</u> be meeting the need

612.	Beatrice	I'd <u>say</u> you might be the first adults are actually <u>listening</u>
613.	Sara Rachel	[Mmm Yeah
614.	Beatrice Beatrice Beatrice Sara Participant Beatrice	Actually /] \ Like... paying <u>attention</u> and saying [\ <u>really</u> or... / mmm mmm] [\ <u>you</u> know
615.	Participant Beatrice Participant	Mmm] [<u>Yeah</u> Mmm]
616.	Beatrice	Sometimes that's the way
617.	Participant	Mmm [6]
618.		
619.	Facilitator	Right [1] um... what factors if any.. have influenced or impacted on your perspectives.. perspectives of Social Emotional Mental Health? [1]
620.	Beatrice	[reads the question and says quietly] What factors
621.	Participant	Hmm [2]
622.	Facilitator	And again it might just be expanding on what you've talked about already [1]
623.	Sara	Do you mean within the <u>job</u> or?
624.	Facilitator Facilitator	Erm within the <u>job</u> or in any way that you [1] see that [question
625.	Sara Sara	I mean... /] \ for me I think... when I've taken on the Head of Hall role that's... kind of I guess made me much more aware of <u>this</u> /
626.	Participant	[\ Mmm

627.	Sara	Because... /]
628.	Abigail	[Mmmm... all the pastoral issues mmm
629.	Sara Sara	\ you know as you were saying about the vulnerable... /] \ <u>register</u> you're not only aware of it as a <u>teacher</u> [1] erm [1] and then suddenly you're exposed... to kind of almost students entire life stories and it all unravels and then [breathe in] [2] y <u>you</u> know it kind of becomes... a whole <u>picture</u> [1] so to speak whereas when [1] you're just <u>teaching</u> them... y you just see them in and out don't you for the <u>lesson</u>
630.	Participant	Mmm
631.	Sara	[breathe in] Erm
632.	Rachel	Yeah I mean what... I was just saying about... you know their backgrounds
633.	Sara	*Yeah*
634.	Rachel Rachel Sara Rachel	<u>You</u> know their backgrounds [1] It it <u>does</u> influence what / [\ [inaudible] <u>you</u> think / Yeah] \ <u>doesn't</u> it
635.	Sara	Exactly
636.		[3]
637.	Participant	[sniff]
638.	Lenny	I mean I l've made a conscious effort this year [1] errr [1] tooo [1] bee [1] What's the <u>right</u> word here [1] *Not to*... bring... into the <u>classroom</u> ... any kind of outside hassle that that l'm having in the institution /
639.	Participant	[Mmm
640.	Lenny Lenny Lenny Participant Lenny Lenny	\ To kind of /] \ make sure [1] that l'm kind of smiley in the classroom [1] and *l've <u>actually</u> * l've <u>consciously</u> slowed everything down now as well... because with BTEC in <u>particular</u> there's this constant grind / [\ of stuff / Mmm] \ and all the / [\ rest of it

641.	Participant	Mm] [1]
642.	Lenny	[click] And I've become more adept at playing the game.. with dates and all the rest of it that we're supposed to subscribe to... Erm.. so I've kind of *thrown that out the window* and *I do things at*... the students' pace
643.	Participant	[Yeah
644.	Lenny	I mean... /]
	Lenny	\ make up... dates if necessary in terms of /
	Lenny	[\ [inaudible]
645.	Beatrice	[laughs out loud]]
646.	Lenny	Erm... I'm doing that *and an its an it's <u>born... fruit</u> as well* I mean I've I've got I mean this year I've got <u>fewer students</u> [1] so that straightaway takes... /
647.	Beatrice	[Some pressure away
648.	Lenny	\ takes that kind of pressure /
649.	Participant	Mmm]
650.	Lenny Participant Lenny	\ out of the room cause *the <u>rooms</u> are too small* here mmm for the number of <u>students</u> essentially so so there's that physical constraint
651.	Participant	Mmm
652.	Lenny Participant Lenny	Erm... *fewer students* means you've got more <u>time</u> for them mmm...mmm Er and then if you [1] you know.. kind of.. just just relax a little bit [1] That's that's the word I'm looking for I'm I'm deliberately being more.. relaxed in the <u>classroom</u>
653.	Sara	Mmm
654.	Participant	[Mmm
655.	Lenny Lenny	\ *And <u>that's</u> * /] \ * bearing fruit actually* both in terms of fewer [1] kind of conflictual situations... *But <u>they're</u> more <u>open</u> as well* [1] to working cause <u>they're</u> irrational they'll only work for you if they like you
656.	Participant Abigail	Mmm [[laughter]

657.	Lenny	If they don't <u>like</u> you /]
	Lenny	\ they won't <u>work</u> for you and that is <u>completely</u> <u>irrational</u>
658.	Participant	Mmm
659.	Lenny	But that's what they're like <u>particularly</u> the ones who are are are less bright
	Lenny Participant	[Essentially... Mmm]
	Lenny	Erm [1] so... <u>yeah</u> so I <u>you</u> know c a real <u>conscious</u> [1] okay I'm not going to... put <u>pressure</u> on you /
	Lenny Beatrice	[\ to be / Yeah]
	Lenny	like this... /
	Lenny Participant	[\ * <u>obviously</u> * / [inaudible]]
	Lenny	\ *there are times when you have* to say look /
	Lenny Participant	[\ this / [sniff]]
	Lenny	\ is deadline and all /
	Lenny Participant	[\ the rest of it Earhhh mmm...mmm]
660.	Beatrice	[Of course ... yeah
661.	Lenny	Bu Err... /]
	Lenny Lenny	\ but you're not constantly I I I've stopped that constant God this is / [[inaudible]
662.	Abigail	Because you <u>have</u> /]
	Abigail	\ to a <u>dapt</u> ... the <u>teaching</u> to the <u>student</u>
663.	Lenny	Yeah
664.	Abigail	You can't really do it the other way <u>round</u>
665.	Lenny	[Errr
666.	Abigail	And you know because...]
	Lenny	I es

667.	Abigail	Yeah
668.	Lenny	Sorry to interrupt th d em /
669.	Abigail	[Yeah
670.	Lenny	\ One /]
	Lenny	\ Actually it it was a [1] O o <u>one</u> of the <u>reasons</u> I was... like this last year [1] because we <u>*have these things*</u> called MEGs... and I <u>thought</u> ... they were a a reflection of <u>Alps</u> [1] and from <u>my classes</u> it was all <u>Css</u> As and <u>Bs</u> ... so you <u>think</u> right well [1] to to <u>get there</u> you need to... <u>deliver</u> stuff in a particular way /
	Lenny	[\ And you need /
671.	Participant	Mmm]
672.	Lenny	\ to deliver a <u>certain</u> amount of content [1] to get all these kids onto C /
673.	Participant	Mm
674.	Lenny	\ B and A /
675.	Participant	Mmm
676.	Lenny	And I I was <u>then</u> at the <u>start</u> of this year given the <u>actual Alps</u> data... And they're <u>not Cceess</u> Bs and As at <u>all</u> they're all <u>D</u> kids
	Beatrice	[[laughter]
677.	Lenny	Th <u>Literally</u> /]
	Lenny	\ they're all D kids apart from for /
	Lenny	[\ <u>one</u> A and /
	Sara	Oh <u>really?</u>]
	Lenny	\ one B... <u>yeah</u> ... An an and <u>then</u> suddenly it's like no bloody <u>wonder!</u>
678.	Beatrice	[[loud laughter]
679.	Lenny	No <u>wonder</u> they couldn't do it]
	Lenny	No wonder they couldn't do X Y Z
	Lenny	[It's <u>just incredible</u>
	Beatrice	[laughter]]
680.		

681.	Lenny Beatrice Participant Lenny Lenny	[So this year nowing no knowing what I know from <u>last</u> year it's like... ok I I'm approach ing you lot as a as a <u>completely</u> / [laughter] [sniff]] \ Different... cohort and I'm doing / [\ things in a different <u>way</u>
682.	Abigail Abigail Abigail	Yeah... but it's more /] \ realistic because if you know... where they are ... in terms of / [\ their <u>ability</u> /
683.	Participant	Mm]
684.	Abigail Abigail	\ you know how to <u>pitch</u> it... / [\ an and next time
685.	Lenny Lenny Lenny Participant Lenny	The MEG is a completely... /] \ aspirational <u>one</u> / [\ grade above Mmm] ALPS
686.	Beatrice	Mmm
687.	Sara	Oh <u>is</u> it?
688.	Beatrice	Mmm
689.	Sara Lenny Beatrice	[<u>Where</u> did you get that actually? [laughter] [inaudible]]
690.	Beatrice	[[inaudible]
691.	Lenny Lenny	Because you look at the /] \ Alps thing because w w *when you get your Alps data*... it actually says Alps target grade
692.	Participant	Mmm
693.	Lenny	And I <u>looked</u> at it and I thought [1] that's all one grade below their MEG
694.	Sara	Was that the form with like the <u>thermometer</u> on it?
695.	Lenny	Yes

696.	Participant Beatrice Beatrice	[Mmm But that's /] \ after <u>wards</u>
697.	Lenny	Yeah yeah well this is it
698.	Beatrice	I I'm giving it... at the <u>end</u> I'm /
699.	Lenny	[Yeah
700.	Beatrice Beatrice	\ never given /] [\ it at the f [inaudible]
701.	Lenny Lenny	No well] pre <u>cisely</u> that's just that
702.	Sara Sara	*Yeah that's the point isn't it* cause then it's [1] meant to... It's like the [<u>stick?</u>] [\ isn't it
703.	Lenny Lenny Lenny Participant Lenny Participant Lenny	*You're you're* /] \ <u>supposed</u> to... an an it <u>just</u> gets back to what you're saying so you're <u>having</u> a conversation with a student... / [\ who's / Mmm] \ <u>achieving</u> a D... mmm You're saying look.. you've <u>gotto</u> get a C
704.	Beatrice	Yeah
705.	Lenny Lenny	Okay now obviously [1] some of them can [1] but <u>some</u> students just can't .. they.. you know getting a D / [\ Is...their average typicall [1] I is /
706.	Beatrice	Mmm yeah yeah yeah yeah don't worry [laughs - I teach French and <u>spanish</u> I know!]
707.	Abigail	Is actually [inaudible]
708.	Participant	Yeah]
709.	Lenny Participant Lenny Lenny	\ is a <u>good</u> is a <u>good</u> result for them but you're going [click] ... / Yeah it's gotta be a C you're <u>not</u> a C yet / [\ <u>why</u> aren't you a C?
710.	Participant	Mmm

711.	Cleo Cleo	So <u>really</u> /] \ those students that have got a minimum expected grades of <u>E</u> ... it's actually <u>U</u> s
712.	Lenny Lenny Sara	<u>Probably</u> [Yeah [sniff]]
713.	Beatrice Sara	Mmmm [sniff]
714.	Lenny Lenny Participant Lenny Lenny	But that *that's why they don't <u>give</u> them* the Alps one because... [laughs - because it]... kin o kind of <u>demoralise</u> they *don't <u>trust</u> them* to / [\ understand / Mmm] \ that Alps is actually probabilities... / [\ that.. <u>you</u> know so
715.	Participant	Mmm
716.	Sara Sara Sara	*I think they used to* /] \ We were always encouraged to show that / [\ <u>graph</u> thing /
717.	Participant	Mmm
718.	Lenny Sara Participant	Y Yess] [\ And...that [inaudible – never?] really happened Mmm]
719.	Facilitator	Could you just clarify what MEG... stands for sorry?
720.	Beatrice Lenny Lenny Sara Participant Participant Lenny Beatrice Participant	[MEG m M <u>median</u>] Expected [Minimum Minimum] [inaudible]] [* <u>Minimum</u> * expected sorry <u>minimum</u> expected grades Minimum expected grades Minimum]

721.	Facilitator	Okay and Alps ?
722.	Lenny	Alps is /
	Lenny	[\ a c /
723.	Beatrice	Added value]
724.	Lenny	\ Yeah it's a company that measures added value based on GCSE point score so if they get a.. particular com.. point score at GCSE [1] and then if they get a grade B [1] at A Level they.. they add a certain amount of value
725.	Facilitator	Ah okay
726.	Beatrice	[Positive teachers?]
	Lenny	Yesss
727.	Sara	Mmm
	Participant	Mmm
728.		[4]
729.	Facilitator	Okay so any other [breathe in] erm [1] factors [1] that have influenced your <u>perspectives</u> [1] either in this... job role or
	Sara	[[sniff]
	Facilitator	Or... /]
	Facilitator	\ Anything really?
730.		[4]
731.	Lenny	Is I jus [inaudible] Having a son who freaked out in his erm six... er.. first year of six form... as the exams approached [1] Because he <u>*always*</u> ... because you think you know you children and he <u>seemed</u> fairly passive and all the rest of it [1] and then he he had a bit of a freak out which... erm [1] and he he he then said he felt under stress and strain and all the rest of /
	Lenny	[\ it /
	Participant	Mmm]
	Lenny	\ an I just didn't see it at all I didn't see that coming neither did his mother [1] Erm [1] and he just... did all the classic things that you shouldn't do which was s <u>stop</u> attending... <u>stop</u> working because he felt overwhelmed by this
732.	Participant	Mmm
	Participant	Mmm
733.	Lenny	And that's somebody who's got two teachers as <u>parents</u> who /
734.	Participant	Mmm

735.	Lenny Participant Lenny Lenny Participant Lenny	\ who know how <u>counsel</u> and... / yeah \ kind of... <u>part</u> ion out <u>parcel</u> out workload and / [\ advise / Mmm] \ And all the <u>rest of it</u>
736.		
737.	Participant Participant	Mmm Mmm [3]
738.	Rachel	We have some students that don't <u>have</u> that support
739.	Participant	[Mmm
740.	Participant	Mmm
741.	Rachel Rachel	Ss /] \ <u>you</u> know
742.	Participant Rachel	Mmm Um so it's c /
743.	Abigail	[Yeah because quite often I s...yeah when they do their /
744.	Rachel	\ <u>compounded</u> for them isn't it]
745.	Abigail	\ <u>UCASs</u> .. you know they start to.. fill in their UCAS forms and look at.. universities and... you <u>become</u> * <u>aware</u> of the fact* that some of them perhaps have no support at home
746.	Sara	Mmm
747.	Abigail	And they're <u>asking</u> you questions that you would <u>kind</u> of expect them to ask their /
748.	Participant	[Mmm
749.	Abigail Abigail Abigail Rachel Abigail	\ <u>Parents</u> .. /] \ you know about where they should <u>go</u> or... what <u>accommodation</u> they you know Can you look at the <u>accommodation</u> that's there for me miss? Can you sh.. [breathe in] things that you think they might be discussing with their.. parents and finance and all that kind of thing and you <u>realise</u> ... / [\ they have / [inaudible]] \ absolutely no support and.. you know it's quite sad in a way /
750.	Participant	[Mmm

751.	Abigail	\ That they're having /]
	Abigail	\ to deal with <u>all</u> /
	Abigail	[\ these... /
752.	Participant	Mmm]
753.	Abigail	\ things /
	Abigail	[\ by them <u>sel</u> ves /
	Beatrice	Decisions
	Participant	Yeah]
	Abigail	\ An.. we do give them a lot of support I <u>know</u> at college but [breathe in] [1] you know it makes you kind of <u>realise</u> just how... much ... responsibility /
754.	Beatrice	[neglect... mmm
755.	Abigail	\ these students... /]
	Abigail	\ have... and how little support that they get you know
756.	Rachel	And they're applying for... colleges.. all <u>over</u> the country
757.	Participant	[Yeah
758.	Rachel	They won't /]
	Rachel	\ they won't be able to go to the <u>open</u> days
759.	Sara	[*No!*
760.	Rachel	[inaudible]
761.	Abigail	The /]
	Abigail	[\ * <u>pa</u> rents won't take them to the open days* /
762.	Sara	No
	Participant	[inaudible]]
763.	Abigail	\ or anything like <u>that</u> and erm [1] <u>you</u> know
764.	Rachel	Quite a few of them actually want to go away from home don't /
	Rachel	[\ They [laughter]
765.	Beatrice	[inaudible] [laughs]
766.	Participant	Yeah
767.	Cleo	Mmmm

768.	Abigail	*And I actually do* /]
	Abigail	\ encourage some of them to as <u>well</u> I /
	Abigail	[\ mean the /
769.	Participant	Mmm]
770.	Abigail	\ student we saw this <u>morning</u> /
	Abigail	[\ you know /
771.	Participant	Mmm]
772.	Abigail	\ I <u>said</u> do you want to go to university? he said yes... cause the <u>situation</u> at home's.. pretty <u>dire</u> /
773.	Participant	[Mm
774.	Abigail	\ I said /]
	Abigail	\ Well... you <u>*really ought to go away*</u> .. to university it would be <u>really</u> good for you... /
	Abigail	[\ you know try and encourage /
775.	Beatrice	Change]
776.	Abigail	\ you to... r make the <u>break</u> [breathe in] [1] erm.. <u>you</u> know and I think sometimes for those students that's the best thing <u>possible</u> /
	Abigail	[\ to get them <u>away</u> /
	Beatrice	that's true
	Sara	mmm]
	Abigail	\ from h how I you know the environment at home that's <u>causing</u> all the stress [1] um [click] [1] and <u>some of them</u> also.. you know they have [1] th er <u>jobs outside</u> of college which take up a lot of their time
777.	Participant	Mmm
778.	Abigail	And because they <u>you</u> know.. <u>again you</u> know financially they they wouldn't any <u>money</u> otherwise so
779.	Rachel	And <u>also</u> I was thinking one.. one or two particular students who have <u>so much</u> responsibility at home
780.	Abigail	[At home yeah
781.	Sara	Mmm
	Rachel	As being /]
782.		

783.	Rachel	\ an <u>o</u> lder
784.	Sara	Looking after
	Sara	[young
785.	Participant	Yeah [various participants]
786.	Rachel	[inaudible] younger students
787.	Abigail	looking after younger siblingsss... and *it's part of their <u>culture</u> *
	Abigail]
	Abigail	some of them are <u>expected</u> to /
	Lenny	[\ do all the <u>house</u> work /
	Abigail	!]
		[\ To do [inaudible]...yeah [1] yeah
788.	Participant	Mmm
789.	Sara	Yeah [inaudible] <u>so much</u> time in <u>church</u> as [laughs- <u>well</u> like] the [laughs- whole weekend]
790.	Beatrice	Yes Yeah
	Participant	Yeah
791.	Lenny	! <u>don't</u> /]
	Lenny	\ think the college supports them very well in that respect because <u>all</u> the college does is... to say like <u>last</u> year it said you should be doing [1] what was it <u>three four hours of homework</u> /
	Lenny	[\ a <u>week</u> ?
792.	Sara	Four and a half]
793.	Participant	[For each subject
794.	Sara	That's per subject
	Lenny	*And now instead of* /]
795.	Lenny	\ <u>instead</u> of this year saying... <u>keep</u> ing it at that they've got no you've gotta do <u>more</u> now
796.	Participant	Mmm

797.	Lenny	Erm
	Lenny Sara	[unless you've got fewer / now you've got [inaudible – fewer?] subjects]
	Lenny	\ <u>subjects</u> [1] Whereas what they <u>should</u> be saying to students is going [1] we we <u>understand</u> you have to work [2] erm.. <u>part</u> time s in fact some parents <u>expect</u> students /
	Lenny Sara	[\ to work / Mmm]
798.	Lenny	\ to save money
799.	Participant	Mmm
800.	Lenny	Th the college <u>should</u> say look we we <u>recommend</u> you <u>don't</u> do more than eight hours a week eight to ten hours a week
	Lenny Participant	[you know Mmm]
	Lenny	I I <u>think</u> they should be talking to <u>parents</u> about not <u>overloading</u> them with <u>trawls</u> /
	Lenny	[\ Of <u>homework</u>
801.	Participant	Mmm
802.	Beatrice	That's it yeah]
803.	Lenny	It's not constructive
804.	Abigail	But sometimes it's the cultural <u>thing</u> where... /
	Abigail	[\ some of these <u>girls</u> are
805.	Lenny Participant	But we can * <u>challenge</u> cultures* Mmm]
806.	Abigail	<u>Well</u> we.. you <u>can</u> but you know it's difficult isn't it really because [1]
807.	Beatrice	We can't challenge their <u>parents</u>

808.	Lenny	Y w y /
	Lenny Sara Rachel	[\ <u>why</u> not why why can't you say as a <u>college</u> that.. they are / Yeah but you could do it [inaudible] to new <u>parents</u> [inaudible]]
	Lenny Participant Lenny	\ <u>Full</u> time students... mmm we er <u>obviously</u> it's good that they do x y and z at home but please be <u>mindful</u> that they need time <u>to</u> /
	Lenny	[\ [inaudible]
809.	Beatrice	To study o of course of course yeah
810.	Sara	Mmm...mmm] [2]
811.	Beatrice Participant Beatrice Beatrice Participant Beatrice	Oh I recommend err when [breathe in] ... um... I speak to the <u>parents</u> I say I hope she's not <u>working</u> [inaudible] no more than 4 <u>hours</u> because she needs to <u>rest</u> ... If she's <u>working</u> ... then she's resting when she should be <u>studying</u> [cough cough] You know I / [\ uh <u>that</u> / Mmm] \ conversation I've had... time and time <u>over</u> with the <u>parents</u> you know and they <u>al</u> always retract [laughs- they] always say oh no no... she doesn't <u>have</u> to you know [1]
812.	Lenny	[pointed to the question paper on the table] [click] Oh I I just... I I <u>don't</u> know if this is connected to this but one <u>one of</u> the experience o s... experiences that I have had on a number of occasion over the years [1] in in terms when we're thinking about.. the the health.. mental health of students is you [1] have a student who has been... playing up and acting up and all the rest of it they haven't been doing the work an there's a * <u>parent's</u> evening* and *you are gonna tell this parent* [1] you know what this student has not done
813.	Participant	Mmm
814.	Lenny Lenny Beatrice	And in about thirty seconds of [\ <u>Sitting</u> / [laughs]]
815.		

816.	Lenny	\ usually opposite a <u>father</u>
817.	Participant	[Mmm
818.	Participant	Mmm]
819.	Lenny Lenny Participant Lenny Lenny	And you just go... / [\ you're just / I know] \ gonna get smacked / [\ around when [inaudible] gets /
820.	Sara	Yeah]
821.	Lenny	\ Home
822.	Participant	[[inaudible]
823.	Lenny	And you just completely ...[wash over?]
824.	Beatrice	Retract? [laughs] yeah... yeah
825.	Abigail	Yeah well]
826.	Abigail Rachel	We had that situation and ths... ↓ [1] an / [and
827.	Participant	Yeah]
828.	Abigail	\ a <u>couple</u> of boys ... erm... who's <u>background</u> w was a little bit.. difficult to say the <u>least</u> and erm.. they had an <u>uncle</u> who who's expect <u>ati</u> ons of them was ridiculous you know
829.	Participant	Mmm

830.	<p>Abigail</p> <p>Lenny</p> <p>Abigail Participant</p> <p>Abigail</p> <p>Abigail Participant</p> <p>Abigail</p>	<p>And very very strict and when <u>it came</u> up to parents evening they were... <u>really</u> <u>genuinely</u> frightened about what might yeah</p> <p>[\ Miss / Mmm]</p> <p>\ Miss are you gonna say something good and i... and I actually sent round an <u>email</u> to the <u>teachers</u> to say you know can you only say positive things because [1] they said if... you know past experience /</p> <p>[\ at parent's evening / Mmm]</p> <p>\ that if anything negative is said at all... they're really in for it when they get... /</p> <p>[\ they get home <u>you</u> know</p>
831.	Participant	Mmm mmm]
832.	<p>Abigail</p> <p>Abigail</p>	<p>And y you kind of think and th these are [laughs - si sort of seventeen year old] .. /</p> <p>[\ boys and yet they /</p>
833.	Rachel	Boys yeah]
834.	<p>Abigail</p> <p>Abigail</p>	<p>\ were being <u>treated</u> in that /</p> <p>[\ <u>way</u> you <u>know</u></p>
835.	Participant	Mmm
836.	Participant	Mmm]
837.	<p>Lenny</p> <p>Lenny Participant</p> <p>Lenny</p>	<p>At and at th s at the <u>start</u> of their college careers as well w when <u>I worked</u> in a previous college [2] When they were <u>enrolling</u> [2] we didn't have parents as part of that enrolment /</p> <p>[\ Conversation / Mmm]</p> <p>\ It drives me nuts /</p>
838.	Participant	[Mmm
839.	<p>Lenny</p> <p>Lenny Participant</p> <p>Lenny</p>	<p>\ we have parents... /]</p> <p>[\ at enrolment / Mmm]</p> <p>\ <u>because</u> [1] <u>very</u> often [1] or <u>quite</u> often /</p>

840.	Cleo	It's true
841.	Lenny Lenny Beatrice	you have children being enrolled onto what parents think [\ they should be doing... and it do doesn't play to their strengths [1] doesn't...and they / want... exactly
842.	Participant	[inaudible]
843.	Abigail	Yeah I think that it does influence their choices yeah
844.	Sara	Yeah that's true]
845.	Lenny Lenny Participant	\ end up being doing courses that make them / [\ miserable So if you're *talking* / [sniff]]
846.	Participant	Mmm
847.	Participant	Mmm]
848.	Lenny Abigail Lenny Participant Lenny	\ *about* Social and Emotional Mental Health [1] you make students do... stuff they don't wanna be doing yeah or they're a living out the fantasy mmm that parents that /
849.	Beatrice	[Especially languages
850.	Lenny Participant Lenny	\ is a sure fire way of / Mmm] [\ making people miserable it really is
851.	Abigail Abigail	And we do have a lot of parents ... erm who have very high / [\ expectations unrealistic...[inaudible] there's only
852.	Beatrice	mmm... unrealistic
853.	Participant	Mmm
854.	Sara	mmm... Lawyers... doctors]
855.	Abigail Abigail Beatrice Abigail Abigail	They can only be a lawyer / [\ a doctor... / doctor mmm] [\ you know or solicitor er you know that's it really there's no other / [\ choice /
856.	Participant	Mmm]

857.	Abigail	\ [breathe in] Erm <u>you</u> know... they.. they <u>don't</u> look at [1] /
	Abigail Sara	[\ the / [sniff]]
	Abigail	\ Obvious... /
	Abigail Beatrice	[\ you know / that's true]
	Abigail	\ what's in front of them and what's... <u>achievable</u> /
858.	Participant	Mmm
859.	Abigail	Erm [1] so the <u>pressure's</u> from there as <u>well</u>
860.	Sara	Mmm [2]
861.	Lenny Participant Lenny Lenny	And I I [laugh - <u>don't</u>] [1] I I I <u>don't</u> think it <u>helps</u> that we have this <u>policy</u> of <u>phoning home</u> <u>constantly</u> because if you mmm if your na and <u>it's a deliberate</u> policy of lets phone home to <u>nag</u> the parents so the parent / [\ nags the kid
862.	Participant	Mmm mmm]
863.	Lenny Lenny	And it's well.. d <u>do we even</u> want... parents and children to <u>have</u> <u>that</u> kind of / [\ relationship? *Do we want* /
864.	Beatrice	At this stage]
865.	Lenny Lenny Beatrice Lenny Lenny Abigail Lenny	\ <u>parents policing</u> ... children by our <u>pro</u> -portal [1] and <u>constant</u> [1] <u>negative</u> [1] kind of / [\ <u>feedback</u> / [inaudible]] \ from from from the college [But * <u>surely</u> * / [inaudible] [cough]] \ at sixth form... you're sixteen and it's that <u>transition</u> to...
866.	Participant	Mmm... yeah

867.	Lenny Beatrice	...to adult life Adult
868.	Abigail Abigail	I <u>think it depends</u> what it is... I mean obviously it's a sort of [1] safety issue or... / [\ you know concern [inaudible – obviously?]] /
869.	Lenny	Yes
870.	Beatrice	Yeah of course]
871.	Abigail Abigail	\ But if it's just [breathe in] [1] I <u>think</u> the disciplinary letters that go home can cause so much <u>anxiety</u> You know stage one discipline you know... letters and all / [\ that
872.	Beatrice	Just a word yeah]
873.	Abigail	Where it can an an you know and I get parents ringing up... you know really worried and concerned and students getting stressed out and <u>all</u> it turns out is you know he didn't hand a piece of work in It's n it's not that bad you know [breathe in] [1] And erm I <u>know</u> ... I can <u>see</u> ... the reason why we need to have this in <u>place</u> but those letters are very harsh because <u>they're not</u> <u>personalised</u> <u>are</u> they
874.	Participant	No
875.	Abigail Abigail	So they go out... And <u>sometimes</u> they go out to vulnerable students... you know [1] and erm you think mmm I'd rather they didn't... they didn't have that [You <u>know</u> ?
876.	Lenny Lenny Lenny	Well I I I] I must admit I thought there was some kind of <u>vetting</u> process / [That you could you could that there al I mean
877.	Abigail	I think there is <u>supposed</u> to be... but]
878.	Lenny	I <u>didn't</u> even know that what you type into [1] that Stage <u>one</u> thing generates the <u>letter</u>
879.	Beatrice	[Yeah it does
880.	Lenny Lenny	So you have to... /] [\ *you have to <u>word</u> it in a particular <u>way</u> you change your <u>register</u> * /
881.	Sara	*Yeah you word it right yeah yeah*
882.	Beatrice	Mmm... mmmm]
883.	Lenny	[\ and all the rest of it... and I assumed /
884.	Beatrice	Mmm

885.	Participant	Yeah you have to be careful]
886.	Lenny Lenny Participant Lenny Lenny	that [1] there would be some / [\ somebody who / Mmm] \ would read it before it's sent or / [\ at least check [inaudible]
887.	Abigail Sara	No it's [inaudible] No [inaudible] straight away]
888.	Abigail Abigail Lenny	[inaudible] again I <u>have</u> to <u>explain</u> to.. because it looks.. you know stu erm [click] <u>parents</u> reading it think oh my god you know they're gonna be kicked off the <u>course</u> or something and a... <u>no</u> such thing is gonna <u>happen</u> and I've had to sort of like.. say no.. just <u>just</u> <u>tear</u> the letter up [laughs] <u>Don't</u> worry about it I'll sort it out and it's it's it's quite... it's a big deal for / [\ them you know um... yeah yeah
889.	Beatrice	Mmm]
890.	Abigail Abigail	And a <u>big</u> deal for the students... cause one thing does not fit all does it [You know and /
891.	Sara	Mmm]
892.	Abigail	\ they're not <u>personalised</u> at <u>all</u>
893.	Participant	Mmm
894.	Abigail Abigail Sara	Erm [2] I <u>suppose</u> it's about knowing the <u>students</u> in the end isn't it really and knowing what you're / [\ <u>dealing</u> with [sniff]]
895.	Sara Sara	Yeah because <u>disciplinary's</u> not... appropriate for <u>everyone</u> [is it
896.	Abigail	It's not no
897.	Rachel	No it's not]
898.	Beatrice	Doesn't encourage your student I swear one hundred percent of the time doing <u>all</u> your workshops [1] that that arrives and it kills them actually it kills their <u>spirit</u>

899.	Participant Beatrice	Mmm [You know
900.	Cleo Participant Cleo Participant Participant Cleo Cleo Participant Cleo Participant Cleo	[inaudible] Mmm] [academic [inaudible] / yeah mmm] \ but it still [1] says the / [\ same thing / Yeah] \ it's just change the name mmm cause if they still [1] [sniff] <u>you</u> know can't [1] get your stuff then [inaudible]
901.	Beatrice	In a way out of this conversation what's s seemed to <u>transpire</u> to me is that we <u>actually</u> need a positive approach really
902.	Sara	[Mmm
903.	Beatrice Beatrice Beatrice Sara Beatrice	[inaudible] /] \ Sharing.. you know like a more / [\ positive approach / [sniff] [sniff]] \ To just...
904.	Participant	Mmm
905.	Beatrice Beatrice Participant Beatrice Participant Beatrice	you're not wrong you're <u>never</u> wrong... but.. where is the <u>solution</u> you know / [\ and positive... / Mmm] \ with challenges or <u>whatever</u> but not not such aaa [1] kind of punitive [1] mmm approach to to [1] enforcing [breathe in]... because <u>in</u> a wayyy ... it's already counter-pro <u>ducti</u> ve [1] you know who wants to work under
906.	Beatrice	[[hits the air with a stick] [laughs]
907.	Lenny	Yeah precisely

908.	Participant Rachel	Yeah Exactly yeah]
909.	Beatrice	Er with a stick ? Who works like <u>that</u>
910.	Sara	[Mmm
911.	Beatrice Beatrice	you know] Erm... I <u>mean</u> ... I try to be encouraging and I <u>try</u> to be <u>motivating</u> but...
912.	Participant	Mmm
913.	Beatrice	from everything we're <u>saying</u> I'm I'm just wondering now <u>how</u> [1] howw er am I... being too maybe too punitive you know or [1] I <u>don't know</u> ... I don't think I am now but I'm just <u>wondering</u> to what extent [1] er I I I should be even more positive
914.	Participant	Mmm
915.	Beatrice	<u>You</u> know [2] yeah
916.		[2]
917.	Abigail Sara Abigail Abigail	But th you're in a system [sniff] which is [click]... not that <u>way</u> [is it
918.	Lenny	You're in a culture aren't you?
919.	Participant Beatrice	Yeah <u>Yeah</u> true]
920.	Participant	Yeah <u>yeah</u>
921.	Cleo Cleo Sara	[inaudible] <u>Christmas</u> everyone's <u>tired</u> the pressure's / [\ <u>on</u> and / [sniff]]
922.	Beatrice Participant	Yeah [mmm
923.	Cleo	\ we're all just /] [1]
924.	Participant	Mmm
925.	Cleo	\ it all has an effect doesn't it [says really quietly] [2]

926.	Beatrice	[inaudible] August
	Beatrice	[[laughs]
927.	Participant	[laughs]]
928.		[2]
929.	Facilitator	One of the last main questions [1] if I were to ask the students what erm Social Emotional Mental Health... means to them ... What do you think they would say? [4]
930.	Beatrice	Bullying comes to [laughs - mind I don't know] [2]
931.	Cleo Cleo Participant	Happiness [popularity Yeah]
932.	Cleo Rachel	[Anxiety Social yeah [inaudible]]
933.		
934.	Beatrice Rachel Participant Cleo Rachel Rachel	[social media [inaudible] [inaudible]] [Social media [inaudible]] Social groups
935.	Beatrice	Popstars
936.	Beatrice	[[laughs]... X factor [laughs]
937.	Cleo	Who they're hang who they're hanging round with
938.	Participant	Mmm]
939.		
940.	Beatrice	I don't know
941.	Cleo	I'd say loads of <u>designers</u> they'd name you loads of tr.. different designer brand <u>trainers</u>
942.	Lenny	[[laughs]
943.	Beatrice	[laughs]]
944.	Beatrice	Well I mean we do we do get the p i if you get the part of mental <u>health</u> then they mightt.. <u>yeah</u> they might mention err

945.	Rachel	[Some of our students I think would [inaudible] because they /
946.	Abigail	They would <u>understand</u>]
947.	Rachel	\ would understand what we mean and we'd get [1]
948.	Abigail	[Y you'd get the right.. kind of answers yeah
949.	Rachel	<u>You</u> know c certain mental health disorders]
950.	Abigail	[They would <u>understand</u> ... what it means... in terms of a negative [1] <u>yeah</u> [1] <u>would</u>
951.	Rachel	<u>Yeah</u> you know [1] <u>Anxiety</u> ... <u>eating</u> disorders and that sort of thing]
952.	Abigail	<u>Yeah</u> yeah
	Participant	[inaudible]
953.	Cleo	I'd say <u>depression</u> as well
954.	Cleo	[[they'd look at?]
955.	Beatrice	Yeah depression would er come [1] anxiety stress we [don't/all?] understand mental [emotions?]
956.	Abigail	depressionn [1] yeah and <u>when</u> we have a... we *have a lot of students on medication*]
	Abigail	We [laughs - really do] have a lot of students on medication
957.	Participant	Mmm
958.	Abigail	For one reason <u>another</u> [1] <u>erm</u> [1] and it will affect their <u>performance</u> as <u>well</u> and /
	Abigail	[how they <u>feel</u> /
959.	Participant	Mmm]
960.	Abigail	And <u>eating disorders</u> ... /
	Abigail	[\ and students /
	Participant	Mmm]
	Abigail	\ who are self-h <u>arming</u>
961.	Beatrice	[And prejudicce
	Participant	Mmm]
962.	Abigail	All <u>sorts</u> of things /
	Abigail	[\ going on really
963.	Beatrice	Yeah prejudice and /]
	Beatrice	\ uhh [1] I I... I <u>don't know</u> to what extent they speak to each about their mental <u>health</u> issues really.. *you know if th if they are on medication say* for depression <u>would they share?</u>

964.	Abigail Abigail	I <u>don't</u> think / [\ they would... no... [inaudible]
965.	Participant	[inaudible]
966.	Sara	[inaudible] would.... Noo
967.	Beatrice Beatrice Beatrice	*that that's still you know* /] \ *in <u>my</u> world you* / [\ * <u>don't</u> share* [1] where I come from.. you don't have [laughs – problems] [full?] stop
968.	Abigail Participant	Yeah... yeah I don I don I don [1] I don't think they do either... no I don't think /] [inaudible]]
969.	Abigail	[\ they would either
970.	Beatrice Beatrice	But for a /] \ child tha nowadays s I'm curious I * <u>know they would</u> share with me * You know I've I've g I've <u>had</u> students coming... and saying er Miss err um [1] <u>you</u> know thing things aren't [1] er err as good as they should be or <u>whatever</u> but I wonder among them in their groups whether it still a hiding façade
971.	Participant	Mmm
972.	Cleo Participant Cleo	[I don't think they would / [inaudible]] [\ Cause I [1]
973.	Abigail	No]
974.	Cleo	[I think it's [1] I think that they'd go to the teacher because in their minds they think a <u>teacher would understand</u>
975.	Beatrice Participant	And remain * <u>neutral</u> yes yes* [inaudible]]
976.	Cleo	Whereas I think they... they <u>kind</u> of know that... their friends their agge probably wouldn't
977.	Abigail	[They don't like to be seen as [to be different/as secrets?] don't like to be seen as [different/secrets?] do they
978.	Beatrice Participant Lenny	[inaudible] <u>secrets</u> ... <u>secrets</u> yeah Yeah] Oh I've/ [breathe in] [1] /]
979.	Lenny	\ I've had a slightly different experience I I a <u>student</u> last year it was a badge of honour... that she was on medication she let everybody /

980.	Participant	[Mmm
981.	Lenny	\ in the classroom /]
	Lenny	[\ know and it /
982.	Participant	Mmm]
983.	Lenny	\ was *used* in a kind of [1] almost quite a hostile way of managing me You know I couldn't tell her this I couldn't... /
	Lenny	[\ tell her that [1] I <u>can't</u> respond that /
984.	Beatrice	*Mmmm* I've had that before yeah]
985.	Lenny	\ I'm responding in an incorrect fashion and all the /
	Lenny	[\ rest of it /
986.	Beatrice	Mmm]
987.	Lenny	\ I'm stressing her out
988.	Participant	Mmm
989.	Lenny	An i and it was used.. in a... you know I <u>mean</u> ... she she was a difficult [1] she was a difficult girl she couldn't cope with change
990.	Participant	Mmm
991.	Lenny	Erm.. I was a new teacher... and then when a... when we had a supply teacher ca c c come in she shifted her.. kind of focus of attack on him [1] erm that kind of thing /
	Lenny	[\ so /
992.	Participant	Mmm]
993.	Lenny	\ Erm [1] She she wasn't shy ... about letting you /
	Lenny	[\ know
994.	Sara	Mmm]
995.	Sara	[breathe in] I think they can go either <u>way</u> can't /
	Sara	[\ they it's kind /
996.	Participant	Mmm]
997.	Sara	\ It's kind of like when... you look you take self- <u>harming</u> for example
998.	Participant	Mm
999.	Sara	<u>You</u> know a student that [1] you know has got it all oouut... I I is very different from a student who is doing it... /
	Sara	[\ you know very discreetly... yeah like on the <u>legs</u> or something you know
1000	Participant	Mmm...mmm
1001	Rachel	Yeah... Covered up mmm]

1002		
1003	Beatrice	Or anorexia /
	Beatrice	[\ maybe y they /
1004	Participant	Mmm]
1005	Beatrice	[\ can't... /
1006	Participant	Mmm]
1007	Beatrice	\ they can't <u>avoid</u> it and it'sss clear or
	Participant	[mmm
	Beatrice	I don't know...]
	Beatrice	yeah there are <u>issues</u> that maybe you can't hide
		[2]
1008	Lenny	But u [1] a this I debate's framed isn't it in terms of [2] mental and social
1009	Beatrice	And <u>social</u> yeah
1010	Lenny	That's gone wrong [1] there's <u>very</u> little isn't there in terms of... /
	Lenny	
	Participant	[\ teaching / [sniff]]
	Lenny	\ students what good mental health... looks right and
1011	Participant	Mmm
1012	Lenny	To what point s feeling sad is okay
1013	Participant	Mmm
1014	Beatrice	[Or crying <u>yeah</u>
1015	Lenny	At what point does it become a <u>problem</u> ?]
1016	Beatrice	[Yeah
1017	Participant	Mmm]
1018	Lenny	Erm
1019	Beatrice	<u>Yeah</u> to what extent err er your emotional [2] <u>part</u> of yourself /
1020	Lenny	[Yeah
1021	Beatrice	\ is <u>alright</u>
1022	Participant	Mmm]

1023	Sara	And I think <u>also</u> students don't really.. understand that [1] y you have to kind of look after yourself to <u>be</u> /
	Sara	[\ <u>mentally healthy</u> /
1024	Participant	Mmm]
1025	Sara	\ It's not something that's gonna be a <u>given</u> [1] all of your life I mean some people are lucky enough.. for that to <u>happen</u> but other people have to <u>work</u> on being mentally /
	Sara	[\ healthy [breathe in] /
1026	Lenny	Mmm
1027	Participant	Mmm]
1028	Sara	\ And I don't think they realise that you know there are things that you can do to make yourself feel <u>good</u> about <u>yourself</u>
1029	Participant	[Mmm
1030	Participant	Mmm
1031	Cleo	Eating all this /]
	Cleo	\ bad food and don't go to sleep on time they don't realise
1032	Sara	[Yeah the sleep thing's a real issue [6] [laughs – in response to the crisps comment below]
1033	Participant	Mmm [inaudible]
1034	Lenny	Yeah [2] they have friends who [inaudible]
1035	Participant	Good eating yeah
1036	Beatrice	The food as well [1] <u>Coke</u> ... for <u>breakfast</u> ... with a packet of <u>crisps</u>
1037	Cleo	Yeah exactly an [1] you know that actually has /]
	Cleo	\ a real impact if you're <u>eatin</u> all this you know junk food it's gonna make you /
	Cleo	[\ <u>lethargic</u> /
	Participant	Mmm]
	Cleo	\ [speaks quickly] you're gonna be <u>tired</u> then on top of that you're <u>not</u> gettin enough sleep <u>then</u> you're trying to get up <u>early</u> and then you've got /
	Cleo	[\ [inaudible] *all* just has a [1] /
1038	Beatrice	Vicious circle
	Participant	mmm
	Participant	Mmm]
1039	Cleo	\ they don't realise that at this age /
	Cleo	[\ [inaudible]

1040	Beatrice	Maybe we /]
	Beatrice	\ should reinforce it you know make a <u>point</u> to have er a week on... er food <u>alertness</u> /
	Beatrice Participant	[\ you know Mmm]
	Beatrice	\ like food... just related to food... what do you eat? what you think happens to you?
1041	Participant	Mmm
1042	Beatrice	[Like *we've done with them last week we should do it with food*
1043	Abigail Lenny Sara	[inaudible] a tutorial [inaudible]? [inaudible] There was something an a /]
1044	Sara	\ Last week was mental wellbeing... <u>emotional</u> wellbeing it was <u>called</u>
1045	Rachel	[And what did they discuss?
1046	Abigail Participant	Yeah but does it talk about their <u>food</u> and stuff? Mmm]
1047	Sara	Errr <u>it was</u> [1] <u>it wasn't</u> good [laughs slightly]
1048	Rachel	[It wasn't good?
1049	Participant	It wasn't good?]
1050	Abigail Lenny	[What sort of things did they cover? [laughs]]
1051	Sara Sara	[laughs] [1] I was <u>saying</u> this the other day but if I [1] was the [slaps hand on knee whilst saying - head of pastoral] [1] what I <u>would</u> do [1] is I would <u>ask</u> [1] <u>members of</u> staff... who are experts in / [\ their areas... /
1052	Lenny	yeah]

1053	Sara Participant Sara	to create one... mmm tutorial session at the <u>end of</u> the year I'm <u>sure</u> people wouldn't mind... [breathe in] an for example I'm sure I could together [1] a <u>really</u> good tutorial session on mental health [2] but that still isn't what <u>happened</u> is it /
1054	Lenny	[No
1055	Sara Sara Lenny Sara Sara	\ So what happens] \ is you're then [1] you <u>look</u> at it <u>don't</u> you an <u>hour before</u> [1] oh <u>that'll</u> do Yeah and then it's / [\ <u>terrible</u> / [slaps hand on knee]
1056		
1057	Lenny	[yeah
1058	Sara Sara	\ students /] \ don't engage [1] you feel like a bit of an idiot /
1059		
1060	Lenny	[I
1061	Sara	\ at the front]
1062	Participant	[[quietly laughs]
1063	Lenny Lenny	The thee /] \ <u>th</u> [1] o one of the colleges I <u>worked</u> in did thatt... and it was so much better /
1064	Sara	[Yeah!

1065	Lenny	\ So they had /]
	Lenny	\ health and social [breathe in] and in fact wh what the college there decided to do was that th they <u>were</u> n't gonna repeat what schools do because students are sick of that they've done.. drugs and all the rest of it /
	Participant	[Mmm
	Participant	Mmm]
	Lenny	\ in a particular way over and over so they <u>*still</u> did <u>drugs</u> * but they they they had a a completely different approach to it so it was neutral in terms of value it's like... <u>why</u> do people do it? They do it for <u>recreational reasons</u> they do it for this reason and these reasons
1066	Participant	Mmm
1067	Lenny	So the the the there was no judgement in it /
1068	Participant	[Mmm
1069	Lenny	\ In terms of the /]
	Lenny	\ way it was delivered it was and it was much <u>better</u> ... and they did have people.. prepare
	Lenny	[[inaudible]
1070	Abigail	<u>*Maybe</u> have <u>talks</u> couldn't we* [inaudible]
1071	Sara	Yeah [1] like Jed would do an <u>excellent</u> one on like globalisation or something
1072	Participant	Mmm... mmm]
1073		
1074	Sara	You know like <u>play</u> to people strengths
1075	Participant	[Mmm
1076	Participant	Mmm]
1077		
1078	Sara	<u>Erm</u> .. yes I found it.. for me a... I /
	Sara	[\ just thought /
	Participant	Mmm]
	Sara	\ it was an opportunity... <u>wasted</u> it <u>could</u> have been
	Participant	mmm
	Sara	[1] a very good opportunity I think to talk about mental health but um
1079	Participant	Mmm
1080	Sara	... it <u>wasn't</u> great [1] the resources
1081	Abigail	But we <u>have</u> these talk... you know these speakers that come in I mean <u>maybe</u> there's an opportunity there to get

1082	Participant	Mmm
1083	Abigail	<u>speakers</u> in who... kind of really know /
	Abigail	[\their stuff
1084	Participant	Mmm
1085	Beatrice	You do]
	Beatrice	Have one uh uh.. for six months where someone that comes.. and.. boosts either boys or /
	Beatrice	[\ The girls... self-confidence and I think that works because [1] yeah the feedback was very good about that...er it was only like maybe very
1086	Abigail	Oh yeah [inaudible] * they're... they are pretty good actually yeah*
1087	Rachel	Yeah [inaudible] that's where [inaudible]... empowering the girls to yeah
1088	Cleo	[inaudible] life coaches]
1089	Beatrice	\ few students in there but er the <u>feedback</u> was <u>excellent</u> actually
1090	Cleo	We should get like you <u>know</u> we <u>have</u> these [1] St Paul's days and obviously some [inaudible] we should get someone like a <u>life</u> coach or someone that will come in and they have like a /
1091	Beatrice	Motivate /
	Beatrice	[\ [day?]
1092	Cleo	\ half a day]
	Cleo	or yeah /
	Cleo	[\ just to /
1093	Participant	Mmm]
1094	Cleo	[\ really /
1095	Rachel	Relaxation /]
	Rachel	[\ and mindfulness
	Cleo	\ yeah relaxation and tec techniques
1096	Beatrice	Mmm
	Sara	mmm
	Participant	[inaudible]]
1097		
1098	Cleo	[like when I <u>was</u> at <u>secondary</u> school /
1099	Beatrice	Mindfulness
1100	Rachel	Yeah
	Participant	Yeah]

1101	Cleo Cleo Lenny	\ Yeah when I <u>was</u> in secondary school.. see I went to St Augustus and we.. we'd <u>al</u> ways like... once every so often we'd go up to the chaplain.. and you'd literally just... <u>h</u> onestly get a <u>p</u> illow [1] and lie / [\ down s [1] [laughs]]
1102		
1103	Cleo	\ [1] And sh you just need to <u>med</u> itate <u>ev</u> en if you just used it to <u>s</u> leep she used /
1104		
1105	Cleo Participant Cleo Participant Cleo	[\ to <u>s</u> ay if you / Mmm] \ just want this time to just close your eyes mmhmm and just [1] but it was so refreshin... and every once in a while we <u>mi</u> ght have <u>j</u> oked but if people were stressed we'd all us girls would get together and be like <u>sh</u> all we <u>ju</u> st... <u>med</u> itate
1106	Participant	Mmm
1107	Cleo	Because we'd lear nt it in the ch aplain
1108	Participant	[Mmm
1109	Rachel	Mmm
1110	Cleo Cleo Cleo Participant Cleo	And you'd /] \ just go up there at like / [\one point / Mmm] \ in your tutorial [1] and she'd just say <u>all this</u> stuff to you but... then you think <u>oh wow</u>
1111	Abigail Abigail Rachel Abigail Abigail	We <u>did</u> used to have <u>as</u> well when the college first started and I think in the first couple of years they ran it it was just a day thing.. and it was speak out I don't know what it / [\ was called... / [inaudible] remember] \ I I *found the leaflets this morning* / [\ actually /
1112	Rachel	Yeah]

1113	Abigail	\ it and it was basically someone would come along and we would nominate certain students and they would be the sort of very mute type students /
	Abigail Participant	[\ who barely spoke / Mmm]
	Abigail	who didn't have a voice really [breathe in] ... and the idea o was they would be <u>brought</u> into... the room and the <u>whole day</u> .. would all be about [1] giving them the <u>confidence</u> .. to speak out and at the end of the /
	Abigail	[\ day every... / [sniff]
1114	Sara	Oh that's good]
1115	Abigail	everyone [1] had to speak... you know for a <u>minute</u> or something which you'd think oh they're never gonna do that... but they <u>did</u> at the end of the <u>day</u> everyb you know cause the <u>way</u> it was done /
1116	Participant	[Mmm
1117	Abigail	\ was so... /]
	Abigail	you know I mean /
	Abigail	[\ it's not something we could do I th /
1118	Participant Lenny	Empowering Yeah]
1119	Abigail	[\ I it was somebody who was trained /
1120	Beatrice	Nurturing yeah
1121	Lenny	Yeah]
1122	Abigail	\ and um... you know I I <u>went</u> to these sessions and you know these students would sit there at the beginning and you'd think whoa
1123	Rachel Abigail	[I remember the two girls And they... yeah /]

1124	Abigail	but it was <i>*really really good*</i> .. the way she kind of boosted them and got them to... you know a /
	Abigail Participant	[\ h.. get their [motivate?]]
	Abigail	\ <i>*voice*</i> you know um.. and I thought <u>even</u> though it was just for a dayy [1] it really kind of [1] g <u>you</u> know gave them a few tips about how /
	Abigail	[\ to be a bit more /
1125	Participant	Mmm]
1126	Abigail	\ <u>confident</u> [1] and <u>that worked</u> well [1] I don't know how how expensive that was to be able to get someone in for a day.. <i>*just for those kind of*</i> /
	Abigail Participant	[\ <i>*Students*</i> we get / Mmm]
	Abigail	\ I can think of a few /
	Abigail Participant	[\ that [sniff]]
	Abigail	would benefit from thaat <u>you</u> know that kind of thing
1127		[2]
1128	Beatrice	I think it's also about us not giving <u>up</u> on them you know /
1129	Participant	[Yeah

1130	Beatrice	\ If you /]
	Beatrice	\ if you.. have an end goal.. with *without* being overly pushy /
	Beatrice Participant	[\ which can / Mmm]
	Beatrice	be hard [1] but if <u>we</u> don't give <u>up on</u> them er <u>you</u> know that that sh <u>eventually</u> maybe the /
	Beatrice Participant Participant	[\ <u>outcome</u> / mmm [sniff]]
	Beatrice	\ could be.. it might not take a day
	Beatrice Participant	[[laughs] it might take / Mmm]
	Beatrice	\ more hours [laughs]
1131		
1132	Participant	[Mmm
1133	Beatrice	But /]
	Beatrice	[\ sometimes [inaudible]
1134	Lenny	Well i suppose /]
	Lenny	P *par part of the problem* for us is we only see them for a couple of years and
1135	Participant	[Mmm
1136	Participant	Mmm
1137	Abigail	Yeah we don't have them for that long remember
1138	Lenny	I I think /]
	Lenny	\ [1] I mean I *I've always thought that* ... the [isn't any?] resource in primary schools cos if if <u>you've got</u> kids with.. you know... troubled kids [1] unless that's dealt with [1] at primary /
	Lenny Participant	[\ School / Mmm]
1139		

1140	Lenny	\ You you would think that that's the point at which you sort out problems... but I <u>think</u> primary schools tend to [1] the <u>way</u> primary schools seem to still deal with... problem.. children.. is to <u>ostracise</u> them.. /
	Lenny Participant	[\ essentially that Mmm]
	Lenny	\ you know look at that naughty boy you don't want to behave like them... you <u>don't seem</u> to get...
1141	Beatrice	The nurturing there
1142	Lenny	like really intense psychological [1] help at that point
1143	Participant	Hmmm
1144	Lenny	That's how I think the resource should be [1] or there should be more resource *because they come here they're formed essentially* an we can <u>do</u> [1] /
	Lenny Participant	[\ some Mmm]
	Lenny	\ bits and pieces but [1] they've had sixteen years of whatever it is that's been <u>forming</u> them
1145	Beatrice	Yeah but <u>that's</u> that's not a reason not to change
1146	Lenny	[*Oh no it's not it's not* m
1147	Beatrice	At *sixteen years* you're still errr... /]
	Beatrice	everything is possible
1148	Lenny	You can /
	Lenny	[\ try but I
1149	Beatrice	I believe in... /]
	Beatrice	change /
	Beatrice	[\ I believe in
1150	Lenny Sara	[laughs] [laughs]]
1151	Beatrice	Uh [1] *i can't* give up on anybody at sixteen come on [1] *at any age* /
1152	Beatrice	[\ Actually [2] nerrr
1153	Sara	*Yeah <u>any</u> age* no] [1]
1154		

1155	Beatrice	[laughs] However [1] y yeah you you do have a <u>problem</u> if people have er... patterns
1156	Lenny	Yeah
1157	Beatrice Beatrice	that have been er h hindering their behaviour for such a long <u>time</u> for sure and parents who are nod not supportive for sure [2] I don't know if are we / [\ still [looks at question on paper] [inaudible]
1158	Abigail Abigail	I don't think /] \ we've answered the que have we answered the [laughs - question?]
1159		
1160	Beatrice	*Well the <u>truth</u> is.. <u>emotional</u> er [1]*
1161	Lenny Lenny Rachel	Oh for students / [\ [inaudible] [inaudible]]
1162	Beatrice	an an social er... I'm not sure I know what it means so.. I'm not even sure that we <u>are</u> answering the question [1] are we?
1163	Facilitator Facilitator	It's okay it's helpful to sort of.. hear how / [\ you are answering it in your own way so yeah
1164	Beatrice	uh just talking [1] okay... okay]
1165	Lenny	[click] ah d yes terday I did s.. there might be a <u>gen</u> der thing here as well yesterday I did a thing with students in tutor group [1] which was How *how how do you see* yourself in ten.. years and in <u>twenty</u> years' time
1166	Participant	[Mmm

1167	Lenny	So draw]
	Lenny	pictures because they're level two so <u>draw pictures</u> [1] of how many rooms your house would have your car would have and all the rest of it [breathe in] ... and <u>all the girls</u> ... it seemed ... had very clear ideas.. where they wanted to be and it involved family children numbers of chil they were <u>really</u> specific some of /
	Lenny	
	Sara	[\ them three boys / [quietly laughs]]
	Lenny	one girl
	Lenny	
	Sara	[\ stuff like that /
	Participant	[sniff] [laughs]]
1168		
1169	Lenny	\ Whereas the /
	Lenny	[\ boys /
	Sara	[sniff]]
	Lenny	<u>really</u> didn't... didn't know... [laughs] ... what to think.. about how they would be in in ten years' time
1170		
1171	Sara	Do you think that's because /
	Sara	[\ they might /
	Lenny	[sniff]
	Participant	[inaudible]]
	Sara	think it was embarrassing to say
1172	Abigail	They wouldn't like to say I /
	Abigail	[\ want to be married with three kids
1173	Lenny	I mean I I... yeah I me /
1174	Sara	[inaudible] Yeah]
1175	Lenny	\ I did <u>say</u> to them.. that that they wouldn't they wouldn't share this with anyone /
	Lenny	[\ [inaudible] [1] but the girls were quite happy to vocalise [2] yeah maybe yeah.. /
1176	Sara	Yeah [1] I guess they think oh i've got to say I want the good car
1177	Participant	Mmm
1178	Participant	Mmm]

1179	Lenny Sara	[\ who knows [sniff]] [2]
1180	Sara	Erm.. I think I'm gonna have to go sorry
1181	Facilitator	That's fine yeah... and actually I was just about to finish off
1182	Sara	[Oh
1183	Facilitator Facilitator	But if] you need to yeah we'll be another five or ten minutes but you can go
1184	Sara Facilitator	[Alright then [inaudible]] [Sara leaves the room]
1185	Facilitator	Erm... [says the next sentence quickly] yes so those are the main questions I think pretty much erm [breathe in] ... just too... sort of.. just build in a.. summary and just sort of.. bring it all together.. erm.. if I were to ask out of the whole discussion what you feel is the most... are the most important points what would you... what would you say.. out of what you've discussed?
1186	Rachel Rachel	I think we've got to sort of step back and [1] look at these s... students before... we step in ... / [\ if you like because /
1187	Abigail	Mmm
1188	Participant	Mmm]
1189	Rachel	\ you know there's [3] you know their mental health is important isn't it and lots and lots of students have got issues
1190	Abigail	I think it's about <u>awareness</u> isn't it
1191	Rachel	Yeah [really aware?]
1192	Abigail Abigail	I mean obviously... it's lovely to sit round like this and discuss it... but then you get out there ... / [\ and suddenly... you know oh w [inaudible] this was due in last week you know and we're /
1193	Rachel	[inaudible] when's the assignment due
1194	Beatrice	[inaudible] got one hundred emails every week [laughs]]
1195	Abigail Abigail	\ back to sort of like.. how we were.. <u>you</u> know / [\ And y [1]
1196	Lenny	Yeah yeah]

1197	Abigail	\ that's the thing isn't it to maintain that kind of.. making sure that [1] when you're.. you are aware of it.. on the day-to-day basis and it doesn't slip to the back of your mind I /
	Abigail	[\ suppose
1198	Participant	Mmm] [2]
1199	Abigail	I mean it's different for us because we're working.. more closely w because we're working... erm with the [1] with specific groups of children in the ALS room [breathe in] ... erm we get to know them... probably at a different level than /
	Abigail	[\ s... than teachers might so it's easy for us [1] /
1200	Beatrice	Mmm.. yeah... of course
1201	Rachel	Yeah]
1202	Abigail	to kind of get to know students.. inside out really whereas if you're teaching .. quite large numbers ... in all different classes it's much much harder [1] to be able to do that isn't it /
1203	Participant Lenny	[Mmm Mmm
1204	Abigail	\ And to form that kind of relationship /]
1205	Abigail	\ I mean students are more likely to come to us than probably any other teacher I would say because.. certainly the one's that.. work /
1206	Rachel	Yeah
1207	Abigail	[\ in our rooms
1208	Rachel	Are the ones that we know yeah]
1209	Abigail Abigail Participant Abigail	Because they [1] they kind of form that relationship with us but it's harder I think for... subject teachers [1] erm... to have that kind of relationship although they do / [\ I know as well / Mmm] But.. it is more difficult [3] but I suppose it is about just [1] making sure that people are aware and keeping it [1] in people's minds isn't it I suppose
1210		[6]

1211	Facilitator	Okay [1] Anything you think I've missed when when you saw the email about social emotional mental health or anything you were thinking about.. is there any [1] points you think I've missed out in terms of.. what questions I've <u>asked</u> or anything you thought you were gonna be asked <u>about</u> [1] when you saw that <u>term</u> ? [2]
1212	Beatrice Beatrice Participant	I don't think I <u>read</u> the email very well / [\ [laughs] sorry [laughs] [inaudible]
1213	Facilitator Lenny	Honestly that's <u>fine</u> [quietly laughs]]
1214	Beatrice Beatrice Participant	Busy teacher / [\ [laughs] mmm
1215	Facilitator	Yeah of course] [2]
1216	Rachel Rachel	I think it was what I expected because we've got that same... / [\ Code [1] mmm
1217	Abigail Abigail Abigail	I think one of the /] \ things is.. we don't know there's a problem until [1] it's quite [1] it's gone.. some way [1] and [1] <u>maybe</u> ... one of the questions might <u>be</u> because I know there's stuff <u>out</u> there [1] you know how do you... do an assessment before [1] it all goes wrong ... because I know there are sort of questionnaires you can give to / [\ students /
1218	Beatrice Participant Participant	Pre-emptive] [Mmm Mmm
1219	Abigail Abigail Abigail	\ about /] you know right at the beginning of a.. a course or beginning of a... college where you could sit an you know they could all fill in a form you know [breathe in]... er where you'd there <u>is</u> a <u>tick</u> box system I've seen / [\ these [1] *erm* /

1220	Rachel	But would they be open in in <u>divulgin</u> ?]
1221	Abigail	\ Yeah how open would they be but how would .. you know... we only kind of know when it's all going <u>pear</u> shaped... we don't necessarily know... at the <u>beginning</u>
1222	Rachel	Well <u>we</u> know s...
1223	Abigail	*We* /
	Abigail	[\ *know some* [1] but [1] <u>you</u> know... *if students start and they* /
1224	Rachel	We get information... on some of the students before they come here but it's <u>very</u> [1]]
1225	Abigail	[\ *seem.. happy enough* /
	Rachel	Yeah]
	Abigail	\ and then it starts <u>unravelling</u> it's it can unravel quite a long way before we pick it up but.. you know is there anything at the <u>beginning</u> that we kind of.. should be doing with students to.. pick <u>you</u> know to /
	Abigail	[\ kind of /
1226	Participant	Mmm]
1227	Abigail	\ know if potentially [1] they are.. <u>likely</u> to be the ones that are gonna [1] have these kind of problems /
	Abigail	[\ I don't know /
	Participant	[inaudible]]
	Abigail	\ if there's anything out there you /
	Abigail	[\ could do
1228	Cleo	[click] I <u>think</u> at /]
	Cleo	\ the moment with the whole when they come in they email their tutor [1] that's sort of good but then I guess... sorry [yawn – that's obviously for the students that want] to be... open but /
	Cleo	[\ I had a few cases... yeah I had a /
1229	Rachel	Oh you mean on the <u>induction</u> ?.. yeah I s
1230		

1231	Cleo	\ few cases.. last year where... /
	Participant	[Mmm
	Participant	Mmm]
	Cleo	\ well my Year thir thirteen tutor now but then they were year twelves a few people /
	Cleo	[\ did [1] /
	Participant	Mmm]
	Cleo	\ disclose things to me and /
	Cleo	[\ it was /
	Participant	Mmm]
	Cleo	\ able to be picked <u>up</u> ... /
	Cleo	[\ from then /
	Participant	Mmm]
	Cleo	\ I mean some of it was already <u>known</u> ... but /
	Cleo	[\ some of it wasn't and so I passed it on
1232	Abigail	Yeah.. I mean I suppose if they /]
1233		
1234	Abigail	\ know who they can go to like their tutor and they know that there's pa there's th people [1] that a a that are in the pastoral <u>system</u> if you like.. the Heads of Hall /
1235	Participant	[Mmm
1236	Abigail	\ Th There /]
	Abigail	are <u>certain</u> people they know they can trust to go to [1] so.. it's making sure <u>they</u> /
	Abigail	[\ understand th there's /
	Participant	Mmm]
	Abigail	\ a route [1] you know there's someone they can go to.. if they're feeling concerned as well
		[2]

1237	Beatrice	Well they <u>know</u> that I In <u>tutor</u> group that's /
	Beatrice Abigail	[\ one of the / Yeah]
	Beatrice	\ very first thing we <u>tell</u> /
	Beatrice	[\ them.. an and they <u>know</u> that.. that /
1238	Abigail	Yeah... yeah... yeah]
1239	Beatrice	\ they can come to their tutor /
	Beatrice Participant	[\ *whether th even* / Yeah]
	Beatrice	\ if they're not happy about the <u>tutor</u> they can then go to their Head of /
	Beatrice	[\ <u>Hall</u> ...
1240	Cleo	Mmm
1241	Abigail	Yeah]
		[1]
1242	Beatrice	Or a /
	Beatrice	[\ <u>teach</u> er even
1243	Abigail	Yeah]
	Participant	mmm
1244	Abigail	And they've got the chaplain as /
	Abigail	[\ <u>well</u> they can go to
1245	Beatrice	E Exactly there's chaplaincy as well]
1246	Participant Abigail	Mmm Yea [1]

1247	Beatrice	Is *not a lack of places to ask for help* /
	Beatrice Abigail	[\ it's the / No]
	Beatrice	\ courage to /
	Beatrice Abigail Cleo	[\ ask for help / yeah mmm]
	Beatrice	the issue
1248	Abigail Participant	Yeah Yeah
1249	Beatrice Beatrice Abigail Participant	Well the courage or [1] whatever else / [\ You [1] Mmm Mmm]
1250		
1251	Beatrice	\ n call it [ak?]
1252	Participant	[breathe in] END.