Supporting looked after children: a mixed methods study exploring the role of the Educational Psychologist

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Abstract

In 2020, there were 80,080 looked after children (LAC) in the United Kingdom (UK) (Department of Education [DfE], 2020). Literature illustrates the range of difficulties experienced by this population, with particular reference to social, emotional and mental health (SEMH) needs, and consequently the impact on factors such as academic attainment. The often long-lasting negative outcomes endured by this population make this an area of great concern. This is exacerbated by the increasing number of children entering the care system in recent years. The Educational Psychologist (EP) has long been recognised as well placed to support these children. However, research exploring EP support amongst this population is scarce, varied and out dated. The aim of this research was to explore how EPs can support LAC by understanding what influences this type of work. The study employed a mixed method design over two sequential phases. Phase 1 involved a national internet-based survey to gather information from 167 EPs. Statistical analysis demonstrated the range and extent of work in relation to EP support amongst LAC. In Phase 2, 15 EPs shared what they viewed to influence EP support amongst this population, via a qualitative questionnaire. Questionnaires were then analysed using Thematic Analysis (TA). Identified themes highlighted some of the challenges and barriers posed when working with this population. Key findings and implications for future EP practice are discussed.

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1. Introduction

1.1 Chapter Overview

This chapter will introduce the current research topic, demonstrating the relevance of exploring Educational Psychologists' (EPs) support with looked after children (LAC). Relevant terminology will be outlined and the significance of the current research will be illustrated by providing an overview of the context in which this research is situated. The researcher will outline their personal interest in the topic, before providing a rationale for conducting such research. This chapter will conclude by presenting an overview of the thesis.

1.2 Terminology

"A child who has been in the care of their local authority (LA) for more than 24 hours is known as a looked after child" (NSPCC, 2019). This is a term introduced by The Children Act (1989). LAC may also be identified by other terms, such as children looked after (CLA). For the purposes of continuity, the researcher has used LAC throughout this research to refer to children and young people under the age of eighteen who are looked after by the LA. However, the terms of LAC and CLA are used interchangeably as is evidenced through participants' responses. Essentially, any child who "is provided with accommodation, for a continuous period of more than 24 hours, [Children Act 1989, Section 20 and 21]", "is subject to care order [Children Act 1989, Part IV]" or "is subject to placement order" (Department of Education [DfE], 2014) will have 'looked after' status.

1.3 National context

1.3.1 Statistics

The most recent figures published by the DfE, estimated there are 80,080 LAC in England, a 2% increase since the previous year (DfE, 2020). Furthermore, adoption - a process intended

to remove children from the care system has fallen by 4% between March 2019 and March 2020. This figure has continued to fall since a peak of adoptions in 2015 (DfE, 2019a). Additionally, global displacement in recent years has resulted in an increasing number of unaccompanied asylum-seeking children (UASC) adopting 'looked after' status. In 2019, the number of UASC totalled 5,070 - representing around 6% of LAC in England (DfE, 2019a). With the increasing number of LAC both entering and remaining in care, this is a topic of growing concern.

The general characteristics of LAC have remained similar over recent years – last year data indicated 56% were males, 39% were aged 10 -15 years old and 4% were of a white ethnic origin (DfE, 2020).

1.3.2 Background

There are many reasons why a child may be placed in care. However, the most common reason assessed by children's services to date is as result of abuse or neglect – reasons which have gradually increased in recent years (DfE, 2020). Other reasons include family dysfunction, acute stress within the family and/or absent parenting (DfE, 2020). This exposure to trauma in early years is often enduring with difficulties persisting in later life. Statistics frequently demonstrate poor outcomes in relation to academic attainment and social, emotional and mental health needs (Cocker & Allain, 2013; Kenney et al., 2019; Martin & Jackson, 2002; Simkiss, 2019). Thus, highlighting the importance for psychologists, social workers and educationalists to be working together when supporting LAC.

For many years there was a sense of complacency around these poor outcomes, with LAC's schooling according low priority in care planning (Rivers, 2018). However, research in the 1980s interrupted this when findings revealed worryingly low levels of educational attainment for LAC (Millham et al., 1980; Stein and Carey, 1986). Furthermore, the lack of concern amongst professionals was also alarming, with social work intentions often superseding educational concerns (Rivers, 2018).

The government have since endeavoured to address the enduring difficulties faced by LAC, and education is now recognised as equally important to a LAC's welfare as their living situation and family relationships (Rivers, 2018). Indeed, the academic attainment gap between LAC and their peers remains an area of concern (DfE, 2019b), but changes to legislation are striving to address this; ensuring care planning for LAC is now jointly commissioned by health services and LAs (Children and Families Act, 2014). Legislation continues to be implemented to improve outcomes for LAC (Children and Families Act, 2014), alongside government initiatives to accelerate progress (Every Child Matters, 2003). In 2018, statutory guidance referring to The Children Act (1989), as amended by the Children and Families Act (2014) was issued by the DfE. This obligated all LAs in England to appoint a designated teacher (DT). A primary responsibility of the DT is to develop a personal education plan (PEP) as part of the LAC's overall care plan; a shared document detailing the support needed to ensure the child can reach their full potential (DfE, 2018).

When a child becomes 'looked after', the LA becomes a 'corporate parent', meaning they have a responsibility to safeguard and promote the LAC's welfare. Within education, the virtual school head (VSH) and designated teacher (DT) have a statutory duty to champion their education. Virtual schools (VSs) are a team of professionals responsible for monitoring

and evaluating the academic attainment and progress of children looked after by the LA, including those placed out of authority (DfE, 2019b).

With LAC continuously being over-represented in poor outcome groups (BPS, 2018), the lifelong difficulties experienced by LAC remain at the centre of policy initiative. The DfE continues to issue policies, legislation and statutory guidance on how the child protection system should work to improve outcomes for LAC. They provide guidance for working in partnership with LAs, clinical commissioning groups and the police to enforce this guidance at a local level. However, guidance is often conflicted by policies pursuing austerity, resulting in budget cuts and consequently, shortages in the workforce (Lyonette, Atfield, Baldauf & Owen, 2019).

1.3.2 Outcomes for LAC

1.3.2.1 Special educational needs (SEN). In 2019, data suggested 55.9% of LAC were recorded to have a special educational need (SEN) when compared with only 14.9% of all children (DfE, 2019), meaning LAC are nearly four times more likely than all children to have a SEN. Consequently, LAC are nine times more likely to have an education, health and care plan (EHCP) – 27% of all LAC have an EHCP and 28.7% have SEN support (DfE, 2020). Social, emotional and mental health (SEMH) needs continue to be the most common primary type of SEN, covering 40.4% of LAC with an EHCP (DfE, 2020).

1.3.2.2 Mental health needs. Despite changes to policies and legislation, the prevalence of mental health difficulties has remained dominant amongst LAC in recent years (Marryat, 2018; Vincent & Jopling, 2018; Wadman et al., 2018; Wright et al., 2019). The adversities faced by LAC in their early years can have an enduring impact on their mental

health and emotional wellbeing, with most recent figures suggesting half of all children meet the criteria for a possible mental health disorder. This is compared to one in ten of their non-LAC peers (DfE, 2018). Moreover, the negative correlation between mental health difficulties and positive academic attainment (Beattie, 2019; Deighton, 2018; Ford et al., 2018; O'Connor et al., 2018) make this an area of increasing concern when considering outcomes for LAC.

1.3.2.3 Educational outcomes. Academic attainment remains one of the biggest barriers for LAC in both their early and later life. Statistics continue to demonstrate LAC's under-performance when compared with their non – LAC peers (DfE, 2019b). Indeed, most recent data suggested educational outcomes for LAC lag behind non - LAC by 25 – 30% at Key Stage 2 (KS2) (DfE, 2019b). In 2019, by the end of KS2 only 37% of LAC met the expected standards in reading, writing and maths compared with the national average of 65% for non- LAC (DfE, 2020). Furthermore, only a quarter of LAC achieved five or more A* - C grade GCSES, when compared with three quarters of their non – LAC peers (DfE, 2019).

Furthermore, LAC remain five times more likely to experience a fixed period exclusion than non - LAC (DfE, 2020). Figures which are incongruent with statutory guidance, which stipulates, "headteachers should, as far as possible, avoid excluding any looked-after child" (DfE, 2018, p.32).

Statistics suggest these enduring difficulties persist in later life, with data indicating only 6% of 19 – 21 year old former care leavers are known to be in higher education (DfE, 2019a). Furthermore, 27% of 17 year olds were known to be not in education, employment or training (NEET), followed by 31% of 18 years olds and 39% of 19 – 21 year olds – compared to

around 13% of all young people this age. These figures continue to highlight the widening gap between LAC and their non – LAC peers across a range of life outcomes.

However, Berridge (2006) suggests it is unwise to rely on official statistics. Whilst he acknowledges that this population's academic achievement may be low, Berridge (2006) highlights the importance of considering socio-economic risk factors, such as social class and poverty. He highlights their association with other factors considered to predict low educational achievement, such as family breakdown and admission to care; suggesting greater acknowledgment and understanding of these factors is needed. Berridge (2006) suggests current statistics do not account for these, consequently leading to insufficient and simplistic explanations for LAC's low educational achievement.

1.3.2.4 General life outcomes. Statistics highlight how some of the difficulties endured by LAC are pervasive, persisting long into their adult lives. For example, care leavers are more likely to have a criminal conviction when compared with the general population - with over a quarter of the adult prison population being represented by care leavers (Social Exclusion Unit, 2002). Similarly, one in four care leavers find themselves homeless with statistics suggesting 14% were sleeping rough (Tickle, 2019).

This creates a concerning picture for both those leaving the care system and indeed, the future generations inevitably placed at higher risk of entering the care system. The entrenched difficulties faced by this population are evidenced by intergenerational patterns; statistics indicate care leavers are over represented in families where children are removed (Broome & Pollock, 2016). The markedly different experiences of acute adversity between LAC and their peers highlights the obvious need for improvement to LAC's outcomes and

life chances, thus the pressing need for support. Indeed, Berridge (2006) recognises that the transition to adulthood has become increasingly challenging for care leavers in recent years, recognising the potential for social inequality as a result of the educational outcomes endured by this population. He highlights how for some young women the prospect of early family formation may be attractive, when compared with the high rates of unemployment or the low pay for those in employment. Similarly, he suggests low - achieving young men may perceive the benefits of remaining in education as limited and 'economically irrational' when compared with the early peak of high earnings for the unskilled. Berridge (2006) argues it is these social disadvantages that this population require support with to consequently create a shift in social mobility.

1.4 Coronavirus (COVID-19)

Furthermore, it is important to note that this research has been conducted during the global pandemic of coronavirus (COVID-19), where statistics suggest a considerable decline in children entering the care system – a 29% decline when compared with the equivalent period in 2016 – 2018 (DfE, 2020). The researcher recognises these figures are largely owing to a freeze in the system, mainly as the result of a reduced workforce due to redeployment or self-isolation, in addition to limited direct work due to social distancing measurements which have been implemented during this period (DfE, 2020). Consequently, support for LAC has been significantly impacted, resulting in fewer reunifications with families and delayed court hearings (DfE, 2020), in addition to difficulties in professionals accessing those most at risk. These factors alone, may explain the reduced number of children being placed in care over this duration and indeed, the growing number of children having remained in the care system.

At its peak, coronavirus (COVID-19) resulted in temporary school closures across the country, and whilst many schools attempted to implement remote learning it is now widely accepted that school closures will have resulted in learning losses for many children (DfE, 2021). Schools did remain open for children deemed vulnerable, of which LAC were categorised. However, statistics suggests only 5% of those classed as vulnerable were attending, meaning some of the most at risk children have been unseen and unheard during this period (DfE, 2020).

1.5 Theoretical underpinnings

1.5.1 Maslow's (1943) hierarchy of needs

Maslow's (1943) hierarchy of needs is a motivational theory compromising a five-tier model (figure 1). This hierarchical model illustrates a series of needs which Maslow (1943) believed must be met in order for an individual to thrive. This hierarchy of needs is considered to generally reflect the pattern of needs through which humans are motivated. Maslow (1943) asserted needs lower down the hierarchy must first be obtained, before an individual can achieve their full potential. He suggested when basic needs are not considerably met an individual is highly motivated to satisfy these. Consequently, this preoccupation to have their basic needs met can impede on an individual's ability to thrive; limiting their capacity to acquire needs higher up the hierarchy.

Figure 1. Maslow's (1943) hierarchy of needs
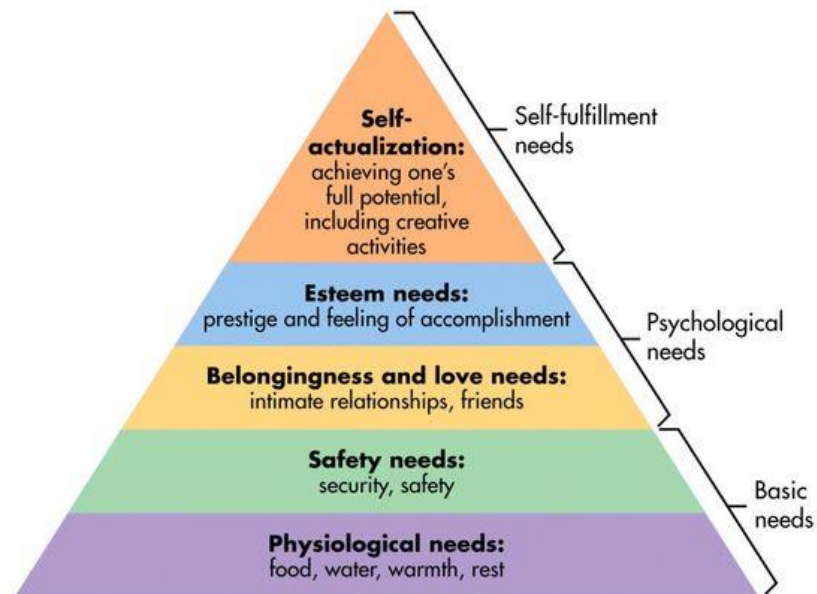
This theory is imperative when considering LAC's life trajectories, particularly the adverse life experiences they are often subject to in their early years. LAC are often at an increased risk of not having their basic needs met, which consequently impedes on their ability to satisfy needs higher up the hierarchy. It is crucial that this understanding is applied when working with this population, recognising higher tiers incorporate factors essential to their academic attainment and consequently general life outcomes; as demonstrated by previous statistics outlined. This theory is particularly useful when aiming to identify LAC's needs and consequently the type of support needing to be implemented.

Whilst some research has criticised Maslow's theory suggesting there is little evidence of needs being hierarchical (Wahba & Bridwell, 1976) it remains widely accepted today, focussing on the overall development of healthy individuals.

1.5.2 Attachment theory

In keeping with Maslow's notion that an individual must first be satisfied they are safe before they can be motivated to learn or have their psychological needs met, Bowlby (1969) highlighted the importance of infants developing a secure base to be able to confidently explore the world around them.

Attachment theory describes the emotional bond between an infant and their caregiver, recognising how these attachments formed in early years can have a significant impact on an individual's development throughout their lifespan. Bowlby (1969) considered this to be innate; suggesting infants are born with the drive to seek out physical and emotional security. Ainsworth (1964) identified three types of attachment styles; secure, avoidant and ambivalent, with disorganised later being identified by Main & Solomon (1990). The infant's relationship with their caregiver is considered to determine the type of attachment style established. This is turn, provides the infant with a cognitive framework compromising mental representations which enables the individual to predict future relationships. When a secure attachment is not achieved, a range of social, emotional and cognitive difficulties may be encountered.

For example, a child with an insecure attachment style may find it more challenging to trust adults. Their existing cognitive framework may not provide them with the security to confidently navigate different contexts; unsure as to whether a secure base will be available for them upon their return. This theory is paramount when considering understanding of research in this area. This theory details the consequences of the attachment style formed in early years. This understanding is crucial to comprehend LAC's difficulties and consequently the type of support needed for this population.

Both of these theories act as valuable frameworks for professionals and those involved in the child's care, to begin to unpick and understand how a LAC's experiences may influence their development.

1.6 Professional context

Whilst the role and distinct contribution of the EP has long been debated (Ashton and Roberts, 2007; Squires et al. 2007) there is a general consensus recognised by the British Psychological Society (BPS) practice guidelines (2017) that the EP role encompasses five core functions: consultation, assessment, intervention, training and research. These core functions are considered to operate at three levels: individual, group and organisational, highlighting how the EP can support LAC in a range of ways, across a range of contexts.

This scope of support, when considering the range of poor outcomes often experienced by LAC highlights how well situated the EP is to support. This, in addition to the growing number of children entering the care system, suggests LAC are likely to make up a reasonable percentage of EPs' workloads, making this population of particular relevance to the EP role.

Indeed, earlier research suggested LAC make up "a significant proportion of educational psychologists' workloads" (Jackson and McParlin, 2006, p.91). Whilst the current picture is unclear, statistics previously outlined, highlight how LAC are at a significant risk of enduring lifelong difficulties across a range of areas. These poor outcomes in relation to SEN, mental health and educational attainment most likely explain why LAC are disproportionally likely to be seen by a psychologist over their life time when compared with their non – LAC peers (Jackson and McParlin, 2006). In addition to being significantly more likely to require an

EHCP assessment. Indeed, the Special Educational Needs and Disability (SEND) Code of Practice (CoP) (DfE, 2015) stipulates LAC undergoing an EHC needs assessments should be assessed within the shortest possible timescale. This guidance recognises how addressing a LAC's SEN plays a crucial role in avoiding a breakdown in their care placement, and consequently illustrates the significance of the EP role.

Furthermore, with children's access to specialist services such as Child and Adolescent Mental Health Services (CAMHS) being restricted by extensive waiting times and strict admission criteria (Cameron, 2017), accessing appropriate support is an issue of growing concern. Whilst the role of the EP has long been scrutinised (Ashton and Roberts, 2006; Boyle & Lauchlan, 2009; Lee & Woods, 2017; McCaslin & Hickey, 2001) the relevance of work with LAC within the EP profession has become increasingly evident over recent years. According to The National Health Service (NHS), one in six children of 5 – 16 years old have a probable mental health disorder, compared with one in nine (10.8%) in 2017 (NHS, 2017). By July 2020, there had been a 50% increase in children deemed to have a clinically significant mental health condition (NHS, 2020). Whilst outcomes of the pandemic remain unclear, it is highly likely that these figures will have only increased in recent months making the issue of pressing concern, in addition to the enduring difficulties LAC were already facing.

1.7 Personal interest

The researcher's interest in this topic originates from their experiences of working with LAC over the duration of their career so far. Prior to practising as a Trainee Educational Psychologist (TEP), the researcher worked as an Assistant Psychologist in Child and Adolescent Mental Health Services (CAMHS), where they were often faced with the

hardships so often endured by LAC. Whilst practising as a TEP over the past 18 months, the researcher has developed further insight into the range of challenges experienced by these children. This insight, has highlighted difficulties often located within the systems operating around the LAC. It has become apparent that these can often pose as barriers to multidisciplinary working within the profession, contradicting key guidance and legalisation (Every Child Matters, 2003; Children's Act, 2004; SEND CoP (DfE, 2015). This incongruity has at times left the researcher unsure of how to navigate these systems, and consequently support LAC. This, alongside the bleak statistics the researcher has outlined, in addition to the added complexities caused by the global pandemic of coronavirus (COVID-19) has motivated the researcher to build a better understanding for the profession to ensure they can fulfil their role of supporting children with the highest level of need; a category statistics have demonstrated LAC so often fall into. As a TEP, soon to enter the profession, the researcher is keen to consider how they can spur change at a systemic level. This research has provided a means to doing so, in the hope of acting as a catalyst to promote effective EP support to all LAC.

1.8 Aims

Whilst the researcher has outlined their personal interest in the topic so far, an objective view was gained by conducting a systematic literature review, which has further evidenced the relevance of the topic for the EP profession. Therefore, this research aimed to understand what is influencing this support to consider how EPs can support LAC, by identifying what EPs are currently doing to support this population and what they describe to be influencing this type of work. By examining current practice, the researcher hoped to gain a clear understanding of the extent and nature of EP practice at a national level. EP's perception of what they considered to influence this practice was then explored to identify factors which

help and hinder practice to gain an in depth understanding of how these children can be supported. The research aimed to better define the EP role when working with LAC, in the hope findings can be applied beyond the research context to inform future practice and extend the efficacy of support available, thus benefiting the intended population.

1.9 Thesis Overview

This thesis presents research into how EPs can support LAC through gaining an understanding of what EPs are currently doing to support this population, in addition to what the profession considers to be influencing this type of work. This chapter has provided the context and rationale for such research. Chapter 2 presents the existing literature pertaining to this area of research, detailing previous research focusing on how EPs can support LAC. Key themes are identified and discussed. Chapter 3 discusses the methodology used, including the researcher's epistemological and ontological position, recruitment and sample of participants, data collection and analysis, validity, reliability and ethical considerations. Chapter 4 presents the research's findings of analysis through descriptive statistics and thematic analysis. Chapter 5 provides a discussion of findings, whilst synthesising these with previous chapters to consider how this research sits within today's context. Strengths and limitations of this research and implications for future research are considered, prior to concluding.

2. Literature review

2.1 Chapter Overview

This chapter summarises the approach taken to identify and appraise existing literature pertaining to the role of the EP in relation to supporting LAC. Practice and knowledge in this area was evaluated to answer the literature review question posed. In doing so, the researcher highlighted what is already known, whilst simultaneously discussing strengths and limitations of existing research to achieve robust conclusions and implications for EP practice.

This chapter presents the review question prior to detailing the search strategy and screening process undertaken. An overview of the identified literature is then presented, detailing methodology and samples used within the existing research. The literature is then described, prior to synthesising the identified key findings of the review. The rationale for the current research is then justified, based on the relevance of existing literature.

2.2 Literature review question

The pressing need to support LAC has been demonstrated by the bleak landscape outlined in Chapter 1. The relevance to the EP role, is evidenced by the context in which LAC are positioned, in addition to their presenting needs. These factors highlight how well situated the EP is to support with these children. As such, the following question was posed to review the identified literature: *What is known about how EPs support LAC?*

2.3 Search strategy and criteria

A systematic literature search was conducted in November 2020 using multiple electronic databases from educational domains. The following electronic databases were selected due to their relevance to EP practice: PsycInfo, PsycArticles, Education Source and ERIC. After several initial exploratory searches, the following search terms were used: ("looked after

child*" OR "children in care" OR "foster child*" OR LAC) AND (EP OR "child

psycholog*" OR "educational psycholog*"). An initial search of the terms across all text

produced 965 results. Terms were then limited to abstract to ensure literature pertinent to the

topic was identified; 29 papers were returned. The literature was then further refined by

implementing an inclusion and exclusion criteria (see Table 1 for details) to ensure relevance.

Table 1

Inclusion and exclusion criteria

Study Feature	Inclusion	Exclusion	Rationale
Language of study	Full article published in English	Articles written in a language other than English	The researcher's timeframe did not permit time to translate articles written in another language. It was also felt these may be of less relevance to the chosen population
Country of study	United Kingdom (UK)	Research not based in the UK	To ensure the practice explored is largely operating within consistent guidance and legislation frameworks (Children and Families Act, 2014; DfE, 2015)**.**
Type of study	Qualitative, quantitative or mixed methods empirical research	Literature reviews	To gain an understanding of evidence-based practice in this area and further

	studies and non - empirical research		insight in relation to supporting LAC.
Subject/focus/participants	Discussed work completed by an EP or relevant to EP practice	Discussed work completed solely by another profession, i.e. counsellor, teacher, occupational therapist etc./ did not consider EP practice.	The researcher's aim is to consider how EPs can support LAC, therefore work completed by other professionals would not be of direct relevance.

Titles and abstracts were then reviewed and where necessary full texts, resulting in eight papers being identified for review. A PRISMA flow diagram (Moher, Liberati, Tetzlaff, & Altman, 2009) is presented in Figure 2 to depict the different phases of screening which took place.

The literature search strategy was rerun in May 2021 to ensure no new literature had been published since the initial search was conducted. No new papers were identified, resulting in a total of eight papers being identified for the current literature review.

Figure 2

PRISMA 2009 Flow Diagram for literature review process
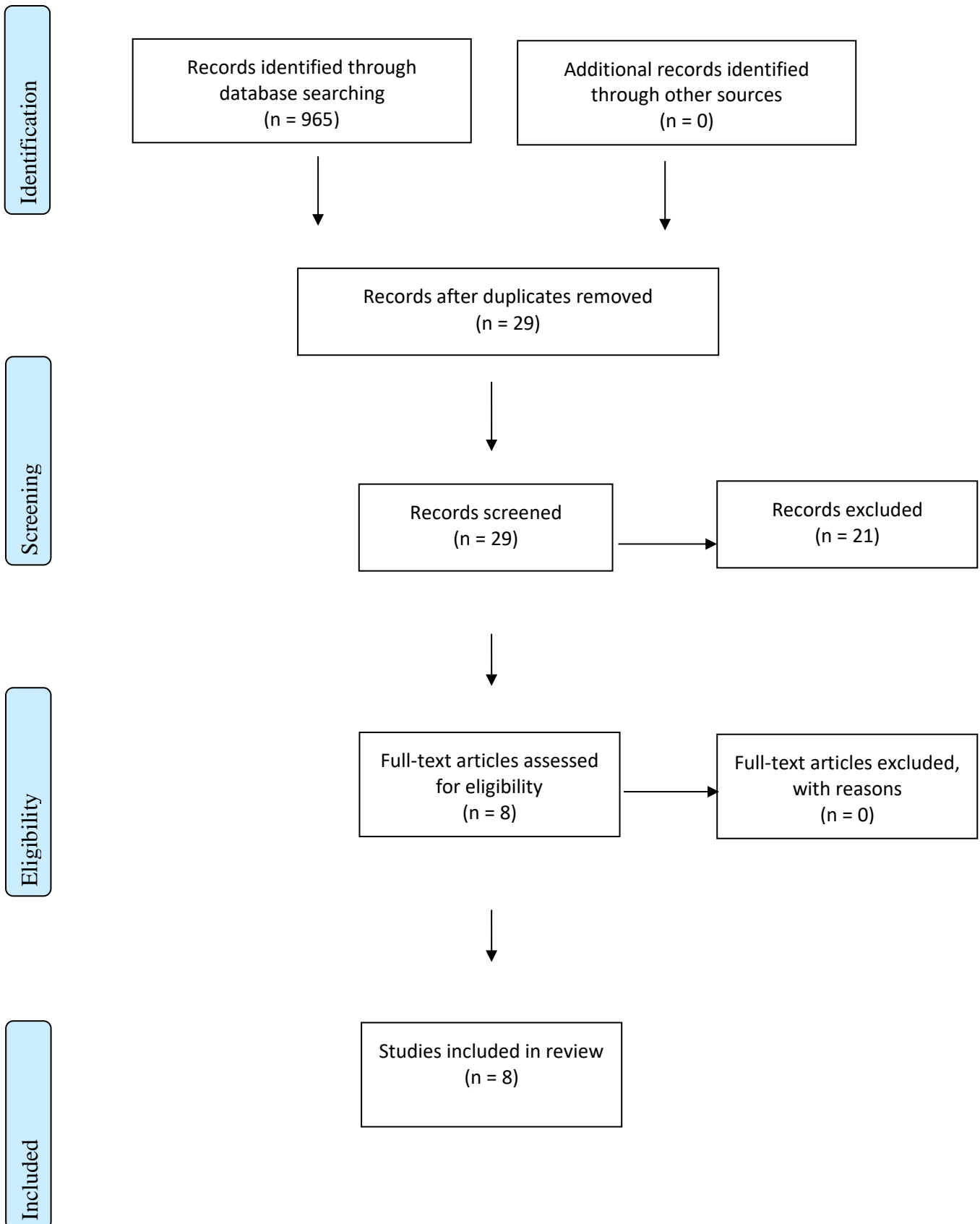
2.4 Method of appraisal

A range of critical appraisal review tools were considered to evaluate the identified literature. The Holland and Rees (2010) framework was deemed most suitable due to the consistency in aspect headings and subsequent questions across methodologies. Consequently, this framework was referenced to develop an overview of literature (see Table 2 for details), whereby a range of aspects were considered to ensure a meticulous approach was taken. This supported the researcher to draw comparisons and themes across and within the existing literature to draw conclusions relevant to the literature question posed.

Table 2

Overview of identified literature

Title	Author, Date	Focus	Sample	Design and method of data analysis	Tool of data collection
The Children Act-- Time for EPs to Review their Role in Relation to Social Services Departments	Billinge (2007)	Discussed the role of EP in relation to children's services; specifically, the education of LAC, thus implications for the EP profession.	*Discussion piece*	*Discussion piece*	*Discussion piece*
Child Psychology beyond the school gates: Empowering foster and adoptive parents of young people in public care, who have been rejected, neglected and abused	Cameron (2017)	Describing an applied psychology approach designed to support carers of LAC; evaluating the impact on LAC	Foster and adoptive parents of 14 LAC	Quantitative design. Data was analysed using the Wilcoxen Signed – Ranks Test	Exposure to ten-month intervention

Looking after the teachers: exploring the emotional labour experienced by teachers of looked after children	Edwards (2016)	Investigating how, and to what extent, teachers experience emotional labour during interactions with LAC; considering the impact on LAC and how EPs can support with this.	14 Key Stage Two teachers of LAC	Qualitative design using thematic analysis.	Semi-structured interviews
Evaluation the outcomes of a school based Theraplay® project for looked after children	Francis, Bennion & Humrich (2017)	Evaluates an attachment based therapeutic Theraplay® intervention aiming to bridge the gap between the emotional well-being of LAC and their engagement in education.	20 LAC (aged 5 – 11 years old); teaching staff	Mixed methods design. Quantitative data was analysed using a related t-test to determine the significance of pre- and post-intervention scores. Qualitative data was analysed using thematic analysis.	Strengths and difficulties questionnaires (pre- and post-intervention); semi-structured interviews.
Investigating self-perceptions and resilience in Looked After Children	Honey, Rees & Griffey (2011)	To explore the perceptions of LAC, DTS and non-LAC	51 LAC, their DTs and 99 non – LAC	Quantitative design using a cross-sectional design; with all data being collected at the same time-point for each group.	Questionnaires

Educational psychologists and children in care: practices and issues.	Norwich, Richards & Nash (2010)	To examine the extent and nature of EP work related to LAC	107 EPs in five LA EPSs in the south-west region	Mixed methods design. Quantitative data was transferred to SPSS programme for descriptive statistical and crosstabulation analyses. Qualitative responses to particular questions were analysed thematically, using constant comparison method.	Questionnaire; semi-structured interviews
The needs of looked after children: A rapid response when school placement may be in jeopardy	Peake (2011)	To evaluate 'The Case Consultation Service'; aiming to provide a systemic and rapid response for when a LAC's school placement may be in jeopardy.	50 users of the service (including teachers, social workers, carers and specialist workers, such as CAMHS professionals).	Experimental design. Evaluation of feedback.	Structured questionnaire

Engaging with young people through narrative co-construction: Beyond categorisation	Warham (2012)	To explore stories co-constructed between the researcher and two young people who were both LAC and had experienced school exclusion; to provide insight and understanding into their experiences.	Two young people (previously LAC)	Narrative methodology	Interviews

2.5 Critical review

2.5.1 Discussion of literature

Of the eight papers included in the systematic review, only one was conducted in Wales (Honey, Rees & Griffey, 2011), with the remaining seven based in England across a range of different regions (Billinge, 2007; Cameron, 2017; Edwards, 2016; Francis, Bennion & Humrich, 2017; Norwich, Richards & Nash, 2010; Peake, 2011; Warham, 2012). Consequently, this review may not account for the important legislative and policy differences between England, Scotland, Wales and Northern Ireland, thus the implications of these for EP support with LAC across the UK.

Furthermore, only three of the eight papers identified were published after 2014 (Cameron, 2017; Edwards, 2016; Francis et al, 2017), with all other literature preceding this date. Therefore, the majority of existing literature considered in this review (Billinge, 2007; Honey et al., 2011; Norwich et al., 2010; Peake, 2011; Warham, 2012) does not account for important contextual changes, such as the introduction of DTs. As previously outlined the introduction of DTs was implemented with the aim to support this population, by promoting the educational achievement of all LAC. Consequently, it is not clear within the current literature whether this has been achieved.

Furthermore, austerity has led to increasingly significant changes in models of service delivery in recent years (Lyonette et al., 2019). Limited resources and funding have resulted in many provisions being progressively offered as a traded service, meaning educational settings are buying in EP service provisions. Subsequently, this has raised some ethical dilemmas when considering the equality of opportunity being embedded in all aspects of practice (Equality Act, 2010); raising concerns in relation to how children are accessing EP

support. Additionally, legislative changes, namely SEND CoP (DfE, 2015) are not reflected

in current literature. Consequently, the research discussed may not align with existing

guidance and frameworks; highlighting an emerging gap amongst existing literature.

The reviewed studies employed a range of methodological approaches, study designs and

methods; all of which have their own inherent strengths and limitations. Data was gained

through a variety of methods, including questionnaires (Francis et al., 2017; Honey et al.,

2011; Norwich et al., 2010; Peake, 2011), bespoke measurements (Cameron, 2017; Peake,

2011) and semi-structured and in-depth interviews (Edwards, 2016; Francis et al., 2017;

Norwich et al., 2010; Warham, 2012). This offered a range of findings, demonstrating how a

variety of approaches can be utilised to support LAC. However, the implementation and

gains of such support were wide ranging making it difficult to generalise or apply findings to

the current context.

Similarly, samples also varied amongst the identified studies, with participants ranging from

EPs (Norwich et al., 2010; Peake, 2011) teaching staff (Edwards, 2016; Francis et al., 2017;

Honey et al., 2011), parents/carers (Cameron, 2017) to LAC themselves (Francis et al., 2017;

Honey et al., 2011; Warham, 2012). Whilst the size of samples was somewhat limited, this

range in participants offered a range of viewpoints from a variety of stakeholders. Thus,

providing insight into how EPs may work systemically to support the systems LAC are so

often central to.

Lastly, a discussion piece (Billinge, 2007) was included in an attempt to widen the breadth of

literature identified to provide additional context and insight in to the topic. Insight can often

be given by discussion pieces and expert opinion when areas have not been well researched

(Aveyard and Sharp, 2013). Whilst evidence-based practice is examined (Cameron, 2017; Edwards, 2016; Francis, Bennion & Humrich, 2017; Honey, Rees & Griffey, 2011; Norwich, Richards & Nash, 2010; Peake, 2011; Warham, 2012) this non-empirical literature illuminates other possibilities posed to answering the research question. However, whether or not some of these suggestions are being implemented in practice remains unclear, particularly in more recent years.

2.5.2 Types of support

The available literature presented a diverse picture when considering what is known about how EPs support LAC. A number of different interventions and approaches were identified, with the following specific models being considered:

- 'The Emotional Warmth' model; a model developed to empower residential carers and foster/adoptive parents to build understanding of LACs complex needs.

- 'Case Consultation Service'; the service provided a case consultation meeting whenever a LAC's educational opportunities and progress may have been adversely affected. These meetings aimed to provide a systemic and rapid response to avoid school placement breakdown.

- Theraplay®: an attachment based therapeutic intervention. This aimed to bridge the gap between the emotional well-being of LAC and their engagement in education.

Whilst this variation in the types of support being offered by EPs to support LAC provided insight into the scope of support being offered by EPs, findings were wide-ranging and distinct to the specific intervention and sample discussed. This made it difficult to determine the efficacy of each and indeed, the unique contribution of the EP profession when working with this population. Furthermore, whilst there was an overarching aim to explore EPs' work

with LAC amongst the available literature, the specific aims and individual focus also greatly differed. Aims varied from evaluating an applied psychology approach designed to support carers of LAC, thus LAC themselves (Cameron, 2017), to evaluating a specific attachment based therapeutic intervention directly delivered to primary school children (Francis et al., 2017), in addition to exploring how, and to what extent Key Stage 2 teachers experienced emotional labour during their interactions with LAC (Edwards, 2016).

The evident variability in the aims, focus and samples presented makes it difficult to draw a unanimous conclusion into efficacy or frequency of support. Nonetheless, they offer insight into particular ways in which the EP may support LAC, particularly in reference to the EP's five core functions (consultation, assessment, intervention, training and research) as previously described. Indeed, the current literature begin to present a mixed overview of how EPs may be supporting LAC to consider what may be influencing this type of work.

However, in contrast, Norwich et al. (2010) examined the extent and nature of EP work related to LAC. This mixed methods study outlined the range of EP work being carried out by the EP profession. In doing so, they presented an overview of how EPs are supporting LAC, enabling a range of influencing factors to be identified. They captured some of the tensions presented by the very nature of this work through circulating an initial internet-based questionnaire. They collected data from 107 EPs working in five LA EPSs in the south-west region. This was followed up by an in-depth semi-structured interview with four EPs in each service. Quantitative data was analysed using SPSS software for descriptive statistical and crosstabulation analyses. A constant comparison method (Robson, 2002) was used to thematically analyse qualitative responses.

Norwich et al., (2010) analysed their data and subsequently identified and discussed their findings in relation to the following aspects: role of the EP with regard to children in care, school-based work, school systems work, specialist EP roles, multi-agency and professional specialist team work, and tensions in collaborative working. Given the pertinence of this paper to the question posed to the literature, the researcher has drawn heavily on these themes throughout the review, whilst incorporating any additional or contrasting dominant themes apparent within the identified literature. In doing so, a range of influencing factors have been highlighted to provide a comprehensive answer to what is known about how EPs support LAC.

Norwich et al.'s (2010) research helped to build an understanding of the different types of work EPs may offer to support LAC, in addition to the prevalence and wider systemic issues surrounding this type support. However, this research was conducted before 2014. It therefore does not account for some of the changes brought about by the SEND reform (DfE, 2014), such as the guidance to "ensure close co-operation between, health and social care" (DfE, 2015, p.14). Guidance which has since been issued in an attempt to address some of the systemic issues previously identified. Furthermore, the date of this research means practice considered may not align with current the evidence base, nor account for current contextual factors in which the EP may be operating. Nonetheless, it provides a detailed overview of the different types of support EPs may be delivering, in addition to identifying potential factors which may be influencing the nature of this work.

Interestingly, remaining identified literature does not appear to focus on some of the types of support Norwich et al.'s (2010) findings highlight. This lack of consistency amongst findings suggests there may have been some changes, particularly in more recent years to the factors

influencing how EPs are supporting LAC. This review will now explore some of these changes to consider the influencing factors in relation to supporting LAC.

     2.5.2.1 Individual school-based work. Norwich et al. (2010) recognised how 83% of respondents reported working with LAC through their school-based work; meaning this type of work was generally carried out as part of their allocated work specific to their role. Moreover, 65% of EPs reported this was their only means of involvement with LAC. The work being identified through EPs' allocated schools meant how the EP's time was used would have been largely determined by the school itself. Indeed, respondents shared that their ability to prioritise was often dependant on school's request for EP involvement and whether individual circumstances (e.g. risk of exclusion) required it.

The majority of respondents reported they were aware of all LAC within their allocated schools, mainly through consultation and school planning meetings, with 68% of respondents acknowledging there was a service expectation for these children to be prioritised. However, on the contrary, the majority of respondents (60%) estimated LAC represented less than 20% of their individual work. This is surprising, given the growing number of LAC, alongside the recognition by recent guidance for this population to be prioritised (SEND CoP, DfE, 2015). Norwich et al., (2010) suspected those reporting higher percentages were most likely in specialist roles. This would be in keeping with respondents having indicated the need for extra time, in addition to their allocated time to work with the assigned school. Those in specialist roles may have less responsibilities or duties outside of this remit, given the focus of their role may be primarily to work with LAC. Respondents shared their ability to meet expectations, such as attending LAC's annual reviews, involved the need for additional time to that allocated by the LA or their job role. Only 23% of respondents reported being able to

"always" provide priority, with statutory assessments and managing the needs of other children being described as competing priorities.

Whilst this survey identified individualised school-based work as the main source of EP involvement with LAC, it did not offer great insight in what activities this may involve. Indeed, some EPs alluded to the use of consultation and planning meetings; suggesting this was how they came to be aware of LAC in their schools, but they did not offer further insight into specific models or use of consultation. Additional literature provides specific focus into what this school-based work may entail.

     2.5.2.2 Therapeutic interventions. For example, the literature examined in this review highlights the benefits of therapeutic interventions as a type of support delivered by EPs when working with LAC (Billinge, 2007; Cameron, 2017; Francis et al., 2017; Norwich et al., 2010). The literature examined in this review demonstrated how the use of different therapeutic interventions is a well-researched aspect when considering this type of work. For example, Francis et al. (2017) evaluated the outcomes of an attachment school based therapeutic intervention: Theraplay®. An intervention intended to bridge the gap between LAC's emotional wellbeing and their engagement in education. They conducted a mixed methods study using a repeated measures design to collect pre and post data in relation to 20 LAC's (aged 5 -11) progress. The study also employed 20 non – LAC with less complex needs. These children were selected with the purpose of supporting relationships within the group, whilst being identified by their schools as children who would benefit from participating in a group intervention. However, given the primary focus of the research, data was not collected for this cohort of children. This may have provided greater understanding regarding the gains for LAC.

Following assessment, the LAC were then assigned to either a group or individual intervention depending on their level of need. The number and content of sessions also varied in accordance to need, but sessions were primarily based on the Theraplay® framework: welcome song, check-ups; Theraplay® activities based on dimensions of structure, nurture, challenge and engagement; snack and goodbye song. Both interventions included a key adult (teacher, classroom assistant or behaviour mentor) and psychologist. Children with a higher level of need were assigned to an individual intervention and some individual sessions took place at home. The key adults involved were offered consultation sessions throughout the intervention.

In addition to having LAC status, 60% of these children had experienced two or more school moves and/or a number of changes in care placements. Four of the children had EHCPs, a further nine had identified SENs, three had experienced one or more fixed term exclusions and two attended a pupil referral unit. It is paramount these individual differences are accounted for. Whilst Francis et al. (2017) discuss some of the associated difficulties posed for LAC, there is little exploration of these additional and individual complexities which make it difficult to generalise findings to all children who participate in Theraplay®. This is further exacerbated by the limited sample size used in this study.

Pre and post data was collected by asking the child's key adult in school to complete a strength and difficulties questionnaire (SDQs), in addition to a post intervention semi-structured interview. The SDQ is an externally validated behavioural screening tool used to measure the emotional and behavioural health of LAC. The questionnaire consists of 25 items which produce scores in relation to conduct problems, hyperactivity, emotional problems, peer relationships and prosocial behaviours. Additional SDQs were completed by

four of the children's carers providing further insight into the children's stress scores. Related t-tests were used to compare children's pre and post SDQ scores, in addition to unrelated t-tests to consider differences in the type of intervention delivered (group or individual) and gender of participants (female or male). These scores were considered with SDQ normative data (Meltzer et al., 2000). Thematic analysis (Braun & Clarke, 2006) was used to analyse the qualitative data collected through semi-structured questionnaires and interviews. Themes were then analysed using a Realist Evaluation approach (Pawson & Tilley, 1997, 2004) to provide deeper analysis of the intervention's efficacy. However, whilst Francis et al.'s (2017) stated the use of frameworks to analyse data, the scarce use of quotes does not provide the reader with sufficient information to replicate the process. Nor do they imply whether an inductive or deductive approach has been taken to generate themes, limiting capacity for further reflection or alternative hypotheses.

Whilst findings showed an overall reduction in the children's stress scores post intervention, these still remained higher than SDQ norms (Meltzer et al., 2000). Teachers indicated slight reductions in children's behavioural, hyperactivity and peer relationship difficulties, in addition to an improvement in their prosocial scores, but these results were not found to be of statistical significance. This was similar for both individual and group stress scores. However, statistically significant differences were found between group and individual, and female and male SDQ scores for hyperactivity, conduct and prosocial sub categories. Francis et al. (2017) suggested the results may be due to a preventative element of the group intervention, with the focus being to support peer relationships. Children selected for individual work, were done so due to their complex needs, reflected in the SDQ scores. Qualitative data supported this, with teacher's expressing the complexity of these children's

needs as an influencing factor. These findings highlight the need for early intervention, whilst illustrating the difficulties endured by LAC.

These findings suggest this therapeutic approach can support children by increasing attachment and developing their social and emotional skills. Francis et al. (2017) suggested school is well placed to support LAC with these difficulties, asserting school can provide the child with opportunities to build relationships and consequently serve as a secure base. This, alongside the EP utilising their core skills proved effective in supporting both LAC and the systems around them.

However, they recognised the success of the project was largely owing to the context in which it was conducted; the Vulnerable Children's Team. This team consisted of one Specialist Senior Educational Psychologist and two Assistant Psychologists with specialist training and extensive experience of working with LAC, in addition to training in Theraplay®. The Assistant Psychologists worked full time on the project, delivering direct work with the children and staff. This level of staffing would need to be provided to ensure similar effects were produced. This commitment may not feasible within most EPS's today, even more so within the current context of COVID-19. Nonetheless, Francis et al. (2017) concluded Theraplay® may be an effective way of supporting LAC, recognising some of the complexities involved, thus implications for EP practice. Feedback from staff also supported the need for more information regarding the impact of trauma and loss on children's ability to learn to be included in initial teacher training courses. This would warrant further investigation to consider how this training could be implemented. This is a role the EP would be well equipped and positioned to undertake, thus highlighting a potential future role for the EP in supporting LAC.

Indeed, Norwich et al. (2010) found EPs who viewed themselves as using specialist skills when supporting LAC referred to their knowledge of attachment and trauma. Akin to Cameron's (2017) applied psychology approach - the 'emotional warmth' model. This model is underpinned by psychological theory, namely Parental Acceptance-Rejection Theory: asserting all children require acceptance from their primary care givers, accepting early maltreatment is associated with a range of difficulties heavily grounded in attachment and trauma difficulties, reinforcing the need for a secure attachment to be fostered.

Cameron (2017) acknowledges that other services, such as Child and Adolescent Mental Health Services (CAMHS) also deliver therapeutic support to LAC with positive outcomes. However, he discusses the limitations involved in accessing such support, namely due to extensive waiting times and strict admission criteria, in addition to the reluctance of LAC engaging with such services. With the current context of COVID-19 in mind, it is reasonable to assume this is of an equal, if not more problematic status - one of which the EP is very well positioned to manage. Cameron (2017) evaluated this model in an attempt to provide an alternative approach to overcome some of these barriers. The model was designed to support LAC, through empowering carers and foster/adoptive parents by responding to their parenting needs and supporting them through developmental trauma. In turn, enabling carers and foster/adoptive parents to better understand, thus meet the complex needs these children so often present with. As part of this approach, carers and foster/adoptive parents received group consultations. The psychologist's primary role was to provide a safe context to allow carers to reflect and modify both successful and unsuccessful aspects of their childcare. A bespoke measure was used to collect quantitative data to measure the LAC's progress. Findings showed a significant positive change for both behavioural and affective measures (p less than 0.5), suggesting considerable progress was made over the duration of the

intervention. Furthermore, organisational benefits were noted, namely the heightened profile of EPs within social care. This positive change, promoted the benefits of multi-disciplinary working. Findings therefore highlight how this way of working is complementary to supporting LAC, whilst capturing the importance of the EP being visible and accessible to the wider systems.

2.5.2.3 Consultation work. The valuable use of consultation when supporting LAC also appears a dominant theme amongst identified literature (Billinge, 2007; Cameron, 2017; Edwards, 2016; Francis et al., 2017; Norwich et al., 2010; Peake, 2011). This indirect mode of support aims to create positive change for the LAC by working directly with those involved in their care, such as educationalists and parents/carers.

For example, Peake (2011) evaluated the function of consultation in supporting LAC whose school placements were in jeopardy. The aim was to avoid a break down in placement by providing prompt support to address any difficulties which may be adversely impacting on the LAC's education. A key aspect of these consultations was a multi-agency problem-solving approach, whereby a space was created for a range of professionals, including the EP to come together to systemically consider factors which may be impacting on the LAC. This process of consultation facilitated by the EP, ensured a rapid systemic response to the child's needs was provided, in addition to early identification for further EP input. The research by Norwich et al. (2010) also noted how the majority of EPs reported the consultation process to support the identification of LAC within their allocated schools, and therefore the implementation of appropriate support; reinforcing the myriad of benefits this process can offer.

Whilst Peake (2011) recognised the use of EP consultation when supporting LAC, she also noted how this process simultaneously acted as a screening tool to ensure additional assessments or interventions were implemented if needed. Indeed, during 2009-2010, 45% of LAC discussed during their consultations were identified as needing further EP assessment or intervention, highlighting an additional benefit of these multi-agency consultations. Moreover, Peake (2011) concluded that this systemic approach is an effective use of EP time, providing a comprehensive overview of the LAC's difficulties to ensure appropriate support is implemented in a timely manner. This approach enabled key themes to be identified relating to child, family, school and agency issues. This collation of key themes offered further insight into the most commonly presented issues experienced by LAC. For example, parental alcohol or drug abuse was a reoccurring issue during 43% of consultations. By identifying the prevalence of such issues, it was possible for the planning of assessments, interventions and resources were able to be considered, in addition to providing insight into potential training needs regarding the area of concern. Furthermore, Peake (2011) also noted how this collaborative way of working alleviated pressures within the system, by creating a space to listen and develop an understanding of the presenting problems to support the LAC by bolstering the support systems around them. However, the time-consuming nature of this process, in addition to consultations being 'hard work' were noted. The author recognised that this may be as a result of the extensive volume of information (both historical and current) considered during a time when emotions in the system may be running high due to the LAC's presenting difficulties.

Warham (2012) also noted the importance of creating space when working with this population. Whilst not specifically considering consultation, Warham (2012) demonstrated how providing a space for LAC themselves can aid reflection to support and facilitate

positive change. Indeed, as previously discussed this therapeutic contribution has long been recognised, with Billinge (2007) noting how the EP can deliver therapeutic interventions to support parents to overcome child management and attachment difficulties. In addition, Billinge (2007) considers the use of drawing on specific techniques such as repertory grids to elicit the LAC's views can create a collaborative understanding of their difficulties.

Indeed, Cameron (2017) similarly noted the benefits of consultation in supporting LAC when evaluating the 'emotional warmth' model previously detailed. In contrast to previous studies which have considered consultations between professionals, Cameron (2017) examined the use of monthly child-focussed consultations with foster and adoptive parents. The key role of the EP here was to draw on their psychological knowledge base to inform the consultation process, whilst providing insight into the child's difficulties to empower carers to better understand and support the LAC. Similar to Peake (2011), Cameron (2017) highlighted that in doing so, the EP was also able to identify appropriate evidence - based interventions to respond to the LAC's emotional, social, behavioural and attainment difficulties. Therefore, suggesting the contribution of consultation approaches used in EP work is helpful to identify and more effectively target individual support to meet LAC's needs.

Francis et al. (2017) also recognised the significance of complex early experiences between children and their caregivers. They considered how LAC have often endured difficult attachments with their birth parents or other carers, which have consequently had a detrimental impact on their social, emotional and mental health needs. As previously detailed, they delivered a school-based intervention aimed to support LAC's relationships with a key adult in school, whilst aiding their engagement with education. Alongside this, the EP offered consultation sessions to support key adults throughout the intervention. Post-intervention

qualitative data was collected through semi-structured questionnaires and interviews with the key adults involved. Data suggested the consultation element of this intervention was beneficial, with staff valuing the protected time for their own wellbeing and learning. This is in keeping with Edwards (2016), who considered how teacher's interactions with LAC can increase burnout and greatly impact on their wellbeing. Following consultation sessions, Francis et al. (2017) suggested staff felt more confident and had gained a deeper understanding of strategies to support LAC, including the significance of their relationship with the LAC, which was reported to have improved.

Similarly, Edwards' (2016) exploration of teachers experiences of emotional labour during their interactions with LAC, highlighted a potential role for consultation. Edwards (2016) noted that children develop emotional competencies by observing others and considered the associated adverse consequences for LAC whose teachers were experiencing emotional labour. Findings highlighted the importance of delivering emotional support to teachers, suggesting consideration for how the consultation process may support teachers' emotional management, both in relation to their own and LAC's emotions. Edwards (2016) recognised EPs are well positioned to facilitate such support by creating a reflective space at a systemic level.

2.5.2.4 School systems work. In line with guidance, literature recognises how EPs are well equipped to work at a systemic level. Norwich et al. (2010) found only 56% of respondents reported their schools to have designated teachers, with remaining respondents either not knowing or believing only some of their schools had a designated teacher in place. The study's sample is limited to the South West region, meaning these findings cannot be generalised to other regions. However, if these patterns are representable it would mean a

concerning number of LAs may not be following expected procedures for LAC. However, given the changes to legislation (SEND CoP, 2015) in recent years, these findings warrant further research to reflect changes and capture an up to date view within the current context.

Indeed, in keeping with this, tensions between social care and education expectations were reported as a frequent issue within the school system, with school staff requiring knowledge about available services, which children are looked after and indeed, how to track them. Respondents reported providing training to support with this, namely the delivery of continuing professional development (CPD) to school staff about attachment theory. However, this was only reported by 30% of respondents and the efficacy of such training in supporting LAC was not examined. In keeping with the minority of EPs reporting this, there is limited discussion regarding the EP's role of training as a mode of support for LAC. However, one paper (Honey et al., 2011), did recognise an important training role for EPs when working with LAC. They conducted a cross-sectional design to explore self-perceptions and resilience in LAC. They circulated questionnaires to a cohort (excluding four pupils) of Years 7-10 LAC (n = 51) accommodated by one LA. A comparison sample of non-LAC (n = 99) from a neighbouring LA also participated, in addition to 32 designated teachers from the LAC's schools. The questionnaire used Likert-scales and open-ended questions to gather information from the LAC and designated teachers to investigate LAC's self-perceptions, aspirations and resiliency in comparison with non-LAC. A series of univariate *t*-test analyses suggested LAC held more positive self-perceptions than the comparison sample. Thematic analysis was used to analyse reported aspirations, with findings suggesting LAC held lower career aspirations than non-LAC. Nearly half of non-LAC aspired to be in a professional job when compared with only five LAC. Furthermore, LAC differed in their levels of resilience, with findings suggesting girls had more protective

factors - associated with positive self-perceptions, when compared with boys. The importance of training to raise teacher's awareness of the difficulties encountered by LAC was also reflected by LAC's desire to be treated the same as other children, for teachers to be more supportive and the reference to the negative stereotypes of LAC. These findings highlight the importance of capturing the child's voice (SEND CoP, 2015), proposing this may be ever more pertinent when working with LAC. These findings are consistent with the notion that training, such as that on attachment theory (Francis et al, 2017; Norwich et al., 2010) is needed to support LAC. Whilst, Honey et al. (2011) did not deliver training, their study highlights the significance of EPs conducting research to identify means of supporting LAC. The profession's contribution to existing literature is paramount when considering the development of future practice.

Furthermore, Norwich et al., (2010) found other school related issues in regards to how communications were reported, namely the need for consistent and better communication across staff and improved communication and feedback from school. As previously discussed Peake (2011) considered how consultation can promote communication to support the systems around the child, thus highlighting how the EP may support school systems to address these difficulties. Peake (2010) explored how these barriers may be overcome through multi-agency consultations, by using collaborative listening to understand the difficulties and consequently propose solutions. Peake (2010) suggested the group consensus empowers staff to continue implementing support. These findings highlight how the EP may support LAC at a systemic level through consultation to combat communication issues impeding on the wider system.

2.5.3 EP role

The variation in the EP role when supporting LAC was also identified amongst the existing

literature. Indeed, Norwich et al. (2010) identified a number of different ways in which the

EP may encounter LAC in their practice with over 80% of respondents reporting undertaking

work with LAC through their school work. A further 18% reported this to be through

specialist roles, 24% through multi-agency/professional teams and 15% though LA teams,

committees and systems focused on children in care. The range in roles was not captured by

other literature, thus offering additional insight into how the EP role may vary when

supporting LAC. This warrants further exploration to gain understanding into how the EP's

role may influence their support.

2.5.3.1 Specialist roles. The literature highlighted that one way EPs might indirectly

support LAC is through specialist roles. Norwich et al. (2010) highlighted a divide between

EPs in specialist roles when compared with those in main grade posts. They recognised most

of the respondents who provided details about their position as an EP either had specialist

time allocated for work with LAC or were in more senior posts with a strategic lead role.

Findings suggested those within specialist roles had access to a wider group of professionals

than those in non-specialist roles. Access which is most likely to promote collaborative

working to enable effective communication; a barrier previously identified to impede on EP

support with LAC (Norwich et al., 2010; Peake 2010).

2.5.3.2 Multi-disciplinary team work. Existing literature has begun to identify

tensions present in relation to EPs supporting LAC. Whilst some of these are directly relevant

to the EP profession itself, others consider the systems operating around the child and how

their interaction may impede on support for LAC. These systemic issues highlight a role for

the EP in supporting overcoming these, placing emphasis on supporting multi-disciplinary working. Similar to specialist roles, multi-agency working is a noticeable theme identified by Norwich et al. (2010), one which is less prevalent in other literature. Indeed, existing literature explores a range of professions, including teachers and social care, considering how they work alongside the EP role to support LAC, but the collaborative approach and possible barriers surrounding this lack clarity. This causes difficulties when considering what may influence this practice and the EP's ability to deliver support to LAC. Interestingly, only one paper (Edwards, 2016) has specifically considered the impact on teachers working with LAC.

2.6 Theoretical underpinnings

Interestingly, there is limited mention of theory underpinning the existing research. Only two papers (Francis et al, 2017; Norwich et al., 2010) reference attachment theory to consider how this may influence EP's support with LAC. Furthermore, none of the literature reviewed referenced Maslow's (1943) hierarchy of needs. These theories – previously identified as pertinent to this area of research– are of great value when seeking to understand LAC's difficulties.

This gap amongst existing literature is concerning, providing an unclear understanding of what is underpinning and guiding practice in this area. This lack of clarity causes ambiguity regarding how LAC's difficulties should be explored, understood and consequently supported. The overall implication being a lack of rigour within existing research when considering ways to support LAC.

2.7 Summary

This chapter has explored what is known about how EPs support LAC. This review has demonstrated the scarcity of literature available, in addition to the lack of theory underpinning existing research. The majority of the available literature is outdated, thus lacking relevance to the current context of the EP. A key finding from the identified literature is the varied ways in which EPs may support LAC, namely through consultation and therapeutic work. However, the extent to which these are being delivered is unclear. Additionally, the EPs' role in navigating and supporting the systems around the LAC are recognised. It is evident from the identified literature, how the five core functions (consultation, assessment, intervention, training and research) of the EP role as previously discussed, in addition to the different levels at which they are positioned to operate leaves them well placed and equipped to support LAC. However, it is also apparent that the context in which the EP operates does not always support this, with factors such as communication being recognised to greatly influence this type of work. The systemic issues surrounding these children often place constraints on the EPs ability to effectively support. Therefore, it is these systemic issues which need further exploration to influence future practice. Furthermore, literature does not consider the idiosyncratic needs of LAC, instead assuming this term efficiently defines this population. The different experiences of children and their families who enter the care system lacks exploration and consequently the variation in need. Hare and Bullock (2006) recognise how individual factors, such as a child's length of stay in care, experience of domestic violence, drug-misusing parents, anti-social behaviour and educational difficulties will be unique to each LAC, thus the term LAC should be used with caution when seeking to define this population's difficulties.

Whilst, all eight papers included in the review consider EP practice in relation to LAC (Billinge, 2007; Cameron, 2017; Edwards, 2016; Francis et al., 2017; Honey et al., 2011; Norwich et al., 2010; Peake, 2011; Warham, 2012), conclusions around what types of practice, and indeed the EP's role within such practice are wide-ranging. Variations for how, when and with whom such practice is being delivered makes it difficult to determine exact models or approaches being used by EPs when working with LAC. Furthermore, a noticeable gap in the identified literature was the limited portrayal of research paradigms. This lack of description made it challenging to understand the orientation of some of the literature and indeed the researcher's underpinning assumptions to make sense of the methodological approaches employed, analysis and consequent findings.

2.8 Rationale for the current research

Existing research into EP practice amongst LAC is scarce, as is evident by the limited number of papers returned. Nonetheless, the identified literature has offered valuable insight, whilst highlighting salient areas for research development.

The lack of uniformity amongst current literature's characteristics has caused difficulties in generalising findings to the current context and consequently answering how EPs can support LAC. This is amplified by the minimal consideration for the extent this type of work is happening in practice. Indeed, whilst research demonstrates the role of consultation and therapeutic interventions to be of great value within EP practice, it simultaneously offers insight into potential barriers which obstruct or hinder this work from effectively happening.

To date, there is a paucity of literature which considers the factors which influence this type of support and consequently how EPs can support LAC. Furthermore, that does exist is dated

offering no consideration for changes to legislation and contextual factors at play. The

current research sought to fill this gap, by providing up to date research within the current

context to understand how EPs can and are supporting LAC by identifying factors considered

to influence this type of support.

3. Methodology

3.1 Chapter Overview

This chapter presents the aims of the current research, prior to summarising its purpose. The researcher's ontological and epistemological position, recruitment and chosen sample of participants are justified, in addition to providing a rationale for the chosen methods of data collection and analysis. Validity and reliability issues and steps taken to mitigate any potential threats posed to the research's credibility have been detailed, before discussing the ethical considerations given to this research.

3.2 Research aims and questions

The aim of the current research is conveyed through the following research question:

- *What influences EPs' support with LAC?*

As the previous chapter discussed, there is limited research in this area, and that which does exist illustrated a lack of clarity and consideration for the role of the EP in the current context. Therefore, the current research aimed to complement previous findings (Norwich et al., 2010), by capturing a wider, up to date picture of current EP practice in relation to LAC, whilst exploring what EPs consider to influence this support. It was hoped that in doing so, the role of the EP could be better defined for future support with LAC. The following questions were asked at each phase of the research:

- *Phase 1 (Quantitative): What do EPs currently do to support LAC?*
- *Phase 2 (Qualitative): What do EPs describe to influence their work with LAC?*

3.3 Purpose

The research is both 'descriptive' and 'exploratory' in its purpose. Descriptive research aims to describe a phenomenon and is commonly used at the start of research to provide a detailed picture. Its primary concern is to describe or provide an explanation of what is happening (Robson & McCartan, 2016). As previously outlined, the EP's current role in relation to supporting LAC is unclear; a phenomenon this research aims to describe.

Additionally, the research lent itself well to an explorative purpose as researcher did not form specific hypotheses around what may arise during the research process. Instead the researcher was guided by the data collected to develop an awareness of current practice, alongside individual's perceptions. As the name implies, exploratory research intends to explore the research questions. It does not aim to provide conclusive findings, instead focusing on providing greater insight in to the problems surrounding this. By exploring the EP's perception of their role amongst LAC, this research offers a developed understanding of current practice, in addition to exploring potential barriers and challenges posed.

3.4 Theoretical orientation

The way in which an individual views the world is commonly referred to as a 'paradigm' (Guba & Lincoln, 1994). This perceptual orientation is underpinned by how the researcher views reality and is intrinsically linked to their philosophical beliefs and assumptions (Crotty, 1998). Individuals will hold different perspectives which will consequently influence the way in which they conduct and make sense of their research. It is paramount the researcher understands and acknowledges their beliefs and how in turn they guide and direct their thinking and action (Mertens, 2015). Similarly, the reader must be able to orientate

themselves to the researcher's viewpoint to connect philosophical assumptions and appreciate how the researcher has elicited and interpreted data to create meaning.

3.4.1 Ontology

Ontology explores the nature of reality and explores how one may attempt to answer what reality really constitutes. "Ontology is the study of being. It is concerned with 'what is', with the nature of existence, with the structure of reality as such" (Crotty, 1998, p.31). In line with the differing paradigms, ontology too can be viewed on a continuum, ranging from realism; where reality is viewed as one static truth, which can be measured and generalised to other situations, to relativism; where it is believed that multiple versions of reality exist, with knowledge requiring interpretation to discover meaning, all heavily bound by context. The researcher's perception of reality heavily influences what they believe one may know, consequently informing the research questions posed.

3.4.2 Epistemology

Epistemology seeks to explore the relationship between the researcher and the knowledge. This relationship is considered to be underpinned by the researcher's ontological position. Guba and Lincoln (1994) recognise the researcher's epistemological position is constrained by the answer already given to the ontological question. How the researcher views reality will determine the kind of relationship they have with their research. Establishing an epistemological position enables the researcher to navigate what type of knowledge is firstly accessible, consequently considering what research tools are best suited to gather data and how they will then interpret and make sense of their findings.

3.4.3 Researcher's position

As a researcher, it is essential to have a comprehensive understanding of the different research paradigms to ensure reflection and appraisal of the assumptions, theoretical

underpinnings, beliefs and frameworks influencing the researcher's position and consequently the research questions posed. This is similar for the reader, as it is only by understanding the researcher's viewpoint, that the reader can understand inferences made. A fundamental part of understanding research is the ability to appreciate the nature, context and relevance of the research conducted to ensure a holistic understanding is created.

The current research was orientated by a pragmatic ontological and epistemological stance; summarised in Table 3. This position, originally derived from the work of Peirce, James, Mead and Dewey (Scheffler, 2012), rejects traditional dualisms. Instead seeking a middle ground, recognising that eclecticism and pluralism can be useful in understanding people and the world (Robson & Onwuegbuzie, 2004). Pragmatism endorses practical empiricism and theory to determine what works, thus inform effective practice. A pragmatist assumes a methodology best suited to answering the research question should be adopted. The emphasis is placed on the problem itself, as opposed to the methodology, which pragmatists argue should be underpinned by what works (Creswell, 2009).

Table 3

The Pragmatic Approach (Creswell, 2014, p.13)

The Pragmatic Approach
1. Pragmatism is not committed to any one system of philosophy and reality
2. Individual researchers have a freedom of choice
3. Pragmatists do not see the world as an absolute unity
4. Truth is what works at the time
5. The pragmatist researchers look to the *what* and *how* to research
6. Pragmatists agree that research always occurs in social, historical, political, and other contexts

7. Pragmatists believe we need to stop asking questions about reality and the laws of nature

Unlike other paradigms, this position does not adhere to a particular ontology, instead assuming knowledge should be treated provisionally; accepting it changes over time (Robson & Onwuegbuzie, 2004). This position aligns with the proposed research's aim; to uncover the objective truth about current practice, whilst considering the more subjective view of the EP's contribution. The researcher assumes there is a reality about what EPs currently do to support LAC, whilst acknowledging the very nature of work with LAC is not static; evolving and changing over time, influenced by individual circumstances. Pragmatism advocates a 'best fit' approach and provides opportunity for methods to be mixed as the researcher deems fit. This approach will enable insight to be gained; considering what currently works and does not within EPs' practice with LAC, with the hope to provide direction for future practice.

3.5 Design

The current research utilised a sequential mixed methods methodology (Creswell, 2015), allowing for both quantitative and qualitative data to be collected and analysed. This design is considered to provide a fuller picture than other research methods, whilst enabling "a wider range of research questions" (Robson & McCartan, 2016, p.179) to be addressed. Furthermore, this design was in keeping with the pragmatic approach taken, by providing opportunities to measure the amount, frequency, duration and type of work EP's currently do to support LAC, in addition to exploring what the profession considers to influence this type of work.

However, some (Creswell & Plano Clark, 2011; Robson & McCartan, 2016) recognise challenges posed to this type of research design. They argue the researcher's skills and the time-intensive nature of this design are concerns which need to be considered; suggesting the researcher must be proficient in managing aspects of both quantitative and qualitative data. As such, the researcher ensured they applied an understanding of these concerns to the current research by using supervision to consider them, thus supporting the quality and rigour of this design. The researcher was supervised by an experienced research supervisor, proficient in utilising a mixed methods design. Additionally, the timings of the research were carefully considered and planned to ensure sufficient time was allocated to each phase of the research.

Data was collected sequentially to capture an enriched understanding in to EPs' support in relation to LAC. Phase 1 of the research was given greater weighting as this formed the basis of Phase 2. In order to understand what may be influencing this support, the researcher felt it was paramount that they built a clear and current understanding of how EPs are currently supporting LAC, prior to exploration of what may be influencing this.

Phase 1 (Quantitative): Quantitative data was initially collected using a survey to provide a clear understanding into what EPs are currently doing to support LAC, in relation to the amount, frequency, duration and type of work currently being conducted, whilst eliciting insight into any wider issues this work may present with. This data was then analysed using quantitative analysis to produce descriptive statistics. This data was then drawn on to inform the qualitative questionnaire to elicit complementary information.

Phase 2 (Qualitative): Additional, qualitative data was gathered by circulating a qualitative questionnaire to participants to ensure an enhanced understanding of the topic was provided. Participants in Phase 2 had already participated in Phase 1 of the research. This allowed the researcher to gain further insight, by enabling participants to elaborate to complement existing findings. This data was then analysed using thematic analysis to identify key themes.

Both sets of data were then interpreted to address the research question posed at each phase, prior to triangulation.

3.6 Research strategy

3.6.1 Recruitment

Phase 1 (Quantitative): The researcher posted a recruitment advertisement on the Educational Psychology Network (EPNET) and The National Association of Principal Educational Psychologists (NAPEP), in addition to directly contacting training course directors to request further circulation of the survey through personal professional networks. The aim was to reach the largest number of EPs possible to maximise response rate, whilst obtaining a diverse sample to ensure a range of demographics and experience were captured. At the end of the survey, qualified EPs were asked to provide contact details if they were willing to participate in the interview process. It was noted that opting in did not necessarily mean participants would be contacted for interview. Participants (n = 167) were recruited nationwide; 69 of whom provided contact details to participate in Phase 2 of the research. Due to the higher than expected response rate, a questionnaire was used instead of an interview to collect qualitative data. The researcher considered how circulating a questionnaire to all of these participants, as opposed to interviewing 6 – 8 individuals would capture a much larger sample size, encompassing a vaster range of demographics to produce

more accurate, reliable and generalisable data (amendments are detailed in section 3.8. Data collection).

Phase 2 (Qualitative): EPs who met the inclusion/ exclusion criteria (Table 4) and had provided contact details in Phase 1 of the research were sent an e-mail to communicate amendments (Appendix A). This e-mail outlined changes to the data collection tool (interview to questionnaire) and requested their continued participation. Subsequently, 15 participants completed the questionnaire.

Table 4

Inclusion/exclusion criteria for participants

Inclusion criteria	Exclusion criteria
Practicing as a qualified (HCPC) EP in the UK for minimum of two years post qualifying	Not currently practicing as a qualified EP, recently qualified or of trainee status
Working in a specialist role or have experience of working with LAC	No experience of working with LAC

3.6.2 Participants

Participants were recruited on a voluntary basis for both phases of this research. Demographic information including current position, geographical location and years' experience was recorded at both phases of the research to capture the representativeness of respondents. This was in keeping with the pragmatic approach taken and "the need to engage with multiple constituencies to gain understandings from different points of view" (Mertens, 2015, p.37).

Phase 1 (Quantitative): The sample population for this phase of the research included 167

qualified EPs (registered with The Health and Care Professionals Council [HCPC]), TEPs

and Assistant EPs practicing in the United Kingdom (UK); this was to ensure the practice

explored operated within consistent guidance and legislation frameworks (Children and

Families Act, 2014**;** DfE, 2015**).**

Phase 2 (Qualitative): Phase 2 included qualified EPs (post 2 years qualifying) with

experience of working with LAC. This criteria was formed to ensure participants were able to

provide an in depth understanding of issues presented by this work. The researcher felt the

inclusion/exclusion criteria specified would enable them to capture a comprehensive and

accurate picture of the factors considered to influence this type of work; an understanding

that assistant, recently qualified and trainee EPs may not be able to offer due to the scope of

work conducted in these positions.

3.7 Data collection

Phase 1 (Quantitative): The researcher chose to administer a survey - a tool widely used

within social research (Robson & McCartan, 2016) - to collect data. Surveys most commonly

involve the use of a questionnaire, with can be administered face to face, by telephone or

self-completed by the participant (Robson & McCartan, 2016). In more recent years, internet-

based surveys have become increasingly popular due to the smaller time requirements when

compared with other methods of circulation, such as a postal survey (Robson & McCartan,

2016).

This method of data collection was chosen due to the associated benefits of using an internet-

based survey. Namely their extreme efficiency at "providing large amounts of data, at

relatively low cost, in a short period of time" (Robson & McCartan, 2016, p. 248), in addition to allowing for anonymity; a factor considered to encourage the openness of responses (Robson & McCartan, 2016). This method of data collection supported the researcher's intentions, to capture a national perspective within a short period of time. This research aimed to collect a broader understanding of views in this area when compared with previous research (Norwich et al., 2010), thus supporting the generalisability. The breadth of data captured enabled the researcher to gain an overview of the topic from a wide range of participants; supporting them to scope out potential difficulties within this area from a national perspective. However, this did not enable the researcher to elicit a more in depth understanding of the information.

Furthermore, the target participants of adult professionals also meant the researcher could assume a high level of literacy and understanding of written English which supported the chosen data collection tool. Furthermore, the researcher intended to collect mainly numerical descriptive values, aiming to consider the amount, frequency, duration and type of work; data a survey lends itself well to. Lastly, the online medium used to circulate the survey is said to reduce demands on participants by allowing them to complete the survey at a time most convenient to them. The researcher felt this was important, given the workforce's limited capacity (Lyonette et al., 2019), in addition to this being conducted during the global pandemic of coronavirus (COVID-19).

The researcher developed an initial survey designed to cover topics relevant to the research question. The researcher drew heavily on the work of Norwich et al. (2010) to provide an up to date picture of current practice, which was previously captured by this study. Unfortunately, the original survey from Norwich et al.'s work was not available. However,

questions used in the current survey were inferred from their findings and devised based on the research aims and questions, in addition to drawing on guidance for developing robust questionnaires (Gillham, 2007; Marshall, 2005). The survey included a mix of questions, including closed; allowing participants to select only one answer, lists; allowing multiple answers to be selected, rating scales; allowing participants to rate their position and open; to gain additional insight where relevant. The survey was then piloted amongst the researcher's training cohort where feedback regarding the wording of questions and layout of the survey was accepted. The pilot sample was chosen due to their similarities in educational backgrounds to those who would be participating in the survey. This was done to test the feasibility of the survey; Robson and McCartan (2016) suggest piloting offers an opportunity to identify any issues the research design may present with in the real world. Results from the pilot were reviewed to ensure the data captured by the survey was usable. This also provided the researcher with feedback regarding the duration of time it took sample participants to complete the survey. Feedback such as the introduction of a 'previous' button was responded to, supporting the usability of the survey, by ensuring participants could move freely between questions should they wish.

The survey was then circulated via Qualtrics through the mediums outlined above (EPNET, NAPEP and additional circulation through course directors and relevant services) to maximise response rate, whilst capturing a diverse range of demographics and experience. This method was chosen to allow participants the opportunity to complete the survey at a time best convenient to them, whilst providing respondents with anonymity. The survey opened with a participant information sheet, prior to consent being gained. At this stage participants were advised they may withdraw from the study at any point. Participants were unable to proceed to the survey without completing the consent form. Participants were then

prompted to provide demographic information (e.g. current position, geographical location, years' experience) to capture the representativeness of respondents.

The survey consisted of seven questions outlined below (see Appendix B for full survey; including participant information sheet and consent form) aiming to consider the amount, frequency, duration and type of work currently being conducted by EPs in relation to LAC:

1. How often do you work with looked after children (directly or indirectly) in your current role?

2. Which of the following best describes the nature of work you undertake with looked after children?

3. Who do you mainly work with to support this population?

4. Which of the following do you consider most problematic to your work with looked after children?

5. Which of the following do you feel may improve your work with looked after children?

6. How effective do you consider your current work with looked after children to be?

7. What time frame best describes your contribution of working with a looked after child (directly or indirectly)?

Participants were then asked to provide their e-mail address if they were willing to be contacted for interview purposes (which was subsequently amended to a qualitative questionnaire). The survey remained active for nine weeks. It was recirculated alongside several reminders during this timeframe. During the final circulations no new data was

obtained, thus the researcher was satisfied saturation had been reached and the survey was closed.

Phase 2 (Qualitative): The researcher initially intended to purposively sample 6-8 participants for interview to capture a more in depth understanding of the topic. However due to receiving a higher than expected response rate, and the circumstances in which the researcher was operating in relation to COVID-19, the researcher considered how circulating a qualitative questionnaire to all participants would enable a broader picture of current support to be captured, thus increasing generalisability of results. The researcher drew on initial findings from Phase 1 to create more precise questions to elicit further detail. However, in doing so the researcher acknowledges that the depth of data collected at this Phase may been limited, when compared with what may have been captured at interviews. The questionnaire did not allow the researcher to elicit any further detail through prompting or exploration of participant's answers. Therefore, future research should seek to explore this through interviews to capture a richer and deeper understanding.

The researcher resubmitted an ethics application to Tavistock and Portman Research Ethics Committee (TREC) to advise of the proposed amendments. Once these amendments had been formally approved, all 69 participants who had provided contact details were e-mailed to explicitly advise of these changes as previously mentioned. Participation of the qualitative questionnaire was requested and a link directing participants to the questionnaire was embedded within the e-mail where a revised information sheet and consent form were provided.

The questionnaire was administered through Qualtrics and consisted of eight open ended questions (see Appendix C for full questionnaire) which participants were asked to answer in as much detail as possible. The use of open-ended questions supported the researcher to gain further insight into participant's experiences of their work with LAC.

The following eight questions were used to prompt participants to describe what they considered to be influencing EP support with LAC:

1. Please describe what you/your service does to support LAC?

2. Are LAC prioritised for EP involvement in your service and if so, how?

3. Please describe what you feel can be barriers to EPs supporting LAC (if any).

4. What type of work by EPs do you feel best supports LAC?

5. When considering your work to support LAC who do you feel it is best to work with to allow for the most effective support?

6. What support/resources do you feel you need to improve your work with LAC?

7. Does your service deliver Continuing Professional Development (CPD)/additional training for staff in relation to this population? If so, please describe the type of CPD/additional training provided and comment on its effectiveness?

8. Is there anything else about your work with LAC you can share (e.g. about the effectiveness, challenges or impact)?

Again, demographic information (e.g. current position, geographical location, years' experience) was requested to capture the representativeness of respondents. The questionnaire remained open for five weeks and a follow up e-mail was circulated two weeks after the initial e-mail to thank participants who had already completed the questionnaire and

prompt those who had not and may still wish to participate; 15 EPs participated in total. Participant's responses varied greatly in length; ranging from one sentence to whole paragraphs.

3.8 Data analysis

Phase 1 (Quantitative): Data provided in the surveys provided numerical data, which was analysed using descriptive statistics to measure variations, such as frequency and amount to provide an accurate summary. This also allowed the presentation of visual representations through the use of bar charts and pie diagrams (findings are presented in chapter 4).

Phase 2 (Qualitative): In keeping with the pragmatic approach taken, data was analysed using Thematic Analysis (Braun and Clarke, 2006). There are several overarching approaches to Thematic Analysis and these can vary in terms of philosophical underpinnings and process. However, this research drew on Braun and Clarke's (2006) approach, which has in more recent years been revised and is now commonly known as Reflective Thematic Analysis (Braun & Clarke, 2019). This places emphasis on the researcher's active role in interpreting data, recognising the researcher will bring their own experiences and beliefs when making sense of the data. This involves a self-awareness of one's own values and the ability to question how the researcher strives to understand and make sense of their position in relation to the data being analysed. Indeed, Braun and Clarke (2019) recognise that codes are representative of the researcher's interpretations of the data and highlight that whilst it is possible, there is "no expectation that codes or themes interpreted by one researcher may be reproduced by another." (Bryn, 2021, p.3). Throughout this process the researcher used a research diary to capture notes, thoughts and reflections to consider how their own beliefs, judgments and experiences may have impacted on how they made sense of the data. The

researcher used reflective spaces, both with peers and supervisors to examine and explore these. This analytic method allowed common themes or patterns within the data to be identified to provide a rich understanding of the topic, in addition to being compatible with the sample size used. An inductive approach to coding was taken, which allowed themes to be determined by the available data, as opposed to a deductive approach whereby codes are predetermined by drawing on existing knowledge or theories. This approach is in keeping with the exploratory nature of this research.

The six stages, as recommended by Braun and Clarke (2006) (Table 5) were used as guidance to analyse the current qualitative data.

Table 5

Stages of thematic analysis (Braun and Clarke, 2006)

Stages	Description of the process
1. Familiarise yourself with the data	Transcribing data (if necessary), reading and re-reading the data, noting down initial ideas.
2. Generate initial codes	Coding interesting features of the data in a systematic fashion across the entire data set, collating data relevant to each code.
3. Searching for themes	Collating codes into potential themes, gathering all data relevant to each potential theme.
4. Reviewing potential themes	Checking if themes work in relation to coded extracts (Level 1) and the entire data set (Level 2), generating a thematic 'map' of the analysis.

5.	Defining and naming themes	Ongoing analysis to refine specifics of each theme, and the overall story the analysis tells, generating clear definitions.
6.	Producing report	The final opportunity for analysis. Selection of vivid, compelling extract examples, final analysis of selected extracts, relating back of the analysis to the research question and literature, producing a scholarly report of the analysis.

Prior to any form of coding taking place, the researcher organised and read through the responses to familiarise themselves with the entire body of data as a whole, whilst considering any patterns or early interpretations. Braun and Clarke (2016) place great emphasis on the need to become deeply immersed within the data, suggesting this involves the reading and re-reading of all data items. Therefore, the researcher re-read all of the data several times, engaging with it to generate meaning and consider ideas and concepts which may inform the research question posed.

For the current research, the researcher elected to use the computer-assisted qualitative analysis programme, MAXQDA to support analysis of the data. This tool allowed the researcher to develop codes and create themes to consider meaningful links. All data collected from the questionnaire was extracted and imported into MAXQDA, enabling all data to be stored in one place. The researcher systematically organised the data in a meaningful way, in relation to the research question. Data was initially grouped by question numbers; questions were then coded sequentially and coding was carried out across all data (see Appendix D for an example). The researcher chose to code across the data set to gain an overview of influences considered to impact EP support with LAC; in line with the research

question posed. Braun and Clarke (2016) suggest a pattern-based analysis allows the researcher to identify salient features of the data; meaningful to the research question. Therefore, the individual questions were used to prompt participants and elicit overarching influences relevant to EP support with LAC. The researcher highlighted phrases or sentences, assigning both semantic (relating to the face-value of the content), and latent codes (relating to underlying ideas, patterns and assumptions) they considered to best describe the content (see Table 6 for an example).

Table 6

Example of coded data

Data extract	Codes
"Children and young people who have experienced trauma often find it hard to trust professionals. It can be very difficult to build a relationship in a short visit and there may be some reluctance to engage"	Difficulties building rapport
"The professional network not having a shared and detailed understanding of the child's history and their experiences both before and after coming into care"	Lack of communication within the systems around the LAC
"Some CLA are placed long distances out of borough and travel can be difficult to arrange"	Logistical difficulties accessing LAC

Once initial coding had taken place, the researcher reviewed all the identified codes to ensure codes identified later in the process had been considered earlier on. Braun and Clarke (2016) recommend "going through the data set twice when coding, to ensure a systemic, coherent

and robust set of codes" (Braun & Clarke, 2016, p.10). Moreover, they suggest this provides opportunity to develop more latent codes. All of the data was then reviewed again to ensure data was consistent with the code name prescribed and data was richly coded (Braun & Clarke, 2016). This involved amending, splitting and collapsing codes to best fit the developing analysis. A sample of codes alongside the data extract were then reviewed by two course peers. The researcher was also supported by an experienced researcher; their research supervisor. This supported the researcher to ensure the code apportioned to the data was reflective of its meaning, whilst remaining reflexive of how their own experiences and beliefs may have influenced the coding process. The researcher used supervision to examine how their own assumptions may have affected this process. This resulted in some codes being omitted, changed or where meaning was considered similar, combined. Codes were then organised into themes by clustering codes together based on common meaning (see Appendix E for example) and checked against coded extracts across the entire data set. Braun and Clarke (2016) state the significance of a theme explaining something important about the data, relevant to the research question. At this stage some codes were discarded as the researcher felt they lacked relevance, overlapped or did not fully align with the theme identified. Themes continued to be reviewed and refined and were then also peer reviewed to support their accuracy. Braun and Clarke (2016) suggest subthemes may be used to explain facets or identify notable distinct patterns within a theme. Within the themes a number of subthemes were then identified which are detailed in the findings sections. Themes and subthemes continued to be revised to ensure the purpose of analysis - to answer the research question - was achieved.

The following chapter details the final stages of producing the report. The size of the research did not allow for all extracts to be involved, therefore the researcher has selected those that

they considered to most powerfully represent the identified themes and subthemes. This stage involved restructuring some of the themes where some quotes were not considered to demonstrate the point robustly enough. Therefore, ensuring the presented themes were reflective of the data, whilst answering the research question posed.

3.9 Validity, reliability and trustworthiness

The researcher considered several areas to mitigate any potential threats posed to the research's credibility. As with all methods of data collection there are inherent issues when considering validity and reliability. However, using a mixed method design can alleviate some of these issues by understanding contradictions between quantitative and qualitative findings. In this case, the reliability of the data was endorsed by triangulation of the quantitative and qualitative data.

Phase 1 (Quantitative): The rigour and quality of quantitative research is achieved through the measurements of validity and reliability; aspects central to all qualitative research (Heale & Twycross, 2015).

Validity refers to how accurately the intended research concept is measured, this includes reviewing the following three main types of validity:

- Content validity: Whether the instrument adequately covers all aspects of the construct, so in this case do the questions posed measure what they claim to measure and therefore make them suitable for the purpose of the research. A subset of content validity, is face validity. Face validity is where others are asked their opinions on whether the tool measures the intended concept.

- Construct validity: The extent to which the tool measures the intended construct. Construct validity occurs when adequate definitions are provided (Creswell & Creswell, 2018, p.328), ensuring the phenomenon being measured exists. This also considers whether the results can be generalised to the wider construct.
- Criterion validity: The relatedness of the instrument to other instruments which measure the same variables (Heale & Twycross, 2015).

The researcher's survey drew on previous literature (Norwich et al., 2010), where the specific content of their questionnaire was developed with experienced EPs and piloted to resolve any potential issues prior to circulation. Additionally, the researcher reviewed the current questions posed with an experienced researcher; their research supervisor to ensure questions explored the frequency, duration, amount and nature of work currently being carried out by Assistant, Trainee and qualified EPs in relation to LAC. This supported the content and construct validity of the tool being used. Whilst questions remained similar to Norwich et al.'s (2010) questionnaire, amendments were made to capture data at a national level, also supporting the criterion validity of the tool. The survey was also piloted amongst a sample of non-participants prior to distribution to consider the face validity of the questions being asked. Moreover, questions were amended following feedback to enhance the construct validity. In addition, a clear definition of LAC was provided throughout to ensure participants were clear about the phenomenon being researched.

The survey was circulated amongst a range of platforms to ensure a representative sample was gained to achieve generalisability. "Generalisability refers to whether or not the results generated in one study can be applied to wider or different population" (Braun and Clarke, 2006, p.520). Whilst this study's generalisability is somewhat hampered by the context in

which it was situated in, in relation to COVID-19, the researcher remained mindful of contextual factors which may have influenced results. These have been considered in the discussion section. Nonetheless, the research captured data from a range of geographical locations, with participants varying in position and years' experience ensuring a representative sample was gained overall, thus supporting generalisability.

Furthermore, the researcher considered the external validity of this research. External validity reflects to what extent findings can be generalised to other settings. It should be noted that this research was conducted during the global pandemic of coronavirus (COVID-19) and as such the full impact on participants may not yet be understood. However, the researcher considered how participants may have overestimated their frequency or success of work with LAC, in addition to completing the survey whilst managing a high workload and emotional stress. By doing so, both generalisability and reliability of results were enhanced. Reliability considers the consistency of findings. Research with high reliability would show a positive correlation for findings. This would generally be achieved by gathering data from two separate groups and comparing results. Whilst all material was presented and delivered to participants in the same way, it would not be possible to replicate findings outside of this sample due to contextual factors. Indeed, replication of this research in future would add to the reliability, thus information sheets, consent forms and the survey have been provided to ensure the current research is replicable.

Phase 2 (Qualitative): For qualitative data the trustworthiness of the research is considered through a parallel criterion of validity. This encompasses the following four concepts:

- Credibility: The extent to which the research is believable. According to Lincoln and Guba (1985), the credibility of research can be achieved through prolonged engagement, persistent observation, triangulation, peer-debriefing, negative case analysis and member checks.

- Transferability: The extent to which the research can be applied to another context, situation or time.

- Dependability and confirmability: The extent to which findings are consistent and replicable.

The questionnaire was developed in response to the data provided in Phase 1. The researcher used supervision and drew on existing literature to consider the appropriateness of questions posed to ensure the credibility of the questions being asked. The questionnaire aimed to consider individual's views regarding EP support with LAC. Only qualified EPs were sought for this phase of the researcher to ensure data gathered offered a true representation of current practice and barriers surrounding this. Open ended questions were used to allow participants to elaborate, providing richer detailed data.

The researcher demonstrated sensitivity to context by demonstrating an awareness for contextual factors surrounding participants (e.g. COVID-19), in addition to adopting an inductive approach to code data. Yardley (2016) highlights how meaning generated by participants must be carefully considered, without imposing pre-conceived categories on the data. The researcher was mindful of this during the analysis process. The researcher made

themselves knowledgeable and drew on supervision to ensure the methods employed supported the commitment and rigour of this research (Yardley, 2016), in addition to adopting a reflective approach.

Furthermore, the researcher endeavoured to be as explicit and clear as possible when presenting their work; using concise and transparent language to do so. The researcher has outlined and explored their theoretical orientation throughout, allowing their associated values and assumptions to be considered. By doing so, the researcher has demonstrated how they have remained within their pragmatic position, whilst permitting future analysis for new purposes and from different perspectives.

Dependability has been identified as the qualitative parallel to reliability. It seeks to consider how consistent and replicable the data gathered is over time. Whilst confirmability considers the objectivity of the research; considering how well the researcher maintained a degree of neutrality (Guba and Lincoln, 1985). The dependability and confirmability of this research was ensured by remaining transparent in the approach taken; each step was clearly detailed and decisions made at each stage were outlined. The accurate descriptions of steps taken were captured through the researcher's audit trail. Furthermore, MAXQDA allowed the researcher to create memos; enabling justification and thinking to be recorded throughout analysis. The researcher then drew on supervision to remain reflective of their findings. This enabled the researcher to explore codes to ensure their conclusions were supported by the data. Further supervision and peer reviewing of analysis supported amendments to codes and themes to ensure confirmability of findings.

3.10 Ethics

As with all psychological research carried out in the UK, this research was conducted in line

with the BPS Code of Ethics and Conduct (2018) and Code of Human Research Ethics

(2014). Ethical approval was then gained from TREC (Appendix F) where the proposed

research was outlined, in addition to providing draft copies of the recruitment advertisement,

participant information sheet, consent form, survey and questionnaire schedule (see

Appendix G for full ethics application). The committee were made aware that these were

draft copies which would remain similar, but may be amended or refined as the research

progressed. Additionally, as outlined above a resubmission of ethical approval was

submitted to the TREC in light of data collection amendments. The researcher also received

supervision throughout this process where consideration for any risks posed were

continuously considered. The following areas were considered to ensure ethical practice was

adhered to at all times, whilst observing the key ethical principles of "respect, competence,

responsibility and integrity" (BPS, 2018).

3.10.1 Informed consent

It is paramount all participants are well informed about the nature of the research prior to

providing consent to participate. An information sheet (Appendix B) outlining the aims of the

research was provided to all participants, prior to requesting electronic consent. The

information sheet was piloted amongst non-participants and submitted to TREC to confirm

sufficient information in an understandable form was presented. This information sheet

detailed potential risks and advised prospective participants of their voluntary participation

and right to withdraw from the study at any time without adverse consequences. Furthermore,

all participants were given unrestricted time to absorb and consider the information before

being asked to confirm their understanding of their expected contribution through an explicit

statement. Participants were advised of whom to contact in the event of any issues arising during the process of the research. Consent was documented to ensure an auditable record was obtained and stored in line with GDPR requirements. Due to the researcher amending their qualitative method of data collection, an amended information sheet and renewal of consent was sought.

3.10.2 Power imbalances

The researcher was sensitive to possible power imbalances present during the research and used supervision to consider any power imbalances that may arise. Given the demographic of participants and method of data collection there was limited risk posed. Nonetheless, the researcher was careful not to influence the participants narrative by adopting open-ended questions and providing supplementary text boxes for participants to elaborate if wanted.

3.10.3 Right to withdraw

As detailed above, the information sheet explicitly outlined participants right to withdraw at any time prior to data analysis, in addition to the consent form. It was emphasised that non-participation or withdrawal from the research would not carry any adverse impact for the participant.

3.10.4 Anonymity and confidentiality

The researcher's method of data collection supported participant's anonymity, and privacy was respected at all times throughout this research in accordance with the Data Protection Act 2018. All data was anonymised and no personal data regarding any LAC was acquired. The researcher explicitly outlined that in exceptional circumstances, e.g. imminent harm was posed to themselves or others confidentiality agreements may need to be breached. All data

was stored in accordance with General Data Protection Regulation (GDPR) requirements to ensure confidentiality was protected at all times.

3.10.5 Risk

Potential risks were outlined to participants in the information sheet provided, in addition to advising participants of how these risks may be managed should they arise. The researcher acknowledged that given the vulnerable nature of the population participants were being asked to explore, the research may evoke difficult emotions for some. They remained cautious of this whilst analysing their data. The researcher was mindful additional support may have been appropriate, in line with their with risk management plan outlined in their ethics application which advised participants would be signposted appropriately if necessary, i.e. supervisors, GP. Additionally, routine safeguarding procedures would have been adhered should any child protection issues have been presented by the data provided. Furthermore, the time given to complete the survey and questionnaire was not restricted. This allowed participants to take breaks and reflect during the process in case any challenges were to arise for them. This was done to ensure any discomfort or stress evoked by the process was minimised. Similarly, they were made explicitly aware that they may withdraw from the research at any time with no adverse consequences.

3.10.6 Data protection

In line with GDPR requirements, data was protected at all times throughout the research process. The researcher ensured all data remained anonymous and was stored in accordance with GDPR guidelines; data was saved electronically on an encrypted memory stick which was stored securely. Upon completion of this research, data will be confidentially destroyed.

3.10.7 Debriefing

The aim of the research was transparently outlined to all participants prior to obtaining consent. No information was withheld and participants were not deceived, as such the researcher felt it was adequate for participants to be provided with the option to read a summary of findings or the full thesis once data analysis was completed.

4. Findings

4.1 Chapter Overview

This chapter outlines the findings of the analysis from both Phase 1 and Phase 2 of the research. Details of the findings will be discussed further in Chapter 5.

4.1.1 Phase 1 (Quantitative) Findings

Phase 1 of the research aimed to answer *'What do EPs currently do to support LAC?'* This was investigated by circulating a survey at a national level. Data collection details are outlined in Chapter 3. The survey received 208 responses in total, however analysis revealed 41 participants had not provided any additional data after giving consent. Consequently, these responses were excluded due to no data being provided, meaning 167 responses were analysed in total. Furthermore, data classified as 'other' has been categorised in to tables of frequency, with the researcher determining categories they considered to best fit descriptions provided by participants. For reasons of transparency, the raw data has been provided in Appendix H.

Findings are discussed in the order questions were presented to participants. The first three questions aimed to capture demographic information of participants to monitor the representativeness of respondents.

4.1.1.1 Current position. The questionnaire started by asking participants to state their current position. They were asked to select from one of the seven options: Assistant Educational Psychologist, TEP, Main Grade EP, Senior EP, Principal EP or Assistant/Deputy Principal EP, Specialist role or Other. The results, as presented in Figure 3 indicate 77 of respondents were practising in a main grade positions, 32 of the participants were TEPs,

followed by those in a specialist role (n = 17), Senior EPs (n = 16) Other (n = 14), Principal

EP or Assistant/Deputy Principal EP (n = 8) and Assistant EPs (n= 3).

Figure 3

Summary of participants' current positions
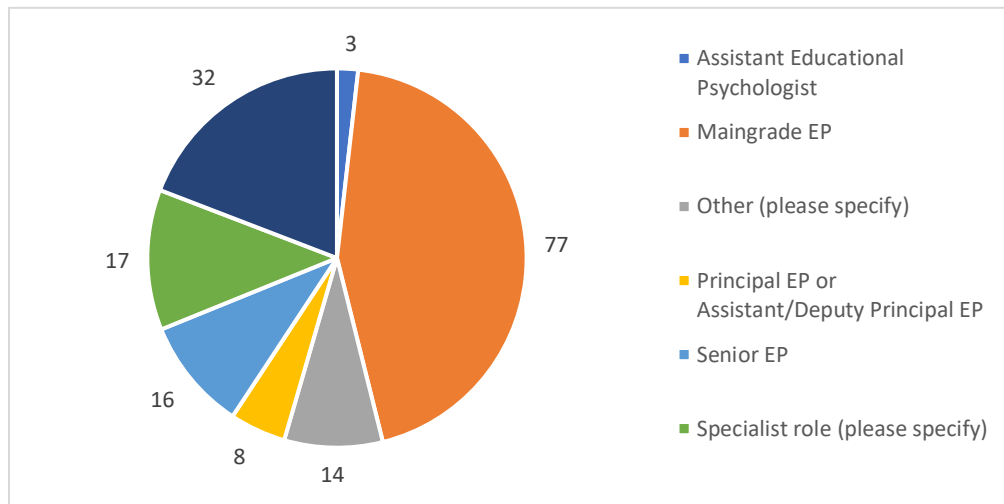
Breakdown of answers for respondents who specified they were in a 'Specialist' or 'Other'

roles are provided in Table 7 and Table 8.

Table 7

Breakdown of answers for respondents who work in 'Specialist roles'

Specialist Role	N
LAC	8
Children's services	4
Vulnerable children	1
Autism	1
Early years	1
Virtual school	2

Table 8

Breakdown of answers for respondents who work in 'Other roles'

Other Roles	N
Independent EP	10
Locum EP	1
Court Proceedings/Expert Witness	2

4.1.1.2 Geographically, where do you complete your EP work? Participants were then asked to indicate where in the UK they completed their work (Figure 4). Results indicated the majority of participants were practising in the South East of England (n=44), closely followed by London (n=41). The survey also captured data from 23 participants practising in the North East of England, 18 participants practising in the South West, a further 18 practising in the North West, 12 practising in the Midlands, eight in Wales and one in Northern Ireland. Unfortunately, the survey did not obtain any responses from Scotland and two participants did not provide a response for this answer.

Figure 4

Summary of participants' geographical locations
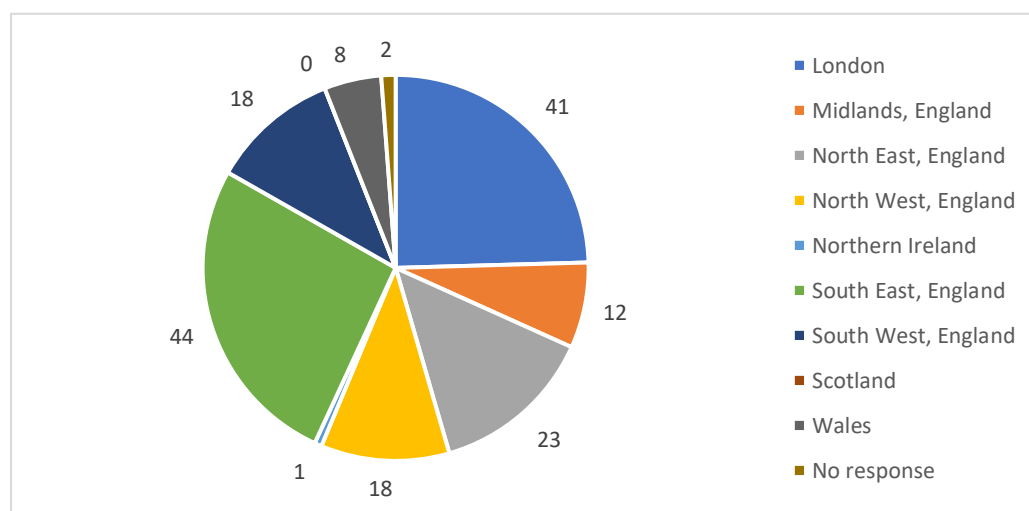
4.1.1.3 If qualified, how many years' experience do you have? The last item of demographic information requested was the participants number of years' experience. Figure 4 demonstrates a range in experience with majority of participants having 15 years + experience (n = 49). Followed by 3 - 5 years (n = 27), less than two years (n = 25), 10 – 14 years (n = 18) and 6 – 9 years (n = 17). Unfortunately, 31 participants did not provide a response.

Figure 5

Participants' years of experience
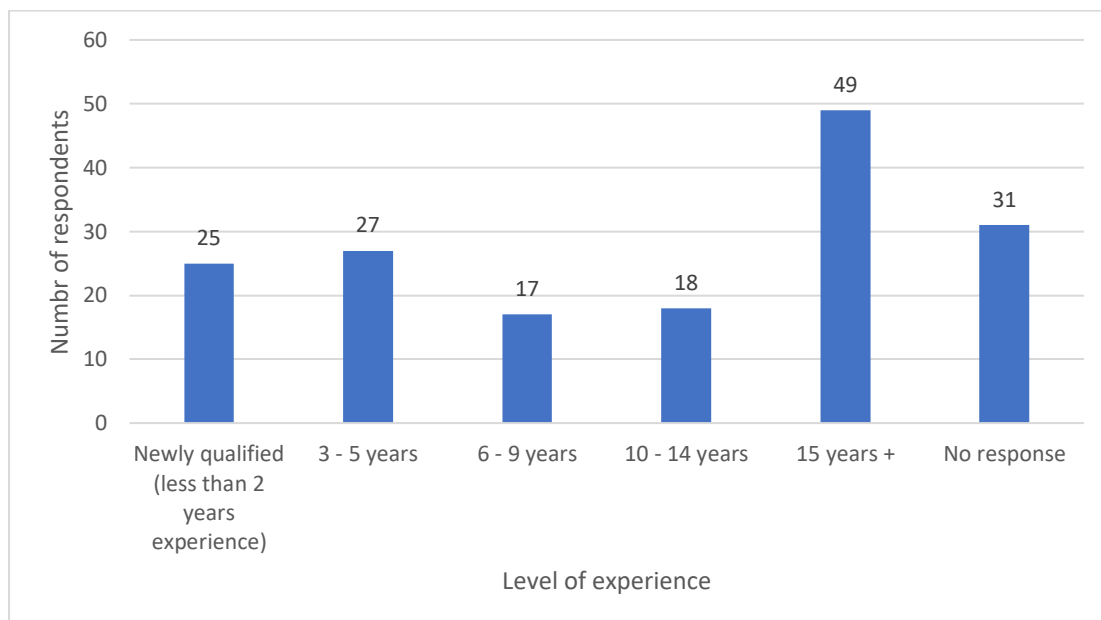
4.1.1.4 How often do you work with looked after children (directly or indirectly) in your current role? Question four asked participants to indicate how often they worked with LAC in their current role (figure 6). Participants were asked to choose from one of the following options: never, 1 case every 6 months, 2-5 cases every 6 months, at least one case per month, 2 – 4 cases per month, 5-6 cases per month or every day. Majority of participants (n = 62) indicated they worked with 2 – 5 cases every 6 months, followed by one

case every 6 months (n = 33), at least one case per month (n = 19), 2 – 4 cases per month (n = 14), 5-6 cases per month (n = 18), every day (n = 18) and never (n = 3). This equated to 1.8% of participants not working with LAC within their current roles.

Figure 6

Summary of participants' frequency of work with LAC
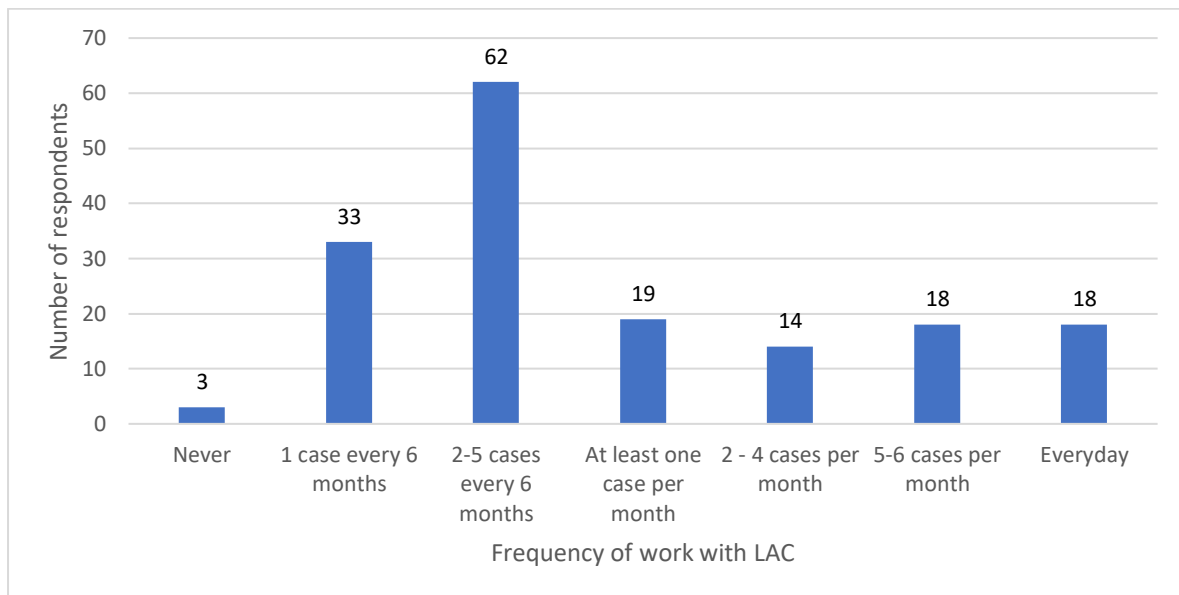
4.1.1.5 Which of the following best describes the nature of work you undertake with looked after children? Figure 7 illustrates the different types of work participants described themselves as undertaking in their work with LAC. Participants were able to select multiple options for this question. Participants were asked to describe the nature of work they carry out with LAC selecting from the following: Consultation (n = 151), assessment (n = 131), providing recommendations (n = 119), observations (n = 104), training (n = 76) intervention (n = 46), therapeutic (n = 37), other (n = 28) and research (n = 20).

Figure 7

Summary of nature of work undertaken with LAC
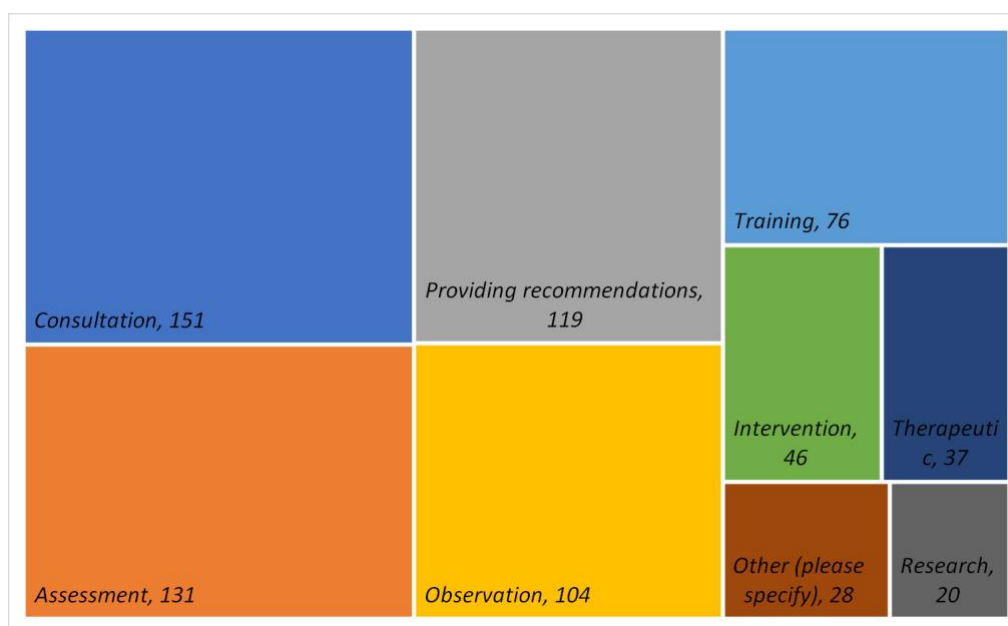
Details described by those who selected 'other' are summarised in Table 9.

Table 9

Question 5. Breakdown of answers for respondents who specified 'Other'

Other	N
Home visits	1
Supervision/support to virtual school staff	3
Supervision of other EPs	3
Direct work/training with foster carers/parents	5
EHCP advice	5
Reviews	3
Family assessments	2
Multi-agency and strategic work	3
Planning for transitions	1
Attending panel meetings	2
Pillars of parenting consultant EP	1

4.1.1.6 Who do you mainly work with to support this population? Question six asked participants to indicate who they mainly worked with to support LAC. Results indicate that over 67 participants mainly worked with SENDCos to support LAC. 44 indicated other; see Table 10 for a breakdown of descriptions. 24 of participants mainly worked with the class teacher, 18 with the LAC themselves, 8 with the social worker and 5 with parent/carers. One participant did not provide a response to this question (figure 8).

Figure 8

Summary of who participants' mainly work with to support LAC
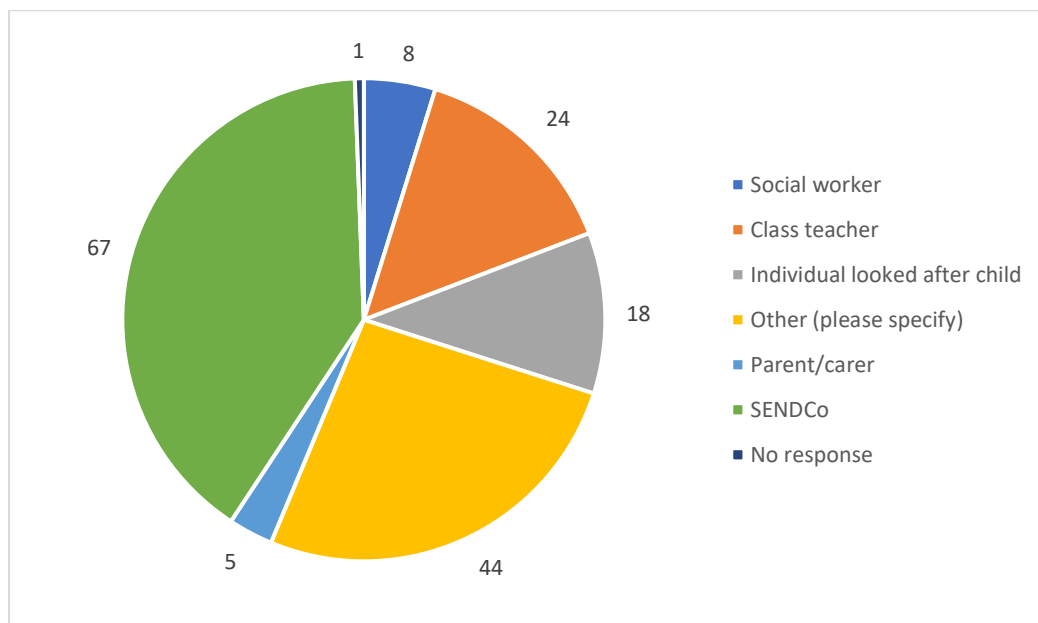
Participants responses to other are outlined in Table 10.

Table 10

Question 6. Breakdown of answers for respondents who specified 'Other'

Other	N
Virtual school staff	14
Learning advocates	1
EPs	1
Designated teacher	5
Multi-agency approach	17
Youth offending team	1
Pastoral support	2
CAMHS staff	1
Social workers/family worker	3

4.1.1.7 Which of the following do you consider most problematic to your work with looked after children? Question seven asked participants to indicate what they considered most problematic to their work with LAC from the following answers: lack of clarity around role/unique contribution, nature of work is emotionally laborious, other professionals do not always understand the EP contribution, views and/or expertise are overridden or ignored and other. Out of the 167 participants, nine did not provide an answer to this question meaning 158 responses were analysed in total. Majority of participants indicated other (n = 55); Table 10 provides a breakdown of answers. Participants (n = 38) indicated other professionals do not always understand the EP contribution, 27 participants considered views and/or expertise are overridden or ignored, 24 participants indicated lack of clarity around role/unique contribution and 14 participants indicated the most problematic issue to working with LAC was the nature of work being emotionally laborious.

Figure 9

Summary of problems reported by participants to influence their work with LAC
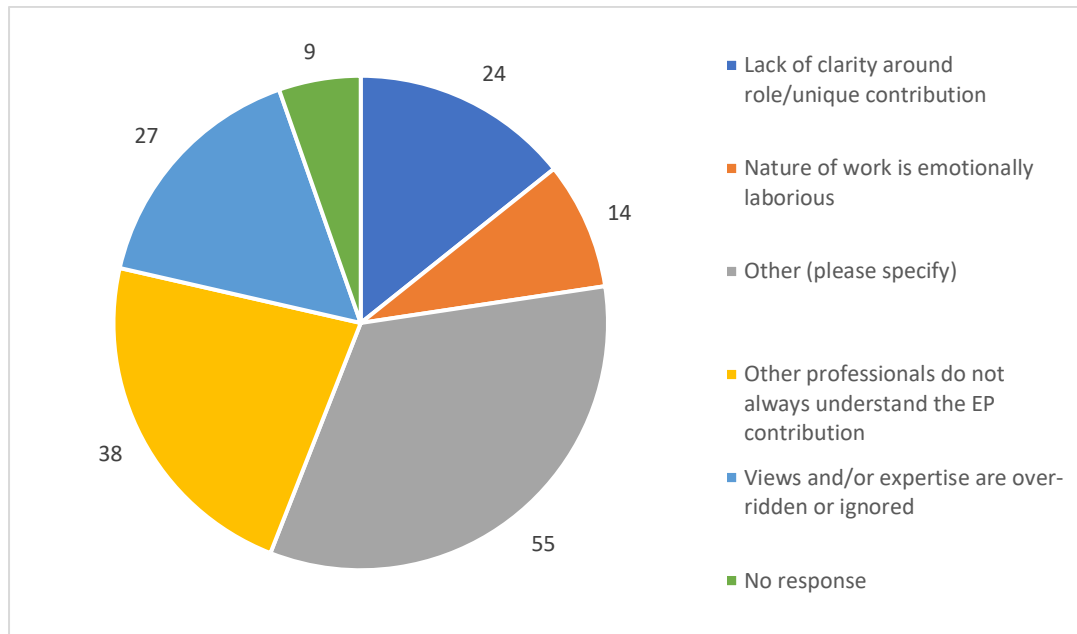
Details described by those who selected other are outlined in Table 11.

Table 11

Question 7. Breakdown of answers for respondents who specified 'Other'

Other	N
Building relationships	2
Multi-disciplinary working	9
Lack of capacity	2
No issues	2
Lack of resources	4
School staff with lack of training/experience working with LAC	4
Lack of training amongst EPs	1
Funding issues	6
Locating problem within child/family	3
LAC's early life events/complex histories	4
Time constraints	9
Lack of understanding of LAC's difficulties amongst school staff	7

Movement of LAC/placement changes	7
Lack of effective interventions	1
Lack of preventative work	5
Negative perceptions	2
Lack of empathy	3

4.1.1.8 Which of the following do you feel may improve your work with looked after children? Question eight asked participants to indicate what they felt may improve their work with LAC. As figure 10 illustrates, 99 participants felt multi-disciplinary working may improve their work with LAC, followed by protected time (n = 26), other (n = 14), CPD/training (n = 14) and additional resources (n = 10). Participants who indicated other were asked to specify, answers are detailed in Table 11. 3 participants did not provide a response.

Figure 10

Summary of what participants feel will improve work with LAC

Details described by those who selected other are outlined in Table 12.

Table 12

Question 8. Breakdown of answers for respondents who specified 'Other'

Other	N
More time	6
More funding	2
Greater focus on risk management	1
Systemic approaches	1
Additional resources	3
More preventative work	2
Focus on attachment/trauma	1
Being able to visit out of county/specialist residential settings	1
Better communication	1
Training for other professionals on EP role	1

4.1.1.9 How effective do you consider your current work with looked after children to be? Question nine asked participants to indicate how effective they considered their work with LAC to be. They were asked to indicate whether they considered their work to be not effective at all, slightly effective, moderately effective, very effective or extremely effective. As demonstrated in Figure 11, majority of participants (n = 104) considered their work to be moderately effective. Following this, 40 participants indicated their work to be very effective, 20 participants as slightly, two participants as extremely and one participant as not effective at all.

Figure 11

Summary of perceived effectiveness of work with LAC
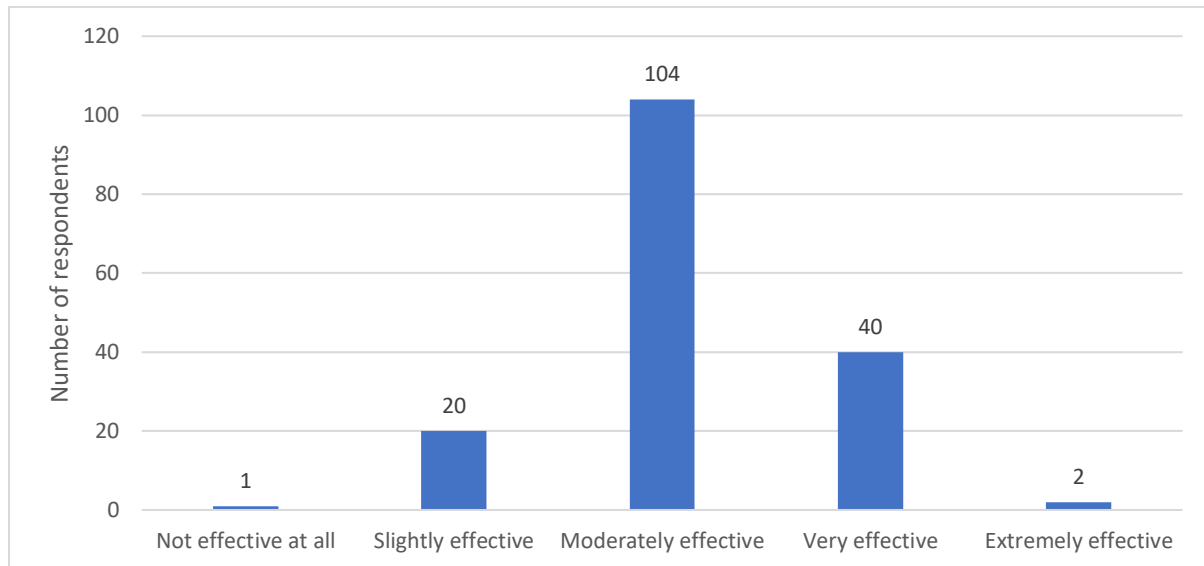
4.1.1.10 What time frame best describes your contribution of working with a looked after child (directly or indirectly)? The final question asked participants to indicate which of the following time frames best described their work with LAC: one contact, 2 - 4 weeks, 5 - 7 weeks, 2 - 5 months, 6 months + or other. As illustrated by figure 12, 38 participants suggested their work with LAC was best described by a one of contact. 33 participants indicated 6 months +, followed by 2 - 5 months (n = 26), 2 – 4 weeks (n = 24) and 5 – 7 weeks (n = 19). 23 participants indicated other to best described the time frame of their work with LAC; details of responses are provided in Table 13.

Figure 12

Summary of time spent working with LAC
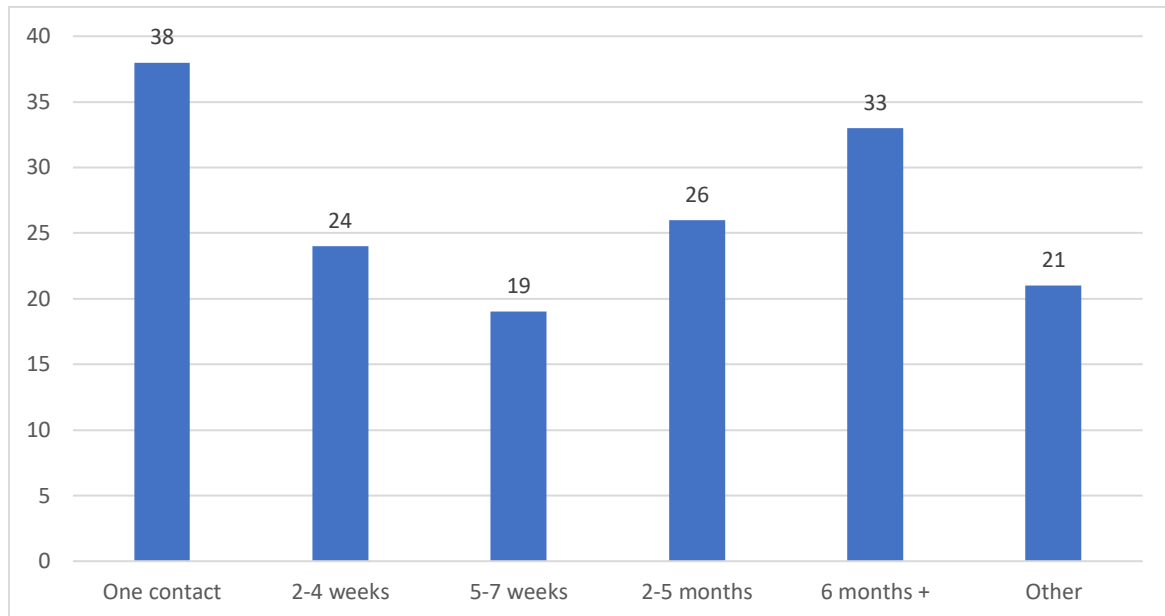
Details described by those who selected other are outlined in Table 13.

Table 13

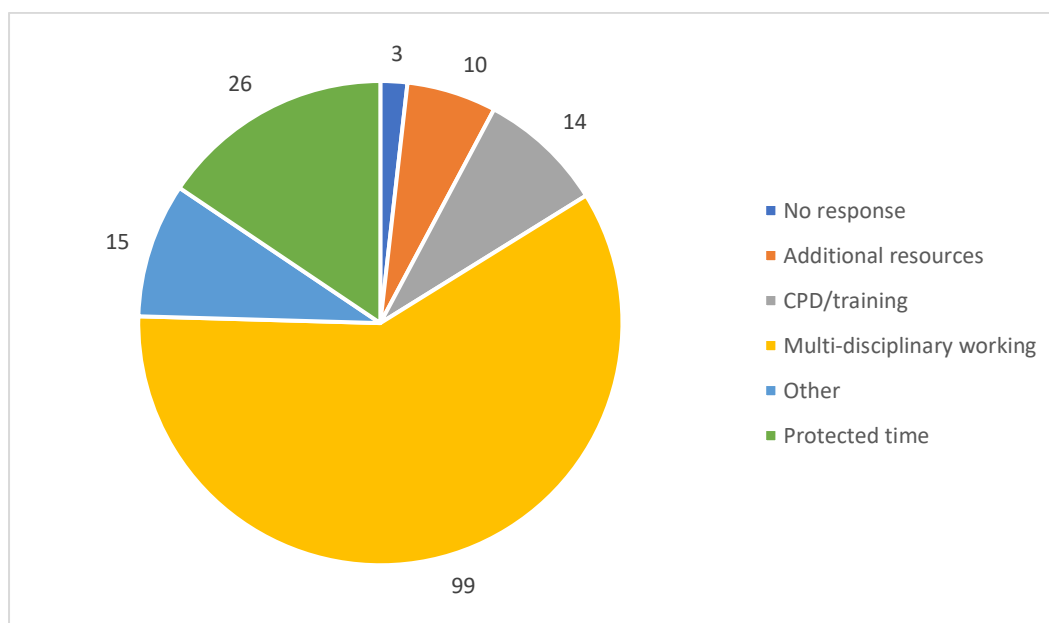*Question 10. Breakdown of answers for respondents who specified 'Other'*

Other	N
Varied	16
Consultation followed by review	2
1 Year +	3

4.2 Recruitment for Phase 2

The researcher initially asked participants to provide contact details if they were willing to be contacted for interview for Phase 2 of the research. The researcher planned to interview 6 - 8 participants. However, 69 participants indicated a willingness to be contacted. Due to the much higher response rate than initially anticipated the researcher considered how it would be more beneficial to circulate a questionnaire to capture a larger and broader sample. All 69 participants were contacted via e-mail to advise of changes and a direct link to the questionnaire was included as previously mentioned. Participants received a follow up e-mail to serve as a prompt during the duration of the questionnaire being open. Participants (n = 22) started the questionnaire, however only 15 participants completed it. The seven incomplete questionnaires were excluded from analysis. Full details of the data collection process is outlined in Chapter 3.

4.3 Summary of Phase 1 (Quantitative) findings

Phase 1 findings show that the majority of participants who took part in this survey are currently practising in a main grade position, with the majority of respondents practising in the South East of England. Furthermore, the majority of participants had 15 years + experience.

Findings suggest most EPs work with 2 – 5 cases every six months. The most common form of work undertaken by EPs was consultation, with research being the least common. Participants indicated they mainly worked with SENDCos when supporting LAC, with parents and carers begin reported least frequently. Other professionals not always understanding the EP contribution was considered most problematic to EP work with LAC, prior to 'other' where an array of difficulties were reported to influence this type of work.

Most participants suggested multidisciplinary working would improve their work with LAC. The majority of participants perceived their work with LAC as moderately effective, with most participants indicating the time frame of majority of their work with LAC was best described as one contact. These findings offer an indication of what EPs are currently doing to support LAC at a national level. However, to gain a more in depth understanding of how EPs can support LAC Phase 2 was conducted.

4.4 Phase 2 (Qualitative) Findings

Phase 2 sought to gain a greater breadth and more in depth understanding of how EPs can support LAC by exploring *'What influences EPs' work with LAC?'* This phase aimed to capture individual experiences of EP support to add breadth and depth to findings from Phase 1. The overarching aim was to explore what influences EP support. This was achieved by eliciting additional information about the strengths and challenges using a number of open-ended questions. This section outlines findings following the analysis of 15 participants' responses to an open-ended questionnaire. Thematic Analysis (Braun & Clarke, 2006) was used to analyse data. Analysis was organised by questions, the researcher then coded across the whole dataset using an inductive approach, prior to identifying themes and subthemes. A detailed description of the process of analysis is detailed in the previous chapter.

The researcher will now discuss the five themes identified (Table 14).

Table 14

Summary of themes

Theme	Subthemes	Central Organising Concept
Connectivity	- Relationships - Communication - Lack of cohesion - Risk of being forgotten	The lack of capacity for interconnection within and across systems. Emphasis placed on developing meaningful, trusting relationships.
Understanding of EP role	- Lack of clarity - Variation in practice - Need for expertise	Uncertainty around EP role and how the EP can support LAC.
Emotions	- Emotionally laborious - Sense of exasperation - Sense of optimism	Work with LAC was described to be laden with emotions, considered to influence EP support.
Lack of stability	- Movement - Fragility	There was a lack of permanence and sense of fragility described by EPs.
Time	- Slow progress - Protected time - Time constraints	Time appeared to heavily influence EPs work with LAC.

4.5.1 Theme One: Connectivity

The theme of connectivity was evident throughout participant's responses. There was a sense participants were grappling to connect, both within and across the systems which within they operate and with LAC themselves. Participants expressed the establishment of good working relationships with other professionals, parents/carers and LAC themselves to heavily influence their support. However, responses expressed a sense of difficulty in doing so and it felt as though participants were working hard to achieve this.

This theme relates to four subthemes (Figure 13): relationships, communication, lack of cohesion and risk of being forgotten.

Figure 13

Connectivity and interrelated subthemes
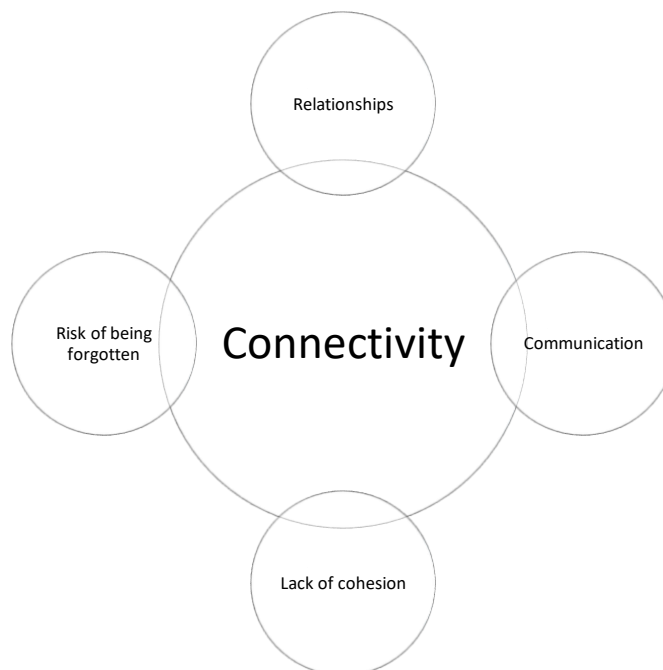
4.5.1.1 Relationships. This subtheme refers to participants indication that developing a good rapport with the network around the LAC played an important role in supporting their work. Several participants insinuated the 'closeness' of the relationship influenced this work when asked to describe what they or their service does to support LAC.

"My role involves working closely with the Virtual School Head and Learning advocates to identify children and young people that would benefit from EP involvement." (Participant 1)

"One EP works closely with the Virtual Schools" (Participant 3)

"The EPS has close links with the Virtual School" (Participant 15)

Potential barriers to achieving this were also highlighted. There was a sense that participants experienced possible resistance from some schools, in addition to tensions between other professionals. Participants indicated a need for professionals to be joining up and working collaboratively to support LAC.

"There is a huge professional network around LAC (class teacher, designated teacher, social worker, foster carer, parent, independent reviewing officer, supervising social worker, mental health professionals). There is also a common pattern that dynamics within the child's birth families and the trauma they have experienced can be 'played out' in the professional network and prevent joined up working." (Participant 2)

One participant placed emphasis on the 'openness' of others in the system to adopt a collaborative way of working, insinuating some schools are less receptive to this.

"It needs a 'hearts and minds' whole school approach and some places are more open than others to adopt this." (Participant 3)

One participant described how it can be difficult when professionals disagree, highlighting how a lack of unity in the aims or goals can impact this. They implied that this conflict in opinion can negatively impact a working relationship and directly influence the child's wellbeing. It placed emphasis on the importance of being able to work in unison with an understanding of one another's goals.

"It can be very difficult when one disagrees with a decision made by Children's Social Care that may significantly impact on a child's wellbeing. In one case I recall the child's social worker and I disagreed with a decision not to grant the child permission to take a few days off school to go on holiday with his foster carers and their extended family. This had an impact on both the social worker and myself." (Participant 7)

Whilst the EP's relationship with other professionals was highlighted, the importance of building a good rapport with LAC themselves was also implied by several participants.

"Relational learning is an excellent example in my opinion" (Participant 12)

Some participants indicated possible challenges associated with establishing this rapport. Participants highlighted the need for LAC to be able to trust the professionals working with them, suggesting the inability to do so negatively influenced support. Additionally, some participants suggested EPs are well placed to facilitate understanding of why this may be challenging for LAC.

"Trust is huge (big H) and with each broken placement, loss, abandonment, trust becomes harder to gain on an interpersonal level." (Participant 5)

"Children and young people who have experienced trauma often find it hard to trust professionals. It can be very difficult to build a relationship in a short visit and there may be some reluctance to engage." (Participant 1)

"Encouraging understanding of how development and trust can be affected by being a LAC and encouraging nurturing approaches" (Participant 9)

4.5.1.2 Communication. This subtheme encompasses information shared by participants regarding the need for effective communication to support LAC. The need to work in union with other professionals was suggested to strongly influence this support, with references to social care being most frequent.

"Greater presence in social care services- currently we are quite separate" (Participant 2)

"I think we need to focus on promoting a better understanding of the EP role amongst social care!" (Participant 15)

Participants expressed a potential lack of communication across the systems operating around the LAC. They shared challenges around gathering and sharing information and highlighted barriers potentially impeding on effective communication - a factor identified as helpful when attempting to create a shared understanding.

"The professional network not having a shared and detailed understanding of the child's history and their experiences both before and after coming into care." (Participant 2)

"*Barriers include: Information gathering and piecing together a history. CLA often have very complex backgrounds and it can be a challenge to speak to all the necessary people in order to piece together this background. Social workers are particularly difficulty to get in touch with."* (Participant 1)

"Better lines of communication between professionals and for each professional agency involved to be proactive in including others in discussions they are having." (Participant 6)

4.5.1.3 Lack of cohesion. Participants expressed a sense of fragmentation across systems, in addition to within LAC. They described how this can influence support by potentially restricting a shared understanding of difficulties amongst the network. This was

particularly evidenced by participants' references to the LAC's trajectories, where a sense of detachment and chaos was expressed.

> *"The professional network not having a shared and detailed understanding of the child's history and their experiences both before and after coming into care."* (Participant 2)

> *"... it can be difficult to contact birth parents, and may not be helpful"* (Participant 7)

There was a sense of separation and lack of consistency across the systems working around the LAC, implying this influenced support.

> *"... and with each broken placement"* (Participant 5)

> *"In addition, changes in placements and carers can mean that it's hard to work consistently with people for a period of time."* (Participant 6)

> *"... currently we [EPs and social care] are quite separate"* (Participant 1)

This was reinforced by a sense that EPs had to at times potentially work against the system to ensure support was implemented for LAC.

> *"It is sometimes necessary to 'fight the corner' for a CYP in order to get help or support."* (Participant 7)

"Absence of a parental figure who is advocating for the child and 'pushing' for their child to be seen by an EP." (Participant 2)

4.5.1.4 Risk of being forgotten. Participants expressed a sense of isolation for LAC; with references to the loss and abandonment they were continuing to experience whilst being held within the systems aimed to protect them. Participants indicated the 'risk of being forgotten' influences their support, by impeding on the LAC's ability to trust and therefore perhaps engage in support.

"… *with each broken placement, loss, abandonment, trust becomes harder to gain on an interpersonal level."* (Participant 5)

Participants shared some of the challenges faced by LAC in accessing EP support. There was a sense of concern expressed regarding the potential for LAC to slip through the net, suggesting this may be dependent by who oversees their care.

"I think a huge challenge, especially in secondary schools, is when the Designated Teacher is not necessarily the SENCO, which means that young people can fall under that pastoral umbrella, when really they need involvement from the SENCO." (Participant 14)

"Absence of a parental figure who is advocating for the child and 'pushing' for their child to be seen by an EP." (Participant 2)

"Children that need EP involvement are usually identified by their social worker or their allocated teacher from the advisory school which means that these members of

staff can sometimes be gatekeepers in terms of deciding who gets that additional

support." (Participant 10)

"LAC needs possibly not being prioritised by schools who are trading with EP

services." (Participant 2)

4.5.2 Theme Two: Understanding the EP role

This relates to three subthemes (see Figure 14): lack of clarity, variation in practice, need for expertise. There was a sense of ambiguity around the role of the EP described by participants. Practice was described to greatly vary, which perhaps added to the uncertainty. In addition to participants hesitancy around the knowledge and skills EPs brought to the role.

Figure 14

Understanding of EP role and interrelated subthemes
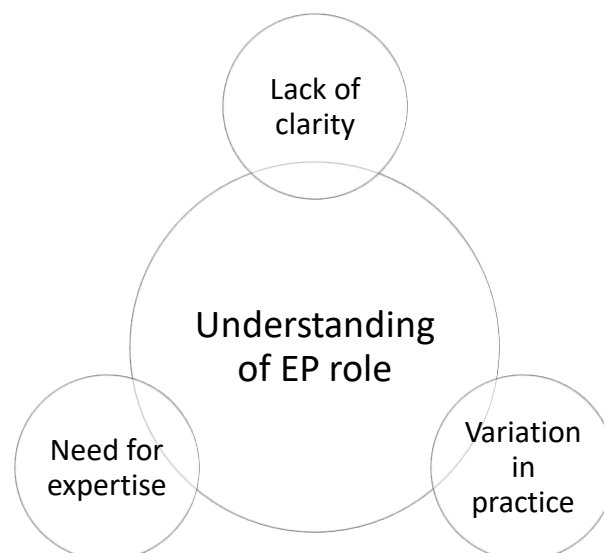
4.5.2.1 Lack of clarity. Participants perceived a sense of confusion amongst other professionals around what the EP can offer. Several participants shared there to be a lack of understanding across the systems and other agencies, but also a sense of uncertainty sometimes within the EP profession itself. Indeed, one participant expressed hesitancy around how their service supported LAC.

"In the past the Service has had a Senior EP with responsibility for LAC. I am not sure whether this is still the case as things change." (Participant 7)

Participants shared how their role was sometimes perceived by others, highlighting a lack of clarity and understanding around what the EP can deliver.

"The Virtual School often sees us as an emergency service and understandably so given the complex children they work with. Our support is often called upon without having properly thought through what an EP can bring." (Participant 1)

"A lack of understanding in the professional network about the role of the EP." (Participant 2)

"... would benefit from supporting social services to understand our role more." (Participant 2)

"...other professionals understanding of the role of the EP" (Participant 8)

"... other professionals understanding of the term 'assessment'" (Participant 8)

"Social workers understanding the EP role and what we do. The usual barriers to multi-agency working (e.g. again understanding what role we can play). Foster carers not necessarily being aware of our role and what we can do." (Participant 15)

"I think we need to focus on promoting a better understanding of the EP role amongst social care!" (Participant 15)

4.5.2.2 Variation in practice. Participants offered further insight to that captured at Phase 1 about the types of work they consider to best support LAC. Indeed, some of these were in keeping with what participants indicated they were currently doing, such as consultation work. However, participants shared what they perceived to influence this process. Furthermore, additional types of work, such as motivational work and surgeries were highlighted by participants as favourable ways to support LAC. Participants also shared specific approaches they perceived as helpful in supporting LAC.

"Motivational work with older young people- exploring strengths, setting goals for the future" (Participant 1)

"Assessment and intervention work (e.g. Circle of Adults work can have massive impact)." (Participant 15)

"I think the most helpful approaches I have used have been collaborative problem solving consultations using a framework such as Circle of Adults. (Participant 6)

"Collaborative problem-solving via surgeries, consultations and PEPs/TACs/Annual reviews. Capacity building through training." (Participant 3)

Participants offered further insight into how the process of such support is helpful, sharing the usefulness of joining up with other professions. One participant specifically labelled how they considered joint working with Clinical Psychologists would support this work.

"Where EPs can taken a role which is wider than just the traditional EP role and work with resilience, bespoke packages, understanding the wider needs of individuals who happen to be LAC and have associated experiences, consider contact issues ... we are in an extremely good position to understand these young people as individuals and to support other professions in their work with them. we should also work closely with CPs in this work in my view." (Participant 13)

There is often a lot of information already known about the young people and different people often know different information. This process can be helpful to draw all that knowledge together and create a shared understanding, hypotheses and clear actions." (Participant 6)

Whilst some similarities were described, participants' responses varied greatly in what they perceived as the best type of work to support LAC. There was an array of work described, including acknowledgment that practice appears to differ from case to case and across services.

"I work across several Local Authorities and practice varies widely" (Participant 11)

"the nature of the work can vary from case to case. Sometimes a formal cognitive assessment can be helpful; sometimes a projective test can help, sometimes it is necessary to work with adults in school to increase their understanding of the problems that a CYP may be facing." (Participant 7)

4.5.2.3 Need for expertise. Several participants insinuated the traditional EP role may not possess the skill set to support LAC. Participants indicated the desire for more training opportunities. There was a suggestion that work with LAC may require an additional skill set that the traditional EP may not hold without additional specialist training.

"More psychologists who are either already knowledgeable and skilled, or who would be willing to undertake specialist training." (Participant 5)

"I would like to be able to access more CPD in order to further my own knowledge and understanding" (Participant 10)

"Many EPs have very little training in working with children who have experienced trauma, and with the systems around LAC. We know about attachment theory, but not all EPs would be able to spot attachment issues, be confident to discuss them or to help support them. I learned more about LAC issues through becoming an adoptive parent than in all my years of training and working as an EP." (Participant 12)

Furthermore, when asked how participants viewed themselves or their services to support LAC, several participants indicated this support was solely delivered through specialist or

designated roles. There was an undertone that the role of working with LAC was considered to be outside of the EP remit unless in a specialist or allocated post. There was little reference to how the main grade EP supports LAC in mainstream schools as part of their daily responsibilities.

"Specialist psychology posts for LAC" (Participant 11)

"One EP works closely with the Virtual Schools offering 1 day a week for assessments, consultations, attendance at meetings etc." (Participant 3)

"We have a designated team of 5 EPs that work to support the Virtual School." (Participant 10)

This was also evidenced when participants were asked if LAC were prioritised for EP involvement.

"Yes, via specialist post" (Participant 11)

The notion that the EP support for LAC lies with specialist posts insinuated a shift of responsibility within the profession, implying something additional to the expertise brought by a main grade EP is needed to support LAC.

4.5.3 Theme Three: Emotions

This theme relates to three subthemes (see Figure 15): emotionally laborious, sense of exasperation and sense of optimism. Participants responses were laden with emotion. There was a sense of frustration stemming from the challenges posed by this type of work. Emotions permeated the data provided whilst participants described barriers and ineffective systems, indicating these factors impeded on their work with LAC. Consequently, this appeared to add to a sense of hopelessness in what was described to be an emotive and challenging environment. However, a sense of perseverance and hope was also captured. This optimism was considered a positive influence when working with LAC.

Figure 15

Emotions and interrelated subthemes
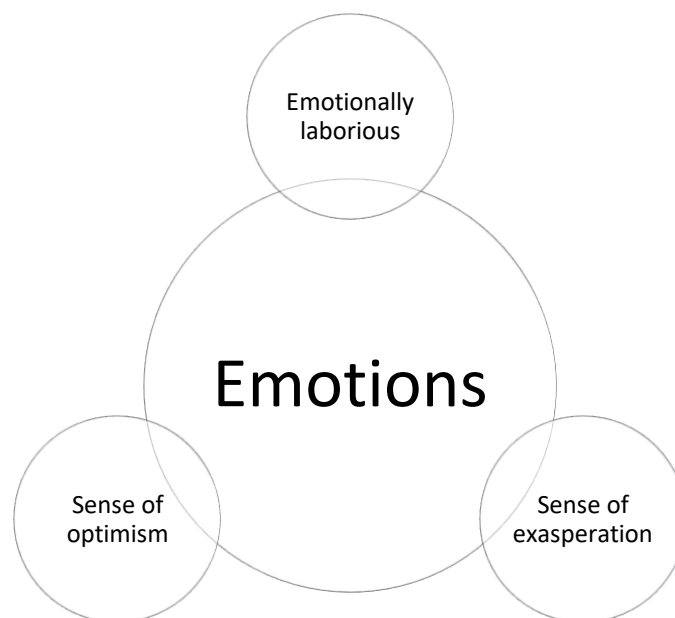
4.5.3.1 Emotionally laborious. There were frequent references to difficult emotions, and pressures when working to support LAC. There was a sense that EPs were left holding difficult emotions or feeling responsible. Consequently, the importance of supervision and peer support whilst working with LAC was indicated.

> *"While work with CLA can be extremely rewarding I think it is also important to reflect on the emotional impact of working with CYP who have experienced such significant trauma. You often feel as though you want to 'save' CYP from any more harm and it can often feel as though your support is a drop in the ocean. It helps to reflect on the positive impact I am having in supervision as well as be reminded that I am not responsible for 'fixing' everything."* (Participant 1)

> *"it can be very emotive (as a lot of EP work can be). There is a real need for self-care and peer support when working with this population"* (Participant 8)

> *"Working with trauma and relational care needs requires an investment from all professionals. There is no quick fix as healing takes time."* (Participant 5)

One participant also painted a dreary picture of what this type of work is like, suggesting LAC can be challenging to work, insinuating this is possibly due to difficulties located within the child.

> *"LACYP can be very damaged and challenging, and so can be difficult to work with."* (Participant 7)

4.5.3.2 Sense of exasperation. There was a sense of participants feeling unheard, tired and frustrated by difficulties within and across the systems. Participants' responses suggested a potential lack of confidence in the impact the profession felt they were having in supporting LAC; a sense of ineffectiveness and challenge was described. Participants' responses felt laden with difficulties, despite frequent references to the great effort and persistence EPs were described as employing.

> *"We are quite often seen by young people as just another professional in a long line that have engaged with them and asked their views and so I think it can become meaningless for them"* (Participant 10)

> *"It is hard if the EP feels that a CYP has been placed in a setting she believes to be inappropriate or even damaging. it requires a lot of tact."* (Participant 7)

> *"... we work hard to change perceptions, understanding, and to upskill everyone that supports LAC. It's a constant evolution."* (Participant 5)

Whilst many of the difficulties described were directly in relation to the EP role, one participant's response suggested some of these frustrations may potentially sit within the wider network.

> *"there is a tendency to move LAC children around when things are becoming challenging, whereas in fact it is important to work through the difficulties and not move unless absolutely necessary."* (Participant 12)

One participant described a potential lack of movement or perception in other professional's understanding which felt tiresome.

"Some secondary schools are still very heavy on 'discipline and punish'. This needs to change." (Participant 5)

There was a sense that participants felt defeated by some of systems or barriers posed by working with this population. One participant indicated they felt EPs' work could potentially become worthless to LAC, whilst another expressed feeling as though their support was miniscule; these responses had a sense of bleakness attached to them.

"We are quite often seen by young people as just another professional in a long line that have engaged with them and asked their views and so I think it can become meaningless for them" (Participant 10)

"You often feel as though you want to 'save' CYP from any more harm and it can often feel as though your support is a drop in the ocean." (Participant 1)

4.5.3.3 Sense of optimism. In contrast, some participants expressed a sense of fulfilment and hope from their work with LAC. This sense of optimism was described as a possible protective factor for EPs, empowering the profession to persist despite the difficulties posed. This was conveyed to positively influence their support with LAC by creating change.

"Successes are when schools engage whole heartedly and see themselves as a caring community" (Participant 4)

"... work with CLA can be extremely rewarding" (Participant 1)

"I have carried out a number of Team Around the Child meetings for children in care, which have been effective in terms of change and setting up a system that can be taken forward by other professionals." (Participant 4)

Some participants expressed a hopeful outlook, suggesting the power to change was located within the profession itself. This conveyed hope and indicated a sense of empowerment.

"the barriers in my view are internal to our psyche more than anything else." (Participant 13)

"It is the adults in the immediate environment that have the power to make changes for that young person." (Participant 10)

4.5.4 Theme Four: Lack of stability

This theme relates to two subthemes (see Figure 16): fragility and movement. Participants

expressed a sense of fragility and lack of permeance within the system. This created a sense

of instability which was conveyed to negatively influence EP's support with LAC. The

frequency of movement was described as a potential challenge to this type of work.

Figure 16

Lack of stability and interrelated subthemes
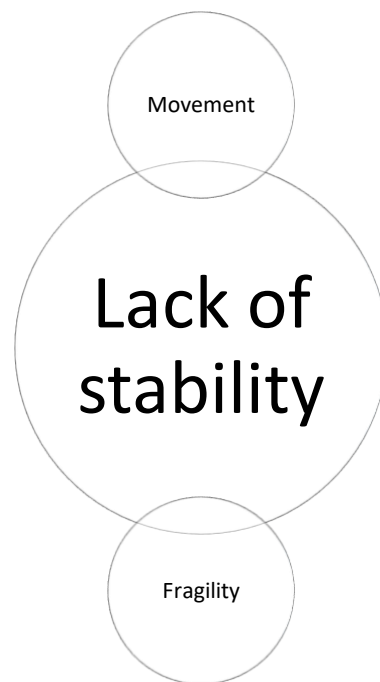
4.5.4.1 Movement. There was a sense of fluidity and several references to movement,

which were described to negatively impact on EP support. There was some reference to the

frequency of physical upheaval experienced by LAC, but also to the volatile situations these

children are often exposed to or situated within. Participants described how these factors

were problematic to their work.

"Some CLA are placed long distances out of borough and travel can be difficult to arrange." (Participant 1)

"CLA can move around a lot" (Participant 1)

"LAC frequently moving between placements and schools." (Participant 2)

"Sometimes there is a lack of information due to confidentiality issues or because the child has moved a lot…" (Participant 7)

"LAC are often seen as moving around too often and in unstable situations and therefore cannot be successfully supported." (Participant 13)

Several participants also suggested this to be apparent across the systems LAC are situated within, describing this as a further factor to influence their work.

"In addition, changes in placements and carers can mean that it's hard to work consistently with people for a period of time." (Participant 6)

"This work is evolving and changing alongside other developments in the Local Authority." (Participant 14)

"It's a constant evolution." (Participant 5)

4.5.4.2 Fragility. There was a sense of fragility due to the lack of sturdiness and sense of instability described in participants' responses. There was reference to safety and

suggestion that LAC's 'unstable situations' are perceived to contribute to them successfully accessing support. One participant described how some of these difficulties may cause an instability in LAC's care.

> *"it is a real challenge for teachers to understand this and to accept that relational care is more important than learning. If we don't feel safe, we don't learn."* (Participant 5)

> *"LAC are often seen as moving around too often and in unstable situations and therefore cannot be successfully supported."* (Participant 13)

> *"In addition, changes in placements and carers can mean that it's hard to work consistently with people for a period of time."* (Participant 6)

The sense of LAC being fragile is reinforced by the language used by some participants, namely 'broken' and 'damaged'. Whilst this population is recognised as vulnerable, some participants responses insinuate this vulnerability is at times possibly located within the LAC, as opposed to the systems within which they sit. This fragility is emphasised by the suggestion that even the professionals within the system need to work hard to protect them.

> *"… with each broken placement, loss, abandonment, trust becomes harder to gain on an interpersonal level."* (Participant 5)

> *"LACYP can be very damaged"* (Participant 7)

"It is sometimes necessary to 'fight the corner' for a CYP in order to get help or support." (Participant 7)

"Absence of a parental figure who is advocating for the child and 'pushing' for their child to be seen by an EP." (Participant 2)

4.5.5 Theme Five: Time

This theme relates to three subthemes (Figure 17): slow progress, protected time and time constraints. Participant's responses described the endless time constraints placed on their work with LAC; recognising the need for lengthier pieces of work over a duration of time.

Figure 17

Time and interrelated subthemes
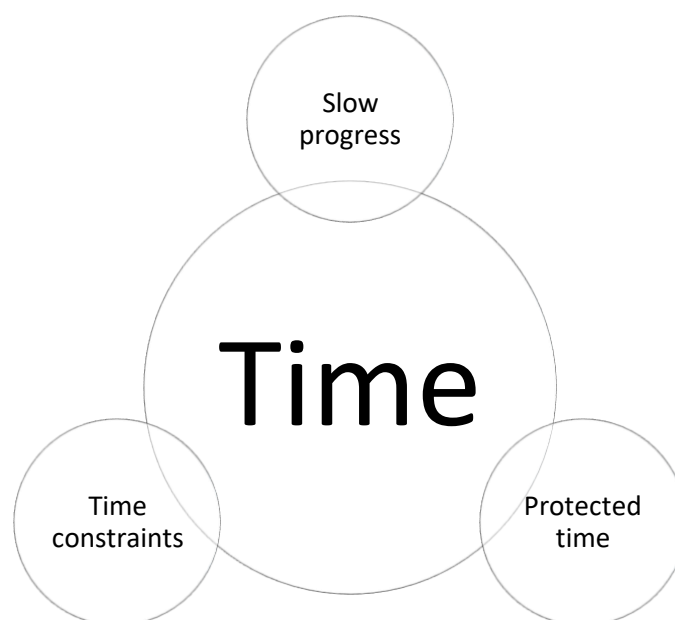
4.5.5.1 Slow progress. Meaningful work with LAC was described to be time consuming, progress slowly and require patience. There was a sense of perseverance expressed in participants' responses and the need for determination to overcome the barriers associated with working with LAC.

"Whilst this [for LAC to be in school] is the aspiration for all young people, it takes time and significant effort and is not always achievable within the time frames set by LAs or The Virtual School." (Participant 6)

"there is a tendency to move LAC children around when things are becoming challenging, whereas in fact it is important to work through the difficulties and not move unless absolutely necessary." (Participant 12)

"Working with trauma and relational care needs requires an investment from all professionals. There is no quick fix as healing takes time." (Participant 5)

"I spend a lot of time gathering information from social workers, personal advisors and clinicians meaning" (Participant 1)

4.5.5.2 Time constraints. Several participants suggested they were restricted by time when working with LAC. Participants' clearly expressed the need for more time when asked what they feel may improve their work with LAC.

"TIME and more opportunities for multi-agency work" (Participant 14)

"time and the ability to ensure that others prioritise these needs." (Participant 13)

"More time" (Participant11)

"More time!" (Participant 2)

"More time to invest in developing guidance for supporting CLA" (Participant 1)

One participant recognised how problematic time constraints can be, suggesting these were less apparent in independent services. They described how this influenced their support by enabling them to be more flexible and response to the LAC's need.

"As an independent service, we are not constrained in the same way that LA EP services are. We are much more flexible and able to be more responsive to need." (Participant 5)

4.5.5.3 Protected time. Several participants suggested EPs with protected time, either through having time allocated or by being in a specialist role, were perhaps better able to support LAC. When asked about barriers posed to working with LAC, majority of participants recognised the need for protected time.

"Lack of protected time." (Participant 14)

"More dedicated EP time to support individuals over time rather than one-off crisis intervention." (Participant 3)

"Our EPS allocated an EP to work with the Virtual School two years ago. The Virtual School have been allocated 1.5 days each week of EP time." (Participant 1)

"Availability via protected time for lac, foster parents, social workers…" (Participant 11)

4.6 Summary of Phase 2 (Qualitative) findings

Phase 2 findings provide further insight into how participants' experience their work with LAC. Both protective factors and barriers were identified as potential influences when considering EPs' work with LAC, thus adding breadth and depth to the current research.

As discussed, five themes were identified across the data provided by participants' responses (connectivity, understanding the EP role, emotions, lack of stability and time) and within these themes 15 subthemes were presented (relationships, communication, lack of cohesion, risk of being forgotten, lack of clarity, variation in practice, need for expertise, emotionally laborious, sense of exasperation, sense of optimism, movement, fragility, slow progress, time constraints and protected time). These findings will now be discussed in detail, alongside the limitations and implications for future research and relevance to EP support.

5. Discussion

5.1 Chapter Overview

This final chapter provides a discussion of the current findings, to answer the overarching research question posed, *'What influences EPs support with LAC?'* This chapter will discuss the findings in relation to what is already known, linking current findings to the literature previously presented. The strengths and limitations of this research will be acknowledged, illustrating areas for development and potential direction for future research. The researcher will reflect on the implications for EP practice, prior to detailing how they intend to disseminate findings. A final conclusion will be provided to summarise the current research.

5.2 Discussion of findings

As previously discussed, the current research has been heavily influenced by the work of Norwich et al. (2010). This work has served as a scaffold to extend this area of research and provide a current exploration of EP support in relation to LAC. Norwich et al. (2010) previously explored the extent and nature of EP practice amongst LAC through an initial internet-based questionnaire, followed by a semi-structured interview. The commonalities and contrasts presented by this work, and the previously identified literature will now be considered to explore implications for the EP role when working with LAC within the current context. The current research adds to the available literature, whilst offering direction for further research and future EP support with LAC.

Overall, the researcher would consider findings to demonstrate great insight into EP support with LAC, and consequently direction for how EPs can support these children in future work. Findings detail what EPs are currently doing to support LAC, in addition to what may influence this type of work. This research illustrates the strengths and barriers posed to

supporting LAC, and captures the great effort exerted by professionals to overcome obstacles impeding on this support within the current context. In turn, this has highlighted how the EP profession is well placed to manage such challenges, thus offering direction for the future practice of EPs in supporting LAC.

5.2.1 What do EPs currently do to support LAC?

The initial objective of the research was to identify what EPs are currently doing to support LAC. A broad overview of the different types of work EPs may be conducting was indicated by various legislation (DfE, 2020) and research (Billinge, 2007; Cameron, 2017; Edwards, 2016; Francis et al., 2017; Norwich, Richards & Nash, 2010; Peake, 2011), but some research (Norwich et al., 2010) suggested that current practice may be incongruent with guidance and legislation. This disconnect was exacerbated by the dearth of existing and more so, current literature available.

Findings from the current research, are based on data provided by EPs. This is as opposed to other professionals or LAC themselves, which majority of previous research appears to favour (Cameron, 2017; Edwards, 2016; Francis et al., 2017; Honey et al., 2011; Warham, 2012). This has offered insight into what is actually happening in practice for the profession, as opposed to speculation or assumptions based on what guidance (DfE, 2015) may suggest EPs should be or are doing. This is not dissimilar to Norwich et al. (2010)'s work, which examined the extent and nature of EP work with LAC in five LAs. However, the current data has been collected at national level, providing a wider oversight of the nature and extent of work happening within the profession in the current context.

Despite the current survey being piloted to ensure its usability, some questions were not answered by all participants. It is not clear why a minority decided not to respond to some parts of the survey, but the researcher would hypothesise it may have been related to concerns regarding anonymity, not wishing to reveal certain details of their practice and/or a lack of interest in this particular topic. Nonetheless, the survey received a high response rate (n = 167) overall, capturing data across a range of regions providing robust findings. The reliability of some of the questions asked is also endorsed by Phase 2 of this research.

Current findings indicated that majority of EPs (74%) currently working with LAC are in main grade positions, with fewer respondents (20%) describing themselves as being in specialist roles. This conflicts with previous findings (Norwich et al., 2010) which found a higher proportion of respondents (21%) were in specialist roles, when compared with main grade positions (14%). Furthermore, the researcher examined the current data to review the descriptions of those identifying as being in a 'specialist role'. The researcher found many respondents were in fact practising in a main grade position with additional or "enhanced" responsibilities. Indeed, one respondent who identified as a being in a specialist role shared they worked within a fostering support team, but were in a main grade position. Other respondents perceived working as a main grade EP with virtual school responsibilities as fitting within a 'specialist role'.

Previous research (Norwich et al., 2010) has identified school-based work to make up majority (83%) of EPs encounters with LAC, with only 24% of respondents being positioned within multi-agency or professional specialist teams. Current findings may suggest that whilst some of the roles specified as 'specialist' within current data are situated within less common settings (e.g. school-based work), there is a lack of clarity around how the

profession themselves define or perceive these 'specialist' positions. Some of the evidence indicates those practising in less common or different settings to a mainstream school identify as being in a specialist role. However, this does not provide definition or clarity of what the role itself entails, or indeed how it differs to that of a main grade. Again, previous research has highlighted the use of specialist skills (Norwich et al., 2010), but with no elaboration on what these involve, or indeed what separates these skills from those of a main grade EP. Indeed, many respondents (35%) in Norwich et al.'s (2010) study did not identify a position, which authors suggested may be due to a lack of clarity around the definition of roles. This may be in keeping with current findings regarding uncertainty around what constitutes a specialist role or indeed any of the EP roles listed when concerning work with LAC.

Indeed, evidence is laden with the narrative that within the profession LAC do not fit within the traditional main grade role. This is incongruent to guidance and legislation (DfE, 2015) which clearly outlines the position of the EP in relation to supporting LAC. Whilst current findings indicate there is movement in recognising the versatility of the EP role when working with LAC by the variety of positions identified amongst respondents, they also highlight the ambiguity and lack of clarity around this role within the profession. Interestingly, Norwich et al's., (2010) work suggested this lack of clarity to be located in other professionals. However, data elicited in Phase 2 of this research suggests some of this ambiguity may in fact stem or be intensified from the profession itself. Current findings indicate this uncertainty may potentially be projected into the systems around which the EPs operates (see section 4.5.2).

A key finding from this research is in relation to the nature of work currently being conducted by EPs to support LAC. Current data suggested assessment work (n = 131) and

providing recommendations (n = 119) were regularly used to support LAC. These findings are not broadly found amongst previous literature, with existing research mainly recognising the use of consultation and therapeutic work when supporting LAC. Indeed, consultation was highlighted as the most frequent work to be undertaken by EPs (n = 151) within the current research. This finding aligns with other research which has suggested consultation is a valuable use of EP time when working with LAC (Billinge, 2007; Cameron, 2017; Edwards, 2016; Francis et al., 2017; Norwich, Richards & Nash, 2010; Peake, 2011).

However, whilst the benefits of therapeutic work when working with LAC is widely recognised (Billinge, 2007; Cameron, 2017; Francis et al., 2017; Norwich et al., 2010), findings suggest this is not currently being utilised a great deal within EPs' work. Only 37 respondents indicated using this in their current practice. Given the extensive benefits of therapeutic work recognised amongst existing literature, this is surprising. Findings from Phase 2 suggest this may be as a result of time constraints, a subtheme currently identified to influence EPs' support with LAC (see section 4.5.6.2).

Moreover, the limited amount of direct work respondents highlighted the profession is currently conducting may also be understood by this. Majority of participants (67.4%) indicated their work to support LAC is primarily with SENDCos, with findings indicating the profession is currently having very limited contact with LAC themselves (18.1%) and/or their parents/carers (5.3%). The surrounding reasons for this remain unclear, but as previously mentioned, findings from Phase 2 (see section 4.5.1.4) would corroborate that this is largely owing to time constraints. This explanation aligns with previous research (Norwich et al., 2010) and is reinforced by findings in Phase 2 of this research.

Indeed, most participants (n= 38) described their time frame of contribution when working with LAC as 'one contact'. In contrast, this was closely followed by 6 months + (n=33). Evidence may suggest this polarisation in time frames spent working with LAC reflects the complexity of working with this population and the desire or drive to complete therapeutic or time-consuming pieces of work with a LAC, balanced with the needs and pressures of the systems the EP operates within.

Another key finding was in relation to the profession's perceived effectiveness. Indeed over 62% of respondents perceived their work as moderately effective, but only 2 respondents considered their work as extremely effective. This alone, highlights the rationale for additional research to firstly ensure the profession is delivering highly effective work to support LAC, but also to understand and recognise what may be influencing the profession's perspectives on the nature of this work; an element this research aimed to explore.

Lastly, and perhaps most pertinently findings indicated that research was the least pursued type of work currently being conducted within the profession (n = 20). Given the importance of LAC in relation to the issues highlighted throughout this research so far, this is of great concern. Indeed, this lack of research evidenced by current findings may begin to illuminate why some of the wider - less understood - systemic issues are yet to be overcome within current EP practice.

5.2.2 What do EPs describe to influence their work with LAC?

Phase 2 of this research captured qualitative data in relation to what EPs considered to influence their work with LAC. Findings from this phase illustrated an array of influences, described by the profession to both help and hinder EP practice with LAC. Analysis of findings identified the following five themes, considered to influence EP support with LAC:

- Connectivity

- Understanding of the EP role

- Emotions

- Lack of stability

- Time

Indeed, some of these themes, are dominant across all EP practice and were therefore anticipated by the researcher. For example, issues around communication have been long standing within the EP profession, with failure to effectively do so being recognised as a reason for services' inadequacy (Every Child Matters, 2004). Indeed, effective multi-disciplinary working has long been placed at the centre of government initiatives and guidance (Every Child Matters, 2004; SEN CoP, 2015) in an attempt to overcome this. However, the current research has provided evidence and generated an understanding into how these identified issues specifically influence the profession's work with LAC at both an individual and systemic level.

5.2.2.1 Connectivity. Firstly, the current research placed importance on the need to connect with others when working with LAC. Respondents indicated a lack of interconnection within the systems around the LAC, highlighting this as a potential barrier to supporting this population. Evidence indicated this is difficult to overcome, referencing a

lack of joined up working within the systems potentially influenced by issues around time (see section 4.5.6). Analysis suggested relationships, communication, lack of cohesion and the risk of being forgotten were all matters which influenced the attainment of connectivity.

Respondents shared their experiences of working with LAC, suggesting relationships were central to this type of work. Several participants placed emphasis on building 'close' relationships with the professional network when asked to describe what they or their service do to support LAC. Whilst available research (Edwards, 2016; Francis et al., 2017; Warham, 2012) accepts the significance of relationships when supporting LAC, the focus is on LAC themselves, and their relationship with professionals. There is limited consideration for the need of the professional network to be securing these bonds with one another. This is surprising giving central guidance (DfE, 2015) places emphasis on the need for a joined-up approach, recognising the need for professionals to be working together to promote a holistic overview of the LAC's needs.

The current research has begun to explore how this can be achieved within the complex systems in which a LAC sits, by offering insight into potential barriers identified. Specifically, one of the subthemes to connectivity identified was communication, encapsulating the importance of sharing information. This is widely in keeping with existing literature (Billinge, 2007; Cameron, 2017; Edwards, 2016; Francis et al., 2017; Honey et al., 2011; Norwich et al., 2010; Peake, 2011; Warham, 2012), where the need for effective communication is considered. This is also reinforced by key guidance (SEND CoP, 2015) which clearly highlights the need for open communication amongst professionals.

The current research offers an enhanced understanding into the underlying mechanisms driving some of the issues around communication (see section 4.5.1.2). For example, respondents suggested tension created by resistance from different professionals hindered the ability to effectively communicate (see section 4.5.1.2). Indeed, Norwich et al. (2010) also identified tension between different disciplines to be present when working with LAC. However, Norwich et al. (2010) does not expand on how this influences EP's support to LAC. Whereas the current research identifies that this specifically impacts on communication, impeding on information sharing and consequently building a full picture of the LAC's historic and current difficulties (see section 4.5.1.2). This research highlights the importance of tensions within the system to be managed (see section 4.5.1.1.), which current evidence suggests may be achieved by cohesive working (see section 4.5.1.3). Evidence suggests approaches such as collaborative problem-solving consultations, specifically 'Circle of Adults' may support with this, thus highlighting a clear role for the EP to be working at a systemic level when supporting LAC.

The evidence would suggest that an output of working at a systemic level to support the network around the LAC, perhaps through the specific approaches identified (e.g. Circle of Adults) would be more positive and cohesive relationships within the system. Consequently, this would overcome the identified influences associated with the lack of cohesion evidence suggests is currently present within the system (see section 4.5.1.3).

Evidence suggests LAC's life trajectories can 'play out' and influence the dynamics within the professional network (see section 4.5.1.1.). Whilst this is not a novel finding to suggest LAC's early adverse life experiences are enduring, the current findings offer understanding

and insight, indicating how these may interact with the systems, thus professionals operating around them.

5.2.2.2 Understanding of the EP role. The current evidence indicated uncertainty around the EP role when supporting LAC. This was present within the professional network and the EP profession itself, with variations in practice (see section 4.5.2.2), in addition to participants suggesting this support perhaps does not always fit within the traditional EP role. One respondent viewed individual EPs "psyche" to create the biggest barriers when working with LAC. It is important to emphasise that this finding specifically points towards an issue within the EP profession itself, suggesting this is not solely located within other disciplines. This is in keeping with previous findings identified within the current research regarding a sense of uncertainty in relation to the EP role. Moreover, this is a novel finding which other available literature does not appear to have explicitly identified. It would be of benefit for future research to explore the mindset of individual EPs to ascertain how it influences their practice with LAC.

There was a clear desire for additional training expressed (see 4.5.2.3) and a notion that supplementary training to that acquired through the EP traditional training route may be needed. Participants insinuated in spite of training, some may not be able to apply this to the real world, "*We know about attachment theory, but not all EPs would be able to spot attachment issues*". There was also reference to a lack of training in relation to LAC's presenting needs "many EPs have very little training in working with children who have experienced trauma, and with the systems around LAC." A further 8% of participants indicated more training or CPD opportunities would improve their current work with LAC,

indicating uncertainty in their skill set to support. Further exploration is needed to consider the impact of this.

Furthermore, there appeared to be a sense of confusion around the definitions of roles, with some similarity being present between the predetermined categories and response specified for 'other' roles. For example, one respondent who identified as 'other' specified they were a main grade EP with enhanced responsibilities for work with pre-school children in care. Therefore, it is not clear what this role entails that makes it different to that of a main grade position. This indicates there may be lack of clarity around what constitutes a specialist or other role and what the profession themselves consider their contribution to supporting LAC to be. This aligns with quantitative data, which indicated 15% of participants considered a "lack of clarity/unique contribution" to negatively influence EP's support to LAC. Furthermore, evidence suggests this is wide ranging within the network, with almost a quarter (24%) of participants stating "other professionals do not always understand the EP contribution" and a further 16% feeling as though 'views and/or expertise are overridden or ignored'. This was corroborated in Phase 2 where the need for effective communication (see 4.5.1.2) encapsulated the need to promote a better understanding of the EP role amongst other professionals.

    5.2.2.3 Emotions. Moreover, the emotive nature of this work was also identified as a key finding amongst participants responses. Responses were laden with difficult emotions (see section 4.5.4) highlighting how emotions can have a strong influence when working with LAC. Indeed, as already acknowledged, the emotionally laborious nature of this work is in keeping with previous literature (Edwards, 2016) which explored how teachers experience emotional labour during interactions with LAC. They noted children

develop their emotional competencies through observing others and suggest emotional labour can have adverse consequences for LAC. This finding aligns with the notion of emotional labour influencing work with LAC, but a key finding presented by the current research is the impact this has on EPs. Interestedly, Edwards (2016) implied EPs are well placed to support other professions with emotional management, however, there is no consideration for how EPs themselves are supported. Therefore, a more pertinent issue and arguably one of more importance is how EPs themselves are supported in their role. Edwards (2016) findings, whilst focused on teachers, illustrated the need for emotional management when working with this population. Indeed, 8% of participants at Phase 1 indicated the nature of work being emotionally laborious to be problematic to their work. Phase 2 offered depth to this, by capturing the emotional impact of this work (see section 4.5.4.1), with one participant acknowledging the "real need for self-care" and how LAC "can be difficult to work with".

Furthermore, the current research found the profession was feeling exasperated perhaps by the perceived ineffectiveness of current practice (see section 4.5.4.2), which evidence indicates may be a reflection of the current barriers impeding on EP's practice. Indeed, Phase 1 of this research identified less than a quarter of EPs to perceive their work as very effective (24%) and less than 2% felt their work was extremely effective. Given the emotional labour previously identified, the researcher would hypothesise this level of perceived effectiveness, is not enough to warrant job satisfaction given the vulnerable and emotional nature of dealing with LAC. It is this factor alone, that may heavily influence the EPs' resilience to persevere within a fraught and perceivably unproductive system.

This sense of exasperation is a cause for concern given the increasing number of LAC both remaining and entering the care system (DfE, 2019). Whilst, the complexities in supporting

LAC have long been recognised, the systems and context in which they are positioned are continuously evolving and becoming ever more demanding. Evidence suggests these may to some extent be counteracted or supported by participants sense of optimism (see 4.5.4.3). With previous findings in mind, the need for perseverance within these increasingly challenging systems is of great pertinence to the profession. Analysis suggested this outlook encouraged the profession to remain engaged and persist in spite of current difficulties, recognising it was the adults within the immediate environment who could create change for LAC. The researcher would argue that this viewpoint is crucial to supporting LAC. As previously outlined, literature frequently references the bleak outcomes endured by LAC and it is imperative that those negative connotations do not ruminate within the system. A positive outlook, similar to that identified by respondents within the research would support the profession to overcome some of these barriers by promoting effective, open communication to ensure factors such as information sharing are adequately achieved.

5.2.2.4 Lack of stability. Findings highlighted how a lack of stability within the professional network and for LAC themselves may be influencing EP's support with LAC. Findings emphasised how the physical upheaval LAC are often subject to can impede on support on a practical level in accessing the child. For example, some findings indicated the physical relocation of a child constrained support, and consequently raises issues around the continuity in their care. This lack of stability also raises questions around equal access; by potentially causing ruptures within the network operating around them and indeed any rapports build. This concern around equal access conflicts with BPS ethical guidance (BPS, 2018), with participants referencing the need to "fight" or "push" for LAC to be seen in the absence of a parent.

This lack of permanence may also be driving the finding that just a quarter (24%) of participants are having only one contact when working with LAC. Subsequently, this may explain why a majority of EPs are utilising consultation as their main mode of support (n =151) given its time efficient use. This may also explain why other forms of support, such as therapeutic interventions which involve developing a rapport with LAC and are more time consuming; are not being widely utilised. This is despite existing literature identifying therapeutic support to be of great value when supporting LAC (Billinge, 2007; Cameron, 2017; Francis et al., 2017; Norwich et al., 2010).

Instead, a disconnect within the system was frequently described with reference to poor information sharing and collaborative working. Indeed, over half of participants (59%) suggested multi-disciplinary working would improve their work with LAC. Whilst this aligns with difficulties presented in previous literature (Norwich et al., 2010), this is not in keeping with the guidance and legislation in which all EPs should be abiding by (SEND CoP, 2015). These influences require consideration for how the EP can promote collaborative working to promote a sense of stability to consequently support the LAC.

5.2.2.5 Time. In line with previous findings (Billinge, 2007; Cameron, 2017; Edwards, 2016; Francis et al., 2017; Honey et al., 2011; Norwich et al., 2010; Peake, 2011; Warham, 2012), time was identified to greatly influence EPs work with LAC. It is beyond the scope of this research to address the wider political issues at play here, but this widespread issue remains a dominant barrier across all EP practice (Lyonette et al., 2019). The current research corroborates this, suggesting there is a direct influence of these issues when working with LAC, of which the researcher will now discuss.

The current research identifies how the slow progress of work with LAC can influence support (see section 4.5.6.1). Participants described EP support to take significant time and effort, requiring investment from all professionals. Over 20% of respondents indicated their involvement with a LAC was for 6 months or more, with some referencing involvement for several years. The shortage of EPs (Lyonette et al., 2019), alongside the increasing number of LAC (DfE, 2020) makes this caseload inertia of great concern; the concern being that demand will eventually outstrip the supply of EP time. Indeed, as noted time is identified in the literature as an area of concern within the profession (Cameron, 2017; Francis et al., 2017; Norwich et al., 2010), acting as a hindrance to EP support. However, the subtheme of slow progress is a novel finding, not previously acknowledged within the existing literature base. The current research offers a new depth of insight into how time may heavily influence EP support with LAC, by specifically accounting for inherent challenges posed by this work. For example, the need and difficulties around trust (as identified in 4.5.1.1) insinuate that the long duration taken to complete this work will be a pervasive factor when working with this population. As previously noted, with the number of LAC entering and remaining in the care system increasing, it is not surprising that EPs are experiencing pressure in relation to the progress and subsequently throughput of their support. When coupled with the negative ruminations previously identified (see section 4.5.4.2), a frustration at slow progress appears to be inevitable.

Furthermore, with this in mind, it is of great relevance to understand what EPs are doing with their time, which previous findings have captured. Indeed, Phase 1 of the current research highlighted EPs predominant use of time was conducting consultation work. This raises some questions around the efficiency of consultation work when supporting LAC. Indeed, previous

literature recognises this as a useful form of support, but does not evaluate the efficacy of delivering such support within the wider context.

Indeed, available literature also widely recognised therapeutic work as beneficial within EP practice when supporting LAC (Billinge, 2007; Cameron, 2017; Francis et al., 2017; Norwich et al., 2010). However, this contrasts with current findings which suggests EPs are not currently delivering a great deal of therapeutic work. The researcher would hypothesise this is in relation to the time difficulties raised and the time-consuming nature of therapeutic work when compared with other forms of support. Consequently, EPs may be opting to deliver other forms of support due to limited capacity.

These findings may suggest that the pressurised environment in which the EP operates, namely due to the identified time constraints amplifies this. This is a generic issue across all EP work, but the substantial impact of this when working with LAC is captured by this current research. The need for more time when engaging with this type of work is of obvious concern from the current data. Nearly 5% of participants expressed a clear need for more time when working with LAC and 8% for protected time, with one participant specifically expressing the need for more time to develop guidance for supporting LAC.

5.2.3. Implications of influences for EP support with LAC

Phase 1 and Phase 2 have provided a current overview of EP support with LAC, whilst exploring what EPs perceive to influence this type of work. In doing so, evidence has indicated how EPs can support LAC by considering influencing factors. Current findings, alongside existing literature have many implications for EP practice regarding their support

for LAC. The researcher will now discuss the implications of the research findings in relation to what these influences mean for future EP support.

As previously noted, EPs operate at a number of levels; individual, group and organisational and receive significant training to navigate the impact of the systems that influence a LAC at each of these levels. The current findings, paired with existing research highlight the prevalence of the research topic and the pertinence to the EP role.

- Firstly, it is imperative that the EP role is more clearly defined within the profession itself and amongst other professionals supporting LAC. Evidence indicates there is uncertainty in how the EP profession perceives and defines the role and responsibilities associated. Therefore, services should seek to define this role clearly through guidance and training, with the view of gaining a nationwide alignment of what the role entails. This could be supported through bodies such as the BPS providing clear definitions and guidance into how EPSs should be operating. The current research suggests an EP designated to supporting solely LAC could aid both clarity in role, whilst also alleviating some of the pressures identified when working with this population. Whilst, this research provides insight into this area by identifying factors considered to influence this type of work, it does not capture the specific types of training or ways in which these can be overcome. This is further complicated by the idiosyncratic nature of EPs; their differences in experiences, training, belief systems and contexts in which they are operating are all factors which may contribute to how the EP role is perceived and defined (Love, 2009). More research is needed to explore how training would support with this and specifically what this should encompass. This will indirectly support LAC nationally by

promoting equal access, incorporating a streamlined approach to ensure their needs are adopted. EPs could support with this by facilitating training opportunities both within service, but amongst other disciplines too, to support collaborative working. This will support the information sharing process to offer LAC a more cohesive and stable network operating around them. The lack of clarity around roles was somewhat surprising given the use of multi-agency working identified by previous literature (Norwich et al., 2010). It is hoped clarity within the profession will provide boundaries around roles to promote multi-agency working; ensuring a collaborative approach is taken. Whilst this will support other agencies to understand the EP role when working with LAC, it is hoped this will also ensure other agencies are precisely defined to avoid duplication of work; an area this research also suggests can at times be problematic for LAC.

- The use of further research from the profession, and indeed other disciplines would also be of great benefit. This would ensure an up to date and in-depth understanding continues to be built, reflective of current contextual factors considered to influence this type of work. Findings should be disseminated at the widest level possible to increase the EP profile; a factor this research and existing research (Cameron, 2017) has identified as beneficial to promoting multi-disciplinary working. It is hoped this will educate other professionals on how EPs can be drawn on to support LAC. By promoting an enhanced understanding within the profession, influences such as a lack of cohesion can begin to be addressed to encourage consistency within the system to consequently support LAC.

- Whilst previous literature indicates the value of therapeutic work, the wider systemic issues, such as time constraints, and lack of cohesion may be responsible for the limited use of this type of work, Therefore, it would potentially be of more value

within the current climate for the EP to work at a systemic level to support the systems around the LAC. The EP and SENDCo should work collaboratively to ensure all LAC are identified to ensure equal access and tailored support can be implemented as necessary. Whilst current findings suggest EPs are primarily working with SENDCos to support LAC, time appears to be an influencing factor. This is where the profession may need to reflect on how time is allocated to this vulnerable population or whether the use of specialist roles may enhance the EPs flexibility in regards to how their time is spent.

- Majority of the influences identified were related to difficulties and problems – it feels like this is a particularly challenging area to offer support, with participants finding it difficult to identify positive or helpful influences. Indeed, whilst a sense of optimism was considered to empower and support the profession to persevere, it is the very barriers that require this persistence that need to be removed. Evidence highlights how participants experienced a sense of frustration and exasperation when working with LAC. Given previous findings (Edwards, 2016) regarding emotional labour, alongside existing findings, the current research may suggest there is a role for additional supervision for EPs when working with LAC; both for other professionals, but also for EPs themselves.

5.3 Theoretical underpinnings

Current findings illustrate clear links with theories already detailed as pertinent to this area of research. For example, when considering connectivity, in particular the risk of being forgotten it is evident how attachment theory can be drawn on to understand how this may influence EPs work with LAC. The finding that EPs perceive or are concerned that LAC may feel 'forgotten' or 'unheard' by the systems designed to support them provides additional

insight when seeking to understand this area; some of which implies a possible lack of recognition or application of theory to practice. Indeed, Bowlby (1969) recognised the need for children to achieve a secure base to enable them to safely explore the world around them; something this research suggests is not always achieved within current systems. This is similar when reflecting on Maslow's (1943) hierarchy of needs, where the importance of factors such as security and belonging are highlighted; again, factors which current findings suggest are not always accomplished within the current systems.

Furthermore, the subtheme of fragility also highlights a lack of application of theory. For example, findings recognised how LAC's 'unstable situations' are considered to impede on their access to support. This finding is not of great surprise given the volatile life experiences LAC are often exposed to; as demonstrated by earlier statistics. However, Maslow's (1943) hierarchy of needs aids understanding into how influential this factor is to a LAC's development and life trajectory. This theory highlights how paramount it is for a child to have their basic needs met, in order to thrive. Whilst current findings located this sense of fragility within the LAC, findings also highlighted a lack of cohesiveness present within the systems in which the LAC sits. In addition to Maslow's (1943) hierarchy of needs, Bowlby's attachment theory (1969) also aids understanding into how these factors may influence the types of support EPs deliver. By drawing on attachment theory it is evident how a LAC's secure base may not be accessible within the current systems, thus reinforcing this sense of fragility EP's perceive this population to be experiencing. This disconnect between theory and practice begins to offer further insight into some of the barriers hindering EP support with LAC.

The current research highlights factors considered to influence EP support with LAC. Many of the factors identified within this research mirror some of the difficulties LAC are often subject to in their early years or home lives. This research has highlighted how EPs perceive similar themes to be circulating within the systems designed to support them. It is crucial that these findings are considered when exploring how EPs can support LAC. This research suggests systems are not currently underpinned by theory, which is in keeping with the literature review findings where a lack of theory was also identified. These findings would suggest the EP is perhaps best situated at a wider systemic level when supporting LAC. By applying theory to practice the EP can support the current systems by constructing robust and effective operations within the current context. By applying the theories discussed to overcome some of the issues identified within this research, the researcher would hypothesise a significant improvement in the systems would occur.

5.4 Strengths and Limitations

The current research has provided an in-depth exploration of what EPs are currently doing to support LAC, gaining insight into how this work is influenced to build a thorough understanding of the factors influencing EP support to consequently understand how EPs can support LAC. The current research builds on existing literature, with some key findings confirming and strengthening previous research and other novel findings providing direction for both future support and research. Findings are tentative in keeping with the explorative nature of this research.

Phase 1 of the research obtained a high number of responses (n= 167) (approximately 6% of the EP population), capturing data at a wider level from a range of geographical locations. This overcame the limitations presented by Norwich et al.'s (2010) work whereby a smaller

sample size (representing 3.85% of the EP population) was obtained from limited regions. The current research offered a larger, more representative sample meaning findings could be more powerfully generalised to the wider population. However, the sample could potentially be subject to selection bias, meaning the cohort of participants who chose to engage with the research may have a particular interest in LAC. This passion or drive to improve the systems may have influenced the types of responses provided. The majority of responses provided were from EPs located in England (n = 158). Limited data was provided for Wales (n = 8), Northern Ireland (n = 2) and no responses came from Scotland (n = 0). Additional data from these regions would have enabled findings to be generalised to the UK as whole.

Additionally, the researcher acknowledges how their novice position as a researcher may have impacted on the integration of quantitative and qualitative data. The researcher included open ended questions during Phase 1 in an attempt to elicit as rich a data as possible from participants. However, on reflection this caused some subjectivity with quantifying some of the answers provided. Nonetheless, the researcher has developed a greater understanding of the processes involved, which has supported them to recognise the limitations of this work. In doing so, the researcher has identified clear direction for future research, thus continuing to broaden the literature base in this area to support practice. Furthermore, findings from Phase 1 have been reinforced by the corroboration of findings provided at Phase 2. This has been a learning process of which the researcher will take forward with them.

The researcher initially received a high response rate of participants wishing to be contacted for Phase 2 of the research (n = 69). Due to time constraints the researcher was not able to consider interviewing all participants, but was mindful that the unanticipated high response had potential to capture detailed data at a much wider level. As such, the researcher amended

the data collection tool used for Phase 2 from semi - structured interviews to an open-ended questionnaire. This allowed the researcher to capture qualitative data from a large sample at a wider level, meaning findings from the current research would be more generalisable. However, despite several prompts to encourage participant's engagement, disappointingly this only gained 15 responses. Furthermore, it should be recognised that by choosing to use questionnaires instead of interviews the depth of data collected was restricted. As the researcher has previously mentioned, responses varied greatly, from short sentences to several paragraphs. Future research may wish to consider collecting data at a deeper level to expand insight into this area. It should be noted that data collection took place during the global pandemic of coronavirus (COVID-19) which the researcher would hypothesise to have influenced the data collection at Phase 2 due to a reduced capacity within the workforce during this period (DfE, 2020). The researcher acknowledges that the depth of data was limited by participant's respondents. It is not possible to predict whether the researcher's initial data collection tool of interviews would have elicited richer data than the questionnaire. The researcher responded in a way that they deemed at the time to be the best approach to gaining a broader understanding of the research topic, in keeping with the pragmatic nature of this research. This was also explored with the researcher's supervisor to draw on their experience to ensure this was the best course of action.

Lastly, as noted data was collected during the global pandemic of coronavirus (COVID-19) where EPs were adapting to remote ways of working. This has and, in some services, continues to be a preferred way of working which may continue post-pandemic. Therefore, how EPs support LAC in the future may require revised thinking when considering some of the influences identified in this research.

5.5 Direction for future research

The intention for this research was to gain insight into how EPs can support LAC; contributing to the scarcity of existing literature and providing findings relevant to today's context. This research has provided an enhanced and current understanding of how the profession can support LAC and more so, the importance of EPs working to support the systems operating around the LAC. However, in doing so, the following directions for future research have been identified:

- This research explored what EPs are currently doing and what they perceive to influence their work with LAC. However, it does not consider the efficacy of such support. Future research should seek to build on current findings to consider the effectiveness of EP support in relation to supporting LAC, thus ensuring EPs are practicing in line with the evidence base.

- A number of systemic interactions were identified to influence EP support with LAC. Future research may wish to explore this through a psychodynamic lens to generate an alternative understanding of the complexities ruminating within the system.

- The current research obtained a large sample size for Phase 1 (quantitative) of the research and a smaller sample size for Phase 2 (qualitative). However, future research would benefit from obtaining a more representative sample with regards to the devolved nations to enable findings to be generalised UK wide as opposed to England alone.

- This research overcame some of the limitations presented by previous research (Norwich et al., 2010), by capturing data at a broader level. However, in doing so the depth of findings was limited; individual case studies of good practice in this area

would enhance understanding by acquiring a deeper exploration of some of the factors identified by this research.

5.6 Dissemination of findings

The current research findings will be disseminated through the written thesis and VIVA process, in addition to any participants who have expressed an interest in viewing the findings. The thesis will be shared with participants once it has been approved through the VIVA process.

At a local level the researcher intends to deliver a CPD session within their current EPS to educate TEPs and EPs on the profession's role when working with LAC. The findings and outcomes of the current research will be presented to demonstrate what other EPs claim to be doing, whilst also creating an awareness of the barriers imposed by this type of work. The researcher hopes by doing so, the profession can work at a systemic level to create change through reviewing the processes and polices in place to overcome some of the presented barriers. The researcher also hopes to present this CPD session to their training peers and cohort at the Tavistock and Portman NHS Foundation Trust.

Furthermore, the researcher intends to disseminate findings at a national level through publication of the thesis in a peer-reviewed journal, in addition to creating a training programme also to be disseminated nationwide. The researcher intends to draw on the current research's findings to produce detailed training and guidance for the profession. The training will focus on the factors deemed to influence this type of work based on the identified themes; connectivity, understanding the EP role, emotions, lack of stability and time. The aim of such training will be to create an awareness within the profession, whilst providing support

on how these issues can be overcome. The training will explore how EPs can address these barriers within the current context to further support LAC. The researcher intends to produce a webinar which can be disseminated via EPNET and NAPEP to reach the profession at a national level.

5.7 Conclusion

The current research utilised a mixed methodology to explore EP support for LAC. The focus of this research grew from a personal interest having worked with LAC both in previous and current roles, and an identified need for further literature amongst a limited literature base. This research has demonstrated the prevalence of the EP role when working with LAC; illustrated by the enduring poor outcomes these children are often subject to and the unique position of the EP within the systems in which LAC sit.

The findings outline what support EPs are currently providing and the factors perceived to influence this type of work. Current evidence suggests EPs are currently drawing heavily on consultation and assessment work when supporting LAC, with some reference to specific approaches considered to promote collaborative working at a systemic level. The importance of connectivity was recognised amongst current findings, with a lack of interconnection within and across the professional networks being identified to influence this type of support.

The lack of clarity around the role of the EP when working with LAC, both across and within the profession itself has been identified as an area requiring consideration. This encapsulates issues in relation to varying practice at both an individual and organisational level, suggesting a more stream lined approach is required. The systemic influences which surround LAC are often complex and fraught. Ultimately, this area of work requires clearer guidance with clear

direction for all professionals involved. The researcher has highlighted how the EP is well placed to oversee this, in addition to supporting the professional network to fulfil their individual aims without being diverted or preoccupied by the complexities presented by the emotionally laden context in which the LAC is situated. This is where the EP is best suited to support when working with LAC, by conducting an indirect role within the system through training and supervision to make sense of the chaotic nature of this work.

Findings should be reflected on alongside the strengths and limitations put forward by the researcher, considering implications for the profession and direction of future research. This research has identified how EPs can support LAC and perhaps more importantly, the influences that need addressing to eradicate barriers to this support. This research did not intend to explore the efficacy of such support, but this has been highlighted as an area for future exploration to enhance support in this area. The researcher hopes this research acts as impetus for those in the profession who are seeking change, either through individual reflections of their own practice, discussions within their services or spurring on research to encourage change at a systemic level.

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Appendices

Appendix A: E-mail outlining amendments

Many thanks again for completing my online survey and providing your details to be contacted for an interview.

Due to receiving a much higher than expected response rate, I have decided to circulate a qualitative questionnaire as opposed to conducting individual interviews to all participants who consent to being contacted for such purposes. It is hoped a qualitative questionnaire will allow me to capture a much larger sample size when compared with the initial proposed interview. This will enable a more diverse range of demographics to be captured and consequently produce more accurate, reliable and generalisable data to inform future practice.

Questions will remain similar to the proposed interview schedule and will take approximately 30 minutes to complete. If you are still willing to participate, I kindly ask that you click on the link provided below. Please take the time to read the participant information sheet and consent form before proceeding to the questionnaire.

https://essex.eu.qualtrics.com/jfe/form/SV_6mTM9vMCaX56EJL

If you have any questions regarding this, please do not hesitate to contact me.

Once again, I would like to take this opportunity to thank you for your willingness and time.

Best wishes,
Nicola

Nicola Samul
Trainee Child, Community and Educational Psychologist

The Tavistock and Portman NHS Foundation Trust
Tavistock Centre
120 Belsize Lane
London NW3 5BA

Appendix B: Full survey

The Tavistock and Portman **NHS**
NHS Foundation Trust

Thank you for your interest in participating in this study. Please take the time to read the participant information sheet and consent form before proceeding to the survey.

Participant Information Sheet

Research title: Supporting looked after children: a mixed methods study exploring the role of the Educational Psychologist

Who is doing the research?
The research will be carried out by myself, Nicola Samul. I am a Trainee Educational Psychologist (TEP) in my second year of studying the Doctorate Programme in Child, Community and Educational Psychology. I am carrying out this research as part of my course under the supervision of Dr Rachael Green, Research Supervisor.

What is the aim of the research?
The research aims to find out how Educational Psychologists (EPs) can best support looked after children (LAC) in schools. It intends to explore current practice, whilst exploring EP's perception of their contribution to supporting this population.

Who has given permission for this research?
This research has received formal approval from The Tavistock and Portman NHS Foundation Trust Research Ethics Committee (TREC).

Who can take part in this research?
I am looking for qualified EPs (registered with The Health and Care Professionals Council [HCPC]), TEPs and Assistant EPs practicing in the United Kingdom (UK).

What does participation involve?
I am looking for EPs, including TEPs and Assistant EPs to participate in an online survey in which you will be asked to answer 10 questions aiming to consider the amount, frequency and type of work currently being conducted by EPs in relation to LAC, in addition to potential barriers presented by the nature of this work. Participation will require approximately 15 minutes. No personal data regarding any LAC will be requested and your data will remain anonymous throughout this process. You will be asked if you wish to opt in to participate in a semi-structured interview.

What are the possible benefits of taking part?
The researcher hopes this process will benefit participants by offering a space for participants to consider their own experiences and practice of working with LAC.

Additionally, it is hoped this research would direct future practice for work with LAC for the profession.

What are the possible risks of taking part?
The vulnerable nature of the population I am asking you to consider may evoke some difficult thoughts or emotions for you. There will be options to access additional supervision and/or support from other services if this is required.

What will happen to the findings from the research?
The findings will be typed up as part of my thesis which will be read by examiners. I may also publish the research at a later date. You will have the option to read a summary of my findings or the full thesis once the analysis has been completed. I may also draw on the data to create resources for services.

What will happen if I don't want to carry on with this research?
Participation in this research is voluntary and you are free to withdraw from the research at any time prior to analysis. Any research data collected before your withdrawal may still be used, unless you request that it is destroyed.

Will my taking part in this study be kept confidential?
Yes. All records related to your participation in this research study will be handled and stored securely on an encrypted drive using password protection. The data will be kept for a minimum of 6-10 years. Data collected during the study will be stored and used in compliance with the UK Data Protection Act (2018).

Are there times when my data cannot be kept confidential?
Confidentiality is subject to legal limitations or if information is disclosed that suggests there is imminent harm to self and/or others.

By completing this survey, you are confirming:

1. I have read and understood the participant information sheet and have had the chance to ask any questions.

2. I understand that my participation in this research is voluntary and I am free to withdraw consent at any time, or to withdraw any unprocessed data without reason.

3. I understand that my data will be anonymised so that I cannot be linked to the data, but I understand that the sample size is small.

4. I understand that there are limitations to confidentiality relating to legal duties where disclosure of imminent harm to self and / or others may occur.

5. I understand that the information I provide will be used for this research and cannot be accessed for any other purpose.

6. I understand that the findings from this research will be published in a thesis and potentially in a presentation or peer reviewed journal.

7. I am willing to participate in this research.

○ I consent to the information provided and wish to continue.

Thank you for taking part in this online survey. This survey aims to explore the Educational Psychologist's role in relation to working with looked after children (LAC). "A child who has been in the care of their local authority for more than 24 hours is known as a LAC" (NSPCC, 2019). In 2018, the most common reason for a child to be placed into care was as a result of abuse or neglect, followed by family dysfunction, acute stress within the family and/or absent parenting (Department for Education [DfE], 2019).

To monitor the representativeness of respondents to this survey, please may I ask you to answer the following questions.

Current position:

○ Assistant Educational Psychologist

○ Trainee Educational Psychologist

○ Maingrade EP

○ Senior EP

○ Principal EP or Assistant/Deputy Principal EP

○ Specialist role (please specify)

○ Other (please specify)

Specialist role:

_____

Other:

_____

Geographically, where do you complete your EP work?

○ South East, England

○ South West, England

○ London

○ Midlands, England

○ North East, England

○ North West, England

○ Scotland

○ Wales

○ Northern Ireland

If qualified, how many years experience do you have?

○ Newly qualified (less than 2 years experience)

○ 3 - 5 years

○ 6 - 9 years

○ 10 - 14 years

○ 15 years +

Page Break

How often do you work with looked after children (directly or indirectly) in your current role?

○ Never

○ 1 case every 6 months

○ 2-5 cases every 6 months

○ At least one case per month

○ 2 - 4 cases per month

○ 5-6 cases per month

○ Everyday

Page Break ───

Which of the following best describes the nature of work you undertake with looked after children?

☐ Assessment

☐ Consultation

☐ Training

☐ Intervention

☐ Research

☐ Therapeutic

☐ Providing recommendations

☐ Observation

☐ Other (please specify)

Other:

_____

Who do you mainly work with to support this population?

○ Individual looked after child

○ Class teacher

○ SENDCo

○ Parent/carer

○ Social worker

○ Other (please specify)

Other:

_____

Which of the following do you consider most problematic to your work with looked after children?

○ Views and/or expertise are over-ridden or ignored

○ Other professionals do not always understand the EP contribution

○ Nature of work is emotionally laborious

○ Lack of clarity around role/unique contribution

○ Other (please specify)

Other:

_____

Which of the following do you feel may improve your work with looked after children?

○ CPD/training

○ Protected time

○ Multi-disciplinary working

○ Additional resources

○ Other (please specify)

Other:

_____

How effective do you consider your current work with looked after children to be?

○ Not effective at all

○ Slightly effective

○ Moderately effective

○ Very effective

○ Extremely effective

What time frame best describes your contribution of working with a looked after child (directly or indirectly)?

○ One contact

○ 2-4 weeks

○ 5-7 weeks

○ 2-5 months

○ 6 months +

○ Other (please specify)

Other:

_____

Page Break

I am looking for qualified EPs working within the UK who are willing to participate in a semi-structured interview. The interview aims to further explore participant's experiences of working with looked after children. This will be explored through me asking you a range of questions, either over the phone or an alternative communication platform such as zoom; interviews will be audio recorded and transcribed. The interview will take approximately 45 minutes to complete. Data will be securely stored in accordance with General Data Protection Regulation (GDPR) guidelines. Following transcription and analysis of the interview, we will either have a follow up phone call or zoom meeting to discuss the identified themes and interpretation of data. Time will be protected to explore these interpretations and add or refine any information should you wish to.

If you meet this criteria and are willing to participate, please provide your e-mail address below. All e-mail addresses will be stored in line with GDPR guidelines and will only be accessible to myself.

Please note: Opting in does not mean you will automatically be selected for interview. Participants will be selected to reflect a range of demographics, experience and contextual factors.

E-mail address:

_____

Appendix C: Full questionnaire

The Tavistock and Portman **NHS**
NHS Foundation Trust

Thank you for your interest in participating in this study. Please take the time to read the participant information sheet and consent form before proceeding to the questionnaire.

Participant Information Sheet

Research title: Supporting Looked After Children: a mixed methods study exploring the role of the Educational Psychologist

Who is doing the research?
The research will be carried out by myself, Nicola Samul. I am a Trainee Educational Psychologist (TEP) in my third year of studying the Doctorate Programme in Child, Community and Educational Psychology. I am carrying out this research as part of my course.

What is the aim of the research?
The research aims to find out how EPs can best support LAC in schools. It intends to explore current practice, whilst exploring EPs perception of their contribution to supporting this population.

Who has given permission for this research?
This research has received formal approval from The Tavistock and Portman NHS Foundation Trust Research Ethics Committee (TREC).

Who can take part in this research?
Participants will have 2 years' experience post qualifying as an EP or have worked within a specialist role with LAC in the United Kingdom (UK).

What does participation involve?
If you agree to take part, you will be asked to answer 8 questions. Please provide as much detail as possible. The questions will aim to explore your experiences of working with LAC. Participation will require approximately 30 minutes.

You will not be identifiable from the data provided. Data will be securely stored in accordance with GDPR regulations. Data will then be analysed and interpreted. Should you wish to explore these interpretations, time will be protected to do so.

What are the possible benefits of taking part?
The researcher hopes this process will benefit participants by offering a space for participants to consider their own experiences and practice of working with LAC. Additionally, it is hoped this research would direct future practice for work with LAC for the profession.

What are the possible risks of taking part?
The vulnerable nature of the population I am asking you to consider may evoke some difficult thoughts or emotions for you. There will be options to access additional supervision and/or support from other services if this is required.

What will happen to the findings from the research?
The findings will be typed up as part of my thesis which will be read by examiners. I may also publish the research at a later date. You will have the option to read a summary of my findings or the full thesis once the analysis has been completed. I may also draw on the data to create resources for services.

What will happen if I don't want to carry on with this research?
Participation in this research is voluntary and you are free to withdraw from the research at any time prior to analysis. Any research data collected before your withdrawal may still be used, unless you request that it is destroyed.

Will my taking part in this study be kept confidential?
Yes. All records related to your participation in this research study will be handled and stored securely on an encrypted drive using password protection. The data will be kept for a minimum of 6-10 years. Data collected during the study will be stored and used in compliance with the UK Data Protection Act (2018).

Are there times when my data cannot be kept confidential?
Confidentiality is subject to legal limitations or if information is disclosed that suggests there is imminent harm to self and/or others.

Further information and contact details
If you have any questions or concerns about any aspect of the research, please contact me on the details provided below.

Email: nsamul@tavi-port.nhs.uk

Additionally, you may contact Paru Jeram, Quality Assurance Officer for further guidance. Her contact details are:

Email: pjeram@tavi-port.nhs.uk

By completing this questionnaire, you are confirming:

1. I have read and understood the information sheet and have had the chance to ask any questions.

2. I understand that my participation in this research is voluntary and I am free to withdraw consent at any time, or to withdraw any unprocessed data without reason.

3. I understand that there are limitations to confidentiality relating to legal duties where disclosure of imminent harm to self and / or others may occur.

4. I understand that information provided will be used for this research and cannot be accessed for any other purpose.

5. I understand that the findings from this research will be published in a thesis and potentially in a presentation or peer reviewed journal.

6. I am willing to participate in this research.

○ I consent to the information provided and wish to continue.

To monitor the representativeness of respondents, please may I ask you to answer the following questions.

Current position:

○ Maingrade EP

○ Senior EP

○ Principal EP or Assistant/Deputy Principal EP

○ Specialist role (please specify)

○ Other (please specify)

Specialist role:

_____

Other:

Geographically, where do you complete your EP work?

○ South East, England

○ South West, England

○ London

○ Midlands, England

○ North East, England

○ North West, England

○ Scotland

○ Wales

○ Northern Ireland

How many years experience do you have post qualifying?

○ 2 - 5 years

○ 6 - 9 years

○ 10 - 14 years

○ 15 years +

Page Break

Please answer the following questions, providing as much detail as possible.

Please describe what you/your service does to support LAC?

_____

_____

_____

_____

_____

Page Break

Are LAC prioritised for EP involvement in your service and if so, how?

_____

_____

_____

_____

_____

Page Break

Please describe what you feel can be barriers to EPs supporting LAC (if any).

_____

_____

_____

_____

_____

Page Break

What type of work by EPs do you feel best supports LAC?

_____

_____

_____

_____

_____

Page Break

When considering your work to support LAC who do you feel it is best to work with to allow for the most effective support?

_____

_____

_____

_____

_____

Page Break

What support/resources do you feel you need to improve your work with LAC?

_____

_____

_____

_____

_____

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Does your service deliver Continuing Professional Development (CPD)/additional training for staff in relation to this population? If so, please describe the type of CPD/additional training provided and comment on its effectiveness?

_____

_____

_____

_____

_____

Page Break

Is there anything else about your work with LAC you can share (e.g. about the effectiveness, challenges or impact)?

_____

_____

_____

_____

_____

Page Break

Appendix D: Example of coded data

1	**Is there anything else about your work with LAC you can share (e.g. about the effectiveness, challenges or impact)?**

working with LAC is rewarding

emotionally demanding role

the need for containment

feelings of helplessness

feeling impact is limited

seeking reassurance that support provided is enough

supervision is important for EP's working with LAC

feeling responsible for LAC's needs

| 2 | 1. While work with CLA can be extremely rewarding I think it is also important to reflect on the emotional impact of working with CYP who have experienced such significant trauma. You often feel as though you want to 'save' CYP from any more harm and it can often feel as though your support is a drop in the ocean. |
| 3 | It helps to reflect on the positive impact I am having in supervision as well as be reminded that I am not responsible for 'fixing' everything. |

evidence of MDT working to support LAC

complex dynamics can be a barrier to MDT working

trauma can be 'played out'/stress within the system

recognition of EP's unique contribution when suporting LA

recognition of the need for the network to come together

| 4 | 2. There is a huge professional network around LAC (class teacher, designated teacher, social worker, foster carer, parent, independent reviewing officer, supervising social worker, mental health professionals). There is also a common pattern that dynamics within the child's birth families and the trauma they have experienced can be 'played out' in the professional network and prevent joined up working. EP's with their knowledge of schools and families can play a unique role in bringing together the network to create a reflective space. In turn this helps to establish a coordinated parenting network around the child which can facilitate change. |

need for both emotional and skilled approach

emotionally demanding role

complex dynamics can be a barrier to MDT working

sense of resistance from some schools

highlighting the importance of MDT working to create change

ability/capacity to create change

| 5 | 3. It needs a 'hearts and minds' whole school approach and some places are more open than others to adopt this. |
| 6 | 4. I have carried out a number of Team Around the Child meetings for children in care, which have been effective in terms of change and setting up a system that can be taken forward by other professionals. |

sense of being restricted by possible time constr

highlights need for flexible work patterns with LA

support is complex and emotive

long and painful process

emotionally demanding role

importance of LAC developing good rapport with professionals

fragmented/defeated

sense of sadness and/or discouragement

absence of safety/security

sense of loneliness

importance of LAC developing good rapport with professionals

| 7 | 5. Working with trauma and relational care needs requires an investment from all professionals. There is no quick fix as healing takes time. Trust is huge (big H) and with each broken placement, loss, abandonment, trust becomes harder to gain on an interpersonal level. |
| 8 | At secondary level, it is a real challenge for teachers to understand this and to accept that relational care is more important than learning. If we don't feel safe, we don't learn. In my experience, there are still teachers who hold onto behaviourist responses at an individual level. Some |

1/3

Appendix E: Example of codes organised in to a theme

Codes	Theme
- the need to build or collate information - difficulties in gathering information - possible gap in support for LAC of pre-school age - suggestive of 'close' working relationship supporting work - lack of cohesion between professionals supporting LAC - LAC may slip through the net due to complex systems - fragmented - poor understanding of LAC's difficulties - spilt within the systems - the need to join up with social care - working indirectly to support LAC - creating a shared understanding within the system - joining up vision or aims of all professionals involved - evidence of collaborative working - lack of communication within the systems around the LAC - working collaboratively to agree priorities - communication difficulties even within EPS - feeling unheard and/or unvalued - frustrations around different approaches - evidence of MDT working to support LAC	Connectivity

Appendix F: Letter of ethical approval

The Tavistock and Portman **NHS**
NHS Foundation Trust

Quality Assurance & Enhancement
Directorate of Education & Training
Tavistock Centre
120 Belsize Lane
London
NW3 5BA

Tel: 020 8938 2699
Fax: 020 7447 3837

Nicola Samul

By Email

03 June 2020

Re: Research Ethics Application

Title: Supporting Looked After Children; a mixed methods study exploring the role of the Educational Psychologist

Dear Nicola,

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

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

I am copying this communication to your supervisor.

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

Yours sincerely,

Paru Jeram
Secretary to the Trust Research Degrees Subcommittee
T: 020 938 2699
E: academicquality@tavi-port.nhs.uk

cc.   Course Lead, Supervisor, Course Administrator

Appendix G: Tavistock and Portman Trust Research Ethics Committee (TREC) application form

The Tavistock and Portman **NHS**
NHS Foundation Trust

Tavistock and Portman Trust Research Ethics Committee (TREC)

APPLICATION FOR ETHICAL REVIEW OF RESEARCH INVOLVING HUMAN PARTICIPANTS

This application should be submitted alongside copies of any supporting documentation which will be handed to participants, including a participant information sheet, consent form, self-completion survey or questionnaire.

Where a form is submitted and sections are incomplete, the form will not be considered by TREC and will be returned to the applicant for completion.

For further guidance please contact Paru Jeram (academicquality@tavi-port.nhs.uk)

SECTION A: PROJECT DETAILS

Project title	Supporting Looked After Children; a mixed methods study exploring the role of the Educational Psychologist		
Proposed project start date	May 2020	**Anticipated project end date**	September 2021

SECTION B: APPLICANT DETAILS

Name of Researcher	Nicola Samul
Email address	nsamul@tavi-port.nhs.uk
Contact telephone number	07827448517

SECTION C: CONFLICTS OF INTEREST

Will any of the researchers or their institutions receive any other benefits or incentives for taking part in this research over and above their normal salary package or the costs of undertaking the research? YES ☐   NO ☒   If **YES**, please detail below:
Is there any further possibility for conflict of interest? YES ☐   NO ☒   If **YES**, please detail below:

FOR ALL APPLICANTS

'Is your research being commissioned by and or carried out on behalf of a body external to the trust? (for example; commissioned by a local authority, school, care home, other NHS Trust or other organisation). *Please note that 'external' is defined as an organisation which is external to the Tavistock and Portman NHS Foundation Trust (Trust)	**YES** ☐ **NO** ☒ **NA** ☐
If **YES**, please supply details below:	
Has external* ethics approval been sought for this research? **(i.e. submission via Integrated Research Application System (IRAS) to the Health Research Authority (HRA) or other external research ethics committee)** *Please note that 'external' is defined as an organisation/body which is external to the Tavistock and Portman Trust Research Ethics Committee (TREC) If **YES**, please supply details of the ethical approval bodies below **AND** include any letters of approval from the ethical approval bodies:	**YES** ☐ **NO** ☒
If your research is being undertaken externally to the Trust, please provide details of the sponsor of your research?	
Do you have local approval (this includes R&D approval)?	**YES** ☐ **NO** ☐ **NA** ☒

SECTION D: SIGNATURES AND DECLARATIONS

APPLICANT DECLARATION

I confirm that:
   • The information contained in this application is, to the best of my knowledge, correct and up to date.
   • I have attempted to identify all risks related to the research.
   • I acknowledge my obligations and commitment to upholding our University's Code of Practice for ethical research and observing the rights of the participants.
   • I am aware that cases of proven misconduct, in line with our University's policies, may result in formal disciplinary proceedings and/or the cancellation of the proposed research.

Applicant (print name)	NICOLA SAMUL
Signed	*N. Samul*
Date	24.04.2020

FOR RESEARCH DEGREE STUDENT APPLICANTS ONLY

Name of Supervisor	Dr Rachael Green
Qualification for which research is being undertaken	Doctorate Programme in Child, Community and Educational Psychology (M4)

Supervisor –
- Does the student have the necessary skills to carry out the research?
  YES ☐ **NO** ☐
- Is the participant information sheet, consent form and any other documentation appropriate?
  YES ☐ **NO** ☐
- Are the procedures for recruitment of participants and obtaining informed consent suitable and sufficient?
  YES ☐ **NO** ☐
- Where required, does the researcher have current Disclosure and Barring Service (DBS) clearance?
  YES ☐ **NO** ☐

Signed	
Date	

COURSE LEAD/RESEARCH LEAD
- Does the proposed research as detailed herein have your support to proceed?
  YES ☐ **NO** ☐

Signed	
Date	

SECTION E: DETAILS OF THE PROPOSED RESEARCH

> **1. Provide a brief description of the proposed research, including the requirements of participants. This must be in lay terms and free from technical or discipline specific terminology or jargon. If such terms are required, please ensure they are adequately explained (Do not exceed 500 words)**

The role of the Educational Psychologists (EPs) when working with looked after child (LAC) is a topic which requires further understanding. The researcher hopes to provide this by exploring current practice, in addition to individual EPs' views on what they perceive the profession's contribution to be. The researcher intends to use a survey and semi-structured interview to gather this information. The intention is to circulate the survey via a social networking site commonly used by EPs; Educational Psychology Network (EPNET), in addition to The National Association of Principal Educational Psychologists (NAPEP) in an attempt to reach the largest number of EPs possible **to maximise response rate.** The researcher will also directly contact training course directors and relevant services to request further circulation of the survey. Participants will initially be asked to complete an online survey aiming to build a clear understanding of what current practice with LAC amongst the profession looks like. Whilst doing so participants will be asked if they are willing to participate in a semi - structured interview following completion of the survey to gather a more in-depth view; questions asked will align closely to the research question to ensure the research aim is achieved**.** Interviews will be conducted for 45 minutes in the hope this will minimise biases in the sample by maximising participant's willingness to participate (Robson & McCartan, 2016[1]). Whilst, the researcher will ensure interviews are terminated on schedule, additional time will be protected should the researcher feel the participant

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[1] Robson, C., & McCartan, K. (2016). *Real world research*. Chichester: Wiley.

would benefit from additional space to reflect. The researcher would hope to conduct face to face interviews. However, in light of current circumstances (COVID-19) interviews may be conducted through alternative communication methods (phone, skype, zoom). Interviews will be audio recorded and transcribed, prior to analysis; in accordance with General Data Protection Regulation (GDPR) guidelines.

2. Provide a statement on the aims and significance of the proposed research, including potential impact to knowledge and understanding in the field (where appropriate, indicate the associated hypothesis which will be tested). This should be a clear justification of the proposed research, why it should proceed and a statement on any anticipated benefits to the community. (Do not exceed 700 words)

"A child who has been in the care of their local authority for more than 24 hours is known as a looked after child (LAC)" (NSPCC, 2019[2]). In 2018, the most common reason for a child to be placed into care was as a result of abuse or neglect, followed by family dysfunction, acute stress within the family and/or absent parenting (Department for Education [DfE], 2019[3]). Whilst the role of the EP, namely in relation to the function and distinct contribution offered by the profession has long been scrutinised (Ashton and Robert, 2006[4]; Boyle & Lauchlan, 2009[5]; Lee & Woods, 2017[6]; McCaslin & Hickey, 2001[7]) the impact of LAC on the EP's role is evident. In 2006, 27% of LAC had statements of special educational need, compared with only 3% of their peers (Jackson &

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[2] Looked after children | NSPCC Learning. (2019). Retrieved 23 October 2019, from https://learning.nspcc.org.uk/children-and-families-at-risk/looked-after-children/

[3] Department for Education, DfE (2019). *A guide to looked after children statistics in England: guide*. London: DfE.

[4] Ashton, R., & Roberts, E. (2006). What is Valuable and Unique about the Educational Psychologist? *Educational Psychology In Practice*, *22*(2), 111-123. Doi: 10.1080/02667360600668204

[5] Boyle, C., & Lauchlan, F. (2009). Applied psychology and the case for individual casework: some reflections on the role of the educational psychologist. *Educational Psychology In Practice*, *25*(1), 71-84. doi: 10.1080/02667360802697639

[6] Lee, K., & Woods, K. (2017). Exploration of the developing role of the educational psychologist within the context of "traded" psychological services. *Educational Psychology In Practice*, *33*(2), 111-125. doi: 10.1080/02667363.2016.1258545

[7] McCaslin, M., & Hickey, D. (2001). Educational Psychology, Social Constructivism, and Educational Practice: A Case of Emergent Identity. *Educational Psychologist*, *36*(2), 133-140. doi: 10.1207/s15326985ep3602_8

McParlin, 2006[8]); meaning this population made up a high proportion of EPs' workload. Given the notable increase in LAC in recent years, it would be reasonable to estimate this percentage has only increased. Despite this, there still remains a scarcity of literature when considering the role of the EP amongst this vulnerable population. Whilst research demonstrates the role of consultation - whether directly or indirectly - to be a valuable use of the EP's role in supporting LAC, it still remains widely unclear what is happening in current practice. The available research is dated, meaning it is difficult to make reliable generalisations given the changes in contextual factors relevant to today's world. There is no known research to date which specifically considers what EPs *currently* do to support LAC. This research aims to address this, in an attempt to provide direction for future practice.

The aims of this research are to explore 'how can EPs support LAC in schools?' by evaluating current practice whilst exploring what EPs perceive their contribution to working with this population to be. The research aims to answer this by considering 'what do EPs currently do to support LAC in schools?' and 'what do EPs consider their contribution to supporting this population to be?' Existing literature highlights the enduring poor outcomes for LAC, with a pressing need to improve support for this population. The researcher hopes to establish EP's current practice amongst this population, in addition to individual perceptions of practice. It is hoped that by doing so, common themes will be identified, holding the potential to develop understanding of how best to support this vulnerable population in today's climate; perhaps consequently informing the development of appropriate interventions. It is hoped this research will act as a catalyst to extend research in this area. This research aims to identify new knowledge to define practice for EPs. The research hopes to spur social change by identifying defined ways for the EP to best support LAC, directly or indirectly at a national, local or individual level.

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3. Provide an outline of the methodology for the proposed research, including proposed method of data collection, *tasks* assigned to participants of the research and the proposed method and duration of data analysis. If the proposed research makes use of pre-established and generally accepted techniques, please make this clear. (Do not exceed 500 words)

This research will utilise an exploratory sequential mixed methods methodology (Creswell, 2015[9]); meaning initial quantitative data will be collected, followed by qualitative to provide additional understanding. Quantitative data will be collected via a survey; either through a word document or online survey tool i.e. SurveyMonkey to ask EPs questions about their current practice with LAC. Consent will be gained prior to

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[8] Jackson, S., & McParlin, P. (2006). Retrieved from https://thepsychologist.bps.org.uk/volume-19/edition-2/education-children-care

[9] Creswell, J. (2015). *A Concise introduction to mixed methods research*. Thousand Oaks, California: SAGE.

completion of this. This will not be a published survey; the researcher will design this survey by drawing on existing literature to gather information regarding the nature, frequency and duration of work. Data will then be analysed using descriptive statistics to **measure variations to** provide an accurate summary of the data.

Qualitative data will then be collected by conducting semi-structured interview. The researcher would hope to conduct interviews face to face. However, due to current circumstances (COVID-19) interviews may be conducted through alternative communication methods (phone, skype, zoom). The researcher intends to audio and/or video record interviews; prior consent will be gained and data will be stored in accordance with GDPR (2018) and Research Councils UK (RCUK). Following transcriptions of interviews, data will be analysed using thematic analysis; a useful analytic method frequently used within psychology to identify common themes or patterns within qualitative data (Braun and Clarke, 2006[10]). Data analysis is anticipated to be carried out over the duration of approximately 6 months.

SECTION F: PARTICIPANT DETAILS

> **4. Provide an explanation detailing how you will identify, approach and recruit the participants for the proposed research, including clarification on sample size and location. Please provide justification for the exclusion/inclusion criteria for this study (i.e. who will be allowed to / not allowed to participate) and explain briefly, in lay terms, why this criteria is in place. (Do not exceed 500 words)**

Participants will be recruited through a recruitment advertisement circulated on EPNET and NAPEP, in addition to the researcher directly contacting training course directors and relevant services to request further circulation of the survey in an attempt to reach the largest number of EPs and Trainee EPs (TEPS) practicing in the United Kingdom (UK) as possible to capture a wider national picture. The research is limited to the UK ensuring the practice explored is operating within consistent guidance and legislation frameworks (Children and Families Act, 2014; DfE, 2015[11]). Participants will be recruited on a voluntary basis for both phases of the research.

At the initial stage participants will be asked whether they consent to completing an online survey and willing to opt in to participate in a semi- structured interview (should they meet criteria) following completion of the survey. The researcher has chosen to include all practicing EPs and TEPs for the survey to capture a broad range of experiences across a diverse range of backgrounds, ages and regions. The researcher hopes by including TEPs at this stage, information regarding any trends or

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[10] **Braun, V. & Clarke, V., 2006. Using Thematic Analysis in psychology.** *Qualitative Research Methods in Psychology, 3,* **77-101.**

[11] Department for Education (DfE). (2015). *Special educational needs and disability code of practice: 0 to 25 years. Statutory guidance for organisations who work with and support children and young people with special educational needs and disabilities.* London: DfE.

movement which may be happening within current practice may be identified. It will be made explicit that not all participants will be selected for interview and additional details regarding the nature of the interview will be provided prior to participant's opting in. The interview will be guided by the responses to the survey, but will mainly explore the frequency, duration and nature of work carried out by EPs amongst LAC.

The sample population for the semi-structured interview will include qualified EPs (HCPC registered) with experience of working with LAC or working in a specialist role. Participants will have a minimum of 2 years' experience post qualifying. The researcher will purposively sample 6-8 participants to draw on a range of experiences, demographics, ages and regions in the hope this will offer an accurate picture of current practice. TEPs have been excluded from interviews as the researcher is mindful their experience is gained on placement where their time and opportunities are sometimes restricted or tailored to meeting the core competencies and proficiencies essential to their training programmes. The researcher is concerned this would not offer a true representation of current practice.

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5.   Will the participants be from any of the following groups? *(Tick as appropriate)*

☒ Students or staff of the Trust or the University.
☒ Adults (over the age of 18 years with mental capacity to give consent to participate in the research).
☐ Children or legal minors (anyone under the age of 16 years)[1]
☐ Adults who are unconscious, severely ill or have a terminal illness.
☐ Adults who may lose mental capacity to consent during the course of the research.
☐ Adults in emergency situations.
☐ Adults[2] with mental illness - particularly those detained under the Mental Health Act (1983 & 2007).
☐ Participants who may lack capacity to consent to participate in the research under the research requirements of the Mental Capacity Act (2005).
☐ Prisoners, where ethical approval may be required from the **National Offender Management Service (NOMS).**
☐ Young Offenders, where ethical approval may be required from the National Offender Management Service (NOMS).
☐ Healthy volunteers (in high risk intervention studies).
☐ Participants who may be considered to have a pre-existing and potentially dependent[3] relationship with the investigator (e.g. those in care homes, students, colleagues, service-users, patients).
☐ Other vulnerable groups (see Question 6).
☐ Adults who are in custody, custodial care, or for whom a court has assumed responsibility.
☐ Participants who are members of the Armed Forces.

[1]*If the proposed research involves children or adults who meet the Police Act (1997) definition of vulnerability[3], any researchers who will have contact with participants must have current Disclosure and Barring Service (DBS) clearance.*
[2] *'Adults with a learning or physical disability, a physical or mental illness, or a reduction in physical or mental capacity, and living in a care home or home for people with learning difficulties or receiving care in their own home, or receiving hospital or social care services.' (Police Act, 1997)*
[3] *Proposed research involving participants with whom the investigator or researcher(s) shares a dependent or unequal relationships (e.g. teacher/student, clinical therapist/service-user) may compromise the ability to give informed consent which is free from any form of pressure (real or implied) arising from this relationship. TREC recommends that, wherever practicable, investigators choose participants with whom they have no dependent relationship. Following due scrutiny, if the investigator is confident that the research involving participants in dependent relationships is vital and defensible, TREC will require additional information setting out the case and*

detailing how risks inherent in the dependent relationship will be managed. TREC will also need to be reassured that refusal to participate will not result in any discrimination or penalty.

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6. Will the study involve participants who are vulnerable? YES ☐　　NO ☒

For the purposes of research, 'vulnerable' participants may be adults whose ability to protect their own interests are impaired or reduced in comparison to that of the broader population. Vulnerability may arise from the participant's personal characteristics (e.g. mental or physical impairment) or from their social environment, context and/or disadvantage (e.g. socio-economic mobility, educational attainment, resources, substance dependence, displacement or homelessness). Where prospective participants are at high risk of consenting under duress, or as a result of manipulation or coercion, they must also be considered as vulnerable.

Adults lacking mental capacity to consent to participate in research and children are automatically presumed to be vulnerable. Studies involving adults (over the age of 16) who lack mental capacity to consent in research must be submitted to a REC approved for that purpose. Please consult Health Research Authority (HRA) for guidance: https://www.hra.nhs.uk/

6.1. If YES, what special arrangements are in place to protect vulnerable participants' interests?

If **YES**, the research activity proposed will require a DBS check. *(NOTE: information concerning activities which require DBS checks can be found via https://www.gov.uk/government/publications/dbs-check-eligible-positions-guidance)*

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7. Do you propose to make any form of payment or incentive available to participants of the research? YES ☐　　NO ☒

If **YES**, please provide details taking into account that any payment or incentive should be representative of reasonable remuneration for participation and may not be of a value that could be coercive or exerting undue influence on potential participants' decision to take part in the research. Wherever possible, remuneration in a monetary form should be avoided and substituted with vouchers, coupons or equivalent. Any payment made to research participants may have benefit or HMRC implications and participants should be alerted to this in the participant information sheet as they may wish to choose to decline payment.

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8. What special arrangements are in place for eliciting informed consent from participants who may not adequately understand verbal explanations or written information provided in English; where participants have special communication needs; where participants have limited literacy; or where children are involved in the research? (Do not exceed 200 words)

N/A. Participants are qualified EPs who will have been educated to Master or Doctorate level.

SECTION F: RISK ASSESSMENT AND RISK MANAGEMENT

9. Does the proposed research involve any of the following? *(Tick as appropriate)*   ☒ use of a questionnaire, self-completion survey or data-collection instrument (attach copy)   ☒ use of emails or the internet as a means of data collection   ☐ use of written or computerised tests   ☒ interviews (attach interview questions)   ☐ diaries (attach diary record form)   ☐ participant observation   ☐ participant observation (in a non-public place) without their knowledge / covert research   ☒ audio-recording interviewees or events   ☒ video-recording interviewees or events   ☐ access to personal and/or sensitive data (i.e. student, patient, client or service-user data) without the participant's informed consent for use of these data for research purposes   ☐ administration of any questions, tasks, investigations, procedures or stimuli which may be experienced by participants as physically or mentally painful, stressful or unpleasant during or after the research process   ☐ performance of any acts which might diminish the self-esteem of participants or cause them to experience discomfiture, regret or any other adverse emotional or psychological reaction   ☐ investigation of participants involved in illegal or illicit activities (e.g. use of illegal drugs)   ☐ procedures that involve the deception of participants   ☐ administration of any substance or agent   ☐ use of non-treatment of placebo control conditions   ☐ participation in a clinical trial   ☐ research undertaken at an off-campus location (<u>risk assessment attached</u>)   ☐ research overseas (<u>copy of VCG overseas travel approval attached</u>)
10. Does the proposed research involve any specific or anticipated risks (e.g. physical, psychological, social, legal or economic) to participants that are greater than those encountered in everyday life? YES ☒   NO ☐   If **YES**, please describe below including details of precautionary measures.
The anticipated risks are considered to be very low. However, given the nature of work the participants are being asked to discuss there is a small psychological risk involved. There is the potential this exploration/discussion of their work with LAC may create some level of psychological dissonance or distress for participants involved. Precautionary measures will be taken to minimise this potential and safeguard participants from harm at all times. These will include ensuring participants are fully informed beforehand about what the research process will involve; enabling them to make an informed decision about whether they wish to explore this topic. During the interview process, the researcher will monitor participant's emotional state; making it explicit that they can take a break or withdraw from the research. Additionally, the researcher will safeguard time at the end to explore any difficult emotions evoked during the process and if necessary signpost to further support, i.e. counselling services, GP, additional supervision.
11. Where the procedures involve potential hazards and/or discomfort or distress for participants, please state what previous experience the investigator or researcher(s) have had in conducting this type of research.
Whilst this research is not anticipated to involve high risk, the researcher acknowledges there is potential for it to cause some discomfort or distress for participants. The researcher has previous experience of managing client's in distress through consultations, assessments and individual work with parents, schools and children and/or young people. This includes managing safeguarding issues and clients deemed to be at risk to themselves

and/or others, in addition to working systemically to support families experiencing a range of difficulties often of a distressing nature.

12. Provide an explanation of any potential benefits to participants. Please ensure this is framed within the overall contribution of the proposed research to knowledge or practice. (Do not exceed 400 words)
NOTE: Where the proposed research involves students of our University, they should be assured that accepting the offer to participate or choosing to decline will have no impact on their assessments or learning experience. Similarly, it should be made clear to participants who are patients, service-users and/or receiving any form of treatment or medication that they are not invited to participate in the belief that participation in the research will result in some relief or improvement in their condition.

The researcher hopes this research will benefit participants by directing future practice for the profession. It is hoped the process will offer a reflective space for participants to process, explore and reflect on their experiences and practice. The researcher will provide participants with transcripts of the interview and protect time to feedback and discuss interpretation of data to supporting the transparency and coherence of the research. It is hoped this space will benefit participants by perhaps offering an alternative perspective or insight into their experiences. It is hoped this would support participants with future practice amongst this population.

13. Provide an outline of any measures you have in place in the event of adverse or unexpected outcomes and the potential impact this may have on participants involved in the proposed research. (Do not exceed 300 words)

The researcher acknowledges the vulnerable nature of the population the researcher will be asking participants to explore. The researcher will monitor the emotional state of participants during the interview process and it will be made explicit that participants can take a break or withdraw from the research at any point prior to data analysis. Time will be protected to ensure any difficult emotions evoked by the process are contained. Should additional support be needed, the researcher will signpost participants appropriately, i.e. supervisors, GP. If any child protection issues are raised, routine safeguarding procedures will be followed.

14. Provide an outline of your debriefing, support and feedback protocol for participants involved in the proposed research. This should include, for example, where participants may feel the need to discuss thoughts or feelings brought about following their participation in the research. This may involve referral to an external support or counseling service, where participation in the research has caused specific issues for participants. Where medical aftercare may be necessary, this should include details of the treatment available to participants. Debriefing may involve the disclosure of further information on the aims of the research, the participant's performance and/or the results of the research. (Do not exceed 500 words)

Time will be protected as outlined in section 13 to debrief, support and feedback to participants. Additional time will be provided should the process evoke any thoughts or feelings the participant may wish to explore. If necessary, additional support will be provided through signposting participants to appropriate external support.

FOR RESEARCH UNDERTAKEN AWAY FROM THE TRUST OR OUTSIDE THE UK

15. Does any part of your research take place in premises outside the Trust?

☐ **YES,** and I have included evidence of permissions from the managers or others legally responsible for the premises. This permission also clearly states the extent to which the participating institution will indemnify the researchers against the consequences of any untoward event

16. Does the proposed research involve travel outside of the UK?

☐ **YES,** I have consulted the Foreign and Commonwealth Office website for guidance/travel advice? http://www.fco.gov.uk/en/travel-and-living-abroad/

☐ **YES,** I am a non-UK national and I have sought travel advice/guidance from the Foreign Office (or equivalent body) of my country of origin

☐ **YES,** I have completed the overseas travel approval process and enclosed a copy of the document with this application

For details on university study abroad policies, please contact academicquality@tavi-port.nhs.uk

IF YES:

17. Is the research covered by the Trust's insurance and indemnity provision?

☐ **YES**   ☐ **NO**

18. Please evidence how compliance with all local research ethics and research governance requirements have been assessed for the country(ies) in which the research is taking place.

NOTE:
For students conducting research where the Trust is the sponsor, the Dean of the Department of Education and Training (DET) has overall responsibility for risk assessment regarding their health and safety. If you are proposing to undertake research outside the UK, please ensure that permission from the Dean has been granted before the research commences (please attach written confirmation)

SECTION G: PARTICIPANT CONSENT AND WITHDRAWAL

18. Have you attached a copy of your participant information sheet (this should be in *plain English*)? Where the research involves non-English speaking participants, please include translated materials. YES ☒   NO ☐

If **NO**, please indicate what alternative arrangements are in place below:

19. Have you attached a copy of your participant consent form (this should be in *plain English*)? Where the research involves non-English speaking participants, please include translated materials.
YES ☒   NO ☐

If **NO**, please indicate what alternative arrangements are in place below:

20. The following is a <u>participant information sheet</u> checklist covering the various points that should be included in this document.

☒ Clear identification of the Trust as the sponsor for the research, the project title, the Researcher or Principal Investigator and other researchers along with relevant contact details.
☒ Details of what involvement in the proposed research will require (e.g., participation in interviews, completion of questionnaire, audio/video-recording of events), estimated time commitment and any risks involved.
☒ A statement confirming that the research has received formal approval from TREC.
☒ If the sample size is small, advice to participants that this may have implications for confidentiality / anonymity.
☒ A clear statement that where participants are in a dependent relationship with any of the researchers that participation in the research will have no impact on assessment / treatment / service-use or support.
☒ Assurance that involvement in the project is voluntary and that participants are free to withdraw consent at any time, and to withdraw any unprocessed data previously supplied.
☒ Advice as to arrangements to be made to protect confidentiality of data, including that confidentiality of information provided is subject to legal limitations.
☒ A statement that the data generated in the course of the research will be retained in accordance with the University's Data Protection Policy.
☒ Advice that if participants have any concerns about the conduct of the investigator, researcher(s) or any other aspect of this research project, they should contact Simon Carrington, Head of Academic Governance and Quality Assurance (academicquality@tavi-port.nhs.uk)
☒ Confirmation on any limitations in confidentiality where disclosure of imminent harm to self and/or others may occur.

21. The following is a <u>consent form</u> checklist covering the various points that should be included in this document.

☒ Trust letterhead or logo.
☒ Title of the project (with research degree projects this need not necessarily be the title of the thesis) and names of investigators.
☒ Confirmation that the project is research.
☒ Confirmation that involvement in the project is voluntary and that participants are free to withdraw at any time, or to withdraw any unprocessed data previously supplied.
☒ Confirmation of particular requirements of participants, including for example whether interviews are to be audio-/video-recorded, whether anonymised quotes will be used in publications advice of legal limitations to data confidentiality.
☒ If the sample size is small, confirmation that this may have implications for anonymity any other relevant information.
☒ The proposed method of publication or dissemination of the research findings.
☒ Details of any external contractors or partner institutions involved in the research.
☒ Details of any funding bodies or research councils supporting the research.
☒ Confirmation on any limitations in confidentiality where disclosure of imminent harm to self and/or others may occur.

SECTION H: CONFIDENTIALITY AND ANONYMITY

22. Below is a checklist covering key points relating to the confidentiality and anonymity of participants. Please indicate where relevant to the proposed research.

☐ Participants will be completely anonymised and their identity will not be known by the investigator or researcher(s) (i.e. the participants are part of an anonymous randomised sample and return responses with no form of personal identification)?

☐ The responses are anonymised or are an anonymised sample (i.e. a permanent process of coding has been carried out whereby direct and indirect identifiers have been removed from data and replaced by a code, with <u>no</u> record retained of how the code relates to the identifiers).

☒ The samples and data are de-identified (i.e. direct and indirect identifiers have been removed and replaced by a code. The investigator or researchers <u>are</u> able to link the code to the original identifiers and isolate the participant to whom the sample or data relates).

☐ Participants have the option of being identified in a publication that will arise from the research.

☒ Participants will be pseudo-anonymised in a publication that will arise from the research. (I.e. the researcher will endeavour to remove or alter details that would identify the participant.)

☒ The proposed research will make use of personal sensitive data.

☐ Participants consent to be identified in the study and subsequent dissemination of research findings and/or publication.

23.	**Participants must be made aware that the confidentiality of the information they provide is subject to legal limitations in data confidentiality (i.e. the data may be subject to a subpoena, a freedom of information request or mandated reporting by some professions). This only applies to named or de-identified data. If your participants are named or de-identified, please confirm that you will specifically state these limitations.**
	YES ☒ **NO** ☐
	If **NO**, please indicate why this is the case below:

NOTE: WHERE THE PROPOSED RESEARCH INVOLVES A SMALL SAMPLE OR FOCUS GROUP, PARTICIPANTS SHOULD BE ADVISED THAT THERE WILL BE DISTINCT LIMITATIONS IN THE LEVEL OF ANONYMITY THEY CAN BE AFFORDED.

SECTION I: DATA ACCESS, SECURITY AND MANAGEMENT

24.	**Will the Researcher/Principal Investigator be responsible for the security of all data collected in connection with the proposed research? YES** ☒ **NO** ☐
	If **NO**, please indicate what alternative arrangements are in place below:

25.	**In line with the 5th principle of the Data Protection Act (1998), which states that personal data shall not be kept for longer than is necessary for that purpose or those purposes for which it was collected; please state how long data will be retained for.**
	☐ 1-2 years ☐ 3-5 years ☒ 6-10 years ☐ 10> years
	NOTE: Research Councils UK (RCUK) guidance currently states that data should normally be preserved and accessible for 10 years, but for projects of clinical or major social, environmental or heritage importance, for 20 years or longer. (http://www.rcuk.ac.uk/documents/reviews/grc/grcpoldraft.pdf)

26. Below is a checklist which relates to the management, storage and secure destruction of data for the purposes of the proposed research. Please indicate where relevant to your proposed arrangements.

☒ Research data, codes and all identifying information to be kept in separate locked filing cabinets.
☒ Access to computer files to be available to research team by password only.
☐ Access to computer files to be available to individuals outside the research team by password only (See **23.1**).
☐ Research data will be encrypted and transferred electronically within the European Economic Area (EEA).
☐ Research data will be encrypted and transferred electronically outside of the European Economic Area (EEA). (See **28**).
NOTE: Transfer of research data via third party commercial file sharing services, such as Google Docs and YouSendIt are not necessarily secure or permanent. These systems may also be located overseas and not covered by UK law. If the system is located outside the European Economic Area (EEA) or territories deemed to have sufficient standards of data protection, transfer may also breach the Data Protection Act (1998).
☒ Use of personal addresses, postcodes, faxes, e-mails or telephone numbers.
☒ Use of personal data in the form of audio or video recordings.
☒ Primary data gathered on encrypted mobile devices (i.e. laptops). **NOTE:** This should be transferred to secure UEL servers at the first opportunity.
☒ All electronic data will undergo secure disposal.
NOTE: For hard drives and magnetic storage devices (HDD or SSD), deleting files does not permanently erase the data on most systems, but only deletes the reference to the file. Files can be restored when deleted in this way. Research files must be overwritten to ensure they are completely irretrievable. Software is available for the secure erasing of files from hard drives which meet recognised standards to securely scramble sensitive data. Examples of this software are BC Wipe, Wipe File, DeleteOnClick and Eraser for Windows platforms. Mac users can use the standard 'secure empty trash' option; an alternative is Permanent eraser software.
☒ All hardcopy data will undergo secure disposal.
NOTE: For shredding research data stored in hardcopy (i.e. paper), adopting DIN 3 ensures files are cut into 2mm strips or confetti like cross-cut particles of 4x40mm. The UK government requires a minimum standard of DIN 4 for its material, which ensures cross cut particles of at least 2x15mm.

27. Please provide details of individuals outside the research team who will be given password protected access to encrypted data for the proposed research.

N/A. Data will only be accessible to the researcher.

28. Please provide details on the regions and territories where research data will be electronically transferred that are external to the European Economic Area (EEA).

None

29.   Will this research be financially supported by the United States Department of Health and Human   Services or any of its divisions, agencies or programs? YES ☐   NO ☒

If **YES** please provide details:

SECTION J: PUBLICATION AND DISSEMINATION OF RESEARCH FINDINGS

> **30. How will the results of the research be reported and disseminated?** *(Select all that apply)*
>
> ☒ Peer reviewed journal
> ☐ Non-peer reviewed journal
> ☐ Peer reviewed books
> ☐ Publication in media, social media or website (including Podcasts and online videos)
> ☒ Conference presentation
> ☐ Internal report
> ☒ Promotional report and materials
> ☐ Reports compiled for or on behalf of external organisations
> ☒ Dissertation/Thesis
> ☐ Other publication
> ☒ Written feedback to research participants
> ☒ Presentation to participants or relevant community groups
> ☐ Other (Please specify below)

SECTION K: OTHER ETHICAL ISSUES

> **31. Are there any other ethical issues that have not been addressed which you would wish to bring to the attention of Tavistock Research Ethics Committee (TREC)?**

No

SECTION L: CHECKLIST FOR ATTACHED DOCUMENTS

> **32. Please check that the following documents are attached to your application.**
>
> ☐ Letters of approval from any external ethical approval bodies (where relevant)
> ☒ Recruitment advertisement
> ☒ Participant information sheets (including easy-read where relevant)
> ☒ Consent forms (including easy-read where relevant)
> ☐ Assent form for children (where relevant)
> ☐ Evidence of any external approvals needed
> ☒ Questionnaire
> ☒ Interview Schedule or topic guide
> ☐ Risk Assessment (where applicable)
> ☐ Overseas travel approval (where applicable)

> **34. Where it is not possible to attach the above materials, please provide an explanation below.**

Draft copies of the above materials have been attached. The content will remain similar, but may be refined as the research progresses.

Appendix H: Raw data from quantitative survey

Question 1.

	Specialist role:
1	Senior specialist for social care and lac
2	Main grade EP with Virtual School responsibility
3	LAC EP
4	LAC
5	Specialist Practitioner Educational Psychologist (Childrens Services)
6	Specialist EP for children looked after
7	LAC EP
8	Advanced Practitioner-vulnerable children (also commissioned work with Virtual School)
9	Specialist Senior EP Virtual School
10	Looked After Children
11	Maingrade EP with responsibility for supporting children and young people in care
12	I am a maingrade EP, but half of my week I work with a fostering support team as an EP.
13	SEMH but also offer support to Virtual School as my specialist role in a previous LA was children looked after (CLA)
14	Early years
15	LAC EP
16	senior specialit for autism
17	Specialist for LAC - seconded to the Virtual School
18	I am an EP working in a specialist therapeutic team within Children's Social Care. Our remit is to support the placement stability of looked after and adopted children and those subject to Special Guardianship
19	Looked After Children
20	Children Looked After

	Other Roles:
1	Independent EP
2	having been both specialist and PeP and research director on a DEdPsy course, I am now in independent practice working mainly within court proceedings for care cases
3	Private EP
4	Independent EP
5	Private Educational Psychologist
6	consultant psychologist and expert witness & honorary tutor
7	Independent Ed. Psych LAC
8	Locum EP (retired Senior EP)

9	Independent Educational Psychologist
10	Independent EP & Locum for an LA
11	Independent ed psych in private practice
12	Independent Educational Psychologist
13	Independent educational psychologist
14	maingrade EP with enhanced post of responsibility for work with pre-school children in care

Question 5.

	Other:
1	Home visits
2	Supervising Virtual School staff; training foster carers; supervision with foster carers; training and support for Leaving Care team
3	Supervision to Virtual School teachers
4	Direct work with foster carers, including consultation and training.
5	Supervision of other EPs working with CLA
6	Liaising w ith other professionals including Social Workers to try to improve provision. also writing EHCP advice.
7	Monitoring and placement issues
8	Work with parents around understanding how to support their child within the home to understand their needs. Information on attachment etc
9	my work includes family assessments and helping courts decision make on future placement, permanency ...
10	liaising with virtual school; providing professional supervision to my team; liaising with social workers; representing EPS on EHC assessment request panel and writing a plan
11	Statutory advice
12	liaison with other areas of the LA
13	Attending PEPs and CIC reviews
14	contribution to statuory assessments
15	Plenty of indirect work such as support to foster carers and social workers
16	Person centred work e.g. PATHs, Multi-discplinary teams and Team around the worker support
17	Supporting the work of the Virtual School in a variety of capacities e.g. attending Risk REgister meetings, consultations with Virtual School staff, attending events for LAC etc
18	Planning for transitions
19	Multiagency and strategic development work
20	Training for Foster Carers
21	I am a Pillars of Parenting consultant EP, so I link with a children's home and meet them each month to discuss a particular child.
22	Ehcp assessment

23	Offering drop in consultations to members of the virtual school team.
24	I sit on the LA Foster Panel on a monthly basis
25	Supervision
26	Strategic work, e.g. supporting the Virtual School, writing policys and guidance, influencing policy at a directorate level
27	family assessments
28	Attending and contributing towards panel meeting (eg fostering panel)

Question 6.

1	Virtual School Head Teacher and Learning Advocates
2	With all of this 'team around the child' in one way or another.
3	Virtual School Head
4	EPs in the team
5	Virtual school teachers
6	Designated Teacher for LAC
7	Virtual School Staff
8	court, which included LA, social workers, and all parties
9	Headteacher, lawyer, family court
10	Multi-agency approach
11	Designated Teacher
12	DLACTs
13	I work with all the above to glean information and help judged decide on future arrangements
14	Virtual School Advisory Teachers/Inclusion Managers
15	a combination of those listed above plus staff from the Virtual School
16	Group consultations - senco or DT for LAC alongside carer and possibly social worker too
17	Virtual school headteacher
18	All of the above I would say
19	All the above at different times and for different cases. I almost always have to see the child, but i consult with many other people.
20	Virtual School Staff
21	external agency (admissions)
22	YOS case manager
23	Multi-disciplinary team or Virtual School
24	LAC was an older student living in support living so I worked with his case worker and manager from his supported living placement
25	Pastoral support
26	Children's home staff and CAMHS
27	mix - the young person, SENDCo, relevant teachers and pastoral staff, carer, probably equally.

28	There is only the option to choose one of the above - I work with all of the above as well as Virtual School staff depdending on the nature of my involvement
29	Usually part or all of a child/YP's professional network-VS officer, social worker, school and Carers, often as part of a consultation
30	Virtual School Team
31	Designated Teacher and SW and Virtual School staff (teachers and support assistants and careers advisors)
32	Designated Teacher
33	It is holistic so all of the above dependent on case
34	Virtual school
35	All of the above, but mainly Virtual School staff and fellow EPs
36	All the above
37	Designated Teachers, School Staff - Headteachers, class teachers, teaching assistants, Carers,
38	All of the above are involved, not just one main one
39	Virtual School Staff
40	School staff, social workers, support teachers and staff, the child and carers
41	Virtual School Staff
42	Family Worker
43	Virtual school advisory teachers
44	EHCP recommendations to meet need

Question 7.

1	Building relationships and gathering information with regards to complex case histories from a large number of professionals (social workers, learning advocates, personal advisors, carers, SENDCos, teachers)
2	Not having the capacity to work with a school over time to support children looked after
3	Fortunately, I haven't encountered any of these factors as overly problematic.
4	Lack of resources ie staff in school to implement recommendations and often staff used to support children lack training and expertise. Children often left to least qualified staff for support
5	- care decisions made on pragmatics or finances and not on the best interest of child -
6	there is too much identification of difficulties and too little positive intervention to for example help a family remain together. also experts are often overly considered even though they have often had limited real experience of the child / family
7	Lack of opportunity to work in a multi-agency, coordinated and sustained way to support LAC.
8	Financial limitations for schools to implement recommendations
9	Our criteria only allows involvement when there are significant concerns, they are in care to the LA I work for (and therefore if they attend my school but in care to another LA I can't become involved) and we can onyl remain involved for approximately one term
10	Not often consulted by LA LAC Chief Officer before children placed in local schools-thy just suddenly arrive.
11	That the role of the EP is to help understand underpinning needs and provisions but that LAC come into the Care system very late and often suffer ongoing and subsequent damage from the poor care that they receive.

12	Time and capacity of the different agencies. Joint working with other professionals used to be much easier but now services seem more stretched and so do in gthis type of work has become more difficult.
13	Staff in schools underestimating the potential long term impact of ACEs/early trauma and what this looks like in the classroom and how best to support the child
14	Complexity of changing a narrative which is often drives around the need for extra funding and ehcna, and the systemic restraints, around providing bespoke support and interventions.
15	the most problematic concerns are around prior biases and lack of resources to support families to meet needs and change and the lack of continuity within the care system e.g. of placement and of social workers in particlar
16	Children unknown to us suddenly arriving from neighbouring authorities into local residential care homes and needing school places and support.
17	Situations can very quickly change - alot of work can be put in to support a CLA but then their placement situation may change and theyre moved to a different setting.
18	None of these
19	understanding the full story as usually their history is complex and may not be known by current carers, or SW (there is often much unknown)
20	Collaborating with all professionals involved with the yp as sometimes work is duplicated, not joined up or involves a lot of follow up work
21	The difficulty in coordinating key adults to work collaboratively
22	Nature of traded services and involvement in the statutory process often being constrained by the time allocated for such work. It would be ideal to have regular opportunities for follow up.
23	Balancing other work with CiC work. Pressures of the job and limited time.
24	Decision about CYP are made based upon the needs of others/the LA rather than the CYP
25	Working with other key professionals eg social workers, getting replies
26	It is often the least experienced and poorly paid school staff that are working with this group.
27	Limited effectiveness of available interventions producing intergenrerational, ongoing problems
28	Resources I would like to recommend are not always available
29	Sense that some settings don't get why/how the trauma manifests in the child's behaviour; schools vary in empathy and some feel the behaviour is chosen and despite training/info, the practical demands in class can be quite overwhelming for the teacher.
30	Lack of Local Authority funding means some schools have difficulty implementing my recommendations
31	Nature of challenges LAC experiences, number of placement changes some of our LAC experience, people understanding the basis for their presentation
32	Timescales in which work might need to be completed given the swiftness with which placements can change
33	Children's often inconsistent education and home making it hard to support over time, or get a clear picture, child may also be in crisis at time of referral
34	Many teachers are not aware of the child's history (necessarily) and are not always aware of or sympathetic to the impact of their backgground and experiences on their emotional health, attachment and learning.
35	involvement is often time-limited (with insufficient time to make a significant difference)
36	Weighing up the pros and cons of having yet another professional involved and forming an attachment/relationship with the child, especially because my work tends to be quite time bound.
37	Organisational issues e.g. getting all the relevant people in the same room at the same time
38	Challenging the negative perceptions held by staff about the child and/or their difficulties and/or family being troublesome or difficult (mainly in secondary)

39	Funding issues. The virtual school tend to only refer for EP involvement when in crisis e.g. school placement breakdown. All referrals come through my settings directly and do not necessarily prioritise LAC
40	Support is sought quite late in the day and often when a decision is made to apply for an EHCP so the work being sought from the EP is more around providing evidence and it is harder to engage others in thinking differently about the support in place, if that is required. Probably most closely linked to the 'lack of clarity around role' one above.
41	Social Care seem to work with different principles that do not always seem child-centred. Costs, perhaps of necessity, seem to be a major consideration rather than what is best for the child.
42	I feel that i would like more CPD in trauma and other models to support my work, to build my own confidence
43	Often find school are at odds with Social Services. EP's offer one perspective and LA often have bureaucratic processes to follow which I feel don't put the child at the heart of the processes. Other things which bother me: allowing teaching staff to take on parental responsibilies of CLA, CLA being placed out of LA for school/ home placement, CLA being 'supported' by agency staff on contact visits who have little training on the complexitites of CLA
44	seeking cognitive assessments. we do say no!
45	Foster Carers not sufficiently listened to sufficiently
46	In very complex cases, gaining young person's views is best done by someone the yohg person knows and has a reationship with, not by an (T)EP who helicopters in to carry out and assessment of EH&C needs, and this is not always possible due to the time pressures on school staff.
47	Not being given the opportunity despite lots of previous relevant experience
48	Schools needs lots of support to start the journey to becoming trauma informed
49	The needs of children and young people in care so frequently being seen through a behaviourist or within-child and/or medical lens.
50	Limited ability to make a significant impact within our role
51	None of the above
52	Lack of insight into the specific needs of this population from education based professionals and sometimes EPs themselves who know very little about social care systems and can be quite unsympathetic at times. Although most EPs have CLA in their schools i dont think the training adequately prepares EPs and traded services sometimes means they are not prioritised
53	Teachers do not necessarily understand the additionaal risk factors/hisotry of child experiences that make them vulnerable and lack understanding of their needs and the need to prioritise support for themthe
54	Systems for multi-agency working
55	working with this population is very challenging for school staff; school systems do not always support them to work in ways that would be helpful. Change is usually slow: schools often need/want change to happen more quickly and struggle to be flexible for long periods. Lack of resource in schools in terms of support/ pastoral staff is a significant issue.
56	Challenge of supporting committed members of school staff to consider issues differently and act with these ideas in mind

Question 8.

1	Time to train staff. Schools being able to have funding to recruit suitably qualified staff as a key adult and abke to use EP time to support the key worker
2	multi-disciplinary working undoubtedly, but really the thing that needs to change is for there to be a greater focus on risk management and supportive strategies at a family level.
3	Protected time for school staff to work with me
4	Systemic approaches at a whole school level
5	I guess it's additional resources but extended involvement over time over one off assessment
6	Greater agreement of what is 'good enough parenting' earlier interventions when good enough parenting is not established
7	leaving the local authority to be more autonomous to work with LAC in a less time driven and more outcome driven way
8	Social Care and CAMHS having a workable level of funding so that preventative work can happen.
9	Inclusive practices around attachment and trauma in schools
10	Better communication/different structure to the LA's current structure.
11	More time and resource for teachers, eg protected time for supervision for teachers
12	Visiting CIC placed out of county and in specialist residential settings
13	I only work with LAC in a virtual school alongside 2 other EPs. We have good CPD opportunities and work in a great multi-disciplinary team who value the input of psychology.
14	Additional resources plus additional time too to be given to all practitioners as everyone is so busy etc.
15	A whole range of things - all of the above are important! Training for other professionals on EP role is very important

Question 10.

1	It depends on the route by which the work comes to me. Statutory work will mostly be 'one contact'. Where I deliver traded work, the involvement can extend over many years....as long as I continue to work with the same school.
2	Dependant on school commitment to use my time in this way, staff confidence and competence and other priorities
3	It is vary varied. I have worked with many children over a year (mostly indirectly) and many for only one contact. The duration in most cases are yearly or more.
4	Depends on a case by case basis
5	Varies from one off consultation to on going involvement
6	Very individualised. can be a one off contribution to an EHCP or as a member of a team around a YP which is ongoing
7	Depends on the task varies by case. I am currently still involved with a LAC child I have known for 4 years
8	it varies so much - younger children are more compliant so a shorter timescale usually (weeks) but teens may be fed up by yet another professional in their life. Sometimes the YP is just unable to focus and other priorities are high for them (mental health)
9	Usually one consultation and then follow up review a term later usually

10	Depends really on the issue. Can be several months to support a school, or a couple of visits to prepare statutory information.
11	I am involved with all children in the home, from longer term placements to short ones.
12	Currently, none. As an AEP, weekly.
13	I work specifically for the virtual school team
14	It varies according to type of work and who commissions it. Generally my work is one off consultations, but casework commissioned by the Virtual School usually involves ongoing work (6 months +).
15	
16	often an inital direct contact with child and family and then follow up over time - sometimes directly but often touching in with school/family
17	Depends on the nature of the casework and the referral route
18	My involvement really varies from a one-off consultation or training to working alongside the school and family for a year or more.
19	It varies. Depends on the piece of work and location
20	Depends what I am doing, whether it is staatutory work or traded work
21	It really depends (nature of work and needs)
22	Not possible to tell. If my work is effective it can have a life long positive impact. But is also dependent on others following recommendations.
23	Varies hugely case to case