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Through the Looking Glass: The Perspective of Early Years Educators on Supporting Young Children's Mental Well-being

Ceri R Rowley

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Abstract

Despite increasing awareness of the importance of prioritising mental health, there is limited research considering the mental well-being of very young children and the role played by Early Years educators. This thesis explores the perspectives of Early Years educators working within Private, Voluntary, and Independent settings in England. While teachers within schools have been the subject of previous literature, the voices of those working in Early Years childcare settings have not been afforded the same privilege.

The study considers the knowledge Early Years educators have regarding young children's mental well-being, where this knowledge stems from, whether educators perceive themselves to be confident in supporting young children's mental well-being, the tools they employ to achieve this, and whether educators believe they could be better equipped to promote and support mental well-being. Grounded in a constructivist framework, the research emphasises the social construction of knowledge and the subjective experiences of individuals within a community. As a researcher working in an Early Years setting, particular attention is afforded to my positionality and the potential impact of my insider status.

This exploratory study employs a pragmatic approach, gathering data through scoping questionnaires from 34 educators, followed by semi-structured interviews with 6 participants. Reflexive thematic analysis generated four superordinate themes: Holistic View, Detective Work, Expanding Role, Discourse and Dissemination.

Findings indicate that educators recognise the importance of mental well-being and the influence of a child's home life, often relying on knowledge sources beyond formal training. Barriers to supporting mental well-being include limited experience, unclear role boundaries, and challenges in collaboration with external professionals.

The study advocates for stronger partnerships with parents, tailored training, clearer policies, and enhanced multi-agency collaboration. It emphasises the unique position of Early Years educators in supporting mental well-being while highlighting gaps in policy, funding, and training. Recommendations include increased recognition of Early Years in mental health initiatives and further research on promoting mental well-being for children under five. The study contributes to addressing a significant gap in infant mental health literature by amplifying the voices of non-school-based Early Years professionals.

Keywords: Mental Health, Well-Being, Early Years, Support, Intervention, Promotion, Knowledge, Confidence, Insider Status, Reflexivity, and Reflection.

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To my children, you are my inspiration and the reason for everything I do. I am eternally proud of you both for fighting your own battles whilst being the kind, empathic, creative adults you have become. You are the reason I want to make a difference in this world for children who struggle with their mental well-being.

Finally, my grandchildren Effie and Panda. I love you both dearly. I hope I have shown you that you should always want to know more and inspired you to keep learning.

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Declaration

I, the author, confirm that the Thesis is my own work. I am aware of the University's Guidance on the Use of Unfair Means (www.sheffield.ac.uk/ssid/unfair-means). This work has not previously been presented for an award at this, or any other, university.

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Glossary of Acronyms and Terms

ACEs – Adverse Childhood Experiences: Adverse Childhood Experiences (ACEs) are potentially traumatic events that occur during childhood (between ages 0-17). They can have lasting negative impacts on a person's health, well-being, and life outcomes.

ASD – Autistic Spectrum Disorder: ASD is a spectrum condition affecting individuals differently and to varying degrees. It is a complex neurodevelopmental condition characterised by persistent challenges in social communication and interaction, as well as restricted and repetitive patterns of behaviour, interests, or activities. ASD is a lifelong disorder with symptoms that typically appear in early childhood, often before age 3, though some may not be recognised until later. ASD frequently co-occurs with other conditions such as ADHD, anxiety, depression, and epilepsy.

CAMHS – Children and Adolescent Mental Health Services: CAMHS is a specialised NHS service in the UK that provides assessment, treatment, and support for children and young people (typically up to age 18) who are experiencing significant mental health difficulties. CAHMS works with children, young people, and their families using various therapeutic approaches.

CPD – Continuous Professional Development: CPD refers to the ongoing process of learning and development that professionals engage in throughout their careers to maintain and enhance their knowledge, skills, and competencies. CPD may include a combination of Formal learning, Informal learning, and Self-directed study.

DCSF – Department for Children, Schools, and Families: the DCSF was a department of the UK government that existed from 2007 to 2010. Its main responsibilities included child protection, education, overseeing teaching and learning, supporting professionals working with children, and implementing policies to tackle educational inequalities, as well as issues of child poverty and family support.

DfE—Department for Education: the DfE is a ministerial department of the UK government responsible for children's services and education in England. It was formed in 2010. It oversees education and children's services for people up to age 19 in England with key functions including developing education policy, allocating funding to schools and colleges, setting the national curriculum, overseeing qualifications, exams, and assessments, and supporting disadvantaged children and young people.

DoH – Department of Health: the DoH focused primarily on health policy and NHS oversight in England and was formed in 1988. The department's responsibilities included overseeing England's National Health Service, delivering healthcare, performing performance management, managing finances, and managing public health policy.

DHSC – Department of Health and Social Care: The DHSC is a ministerial department of the UK government responsible for health and adult social care policy in England. It was formed in 2018 when social care responsibilities were added to the existing Department of Health. Its key functions include the development of health and social care policy, the allocation of funding to the NHS and social care services, setting standards for health and social care and overseeing public health initiatives.

EYFS – Early Years Foundation Stage: The EYFS is the statutory framework that sets the standards for the learning, development, and care of children from birth to 5 years old in England. Introduced in 2008, it applies to all Ofsted-registered early years providers, including childminders, preschools, nurseries, and school reception classes. The EYFS framework outlines the learning and development requirements, assessment requirements and safeguarding and welfare requirements.

EYFSP—Early Years Foundation Stage Profile: The EYFSP is a statutory assessment of children's development at the end of the Reception year (the academic year in which a child turns five years old). It was introduced in 2008, replacing the Foundation Stage Profile.

MHL—Mental Health Literacy: MHL refers to knowledge and beliefs about mental disorders that aid in their recognition, management, and prevention. Key aspects of MHL include developing the knowledge and ability to recognise specific mental disorders or types of psychological distress, understanding risk factors and causes of mental health issues, knowledge of self-help strategies, and availability of professional help.

NHS – National Health Service: The NHS is the publicly funded healthcare system in the United Kingdom, established in 1948. The NHS provides a wide range of health services, including primary care, hospital care and mental health services. There are separate NHS systems for England, Scotland, Wales, and Northern Ireland, each overseen by their respective governments.

NICE—National Institute for Health and Care Excellence: Established in 1999, NICE is an executive, non-departmental public body in the United Kingdom that provides national guidance and advice to improve health and social care. While funded by the Department of Health and Social Care, NICE operates independently of the Government.

Ofsted—Office for Standards in Education, Children's Services and Skills: Ofsted is a non-ministerial department of the UK government that inspects and regulates services providing education and skills for learners of all ages in England. Established in 1992, Ofsted is funded by the Department for Education but operates independently and reports directly to Parliament. Ofsted plays a crucial role in maintaining and improving educational standards in England, providing valuable information to parents, policymakers, and educational institutions.

RTA – Reflexive Thematic Analysis: RTA is a theoretically flexible approach to qualitative data analysis that involves identifying patterns of meaning (themes) across a dataset through a process of active researcher engagement. RTA was developed by Virginia Braun and Victoria Clarke as an alternative to more positivist approaches to thematic analysis.

SEAL – Social and Emotional Aspects of Learning: SEAL was an educational initiative that aimed to develop social and emotional skills in children and young people. It was introduced by the English government in 2005. While no longer actively promoted by the government, SEAL resources and approaches are still used in many schools.

SEND – Special Educational Needs and Disabilities: The SEND system applies to children and young people aged 0-25 years old who are in education or training. It's defined in the Children and Families Act 2014 and the SEND Code of Practice. It covers a wide range of needs, including communication and interaction difficulties, cognition and learning difficulties, social, emotional, and mental health problems, and sensory and/or physical needs.

TaMHS – Targeted Mental Health in Schools: TaMHS was a nationwide initiative in England that funded mental health provision in schools for children aged 5-13 who were at risk of, or experiencing mental health problems. It emphasised an 'ecological' approach to promoting mental health, viewing children's needs in the context of their environments. It was launched in 2008 and ran until 2011.

UNCRC – United Nations Convention on the Rights of the Child: UNCRC is an international human rights treaty that outlines the fundamental rights of children adopted by the United Nations General Assembly in 1989. It sets out the civil, political, economic, social, health and cultural rights of children. The convention is based on four core principles: Non-discrimination, the Best interests of the child, the Right to life, survival and development, and the Right to be heard.

UNICEF—United Nations Children's Fund: Established in 1946, UNICEF is a United Nations agency responsible for providing humanitarian and developmental aid to children worldwide. Its mission is to advocate for the protection of children's rights, help meet their basic needs and expand their opportunities to reach their full potential.

WHO—World Health Organisation: WHO is a specialised agency of the United Nations responsible for international public health. Established in 1948, it was created to coordinate international health efforts and improve public health globally. WHO leads global health efforts, sets international health standards, provides technical assistance to countries, and monitors health trends. Current priorities include global mental health.

Chapter 1: Introduction

Mental health remains high on the political and social agenda across the world, heightened in a post-pandemic era where many countries are also facing a cost-of-living crisis. Internationally, there has been a policy shift with a focus on well-being rather than purely economic goals, and within the UK, the requirement for parity of esteem, with mental health required to be given equal priority to physical health (Health and Social Care Act, 2012). Acknowledgement of the significant role mental well-being plays both on an individual level and in terms of achieving political goals is increasing. Yet, discrimination, stigma, lack of investment and inadequate support services continue to be a reality for those for whom achieving a good level of positive mental well-being becomes an issue. The United Nations Sustainable Development Goal (SDG) 3, 2015, stated the ambition of ensuring healthy lives and promoting 'well-being for all at all ages', with countries agreeing to 'promote mental health and well-being', setting a deadline of 2030 to achieve these aims (United Nations Department of Economic and Social Affairs, 2015, p. 3.4). However, there is already an indication that countries are already failing to meet the targets set and are focusing efforts that are being made on the adult population rather than children and young people, implying that not enough is being done to improve the landscape of mental well-being for all (Heymann & Sprague, 2023).

Improving mental well-being across society is a worthy goal, especially considering the impact of poor mental well-being is not confined solely to adults, with nearly a third of the global population consisting of children and adolescents. Whilst one in six adults are living with diagnosable mental health issues, the World Health Organisation estimates that around 20% of the world's children and adolescents also have a mental health condition (WHO, 2022; NHS Digital, 2021). In England, data from 2018 indicated that one in eighteen two to four-year-olds had a diagnosable-level mental health issue. Yet less than 1% of children under five years old were in receipt of support from mental health services, indicating those who would benefit from additional help are not having their needs met (Smith, et al., 2020). Without support, there is a likelihood of a negative impact on the child's social, emotional, physical, and academic achievements, both in the short term and long term into adulthood. With the financial cost to society to support those with mental ill health close to £120 billion in England (Centre for Mental Health, 2020), there is a need and aspiration to identify and address mental well-being issues at an early stage, reducing potential negative consequences for the individual and for society through promotion, prevention, and intervention. Yet mental health does not receive equal funding, staffing, or priority to physical health[1]. In fact,

[1] The data collection and writing of this study occurred within a time of Conservative government prior to the Labour Party winning the General Election on 4th July 2024

with regard to the youngest members of society in the UK, the Children and Adolescent Mental Health Services (CAMHS) receives less than 1% of the overall NHS budget.

To address the promotion and support of childhood mental well-being, there is a necessity for input from a wide range of professionals and a holistic approach that recognises the collaborative role of structures beyond family that impact young children's development. Initially located in a position within the medical field, as needs grew and funding and services underwent cutbacks, policy expanded, making mental health 'everyone's business.' Professionals from outside the mental health sector are now finding it an expected part of their job role to promote mental well-being, identify mental health issues and provide support to those in need, as opposed to traditional outsourcing to mental health professionals. As the expectation for cross-sector partnerships increases, over the past two decades, the role of educators, primarily teachers within schools, has been a frequent focus of educational policy and statutory guidance (NHS, 2019a; DfE, 2014; DCSF, 2008; DfES, 2007).

To evaluate and ensure the success of such political and societal initiatives, the perspective of professionals expected to undertake such roles must be sought. Consultation is vital to identify prospective failures, explore barriers, and consider whether a sufficient understanding of the expectations placed upon those in educational settings exists. This study explores the perspectives of an overlooked workforce in the education sector, Early Years educators within Private, Voluntary, and Independent settings, through reflection on their knowledge and confidence in promoting and supporting children's mental well-being.

This chapter aims to introduce the concept of mental well-being and its complexity, outline how well-being impacts young children defined within this study as children under five years of age, and highlight the need to prioritise mental well-being from an early age before contextualising the current study and its relevance in a post-pandemic society. The research aims of the study and a short outline of the thesis will also be provided.

1.1 What is Mental Well-being?

Well-being as a concept is convoluted and multi-dimensional. The complexity of definitions and overlapping terminology is most apparent when considering the term 'mental health.' How an individual defines mental health can impact their own sense of well-being and whether they elect to seek support or interventions, whether they view problems as an internal aspect that only they can address or resign themselves to a situation they believe they are unable to change. There is always a desire for a clear definition, but articulating the concept of well-being varies across domains and

across disciplines; there is no common lens through which well-being is viewed. (Barblett & Maloney, 2010). The term ‘mental health’ is interchangeable with ideas of mental health issues, mental disorders, mental health problems, mental well-being, and mental illness.

The World Health Organisation 2004 defined mental health as not simply the absence of mental illness but the presence of a state of well-being so the individual “realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community,” (World Health Organisation, 2004, p. 12). Likewise, the National Institute for Health and Care Excellence defined mental health and emotional well-being as “being happy and confident and not anxious or depressed” (NICE, 2013, p. 5). There is an emphasis on a holistic approach, with the need for a positive state, not purely the absence of a negative state, but the presence of mental well-being.

The terms mental well-being, mental health and mental illness are interconnected but distinct concepts. Well-being refers to a positive state of emotional, psychological and social health illustrated through resilience, fulfilling relationships and the ability to cope with challenges. Good mental health refers to not only the absence of mental illness but also positive psychological well-being and how we think, feel, manage stress, and make decisions. Mental illness refers to diagnosable mental health conditions that may result in distress or impairment of functioning, along with disturbance to behaviour, cognition and emotional regulation, for example, schizophrenia or depression. Accepting and understanding these distinctions can highlight when an individual is struggling as opposed to thriving and the need for a holistic approach to mental health and mental well-being.

It's crucial to note that the concepts of mental health and mental well-being are not mutually exclusive. A person with a diagnosable mental health condition can still experience periods of good mental health and well-being if their condition is well managed. Individuals with mental illness may enter periods of remission or stabilise through medication and other interventions such as therapy. Conversely, someone without a diagnosed mental illness may experience poor mental health or reduced well-being due to life circumstances. Understanding these distinctions is vital for promoting comprehensive mental health care (Keyes, 2007).

Considering the work of Keyes (2007) and Antaramian et al (2010), mental well-being and mental health should be viewed as a two-factor model, conceptualising the two elements as separate from each other. Within this dual-factor model, a person may have a mental illness but be experiencing positive mental well-being. Likewise, a person may not have compromised mental health but still be

struggling with low levels of mental well-being. This model enables a more nuanced understanding of mental well-being and is best illustrated through the figure below, which incorporates both a vertical and horizontal axis to generate a two-dimensional representation.

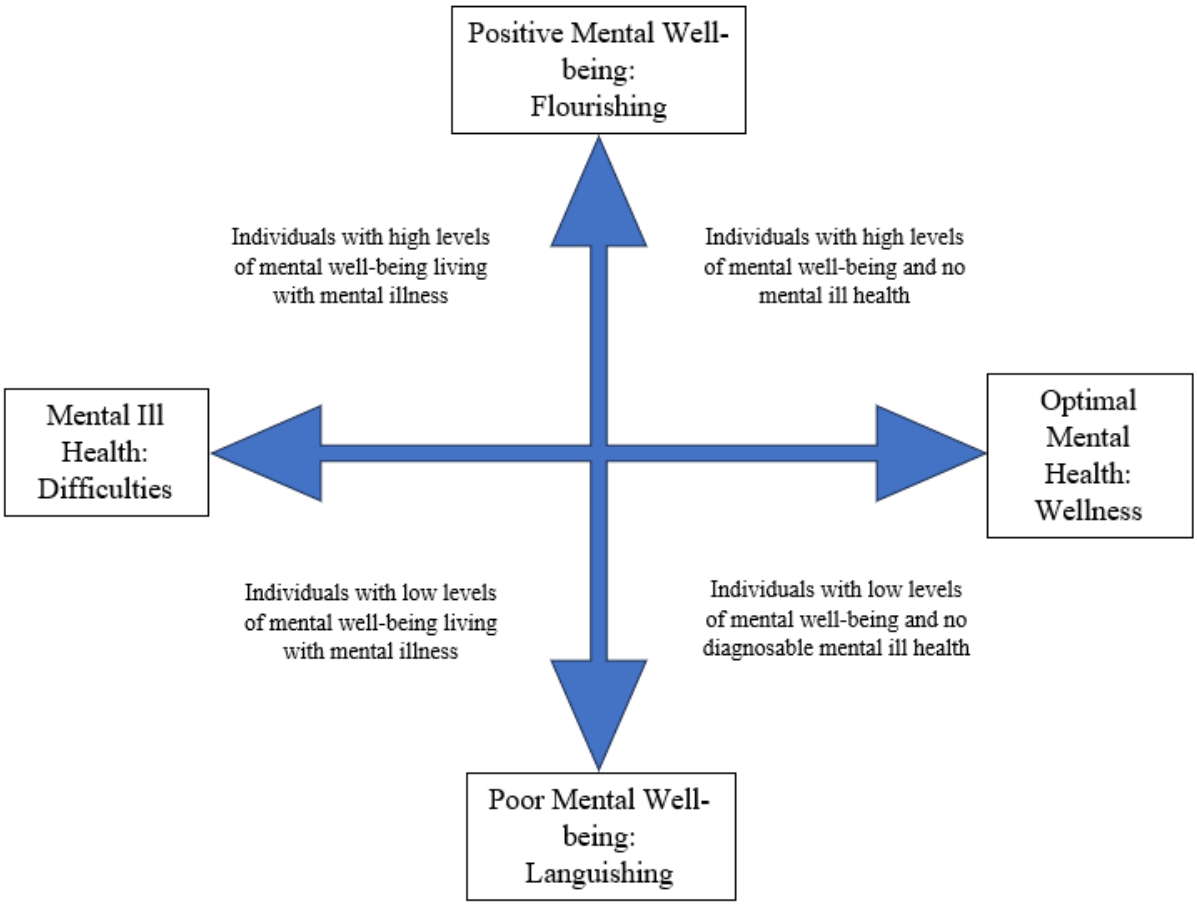

Figure 1 - Dual Factor Model of Mental Well-being

Children who are experiencing difficult times at home, parental separation, financial worries, or the extremes of abuse can exhibit low levels of mental well-being without the presence of mental illness, as considered above. A child with anxiety or depression can have positive mental well-being, and a child without a mental health issue can still have negative mental well-being. They can also present with high levels of well-being despite adverse circumstances, hence the need for Early Years educators to have knowledge of events personal to the individual child outside of the setting.

Mental well-being fluctuates from day to day, even moment to moment. For a very young child, something as simple as the wrong colour cup for breakfast can lead to tears, especially if compounded by additional factors such as feeling unwell or teething. As an adult, we may experience a poor night's sleep, wake up in a ‘bad mood’, drop our cup of coffee, get stuck in traffic on the way to work and feel like just one more thing will tip us over the edge. If we have positive mental health, it can be easier to understand as an adult that this is a temporary phase due to a

combination of events outside of our control that will pass. As a child with limited language to explain our emotions and lacking the self-awareness and ability to reflect on what may have instigated the mood we find ourselves experiencing, it is difficult to comprehend that this low level of well-being will pass. Indeed, mental well-being may be viewed as a continuum or gauge, with individuals moving from poor mental well-being, where they find themselves struggling or languishing, through to the optimum positive mental well-being, where one is flourishing. Concerns arise when, for whatever reason, a person becomes stuck at the lower end of the continuum, and it is at this stage that intervention needs to occur to rectify the situation (Singh, Kumar, & Gupta, 2022; Peter, et al., 2021).

Viewing mental well-being as a continuum helps to illustrate that an individual's position is not static. Rather, one can move along the spectrum depending on internal and external factors.

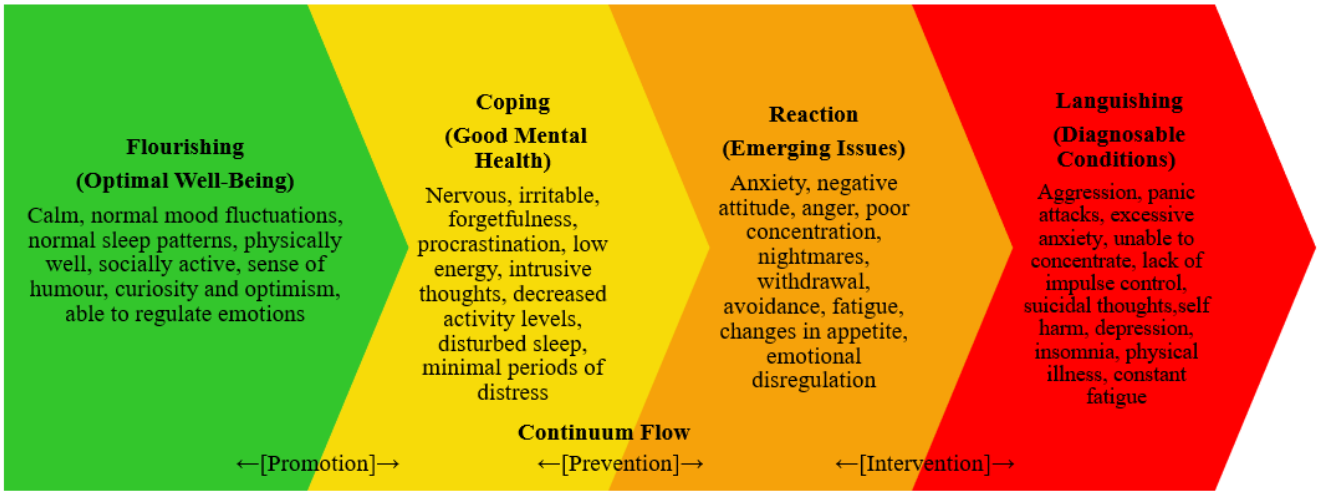

Figure 2 - Mental Well-being Continuum

Our place on the mental health continuum is ever-changing, interwoven with many life factors, impacted by social norms and values, and an individual's sense of their subjective well-being.

Well-being is interlinked to both internal and external behaviours; happiness, confidence, humour, satisfaction, resilience, adaptability, and pro-social skills (Marbina, Mashford-Scott, Church, & Tayler, 2015; Laevers, 2005). Whilst well-being as a stand-alone concept has grown in popularity over recent years, detaching well-being from mental health risks devaluing the importance of well-being, how it can impact our quality of life and why it matters (Keller, 2020). Within this study, mental health is viewed as more than the absence of mental illness. There must be an inclusion of well-being as a component of mental health; hence, the term mental well-being will be used to define a state in which a person is flourishing psychologically, emotionally, and socially, experiencing both objective and subjective well-being (Keyes, 2005).

There is a language of vulnerability surrounding mental health and an issue of labelling. There is a difference in language used between educators, legislation, policy, and mental health professionals, creating struggles when it comes to generating a shared understanding and knowledge base from which to work. Terminological uncertainty and interchangeability are cited as increasing confusion and suffering and impacting upon treatment, funding allocation and support services (McGinnity, Meltzer, Ford, & Goodman, 2005). The medical discourse focuses on deficits and disease, whereas educators tend to favour education-based language, such as special needs, behavioural, emotional, or social difficulties, citing these terms as more familiar within their role (DCSF, 2008). Through their choice of terminology, educators differentiate themselves from medical professionals and aim to reduce the stigma for the children in their care (Cole, 2015; Rothi, Leavey, & Best, 2008).

The current system of support tends to be reactive, triggered at the point of crisis, heavily embedded in the medical model and language of 'cures,' disregarding that 'mental health' is a matter of health and well-being, not merely that of illness and treatment. Research indicates that teachers struggled with the language and terminology used by mental health professionals and outside agencies such as CAMHS (Vostanis, et al., 2012; Rothi, Leavey, & Best, 2008). During inter-professional collaboration, there can be a clash of professional vocabularies with educators not familiar with mental health terminology used by those in the medical profession (Ekornes, 2015; Kidger, Gunnell, Biddle, Campbell, & Donovan, 2010; Gott, 2003). These issues can work bi-directionally, with external professionals unfamiliar with the language and vocabulary used within educational settings (Rowling, 2009). It is perhaps unsurprising, therefore, that doctors are the external professionals with whom educators have the least contact and collaboration, with educators claiming minimal involvement and disinterest, exerting the claim that medical professionals are only present at the point of crisis (Ekornes, 2015).

The language used when discussing the mental health of young children and the behaviours exhibited can influence the attitude and actions of others, shaping the responses and support. This language can originate from policy, social constructs, and past experiences of the individuals, with terms changing over time to reflect the historical changing of attitudes. Research that is primarily medical in terminology or utilises language is a reflection of the current political and societal discourse. Language with negative connotations, such as labelling the behaviours as unwanted, disruptive, or 'bad,' places those children in a bracket of 'challenging' rather than in a position of children who require compassion and care. For example, the Underwood Report of the 1950s considered 'troubled and troublesome' children (Underwood, 1955), and past discussions around mental health have centred on discussions of 'risk' and 'harm', implying again that children suffering from mental health issues are problematic in nature (De Winter, Baerveldt, & Kooistra,

1997). Such labelling of children is, of course, generated through adult discourse as opposed to self-labelling and attributed to the wider discourse of mental health beliefs of society at that point in history.

An alternative discourse through the use of terms such as ‘good mental health’ and consideration of positive ‘emotional health’ and ‘well-being’ can assist in removing the stigma of language with previously associated negative connotations, as in the terminology of ‘illnesses’ and ‘disorders’ (Cole, 2015; Heflinger & Hinshaw, 2010). The discourse around mental health and well-being has an emotive tone, considering feelings, beliefs, and emotions. Indeed, some public health bodies are now giving consideration against employing language that incites images of suffering, such as ‘disorders’ and ‘illness’, and voicing instead that these terms should be replaced with ‘mental distress’, although this risks downplaying the serious impact of poor mental well-being (Keller, 2020). However, removing the use of ‘negative’ blame-associated terminology can reduce the “conspiracy of silence,” enabling a more proactive dialogue and encouraging early help-seeking (Khan, 2016; McCann, 2016).

Stigma generated from discourse, terminology and the dominant current attitudes of society impacts an individual’s self-esteem and creates barriers, preventing access to interventions and support, sabotaging the potential for recovery, and impacting how they view themselves and their ability to cope, seek help, and feel comfortable within society. Research conducted with children and young people concurs with the importance of avoiding stigmatising language in discussions around mental health and well-being (Martinsen, Kendall, Stark, & Neumer, 2016; Time to Change, 2013). Stigma can be formed through prejudice, discrimination, or lack of knowledge by individuals or groups within society and can be further perpetuated through negative stereotyping within the media (YoungMinds, 2010). Stigma can have a wide-reaching impact beyond individuals, influencing both policy and funding decisions.

Without consistent and accessible terminology and well-defined concepts, the challenge of reducing stigma, conducting valid observations and assessments, and initiating timely, appropriate referrals increases. There is a need to change the narrative, normalising the mental health continuum and our ever-changing position, emphasising the need for a holistic approach throughout society, and reflecting the essential nature of mental well-being for all, including young children under the age of five years old.

1.2 The Relevance of Mental Well-being for Young Children

The Mental Health Foundation UK, defined mentally healthy children as,

> Children and young people who have the ability to (a) develop psychologically, emotionally, creatively, intellectually and spiritually; (b) initiate, develop and sustain mutually satisfying personal relationships; (c) use and enjoy solitude; (d) become aware of others and empathise with them; (e) play and learn; (f) develop a sense of right and wrong; and (g) resolve (face) problems and setbacks and learn from them (Mental Health Foundation, 1999, p. 6).

Mental health issues are a worldwide public health concern, and the burden placed upon society is increasing, illustrated across prevalence data and within associated literature (Dott, Cho, & Hertzog, 2022; Whiteford et al., 2013). There is a rise in the number of children with unmet social and emotional needs, significantly impacting the child's life and their family support system (Clarke, 2021; Egger & Angold, 2006). Public awareness and government investment are gradually increasing, but the struggle to obtain support continues with potentially devastating and life-long consequences. In 2004, the World Health Organisation estimated that globally, 20% of children under eighteen years old had some form of mental health issue that impacted their educational, psychological, or social development, with 5 to 9% categorised as having a severe emotional disorder (WHO, 2004). In Great Britain, these figures were reported as 1:10 young people having a clinically diagnosed mental disorder (McGinnity, Meltzer, Ford, & Goodman, 2005). By 2017 in England, these figures were reported as 1:9 six- to sixteen-year-olds with a probable mental disorder, and by 2021, an increase to 1:6 children (NHS Digital, 2021), confirmed by the observations of educators as to the children in their care with mental health problems (Mazzer & Rickwood, 2015). The NHS conducted major surveys on the mental health of children and young people in 1999, 2004, 2017 and 2021, with the 2017 survey being the first time the mental health of children aged 2-4 years and the prevalence of mental health issues amongst this age range were also included. Employing the Development and Well-being Assessment tool, findings indicated 5.5% of children at this age experiencing mental health disorders, with higher rates seen in boys (6.8%) than girls (4.2%), increasing for boys of white ethnic backgrounds (8.4%), for children whose parents had their own mental health difficulties (14.9%), and for children in the North of England (9.2%), (NHS Digital, 2018). Due to data collection processes, caution is recommended by the authors when interpreting these results as data originated purely from parental questionnaires, as opposed to data for five to sixteen-year-olds that included teacher reports alongside parental responses. They advise that the results are likely to be an under-representation of the actual number of preschool children experiencing mental health issues (NHS Digital, 2018). The 2021 data should also be interpreted with caution due to collection taking place during the Coronavirus pandemic, with an under-representation again possible.

With concerns voiced surrounding poor access to interventions and support for children's mental health, questions arise as to whether enough is being done, especially when the majority of

disorders amongst children and young people go untreated (Merikangas, et al., 2011). Although research into infant mental well-being is still at a relatively early stage in comparison to adult mental health, half of all mental health disorders begin before the age of fourteen, and even when not diagnosed until adolescence, they frequently have origins much earlier in a child's life (Dougherty, et al., 2015; Zeanah, 2012; Jokela, Ferrie, & Kivimaki, 2009; Kessler, et al., 2007a). Levels of poor well-being amongst young children have also been observed, with studies indicating that one in ten children do not have the desired well-being skills by the time they reach compulsory school age as assessed through the Early Years Foundation Stage Profile (EYFSP) such as self-confidence and self-awareness, managing feelings and behaviour and making relationships (Smith, et al., 2020). This, plus the increase in prevalence amongst younger cohorts, has generated a search for evidence-based interventions and practical solutions to reduce not only the fiscal cost to society of ongoing mental health issues but also the burden of suffering faced by young children (Browne, Gafni, Roberts, Byrne, & Majumdar, 2004).

Although for children under seven years old, the likelihood of exhibiting measurable indicators of mental disorders is lower, the signs of exposure to risk factors and deviations from developmental norms are still visible. In young children, these may be expressed in a variety of ways: sadness, anger, fear, aggression, being disruptive, isolated, withdrawn or demanding. Whilst these signs in themselves are fairly common amongst young children at various times in their lives, problems arise when these feelings dominate and cause interference with daily life, escalating into disorders. Unfortunately, with these signs varying in magnitude, they can be misread by those around them, hindering timely, early support. Due to this period in a child's life being one of rapid emotional, psychological and neural development, it has been questioned as to whether children of this age should be subject to a formal diagnosis of mental health issues, as early classification can result in inappropriate identification and labelling that can influence not only the child's perceptions of themselves but the perceptions of others present in the child's life (Angold & Egger, 2004; Carter, Briggs-Gowan, & Davis, 2004).

Mental health issues can range in severity from clinically diagnosable mental illness to mental health problems that are actively detrimental, interfering with an individual's thoughts, emotions, behaviour, and, therefore, well-being. Common childhood mental health issues include emotional disorders such as anxiety and depression, oppositional defiant and conduct disorders, hyperkinetic disorders, mutism, and eating disorders. Conduct or behavioural problems are often of greatest concern for parents and educators, affecting as many as one in seven children (Kleling, et al., 2011). Behaviour or conduct disorders can manifest in physical and/ or verbal aggression, and antisocial behaviour that is unaddressed can impact educational attainment and the individual's acceptance

within society. In a similar vein, hyperactivity disorder, resulting in inattention and impulsivity, can cause daily disruption within educational settings and in daily routines. Anxiety disorders present as both physical and psychological states and may manifest as symptoms such as panic, feeling fearful, sickness, irritability, and sleep issues, and may be linked to attachment disorders. Anxiety is often experienced by young children, especially during transition periods in their early years, and persistent anxiety can influence not only academic attainment but also the child's psychological development unless handled sensitively through the responses of the child's caregiver during this transient time (Gardner & Shaw, 2008). However, along with other emotional disorders, anxiety disorders are often hard to recognise due to their internalising nature, and the majority of referrals are for the more disruptive externalising difficulties (DCSF/DoH, 2008). Studies into anxiety disorders have primarily focused on school-age children, resulting in a literature gap on anxiety that goes beyond developmentally normal behaviours within the younger age range. However, research is beginning to consider anxiety for preschool children. Studies are also beginning to recognise the existence of depression amongst pre-school age children that predicts depression in later childhood, although the research is scant as with research for all mental health issues for children under five years old in the UK (Khan, 2016; Bayer & Beatson, 2013; Wichstrøm, et al., 2012; Luby, Si, Belden, Tandon, & Spitznagel, 2009).

Data that does exist indicates that behavioural issues resulting from poor mental well-being may resolve as children move through normal stages of development, but if showing as persistent and disruptive to daily life at three years old is likely to continue for half of affected children (Morrison Gutman, Joshi, Parsonage, & Schoon, 2015). Studies based on retrospective reports from adults highlight the early onset of the majority of these childhood disorders, with both hyperactivity and emotional difficulties having a likelihood of first presentation before school age (Bradshaw & Tipping, 2010; Kessler et al., 2005).

Knowledge that mental health issues can be present from a young age emphasises the benefits of both early identification and interventions, especially with the awareness that individuals who remain undiagnosed often wait a decade before seeking out support for themselves (Kessler, et al., 2007b). When poor levels of mental health and well-being are not addressed in children, the negative consequences can be far-reaching, impacting a child's long-term academic and social progress (Cree, et al., 2018). Very young children cannot recognise their own struggles or know how to seek support and, therefore, require adult assistance to flourish and achieve good levels of well-being (Yamaguchi et al., 2020; Jorm, 2012). Unfortunately, many parents, caregivers and educators lack the confidence and understanding to offer support (Dott, Cho, & Hertzog, 2022; Darling-Hammond, Flook, Cook-Harvey, Barron, & Osher, 2020). The increase in prevalence

during adolescence indicates that Early Years educators are placed in a prime position to tackle problems early and provide initial assistance and preventative measures (Yamaguchi, et al., 2020; Mazzer & Rickwood, 2015; Graham, Phelps, Maddison, & Fitzgerald, 2011; Johnson, Eva, Johnson, & Walker, 2011). Through providing supportive environments that meet children's emotional and social needs, where they feel secure and valued, adults present in young children's lives can contribute to a child's well-being and generate protective factors that can persist into the child's later years.

Mental well-being is essential for the learning journey and progress made by children, along with ensuring optimum neurological and psychological development. Shaped by our experiences, the foundations for social, emotional, and psychological well-being are laid in the earliest days of a child's life when language skills and positive relationships begin to form. Critical periods for the development of optimal neural functioning begin at conception, with studies indicating that factors such as maternal stress can alter neural pathways and generate later difficulties for the child's emotional regulation, as can the exposure to alcohol or substance misuse during foetal development, parental mental health issues, poverty, and child abuse (Zeanah, 2012; Gilbert et al., 2009; Field et al., 2004; Monk, Myers, Sloan, Ellman, & Fifer, 2003). Early childhood experiences that generate environmental adversity reinforce negative neural pathways and can result in the development of negative responses that then become a child's norm during negative or stressful occurrences (Roberts, 2010; Laevers, 2005; Blakemore & Frith, 2005; Shonkoff & Phillips, 2000). Although the presence of adverse childhood experiences (ACEs) does not automatically lead to poor future mental well-being, as children respond in individual ways to similar circumstances, with some responding more negatively than others, there is a need for greater awareness of the issues that can contribute to a rise of the number of children struggling with their mental well-being.

Central to the concept of well-being is the development of secure attachments, a concept promoted in the Early Years Foundation Stage statutory guidance and the employment of a key person approach within early childhood education to foster secure attachment with a trusted adult, enabling further emotional, social, and educational learning to occur (DfE, 2021a). Disorganised attachment can create an inability to self-regulate, a negative response to stressors, and potential issues with long-term well-being (Zeanah, 2012). In contrast, a responsive caregiver not only nurtures and comforts but provides a shield from stress, allowing optimal development and providing a child time to develop their ability to self-regulate. As well-being develops, young children are able to manage and express emotions, develop higher-level reasoning skills, develop persistence in the face of difficulties, share their successes, and experience an increased sense of belonging. Allowing opportunities to practice skills that develop well-being strengthens the positive neural pathways

generating automatic responses in the future. Well-being enables children to participate in learning opportunities confidently and with a positive attitude and is tied to a child's school readiness and future learning trajectory (Nadeem, Maslak, Chacko, & Hoagwood, 2010; Bertram & Pascal, 2002; Shonkoff & Phillips, 2000).

In England, changes to early education provision, revisions to the Early Years framework and recent government budget commitments for both Early Years childcare and mental health make this a difficult space to occupy. The landscape of Early Years education is challenging, and the recent changes are described as insufficient and at risk of increasing pressures already being faced by educators and providers. (With the Government about to undergo a change to the political party in power following the recent general election in July 2024, there are likely to be further changes ahead that are as yet unknown at the time of writing.) Future strategies implemented,

> should not only be based on economic returns, but also on the rights of children and families — and should exemplify the way that we value childhood and children. (Nutbrown & Merrick, 2023, p. 161)

Despite policy focus indicating a need to improve work within the mental health field, changes in society and the global context are increasing rather than alleviating the pressures on achieving positive mental well-being. Evidence shows that children's well-being should be a priority. Yet, it remains underfunded and unsupported and requires greater investment in research within this field, along with greater awareness and sensitivity as to the developmental needs of very young children (Khan, 2016; Dougherty et al., 2015; Gleason, Zeanah & Dickstein, 2010; Egger & Angold, 2006).

1.3 Covid and Living in a Post-pandemic Society

There is a fresh increase in discussions around mental well-being following the Coronavirus pandemic and its unprecedented impact on people of all ages, including children who were deprived of a year of socialisation and education. A restrictive and challenging period, especially for the most vulnerable members of society, with immense emotional and economic repercussions. Social distancing contributed to stress, depression, and loneliness, causing psychological harm to children's mental health and well-being through both fear of contracting Covid19 and due to social isolation (Heneghan, Brassey, & Jefferson, 2021; Chaabane, Doraiswamy, Chaabane, Mamtani, & Cheema, 2021; Golberstein, Wren, & Miller, 2020). However, it is to be noted that for some children with anxiety, a chance to partake in remote learning reduced stress levels. In a similar vein, older children with Autistic Spectrum Disorder may have found relief from enforced participation in the wider social world of education. However, for younger preschool children with autism, the change to a normal routine had a negative impact, creating extreme to moderate stress (White et al.,

2020; Darling-Hammond et al., 2020). Caregivers and educators were also not immune to experiencing elevated levels of anxiety and stress, especially during the initial stages of the pandemic, which influenced their ability to provide stable and reassuring environments for children in their care.

Social distancing removed support systems and provided face-to-face time with designated care staff, which had previously been put in place to monitor the children's mental well-being and to provide vital opportunities to listen and talk. With a dramatic rise in the number of referrals to children's mental health services, an increase of 134% on the year prior to the pandemic, the rise of children's mental health issues in the period post-2020 illustrates the protective factor of social interactions and connectedness (RCPsych, 2021). Reoccurring 'lockdowns,' restricted movement, and isolation from family and friends, alongside changes to social norms such as physically distancing oneself from others and mask-wearing, are highly likely to impact very young children's relationship with others negatively and, therefore, their emotional well-being, despite attempting to protect their physical well-being.

The NHS conducted a large-scale study in July 2020, reporting that 1 in 6 children now exhibited a probable mental health condition, a rise of 50% from three years earlier (NHS, 2020). Prior to the Coronavirus pandemic, the rise over the previous 15 years had been gradual (Lennon, 2021), although the findings should be read with caution when interpreting as a confirmed upward trend due to the data being gathered during the pandemic. The pandemic saw an increase in the number of children reporting feeling anxious or depressed, mirrored in reports from parents, with 83% of children identified as having pre-existing mental health issues reporting that their mental well-being had worsened during the early stages of the pandemic (Osgood, Sheldon-Dean, & Kimball, 2021). For example, higher levels of anxiety and stress exacerbated pre-existing risks of depression (Feinberg, et al., 2021). Also noted were new-onset mental health issues of behavioural problems, irritability, inattention, and health anxiety due to fear of themselves or their relatives contracting Covid-19 (Panda et al., 2021; Meherali et al., 2021; Jones, Mitra, & Bhuiyan, 2021). For those with pre-existing issues such as anxiety, depression or ADHD, or children who had previously experienced trauma, the risk factors increased. When consideration is also given to the economic turbulence generated by the pandemic and the awareness that living in a low-income household with financial pressures is a known risk factor for mental health problems among children, it is unsurprising that an increase in mental disorders is already being observed (Morrison Gutman, Joshi, Parsonage, & Schoon, 2015).

Children with pre-existing mental well-being issues face increasing difficulties (Ghosh, Dubey, Chatterjee, & Dubey, 2020; Youngminds, 2020). The Children's Mental Health Report 2021 showed a clear correlation between children's mental health during the pandemic and the status of their mental health in the three months prior to the pandemic beginning. It stated that minimising potential disruptions to a child's daily routine could act as a protective factor in such an unprecedented situation as a global pandemic (Osgood, Sheldon-Dean, & Kimball, 2021). These findings were confirmed in the systematic scoping review by Heneghan, Brassey, & Jefferson (2021), where 8 out of 10 children reported an increase in negative psychological symptoms and deteriorating mental health. The lack of social connectedness due to the closure of educational settings increased anxiety and stress levels among those studied. Heneghan, Brassey, & Jefferson highlighted the need for children at risk of suffering from mental health issues to be identified as early as possible so that their needs could be planned for and met during times of exceptional circumstances when traditional support services are unavailable (2021). This is a view agreed with by Panchal et al. (2021) in their systematic review of the impact of the coronavirus lockdown on child and adolescent mental health, whose findings confirm the critical need for supporting the mental well-being of young people during such times of crisis. Some children faced additional risk factors if lockdowns placed them in a home environment where there were additional risks present, such as neglect, abuse, substance misuse, or domestic violence (Dott, Cho, & Hertzog, 2022; Samji et al., 2021). Unfortunately, Covid placed an unimaginable strain upon both childcare providers and the National Health Service (NHS), with challenges created due to economic instability, limited access to support services, and general health anxiety created by the global effect of the virus (Hoffmann & Duffy, 2021).

At the time of conducting the current study, there is limited research on the impact of the Coronavirus pandemic on increasing vulnerabilities in relation to children's mental health, although many studies are currently being conducted and published both nationally within the UK and globally (Wright, Hill, Sharp, & Pickles, 2021; Loades, et al., 2020). Due to the restrictions on interactions such as face-to-face data collection, the majority of existing studies conducted during this period also relied heavily on self-reported data that may have resulted in selection bias and an overestimation of mental health issues by the participants and, therefore, should be treated with caution (Heneghan, Brassey, & Jefferson, 2021). Published Covid-related studies, due to the relevantly recent date of the pandemic and the ongoing nature of the theoretical aftermath, lack longitudinal evidence and would benefit from further research to assess the long-term effect on young children's mental health and well-being. Whilst the long-term impact of the pandemic on young children's mental well-being remains to be seen, it is likely that levels of mental health issues

and concerns about society's well-being will remain significantly higher for years to come. It is also plausible to presume that this current study and its data will have been impacted by its situation in a post-pandemic era, but also that studies of this nature are increasingly relevant, and their need justified due to the current global context.

1.4 The Current Study

Mental well-being is a requirement for an individual to flourish and reach their full potential. Poor levels of well-being in childhood can have far-reaching consequences. With a wide array of factors potentially negatively impacting mental well-being, having those who are present in a child's life knowledgeable and confident in promoting and supporting well-being is essential. In England, children must start full-time education once they reach compulsory school age, which is the academic term after their fifth birthday. Before that age, parents can choose to use a variety of childcare settings, either the maintained sector, such as nursery schools, or the Private, Voluntary, and Independent sector, such as day nurseries and childminders. From 1997, children under the age of five became eligible for funded childcare, firstly 12.5 hours per week for four-year-olds, which was expanded to 15 hours for three-year-olds, joined in 2013 by 15 hours for disadvantaged two-year-olds. In 2017, the entitlement for three and four-year-olds increased to 30 hours per week for children of working parents, and in September 2023, two-year-olds with working parents could also receive 15 hours of funded childcare. This scheme will encompass the youngest children by introducing 15-hour funded childcare for children over nine months old in September 2024. As a result of these government initiatives, in July 2023, 94% of eligible three and four-year-olds were accessing Early Years education, and 74% of eligible two-year-olds (DfE, 2023a). Therefore, the majority of young children now spend a significant portion of their formative years in Early Years settings and in the presence of Early Years educators.

However, there is a significant research gap in studies from the perspective of Early Years Educators working with young children under five years old within Private, Voluntary, and Independent Early Years settings in the UK despite early childhood settings being identified as crucial environments for the development of children's social and emotional skills, and the teaching of these skills enforced through the Early Years framework (DfE, 2021a; Brennan, Bradley, Allen, & Perry, 2008; Denham, 2006; Lombardi, 2003). Investigation that distinguishes between previous research within school settings and studies that focus on older children, as well as studies from outside of the UK, is required to fully explore the mental well-being needs of young children and how these needs are promoted and supported by Early Years educators. Previous studies, government initiatives and legislation frequently overlook the needs and experiences of the younger

age children, focusing on those of compulsory school age and ignoring the unique challenges faced by those working with the younger population, their families, and the communities in which they live. This study recognises this gap and acknowledges the potential ideal placement of Early Years settings and those who work within them as playing a key role in the development of young children's mental well-being.

1.4.1 Research aims, objectives, and questions

There is an increased awareness that educators have a significant role to play in the development of positive mental well-being of children and the identification of those who are struggling. Yet, the perspectives of those working within the Early Years are relatively unexplored. By collecting data through the employment of questionnaires and interviews with Early Years educators working within the Private, Voluntary or Independent Early Years settings in England, the perspectives of those educators as to their perceived knowledge and confidence in promoting and supporting the mental well-being of young children was gathered. The study aimed to provide answers to the research questions:

- What knowledge do educators have with regard to young children's mental well-being, and where does this knowledge stem from?
- Do educators perceive themselves to be confident in supporting young children's mental well-being, and what tools do they employ to achieve this?
- Do educators believe they could be better equipped to promote and support mental well-being, and on reflection, how do they consider this might be undertaken?

This study's unique contribution lies in the exploration of educators working in Early Years with the youngest of children. Despite recommendations for promotion, prevention and early intervention in early childhood, there exists a gap in studies for children under five and within the non-maintained sector, with many promotions and interventions beginning at compulsory school age (Danby & Hamilton, 2016; DoH, 2015). The 'will and skill' of teachers' has been stated to be 'fundamental' to the promotion of mental health, citing "a need to develop teachers' understanding, competence and confidence in this area" (Lendrum, Humphrey, & Wigelsworth, 2013, p. 158). Whilst previous studies have been conducted within schools and with older children, considering mental well-being at a younger age through the perspective of non-teachers and reflection on their own perceived ability and confidence in promoting and supporting mental health has not been undertaken. As the expected roles of all educators expand, it is logical to extend research to encompass all those within the field, including those not based within the school system.

As an Early Years educator for over two decades, I have been employed in both Voluntary and Private settings during that time and have experienced many of the political and legislative changes discussed within this thesis. I also worked throughout the Coronavirus pandemic, seeing the impact of these unprecedented times on the mental well-being of both the children in my care and my fellow educators. I am also a parent, and my own children experienced struggles with their mental health from an early age, unrecognised and unsupported in their maintained school settings. Having recently been diagnosed as Autistic, throughout this study, I increasingly found myself reflecting on my own childhood as an adult, now able to see the issues I too faced with regard to my mental well-being and self-esteem during my early years as I developed masking skills to try and fit in with an educational system that was designed for the 'normal' child as opposed to a neurodivergent one. The role my positionality played within this study will be discussed in more detail in Chapter 4.

The study was not aimed at providing Early Years educators with a voice, as they already have one, but rather providing them with a platform to be heard. Its strength lies in a valid exploration of Early Years educators' perspectives in relation to their perceived knowledge and confidence. This research may highlight whether the education system needs to address children's mental well-being at an earlier age through consideration of the perspectives of Early Years educators. Implications and recommendations for policy and practice will be considered and discussed within my study.

1.4.2 Outline of Thesis

This Introduction Chapter aimed to introduce the concept of mental well-being through the exploration of definitions and discourse, the relevance of mental well-being for young children, and the increased need to give attention to this area due to the context of children developing in a post-pandemic society. The chapter concluded with the relevance of this current study.

In Chapter 2, I expand the topic of mental well-being to explore the role of the Early Years educator, the impact of policy and guidance, discussion of existing promotion, prevention, and intervention for children's mental well-being, and how educators develop their knowledge and confidence in this area, alongside the importance of reflexivity.

Chapter 3 critically explores and synthesises existing literature relevant to this study, locating my study's contribution to the field. It explores the research relating to educators' knowledge and confidence in promoting and supporting children's mental well-being. Due to the limited research in the Early Years sector conducted within the UK, this literature includes studies focusing on those working with older children and key works from other countries.

Chapter 4 presents the research methodology and the theoretical framework that underpins the study from the perspective of the reflexive researcher. The chapter provides an overview of myself as a researcher, my positionality, and my philosophical stance. My truths and my perception of reality are dependent on my positionality and position in society and within the field of Early Years education, and this must be addressed to conduct valid and reliable research.

Chapter 5 outlines the research aim and design, as well as the accompanying ethical considerations from the perspective of the active researcher. I wanted to hear and acknowledge Early Years educators' voices, gathering educators' perspectives on the subject of young children's mental well-being through reflexive conversations.

Chapter 6 presents the analysis and findings, acknowledging that due to the nature of thematic analysis, there was an acceptance that others may interpret the data differently. The themes generated through the analysis process are presented with data to support the findings.

Chapter 7 considers the findings while relating to and reflecting upon the literature discussed in Chapter 3. This critical discussion and synthesis enable the research questions to be addressed. The discussion of the findings forms the foundations for my contribution to knowledge.

The Conclusion presented in Chapter 8 summarises the thesis and relates back to the initial research aims and objectives, revisiting the research questions and summarising the key findings. Here, I present a critical appraisal of the study, discussing recommendations and implications that inform the contribution to knowledge alongside avenues for future research. Chapter 8 provides a space for researcher reflection on the research process and the professional and personal challenges faced within the study.

Chapter 2: Field of Study

2.1 Chapter Overview

Before considering the perspective of educators on the concept of promoting and supporting young children's mental well-being, a broader understanding of the context of the topic and the challenges faced is required. This chapter explores the context surrounding the promotion and support of young children's mental well-being within educational settings. It examines the existing external support services available, the political perspective through legislation and guidance, and the evolving role of educators in this domain. Key factors influencing educators' capacity to promote mental well-being, such as training, collaboration with other professionals, and the pressures of competing priorities, are also discussed.

2.2 Early Childhood

Within the field of infant mental health, 'infant' is typically a child from 0 to 3 years of age. The rapid neurodevelopment that occurs in early childhood makes this period a unique opportunity for preventative interventions, and the importance of the first 1000 days of life when prioritising early intervention and prevention to reduce inequalities in all areas of children's lives has been the focus of recent government recommendations (Health and Social Care Committee, 2019) . Vulnerable children require interventions and support to achieve optimal development, provide a firm foundation for academic achievement and address well-being issues early. Therefore, whether this typical 0-3 infancy period should be expanded to incorporate conception to five years old has been understandably the subject of debate (Lamb & Campion, 2023; Smith, et al., 2020; O'Connell, Boat, & Warner, 2009). This expanded age range would complement the typical age of children attending Early Years settings within England and supports the definition of 'young children' within the current study as being infants from birth to five years old.

Early Years education in England can comprise a variety of settings until compulsory school age, defined by the government as the term after a child's fifth birthday (Education Act c.56, 1996, s. 8.2). These settings can be either Private, Voluntary, or Independent settings encompassing childminders and nurseries or maintained settings such as school-based nursery classes. These settings can vary in group size, staff expertise and qualifications and funding. Outside of the maintained sector, children attend settings for a variety of reasons and may begin attending when they are just a few months old, depending on the needs of the parent. Originally accessed mainly by working parents who required childcare, since the introduction of funded places in the late 1990s, an increased proportion now chose to access these settings using the government-funded childcare

entitlement. In 2023, 74% of 2-year-olds and 94% of 3- and 4-year-olds attended an Early Years setting (DfE, 2023a).

The development of positive mental well-being is shaped by the interactions that occur between a child and their environment. Early childhood mental health occurs in the social context of family, community, and culture (Martin & Umaschi, 2022). Bronfenbrenner's ecological systems theory (1979) conceptualises the interplay between the various levels: microsystem, mesosystem, exosystem, macrosystem and chronosystem (Antony, 2022; Vélez-Agosto, Soto-Crespo, Vizcarrondo-Oppenheimer, Vega-Molina, & Garcia Coll, 2017).

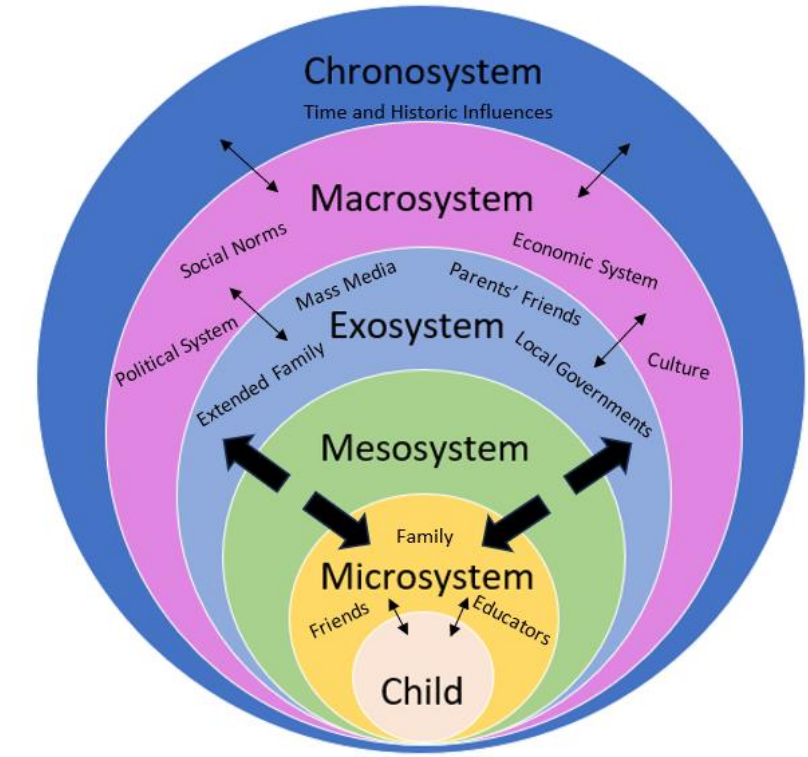

Figure 3 - Bronfenbrenner's Ecological Systems Theory

Bronfenbrenner's ecological systems theory, which later evolved into the bioecological model, significantly expanded our understanding of mental well-being by creating a complex, multidimensional framework that considers various interacting factors and influences. This model provides a comprehensive approach to understanding human development and mental health across multiple levels of environmental systems.

Bronfenbrenner's theory posits that an individual's development is influenced by a series of interconnected environmental systems, ranging from immediate surroundings to broader societal structures. These systems include the microsystem, mesosystem, exosystem, macrosystem, and

chronosystem, each representing different levels of environmental influences on an individual's growth and behaviour.

The model emphasizes that mental well-being is shaped not only by immediate factors but also by broader societal and cultural influences. For instance, the microsystem, which is the most influential level, encompasses the child's immediate environment such as family and nursery. At the microsystem, positive relationships for a child with their immediate family, classmates, and educators, can promote mental well-being.

The exosystem may be viewed as not directly impacting a child. Government policies and social services can indirectly affect children's mental well-being by influencing family stability and access to supportive services, with access, or lack of, to community resources, such as healthcare significantly influencing a child's mental health (Antony, 2022). Likewise, neighbourhoods with poor conditions can increase stress and negatively affect the mental well-being of both parents and children (Huang, Lu, & Širůček, 2023).

The macrosystem considers the societal and cultural attitudes towards mental well-being. While a child may be unaware of this layer, attitudes, priorities, and stigma begin to be noticed as a child grows up and influence factors such as family perspectives, as well as government policies and guidance that impact children’s lives without their awareness.

Finally, the chronosystem considers changes over time in the child and their environment, for example, significant events as seen with the recent pandemic and life transitions or changes to the family structure that can significantly impact a child’s mental well-being. By including the chronosystem, Bronfenbrenner's model accounts for changes over time, both in terms of individual development and historical context. This temporal aspect is crucial for understanding how mental well-being evolves throughout the lifespan and how it is influenced by societal changes.

The multidirectional nature of influences in Bronfenbrenner's model is evident in the complex web of relationships between different ecological systems (Bronfenbrenner, 1974). The mesosystem, which represents the connections between various microsystems such as home, nursery, and peer groups, illustrates how experiences in one setting can affect another. For instance, a child's home life may influence their academic performance, and conversely, any challenging behaviour might impact family dynamics. This interconnectedness demonstrates that development is not a linear process but rather a complex interplay of influences across multiple contexts. Furthermore, the model recognises that these multidirectional influences extend beyond the immediate environment to broader societal and cultural factors. The macrosystem, which encompasses cultural norms, laws,

and policies, can indirectly impact an individual's development through its influence on lower-level systems (Hosek, et al., 2008). Simultaneously, individuals and their immediate environments can, over time, contribute to changes in these broader societal structures, exemplifying the far-reaching and reciprocal nature of developmental influences in Bronfenbrenner's model. When addressing children's mental well-being, promotion and support will only be effective if it considers the multidirectional relationships between these layers, developing a holistic approach (Antony, 2022).

As Bronfenbrenner refined his theory, he developed the bioecological model, which emphasises the importance of proximal processes, enduring forms of interaction in the immediate environment. This model focuses on four interrelated components: Process (the core of development), Person (individual characteristics), Context (the environmental systems), and Time (both individual life course and historical time). The bioecological model incorporates both environmental and biological factors in understanding mental well-being. It recognises that development is shaped by the interaction between an individual's biological characteristics (Person) and their environment (Context). This integration allows for a more holistic understanding of mental health, acknowledging both nature and nurture.

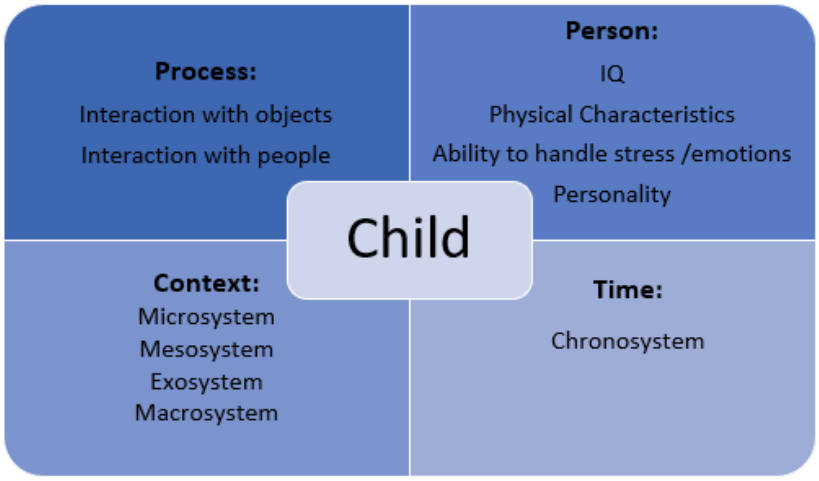

Figure 4 - Bronfenbrenner's PPCT Model

Bronfenbrenner's bioecological model places innate and genetic factors at the core of human development, recognising their fundamental role in shaping an individual's growth and behaviour. The 'child' spheres encompass these genetic and biological factors, as well as personal characteristics. This central positioning acknowledges that an individual's genetic makeup and innate traits form the foundation upon which environmental influences act.

The model emphasises that genetic potential is reinforced through proximal processes, which are the regular, enduring interactions between an individual and their immediate environment (Grace, Hayes, & Wise, 2017). These processes are bidirectional, meaning that while the environment

influences the developing person, the individual also actively shapes their surroundings (El Zaatari & Maalouf, 2022). This reciprocal interaction highlights the dynamic nature of development, where innate characteristics and environmental factors continuously influence each other and provides a more nuanced understanding of how mental well-being develops and is maintained.

Bronfenbrenner's framework has significantly expanded our understanding of mental well-being by providing a multidimensional, dynamic model that considers the complex interplay between individual characteristics, environmental contexts, and developmental processes over time. It acknowledges the crucial role of innate and genetic factors as foundational elements that interact with these systems throughout an individual's development. The bioecological model, in particular, emphasises the dynamic interplay between a child's genetic makeup and their multi-layered environment in shaping developmental outcomes. This comprehensive approach has enabled researchers and practitioners to develop more nuanced and effective strategies for promoting mental well-being and addressing mental health challenges across diverse populations and contexts.

Mental well-being should be high on the agenda in Early Years, and a main focus within educational settings where they can play a significant part in promoting and supporting mental well-being. However, while they may possess the ability to consider the interplay of the many influential elements in a child's life, the educator's perceived level of knowledge and confidence in this area impacts the educator's ability to carry out this aspect of their professional role. Either one without the other can reduce the success of promotive and supportive practices.

2.3 Political Perspective in the UK – Legislation, Guidance, and the Education Sector

Politically within the UK, there has been a rise in the priority level of mental health within educational and social inclusion agendas across the age ranges and a growing commitment cross-party to improve mental well-being in education, workplaces, and society. There is a need for consideration of the policy, legislation and guidance that regulates, influences, and drives the Early Years sector with regard to the role of educators in the promotion and support of children's mental well-being. Policy has historically focused on mental illness prevention as opposed to mental health promotion. However, there is a requirement for policies to focus on both mental health intervention and mental well-being promotion, and significant efforts have been made in recent years to encourage this shift in the direction and prioritisation of mental well-being. Political legislation and guidance feed down into the development of individual educational settings' policies and procedures for those working with children and young people, and comprehensive policies in areas such as education have the potential to affect well-being and children's ability to reach their full potential. Whilst there has been a succession of initiatives and guidance for schools over the past

two decades, Early Years is an often-overlooked sector eliminated from political discourse, resulting in a lack of support until children reach school age.

2.3.1 Government Initiatives

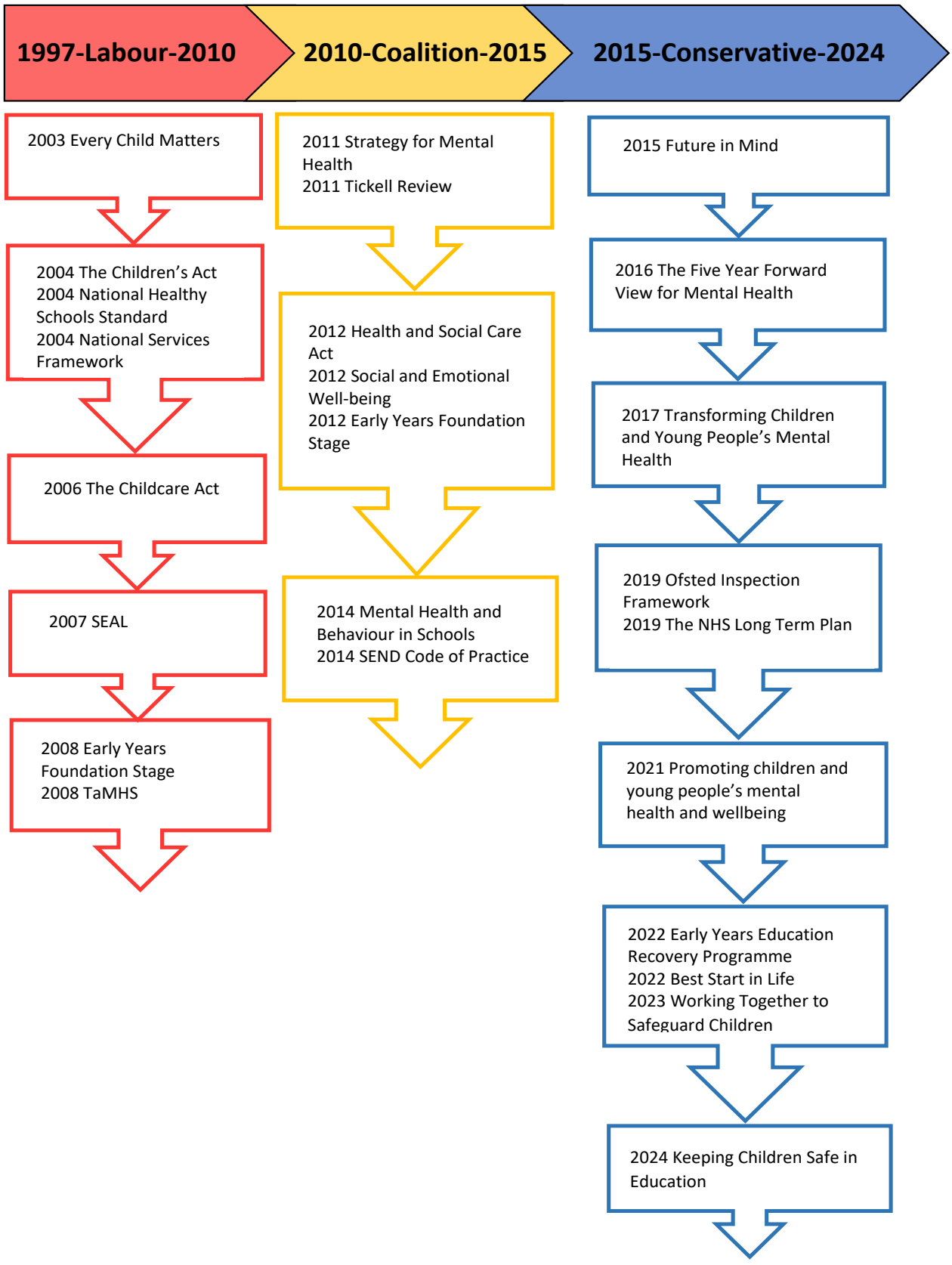

Figure 5 - Policy, Legislation and Guidance Political Timeline 1997-2024

The period of 1997 to 2024 has been selected as the focus timeline due to the Labour Government taking power in 1997, beginning a period of widespread recognition as to the importance of the well-being of young people within society and the urgency to meet their needs, with a political awareness that early intervention and key investment would ultimately be cost saving in the longer term. Policies vary across the four nations, and for the purpose of this review, only policies relevant to England were considered in line with the study gathering the perspective of Early Years educators employed in settings within England.

In the National Services Framework (DoH, 2004), teachers were described as Tier 1 professionals in Mental Health Services, with responsibility for recognition and referral despite their lack of specialist training. Aiming to promote child mental health and well-being through the introduction of Every Child Matters (DfES, 2003) and Social and Emotional Aspects of Learning (SEAL) (DfES, 2007), the Government emphasised the requirement for early intervention, integrated multi-agency collaboration, staff training delivered by appropriately qualified trainers, and an environment that promotes positive behaviour management and emotional literacy in an organisation-wide, whole school approach. The Children's Act (2004) embraced the five aspects of well-being set out in the Every Child Matters initiative (DfES, 2003) and recognition that mental health promotion was the responsibility of all who work with children, placing a duty on local authorities to co-operate with external agencies to improve the wellbeing of children in their locality and reduce inequalities. Within schools, guidance was provided within Promoting Emotional Health and Well-being through the National Healthy School Standard (DFES/ DoH, 2004). Standard 9 of this document emphasised the requirement that all children from birth to eighteen with mental health issues should have access to high-quality mental health services that provide effective assessment, treatment and support (DFES/ DoH, 2004). Unfortunately, this optimistic statement was already waning by 2008 with the report of limited progress and excessive waiting times for services such as CAMHS (DCFS/ DoH 2008). 2008 did see a brief period of increased funding that resulted in increased support from CAHMS within schools, an initiative initially valued by educators working with struggling children (Wolpert, et al., 2011). However, problems arose with limitations on the quantity of support and a lack of integration with the education system, with interventions provided as add-ons rather than embedded, as well as a lack of 'inter-professional understanding' or professional respect between agencies, hindering cooperation and appropriately timed referrals (Cole, 2015, p. 36). Any initiatives that attempt to create multi-agency working relationships can flounder when 'differences in the professional cultures' cause resistance between the groups (DfCSF/DoH, 2008, p. 61).

By 2010, a lack of input from external services was again noted, and the role of promoting mental health and well-being fell onto educators to address (Wolpert, et al., 2011). However, the SEAL initiative to develop children's social and emotional skills initially appeared to prove more successful, originally designed for secondary schools but implemented in 90% of primary schools by 2010 (Humphrey, Lendrum, & Wigelsworth, 2010). Focusing on the development of skills and strategies to maintain positive mental well-being, 'immunising' vulnerable children (Merrell & Gueldner, 2010). However, problems arose due to the deliberately flexible nature of the program. Designed to be able to be tailored to meet the individual needs of each school depending on social and cultural context, this flexibility goes against the principle that for universal interventions to be successful, they must be faithfully implemented to avoid detrimental impact on expected positive outcomes (Weare, 2010; Durlak & DuPre, 2008).

Nesting within SEAL was the Targeted Mental Health in Schools (TaMHS) Programme. TaMHS employed individual and group interventions for children aged 5-13 years old, aspiring to improve mental well-being and address individual issues in a timely manner, particularly for those branded 'disadvantaged', seen as having an increased risk of developing mental health issues (DCFS, 2008). A whole-school, ecological, multi-agency integrative approach aspiring to offer "flexible, responsive and effective early intervention" (DCFS, 2008, p. ii). Claiming to be ethically based on evidence-informed practice, grounded in knowledge of 'what works', the guidance appeared contradictory, stating "no evidence is perfect", emphasising a desire to bridge the gap between research and reality, and justifying the use of medicalised terminology throughout due to its desire to bring the expertise of medical mental health professionals into schools (2008, p. 3). Yet this in itself implies that educators alone are not skilled enough to work with children in supporting their mental health, and although the project aimed to construct a semblance of multi-agency working, this created its own challenges. The two worlds conflict in approaches and language used and generated doubts as to whether educators were viewed as having equal status to those within mental health agencies. However, the guidance remained optimistic in tone that the benefits would "outweigh the initial difficulties" (2008, p. 16). Policymakers, whilst emphasising the need to upskill the education profession, continued to return to the need for collaborative working with other professionals. However, multi-agency working is fraught with potential issues, dependent on local context and individual personalities, and requiring clarity of vision and common targets alongside effective sharing of information (DCFS, 2008).

The Targeted Mental Health in Schools Programme aimed to increase the interventions offered, focusing on strengths and needs, yet placed a greater burden on the role of educators (DCFS, 2008). Encouraging one-to-one interventions alongside class-based initiatives such as Mindfulness to

provide protective elements for children's mental well-being, rather than integrate with existing mental health provisions offered by external agencies, the TaMHS programme replaced provisions, reduced referrals, and led to parents and pupils seeing schools as the primary point of contact for mental health concerns (Cole, 2015). Although the project did highlight the need to address mental health issues at an earlier age and outside of purely clinical settings, as well as requesting the essential need for further research to enable future evidence-informed practice, the program itself showed limited success. It failed to bring an increased level of expertise into school settings as promised or to help staff based within schools to develop their knowledge, skills, and confidence. The guidance may be read as containing a 'get out clause' for potential failure through its statement that one of the factors that may affect the success of the program is the level of expertise of those delivering the intervention, suggesting that educators supplement knowledge with reflections upon their practice, demanding that educators work in an outcome-focused manner to generate high-quality evidence, potentially at odds with the emotive reality of working within the subjective domain of young children's mental well-being. The evaluation of the SEAL pilot found 90% of teachers believed the program was successful, 87% that it promoted the emotional well-being of children, and 82% that children were better able to control their emotional responses, as well as increasing the knowledge and confidence of teachers and their ability to respond sensitively (Hallam, 2009).

Both the SEAL and TaMHS initiatives fell out of favour following the general election and formation of the Coalition Government in 2010, with the curriculum narrowed to prioritise educational attainment over psychological well-being and a clear return to a medical as opposed to a social approach. The 2011 Strategy for Mental Health acknowledged potential issues and stigmas with the language used within it but defended through a statement that there is no terminology universally accepted aside from that of problems and disorders (DoH, 2011). The accompanying description stated, "It shows how Government is working to improve the mental health and well-being of the population and get better outcomes for people with mental health problems" (DoH, 2011, p. 1). Yet, within its list of the target audience for the strategy, there is no mention of educators aside from Head Teachers in contrast to the approach of the earlier Labour Government. The revised SEND Code of Practice (DfE/DoH 2014) echoed the change of approach, utilising medical language and a clinical tone and was stated to ignore the evidence-based findings from the previous government (Cole, 2015; Norwich, 2014). There was a glimmer of hope in 2012, firstly when the Health and Social Care Act committed to the parity of esteem where mental health was to be given equal status to physical health, and secondly through the establishment of Health and Well-being Boards, again hope illustrated through the use of the phrase "well-being"

acknowledging that well-being forms an important aspect of society's mental health, but again, educators were excluded from the forum for health and care workers (DoH, 2012). An example of the government of the time under-recognising the influential role that educators could play in safeguarding the mental health and well-being of the youngest in the population (Cole, 2015). This was despite public health guidance being published by the National Institute for Health and Care Excellence (NICE) in the same year on the importance of social and emotional development in the early years and how the mental well-being of children under five could be protected and enhanced not only through targeted and universal interventions but through childcare and education and involvement of parents (NICE, 2012).

The Early Years Foundation Stage (EYFS) of 2012 revised the original 2008 edition and introduced the Prime and Specific areas of learning as the framework for Early Years education based on the recommendations from the Tickell Review of 2011, 'to 'highlight the centrality of personal, social and emotional development, communication and language and physical development' (Tickell, 2011, p. 92). The EYFS expanded the expectations of the role of educators through the introduction of statutory progress checks for all two-year-olds as well as the Early Years Foundation Stage Profile (EYFSP) for children at the end of their Reception Year, aiming to provide opportunities for identifying early gaps in a child's social and emotional development and possibly provide an indication of future poor mental well-being (DfE, 2012). The EYFSP considers children's personal, social, and emotional development at age five, covering self-confidence and self-awareness, managing feelings and behaviour, and making relationships, which are all relevant markers for positive mental well-being. In 2018 11.2% of children were below the expected level of development for these social and emotional skills. With the profile primarily used as an indicator of 'school readiness,' there is a risk that highlighted gaps in social and emotional skills indicate these areas are not prioritised in comparison to traditional academic skills such as literacy and numeracy. The two-year check allows for an integrated review to take place amongst professionals if a child is assessed as struggling in areas of development, including personal, social, and emotional. During the pandemic, the majority of two-year checks were delayed, and Health Visitors conducted checks 'virtually' often not meeting the child in person. These temporary adaptations to the service resulted in many children with delays slipping through the net and early identification only occurring once the child enters an educational setting, dependent on the knowledge and skills of the educators, with a risk that only delays impacting educational attainment would be noticed and prioritised.

Separate guidance for schools was produced in Mental Health and Behaviour in Schools. While it does at least refer to the role of educators, the discourse continued to be medical in nature, with the contained research references arising from medical research and not educationally based (DfE,

2014). References and definitions were broad, speaking of difficulties and disorders, but there was an acceptance that children exhibiting emotional or behavioural challenges or other 'disturbing behaviour' may have underlying mental health needs. The guidance reads as if it recognises, yet seeks to minimise, the role of educators. Their capabilities are not deemed to be on par with those of professionals in the mental health field. Whilst acknowledging the educator's presence in young children's lives, the educators were tasked with 'spotting changes' to inform other services rather than being perceived as having the capacity to address and support the needs of the children themselves.

Cole (2015) believed at this point in time that there was "little prospect of dramatic change in policy and practice that would make a profound difference", that voters would continue to accept prioritisation of physical health over mental health, and children's well-being would continue to suffer (2015, p. 64). Yet, he remained optimistic that schools could indeed provide mental health support that would improve the academic attainment of vulnerable children and that through reinforcing the interconnectedness of multi-agency work and updating documents such as SEAL, improvements could be made. However, to do so, educators and their potential contribution to the mental health system must be acknowledged by policymakers and legislators.

The publication of the White Paper, Future in Mind, in 2015 contained commitments for 2015-2020 and created a plan entitled the 'Five Year Forward View' that committed to helping an extra 70,000 children to access mental health services (DoH, 2015). Detailing a concise approach to how to improve access to high-quality mental health services for children and young people, it emphasised the need for promoting resilience, prevention and early intervention in childhood, early identification and building capacity and capability through investing in training, stating that "prevention matters" in order to achieve lasting change, and that this could not be the sole responsibility of the NHS but also that of parents and the educational system, and supportive communities to enable a 'mental health revolution' (NHS, 2016). However, it has since been criticised for not setting explicit objectives to achieve these aims (Morse, 2018). This was followed by Transforming Children and Young People's Mental Health Provision: A Green Paper (DHSC/DfE, 2017), which included further expansion plans for support services. It introduced Mental Health Support Teams to collaborate with schools, designated Mental Health Leads within schools, and increased funding for teacher training within the field of mental health, but no equivalent plans for the Early Years sector. By 2019, none of these promises had become embedded, and the NHS Mental Health Implementation Plan 2019/20 – 2023/24 was produced, a five-year plan that expanded current services for children and young people and ambitiously aimed to meet the mental health needs of all children by 2028 (NHS, 2019b). Chapter 3 of the plan

focused on a strong start in life for children and young people and introduced the Children and Young People's Transformation Programme alongside a promise to increase funding for children's mental health services across England and development of an integrated approach across health, social care, education, and the voluntary sector.

Directly relating to education services, the Ofsted Inspection Guidance (2019) included grade descriptors that highlighted the need for secure relationships and an environment that promotes resilience and social-emotional development, stating that an outstanding setting should teach children language to express their feelings, develop emotional literacy, and feature supportive educators that assist children in regulating their behaviour. The Early Years Inspection Handbook 2019 was a revised version of the 2015 document where a common inspection framework across educational settings was introduced (Ofsted, 2019; Ofsted, 2015). Interestingly, the earlier version contained a section entitled 'The contribution of the Early Years provision to children's well-being', yet this had been removed from the later document (Ofsted, 2015, p. 36). Key points from the 2015 inspection guidance were the need for settings to provide a well-established key person system, educators who acted as good role models to encourage children's well-being, educators who were aware of the links to safeguarding, and a provision that emotionally prepares children for transitions during their educational journey. Within the new category of Behaviours and Attitudes, the 2019 update defined how Ofsted inspectors would consider how children 'are developing their resilience to setbacks and take pride in their achievements' and how settings ensured that 'children feel safe and secure' (Ofsted, 2019, p. 36). This continued in the following category of Personal Development, where inspectors expected to observe educators teaching 'children the language of feelings, helping them to appropriately develop their emotional literacy' through a curriculum that 'promotes and supports children's emotional security and development of their character', all elements that generate a sense of positive mental well-being in young children but without an explicit label as in the 2015 version (Ofsted, 2019, p. 37). The most recent 2024 updates to the Inspection guidance continued to include inspectors judging children's personal and emotional development, including whether they feel safe, secure and happy (Ofsted, 2024). There exists a greater emphasis on behaviour management,

> They are beginning to manage their own feelings and behaviour and to understand how these have an impact on others. When children struggle with regulating their behaviour, leaders and practitioners take appropriate action to support them. Children are developing a sense of right and wrong. (Ofsted, 2024, s.198)

Within Personal Development, the term 'well-being' briefly reappears, linked to the requirement for a 'well-established key person system' and especially sensitive, responsive relationships between educators and babies (Ofsted, 2024, s.201). Throughout all the versions of the inspection guidance

the ability for children to develop these desired skills is viewed by Ofsted as dependent on the quality of the workforce (Smith, et al., 2020).

Children should be able to thrive and reach their full potential. Failing to meet the needs of children with mental health issues infringes on the rights of the child as set out in the United Nations Convention on the Rights of the Child (UNCRC), Article 6, the right to mental, psychological and social development, and Article 24 the right to attain the highest standard of health and be protected from undue psychological stress (UNICEF, 1989). Despite mental well-being being a 'hot topic' over the past two decades, in 2021, the then Children's Commissioner Anne Longfield expressed dismay that children were being let down by the current support system, suffering "unacceptable experiences with mental health care" (Lennon, 2021, p. 2). Acknowledging significant improvements from a "very poor starting position", Longfield continued that hundreds of thousands of children were still failing to receive the care and support that they require, with the current system lacking the "necessary capacity or flexibility" to cope with demand (Lennon, 2021, p. 3). Longfield remained hopeful that the changes over the previous five years through initiatives and the Government's Green and White papers would pave the way for continued improvements and expansion, allowing for graduated support and integrated mental health care across schools and the NHS (DHSC/DfE, 2017; DoH 2015). However, she failed to acknowledge the role that other provisions could play, especially those working with the youngest of children, such as Private, Voluntary, and Independent Early Years settings.

Fostering mental well-being through Early Years education has gained attention over recent years as the impact of social and emotional learning programs in Early Years settings has begun to be explored, but research frequently does not consider the engagement of Early Years educators (Blewitt, et al., 2020). Public Health England produced guidance for schools and colleges entitled Promoting children and young people's mental health and wellbeing: A whole school or college approach, which again failed to include those working in Early Years settings who could also benefit from guidance (Public Health England, 2021). The guidance sets out eight principles for promoting mental well-being: curriculum teaching and learning to promote resilience and support social and emotional learning, enabling student voice to influence decisions, staff development to support their well-being and that of students, identifying need, and monitoring the impact of interventions, working with parents and carers, targeted support and appropriate referral, an ethos and environment that promotes respect and values diversity, and leadership and management that support and champions efforts to promote emotional health and well-being. All of those aims could be equally relevant to promotion and support for children in Early Years.

The occurrence of the Coronavirus pandemic resulted in further guidance aimed at reducing the impact on children. The Wellbeing for Education Return and Recovery programmes (2020 -2021) was a rare joint initiative from the Department for Education, the Department of Health and Social Care, Health Education England, NHS England and Public Health England, providing training and resources for teachers to respond to the well-being and mental health needs of children and young people in schools, overlooking the impact of the pandemic on the youngest of children in Early Years settings. The programme earmarked £650 million to implement the recovery package across school settings, aiming to provide teachers with the knowledge and confidence to support children and to make them aware of the specialist support services that were available to them if necessary. In April 2022, this was followed by the introduction of the Early Years Education Recovery Programme,

> providing a package of workforce training, qualifications, and support and guidance for the early years sector to aid staff and settings and address the impact of the pandemic on the youngest and most disadvantaged children. (DfE, 2022)

Labelled as guidance, the aim was to improve educators' knowledge of child development through the provision of access to mentoring support and the introduction of Stronger Practice Hubs to encourage the sharing of knowledge and expertise within local networks, all with the aim of reducing any gaps attributed to the pandemic.

Reflections of this recovery package can be seen in Ofsted's series entitled Best Start in Life (Ofsted, 2022). This three-part series focused on how preschool-aged children could be given the 'Best Start' with an acknowledgement of the impact the Coronavirus pandemic has had on the current cohort of children and the effect seen on their social and emotional development (Education Endowment Foundation, 2021). Labelled by Ofsted as research and analysis, the introduction to Part 1 clearly states, 'Its purpose is to support early years practitioners to raise the quality of early years education', implying the intention of the publications is for guidance (Ofsted, 2023a). Whilst the dissemination of knowledge gained through current research should assist in narrowing the research-to-practice gap, this introduction feels like a thinly veiled criticism of the current Early Years workforce. Part 2 focuses its attention on the Prime Areas of Learning within the Early Years Foundation Stage, emphasising the necessity for Early Years educators to provide high-quality teaching to address children's personal, social and emotional development (Ofsted, 2023b). The potential impact on children's academic success and 'school-readiness' combined with their long-term mental well-being should children's needs not be met within Early Years education is stated, alongside the benefits of generating positive, warm relationships between children and those employed in childcare settings (Feinstein, 2015; Jones, Bub, & Raver, 2013). The document continues by discussing how educators can enhance children's knowledge and understanding of

emotions, providing examples of explicit teaching methods alongside 'key messages for practitioners' emphasising the need to be proactive, acquire knowledge and plan to meet children's social and emotional needs (Ofsted, 2023b).[2]

The current EYFS at time of writing (2024), continues to confirm that it is the responsibility of educators to undertake a Key Person role, forming a close bond with the child for assessment and planning, and supporting emotional as well as academic development, alongside a strong, professional working relationship with parents (DfE, 2024c). "Children need to build an attachment with their key person for their confidence and well-being" (DfE, 2024c, s.1.19). These positive relationships with reliable adults help children build trust and feel secure, which is essential for their mental health.

> Strong, warm and supportive relationships with adults enable children to learn how to understand their own feelings and those of others. Children should be supported to manage emotions, develop a positive sense of self, set themselves simple goals, have confidence in their own abilities, to persist and wait for what they want and direct attention as necessary. (DfE, 2024c, s.1.6)

Through responsive relationships, educators should notice and understand children's emotions and needs and respond appropriately, soothing children and calming them down through co-regulation. The framework emphasises understanding each child's individual needs, experiences, and development pace. Within the EYFS, educators are encouraged to create an inclusive environment where each child can thrive, respecting diversity and ensuring equality. This approach helps children feel valued and supported, which is crucial for their mental well-being. As previously discussed, when a child is two years old, educators are required to complete the Two Year Progress check, which includes how a child is developing in their personal, social and emotional skills.

> When a child is aged between two and three, practitioners must review their progress and provide parents and/or carers with a short written summary of their child's development in the prime areas. (DfE, 2024c, s.2.6)

This provides the opportunity for early intervention by educators, parents and external professionals if it is indicated during the review that a child may be struggling. Educators are responsible for supporting, understanding, and managing children's behaviour in an appropriate way (DfE, 2024c, s.3.58). In doing so, it can be hoped that they would look deeper and address the root cause of behaviours.

Another area that requires educators to be proactive and require up-to-date knowledge of current legislation is safeguarding and child protection. Recent safeguarding guidance references the requirements for those working in all ages of education to be alert to children with mental health

[2] At the time of writing, Part 3, which will focus on the four Specific areas of learning, had yet to be published.

needs and those for whom challenging family circumstances are impacting their mental well-being and to provide Early Help. Educators have a responsibility within child protection to act to prevent harm, and this includes threats to the mental well-being of the child. Working Together to Safeguard Children (DfE, 2023b) is the current guidance applicable to all education settings, including Early Years. Within this document, education is described as 'essential for children's progress, well-being and wider development' (DfE, 2023b, p. 47). Unlike policy and legislation focused on schools that ignore the presence of settings outside of the mainstream sector, this safeguarding guidance respects and acknowledges the unique role of all educational settings, including Early Years, to identify and address concerns in a timely manner.

The update to the document Keeping Children Safe in Education (published May 2024, in force from September 2024) highlights the need for an awareness that a child's lived experiences can detrimentally affect their mental well-being, the impact of traumatic adverse childhood experiences and emphasises that a decline in mental well-being for children can be indicative of abuse or place children at higher risk of abuse in the future (DfE, 2024a). Clearly stating, 'Only appropriately trained professionals should attempt to make a diagnosis of a mental health problem,' educators are expected to use their professional judgment to identify children at risk through observation before referring them to external professionals (DfE, 2024a, p. 17). The guidance reiterates the legislative requirements that educators have clear referral, escalation, and accountability processes in place within their settings to protect the children in their care, including safeguarding their mental well-being.

The extent to which the mental well-being of young children is addressed in policy in comparison to that of older children, despite an increase over the past two decades, is still inconsistent. There have been constant changes for an exhausted workforce, with settings dropping one initiative for another depending on the flavour of the moment. Policies and government initiatives set challenges and agendas for change but do not consistently provide the information, evidence-based research, or supportive guidance for these goals to be met. With documents published across the sectors, there is little cohesion, and there is a need for overarching policy and a strategic commitment to Early Years (Smith, et al., 2020). For example, young children's mental well-being is featured in documents from the Department of Health and Social Care, the Department for Education, Ofsted, and NHS England, when what is required is a cross-governmental group that can join up initiatives and make them achievable. Politicians make promises, create agendas, and formulate discourse upon a wide-reaching platform, but their affirmations can be hollow when they continually fail to consult the professionals they impact. There is scope for improvements to be made. However, just as within research, moving forward, questions should be raised as to whose voices are prioritised within

policy, legislation, and guidance and whose are marginalised and, ultimately, whether the perspective of Early Years educators is considered.

2.4 The Role of Early Years Educators

There are serious repercussions for children whose mental health and well-being needs are unmet. The restricted availability of specialist services and the low numbers of children accessing evidence-based treatment in comparison to the rising prevalence of mental health issues has led to an increasing recognition that support must be broader than the traditional routes and encompass alternative services such as educational settings (Shelemy, Harvey, & Waite, 2019a; Frith, 2016; DoH, 2015). With the increase in the number of children experiencing mental health issues, educators will likely be in contact with a child in need of additional support and early intervention. The interconnectedness of positive mental well-being and educational achievement highlights the sense it makes for educational settings to be considered well-placed to provide early support and interventions, especially when mental well-being skills are often cited as requisite for school success (Mazzer & Rickwood, 2015; Ashdown & Bernard, 2012; Hearn, Campbell-Pope, House, & Cross, 2006; Bertram & Pascal, 2002).

Within childcare settings there is the constant pressure on educators to teach children so they can meet their developmental milestones. While this pressure undoubtedly increases the older a child gets, especially with the constant referral to ‘school readiness’, even within a child’s earliest days, both educators and parents are observing children to check that the expected progression is being achieved. The concerns a parent has that their child is not meeting their milestones when expected start from a young age. Parents will talk to their child’s key person about concerns they may have about their child’s development, expecting advice and if a child is delayed in any area, often leading to the Early Years educator feeling pressure to ‘fix’ the issue. Is their baby sitting up, walking, or talking when they ‘should’ be? Are they playing with other children? Are they toilet trained? Are they able to count, hold a pencil correctly, and write their name? In my experience as an educator, parents are more likely to want information on the academic curriculum and whether their child will be taught all they need to know before starting school than asking about how, as a setting, we will develop a child’s mental well-being, self-esteem and resilience despite those being factors that will underpin academic progress for many years to come.

With government publications focused on school readiness, the pressure for children to attain academic excellence is no longer the prerogative of parents. Educators face relentless pressures of performativity, and sadly, so do the young children within educational settings (Glazzard & Rose, 2020). The pressure of academic attainment on very young children has become a significant

concern in early childhood education. The increasing emphasis on academic achievement in early childhood education, driven by standardised testing and a competitive educational landscape, is placing undue pressure on young learners and educators. This pressure manifests in various ways and can have long-lasting effects on children's development and well-being. Teachers feel compelled to prioritise academic goals over developmentally appropriate activities, potentially compromising children's social-emotional development, with children who experience early academic pressure showing dramatic increases in behavioural issues later on (Kay, 2024; Turney & McLanahan, 2015). While academic attainment is important, applying excessive pressure on very young children can be counterproductive and potentially harmful. A balanced approach that considers children's developmental needs and prioritises their overall well-being is crucial for long-term success and healthy development.

As with the development of young children's physical skills, educators can plan and assess experiences designed to develop well-being, encouraging children to become aware of and express their feelings, providing opportunities to take on responsibilities, teaching calming strategies, verbalising and clarifying interactions with others, and modelling problem-solving behaviours. For children aged 2-7 years, these strategies have been shown to improve resilience and mental health outcomes through explicit teaching, scaffolding, and modelling by educators (Marbina, Mashford-Scott, Church, & Tayler, 2015; Ashdown & Bernard, 2012; Laevers, 2005; Durlak & Wells, 1997). Early Years educators are in a unique position and the impact they can have can be immeasurable but is not always appreciated, even by the educators themselves. Educators act as role models for children within the setting, listening, and modelling behaviours, providing time for interactions, and helping children to develop empathy and awareness of the feelings of others. It is vital that educators are able to use their empathy skills and put themselves in the position of the children in their care, responding reflexively as opposed to impulsively.

However, Weare (2013) claims that in the UK, there has been a significant emphasis on the top-down approach, leading to 'the law of unintended consequences" (2013, p. 129). Educators report feeling pressurised due to the competing concerns of educational attainment and addressing mental health within the limited time available and complain of a professional challenge due to the complex nature of legislative and policy pressures (Corcoran & Finney, 2015; Wyn, Cahill, Holdsworth, Rowling, & Carson, 2000). There has been an increased expectation for educators to act as 'gatekeepers,' having responsibility for the identification of mental health needs and referral to appropriate services. Still, there exists a lack of clear guidance as to how this is to be achieved in practice (DHSC/DfE, 2017).

Partnership with Parents

Whilst older children have expressed concern about the decline of their mental health and the issues surrounding accessing the most suitable treatments and services, younger children cannot recognise their own need for support, relying on adults in their lives to undertake this role (Lennon, 2021). Parents are obviously best placed in theory to do this but may not see the issues their child is facing or seek help for a variety of reasons (Girio-Herrera, Owens, & Langberg, 2013). Educators are regarded as key points of contact when problems arise, both by parents and the children themselves. Several studies have indicated that when a child is identified as struggling with their mental well-being within a school setting, the chances of parental and whole-setting support increase along with a greater chance of referral to services (Anderson et al., 2019; Kieling et al., 2014; Eklund et al., 2009). However, without an understanding of mental health issues or where to obtain support, parent's own life experiences and cultural, religious, or social influences may impact active help-seeking and accessing appropriate interventions (Rothì & Leavey, 2006; Zwaanswijk, Verhaak, Bensing, Van der Ende, & Verhulst, 2003). Creating partnerships with parents through the formation of a trusting relationship has been described as vital (Alvord & Grados, 2005). Parents may seek out the support of their child's educators, with teachers being the most commonly utilised source of advice, especially in relation to emotional or conduct disorders (Loades & Mastroyannopoulou, 2010). In 2018, 76% of parents sought professional support due to concerns about their child's mental health, with 48.5% seeking support from teachers, compared to 33.4% seeking support from doctors and 25.2% from mental health specialists (NHS Digital, 2018). Knowledge of not only the child in their care but also the wider family can enable educators to be aware of circumstances within the child's life that can increase their exposure to risk factors and adverse childhood experiences that have the potential to impact mental well-being. However, parents have been identified as a barrier and source of frustration for teachers wanting to support children's mental well-being, and this supportive role places an additional burden upon educators (Ekornes, 2015). Without their own mental health literacy skills, educators may find themselves unable to disseminate their knowledge to parents supportively so that they can work in partnership.

Early identification can prove especially difficult when children often exhibit different behaviours at home compared to behaviour within an educational setting and may mask their struggles in an attempt to comply with the norms of their environment. Parents are less likely to report internalised issues such as depression or anxiety disorders, with educators more likely to seek support for children with behavioural issues or ones that impact upon a child's academic performance, and both more readily seek support when a child is exhibiting conduct disorders (McGinnity, Meltzer, Ford, & Goodman, 2005; Meltzer, Gatward, Goodman, & Ford, 2003; Hodges, 1993; Angold, 1989).

Involvement often only occurs when the mental health issue prevents learning either for the child directly or for others within the classroom (Rothi, Leavey, & Best, 2008; Adelman & Taylor, 1999).

Working with Challenging Behaviour

Even at preschool age, children are not immune to being excluded from the educational settings due to disruptive behaviour, and a bi-directional relationship exists in that children with poor mental well-being are more likely to be excluded, whilst children who are excluded subsequently suffer from deteriorating levels of well-being (Ford, et al., 2018). Hence, there is a need for educators to understand potential causes of challenging behaviour and strategies to address the concerns. Educators should have realistic expectations for the age of the children they work with and possess sound knowledge of child development. Challenging behaviour within the classroom should be viewed as communication that a child's needs are not being met, and that early intervention is required. However, educators can struggle to manage such behaviour, especially when they feel it is impacting the other children in their care, and they are already overwhelmed with other competing demands, such as pressures of performativity. For Early Years educators, whether they have an awareness of the crucial nature of a child's formative years, particularly the importance of secure relationships and attachments to develop good mental well-being, can impact the educator's belief that Early Years settings should have a duty to promote and protect children's mental well-being.

The many conflicting demands placed on educators have severely impacted their pastoral role, and debate has arisen as to whether the departure from the traditional teaching role and the supportive role educators now find themselves in is incumbent in nature (O'Farrell, Wilson, & Shiel, 2023; Childs-Fegredo, et al., 2021; Shelemy, Harvey, & Waite, 2019b; Danby & Hamilton, 2016; Corcoran & Finney, 2015). Educators are now expected to function as Tier One professionals, identifying and performing early identification yet without having undertaken any specialist training (DoH, 2004). Whilst educators have been reported to be accepting of the role of early identification and supporting children, there is a growing demand for them to also be engaged in mental health promotion (O'Farrell, Wilson, & Shiel, 2023; Ekornes, 2017; Ekornes, 2015; Graham, Phelps, Maddison, & Fitzgerald, 2011; Kidger, Gunnell, Biddle, Campbell, & Donovan, 2010). It has gone beyond educators believing it is part of their professional role and responsibility to promote mental well-being to becoming an expectation placed upon them by policymakers, senior leadership, and society.

Forming Secure Attachments

Within Early Years settings, where education and care are provided for children from birth to five years, the development of secure attachments is central for children to feel a sense of belonging in

an environment where they are safe and loved; hence, the importance of a key person system to promote strong, trusting relationships between children and the familiar adults caring for them to actively develop a child's self-esteem (DfE, 2021a; Roberts, 2010). In line with Bowlby's Attachment Theory (Bowlby, 1969), this attunement between a child and a secure adult in their life can result in co-regulation as needs are recognised and met before self-regulation begins still with the presence of an adult who can come to their aid should difficulties arise. The key person role encourages an interest in the individual child and their family circumstances, providing emotional support. The key person can work with the child to help them develop ways to recognise and articulate their feelings and emotions. During times of negative experiences, being supported by a key adult can generate resilience for future challenging events.

Early Identification

When assessing children's mental well-being, a positive perspective that focuses upon the child's strengths and abilities is desirable rather than centring on deficiencies. A frequently utilised tool for assessing children's well-being was developed by Ferre Laevers in 2005. Employing six indicators that include emotional regulation, self-confidence and inner peace, and defining children with high levels of well-being as having the ability to "enjoy life to the full" (Laevers, 2005, p. 8). The Laeven scale places responsibility for increasing children's levels of well-being upon the educator and the opportunities they are providing within the setting that enhance children's connectedness and sense of belonging (Marbina, Mashford-Scott, Church, & Tayler, 2015). In the 2016 report Missed Opportunities, this UK evidence review stated that the routine tracking of children's well-being, combined with educators trained to identify early indicators of mental health issues, was required to raise the status of children's mental well-being as a necessary component of healthy child development (Khan, 2016). This report reiterates that the early years are crucial for the building of strong mental well-being foundations but that opportunities to support this development were frequently missed.

> The evidence also generally highlights that schools provide a golden opportunity to pick up and de-escalate early deteriorations in children's mental health but that generally these opportunities tend to be missed as teachers struggle either to identify children needing early help or to find them timely support that can make a difference. (Khan, 2016, s.2)

Working with children on a daily basis and noting changes in a child's normal behaviour can provide educators with an early indication that a child needs support and intervention. Unfortunately, teachers have been shown to consistently fail to identify early symptoms that a child is struggling (Anderson, et al., 2019; Bruhn, Woods-Groves, & Huddle, 2014; Cunningham & Suldo, 2014).

Despite the beneficial educational impact of promoting mental health and well-being, in 2005, the Department for Education noted schools were failing in this expectation, with teachers lacking training and struggling to play their part in collaborative interagency working, stating that three-quarters of schools required training to address these failings (DfES, 2005) Opportunities to provide effective support to both children and their families are frequently missed. There is a need for high-quality, timely, ongoing support, as delays can result in a reoccurrence of mental health issues and a greater chance that poor mental well-being will impact the child's future. Recognising and acting upon signs of early deterioration in well-being improves long-term outcomes as well as reduces the cost to society (Khan, 2016; Knapp, McDaid, & Parsonage, 2011; Patel, Flisher, Hetrick, & McGorry, 2007).

Educators are changing their role but are settings adapting sufficiently to support this? There can be misalignment between policy and practice, varying depending on the individual's own values. Educators report feeling ill-prepared to identify and support mental health issues among children in their care (Khan, 2016; Short, Ferguson, & Santor, 2009). They can become overwhelmed by the demands of meeting the needs of the children and, to an extent, their families, as the two cannot be separated at this young age. The 'will and skill' of educators are fundamental for effective educational settings and mental well-being promotion, with a need to develop educator's 'understanding, competence and confidence', but the structures that have been put in place through legislation and guidance for promotion and prevention within schools may not be appropriate for educators working with younger children.

2.5 Promotion, Prevention, and Intervention

There is a need for educators to comprehend what can challenge mental well-being as well as what can protect it and understand the requirement to address difficulties at the 'individual, family, community and societal level' (Mental Health Foundation, 2019, p. 6). Despite the connection to mental health issues in later life, there exists a reticence from governmental bodies to provide funding and support at this early age to promote mental well-being or to provide effective prevention and intervention strategies within the Early Years. Limited financial budgets for those at ground level mean decisions have to be reached as to whether to focus on early intervention or crisis relief and the optimum age at which investment should be made. The disruptions caused in a child's education are often viewed as more severe, and the successes of intervention are more measurable in older children, impacting this decision-making process (Gellatly, et al., 2019; Kwan & Rickwood, 2015; Deighton, et al., 2014). The commissioning of mental health services for children is based upon many factors aside from the needs of the child. Demand from existing services, the ability to embed new models within existing structures, policy aims and government

agendas, and the potential for long-term cost reduction are but a few of the considerations (Homonchuk & Barlow, 2021). Ideally, services should be based on evidence-based policy decisions. Unfortunately, primary research evidence with regard to infants is rarely sought (Homonchuk & Barlow, 2021; Laws & Hajer, 2000).

Unless mental health interventions are expanded to reach younger children, there will continue to be increased financial costs associated with providing support later in life. 'The later in life we attempt to repair early deficits, the costlier the remediation becomes' (Heckman, 2000, p. 5). Childhood mental health disorders increase the risk of developing future disorders, substance abuse, poor physical health, unemployment and struggles to achieve academic success, all of which may have financial implications both for the individual and society (Pollard, et al., 2023; Dalsgaard, et al., 2020; Shelvin, McElroy, & Murphy, 2017; Knapp, King, Healey, & Thomas, 2011; Chen, et al., 2009). Even without looking too far ahead, there are costs associated with dealing with a child's immediate needs, and these often fall upon the educational setting the child attends. For example, the cost of training educators to meet the child's individual requirements to keep them safe, healthy and in education, the cost of attending meetings with other professionals or parents, and the time spent completing paperwork for referrals to other agencies. The potential to reduce these costs should be a driver for the creation of more effective infant mental health services in our austerity-focused society. However, reality is a field impacted by endless funding cuts, embroiled in our outcome-led culture (Orton, Lloyd-Williams, Taylor-Robinson, O'Flaherty, & Capewell, 2011).

2.5.1 Struggling Support Services Outside of the Education System

Whilst the UK Government is vocal in its discussions on extra investment in mental health services, the Child and Adolescent Mental Health Service (CAMHS) argues they are "on their knees" because of budget cuts, unable to provide the help they wish to as the extra investment only covers the existing provision, allowing no scope for expansion (Homonchuk & Barlow, 2021, p. 6). The Chief Executive of the NHS reports a misalignment between services provided and patient requirements (Children's Commissioner, 2022a). Although spending on children's mental health is rising, it is still woefully inadequate and highly variable across the country, suffering from a 'postcode lottery' effect, and with adult mental health continuing to see greater investment than youth mental health services (Children's Commissioner, 2022b). Although this eternal balancing act of budget distribution must be problematic, a lack of specialist workers who have an awareness of the support requirements for young children in infant mental health means the needs of the youngest children are often overlooked. There are extensive waiting times or rejection of referrals, and half of CAMHS services within England do not accept referrals for children under two years old despite

their service being designated to work with children from 0-18 years old. Aside from initial problems with accessing service providers, once a child is accepted, they face delays due to waiting times before starting treatment plans, with the Government's target of a four-week wait excessively ambitious and referral rates continuing to increase. During 2019/20, there was a rise in referrals of 35% from the previous year but only a 4% increase in children receiving treatments, with the NHS citing their struggles as due to a lack of workforce capacity (Lennon, 2021). A situation that is only worsening as the impact of the pandemic on society's mental well-being becomes apparent. Whilst the NHS aims to treat a third of children receiving referrals, the questions remain as to what fate awaits the other two-thirds, emphasising the need for support outside of the NHS system.

Examination is conducted on a regular basis to ascertain the effectiveness of NHS provision of mental health services for children. Through the Children's Commissioner's annual mental health briefings that originated in 2017, data is analysed to assess progress with the aim of bridging the gap between current levels of service provision and what children need from them, intending to examine risk factors, identify barriers for training and support services, and to assist in the taking forward of key policy initiatives. The shortcomings of the current system highlight the need to move beyond the medical model of the NHS, with education services ideally placed to fill these gaps. The UK Mental Health Foundation states that there is a need for intersectoral strategies and a need for all professionals to work together effectively (Mental Health Foundation, 2019). Lennon (2021), echoed that what is required is a 'broader system response to children's mental health, incorporating schools and the voluntary sector' (p. 11). The NHS Long-Term Plan (2019a), expressed the desire to provide support to all children in need by 2028. However, with 70 areas within England closing 30% of referred cases before children are offered support at any level, there is an urgent need to expand from NHS services alone. Plans in 2020 to roll out NHS counselling services into a quarter of schools by 2023, whilst beneficial in supporting school staff, failed to extend to children below compulsory school age and was stated by the then Children's Commissioner Anne Longfield to be unambitious in nature, with her calling for greater collaboration with voluntary services rather than placing the burden solely on the NHS. Although such publicised long-term plans are in place to expand children's mental health services, many are frustrated at the slow progress and believe these plans remain insufficient, especially in light of the increase in referrals to services since the pandemic (Thorlby, et al., 2021; BMA, 2019).

2.5.2 Promotion and Support within the Education System

With limited availability of psychological treatments and extensive waiting times for services, there has been a rise in the investigation of preventative measures and early interventions away from the traditional health service routes. Schools have been described as the optimal environment to deliver

effective mental health initiatives in a safe, flexible space, with school-based services cited as a way to increase access to support (Thorley, 2016; Marks, 2012). There is evidence to support the provision of universal programs that promote mental well-being, combined with targeted support for children with individual mental health needs (O'Connor, Dyson, Cowdell, & Watson, 2018; Weare & Markham, 2005). However, placing educational settings at the forefront of mental well-being services for children comes at a cost, with funding required for training and resources to implement interventions and promotions.

Over the last couple of decades, the discourse surrounding the mental well-being of children has gradually changed from that of prevention of risk and harm to a 'strength-based discourse', with an emphasis on health promotion, children's competency, and agency (Graham, Phelps, Maddison, & Fitzgerald, 2011, p. 480). Children are viewed no longer as victims but rather with the ability to form their own views and develop strategies to cope with life's pressures. This journey has not been easy with tension between a culture that traditionally employed labels, blame and stigmatisation rather than focusing on strengths and children's capabilities (Reardon, et al., 2017; Kaushik, Kostaki, & Kyriakopoulos, 2016; Evans-Lacko, Corker, Henderson, & Thornicroft, 2014). Interlinked is a broader concern that interventions are currently based upon the individual, as society will not take responsibility for its role in the current crisis, with a risk of 'piecemeal and uncoordinated interventions' when strategies focus solely on the individual (DCSF, 2008, p. 54). Support should be holistic and consider broader social factors relevant to the child's life, as previously considered in relation to Brofenbrenner's Ecological System Theory (Ofsted, 2010; Bronfenbrenner, 1979). Promotion and support of mental well-being should be respectful and non-judgemental, including support and intervention for existing mental health issues that impact well-being, along with promotion for whole groups to raise awareness, reduce stigma and develop good levels of mental well-being to aid in future development and act as a protective factor. The language used within interventions should be accessible, positive, non-medical and non-stigmatising, accentuating children's strengths, and abilities, with educational settings providing a graduated response depending on the needs of the cohort and individual children in their provision. Educators should also take care that their setting does not inadvertently create stigma by singling out children for interventions (Bowers, Manion, Papadopoulos, & Gauvreau, 2013).

Mental health promotion is two-fold: not only the prevention of mental health issues but also the promotion of positive mental health and well-being (Greacen, et al., 2012). Mental health promotion is defined as actions aiming to improve psychological well-being through the creation of an environment that supports mental health. It should include,

> Early childhood interventions e.g. providing a stable environment that is sensitive to children's health and nutritional needs, with protection from threats, opportunities for early learning, and interactions that are responsive, emotionally supportive and developmentally stimulating (World Health Organization, 2018, p. 2).

Evidence suggests that emphasising well-being rather than focusing on illness through positive models of mental health led by educators as key contributors is optimal (Mazzer & Rickwood, 2015; Weare & Nind, 2011; Weare & Markham, 2005). With the suggestion that the early implementation of programmes focusing upon the development of protective factors is more beneficial to long-term mental well-being, as opposed to programs that focus upon reducing negative behaviours already exhibited, especially with younger children (Browne, Gafni, Roberts, Byrne, & Majumdar, 2004).

Mental well-being requires the presence of protective resilience factors to "strengthen this mental immune system" (Browne, Gafni, Roberts, Byrne, & Majumdar, 2004, p. 1368). Protective factors for young children include being praised and acknowledged for who they are, having an external support network, having good physical health, and feeling positive about themselves. However, there is the opposite side to the coin: factors that have the ability to deplete a child's mental well-being: conflict, confrontation, lack of peer and family support systems, and lack of acceptance (DFES/DoH, 2004). For children who experience adverse experiences in their early years, the greater the likelihood that they may develop mental health issues in later life (Lowthian, et al., 2021; Scott K., 2021; Felitti, et al., 1998). However, the existence of protective factors such as those above that build internal resilience can offset the risk factors, and indeed, many settings are now implementing trauma-informed practices to support the mental well-being of these children (Maynard, Farina, Dell, & Kelly, 2019; Mendelson, Tandon, O'Brennan, Leaf, & Ialongo, 2015). Educators can, within their role, generate documented resilience factors within children, secure early relationships, promote a positive approach to problem-solving, a good sense of humour, strong communication skills and the capacity to reflect. Within the educational setting, these can be further enhanced through the creation of respectful environments that generate high morale, self-regulation, clear boundaries, focus on relationship skills through a balance of academic and non-academic opportunities, and strong anti-bullying policies.

Through positive and nurturing educational environments and the sharing of knowledge and best practice from those within the field, children's mental health and well-being can be supported. Indeed, school-based interventions have been claimed to be essential in reducing mental health problems in young children, negating potential interference in the children's academic development (Dwyer, 2004). Yet educational settings are not designed to facilitate the provision of mental health services, with educators lacking both training and resources to undertake such a role (Reinke et al.,

2011; Cunningham & Cunningham, 2001). The original introduction of interventions within schools involved specialist clinical staff providing the service within the setting. However, this approach was unsustainable in the long term, especially for universal rather than targeted interventions. Therefore, interventions evolved, resulting in educators involved with the children on a daily basis becoming the primary support source (Shucksmith, Summerbell, Jones, & Whittaker, 2007). Thereby generating ongoing disagreement as to whether educators can be as effective as specialists in the delivery of programs (Diekstra & Gravesteijn, 2008; Wilson & Lipsey, 2007; Beelmann & Losel, 2006).

Interventions to promote mental well-being have been shown to have a broad range of positive benefits, improving social and emotional skills, violence and conflict resolution and educational outcomes, but despite this are not always effective. Weare & Nind (2014) conducted a systematic review of 52 well-being intervention programs in schools and considered the principles needed for effective whole-setting interventions. These include starting interventions early and continuing through the school career, taking a long-term perspective, identifying protective skills such as resilience and self-awareness, linking to a positive whole-school environment, involving parents and the wider community, and implementing programs faithfully. Programs that have a clear goal of the desired outcomes, efficient guidelines and training, and accurate implementation are more likely to be successful rather than reducing effectiveness due to alterations and dilution during implementation (Khan, 2016; Giesen, Searle, & Sawyer, 2007). In an earlier paper, Weare (2013) expressed the opinion that an increase in mental health programs across school settings was vital and worthy of encouragement, but only if implemented with ‘clarity, intensity and fidelity’ (2013, p. 129). Inserting programs into educational settings that do not appreciate the circumstances of individual children and the interplay between external components of family, community, and society is problematic and simplistic. If educational settings are to play a role it should be as a component of a wider holistic strategy that interlinks these aspects. To ensure the successful implementation of intervention programs within educational services, educators should be consulted for both research and dissemination to eliminate a research-to-practice gap.

Interventions within the education system can be separated into universal and targeted, with universal being viewed as primarily mental health promotion and targeted as the prevention of mental health issues often aimed at groups considered at risk of developing mental health issues or individuals identified as requiring additional support. Universal approaches have greater population coverage, reaching larger numbers of children but have smaller treatment effects, whereas targeted approaches show larger treatment effects but rely on accurate identification of children at risk or already facing mental health issues (Stallard, 2013). Universal interventions aim to promote mental

health, change the setting's ethos, raise awareness of mental well-being, and improve the psychosocial environment (Ekornes, 2015). It is important that interventions are not administered purely at a targeted level as we risk not providing support to those children with minor mental health issues, those skilled at masking, or children with no known risk factors who have not been identified as needing support. Targeted interventions should be embedded in a 'firm foundation of universal, preventive work' (Weare, 2013, p. 129). Interventions employed at a whole school level have been shown to benefit not only the school community but also through permeation of values through school policy, curriculum, and practice, leading to improvement in relationships between educators and individual children and a reduction in exclusion for behavioural problems (Cole, 2015; Durlak, Weissberg, Dymnicki, Taylor, & Schellinger, 2011). Whole-setting interventions can also reduce stigma and other barriers to seeking help and support but require a commitment by all within the setting.

Thousands of programs being employed globally, particularly within the USA and Australia, that have now filtered into the education system in England, referred to by names such as 'resilience', 'life skills', 'emotional literacy', 'emotional intelligence' and 'character education' (Weare & Nind, 2011, p. i30). Resilience theory focuses on preparing children with the skills they are viewed to need to respond to negative situations and adversity, enabling them to employ effective coping strategies. Resilience as a taught concept within educational settings can provide children with a protective factor when faced with emotional strain such as fear, anger, or stress, developing skills to accept feelings and adapt how the brain reacts, changing responses from negative to positive (Fletcher & Sarkar, 2013; Hayes, Luoma, Bond, Masuda, & Lillis, 2006). Particularly relevant post-pandemic may be emotional literacy work, equipping children with the skills to understand and manage difficult emotions as part of their education, enabling children to express their experiences, fears, and worries. Early childhood skills that can foster resilience include good communication and problem-solving, emotional self-regulation, and the formation of secure attachments. A second approach is the teaching of Mindfulness as a technique to build protective factors. With its origins in ancient practices of meditation and yoga but supported by modern-day neuroscience, the aim is for children to be aware of their own internal feelings and emotions and the impact that these have upon their physical and mental state, learning coping techniques against potentially negative emotions, providing resources to thrive and building positively healthy minds (Keller, 2020). With children effectively being taught how to 'fix' themselves and address their emotional shortcomings, this approach could be perceived as a return to "moral and moralising notions of 'character' and 'character education'", (Weare & Nind, 2011, p. i30).

Play serves a crucial role in supporting children's mental well-being, with extensive literature and practice demonstrating its therapeutic benefits. Research has shown that play offers children a natural medium to express complex emotions and process traumatic experiences, making it an invaluable tool for mental health support (Dodd, Nesbit, & FitzGibbon, 2023).

For children in hospital settings, play therapy has been found to significantly reduce anxiety, fear, and stress associated with medical treatments. Studies indicate that when play and distraction techniques are incorporated into hospital care, children often experience less pain, require less sedation, and have shorter recovery times (Gulyurtlu, Jacobs, & Evans, 2020). This highlights the power of play in helping children cope with challenging medical situations and maintain positive mental health outcomes. Play therapy has also proven effective for children receiving psychological support for various mental health concerns. Child-centred play therapy, in particular, has been shown to improve core issues related to autism spectrum disorders, such as social communication skills, joint attention, and emotional regulation (Francis, Deniz, Torgerson, & Toseeb, 2022). Additionally, play-based interventions have demonstrated success in reducing anxiety and stress levels in children, as measured by decreased cortisol levels and improved emotional competence (Francis et al., 2022).

The therapeutic applications of play are vast and well-supported by academic evidence. From hospital settings to everyday life, play serves as a vital medium for supporting children's mental well-being, offering a natural and effective way for them to process emotions, develop resilience, and overcome psychological challenges. Research indicates that adventurous play in everyday life can have a protective effect on children's mental health. Children who engage in more adventurous play tend to exhibit fewer internalising problems and more positive affect, particularly during challenging times such as the lockdowns during the recent pandemic. This suggests that encouraging regular, unstructured play can bolster children's resilience and ability to cope with stress. For Early Years educators supporting children with mental well-being difficulties, play-based interventions offer a powerful tool. Play therapy allows therapists to communicate effectively with children, helping them understand and express their feelings in a safe, non-threatening environment. Through carefully selected play materials and techniques, practitioners can facilitate diagnostic assessments, plan interventions, and teach coping skills to children struggling with various mental health challenges (Shrinivasa, Bukhari, Ragesh, & Hamza, 2018). This can also be the case in Early Years settings where educators are already skilled in teaching through play and can then expand these skills to focus on the promotion of mental well-being.

Programs to support children’s mental well-being are not confined to exclusively educating children. Mental Health Literacy (MHL) programs may focus on the educator’s knowledge of

mental health issues in order to aid recognition, management and prevention, including the stigma surrounding mental health, the educator's confidence in supporting children with appropriate help-seeking, and how to address the behaviour of struggling children (Jorm, et al., 1997). The higher an educator's MHL, the greater their confidence in managing children's mental health problems, the more likely they are to offer support, and the more effective their responses (Rossetto, Jorm, & Reavley, 2016; Kidger, et al., 2016). Yet educators traditionally have a limited amount of mental health knowledge (Walter, Gouze, & Lim, 2006). Training has been shown to enhance educators' mental health literacy, with the potential to improve early intervention and identification and to increase educators' belief that they are meeting the needs of the children (Mansfield, Humphrey, & Patalay, 2021; Frith, 2016). Studies have reported that an educator's level of education, gender, experience, and previous contact with children with mental health issues can all influence the effectiveness of participation in MHL programs (Coppens, et al., 2014; Masillo, et al., 2012; Bella, Omigbodun, & Atilola, 2011; Aghukwa, 2009). Although studies appear to show benefits to participation in MHL programs, there is a lack of randomised studies and longitudinal evidence to indicate whether benefits remain over time, (Yamaguchi, et al., 2020). However, educators have been found to have confidence in MHL programs despite a lack of evidence to confirm effectiveness, although this may be due to a lack of program evaluation within education generally, and educators resigned to decide for themselves if they believe participation in programs could benefit the children in their setting (Zeichner, 2014).

2.6 Researcher Reflection

As the current Children's Commissioner Dame Rachel de Souza stated, 'There is still a mountain to climb before all children are getting the support they need and deserve' (Children's Commissioner, 2022a, p. 2). As the role expands and pressure upon Early Years educators increases, Early Years settings are being overlooked in policy, legislation, and guidance, as well as in the allocation of funding. This trend appears set to continue without radical changes to the mindset of those authoring these works and prioritising spending. However, there is the possibility that this may change as the UK engenders a new Government and political priorities shift, but if not, then educators may continue to find that the burden of promotion and support falls on them. The following chapter explores the existing literature relating to educator's knowledge and confidence with regard to mental well-being promotion and support.

Chapter 3: Existing Literature

3.1 Chapter Overview

The mental well-being of children should become a priority within the UK and, as such, requires detailed, current research to accumulate existing data and knowledge. The previous chapter showed how Early Years educators can play a significant role in the early identification of issues and providing interventions, yet legislation, policy, and guidance frequently omit to refer to Early Years settings. Whilst research into mental illness is increasing as the potential impact becomes appreciated on par with physical illness, research into mental well-being is still sparse. Society's awareness and collective knowledge of the often-hidden world of mental health issues is gradually expanding across the fields of education, health, academia, and the general public, but how to build resilience and protective factors for children is not yet on an equal level. The focus on mental illness unintentionally limits research into mental well-being and mental health promotion. Changes can occur only through credible, published research on young children's mental well-being, reflected in policy and transmitted into practice.

The following literature review aimed to build on the discussion within the previous chapter on Early Years educators promoting and supporting mental well-being by identifying, synthesising, and critiquing previous research that has considered the development of educators' knowledge and confidence in this field and the barriers that may be encountered within their role. The literature was utilised to guide the current study's exploration of the perspective of Early Years educators on promoting and supporting young children's mental well-being, and studies were selected for review based on their relevance to the specific research questions (Dawson & Ferdig, 2006).

This chapter details the method of conducting the review, the synthesis of the pertinent literature, the identification of the limitations of previous research, and how the current study provides a unique contribution to the field.

3.2 Sourcing of the Literature

Literature was sourced that related to the research questions:

- What knowledge do educators have with regard to young children's mental well-being, and where does this knowledge stem from?
- Do educators perceive themselves to be confident in supporting young children's mental well-being, and what tools do they employ to achieve this?
- Do educators believe they could be better equipped to promote and support mental well-being, and on reflection, how do they consider this might be undertaken?

The selected literature was limited to the past 27 years, covering 1997– 2024, in line with the previous political discussion in Chapter 2 regarding mental well-being policies and statutory guidance. This was considered a suitable period of relevance for the current study.

Articles were reviewed, and data was extracted based on the themes within the research questions through keyword searches across several electronic databases. Studies related to students in higher education and professionals outside the education system, such as Health Visitors, Educational Psychologists, and Medical Practitioners, were excluded. Studies referring to adult mental well-being as opposed to children or adolescents were also eliminated. Only English language studies published in peer-reviewed journals were reviewed.

Search terms initially began with 'educators, early years, mental well-being, promote and support, knowledge and confidence,' intending to obtain an overview of previously published literature. Limited research was found to have been conducted with children below compulsory school age or outside of school settings. Limited research was also found to have been undertaken within England, hence the decision to broaden the search parameters to include research from other countries and research conducted within primary and secondary school settings. This enabled the comparatively small literature base to be considered alongside prevalent international works whilst accepting the challenges faced, and the context in which they are employed will vary for educators situated in countries outside of England. During the review, search terms were widened to include relevant keywords arising from the literature to establish if these phrases would result in the identification of pertinent further pieces of research.

Research Question	Key Search Terms
What knowledge do educators have with regard to young children's mental well-being, and where does this knowledge stem from?	**Initial search:** Knowledge, Knowledge Base, Knowledge Acquisition, Educators, Mental Well-being, Mental Health, Children, Early Childhood **Secondary search:** Training, Professional Development, Programs, Competency, Professional Capital, Capabilities, Experience, Skills, Research, Practice
Do educators perceive themselves to be confident in supporting young children's mental well-being, and what tools do they employ to achieve this?	**Initial search:** Confidence, Support, Educators, Mental Well-being, Mental Health, Children, Early Childhood **Secondary search:** Strategies, Interventions, Perception Experience, Self-Efficacy, Beliefs, Capabilities, Responsibility, Role

Do educators believe they could be better equipped to promote and support mental well-being, and on reflection, how do they consider this might be undertaken?	**Initial search:** Promotion, Support, Barriers, Reflection, Educators, Mental well-being, Mental Health, Children, Early Childhood **Secondary search:** Beliefs, Attitudes, Values, Challenge

Figure 6 - Table of Literature Review Search Terms

The following section critically discusses the data extracted from the selected literature based on the established research questions within the current study.

3.3 Critique of Identified Literature

The primary challenges for educators participating in mental well-being promotion are lack of knowledge, lack of competence, lack of confidence and skills to engage with mental well-being issues actively, and barriers such as a lack of time and resources rather than a dismissal of the importance of the subject matter (Gryglewicz, Childs, & Soderstrom, 2018; Holen & Waagene, 2014; Reinke, Stormont, Herman, Puri, & Goel, 2011; Graham, Phelps, Maddison, & Fitzgerald, 2011; Kidger, Gunnell, Biddle, Campbell, & Donovan, 2010; Walter, Gouze, & Lim, 2006). This could be due to a lack of training (knowledge) or perceived competence (confidence). Several studies indicate that educators feel they lack the necessary knowledge and skills to address the mental well-being of children within their settings, with educators expressing feelings of helplessness whilst being bombarded with the latest public health concerns via policy and legislation (Smith et al., 2020; Ekornes, 2017; Kidger, Gunnell, Biddle, Campbell, & Donovan, 2010; Rothi, Leavey, & Best, 2008; Koller & Bertel, 2006). I will consider those studies at the interface between promoting and supporting mental well-being and educators' knowledge and confidence when undertaking this role. This critique will be organised using the research questions from the current study.

3.3.1 Knowledge

Related Research question: What knowledge do educators have with regard to young children's mental well-being, and where does this knowledge stem from?

Knowledge is the acquisition of "facts, information, and skills…through experience or education; the theoretical or practical understanding of a subject" (OED, 2022). Knowledge can consist of content knowledge (knowledge of the subject, pedagogical knowledge (knowledge of teaching methods and classroom strategies), and pedagogical content knowledge (knowledge of how to teach specific content to specific learners in particular contexts) (Shulman, 1986). Through knowledge,

one can enhance proficiency, expertise, capability, and capacity levels. Alternatively, a lack of knowledge can drive prejudice and stigma towards others (Spiker & Hammer, 2019).

The arena of promoting and supporting young children's mental well-being is vast, and the knowledge required varied. Educator professionalism entails a commitment propelled by the desire for all children to succeed, being fair and respectful in their approach, and confident in their abilities as educators to take on all challenges thrown at them within their role. With curriculum models to develop mental well-being most effective when delivered by those with relevant knowledge, pressure is placed upon educators to find the source of such knowledge and encapsulate it. Educators request that training should be relevant to their role and include how to practically support children with mental well-being needs, how to identify children at additional risk of reduced well-being, how to promote positive well-being for the age of children working with, how to signpost local sources of further help and how to initiate discussions with both children and parents (Shelemy, Harvey, & Waite, 2019a; Ekornes, 2017; Graham, Phelps, Maddison, & Fitzgerald, 2011; Stormont, Reinke, & Herman, 2011; Kidger, Gunnell, Biddle, Campbell, & Donovan, 2010; Rothi, Leavey, & Best, 2008).

With assertations made that educators need to possess a basic knowledge of mental health and well-being, across the UK, preservice training in the field of mental well-being for teachers is inconsistent and identified as an area of weakness (Hart & O'Reilly, 2018; Burton, 2014; O'Hara, 2014; Koller & Bertel, 2006), with training in Early Years mental health described as occurring in an "ad hoc fashion", (Priddis, Matacz, & Weatherston, 2015, p. 626). Training is even more sporadic for Early Years educators outside the school system regardless of the country in which the educator is situated, with requests made for formal preservice training (Kay-Lambkin, Kemp, Stafford, & Hazell, 2007). Insufficient training was found to be a barrier to supporting children's well-being across the majority of studies reviewed, with educators eager to undertake additional education to increase competency (Shelemy, Harvey, & Waite, 2019a; Gryglewicz, Childs, & Soderstrom, 2018; Green, Malsch, Kothari, Busse, & Brennan, 2012; Sims, et al., 2012; Reinke, Stormont, Herman, Puri, & Goel, 2011; Trudgen & Lawn, 2011; Rothi, Leavey, & Best, 2008). With regard to initial pre-service training, from September 2019 Early Years educators were required to have an understanding of the impact of health and well-being on children's development, working cooperatively with colleagues, other professionals and parents, although well-being is used as a generic term without specifying physical or mental (DfE, 2024b, p. 21). From September 2024 the qualification criteria will be expanding, with the Department for Education stating that the minimum qualification requirements for a level 3 educator must now include knowledge of how,

> Self-regulation changes according to a child's age and development. Children are in the early stages of learning to self-regulate and it is something that is developed throughout the early years. Co-regulation (the support we provide to children to help them understand, express, and regulate their feelings) is a vital building block towards the ability to self-regulate. (DfE, 2024b, p. 33).

Future training courses for the Level 3 Early Years educator qualification will include the expectation that,

> Educators will learn how to:
> • Support children to develop a positive sense of self and to recognise, understand and manage their emotions, including supporting a child's understanding of differing emotional reactions and what may or may not be appropriate
> • Use co-regulation to support children when they are experiencing any range of emotions by providing warm, responsive interactions to help support the development of self-regulation.
> • Support children to form positive attachments, including how to develop warm and responsive relationships with other children, with clearly established and age-appropriate boundaries. (DfE, 2024b, p. 34).

Therefore, with the existing guidance and the future expectations as to core competencies for Early Years educator qualifications, it is surprising that there is currently limited preservice training for teachers or Early Years educators, especially regarding trauma-informed practices that can significantly support young children's mental well-being (Thomas, Crosby, & Vanderhaar, 2019). To improve the landscape for young children's mental well-being, the mental health awareness of all professionals who come into contact with children must be enhanced (YoungMinds, 2017). As appointed tier-one mental health professionals, educators feel "inadequately prepared" to fulfil this role (Rothi, Leavey, & Best, 2008, p. 1227). With educators expressing a reluctance to engage due to insufficient training, consideration should be given as to whether educators new to the role are adequately trained to meet the demands of promoting and supporting children's mental well-being (Marinucci, Grové, & Allen, 2023). With the current training that does exist continuing to focus on referral and interventions for identified children, a significant barrier will be generated if training does not expand to include the promotion of positive mental well-being.

Studies indicated that educators' knowledge directly correlates to their ability to promote mental well-being and to adapt their provisions for children with mental health issues, creating the belief that they are not professionally competent if not knowledgeable in this field (Kratt, 2018; Ekornes, 2017; Philloppo & Kelly, 2014; Kidger, Gunnell, Biddle, Campbell, & Donovan, 2010). However, O'Reilly et al. (2018a) argued that there is a 'misguided assumption' that training "immediately translates into effective practical implementation" (2018a, p. 451). Particularly when training may consist of a single session, often online, with no opportunity for face-to-face discussion or to ask questions (Bowyer, Fein, & Krishnamoorthy, 2023). Farrell & Travers' 2005 Australian study to

explore the success of the Healthy Start initiative stated that the six training sessions the program provided for Early Years educators, although initially showing an increase in knowledge and confidence, failed to maintain the increase at review 12 months post-training (Farrell & Travers, 2005). In a similar vein Davis, et al., (2011), whilst employing a longer 12-month training program for Australian daycare educators, found that training must be linked to policy, procedures, resources and supervision, not a standalone initiative to achieve success (Davis, et al., 2011).

For educators' ever-expanding role, training alone is not sufficient, and any training provided must be followed up with ongoing support, with a need for mental health professionals to ensure educators' knowledge is up to date, for example, through disseminating advances in evidence-based techniques and interventions. Training must be ongoing and sustainable, keep up with the expansion of knowledge in the field of mental well-being, and be sustained with the necessary monetary and time investment by those involved (Elliott, 2014; Azzi-Lessing, 2010). This indicates the need for continued multi-agency working combined with multi-agency training, generating a 'collective mental health perspective' (Green, Malsch, Kothari, Busse, & Brennan, 2012, p. 123). Input from external professionals will permit the sharing of complementary knowledge and the creation of 'interdisciplinary synergies' (Askell-Williams & Murray-Harvey, 2013, p. 201). Any training provided should increase educator effectiveness by encompassing a more profound knowledge of child development, enhancing the communication skills of educators, and including 'positive' behaviour management techniques through mentoring and peer observations, with external support agencies such as CAMHS supporting educators by providing expert advice that fills any knowledge gaps (Cole, 2015; Albion & Ertmer, 2002).

Reinke, Stormont, Herman, Puri, & Goel (2011) made recommendations for training to be made mandatory for primary and secondary school teachers through improving policy legislation in the USA, echoed within the recent discussion by O'Farrell, Wilson, & Shiel (2023) having conducted a global review of teacher's perceived barriers to assessing mental health problems within primary and secondary schools. These two studies provide similar findings, emphasising that the international policy context for teachers has failed to change over the past decade. In 2017, the UK government pledged that by 2020, all secondary schools would have received training in mental health, but this only related to one teacher within each school, not training for all (Public Health England, 2017). A similar scheme was planned for primary schools with a deadline date of 2022. This has recently been announced to have been cancelled, with the Government citing a diversion of funding to prioritise the mental health needs of children post-pandemic, announcing instead the Well-being in Education Recovery package (DfE, 2022). This appears contradictory, and a failure to accept that children's well-being and the need for educator training was already an existing issue

prior to COVID-19 and that initiating the original program as planned would have provided knowledge through training that could have been tailored to include the post-pandemic impact on children's well-being. With CAMHS already struggling to meet demands placed upon their services, cancellation of the Government's commitment to providing mental health awareness training within schools would potentially reduce referrals from newly trained educators signposting children and their families to external support services, alleviating existing pressure. There is also the concern that initiating any scheme that prioritises well-being in 'education' will fail to address the needs of younger children attending non-school-based settings such as private daycare, continuing to sideline the youngest members of society.

Even when educators participate in mental well-being training that enhances their awareness and identification of children struggling with their mental well-being, they may not utilise this new knowledge when faced with real-life challenges within their setting, as found in Jensen, Morthorst, Vendsborg, Hjorthøj, & Nordentoft's 2016 Danish study on the effectiveness of Mental Health First Aid training (2016). Educators may also be reluctant to refer their concerns to more experienced colleagues despite identifying this as the best course of action in a given situation (Trudgen & Lawn, 2011). The quality and quantity of knowledge are irrelevant if the educator is unwilling or unable to utilise the knowledge gained, even if those barriers are purely psychological (Sisask, et al., 2014).

Reinke, Stormont, Herman, Puri, & Goel (2011) found that 78% of the 292 teachers surveyed felt they lacked adequate training for supporting children's mental well-being, indicating a disconcerting lack of confidence in their perceived role. Although this study was limited due to the participants being located within one state of America and therefore likely to have undergone the same initial training program, Reinke et al. (2011) claimed there exists a widespread lack of evidence-based interventions within the school system, stating that the perspective of teachers was pivotal in exploring this gap between research and practice. As participants were recruited through an optional survey, those who responded may have seen their response as a platform that provided them with an arena to express their dissatisfaction with the current system. However, this is not a negative reflection of the study, as educators need to be heard in the arena in which they are situated. Nevertheless, their views are frequently overlooked, and without studies of this nature that generate a more profound understanding, the knowledge-to-practice gap will continue to be a barrier.

Mansfield, Humphrey, and Patalay's 2021 study of 710 educators across 248 schools in England explored the capacity to support mental well-being within schools. 95% of the schools provided staff training, and 71% had a designated mental health lead. This illustrates an increase from the

2017 Department for Education report, where 50% of schools had a lead present, potentially indicating shifts in educational priorities (2017). The quantity of training provided directly correlated with educators' mental well-being knowledge and health literacy (Patalay, et al., 2016). Educators surveyed had greater knowledge of signs, symptoms, and risk factors than of referral processes, echoing earlier research by Loades Mastroyannopoulou (2010). However, all the schools in the current study were participants in a broader programme of researching mental health initiatives, potentially indicating a bias towards a workplace commitment to focusing on mental well-being provision.

Educators are trained to meet the educational needs of children but must be aware of barriers to learning. For settings and individuals to mitigate against these barriers, those working with children need to reconsider their beliefs about mental well-being so children can access learning opportunities and reach their full potential. Rothi, Leavey, & Best (2008) interviewed 30 UK teachers working with children aged 3-16 years old, finding that the initial training of teachers had shortcomings in a more comprehensive knowledge of child developmental norms and did not explore in depth the impact of poor mental health or well-being, how to support children in these areas or how to address underlying issues before children are impacted socially, emotionally or academically. The limited training received was frequently reactive, focusing on behaviour management within the classroom and how to deal with 'unruly' pupils, identifying a potential need for support through a deviancy model, labelling children deficient in following the rules of the classroom rather than proactive or preventative, exploring the individual child's requirements and the root cause of behavioural issues (Rothi, Leavey, & Best, 2008). A decade later, not much had changed from the teachers' perspective. O'Reilly et al. (2018b) stated that teachers appreciated training but questioned its effectiveness when training was not contextualised or linked to children's psychological development. Likewise, training for those working in Early Years settings must be amended to suit younger children and the diversity of a non-school-based environment. The knowledge and competency required will differ depending on whether the educator is undertaking promotion, prevention or intervention and the level of intervention being implemented, be that universal or targeted. Having nominated staff members to undertake the role of well-being support means that training can be targeted towards one educator, upskilling, and developing their knowledge base, with expectations that they will disseminate their knowledge to other educators as required.

Knowledge acquisition may take other forms: experience, social context, guidance, and personal research. Rothi, Leavey, & Best (2008) found that the teachers interviewed used personal experience and expected norms to identify children in need rather than a sound knowledge base.

Those less experienced teachers or ones who did not have a thorough understanding of child development struggled in identification. Even teachers who base their knowledge on similar personal experiences may have widely differing views (Rothi, Leavey, & Best, 2008). Social context can provide knowledge gained through interactions with peers, mentors, support networks or the ethos of the setting. Through networking, educators can align themselves with professionals who can assist them in the future, developing communitas and working together as peers (Taylor, Kenny, Perrault, & Mueller, 2021; Trust, Krutka, & Carpenter, 2016). Therefore, knowledge becomes socially constructed. Personal research, such as broader reading, online forums, seminars, and courses, can increase an educator's knowledge base. Even if educators believe themselves to be knowledgeable, there is always more to learn, and the landscape of mental well-being is constantly evolving. Also continuously changing is the policy arena surrounding children's mental well-being. By staying abreast of changes, whether national or regional policy and legislation or internal setting policies, the accompanying guidance may provide knowledge of changes and political drivers and references to up-to-date research.

Educators feel isolated, with support and training viewed as irrelevant or unfeasible (Powers, Bower, Webber, & Martinson, 2010). They require time to reflect on the knowledge imparted and consider implementing what they have learned into their daily practice (Molla & Nolan, 2019; Roberts, 2010; Rothi, Leavey, & Best, 2008). Having the required knowledge and skills creates professional expertise and dispositions such as dedication, patience, resilience, and empathy (Molla & Nolan, 2019). Educators require education. Not only to support children but also to support educators' emotional competency and confidence within their perceived role.

3.3.2 Confidence

Related Research question: Do educators perceive themselves to be confident in supporting young children's mental well-being, and what tools do they employ to achieve this?

Confidence is 'the feeling or belief that one can have faith in or rely on someone or something' (OED, 2022). Confidence is a dynamic, subjective dimension shaped by experiences and social context, with the ability to alter behaviours and beliefs. An imbalance between knowledge and confidence can create problems. Emotions, stress, and doubt can reduce confidence levels, whereas conviction in beliefs, resolution and courage can increase levels (Gottlieb, Chan, Zaver, & Ellaway, 2022). A clear professional identity and believing oneself to be an 'expert' in a subject means the individual is more likely to have increased self-efficacy.

Self-efficacy involves having conviction in one's abilities and perceived confidence in performing a specific behaviour. Linked to Bandura's social cognitive theory, self-efficacy is generated when one

achieves success through knowledge application and applies reflection upon these experiences (Bandura, 1997; Bandura, 1981; Bandura, 1977). Self-confidence may be task specific; faith in your ability to undertake a given role, be that an implied role or an assumed role, situational self-confidence; confidence that may vary depending upon the context or situation one finds oneself in, and general confidence; an overall belief in oneself, awareness of own strengths and weaknesses, skills and abilities, and a positive self-perception. Educators' self-efficacy has the potential to sway their responses towards children's mental well-being needs with certainty and secure confidence, preventing reckless actions. (Ertmer & Ottenbreit-Leftwich, 2010; Williams, Horvath, Wei, Van Dorn, & Jonson-Reid, 2007; Walter, Gouze, & Lim, 2006; Koller & Bertel, 2006). When we accept the viewpoint that mental well-being is part of the role of the educator, educators must be 'comfortable and confident in promoting and teaching for mental health' (Wyn, Cahill, Holdsworth, Rowling, & Carson, 2000, p. 595). 'Teacher effectiveness cannot be envisaged without teacher confidence' (Nolan & Molla, 2017, p. 12).

In a sector facing ongoing recruitment and retention challenges, the addition of supporting children's well-being on top of a workload focused on attaining desired academic achievements may prove an excessive burden for educators (Kay-Lambkin, Kemp, Stafford, & Hazell, 2007). The natural caring nature of the Early Years profession generates feelings of guilt as educators struggle to meet the needs of all the children in their setting. Elevated demands and expectations now placed on educators can overwhelm, increasing feelings of disempowerment (Graham, Phelps, Maddison, & Fitzgerald, 2011; Rothi, Leavey, & Best, 2008; Dockrell, Peacey, & Lunt, 2002). Whilst Graham, Phelps, Maddison, & Fitzgerald (2011) stated that teachers had predominantly positive self-efficacy with regard to promoting mental health, Holen & Waagene (2014) found that half of the teachers interviewed felt they lacked the professional competency to undertake the role of supporting children's well-being. An assertion echoed by Mazzer & Rickwood (2015) during their investigation of perceived role breadth and perceived self-efficacy, where teachers maintained they lacked the necessary knowledge and skills due to training deficits. Whilst training in Mental Health First Aid has been shown to increase knowledge and confidence in supporting children's mental well-being, after being subjected to a day's training or an online course lasting a couple of hours, there is now an expectation that educators should confidently possess all the necessary skills, and utilise them to 'fix' the children that they encounter, pass the knowledge gained onto their untrained colleagues, all whilst promoting mental health without detrimentally impacting the academic curriculum (Jorm, Kitchener, Sawyer, Scales, & Cvetkovski, 2010). Training removes responsibility from the government, legislator, or senior management and places the onus on the educator.

Whilst the majority of studies have found that educators have accepted their role expansion, the participants in Rothi, Leavey, & Best (2008) continued to question whether all colleagues would be willing to participate in training to expand their knowledge or if some still feel this role of mental well-being promotion and support goes beyond their responsibility as a teacher. Lower self-efficacy can increase referral rates as educators doubt their abilities to support the child themselves (Walter et al., 2006). Educators may see others as more experienced and better suited to help, either within the setting or externally (Mazzer & Rickwood, 2015; Graham et al., 2011; Reinke et al., 2011; Shelemy et al., 2019b). The sensitive nature of mental well-being can reduce the confidence of educators, making them reluctant to participate in either promotion or support, highlighted in their lack of confidence in discussing children's mental well-being with parents (Mansfield, Humphrey, & Patalay, 2021; O'Reilly et al., 2018). However, educators require knowledge to feel empowered and confident during necessary interactions with colleagues, parents, or external professionals (Han & Weiss, 2005).

When children are experiencing situations that reduce their mental well-being, Graham, Phelps, Maddison, & Fitzgerald (2011) found that confidence levels of teachers to address children's needs are higher for situations such as family breakups and school transitions but lower for children affected by abuse or experiencing domestic violence within their home environment. They were also more confident in supporting the mental well-being of people in their personal lives rather than in their professional settings (Graham, Phelps, Maddison, & Fitzgerald, 2011). Educators who have experienced personal mental well-being struggles may be more equipped to identify others facing similar issues (Harvest, 2018). This is not definitive as educators' current personal low levels of well-being can likewise make them less willing or able to meet the well-being needs of children, as found in Kidger, Gunnell, Biddle, Campbell, & Donovan's study (2010). Broader experience can come from not only educators' mental well-being but also that of family or friends, as well as the previous well-being needs of children and colleagues in their workplace. Educators often emphasise the benefit of knowledge gained in this way more than via educational training avenues (Ekornes, Hauge, & Lund, 2012).

Educators face the struggle of knowing with certainty when to act or whether intervening may make matters worse and may become overwhelmed with feelings of responsibility and incapacitated by fear (Shelemy, Harvey, & Waite, 2019b). Fear of saying or doing the wrong thing, fear of having responsibility for the well-being of others, and feelings of inadequacy may diminish confidence. Ekornes (2017), reported that half of the 771 Norwegian teachers surveyed felt helpless, professionally obligated and personally responsible for promoting mental well-being but halted by the fear of making things worse (Ekornes, 2017). From top-down pressures of assigned

responsibility to forced responsibility from statutory requirements, and finally, assumed responsibility arising from the educator's morals, beliefs and personal values, the extent of perceived demands is vast (Edling & Frelin, 2013). A gap between assigned and assumed responsibilities can exist, although either can increase pressure and affect confidence levels. Perceived responsibility generates feelings of guilt as educators struggle to meet the needs of all the children in their setting. This pressure, combined with a poor support structure for Early Years educators, leads to professional uncertainty, as the boundaries blur between their pedagogical role and in loci parental position and negatively impacts educators' mental well-being (Ekornes, 2017).

There is an interplay between educator's role identity, values, assumptions, skills, and their levels of confidence (Graham, Phelps, Maddison, & Fitzgerald, 2011). The professional capital of educators is concerned with the gaining of specialist knowledge, the formation of collaborative relationships to further knowledge, the existence of consistent, respectful, trust-based relationships, and the capacity to exercise professional agency (Nolan & Molla, 2017; Hargreaves & Fullan, 2015; McBer, 2001). Educators' individual "values, understanding, motivation, and capabilities" impact the effectiveness of the support provided to children with mental health issues (Cole, 2015, p. 38). Educators need not just the opportunity to develop children's mental well-being but must also have the motivation to do so. However, in a group environment, members' confidence or lack of confidence can enhance or reduce the confidence and the motivation of others.

On a social level, educator confidence can be increased through professional learning communities within a supportive environment that embodies shared values, enabling the observation of others and the contemplation of the success of such role models. Constructive feedback on their endeavours creates a sense of self-knowledge and enables the educator to make intuitive responses and sound professional judgements in the future (Lavié, 2006; Dreyfus, 2004). Likewise, creating learning opportunities that spark interest and curiosity in the educator can also increase self-efficacy. This occurs through mentoring, training opportunities and continuous professional development (CPD). Educators should be proactive and believe that success can be accomplished through the practical application of knowledge. Confidence allows the educator to take risks, act with certainty, implement fresh ideas and strategies, critically question, and actively seek learning opportunities to further knowledge. High knowledge and confidence levels can enable educators to respond intuitively to mental well-being situations within the classroom (Dreyfus, 2004). A firm knowledge base can increase Early Years educators' confidence in making what they subjectively consider to be 'sound judgements,' with the combination of experience and training, predictors of providing mental well-being support (Chui, Luk, Fung, & Huang, 2023; Splett et al., 2019; Nolan &

Molla, 2017). Quantity and quality of knowledge are irrelevant if educators are not afforded the opportunity to utilise the knowledge gained.

Educators need to participate in experiences where they believe themselves to have been successful in order to gain confidence. Feelings of failure in a profession that values care and a holistic development approach can negatively impact the educator's mental well-being, and previous experiences will alter their perceptions of subsequent events. Through reflexive discussion, self-questioning, and acknowledging the importance of professional experiences, educators can build their knowledge base and increase their confidence. Reflexive practice explores their actions and behaviours, linking to what has gone before to develop a deeper understanding of the subject matter, construct new knowledge, and generate a greater understanding of themselves (Priddis & Rogers, 2018). The benefit of reflexive practice includes an awareness of their strengths and weaknesses, increased personal and professional confidence and knowledge of what is needed for continued professional development so the acquisition of new knowledge can be tailored to fit (Davies, 2012). Professionals need to consider their lived experiences, modifications that could have been made, changes that can be affected going forward, and barriers that impact their success.

3.3.3 Barriers

Related Research question: Do educators believe they could be better equipped to promote and support mental well-being, and on reflection, how do they consider this might be undertaken?

To promote and support mental well-being, when reflecting upon their abilities, educators must feel confident and secure (Wyn, Cahill, Holdsworth, Rowling, & Carson, 2000). However, how best to equip educators to fulfil this role competently cannot be contemplated without considering barriers identified by educators, as undoubtedly, these will impact both knowledge and confidence. Barriers may be internal or external, depending on the context in which the individual finds themselves. Barriers impact the educator's ability to achieve the necessary levels of knowledge and confidence to undertake their role, for example, fear of failure, low self-efficacy, and the educator's value systems and beliefs, or structural barriers with the potential to affect the educator's ability to promote and support mental well-being (Dimitropoulos, et al., 2021; Shelemy et al., 2019a; Ekornes, 2017; Ekornes, 2015; Mazzer & Rickwood, 2015; Reinke et al., 2011).

As aforementioned, with regard to knowledge acquisition, educators have previously expressed a desire for stronger professional links across well-being services. Mansfield, Humphrey, & Patalay (2021) explored educators' perceived capacity to support children's mental health within UK schools, identifying two external barriers that factor into hindering successful interventions: lack of communication from external agencies and lack of desired support from Child and Adolescent

Mental Health Services (CAMHS) (Mansfield, Humphrey, & Patalay, 2021). Organisational barriers, such as communication issues and confidentiality, force separation between educators and external professionals at a time when working in partnership would benefit children more. Services are currently perceived as inadequate, with educators citing little access to external support, yet educators desire support from such professionals (McKee & Breslin, 2022; Mælan, Tjomsland, Baklien, & Thurston, 2020; Sharpe et al., 2016). Despite being committed to well-being education and willing to undertake more training if offered, teachers still primarily turned to outside experts for assistance, expressing a desire to build more effective partnerships to support the children and families they work with (Graham, Phelps, Maddison, & Fitzgerald, 2011; Azzi-Lessing, 2010).

Reinke et al. (2011) found that teachers in their USA study perceived themselves as responsible for the management of behavioural interventions within the classroom but placed the responsibility of monitoring and referral on the shoulders of educational psychologists due to their own lack of experience and training (Reinke, Stormont, Herman, Puri, & Goel, 2011). The Norwegian study by Ekornes (2015) expanded the discussion of the perspectives of teachers and the challenges that arose through inter-professional collaboration. Teachers were asked about the clarity of their professional role, their capacity to provide help and interventions to children, and how they perceive their ability to help their students. Combining data gathered from focus group interviews (n=15) and a survey (n=771), teachers indicated that they see themselves as having a frontline role, perceiving themselves as ‘gatekeepers’ but in a role that goes beyond assessment and referral into one that necessitates inter-professional working. To fulfil this role, teachers desired more information and support from inter-professional collaboration, citing barriers in the current system that regarded communication and confidentiality and ineffectual cross-system contact, impacting upon perceived teacher competency. When collaboration does occur, it can be tokenistic, with educators viewed as information gatherers rather than involved in discussions and decisions made by professionals of equal standing (Hornby & Atkinson, 2003). This can result in a vicious circle of educators feeling unable and, therefore, unprepared to undertake this role and underutilised as a valuable resource, reinforcing the concept that they cannot provide this support, further reducing their confidence levels. This role conflict and ambiguity affects the ability of educators to provide mental well-being support for children in their setting (Beames, et al., 2022).

There is the question of whether promoting and supporting mental well-being can be integrated into the educational role, with educators expressing concerns about the increasing pressure and conflicting demands they face (O'Reilly, et al., 2018a). Promoting mental well-being is viewed as a time thief by teachers (Edling & Frelin, 2013). Educators require time to undertake training to develop knowledge and awareness of successful interventions that suit the context of their practice

setting. When expected to implement interventions, teachers state that the pressures on their time and ability to commit, alongside the pressures of prioritising academic achievement, fail to be considered by those constructing the programs or those at policy level, creating the Tier 1 role expectation whereby non-mental health specialists are to provide universal interventions in universal settings such as schools and Early Years provisions (Ekornes, 2017; Taylor et al., 2014; Kidger, Gunnell, Biddle, Campbell, & Donovan, 2010; DoH, 1999). This lack of role clarity causes frustration and feelings of helplessness (Shelemy, Harvey, & Waite, 2019b). Ekornes extended their 2015 research to consider how teachers' perceived role, demands and required competence in promoting mental well-being impacted their stress levels (Ekornes, 2017). Using survey data and focus group interviews, educators reported stress caused by perceived responsibility and concerns that they cannot help the children they care for. Educators stated they felt unprepared and unsupported to help those with existing or emerging mental health issues (McKee & Breslin, 2022). There is a need to build educators' resilience, reduce their stress, and not neglect their mental well-being (Cefai, Simões, & Caravita, 2021; Ekornes, 2017; Ball, 2011; Kidger et al., 2010).

Educators have experienced a shifting pedagogy placing responding to the mental well-being needs of children in their care as part of their role (Childs-Fegredo et al., 2021; Anderson et al., 2019; Harvest, 2018; Danby & Hamilton, 2016; Corcoran & Finney, 2015). Whilst teachers have gone so far as to state their role should be purely academic (Shelemy et al., 2019b), as Early Years educators, the lines were already blurred when, within the Early Years sector, educators are traditionally expected to combine a holistic caring and educational role. The ethos of the setting can critically influence these enforced practice changes. There is a need for common goals and strong leadership, with support for educators to ensure they feel part of a team, preventing an overwhelming sense of individual responsibility (Ekornes, Hauge, & Lund, 2012). Whereas workplace pressures can erode knowledge and confidence, especially for new educators. Previous studies have indicated that educators feel poorly supported both by the educational settings in which they are employed and by external mental health professionals from which educators expect to receive advice and a level of professional collaboration, leaving them feeling vulnerable and impacting their mental well-being (Childs-Fegredo et al., 2021; Harvest, 2018; O'Reilly et al., 2018; Ekornes, 2017). Belonging to a group has significance for individuals, who may conform to the opinions of the majority instead of disagreeing, even if doing so contradicts their personal value system.

Educators require clear examples of good practice. If these do not exist, greater confidence in their abilities is needed to implement change within the workplace. From a positive perspective, not wishing to go against others can motivate one to try original approaches, even when lacking

confidence, particularly if observing others achieving success. Where strong leadership does exist, there is less reliance on the individual's knowledge and abilities and, therefore, less pressure on the educator. Likewise, the support of expert mental health professionals can increase knowledge, enhance self-efficacy, and reduce educators' stress levels (Brennan, Bradley, Allen, & Perry, 2008). When the supportive relationship becomes ongoing instead of one-off, capacity-building collaborative relationships can be formed, knowledge shared, and new knowledge generated through reflection on shared experiences.

Consideration must also be given to the impact of one's professional lens and how it affects our perspectives. Educators' value systems create explicit and implicit lenses through which promoting and supporting children's mental well-being are viewed. The personal, professional, cultural, and organisational values of the individual impact on the objectivity of the educator, their willingness to participate and their levels of confidence in their role (Zeanah, 2012). Educators have core beliefs that interconnect with pedagogical beliefs, opinions, expectations, and values (Rokeach, 1972). What is essential to them ultimately impacts their decision-making process. When new schemes, approaches or ideas are introduced to a setting, educators use their internal belief system to decide whether changes to the workplace are 'valuable' in their opinion, and this will impact the enthusiasm and commitment they employ in introducing any changes. The value they place can depend on their beliefs about whether changes will enhance the education and prospects of the children in their care. When mental well-being is not valued by the individual educator, the senior leadership team or others within the setting, barriers can be generated that prevent educators with alternative perspectives as to the important nature of young children's mental well-being from acting.

Graham, Phelps, Maddison, & Fitzgerald (2011), in their Australian study, highlighted the "complex interplay" between teachers' construction of 'mental health', the importance they place on it, their role identity and their sense of well-being (2011). Any socio-cultural stigma surrounding mental health in the community that the educator works within can affect the educator's attitude towards their role in supporting and promoting well-being within their setting (Townsend, et al., 2017). With a lack of knowledge leading to discrimination towards those suffering from mental health issues, there is reason to assume that educators lacking knowledge may, too, be open to discriminatory practices. Some educators have an insight into the broader role that society plays, not merely with regards to stigmatisation and dysfunctionality, but that the education system has not adapted to the changes in society and that mental well-being services, both within schools and externally, may not be best suited to meet the requirements of young children (Graham, Phelps, Maddison, & Fitzgerald, 2011). Despite the policies that emphasise the role of educational settings,

promoting mental well-being is still not receiving adequate recognition at ground level (Patalay, et al., 2016). Policy often fails to recognise the relevance of society, culture, and diversity, placing more pressure on settings and individual educators to tailor policy and legislation to fit the unique needs of the children in their care.

3.4 Limitations of the Literature

Reflecting on the limitations of these earlier studies, there is a minimal focus on the perspective and experiences of Early Years educators not employed within the school sector, particularly in research within the English education system, with literature almost exclusively focusing on school-based settings. The studies critiqued within this review that related to educators and their role in children's mental well-being totalled 58 studies. Of those, 49 were situated within schools, 19 of those in the UK, and 30 globally. Only 6 of the additional works related directly to the Early Years sector, and all were situated outside of the UK. Although the presence of research that focuses upon the well-being of children and takes into account the perspective of some of those professionals who work in this field indicates that there is an acknowledgement of the need to prioritise mental well-being, the role that Early Years settings could play in promoting and supporting young children's mental well-being is still unclear, with policy, legislation and research continually sidelining these critical formative years. The voices of teachers within schools are privileged, and those of Early Years educators marginalised.

When studies have sought the direct perspective of Early Years educators or teachers, data is frequently gathered through interviews, questionnaires, and focus groups. However, when educators are in a professional role that places a significant amount of pressure on the individual, consideration must be given as to whether they will be truthful when asked about the knowledge and confidence they possess or lack thereof, as this has the potential to highlight their shortcomings as a professional. Likewise, the setting ethos can influence the responses of those participating in studies, causing a reluctance to express their own opinions if they go against the culture of the setting (McKee, 2022). There must be a discourse of truth but an awareness by the researcher of the participants' vulnerability, particularly if the data collection involves methods where peers are present, such as focus groups. Only through honesty can the true nature of the construction of knowledge and confidence be analysed and recommendations made as to how best to support educators fulfilling this role.

3.5 The current study and planned research

There is a significant research gap within infant mental health and well-being. The perspective of teachers within primary and secondary schools in the UK and internationally has been explored in past studies. However, there are differences not only in the global policy context but also between compulsory-age school settings and non-maintained Early Years providers. Early Years educators are not the dominant voice in education, policy, or educational research. The role of Early Years educators supporting and promoting the mental well-being of young children in non-school-based settings within England has not been explored in sufficient depth to provide either practitioners or policymakers with the knowledge and database that they need to address the rising mental health issues outlined in the Introduction and Field of Study chapters. Through careful consideration and investigation as to how educators gain knowledge and confidence in the realm of children's mental well-being and the barriers that those working within this field are currently facing, training, interventions, and guidance can be created to equip Early Years educators better to support the children they work with. Being an educator involves uncertainty and complexity, and reflection enables one to improve pedagogical practice and make sound professional judgements. Conducting research exploring perspectives within the mental well-being field allows educators to participate and engage in reflexive practice and involving Early Years educators has the potential to increase their willingness to participate in supporting and promoting future changes, creating a shared vision. Undertaking comprehensive research within Early Years settings and obtaining the perspectives through acknowledging the lived experiences of those working in the field will extend existing knowledge, provide essential insights and bridge this gap, as opposed to continuing to employ an approach whereby primarily school-based research provides the basis for policy and statutory guidance that is still expected to 'fit' the Private, Voluntary and Independent Early Years settings.

3.6 Researcher Reflection

As an exploratory researcher, the literature review is subjective and, although conducted with rigour, cannot help but be influenced by my individual interpretation of the works critiqued and my positionality, which will be discussed in Chapter 4. Early Years educators may be the first professional to encounter a child and, as such, the first to observe children with low levels of well-being, identify risk factors present in the child's life that have the potential to impact mental well-being, and possess the opportunity to promote positive mental well-being to create resilience for the child's future mental health. The literature review has distilled the key issues and illustrated the gaps in the current research, primarily that little has changed for those working with children in this field over the past 25 years, with those whose experiences are collated continuing to plead for

support to enable them to fulfil the role expectations placed upon them. Although studies tend to prioritise the experiences of teachers within schools, their findings are not irrelevant. They indeed may have significance for professional educators working outside of the school sector and with younger children. With studies repeatedly identifying a global lack of training for teachers and educators, despite the introduction of a wide range of intervention programs and a focus on increasing the mental health literacy of professionals working with children, knowledge acquisition must be viewed as something more than training alone. Knowledge interlinks with confidence, beliefs, and values to generate or deter action from being undertaken. Reflection on previous experience, faith in personal capabilities and supportiveness of the context in which they are situated allows, and furthermore encourages, educators to act. There is a need to consider all these elements to enable the barriers and challenges educators face when promoting and supporting children's well-being to be addressed within training, practice, policy, and culture.

The following two chapters move from the existing literature to the current research, discussing the methodology and methods utilised and how the study was formed from my position as a reflexive and active researcher.

Chapter 4: Methodology – The Reflexive Researcher

4.1 Chapter Overview

Having outlined the field of study and synthesised the existing literature, this chapter defines the conceptual framework, highlighting how theory and method are interlinked, bound by the researcher's epistemological and ontological position. My positionality, insider status, the importance of employing reflexivity and my research philosophy will be considered.

This study sought the perspective of Early Years educators, their perceived role, and their perceptions of their own knowledge and confidence levels when supporting and promoting young children's mental well-being in England. Early Years educators are primarily left to their own devices, lacking policy, guidance, or training prior to compulsory schooling age. I wanted to hear, acknowledge, and honour their voices, to seek and represent their perspectives. Whilst young children's mental well-being was selected due to the publicised current mental health crisis that is reflected within policy, guidance and legislation in England, the research aimed to discover educators' ability to promote and support mental well-being but also how educators gain knowledge and confidence in this area and the barriers they face, illustrated through the reflexive discussions of their lived experiences.

Perceived confidence levels and whether educators believe themselves competent have been cited as areas worthy of further investigation in the field of mental health (Graham, Phelps, Maddison, & Fitzgerald, 2011; Crawford & Caltabiano, 2009). As considered within Chapter 2, mental well-being remains much discussed within the UK and globally due to the economic and social impact (Mitchell & Irvine, 2008). Although an increased number of qualitative studies exploring the perspectives of teachers in the field of mental well-being have occurred over the past decade, as discussed within the review of the existing literature in Chapter 3, there continues to remain a gap for research relating to educators working with children in the younger age range, particularly those educators not employed within school settings.

As a researcher, I have a strong belief that there is little point in the journey if I do not learn from it through personal reflection. Whilst dynamic, not static, my current positionality influences my research choices, methodology, and methods (Kobayashi, 2003). My insider status came into play when selecting the research aims, and the participant group and my professional positionality impacted the study's origins and influenced the lens through which I viewed the data, bound together with reflexivity.

4.2 Researcher Positionality

While the research addresses the perspectives and experiences of others, I must address my own perspective and experience. My truths and perception of reality depend on my positionality and how I am inserted into the field. Whilst the methodology of any study should be chosen to fit the purpose of the research, it cannot help but be influenced by the researcher's positionality, placing them at the core, repeatedly revisited throughout the study. Methodology "spirals back and forth to who we are in the world" (Mao, Mian Akram, Chovanec, & Underwood, 2016, p. 5). Positionality impacts the study's focus, the shaping of the research questions, the conduction of the literature review, and the foundation of my research paradigm (Valandra, 2012). My personal and professional identities and beliefs are interwoven. I place myself at the centre of the study. Therefore, I have elected to begin this chapter with my positionality.

Reasons behind conducting research are often linked to the past personal experiences of those carrying out the study (Hayfield & Huxley, 2015; Tang, 2007), and I agree firmly with Hampton (1995) that "memory comes before knowledge" and the self is entrenched in the entirety of the research process (Hampton, 1995). Like the data gathered from the participants, my positionality is situated within a specific cultural, social, and political context and forms part of the meaning-making procedure. I have a long-standing professional and personal interest in mental well-being. I am fortunate to have two children of my own; both had mental health issues that originated in early childhood, but neither were diagnosed until late adolescence. One has social anxiety, obsessive-compulsive disorder, and avoidant restrictive food intake disorder (ARFID), and the other has depression due in part to a late Autism diagnosis. As a parent, I experienced maternal guilt that I, as well as my children's educators, did not address early indicators and continued to question whether I did enough to support my children during their early childhood. On reflection, when initiating the study, I wondered if I was attempting to reframe my past mistakes with the hope that others could, in turn, learn from my experiences through my research. As an adult, I had recently been diagnosed as Autistic myself, and that process, combined with conducting the current study, resulted in my reflecting on my own childhood. As is common for autistic females, from an early age, I masked to attempt to fit in with what I believed was expected of me, to meet the social norms, especially within school. This was exhausting and mentally draining and affected my mental well-being. However, as I was an intelligent child who did not cause any disruption in school, aiming to stay quiet and fly under the radar, my teachers did not notice my struggles, and being a child, I was unaware that other children were not experiencing life through the same lens as myself.

My educational background was not initially in childcare and education. However, after having my own children and seeking a career that I could fit around them, I found my passion and vocation.

During my introduction to the sector, I was fortunate to be surrounded by experienced colleagues. I learned from them as they disseminated their knowledge, whether explicitly via training or professional conversations or through personal observation of their practice. Over two decades later, I am the experienced one that others turn to for support and advice. I am of the mindset that we never stop learning, and I have a firm base of professional curiosity that encourages me to seek out and engage in further education. I strongly believe we learn from our interactions with others, our successes, and our mistakes. As an Early Years educator, I believe we have a responsibility to do our best for the children in our care and to make a difference in the lives of children who are struggling. I am unsure whether fellow Early Years educators believe that to be their role or if it is just the path, I wish I had the knowledge and confidence to follow when my children were young and I was less experienced.

I have observed a growing national and international focus on mental health and well-being, with taglines such as 'mental health is everyone's business.' However, I do not feel that this focus encompasses the youngest members of society, and I believe that mental well-being should be prioritised from an earlier age. I remember a three-year-old child who returned to my setting after we were forced to close for a few weeks during the summer of 2020 due to the coronavirus pandemic. When the Government restrictions were lifted, the nursery reopened with the children allowed to return; on arrival the first morning back, this child looked at me with sad eyes and told me he was not allowed to touch any toys and could not hug his friends. The 'Stay Safe' message of the coronavirus pandemic had been interpreted by a young child in a way that changed his small world. As I tried to reassure him that we could do everything we usually did at nursery and that I would keep him safe, his equally stressed-looking mother told me how her son had developed a nervous twitch during the brief period he had been confined to home, helping her to decide that he needed a sense of normality and routine that nursery could provide for his mental well-being to improve.

I was reticent to locate the research in a post-pandemic society. However, I accept that all research is situated within a fixed point, and this does not mean that the findings at dissemination are not transferrable or relevant to future studies. Whilst the coronavirus pandemic generated unique challenges, the landscape of mental well-being is constantly fluctuating. Working in a deprived area in the West Midlands, the families that attend my setting come from an environment of higher-than-average national levels of substance misuse, domestic abuse, and child poverty, combined with low levels of employment. For those in employment, parents are trying to balance work and home life with rising living costs, including meeting the cost of under-funded childcare. Having witnessed changes in the mental health needs of not only the children I work with but also of their families

and the educators employed within my setting, I have undertaken training to further my knowledge of mental well-being, for example, through the Mental Health First Aid qualification. I wanted to fill the self-perceived gaps in my professional education to help those I encounter in my role.

As an Early Years educator, I am passionate about my role in supporting children's development and disillusioned by how the Early Years sector is neglected in policy and research. My history, profession, and emotions drove my study, and my subjectivity was employed throughout the study to enhance my skills as a researcher and enable a deeper exploration of the topic.

4.2.1 Insider Status: The Community I Inhabit

As the manager of an Early Years setting, I am aware of the significant role Early Years educators can play in promoting and supporting young children's mental well-being. I have become frustrated and disillusioned over time that the Early Years sector is sidelined or added as an afterthought in comparison to the school sector for policy, legislation, guidance, support, and funding, and not only regarding mental well-being but many other vital aspects of childhood such as safeguarding, supporting children with additional needs, and formal assessment. Early Years are the 'poor relative' deliberately not invited or overlooked, with the voices of teachers privileged within research and those of Early Years educators marginalised. The combination of sadness and anger that I feel makes it clear to me that I am deeply embedded in the Early Years community I have chosen to inhabit. Through the study, I wished to contribute not only to the fields of education and early childhood mental well-being but also for the findings to have practical applicability to my professional role.

Researchers naturally possess assumptions concerning the phenomena they elect to study (Merriam, et al., 2001). My insider status guided the formulation of my research aims due to my familiarity with the role undertaken by Early Years educators (LaSala, 2003). Cohen, Manion, and Morrison (2007) claim only those with a shared frame of reference can understand the behaviour of individuals. Sharing the characteristics of the group from which my participants are members assisted in my understanding and accurate depiction of their experiences, bridging the gap between research and reality (Gair, 2012; Bridges, 2001). My position influenced how I interacted with my participants, interpreted their voices, and ran throughout the research. It could not be neatly compartmentalised and placed to one side. Insider status was advantageous during the design phase, recruitment, data collection, and analysis. An awareness of the current struggles in the sector and an understanding of the daily difficulties educators face enabled me to act ethically and with empathy.

Accessing research participants can have ethical implications, particularly when the researcher is part of the social group (Hayfield & Huxley, 2015; Perry, Thurston, & Green, 2004). Therefore,

explicit information must be provided to enable those participating to make an informed decision. To access participants for the initial questionnaire, I utilised my membership of various social media platforms where I had previously enrolled as an Early Years educator as part of my professional role. The nature of the groups meant that as educators participated in the study, they frequently responded to the request for participants by posting an acknowledgement that they had completed the questionnaire on the original post, thereby generating positive recommendations and creating credibility for my position as a researcher within the educator community (Sixsmith, Boneham, & Goldring, 2003).

I chose to declare my insider status to participants, believing they should be aware before agreeing to take part and to aid in the building of an initial relationship (Braun & Clarke, 2006). However, even at this initial stage, I was aware of the complexity of the multiple roles I inhabit and how these had the potential to impact the researcher/ participant relationship. While I hoped for a feeling of camaraderie to be generated, being employed within an Early Years setting created a risk that participants could fear the data they provided would lead to scrutiny of their setting by myself, reveal weaknesses of their colleagues to someone they could view as a competitor, or see a risk that their ways of promoting and supporting well-being may be appropriated for use in my setting, leading to reticence to speak freely and honestly. My status had the potential to cause a power imbalance due to my dual position as an educator and a doctoral researcher. Space is generated between insider and outsider due to these differences between myself and the participants, so I am never completely an insider, as the complex set of variables affords me with both empathy and a degree of separation (Corbin-Dwyer & Buckle, 2009; Hellawell, 2006; Banks, 1998). A fact that had to be remembered during data collection and analysis through the challenge of representing their voices and how, in turn, I portrayed the participants and presented my findings as an authentic 'representation' of the experiences of others. As an insider, my perspective may differ, but it is nonetheless valid.

It has been argued that those conducting research from the 'outside' are able to notice aspects of data that insiders may disregard and ask questions to generate knowledge that would be considered simplistic coming from an insider (Tang, 2007; Hellawell, 2006). However, there is also a risk that data may be overlooked if it does not conform with the researcher's own experiences. As such, an insider may see things that an outsider would not consider significant (Perry, Thurston, & Green, 2004). Through my research, I aimed to make the familiar strange, accepting that my insider status would influence the co-created knowledge (Flick, 2002; Griffith, 1998). Even though the research context is familiar to me, I could not presume to know the thoughts and feelings of other Early

Years educators. Indeed, I expected the research process to challenge any confirmational bias I may have.

As an insider, there was a risk that participants could have higher expectations that I would provide a true representation of their voice, opinions, and thoughts, generating a greater level of responsibility for myself (Hayfield & Huxley, 2015; Kanuha, 2000). There was also the risk that participants would feel a heightened sense of comradery due to our shared roles and disclose more during the data collection process than on reflection, they were comfortable with or omit information, believing it to be common knowledge in our shared occupation (Watts, 2006; Perry, Thurston, & Green, 2004; Kanuha, 2000). A shared professional status does not guarantee a shared perspective (Bridges, 2001). However, I hoped that the findings, even from my small-scale study, when disseminated, had the potential to generate improvements for my fellow educators in some way, be that through the possible application of the findings to practice, policy, or future training.

4.3 Reflexivity (Curiouser and Curiouser)

When studies have a sociocultural context, reflexivity allows for a deeper understanding (Mao, Mian Akram, Chovanec, & Underwood, 2016). Within exploratory research, "scrutiny of the self" plays a key role (England, 1994, p. 82). My values, identity, and experiences affect my research aims and findings. As a researcher, contemplating my positionality, experiences, and insider status was the first step in my reflexivity. Although considering these aspects does not make them any less problematic, maintaining awareness without succumbing to self-indulgence is nonetheless valuable (Pillow, 2003; Patai, 1994; Spivak, 1988). There exists a need to incorporate "methodological self-consciousness" throughout the research process as I reflected upon my assumptions of knowledge, learning, and the world in which the research is embedded (Hordge-Freeman, 2018, p. 4).

Through reflexivity, I was able to consider why the Early Years educators who undertook the questionnaire or interviews may have elected to participate in my study, wondering if the reasons were because they shared my concerns about young children's mental well-being and how Early Years is positioned amongst the wider educational sector, whether they wanted to share their concerns or knowledge, or whether they desired to help support a fellow Early Years educator (myself) in their doctoral journey (Clarke, 2006). Unless they elected to inform me during either phase of the study, I would not know the reason behind their participation. However, reflecting on the fact that they had given up their time to do so reinforced my desire to treat all participants with respect.

Through critical exploration of my role in the research process, I could question my research practices, validate my selections, and recognise potential limitations of the knowledge produced

(Guillemin & Gillam, 2004). Employing reflexivity throughout the research process enabled me to acknowledge any previously conceived thoughts about potential findings whilst being open to the prospect of more complex or unexpected discussion points. I viewed myself as not merely being a conduit for the narratives provided by my participants but also willing to challenge experiences and opinions that differed from my own (Hayfield & Huxley, 2015). I accepted the construction of knowledge within the research journey as a learning process for myself and my participants (LaBanca, 2011; Hsiung, 2008; Finlay, 2002). I appreciated the value of researcher-participant discourse and viewed the Early Years educators who undertook either the questionnaire or interview as co-creators of knowledge, performing an active role in the research process, hence my chosen term 'participant' (Sikes, 2004; Coffey & Atkinson, 1996). I was determined to "learn from" not "speak for" my participants (Cannella & Lincoln, 2011, p. 83).

Watling and Lingard (2012) state that as a researcher, one cannot take a passive position, ignoring our previous experiences, knowledge, or theoretical lens (Watling & Lingard, 2012). I cannot detach from myself and, therefore, must be constructively self-aware and self-critical throughout the research journey. My personal experiences relating to my own and my children's mental well-being, combined with my professional experiences supporting the well-being of the children I have worked with, generate "emotional baggage" that is present when collecting and analysing data (Knowles, 2006, p. 393). One must acknowledge the "impossibility of remaining 'outside of' one's subject matter" as an active researcher, remaining in the present whilst contemplating the impact of experiences of the past, employing a critical consciousness (Nightingale & Cromby, 1999, p. 28). I am an active participant in the production of knowledge, and through my reflexivity and making my choices visible, the integrity and trustworthiness of the study are enhanced (Valandra, 2012; Hsiung, 2008). I do not claim to be objective. Nor through reflexivity to transcend my subjectivity (Pillow, 2003). Rather, as with the fieldwork of Laura Ellingson (1998), conducted in an oncology clinic when the researcher herself had experienced cancer, as an educator employed within the sector, my findings are "thoroughly contaminated" by my own lived experiences and enriched by the shared experiences of myself and my participants (Ellingson, 1998, p. 494).

As a researcher, I must honour what I hear but acknowledge the interplay of my feelings, thoughts, and experiences on the interpretation, bringing my whole self to the research (Hordge-Freeman, 2018). I hoped that by engaging with ongoing reflexivity, I would "recognise an otherness of self and the self of others" (Pillow, 2003, p. 181). My responses to the situation I placed myself within and my ability to understand these responses allowed me to recognise the subjectivity of exploratory research. Embracing my emotional responses towards the subject matter and data

allowed for the sensitive exploration of the findings and ensured ethically based sensitivity towards the participants.

4.4 Research Philosophy - Constructivism

My notion of reality, truth, and knowledge is generated within a community by individuals, transmitted socially, and constructed through subjective experiences. Like the children in their care, Early Years educators learn from the community they are part of, from observing, participating, communicating, sharing, and scaffolding. Their experiences impact the educators' personal and professional values and opinions, which then play a role in knowledge acquisition and confidence levels. Therefore, a constructivist conceptual framework combined with self-efficacy that acknowledged the role of the "social world" in knowledge acquisition and confidence development appeared appropriate for this study (Creswell, 2009; Pring, 2000).

With its roots in developmental psychology, Constructivism aims to understand specific phenomena or situations, believing in multiple realities created through lived experiences that are dependent on the interactions between individuals and their social world, open to ongoing reconstruction (Varpio, Ajjawi, Monrouxe, O'Brien, & Rees, 2017). Knowledge is emergent and actively constructed, based on prior experiences and interactions with the environment, continuously formed and reframed through reflection. This is illustrated in the data gathered from participants and in the knowledge generated by the researcher (Lincoln, Lynham, & Guba, 2011). Sense is made of new experiences in the light of past experiences. Knowledge is personal, but learning is a contextual, social activity generated through our interactions, surrounding discourse, and the situation we find ourselves in, with information classified depending on its relevance to our current perspective and pre-existing knowledge (schemas). Through reflection, deeper learning and understanding are promoted. Learning is not passive but an active process of sense-making, and "reality is determined by the experiences of the learner" (Elliott, Kratochqill, & Travers, 2000, p. 256).

Viewing individuals as autonomous with unique internal attributes that result in specific behaviours, our intrinsic motivation is central to our desire to learn, our understanding, our ability to make connections, and our willingness to reflect (Markus & Kitayama, 1991). When considering how educators learn, the premise that learners actively construct knowledge through making meaningful connections is central, as seen in the work of theorists such as Piaget, Bruner, and Vygotsky (Vygotsky, 1978; Piaget, 1977; Bruner, 1966). Vygotsky extended this further in his assertion that the community in which an individual is situated influences the learning process, with knowledge shared and negotiated (Vygotsky, 1978). As with individuals, the knowledge of communities and cultures is not rigid but constantly changing.

Confidence links with our social environment, past experiences, and self-perception (Pajares & Schunk, 2006; Bandura, 1986; Bandura, 1977). An educator's self-efficacy is formed through "a judgement of his or her capabilities to bring about a desired outcome" (Tschannen-Moran & Hoy, 2001, p. 783). Actions are executed when we believe (confidence) in our capability (knowledge) to achieve our desired outcomes (values and motivation). All these factors can be impacted by complex sociocultural influences and the discourse community in which we are based (Borg, 2003; Northedge, 2003; Eccles & Wigfield, 2002; Markus & Kitayama, 1991; Swales, 1990; Nystrand, 1982). Therefore, confidence is unstable, multifaceted, and situation-specific (Sander & Sanders, 2006).

The research aims of this study required the collection of subjective accounts and perceptions that consider "how the world is experienced and constructed by the people who live in it" (Sikes, 2004, p. 20). All communication is "situated and contextual": the conversations between professionals sharing knowledge and reflecting on experiences and the conversations during the study between myself and the participants (Limerick, Burgess-Limerick, & Grace, 1996, p. 450). Although the social context is ever-changing and full of uncertainties, there is value in the factual exploration of individual accounts and the co-construction of knowledge. This view is accepted within constructivism when knowledge is seen as socially and culturally constructed.

My worldview is founded on accepting the existence of multiple, subjective interpretations of reality as opposed to seeking an overall truth. Constructivist theory acknowledges that researchers bring prior knowledge to research projects and are not distant observers, with their theoretical values and beliefs affecting methods and analysis (Charmaz, 2006). I construct knowledge in my research through the social interactions between myself and my participants, aiming to interpret them in meaningful ways, just as educators construct their professional knowledge through their social interactions (Brown & Dueñas, 2020).

4.5 Researcher Reflection

Through considering my role I developed a deep understanding of the part I play as a researcher and the complexities involved in conducting an exploratory study within my professional community. My research philosophy is grounded in a constructivist approach accepting multiple realities where knowledge is socially constructed and context-dependent, valuing the subjective accounts and perceptions of others and acknowledging the researcher's role in the co-construction of knowledge. I reflected upon my positionality and insider status and how the factors within these elements significantly influenced my research focus, approach, and interpretation. To ensure the study aligned with my values and beliefs, I have emphasised the importance of ongoing reflexivity,

challenged potential bias and preconceptions whilst accurately representing the voices of my participants.

Therefore, having accepted my positionality, insider status, the need for ongoing reflection, and my research philosophy, I needed to ensure the construction of a well-designed framework for my research. The following chapter discusses the ethical components of the study, the selected research methods, and data analysis, and why these befit the research aims, along with potential limitations.

Chapter 5: Methods– The Active Researcher

5.1 Chapter Overview

My positionality, status, reflectivity, and philosophical position impact how I frame my interpretation of the world (Norris, 1997). Our professional lens influences our perspectives and conceptualisations, particularly when considering phenomena of emotional and social significance. Research begins with asking, "What do I want to know in this study?" (Janesick, 2000, p. 382). Agreeing with Plummer (2001) that "questions should shape methods and not the other way round", my framework, research aims, and methodological choices are centred around not only my interest in children's mental well-being but my interest in the nature of reality, how we know what we know, and how we develop confidence about what we know (Plummer, 2001, p. 22). Having considered what I wanted to know and why I wanted to know it, I had to select a methodological approach that would enable the findings to accurately and truthfully represent the voice of Early Years educators in a study I deemed timely and relevant.

5.2 Exploratory and Pragmatic Research Methods

Whilst research is traditionally viewed as qualitative or quantitative, I favour dismantling the traditional barriers that divide the two approaches, reframing research methods as exploratory or confirmatory (Onwuegbuzie & Teddlie, 2003). Exploratory research seeks to explore how individuals make sense of the world they inhabit, with researchers able to take a pragmatic stance in selecting the methods most fitting to obtain a rich description (Bryman, 2004). Adopting a problem-solving mindset, an exploratory inquiry was deemed the most appropriate for this study for data collection, analysis, and interpretation. This would enable the discovery of the perceptions of Early Years educators situated in a specific time and context rather than utilising confirmatory methodology for a generalisable version of 'truth' (Rabiee, 2004). Research methods should be employed that suit the nature of the research questions rather than vice versa, and exploratory methods have been identified as fitting for inquiry into potentially sensitive topics of study (Devine, 2013; Connolly & Reilly, 2007; Flick, 2002; Plummer, 2001). Had this study utilised traditional quantitative methods without the inclusion of narrative data that illuminates the social and cultural aspects, the resulting statistical findings would have been less comprehensible and lacked the richness required for a perspective-seeking study (Kelle, 2006). As Onwuegbuzie and Leech commented in their paper On Becoming a Pragmatic Researcher (2005), "The challenge is knowing when it is useful to count and when it is difficult or inappropriate to count" (Onwuegbuzie & Leech, 2005, p. 381).

Methodologies frequently employed within exploratory studies include grounded theory, ethnography, discourse analysis, narrative inquiry, and phenomenology. However, when a set methodology fails to fit the requirements of the study, the development of exploratory design methods that fall broadly into interpretive or descriptive research offers flexibility whilst drawing on established methodologies (Kahlke, 2014; Caelli, Ray & Mill, 2003). Built on constructivist epistemology, an interpretive design can be employed when generating research questions from practice and conducting an inquiry in natural settings to provide findings that can then be utilised in the setting (Thorne, 2008). Merriam (2009) defined such interpretive studies as being established within the social constructivist paradigm, centring on the subjective nature of reality and "how people interpret their experiences, how they construct their worlds, and what meaning they attribute to their experiences" (Merriam, 2009, p. 23).

I adopted a constructivist framework with a methodology that aligns with interpretivist principles. Constructivism and interpretivism are closely related research paradigms in qualitative research, sharing some key similarities but also having distinct differences. Both paradigms share the same ontological stance, recognising that multiple realities exist. They acknowledge that reality is subjective and socially constructed by individuals based on their experiences and interactions. Both constructivism and interpretivism are qualitative research paradigms in terms of their methodology, and researchers in both paradigms take a subjective stance and act as co-constructors of knowledge. Both paradigms reject the positivist notion of a singular, objective reality. Instead, they assert that reality is pluralistic and shaped by human subjectivity. The main difference between constructivism and interpretivism lies in their epistemological focus. Constructivism focuses on how individuals' realities are constructed through social interactions, institutions, and cultural norms. For example, societal perceptions of mental health are co-constructed through medical discourse, media representation, and community dialogues. Constructivism explores how people actively and continually construct their subjective world based on their context, examining languages, narratives, and power dynamics within a particular context. Interpretivism, however, concentrates on how individuals experience and interpret their reality. It aims to understand the complex and multiple perspectives of individuals or groups and focuses on the meanings people attribute to their experiences, concentrating on how realities are experienced at the individual level.

While constructivism and interpretivism are closely related and often used interchangeably, they are not identical. Both paradigms emerged as alternatives to positivist approaches in social research. Constructivism and interpretivism offer distinct yet complementary pathways for exploring human knowledge. While constructivism illuminates the collective scaffolding of reality through social interactions, interpretivism delves into the intimate textures of individual experience. Researchers

choose these paradigms not based on convenience but on alignment with their ontological convictions and epistemological goals. In an era increasingly recognising the value of pluralistic truths, both approaches remain vital for capturing the multifaceted nature of human existence. They share the goal of understanding the complex world of lived experience from the perspective of those who live it.

My research exemplifies how constructivism and interpretivism enable deep exploration of subjective, socially constructed realities in education. By centring participants' voices and reflexively engaging with my own positionality, the current study provides a nuanced understanding of Early Years educators' roles in mental well-being—a contribution that positivist methodologies might overlook. This approach underscores the value of exploratory paradigms in addressing complex, context-dependent issues in Early Years education.

Whilst exploratory studies have faced criticism for lacking scientific rigour in comparison to confirmatory research methods, investigating the perceived knowledge and confidence for promoting and supporting mental well-being through purely confirmatory methods would have been inappropriate (Denzin & Lincoln, 2011; Barbour, 2001). Every participant would have a unique perspective dependent on their own life experiences, illustrated in their individual responses. Positioning the study in the interpretivism paradigm, I could consider "how different people interpret the world in which they live", aiming to explore the impact of a particular situation on a distinctive group of society, discovering meaning through inquiry (Cohen, Manion, & Morrison, 2007, p. 10). The knowledge created from the exploration aids the understanding of the perspectives of others and can generate motivation for change. Through the process of interpretative research, practical realities are explored, and a deeper understanding of individual experiences through rich descriptions made valuable (Mazzer & Rickwood, 2015; Silverman, 2009; Cohen, Manion, & Morrison, 2007).

Pragmatism accepts that knowledge is not fixed, and that subjectivity enables reinterpretation. As a research position, pragmatism prioritises the applicability of research findings and actionable knowledge, allowing the integration of multiple research methods based on practical solutions and consequences for the most appropriate to meet the research aims. A pragmatic slant focuses on the research outcomes and allows for a convergence between the traditional quantitative and qualitative paradigms to strengthen research when exploring perspectives (Creswell & Poth, 2016; Brannen, 2005; Bryman, 2004; Johnson & Onwuegbuzie, 2004). However, pragmatism does create the need to balance objectivity and subjectivity and has faced criticism for blurring the boundaries between the two (Brierley, 2017).

As the rigour of my study depended on the strength and quality of the data, a questionnaire combined with follow-up semi-structured interviews were conducted, effectively a multi-strategy method. The methods were employed sequentially, with the questionnaire data informing the interview process (Creswell, 1994). Combining data collection methods generated enhancement, clarification, and elaboration, with one method informing the other and expanding the breadth of inquiry (Greene, Caracelli, & Graham, 1989). Participating in the questionnaire phase and then a subsequent interview afforded the educator time to reflect on their past experiences in relation to the research aims between responding to written questions and engaging in a reflexive conversation with the researcher. All the decisions made during the study focused on trustworthiness and authenticity to justify validity and reliability (Denzin & Lincoln, 2011).

5.3 Ethical Considerations

An inquiry that focuses on the lives of others cannot avoid generating ethical considerations. Through ongoing reflection, I became aware that every stage of the research process was a potential source of ethical issues. As a reflexive researcher, I endeavoured to take responsibility "for actions and their consequences" (Ellis, 2007, p. 3). My priority was to undertake a study that was methodologically and ethically sound and conducted with honesty. For ethical integrity, participants must be treated 'well' at every stage of the process: before, during, and post-study (Webster, Lewis, & Brown, 2014; Punch, 2009; Greig, Taylor, & MacKay, 2007). Methodologies must be transparent, and methods utilised fit for purpose. The utmost importance was consigned to all ethical considerations, including protecting participants from harm, following guidance from the British Educational Research Association's Ethical Guidelines for Educational Research (BERA, 2018), the University of Sheffield's ethical protocol, and obtaining ethical approval from the university ethics committee (Appendix 1).

The research experience, when conducted sensitively, should be beneficial and enjoyable for the participants (Sixsmith, Boneham, & Goldring, 2003). Through sharing detailed information with participants prior to the questionnaire and interviews, it was hoped that all data provided was due to the belief that it would assist in the generation and dissemination of new knowledge and that the honesty of the researcher as to the process and the aims of the study would create a genuine connection between the researcher and the participants, avoiding fears of manipulation (Goodrum & Keys, 2007; Birch, Miller, Mauthner, & Jessop, 2002). Informed consent and voluntary participation were integral to the formation of trusting relationships, as well as providing an explanation as to how the data would be processed and disseminated. This transparency befitted the belief as to the co-construction of knowledge and the constructivist paradigm as discussed in the

previous chapter. Throughout the study, I perceived the opportunity of offering a platform through which educators could be heard as a privilege, vowing not to misuse my power or their words.

The subject matter of mental well-being is a possible area of sensitivity for participants, as prior to the data collection process, I had no prior knowledge of whether the participants had experiences of poor mental well-being, either regarding children in their professional roles or within their personal lives, that may trigger traumatic memories or distressing emotions. When researching a sensitive theme, "consent and control, rapport building, managing and responding to emotion, and offering appropriate longer-term support" must be considered (Mitchell & Irvine, 2008, p. 31). As a researcher, I had to act with enhanced transparency, understanding, empathy, respect, and compassion (Fahie, 2014; Palaiologou, 2012; Mitchell & Irvine, 2008; DeBell, 2008). When conducting the semi-structured interviews, I had to be present in the moment, giving space for participants to talk, continually processing the responses and reactions, and interpreting the participant's emotional state before formulating and asking my subsequent questions. This is a complex internal process for a researcher during an interview, proving mentally and emotionally draining. Hence, I decided to conduct only a single interview on a given date to afford myself time to recover from the process. I was deeply aware that all questions had to be sensitively approached to achieve the gathering of rich data. Participants were reassured that throughout the process, they could decline to answer any question they did not feel comfortable with, ask any questions of myself as the researcher during all interviews, and were additionally provided with avenues of support if they experienced the need for further professional involvement.

Participants were provided with reassurances that their data could be catalogued by pseudonyms, with all identifying features other than the county in which they were employed removed. However, had the participants expressed a desire for their details not to be anonymised, their wishes would have been respected, rather than anonymisation by default, which has been claimed to reduce the empowering effect for those partaking in research (Kaiser, 2009; Giordano, O'Reilly, Taylor, & Dogra, 2007). As standard, all audio recordings were deleted post-transcription, and all data was password-protected and stored securely, adhering to both the researcher's university guidelines and those of GDPR. Considering the emotional welfare of the participants at each stage of the journey allowed contemplation of the evolving nature of the research and for provisions to be made to reassure and support the educators, reducing the likelihood of negative 'footprints' of research (Graham, Grewal, & Lewis, 2006, p. 38).

As a critically reflexive researcher, I understood the dynamic nature of the process. Therefore, I used my emotional responses to each interview to refine my protocol moving forward. I had permitted interview participants to select the location of the interview. However, the second

interview conducted occurred in the participant's home, where I perceived, on reflection, that the educator was less relaxed and responsive than I had assumed they would be in a self-chosen environment. I therefore decided to conduct future interviews either in the participant's workplace or via an online meeting platform. Although I had considered interviewing within a participant's home from the angle of needing to safeguard my own welfare, I now became concerned that by entering the home, a place of presumed natural safety for the participant when researching an aspect relating to their professional role, I had over-stepped an ethical line and created discomfort for the interviewee through the power imbalance between the researcher and the researched (Kanyangale & Pearse, 2012; Mertens, 2010). Participants arranging the date and time of their interview, along with the workplace being their territory as opposed to that of the researcher, afforded the participant power often lacking in the initial contact phase (Limerick, Burgess-Limerick, & Grace, 1996). Whilst each interview was recorded using audio equipment, enabling transcription to occur, it was decided not to employ video recordings due to the risk that filming would generate feelings of discomfort or intimidation among participants (Krueger & Casey, 2009).

Throughout the research process, I needed to recognise the potential emotional impact on participants and myself (Fahie, 2014; Jehn & Jonsen, 2010; Mitchell & Irvine, 2008; Bloor, Fincham, & Sampson, 2008). My reactions could influence my professional responses and, as such, had to be addressed so as not to impact the study negatively (Holland, 2007). Field notes conducted at each research stage allowed for personal processing, rationalisation, and introspection of my internal responses. I had to have respect for truth (Bassey & Owan, 2019). Not simply the 'truth' resulting from the data and analysis, but the truth of my own experiences and the impact of this truth upon the study and myself.

5.4 Research Strategy

My data collection methods are linked to my epistemological position, with knowledge created through my interactions with the educators. Participants were Early Years educators in England, working with children under five years old in the Private, Voluntary, or Independent sector. Purposive sampling was employed, with the genre of participants pre-defined, seeking a selection of Early Years educators to represent the sector and explore their professional experiences in line with the research questions (Cohen, Manion, & Morrison, 2007). Data was collected at the end of 2022 for the questionnaire and during 2023 for the interview data.

When conducting a data collection method without direct contact with the participants, one cannot know their literacy levels or technology capabilities and must consider accessibility for a wide range of abilities. The questionnaire participants were recruited via social media platforms, enabling

a presumption that they would be used to communicating and expressing themselves in this mode and familiar with technology to a level where an online questionnaire would not be challenging to access. The interview participants were six Early Years educators from four counties across England. Five were employed in the Private Early Years sector and one from an Independent setting. All participants were female, with ages ranging from 30 to 59 years old and years of experience working in Early Years ranging from 8 to 30 years. The interview participants indicated in their questionnaire responses that they would be willing to be interviewed. These educators were sent an email two months after completing the questionnaire to see if they continued to wish to take part in Phase 2. The final six educators who underwent interviews were from a larger group of 12 respondents who expressed willingness to be interviewed. I had hoped to conduct ten interviews. However, I had not anticipated that it would prove as difficult as it did to arrange suitable dates and times for interviews that accounted for myself and the participants being in full-time employment. The final six arose from compatible schedules that allowed for interviews to occur within the timescale of the study. Although a relatively small sample size, I believed this number would generate sufficient data and was adequate and appropriate for exploring the research aims, suiting the methodology of the study, with an ability to capture a diversity of voices rather than a focus of generalisability (Braun, Clarke, & Gray, 2017; Terry & Braun, 2016).

Questionnaire Participants	
Years of Experience in Childcare	1-5 years (n.5); 5-10 years (n.5); 10-15 years (n.5); 15-20 years (n.4); more than 20 years (n.15)
Level of Qualification	NVQ 2 or equivalent (n.1); NVQ 3 or equivalent (n.10); NVQ4 or equivalent (n.2); NVQ 5 or equivalent (n.4); Level 6/ Bachelor's degree (n.7); Level 7 or above/ Master's Degree or higher (n.10)
County of England	Yorkshire (n.7); Sussex (n.2); Staffordshire (n.5); Surrey (n.1); Middlesex (n.1); Somerset (n.1); Lincolnshire (n.1); Hampshire (n.1); London (n.2); Stoke-on-Trent (n.2); Nottinghamshire (n.5); Greater Manchester (n.1); Derby (n.1); Kent (n.1); Derbyshire (n.1); Norfolk (n.1); Essex (n.1)
Type of Early Years setting	Private (n.23); Voluntary (n.3); Independent (n.5); Not answered (n.3)
Area of Responsibility	Practitioner (n.12); Room Lead (n.3); SENDCo (n.2); Manager or Deputy (n.16); other (n.1)

Figure 7 - Questionnaire Participants

Interview Participants			
Pseudonym	Role and Setting	Background Information	Demographic of County
EYE1: Katie	Room Leader, Private Nursery, Cheshire	An educator with 10 years experience, qualified to Level 3, interview conducted in person at home, currently working with two to three-year-olds.	61 PVI settings, providing 3140 Early Years childcare places. 5% of the population 0-4 years old, 15% of households deprived in 2 or more dimensions, 7% unemployed or long-term sick/ disabled, 8% born outside of the UK
EYE2: Toni	Room Leader, Private Nursery, Lincolnshire	An educator with 20 years experience, qualified to Level 7, interview conducted via Googlemeet, currently working with three to five-year-olds.	55 PVI settings, providing 2106 Early Years childcare places. 6% of the population 0-4 years old, 17% of households deprived in 2 or more dimensions,7% unemployed or long-term sick/ disabled, 7% born outside of the UK
EYE3: Natalie	Manager, Private Nursery, Stoke-on-Trent	An educator with 30 years experience, qualified to Level 7, interview conducted in the setting. Managing nursery for children aged 0-5 years.	16 PVI settings, providing 714 Early Years childcare places. 5% of the population 0-4 years old, 20% of households deprived in 2 or more dimensions, 8% unemployed or long-term sick/ disabled, 13% born outside of the UK
EYE4: Grace	SENDCo, Private Nursery, Stoke-on-Trent	An educator with 8 years experience, qualified to Level 5, interview conducted in the setting, currently working with six months to five-year-olds.	16 PVI settings, providing 714 Early Years childcare places. 5% of the population 0-4 years old, 20% of households deprived in 2 or more dimensions, 8% unemployed or long-term sick/ disabled.
EYE5: Paula	Manager, Private Nursery, Staffordshire	An educator with 30 years experience, qualified to Level 3, interview conducted in the setting. Managing nursery for children aged 0-5 years.	82 PVI settings, providing 3485 Early Years childcare places. 5% of the population 0-4 years old, 20% of households deprived in 2 or more dimensions,7% unemployed or long-term sick/ disabled, 5% born outside of the UK
EYE6: Eve	Practitioner, Independent Nursery, Nottinghamshire	An educator with 10 years experience, qualified to Level 3, interview conducted in the setting, currently working with three months to two-year-olds.	46 PVI settings, providing 2146 Early Years childcare places. 5% of the population 0-4 years old, 17% of households deprived in 2 or more dimensions, 7% unemployed or long-term sick/ disabled, 24% born outside of the UK

Figure 8 - Interview Participants

For each participant, the County demographics were retrieved from the 2021 Census data and the Government's annual statistics for childcare providers (Ofsted, 2023c; Nomis/ONS, 2021). Although maintained schools are required to complete their own census three times a year to collect

data on children's background information, special educational needs, free school meals eligibility, and educational history, a similar equivalent does not exist for Private, Voluntary, and Independent nursery settings. The Census data must be considered with caution due to being obtained during the pandemic, which may have impacted self-reported deprivation and employment statistics.

5.4.1 Phase 1 – The Questionnaire

A scoping questionnaire was employed as the first stage of the research process as a wide lens to provide general background data on the role of Early Years educators in promoting and supporting young children's well-being and ascertaining factors considered important by educators. Acknowledgement was given to the fact that questionnaire data would only provide part of the picture, supplementing the rich data generated through the interview process, but disagreeing with the view that questionnaires can only provide a superficial view of the area under investigation (Roberts-Holmes, 2005). Although questionnaires have traditionally been viewed as quantitative, focused on generating statistical data, exploration of the meaning of responses through interpretive modes of analysis aligns with the qualitative (exploratory) paradigm (Scott, 2000). The numerical data provided by the closed questions combined with the responses to the open questions and the researcher's interpretations of the overall data set, which in turn fed into the interview stage of the study, generating the rich, descriptive data sought to answer the research aims (Johnson & Onwuegbuzie, 2004). I agreed with Braun and Clarke (2021) that when the data set from questionnaire results are viewed in their entirety, they can provide depth that may not be expected or indeed seen if interpreting responses on an individual basis (Braun, Clarke, Boulton, Davey, & McEvoy, 2021).

It was hoped that the use of a questionnaire, distributed via online platforms, would enable a larger sample to be accessed without the requirement of the presence of the researcher and achieve greater returns than the traditional approach of postal surveys that have lower return rates (Braun, Clarke, Boulton, Davey, & McEvoy, 2021; Toepoel, 2017; Cohen, Manion, & Morrison, 2007; Roberts-Holmes, 2005). The employment of an online questionnaire assisted with the limited time available for both the busy, working educators and myself as the researcher, with participants able to access the questionnaire at a time suitable to themselves, pause when required due to personal interruptions or reflection on the questions, without the pressure of having a researcher present. Considering the potentially sensitive nature of questions regarding mental well-being and the relationship of the research aims to participants' employment, an online questionnaire may have proved more comfortable than providing answers face-to-face (Davey, Clarke, & Jenkinson, 2019). Unfortunately, only 34 responses were received, but these were still able to provide data to tailor the lines of conversation undertaken within the more detailed interview process.

The questionnaire contained a total of 36 questions: 30 closed multiple-choice questions and six open questions, generating numerical and narrative data. The questions were developed based on the information from my exploration into young children's mental well-being (Chapter 2) and the existing literature (Chapter 3), alongside my positionality and lived experiences as an Early Years educator (Chapter 4). Divided into five subsections, the questions focused on the professional background of the participant, mental health and well-being, support and intervention, the role of the educator, and knowledge and confidence (Appendix 4). These areas are related to the research aims and the synthesis of existing literature. A final open question was included, asking for any further comments they would like to make to contribute to the questionnaire, with the prospect of discovering something unexpected (Braun, Clarke, Boulton, Davey, & McEvoy, 2021). A pilot questionnaire was provided to two Early Years educators within nurseries local to my setting and one within my nursery setting to test the construction and comprehension of the questions, resulting in some questions being rephrased for clarity. This data was not included in the final data set. There had to be an awareness of not overcomplicating questions or making the questionnaire too extensive. As mentioned in the decision to use an online platform, participants' time is precious to them; therefore, the questions needed to be simple, unambiguous, direct, and not too numerous to maintain engagement.

The strategic use of a questionnaire aligns with the pragmatic research philosophy and sequential exploratory design. The questionnaire phase fulfilled two primary objectives: identifying key themes to inform the subsequent semi-structured interviews allowing for an exploratory mapping of Early Years educator perspectives and guiding the selection of participants for in-depth exploration in the interview phase. The questions were deliberately broad, capturing an overview of areas concerning children's mental well-being that might be relevant to Early Years educators in the current context. Some questions were included to corroborate whether practising educators had observed the reported rise in children with diagnosable mental health issues. This approach to questionnaire design and data utilisation demonstrates methodological intentionality. Not all questions were included in the final analysis, reflecting a strategic triage of data in line with the study's core focus on knowledge and confidence constructs. Questions addressing operational practices or yielding limited variance were deprioritised, while those directly addressing the research questions were foregrounded. This selective approach ensured that the analysis maintained depth over breadth, aligning with the goal of amplifying the voices of non-school-based Early Years professionals.

The exclusion of certain questions from the findings was not an oversight but a deliberate choice to maintain focus on the study's primary objectives. Sensitive questions about educators' personal

mental health were omitted to protect participant anonymity and avoid conflating educators' well-being with that of children. This approach reflects ethical reflexivity and methodological coherence with the research aims. By combining areas of consideration from the existing literature with points of interest from the questionnaire data, focused topics for the interviews were generated. This approach aimed to elicit rich data from subsequent conversations, ensuring that the research captured both breadth and depth in understanding Early Years educators' perspectives on supporting children's mental well-being.

Initial Questionnaire Analysis

The questionnaire data underwent statistical analysis, creating a graphical overview for manageable and efficient comparison, and the narrative data provided by the open questions was reflected upon looking for patterns, "commonalities and differences" (Miles & Huberman, 1994, p. 9) (Appendix 5). This analysis allowed for reflection on the direction of the research, the research questions, the initial areas of concern and consideration that Early Years educators across England were expressing with regard to young children's mental well-being, and to refine the line of questioning for the interview process. The questionnaire data was revisited when analysing the interview data. Although conducted to provide a framework for the interview conversations it was believed that the statistical and narrative information could also be relevant in relation to the themes generated from the interviews.

5.4.2 Phase 2 – The Interviews

Following the initial questionnaire, interviews created the potential to 'add richer information' (Reinke, Stormont, Herman, Puri, & Goel, 2011, p. 10). A semi-structured interview was designed, as opposed to structured, to allow the conversation to flow, areas to be fully covered, values and motivations expressed, and unexpected avenues to be explored, with participants illustrating their individual worldview as befitting the constructivist paradigm. When conducting the interview, keywords had been noted in advance, based upon the findings from the literature review and the questionnaire data, that the interviewer could refer to in order to guide the line of questioning when necessary to explore areas further without reliance on pre-designated questions that had the potential to become restrictive (Appendix 6). This provided freedom and space for participants to direct the conversation and proffer thoughts and feelings as they occurred, rather than constrict and risk answers being given to closed questions that the participants believed to be 'correct' in the eyes of the researcher (Esterberg, 2002; Flick, 2002). Not all keywords were used to formulate questions in every interview; rather, questions flowed depending on the conversation and the direction in which the participant was leading it. Nor was a designated order followed, enabling clarification to

be sought, questions to be reworded, and new questions to be formulated by myself as the interviewer.

The interviews were conducted at a date and time chosen by the participants, and the duration varied from 30 minutes to 1 hour 15 minutes. A debate has raged over the ideal length of interviews, with optimal minimum duration varying in discussions from 30 minutes to an hour. However, I allowed the duration to be dictated by the educator (Robson, 2002; Wragg, 2002). I concluded each interview at a point when I believed there was no further data to be gathered. Throughout the interviews, the participants led the conversation, with discussion areas flowing from the previous statements in what I subjectively felt was a logical order for that conversation. When I had addressed all the areas from my keywords that were appropriate for that participant based on their responses, I ended each interview by asking if there was anything further they wished to add. This was a verbal cue that the interview was concluding but still provided an opportunity for continuation if the participant desired. Ultimately, the format of each interview varied depending on my subjective view of the information the educator had to offer based on each previous response, how comfortable they appeared to be with the conversation, and whether they were verbally or non-verbally indicating that they wanted the interview to end. This required ongoing processing of data internally by myself and constant analysis of the participant's body language.

All participants received written information about the nature of the study before undertaking the questionnaire or an interview and provided written consent (Appendix 2 & 3). Whilst the questionnaire respondents came from 20 counties across England, after conducting my second interview, initially scheduled to occur in person but then amended to be conducted online via Google Meets due to adverse weather making travel impossible for both researcher and interviewee, I decided to conduct all future interviews in person as I felt non-verbal data was lost when both parties were not in the same place (Hammersley, 2013). As aforementioned in my ethical considerations, it had already been decided not to conduct future interviews in the participants' own homes after the initial interview. The subsequent interviews were held with respondents within local counties to my own, making in-person appointments possible without impeding the limited time of myself or the participants due to extensive travel.

Interviews were conducted, audio recorded and manually transcribed. Recordings were initially made on the researcher's mobile phone before being stored on a password-protected hard drive immediately after the interview. Using the familiar technology of a mobile phone was a deliberate choice to put the educator at ease, as placing unfamiliar recording equipment in the interview location may have proved unsettling to the participants, creating a distance between the interviewer and interviewee. The use of audio recording equipment allowed for the conversation to be captured

and accurately transcribed at a later date, including silence or hesitation in response to questions, inflexion and changes in tone, with an awareness that silence during interviews can be both "purpose full and meaning full" (Mazzei, 2013, p. 733). A participant was selected to read a copy of their transcript to confirm it was a true and accurate representation of our conversation. The remaining participants were offered the same opportunity, but none felt the need to receive their transcripts for review. Field notes were written after each interview firstly, as discussed earlier, to continuously reflect as a researcher on arising ethical concerns and emotional responses but also provided space to note contextual aspects of the individual interview such as the participant's emotional responses, body language, and engagement during the process (Schostak, 2002). Reflection on each interview before the occurrence of the following interview also allowed consideration to be given to the meeting's 'success': whether I felt the educator understood the questions I had asked, whether I had omitted to ask something that I wished I had addressed, whether anything unexpected had arisen, whether I felt rich data had been obtained, and whether there were changes I could make in future interviews.

In my mind, there was a need to form a genuine, positive rapport and respectful relationship between participants and myself as the researcher, as opposed to the contrasting view of maintaining professional detachment (Cohen, Manion, & Morrison, 2007; Duncombe & Jessop, 2002; Lupton, 1994). Although interviews should be viewed as a mutually participatory event, they can potentially create complex power dynamics (Fahie, 2014; Mertens, 2010; Owens, 2006). Interview participants should be afforded the power to set the depth and pace of the interview, with their agency recognised as the study depends on their willingness to participate. Researchers may neglect to appreciate that the participants are providing personal information for the researcher's benefit, and data is often procured without sufficient thanks or feedback (Mitchell & Irvine, 2008). The researcher and participants are co-constructors of the narratives, and the essential role of the participant should be appreciated. The testimonies provided are personal, and the researcher must employ a high level of competence to facilitate the process. Interviews are dependent on the communication skills of the researcher. Mental well-being can prove a sensitive area of conversation for participants, and I hoped that discussing this topic with a researcher who was genuinely interested and listening attentively would prove mutually beneficial. As a researcher conducting these interviews, I had to be continually aware of the impact on the participants and myself (Elmir, Schmied, Jackson, & Wilkes, 2011; Lipscomb, 2010; Johnson, 2008; Mitchell & Irvine, 2008).

The interviews allowed for direct exploration and enabled participants to reflect on their experiences, motivations, and values. Definitions were not provided to participants during the

interview process, enabling individual beliefs to emerge (Mazzer & Rickwood, 2015). As an exploratory inquiry, participants could be selective during the interviews regarding what information they shared and emphasised, how they elected to represent themselves to the researcher, and how they subjectively chose to interpret their past lived experiences to determine their relevance (Mazzei, 2013). Despite my insider status and my experience of my children's and my own mental well-being struggles, during the interviews, I elected not to discuss my personal stories or opinions due to the risk that it may distract, sway, or interrupt the participants' own stories (Graham, Grewal, & Lewis, 2006). However, I accept that remaining neutral during interactions in the interview process is a problematic stance for the interviewer that continues within the analysis process (Flick, 2002; Schostak, 2002).

5.5 Data Analysis

To provide meaningful and trustworthy findings, analysis must be supported by a concise account of the process (Bassey, 1999). As an exploratory study viewed through a constructivist lens, the language within the data was significant. Language is a social construct and plays a crucial role in shaping knowledge, with the vocabulary used indicating the beliefs and values of the text producer and the community they inhabit (Hyatt, 2013; Hunston & Thompson, 2000; Fairclough, 1993).

For the interview data, inductive reasoning was employed through reflexive thematic analysis (RTA) to generate codes and identify themes. RTA is, by nature, theoretically flexible and permits the researcher to embrace their past experiences, social status, and pre-existing knowledge during analysis, intersecting the researcher with the data. The RTA included six phases: familiarising oneself with the dataset, coding, generating initial themes, developing and reviewing themes, redefining and defining themes, and writing the analysis and findings (Braun & Clarke, 2023).

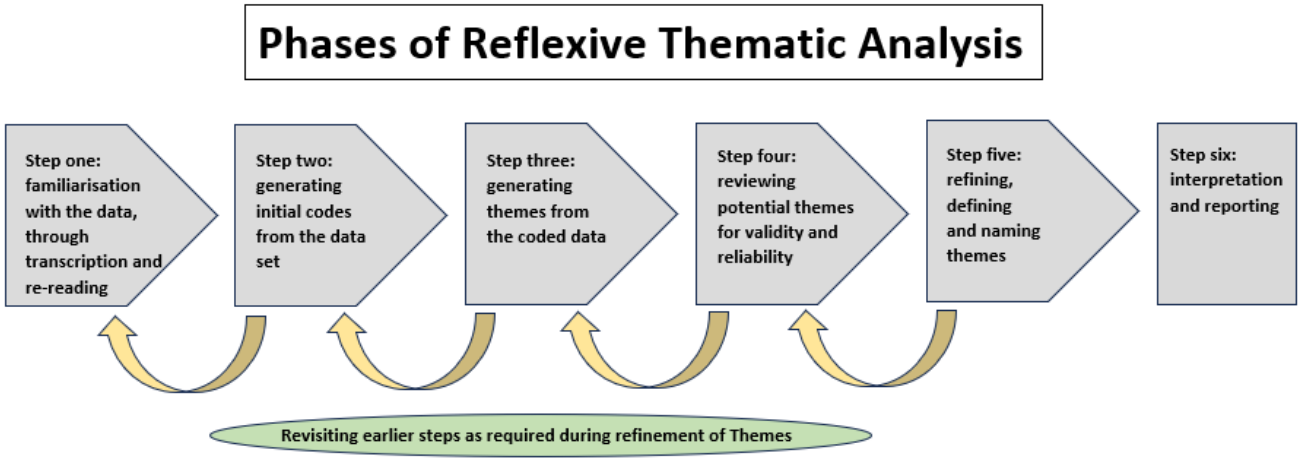

Figure 9 - Phases of Reflexive Thematic Analysis

Firstly, the interviews were transcribed and anonymised, with potential identifying details removed to respect the participants' confidentiality. I then began to immerse myself in the data, encouraging familiarity through reading and re-reading. Re-listening to the audio as I transcribed the data enabled me a second chance to reflect on my initial responses noted within my field notes and add to those comments. The audio transcriptions were placed into a three-column table to allow division of the interviewer's questions or comments made, the participant's response, including notes on hesitation, silences, and body language, and a column for initial researcher annotation and reflection on the response, language used, and opinions and emotions expressed (Appendix 7).

As coding began, the raw data within the text was organised to identify patterns and information considered significant, as illustrated in Appendix 8, and then collated to consider broader patterns of meaning and allow for necessary data reduction (Ryan & Bernard, 2000). The transcripts were read repeatedly using a constant comparison method, identifying, and comparing words, language, phrases, and explicit and implied responses (Thomas, 2009). The preliminary codes consisted not simply of category labels or frequently repeated words or phrases but often metaphors or more abstract concepts (Miles & Huberman, 1994). Development of themes then occurred as codes were combined and interpreted, and data collated that showed relevance to each theme. The initial themes were reviewed for coherence, accuracy, and viability. Data was continuously revisited throughout the stages for clarification and addition. The themes were then described to illustrate their distinct elements, and apparent sub-themes were noted.

The identified themes and the data assigned to each theme or sub-theme were reviewed to check for accuracy. As the data was scrutinised for themes through coding, the analysis focused on discovering patterns of experience. I began to consider the themes in relation to the research questions. Through re-reading, themes were modified and expanded, becoming major and sub-themes, until, as a researcher, I was satisfied all data had been considered. Theme identification was used to uncover meaning, driven by the research aims and was not intended to be an exhaustive list of all themes present. Agreeing with Varpio et al. (2017), themes did not 'emerge' during the analysis; rather, they were deliberately formed through my subjective interactions with the data, making comparisons and asking questions, which generated thematic identification. An ongoing conversation between myself and the data (Anzul, Ely, Freidman, Garner, & McCormack-Steinmetz, 2003). I had to actively engage in the analytical process, connecting with and developing a deeper understanding of the data through thorough and repeated examination, employing critical reflexivity while exploring the participants' view of the world and the research subject. Lastly, themes were finalised and labelled to capture the theme's properties and align them with the research aim and questions.

Despite the time-consuming nature, manual transcription and coding enabled me to become immersed in the data and led to deeper familiarisation with the data, as opposed to employing transcription or coding software. Only by increasing the depth of my understanding of the content and the context could I see the patterns within the words both at a latent level and a semantic level, generating meaningful codes and themes and allowing myself to reflect and engage with the data and my subjectivity. Familiarisation at an early stage laid a stronger foundation for the subsequent development of themes.

The benefits of employing RTA included its theoretical flexibility and use of ethical reflexivity as an analysis tool. Continuously engaging with the data whilst formulating understanding and generating meaning allowed for an intimate and robust understanding of the dataset, increasing rigour and the validity of the findings. Within RTA, there is an acceptance of the incorporation of the researcher's subjectivity within the process and an acknowledgement of the inevitable impact of the researcher's positionality, values, and experiences on analysis, encouraging the use of the self as a research tool. Due to the social aspect of conducting exploratory research within educational settings, multiple interpretations of the data are "almost inevitable" (Sikes, 2004, p. 15). As with the conceptual framework of the study and the subjective interpretations of reality formed through experiences and knowledge development of the educators, the knowledge generated through my analysis of the data set is also individual and subjectively framed. Reflexive journals written after each interview and at each point in the analysis process aimed to address my preconceptions, reduce bias, and confirm methodological integrity. Although the analysis phase of a study is the point where the researcher holds significant power, I did not waiver from my intention to produce a true interpretation that illustrated the perspectives of the participating educators (Limerick, Burgess-Limerick, & Grace, 1996).

The findings from the analysis process will be considered and synthesised with previous literature in the following chapter.

5.6 Methodological Benefits and Limitations

All research methodologies and methods have their benefits and limitations. Whilst positivist methodologies undoubtedly have a place in research design, when the research's ontological and epistemological positions view reality as changeable and subjective as opposed to static, an interpretive research approach is fitting. Therefore, a confirmatory, deductive paradigm was rejected for this study, as when seeking answers based on the perspectives and worldviews of others, an exploratory method was deemed best suited to capture and explore in-depth data of educators' experiences. There is a value to individual accounts that is not appreciated within the

positivist paradigm that focuses on absolute truths and prediction (Bunniss & Kelly, 2010; Weaver & Olson, 2006). Although critics may experience discomfort in interpretative research due to the ever-changing nature of knowledge, the flexibility to explore something with endless, fluid possibilities through researcher-participant interaction makes such research challenging and exciting.

The interpretivist paradigm may be criticised for lacking objectivity, with the acceptance of knowledge as subjective. However, eliminating bias has never been an intention of interpretivism but rather an acceptance of the values the researcher brings to the study as they construct meaning. Although it has been stated that researchers possessing insider status risk inherent bias and an inability to ask more meaningful questions, I remain staunch in my belief that my positionality, both personal and professional, generated a more authentic understanding of the phenomena being studied (Merriam, et al., 2001). Rigour exists through the clarity of explanation of the data collection and analysis process, including critical self-reflection and the documentation of the researcher's influence on the analysis within the discussion, and credibility through the alignment between the research aims, methodology and methods (Flick, 2002). As a single investigator, the option of comparing perspectives during analysis did not exist, nor did I believe my interpretation needed to agree with that of another researcher. Neither did I feel the need to share my findings with participants as the findings were constructed from an entire dataset to be suitable for dissemination to a broad audience and would differ from the interpretation of an individual participant based on their data alone (Varpio et al., 2017; Atkinson, 1997).

The use of an online questionnaire has potential limitations due to requiring literacy, technological ability, and internet connection, the ‘digital divide’ (van Deursen & van Dijk, 2019; Terry & Braun, 2017). Also, within this study, I could not modify or clarify questions once they were published online. The design at that point was fixed; therefore, it could be viewed as limited. However, fixed questions did enable the views sought to be on target with regard to the research aims (Braun, Clarke, Boulton, Davey, & McEvoy, 2021). There were the benefits of anonymity, especially relevant when investigating potentially sensitive subject matter, and the ability to combine analysis methods, utilising statistical data from closed questions, and thematic analysis when viewing the open-ended responses and the data set as a whole (Terry & Braun, 2017). One disadvantage encountered within this study was low return rates (Cohen, Manion, & Morrison, 2007). It had been hoped for a greater quantity of respondents, and consideration was given as to whether to re-post the request for participants after conducting the interviews. The decision not to do so was due to the questionnaire data being initially gathered to provide a wide-lens view of the research topic to aid

with the subsequent interview stage, as opposed to being a sole source of data, and it was decided that sufficient information had been acquired to meet this.

Interviews with pre-defined questions can be shaped by researcher bias, and the interviewer may direct the interviewee to give expected responses through the construction of the questions. However, having a semi-structured interview allowed the participants to direct the flow of conversation and for the questions to be more spontaneous and less scripted, thereby reducing bias. I was careful not to make assumptions, acknowledging opinions that differed from my own, paying attention to unexpected data, questioning further, and reflecting inwardly throughout data collection and analysis. Likewise, the participant may enter the process with their own agendas, may not be forthcoming in their answers, or may lie, and this has been considered to reduce the validity of data provided from interviews (DeJonckheere & Vaughn, 2019; Adams & Cox, 2008). As a researcher, I had to be aware of these potential risks and use my knowledge of psychology and human behaviour, as well as my experience of educators in the realm of Early Years, to build honest, reciprocal relationships and to try and identify when I felt participants were not being truthful or had more to say that needed coaxing from them through further questions. It has also been argued that the presence of the researcher can influence the data provided, and again, attempts were made to reduce this effect through the relationships formed and the combination of interview data with the written data provided by the questionnaire conducted online away from the influence of the researcher (Burgess, 1984).

Thematic Analysis has been said to lack a strong theoretical basis and be time-consuming in nature, with reflexive thematic analysis facing criticism for inconsistency in application and approach and the incorporation of researcher subjectivity and potential bias into the analysis process (Carley, 1993). An alternative approach would have been to utilise a deductive form of analysis, such as codebook thematic analysis with predetermined codes. Due to the lack of literature and existing studies in the area of mental well-being, especially with regard to both young children and Early Years educators, and the study aligning with exploratory rather than confirmatory, this was rejected, and inductive RTA was deemed most fitting.

The design of the study could be replicated, but due to the subjective nature of the participant's experiences and the researcher's interpretation, any results and conclusions from future studies may vary. In an interpretative, exploratory study forcing generalisability and repeatability, expecting others to reach the same findings and conclusions would be to generate an artificial consensus. Through transparency in reporting the methodological approach and procedural steps for analysis, combined with a declaration of ongoing researcher reflexivity and a clear ethical stance with regard to the educators who participated, it is argued that the authenticity and quality of this study are not

in dispute (Sandelowski, 1997; Miles & Huberman, 1994; Mishler, 1990). The findings may not have statistical-probabilistic generalisability but can still be valuable and advantageous for practical implications and future studies (Smith, 2018; Braun & Clarke, 2013; Green & Thorogood, 2009). Ultimately, the usefulness and trustworthiness of the study will be judged by the end-user (Gunawan, 2015; Lincoln, Lynham, & Guba, 2011).

5.7 Researcher Reflection

Reflecting on the methods used post-study, I believe that employing questionnaires and interviews allowed me to build on my previous research experience and refine existing skills, enabling deeper consideration of the problems and successes I encountered and thereby increasing my knowledge base as an educational researcher. Embracing the benefits of the chosen methods, I was confident that the data gathered would capture what was significant in the minds of the educators relating to the research questions (Frith & Gleeson, 2011).

This study provided an opportunity for myself to gain knowledge through social construction. As I researched the perspectives and experiences of others, I also had to address my own perspectives and experiences. I cannot deny the impact of myself on the research process, but I can state that my positionality, insider status and reflexivity throughout the research journey enhanced the study. I employed ongoing reflection as to who may be affected by my research and how (Stringer, 2007; Sikes, 2004). I feel this had greater weight when positioned as an insider, as I could not help but imagine how I would feel as a participant and an Early Years educator contemplating the findings.

During the analysis process, theoretical and methodological assumptions were frequently revisited alongside ongoing ethical considerations, requiring further reflectivity on the part of the researcher to ensure the validity and trustworthiness of the findings presented in the following chapter.

Chapter 6: Analysis and Findings

6.1 Chapter Overview

Having considered the field of study, existing literature, and methodological approach that forms the basis of this study, this chapter now looks at the findings generated from the data collected.

Reminder of the Research Aims: The study sought the perspective of Early Years Educators and their perceptions of their knowledge and confidence when supporting and promoting young children's mental well-being as defined in Chapter 1.

Data was collected between September and December of 2022 for the initial questionnaire and between February and June 2023 for the educator interviews. The questionnaire had been employed to provide myself as the researcher general background data in relation to the research area prior to conducting the interviews. The questionnaire focused on five areas relating to the research aims: the professional background of the participant, mental health and well-being, support and intervention, the role of the educator, and knowledge and confidence. The semi-structured interviews were designed to create a flow of conversation in which the educators could express their experiences, values, motivations, beliefs, and individual worldviews, befitting the constructivist paradigm.

Four key themes were generated through thematic analysis of the data:

- Early Years Educators belief in a **holistic view of young children's mental well-being** when considering how to promote and support.
- Early Years Educators **undertaking of detective work** when considering how to promote and support mental well-being and determining when intervention is warranted.
- Early Years Educators' perceptions of their **expanding role** in promoting and supporting young children's mental well-being.
- Early Years Educators' **participation in the discourse and dissemination of knowledge** surrounding young children's mental well-being.

These superordinate themes and their accompanying subordinate themes will be discussed in order within this chapter. Some of the data extracts were considered to pertain to multiple themes, as deemed appropriate by Braun & Clarke (2006). Quotes from the participants have been included to illustrate the perceptions and lived experiences of the educators. I did not wish to diminish their contribution through excessive paraphrasing and summarising but to celebrate their articulation and insight through the clear presentation of their dialogue, as the voices of educators in Early Years education are lacking within the existing literature yet worthy of hearing.

The questionnaire data, although gathered to provide background knowledge for the interview stage, was considered to have significance in line with the research aims. Therefore, throughout this chapter, pertinent findings and extracts from the questionnaire responses that align with the themes are included within the findings.

Due to the nature of reflexive thematic analysis, all of the findings are accepted as being individual and subjectively framed, aiming to create an authentic interpretation of the participants' perspectives. Interpretations of the findings are acknowledged as my own, with an acceptance that others may interpret the data differently. Themes were not determined by frequency but due to their perceived significance in relation to the research aims. These findings provided the foundations for my contribution to knowledge.

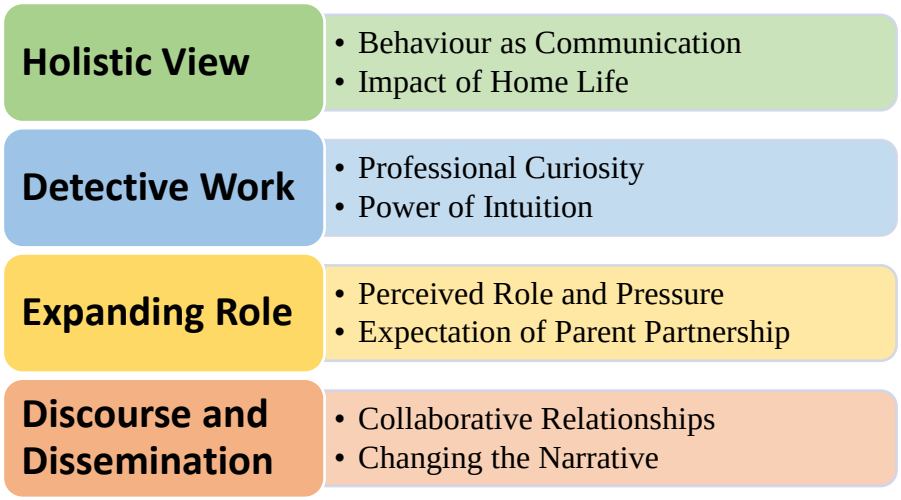

Figure 10 - Themes Identified Within the Educator Interviews

6.2 The Findings

Overall, the data highlighted the complex challenges and barriers that Early Years educators face in promoting and supporting young children's mental well-being, outlining the holistic, collaborative approach required to support young children's mental well-being.

Theme 1: A Holistic Approach to Children's Mental Well-being

I elected to begin all interviews by asking the participants what the concept of young children's mental well-being meant to them. As previously discussed, no definitions were provided prior to the conversation. Therefore, I was able to obtain a response that portrayed the educator's intrinsic beliefs.

> *Interviewer: What do you think mental well-being in children actually means? What would you define it as?*
>
> *I think it's about being happy, healthy and able to cope with everything life throws at you. It's seeing each child as a whole, what they are made up of, as an individual little person. Just as we expected to be treated as grown-ups. (Eve, 11-15)*
>
> *Well, I think with very young children, I think their mental well-being is, obviously, it's massively impacted from their home setting, their home life, and like so children have different… different levels of mental well-being depending on how things are at home. I think, at a very basic level, it's if children are happy, if they're relaxed, if they are… if they feel secure and safe, and I think that it mainly. (Toni, 14-18)*
>
> *It's not just about behaviour; it's about the mental health of that little person is displayed in their behaviour. Peeling those layers away and finding out why that little person is doing A, B or C. (Paula, 67-69)*

The educators did not express a view that aligned with the medical model of labelling children with mental health issues. Rather, they viewed well-being as part of a child, with a happy and healthy child indicative of positive well-being and low levels of well-being as related to aspects of a child's life that needed exploring further to identify areas where support was required.

> *You know, experience tells you that this is a child who needs additional support to achieve what the other children are achieving. To say this child has a mental health concern. Now, is that a child with a learning difficulty? Is that a child with autism? Is that a child with special needs? Or is it completely separate? Is that a child who's got a mental health issue because something's going on at home or something's going on at nursery? (Natalie, 269-273)*

Participants emphasised the significance of addressing mental well-being early on, as it serves as a foundation for a child's future development and learning. The questionnaire respondents shared this perspective, where 82.4% believed there was a connection between mental health and well-being and long-term academic success (*question 10*). The educators interviewed considered well-being central and made meeting a child's well-being needs a priority to enable them to fully access the educational components of the nursery.

> *I think it's first and foremost. It's the most important thing because, without that, you can't move forward in any direction. If you've got a very unsettled, unhappy little person, for*

> *example, who's struggling, you've got to meet that need first before anything else. (Paula, 439-441)*

> *If I'm not dealing with their well-being, then they're not going to want to learn, either. You've got to meet their basic needs first for them to then build on other things. (Katie, 80-81)*

They foreshadowed the potential risks if issues are not addressed early, highlighting the vital role of mental well-being promotion and support in the Early Years.

> *Well, I think, especially when you're working with children of this age, their mental health it's part of them, it's part of their development. If you don't safeguard their mental health and well-being now, you're just setting yourself up for you know masses of issues in the future. If you can help a three-year-old learn how to be calm, how not to hit, how to, you know, self-regulate, then you know you might be stopping that sixteen-year-old from, you know, lashing out and hurting. (Toni, 164-168)*

Participants' holistic view of children's well-being highlighted the complex and interconnected nature of numerous factors contributing to a child's mental, physical, and emotional health. This approach underscored the importance of addressing the child's needs within the broader context of their family and environment and the necessity of early intervention and collaborative efforts between educators and parents.

Subtheme 1.1: Children's Behaviour as Communication

Educators discussed viewing children's behaviours, even challenging ones, as a form of communication about their mental and emotional state rather than as disruptive actions to be controlled.

> *And behaviour for me, children that are behaving in ways that I don't want them to, tells me that there is something I'm missing. And it's probably well-being, it's probably relationships. If it's a child's well-being, it's bigger than just one thing. I think, yeah, I think it's everything. (Natalie, 166-168)*

Very young children do not have the words to express their feelings. Therefore, educators have to use nonverbal cues to interpret and assess. Participants were aware of how external markers denote internal issues and the importance of noticing variations in behaviour, employing their knowledge of emotions as indicators of mental well-being. Although not all educators have this skill, they have to develop it to gain knowledge of how children's behaviour can be viewed as communication.

> *But it's having that understanding that actually, we behave in a way because we are feeling this way. That's taken a bit of time to embed with staff… and with parents. (Paula, 69-70)*

Without this knowledge, educators may become irritated or stressed by challenging behaviours and lack confidence in their ability to support them. This can lead to children being labelled as "disruptive" or "hard work" without addressing the underlying issues.

> *Children get labelled as disruptive, hard work. The staff feel the stress of trying to meet their needs. And they don't know how. They don't know what to do. They're lost. (Eve, 34-36)*

> *I think some people just see a behaviour and think they are doing it to annoy people or just for the sake of doing it when they don't look at why they are doing it. (Grace, 50-51)*

> *They're seeing behaviour as something they've got to stop. They don't look at a child. Ask why are they doing that? What are they trying to tell me? You know. They just see a child that's behaving one way, and they're trying to make the child behave a different way. (Natalie, 163-165)*

> *…especially for the really young ones, like the babies. It can be really hard working in a room if children are clingy or upset or not doing what you expect them to be doing. (Eve, 41-42)*

Educators who can interpret behaviour as a sign of a child's mental state can better provide the support and nurturing the child needs. This requires developing skills to look beyond just "happy" or "sad" behaviours. One participant expressed how children would be confident enough to show how they were feeling only through the formation of secure attachments with the educators.

> *And children choose to show how they feel. Right from babies, you know, if they're scared. They react differently if they're confident, so their well-being is something that they have to share with you, and you have to see it. And it's a two-way thing. (Natalie, 130-133)*

Toni's reflection explored the idea that children who are angry, disruptive, and "explode" are noticed within the classroom, while those who are withdrawn are less so. She viewed behaviour not as a disruption to their teaching but as communication that children are struggling and require support.

> *I think a lot of the time it's children who… the ones you pick up quickest are the ones who are angry. The ones who explode, the ones who throw, the ones who you know hurt, they're*

> *the ones that stick out. Then, it's also the ones who go under the radar. The ones who, the withdrawn children or the children who don't engage, they're the ones who then have the different sorts of mental health and well-being that are not as obvious, and I think it's all about building those relationships with the children to get to know them and to be then able to work out what's going on with them really. (Toni, 119-125)*

One participant perceived behaviour as an indicator for setting management that the educators were doing a good job and meeting the well-being needs of the children in the setting.

> *If they hear a child upset or something's changed, they will come in and check what's going on and make sure everyone is ok. And observing staff as well to see how you're interacting with the children to make sure you're meeting their well-being needs. (Katie, 62-64)*

Another appeared concerned that an assessment tool they had previously used to monitor well-being had been re-interpreted to examine how proficient educators were at fulfilling their role.

> *We had the Leuven scale, which was a well-being scale. But it was used really to indicate how good you were at your job. So, if you've got children that were disengaged and not happy, it was a way for you to have a look at what you were doing and change what you were doing. Mm-hmm. I don't think it was ever designed to be used that way. (Natalie, 241-244)*

Natalie also saw a vicious circle created through perceived pressure from Ofsted for children to conform to desired behaviours within settings, hindering the ability to allow educators to view behaviour as communication.

> *You see Ofsted are obsessed with behaviour … But when you focus on behaviour and controlling children, I think that stops you from focusing on well-being because you that busy trying to control them. Then you wonder why they're not being controlled. (Natalie, 156-161)*

The data emphasised the critical need for educators to view children's behaviours as a window into their mental well-being, rather than just disruptive actions to be controlled, to provide the support and nurturing young children require. The majority of the educators interviewed saw happiness as an indicator of positive mental well-being and, consequently, generating happiness to be a responsibility of the educator.

> *Because well-being is such a big word. It's so it means so many different things to so many different people. Children's well-being, we look at it as how happy they are, and the triggers*

> *for happiness, or the smiling, are they getting involved, how are they interacting with others. (Natalie, 59-62)*

> *Yeah, well-being, for me, is a state of being. A state of being happy to be in yourself. Happy to be who you are, and that's if you have all of that. It doesn't always predict confidence. But if you're happy to be who you are and know your place in the world, to me, that's well-being. (Natalie, 226-228)*

Children's behaviours become a window into their inner world. Educators who can interpret these behaviours as a sign of mental or emotional distress, rather than just misbehaviour, are better able to provide the support and nurturing the child needs. However, two educators expressed concerns that some educators did not possess the ability to look deeper, only seeing situations as black or white. That mental well-being was more than just happiness. This can lead to a negative cycle where children's needs are not met, further impacting their well-being.

> *I think if a child was verbal and looked happy. They would assume that everything was ok. Yeah, I think if a child was crying, then they'd assume everything was not OK. I don't think they can read between the lines. You know they're either happy or they're sad. Well-being is deeper than that, I think. Well-being is more, I don't know, it's more watching what they're doing on an everyday basis, not just whether they're happy or sad. (Natalie, 77-81)*

> *I can see it quite easily. I can walk in a room and notice the quiet child that is struggling, that needs my help. And I want to help them, I really do. But it's hard to get other people to see that we need to do something. (Eve, 39-41)*

The pandemic has exacerbated issues, with educators observing more children exhibiting anxiety, attachment problems, and emotional dysregulation, showing knowledge and awareness of the impact that global events play. This underscores the complex, multifaceted nature of well-being and the importance of educators being attuned to the numerous factors that can influence a child's mental state.

> *I think when new children start, and I think this has been very noticeable since Covid, as you'll probably know yourself…Children emotionally, the emotional literacy is very low. They're very anxious, they're very upset. It's taken them a long time to settle. (Paula, 108-112)*

> *More upset and distressed children. More attachment issues, children taking longer to settle. More behaviour issues and anger issues. And more nervous children. (Eve, 19-20)*

This sentiment was echoed in the findings from the initial questionnaire. Educators were asked about the most common mental health issues they were seeing in Early Years children, with eighteen respondents stating anxiety and stress, and five attachment and separation anxiety (*question 9*).

However, one educator, Natalie, disagreed with the discourse that children's mental well-being had been affected by the pandemic.

> *But having said that, when they came back after the pandemic and everybody was saying about their well-being, I don't think I noticed anything particular, but I think children are generally sadder. I know when I started all that time ago, it was just about having a laugh, having a giggle. The children would come, and you'd play, and you'd all be laughing. And then Early Years changed, and it was, everything you had to do was for a purpose. And it distracted you from just having fun. And I don't think children smile as much now or laugh as much now as they used to. And I don't know if that's because of the pressure we put on them. Because we're trying to teach them something all the time and not just let them be children. (Natalie, 21-28)*

Participants articulated that children needed to be taught strategies and tools to have a 'voice' to express their feelings and emotions. However, some of the interventions appeared to be taught so that children could learn to regulate their own emotions independently of the involvement of adults.

> *Interviewer: And how would you do that?*
> *Natalie: Self-esteem. You know, children are bombarded with, from a very early age and, getting them to be happy with who they are, getting to know who they are. You know the, taking a good look at yourself and being happy with what you see has to start early earlier than probably ever did before and building up this resilience and self-esteem. (Natalie, 90-94)*

> *So, it would be things about learning to deal with their own emotions, learning about other emotions… Learning about being aware of others, all like your British Values... Um… (Grace, 195-196)*

> *We also follow the Take Five Program which is a way of giving children strategies to help calm themselves and to help regulate their behaviour through mindfulness activities and breathing activities. (Toni, 133-135)*

Supporting children's well-being through this lens of behaviour as communication can be emotionally draining for educators, who feel pressure to be constantly "upbeat and positive" role models despite knowing that behaviour is a form of communication *(Paula, 116-117).*

> *If a child is with somebody that's happy, they're happy. If the child is with somebody that's stressed, they're stressed. So stressed practitioners make stressed children… (Natalie, 149-150)*

By contrast, 'having' to focus on mental well-being within the setting can reduce the fun previously associated with Early Years and the innocence of childhood. Educators felt responsible for fostering children's self-esteem and giving them tools to express and regulate their emotions. Yet they were concerned that this focus on well-being had reduced opportunities for children to play and 'be children.'

> *And they need to be children for as long as we can keep them safe and happy and… innocent, really. They're going to have enough of that going on as they get older. (Paula, 420-421)*

Subtheme 1.2: Impact of Children's Home Life

The educators interviewed in the study acknowledged that a child's behaviour and overall well-being in the nursery setting is often a reflection of their experiences at home. Factors like family dynamics, parental mental health, and adverse childhood experiences were emphasised as profoundly influencing a child's development and ability to thrive. There was an acknowledgement of the essential nature of family and knowledge that what educators see in the nursery setting is only part of the whole picture. That what happens at home, even trivial things, can show as changes in a child's behaviour and a reduction in positive mental well-being. All six participants referred to a child's home life, the need to support parents, and the fact that they had seen the interplay between home and the child's well-being in the setting.

> *You can talk to people who know them, like their families, see if it's happening elsewhere. If by knowing them, you can know what they like, what their interests are, so you can do things to involve them in the things you're already doing. So, you can play with them and work out what it is that's making them so sad or so whatever it is that's bringing them down. (Grace, 30-33)*

> *If their home life is chaos, then you are going to see it in their behaviour. (Eve, 58)*

Desiring this extra level of knowledge is a strength of Early Years educators. The ability to piece parts of a child's life together to see the whole picture. However, not all educators are believed to realise the critical role families play in a child's mental well-being or possess the confidence to discuss mental well-being with parents.

> *Grace: I think we could get parents involved better and work with parents better. I think parents struggle. And I think, I think we could probably do something with the staff and give the staff training.*
> *Interviewer: You think the staff would benefit from more training?*
> *Grace: Yeah, to make sure they are aware of how important it is and that we all need to work together to do it. (Grace, 234-237)*

Parents may be unaware that they act as role models for their children. However, educators view children as reflections of their parents, almost like chameleons.

> *You've got to monitor their well-being, and it's not just children. You've got to monitor the well-being of the parents. We have a way of recording now that if we feel a parent's well-being is being compromised, we will make notes of that because that will let us know then how the children are being. Because they're a bit like chameleons. Aren't they? (Natalie, 143-147)*

In their professional roles, participants gained insight into family dynamics and the strain of families caught in repeating cycles of issues caused by poor mental well-being and the resulting chaotic home environment.

> *It's having to build up the relationships with the parents as well to get to the bottom of what the problems are because with the very young children, they can't, they can't articulate why they're angry, they can't articulate why they're sad. We do a lot of work on emotional literacy within our, within our curriculum to sort of to try and give the children a voice to be able to articulate how they're feeling. It's something we've put in from the very youngest children. We work on giving them a voice and allowing them to know that it's ok to have different feelings because if they, if all they've seen is being angry, then that's how that's how they present. If they live in a family with depression, with anxiety, then that is their norm and they need to be able to, they need to be able to talk about this, and they also need ways to be able to cope with their own behaviours. (Toni, 107-115)*

When asked about the common mental health issues they see in the children in their care, one questionnaire respondent also referred to the impact parental mental health has on a child's well-

being, stating how they have seen 'The impact that having parents with mental health difficulties has on their lives - chaotic, inconsistent lives' (*question 9*).

The educators interviewed indicated an understanding of the difficulties of parenting, a knowledge of the impact of deprivation and attachment issues, and a hope to remove the risk of adverse childhood experiences, even though the participants did not necessarily refer directly to these concepts. Educators possess knowledge that children who have experienced adverse family experiences may exhibit signs of positive mental well-being whilst still requiring interventions and support.

> *I had one family where the children seemed really happy. But they had never known anything else. Eventually, they were taken away from their mum by the courts, and that was horrible. We had worked really hard with the family for years, finding places to support her, going to meetings with one social worker after another, some better than others. And then, we had to watch her collect the children for the last time before she handed them over. It was awful. She cried on my shoulder, and the children didn't have a clue what was about to happen. I still think about them. Obviously, the hope is that they had a better life once they were in foster care and could enjoy being children. But it's hard not knowing. (Eve, 61-68)*

The educators expressed a desire to better support parents and work in partnership with them, recognising that parents possess crucial knowledge about their child that can inform interventions. However, they also noted challenges in having open dialogues with parents about mental well-being, fearing it may be perceived as criticism. Participants identified a contrast between parents who were desperate for help to support their children and those who resisted the involvement of educators.

> *Some are practically begging for help. They know something's not right. Others are more difficult. You have to drip-feed ideas. Let them start to figure it out for themselves. And be there to help and offer support. (Eve, 50-52)*

Parents were not always seen as prioritising their children's mental well-being, and they were viewed as lacking knowledge of their supportive role. However, educators struggled to be confident in sharing their knowledge without appearing to blame the parents, fearing they would be viewed as criticising them.

> *I think it's easier to say to a parent, "Oh, I think you know, little Fred's got, you know, some problems with his fine motor skills, so we're going to do this to help with his pencil grip." That's a bit; it's a more readily acceptable conversation to have than, "Oh, I think little*

> *Fred's got some problems with, you know, how he deals with his emotions, so we're going to do this with him". (Toni, 176-179)*

> *I think it's hard for them to dig deep for well-being because when you start asking parents about well-being, it's almost like saying the parents aren't doing a good job. And to have the staff to have those skills to go up to a parent and say, "Oh they've not be very happy today. Is everything ok at home?," it's kind of like implying that it isn't ok at home and staff are nervous of any kind of negative. Although it's not negative, but they're nervous of any kind of confrontation with parents. (Natalie, 99-103)*

The data highlighted the need for consistent support from social services, as frequent changes in social workers assigned to families can disrupt the continuity of care. One educator expressed frustration at the lack of consistency when social workers are involved with the family. Parents' mental well-being struggles impact the child's well-being. However, the social worker assigned to the family frequently changes, with families having to form trusting relationships repeatedly to feel inclined to accept assistance.

> *We have children with social workers, but they don't tend to have the same social worker for very long because, again, there is a massive recruitment and retention issue within social work, so you very rarely see the same social worker in each of the meetings. (Toni, 93-95)*

Additionally, the rise in children with special educational needs was noted as another area where more support is needed for both the child and their family, with one educator highlighting the extra impact of supporting families of children with additional needs.

> *Plus, like all nurseries, we've had a big increase in the number of children with SEN. Not saying that SEN is a well-being issue, but I think people not recognising the problems that go with it, or knowing how to help these children in the nursery and help their families can lead to problems for the child. I've seen that a lot. (Eve, 20-23)*

Strategies created for the child in the setting were perceived to be ineffective unless also implemented in the home. To enable this partnership to work, an open dialogue between parents and educators is required. Educators exhibited a knowledge of the importance of conversations and of forming relationships to promote a flow of information between home and nursery settings.

> *I think the final thing that I would add is that if you had somebody spare to do training. It would be to support parents to understand their child's well-being because they have more*

opportunity, more time and are generally more invested in it. So, I think training parents to look after their child's mental well-being. If I was gonna put training on, I would put training on for parents, because they're more invested in their own children. Yes, yes, they are the first and most important influence on their child's life. Yeah. So, I think in an ideal world, if I want, if you asked me how would I best support children's mental health and well-being. It would be to train parents to put their phone down, and that's not a joke, to understand what their children are telling them. Their body language. To understand their child's health and well-being. Think if you're investing any money, that's where you should be investing. (Natalie, 299-307)

Summary of Theme 1

The interviews emphasised the holistic nature of a child's well-being, where a child's behaviour should be viewed as communication about the state of their mental well-being, and the child's home environment should be accepted for the crucial role it plays. Early Years educators face challenges in effectively collaborating with parents and accessing the necessary resources and support. Overall, the data draws attention to the need for a partnership approach between educators and parents to promote positive mental well-being in children and assist them in understanding their child's behaviour.

Theme 2: The Detective Work of Early Years Educators

Those working within Early Years did not rely on theoretical knowledge alone when forming judgments about when and how support needed to be implemented in relation to children's mental well-being. Rather, educators took on the role of 'detective' to investigate each child's levels of well-being, root causes, and family background, gathering evidence to support their theories of need.

When the questionnaire participants were asked if they were able to recognise when a child needed additional support for their well-being, 82% of respondents indicated that they were able to do so, with the remaining 18% unsure (*question 24*). Asked if they perceived themselves to have the knowledge to meet children's mental well-being needs, the responses on a five-point scale were more evenly split; 6.1% strongly agreed, and 33.3% agreed they had the knowledge to meet their needs, and 6.1% strongly disagreed with 24.2% disagreeing they had the necessary knowledge, and the remaining 30.3% neither agreeing nor disagreeing implying a lack of certainty and confidence (*question 31*). The majority of respondents based their decision-making on lived experience, as opposed to knowledge from training or advice from external professionals or colleagues (*question*

32), with personal experience and professional experience perceived as the two main factors that increased the educator's confidence to promote and support (*question 34*).

Two aspects of detective work arose from the interview data as significant when considering how those employed within Early Years decided if there was a need to promote and support a child's mental well-being: employing professional curiosity and utilising the power of intuition.

Subtheme 2.1: Employing Professional Curiosity

The data illustrated educators' use of professional curiosity to support the mental well-being of young children in their care. The interviews highlighted educators' powerful desire to deeply understand each child's circumstances and what may impact their mental health, whether environmental, health, or other factors. Educators have to have the tenacity and desire to delve deeper. This involves having "curious conversations" with parents and "peeling those layers away" to gain a more comprehensive picture and a deeper understanding (*Paula, 68*).

> *You need to unpick that child and figure out is it the environment, is it a health issue? What is going on with that little person? (Paula, 72-73)*

The data suggested that professional curiosity was viewed as a key 'strength' by Early Years educators *(Paula, 482).* It allowed them to observe children closely, notice changes in their mental well-being, and identify potential issues of concern. Educators want to know more, piece everything together, and make it their mission to understand what is occurring in a child's life to get the whole picture; stating this as something they 'need' to do inferred a presumption of obligation to find answers as part of their professional role. Nevertheless, not all educators were perceived as "able to spot or identify" well-being issues and whether changes in a child were a cause for concern, believed by participants to be lacking the knowledge to do so.

> *So, a child's well-being can change from day to day. So, being able to spot or identify that. Oh, it's just a bad day. It's not a well-being issue. (Natalie, 169-170)*

Linking back to the Impact of Home Life (*subtheme 1.2*), one participant was particularly aware of the necessity of involving parents in the process, spending time having "curious conversations, digging a little bit deeper" to enable educators to make assessments and form judgements as part of their role in supporting the children's mental well-being *(Paula, 456).* However, there was a price to pay as she felt unable to compartmentalise and leave her professional life at work. She continued to think about the children and their families in her care outside of work hours, viewing the profession as one where you expect to lose sleep over other people's children.

> *If you could go to work and go home and not think about this, there's something wrong. (Paula, 340)*

Two participants felt that the more intimate nature of Early Years settings, in comparison to schools, enabled educators to observe more closely, get to know each child individually, and notice and monitor changes in the children's mental well-being.

> *I think the smaller groups you know your children better. You can observe their well-being and notice a difference. Whereas, at school, they've got larger groups, and it's not the same [laughs]. (Katie,98-99)*

> *I think it's easier in a nursery because there's less of them. I feel like it would be, not hard in a school but you'd have to be very careful in a school that children didn't get lost because there are so many, and your quiet ones could be very easily just lost in the background. Whereas in a nursery, you can make sure you spend time with them all individually and that's when you would be able to see what's going on with them all. (Grace, 208-211)*

Professional curiosity goes deeper than just knowledge of the children and their families. Those working in Early Years must also connect theoretical knowledge of mental well-being and child development to practical reality and available support interventions.

> *I'm confident because, for me, confidence comes from knowledge. Knowledge comes from wanting to know. And wanting to understand. It's more than knowing something. It's understanding what you know, and if you don't understand what you know, you can't put it into practice. (Natalie, 112-114)*

A skill Natalie believed was lacking due to poor initial training for educators new to the profession.

> *But again, it's like I was saying: if you can't make connections between what you're learning and what you're doing, you can't understand. So, they learn about theorists, and they memorise theorists. But they don't understand what impact that has on what they do. Writing about it and researching it and being asked questions about it. Not how it looks in practice. What they need to be learning about is child development, personal social, how to help children develop in the prime areas. And I do think that from what I've seen, that is not a priority in the new training agenda. (Natalie, 177-182)*

Whilst training could assist educators in connecting theoretical knowledge to the practical application of promoting and supporting mental well-being, Natalie expressed concern that if

settings were to train individual educators in children's mental well-being, there was a risk that they would focus only on looking for issues, warping the professional curiosity and creating a danger that educators would see things that were not there. There is a concern that over-emphasizing training solely on mental health could lead educators to misinterpret normal childhood behaviours as problematic.

> *I think if you pay, if you train somebody to just look for mental health, they will see mental health because they'll (pause) It's like when you do safeguarding training, a week after there's lots of, you know, is this it, this is it. (Natalie, 261-263)*

Overall, the interviews emphasised the crucial role of professional curiosity in Early Years education for monitoring children's mental well-being and providing appropriate support. Educators who possess this trait are highly motivated and driven to understand each child's circumstances and what may be affecting their mental health. However, the research highlighted that professional curiosity must be paired with adequate knowledge and a holistic understanding of child development rather than just mental health training. Knowledge of the nature of childhood and the fact that young children's mental well-being can present differently from adults is needed. Otherwise, regardless of professional curiosity, there is a risk of missed warning signs. Striking the right balance between professional curiosity and the necessary knowledge is essential for Early Years educators to effectively support the mental well-being of the children in their care.

Subtheme 2.2: The Power of Intuition

Due to the children's age, educators in early childhood settings often rely on nonverbal cues to support their mental well-being. The interview data suggests that these educators possess heightened self-awareness and empathy that allows them to understand and respond to young children's needs intuitively.

> *So, it's not always what you see. It's. I don't know. It's a feeling, isn't it? Well-being yeah. You can spend not long with a child, and you can feel how that child's well-being is. Do you know what I mean? (Natalie, 82-84)*

Educators described using a "feeling" or "vibe" to assess a child's well-being and identify when a child may be struggling. This intuitive approach extends to working with families, where educators must "go slow" and "listen for clues" to understand the family's situation *(Eve, 55-56).*

> *Some of it is just a feeling. It's like I get a vibe from them. I can see they are sad. But then it takes time to piece it together, to work out what could be causing it. You have to spend time with them, get to know them, and their families. (Eve, 46-48)*

The educators used their insight to identify when children are struggling and to increase their knowledge, helping them avoid making assumptions.

> *You've got to unpick the child. To find out what is going on. And you could never make assumptions, either. They're all different. It's getting to know their individual differences. Finding out what makes them tick. (Paula, 449-451)*

> *And you get a feeling with children. You can look at children. You think something's not right. And again, that comes with experience. And just knowing what children are like. (Natalie, 117-118)*

Natalie believed this intuition enables them to identify children at the extremes of the mental well-being continuum.

> *I've seen children who I have thought you have serious problems. One day, you're gonna be a serial killer. You know, I've seen those children, so I am able to spot the extreme. Yes, yes. So, if you're asking me to spot the extreme mental health issues. Mm-hmm. (Natalie, 289-292)*

However, her response did illustrate that even highly experienced educators are not immune to continuing to perpetrate the stereotypes that traditionally surround mental health issues. Natalie's reference to 'serial killers' highlights the stigma that remains in society.

One participant explained how she acted on instinct, employing crisis management techniques in the moment without certainty of what would work.

> *It's that we don't react, we respond. That's what's really important. (Paula, 521-522)*

> *Because it really depends on that little person. What's happened? What is happening during that time? It's very much trial and error with everything. Isn't it? (Paula, 428-429)*

However, participants were aware that not all educators have the same level of intuition, and any intuition is reduced if they do not have the time or the headspace to employ their instincts. This results in educators losing that reflexive capacity and missing key signs.

> *Especially when you are also trying to look after the rest of the children in the room and get all the other stuff done that you need to like planning and observations. (Eve, 43-44)*

Meeting well-being needs in addition to the daily demands of the job requires a juggling act, and this pressure can deplete an educator's intuitive skills, a role pressure that is further discussed in Subtheme 3.1.

Summary of Theme 2

The participants interviewed disclosed how their decision-making is influenced by an innate sense of intuition when assessing a child's well-being. This intuition is often developed through personal and professional experience. They also employed professional curiosity using "curious conversations" and close observation to understand children's circumstances and potential issues affecting their mental well-being. The educators believed that the intimate nature of Early Years settings allowed for closer observation and individual attention, making it easier to notice changes in children's well-being compared to larger school environments. However, challenges existed with not all educators perceived as possessing the same level of intuition or ability to spot well-being issues and requiring a comprehensive knowledge of child development, alongside the problems generated through time constraints and work pressures that hindered the use of intuitive skills.

Theme 3: Expanding the Role of the Early Years Educator

The initial questionnaire explored the perceived role of the educator in relation to promoting and supporting mental well-being. 94.1% of respondents believed that well-being should be addressed in the Early Years (*question 18*), 29 of the 34 participants stated that it should be part of their role to provide support (*question 19*), and 30 participants stated that it should be part of their role to promote mental well-being (*question 22*). When asked where their beliefs originated from, that as educators, they should be involved in supporting mental well-being, the majority of respondents (88.2%) stated this was due to their personal beliefs and the perceived significance of the subject matter (*question 20*). Although the role of the Early Years educator is defined not only within statutory documentation but often within the job specifications of individual settings, educators are still subject to their individual perceptions of their role and an intrinsic sense of responsibility.

Subtheme 3.1: Perceived Role and Pressure

Early Years educators play a crucial role in supporting children's mental well-being, though they face significant challenges and pressures in doing so. The interview participants recognised the importance of promoting positive mental well-being in children and saw it as a core part of their role. However, they often lacked the depth of knowledge and confidence necessary to implement specific mental well-being interventions.

Interviewer: And do you think it is part of your role to help children's mental well-being?

> *Eve: I really do. We shouldn't be working with children if we don't feel that way. (Eve, 100-101)*

There is a clear role of care and nurture within Early Years, with the educators interviewed placing pressure on themselves to foster happy, settled children through their everyday interactions, routines, and modelling of positive behaviours.

> *I know I feel like I'm not doing my job properly. If they're not happy and settled, and they need to, they need more assistance. So yeah, if I know I've done everything throughout the day that I can to make them feel comfortable and well, then I've done my job right. (Katie, 90-92)*

As mentioned in a **Holistic view of young children's mental well-being (Theme 1)**, educators know that the work they do in these formative years can reduce issues in the future. When educators perceive they have made a difference through the support they have provided, it validates their contribution. The educators interviewed, however, did not show depth of knowledge when it came to questions about how they promoted and supported mental well-being and were vague in their responses.

> *Interviewer: How do you promote positive mental well-being with your children? Do you with children of this age?*
> *Grace: So, you just promote it through everyday play and everyday routine. So, it would just be do the things that you say, do the things that you do, by how you treat each other, by how you treat your other staff. It could be in the words that you say. (Grace, 187-191)*

> *Interviewer: And do you do anything specific with the children to work on their positive well-being? Is there anything you do?*
> *Paula: We do loads. We're always kind of promoting… positivity if you like, so you know, being a good friend, being a buddy, the sharing, and the caring, you know, all those British Values which are human values at the end of the day. So yeah, we do a lot. You know we've got the, the bottles, the colours. (Paula, 405-409)*

> *Yes, it's built into our planning. We do it as part of the children's social and personal development. And we assess it to see if there are gaps we need to fill. (Eve, 91-92)*

Rather than providing detailed illustrations of how they promoted mental well-being, emphasis was placed on promotion through the educators' everyday roles, with the participants appearing to feel pressure to build children's confidence and resilience.

> *I think we've been doing it forever. We've been doing it, but we called it personal, social and emotional development, and if you're doing that right, then the well-being of a child is covered. (Natalie, 218-220)*

> *It's something we focus on as part of making our children well-rounded. We work on resilience, confidence, being a good friend to others and being respectful to others. (Eve, 81-82)*

> *It's building their resilience up to those situations and those experiences. That's hard. It's difficult. (Paula, 531-532)*

There was an inference that interventions and promotions were initiated but then halted because they were too advanced for the children's age and stage. There was also frustration that there was a conflict between teaching mental well-being strategies alongside the curriculum basics.

> *We used to do it in preschool. With the older ones. But I think it depends on the children. I think you've got to have the basic skills in place before you can do that. So, you've got to start with the basics and work up to doing that. (Grace, 200-203)*

> *…just finding enough time in the day to try and teach strategies for this, as well as teaching maths and phonics and all the other stuff. (Eve, 146-147)*

Overall, while Early Years educators are deeply committed to supporting children's mental health, they face significant systemic barriers and a lack of adequate training and resources to fulfil this aspect of their role effectively. The educators feel frustrated at the lack of time, training, and resources to address mental well-being alongside their other teaching duties. However, there coexists the perception that mental well-being support is more available for older children in schools, leaving Early Years educators to shoulder a greater burden alone. The educators describe the emotional toll of this work, with the pressure to ensure children's well-being, leading to self-doubt and burnout.

Participant Katie expressed the belief that more support exists for older children, but stated the responsibility for those children in Early Years falls on the educators.

> *I think our job is very important in the younger side of it, but I think there's more support for older children from school age because you get like… like therapists and stuff which do things with them but at a young age I don't think I haven't noticed as much support it's more comes from us and our role than outside agencies. (Katie, 119-121)*

However, Grace felt the identification of children who required support would be easier in an Early Years setting as opposed to in schools, with less likelihood of quieter children being overlooked (*Grace, 208-211*). Paula acknowledged the importance of the role of Early Years educators and the increase in the amount of one-to-one work that is now required within nurseries but voiced her frustrations that educators working in Early Years are viewed as having lower status compared to teachers within schools despite facing similar struggles and pressures.

> *I do still think there's a huge void between schools and nurseries and Early Years. Massive. That's not through the work of Early Years, I think, and some schools are really good, but I think, generally speaking, we're a bit like the underdog. But without our work those children are not school ready. (Paula, 346-349)*

Yet Eve considered that such one-to-one work could prove to be more difficult, even with the smaller groups of children in Early Years settings compared to those in schools.

> *…but if a child is still struggling then you need to focus more on a one-to-one level and that's difficult in a group setting. It's more about getting the child to trust you then; to feel secure and make that bond with you so you can boost their confidence and work on anything that is upsetting them. (Eve, 94-97)*

When children within the nurseries are perceived to be struggling with their mental well-being, educators suffer an emotional toll. One participant was very aware of the pressures educators face and place upon themselves, describing their role as "draining" and "intense" (*Paula, 114, 123*). They emphasised the need for their own well-being to be supported so they could better support the children in their care. Early Years educators are exhibiting increased pressure and feelings of stress, leading to the educators themselves requiring assistance to carry out their perceived role.

> *Staff need somewhere to come to, to offload, to talk, to get it all off their chest because then they know they've got support around them, and they can do their job. (Paula, 92-93)*

When educators are concerned about a child's mental well-being, they are unable to forget about these children of concern and continuously reflect, even when a child has left the setting.

> *But you know, obviously, the family that we both worked with. Obviously, they moved on. And I couldn't, I couldn't forget about her. And I needed to know that she was on someone's radar because, obviously, she'd left us. And I kind of made it my mission to find out. "I don't. I don't need details, and I'm not asking for information, but is she on someone's radar? Cheers." And it's like, I feel reassured by that. Because I couldn't forget about her. I*

> *was concerned about her. I didn't feel that things had been resolved for her, with her, and I needed to know she was OK. And now I know she's on a radar. I feel…I'm relieved. (Paula, 316-334)*

> *If I am worried about a child, then I can't stop thinking about them. They're in my head even when I'm at home. And I don't think that's a bad thing. Sometimes you need to take time to think about things and often when you're at work it's just so busy you don't get chance to reflect on the day. So yes, I go over things. Check in my head if I did the right thing, think about what I could do next. (Eve, 115-118)*

The performative pressure educators are under to do the best they can for the children in their care is never-ending and exhausting. The educators interviewed indicated a lack of self-confidence, with Eve sharing doubts that she had "done enough" in her role.

> *Because some days you do get home when you think, 'phew,' just up here…Exhausted. Not necessarily physically. But mentally, it's like, right, I've gotta do that. I need to think about that. I've got to plan for that. (Paula, 293-299)*

> *But of course, I still doubt myself, doubt I'm doing the right thing, worry if I've done enough. (Eve, 85-86)*

Despite the pressure and confidence issues, the educators who agreed to participate showed high levels of motivation. However, challenges arose when working with less experienced or resistant staff within group settings with the educators in a management role expressed concerns about the ability of new, less qualified staff to prioritise mental well-being alongside the basics of childcare.

> *I feel like nothing would stop me, but it would be getting, making sure all the staff are onboard, all the staff are doing the same things and in making sure families are onboard. It would be making sure that everyone was working together and doing the same things. (Grace, 180-182)*

> *But I think some see it as an inconvenience. That teaching well-being on top of everything else is too much. Like they're just children; they can't have the same issues that adults have. (Eve, 103-104)*

> *I think a lot value their own well-being more than the children's. That sounds bad. It's not quite how I meant it. I mean, we can't do our jobs well if we are struggling. Like they teach you in first aid, sometimes you have to put yourself first so you can help others. (Eve, 124-127)*

This was not consistently perceived to be due to a lack of knowledge from limited experience or qualification level, with some staff members viewed as more likely to support well-being due to their respect for children rather than due to knowledge gained within their qualifications.

> *And it's not just down to qualifications. I've worked with some qualified people that feel this way, and some unqualified, younger, less experienced staff that would do anything for the children. That see them as little people that deserve the same respect we as adults do. (Eve, 105-107)*

New educators were seen as needing to be given the necessary skills and the ability to reflect not only on their role but also on the influences upon their own mental well-being. However, there was the concern that educators prioritise their well-being above that of the children, although coupled with an acceptance that this may not be negative (*Eve, 124-127*). A second participant shared this view.

> *And I think really before you start to address the children's mental health, you've got to consider the staff's ability to manage their own mental health before you expect them to then manage children's mental health. (Natalie, 38-40)*

There was an acknowledgement that knowledge does come from experience and that new educators may develop this in time. However, Natalie articulated a fear that generational changes mean younger educators are ultimately less empathic.

> *Experience is also where I get just knowledge of children in general, yes, knowledge from experience. Which is what staff today don't all have, but we all have to start somewhere. (Natalie, 51-52)*

> *And that's something that I sadly think is lacking from this generation. You know, they're so wrapped up in their own lives, they can't always see things from another perspective. (Natalie, 86-87)*

The participants, who were also managers of nursery settings, expressed concerns that newly employed staff members needed to be taught the basics of childcare and education before managers could train the educators to assist with mental well-being promotion or support.

> *But now the young girls that are coming through today. Their confidence levels at doing the job, just the basics is a constant battle in terms of training. And I think, well-being training them to identify the well-being of children comes a poor second to teaching them to actually do their job, you know, to be in the right place at the right time. Just the mundane parts of*

> *their job that you've got to go over. And it all comes back to the training that they get before they step into the nursery. (Natalie, 138-142)*

> *If we want them to be fully-fledged and move forward within this career, we've got to give them the tools they need to help us to do our job and to get them up to a level where they're confident (Paula, 161-162)*

It was not purely newly qualified staff who were seen as a barrier to identification, promotion, and support. Participants reflected upon the challenge of collaborating with educators who were viewed as refusing to enhance their knowledge of mental well-being. Alongside the pressure currently faced by the sector due to recruitment challenges, providing training on mental well-being was not always considered a viable priority.

> *Other staff are probably the hardest, especially if they are stuck in their ways and won't try and see things differently or learn new ways of working. And there's never enough time to do everything you want to do. (Eve, 141-143)*

> *But when you're faced with one person turning up for an interview. And having to fill this to meet your ratio. You have to pick the best of a bad job, so all you're doing is constantly training, and teaching them to manage themselves is often a priority, to teaching them to manage children's well-being. (Natalie, 194-197)*

When settings tried to enhance their employees' knowledge, there was an awareness that the limited training available did not necessarily suit the needs of individual educators. Some preferred and saw the benefits of face-to-face training, and others appreciated the accessibility of online training. This was reflected in the questionnaire data.

> *I would like to take face to face training within this subject, as I feel you are able to gain more experience from others who attend the course. (educator response, Q. 29)*

> *I don't think staff can learn on PowerPoints online courses. I think they're a good starting point, but I think you have to build on that. (Natalie, 54-55)*

One participant appeared angry at the expectation that educators should undertake these roles without accessible training. A sentiment echoed in the questionnaire responses where access to mental well-being training is impeded by a lack of time (n. 24), cost (n. 17), availability (n. 15) and the ability to find cover to take the time away from the nursery to attend courses (n. 13) (*question 30*).

> *Nobody tells you how nobody trained you. Now, there's lots of training out there. If you can afford it, if you can free your staff up to go. If it's a good course. If they listen when they're there. There are too many. You know, I think we should say mental health and mental health and well-being is a doctor's job. Our job is to get children personally, socially, and emotionally ready for the world. And we do that by understanding what they need to learn. (Natalie, 236-240)*

This anger was also exhibited in the final response of one of the questionnaire participants.

> *I think although on paper it would be wonderful to have staff trained in children's mental health and well-being, I feel that in reality this would be hard to achieve. I feel that it is a specialist sector and would need professionals to come in externally. I feel that adding even more training and responsibility onto Early Years Staff is not feasible. I feel that a lot of staff are already overworked and underpaid and due to this would perhaps need support with their own mental health and well-being. (educator response, question 37)*

Within the interviews and the questionnaire, nominating one member of staff to be a 'well-being champion' within the setting was considered to be unrealistic, even unfair on the educator to make the responsibility of supporting all of the children's mental well-being fall on their shoulders alone.

> *I would like the whole team to get training as it is too much of a responsibility for one person. (educator response, question 29)*

> *And is it fair that one person can be trained in a setting to look at the mental health of all of the children in the nursery? Some children are only coming one day a week. Some children only come in half a day a week. Can they do their job? I don't think it's gonna work. (Natalie, 264-266)*

When considering their role, the responses given by participants inferred that the drive to help support both the children and their families in order to develop and protect a child's mental well-being was generated from internal values and beliefs but enhanced due to the expectations laid down in nursery policies. This, in turn, led to self-motivated learning to gain knowledge to assist in their role.

> *Some of it I think is just in my head, my own values and what I believe is right. Then I make sure I read the nursery policies, behave, and do what is expected of me at work. Do things right. And when there are news articles, or programmes on TV about children's mental*

> *health, I watch them. I use them to help me, see if there are ideas I can try, things I can introduce to the nursery. I want to keep learning and do the best job I can. (Eve, 75-79)*

> *Grace: So, I read things. So, I get sent things from… what do you call them? Like external…*
> *Interviewer: Yeah, external bodies.*
> *Grace: … bodies. Yeah. They send me things. And I read books too.*
> *Interviewer: And you read books as well?*
> *Grace: Yep.*
> *Interviewer: Yes. So, you chose to look into it in your own time?*
> *Grace: Yeah.*
> *Interviewer: Yes. Yeah. To get more knowledge?*
> *Grace: Yes. (Grace, 59-67)*

> *I think if you ever got to a point where you said, "I know everything," you're doing it wrong. You're doing something wrong. Because, you know, I'm coming up to 50 and I'm still learning things. I'm still finding things out. (Paula, 57-59)*

None of the educators were complacent in their role, desiring to continue to strive to meet the well-being needs of the children in their settings despite the challenges they faced.

Subtheme 3.2: The Expectation of Parent Partnership Working

Closely linked to the **Impact of Home Life** (*subtheme 1.2*), the role of Early Years educators is expanding, and this is particularly evident in the work they feel obligated to undertake with the children's families. The educators expressed knowledge that children's mental well-being exists within a broader ecological and social framework. Participants referred to the impact that parental mental health can have on the child's mental well-being, combined with an awareness of how the recent pandemic has impacted home life and parenting. Educators stressed the need to be involved and work with parents and how parents also require support and knowledge of how to assist their child in developing a positive sense of mental well-being.

The children accessing Private, Voluntary, and Independent nursery settings have changed due to the introduction and expansion of Early Years funded places.

> *Obviously, we've had the change over the past, well probably ten years or so, of children coming in who are funded and I think that, that has made a difference to the sort of diversity needs within the children that we have within the setting. (Toni, 36-38)*

This has led to a greater expectation from parents that nurseries will provide professional support and guidance, especially when their child is struggling, with the educators interviewed appearing aware of the need to keep channels of communication open.

> *Generally, most of them are quite good and they want to take your professional opinion on and your experience. They know I've got a lot of experience, so they tend to listen. (Katie, 33-34)*

Paula showed confidence in being clear with parents that professional conversations will happen when there are concerns about a child's mental well-being to gather all the information needed.

> *I will always say if we've got concerns or we want to have a chat with you about something, please expect that, because we will do. (Paula, 463-464)*

Whilst many parents know that nurseries have behaviour policies in place to act as guidance and will actively seek these out, Katie showed an awareness that parents were often unsure as to how to help their children, stating a belief that educators should disseminate knowledge and further support parents to help them understand their children's mental well-being.

> *I think it's a lack of understanding and we need to educate them as well and maybe get them help in place to then help their children. It's a lot of knowledge and understanding of different things. (Katie, 57-59)*

Toni echoed this sentiment, adding that previously available support avenues were no longer accessible and inferring that educators are forced to support families.

> *Those children have kind of fallen through the gaps more and it's only when they come to us that you know we're having to unpick this and work with the parents and support… I think we're having to offer the parents more support now because they haven't had that support offered from other places. (Toni, 50-53)*

> *…helping the parents to recognise strategies that work for their child and helping them to learn different ideas and different techniques that can help as well to kind of help diffuse situations at home. (Toni, 170-172)*

Paula saw a necessity for collaboration between educators and parents with regard to children's mental well-being, whilst Eve expressed a need for "determination" as a requirement to gain knowledge as to how educators can best support parents.

> *Because I think, well this is where we can filter in and perhaps help that situation. Some parents are very willing to accept our advice and work with us. We've got some great parents, to be honest. Those parents who we've had difficulties with, we just have to keep plugging away at it. (Paula, 217-219)*

> *Getting parents on board can be hard, but it can be done if you refuse to give up. (Eve, 140)*

However, educators articulated feelings of pressure and frustration when this family support role is added to their existing responsibilities of meeting the well-being needs of young children.

> *It's just sometimes, even with good intentions, things get in my way, and that can be frustrating. (Eve, 154-155)*

> *It feels like we're doing everybody's jobs, we're mopping up for everybody (Toni, 57)*

With educators already trying to meet the well-being needs of young children, their role becomes too broad, and the pressure becomes too great when supporting parents is also perceived as a necessity. In addition, when educators put systems of support in place for a child's family but cannot 'fix' the underlying issues, they can experience feelings of failure.

After initiating those difficult conversations, parents reluctant to accept support can be interpreted as a barrier for educators as they struggle to get the parents onboard (*Katie, 33-34*). Paula expressed how collaborating with parents is an ongoing process, requiring time and effort, and not all parents are easy to work with. Despite some instances of resistance, parents perceive a difference between the level of supportive educator involvement in Early Years settings versus schools, with the participants reporting that parents complain they have reduced access to teachers in school settings when seeking knowledge and support for their child.

> *We get a lot of parents that come back or contact me, who've left, and they're like, "I can't believe the difference in school and nursery." You know, "I can't get to speak to the teacher." (Paula, 379-380)*

All participants emphasised the intertwining of children's mental well-being and their home lives and the need to collaborate with parents. The educators were conscious that support networks for parents had diminished during the pandemic, resulting in a lack of discourse communities and opportunities for parents to discuss concerns about their child's mental well-being.

> *I think the parents, you know, the post-pandemic babies or the parents, they didn't have the experiences of going out necessarily with their children when they were young and meeting*

> *other parents and sort of, or going to actually having things like, you know health visitor checks in person, so everything was all very much online or over the phone if it actually happened at all. (Toni, 41-44)*

> *But where do they go? Resources and services have been cut left, right and centre. (Paula, 605)*

There are fewer services or support networks where parents can seek help due to funding cutbacks, the aftermath of the pandemic and changes in society. Therefore, Early Years educators appear within the data to see it as becoming their role to support the families, not just the child. Participants suggested that educators could be trained to support parents and disseminate knowledge to families. Educators want support for parents to start when children are younger, even including prenatal knowledge imparted to parents by professionals as to how parents can help promote their children's mental well-being as their child grows and develops.

> *I think everything needs to start much younger. I think that includes the parents. If they were taught as part of the pre-natal appointments how to help their new child to develop mentally that would be good. (Eve, 149-151)*

Summary of Theme 3

Overall, across these two subordinate themes of **Perceived Role and Pressure** and **The Expectation of Parent Partnership Working**, it can be seen that Early Years educators are deeply committed to supporting children's mental well-being but face systemic barriers that prevent them from fulfilling this aspect of their role effectively. The role of the Early Years educator and their perceived core responsibilities are expanding to include a greater focus on supporting children's mental well-being and an obligation to provide support to parents. Educators self-identify their responsibilities but often lack the depth of knowledge, training, and resources to implement effective interventions. The broad nature of their role, combined with the emotional toll of worrying about children's well-being, can lead to self-doubt, burnout, and the need for their own well-being to be better supported.

Theme 4: Discourse Communities and Dissemination of Knowledge

The final superordinate theme encompassed two components: **Collaborative Relationships** and **Changing the Narrative**. Originating from the work of Martin Nystrand and later that of John Swales, discourse communities feature members with a shared identity, a shared language and shared common goals that, in turn, generate a sense of belonging to a group (Borg, 2003; Lave & Wenger, 1991; Swales, 1990; Nystrand, 1982). Therefore, although initially arising from rhetoric

and linguistic studies, the concept of discourse communities aligns with the social nature of the constructivist paradigm.

Inside a discourse community, members range from experts to novices, enabling guided participation and mentorship through peer support. Within the community, there are established practices and standards for how knowledge is created and validated, with knowledge shared to develop confidence from a foundation of information that members build upon. There should be a clear pathway for growth and for members to increase their level of expertise. An important aspect of discourse communities is the opportunity for individual participation as opposed to passive reception of information and for members to actively contribute through information exchange. Therefore, it can also be seen that discourse communities as a concept interlinks with that of the dissemination of knowledge.

When questionnaire participants were asked if they felt confident sharing their knowledge with others, a lower quantity felt confident sharing with other professionals (n. 20) as opposed to colleagues or parents (n. 28 and n. 24, respectively) (*question 33*). One participant, in a follow-up question, stated that their confidence was reduced due to "perceived judgement from other professionals" (*question 35*).

Whilst the study aimed to focus on the individual educators' knowledge and confidence in promoting and supporting young children's mental well-being, all the educators participating referred to the wider educator network within their setting, the need to partake in professional conversations about individual children's needs, and the involvement of external agencies. The educators' beliefs that parents should be involved in promoting and supporting young children's mental well-being had already been included in the **Impact of Home Life** (*subtheme 1.2*) and **The Expectation of Parent Partnership Working** (*subtheme 3.2*) and therefore was not considered as a stand-alone subordinate theme within this superordinate theme.

Subtheme 4.1: Collaborative Relationships

Collaborative relationships between educators, parents, and external agencies were perceived as crucial for sharing knowledge and supporting young children's mental well-being. However, the questionnaire and interview participants identified several barriers that prevent these relationships from functioning effectively, hindering the flow of information and generating frustration for educators. The majority of questionnaire respondents had experienced barriers to inter-professional collaboration, including professionals employing unfamiliar vocabulary, a lack of information sharing, delays in referral times and a lack of respect shown towards the educators (*question 17*).

> *Some places can take absolutely months to do anything about children's well-being and things. And then, the nursery I'm at now, the little boy started and we're already getting the ball rolling on getting things in place for him. So, I do think it depends on the setting, the council, there's loads of factors that just, and the parents as well; if they're not onboard and want to recognise things that their children need help, they won't always, that can be a barrier as well. (Katie, 51-55)*

Within the nursery settings, collaborative relationships are significantly more efficient. Regarding collaboration between educators, one participant spoke of regular staff meetings where concerns over children's well-being could be shared, and collective knowledge could be assimilated alongside knowledge sharing between settings. Another expressed how when a child within a setting is struggling with their mental well-being, educators can work together as a team, providing much-needed support to each other in emotionally draining situations.

> *We also talk about any mental health issues that we've come across during the week, and then we also have that as an open forum to be able to discuss our own sort of mental health so we can say, "So I'm really struggling with this child, I'm finding it really stressful. Can anyone offer any, you know ideas of things that I could do?." (Toni, 149-153)*

> *Paula: And that's where the other team members come in.*
> *Interviewer: Supporting each other?*
> *Paula: We've got to. (Paula, 119-121)*

Although Paula had a management role, she did not consider herself solely responsible for having all the necessary knowledge to problem-solve in every situation. She valued discussions between herself and other staff members as a chance to learn from each other.

> *And some of the ideas you can pick up from other settings are great. Really good. Bring them back to nursery, have a chat with the team, "What do you think about this, this and this?." But I'm lucky in terms of the team because they're pretty forward-thinking. (Paula, 47-50)*

> *They like to do, they like to know more, they like to get involved, which is great. And I learn a lot from them! (Paula, 52-53)*

As a manager, Paula also appreciated the professional relationships formed with other managers, the opportunity to share knowledge with those in the same position of responsibility and debate the barriers they encounter. An example of forming professional networks of information sharing

occurred during the interview conversation. Knowing my status as an Early Years manager, she offered to share her nursery's well-being policy with me after the interview.

> *It's just nice to have a person. Who's doing the same job as us. Who's probably dealing with the same… challenges. (Paula, 289-291)*

However, when one participant was asked about collaborating with the management in her nursery, she laughed nervously. As an interviewer, I was unsure if she was being truthful or fearful of disrespecting management to an outsider if she did not state that her manager was supportive.

> *Interviewer: And what about in the workplace? Like if you needed support, are there people within the workplace you could go to? Like if you went to your boss of the nursery would they guide you? Would they give you knowledge?*
> *Grace: Yes.*
> *Interviewer: And does it always match your knowledge?*
> *Grace: [laughs] Yeah.*
> *Interviewer: So, you're along the same wavelength?*
> *Grace: Yes. Yeah.*
> *Interviewer: Yeah. So, I imagine that helps then?*
> *Grace: Yeah, it does! [chuckles] (Grace, 151-160)*

When speaking about supporting children and families and liaising with external agencies, the same educator agreed to undertaking this as part of her role. Nevertheless, when questioned, she appeared to lack confidence in her abilities, perceiving the emotional investment that she made in this supportive capacity as excessive, highlighting how the impact falls directly on the educator.

> *Interviewer: What about your confidence levels? Are you confident to support children's mental well-being?*
> *Grace: … I'd say so, yes.*
> *Interviewer: You seemed a bit hesitant then. So, are there other areas where you're less confident, but in this, you're more confident?*
> *Grace: It depends on your definition of confidence! [laughs]*
> *Interviewer: [laughs] OK, so from what you've said, you will speak to parents, and you will speak to external agencies if you need more help?*
> *Grace: Yes.*
> *Interviewer: But it sounds like it's still a struggle for you to force yourself to be confident to deal with it in the first place.*

> *Grace: I can do my job, and I know I'm good at my job. My issue is me saying I'm good at my job. That's where the confidence bit comes from.*
> *Interviewer: Yes. You lack self-confidence?*
> *Grace: Yes. (Grace, 161-174)*

Gaining knowledge and developing confidence from interactions with other educators was perceived to be a skill that did not necessarily evolve naturally through everyday situations. A technique employed for new-to-the-role educators was to assign a mentor from whom they could learn, enabling new educators to gain knowledge from those more experienced. Even if it is not an official mentorship assignment, educators still learn through observation combined with their self-motivated research.

> *That way, they're picking up the skills from each member of staff and different age groups. But I think it's important that those members of staff… those members of staff discuss with each other where that person is because they've all got a different approach. And, particularly with our apprentice, for example, it's knowing which approach to adopt. (Paula, 142-145)*

> *I just watch other staff really. I don't really remember any specific training. Watching other staff and just building on my own knowledge of my own children and building their confidence and finding strategies of just a bit of researching myself. Yeah, like finding strategies that work. (Katie, 23-25)*

The interview data did not always provide a picture of all staff members within the participants' settings prioritising young children's mental well-being. There was a focus on individual strengths and weaknesses, which were frequently seen as based on initiative, intuition, empathy, and experience, with training attempting to fill any gaps in knowledge. Lack of funding was seen as having increased the prevalence of online training as opposed to face-to-face training. When training was conducted virtually, it was perceived as providing less opportunity for collaboration.

> *I know we've got the mental health first aid, and I know there was a bit of funding some years ago. It was actually just before Lockdown, I think. Which disappeared, unfortunately, I think it needs to be near the top of everyone's agenda in terms of training. I know there's the Early Years Recovery Programme, which is the online training with all the modules, which are actually very good, but I think there needs to be more face-to-face mental health training. (Paula, 546-552)*

As previously discussed, there is a presumption that children within schools receive more support from outside agencies than children of a younger age and a 'wait and see' attitude that educators within Early Years struggle against (*Katie, 119-121*). External companies that provided interventions were now seen as unaffordable or, due to the withdrawal of funding, no longer available.

> *The other agency we did used to use was an agency called Think Children, who used to come in every week, and we could refer children, and they just had some time with an adult to play, to talk about their emotions, about things that were stressing them out and that companies now gone bust because they lost the funding. So that's another something else gone by the wayside that we can't use anymore. And that was something the parents quite liked because that was somebody nice coming in and the children loved it and they got a lot of out of it but now with, there aren't even things you can pay for anymore. (Toni, 186-192)*

For those children with social worker involvement, whilst aware of similar recruitment and retention issues in social care as with the Early Years childcare sector, educators expressed frustration when children and their families face a high turnover of social workers. In these cases, the social workers were unfamiliar and lacked knowledge of the family's circumstances. This led to a lack of continuity, information sharing, and a disconnect when collaborating with educators.

> *I very rarely have a child who has the same social worker all the way through. Some of the social workers have never even met the children when they come to do the meetings because they've only just been handed the case. (Toni, 97-99)*

The participants understood that the Coronavirus pandemic diminished support networks for parents, reducing opportunities for them to discuss concerns about their child's mental health. This left educators facing pressure to initiate involvement from external professionals for support and guidance and to begin the diagnostic process when deemed necessary. When agencies were referred to during the interviews, the educators were vague as to whether any real support was provided.

> *Interviewer: And what about outside professionals, do you have to get involved with them sometimes?*
> *Katie: Sometimes I've like… health visitors and things like that come in and see the children and observe them.*
> *Interviewer: Are they supportive? Do you get any knowledge from them? [laughs]*

> *Katie: I think it depends. I've worked in nurseries in Stoke and in Cheshire council now, so I think it depends which council you work with to how productive they are for people. [laughs] (Katie, 43-47)*

Here, the participant indicated shortcomings in the current system and showed knowledge of the element of a postcode lottery for the involvement of council-based Local Authority support and assistance. However, another educator had nothing but praise for their Local Authority should they need support. Although an alternative source of support previously used had been removed as the area in which the nursery was based was not considered "deprived" enough.

> *And I think the local authority are great. They're at the end of the phone. They're at the end of the email. I can contact them if I want to. Really helpful. (Paula, 268-269)*

> *And I know we've got Early Help and Thrive to Five now, which was Five to Thrive before, which is good. It's a good resource, but they're only in certain areas, I think. The really deprived areas. I mean, we're in a deprived area! (Paula, 607-609)*

When considering collaboration between external agencies and educators, the lack of funding and resources was perceived as having led to a reduction of services and support, forcing a prioritisation of children with the most extreme needs. Blame was not laid at the feet of individual external professionals but placed on a lack of funding across the sectors, leading to a reduction in services and having to prioritise children with more severe mental well-being needs. This creates frustration when educators perceive a failure to provide timely assistance.

> *I think everybody is just so overstretched. I think there is a lack of funding within all the sectors. (Toni, 61)*

> *But again, I think the pool is shrinking and because the children's needs are probably more complex now. (Paula, 617-618)*

When connections are made, and discourse communities are formed, educators value and welcome them. Although awareness was expressed that these collaborative relationships take time and effort to create, early intervention and professional collaboration to support not only the children but also the parents are perceived to be a priority in a society where mental well-being issues are increasing.

> *And I have a good relationship with some outside support agencies that I have got advice from in the past. Ones that will help to support children and families with mental health needs. (Eve, 129-131)*

> *Just that I think we should all be working together to make sure that even very young children are having their mental health and development looked after just as much as their physical development, and I hope that happens soon and children don't slip through the net. We see so many teenagers struggling with mental health nowadays. Maybe if we looked after children's well-being earlier in nurseries and by working with parents, we could stop this. (Eve, 158-162)*

Despite the many obstacles, the educators interviewed recognised the immense value of collaborative relationships across all stakeholders to ensure young children's mental health and development are prioritised. When these connections are formed, they are highly appreciated, as they enable the sharing of knowledge and understanding. However, more work is perceived to be needed to address the systemic issues of funding, staffing, and training to facilitate stronger partnerships internally between educators and externally with outside agencies. Only by working together can educators effectively support the mental well-being of our youngest community members.

Subtheme 4.2: Changing the Narrative

The participants provided an insight into the changing discourse around mental health and well-being in the Early Years education sector. They highlighted an increased emphasis on these topics in recent years, particularly in the post-pandemic context.

> *You know, there's a lot of talk of mental health, mental ill health, which I get, and you know, we're trying to support people with that. (Paula, 412-413)*

Their interviews explored how the current discourse did not always align with the experiences and challenges faced by educators in supporting young children's mental well-being.

> *I definitely think there's a bigger emphasis on it than there used to be. I think when I first started it wasn't a big thing, but now I think a lot more people are opening up about well-being and things, and it makes a bigger impact, and you notice it more. (Katie, 108-110)*

> *There's the big push by the government to be more mentally aware, both for adults and children. So, I think there is just more awareness for it in general, than there was way back when I first started. (Grace, 135-136)*

> *Because mental health is everything. We can't function if we've got mental ill health. We just can't. (Paula, 73-74)*

Post-pandemic saw an increase in courses offered, primarily online and frequently focusing on the educators' mental well-being. However, the interview participants found that the training provided was either expensive, difficult to access, not tailored to individual practitioners, or still not aimed towards the youngest of children. Problematic when combined with the narrative that supporting mental well-being is 'everyone's business.' The training offered by external agencies appeared to fluctuate, influenced by the trends of the current discourse and with the ability to change the focus of the educators responsible for training within their nurseries.

> *You know, I always am guided by when you get inundated with training offers from certain people. So, all we got was like Early Years Alliance training to cover well-being, and the newspapers were all saying, "Oh, children have been locked away. Their well-being." (Natalie, 32-34)*

The narrative generated by recent government and media messages implied a greater openness and acceptance across society for those experiencing mental well-being issues. The discourse, as interpreted by one participant, implied an increase in support and an emphasis on promoting mental well-being from an earlier age.

> *There's more publicity about it, and people want to talk about it more. There's more out there, more support about there for people who do have well-being issues. So, it's been a bigger support, bigger… outgoing of like, making sure it starts younger, the well-being starts at a younger age, so as you go through life you've got them techniques, or whatever, to recognise as you get older. (Katie, 113-116)*

However, the discourse does not always match the experiences of educators, with two participants believing there was still a lack of recognition that young children could struggle with mental well-being.

> *I really do think things are getting worse. There's a lot of publicity for adult mental health, lots of programmes on TV, lots on social media, but I don't think people understand it's a problem for children too, unless you work with them. (Eve, 25-27)*

> *People don't realise the impact of mental health and well-being with such young children. (Toni, 83-84)*

A third participant was vague as to who was generating the narrative and disagreed with the contextual changes to the discourse post-pandemic.

> *Do you know they're very good at saying, you know, "Oh, COVID, you've got to do this. You've got to do that". (Natalie, 235-236)*

The questionnaire data show that despite the change in discourse, 23.1% experienced a lack of support from their staff team, and 7.7% experienced barriers generated due to management's opinions on promoting children's mental well-being (*question 23*).

Reflecting on how earlier generations perceived mental well-being, Natalie considered how her father would have thought.

> *I think if I asked my dad about well-being, he would have said, "Oh, it's rubbish. You get on with it; you just, you know, man up and get a backbone." Now, there's so much focus on mental health and how we have to support staff mental health. That and there are a lot of mental health issues. (Natalie, 209-212)*

Paula contemplated the negative discourse she perceived as prevalent in society and expressed a desire to change the narrative to a more positive slant.

> *I don't know if it's a British thing, I don't know if it's a Stoke thing, there's a lot of negativity around, a lot of negative thinking. And it's changing that narrative, isn't it? Well, if you think that, you're always going to kind of think that, and you're going to think that about everything else. So, think things a bit more positive, and you'll kind of see it elsewhere. (Paula, 496-499)*

The whole topic of 'mental health' was viewed as confusing in both its definitions and the labels attached, with concerns expressed that currently there exists 'information overload,' and this discourse may make issues harder for our children in the future.

> *Because I think mental health, the term mental health means a million and one things, doesn't it? To different people, different organisations. And it's what exactly is mental health? What is mental ill health? And what's good mental health There's a lot of terminology out there around mental health. It's very confusing. It's confusing for parents. Very confusing for school-aged children. And above. Because it's like, what is it? Where do I fit in? You know. It's all the labels and all the… I feel sorry for young people nowadays. Yeah. There's just so much information out there. It's information overload. It wasn't like that when we were younger. (Paula, 554-565)*

Another educator saw a need to expand the discourse and share information with parents and staff, filling a perceived gap several years ago by creating their own policy to encompass children's well-

being. Ironically, the same educator stated a feeling of pressure placed upon Early Years by the emphasis on children's mental well-being and how the changing landscape had impacted the daily interactions with young children, becoming too heavy-handed and taking away from simply allowing children to play and enjoy themselves as discussed in **Children's Behaviour as Communication** (subtheme 1.1).

> *It's not overkill. Because I think sometimes, let's just get on with enjoying ourselves and, you know, let's just play, yeah. Because I think sometimes it can just get a bit heavy. You know, there's a lot of talk of mental health, mental ill health, which I get, and you know, we're trying to support people with that. They're children. They're children at the end of the day. (Paula, 410-414)*

One questionnaire respondent appeared frustrated that they felt obligated to conduct self-motivated research to gain knowledge and then disseminate their findings to their colleagues, whom they perceived as less motivated.

> *I don't necessarily have the time to share all my research with my team and they aren't really willing to do research by themselves. (educator response, Q. 37)*

There was also a concern within the interviews that awareness of mental well-being issues had negatively impacted the discourse, with a defeatist attitude arising once struggles have been identified and a concern that there was a wider lack of knowledge that mental health is a continuum with normal fluctuations.

Despite the change in the discourse landscape, discussing young children's mental health frequently remains a 'taboo' area. Confidence levels continued to be low for some participants when their role required difficult conversations with parents, and there was a desire for training to increase educators' awareness of the importance of working with families (*Grace, 234-237*). However, participants did feel able to talk to other educators about the impact of supporting young children on their own mental well-being.

> *So, we have a very open dialogue regarding, you know, the impact of our work on our own mental and physical health, [laughter]. (Toni, 153-154)*

Overall, the interviews revealed a complex and nuanced picture of the evolving mental health and well-being discourse in Early Years education. While there was a perceived increase in societal openness and acceptance of these issues, educators still face challenges translating the discourse into meaningful support and practices for young children. The lack of clear definitions, adequate

training, and a meaningful and respectful flow of information between all professionals were some of the key barriers identified. As the discourse continues to evolve, it will be crucial for policymakers, educators, and external professionals to address these gaps and ensure that the well-being of both children and their families is effectively supported.

Summary of Theme 4

This superordinate theme highlighted the complex nature of supporting young children's mental well-being in Early Years settings, emphasising the need for better collaboration, tailored training, and a shared discourse that enabled a more nuanced understanding of mental well-being in young children. The participants were aware of the importance of collaborative relationships between educators, parents, and external agencies and were frustrated at the barriers they encountered. They were generally more confident in sharing knowledge with colleagues, valuing the supportive relationships formed within their setting and willing to work alongside other educators in the field of Early Years education to meet the needs of young children.

6.3 Researcher Reflection

This study sought to explore the perspective of Early Years educators on promoting and supporting young children's mental well-being. The six interview participants provided interesting and varied personal insights into their professional lived experiences. Within this chapter, I have provided illustrations of my interpretation of the data constructed through thematic analysis and presented within four key superordinate themes: educators' holistic view of young children's mental well-being, educators' undertaking of detective work, educators' expanding role, and educators' participation in discourse communities and the dissemination of knowledge.

The following Discussion Chapter will review these findings in light of the current study's research aims, giving consideration to the field of young children's mental well-being considered in Chapter 2 and the existing literature explored within Chapter 3 through the lens of the study's theoretical framework.

Chapter 7: Discussion

7.1 Chapter Overview

The chapter considers my interpretation of the findings and their relationship to the existing literature to address the research questions proposed at the beginning of the study. Optimal mental health is a prerequisite for individuals to thrive and unlock their true potential. Compromised well-being during childhood can cast a long-lasting shadow with profound implications that reverberate through life. Given the multitude of factors that can adversely impact a child's mental well-being, it is imperative that those who play a significant role in their life possess the knowledge and confidence to actively promote and foster a nurturing environment that supports their overall well-being.

The primary aim of the study was to seek the perspective of Early Years educators on their perceptions of their knowledge and confidence when supporting and promoting young children's mental well-being. As a social constructivist, I believe we learn from our experiences, our past, our environment, our support network, our mentors, exposure to media, the place we live, and the time we live in. Only through exploring the perspective of those working within the field can recommendations be made to advance the promotion and support of young children's mental well-being.

7.2 Summary of Findings

The findings, which are the culmination of the reflexive thematic analysis, formed four superordinate themes. These themes are crucial in understanding the role of educators in promoting and supporting young children's mental well-being.

Firstly, the Early Years educators described the critical role that educators play in supporting children's well-being by recognising behaviour as a form of communication. When educators can interpret behaviours through this lens, they are better equipped to provide the nurturing, emotional support, and strategies children need to develop self-regulation and resilience. However, this responsibility can also be emotionally draining for educators who feel pressure to be positive role models. Ultimately, the data highlighted the need for a holistic, empathetic approach to understanding and addressing children's behaviours to foster their overall well-being. (Superordinated theme: **Holistic View**, Subordinate themes: Behaviour as Communication, Impact of Home Life).

Secondly, educators functioned as ‘detectives’ when observing and assessing young children’s mental well-being. They employed their professional curiosity when investigating issues and causes of decreased mental well-being and determining whether intervention and support were appropriate. Educators utilised intuition based upon lived experiences, both professional and personal. (Superordinate theme: **Detective Work**, Subordinate themes: Professional Curiosity, Power of Intuition).

Thirdly, the participants perceived an expansion to their educator role that encompassed the requirement to promote and support the mental well-being of the children in their settings. This role expansion faced barriers, generated feelings of pressure and created an expectation of working in partnership with parents. (Superordinate theme: **Expanding Role**, Subordinate themes: Perceived Role and Pressure, Expectation of Parent Partnership).

Fourthly, educators discussed participating in discourse and dissemination of knowledge surrounding young children’s mental well-being through collaboration with other educators and external professionals, and the barriers that can hinder such collaboration. Through these professional conversations, educators perceived changes in narrative relating to mental well-being. (Superordinate theme: **Discourse and Dissemination**, Subordinate themes: Collaborative Relationships, Changing the Narrative).

7.3 Discussion

The findings from the analysis of the interview data must be considered in light of the existing literature in order to address the research questions that guided the study:

- What knowledge do educators have with regard to young children’s mental well-being, and where does this knowledge stem from?

- Do educators perceive themselves to be confident in supporting young children’s mental well-being, and what tools do they employ to achieve this?

- Do educators believe they could be better equipped to promote and support mental well-being, and on reflection, how do they consider this might be undertaken?

These research questions will be discussed in the above order within this chapter.

7.3.1 What knowledge do educators have with regard to young children's mental well-being, and where does this knowledge stem from? (RQ 1)

Children's development in the first three years of life is more rapid than at any other point. Early childhood is a time when emotional regulation, resilience, and self-esteem are developing. This equips children with the skills they need to thrive and benefits their mental health trajectory, hence the need to address this within the Early Years. Well-being can be affected by a variety of contexts that can individually impact or interlink: genetics, neurobiology, parenting, and culture (Khan, 2016). Educators cannot promote or support young children's mental well-being without having at least a basic level of knowledge and understanding about the relevance of these components.

On analysis of the data, the educators in the current study viewed knowledge less as information disseminated through training and more as something that educators seek out and piece together from information they believe to be essential. This framing of knowledge echoes the theories of Piaget, Bruner, and Vygotsky, whereby we actively construct knowledge through forming meaningful connections (Vygotsky, 1978; Piaget, 1977; Bruner, 1966). The participants discussed a variety of funds of knowledge that they access within their role as Early Years educators (see *Figure 11)*. The gathered perspectives provided insight as to what knowledge educators believed themselves to possess with regard to young children's mental well-being and where their knowledge stemmed from. Educators stated they possessed knowledge regarding the concept of mental well-being, foundational knowledge of child development, and knowledge of promotion and support. The educators reflected upon whether their knowledge was gained from training or experience.

Figure 11 - Funds of Knowledge

This original Funds of Knowledge concept created through analysis of the data gathered within this study from the participating educators aligns closely with Bronfenbrenner's ecological systems theory in explaining how educators access various sources of knowledge to support children's mental well-being.

At the microsystem level, educators draw upon their personal experiences and interactions with children in their care. This includes their observations of children's behaviour, emotional responses, and developmental progress within the immediate educational setting as well as utilising knowledge gained from direct interactions with families. The exosystem is reflected in the educators' engagement with colleagues and leadership within their educational settings and with external professionals. These indirect influences shape the educators' understanding and approaches to supporting children's mental well-being, even though the children may not be directly involved in these interactions.

The macrosystem is evident in the educators' awareness of broader societal and cultural factors influencing children's mental health. This includes their understanding of government policies, cultural norms surrounding mental health, and overarching educational frameworks such as the Early Years Foundation Stage. The macrosystem influences the provision of training and the contents of currently provided training. Finally, the chronosystem is represented by the educators' recognition of how changes over time, such as the impact of the COVID-19 pandemic, affect children's mental well-being and the strategies needed to support them.

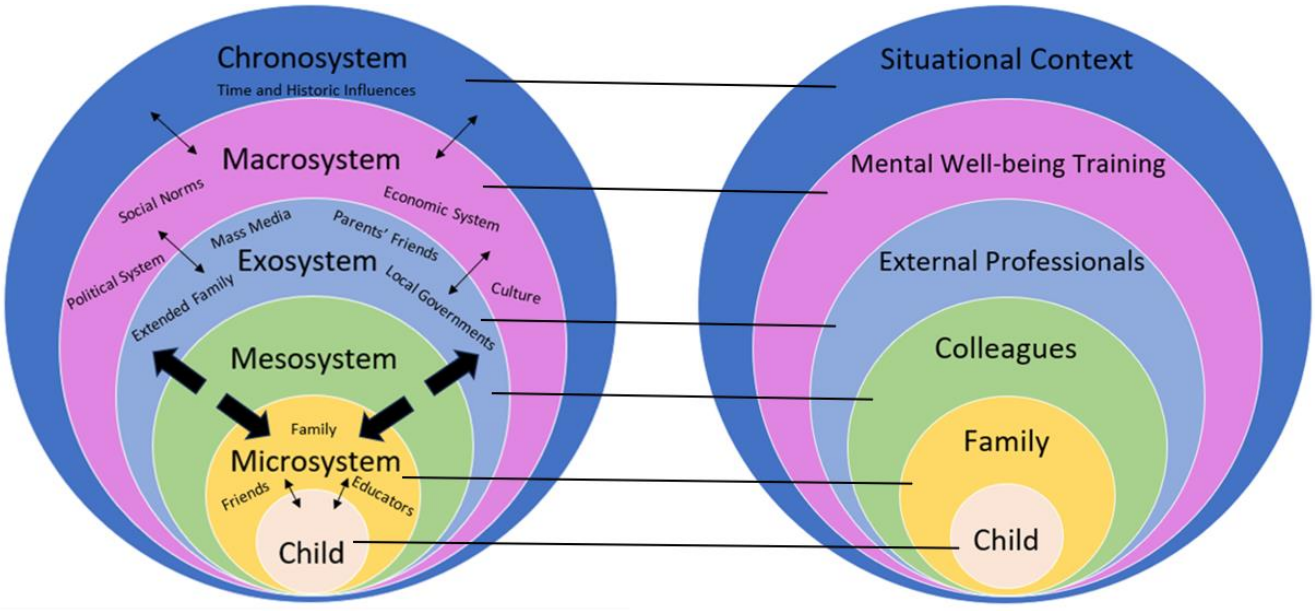

Figure 12 - Bronfenbrenner's Correlation to Funds of Knowledge

By accessing these diverse Funds of Knowledge across the various ecological systems, educators are better equipped to provide holistic support for children's mental well-being, recognising the complex interplay of factors that influence a child's development and emotional health.

Foundational knowledge of child development

When seeking to determine whether a child was struggling with mental well-being, educators repeatedly referred to a child's behaviour as an indicator. Despite the availability of formal tools to assess well-being levels, educators relied on their knowledge of child development and norms to observe variations that prompted them to look deeper into the child's emotional and psychological state of mind. Educators discussed the skill set of looking beyond the surface behaviours, often interpreting non-verbal cues to reveal the hidden inner child. The educators within the study agreed with previous research as to the risks of missing or misinterpreting non-disruptive disorders when children's behaviour within the classroom is not apparent enough to raise alarm bells. The educators believed themselves to have acquired enhanced knowledge of children in their care through playing detective so as not to fail to identify any child who is struggling, perceiving their abilities in this capacity to be greater than teachers within the school sector (Anderson, et al., 2019; Bruhn, Woods-Groves, & Huddle, 2014; Holmes, Slaughter, & Kashani, 2001).

Concurring with several earlier studies regarding the shortcomings of initial teacher training, newly qualified Early Years educators were not considered by the participants to have been provided with a firm knowledge base in child development (Hart & O'Reilly, 2018; Burton, 2014; Rothi, Leavey, & Best, 2008). Whilst Rothi, Leavey, & Best (2008) stated that the initial training of teachers led to reactive rather than proactive responses, the Early Years educators within this study interpreted changes in behaviour as indicative of changes in mental well-being and a sign that a child was in need of additional support requiring planned action on their part (Rothi, Leavey, & Best, 2008). However, viewing such behaviour as disruptive, challenging and needing to be stopped before it hindered the learning of others was not a view shared by the participating educators. They perceived themselves as possessing the knowledge to see a young child's behaviour as a form of communication as to their internal state of mind. The participants were aware that not all educators shared their viewpoints, believing others were still more likely to notice the child whose well-being struggles disrupted teaching as opposed to the quiet child whose internal issues go under the radar. They expressed concern that failing to interpret behaviour as a communication of well-being levels may result in educators suffering stress and placing children at risk of being labelled. The participating educators perceiving pressure from Ofsted to view disruptive behaviour as deviant and needing to be eradicated from the setting is concerning. If educators feel a performative pressure to

halt behaviour rather than spend time getting to the root cause, this can only be detrimental to children's mental well-being.

The NHS Five Year Forward report (2016) recommended making children and young people a priority group for mental well-being promotion and prevention, echoing the earlier messages from the Future in Mind recommendations (NHS, 2016; DoH, 2015). Only through an in-depth understanding of young children's development can educators hone the skill of looking beyond surface behaviour and interpreting nonverbal cues, recognising indicators that show when a child may require interventions and further support. This must be paired with a secure attachment to the educator. The educators considered that both of these elements, in their opinion, would be more achievable in smaller Early Years settings as opposed to a school environment. A strong attachment between children and educators enables educators to gain sufficient knowledge to form a complete picture of the child and their needs, and these supportive relationships should be viewed as intervention tools in their own right.

The concept of mental well-being

As discussed in the Introduction Chapter, the language and terminology surrounding mental well-being are varied and complex. Therefore, it is not surprising that educators have created their own definitions based on their knowledge and understanding of young children in Early Years settings. The educators who participated in the study formed a clear view of young children's mental well-being through their professional role and individual experiences. Rather than accepting medical or political definitions, the participants utilised their knowledge of the basic needs of young children to create their holistic interpretation of what is required for each child to have a positive sense of well-being. However, they did not appear to embrace the entirety of the strength-based discourse, seeming within the interviews to continue to prioritise the reduction of risks to the children's well-being as opposed to offering opportunities to build children's agency and competency (Graham, Phelps, Maddison, & Fitzgerald, 2011). Educators wished for the children in their care to thrive, achieve their full potential, and ultimately experience a happy childhood. Despite not referring to official definitions of mental health and well-being, the educators unknowingly embraced the holistic interpretations in the definitions provided by the World Health Organisation and the National Institute for Health and Care Excellence, where emphasis was placed on children being happy and confident, realising their own abilities, embracing a positive approach as opposed to focusing on the presence of a negative state (NICE, 2013; World Health Organisation, 2004).

Within their interpretation was a knowledge of the socially constructed nature of mental well-being and how a child's well-being, as displayed within Early Years settings, cannot be

compartmentalised, and understood in isolation from wider ecological systems (Bronfenbrenner, 1979; Bronfenbrenner, 1974). Educators highlighted the importance of being attuned to contextual, gathering information about a child's family circumstances, repeatedly referring back to the wider family dynamic, and illustrating their knowledge of the impact a child's home life can have on their mental well-being. The broader socio-political context and chronological changes and the part they play in the mental well-being of both the children and their families were acknowledged, perhaps unsurprisingly, in a study situated post-pandemic in a country struggling with economic uncertainty and widespread financial deprivation. There is a need for the right input at the right time to address the societal factors that can impact a child's mental well-being. Only through detective work will the individual factors that are affecting a child be discovered and interventions put in place to support the child. However, an educator's knowledge of contextual issues is ultimately formed through a subjective lens, creating the potential for disagreements and variations in the weightings placed upon societal factors by individual educators.

The participants showed knowledge of the impact of parental mental health, chaotic home life, and the risk of adverse childhood experiences (Bagdi & Vacca, 2005). This knowledge had frequently been assimilated through their professional experiences. Educators were aware of the difficulties families face and how a child's mental well-being can reflect the situation at home, seeing cycles of parents struggling with nowhere to turn for help. Still, they were often frustrated that some parents were reluctant to accept the support offered, unable to see the role the family dynamic plays. Despite their obvious frustrations, educators showed a determination to work in partnership with families, with participants requesting additional training that would provide specific information relating to family support and enable educators to disseminate their knowledge of how to promote and enhance young children's mental well-being development with parents.

Throughout the data, the participants showed knowledge of mental well-being as a continuum, as discussed in Chapter 1. Their lived experiences highlighted how young children can move from flourishing and coping to reacting and languishing, alongside the barriers they face in their work to promote and support.

Flourishing (Optimal Well-Being)	Coping (Good Mental Health)	Reaction (Emerging Issues)	Languishing (Diagnosable Conditions)
Educator Observations: "Happy, healthy and able to cope with everything life throws at you" [Theme 1] "Happy to be who you are and know your place in the world" [1.1] "It's building their resilience up to those situations and those experiences" [3.1] "Our job is to get children personally, socially, and emotionally ready for the world" [3.1]	**Educator Interventions:** "Help a three-year-old learn how to be calm, how not to hit, how to, you know, self-regulate" [1.1] "It's all about building those relationships with the children" [1.1] "Giving children strategies to help calm themselves and to help regulate their behaviour through mindfulness activities" [1.1] "Work on emotional literacy...give the children a voice to be able to articulate how they're feeling" [1.2] "You can observe their well-being and notice a difference" [2.1]	**Educator Responses:** "Very unsettled, unhappy little person, for example, who's struggling" [1.1] "What are they trying to tell me?" [1.1] "Curious conversations, digging a little bit deeper" [2.1] "It takes time to piece it together, to work out what could be causing it" [2.2] "It's that we don't react, we respond. That's what's really important" [2.2] "If they're not happy and settled...they need more assistance" [3.1] "If a child is still struggling, then you need to focus more on a one-to-one level" [3.1] "Helping the parents to recognise strategies that work for their child" [3.2] "We're having to offer the parents more support now because they haven't had that support offered from other places" [3.2] "We see so many teenagers struggling with mental health nowadays. Maybe if we looked after children's well-being earlier" [4.1]	**Systemic Barriers:** "Just finding enough time in the day to try and teach strategies for this, as well as teaching maths and phonics and all the other stuff" [3.1] "I think there's more support for older children from school age" [3.1] "But of course, I still doubt myself, doubt I'm doing the right thing, worry if I've done enough." [3.1] "But I think some see it as an inconvenience. That teaching well-being on top of everything else is too much" [3.1] "I feel that adding even more training and responsibility onto Early Years Staff is not feasible" [3.1] "Getting parents on board can be hard, but it can be done if you refuse to give up" [3.2] "But where do they go? Resources and services have been cut left, right and centre" [3.2] "It feels like we're doing everybody's jobs, we're mopping up for everybody" [3.2] "I think there needs to be more face-to-face mental health training" [4.1] "I think everybody is just so overstretched. I think there is a lack of funding within all the sectors" [4.1] "Because the children's needs are probably more complex now" [4.1]

Figure 13 - Participant Data Illustrating Mental Well-being Continuum

Knowledge of promotion and support

With their knowledge of child development and the educators' definition of mental well-being, consideration turns to the knowledge educators have formed regarding promotion and support. There has been a gradual change in discourse from discussion of 'risk' and 'harm' to strength-based focusing on agency and resilience, reframing the approach towards children's mental health towards a more holistic one centred around well-being (Graham, Phelps, Maddison, & Fitzgerald, 2011). Although continuing to prioritise the identification of risks to a child's mental well-being, this shift was beginning to be echoed within the current study. When asked how they promoted mental well-being within their settings, the educators did not refer to the practices recommended in government guidance for schools. Instead, they discussed how they tailored approaches to meet individual children's needs through interventions that were age-appropriate and were often implemented through the daily routines of the nursery, such as naming emotions. However, it was mentioned that some participants did believe that the promotion of mental well-being did occur through the Personal, Social and Emotional area of learning within the Early Years Foundation Stage (DfE, 2021a). The educators did not have the expectation that children could be taught techniques to 'fix' themselves; rather, they saw the educator filling an essential role in the support of mental well-being.

The pandemic changed the world view for children. They saw fear in their parents; masks prevented them from seeing happy, smiling faces. Many children were kept 'safe' indoors, babysat by technology as parents struggled to work from home or found themselves unemployed. Domestic violence cases rose, and substance abuse increased as adults struggled to cope (Iob, Frank, Steptoe, & Fancourt, 2020; Stripe, 2020). As a practising educator, I witnessed support from health visitors, doctors, and educators taken away or became virtual as opposed to face-to-face, and warning signs of children and parents' declining mental well-being were missed. Post-covid, there is a need for those working with children to be vigilant to children's emotional needs and prioritise well-being over academic learning. Initiatives have been implemented with a focus on presumed shortfalls in academic attainment due to enforced absence through lockdowns from educational settings. However, failing to address mental well-being will result in children who are not ready to learn and, therefore, not in a position to thrive academically.

Aside from teaching children to be able to recognise and name their own emotions there was little evidence that the educators interviewed had a deeper knowledge of the promotion aspect of mental well-being and how to enhance the well-being of children who are not facing additional struggles. This in itself should not be considered a failing as being aware of and able to express their feelings

has been defined as an essential component of young children's development of positive well-being (Marbina, Mashford-Scott, Church, & Tayler, 2015). However, promotion and emotional literacy have been a focus both within policy and guidance for schools and within research exploring the competency of teachers. Yet, the deeper level of knowledge in this area does not appear to have filtered down to the prioritisation of those working within Early Years (O'Farrell, Wilson, & Shiel, 2023; Ekornes, 2017; Graham, Phelps, Maddison, & Fitzgerald, 2011; Kidger, Gunnell, Biddle, Campbell, & Donovan, 2010). Training and policies that centre around interventions and the referral process without emphasis on the benefits of protective factors risk narrowing the perspective of educators as to the extent of their role.

The findings highlighted a need to connect theoretical knowledge to practical support. Educators had a greater knowledge of signs, symptoms, risk factors and a need to address concerns early to prevent long-term issues than of any specific forms of promotion and support provided within their settings. The methods of intervention discussed appeared tokenistic, with referrals made to sensory 'bottles' and 'colour' monsters, popular resources for promoting emotional literacy that are currently widely spread across social media Early Years platforms (*Paula, 405-409*). This may be due to a lack of training as to alternative methods of promotion, but possibly due to a lack of funding for resources within the Private, Voluntary, and Independent settings and a need to 'make-do' with what they can create for themselves. A predictable struggle when the training offered does not link to the resources, policies, and procedures of Early Years settings (Davis, et al., 2011). The lack of evidence-based interventions or involvement of Early Years educators in the development of training programmes means nothing is tailored to fit. It was, therefore, not surprising that one of the questionnaire respondents had created their own mental well-being training to fill the gap (Appendix 5, *question 14*). When interventions were initiated, they did not have longevity, often ceasing due to pressures of the wider curriculum or being perceived as too advanced for the age of the children in the setting. Rather, educators utilised knowledge from experience to promote through their everyday role, feeling a responsibility to model practical methods for building resilience, confidence, mindfulness, emotional literacy, and respect. Intertwined with these initiatives was the concern that children were being taught to 'fix themselves' and that they were being deprived of the opportunity just to be children.

Agreeing with previous research into newly qualified teachers, the educators in this current study highlighted the changes seen in educators entering the sector. As aforementioned, newly qualified educators are perceived as lacking the basic knowledge of child development, which is essential before they are able to implement the demanding role of promoting and supporting children's mental well-being (Marinucci, Grové, & Allen, 2023). Nominating one educator within the setting,

following the thought process behind mental health leads within schools, has the potential for focused training targeted at one individual, placing responsibility for the mental well-being of the children onto a named educator. However, this responsibility may be interpreted as too great a burden for just one person. Within this study, participants discussed that when an educator was given this role, they were frequently perceived as having to provide support not for the children but for colleagues who were struggling with their own mental well-being. This is not necessarily a negative, as unless the educator's own mental health needs are addressed, they may not have the headspace and ability to focus on the well-being of others.

Training vs. Experience

Whilst knowledge has been stated to create the belief of professional competency, Early Years educators do not rely on workplace training alone to provide this knowledge (Kratt, 2018; Ekornes, 2017). Consistent with the social constructivist framework and the existing literature, the educators highlighted the significance of knowledge gained through experience, and in the instance of less experienced educators, knowledge gained through partnership and observation of more experienced peers within their discourse community (Rothi, Leavey, & Best, 2008). In the field of Early Years, like the children in their care, educators frequently learn from 'doing' in tandem with having sufficient time to reflect on their new knowledge (Molla & Nolan, 2019). As discussed within the interviews, whilst every educator will have their own unique internal beliefs and drivers when it comes to promoting and supporting young children's mental well-being, employing a mentor system for inexperienced staff can generate opportunities for this form of knowledge acquisition. Knowledge can provide information about specific promotion and support interventions but also has the potential to increase an educator's determination, resilience and empathy when contemplating young children's mental well-being. With the participants believing new educators to be more focused on their own well-being and having reduced empathy towards the children in their care in comparison to previous generations, providing knowledge that enables educators to see mental well-being from the perspective of others is essential.

The educators viewed acquiring knowledge of children's mental well-being through the use of professional curiosity to be a strength of those working within Early Years, a strength that is enhanced through experience in the role. Children's life experiences are unique to the individual and must be understood and respected as so. Children in England today may experience family breakdowns, domestic violence, unemployment, and financial hardships within their family circumstances. Abuse, neglect and trauma can lead to post-traumatic stress, even in children (Mental Health Foundation, 2019). The presence of risk factors will not affect all children in the

same way, but multiple risk factors increase the chance of development being affected. Those educators with a desire to know more, who delve deeper and piece together the whole picture of the child, were perceived by the participating educators as more able to support children in need. An intuitive knowledge that something wasn't quite right would spark the necessary observations and detective work to have those curious conversations with children and their parents to understand any underlying issues. However, this professional curiosity and intuition were not perceived to be possessed by all educators.

The ad-hoc, sporadic nature of training continues to be a detrimental factor (Priddis, Matacz, & Weatherston, 2015; Kay-Lambkin, Kemp, Stafford, & Hazell, 2007). Training focuses on interventions, support, and the referral process for individuals with mental well-being needs, as opposed to training on the promotion of positive well-being for the wider population, especially that of younger children. The educators interviewed agreed that training does not directly correlate to knowledge and that the current online platforms that have become more prevalent since the Coronavirus pandemic may not be the best mode of delivery for all educators, or the bitesize single-session training that merely scratches the surface and fails to provide deeper knowledge (Bowyer, Fein, & Krishnamoorthy, 2023; O'Reilly, Svirydzenka, Adams, & Dogra, 2018). Training must be ongoing, sustainable, and of sufficient quality to enhance knowledge and lead to direct action (Patalay, et al., 2016; Elliott, 2014; Azzi-Lessing, 2010). However, several participants felt forced to undertake their own research to stay abreast of developments in the field of infant mental health, motivated by the perceived knowledge gap in the available training and self-awareness that there was always more to learn.

Only through an ability to link the information they have amassed with the reality of daily situations can knowledge be successfully applied. Training can increase knowledge but needs to be contextually situated, and with the training currently offered failing to be tailored to the unique circumstances of Early Years settings, the training available is frequently seen as not meeting the needs of the professionals it is being marketed towards (O'Reilly, Svirydzenka, Adams, & Dogra, 2018). Aside from some involvement from the Local Authority, depending on the locality of the setting and subject to a postcode lottery, there was little evidence provided by the educators of the involvement of external agencies in the training process. This contradicts the recommendation for the sharing of inter-disciplinary complementary knowledge and expert advice (Askell-Williams & Murray-Harvey, 2013; Green, Malsch, Kothari, Busse, & Brennan, 2012).

Summary of Research Question 1

The Early Years educators within the current study had formulated a holistic interpretation of young children's mental well-being based on knowledge gained through practical experience and reflexivity as opposed to theoretical. Educators perceived knowledge from training to be lacking in provision, especially with regard to newly qualified colleagues. Early Years educators were seen as needing to possess internal qualities in order to prioritise young children's mental well-being. These were founded on individual beliefs and motivations as to the importance of and respect for young children's mental well-being. If training is provided, educators emphasise that it should be tailored to the specific needs of the individual educator, as well as the demographic and context of the setting.

7.3.2 Do educators perceive themselves to be confident in supporting young children's mental well-being, and what tools do they employ to achieve this? (RQ 2)

Confidence is essential to support the development of young children's mental well-being effectively (Wyn, Cahill, Holdsworth, Rowling, & Carson, 2000). Confidence should not be confused with arrogance but is formed from reflection on one's strengths and weaknesses, successes, and failures (Bandura, 1997). Shaped by an educator's experiences and self-efficacy, it can alter their actions, identity, and beliefs.

To address this research question, consideration had to be given to the areas in which educators perceived themselves to possess confidence and how they have achieved this confidence in their professional abilities. The participating educators in the current study discussed their confidence in undertaking their role, confidence in knowing when to act, and confidence in having difficult conversations when supporting young children's mental well-being. Analysis of the data highlighted how educators gained confidence from the support of others and confidence through reflexivity. It is relevant to remember that when conducting an enquiry into perceived levels of self-confidence, it is not simply the answers to the interview questions that must be considered but also the avoidance, hesitation, pauses, refusal to answer, inflection and body language that were subjectively interpreted by myself through my experience as an interviewer and as an educator.

Confidence in their role

Educators need to be confident in identifying children who are exhibiting signs of needing support with their mental well-being, in discussing their concerns with others, and in seeking support from internal and external professionals, when necessary, underpinned by their desire for all children in

their care to be happy, healthy and achieve their full potential (Shelemy, Harvey, & Waite, 2019a; Ekornes, 2017; Stormont, Reinke, & Herman, 2011; Kidger, Gunnell, Biddle, Campbell, & Donovan, 2010; Rothi, Leavey, & Best, 2008). Cole (2015) and Graham et al., (2011) both documented the interplay between an educator's values, skills, and confidence in performing their perceived role. The motivation to generate positive changes for the children in their care can enhance educators' self-efficacy, but the requirement to provide mental well-being support may prove too great a burden (Kay-Lambkin, Kemp, Stafford, & Hazell, 2007). The educators within the current study confessed to experiencing feelings of guilt and stress as they worried that they had done enough for the children they were concerned about, agreeing with previous studies that highlighted concerns that the expectations and demands placed upon teachers, either self-imposed or through formal job specifications, are too great when promoting and supporting mental well-being is included (Graham, Phelps, Maddison, & Fitzgerald, 2011; Rothi, Leavey, & Best, 2008).

Graham, Phelps, Maddison, & Fitzgerald (2011) reported that teachers had positive self-efficacy with regard to promoting mental well-being. A statement disputed by later studies (Mazzer & Rickwood, 2015; Holen & Waagene, 2014). Within the current study, the educators did not appear to doubt their own abilities, indicating confidence that they perceived themselves to have the required knowledge and skills to promote and support mental well-being. However, the voluntary recruitment for the interview stage may have led to only educators who possessed a level of confidence in their abilities in this field, having reflected during the questionnaire phase, to have nominated themselves for the interview stage. Educators who lacked self-efficacy in their ability to promote and support well-being or believed themselves to have a lack of knowledge in the subject matter may have been reluctant to face questioning and place themselves in a perceived position of vulnerability.

There is a growing emphasis on the role of non-health professionals in early identification and provision of support for children, doing 'frontline' work with children. The participating educators felt an intrinsic sense of responsibility, a duty to meet the needs of the children in their settings, not generated by societal pressure but by the traditionally caring nature of the profession they have chosen to undertake. They understood the need for the support provided to take into account broader social factors present in a child's life and accepted that they must do all they can to support and promote mental well-being through modelling and daily interactions, illustrating that the recommendations from Ofsted published over a decade earlier had filtered into practice (Ofsted, 2010). However, the findings highlighted a lack of confidence in the abilities of their colleagues, particularly newly qualified staff, to do the same, echoing the concerns highlighted by (Marinucci, Grové, & Allen, 2023). When educators doubt the competency of colleagues they are working

alongside, additional pressure cannot help but come into play, such as spending time training those less experienced and disseminating one's own knowledge in order to have confidence in the entire staffing team.

Confidence in knowing when to act

Jensen, Morthorst, Vendsborg, Hjorthøj, & Nordentoft (2016) concluded in their study on the effectiveness of training that even if knowledge has been gained through mental well-being training, educators may not utilise this knowledge when faced with real-life situations. Therefore, considering educators' levels of confidence in knowing when it is appropriate and necessary to act is vital. Within the current study, educators reported using a sense of intuition, responding to internal feelings and concerns, and paying attention to the 'vibe' that something is occurring within a child and their life. This skill appeared honed through the development of professional empathy, resulting in a heightened awareness of when a child may be struggling and in need of additional support. The educators interviewed had developed the technique of listening for clues whilst avoiding making assumptions, with one highlighting how these abilities enable them to crisis-manage classroom situations. The participants did not appear impeded by any psychological barriers that would prevent action (Sisask, et al., 2014). Nor did they seem to experience the fear that their actions may cause the situation to worsen, as expressed by the teachers in Ekornes' 2017 study (Ekornes, 2017).

Even without specific training, the educators displayed confidence in their professional capability to enable them to hear and respond to their 'inner voice', enabling them to act with certainty (Ertmer & Ottenbreit-Leftwich, 2010; Williams, Horvath, Wei, Van Dorn, & Jonson-Reid, 2007; Walter, Gouze, & Lim, 2006). The educators showed situational self-confidence as they referred to their use of experience, on which they based their professional judgements and decisions about when action was necessary, rather than theoretical knowledge imparted through training. Through their confidence in their intuition, the educators circumvented knowledge gaps from absent or inappropriate training.

Confidence to have 'difficult conversations'

In line with the Mental Health Foundation's 2019 State of a Generation report, educators understood the necessity of addressing difficulties at an 'individual, family, community and societal level' (Mental Health Foundation, 2019). To do so, there can be occasions when one has to have the courage of one's convictions and go into battle to challenge stigma and discrimination as well as challenge the lack of knowledge of others. The impact of the home environment and the crucial role parents play in developing and promoting a child's mental well-being was a predominant discussion

point throughout all the interviews in the current study. Educators felt pressure and expectation to provide support to parents. Therefore, it was unsurprising that several of the participants considered the importance of educators developing the confidence to have what can sometimes be challenging conversations with parents. With Early Years educators perceiving themselves to take on a parental role during the time a child is in their setting, the lines can become blurred, and within the interview data, some participants had a tendency to sound critical when they perceived parents not to be acting in the best interests of the child.

Discussing mental health needs, especially for children, is still viewed as a sensitive topic by many (Mansfield, Humphrey, & Patalay, 2021; O'Reilly, Svirydzenka, Adams, & Dogra, 2018). Even young children have stereotyped ideas about 'mental health', and the stigma and fear surrounding those affected by mental health issues can significantly impact children's self-esteem post-diagnosis (Apland, Lawrence, Mesie, & Yarrow, 2017). Whilst the educators in this study recognised the importance of open dialogue, the fear of being perceived as critical of parents impacted their confidence to initiate these conversations. The participants did not experience this lack of confidence alone but also saw it mirrored in the other educators they worked with. Confidence is further reduced should the parents be experiencing their own mental well-being issues, a contextual factor that participants were aware had increased in recent years (Harden, 2005). Yet a strength of the dedication of Early Years educators was illustrated through their determination that these conversations 'would' happen, struggles with mental well-being would be addressed, and they could help the narrative change for the better.

The educators in this study strongly believed in a need to create a two-way flow of information between themselves and the parents, allowing the educators to gather all the facts they require and for strategies implemented within the setting to also be implemented at home. This approach should not be misinterpreted as prioritising working with the parents instead of working with the child. Rather, a combination of the two provides the optimum outcome (Jewell, Wittkowski, Collinge, & Pratt, 2023; Creswell, et al., 2021; McCart, Priester, Davies, & Azen, 2006). When parents actively sought the support of educators to meet the needs of their child, the participants' confidence levels were bolstered, as the parents conferred an 'expert' status upon the educators.

Confidence from the support of others

Viewing the development of confidence through the lens of social constructivism, confidence is not generated through solitary endeavours. Rather, it has the ability to be increased by the society in which one is based and the support that is offered within these societal groups. We don't go through life as an individual. We assimilate not only knowledge but also confidence through learning from

and working in partnership with others. A supportive environment, shared values and constructive feedback can enhance confidence levels. Confidence may be gained through individuals having a clear professional identity. However, when sporadic, insufficient training leads to educators feeling ill-equipped to meet the mental well-being needs of young children, educators need to gain confidence in their abilities from other avenues. Mentoring programs were discussed within the educator interviews as an opportunity for newly qualified staff to gain knowledge. Yet, the educators did not seem to appreciate the fact that having a mentor, a role model to look up to and share ideas with, also had the ability to bolster confidence levels not just for new educators but as an ongoing process for all staff members as part of their continued professional development (Dreyfus, 2004). The interview participants made reference to regular staff meetings as a time to share knowledge and also as a time to provide emotional support to each other during a role that can be emotionally draining. As with many caring professions, only those undertaking the same role can completely empathise with the struggles of the industry. Even experienced managers spoke about boosting their confidence, especially in the decision-making process, through forming collaborative relationships that enabled them to seek advice from other managers and, on occasion, from advisors from their Local Authority.

When educators reached out to professionals outside of Early Years settings their confidence levels appeared to falter. As with conversations with parents, the educators discussed an awareness of the necessity to conduct conversations with professionals. However, educators within both the scoping questionnaire and the interviews lacked confidence when collaborating and sharing concerns with external professionals. With previous studies highlighting that low self-efficacy could lead to an increase in referrals when teachers questioned their ability to support children's well-being needs on their own with the presumption that others may be more experienced, within this study, the educators only appeared to doubt their abilities after they felt the need to collaborate with external agencies (Shelemy, Harvey, & Waite, 2019b; Mazzer & Rickwood, 2015; Reinke, Stormont, Herman, Puri, & Goel, 2011; Walter, Gouze, & Lim, 2006). The participants showed confidence in knowing when to request support from external agencies but confidence in their own knowledge appeared to reduce once they involved other professionals.

Previous literature is inconsistent in the interpretation of the impact of an individual's mental well-being on their confidence to promote and support, with Kidger, Gunnell, Biddle, Campbell, & Donovan (2010), stating that reduced levels of well-being can reduce the likelihood of offering support, as opposed to Harvest (2018) who found that struggling with one's own mental well-being can lead to teachers believing themselves to be better equipped to support others facing similar struggles. Within this study, although not disclosing their own mental well-being struggles,

reference was made to the emotional impact on educators when they are concerned about a child and the stressful demands of the role that impede their self-confidence. Educators possessed the knowledge that when children possess positive mental well-being, they can form and maintain constructive relationships, resolve conflict, have emotional stability, empathise with others, understand right and wrong, solve problems and bounce back from setbacks, take pleasure in life, and flourish (Monteiro, Fonseca, Pereira, & Canavarro, 2021; Keller, 2020; Cole, 2015). A person with good mental health can act with reason and rationality, and this mental functioning can generate the possibility of living "a good human life" (Keller, 2020, p. 233). The same can be said for educators with positive mental well-being, and this is why it is important to protect the mental well-being of those who perceive themselves to be responsible for safeguarding the well-being of young children.

Confidence from reflexivity

According to Bandura, confidence can be generated through reflection on one's successes (Bandura, 1997; Bandura, 1981; Bandura, 1977). Whilst feelings of failure can impact self-efficacy, I believe the process of confidence development does require reflection on failures or struggles, as even confidence in knowing what you would not repeat in situations in the future can have a positive effect going forward. Within the interviews, participants confirmed this process, speaking of how they go home and think about what they have done, what they should do next, and if they have done enough. Such reflexive practice not only has the potential to enhance self-confidence through analysis of strengths and weaknesses but also to allow new knowledge to be constructed (Priddis & Rogers, 2018; Davies, 2012).

As a researcher and an educator, I hoped that through participating in the current study that required the educators to reflect on their lived experiences, they would become more confident in the knowledge they possessed about young children's mental well-being through the retelling of how they have promoted and supported within their role. Even reflecting on barriers they have previously encountered within their role presents opportunities for educators to contemplate how these barriers could be overcome in the future. Whilst the interview process afforded the participants time to contemplate, the educators within the study expressed concerns that due to the demands placed on them by the other elements of their role, they and fellow educators in their settings do not consistently have the time or the mental capacity to reflect on their actions regarding promoting and supporting children's mental well-being.

Summary of Research Question 2

Discussing the role of confidence for educators when effectively supporting young children's mental well-being, participants explored various aspects of confidence, including confidence to perform their assumed role, confidence in knowing when to act, and confidence to have difficult conversations. The expectations educators perceive themselves subject to can be overwhelming, and confidence levels falter during collaboration with challenging parents and external professionals. Educators experienced feelings of guilt and stress about meeting these expectations, echoing concerns raised in the literature about the overwhelming demands placed on educators.

The current study highlighted the need to foster confidence in Early Years educators through training, support systems, and opportunities for reflection. The literature suggested that educators may lack confidence due to overwhelming self-perceived expectations and demands but the educators in the study expressed confidence in their abilities, though they lacked confidence in newly qualified colleagues' competencies. However, during the interviews, hesitance, vague responses to questions, and delving deeper into the subject matter of challenging conversations indicated areas where confidence was reduced. However, confidence levels were bolstered through social interactions, mentoring, and collaborative relationships with colleagues. The participating educators acknowledged the value of reflexive practice in enhancing self-confidence and constructing new knowledge, supporting the literature's assertions about the benefits of reflecting on successes, failures, strengths, and weaknesses.

7.3.3 Do educators believe they could be better equipped to promote and support mental well-being, and on reflection, how do they consider this might be undertaken? (RQ 3)

Having considered the knowledge Early Years educators perceive themselves to possess and where they believe this knowledge to stem from, as well as their confidence levels in promoting and supporting young children’s mental well-being, the final research question focused upon the barriers that educators, upon reflection, considered to exist and their beliefs as to how these perceived barriers could be overcome. It’s deciding what you can do with what you have when policy, setting, and the views of others can bind you. This leads educators to question how they can achieve a better outcome for the children in their care within the confines of these structures.

Barriers are subjective and fluid, depending on the context the educator finds themselves positioned within. Barriers can impact the educator’s ability to achieve the necessary levels of knowledge and confidence to undertake their role, for example, fear of failure, low self-efficacy, and the educator’s

value systems and beliefs, or structural barriers with the potential to affect the educator's capability to promote and support mental well-being (Dimitropoulos, et al., 2021; Shelemy et al., 2019b; Ekornes, 2017; Ekornes, 2015; Mazzer & Rickwood, 2015; Reinke et al., 2011).

The participants identified several barriers that they perceived to impact educators' ability to promote and support mental well-being: a lack of knowledge and confidence, the pressure of role expansion, collaboration with external professionals and internal colleagues, and the narrative surrounding young children's mental well-being.

Lack of knowledge and confidence

Unless perceiving themselves to be knowledgeable within the field of young children's mental well-being, accompanied by self-efficacy in their abilities, educators will struggle to meet the needs of the children in their care (Wyn, Cahill, Holdsworth, Rowling, & Carson, 2000). The two concepts are undoubtedly interlinked as well as being related to Research Questions 1 and 2, as a perceived lack of knowledge cannot help but impact an individual's confidence levels. A lack of knowledge creates a vicious circle that reduces self-efficacy in one's abilities, thereby creating reticence and reluctance to undertake training or research to enhance knowledge. Inadequate knowledge forms an external barrier that has the potential to manifest as internal barriers of self-doubt, resistance, fear, and refusal.

There is an expectation that training will fill knowledge gaps and bolster confidence. However, the current study agreed with the existing school-based literature that significant barriers were generated due to unavailable or unsuitable training opportunities, often linked to a reduction in external funding (Reinke, Stormont, Herman, Puri, & Goel, 2011). The inconsistent and ad-hoc nature of mental well-being training for teachers has been well-documented in previous studies (Hart & O'Reilly, 2018; Priddis, Matacz, & Weatherston, 2015; Burton, 2014; O'Hara, 2014; Koller & Bertel, 2006). Educators interviewed in the current study appeared dissatisfied with the training offered, showing awareness that the standard online training, often PowerPoint-heavy with little time for shared discussion and collaboration between attendees, did not suit all educators or easily translate to practice within Early Years settings. Promoting mental well-being, although not generally considered to be beyond the abilities of Early Years educators, was viewed as requiring specialist knowledge not covered within the core competencies of Early Years qualifications. Feeling obligated to source and undertake appropriate training divided opinions as to whether it should be the remit of educators to remove this barrier to accessible knowledge themselves. With training having both time and cost implications, the perceived worthiness of prioritising training is crucial. Whilst the existing literature implied an eagerness on the part of teachers to participate in

mental well-being training, within the current study, the educators appeared to feel a sense of necessity and obligation as opposed to a desire to further knowledge (Shelemy, Harvey, & Waite, 2019b; Gryglewicz, Childs, & Soderstrom, 2018; Green, Malsch, Kothari, Busse, & Brennan, 2012; Sims, et al., 2012; Reinke, Stormont, Herman, Puri, & Goel, 2011; Trudgen & Lawn, 2011; Rothi, Leavey, & Best, 2008).

The educator's perception of the abilities of newly qualified educators illustrated how experienced professionals within the sector were dismayed at the lack of translation from initial educator training to practice competency. Consistently, the educators within the current study referred to a lack of knowledge as to basic child development, hindering the ability of inexperienced educators to focus on the holistic approach to childcare and education that encompasses mental well-being. This echoed the discussion surrounding limited pre-service training for teachers within the Australian study by Marinucci, Grové, & Allen (2023). Training that blends theoretical and practical elements is essential for educators to form the connections required when promoting and supporting well-being. However, I am concerned that in a sector facing recruitment challenges, underfunding, and underpaid for the work we do, the current workforce does not have the drive, foresight, energy, or time to commit to prioritising children's mental well-being.

It was of interest that one educator expressed concerns that a little knowledge is a dangerous thing, illuminating how, in her experience, when provided with limited theoretical knowledge on the subject of mental well-being, some educators tended almost to seek out issues in the children attending their setting, looking for problems that weren't there. This emphasised the need for training to be clear and concise, offering opportunities for discussion and collaboration both during and post-training to reduce incidences of misinterpretation, and the need for training to be revisited and updated periodically to prevent the misappropriation of training from becoming a barrier.

When training is provided, it continues to focus on reactivity and crisis management, heavy on techniques for referrals and interventions, with information on tactics for the promotion of mental well-being sparse. This may form part of the explanation as to why the interview data was minimal and vague as to how the participating Early Years educators promoted well-being within their settings. However, the data could not be said to conclusively show if this was due to a lack of knowledge about promotion techniques or a lack of confidence in their abilities to promote.

Pressure of role expansion

The limited support for educators working within the Private, Voluntary, and Independent sectors means that practitioners are effectively lone working to provide mental well-being promotion and

support within their settings despite their ideal placement to intervene at an early stage. This results in significant pressure to identify children with needs, make referrals, and conduct necessary one-to-one interventions, all alongside the pressure of delivering an academic curriculum. Concerns that had previously been voiced by teachers in several studies (O'Farrell, Wilson, & Shiel, 2023; Childs-Fegredo, et al., 2021; Shelemy, Harvey, & Waite, 2019a; O'Reilly, Svirydzenka, Adams, & Dogra, 2018; Kay-Lambkin, Kemp, Stafford, & Hazell, 2007). Even within Early Years settings, there exists pressure to achieve 'school readiness' and attain the expected levels of academic achievement, demands that have increased since the initial prioritisation of educational attainment over psychological well-being by the Coalition Government in 2010. As Early Years educators, we have the power to impact a child's development positively, and that is not limited to achieving school readiness. What we do in these formative years can influence far into a child's future. With children placed under pressure to achieve 'school readiness,' it is unsurprising that educators are also suffering performative pressure when prioritising children meeting their academic goals, and it was unsettling to hear that tools designed to support children's well-being had been reinterpreted to assess the performance of the educators when teaching. Educators within the current study explored the concerns they had surrounding children no longer being able to simply be children and enjoy their childhood. Children only get one childhood and deserve that to be the best it possibly can be.

Early Years educators differ from teachers in their role, setting, training, and access to support, as well as how they are perceived by themselves and others. Perceiving themselves to be considered second-class educational settings in comparison to schools, Early Years often appear as an afterthought both in policy and research. Schools are continually identified and discussed as an important arena for the development of mental well-being, yet Early Years settings, especially in the non-maintained sector, are notable by their absence in political discussions and research. All this is apparent in the difficulties of translating documents that are not tailored to fit the criteria of Early Years settings. Legislators do not possess knowledge of the complex nature of Early Years work, the limited hours available during the working day, the tight budget constraints, and the varied needs of the service users. Those interviewed described their frustration and anger at the lack of respect for educators electing to be employed outside of the school system, the void between the two sectors, and how they believe themselves to be perceived as lower status despite the similar role requirements. There exists a clear educational hierarchy, with Early Years at the bottom.

An area of discussion that arose across all research questions during the analysis of the data was the recurrent emphasis placed on family involvement and the expectation that educators would facilitate this aspect of promotion and support. Yet, the presumed expectation by educators that they should work with a child's parents as part of their role can itself become a barrier if parents are resistant to

participation (Ekornes, 2015; Girio-Herrera, Owens, & Langberg, 2013; Rothi, Leavey, & Best, 2008). This is increasingly likely if the educator has concerns that a child's home life is negatively impacting their mental well-being.

The emotional burden generated through the insular nature of the role within Early Years was considered throughout the interviews, and how this leads to self-doubt, exhaustion, and burnout, ultimately preventing action from being continued by the educator. However, through their rich descriptions, it became clear that the educators believed the emotional pressure to have been created by their internal values, beliefs, and continual reflection as to whether they had done enough, effectively placed upon themselves as opposed to having been formed through legislative and policy pressure. Therefore, the educator's emotional state was considered a barrier, requiring removal where possible by ensuring they, too, had the support necessary for their own mental well-being.

External professionals

When supporting mental well-being, collaboration between educators and external professionals, either mental health professionals such as educational psychologists, doctors and CAMHS, or other external professionals such as social workers or health visitors, can enhance self-efficacy and provide opportunities for knowledge acquisition (Brennan, Bradley, Allen, & Perry, 2008). Should educators perceive themselves to lack knowledge or confidence, they could elect to seek support from external 'experts,' placing value on the collaborative process. However, in the current study, the educators showed an awareness that those relationships take time to form and that the existing external support services are struggling to meet demands and targets.

The existing literature found that whilst teachers desired ongoing support from external professionals, they perceived a lack of communication when they sought effective partnerships and collaboration (Ekornes, 2017). The findings of the current study echoed the literature, stating there continues to be a lack of professional respect and 'inter-professional understanding' between those in educational settings and external agencies (Cole, 2015). The educators believed this disconnect to be more prominent when caring for children of pre-school age. Whilst teachers believed monitoring and referral to be the role of an educational psychologist, the participants in the current study felt referral and initial assessment to be part of their role, whether they believed themselves to be competent or not (Reinke, Stormont, Herman, Puri, & Goel, 2011). The educators struggled further due to perceiving themselves as fighting against the aforementioned educational hierarchy and thereby not being seen as having equal standing to teachers, having to fight to have their opinions about a child's mental well-being heard.

Collaboration with social workers was not mentioned in the existing literature, potentially due to the overlap with the need for parent partnership, both aspects not perceived as significant in research conducted with teachers. However, this area proved a significant source of frustration for the Early Years educators in the current study. Traditionally the role of Early Years Private, Voluntary, and Independent settings is the care and education of young children. For those working in Early Years settings, their role continues to encompass Care, not merely focusing upon Education as found within school settings, and this may go some way to explaining the emphasis placed on the need to collaborate both with parents and external agencies who become involved when parents are perceived to be struggling such as social workers. The lack of consistency of appointed social workers was viewed as disrupting the continuity of care, hampering support for stressed families with chaotic home lives and impacting vulnerable children's mental well-being. Without significant changes to the social care system enabling improved collaboration between professionals, both children and their parents are continuing to have their needs fail to be met. Educators' anger at the current system is highlighted through their request to undergo training to support children and their families themselves rather than relying on external professionals such as social workers.

As with available training referred to in **Lack of Knowledge and Confidence**, reduction in funding and the 'post-code' lottery were discussed by educators as also increasing the barriers to collaboration with external professionals. The Early Years settings have to fund the financial cost of educators attending support meetings with external agencies, the financial cost of providing any one-to-one interventions and support for individual children recommended by external professionals, as well as the time cost of these factors. Although the educators did not blame external professionals for the cutbacks, in the current financial climate, Private, Voluntary, or Independent settings do not have the funds available to pay for the involvement of external services and are experiencing previously obtained funding from their Local Authority to support these services being withdrawn, forcing the prioritisation of children with the most extreme needs.

Resistant Colleagues

As mentioned previously, within the barrier of **Lack of Knowledge and Confidence**, educators experienced the struggle of working with colleagues they perceived to be less knowledgeable or less confident than themselves regarding mental well-being. However, barriers are also generated by colleagues whom the educators believed to have less respect for the necessity within their role to undertake promotion and support. The participants felt pressured to share their own knowledge to develop the skills of less experienced educators alongside assisting them in learning how to be empathic and the importance of reflecting on their experiences within the workplace to grow and

develop. Barriers are generated through educators not consistently appreciating the well-being needs of young children. Not just those children who are struggling but those who currently exhibit positive mental well-being yet could reap long-term benefits from having their well-being promoted and supported. The participating educators believed that, as a team, they would be better equipped if all colleagues understood not only the basics of child development, but that mental well-being was a continuum, with fluctuations normal, depending on what children are currently experiencing in their lives.

Resistant colleagues can prevent educators from achieving their aims to support all the children in their care. Participants in the current study feared some educators were more concerned about their own mental well-being than the children's. Although if an individual educator is struggling with their mental health, it is vital to address this for them to have the headspace to support others, prioritising this alone and refusing to accept that children deserve the same respect is unacceptable. Unsupportive management can also thwart educators aiming to create a whole-setting approach to young children's mental well-being. While strong leadership allows for shared collective knowledge and provides opportunities for confidence to be boosted through praise and support, battles with senior leadership can negatively impact these elements. As discussed in the existing literature, the willingness of individual educators to participate in promotion and support combined with detrimental organisational values of a setting impact the confidence and levels of involvement of all educators (Zeanah, 2012).

Limiting Narrative

Whilst the narrative instigated by the recent Governments in England emphasised the importance of changing the discourse to one of openness and acceptance for mental health issues, the reality is a narrative where stigma and discrimination still remain. "The rhetoric that mental health is a priority is not being fully realised" (O'Reilly, Svirydzenka, Adams, & Dogra, 2018). Funding and avenues of support continue to be withdrawn, with those holding the purse strings disagreeing that intervention from the earliest age can prevent long-term issues. The commitments within the Five Year Forward View to build capacity and capability through training have failed to materialise (DoH, 2015). Recent focus by policymakers on the awareness of the potential struggles faced by society due to the impact of the Coronavirus pandemic has failed to filter down to guidance aimed towards pre-school age children, despite those working in the field seeing the effect on the children in their care. Training offered post-pandemic emphasised the well-being needs of the educators as opposed to the children. Where discourse was directed towards children, the participating educators feared the slant was inappropriate for the age of the children in their settings and threatened the

innocence of childhood. An increase in knowledge, while deemed necessary, when generated through policy and legislation, proved confusing, generating a risk of information overload and perplexing terminology that only serves to confuse educators.

Even with an increase in mental health policy and guidance, not all educators prioritise mental well-being as discussed in **Resistant Colleagues**, and this proves frustrating for those who believe that well-being should be promoted and supported in the Early Years. Educators are not immune to having stigmatising attitudes towards mental health issues, and it is vital that existing stigma is reduced (Yamaguchi, et al., 2020; Rossetto, Jorm, & Reavley, 2014; Bella, Omigbodun, & Atilola, 2011; Aghukwa, 2009). Educators also struggled to help parents understand the necessity of having 'difficult conversations' surrounding their child's mental well-being, finding mental health to remain a taboo area for many families. Providing initial support and signposting services from the professional base of educational settings that service users already trust could alleviate these fears. There is a complex interplay of the relationships between families, educational settings and society that can both generate or reduce the mental well-being problems faced by children. The importance of forming positive relationships with parents and how families and educational providers can work together to support mental well-being was perceived as lacking in policy, and educators felt the pressure to change the narrative falling on their shoulders. Priorities need to be realigned, both in the education system and beyond.

The struggle to prioritise mental well-being for children at ground level continues to be an issue (Patalay, et al., 2016). Educators find themselves having to translate policy and legislation to fit the age of the children in their settings, taking from it what they perceive to be useful and reworking to enable practical application. Educators can find themselves battling against colleagues, senior leadership, and external professionals during the attempt to force education systems and intervention services to meet the needs of the youngest members of society (Graham, Phelps, Maddison, & Fitzgerald, 2011). With the voices of those working directly in the field failing to be taken into account, evidence-based policy decisions are still not occurring, and as a result, the narrative continues to fail to fit the sector (Blewitt, et al., 2020).

Summary of Research Question 3

When considering whether they could be better equipped to promote and support mental well-being, the educators discussed several aspects that they perceived as barriers to achieving their aims. The barriers ranged from a lack of knowledge and confidence, interlinking with the previous research questions, to battles with colleagues and external agencies. All barriers were enveloped in the

perceived narrative that those employed within Early Years settings are not held in the same esteem as those within educational sectors working with older children.

The existing literature and the participating educators agreed that the expectation to identify needs, make referrals, and conduct interventions alongside delivering the academic curriculum created pressure and role expansion for those employed in young children's education. Likewise, both acknowledged the difficulties in collaborating with external professionals due to factors such as a lack of communication and a lack of professional respect. However, while the literature focused on the external pressures of role expansion, the educators in the study emphasised the internal emotional burden and self-doubt they experienced, which they attributed to their own values and beliefs rather than external factors. The educators also placed significant emphasis on the expectation and challenges of involving families in promoting children's mental well-being, an aspect not prominently discussed in the literature.

Some of the identified barriers could be removed or reduced by making funding available to provide training tailored to the Early Years sector alongside greater accessibility to external agencies that, in turn, act with mutual respect and understanding. The narrative must continue to develop, expanding to the youngest generation and removing lingering stigma and stereotyping. None of this will occur without research that includes Early Years educators, not as an afterthought, but on an equal level to those working within the school sector, allowing policies and guidance to ensure relevance and appropriateness for the unique needs of pre-school-age children and Early Years settings.

7.4 Researcher Reflection

The chapter allowed for a deeper exploration of the findings, acknowledging the subjective experiences of educators and my interpretation as a researcher and as a fellow Early Years educator. I strongly believe we learn from our experiences, our support network, our mentors, our exposure to media, our environment, the place we live, and the time we live in. When we open our minds to consider the experiences of others, our knowledge can combine. This study underscored the importance of valuing educators' voices and lived experiences to shape policies, practices, and training related to young children's mental well-being. Whilst there were some similarities to the literature centred around pre-service training, ongoing professional development, policy changes, and implementation challenges, the findings focused more on a holistic approach, intuition, expanding roles, and the collaborative relationships of educators with parents and external professionals. Each educator's experiences were context-dependent, unique, and personalised. Unfortunately, from the findings and critical consideration of the literature, I concluded that there

remained several areas where Early Years educators struggled to achieve all they wanted for the children in their care. The discussion highlighted the complexities and nuances of promoting and supporting young children's mental well-being, emphasising the drive for a holistic, empathetic approach that considers the interplay between children, families, educational settings, and societal factors.

Reflection on Research Question 1

This question sought to explore educators' knowledge of young children's mental well-being. The participating educators exhibited strengths of knowledge of individual children, the ability to spot signs early, tenacity and drive to work with parents and seeing family as a whole package that affects mental well-being. My concerns post-analysis would be a potential lack of depth of knowledge, not having the drive to continue to gain or update knowledge if not self-motivated to do so, and a lack of knowledge as to techniques that are suitable for young children to promote positive mental well-being. However, the participants did appear to view mental well-being promotion as part of Personal, Social and Emotional education already present within the Early Years curriculum, believing themselves to accommodate promotion within their daily role as educators.

Reflection on Research Question 2

This question reflected educators' confidence levels in supporting children's mental well-being. Outwardly, the educators did not appear to doubt their self-confidence in supporting young children's mental well-being. This leads me to wonder if there is less pressure on those in the Early Years without the performativity issues that exist in schools. Potentially, in Early Years, there is more of an assumed responsibility based on internal beliefs, whereas, in schools, there is an assigned responsibility with greater pressure from Senior Leadership Teams to meet expectations. Possibly, there exists more teamwork in Early Years settings where questions can be asked, advice given, and educators working together to achieve the best outcomes for the children.

Reflection on Research Question 3

Within this final question, educators' perspectives were considered on how they could be better equipped to promote and support young children's mental well-being. The barriers discussed on the surface could be overcome through improvements to educators' perceived levels of knowledge and confidence. However, when you look deeper, what is still required is a societal and cultural change of narrative. Overcoming these barriers would require tailored training, increased funding from an earlier age, and greater mutual respect between professionals, and ultimately, the generation of inclusive research and policymaking that recognises the unique needs of Early Years settings.

The Conclusion Chapter considers how the current study contributes to knowledge and addresses the research aim and research questions. Furthermore, I propose avenues for future research alongside implications for policy and practice.

Chapter 8: Conclusion

Early Years is a crucial period for neurological and psychological development, laying the foundations for future positive mental well-being. Early Years educators are ideally placed to play a role in this development. This study aimed to explore the perspectives of Early Years educators in England regarding their knowledge, confidence, and perceived ability to promote and support young children's mental well-being. Through in-depth interviews, the research gathered rich insights from educators working in Private, Voluntary, and Independent settings in England with children under five years old. I included my insider status within the study as this influenced not only the subject matter of the research but also the interpretation of the findings and the recommendations moving forward. This Conclusion will present a brief overview of the findings and how they addressed the research aims of the study. It will continue by considering the study's main contributions and avenues for future research.

8.1 Summary of Key Findings

The findings revealed that Early Years educators feel a strong sense of responsibility for supporting children's mental well-being, viewing it as an integral part of their role. Working in the Early Years sector, the participants knew the benefit of addressing mental well-being early and how this could have long-term benefits for the child. The participating educators have seen an increase in the number of children experiencing low levels of mental well-being. They were aware that this decline was frequently related to the broader context of a child's family, community, or current context, such as in the post-pandemic period. However, many expressed a lack of confidence in their knowledge and abilities in this area. The key themes generated within the study were:

- Educators employ a holistic approach to children's mental well-being, recognising behaviour as communication and highlighting the potential impact of a child's home life.

- Early Years educators engage in "detective work", using professional curiosity and intuition to identify concerns.

- Early Years educators' role in promoting mental well-being is expanding, creating pressure and expectations.

- Discourse communities and knowledge dissemination are important, with educators valuing collaborative relationships and desiring to change the narrative around mental health.

8.2 Summary of Research Questions

The study addressed the following research questions:

- What knowledge do educators have with regard to young children's mental well-being, and where does this knowledge stem from?

Whilst Early Years educators lack knowledge in specific aspects of young children's mental well-being, the knowledge they do possess is based on individual experiences and an understanding of the expected developmental norms for children. Educators knew there was a need to make all children visible, not just those exhibiting disruptive behaviours. They had knowledge of the impact of Adverse Childhood Experiences and broader ecological systems on a child's mental well-being and perceived the need to work with parents and families as essential to address potential issues. Educators gained knowledge from interacting with other professionals, especially colleagues who appreciated and understood the work that occurs in Early Years settings. Current training avenues were not seen as consistently providing knowledge that was applicable to those working with the youngest children outside of the school sector. The participating educators did not refer directly to policy, legislation, or guidance as a source of knowledge. However, a brief mention was made of the Personal, Social and Emotional aspects of the Early Years Foundation Stage and the Wellbeing Recovery Programme.

- Do educators perceive themselves to be confident in supporting young children's mental well-being, and what tools do they employ to achieve this?

The educators' confidence levels depended on the specific situation and their personal lived experiences. The participating educators believed themselves confident enough to observe, assess, and support young children's well-being and share knowledge with colleagues. Yet, confidence levels waned when external professionals became involved, or educators had to participate in difficult conversations with parents. However, even if educators' self-efficacy was lowered, they internalised their doubts, offering a confident façade and providing support. Their desire to ensure that children in their care were happy, and their needs met created a tenacity to fulfil this supportive role to the best of their abilities. Although they lacked knowledge of specific support interventions, the participating educators formed secure attachments through the key person system, taught children emotional literacy within daily routines, and remained confident that they could identify early signs that a child was struggling. The study highlighted that confidence is linked to knowledge, and, in line with the existing literature, participants desired tailored training that could assist them to feel both knowledgeable and confident in their supportive role.

- Do educators believe they could be better equipped to promote and support mental well-being, and on reflection, how do they consider this might be undertaken?

The study highlighted several barriers faced by Early Years educators in promoting mental well-being, including lack of specialised training and professional development opportunities, limited time and resources, challenges of collaborating with external agencies and mental health professionals, the pressure of competing priorities and academic attainment, stigma, and misconceptions around mental health.

Early Years educators felt they lacked adequate training to promote and support children's mental well-being effectively. With no set guidance for early years settings, educators' interventions are ad hoc and sporadic, based on instinct rather than evidence-based research. They expressed a desire for more comprehensive, age-appropriate ongoing training in this area. The study highlighted that educators want training to be practical, relevant to their specific context, and provide strategies they can implement in their daily practice.

The participants perceived pressure due to an expansion of their roles and responsibilities. This pressure constructed barriers due to time constraints when attempting to meet all aspects of their role. While they wanted more training to further knowledge, training undoubtedly would further deplete their available time. Clear guidance on their roles and responsibilities in this area, combined with increased funding that would cover time out of the setting to access training, would help to reduce these barriers. There is a desperate need for increased funding in all areas related to young children's mental well-being, and funding that enabled ongoing collaboration and support from external services was viewed as beneficial to educators and may alleviate some pressure.

Educators also encountered perceived barriers generated by colleagues, senior leadership teams, external professionals, and parents who did not place the same emphasis on the need to promote and support mental well-being. I identified concerns around a perceived lack of respect and acknowledgement for educators working in Early Years settings. Educators expressed a desire for a more holistic, collaborative approach involving parents, the wider community, and mental health professionals to support children's well-being effectively. While ambitious, changing the narrative to clearly include the youngest children in the promotion of mental well-being discourse would eventually change societal attitudes. The study uncovered that there is still work to do to reduce the stigma and stereotyping surrounding mental health and raise awareness as to the importance of promoting mental well-being from an early age amongst educators, parents, and the wider society. Improved partnership and communication with external mental health services and greater support

from management to create a whole-setting ethos and greater systemic support would alleviate the pressure placed on individual educators who perceive themselves as ‘working alone.’

8.3 Contribution to Knowledge

This research makes a unique contribution by exploring the perspectives of Early Years educators working in non-school settings (Private, Voluntary, and Independent) regarding their role in promoting and supporting young children's mental well-being. This addresses a significant gap by focusing on an understudied group, as most previous research has focused on teachers in primary/secondary schools rather than Early Years educators. The study aimed to provide a platform for the voice of this often-overlooked group, centring the experiences of educators in non-school-based settings, allowing their perspectives to be heard. It aimed to bridge gaps between research, policy, and practice by gathering perspectives from Early Years educators "on the ground" to inform future approaches.

The study focused on mental well-being promotion and support for very young children (under five years old), an age group that has received less research attention regarding mental health compared to older children. It also provided insights from Early Years educators working during/after the COVID-19 pandemic, offering a timely perspective on supporting young children's mental well-being in this context.

8.3.1 Contribution to Theory

As discussed in the Introduction Chapter (1.1), within this study mental well-being has been considered as existing on a continuum. Both the existing literature (Chapter 3) and the findings (Chapter 6) support this perspective as illustrated in the diagram below. This continuum model reflects the emphasis on early childhood mental well-being as fluid rather than binary, with educators serving as crucial detectors at the Reaction stage. Within this study, the participating educators' experiences of of very young children presenting with characteristics as seen within the Languishing stage, aligns with NHS survey findings about the current unmet needs in children under five years old (NHS Digital, 2021). The literature and data provide clarification that mental well-being is influenced by various life factors, social norms, and an individual's subjective well-being, which can cause them to move along the continuum. The study suggests that intervention is necessary when an individual becomes stuck at the lower end of the continuum, indicating a need for support to improve their mental well-being.

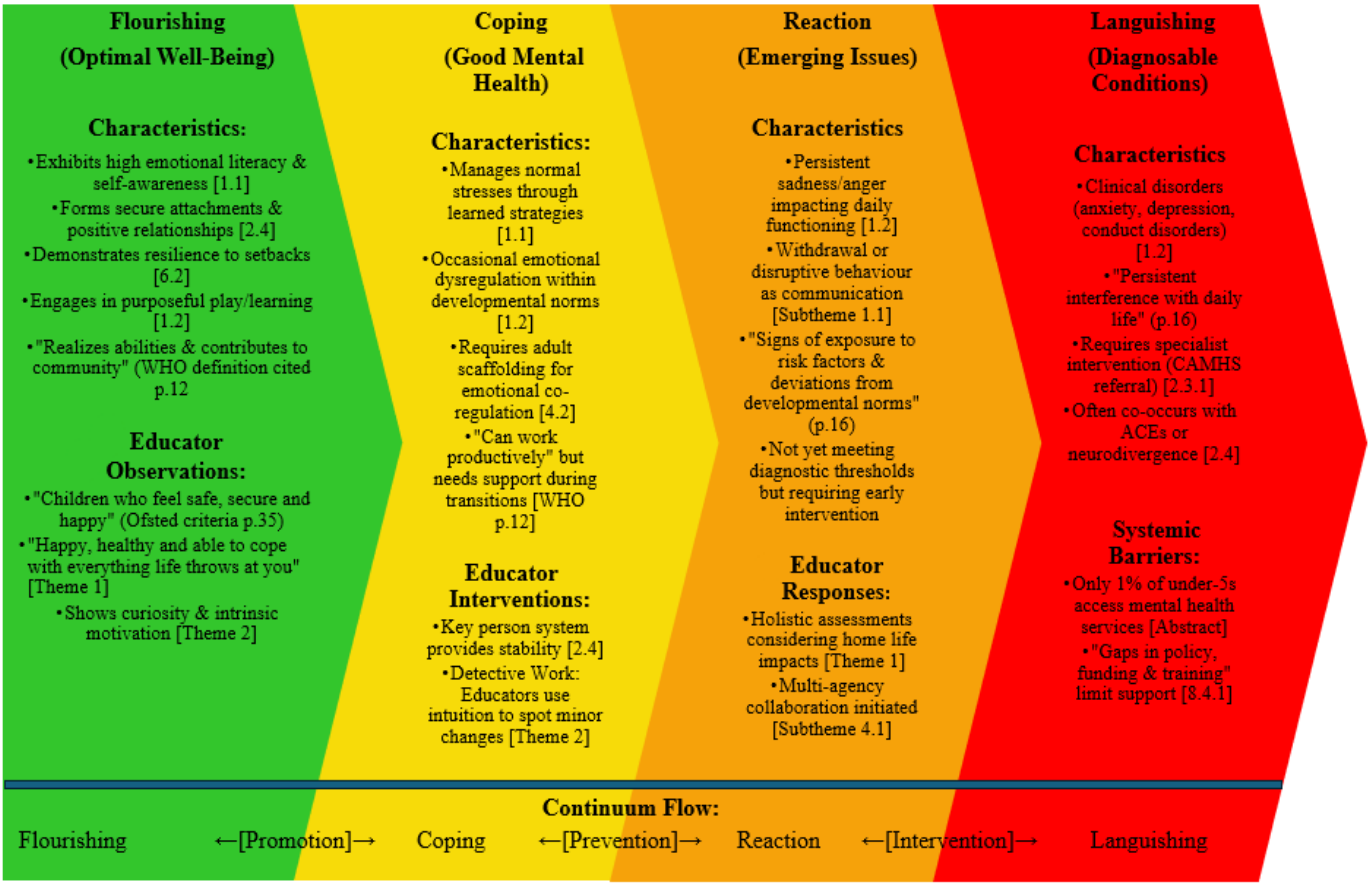

Figure 14 – Study's Support for the Existence of a Mental Well-being Continuum

As contemplated in Chapter 2, Bronfenbrenner's ecological systems theory significantly expanded the understanding of mental well-being by providing a complex, multidimensional model that considers various factors and influences across different levels of a child's environment. Aside from having clear links to the participating educators' Funds of Knowledge *(figure 12)*, Bronfenbrenner's framework also ties together the themes identified in the current study, offering a holistic perspective on how young children's mental well-being is shaped and supported.

At the microsystem level, Bronfenbrenner's theory emphasised the importance of immediate relationships and environments, which aligns with the theme of 'A Holistic Approach to Children's Mental Well-being' (*superordinate theme 1*). This theme highlights the significance of secure attachments and the impact of children's home life on their mental well-being (*subtheme 1.2*). The microsystem encompasses the child's interactions with family members, educators, and peers, all of which play crucial roles in shaping a child's emotional development and sense of security.

The mesosystem, which represents the interactions between different microsystems, relates to the theme of 'The Detective Work of Early Years Educators' (*superordinate theme 2*). This theme underscores the importance of educators employing professional curiosity (*subtheme 2.1*) and intuition (*subtheme 2.2*) to understand the complex interplay between a child's various

environments. Educators must navigate the connections between home and educational settings to gain a comprehensive understanding of a child's needs and experiences.

Bronfenbrenner's exosystem, which includes factors that indirectly affect the child, can be linked to the theme of 'Expanding the Role of the Early Years Educator' (*superordinate theme 3*). This theme explores how educators' perceived roles and pressures (*subtheme 3.1*), as well as their partnerships with parents (*subtheme 3.2*), influence their ability to support children's mental well-being. The exosystem may include factors such as educational policies, funding decisions, and societal expectations that shape the context in which educators operate.

The macrosystem, encompassing broader cultural and societal influences, relates to the theme of 'Discourse Communities and Dissemination of Knowledge' (*superordinate theme 4*). This theme examines how collaborative relationships (*subtheme 4.1*) and changing narratives around mental well-being (*subtheme 4.2*) influence educators' approaches and understanding. The macrosystem includes societal attitudes towards mental health, cultural norms, and overarching policies that shape the discourse and practices surrounding children's mental well-being.

Finally, Bronfenbrenner's chronosystem, which considers changes over time, can be seen as an overarching element that influences all of the themes. The chronosystem acknowledges that children's mental well-being is not static but evolves in response to developmental changes, life events, and historical contexts, such as the recent COVID-19 pandemic.

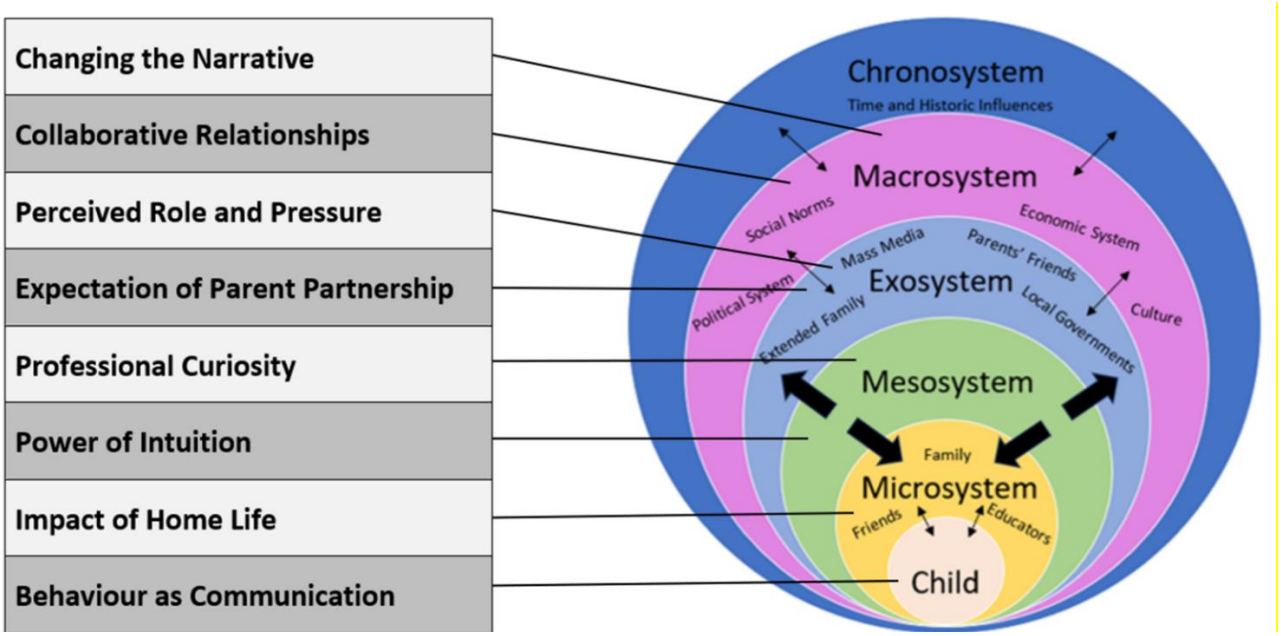

Figure 15 - Link between the Themes and Bronfenbrenner's Ecological Systems Theory

By applying Bronfenbrenner's framework to the findings, we can appreciate the interconnectedness of various factors influencing young children's mental well-being. This multidimensional model

highlights the need for a comprehensive approach that considers not only the child's immediate experiences but also the broader social, cultural, and temporal contexts in which their development occurs. It emphasises the importance of collaboration between educators, families, and wider support systems to create a nurturing environment that promotes positive mental well-being in young children.

8.3.2 Contribution to Policy and Practice

The study investigated how Early Years educators gain knowledge and confidence in children's mental well-being beyond formal training. This provides insights into knowledge acquisition through experience, social context, and personal research. Young children's mental well-being is the central focus of this study; however, considering where educators' knowledge stems from and how they develop confidence may be relevant to other role aspects of Early Years educators.

The Early Years Foundation Stage (EYFS) framework and the Early Years educators who participated within this study converge in their shared commitment to fostering holistic mental health and well-being in children under five. Both emphasise the critical importance of Personal, Social, and Emotional Development (PSED) as a cornerstone of early childhood education. As discussed in Government Initiatives in Chapter 2 (2.3.1), the EYFS established PSED as a prime area of learning, highlighting self-regulation, relationship-building, and emotional resilience. The educators echoed this priority, framing mental well-being as fundamental to a child's ability to realise their potential, manage stress, and engage with their community.

A key point of alignment is the emphasis on secure attachments and the key person system. The EYFS mandates this system to cultivate strong adult-child relationships, which the participants in this study underscored as crucial for co-regulation and emotional stability, particularly for children exposed to adverse experiences. However, they also illuminated implementation challenges stemming from staffing shortages and high turnover within Private, Voluntary, and Independent (PVI) settings, factors that disrupt the continuity of care essential for fostering the desired secure attachments.

Both the EYFS and the Early Years educators stressed the importance of early identification and intervention in mitigating long-term mental health risks. While the EYFS employs tools like the two-year progress check and the Early Years Foundation Stage Profile (EYFSP), the findings explored how educators often rely on intuitive and observational methods to identify emerging issues before formal assessments. This highlights a potential gap between policy aspirations and practical realities, suggesting a need for more structured approaches to early identification.

The EYFS and the perspectives of the participants converge on the importance of multi-agency collaboration, with the EYFS advocating for partnerships between educators, health professionals, and families. However, the current study's findings expose systemic fragmentation, particularly concerning access to and communication with Children and Adolescent Mental Health Services (CAMHS), with the educators expressing frustration at lengthy waitlists and inadequate feedback, undermining the EYFS's vision of integrated support.

The research findings, such as early identification of mental health issues, educator knowledge and confidence, and the role of Early Years settings in promoting mental well-being, are not directly influenced by academic attainment. Instead, they are driven by the broader goal of understanding and supporting young children's mental well-being in Early Years settings. While academic attainment was not a central theme within the findings, there are links to be made between academic attainment in relation to mental well-being, with the study referencing the potential long-term impact of poor mental well-being on academic progress. The literature within Chapter 3 acknowledged a connection between positive mental well-being and educational achievement, noting that mental well-being skills are often considered necessary for school success and stating that educators are more likely to seek support for children with behavioural issues or problems that impact a child's academic performance with involvement in mental health support often only occurring when the issue prevents learning, either for the child directly or for others in the classroom (Kay, 2024; Cole, 2015; Turney & McLanahan, 2015).

The current study presents a compelling argument that babies and infants are indeed subject to academic pressure, albeit in subtle and indirect ways. This pressure stems from a complex interplay of institutional frameworks, parental expectations, and societal norms that prioritise early academic readiness. At the heart of this issue lies the Early Years Foundation Stage (EYFS) framework, which, while ostensibly focused on holistic development, inadvertently creates a system of benchmarks that serve as precursors to academic success (DfE, 2024c). The EYFS Profile (EYFSP), for instance, assesses children's 'school readiness' at age 5, establishing implicit expectations for educators and parents to ensure infants meet developmental milestones linked to future academic performance. These assessments, covering areas such as self-confidence, emotional management, and relationship-building, are framed as foundational skills for classroom behaviour and formal learning.

Parental anxiety and societal expectations play a significant role in perpetuating academic pressure on very young children. With 94% of 3-4-year-olds enrolled in structured programmes, parents increasingly rely on Early Years settings to prepare their children for school (DfE, 2023a). This reliance, coupled with a 'discourse of risk' surrounding mental health and future academic

outcomes, leads to a focus on early intervention and accelerated development. These practices reflect a growing societal anxiety about optimising early development for later academic success. Institutional and policy pressures further exacerbate this situation. Educators find themselves caught between nurturing holistic well-being and meeting statutory obligations, such as progress checks for 2-year-olds and the EYFSP. Initiatives like Ofsted's 'Best Start in Life' programme, while well-intentioned, create additional pressure to accelerate social-emotional development to meet institutional benchmarks, particularly in the wake of developmental gaps caused by the Coronavirus pandemic (Ofsted, 2022).

While the findings within this study do not explicitly frame these dynamics as academic pressures, they provide critical evidence of how systemic expectations and performance-oriented metrics influence infant-caregiver interactions. The emphasis on 'school readiness', developmental tracking, and performative policies creates an environment where academic expectations indirectly, yet significantly, impact the experiences of infants and toddlers, revealing a pervasive, if often unacknowledged, academic pressure on babies and infants that may result in the prioritisation of academic attainment over the promotion and support of mental well-being.

The current research serves as a crucial empirical counterpoint to the EYFS framework, amplifying its core tenets while simultaneously exposing the systemic barriers that impede their effective implementation. Hence, the following key recommendations in the Dissemination of Findings (8.4), encompassing enhanced funding, inclusive frameworks, and community-driven solutions, provide a roadmap for translating policy aspirations into tangible improvements in early childhood mental health. By bridging the participants' insights with the EYFS policy framework, early childhood settings could evolve into genuine ecosystems that prioritise and practice mental well-being, thereby fulfilling the EYFS's ambition of providing the best possible start in life for all children.

At the onset of the research process and throughout the study, decisions were made by myself as the researcher. As a pragmatic researcher, all these decisions were made in the belief that they were the correct choices that fitted the requirements of the research aims and objectives. These decisions were made to enhance the validity, reliability, and trustworthiness of the findings. As a reflexive researcher, I do not believe that the decisions made resulted in limitations to the study. Rather, as with all research, alternate choices lead to additional avenues that could be explored in future research.

The decision not to focus on play within this study can be understood through the lens of the Early Years Foundation Stage (EYFS) framework and the broader context of early childhood education in Britain. The EYFS, while acknowledging play's essential role in children's development, does not

prescribe a specific teaching approach. Instead, it emphasises the importance of practitioners determining the most effective ways to facilitate learning based on their setting's unique needs. The absence of an explicit focus on play may indicate that educators view play as an implicit, foundational aspect of their practice rather than a distinct mental health intervention.

In the context of Early Years education in England, there is an increasing focus on school readiness and measurable outcomes. This shift may have influenced the participants' priorities, leading them to explore more formalised approaches to mental health support that align with policy demands for early identification and intervention. The emphasis on 'detective work' and multi-agency collaboration in the findings suggests that educators are grappling with complex systemic challenges that extend beyond play-based approaches.

The framework's flexibility allows for diverse interpretations of how best to support children's development, including their mental well-being. Whilst this study prioritised exploring educators' perspectives on promoting and addressing mental health in children under five, focusing on their knowledge, confidence and the systemic barriers they face, this approach aligns with the EYFS guidance, which encourages practitioners to respond to each child's emerging needs through warm, positive interactions and secure routines. Moreover, the EYFS framework places significant emphasis on practitioners' decision-making and their ability to stimulate children's interests, reflected in the findings that illustrated how Early Years educators interpret and implement strategies for supporting mental well-being through their holistic view of the individual child and the various components that impact on their mental well-being.

Ultimately, the decision to not focus explicitly on play reflects the multifaceted nature of supporting young children's mental well-being in Early Years settings. While play remains a crucial element of early childhood education, this research highlighted the broader systemic issues and professional development needs that educators face in addressing children's mental health, providing valuable insights into the challenges and opportunities for enhancing mental well-being support in Early Years education, complementing rather than contradicting the EYFS framework's emphasis on play-based learning.

A thematic map of the study illustrates the connected areas of discussion, how they are encompassed by the broader aspects of Play and Academic Attainment. While the study does not explicitly address Play and Academic Attainment, these concepts are connected to the Findings through the broader context of supporting children's overall development. Play is a crucial aspect of early childhood education, serving as a primary means of learning and development. A holistic approach to children's mental well-being, as emphasised in the study, can enhance their ability to

engage in play effectively, thereby supporting cognitive, social, and emotional development that can, in turn, benefit a child's well-being. Observing children in play can also provide indicators of when a child may be struggling with their mental well-being and would benefit from support. Academic Attainment is influenced by the foundational skills developed in early childhood. The expanding role of educators and their detective work in understanding children's needs can help create an environment that fosters early learning skills, laying the groundwork for future academic success, neither of which is achievable without good levels of mental well-being.

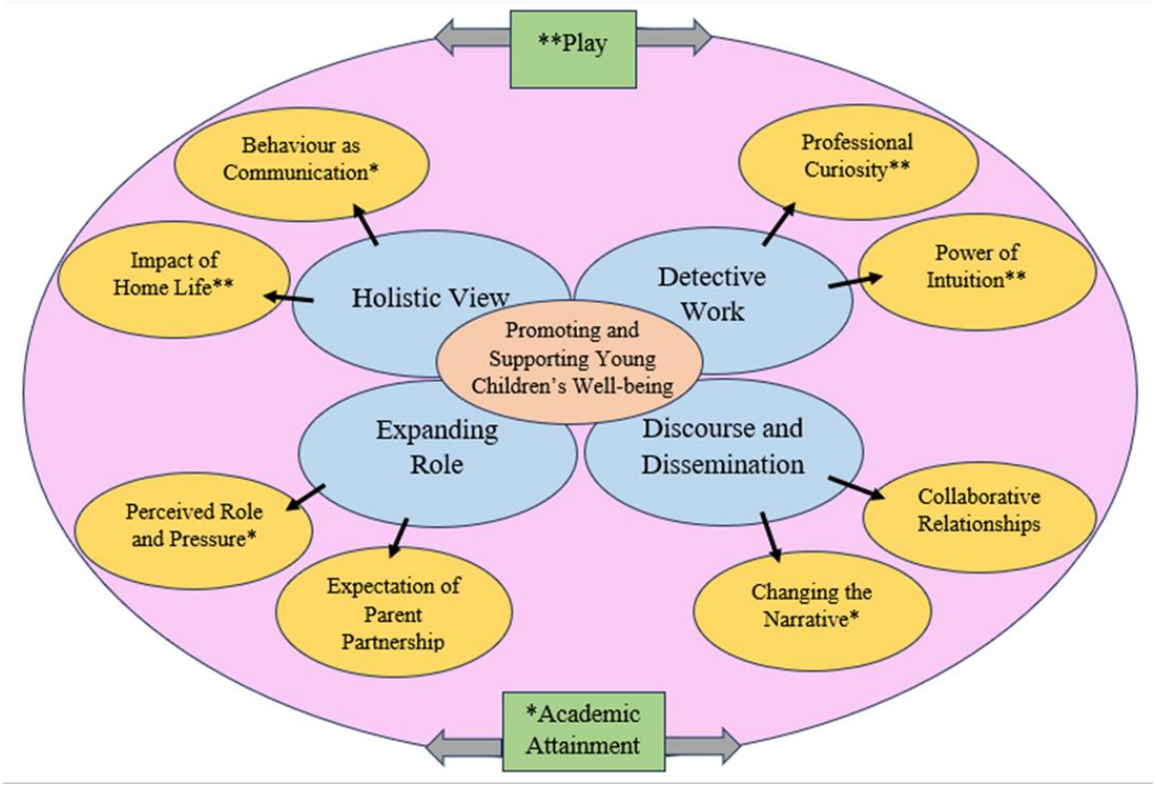

Figure 16 - Thematic Map

8.4 Dissemination of Findings

As an exploratory researcher, my objective was not to produce results that could be statistically generalised but to generate knowledge through rich data derived from individual experiences. This decision does not diminish the quality of the research. I make no apology for my study lacking (statistical-probabilistic) generalisability, choosing to focus on the strengths of traditionally qualitative research and different forms of generalisability, as discussed by (Smith, 2018; Braun & Clarke, 2013; Green & Thorogood, 2009).

The application of statistical-probabilistic generalisability is misaligned with the ontological and epistemological foundations of qualitative research and should not be its primary aim (Smith, 2018). I believe that the success of research should not be confined to a singular type of generalisability. Instead, I aimed to highlight the value of exploratory research. The findings of this

study are pertinent and significant, regardless of the absence of statistical-probabilistic generalisability, for future research, as well as for informing changes in policy, guidance, and practice (Kay, 2016). By considering the concept of transferability instead, which is rooted in the epistemological assumption of subjective knowledge construction, my study has the potential to be generalisable through the readers identifying with the expressed lived experiences of others and the results impacting on the actions of others, with the findings potentially transferable to other settings (Kay, 2016; Barone & Eisner, 2012; Tracy, 2010). Even as a small-scale study, knowledge has been generated that is worthy of dissemination and that results in implications for both policy and practice in the field of promoting and supporting young children's mental well-being in Early Years settings.

The dissemination of this research on Early Years educators' perspectives regarding young children's mental well-being has significant implications for practice in the Early Years sector, with the findings highlighting several key areas where improvements could be made to better support both educators and the children in their care.

8.4.1 Practitioner-Oriented Dissemination

Firstly, the research emphasised the need for more comprehensive and tailored training for Early Years educators on promoting and supporting children's mental well-being. Dissemination of these findings to policymakers and training providers could lead to the development of specialised courses and qualifications that focus specifically on mental well-being in the Early Years. This could include modules on recognising early signs of mental health difficulties, strategies for promoting positive well-being, and techniques for supporting children experiencing challenges. By improving educators' knowledge and confidence in this area, they will be better equipped to provide early intervention and support.

In order to reach Early Years educators directly, consideration will be given to writing articles for professional magazines and newsletters read by Early Years practitioners, as well as developing practical guidance documents or toolkits based on the findings and offering workshops or webinars for Early Years settings to share key insights. As an educator already working in the field, I plan on utilising my own practitioner networks to provide training for fellow educators on how to support and promote the mental well-being of young children in their care. These training sessions will be provided at a low cost to ensure affordability and provide an opportunity to share best practice.

The study also highlighted the importance of a holistic approach to children's well-being, considering factors such as home life and behaviour as communication. Sharing these insights with Early Years settings could encourage the adoption of more comprehensive assessment tools and

observation techniques that take into account a wider range of factors influencing a child's mental state. This could lead to more accurate identification of children who may need additional support and more tailored interventions.

Another key implication is the need for better collaboration between Early Years settings and external professionals. Disseminating the research findings to both the education and health sectors could promote the development of more integrated support systems. This might include establishing clearer referral pathways, improving communication channels between Early Years settings and mental health services, and creating opportunities for joint training and knowledge sharing between educators and mental health professionals.

Furthermore, the study emphasises the importance of parent partnerships in supporting children's mental well-being. Disseminating these findings could encourage Early Years settings to develop more robust strategies for engaging parents in their children's emotional development. This might include offering parent workshops on mental well-being, providing resources for supporting emotional development at home and establishing more regular and in-depth communication channels between Early Years educators and parents.

8.4.2 Academic Dissemination

The research will be disseminated through traditional academic channels, such as publication in peer-reviewed journals focused on early childhood education and mental health alongside potential for presentation at academic conferences in the field of Early Years education. The significance of the findings also warrants inclusion in future curricula for early childhood education programmes.

The research considered the need to change the narrative around mental well-being in the Early Years. Wider dissemination of these findings through professional journals, conferences, and media channels could help raise awareness of the importance of mental well-being in young children. This could contribute to reducing stigma and encouraging more open conversations about mental well-being in early childhood.

The research also highlighted the expanding role of Early Years educators and the pressures they face. Sharing these findings with sector leaders and policymakers could lead to a re-evaluation of job roles and responsibilities within Early Years settings. This might result in the creation of dedicated mental health lead positions within settings or the allocation of protected time for educators to focus on children's well-being alongside their other duties.

Lastly, the study highlighted gaps in current policy and guidance specific to mental well-being in the Early Years. Sharing these findings with policymakers and regulatory bodies could influence

future policy development, potentially leading to more explicit inclusion of mental well-being promotion in Early Years curriculum frameworks and inspection criteria.

8.5 Implications for Policy and Practice

The study highlights the need to elevate the status and voices of Early Years educators in policy, research, and practice related to young children's mental well-being. More holistic, integrated approaches that consider the broader social context and involve parents/families in supporting young children's mental well-being are needed.

The findings underscore the need for:

- Increased training and professional development designed for Early Years educators on mental well-being promotion
- Greater recognition of the Early Years sector's role in policy and guidance
- Improved collaboration between Early Years settings and external services
- Resources and tools tailored for promoting well-being in young children
- Efforts to reduce stigma and change the narrative around mental health in early childhood

8.5.1 Implications for Policy

The research has potential implications for policy, which could be disseminated through submitting evidence to relevant government consultations on Early Years policy, engaging with policymakers and Early Years organisations to highlight the importance of mental well-being in young children and contributing to policy briefs or reports on early childhood mental health. The findings illustrate an array of opportunities for amendments to be made in policy.

Firstly, policymakers should stop overlooking the Early Years and instead include this sector in policy, legislation, and guidance. This should not be done by simply referring to Early Years provisions situated within maintained school settings but through acknowledgement of the presence of the non-maintained sector. There is a need for more comprehensive and targeted policies, guidance, and legislation specifically for Early Years educators working in non-school settings regarding promoting and supporting young children's mental well-being. Likewise, funding and resources for mental health promotion and support in Early Years settings must be increased and prioritised on par with school-based initiatives.

Early Years educators need clearer role definitions and expectations regarding their responsibilities in promoting and supporting children's mental well-being. Many educators feel uncertain about their role's boundaries. This could be addressed by designating the promotion and support of mental well-being as a legislative requirement of the role of Early Years educators and, therefore, a part of the core competencies for initial training. Although the requirements for Level 3 educators may be expanding to include knowledge of how children develop self-regulation, recognise, and manage their emotions and develop positive attachments, the promotion and support skills educators working within Early Years should encompass within their role are broader than these areas. To successfully carry out their role and meet the demands of working with young children placed upon them, educators will need more varied skills than those specified in the core competencies and training that is ongoing to meet the ever-changing, context-dependent needs of the children in their care, and this should be defined in policy and funding designation.

I do not claim that my small-scale study would influence those making policy decisions, but only through an increase in research that acknowledges the voices of educators working in Early Years will this sector's needs finally be heard and addressed. Research needs to be broader to encompass society's youngest members. Further research is needed to develop evidence-based, age-appropriate interventions and approaches for promoting mental well-being, specifically for very young children in Early Years settings. Policymakers need a greater awareness and understanding of society's diverse needs, and for policy, guidance, and legislation to reflect this.

8.5.2 Implications for Practice

The study’s findings could translate into practice in several ways, for example, informing the development of training programmes for Early Years educators on promoting and supporting young children's mental well-being, encouraging Early Years settings to review and enhance their policies and practices around children's mental health, and supporting the creation of resources for Early Years educators to use in identifying and supporting children with mental well-being needs.

The Practice of Educators

The findings from the scoping questionnaire and interviews highlight the challenges and pressures Early Years educators face within the Private, Voluntary, and Independent sectors due to perceived professional demands. Educators can feel overwhelmed and ill-prepared when contemplating how to promote and support mental well-being alongside teaching an already packed curriculum. Clearly, including the promotion and development of mental well-being within the Early Years Foundation Stage as a requirement would ensure all settings prioritise at an equal level and on a par with academic goals.

The findings may be helpful by showing that educators learn from experience and the value of disseminating knowledge and creating discourse communities to build confidence and self-efficacy among colleagues. I would recommend that Early Years settings explore the benefits of mentoring systems alongside encouraging reflexive practice among educators, both as a solitary endeavour and as a team.

Although educators already try to work in partnership with parents and have a clear view of the value of collaboration, considering the diverse needs of the families accessing their nursery as a whole setting would allow educators to put in place tailored advice and support. Early Years educators did not appear to appreciate their strong work in this area, undertaking support as an instinctive part of their role. They should acknowledge this strength and consider how they can disseminate their knowledge of child development and mental well-being to parents in an accessible manner, as ultimately, partnership working will benefit the children in their care.

The Practice of Senior Leadership Teams/ Management

Providing greater support for educators would be a significant factor in the improvement of the practice of senior leadership teams. In tandem with encouraging the promotion and support of young children's mental well-being within the setting, senior leadership and management must prioritise staff well-being and create supportive environments for educators to feel confident in their roles as educators struggling with their mental well-being will not be in a position to support children.

The Practice of External Professionals

As the expectation for partnership work increases, sectors need to support each other and do their best for the children they come into contact with. Improved collaboration and communication channels are needed between Early Years settings and external mental health professionals/services to provide better support for children and educators. External professionals require a greater understanding of the role of those working in the Early Years sector to increase opportunities to develop motivational strategies and improve collaborative working relationships. To do so, there is a need for shared language, definitions and terminology that are understandable, accessible, and fit the sector. Recommendations for changes to practice in this area should be reflected in policy to enforce collaborative working across Health, Social Care, and Education.

The Practice of Training Providers

Understanding Early Years educators' experiences promoting and supporting young children's well-being provides an insight into their training requirements. Training and professional development for Early Years educators should go beyond formal courses and include opportunities for reflexive

practice, peer learning, and ongoing support to build knowledge and confidence. Initial training and qualifications for Early Years educators should consist of more comprehensive coverage of children's mental health and well-being to create the necessary foundational knowledge.

My Own Practice

Throughout the current study, I had to remain continuously aware of the impact of my insider status, as discussed in Chapter 4. My experiences and positionality as an Early Years educator and parent may be perceived as having the potential to influence the interpretation of the data. While this insider perspective can provide valuable insights, it also risks introducing bias into the analysis and conclusions. The final interpretations are indeed constructed through my subjective lens. My experiences led to my inspiration for the research and informed my interpretation of the data and, as such, are valuable. I did not claim to be neutral but have aspired to be transparent and aim to continue to employ this ongoing reflexivity as I move forward professionally.

My intention is to disseminate the knowledge I have gained from conducting this study, firstly through my role as a manager within my current setting and secondly through providing training for Early Years educators in the county where I am based. Finally, having identified a gap in the availability of age-appropriate resources, I hope to share ideas on promoting and supporting young children's mental well-being in Early Years settings based on my findings through the publication of guidance and resource materials. Through my dual role of researcher and educator, I hope to encourage and support my fellow educators, inspiring them to increase their knowledge and assist them in supporting young children's mental well-being to the best of their abilities.

In conclusion, the dissemination of this research has the potential to significantly impact practice in the Early Years sector. The implications of the study suggest that Early Years educators play a pivotal role in supporting young children's mental well-being but require additional training, resources, and systemic support to fulfil this role effectively. Informing training, policy, collaboration, and public awareness could contribute to a more comprehensive and effective approach to supporting young children's mental well-being, ultimately benefiting the long-term outcomes for children and society as a whole.

8.5 Recommendations for Future Research

The study demonstrated that a relatively small sample size of interview participants can generate a rich, deep source of data and provide an opportunity for reflexive practice on the part of the participants. Although, as the study relies heavily on self-reported data from questionnaires and interviews, there exists the potential for introducing biases, such as social desirability bias, whereby participants may provide responses they believe to be expected or acceptable rather than their true

feelings or experiences. There was also the potential for selection bias. The participants who chose to participate in the study might have a particular interest or investment in mental well-being, which could skew the results. Those less interested or confident in this area might have opted out, leading to an overrepresentation of more engaged or knowledgeable educators. Despite these risks, the study highlights the need for continued research that focuses specifically on the Early Years sector and educators working with children under five years old, as this group has been understudied compared to school-based research. Future studies should aim to elevate the voices and experiences of Early Years educators to inform policy and practice.

The participants were drawn from a specific geographic area (England), which may limit the applicability of the results to other regions or countries. Due to the decision to conduct the majority of interviews in person, the educators were based in the Midlands, North West, and North East of England. Although the questionnaire participants were from a wider geographical area, encompassing most counties, the questions asked to explore educators' perspectives developed and became more detailed after the scoping questionnaire as the research evolved during the interview phase. The demographics of the interview participants' settings were remarkably similar in terms of deprivation, employment, and proportion of Early Years settings. If the study was replicated as part of future studies, the research could expand the geographical location of participants to reach a broader representation of settings or conduct a follow-up questionnaire with questions based on the interview findings to enable participation by educators in a wider locality. Future research such as this could explore perspectives across a broader range of Early Years settings and geographic areas to analyse variations.

Longitudinal studies examining the long-term impacts of mental well-being promotion in early childhood would also be valuable. This would enable examination of how Early Years educators' knowledge, confidence, and practices related to supporting children's mental well-being evolve over time, especially as new policies and training initiatives are implemented. This could provide an opportunity to investigate the effectiveness of different training approaches and professional development models in improving Early Years educators' knowledge and confidence through incorporating observational studies to assess how Early Years educators put their knowledge into practice when supporting children's mental well-being. This would also enable the investigation of how Early Years educators collaborate with external mental health professionals and services when supporting children's mental well-being. The current study was conducted in a post-pandemic context, which may have influenced the participants' perspectives. The unique challenges posed by the COVID-19 pandemic might not reflect typical conditions within Early Years settings.

Conducting future longitudinal studies would provide the opportunity to explore altering perspectives as we move away from years immediately following the pandemic.

It would also be beneficial to conduct research with parents to explore their perspectives on the role of Early Years educators in supporting children's mental well-being. This would be valuable when contemplating how to support children's mental well-being within the wider family dynamic. It may also prove worthwhile to explore how Early Years educators' own mental health and well-being impact their ability to support that of young children.

The qualification level of Early Years educators could be a significant area for future research following this study, as it relates to their ability to support young children's mental well-being. The recurring theme of qualifications in the findings underscores a critical tension within Early Years education between formal academic credentials and the experiential, practice-based knowledge educators rely on to support children's mental well-being. My study highlighted that while Early Years educators recognise the importance of mental well-being promotion, their knowledge often stems from on-the-job experience, intuitive understanding, and informal peer learning rather than structured training programmes or qualification frameworks. This aligns with broader debates in current literature, which interrogate whether higher qualifications inherently translate to improved practice or whether the dynamic, relational nature of Early Years work demands a more nuanced balance between theoretical knowledge and practical, context-specific skills. Critics of qualification-centric approaches argue that standardised training modules frequently fail to address the complexities of real-world scenarios, such as navigating family dynamics or interpreting non-verbal cues in pre-verbal children, which the educators in my study identified as central to their "detective work". Conversely, proponents of enhanced qualifications emphasise their role in legitimising the sector, improving professional status, and ensuring consistency in safeguarding and developmental support, particularly as policymakers increasingly task Early Years settings with identifying and addressing mental health concerns.

My findings suggest this dichotomy is exacerbated by systemic issues, such as fragmented access to Continuing Professional Development (CPD) and a lack of tailored mental well-being training within existing qualification pathways. Educators reported feeling underequipped to handle rising demands despite possessing rich experiential insights, indicating a disconnect between the competencies prioritised in formal qualifications and the realities of practice. This resonates with the argument that qualifications must integrate pedagogical theory with applied, reflective practice to bridge the "theory-practice gap" (Marinucci, Grové, & Allen, 2023; Reinke, Stormont, Herman, Puri, & Goel, 2011; Rothi, Leavey, & Best, 2008). Future research should explore how qualification

frameworks could be reconfigured to better validate educators' tacit knowledge while addressing gaps in mental well-being literacy. Longitudinal studies tracking the impact of revised training programmes on educator confidence and child outcomes would be valuable, as would participatory action research involving educators in co-designing curricula that reflect the relational, contextual demands of their roles.

8.6 Final Researcher Reflection

In conclusion, this study provided a platform for an often-overlooked group to collate the voices of a marginalised sector. It highlighted the challenges and opportunities for promoting young children's mental well-being in Early Years settings. The findings can better inform policy, practice, and future research to support Early Years educators in this critical role. Ultimately, enhancing educator knowledge, confidence, and capabilities has the potential to impact children's lifelong mental health and well-being significantly.

I titled this study Through the Looking Glass because, as an Early Years educator, I was looking into the mirror expecting to see how other educators addressed the mental well-being of young children and presuming their approaches and struggles would be similar to my own. However, I had to reframe my concept of reality, looking through the reflection and challenging my preconceptions.

My positionality is an important part of my study. I had to fight against the instinct to fill the silences during interviews, not to speak about what I personally do as an Early Years educator or what my nursery setting implements to promote and support mental well-being, instead learning to listen to the experiences of others. This was challenging initially. Interviewing as an insider required the development of a different skill set to gather the data I required to address the research aims.

Through continued reflection throughout the study, I accepted that my lived experiences, both personal and professional, are unique. I have employed my knowledge of mental well-being to support the children and families I work with. My knowledge of young children's mental well-being has increased, as has my confidence as a researcher and my confidence to disseminate. My aim continues to be for young children to accept their differences, not as failings but as aspects that make them unique, and for others to do the same, to teach children, educators, parents, and professionals how to support and understand each other to the best of their abilities.

I am frustrated that mental health is not yet on a parity with physical health; however, I now see the topic in a new light. Whilst I continue to view knowledge and confidence acquisition through a social constructivist lens, I regard the perspectives and experiences of others as varied but

nonetheless valid. I have a fresh perspective, encompassing an awareness of the achievements of educators when promoting and supporting mental well-being in young children and of the barriers the sector continues to face. I have a clear vision of how to move forward through a combination of policy, practice, and training.

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Appendices

Appendix 1: Ethics Approval Letter

Downloaded: 08/06/2021
Approved: 08/06/2021

Ceri Rowley
Registration number: 180245710
School of Education
Programme: Doctorate of Education

Dear Ceri

PROJECT TITLE: Promoting and Supporting Young Children's Mental Well-Being: The Perspective of Early Years Educators **APPLICATION:** Reference Number 037276

On behalf of the University ethics reviewers who reviewed your project, I am pleased to inform you that on 08/06/2021 the above-named project was **approved** on ethics grounds on the basis that you will adhere to the following documentation that you submitted for ethics review:

- University research ethics application form 037276 (form submission date: 25/04/2021); (expected project end date: 03/05/2022).
- Participant information sheet 1090777 version 1 (25/04/2021). Participant consent form 1090778 version 1 (25/04/2021).

If during the course of the project you need to deviate significantly from the above-approved documentation please inform me since written approval will be required.

Your responsibilities in delivering this research project are set out at the end of this letter.

Yours sincerely
David Hyatt
Ethics Administrator School of Education

Please note the following responsibilities of the researcher in delivering the research project:

- The project must abide by the University's Research Ethics Policy: https://www.sheffield.ac.uk/rs/ethicsandintegrity/ethicspolicy/approval-procedure The project must abide by the University's Good Research & Innovation Practices Policy:
- https://www.sheffield.ac.uk/polopoly_fs/1.671066!/file/GRIPPolicy.pdf
- The researcher must inform their supervisor (in the case of a student) or Ethics Administrator (in the case of a member of staff) of any significant changes to the project or the approved documentation.
- The researcher must comply with the requirements of the law and relevant guidelines relating to security and confidentiality of personal data.
- The researcher is responsible for effectively managing the data collected both during and after the end of the project in line with best practice, and any relevant legislative, regulatory, or contractual requirements.

Appendix 2: Participant Information Sheet (Questionnaire)

Participant Information Sheet – Phase 1

Promoting and Supporting Young Children's Mental Well-Being:

The Perspective of Early Years Educators

Thank you for taking the time to read this information sheet and for considering taking part in this exploratory research study. I know you are very busy in the role that you play and that your time is precious. If you decide to take part, I hope that you find it interesting.

What the research is about:

This research is designed to explore what, as educators, you think about how we promote and support young children's mental well-being. As a group, those working with children under 5 have been historically overlooked when it comes to seeking opinions. Yet you are best placed to assess and support children and their families before they reach compulsory school age. This study will explore how your knowledge of mental well-being is gained, what decreases or increases your confidence levels around this topic, and what your understanding is of the mental health crisis that we see reflected in the media and government publications. As a researcher, I will look at if your experiences reflect policy and regulations. By reflecting on your experiences and the part you play your views can contribute to the exploration of this topic, making sure your voice is heard.

This study is being completed in part requirement of my Doctor of Education qualification, but it is my hope that it will also offer a voice to an often-overlooked sector.

Why the study is important:

This study is important and relevant due to the rise of mental health issues being seen in young children. By the age of eleven, one in ten children in the UK have a mental health issue. There is a need to make the experiences of those working in early childhood visible. Although there have been plenty of initiatives and guidance for schools over the past two decades, Early Years is an often-overlooked sector, resulting in a lack of support until children reach school age. Previous research has been carried out in schools seeking the views of teachers, but there exists a gap in studies for children under five. This research will highlight whether the education system needs to address this topic earlier, through the perspectives of Early Childhood Educators, respecting their dignity as professionals and the value of their experiences.

Why have you been chosen:

You have responded to a request for Early Years educators to complete an online questionnaire. This information sheet forms the first part of the questionnaire.

As an educator working in Early Years, you have been chosen to help provide a voice on this topic, as this will play an important role by filling a gap in the current knowledge on this subject. To help support both young children and educators , we need to have an honest discussion as to what is needed, and it is hoped by collecting your opinions and presenting the findings this can be done. I hope to collect online survey responses from 100 educators to provide me with an overview of how the sector feels about this area.

What the study will involve:

This study will involve collecting the experiences of Early Years educators from across England. This questionnaire is phase 1 of the project and will help to gather a large number of thoughts and opinions to look for themes and patterns before the study explores these in more detail in phase 2 (interview stage). By using thematic analysis in both phases, it is hoped to create a picture formed from rich, detailed information.

What you will be asked to do:

If after reading this Information Sheet you would still like to take part, then please complete the attached Consent Form before beginning the questionnaire. The questionnaire itself should take no longer than 20 minutes of your time and you may answer as many or as few questions as you wish in as much or as little detail as you like.

Topics covered will link to the mental well-being of young children under 5 years old and your professional role in promoting and supporting this. Some of the questions will be multiple-choice, but some will also have space for you to write a more detailed answer if you wish to.

I am aware that the subject of mental health can cause feelings of discomfort or distress depending on the individual's own experiences, and if you feel any upset, you a free to stop taking part at any point or decide not to answer any question. There will also be some signposts at the end of this information sheet if you would like to access further support.

Your rights:

Whilst there are no immediate benefits for those participating in the project, it is hoped that this work will provide you with an opportunity to reflect on your practice, assist in a professional dialogue across the sector by sharing thoughts and experiences, and, importantly, give a voice to an undervalued community.

Choosing to take part is completely voluntary and you may withdraw and not submit your questionnaire at any point during it without giving a reason. All questionnaires will be immediately anonymised, so after submission, it will not be possible to then choose to withdraw. However, you will not be able to be identified from the information you give, and any details such as location or setting name you give in any of your answers will be removed by the researcher during analysis. All data will be deleted two years after the date of publication of findings.

This project has been ethically approved via the University of Sheffield's Ethics Review Procedure, with the University acting as the data controller, and all information will be kept confidential, only accessed by myself as the researcher, following GDPR guidelines. No formal contract is created between yourself and the University.

Follow up:

After the research has been written up, it will be published as a doctoral thesis. You can choose whether to receive a brief summary report of the research by sending an email request to myself after you have completed your questionnaire. The overall aim of this research is to provide insight into the perspectives of Early Years educators into young children's mental well-being and possible future implications for practice and policy. It is hoped that other researchers may find the findings of the study to be useful.

Contact information:

Researcher: Ceri Rowley crrowley1@sheffield.ac.uk

Supervisor: Dr Katherine Easton k.a.easton@sheffield.ac.uk

If you have any concerns about the study you may contact myself or the supervisor of the project.

If you have any complaints, you can contact the Head of the School of Education (Rebecca Lawthom r.lawthom@sheffield.ac.uk), or the Ethics Committee (edu-ethics@sheffield.ac.uk), or if your complaint relates to how your data has been handled, please contact dataprotection@sheffield.ac.uk

If you have any further questions, you can contact me via email at any point.

Consent Form (to be completed before beginning the questionnaire).

- I have read the above Information Sheet and consent to participate in this research study.
- I understand my participation will involve completing a questionnaire exploring the topic of young children's mental well-being.
- I understand I am free to ask questions, discuss concerns, and decline to answer any questions without giving reason.
- I understand that my participation is voluntary and that I have a right to withdraw at any point during the questionnaire.
- I understand that I cannot withdraw after submitting my questionnaire but that all responses will be anonymised.
- I understand the purpose of the study, and that my answers will form part of data collected by the researcher for their Doctoral Thesis and may be used in future publications and research.
- I understand that by choosing to participate as a volunteer in this research, this does not create a legally binding agreement nor is it intended to create an employment relationship with the University of Sheffield.
- I understand I have been provided with additional sources of further information on mental well-being should I feel I need support.

☐ I agree to take part in the above study (please tick)

Signed…… Date……..

Thank you for your participation in this study. You may now start the questionnaire.

Avenues of Support:

Samaritans 116 123 http://www.samaritans.org/ jo@samaritans.org

MIND 0300 123 3393 https://www.mind.org.uk/ info@mind.org.uk

Young Minds 0808 802 5544 http://www.youngminds.org.uk/ ymenquiries@youngminds.org.uk

Mental Health Foundation 020 7803 1100 http://www.mentalhealth.org.uk/

Appendix 3: Participant Information Sheet (Interviews)

Participant Information Sheet – Phase 2

Promoting and Supporting Young Children's Mental Well-Being:

The Perspective of Early Years Educators

Thank you for taking the time to read this information sheet and for considering taking part in this exploratory research study. Before you decide whether to take part, it is important to understand why the research is being carried out and what your part in it will involve. Below is some more information which you should read carefully to help you decide. You will be given a copy of this Information Sheet. Feel free to get in touch if you have any questions. I know you are very busy in the role that you play and that your time is precious. If you decide to take part, I hope that you find it interesting. Thank you for reading this.

What the research is about:

This research is designed to explore what, as educators, you think about how we promote and support young children's mental well-being. As a group, those working with children under 5 have been historically overlooked when it comes to seeking opinions. Yet you are best placed to assess and support children and their families before they reach compulsory school age. This study will explore how your knowledge of mental well-being is gained, what decreases or increases your confidence levels around this topic, and what your understanding is of the mental health crisis as reflected in the media and government publications. As a researcher I will look at if your experiences reflect policy and regulations. By reflecting on your experiences and the part you play your views can contribute to the exploration of this topic, making sure your voice is heard.

This study is being completed in part requirement of my Doctor of Education qualification, but it is my hope that it will also offer a voice to an often-overlooked sector.

Why the study is important:

This study is important and relevant due to the rise of mental health issues being seen in young children. By the age of eleven, one in ten children in the UK have a mental health issue. There is a need to make the experiences of those working in early childhood visible. Although there have been plenty of initiatives and guidance for schools over the past two decades, Early Years is an often-overlooked sector, resulting in a lack of support until children reach school age. Previous research has been carried out in schools seeking the views of teachers, but there exists a gap in studies for children under five. This research will highlight whether the education system needs to address this topic earlier, through the perspectives of Early Childhood Educators, respecting their dignity as professionals and the value of their experiences.

Why have you been chosen:

As an educator working in Early Years, you have been chosen to help provide a voice on this topic, as this will play an important role by filling a gap in the current knowledge on this subject. To help support both young children and educators, we need to have an honest discussion as to what is needed, and it is hoped by collecting your opinions and presenting the findings this can be done. As part of the research project, I hope to interview 10 Early Years educators as a follow-up to an online questionnaire already carried out to explore the experiences of educators more deeply through conversation.

What you will be asked to do:

If, after reading this research information sheet, you agree to take part, then a date and time convenient for yourself will be allocated for an interview to take place. The interview will be conducted either in person or online via Google Meet, and it is estimated that it will take approximately 1 hour of your time, but this can be shortened or extended as you wish. Topics covered will link to the well-being of young children under 5 years old and your professional role in promoting and supporting this. The interview will be semi-structured, so although I may have some specific questions that have come from the earlier questionnaire phase of the study, the main aim is to find out your own individual experiences of young children's mental well-being. Therefore, the interview structure will be quite flexible.

An audio recording will be made of your interview to provide an accurate record. This audio will be transcribed, and a copy of the transcript may be emailed to you for approval. After this transcription, the original recording will be deleted. At the transcription stage, you will be assigned a pseudonym to keep your data confidential. Any identifiable information you give during the interview, such as location or setting name, will be edited from the transcript data. You will have two weeks from the date you receive your copy of the interview to approve the transcript or to choose to withdraw your data by contacting the researcher. After this date, you will no longer be able to withdraw your data from the study, but due to the use of a pseudonym, it will no longer be able to be traced back to you as an individual participant.

If after reading this Information Sheet you would still like to take part, then please complete the attached Consent Form, and return it to myself via email. I will then contact you to arrange a suitable interview date. It is hoped that these interviews and the data that comes from them will help to give Early Years educators a voice.

Your rights:

Whilst there are no immediate benefits for those participating in the project, it is hoped that this work will provide you with an opportunity to reflect on your practice, assist in a professional dialogue across the sector by sharing thoughts and experiences, and, importantly, give a voice to an undervalued community.

Choosing to take part is completely voluntary, and you may withdraw without giving a reason. All interviewees will be given a pseudonym as the interview is transcribed, so after this point, it will not be possible to then choose to withdraw. I ask then that if you wish to withdraw after the interview, you contact myself within 2 weeks of your interview date. You will not be able to be identified from the information you give, and any details such as location or setting name you give as part of our conversation will be removed by the researcher during analysis. All audio recordings will be deleted immediately after transcription.

This project has been ethically approved via the University of Sheffield's Ethics Review Procedure, with the University acting as the data controller, and all information will be kept confidential, only accessed by myself as the researcher, following GDPR guidelines. No formal contract is created between yourself and the University.

What are the possible disadvantages and risks of taking part:

I do not foresee any disadvantages to you taking part in this research, but I am aware that the subject of mental health can cause feelings of discomfort or distress depending on the individual's own experiences and if you feel any upset, you a free to stop taking part at any point. There will also be some signposts at the end of this information sheet if you would like to access further support.

Follow up:

After the research has been written up, it will be published as a doctoral thesis. You can choose whether to receive a brief summary report of the research by sending an email request to myself after your interview. The overall aim of this research is to provide an insight into the perspectives of Early Years educators into young children's mental well-being and possible future implications for practice and policy. It is hoped that other researchers may find the findings of the study to be useful.

Who is the researcher:

My name is Ceri Rowley and I am an Early Childhood Studies doctoral researcher with the University of Sheffield working towards completing my Thesis in part requirement of this qualification. I have worked in Early Years settings for over twenty years and am passionate about children's mental health. I hope that through my own experiences and collecting those of other Early Years educators, we can, in some part make a difference in the lives of our youngest children.

Contact information:

Researcher: Ceri Rowley crrowley1@sheffield.ac.uk

Supervisor: Dr Katherine Easton k.a.easton@sheffield.ac.uk

If you have any concerns about the study you may contact myself or the supervisor of the project.

If you have any complaints, you can contact the Head of the School of Education (Rebecca Lawthom r.lawthom@sheffield.ac.uk), or the Ethics Committee (edu-ethics@sheffield.ac.uk), or if your complaint relates to how your data has been handled, please contact dataprotection@sheffield.ac.uk

If you have any further questions, you can contact me via email at any point.

Thank you for your participation in this study and giving up your time to help.

I look forward to working with you.

Avenues of Support:

Samaritans 116 123 http://www.samaritans.org/ jo@samaritans.org

MIND 0300 123 3393 https://www.mind.org.uk/ info@mind.org.uk

Young Minds 0808 802 5544 http://www.youngminds.org.uk/ ymenquiries@youngminds.org.uk

Mental Health Foundation 020 7803 1100 http://www.mentalhealth.org.uk/

Consent Form

- I have read the above Information Sheet and consent to participate in this research study.
- I understand my participation will involve taking part in an interview exploring the topic of young children's mental wellbeing.
- I understand I am free to ask questions, discuss concerns, and decline to answer any questions without giving reason.
- I understand that my participation is voluntary and that I have a right to withdraw at any point during the interview and up to 2 weeks from the date of the interview.
- I understand that I cannot withdraw after the two week deadline but that all interview transcripts will be anonymised through the use of pseudonyms.
- I understand that an audio recording will be made during the interview and that this will be destroyed after the interview is transcribed.
- I understand my personal details such as name, phone number, address and email address etc. will not be revealed to people outside the project.
- I understand the purpose of the study and that my answers will form part of data collected by the researcher for their Doctoral Thesis and may be used in future publications and research.
- I understand that by choosing to participate as a volunteer in this research, this does not create a legally binding agreement nor is it intended to create an employment relationship with the University of Sheffield.
- I understand I have been provided with additional sources of further information on mental well-being should I feel I need support.

☐ I agree to take part in the above study (please tick)

Signed…… Date…….

Appendix 4: Questionnaire

The Perspective of Early Years Educators on Supporting Young Children's Mental Health and Wellbeing

Thank you for taking part in this exploratory research study. I know you are very busy in the role that you play and that your time is precious. This information sheet forms the first part of the questionnaire. If after reading this Information Sheet you would still like to take part, then please complete the attached Consent Form. The questionnaire should take no longer than 20 minutes of your time and you may answer as many or as few questions as you like. Some of the questions will be multiple choice but some will also have space for you to write a more detailed answer if you wish to.

Choosing to take part is completely voluntary and you may withdraw and not submit your questionnaire at any point during it without giving a reason. All questionnaires will be immediately anonymised so after submission it will not be possible to then chose to withdraw. However, you will not be able to be identified from the information you give, and any details such as location or setting name you give in any of your answers will be removed during analysis. All information will be kept confidential, following GDPR guidelines.

This project has been ethically approved via the University of Sheffield's Ethics Review Procedure.

This study is important and relevant due to the rise of mental health issues being seen in young children. This research is designed to explore what, as educators, you think about how we promote and support young children's mental well-being. As a group those working with children under 5 are often overlooked when it comes to seeking opinions. Yet you are best placed to assess and support children and their families before they reach compulsory school age.

The overall aim of this research is to provide an insight into the perspectives of early years educators into young children's mental well-being, highlighting whether the education system need to address this topic earlier, with possible future implications for practice and policy. By reflecting on your experiences and the part you play your views can contribute to the exploration of this topic, making sure your voice is heard.

1. Consent Form

I have read the above Information Sheet and consent to participate in this research study. I understand I am free to decline to answer any questions. I understand that I have a right to withdraw at any point during the questionnaire. I understand that my answers may be used in future publications and research. I understand I have been provided with additional sources of further information for support.

Background Information

2. How long have you worked in the field of Early Years?

3. Which sector do you currently work in?

- ☐ Private
- ☐ Voluntary
- ☐ Independent

4. What county of England do you work in?

5. What is your current job role?

6. What is your qualification level?

- ☐ Level 2
- ☐ Level 3
- ☐ Level 4
- ☐ Level 5
- ☐ Level 6
- ☐ Level 7 or above

Mental Health and Wellbeing

7. Are you concerned about an increase in the mental health needs of the children in your setting?

- ☐ Yes
- ☐ No
- ☐ Not sure

8. Have you worked with a child in your setting with a mental health concern?

- ☐ Anxiety
- ☐ Depression
- ☐ Oppositional Defiant Disorder (ODD)
- ☐ Conduct Disorder (CD)
- ☐ Attention-Deficit/Hyperactivity Disorder (ADHD)
- ☐ Obsessive-Compulsive Disorder (OCD)
- ☐ Post-traumatic stress disorder (PTSD)
- ☐ Self-Harm
- ☐ Tic disorders
- ☐ Autistic Spectrum Disorder
- ☐ Other

9. What are the most common mental health issues seen in Early Years children in your experience?

10. Do you believe there is a connection between mental health and well-being, and long-term academic success?

- ☐ Yes
- ☐ No
- ☐ Not sure

11. Do you have a policy for mental health and well-being in your setting?

- ☐ Yes, we have both
- ☐ Yes but just for mental health
- ☐ Yes, but just for well-being
- ☐ No for either

12. If no for either policy, do you agree with this believing they are unnecessary, or disagree and believe that your setting should have these policies in place?

- ☐ I agree and believe they are unnecessary
- ☐ I disagree and believe we should have these policies in place

13. Do you include mental health and well-being promotion as part of your planning?

- ☐ Yes
- ☐ No

14. If yes, how do you do this?

Support and Intervention

15. Do you provide interventions in your setting?

- ☐ Yes for individual children
- ☐ Yes for groups of children
- ☐ Yes for groups and individuals
- ☐ No interventions are provided within our setting

16. Do you know how to access support for children whose mental health and wellbeing you are concerned about?

- ☐ I know how to access additional support within my setting
- ☐ I know how to access additional external support services
- ☐ I do not know how to access additional support

17. Have you experienced any of the following difficulties in inter-professional collaboration?

- ☐ Other professionals unwilling to talk about a child due to confidentiality issues
- ☐ Other professionals using unfamiliar or confusing vocabulary
- ☐ Lack of two way information exchange by other professionals
- ☐ Delays in referral times
- ☐ Lack of professional respect towards yourself by other professionals

The Role of the Educator

18. Do you believe mental health and wellbeing should be addressed in Early Years settings?

- ☐ Yes
- ☐ No
- ☐ Maybe

19. Do you feel that you should be involved in mental health support for children as part of your role?

- ☐ Yes
- ☐ No

20. If yes, where do these beliefs come from?

- ☐ My job description/ role
- ☐ My personal beliefs
- ☐ The importance of the issue of young children's mental health and wellbeing
- ☐ Pressure from society
- ☐ Management direction
- ☐ Previous training in this area

21. If yes what areas do you believe are part of your role?

- ☐ Screening
- ☐ Referrals
- ☐ Interventions for groups
- ☐ Interventions for individuals
- ☐ Assessments
- ☐ Observations

22. Do you feel that you should promote mental well-being as part of your role?

- ☐ Yes
- ☐ No
- ☐ Maybe

23. Have you experienced barriers to promoting young children's well-being in your role?

- ☐ Yes due to a perceived lack of relevance in Early Years
- ☐ Yes due to management opinions
- ☐ Yes due to a lack of time within the curriculum
- ☐ Yes due to a lack of support from staff in my team
- ☐ Yes due to my own lack of knowledge on well-being

24. Do you feel able to recognise when there is an issue or when a child needs additional support?

- ☐ Yes
- ☐ No
- ☐ Maybe

25. Do you see yourself as a frontline professional for children's mental health and well-being?

- ☐ Yes, spotting early signs within children showing a need for help
- ☐ Yes, liaising with the children's parents to gather information
- ☐ Yes, making referrals to other services
- ☐ No, I do not see myself as a frontline professional

Knowledge and Confidence

26. Have you undertaken training in mental health and/or wellbeing?

- ☐ Yes, in children's mental health
- ☐ Yes, in children's wellbeing
- ☐ Yes in both
- ☐ No for either

27. What training have you undertaken?

28. How was the training delivered?

- ☐ In house training
- ☐ Online training
- ☐ Workshops
- ☐ Independent study
- ☐ Part of a wider qualification
- ☐ Local Authority Training

29. Is there any training you would like to undertake in the future?

30. Are there any barriers to you accessing training?

- ☐ Time
- ☐ Finding cover at work
- ☐ Availability of courses
- ☐ Cost of training
- ☐ Other

31. Do you feel you have the knowledge and skills to meet the mental health and well-being needs of children in your setting?

Strongly agree 1		Neither agree or disagree 3		Strongly disagree 5

32. What do you base your decision making on?

- ☐ Personal experience
- ☐ Advice from colleagues
- ☐ Knowledge from training
- ☐ Knowledge from external professionals
- ☐ Own research

33. Do you feel confident to share your knowledge with others?

- ☐ With parents
- ☐ With colleagues
- ☐ With other professionals

34. What has increased your confidence in promoting and supporting children's mental health and wellbeing?

- ☐ Personal experience
- ☐ Professional experience
- ☐ Training
- ☐ External support

35. Has anything reduced your confidence in this area?

36. Do you feel under pressure to promote and support the mental health and wellbeing of the children in your setting?

- ☐ Yes
- ☐ No

37. Do you have any further comments you would like to make to contribute to this survey?

If you would be willing to be considered for a follow up interview please provide your email address below

Contact information:

If you have any concerns about the study you may contact myself or the supervisor of the project.

Researcher: Ceri Rowley crrowley1@sheffield.ac.uk

Supervisor: Dr Katherine Easton k.a.easton@sheffield.ac.uk

If you have any complaints you can contact the Head of the School of Education (Rebecca Lawthom r.lawthom@sheffield.ac.uk), or the Ethics Committee (edu-ethics@sheffield.ac.uk), or if your complaint relates to how your data has been handled please contact dataprotection@sheffield.ac.uk

If you have any further questions, you can contact me via email at any point.

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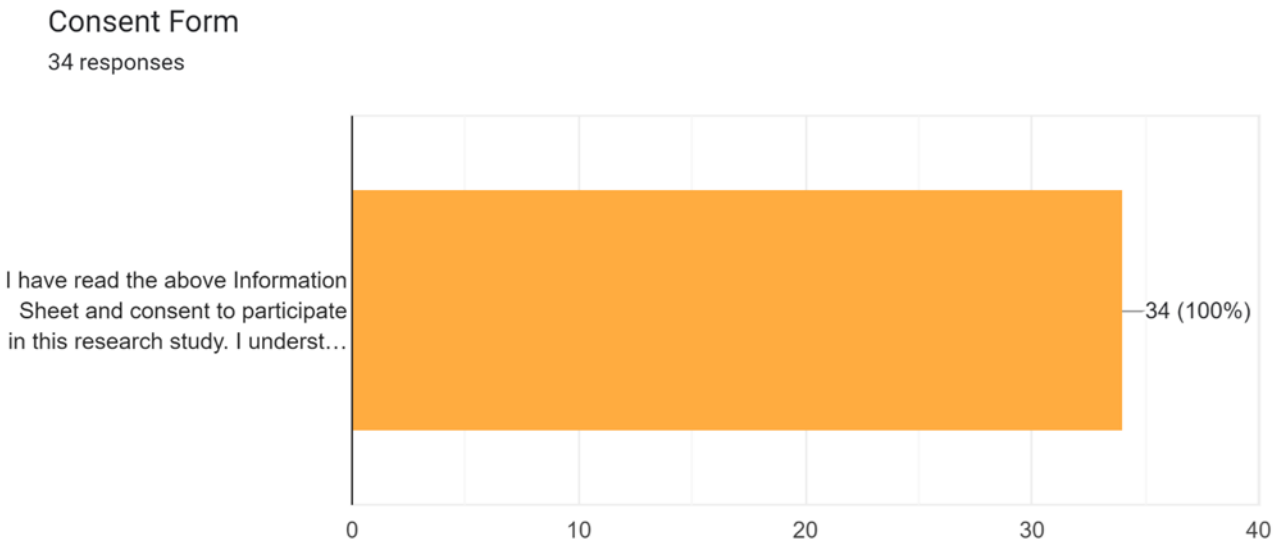
Young Minds 0808 802 5544 http://www.youngminds.org.uk/ ymenquiries@youngminds.org.uk

Mental Health Foundation 020 7803 1100 http://www.mentalhealth.org.uk/

Appendix 5: Questionnaire Responses

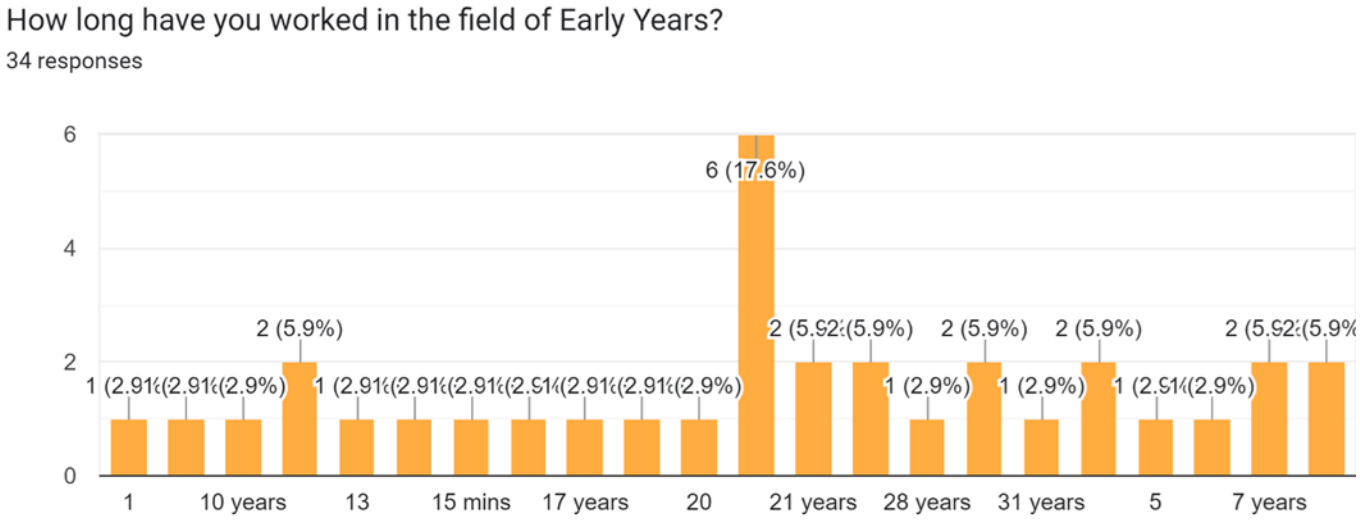
The Perspective of Early Years Educators on Supporting Young Children's Mental Health and Wellbeing

Q1.

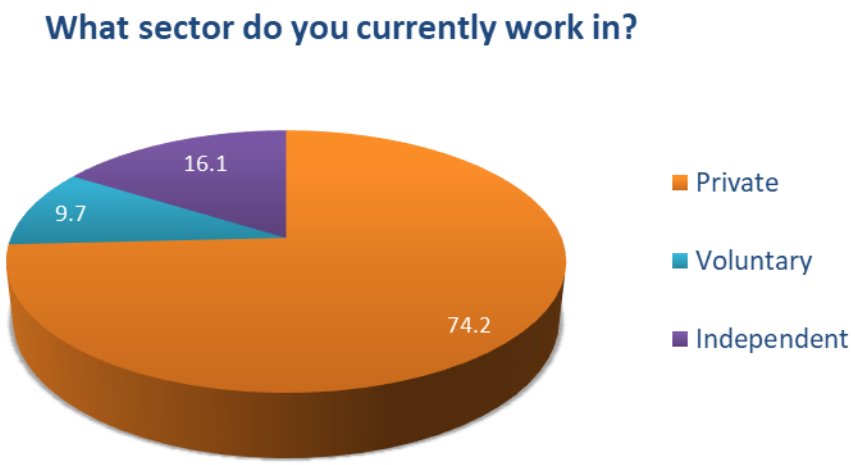


Background Information

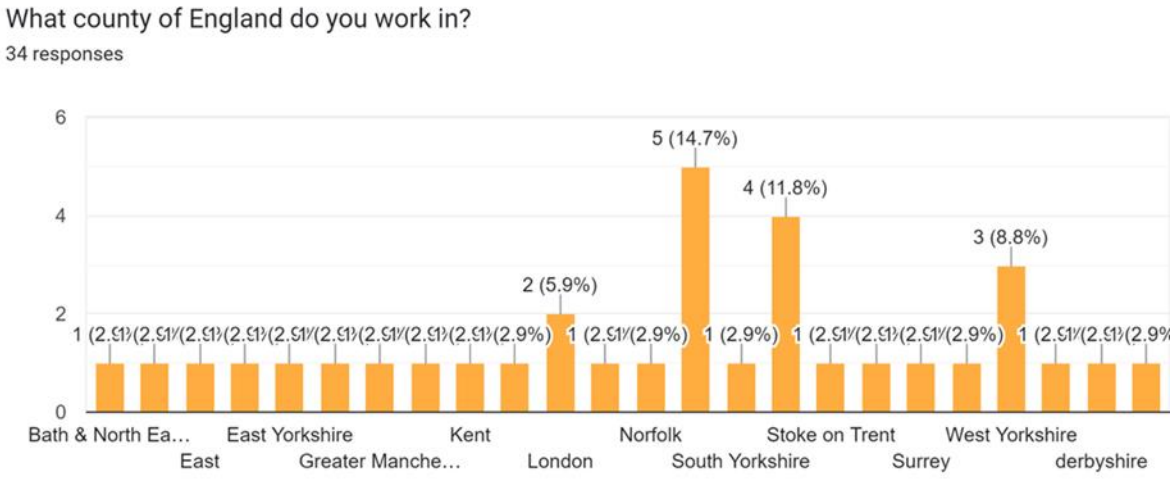
Q2.



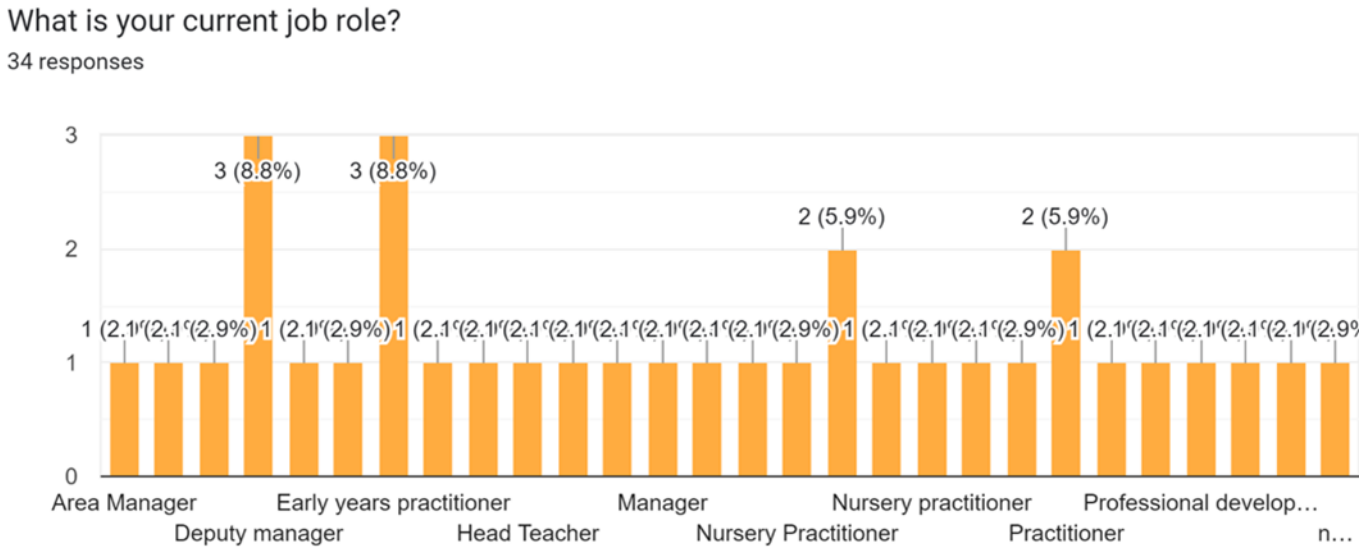
Q3.


What sector do you currently work in?
16.1
9.7
74.2
Private
Voluntary
Independent

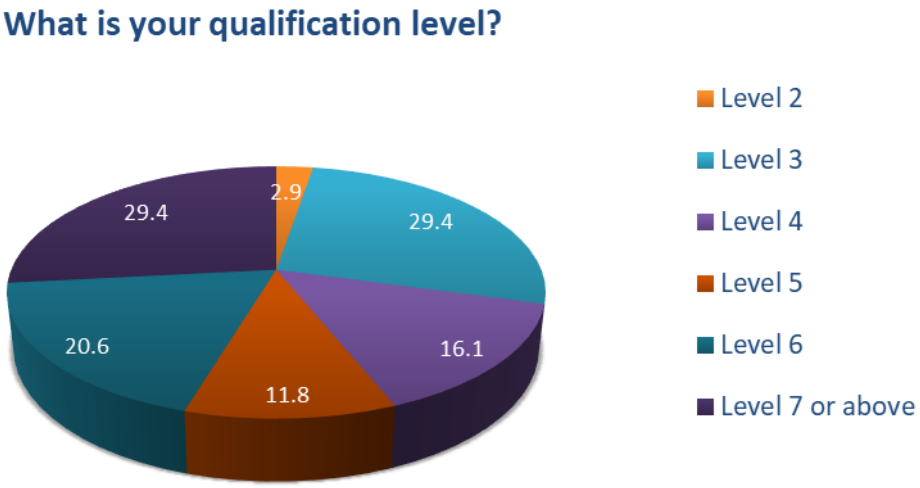
Q4.


What county of England do you work in?
34 responses
6
4
2
0
5 (14.7%)
4 (11.8%)
3 (8.8%)
2 (5.9%)
Bath & North Ea...
East
East Yorkshire
Greater Manche...
Kent
London
Norfolk
South Yorkshire
Stoke on Trent
Surrey
West Yorkshire
derbyshire

Q5.

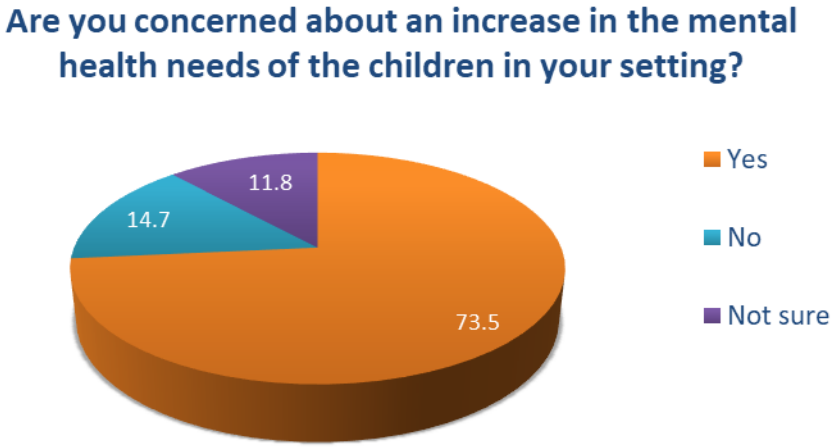

What is your current job role?
34 responses
3
2
1
0
3 (8.8%)
3 (8.8%)
2 (5.9%)
2 (5.9%)
Area Manager
Deputy manager
Early years practitioner
Head Teacher
Manager
Nursery Practitioner
Nursery practitioner
Practitioner
Professional develop...
n...

Q6.

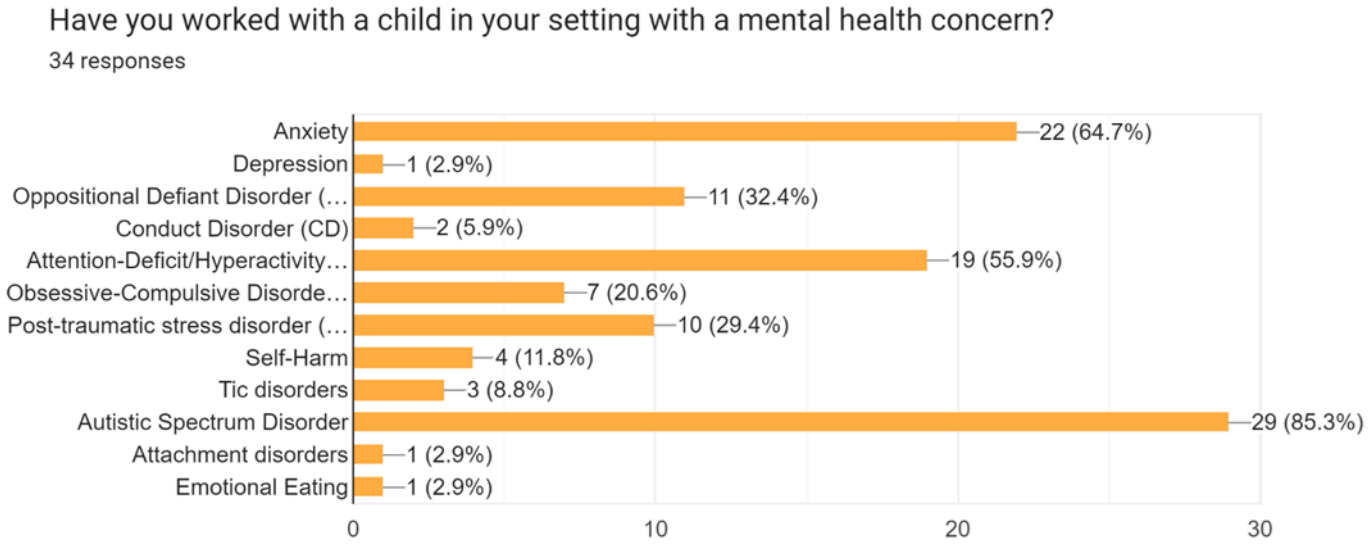


Mental Health and Wellbeing

Q7.



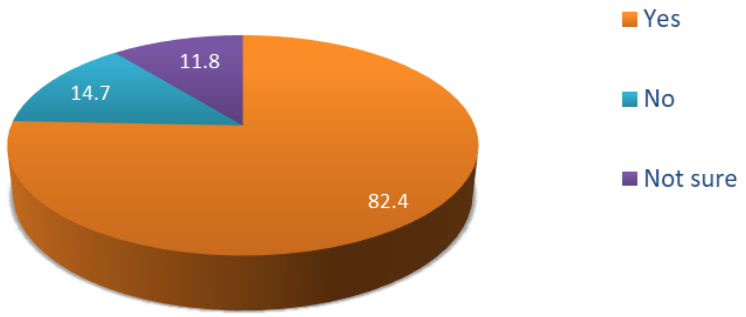
Q8.



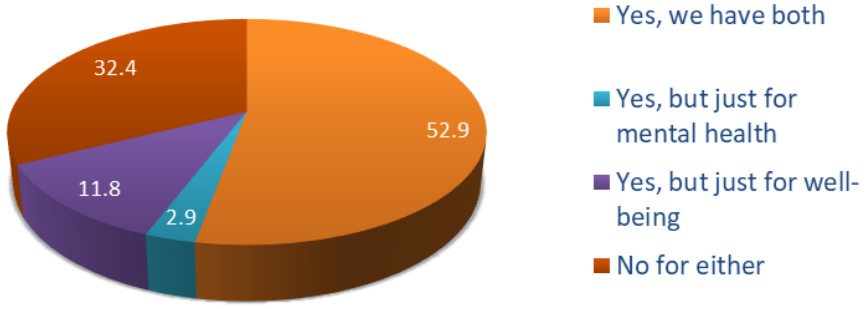
Q9. **What are the most common mental health issues seen in Early Years children in your experience?**

anxiety Anxieties surrounding the outside world and independence Anxiety Anxiety Anxiety Anxiety Children with anxiety, anxious behaviour and anxiety Unable to self-regulate, and more children with worries Anxiety Anxiety since covid Anxiety, and anxiety mild anxiety Anxiety Anxiety Anxiety Stress	The impact that having parents with mental health difficulties has on their lives - chaotic, inconsistent lives.	Autism Autism, and autism Autistic spectrum children on the autistic spectrum autistic spectrum Autism we are seeing more and more autism diagnoses autistic spectrum disorder ASD Autistic spectrum disorder ASD autism Rise in children with ASD traits ASD ASD
ADHD ADHD	Attachment disorders detachment issues and ACE attachment Separation anxiety Separation anxiety	I have many children of refugees (from before the war in Ukraine), and I have a child who just escaped the war.

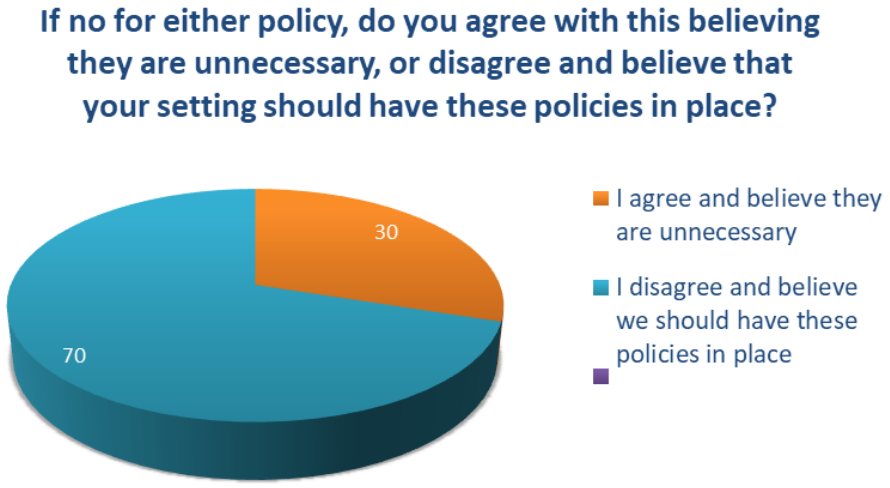
Q10. **Do you believe there is a connection between mental health and well-being, and long-term academic success?**



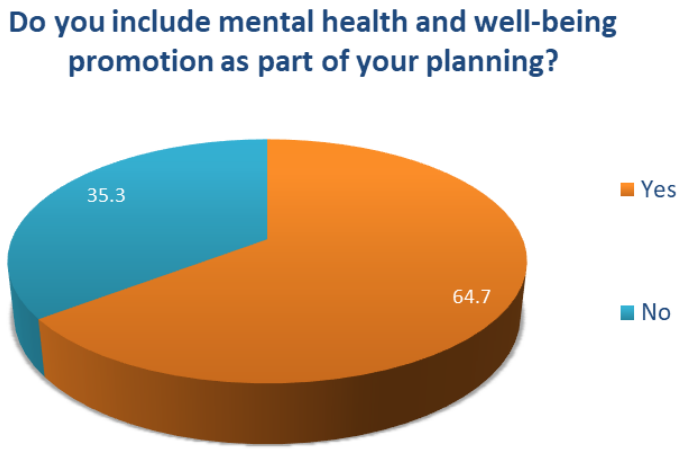
Q11. **Do you have a policy for mental health and well-being in your setting?**



Q12.



Q13.

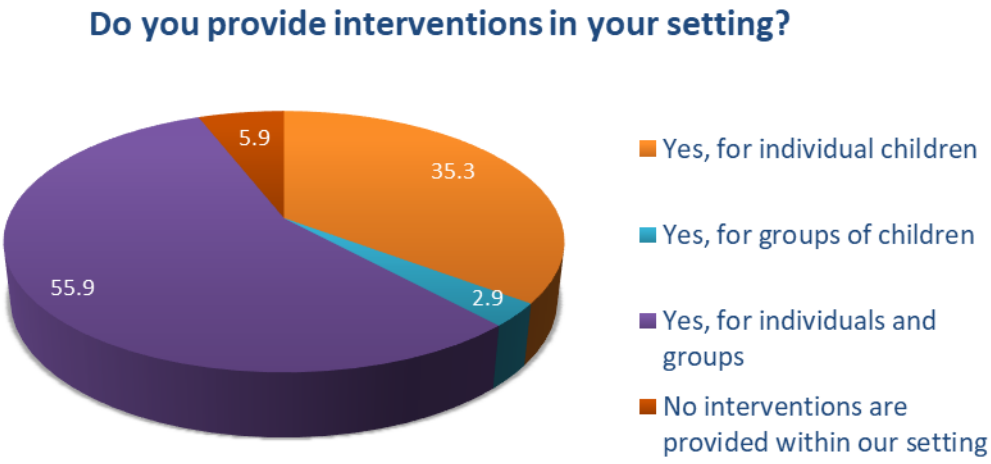


Q14. If yes, how do you do this?

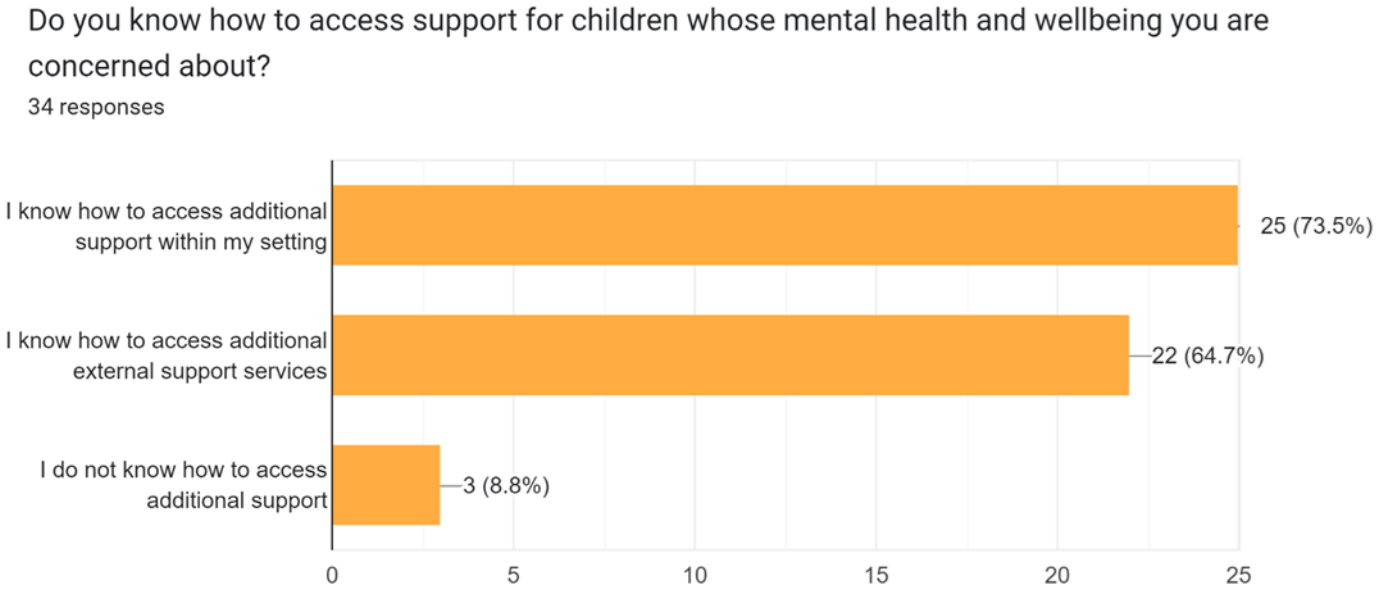
I take my own medication to ensure my well-being. I work to educate the children on emotional awareness and self-care in a way that my generation wasn't educated.
We have set activities throughout the day which help children to understand feelings. We have weekly themes that we discuss throughout the week I.e. loneliness. We also teach children techniques to deal with anxiety.
PSHE scheme and circle times
Yoga/mindfulness
Encourage it in activities, talk about emotions and how everyone is feeling.
We talk to the children about their feelings, how they are and what makes them feel a certain way
We plan to include Happy Body, Healthy Me which includes all areas of being healthy, including mental health happiness.
We plan for children to learn about mental health in a child-friendly manner. We talk about feelings and being different, which ties in with British values.
Part of PSED, so policy to support mental health is part of the general PSED curriculum. Prime areas, in particular PSED, are the focus for younger children, and all of our learning is individually planned to support the needs of the child. So, for instance, a child with ADHD or social anxiety will have his planning starting from his need for physical space, adult support with transition moments and need for a bolt hole at certain moments.
Through regular 45-minute sessions once a week
On SIDP
We do relaxation & calming exercises.
Colour Monsters, providing quiet spaces, mindfulness.
Individual plans for the needs of individual children, flexible enough to move with the child's needs on a daily and sometimes hourly basis.
Lots of feelings and emotions, zones of regulation and relaxation, music and breathing.
I developed an approach of my own. Mini minds matter, UK. These are mini mindful moments throughout the day. Mindfulness and meditation.
We follow the jigsaw PSHE curriculum.

Support and Intervention

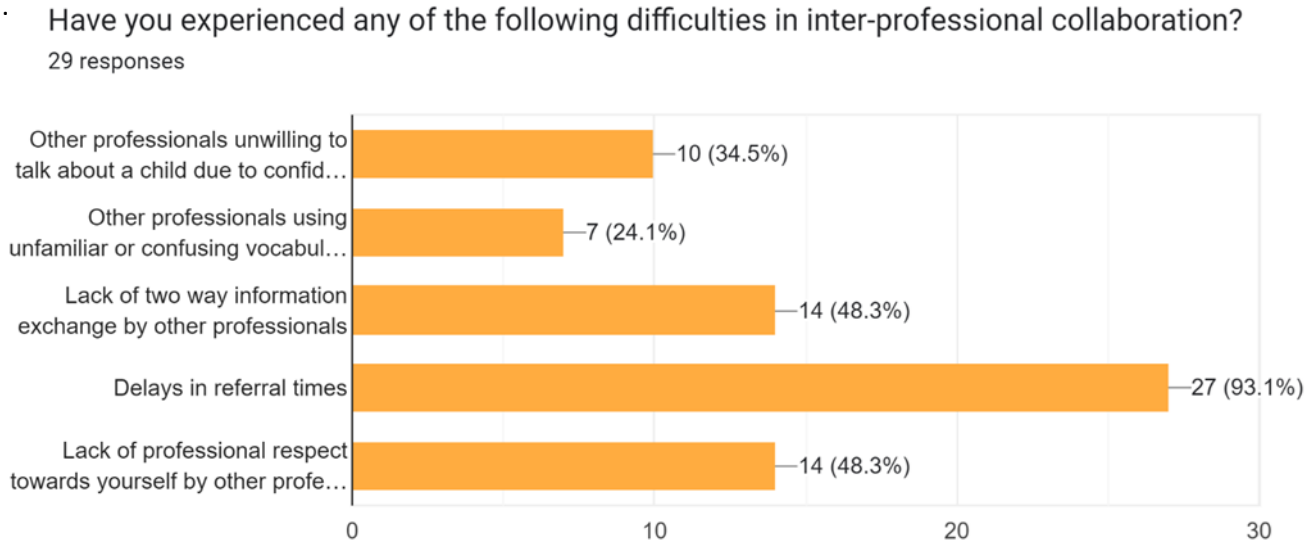
Q15.



Q16.

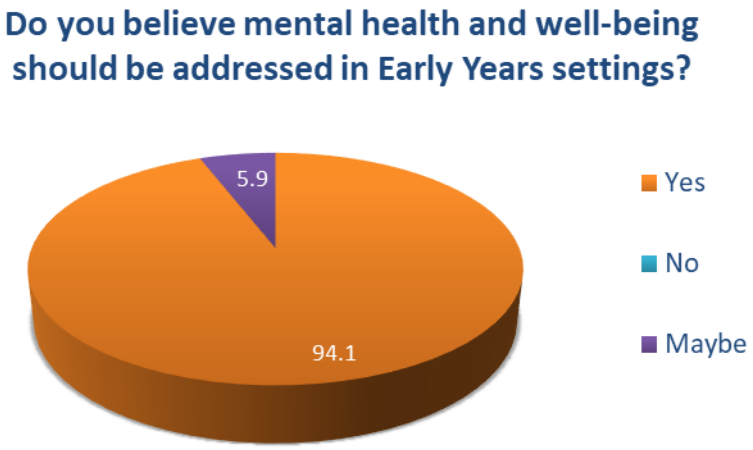


Q17.

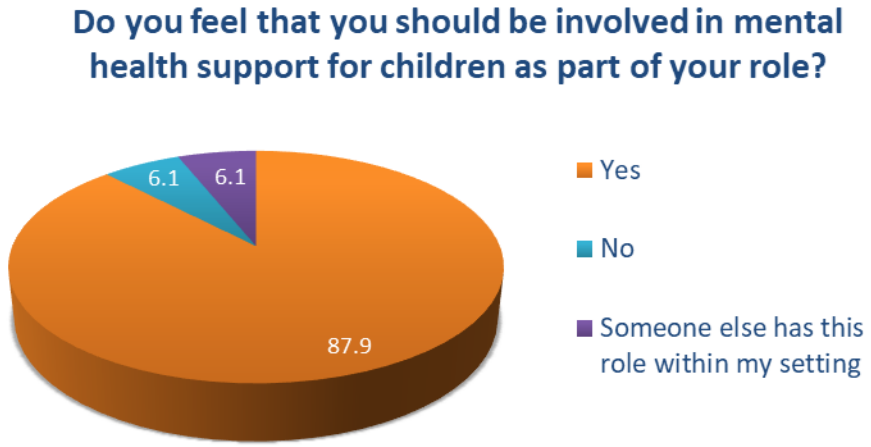


The Role of the Educator

Q18.

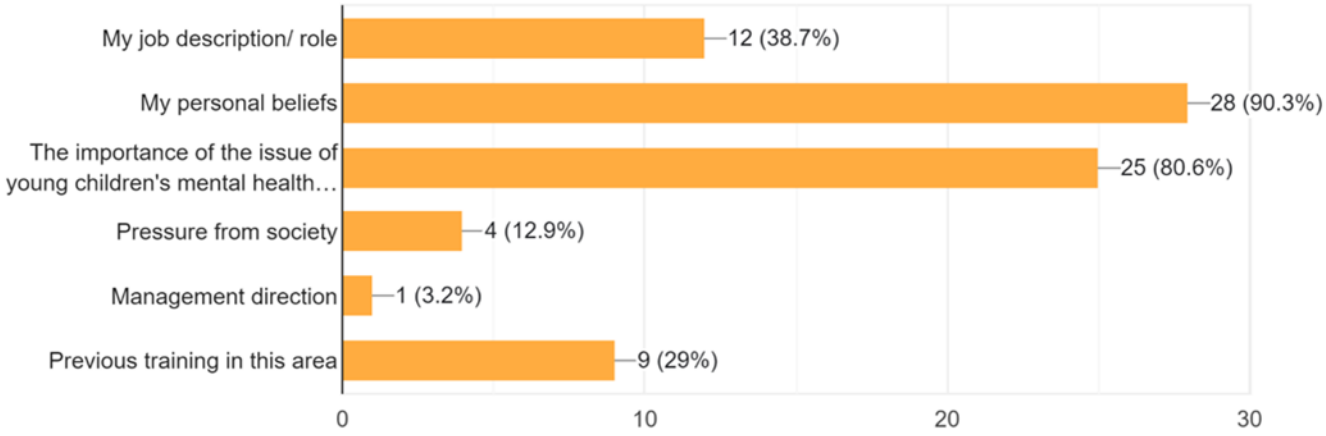


Q19.

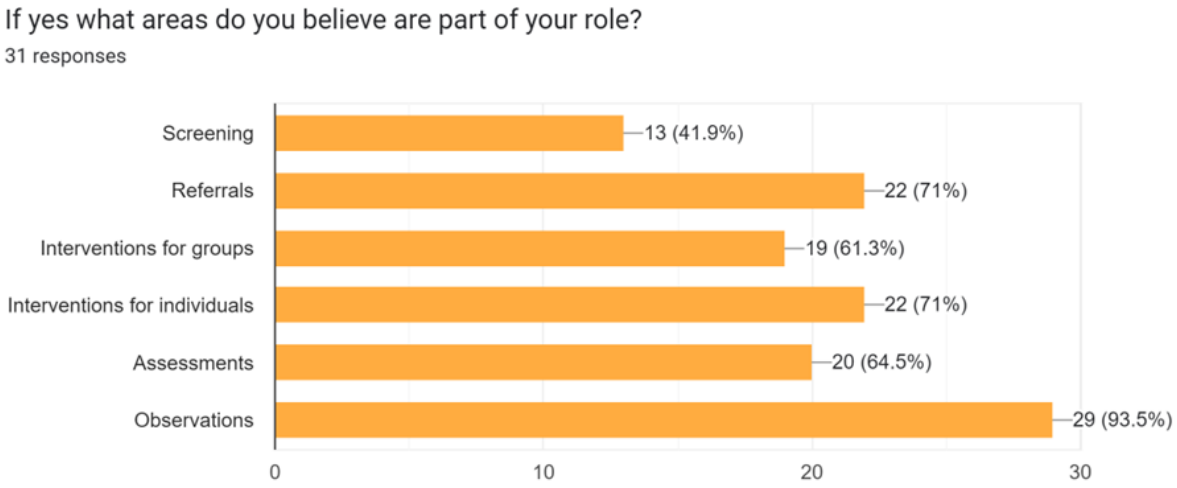


Q20. If yes, where do these beliefs come from?

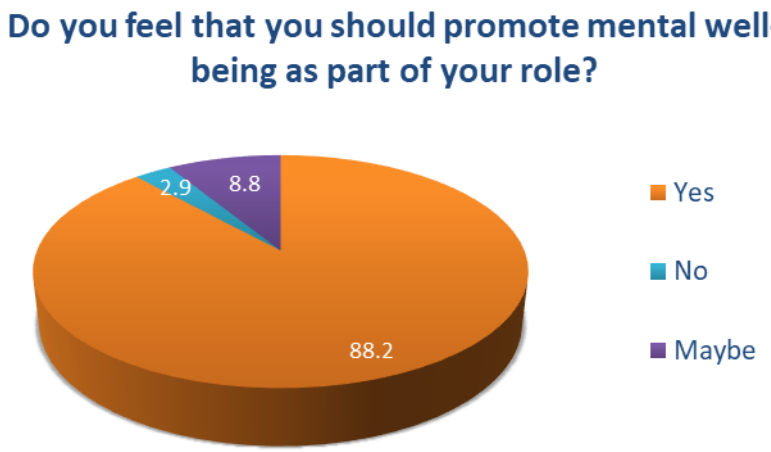
31 responses



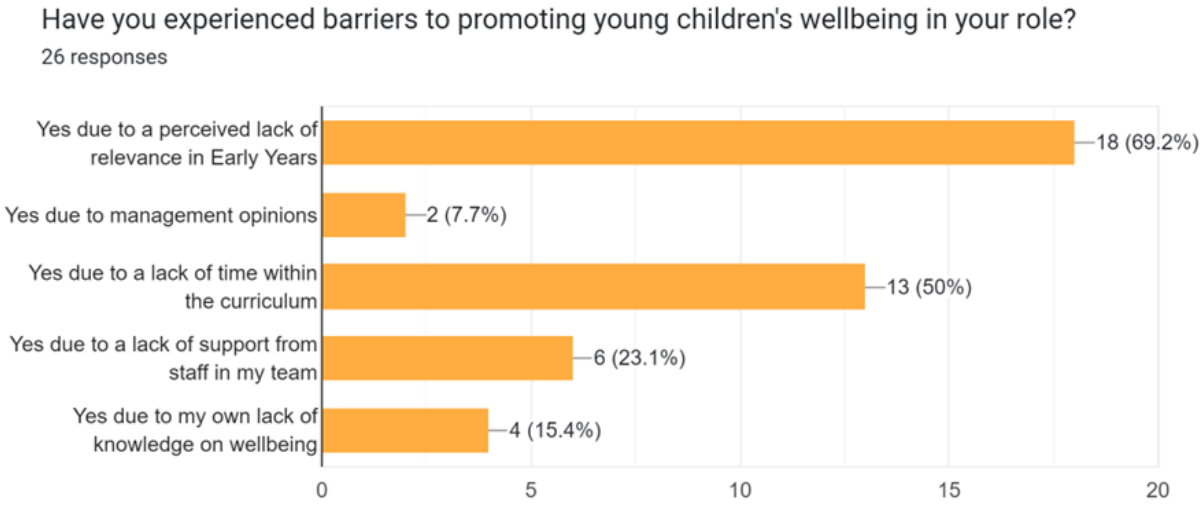
Q21.


If yes what areas do you believe are part of your role?
31 responses
Screening
Referrals
Interventions for groups
Interventions for individuals
Assessments
Observations
13 (41.9%)
22 (71%)
19 (61.3%)
22 (71%)
20 (64.5%)
29 (93.5%)
0
10
20
30

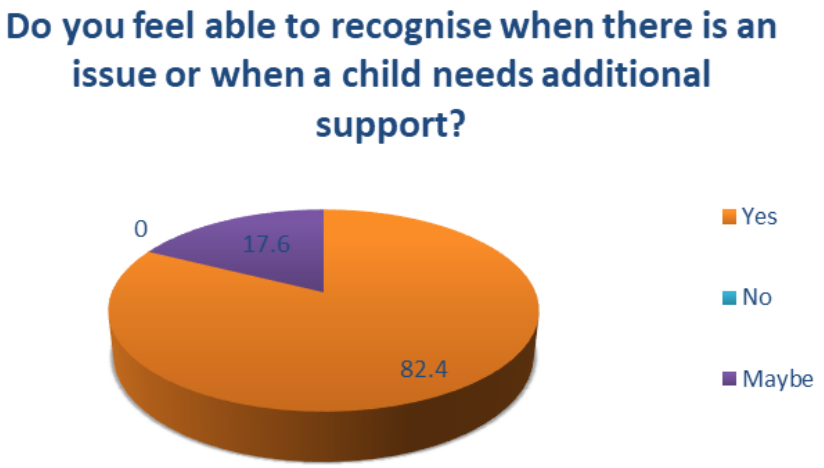
Q22.


Do you feel that you should promote mental well-being as part of your role?
2.9
8.8
88.2
Yes
No
Maybe

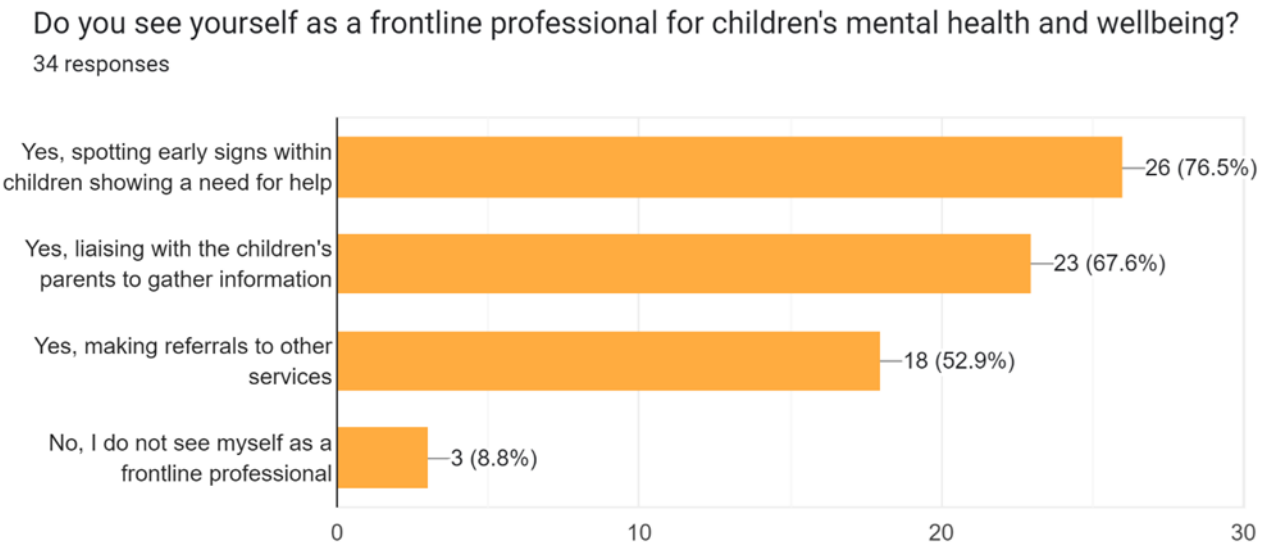
Q23.


Have you experienced barriers to promoting young children's wellbeing in your role?
26 responses
Yes due to a perceived lack of relevance in Early Years
Yes due to management opinions
Yes due to a lack of time within the curriculum
Yes due to a lack of support from staff in my team
Yes due to my own lack of knowledge on wellbeing
18 (69.2%)
2 (7.7%)
13 (50%)
6 (23.1%)
4 (15.4%)
0
5
10
15
20

Q24.

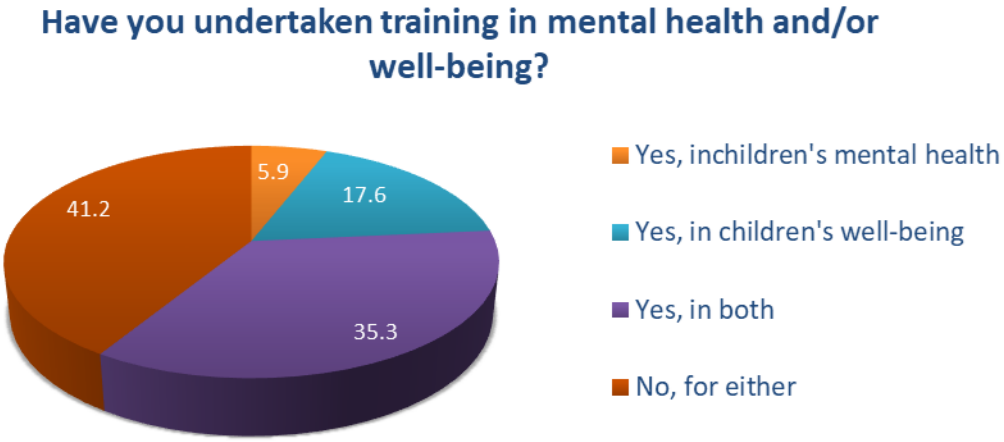


Q25.



Knowledge and Confidence

Q26.

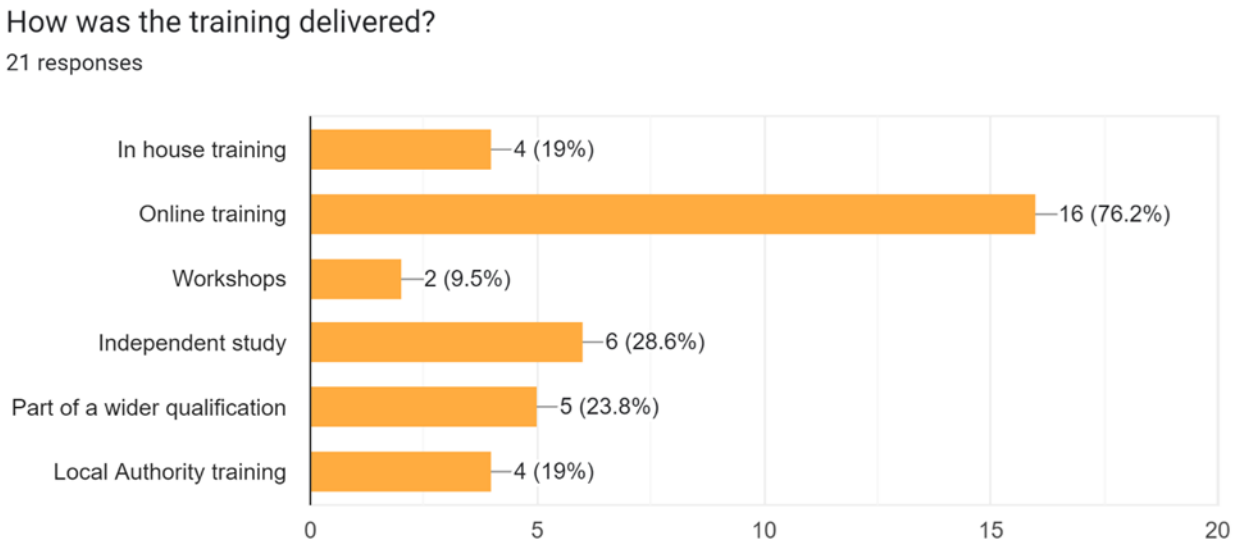


Q27.

What training have you undertaken?

Online courses
Children's mental health
Early Years Teacher Status
This was an online training opportunity in supporting mental health in young children, which I felt would help me to support all children within my setting.
Noodle Now training
Courses on well-being and children's mental health
Noodle Now course
Nottinghamshire mental health lead training
Mindful coach and a qualified counsellor
Webinars and NHS
Level 2 mental health in the Early Years, understanding specific learning difficulties, understanding children's mental health.
Stuart Shanker, Ferre Laevers, do be mindful, adult mental health champion
Inset at previous employment
Part of local inclusion improvement training, delivering workshops in the prime areas of EYFS
Thrive training
Local Authority training
University degree

Q28.

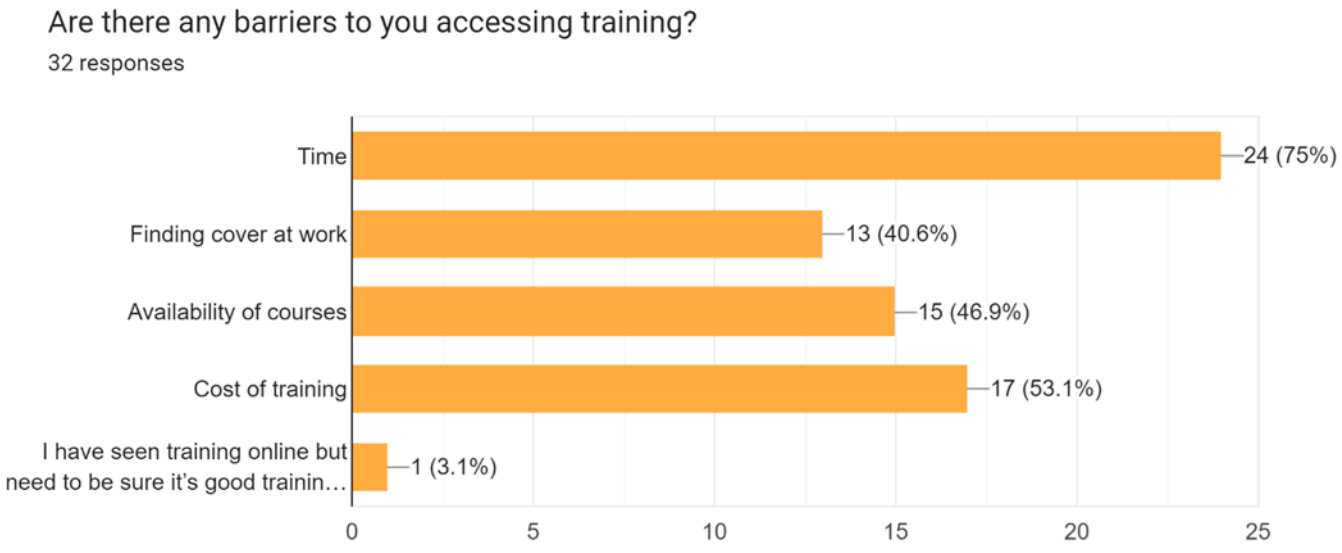


Q29.

Is there any training you would like to undertake in the future?

Further first aid in mental health intervention
Yes
Yes
I would like to take face to face training within this subject, as I feel you are able to gain more experience from others who attend the course.
Training on mental health and well-being
How to carry out education psychological assessments to prevent delays.
More mental health and wellbeing ones
Trauma informed training and ACE
Supporting wellbeing
Mental health first aid
More training in supporting children with mental health and wellbeing
Yes, children's mental health and ASD
Yes
I would like the whole team to get training as it is too much of a responsibility for one person
I think there is a gap in supporting parents with understanding and supporting their child's mental health, so something along these lines.

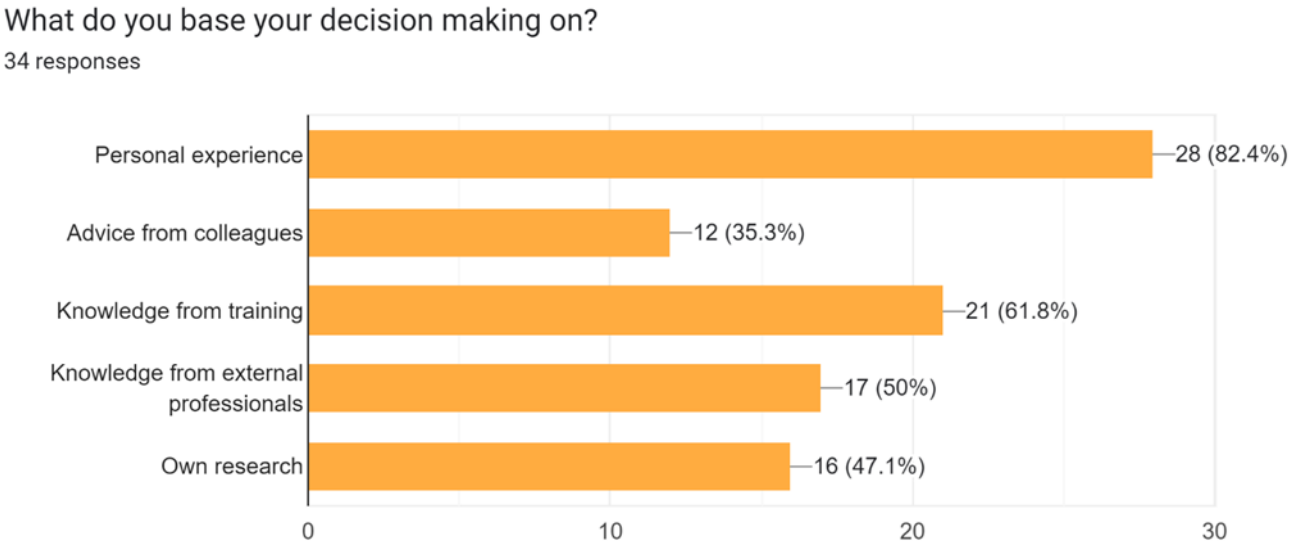
Q30.



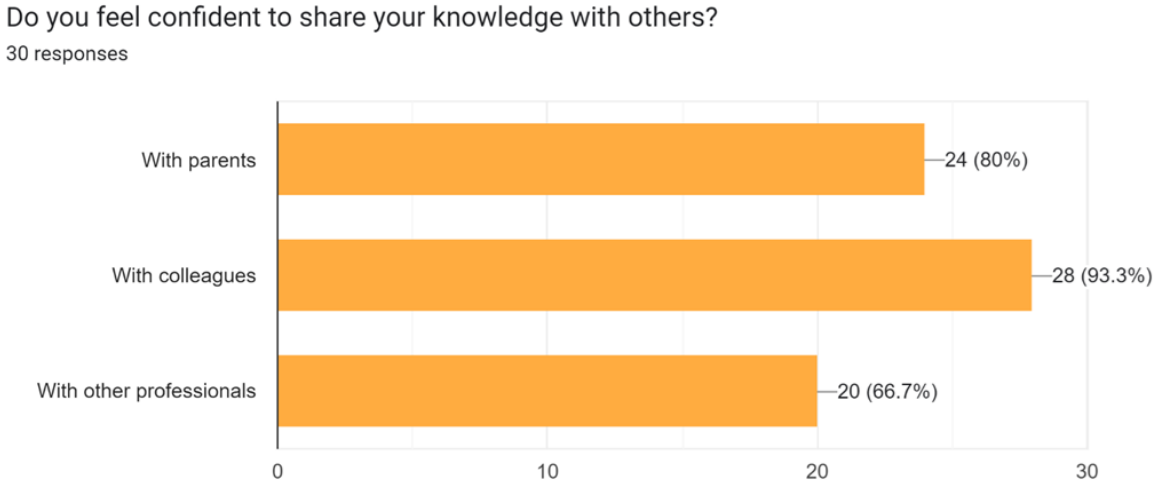
Q31.


Do you feel you have the knowledge and skills to meet the mental health and wellbeing needs of children in your setting?
33 responses
15
10
5
0
2 (6.1%)
11 (33.3%)
10 (30.3%)
8 (24.2%)
2 (6.1%)
1
2
3
4
5

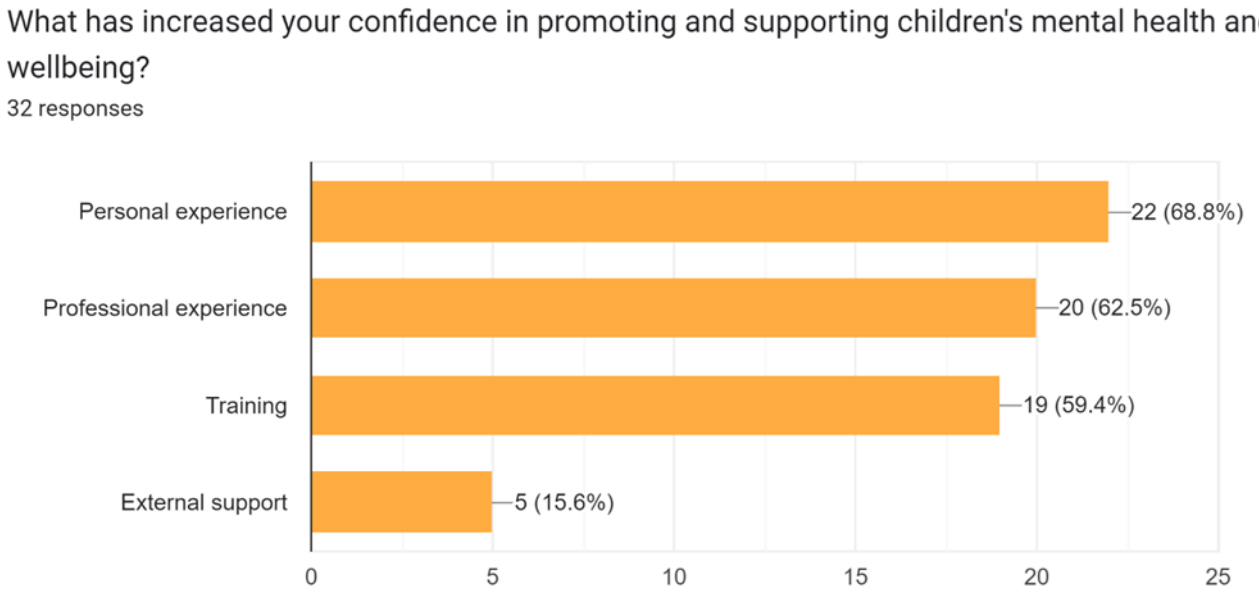
Q32.


What do you base your decision making on?
34 responses
Personal experience
28 (82.4%)
Advice from colleagues
12 (35.3%)
Knowledge from training
21 (61.8%)
Knowledge from external professionals
17 (50%)
Own research
16 (47.1%)
0
10
20
30

Q33.


Do you feel confident to share your knowledge with others?
30 responses
With parents
24 (80%)
With colleagues
28 (93.3%)
With other professionals
20 (66.7%)
0
10
20
30

Q34.

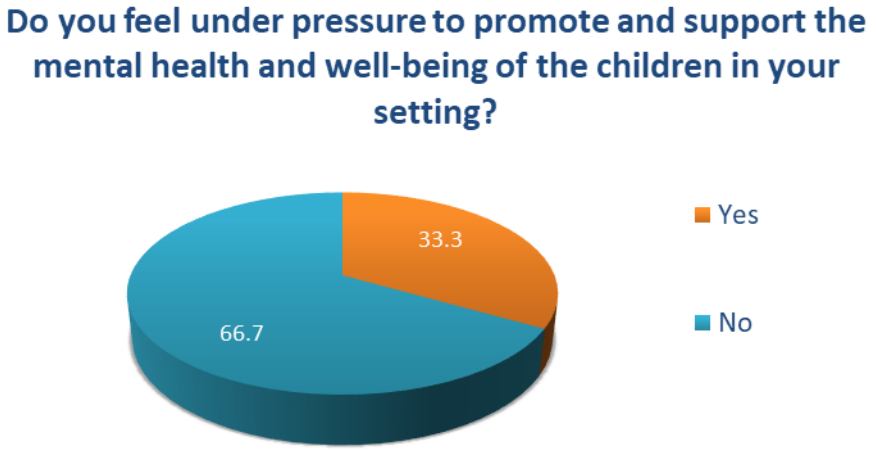


Q35.

Has anything reduced your confidence in this area?

Perceived judgement from other professionals
I feel the lack of face-to-face training; most are done through teams, and I don't think you gain the same experience and knowledge.
Not enough support in some areas
Parents
No
No
Lack of training
I need a refresher, and post-COVID needs are greater.

Q36.

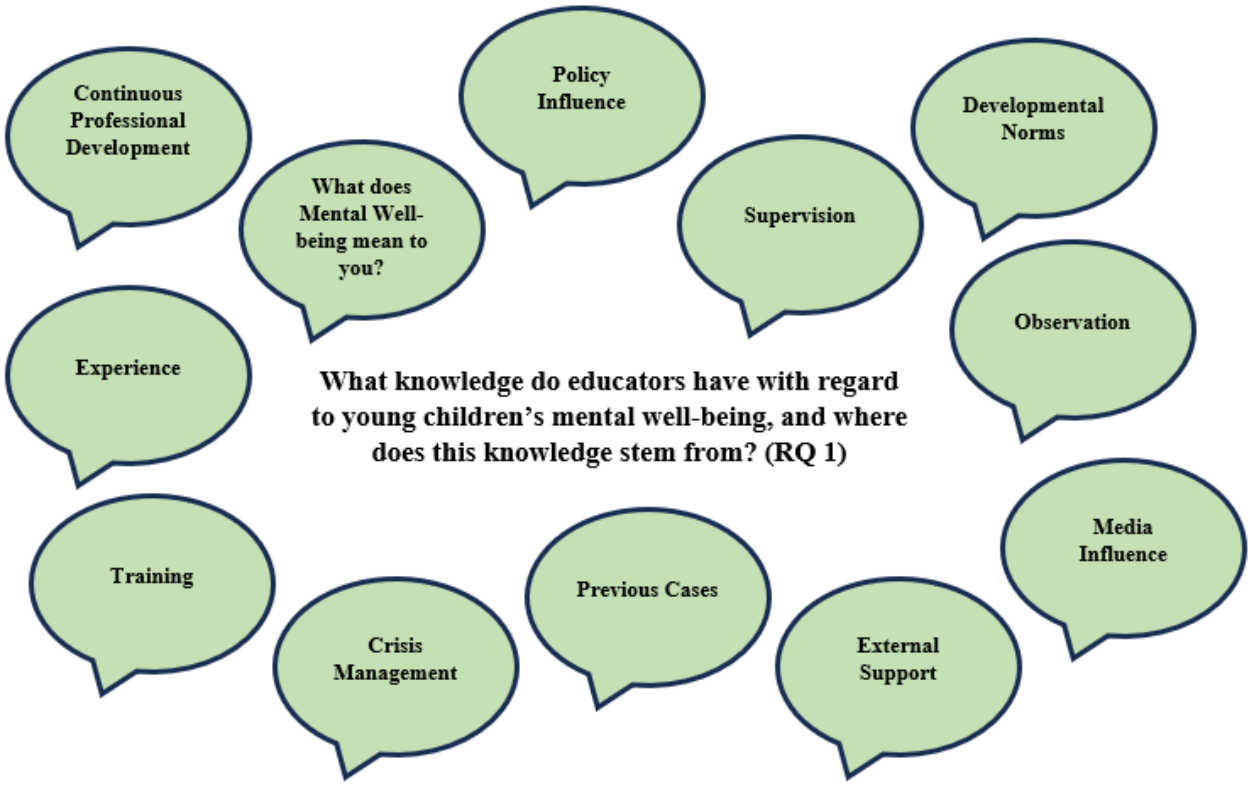


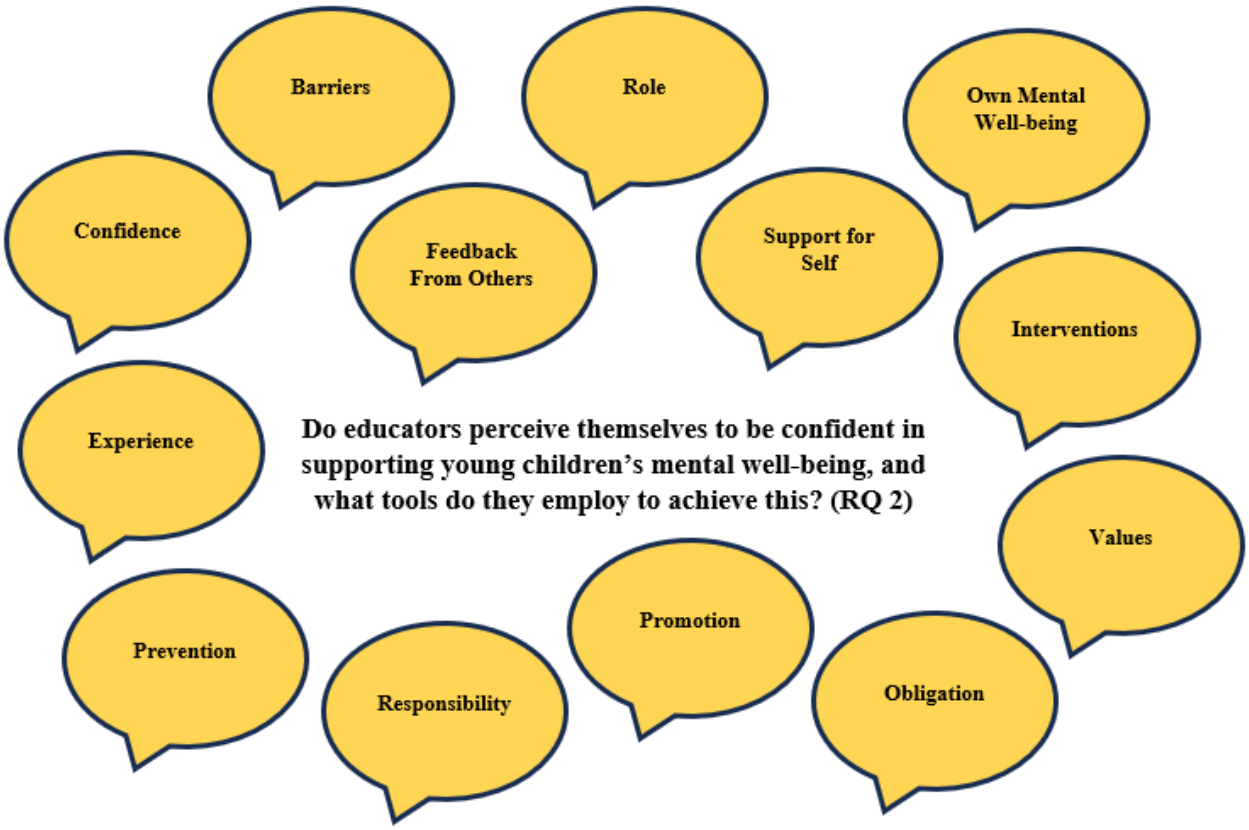
Q37.

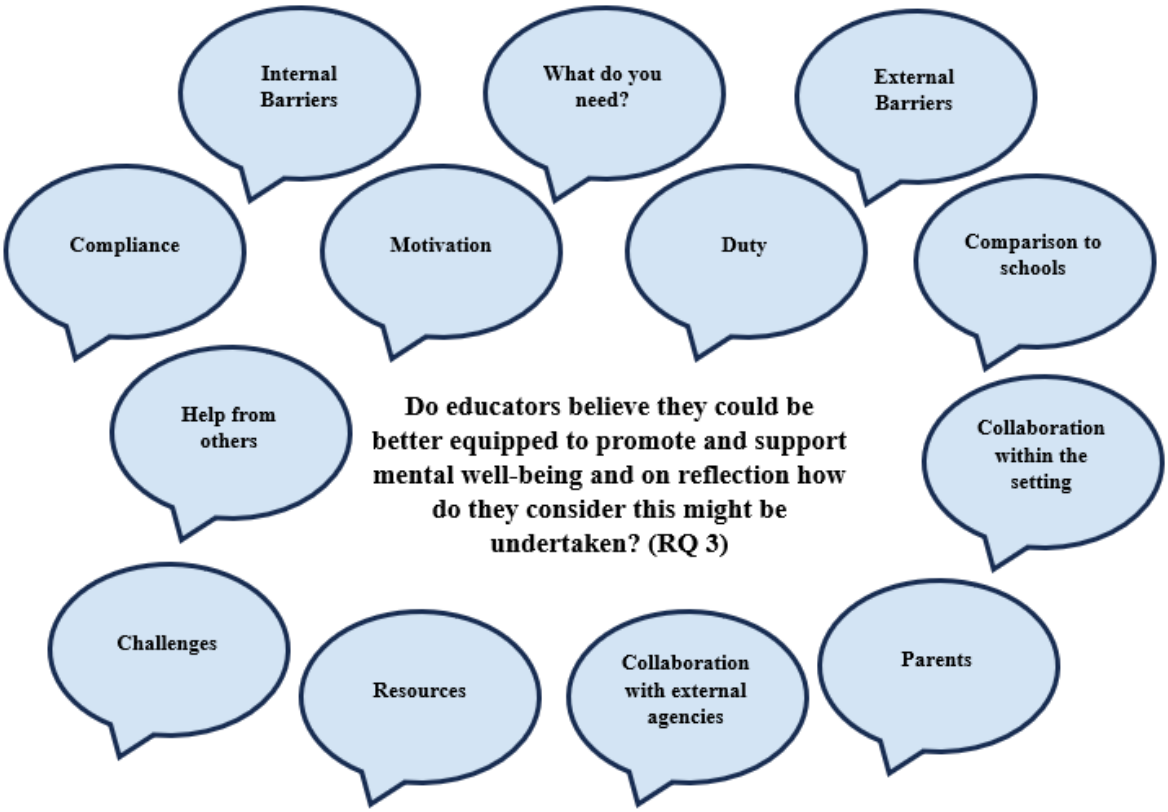
Do you have any further comments you would like to make to contribute to this survey?

I think although on paper it would be wonderful to have staff trained in children's mental health and well-being, I feel that in reality this would be hard to achieve. I feel that it is a specialist sector and would need professionals to come in externally. I feel that adding even more training and responsibility onto Early Years Staff is not feasible. I feel that a lot of staff are already overworked and underpaid and due to this would perhaps need support with their own mental health and well-being.
We needed to be respected as a profession in its own right.
There's an assumption that children are resilient. But they need support & relationships to be that way. It is taught & the skills need teaching in supportive relationships. It takes time & effort.
No
I feel that this is a huge concern due to Covid, war, refugees, parents mental health and children often get overlooked especially in early years and their symptoms might get pushed aside or missed due to not understanding them and blaming it on lack of experience in a nursery or language barriers. On the other hand, this should be promoted by local authorities more and for free and accessible to all the staff not just an allocated staff member and manager as I often do my own research but as have so much more to do, I don't necessary have the time to share all my research with my team and they aren't really willing to do research by themselves.
I am concerned that the pressures of modern society are impacting on parenting, eg time, coat of living, work life balance. Over the last 5 to 10 years, children are more reliant on screen time, lower social skills and less able to play imaginatively.

Appendix 6: Interview Prompts






Internal Barriers
What do you need?
External Barriers
Compliance
Motivation
Duty
Comparison to schools
Help from others
Do educators believe they could be better equipped to promote and support mental well-being and on reflection how do they consider this might be undertaken? (RQ 3)
Collaboration within the setting
Challenges
Resources
Collaboration with external agencies
Parents

Appendix 7: Initial Transcript Annotation

Interview Question	Response	Researcher Reflection
So, children's mental well-being, what do you think that means? How would you define it?	I created a policy, probably 5 years ago now, and I've called it Children's Mental Health and Wellbeing Policy. Because we talk about behaviour, and we get a lot of parents that come and say, "What's your behaviour policy?," and it's like, it's not just about behaviour, it's about the mental health of that little person is displayed in their behaviour. Peeling those layers away and finding out why that little person is doing A, B or C. But it's having that understanding that actually, we behave in a way because we are feeling this way. That's taken a bit of time to embed with staff… and with parents. You know, we still get some parents that say, you know, we'll put them in the bedroom if they are misbehaving, et cetera et cetera. But that's not the answer. You need to unpick that child and figure out is it the environment, is it a health issue? What is going on with that little person? Because mental health is everything. We can't function if we've got mental ill health. We just can't.	Filling the gap, Creating what is needed through internal policy. Parents are aware of the existence of policies such as behaviour policy and actively seek them out from providers. Hidden problem. Detective work. Understanding the link between behaviour and MWB. Training staff and training parents. Self-belief in own knowledge and practice. Holistic view of the child. Holistic, Wider impact of MWB
Do you think it affects your staff's well-being, dealing with children that are struggling?	I think when new children start, and I think this has been very noticeable since Covid, as you'll probably know yourself. (looking thoughtful) Children emotionally, the emotional literacy is very low. They're very anxious, they're very upset. It's taken them a long time to settle. And I think if you've got a little person who's upset for a long period of time even though they've done settling in visits, shorter visits gradually extending, you can see it's very draining for a member of staff.	Emotional literacy. Covid impact. Emotional impact on staff. Empathy for staff.
What about your younger members of staff or less experienced members of staff? Where do you think they get their knowledge from?	Everywhere, really. We've got one apprentice at the moment; she started with us last November. She's got level 2; she's doing her level 3. She's doing well, she's pretty quiet, she's still quite self-conscious. She's only 20. But we've got a training plan that we put into place with all new members of staff, and that literally just breaks down like week by week what we want you to	Knowledge everywhere, all encompassing. (Appears to consider herself more experienced than younger staff) Planning knowledge acquisition. Not expecting it to

	be learning, this will be your professional buddy who'll be your mentor throughout this period, and I think they like that because it's a bit of a focus, but they get together with the mentor a couple of times a week, throughout the week, whenever's needed really. But it's learning from others.	be learnt through experience alone. Knowledge community, mentor.
How do you find parents? If you've got a child, you're worried about their well-being, how do you find parents supporting their own child?	I think some parents find it difficult. Some parents do find it hard. (pause to reflect?) And you almost have to kind of put the parents in the child's shoes.	Family, difficulties. Empathy. Parent's less knowledgeable about their own children than the educators – arrogance or confidence?
What about external support for you and your staff for well-being? I know you've done a lot of work with Ofsted, haven't you? Where do you get your guidance from?	I do find the OBC (Ofsted Big Conversation) useful. We've got the next one this Friday. It's (pause), I find it useful to hear other managers saying, "Well, this is happening in my area", or "I'm finding this difficult. But we've done this, and this has worked". That's really helpful for me.	Knowledge community, sharing information and experiences.
Do you think… do you think we are vastly different in early years to schools?	[makes noise in agreement]	(I could tell there was more she wanted to say so asked follow-up question to encourage).
Do you think they care as much about children's well-being as what you do?	I think the training is very different. I think it's more about the educational benefit rather than the child development, which is what we're about. I do still think there's a huge void between schools and nurseries and early years. Massive. That's not through the work of early years, I think, and some schools are really good, but I think, generally speaking, we're a bit like the underdog. But without our work those children are not school ready. Just… (Interview paused)	Underdog, difference between sectors. (Interview was paused at this point as participant could hear a child crying in the next room. It was obviously distracting her and I could tell she wanted to go and check if the child was ok – showed how as an educator she cared about children's mental well-being in her practice/ setting.

Appendix 8: Initial Coding Example

Interview quotes	Initial comments	Initial themes
Making sure the children are happy and comfortable. Observing if they've got any changes in their behaviour to notice any wellbeing issues that might occur. – KJ	Happy children, aware of changes	Happiness Behaviour as communication
I try and gain his interests and see what he likes to build his confidence within the preschool and get him to engage in activities with others. It doesn't always work, but sometimes he just sits and watches what the others are doing around him, but he's getting there. - KJ	Building children's confidence generally, observation	Individuality of children
I just watch other staff really. I don't really remember any specific training. Watching other staff and just building on my own knowledge of my own children and building their confidence and finding strategies from just a bit of researching myself. Yeah, like finding strategies that work. - KJ	Community knowledge, self-taught	Self-motivated learning
I see the perspective from both areas, from the professional area and from the parents as well, so I can help the parents when they feel nervous to understand their children's nerves and how they can sometimes work on it and be relatable as well. – KJ	Parents, shared perspective.	Collaboration (with parents)
No, generally, most of them are quite good, and they want to take your professional opinion and your experience. They know I've got a lot of experience, so they tend to listen… be reasonable. - KJ	Intrinsic sense of knowledge Feelings towards parents Interesting word choice Confidence indicated through use of 'experience.'	Parental expectations
I think I've noticed that if a parent has mental issues, sort of anxiety and things like that, that definitely rubs off on the children. So, it's about telling, not telling parents, working with the parents with their issues as well to help their children so just using calming techniques and things like that.	Parent impact, support. Vague on promotion	Collaboration (with parents) Home life Parental expectations/ needs
So, I think it depends which council you work with to how productive they are for people. [laughs] – KJ	External agencies	Frustration
Some places can take absolutely months to do anything about children's wellbeing and things. And then the nursery I'm at now,	Barriers, council, agencies, parents	Frustration Collaboration

the little boy started and we've already getting the ball rolling on getting things in place for him. So, I do think it depends on the setting, the council, there's loads of factors that just, and the parents as well; if they're not onboard and want to recognise things that their children need help, they won't always, that can be a barrier as well. – KJ		
I think it's a lack of understanding and we need to educate them as well and maybe get them help in place to then help their children. – KJ	Parents, lack of knowledge and understanding of MWB	Parental expectations/ needs Home life
If they hear a child upset or something's changed, they will come in and check what's going on and make sure everyone is OK. And observing staff as well to see how you're interacting with the children to make sure you're meeting their wellbeing needs. – KJ	Management support	Behaviour as communication Professional curiosity Self-perceived (role) Collaboration
Yes, I believe so, and we've got a wellbeing officer as well, so we've got a member of staff that we can go to if we've got any wellbeing concerns for us or for the children as well, so she's lovely. She's really nice to talk to. So, yeah, I think that really helps with everybody if we need any support. – KJ	Support for staff and policy. Passing on the responsibility – someone else's role?	Collaboration
There are always areas for improvement in training because well-being and things like that change so much over time. It's something to have training on or keep your knowledge up with and it's just about knowing your children. Some children I know I can meet their wellbeing needs because they feel confident around me or whatever, and other children I can't always because they're closer to another member of staff, so it just depends. Each individual is different. – KJ	Training, need to update, changes over time. Individual children, bonds with staff	Self-motivated learning Professional curiosity Self-perceived (role) Individuality of children
If I'm not dealing with their well-being, then they're not going to want to learn either. You've got to meet their basic needs first for them to then build on other things – KJ	MWB as foundation for everything	Self-perceived (role) Long-term impact Emotions - Holistic?
They're really good in meeting the needs. – KJ	Confidence in staff	Collaboration