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A systematic literature review exploring the views and experiences of children and young people of the label Social, Emotional and Mental Health (SEMH).

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Abstract

This article reports the findings from a systematic review of qualitive research evidence exploring the views of children and young people identified as having Social, Emotional and Mental Health (SEMH) needs and their experiences of the SEMH label. A systematic search identified seven papers which were reviewed using the Critical Appraisal Skills Programme (CASP) checklist. Thematic synthesis of the literature identified the impact of the SEMH label for children and young people as well as their perceptions of this label. Key themes included the negative and positive impact of labels associated with SEMH and the impact on children and young people's identity. Implications for practice are considered including the importance of promoting the voice of children and young people in a description of their needs and working systemically with schools to raise awareness of the implications of language and to consider the impact of wider contextual factors on pupil's difficulties.

Keywords: labelling, identification, social, emotional and mental health (SEMH), special educational needs (SEN), pupil voice.

Introduction

This article starts by exploring the literature of the term Social, Emotional and Mental Health (SEMH), labelling and special educational needs (SEN), and pupil voice, followed by the rationale for the systematic review and the identified research questions. The findings include a description of the seven studies and their key characteristics, Finally, the findings and key themes are discussed in relation to existing literature, acknowledging the strengths and limitations of the systematic review, and implications for practice are considered.

The origins of the term Social, Emotional and Mental Health (SEMH)

The term Social, Emotional and Mental Health (SEMH) was introduced in the revised Special Educational Needs and Disability (SEND) Code of Practice in 2015 to provide a broad descriptor of need for pupils who 'experience a wide range of social and emotional difficulties' (DfE/DoH, 2015). Recent statistics suggest that the number of pupils with special educational needs in England is continuing to rise and SEMH needs are becoming increasingly prevalent within this population; in January 2019 14.9% of the pupil population were recognised as having special educational needs and of these pupils 17.1% were identified with SEMH as the primary need (DfE, 2019).

The terminology used to describe children who experience social, emotional, and mental health difficulties has been widely contested and has undergone several revisions within educational policy and practice over the years. Under the Education Act (1944) pupils with emotional difficulties were described as 'maladjusted', adopting the medical model, whereby difficulties are positioned as problems located within the child that require treatment. Following the Warnock Report (1978), there was a shift away from terms such as maladjusted due to concerns of stigmatisation and the need to recognise wider societal factors. Terms have since included Emotional and Behavioural Difficulties (EBD) and Behavioural, Emotional and Social Difficulties (BESD). These terms reflect the broadened

scope to include behavioural and social difficulties. However there continues to be concerns over the ambiguity of these labels and the potential negative impact for those for whom these labels are applied.

The revised SEND code of practice (DfE/DoH, 2015) introduced a change in terminology removing the term BESD and introducing the term SEMH as a broad descriptor of need. This signified a shift away from the discourse of behaviour through the introduction of mental health discourse, meaning that a behavioural difficulty itself is no longer identified as a discrete special educational need. The introduction of mental health discourse may partly reflect the current political and cultural context whereby mental health has become a key emphasis in education with the development of government initiatives and the introduction of the Transforming Children and Young People's Mental Health Provision Green Paper (DfE/DoH, 2017). Additionally, within the umbrella term of SEMH there exists diagnostic labels which are medically based such as anxiety disorder, depression, and attention deficit hyperactivity disorder (ADHD). Norwich and Eaton (2015) argued that the same issues of ambiguity and diverse application, associated with BESD terminology, persist with the new classification of SEMH as there is little clarification on thresholds for identification and despite the removal of the term 'behavioural' there continues to be a focus on behaviour within the category of SEMH. Furthermore, formal and diagnostic labels such as SEMH risk overlooking important personal and environmental factors, reproducing a medical model of disability that locates the problem as 'within-child' (Timimi, 2009).

Labelling and Special Educational Needs (SEN)

There has long been debate throughout psychological literature about the use of terminology to describe and diagnose special educational need and the possible impact of such labelling. Arguments against labelling centre on the negative implications of labels including stigma, negative expectations, notions of permanency and pathologising discourses (Jones, 2003;

Lauchlan and Boyle, 2007; Frederickson and Cline, 2015; Armstrong and Hallet, 2012; Slee, 2012). Gillman, Heyman and Swain (2000) highlight concerns that assigning labels such as 'learning difficulties' ignores wider societal factors and instead locates problems and solutions within the individual. Tobbell and Lawthom (2005) argued that labels such as EBD are socially constructed reflecting a medical model that requires assessment, diagnosis and treatment and support. The authors suggest that ignoring contextual factors can lead to further marginalisation and exclusion for those pupils.

On the other hand, arguments for labelling suggest that labels are associated with positive functions such as greater tolerance and understanding, access to support, distribution of resources, and less blame (Gillman, Heyman and Swain, 2000; Gus, 2000; Reindal, 2008; Bilton and Cooper, 2012; Riddick, 2012). However, research by Taylor, Hume and Welsh (2010) suggests that generic labels such as 'SEN' may have a negative impact on pupil's self-esteem compared to more specific labels such as 'dyslexia', suggesting the positive or negative impact of labels is affected by the labels utility. As the SEMH label is criticised for its ambiguity (Norwich and Eaton, 2015), it is important that the potential positive and negative implications of the label are explored especially from the viewpoint of children and young people themselves.

Kelly and Norwich (2004) explored how children and young people identified as having SEN evaluated the labels applied to them by others. They found that pupils in both mainstream and specialist provisions were aware of negative connotations associated with labels and did not describe themselves using these terms. This is supported by further research that has found some pupils described as SEN actively reject these labels and evaluate them negatively (Humphrey and Lewis. 2008; MacLeod, Lewis and Robertson, 2013). However, the process of internalising labels is argued to be an active and individual process involving co-

construction between internalising the views of others and one's self-perceptions (Norwich, 1997).

Pupil Voice and Participation

Pupil voice

Changes in policy and legislation have contributed to increased recognition of the importance of listening to the views and voices of children and young people in education, including those with special educational needs (Todd, 2003; Robinson, Bunn & Gersch, 2017). Gersch (2018) argued that there are pragmatic, moral, and legal reasons for promoting pupil voice and participation. The UK government ratified Article 12 of the United Nations Convention on the Rights of the Children (UNCRC) (Unicef, 1989) which stressed the child's right to be heard and listened to in decisions affecting them. This is enacted in guidance, such as the SEND Code of Practice (DfE/DoH, 2015) and in legislation including the Children and Families Act (2014) which stipulates the requirement for the promotion of the voices and participation of children and their families within decision-making processes. Research such as Roller (1998), Gersch, Holgate and Sigston, (1993) and Robinson, Bunn and Gersch (2017) suggests that there are many benefits of listening to the views of children and young people including increased agency, self-esteem and confidence, and greater responsibility. Despite this, concerns remain about how well and authentically pupil views are both captured and listened too, particularly for pupils described as having social, emotional, and mental health needs (Davies and Ryan, 2013).

Pupil voice and SEMH

Despite increasing prominence of pupil voice research and recognition of the associated benefits, the views of children and young people identified as having SEMH needs remains relatively absent (Davies and Ryan, 2013). Cooper (2006) argues that this group of children

and young people are the least empowered, and as a result are less likely to be listened to or heard. This is concerning given that a recent literature review into disproportionate school exclusions indicates that pupils identified as having SEMH needs are at increased risk of exclusion and experience the highest rate of exclusions compared to pupils with other types of SEN(Graham *et al.,* 2019). Given the benefits of pupil participation and pupil voice, it remains pertinent that these pupils are afforded the opportunity to share their views and experiences, particularly given their increased vulnerability and risk of exclusion in an educational context.

Over the last decade, a small but growing literature base has sought to illuminate the voices of children and young people assigned the label of SEMH. Cosma and Soni (2019) published a recent systematic review of seven studies in the UK that explored the views of pupils labelled as having BESD and their educational experiences. Key findings suggested that pupils felt perceptions of BESD, academic difficulties, negative teacher relationships and disruptive behaviour were associated with negative school experiences. Conversely, sense of belonging, positive relationships with school staff, access to a personalised and differentiated curriculum and feeling listened to contributed to positive school experiences. Cefai and Cooper (2010) reported similar findings in their research paper titled 'Students without voices' which reviewed eight qualitative studies conducted in Malta exploring the views of secondary-aged pupils with SEBD. This emphasises the important contributions pupils can make when they are empowered to share their views and have their voice heard, including detailed perspectives about issues that are meaningful to them, their education, and their futures.

Rationale for the Systematic Review

Although emerging research has aimed to promote the voice of pupils identified with SEMH needs, most existing studies have focussed on pupils' perceptions of their educational

experiences. To date, there is no published literature review focussing on how children and young people perceive the label of SEMH and the impact of being identified using this label from the perspective of children and young people themselves. Therefore, this systematic literature review will attempt to address this gap in the literature by providing an overview of how children and young people who have been identified as having SEMH needs experience labels associated with SEMH. As professionals working with children and young people, are involved in using and reproducing language and discourse to describe pupils experiences, it is important that they are aware of the potential impact of the SEMH label from the perspective of children and young people themselves. This review aims to contribute to professional practice by exploring implications for practice.

Research Questions
The aim of this systematic review is to explore the views of children and young people identified as SEMH in relation to their perceptions and experiences of themselves and the SEMH label.

To address this aim, this review sought to answer the following research questions:

1. How do children and young people described as SEMH perceive this label?
2. What is the impact of the SEMH label as experienced by children and young people assigned this label?

Method

This systematic literature review utilised the nine-step process as outlined by Boland, Cherry and Dickson (2018). First, scoping searches were conducted to identify background literature on the views and experiences of children and young people identified as SEMH. After initial scoping, the literature review was refined to focus on literature that gathered the views of

children and young people in relation to their perceptions and experiences of the SEMH label.

Search Strategy

Four databases were searched between November-January 2020, including EBSCO (Education Database), PsycINFO (1967 to present), Web of Science (Core Collection) and ASSIA (Applied Social Sciences Index and Abstracts). These databases were selected because they were considered relevant for research related to education and applied psychology. A supplementary search of relevant journals (the Journal of Emotional and Behavioural Difficulties) was conducted. The four search terms that were used for each database were: child* or pupil or student or "young people" or adolescen* AND experienc* or voice* or view* or perception* or perspective* or understand* AND "Social emotional and mental health" AND label* or identit* or categoris* or diagnos*. The term 'Social emotional and mental health' was included in modified forms to reflect the change in terminology over the past 10 years. Results were filtered to include only peer-reviewed papers published between 2010-2020.

Studies were initially filtered so that only peer-reviewed papers that had been completed between 2010 and 2020 were included. Further inclusion criteria were developed following Boland, Cherry and Dickson (2018) suggestion that inclusion criteria for a qualitative synthesis should consider PICo: population, phenomena of interest and context. Finally, papers that used only quantitative research methods and analysis were excluded. See Table 1 for full inclusion criteria.

[Insert Table 1. Inclusion Criteria.]

This initial search of four databases returned a total number of 87 papers. After removal of duplicates 52 papers remained. Remaining papers were screened, against inclusion and

exclusion criteria, using their title and abstract. This resulted in a further 39 papers removed. A total of 15 full-text papers were screened against inclusion and exclusion criteria. Seven studies were considered to meet the criteria and subsequently included within this systematic review. Reference lists of each paper were also screened by title, but this did not identify any additional relevant papers.

Traditionally, qualitative research has been excluded from systematic reviews due to contentions concerning how qualitative research should be appraised and the current drive for evidence-based practice and policy (Dixon-Woods *et al*., 2006). Dixon-Woods *et al.* (2004) argue that if qualitative research is to inform policy and practice then the quality of this research should be appraised. Qualitative research that has reported pupil's views in relation to topics such as SEMH and labelling demonstrates an interaction between policy, pupil view's and the current social and cultural context which could inform and have implications for educational policy and practice. Dixon-Woods *et al.* (2007) suggest that whilst it remains difficult to measure and appraise qualitative research, researchers can make use of structured checklists such as the Critical Appraisal Skills Programme (CASP) (CASP, 2018).

Each paper included within this review was appraised using the CASP, which is comprised of ten questions. The seven papers met the criteria of the first two screening questions, regarding the clarity of the research aims and the appropriateness of the methodology, in the CASP and were included in the synthesis.

Synthesis

This systematic literature review aims to qualitatively synthesis the results presented in seven research papers. Thomas and Harden (2008) proposed thematic synthesis, that utilises the principles of thematic analysis specifically for application in systematic reviews, is one method that can be used to synthesise the results of qualitative research by firstly coding text

and findings from each paper and secondly, generating analytical themes from these codes As thematic synthesis has been developed and previously applied to systematic reviews that have focussed on addressing research questions regarding people's experiences and perceptions it is considered an appropriate approach for this systematic review.

Results

Description of Included Studies

Of the seven included studies, four studies used the term SEBD (Michael & Frederickson, 2013; O'Riordan, 2015; Mowat, 2015; Caslin, 2019), two studies used BESD (O'Connor *et al.*, 2011; Nind, Boorman & Clarke, 2012) and one study referred to the term SEMH alongside the term BESD (Sheffield and Morgan, 2017), highlighting the evolution of this term in the past 10 years as influenced by educational policy. See Table 2 for a detailed overview of the seven studies included for review and their key study characteristics.

[Insert Table 2. An overview of included studies and their characteristics.]

Participant Characteristics

A total number of 61 participants participated in the seven studies, however this figure is likely to be higher as one study did not specify the number of participants (Nind, Boorman and Clarke, 2012). Where age information was given, participants were aged between 10 and 16 years old. Where gender information was given, 39 participants were male and 13 were female. This excludes data from O'Connor *et al.* (2011) and Nind, Boorman and Clarke (2012) who did not provide information in relation to gender and participants numbers. Where sampling strategies were stated, participants were mostly recruited using purposive sampling, whilst one study used stratified sampling (Mowat, 2015).

Analysis of Data

In relation to research question one, the findings of studies that directly asked pupils about their SEMH label were examined and synthesised. To address research question two, using the stages of thematic synthesis, three main themes were identified from the codes generated. The three key themes were: the negative impact of labels associated with SEMH, the positive impact of labels associated with SEMH, and identity. Seven sub-themes were identified across the overall themes. See Figure 1 for a thematic map relating to research question 2.

[Insert Figure 1. *Thematic map of key themes highlighting the views of children and young people identified as having SEMH difficulties*.]

Discussion

This systematic literature review aimed to identify research exploring the views of children and young people assigned a label of SEMH and to synthesis findings to provide a greater understanding of their experiences and perspectives.

Perceptions of SEMH label

The first research question aimed to explore how children and young people identified as SEMH perceived this label. Not all authors asked children and young people directly about their SEMH label. All pupils, who were asked directly about their SEMH label (or BESD depending on the year the study was conducted), indicated that they were not aware that they had been described using this term (O'Connor *et al.,* 2011; Sheffield & Morgan, 2017). Most young people did not appear to understand what this label meant and evaluated it negatively, one pupil asked, 'am I mental?' (Sheffield & Morgan, 2017, p.60). In this case, the label of SEMH was perceived as indicative of mental illness. Pupils reported greater awareness of, and spoke about, specific diagnostic labels such as ADHD and dyslexia (O'Connor *et al.,* 2011; O'Riordan, 2015; Sheffield & Morgan, 2017; Caslin, 2019). Similar findings are

reported by Kelly and Norwich (2004) who found that only 12% of pupils were aware of the term SEN (special educational need); the authors proposed that pupils lack of awareness of such terms could be because they are less likely to hear these terms in everyday interactions. It is of note, that these findings suggest that young people are not aware of the terminology used by others (for example, adults and professionals) to describe their needs, and when young people are introduced to terms such as SEMH most perceived these negatively. This highlights a significant gap in children and young people's understanding and participation in the description of their needs. Policy and legislation, such as The Children and Families Act (DfE/DoH, 2014) and the revised SEND Code of Practice (DfE/DoH, 2015), has emphasised the importance of pupil voice and involving children and young people in decision-making. As the number of children and young people being assigned psychiatric and educational labels, such as SEMH, is increasing rapidly (Goodley and Billington, 2017), consideration should be given to the short and long term implications of such language and how best to promote the voice and participation of young people in describing their needs to ensure a child-centred approach.

The impact of the SEMH label

The second research question aimed to explore the impact of the SEMH label as experienced by children and young people assigned this label. Few authors directly asked children and young people about the impact of being assigned a label of SEMH to describe their needs. Therefore, findings reported below are based on the broader experiences and perceptions of children and young people who have been identified and described using the SEMH label.

The negative impact of the labels associated with SEMH

Stigma

Children and young people experienced stigma attached to labels such as SEMH (O'Connor *et al.,* 2011; Mowat, 2015; Sheffield and Morgan, 2017; Caslin, 2019). Pupils in these studies raised concerns that suggest that they are perceived and treated differently by others. One young person stated that 'other kids they will be kicked out of school and they will be able to go back to another mainstream. I just got put into this school [specialist provision]' (Caslin, 2019, p. 173) indicating wider implications on their educational provision. Whilst another pupil said that SEMH support at school 'is gonna affect me because people are going to keep bothering me for not being like them' (Sheffield and Morgan, 2017, p. 59), demonstrating how labels and their associated support can serve the function of highlighting difference between individuals and their peers. This difference was perceived as negative and undesirable as it put them at risk of rejection by both their peers and their educational settings (O'Connor *et al.*, 2011). One pupil described the perceived negative impact attending a special provision for SEMH would have on her future, expressing concerns that she 'might not get a job' when she is older related to the stigma of attending that provision (Michael and Frederickson, 2013, p.416).

Negative perceptions

Some children and young people discussed the negative perceptions of adults around them (O'Connor et al, 2011; Nind, Boorman and Clarke, 2012; Sheffield and Morgan, 2017; Caslin, 2019). Pupils in these studies indicated that adults, especially teachers, often had negative preconceived perceptions of them. Pupils believed that this influenced teacher expectations about their behaviour, for example if pupils were going to be 'disruptive' or 'problematic' (O'Connor *et al.*, 2011) and the support they received in the classroom. For

instance, one young person described that 'staff do nothing when it has got something to do with me' (Caslin, 2019, p. 173). These young people's experiences suggest others perceptions can have negative outcomes for the young people involved including feeling 'unwanted' by teachers and in the classroom (Nind, Boorman and Clarke, 2012; Sheffield and Morgan, 2017) and feeling 'disempowered' (Caslin, 2019). In research by Nind, Boorman and Clarke (2012), one young girl believed that the teacher's attitude towards her was influenced by formal assessment and reports, for example she described that 'none of the teachers liked me anyway because they all read my file… basically they thought she's a pain in the arse from the get go' (p. 649). She contrasted this with experiences where staff got to know her for themselves. These findings highlight how negative adult perceptions can be associated with pupils labelled as SEMH. Furthermore, some young people can perceive the way they have been formally described as contributing to these negative perceptions.

Blame

Attributions of blame were experienced by some children and young people in relation to their experiences of SEMH. One pupil, in Michael and Frederickson (2013), described how he felt blamed by others around him for his difficulties, commenting 'my old school used to blame my anger issues on me and send me out of class' (p. 415). Additionally, a participant in Caslin (2019) expressed feeling excluded within mainstream settings stating 'you always get blamed for everything in normal schools… because you have got disabilities' (p. 173). This provides insight into internal attributions such as blame that can be associated with difficulties such as SEMH.

The positive impact of the labels associated with SEMH

Formal diagnosis

In several of the studies, children and young people referred to formal diagnoses when discussing their experiences and difficulties (O'Connor *et al.,* 2011; O'Riordan, 2015; Sheffield and Morgan, 2017; Caslin, 2019). Sheffield and Morgan's (2017) found that pupils often referred to formal labels, such as ADHD, as a way of understanding and describing SEMH difficulties. Caslin (2019) noted how some children and young people, and their families, actively pursued formal labels and assessment related to SEMH as an explanation for their perceived difference. One pupil wanted a formal label and assessment because she felt like 'I have got something wrong with me' (p. 173), whilst another pupil referred to being 'better off' (p. 173) if she received a formal diagnosis, highlighting that labels such as SEMH, and associated diagnoses, may serve a positive function for children and young people related to greater understanding of their difficulties and differences, and access to an improved quality of life.

Identity

Internalised labels

Some pupils internalised labels used to describe them including labels associated with SEMH (O' Connor *et al*., 2011; O'Riordan, 2015; Sheffield and Morgan, 2017; Caslin, 2019). Pupils referred to themselves using formal labels such as 'special needs', 'dyslexia' and 'ADHD' and informal labels such as 'different', 'naughty', 'stupid' and 'mischievous'. Often pupils applied these terms to describe themselves and their behaviour. For instance, in O'Connor *et al.* (2011), one pupil commented 'I just can't help meself but be naughty' (p. 297), and another pupil when asked about behavioural difficulties related to BESD suggested it is 'where you get angry and go out of control' (p. 297). This highlights how children and young

can internalise language used by others to describe their behaviour and spontaneously reproduce these constructions in interactions with others. Furthermore, in Caslin (2019) Clare discussed her experience of seeing a doctor because her mum perceived that something was 'not right' with her behaviour (p. 176). Clare received a diagnosis of ADHD and was given medicine that she 'tried not to take' but was made too, demonstrating how difficulties associated with the SEMH label are pathologised and internalised as problems within the individual. Additionally, Clare's voice about the medication was silenced by the voice of professionals.

Resisted labels

On the other hand, some pupils rejected SEMH and its associated labels (Nind, Boorman and Clarke, 2012; Michael and Frederickson, 2013; Mowat, 2015; O'Riordan, 2015; Sheffield and Morgan, 2017). A young person from Sheffield and Morgan's (2017) study, expressed that 'I don't think I have that anymore, any behavioural [difficulties]. I'm emotionally stable I know that' (p.60). This demonstrates how some children and young people do not view the SEMH label as applicable to them. Furthermore, pupils expressed views which disagreed with and challenged these labels and their associated negative connotations. One young person stated that he 'never thought of myself as badly behaved' (Mowat, 2015, p. 165), whilst another stated that 'I'm really smart actually' (Michael and Frederickson, 2013, p. 416). Another young person described his SEMH needs as a 'consequence of his circumstance' rather than situated within his self (O'Riordan, 2015, p. 18) highlighting agency in how children and young people internalise labels such as SEMH and situating their needs within the wider context.

Co-construction

Some pupils discussed wanting to be involved in a description of their difficulties and to contribute to decision-making (Nind, Boorman and Clarke, 2012; Sheffield and Morgan, 2017). Pupils expressed a desire to be 'given a chance' and to be 'listened to' (Nind, Boorman and Clarke, p 652). Sheffield and Morgan (2017) found that some pupils were 'open and specific about what they viewed as their difficulties' (p. 60).

Strengths and Limitations

This review has addressed a gap in existing literature and research concerning pupil views and SEMH. The synthesis of qualitative data has drawn attention to the views of the children and young people whom these labels are assigned. This offers a distinct perspective of the impact of such labels, augmenting existing research which has reported on the utility of labels and potential negative and positive implications (Kelly and Norwich, 2004; Armstrong and Hallet, 2012; Riddick, 2012; Slee, 2012). Positive implications related to the label of SEMH included the role of formal diagnosis and assessment in providing greater awareness of needs and explaining differences. Whilst negative implications included negative perceptions of others and experiences of stigma and feeling blamed. These findings highlight important considerations when working with children and young people who have been labelled SEMH, and when describing the needs of this population.

It is important to recognise that children and young people identified as SEMH do not represent a homogenous population. Their experiences are unique therefore the views synthesised in this review are unlikely to reflect every child and young person's experience who is assigned a label of SEMH. The use of such labels is likely to have a differential impact and their experiences will be affected by a range of factors including social and environmental factors.

A further limitation of this systematic review is related to the dearth of literature around pupil views and the SEMH label. Due to the sparseness of the literature, research in some primary studies focussed more broadly on the experiences of pupils identified with SEMH in education and did not always directly address the research questions. This may have affected the key points shared from pupil's views. Direct quotes were used to justify each theme to account for this limitation. Further, only peer-reviewed papers were included, excluding unpublished literature, which may have resulted in publication bias. Further research in this area may, therefore, focus more intently, on the views of pupils of the term SEMH and its associated functions.

Implications for professional practice

Those directly involved in the assessment and identification of need as stipulated within the SEND Code of Practice (DfE/DoH, 2015) should be aware of the importance of pupil participation. However the results of this review suggest that the majority of children and young people, who have been identified as having SEMH difficulties, are not aware of the SEMH label and have not had the opportunity to contribute or be involved in a description of their needs. Staff working with this group of children can advocate and promote the voice of children and young people so that they have ownership over the language used to describe their needs. The studies included within this review provide a variety of methods for capturing and listening to the views of this population. Furthermore, identification of need should consider the function of labels, such as SEMH, for individuals and their families, possibly through a person-centred approach.

School staff would benefit from a greater awareness of the implications of language, such as formal and informal labels related to SEMH, employed in the pupil's wider environment and the impact for those pupils such as negative teacher perceptions. It is important to challenge and reframe any potential negative perceptions which may be a result of how the pupil's

needs have been described e.g. 'bad' or 'naughty'. This could be achieved using a strengths-based approach that focuses on positive qualities of the child or young person. Additionally, it is important for all professionals working with this group to be aware of the potential stigma related to SEMH, particularly around receiving support. For example, when devising and planning interventions to minimise the potential negative impact.

Finally, these findings suggest that the SEMH label is aligned with a medical model of disability which locates difficulties such as SEMH with-in the child, indicating a difference or deficit, that requires professional assessment and intervention. For example, children and young people in these studies often felt blamed for their difficulties and the responsibility for change was placed upon them as individuals through assessment and treatment such as medication. It is important to support school staff, and families, and in turn children and young people, to recognise wider contextual factors that may be interacting to perpetuate pupils' difficulties through ecological models such as Bronfenbrenner (1979) eco-systematic model.

Conclusion

This systematic review has explored the views of children and young people, who have been identified as SEMH, and their perceptions of the SEMH label. These pupils appear to be mostly unaware of terminology used by adults and professionals to describe their needs, specifically SEMH. Positive and negative implications of labels such as SEMH were reported. The negative impact of labels related to experiences of stigma, blame and negative perceptions whereas formal diagnoses, used to describe SEMH needs, were actively sought by some pupils due to perceived benefits such as improved quality of life, access to support and improved understanding. Findings suggested that some pupils internalised formal and informal labels associated with SEMH, whilst others actively rejected these labels and expressed a desire to co-construct their needs. This review has considered implications for

practice including promoting pupil voice and adopting an eco-systemic model when identifying needs. Finally, this review suggests that it remains important for professionals to work collaboratively and creatively with children and young people labelled with SEMH so that they are empowered to share their views and have their voices heard.

References

Armstrong, D. and Hallett, F. 2012. 'Private knowledge, public face: Conceptions of children with SEBD by teachers in the UK-a case study'. *Educational & Child Psychology*, *29*(4), pp.77-87.

Bilton, K. and Cooper, P. 2012. 'ADHD and children with social, emotional and behavioural difficulties'. In *The Routledge International Companion to Emotional and Behavioural Difficulties* (pp. 52-59). London: Routledge.

Boland, A., G. Cherry, and R. Dickson. 2018. *Doing a Systematic Review*. London: SAGE.

Bronfenbrenner, U. 1979. *The Ecology of Human Development: Experiments by Nature and Design.* London: Harvard University Press.

Caslin, M. 2019 "I have got too much stuff wrong with me' - an exploration of how young people experience the Social, Emotional and Behavioural Difficulties (SEBD) label within the confines of the UK education system', *Emotional and Behavioural Difficulties, 24*(2), pp. 167-180.

Cefai, C., and P. Cooper. 2010. 'Students without voices: The unheard accounts of secondary school students with social, emotional and behavioural difficulties'. *European Journal of Special Needs Education, 25*(2), pp.183-198.

Cooper, P. 2006. 'John's story: episode 1 – understanding SEBD from the inside: The importance of listening to young people'. In *The handbook of social, emotional and behavioural difficulties*, edited by. M. Hunter-Carsch., Y. Tiknaz., P. Cooper, and R. Sage, pp.17–28. London: Continuum International Publishing Group.

Cosma, P. and Soni, A. 2019 'A Systematic Literature Review Exploring the Factors Identified by Children and Young People with Behavioural, Emotional and Social Difficulties as Influential on Their Experiences of Education', *Emotional & Behavioural Difficulties, 24*(4), pp. 421-435.

Critical Appraisal Skills Programme 2018. *CASP Qualitative Checklist*. [online] Available at: https://casp-uk.net/wp-content/uploads/2018/01/CASP-Qualitative-Checklist-2018.pdf. Accessed: May 2020.

Davies, J.D. and Ryan, J. 2013. 'Voices from the margins: The perceptions of pupils with emotional and behavioural difficulties about their educational experiences'. In *The SAGE Handbook of Emotional Behavioural Difficulties*, edited by P. Garner., J. Kauffman. and J. Elliot. London: Sage

DfE (Department for Education) and DoH (Department of Health). 2015. *Special Educational Needs and Disability Code of Practice: 0 to 25 Years*. London: DfE/DoH.

DfE (Department for Education) and DoH (Department of Health). 2014. *The Children and Families Act.* London: DfE/DoH

DfE (Department for Education). 2017. *Transforming Children and Young People's Mental Health Provision: A Green Paper.* London: DfE

DfE (Department for Education). 2019. *National statistics: Special educational needs in England: January 2019.* London: DfE

Dixon-Woods M., S. Bonas., A. Booth., D.R. Jones., T. Miller., A.J. Sutton., R.L. Shaw., J.A. Smith., B. Young. 2006. '"How can systematic reviews incorporate qualitative research?" A critical perspective'. *Qualitative Research, 6,* pp. 27-44.
Dixon-Woods, M., A. Sutton., R. Shaw., T. Miller., J. Smith., B. Young., S. Bonas., A. Booth., and Jones, D. 2007. 'Appraising qualitative research for inclusion in systematic reviews : A quantitative and qualitative comparison of three methods'. *Journal of Health Services Research and Policy, 12*(1), pp. 42–47.

Dixon-Woods, M., Shaw, R.L., Agarwal, S. and Smith, J.A. 2004. 'The problem of appraising qualitative research'. *BMJ Quality & Safety*, *13*(3), pp.223-225.

Frederickson, N., and T. Cline. 2015. *Special educational needs, inclusion and diversity.* Buckingham: Open University Press.

Gersch, I. 2018. 'Pupil involvement in assessment'. In *The assessment of special educational needs: International perspectives*, edited by T. Cline, pp. 21–42. London: NFER Nelson.

Gersch, I.S., Holgate, A. and Sigston, A. 1993. 'Valuing the Child's Perspective: A revised student report and other practical initiatives'. *Educational Psychology in Practice*, *9*(1), pp.36-46.

Gillman, M., Heyman, B. and Swain, J., 2000. 'What's in a name? The implications of diagnosis for people with learning difficulties and their family carers'. *Disability & Society*, *15*(3), pp.389-409.

Goodley, D. and Billington, T. 2017. *'*Critical educational psychology and disability studies: Theoretical, practical and empirical allies'. In *Critical Educational Psychology,* edited by A. Williams., T. Billington., D. Goodley. and T. Corcoran. Chichester: John Wiley & Sons.

Graham, B., White, C., Edwards, A., Potter, S. and Street, C. 2019. *School exclusion: a literature review on the continued disproportionate exclusion of certain children*. London: DfE.

Gus, L. 2000. 'Autism: promoting peer understanding'. *Educational Psychology in Practice, 16*(4), 461–468

HM Government. 1994. *Education Act 1994*. H.M.S.O.

Humphrey, N. and Lewis, S. 2008. 'Make me normal' The views and experiences of pupils on the autistic spectrum in mainstream secondary schools'. *Autism*, *12*(1), pp.23-46.

Jones, R.A. 2003. 'The construction of emotional and behavioural difficulties'. *Educational Psychology in Practice, 19*(2), 147–157.

Kelly, N. and Norwich, B. 2004. 'Pupils' perceptions of self and of labels: Moderate learning difficulties in mainstream and special schools'. *British Journal of Educational Psychology*, *74*(3), pp.411-435.

Lauchlan, F. and Boyle, C., 2007. 'Is the use of labels in special education helpful?'. *Support for Learning*, *22*(1), pp.36-42.

MacLeod, A., Lewis, A. and Robertson, C. 2013. ''Why should I be like bloody R ain M an?!'Navigating the autistic identity'. *British Journal of Special Education*, *40*(1), pp.41-49.

Michael, S. and Frederickson, N. 2013 'Improving pupil referral unit outcomes: pupil perspectives', *Emotional and Behavioural Difficulties, 18*(4), pp. 407-422.

Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group. 2009. 'Preferred Reporting Items for Systematic Reviews and Meta-Analyses: *The PRISMA Statement'. Open Med, 3*(3), pp. 123-130.

Mowat, J. G. 2015 ''Inclusion – that word!' examining some of the tensions in supporting pupils experiencing social, emotional and behavioural difficulties/needs', *Emotional & Behavioural Difficulties, 20*(2), pp. 153-172.

Nind, M., Boorman, G. and Clarke, G. 2012 'Creating spaces to belong: listening to the voice of girls with behavioural, emotional and social difficulties through digital visual and narrative methods', *International Journal of Inclusive Education, 16*(7), pp. 643-656.

Norwich, B. 1997. 'Exploring the perspectives of adolescents with moderate learning difficulties on their special schooling and themselves: stigma and self-perceptions'. *European Journal of Special Needs Education*, *12*(1), pp.38-53.

Norwich, B. and Eaton, A. 2015. 'The new special educational needs (SEN) legislation in England and implications for services for children and young people with social, emotional and behavioural difficulties', *Emotional and Behavioural Difficulties*, *20*(2), pp.117-132.

Norwich, B. and Kelly, N. 2004. 'Pupils' views on inclusion: moderate learning difficulties and bullying in mainstream and special schools'. *British Educational Research Journal*, *30*(1), pp.43-65.

O'Connor, M., Hodkinson, A., Burton, D. and Torstensson, G. 2011 'Pupil voice: listening to and hearing the educational experiences of young people with behavioural, emotional and social difficulties (BESD)', *Emotional and Behavioural Difficulties, 16*(3), pp. 289-302.

O'Riordan, Z. 2015 'Building productive relationships with young people with SEBD in transition: the role of identity', *Emotional and Behavioural Difficulties, 20*(4), pp. 415-431.

Reindal, S. M. 2008. 'A social relational model of disability: a theoretical framework for special needs education?', *European Journal of Special Needs Education, 23*(2), pp.135-146.

Riddick, B. 2012. 'Labelling learners with SEND: The good, the bad and the ugly'. In *Contemporary Issues in Special Educational Needs: Considering the whole child*, edited by D, Armstrong and G, Squires, pp.25-34. Maidenhead: Open University Press.

Robinson, N., Bunn, H. and Gersch, I. 2017. 'A Preliminary Study on Using the "Little Box of Big Questions (2012)" for Children with Social, Emotional, Behavioural and Moderate Learning Needs'. *Educational Psychology Research and Practice, 3*(2), pp. 2-18.

Roller, J. 1998. 'Facilitating Pupil Involvement in Assessment, Planning and Review Processes'. *Educational Psychology in Practice, 13*(4), pp. 266-273.

Sheffield, E. L. and Morgan, G. 2017 'The perceptions and experiences of young people with a BESD/SEMH classification', *Educational Psychology in Practice, 33*(1), pp. 50-64.

Slee, R. 2012. 'The Labelling and Categorisation of Children with Emotional and Behavioural Difficulties: A Cautionary Consideration'. In *The Routledge International Companion to Emotional and Behavioural Difficulties*, edited by C. Cole, H. Daniels, and J. Visser, pp.15–21. London: Routledge.

Taylor, L.M., Hume, I.R. and Welsh, N., 2010. 'Labelling and self-esteem: the impact of using specific vs. generic labels'. *Educational Psychology*, *30*(2), pp.191-202.

Thomas, J. and Harden, A. 2008. 'Methods for the thematic synthesis of qualitative research in systematic reviews'. *BMC Medical Research Methodology*, *8*(1), p. 45.

Timimi, S. 2009. *A Straight Talking Introduction to Children's Mental Health Problems*. Herefordshire: PCCS Books

Tobbell, J. and Lawthom, R. 2005. 'Dispensing with labels: Enabling children and professionals to share a community of practice'. *Educational and Child Psychology*, *22*(3), pp.89-97.

Todd, L. 2003. 'Enabling pupil participation'. *Special Children*, *153*, pp.22-25.

United Nations. 1989. *Convention on the Rights of the Child.* Geneva: United Nations.

Warnock, M. 1978. "Special Educational Needs." *Report of the Committee of Enquiry into the Education of Handicapped Children and Young People*. London: HMSO