

**“I’ve never been in a job where you’ve had to work so hard to work out where you fit” A multi-perspectival IPA exploration of Educational Psychologists’ professional identities when working in or alongside CAMHS.**

Lara Milletti

A thesis submitted for the degree of Doctorate in Educational, Child and Community Psychology.

Department of Education and Training  
Tavistock and Portman NHS Trust and University of Essex

May 2022

## Acknowledgments

First and foremost, I would like to thank all the participants who dedicated their precious time to support this research. This project would not exist without you. Thank you for donating your experiences to this study, I hope I have given them a fair voice.

I would like to thank my research supervisor, Dr Christopher Arnold, for all the guidance and support throughout this project. Also, thank you to Dr Janchai King, for the ongoing opportunities to reflect during this year.

To Anne, Clare and the rest of the team: thank you for your immense support during this crazy journey. You really are a wonderful team!

Mum and Dad – all the opportunities you have given me are my most precious treasure. To Emanuele Ysmail, thank you for the music is all I have to say! To Naran and Nikhil, you are the biggest source of inspiration.

To Daisaku Ikeda, thank you for dedicating your life to contribute to a value creating society, I hope this project can add to this, even to the smallest amount.

Finally, to Matt. I could not have done this without by my side. Thank you for taking so much time to proofread this entire project, I will be eternally grateful. Also thank you for pre-empting my nervous breakdowns and celebrating the victories with me. Where shall we go next?

## Abstract

Multi-agency collaborations between Educational Psychologists (EPs) and Children and Adolescent Mental Health Services (CAMHS) are sought within national legislations around supporting mental health for children and young people. Uncertainty around professional roles and identities was recognised as a barrier to this way of practising. Professional identity is identified as a highly individual construct, continuously developing based on personal and professional factors. Whilst the role of the EP is broadly recognised as unclear and difficult to identify, research around how EPs and CAMHS can collaborate is also scarce. This study seeks to address this gap in research by exploring EPs' experiences of professional identities when working in or alongside CAMHS. A multiperspectival interpretative phenomenological analysis (IPA) is employed to explore how six EPs experience and make sense of their professional identities. Two directly related groups are purposively sampled for this study. Semi-structured interviews are conducted with N= 3 EPs working in an Outer London Local Authority, and N= 3 EPs working in a CAMHS team to explore how they experience their professional identities. A phenomenological, interpretative, and idiographic stance is employed to analyse the interviews. Data emerging from the analysis suggest three broad themes (Boundaries, Making Sense of Role, and Individual Journey), which are described as either: *a*) a shared experience *b*) a reciprocal experience, or *c*) a path of meaning (experiences that are similar but lived in different ways). The findings are discussed in relation to current national educational psychology practices, effective collaborations with CAMHS, and future directions for the profession. Limitations of the research and the researcher's position within this study are also appraised.

## Table of Contents

Acknowledgments .....	2
Abstract .....	3
Table of Figures .....	9
Table of Tables .....	9
Introduction .....	12
1.1. Chapter Overview .....	12
1.2. The Educational Psychologist’s Role .....	12
1.3. EPs in Educational Psychology Services .....	13
1.4. EP Role in Mental Health and CAMHS .....	14
1.5. Child and Adolescent Mental Health Services (CAMHS) .....	15
1.6. National Context for Multi-Agency Working.....	17
1.7. The Theory Behind Multi-Agency Working.....	19
1.8. Working Between Different Systems.....	20
1.9. Professional Identity.....	21
1.9.1. Taking Up a Role .....	22
2. Literature Review .....	24
2.1. Chapter Overview .....	24
2.2. Literature Search .....	25
2.3. Literature Review .....	27
2.3.1 Professional Identity .....	33
2.3.2. EPs’ Perceptions of Professional Identities .....	38
2.3.3. The Contribution of EPs to Mental Health.....	45
2.4. Summary.....	50
2.5. Research Aims.....	51
2.6. Research Question .....	51
3: Methodology.....	52
3.1. Chapter Overview .....	52
3.2. Purpose of The Research .....	52
3.3. Theoretical Orientations .....	52
3.3.1 Ontological Position .....	53
3.3.2. Epistemological Position .....	54
3.3.3. Phenomenology.....	54

3.3.4. Hermeneutics.....	55
3.3.5. Idiography.....	56
3.4. Interpretative Phenomenological Analysis .....	57
3.5. Other Methodological Approaches Considered.....	59
3.5.1. Psychosocial research .....	59
3.5.2. Reflexive Thematic Analysis .....	60
3.6. Research Questions .....	61
3.7. Research Context .....	61
3.8. Sampling and Participants .....	62
3.9. Participants Recruitment.....	67
3.10. Data collection .....	68
3.10.1. Remote Data Collection.....	68
3.10.2. Interviews.....	69
3.11. Data Analysis .....	71
3.11.1. Step One. Reading and Re-reading.....	72
3.11.2. Step Two. Initial noting.....	73
3.11.3. Step Three Developing Emergent Themes.....	74
3.11.4. Step Four. Searching for Connections Across Emergent Themes.....	74
3.11.5. Step Five. Moving To the Next Case .....	75
3.11.6. Step Six. Looking for Patterns Across Cases .....	76
3.12. The Multiperspectival Analysis.....	76
3.13. Researcher's Position .....	77
3.14. Validity .....	78
3.14.1. Sensitivity to Context .....	78
3.14.2. Commitment and Rigour.....	79
3.14.3. Transparency and Coherence .....	81
3.14.4. Impact and Importance .....	82
3.15. Reflexivity.....	83
3.16. Ethical Considerations .....	84
3.16.1. Protection from Harm.....	84
3.16.2. Anonymity.....	85
3.16.3. Confidentiality .....	86
3.16.4. Informed consent .....	87
3.16.5. Right to Withdraw .....	88
3.16.6. Power Imbalance .....	88

3.16.7. Duty of Care.....	89
4. Findings.....	91
4.1. Chapter Overview .....	91
4.2. Terminology Used.....	91
4.3. Individual Participant’s Findings.....	93
Alex.....	94
Kieran .....	94
Jamie .....	95
Skyler.....	96
Charlie .....	97
Tyler.....	98
4.4. Findings from participants working alongside CAMHS .....	98
4.5. Theme One: Inflexibility.....	99
4.5.1. Superordinate A. Traded Services.....	100
4.5.2. Superordinate B. Being Part of a System .....	101
4.5.3. Superordinate C. Protecting One’s Own Role.....	102
4.6. Theme Two: Clarity on professional identity .....	104
4.6.1 Superordinate A. Making Sense .....	104
4.6.2. Superordinate B. Core EP Skills .....	106
4.6.3. Superordinate C. Personal Influencing factors.....	107
4.7. Theme Three: Collaborating with CAMHS .....	108
4.7.1. Superordinate A. Impact on CYP.....	108
4.7.2. Superordinate B. Creating Joint Systems .....	109
4.8. Findings from participants working in CAMHS .....	111
4.9. Theme One. Merging as a team .....	111
4.9.1. Superordinate A. Team Dynamics .....	111
4.9.2. Superordinate B. Containment.....	112
4.9.3. Superordinate C. Developing practice .....	113
4.10. Theme Two. Flexibility .....	115
4.10.1 Superordinate A. Flexibility of Role.....	115
4.10.2. Superordinate B. Flexibility of Perceptions on EP Role .....	117
4.11. Theme Three. Clarity on Professional Identity .....	118
4.11.1. Superordinate A. Making Psychology Happen.....	118
4.11.2. Superordinate B. Core EP Skills .....	120
4.12. Multi-perspectival Analysis.....	121

4.13. Theme One: Boundaries .....	122
4.13.1. Superordinate A. Perceptions of Role.....	123
4.13.2. Superordinate B. Belonging to a System .....	124
4.14. Theme Two: Making Sense of Own role .....	125
4.14.1 Superordinate A. Core EP skills.....	126
4.14.2. Superordinate B. Journey to Make Sense of Professional Identity .....	127
4.15. Theme Three: Individuality .....	127
4.15.1. Superordinate A. Personal Factors.....	128
4.15.2. Superordinate B. Beliefs Associated with Practice .....	128
4.16. Conclusion .....	129
5. Discussion.....	130
5.1 Chapter Overview .....	130
5.2 Summary of Findings .....	130
5.3. Boundaries.....	132
5.4. Making Sense of Own Role.....	136
5.4.1 The Professional Identity of EPs.....	136
5.4.2. The EP Role in Supporting Mental Health .....	139
5.5. Individuality .....	141
5.5.1. Continuum Between Personal and Professional Identities .....	142
5.5.2. Beliefs Associated with The Practice .....	144
5.5.3. Others' Perceptions of the EP Role .....	145
5.6. Implications for Practice .....	147
5.6.1 Implications for EP Practice .....	148
5.6.2. Implications for Training Providers.....	149
5.6.3 Implications for Multi-agency Working .....	150
5.6.4. Implications for CAMHS Teams and Managers .....	150
5.6.5. Implications for National Policies .....	151
5.7. Limitations of the Current Study.....	152
5.8. Suggestions for Future Research .....	155
5.9. Dissemination Strategies .....	156
5.11. Conclusion .....	159
References List .....	162
Appendices .....	177
Appendix 1.....	177
Appendix 2.....	183

Appendix 3 .....	184
Appendix 4 .....	189
Appendix 5 .....	190
Appendix 6 .....	194
Appendix 7 .....	195
Appendix 8 .....	198
Appendix 9 .....	214
Appendix 10 .....	215
Appendix 11 .....	239
Appendix 12 .....	248
Appendix 13 .....	256
Appendix 14 .....	257
Appendix 15 .....	264



## Table of Figures

Figure 1 .....	16
Figure 2 .....	20
Figure 3 .....	92
Figure 4 .....	92
Figure 5 .....	93
Figure 6 .....	94
Figure 7 .....	95
Figure 8 .....	96
Figure 9 .....	97
Figure 10 .....	97
Figure 11 .....	98
Figure 12 .....	99
Figure 13 .....	111
Figure 14 .....	122

## Table of Tables

Table 1 .....	25
Table 2 .....	28
Table 3 .....	64
Table 4 .....	72

### **List of Abbreviations**

AEP:	Association of Educational Psychologist
AFNCCF:	Anna Freud National Centre for Children and Families
BPS:	British Psychological Society
CAMHS:	Child and Adolescent Mental Health Services
CASP:	Critical Appraise Skills Programme
CoP:	Code of Practice
CQC:	Care Quality Commission
CYP:	Children and Young People
DfE:	Department for Education
DoH:	Department of Health
EP:	Educational Psychologist
EPs:	Educational Psychologists
EPS:	Educational Psychology Service
EPSs:	Educational Psychology Services
EthOS:	E-Theses Online Service
HCPC:	Health Care Profession Council
IPA:	Interpretative Phenomenological Analysis
LA:	Local Authority
LAs:	Local Authorities

PEP:	Principal Educational Psychologist
SEND:	Special Educational Needs and Disabilities
TA:	Thematic Analysis
TEP:	Trainee Educational Psychologist
TEPs:	Trainee Educational Psychologists
TREC:	Tavistock and Portman NHS Trust Research Ethics Committee
UK:	United Kingdom
USA:	United States of America

## **Introduction**

### **1.1. Chapter Overview**

This chapter attempted a description and evaluation of the wider context within which the current study is located. Definitions of how key terms were conceptualised in the present study were included. The chapter also evaluates key national legislations around the collaboration of Educational Psychologists (EPs) with CAMHS and their unique contribution to mental health for CYP.

### **1.2. The Educational Psychologist's Role**

The profession of the EP has been debated at length (Fallon et al., 2010). EPs are practitioners who use their skills and knowledge of psychology, through consultation, assessment, intervention, research, and training for the wellbeing of children and young people (CYP) (The British Psychological Society (BPS), 2019) EPs can work at the level of the individual, the group, and the system; and within different educational and community settings (Fallon et al., 2010).

EPs have been highly valued by service users, families, and educational provisions alike (Kelly & Gray, 2000). Because of their extensive knowledge of psychology, and the flexibility of their skills, EPs can apply their expertise in different contexts, acting as bridges between realities that would otherwise struggle to communicate (Kelly & Gray, 2000). Esteemed because of their dynamicity and their ability to adapt their roles to the needs of the service users, EPs were described as agents for change (Farrell et al., 2006). The EP role is flexible. This depends on the individual choices of each professional, as well as socio-political factors of the Local Authority (LA) where the profession is carried (Fallon et al., 2010).

Whilst elucidatory, the description of the EP role does not appear to provide a clear direction regarding what EPs must do. Ashton and Roberts (2006) suggested that this unclarity may be due to the wide range of service users who employ the EP, making it extremely difficult to pinpoint the range of work. It was also indicated that different clients and different LAs would normally have different ideas regarding the role of the EP (Ashton & Roberts, 2006). The implementation of a traded model of service deliveries, adapted by many Educational Psychology Services (EPS) across the country added an extra layer to the variability of the role (Lee & Woods, 2017). This now also appears dependent on the stakeholders. Who pays for the services gets to decide how the EP can be employed, also resulting in more accountability of the professions (Florance, 2017).

Given the vast applicability of their roles, EPs were identified as important agents of change (Roffey, 2015), holding the agenda to create new and more effective ways of working. Service users extremely valued the EP's positions between schools and other agencies, whilst also positioned in LAs (Farrell et al., 2006). Within this fortunate position of working, EPs would appear extremely well placed to contribute and facilitate multi-agency working. However, clarity around the role appears now imperative so that more doors can be opened for EPs to operate more creatively and extensively (Hulme, 2017; Hymans, 2008).

### **1.3. EPs in Educational Psychology Services**

EPs are required to follow the advice from the national governing bodies and their guidance, created for psychologists. These are suggested by the British Psychological Society (BPS) (2017), in conjunction with the Division of Educational and Child Psychology (BPS/ DECP, 2002), and by the Health Care Profession Council (HCPC) (2015) to guide effective practice. Guidelines to address appropriate ethical and

conduct standards for professionals are also advised (HCPC, 2016; BPS, 2018). Updated legislation for the EP practice should also be considered. The Code of Practice (DfE/ DoH, 2015) and the Children's and Families Act (2014) are the relevant ones. Recent research on the EP workforce suggested that 85% of qualified EPs are employed by LAs. Within this context, there are increasing demands for EPs to cover statutory roles, such as carrying out Education, Health and Care Needs assessments. On the other hand, there is a decrease in the number of EPs working in distinct roles, such as in CAMHS and within multidisciplinary teams (Lyonette et al., 2019).

The distinctive nature of the EP role as part of a LA was reported. Typically, EPs work in a range of contexts, such as schools, homes, and children's centres. This equips them with a wide range of knowledge of systems and procedures to support CYP. It was also suggested that EPs in this context are often valued for their extensive knowledge of these systems, whilst also being able to identify the gaps in the collaboration with other services (Farrell et al, 2006). Overall, due to their extensive training, their knowledge of the different systems involved with CYP and their families, and their position in the LA, EPs are highly valued for their roles in an EPS.

#### **1.4. EP Role in Mental Health and CAMHS**

EPs are the biggest providers of mental health support in schools (81%). However, it appears that few service users are aware of this specialist role, leaving little space for specialist and targeted support (Zafeiriou & Gulliford, 2020). A study on EPs' mental health casework (Zafeiriou & Gulliford, 2020) revealed that EPs have a significant role in facilitating a secure base and containment for members of staff in schools and parents. They also have a key role in supporting adults around the CYP to reflect, and challenge perceptions around mental health and its difficulties, thus leading to sustained change (Zafeiriou & Gulliford, 2020).

It was suggested that EPs could support the provision of mental health for every CYP through whole-school collaborations (Birchwood, 2018), whilst also promoting preventative approaches to mental health support. EPs can contribute to training, staff supervision, implementation, and development of policies aiming at rendering schools aware of mental health difficulties that CYP may experience (Birchwood, 2018).

Providing expertise and extended knowledge of mental health, EPs are well placed for building and crossing bridges between agencies involved in mental health provision for CYP. There is a great scope for EPs' involvement in mental health support (BPS, 2017). This needs to be further explored and analysed in its entirety, including the facilitating factors and the barriers that prevent effective multi-agency collaborations. A recent report from the Association of Educational Psychologists (AEP) highlighted the essential role of this profession to address mental health difficulties. They also stated the importance of the collaborations between EPs and CAMHS services. These can effectively address mental health difficulties for all young people across the country (AEP, 2017).

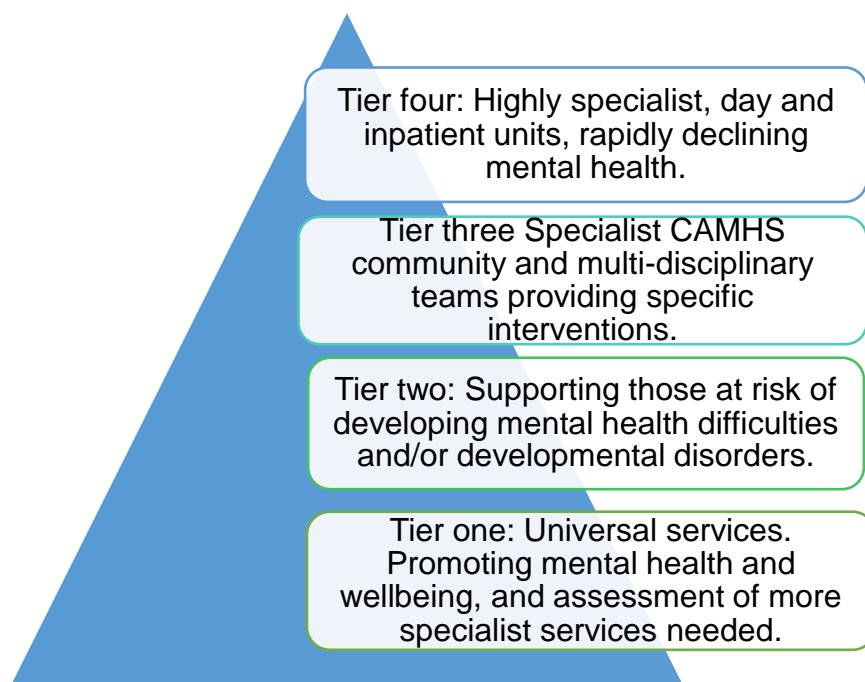
### **1.5. Child and Adolescent Mental Health Services (CAMHS)**

In the United Kingdom, the mental health provision for CYP is delivered by the Child and Adolescent Mental Health Services (CAMHS). This is an umbrella term to define the provisions that are available for mental health and behavioural difficulties experienced by CYP. The services provided within the country are divided into a tier system, with three main aims: prevention, early intervention, and specialist work (ACAMH, 2021). The planning and delivery of the appropriate support, targeted to each need, is divided into 4 tiers moving from the less specialist one (Tier one) to the most specialist and intensive (Tier four). Each tier addresses unique needs, depending on the severity of the difficulty experienced by the young person (see Figure one).

Whilst providing specific services, appropriate to each need, it was argued that the four-tier model might create even more discrepancies between services (Parkin & Long, 2020). The integration of all services, structured and targeted to each need, was suggested as a viable alternative (Parkin & Long, 2020).

### Figure 1

*CAMHS Tier system adapted from Parkin and Long (2020).*



The provision of mental health support for CYP is commissioned by a range of different professionals and agencies, creating an intricate system of support that requires effective collaboration for it to be efficient. CAMHS is provided by NHS mental health and community trusts, LAs, and private and voluntary sectors (Parkin & Long, 2020). CAMHS services were recently described as fragmented and variant in their efficacy, with some services being of extremely high quality and some others in need of improvements (Care Quality Commission, 2017). The single most important barrier to



efficient CAMHS function was attributed to a disjointed system, where agencies fail to effectively collaborate. Also, the need for more effective school-based mental health support was conveyed (CQC, 2017).

A report by Frith (2016) indicated several barriers to the CAMHS services that make them disjointed and vulnerable. A big percentage (23%) of CYP presenting with mental health difficulties are turned down by CAMHS, due to not meeting the high thresholds set by the services. Those who manage to access more specialist CAMH services must face an extremely long waiting list, up to 10 months for treatment to begin. The only way to receive mental health support is to present with complicated and unsustainable difficulties. Having not reached this threshold, CYP with mental health needs may struggle to access the services (Frith, 2016). This is the opposite of prevention and early intervention, and as a result, CYP do not get the appropriate support they need, at the right time.

### **1.6. National Context for Multi-Agency Working**

Identified as a central pillar toward the implementation of mental health support, multi-agency collaboration is promoted in governmental plans (National Health Service (NHS), 2019). The Every Child Matters agenda (HM Treasury, 2003) suggested a framework by which every agency working with CYP shall work within a Children's Trust. The aim was to enhance more effective communication and planning. Suggested within the SEND CoP (DoH/DfE, 2015), were multi-agency meetings to assess, review and plan and implement interventions for each CYP presenting with difficulties. The importance of multi-agency practices and collaborations was highly advocated within the academic literature, particularly with regard to the support of mental health for CYP within educational settings (Brown & White, 2006; Cheminais, 2009; O'Reilly et al., 2013).

Principles for effective multi-agency working were identified. Clarity around everyone's role, and an understanding of the structures and governance under which each professional practises, were noted (Social Care Institute for Excellence, 2010).

Benefits and positive outcomes for effective multi-agency practices were indicated. Better outcomes for every CYP and more effective school-based support were linked to effective multi-agency practices (Brown & White, 2006). Multi-agency working was also linked to building more cohesive communities, through shared responsibility and reflection on working practices (Cheminais, 2009). Effective interagency collaborations allow for clearer information and decision making, and prompter support and interventions (O'Reilly et al., 2013).

Barriers to effective multi-agency practices were also identified. In particular, the need to develop a common language, and ensure a common terminology was suggested (Salmon & Rapport, 2005). Differences in culture, leadership, and organisations were also highlighted as potential barriers (Brown & White, 2006). The lack of a shared language, the misunderstanding of each professional's role, and the management of diverse cultures were noted as challenges arising from multi-agency working (Cheminais, 2009).

Schools were identified as important protective environments against the deterioration of mental health for CYP (Anna Freud National Centre for Children and Families (AFNCCF), 2020). Multi-disciplinary collaborations between educational settings and CAMHS were linked to the support of more general mental health difficulties (AFNCCF, 2020). This would result in fewer specialist interventions needed, freeing CAMHS spaces. Schools were also identified as potential arenas where mental health stigmas could be challenged (McKenzie et al., 2011). This might be of particular

significance for EPs, especially concerning their role in supervising and supporting school staff and school systems.

### **1.7. The Theory Behind Multi-Agency Working**

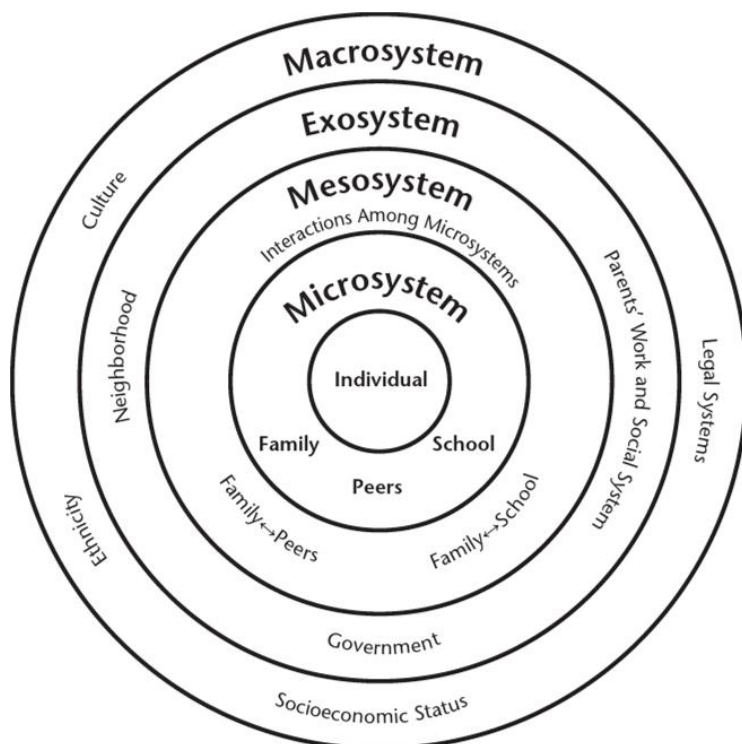
Uriel Bronfenbrenner and Kurt Lewin theorised about the interconnection of individuals and systems. Lewin suggested that behaviour is a function of the interaction between individuals and their environments (Lewin, 1936). It is therefore impossible to assess and intervene in the behaviour of an individual without considering the entirety of the environment surrounding the person (Lewin, 1936). When working with CYP, it appears imperative that the entirety of their environment is considered. The practice of multi-agency working permits a comprehensive consideration of this.

It is also imperative to consider how different systems interact with each other to create a wider environment. In his *Ecology of Human Development*, Bronfenbrenner (1979) conceptualised the environment as an '*ecological environment*' (p.3). This consists of different, concentric levels: microsystem, mesosystem, exosystem, and macrosystem (see Figure two). The microsystems include the immediate environments in which one interacts and develops; within the microsystem, the idea of the role (an expected set of skills and behaviours related to a purpose) is also espoused. The exosystem consists of the interactions between each other which tend to influence behaviour. At the wider level, the macrosystem is the culture influencing beliefs and sets of values of each person (Bronfenbrenner, 1979). These systems relate to one another and together contribute to the development of an individual. To consider the difficulties of a CYP without including all the systems around them, would mean to miss valuable information that might contribute to holistic analysis and formulation. Within multi-agency practices, representatives of each system would find a suitable space to contribute to the intervention for a young person. The provision of services, targeted

to the young person's needs, might also influence every system within the environment of the individual.

## Figure 2

*The ecological environment. Adapted from Bronfenbrenner (1979)*



### 1.8. Working Between Different Systems

The context for EPs working in CAMHS is different from that of EPs working within LAs, and it is more complex. In addition to the guidelines and legislations required for EPs to follow, EPs in CAMHS teams may also be required to follow the priorities, and guidelines recommended for CAMHS employees. These differ from the ones

suggested for EPs. For Tier two and three services, there are several guidelines suggested, which are not all applicable to the job of an EP (NHS England, 2015).

The images that individuals have of a system they are part of can also be thought of as organizations- in-the-mind (Hutton et al., 1997). These are constructs in one's own mind of how activities are organised. They are an individual's reality, and they influence the way an individual relates to it. The constructs are subjected to the previous experiences of the individual and, therefore, they are not objective (Hutton et al. 1997). The organisation-in-the-mind is an unconscious, dynamic interplay of core beliefs, values, and experiences that each individual holds (Hutton et al., 1997). They, therefore, differ from one person to the other, and they influence the way individuals perceive their roles within a system.

No system or role exists objectively without having unconscious core values and beliefs attached to them (Shapiro & Carr, 1991). Within this study, therefore, it is assumed that the roles taken by EPs are personal, flexible, and attached to deep individual values which need to be ascertained and explored. To understand how individuals perceive their roles within a system, an exploration of this construct is necessary.

### **1.9. Professional Identity**

Professional identity was defined as "*a cognitive mechanism that affects workers' attitudes, affect and behaviour in the work setting and beyond*" (Caza & Creary, 2016, p.4). Professional identity was conceptualised as a series of values, attributes, beliefs, and experiences that individuals use to define themselves as professionals (Schein,

1978). Although professional identity is an individual-based construct, it appears also influenced by a multitude of factors that can create different professional identities (Caza & Creary, 2016). Slay and Smith (2011) argued that perceptions of professional identities are embedded in perceptions of personal identities. They suggested that early life, life, and work experiences play a key role in the “*repertoire of professional possible identities*” (Slay & Smith, 2011; p. 99) one could establish.

A clear professional identity was argued to guide decision-making processes, career success, and a sense of competence (Caza & Creary, 2016). Within this study, it is assumed that an understanding of one’s own professional identity may provide a clear professional framework and meaning to one’s own role. Conversely, the lack of a clear narrative around what an EP does may have a detrimental effect on EPs’ perceptions of their professional identities.

The present study focused more on the lived experiences of EPs and therefore in-depth explorations of professional identity, and on processes by which it is constructed were beyond the scope of the project. However, processes and aspects which may influence one’s own understanding of own professional role were of relevance for this research.

### **1.9.1. Taking Up a Role**

A role is defined as a “*mental regulating principle*” (Reed, 2001, p.5), influenced by individual experiences, feelings, and motivations. These aspects are aroused when a role is conducted to accomplish a system’s aims and outcomes (Reed, 2001). A role that a person takes within a system is never static, but it is an unconscious and dynamic interplay of values, beliefs, and understanding around a system. A role is not

a set of behaviours that are given to an individual to perform. It is “*an idea in the mind*” (Reed, 2001, p.3) of what one believes the appropriate set of behaviours and skills are; aiming to respond to the system’s priorities. For a role to be taken up and performed, an individual must search and find it within the system. Once this is established, an individual must make the role, thus understanding how the system functions and changes to adapt to it. Finally, the individual finds oneself within the newly taken role (Reed, 2001).

It therefore would appear unmanageable to separate a professional role from beliefs and experiences belonging to an individual. Aspects of a person that make their true self (Winnicott, 1965) constantly influence behaviour patterns and responses (Freud, 1920). This is true for the personal, individual aspects, as well as professional aspects, of an individual-in-role. When relating-in-role, bringing aspects of one’s true self (Winnicott, 1965) may support professionals to enhance originality and reflections with others. Thus, it appears relevant to reflect on individual and subjective experiences when reflecting on one’s role (Pellegrini, 2009), as these are likely to influence and impact the relating in role with others within a system.

Of course, due to being part of systems in need to achieve specific aims, roles should be flexible, responding to the needs of the systems. “*The frustration and doubt they often felt when forced to compromise their identities within the hierarchical structures in which they found themselves*” was acknowledged by a psychologist working between different systems and with different priorities (Gussak, 2015, para. 2). It is posited here that anxieties due to following different systems whilst encompassing one professional role may be found when working as part of a multi-agency team. EPs working in CAMHS teams may find themselves responding to two distinct roles, still within one individual. A professional identity may therefore feel split, disintegrated, and

uncontained (Solomon, 2019). Solomon (2019) explored the idea that the feeling of belonging (or indeed, not belonging) to a system may be exacerbated by images and ideas that one might have about the organisations they are part of. These may be conflicting with ideas held by others. Unless these are expressed and explored, collaborations in the system might be scattered. Following conversations around these expectations, a new integrated system may be formed, working more effectively (Solomon, 2019). Unclarity in one's own self and fragmentation of identity were described (Gussak, 2015). It was also posited that unclear or conflicting role expectations may be dysfunctional for employees (Szilagyi et al., 1976).

Aside from the negative implications of this, Ebbers & Wijnberg (2017) also suggested a positive one. Namely the fact that unclarity around one's role may open the way to wider definitions and more creativity attached to one's own professional identity (Ebbers & Wijnberg, 2017).

Therefore, the need for an exploration of how individuals engaging in multi-agency working perceive their professional roles and identities is acknowledged.

## **2. Literature Review**

### **2.1. Chapter Overview**

This chapter included a detailed review of the existing literature on how professional identities are perceived by EPs and on their current involvement in supporting mental health for CYP. Details of the literature searches, inclusion and exclusion criteria, and tools employed to critique the literature were included. A thorough literature review suggested that there are no existing studies on how EPs perceive their professional



identities when working with or alongside CAMHS. The current literature review provided a rationale for the current study. The research question and aims were explored at the end of the present chapter.

## 2.2. Literature Search

To explore perceptions of professional identities and factors that influence these, a systematic literature review was run on EBSCO Host. The following databases were used:

- APA PsychInfo
- APA PsycArticles
- Psychology and Behavioural Sciences Collection
- PEP Archive
- Education Resource Information Centre.

An initial search was run using the search terms *professional AND identit\* AND EP* but only five results emerged. These were not enough results for a literature review. Therefore, wider terms were used. Because this field of research has not been explored to a significant extent, it was impossible to run one systematic search. Instead, the author considered it more worthwhile to do multiple searches, attempting then to integrate the existing literature. This was also done so that a wide review of the literature could be run, also considering the scarcity of studies in this area. A flowchart in appendix one portrayed the procedure followed for the literature search. Boolean operators and truncations were used to formulate a wide search. Table one displayed the searches that were run, and the terms used.

### Table 1

#### *Literature Searches*

<b>Search</b>	<b>Search Terms</b>	<b>Number of studies</b>	<b>Hand searched</b>	<b>Studies included</b>
1	<i>professional role*</i> OR <i>professional identit*</i> AND <i>organisation</i> OR <i>system</i> AND <i>Multi-agency</i> OR <i>interagency</i>	4	0	1
2	<i>professional role*</i> OR <i>professional identit*</i>	1189	0	0
3	<i>professional identit*</i> AND <i>educational psychol*</i>	579	5	4
4	<i>educational psycholo*</i> OR <i>school psycholo*</i> AND <i>mental health</i>	12.138	0	1
5	<i>educational psycholo*</i> AND <i>mental health</i> OR <i>CAMHS</i>	79	1	2
6	<i>professional identity</i> AND <i>psychologists</i> EThOS Search: <i>professional identity</i>	635+5	5(from EThOS)	4

### **2.3. Literature Review**

Following a set of inclusion and exclusion criteria (appendix two) all the studies found in the literature search were subjected to screening. A total number of eleven studies were included. These were subjected to a thorough analysis and review using the Critical Appraisal Skills Programme (CASP) (Page et al., 2021) checklist (appendix three) for qualitative studies. Table two below displayed the studies included in the review and their key features.

**Table 2**

*A summary of papers included in the literature review*

<b>Study</b>	<b>Aims</b>	<b>Relevance</b>	<b>Country of publication</b>	<b>Sample size</b>	<b>Nature of sample</b>	<b>Strengths</b>	<b>Limitations</b>
Carney (2017)	To explore the perceptions that developing EPs have of their role in supporting mental health in schools.	The topic of the study was considered relevant. However, the focus on EPs' work in school was not deemed highly relevant.	United Kingdom	70 for the quantitative part and six for the qualitative part.	EPs and TEPs. The sample was deemed highly relevant to this study.	The data collection procedure was detailed, allowing for good replicability. The use of a mixed-methods design allowed for an effective triangulation of data. The choice of participants appeared appropriate to the research aims, as it focussed on recently qualified EPs and their developing perceptions.	Although the author claimed the use of a mixed-methods design, this was elaborated. An only qualitative study could have allowed a similar exploration and the use of a mixed-methods design was not clear. Moreover, the qualitative part of the study presented a little in-depth exploration of how EPs perceive their roles.
Zafeiriou & Gaskell (2020)	To explore EPs' mental health casework in schools and its key features.	The topic was deemed somehow relevant. Especially in terms of the focus on EPs' perceptions.	United Kingdom	five- appropriate for a grounded theory analysis.	EPs. The sample was deemed highly relevant to this study.	The participant sample presented a rich diversity in terms of years of experience, gender, ethnicity, and professional role. This contributed to a rich data set. The use of grounded theory analysis allowed for the researchers' positions to be acknowledged and effectively applied.	The data collection procedure was not extensively described, impacting the replicability of the study. The use of wider data collection methods (e.g., the combination of interviews with focus groups) could have enhanced the richness of the data set.
Gaskell & Leadbeter (2009)	To investigate changes in perceptions of EPs' professional identities due to working as part of a multiagency team.	Highly relevant for this study.	United Kingdom	10 – appropriate for an Activity Theory study	EPs- highly relevant to this study.	The choice of the activity theory framework allowed the exploration of perceptions of professional identities as they are influenced by social and historical changes. The data analysis appeared rigorous and collaborative	The data collection process lacked details, which impacted the replicability of the study. The researchers' positions were not explored, which may have impacted the validity of the study. The implications for the findings were not explored.

Gazzola et al. (2011)	To explore how counselling psychology doctoral students perceive their professional identities, focussing on factors that hinder and facilitate them.	The topics and findings were considered relevant. The study was set in Canada, thus impacting the transferability to UK professionals.	Canada	10 (nine females and one male) – appropriate for a qualitative study	Participants were counselling psychology students, therefore relevance to EPs could be low given the different professions and different training pathways.	which may have prevented the researchers' bias. Rigorous data analysis process. A cross-case analysis was used to group ideas into themes and to make sure these were representative of the data set. Data discrepancies were considered and included in the analysis. Focussing on the impact of training providers on a developing professional identity sense was a unique feature of this study.	The data collection procedure was not described in detail, impacting the replicability of the study. The researcher's position was not explored, and no opportunities for reflexivity were not discussed. This may have impacted the validity of the study. The findings were not critically discussed in terms of their implications.
Greig et al. (2019)	To explore the mental health support that Scottish EPSs feel they can provide to schools.	Relevant, although the study was not focussed on individual perceptions and experiences.	United Kingdom	21	EPSs in Scotland. This was deemed relevant, although the answers were provided by PEPs.	This is the only quantitative study included in the reviews. It was valued in terms of providing statistics around EPs' work in supporting mental health. The participants of over 50% of LAs in Scotland ensured a good generalisability of the findings.	The questionnaires were self-reported by PEPs, which may have impacted the objectivity of the results.
Nicholls (2010)	To explore the attributes that are believed EPs should demonstrate. The study also aimed at exploring core beliefs regarding EPs' professional practice.	Some relevance was identified in terms of what EPs believe is necessary to be considered effective practitioners.	United Kingdom	12 – appropriate for a Personal Construct Psychology Study.	Four EPs four primary school SENCOs three secondary school SENCOs One Portage Worker For the second part, Three EPs One primary school SENCO Two secondary school SENCO.	The exploration of personal constructs was deemed a unique feature of the study. The addition of these with semi-structured interviews allowed for an effective triangulation of data. The collaboration of participants during the data analysis process was ensured, allowing for a true representation of the participants' experiences. The use of a reflective journal ensured an effective	The choice of participants for the second part of the study was based on the researcher's perceptions of who would be more suitable for a construct elicitation activity. This could have been influenced by the researcher's bias. The implications of the findings for a wider population were not explored.  The study focussed appeared limited and less transferrable.

---

					The sample constituted by EPs was deemed relevant for this study, but the rest of the sample was deemed to have low relevance.	consideration of the researcher's position.	
Salter & Rhodes (2018)	To explore how clinical psychologists develop their personal-professional identity after their training and after being qualified for some years.	The focus and the findings of the research were deemed relevant. However, the study was set in Australia and findings could not be transferable to a UK population.	Australia	11 – appropriate number for a qualitative study	Clinical psychologists who qualified no more than 10 years before the study. Some relevance to EPs, although this could be impacted due to different professions and training pathways.	Acknowledgment of researchers' positions and potential bias. Data were collected and coded collaboratively. Researchers also used a reflective journal. The data analysis appeared rigorous, and the narratives were constructed with participants, ensuring a good representation of their experiences. Implications for findings were discussed.	The data collection procedure lacked details. This could impact the validity and replicability of the study. Ethical considerations were not included in the paper. Contradictory data or data that were thought irrelevant was removed, thus impacting a true representation of the participants' experiences.
Sanders (2018)	How school psychologists define their professional identities and how they experience them.	The topic and findings were relevant. The study was set in the United States of America impacting its relevance to a UK sample.	United States of America	Six – appropriate number for a qualitative multiple case studies research	School psychologists who qualified no longer than 10 years before the study. Some relevance to EPs due to similar profession, although this could be impacted by a different country and diverse cultures, and different training pathways.	The choice of multiple case studies research allowed an exploration of a phenomenon that connects different individuals without separating them from the systems. Thorough and rigorous data analysis, which was collaborative with participants. The use of interviews and focus groups ensured a successful triangulation of data. The position of the researcher was acknowledged, as well as the potential was biased. The use of a reflective journal was implemented.	The choice of the methodology was not explored to a satisfactory extent. No details were provided about the data collection procedure, impacting the replicability of the study.

---

						The data collection procedure was detailed and studied. Therefore, good replicability. The potential for the researcher's bias was recognised, enhancing the validity of the study.	
Schubert et al. (2021)	To explore how mental health clinicians construct their professional identities	The topic and findings were relevant. The study was set in Australia impacting its relevance in terms of culture.	Australia	Nine – appropriate number for a discourse analysis	Three clinical psychologists two psychologists four psychiatrists. Some relevance to EP, although this could be impacted due to different professions and training pathways. EPs. This was deemed highly relevant to this study.		The authors did not discuss the contribution of the study to existing literature and the field. The sample did not present a big variability in cultural background, thus impacting the generalisability. Low transferability of findings in the UK, given the Australian sample.
Waters (2014)	How EPs' professional identities are communicated through their talk of professional experiences.	Highly relevant to this study.	United Kingdom	Three – appropriate for a critical discourse analysis		The choice of critical discourse analysis was considered appropriate to understand and uncover meanings and experiences, as impacted by social. Political contexts. Participants were chosen on a random basis, to ensure that discourse is not preferred over others. This also allowed a rich diversity in the sample. Recognition of the researcher's positions, which is valued within a discourse analysis method.	The study lacked a statement summarising all the findings. This made it difficult for the reader to understand the overall findings and how they were formulated from the data set.
Willdridge (2010)	How EPs perceive their job roles and factors that influence their job satisfaction.	Highly relevant to this study.	United Kingdom	12 – appropriate for a thematic analysis study.	EPs who had been in the profession for at least three years	Rigorous data analysis, as data presented an extreme richness. The data analysis was collaborative with	The author claimed the use of a social constructionism approach. However, the value of social interactions within the study was

---

before the study. The sample was deemed relevant for this study.	another researcher, ensuring good data reliability. The researcher's position was recognised and controlled with blindly coded analysis, ensuring good inter-reliability.	not explored. The study presented 5 research questions, which may feel overwhelming to the reader. Factors that could enhance the validity of the study were not explored.
--	---	--

---



### **2.3.1 Professional Identity**

This section critically reviewed studies on psychologists' perceptions of their professional identities. This was an area that was scarcely researched in the UK. The author considered this area to highly contribute to the current aims of the study. Therefore, it was deemed appropriate to include studies from other countries, as all the studies were conducted overseas.

Papers emphasised the personal features that were linked to professional identity perceptions. All the papers in this section indicated the influence that personal skills, beliefs, experience, and background have on the development of professional identities. The two cannot be separated from each other, as they appear to exist on a continuum. Studies indicated a contrast between how individuals perceived their professional identities, and how they were seen by others (i.e., experts). These papers also highlighted the key role of continuous reflection on one's own professional identity. All the studies suggested that professionals wish to see an alignment between their belief systems and the frameworks they prefer to use in their professions. This was also influenced by their choices of training providers, and their training experiences. However, all the papers presented similar limitations. In particular, the transferability of the findings to a UK population is doubted, as all the papers were published overseas. The professional identities of psychology (as a main profession) in the UK remain an area to be explored.

A discourse analysis by Schubert et al. (2021) explored how mental health clinicians working in an Australian youth mental health centre constructed their professional identity and whether implementing Open Dialogues transformed this. The second part

of the study around the implementation of Open Dialogue was not considered relevant or this review. It was therefore disregarded. Schubert et al. (2021) asserted that identities are continuously constructed socially, using discourse. This suggested an ongoing sense-making of perceptions of professional identities. A discourse analysis of semi-structured interviews informed the two constructed positions. The one relevant for this review is the position constructed by psychologists. They identified their personal skills as critical elements to their professional identities. Participants identified a low distinction between their professional and their personal identities. They recognised that aspects of the self were critical to decisions on how to function as professionals. Similarly, participants preferred to separate themselves from other professionals and from what is expected of them. Furthermore, they identified their professional identities as an ongoing process, constantly evolving, and influenced by how they think and talk about their experiences. Moreover, they preferred to distance themselves from the expert position. On the other hand, they seemed to identify their professional role based on their abilities to deliver the therapeutic intervention and based on their relationships with clients. This also resulted in anxiety experienced by the professionals due to the abandonment of the expert position of the guidelines on how to exercise the roles. Ongoing reflections on the role were significant to elucidate how individuals construct their professional identities. The study appeared relevant because it explored the impact of social constructions on professional identities. The setting and the participant sample for the research (a clinic in Australia in which the framework was used) were appropriate for this study. Nine participants (three clinical psychologists, two psychologists, and four psychiatrists) were recruited. This was an appropriate number, given the exploratory nature of the study. However, participants were recruited immediately after attending the training on the Open Dialogues

framework. This was considered a limitation of the study, as the transferability of its finding is limited by the homogenous sample. Schubert et al. (2021) discussed that the participants' experiences were not coherent with each other, however, the contradicting findings were not discussed. This was considered a key feature of validity in discourse analysis (Schubert, 2021), and the study missed this. The authors also recognised the lack of cultural background diversity in the participant sample. Of the participants recruited in the study, no EP was interviewed. Additionally, having been conducted, in Australia, the study findings might not be transferable to EPs in the UK in a substantial manner. Questions remain as to how EPs construct their professional identities in the UK.

Perceptions of professional identities were also analysed through the experiences of counselling psychology doctoral students (Gazzola et al., 2011). The study aimed at exploring how counselling psychology doctoral students perceive their professional identities, with a specific focus on factors that elicit and hinder these perceptions. The theoretical orientation of the study was unclear. However, the focus on newly qualified professionals, as offered by this study, promoted the exploration of the influence of training programmes. This was a rare focus in the reviewed literature, and it was considered a strength of this study. The cross-case analysis of semi-structured interviews indicated seven categories of experiences that foster perceptions of professional identities, and four that hinder them. Participants indicated that positive experiences with clients, the effective use of supervision, the cohesion of personal and professional values, positive training experiences and role models, and an emerging sense of expertise all contributed to positive professional identity perceptions. The idea that subjective experiences and values shape one's sense of professional identity was introduced. Participants also explored the impact of training in different areas

(curriculum, finding one's role, use of supervision, and having a role model). Conversely, they reported that negative perceptions of the profession from others, negative training experiences, the lack of role models, and having to manage internal conflicts, all hinder professional identity perceptions. Therefore, negative interactions with others played a significant role in influencing professional identity perceptions. The internal conflicts were identified as experiences with clients that elicited doubts and wanting to move away from being the experts in favour of a holistic view of the clients' needs. Gazzola et al.'s study (2011) appeared extremely valuable as it contributed a unique focus on doctoral students' perceptions of professional identities. A qualitative methodology appeared appropriate to explore the subjective experiences of professionals as they developed their identities. A variation of the Consensual Qualitative Research method was used. The authors argued that the method could analyse a large amount of data without sacrificing its richness. This was considered a strength of the study. Ten doctoral students (nine females and one male) at a Canadian university were sampled for the study. Although the study presented a clear methodology, it lacked more thorough discussions around participants' recruitment strategy, context, and the setting of data collection. More details around these decisions would have enhanced the replicability of the study. However, only recruiting doctoral students might result in a limited participant cohort, as more experienced professionals might offer a diverse experience. It would be interesting to explore perceptions of professional identities on more mature professionals too. However, the findings from this study were limited in their transferability to EPs in the UK, as no EPs were recruited, and the study was completed in Canada. Further research is needed to explore related topics within the population of EPs in the UK. Moreover, a big limitation found in this study was the lack of researchers' reflexivity. The risk for

potential bias was not acknowledged nor attempted to be prevented. As a qualitative method of research, the study would benefit from more reflections in this area.

Salter and Rhodes (2018) explored how clinical psychologists in Australia develop their personal-professional identities, after qualifying as psychologists. Based on the interconnection between personal and professional identities, the study sought to develop a framework by which the two could be placed together for clinical psychologists. A narrative inquiry was employed to explore the processes of personal professional development amongst clinical psychologists, based on their lived experiences. The study assumed the position that self-identities were not seen as constructs but developed with experience through an ongoing process (Salter & Rhodes, 2018). 11 participants who had qualified as clinical psychologists less than ten years before the research were recruited. Participants described a continuous process of development, whereby professional and personal values are interdependent through congruence, genuineness, and reflexivity. It, therefore, appeared impossible to separate the self from one's own professional identity. Participants found that the models they chose to base their practice on were more related to their personal values. This was different compared to the beginning of their practice where participants decided to choose a model that was more structured and informative. With expertise, this was abandoned in favour of models that appeared more aligned with the personal values of each clinician. Similarly, with experience, participants understood the importance of bringing their own personalities into the room with the clients. Finally, participants also reported that reflections on their feelings during the work with a client were actively used for effective outcomes with patients. The role of the training institutions in developing a professional role was also emphasised. Implications of the findings on training providers were discussed. The

researchers discussed the importance of training institutions to implement reflective practices, as well as the connection between theoretical models of therapy and philosophical orientations. New areas of research were identified; especially what concerned the need for more narrative explorations of the lives of clinical psychologists. It is also important to note that, consistent with previous studies, questions remain on the development of professional identities for EPs, as none were recruited for this study. The transferability of the study for EPs in the UK is therefore not certain. Further research in the area is still needed. Whilst Salter & Rhodes (2018) presented an interesting piece of research, limitations in the analysis were recognised. Contradictory data or data that were thought irrelevant was removed. This was identified as a weakness in the data analysis process, as a more thorough review of these pieces of information could inform interesting and unexpected findings.

### **2.3.2. EPs' Perceptions of Professional Identities**

This section critically reviewed studies that explored the perceptions of professional identities of EPs. All the papers included in this section described perceptions of professional identities as a multifaceted process, influenced by subjective experiences, the type of work requested, and national and socio-economic factors. The unique aspects of the EP role were identified, including demonstrating leadership, being agents of change for CYP and schools, and developing holistic pictures for the clients. The most significant aspect emerging from this section is the need for the creation of a joint narrative on the EP role. Papers in this section contributed to the understanding of how EPs perceive their roles. The unclarity around this appears wide, calling for more literature to be published around this area.

A qualitative multiple case studies research by Sanders (2018) explored how school psychologists in the USA define their professional identities. The research aimed at exploring school psychologists' experiences of developing and defining their professional identities. Six school psychologists, who had been practicing for at least ten years, were invited for a semi-structured interview and a focus group. Participants described the development of their professional identities as a lifelong process, constantly changing based on subjective experiences. They identified their professional role as "*multifaceted*" (Sanders, 2018, p.93) responding to the contexts and the clients' needs. The study suggested that leadership was an essential skill to have to be successful advocates for CYP. Sanders's (2018) research appeared valuable, as it highlighted the need for training providers to facilitate connections between trainees and practitioners. The authors also felt that it is the training providers' role to facilitate the trainees' professional identities. The professional identities of practitioners who had been qualified for not longer than five years should be explored further. Sanders (2018) claimed that professional identities might be experienced differently depending on years of practice and perceived competence and expertise. Therefore, more research in the area is needed. Sanders (2018) significantly contributed to the understanding of how school psychologists perceive their professional identities. Furthermore, a multiple-case study method allowed for an exploration of a phenomenon that connects multiple individuals without separating them from their individuals. Sanders (2018) considered it essential to have an exploration of a bounded system in which phenomena cannot be manipulated. Although this research method appeared appropriate for the research question, the decision was not motivating enough. Other methodologies could have provided a similar exploration; therefore, this was considered a limitation in this research.

Willdridge (2013) explored how EPs perceive their job roles and the factors that determine their job satisfaction in Wales. The relevance of this research was placed within the socio-economic changes that impacted the profession. Factors such as redundancy and budget cuts, as well as the move towards traded services, were considered within this study. Furthermore, Willdridge (2013) located the need for researching professional identities within national governing bodies. The author indicated the importance for professionals to think about their roles to continue developing this. Twelve EPs who had qualified at least three years before the research were recruited from six LAs in South Wales, two more EPs were recruited for a pilot study. EPs reported that the definition of their job is complex and influenced by the various aspects of the role. EPs appreciated the wide breadth of opportunities within the profession and the possibility to build relationships with others. They highlighted that there are both positive and negative aspects accompanying the job. They felt that they were often asked to complete pieces of work that are not part of the job description. On the other hand, pieces of systemic work and peer supervision were indicated as facilitators to their understanding of their roles. They shared that the opportunity to be agents of change contributed to their job satisfaction. Also, they indicated that a healthy work/life balance was often difficult to maintain, influencing their job satisfaction. Conversely, paperwork, workload, and changes in bureaucracy made the job more stressful. The researcher chose a social constructionism approach, however, the reasons for this were not explored. It would have been interesting to understand why importance was placed on social interactions in this area, and how this influenced the research process. However, the study presented five research questions, which could have overloaded the data collection and analysis process. Only one focus (either professional identity or job satisfaction) would have



elicited a deeper understanding, albeit narrower. The research appeared extremely valuable as it contributed effectively to the understanding of how EPs define their profession. The exploration of factors that influence job satisfaction also provided an interesting additional reflection. The findings from the study were discussed in relation to already existing literature, thus providing an interesting contribution. However, the authors identified the need for more research on how trainee EPs (TEPs), or more recently qualified EPs, experience their professional identities. The study presented a valid methodology, with a rigorous qualitative analysis of the data. The potential researcher's bias was controlled with blindly coded analysis, completed with another researcher. This provided a good inter-reliability.

Furthermore, Waters (2014) explored how EPs communicate their professional identities through their narrations of professional experiences. This research appeared relevant due to the need for EPs to be clear on their professional identities. The research appeared extremely valuable for EPs; especially given the socio-economic changes the profession is experiencing. The second aim of this research was that of identifying the coherences between perceptions of the EP role and policies, research, and theories on the profession. This research, therefore, appeared timely to address the issues that affect the role of the EP. Due to the in-depth analysis of the data, the recruitment of only three EPs appeared appropriate. The discourse analysis reported interesting findings. EPs' professional identities are influenced by a multitude of components. Narratives around one's own professional identities were suggested to be influenced by experiences, values, social interactions, and relationships, creating a continuous construction of identities. These were also suggested to be influenced by the wider context in which the profession is placed (e.g., policies, economic features). The researcher suggested that EPs might engage in forums, peer

supervision, and discussion groups to consult about the EP position. This was thought of as an extremely important action for EPs to take, as it would allow the construction of a stable and clear identity that could be sold to the wider community. An agreement on professional identities would enhance feelings of belonging to a professional community. Furthermore, it was argued that a clear understanding of where the EP is positioned might contribute to a clearer understanding of power dynamics with others. Participants were recruited through an opportunity sampling, and on a random basis, to avoid privileging a discourse over another. This was valued as a strength in the methodology, as contrasting discourses could be analysed. Participants were asked one question about a complicated case they work with. This allowed a free exploration and reflection of individual experiences, without the researcher's expectations. The analysis process was considered a strong feature of the study, as it appeared very rigorous and in-depth. The analysis was based on the integration of different approaches, allowing for a critical reflection of individual discourses and wider ones. However, a limitation was found in the lack of a statement of findings that would put them together. This would have enhanced the understanding of the findings as they were integrated from the data set.

Perceptions around the EP role were explored by Nicholls (2010). This research was located within the national changes to the EP professional training from a master's degree following teaching experience, to a doctorate. Within this context, the study aimed at exploring the attributes that EPs should demonstrate to be effective practitioners. The second part of the study aimed at understanding the participants' belief systems regarding EPs' practices. Participants indicated that EPs need to be reflective, resilient, motivated, and keen to work with a range of people. The uncertainty around the role of the EP was expressed, as school staff identified the EP

as an expert, but this was rejected by EPs themselves. On the other hand, the EPs who took part in the study seemed to prefer the consultative approach. Additionally, participants highlighted the need for EPs to employ evidence-based practices, in collaboration with service users and clients. Overall, what stood out from this research was the unclarity around the beliefs of what EPs should do, and the fact the different professionals held different views. Implications for future studies were explored. Perceptions around the role of the EP need to be researched by different professionals to create a clear conceptualisation of what an EP is expected to do. However, EPs as a professional group should have a clear idea of their professional identities, to begin with.

The participants' sampling procedure was identified as a strength of this study. Twelve participants (four EPs, four primary school SENCOs, three secondary school SENCOs, and one portage worker) were recruited from two LAs. The EPs were recruited from the neighbouring LA. This was Nicholls's (2010) attempt to prevent any power imbalance that might occur, as he worked in one of the LA. This was a strength of the study, allowing participants to open, unbiased participation. In the second part, six participants were recruited. The choice of participants was based on the researcher's perceptions of who would be more suitable to take part in a construct elicitation activity. This was considered a limitation of this study, as this choice may have been motivated by the biases of the researchers. These were not controlled for and could have influenced the findings significantly. This was not explored in the study. Despite the clear contribution that this study provided, the appeal to different populations (other than EPs and trainees) was not explored. Indeed, the study area seemed quite niche, which might limit its strength. It would be important for the profession of educational psychology that clear expectations on the roles are extended

to service users and clients. This would clarify the role of EPs in wider systems. This would also allow for clearer relationships with agencies and service users, as the role of the EP responds to their needs of these.

EPs' perceptions of their professional identities when working as part of a multi-agency team were explored through an Activity Theory study by Gaskell and Leadbetter (2009). The study aimed to investigate changes in views about the professional identities of EPs when working in a multi-agency team for part of their week. The study was placed on political and sociological changes. Ten EPs working in a multi-agency and an EPS for the rest of it were recruited. Participants were asked questions about rules, communities, division of labour, and the tools used in their roles. They were asked to formulate activity systems relating to their roles. Perceptions were explored through questions and prompts of the systems. Although participants reported that the roles in the team were interchangeable, unique EP contributions were identified. These were mostly located in the following areas of application of psychology, critical thinking skills, knowledge of the education system, team-working, and the ability to develop a holistic picture (Gaskell & Leadbetter, 2009). The authors suggested that working as part of a multi-agency team enhanced more positive professional identity perceptions than working in an EPS. They indicated that this may be due to the flexibility and creativity of practice, allowed by the multi-agency teams as it can facilitate the development of a range of skills. Participants also shared that the recognition and reflection on the professional roles of others helped to develop a clearer EP identity. This is likely to be because EPs were free to dissociate from the identification of '*educational psychologist*' and were free to choose different terms to identify with, such as '*psychologist*' and '*child psychologist.*' The EP was not prescribed by what society thought the job was about, but instead by how everyone

made sense of it as a team. The term '*educational psychologist*' may be a barrier to the multi-agency team's effectiveness, as others' perceptions of what EPs do may limit their remit of working (Gaskell & Leadbetter, 2009). This study by Gaskell and Leadbetter (2009) thoroughly explored the perceptions that EPs have of their professional identities as part of a multi-agency team. It, therefore, provided valuable information on the development of these perceptions. Perceptions of professional identities were enhanced and widened with prescriptions, on what is expected by the role. Whilst contributing significantly to the research base around EPs' roles in multi-agency teams, the study did not explore the professional identities of EPs in CAMHS. This remained a gap in the literature needing further exploration. The researchers did not consider weaknesses in their study, nor the implications for their findings. More explorations on these might have rendered the study more critical.

### **2.3.3. The Contribution of EPs to Mental Health**

This section critically reviewed studies on EPs perceived roles in supporting mental health. The author considered it important to explore what EPs are currently doing to support mental health, especially in terms of their conceptualisation of the role in this field. The literature review in this area is scarce and no papers are referring to EPs' involvement in CAMHS. This remains an area needing further exploration. Most EPs believed themselves to be skilled enough to provide mental health support. This was conceptualised as systemic support to schools and teachers, and indirect involvement with CYP. This was believed to be the key role of the EP in supporting mental health. EPs saw themselves as more apt to provide training to schools and consultations to parents and teachers. Most EPs admitted not feeling experienced enough to provide more specialist mental health support (i.e., completing mental health risk assessment). They felt they still needed to rely on CAMHS for more specialist difficulties. Barriers to

effective EPs' involvement with mental health support were identified. These included the traded models of service delivery and not enough resources, staffing, and time allocated to this role. From the literature review of these studies, the lack of effective EP support with mental health is outstanding, despite EPs feeling skilled enough to contribute. The fact that EPs preferred to rely on CAMHS for more specialist support indicated a lack of effective collaboration between the two. The need for more research in this area appears exceptional and in need of prompt response.

A mixed-methods study by Carney (2017) explored the perceptions that developing EPs have of their role in supporting mental health in schools. The study was located within complicated socio-economic national contexts. These included the changes to the profession of educational psychology (moving to traded services) and recent narratives on mental health support in schools. Seventy recently qualified EPs, which had qualified no longer than five years before the study, and TEPs were recruited. Participants believed that providing mental health support is a key tenet of their practice. This was more around focussing on wellbeing rather than mental health difficulties. EPs believed their roles to be better located at a whole school level rather than to individuals and/or staff. However, most participants believed that the training they received to work with mental health difficulties was insufficient. In terms of professional identity, EPs believed that the most suited role description can be found in the term "*educational psychologist*," instead of "*educational and child psychologist*." During the interviews, the EPs indicated a sense of insecurity in supporting mental health, given a perceived lack of appropriate skills. Moreover, the change to traded services was believed to be a barrier to the implementation of mental health support. The research also indicated that the perceived role of the EP by schools and service users could influence the potential to provide mental health support.

The study appeared valuable in terms of its contributions to the current involvement of EPs in mental health support. Findings from this mixed methods design study were considered valuable as they contributed to the understanding of EPs' practices in supporting and implementing mental health. Due to the changes that the profession witnessed in the past twenty years, this study was considered valuable in contributing a wide understanding of the trajectory of the profession, as implications for practice were suggested. In particular, the need for further clarifications around the EP role, especially in supporting mental health. Further research could explore how this is conceptualised by more experienced EPs. The study adopted a mixed-methods design using questionnaires to explore how EPs define their roles in supporting mental health in schools. This provided an important exploration of what is currently happening on a national level, contributing to the knowledge of how mental health support is delivered by EPs. However, the nature of the study appeared mostly exploratory and the purpose of using a mixed-methods design was not clarified, as a purely qualitative methodology could have allowed a similar exploration more in-depth. This was considered an important limitation of the study. Furthermore, the choice of a mixed-methods design meant that the qualitative part of the study was limited to a thematic analysis of semi-structured interviews. Little in-depth exploration of how EPs perceive their roles in supporting mental health followed from this.

A grounded theory study by Zafeiriou & Gulliford (2020) explored EPs' mental health casework in schools and its main characteristics. The study aimed to examine the processes occurring when EPs work at a targeted or specialist level with school staff and parents/carers in supporting CYP with mental health needs. The study was located within the national context of EPs' involvement with mental health, in particular the lack of clear policies and legislation around this area. The authors argued that EPs

have the most appropriate skills to engage in this type of work, and they aimed at exploring the processes by which these are at play during mental health casework. Five EPs from one LA were recruited. The analysis of two interviews (one semi-structured and an intensive one) suggested that EPs' engagement in mental health work was "*creating a context of caregiving*" (Zafeiriou & Gulliford, 2020, p. 431). The analysis of the data indicated that EPs employed their consultation skills to contain and support parents/carers and school staff who were overwhelmed by the difficulties presented by the CYP. Using appropriate consultation skills, empathy and containment, EPs felt they could create cognitive shifts in the minds of adults around the young person, thus facilitating indirect change. According to the findings of this study, through this process, adults grow in their capacities to facilitate and maintain a therapeutic relationship with a child, through emotional regulation and collaboration with the EPs too. The implications for practice following the findings from this study were clear. EPs display specific skills, evidence-based knowledge, and understanding of different systems, which are unique to the profession. They appeared to be the most skilled to provide mental health support for CYP in schools. This was also concerning working indirectly with CYP and supporting adults. Moreover, the authors argued that because EPs are often linked to a school, they contribute to the maintenance of relationships over time. This enhanced mental health support. National policies and legislation should be adapted to recognise the role of EPs in this field. Despite the remarkable contribution that this study offered, limitations were noted. The fact that only EPs were recruited impacted the generalisability of the study. Future research should include more adults who support CYP. More methods for data collection were suggested to obtain a richer data set.



Greig et al. (2019) explored EPSs' views about their mental health support in schools. The study aimed at exploring how schools, in collaboration with EPSs, can focus on mental health support as a key area of the national curriculum. Twenty-one EPSs in Scotland reported that they are routinely involved in mental health work in schools. They felt confident in providing mental health support and felt that this was highly requested by schools. They reported that it usually involved training school staff, indirect work with parents/carers, direct therapeutic work with CYP (especially using CBT packages), and referrals to CAMHS for most specialist services. They however indicated a lack of confidence in completing mental health risk assessments. Furthermore, they indicated that the main barriers to providing mental health support were time and staffing. The survey was located within the context of current mental health support in the UK, and it highlighted the lack of inclusion of EPs in national policies. Therefore, it appeared valuable in terms of understanding how EPSs are currently supporting mental health in schools. Overall, the survey indicated a significant place for EPSs to implement mental health support in schools. However, the need for further work in this area was indicated. Firstly, in terms of developing mental health policies, only 13 out of 21 services indicated having a working mental health policy. The author indicated a dilemma for EPs in fulfilling their partnerships with mental health providers. EPs should be initiative-taking in promoting their roles and their skills to support mental health, even at more specialist levels. More clarity around the EP role in this area was suggested as needing more research. On a national level, the role of EPs in supporting mental health should be recognised and included in legislation and policies. Given the key role of EPs in supporting schools, this appeared urgent as more doors for EP practice could follow this. The survey appeared extremely timely in providing information about how EPSs perceive their role

in contributing to mental health support. The survey was sent to all EPSs in Scotland. Over 50% of the services responded, indicating a satisfactory level of generalisability of the findings across the country. However, more research on how EPs perceive their role in supporting mental health should be conducted, also including qualitative data. Finally, this survey was self-reported which may have impacted the objectivity of the answers provided by the EPSs.

## **2.4. Summary**

This literature review critically reviewed the constructs around the professional identities of psychologists and EPs. The review also evaluated the current EP involvement with mental health intervention. Overall, constructs of professional identities for practitioner psychologists appear highly influenced by personal factors (such as personal skills, and previous personal and professional experiences) in a continuum between personal and professional identity. These constructs depended on a multitude of factors, creating a multifaceted professional identity in continuous development. The unique role of the EP was also recognised. EPs indicated that they are agents of change for CYP, bringing in a wide knowledge of educational systems. In terms of mental health support, EPs seem to prefer providing systemic support to schools (i.e., training and consultations to school staff and parents). Although EPs felt skilled enough to provide mental health support, they did not feel experienced to provide specialist intervention. Instead, they tended to rely on CAMHS for these pieces of work. Overall, the need for further exploration of EPs' perceptions of their professional identities in the UK. Furthermore, EPs indicated that their roles felt unclear, often influenced by wider contextual factors, and by what service users expected of them. The need for further explorations on individual perceptions of the EP role drastically emerged from this review. In terms of their mental health support,

EPs indicated a reliance on CAMHS rather than an effective collaboration. Research around the perceptions of the EP role in CAMHS is scarce too. There appeared to be a big gap in the research around how EPs can effectively contribute to CAMHS work, using their unique characteristics.

## **2.5. Research Aims**

As informed by the literature review, this study attempted to address the gap existing in the academic literature. This study aimed at exploring how EPs perceive their professional identities when working with or alongside CAMHS. This exploration aimed to be an individual level, focussing on the subjective experiences shared by individual EPs.

## **2.6. Research Question**

To support this investigation the following research question (RQ) was created:

RQ: How do EPs working a) in a CAMHS team or b) alongside CAMHS experience their professional roles and their identities?

The research question was kept as open as possible to welcome new interpretations as the research unfolded. The study aimed at understanding and exploring individual and lived experiences of EPs in roles and their identities, as these were experienced by the participants (Mertens, 2015).

### **3. Methodology**

#### **3.1. Chapter Overview**

This chapter explored the purpose of the present study and its underlying ontological and epistemological positions. The research question guiding the current study and the chosen method was discussed and evaluated against other approaches considered. The steps followed to recruit and analyse the data were thoroughly described and evaluated in this chapter. Finally, this section closed with reflections on ethical and validity issues which may have impacted the research process.

#### **3.2. Purpose of The Research**

The purpose of this research was exploratory. The study aimed at discovering how EPs experience their roles and their professional identities when working with or alongside CAMHS. Participants' stories were the focus of the present study. The research sought to explore what it feels like to be an EP who collaborates with CAMHS. Given its focus on individual experiences and individual meanings attributed to these, a qualitative methodology was considered appropriate for the present study. Qualitative methodology was linked to the exploration of meaning attributed to a particular experience, as individuals make sense of it (Denzin & Lincoln, 2011). The interpretations that participants give to these experiences (by participants and researchers) are at the heart of qualitative studies (Willig, 2001). An inductive data analysis was employed for the present study, whereby an understanding of the participants' experiences was sought (Tuffour, 2017).

#### **3.3. Theoretical Orientations**

The present study was informed by various theoretical orientations which influenced the methodology was chosen and the researcher's position. This paragraph attempted

a discussion around ontological and epistemological positions informing the study, and its influencing philosophical orientations (phenomenology, hermeneutics, and idiography).

### **3.3.1 Ontological Position**

Ontology pertains to the study of reality and the study of being. Assumptions regarding ontology relate to what constitutes reality (Scotland, 2012). There are two main ontological positions that researchers can assume: realism and relativism. Realism assumes that reality exists independently of the knower (Guba & Lincoln, 1994). It can be explored so that factual findings can be delivered to understand the causes or mechanisms of something (Eastwood et al., 2018). Due to being based on objective reality, this type of research can produce results and findings which might explain the natural laws of nature (e.g., cause and effect). However, it does not consider the intentionality of individuals, nor does it consider experiences. Conversely, relativism assumes the relationship between the self and the world as the only reality that can be known. According to relativism, there is no common knowledge that is true for everyone. Instead, reality and knowledge are subjective for individuals (Guba & Lincoln, 1994). The relativism position assumes that reality is subjective, functional to how each person experiences it. There can be as many realities as there are people. The present study was based on the researcher's assumption that reality is individually constructed, and it is, therefore, relative to each person. Hence, the ontological position proposed for this study was relativism. The study was interested in how individual EPs perceived their professional identities when working with or alongside CAMHS. Therefore, relativism was deemed to be the most appropriate to give space to individual realities.

### **3.3.2. Epistemological Position**

On the other hand, epistemology is concerned with the relationship between knowledge and the researcher. It relates to the nature of knowledge, and it provides a basis for deciding what kind of knowledge is possible to gather (Guba & Lincoln, 1994). Two epistemological positions were considered for this study: social constructionism and constructivism. The social constructionism position assumes that knowledge is constructed through the interactions of groups of people, and it is negotiated between people. Knowledge is fleeting as it can change depending on contextual, linguistic, and relational factors (Raskin, 2002). Because social interactions can define professional identities (Gaskell & Leadbetter, 2009, Waters, 2014; Schubert et al., 2021), the social constructionism position was considered appropriate for this study. Conversely, the constructivist position assumes that individuals construct their perceptions of the world (Harper, 2012). This was deemed more appropriate for a study concerned with individual experiences. Therefore, a constructivist epistemological position was preferred for this study.

### **3.3.3. Phenomenology**

The present study assumed that reality is individually constructed, and everyone experiences it through personal lenses. There is no knowledge that is common or true to everybody. The main purpose of this research was to explore the experiences of EPs who work with and alongside CAMHS. Therefore, phenomenology holds a main theoretical tenant in this research. The study of phenomenology is concerned with the nature of experience, as perceived by the participants themselves (Harper, 2012). The main phenomenologists who influenced this study were Husserl and Heidegger (Smith et al., 2009).

Husserl offered a purely transcendental view of experience, as he urged us to “*go back to the things themselves*” (Husserl, 1982, p.35). According to him, experiences should be examined by how they occur moment-by-moment, as our consciousness engages with this reality. He believed that the purpose of phenomenology was to examine an individual’s own experience of a phenomenon, with rigorous in-depth reflections (Husserl, 1982). The meaning created from this reflection, rather than the phenomenon per se, was an authentic experience for him (Larkin et al., 2011). Researchers should therefore immerse themselves in this phenomenon, aiming to reach its essential feature. Consequently, preconceptions and ideas that often accompany experiences and ideas are abandoned, in favour of an experience that is purely individual (Smith et al., 2009).

On the other hand, Heidegger believed that, because knowledge can only be acquired through a meaning-making process, knowledge can only be a result of interpretation (Heidegger, 1962). He believed that a researcher should aim to understand “*the thing as it shows itself*” (Smith et al., 2009, p. 24). Therefore, the leading role of a researcher is that of uncovering what is there, to know it. A process of analysis is therefore required to manifest this phenomenon (Heidegger, 1962). The role of interpretation is therefore key to understanding an experience (Drummond, 2007).

#### **3.3.4. Hermeneutics**

This branch of philosophy is concerned with the theory and practice of interpretation. As anticipated by phenomenological theorists, the explored experiences are mostly lived and subjective to their owners. Hence the researcher’s role is that of understanding these, through a meaning-making process of interpretation. This paragraph considered two thinkers: Gadamer and Schleiermacher.

Unlike phenomenologists, Gadamer gave a key role to perceptions. Because it is impossible to abandon one's own perceptions and prejudices around a topic, Gadamer welcomed them as an important aspect of the interpretative process (Gadamer, 1969). He speculated that one's preconceptions may only emerge as one engages with a text. Indeed, one may not even be aware of these until the interpretation begins. To explain this process, he suggested the existence of an interpretative cycle where the phenomenon, the preconceptions, and the interpretation continuously influence one another. New knowledge of a context is thus created through this cyclic interaction.

Schleiermacher (1998) speculated on the existence of two parallel interpretative processes: the grammatical and the psychological interpretation. Whilst the former focuses on the linguistic features of a piece of text, the latter on the intentions, and individuality of the narrator. Only by engaging in this thorough process can one fully immerse themselves and understand the intentions of the narrators. Thus, the interpretations can be positioned in a wider context. Schleiermacher (1998) believed that by engaging in this process of understanding both the text as well as the writer, one can obtain a comprehensive analysis and understanding of the narrator. Therefore, by engaging in systemic and holistic analysis, the researcher can also bridge knowledge emerging from other participants, creating connections within the data set and with existing knowledge (Smith et al., 2009).

### **3.3.5. Idiography**

This branch of philosophy is interested in the study of the specific. It gives importance to individual experiences as they are in specific contexts (Larkin & et al., 2006). This allows the researcher to make claims based on a detailed, thorough analysis of an individual's narrative (Pietkiewics & Smith, 2014). The idiographic approach allows for



a specific exploration of what it is like to be a specific person perceiving a specific phenomenon in a certain way. This narrative is then thoroughly analysed, starting from the details. More general claims can be made afterward (Smith & Osborn, 2007). This brings to the generation of important themes which are linked to the individual to whose narratives belong to. Eventually, after a similar approach with another narrative, comparisons can be made about the different experiences (Pietkiewicz & Smith, 2014).

### **3.4. Interpretative Phenomenological Analysis**

This study employed an Interpretative Phenomenological Analysis (IPA) to explore EPs' perceptions of their professional identities when working with or alongside CAMHS. Given the phenomenological influence, an IPA study allows for an in-depth understanding of the participants' experiences, as they make sense of it (Smith et al., 2009). It collects detailed, reflective, first-person accounts from participants, focussing on "*giving voice*" and "*making sense*" (Larkin & Thompson, 2012, p. 101). The meanings that are explored during the data collection emerge from an interaction between researchers and participants, in an intersubjective meaning-making process. This follows the exquisite traditions of hermeneutics. By employing a systematic and detailed analysis and interpretation, an ordinary experience becomes something of importance due to reflections around this, on which the participants engage with the researcher. The meaning bestowed to the experience by the individual becomes the experience itself (Smith et al., 2009). Consequently, IPA allows for a deep examination of phenomena, whilst giving value to subjective experiences (Eatough & Smith, 2017). Given the focus on the particular, and how this is interpreted, an IPA study does not aim to create a theory. Instead, it focuses on exploring experiences, whilst connections with existing theory may emerge towards the end of the analysis (Smith et al., 2009).

However, due to its focus on subjective experience, some criticisms were offered (Tuffour, 2017). These were based on the argument that IPA lacks standardisation and it displays ambiguities. Firstly, it was argued that it presents with a promiscuous epistemology, which may impact its validity (Dennison, 2019). Although in response to this, it was also claimed that this may allow for a consideration of pluralism and diversity (Flick, 2014). Thus, providing a better representation of the actual experiences lived by individuals in a complex, multifaceted world. Secondly, it was argued that the role of cognition is not deeply embedded in IPA studies, although reflections occur during the interaction between researcher and participants. However, Smith and Osborn (2008) suggested that those cognitive processes are indeed embedded in IPA, especially when participants are engaged in meaning-making processes, involving reflections.

Therefore, the biggest contribution that an IPA methodology can offer to research is the profound insights into individuals' experiences, in the meaning-making process. By employing this methodology, the researcher sought to explore what it is like to be an EP working with or alongside CAMHS, and what this does to perceptions of professional identities. IPA was considered appropriate for a study that aims at exploring what it is like to experience a specific phenomenon, and how an individual makes sense of this (Smith et al., 2009). An IPA approach can be useful when a researcher wishes to explore a complex phenomenon, a process, or a novelty that has not been explored before (Smith & Osborn, 2008). Given the small paucity of studies existing around the perceptions that EPs have of their collaboration with CAMHS, IPA was considered appropriate for the present study. With this approach, the researcher sought to explore EPs' perceptions of their professional identities, whilst they make sense of this. Although studies already investigated EPs' professional identities (see

chapter two), there was a lack of individual-centred experiences. Aiming to explore what it is like to be an EP in CAMHS, IPA appeared the most contributing method to the analysis.

### **3.5. Other Methodological Approaches Considered**

Although the IPA method appeared as the most appropriate, other methodologies were considered. Before choosing IPA, the researcher considered employing psychosocial research, and thematic analysis.

#### **3.5.1. Psychosocial research**

The first methodological approach that was considered for this study was psychosocial research.

Psychosocial research is often used when wanting to explore psychological and social elements of an experience, with an emphasis on individual and social unconscious factors (Clarke, 2002). Introduced by Hollway and Jefferson (2000), psychosocial research positions the individuals within their social contexts, whilst also considering their unconscious psychological mechanisms (Hollway & Jefferson, 2000). This approach involves a series of key features, unique to psychosocial research (Clarke, 2002). The key aspect of this methodology is unstructured interviews which focus on a free association technique, and the analysis of unconscious mechanisms (Clarke, 2002). These allow the development of raw materials where different patterns of experience and responses can be identified. These can then be analysed to explore substantial difficulties, and to identify the unconscious mechanisms present within the phenomenon experienced (Hollway & Jefferson, 2000).

One important contribution that psychosocial research could offer is a significant insight into the internal world of individuals, thus shedding light on motives and key

features of significant experiences (Clarke, 2002). The author considered the potential of exploring the experiences of EPs working in a multi-agency team, using a psychosocial lens. For this study, this approach might have shed light on the unconscious barriers that exist when collaborating with CAMHS, creating defensiveness around effective multi-agency working. However, this idea was then abandoned over the researcher's wish of exploring what it is like to be an EP working with or alongside CAMHS. This type of inquiry would be better answered by an IPA approach. The researcher also considered that a psychosocial approach to the exploration of this phenomenon could follow an already existing understanding of it. Therefore, creating an initial knowledge base was considered more important at this stage.

### **3.5.2. Reflexive Thematic Analysis**

Another methodological approach considered for this study was reflexive thematic analysis (TA). Braun and Clarke (2006) firstly established TA as an approach to analysing qualitative data. Its particularity lies in the fact that it can be extremely flexible; unlike other approaches considered above. It could be applied to a range of studies and a range of data sources (Braun & Clarke, 2019).

Reflexive TA presents two key features which inform its practice. Exploring a phenomenon, it searches for patterns across data that allow for more general claims. Furthermore, it recognises the vital role of the researcher. Like IPA, the researcher is an active producer of knowledge, and themes and patterns are created and interpreted (Braun & Clarke, 2019).

Reflexive TA was considered an appropriate method for this study due to its flexibility and its ability to generate patterns across data, creating broader knowledge, unlike

IPA. Applying a TA approach might have contributed to the understanding of how do EPs work with CAMHS teams. Nonetheless, the small number of participants could have constituted a barrier. Indeed, this approach needs a larger number of participants for the search for patterns between data to be effective (Braun & Clarke, 2006), which was not possible in this study. Furthermore, the researcher considered the IPA idiographic approach significant to explore perceptions of professional identities. As identified in the literature review (chapter two) professional identity is a construct linked to subjective experiences (Gazzola et al., 2011; Salter & Rhodes, 2018; Sanders, 2018; Schubert et al., 2021). Therefore, an exploration of individual experiences, as allowed by IPA, allows for this investigation.

### **3.6. Research Questions**

To support this investigation the following research question (RQ) was created:

RQ: How do EPs working a) in a CAMHS team or b) alongside CAMHS experience their professional roles and their identities?

### **3.7. Research Context**

The focus of this study was the experiences of EPs working in or alongside CAMHS, and thus the number of participants available was deemed to be limited. The most recent survey on the EP workforce in England <sup>1</sup>reported that 85% of qualified EPs are employed by LAs. On the other hand, there is a decrease in the number of EPs working in separate roles, such as in CAMHS and within multidisciplinary teams (Lyonette et al., 2019). This was also likely to be due to the shortage of EPs on a national level. Up

---

<sup>1</sup> The survey was conducted by the Institute for Employment Research at the University of Warwick. The data was collected using a mixed-method approach, including analysis of workforce data, surveys, and interviews/focus groups.

to 68% of Principal Educational Psychologists (PEP) reported difficulties in recruiting EPs within a LA (Lyonette et al., 2019). The task force survey reported the following statistics:

- Up to 78% of newly qualified EPs reported that it was important for them to work as part of a LA. They indicated that this was due to the possibility of engaging with and serving the community, and job security. Arguably if most EPs prefer working in a LA, there might be less working in CAMHS.
- Only 9% of EPs were reported to work in CAMHS (Lyonette et al., 2019).

Further data on the employment of EPs in CAMHS is scarce. The most recent workforce census in England was completed in March 2021 and it does not report any findings relating to EPs (NHSBN, 2021).

The seeming small number of EPs employed in CAMHS directly influenced this study, and the researcher estimated a small number of participants available. Therefore, the participants taking part in this study could be easily identifiable. To confront this barrier and to preserve the confidentiality of the participants, the teams involved in the study were not revealed. Furthermore, to recruit an appropriate number of participants, the researcher decided to also focus on EPs who are not currently employed by CAMHS, but are working alongside the services, nonetheless.

### **3.8. Sampling and Participants**

A purposive homogenous sample was used for this study. This is the approach recommended for qualitative, and IPA studies as the focus are on a specific experience sought from a group of individuals (Smith et al., 2009). In the case of this study, the researcher sought the experience of professional identities from EPs working with or alongside CAMHS. This is a particular phenomenon, which could only

be elicited by a specific perspective, and it could not be sought following a probability sampling.

A sample size of six EPs was recruited for the current study. This was considered an appropriate number of participants. Following the IPA traditions, a small participant sample size allows a detailed and in-depth understanding of their experience (the phenomenon of interest) (Smith et al., 2009). This permitted the complete engagement of the researcher in the data collected. On the other hand, with larger sample size, the researcher would not have had enough time to allow for a thorough analysis of the participants' experiences (Smith et al., 2009).

A purposive sample of six qualified EPs was recruited for the study. The participants were qualified EPs, working either in a CAMHS team or in an Outer London LA where the researcher completed her placement. Due to the limited number of EPs working in CAMHS teams, only unidentifiable demographic information was included in this study. It was impossible to include identifiable details about the teams the participants worked in. This was done so that the confidentiality of participants could always be maintained.

**Table 3***Demographic information about participants*

<b>Participant<sup>2</sup></b>	<b>First Language</b>	<b>Team</b>
Tyler	English	CAMHS
Kieran	English	LA
Skyler	English	CAMHS
Jamie <sup>3</sup>	English	LA
Charlie	English	CAMHS
Alex	English	LA

The participant sample was deemed homogeneous enough to allow for an exploration of the experience of being an EP working with or alongside CAMHS. This was considered a key factor in an IPA study, as it allows one to explore the nuances of the phenomenon (Smith et al., 2009). Participants should be selected as experiencing a similar phenomenon so that the research question is meaningful to all of them (Smith et al., 2009). Hence all the participants recruited for this study are EPs, who practice in the United Kingdom and who are part of or working alongside a CAMHS team.

Given the peculiarity of the studied phenomenon, homogeneity was highly sought in this study. For this reason, only qualified EPs were recruited. Whilst it was recognised that trainees also have a placement role within CAMHS, they were excluded from the criteria as their role appeared different from qualified EPs. It was considered essential to only include participants responding to the same professional bodies and following the same national agendas. Besides, often trainees may also be requested to follow

<sup>2</sup> Pseudonyms were chosen by the researcher to maintain the participants' anonymity and confidentiality.

<sup>3</sup> Jamie trained as an EP in a different country but is practising in England.



their awarding university guidelines. Similarly, only EPs based in the UK were included within the criteria as it was established that participants working within different national contexts may present different experiences.

On the other hand, the variability within the participant sample was also deemed important. By doing so the variability between different experiences, and the analysis of patterns of similarities can be explored (Smith et al., 2009). Thus, allowing a thorough understanding of how EPs experience their professional identities when working with CAMHS, as important insights may emerge from this diversity. Therefore, EPs who trained in different institutions were considered for this study, as this was considered part of the variability that makes up an individual's experience, as elicited by the phenomenological tradition.

Moreover, a decision was also made to include EPs who are currently not employed by CAMHS but who collaborate with them. The researcher recognised that this may impact the homogeneity of the sample. Indeed, only EPs employed by CAMHS were initially considered for this study. However, the small number of EPs employed in CAMHS constituted a significant barrier to the recruitment of participants. Therefore, the inclusion criteria were extended to allow for an appropriate number of participants to be included in the study.

To accommodate for this, and still be truthful to an original IPA design, the researcher employed a multi-perspectival approach (Smith et al., 2009). This approach allows for the exploration of one phenomenon from multiple perspectives. It was deemed to help an IPA analyst to develop a more detailed account of a phenomenon. Given the scarce knowledge in this area, the author considered it imperative to deepen the understanding of this phenomenon even further. The author believed that exploring

the experiences of EPs when working alongside CAMHS might contribute to an in-depth understanding of the barriers and facilitators emerging from this type of multi-agency practice. Conversely, this also allowed the researcher to gather an appropriate number of participants.

Regarding the multi-perspectival nature of this IPA study, the participants were divided into two groups considered “*directly related*” (Larkin et al., 2019, p.186). These are groups of participants who experience a similar phenomenon in diverse ways (Larkin et al., 2019). In the present study participants were all EPs collaborating with CAMHS. However, due to their various levels of collaboration, their experiences of this phenomenon were deemed different, although related by a similar context.

Therefore, to preserve the homogeneity of the participant sample, whilst still allowing for the needed variability, the following inclusion criteria were followed.

- Participants must be fully qualified EPs and practising in England.
- Participants who were connected to the researcher in a supervisory and/or line management relationship were not recruited. This was to ensure that no power imbalances influenced the interview process.
- Participants must be employed by a CAMHS team

OR

- Participants must be working in a LA in an Outer London borough and working alongside CAMHS.

### **3.9. Participants Recruitment**

Two recruitment methods were employed: recruitment by referrals and by opportunity (Smith et al., 2009). The former was used to recruit EPs working in CAMHS teams, and the latter for EPs working in the LA. Initially, the researcher sent an email (appendix four) to the clinical service managers of three selected CAMHS teams describing the research purpose and the participant inclusion criteria. The email also contained the participant information sheet (appendix five). The researcher asked them if they could forward the email and the information sheet to their teams. EPs who wished to participate in the research were asked to individually email the researcher so that their participation remained confidential. Following this, the same email was sent to the PEP of the LA where the researcher was completing her placement. The researcher also sought permission to email the EPS team to recruit participants, thus employing a sampling by opportunity here. Like with EPs working in CAMHS teams, the EPs in the LA were encouraged to email the researcher individually if they were interested in taking part.

Furthermore, a snowball sampling technique was considered. The snowball sampling technique is receiving recognition in contexts where recruiting participants may be difficult (Atkinson & Flint, 2004). EPs working within the CAMHS team could have provided important contacts for the current research. However, the researcher recognised this as a risk for this study. This approach was then discarded as it might have impacted the confidentiality of participants taking part in the study.

### **3.10. Data collection**

#### **3.10.1. Remote Data Collection**

This research was conducted during the Covid-19 pandemic. Therefore, precautions were taken to maintain and ensure the safety of all participants and the researcher. At the point of data collection, governmental rules allowed small, in-person meetings. However, the researcher deemed remote data collection more appropriate to reduce the risk of infections from Covid-19. Participants attended the meeting from their homes, as did the researcher. To ensure confidentiality, all interviews were conducted in quiet and private rooms.

Interviews were conducted using the online conferencing programme 'Zoom.' This was the only software approved by the researcher's training institute as it was deemed appropriate to work with adults confidentially. To ensure that only participants had access to the meeting, a password-protected link was privately sent via email to each participant. Potential disruptions to the interviews, due to internet and/or 'Zoom' breakdowns were controlled for by the researcher, who employed a few precautions. At the beginning of each interview, cameras and microphones were checked to make sure they were working effectively. Moreover, the researcher and the participants agreed to contact each other via mail in the event of a breakdown. However, all, but one, interview ran smoothly. The interview with Alex was disrupted due to a faulty internet connection, however, this was quickly re-established.

The semi-structured to unstructured nature of the interviews in this study allowed for flexibility in the data collection procedures. Indeed, interviews mostly ran as conversations between the researcher and participants. As the purpose of this study was exploratory, looking at how each participant made sense of their own experience, the researcher was not seeking any specific answers. Therefore, adapting the

interviews to online interviews did not appear to influence the data collected. Video-conferencing programmes were considered appropriate for this type of study, as they preserve verbal and non-verbal features of communication, which are deemed important to explore experience (Salmons, 2012).

### **3.10.2. Interviews**

Individual, semi-structured in-depth interviews were used for this study. Following the IPA traditions for data collection, this was deemed the most appropriate approach to gathering the participants' experience in depth. With its exploratory aim, this study sought to create a space for participants to feel heard and to reflect on their experiences. As suggested by Smith et al. (2009), this approach to interviews allows for the creation of a dialogue between the researcher and the participants. In this space, lived phenomena can be reflected upon and co-constructed.

For this study the author contemplated using an unstructured interview schedule, however, a decision was made to employ a semi-structured approach instead. An interview schedule (appendix six) was created to guide the researcher during the interviews. The schedule was created following the guidelines outlined by Smith et al. (2009, p. 61), and it included ten questions (and additional prompts) about the role of the EP when working with or alongside CAMHS. Smith et al. (2009) argued that relying on a schedule can guide the researcher through subjective questions, and moments in which the conversations with participants feel stuck. This was ensured throughout the data collection stage.

The researcher had an interview schedule, of which participants were made aware. However, this was used adaptively and only as a prompt, and the conversations were mostly guided by what the participants brought to the interviews and further

explorations. The researcher considered the individual perspectives of participants central to the data collection process, as suggested by an IPA methodology. This was ensured by giving space to the participants and asking follow-up questions. Only one question was consistently asked in all the interviews:

*“Can you tell me a bit about your role in the team and the team you work in?”*

This descriptive question was considered key to opening a dialogue about perspectives of roles and professional identities, and it was the first question of each meeting.

Although the researcher did not follow a structured schedule, each interview was subjected to a process aimed at building a rapport with participants and creating a reflective space (Smith et al., 2009). At the beginning of each interview, participants were reminded about the scope of the study, and they were informed about the length of the interview and the fact that a loose interview schedule was going to be employed. Participants were also reminded about the content of the information sheet. They were informed about the centrality of their experiences and that the researcher would have allowed for these to unfold during the meetings. They were also reminded that they were free to skip any questions they did not feel comfortable answering and that they could interrupt the interview at any point. These precautions were taken to create a space that would feel safe enough for participants to share and reflect freely on their lived experiences. The researcher, therefore, deemed it extremely important that this process would be followed consistently. Each interview lasted between 60 and 90 minutes and was recorded upon participants' consent. The interviews were then transcribed verbatim using word processing software and were kept in a password-protected laptop to which only the researcher had access.

### **3.11. Data Analysis**

The analysis is participants-oriented, concerned with the examination of the meanings as impressed upon by participants (Alase, 2017). The focus of an IPA approach is the analytic immersion in the subjects as they are understanding their experiences. The analysis is thus inductive and interactive (Smith et al., 2009). A triple sense-making process is suggested, whereby the researcher makes sense of the participants' experiences as they give meaning to their narratives (Larkin et al., 2006). Because of this, the outcome of the analysis is always subjective, depending on how the analyst thinks the participants are thinking. The outcomes emerging from the analysis are therefore tentative, but systematically, controlled by a careful analysis of the data (Smith et al., 2009).

Although there is not a one-size-fits-all approach to an IPA analysis, there is a set of common processes and principles which the researcher is expected to follow (Smith et al., 2009). The analysis constantly moves from a particular experience to one that is shared between participants. It also moves from descriptive to interpretative consistently. Therefore, the process is dynamic, as it moves between different analytical processes. There is a constant commitment to understanding the participant's point of view, and a focus on a personal meaning-making process in a particular context.

The researcher of the current study was inexperienced in using an IPA approach to data analysis, as this was her first time. Therefore, she deemed it helpful and appropriate to follow the specific steps to the analysis as Smith et al. (2009) suggested (Table four).

**Table 4**

*Steps to data analysis adapted from Smith et al. (2009).*

<b>Steps</b>	<b>Description</b>
1. Reading	Familiarization with the transcript.
2. Initial noting	Descriptive examination of content and use of language. Descriptive comments.
3. Developing emergent themes	Reduction of levels of details and focus on what is considered important. Analytic shifts to data.
4. Searching for connection across emergent themes	Mapping out how the themes fit together into a structure.
5. Moving to the next participant	See the steps above.
6. Looking for patterns across case	Connecting themes across participants. Identification of overarching themes

### **3.11.1. Step One. Reading and Re-reading**



This initial step allowed the researcher to start familiarising herself with the data set. The process started with the transcription of each interview, followed by proofreading this whilst listening to the interview again. During this process, the researcher also took notes of initial thoughts and feelings associated with each interview. These notes then informed further steps of the analysis. This initial step was extremely important as it allowed the researcher to focus on the participants and their experiences. At this stage, the researcher fully immersed herself in the participants' stories.

### **3.11.2. Step Two. Initial noting**

This was the initial stage of data analysis. In this stage, the researcher examined the semantics, the language, and the conceptual contents presented by the participants. At this point the researcher maintained an exploratory approach, examining and noting down anything that could be of interest. Central to this stage was the focus on the phenomenological aspect of the analysis. Hence the researcher focussed on how the participants narrated what it was like to be an EP working with or alongside CAMHS. The researcher noted the use of language and content analysing how the participant made sense of that experience. What was important to the participants and the context of their concerns was the focus of this stage (Smith et al., 2009). To engage in a thorough exploration of this, three types of comments were produced:

- Descriptive comments. These comments aimed at describing the content offered by the participants. These comments did not add to the analysis but are used to describe what is meaningful for the participants.
- Linguistic comments. These comments focus on the language used and how participants presented their experiences. Anything related to language features was noted here.

- Conceptual comments: These comments marked the beginning of exploration. The researcher used these comments to start noting down questions and interpretations about what the participants said. With these comments, the researcher attempted the move toward provisional meanings emerging from the data.

### **3.11.3. Step Three Developing Emergent Themes**

In this stage of the analysis, the focus moved from the transcript to the initial comments previously recorded. Here the researcher focussed on exploring the relationships and patterns between the notes. At this point, the researcher used bigger chunks of the transcript to explore different connections. These patterns were then identified and described with statements that were grounded in the transcript, but also abstract enough to be conceptual (Smith et al., 2009, p. 92). An attempt was made to make sure that the themes could constitute a description of the interpretation that the researcher committed herself to. These emerging themes could also relate to psychological theories, concepts, as well as the analyst's experience.

### **3.11.4. Step Four. Searching for Connections Across Emergent Themes**

This stage of the analysis was concerned with mapping out how the emerging themes (identified in Step four) relate and fit with each other, and how they related to the research questions. The focus of this step was on drawing the themes together and eliciting a more general understanding of the participants' experiences. The following ways to map the themes in super-ordinate themes were considered.

- Abstraction: with this method, the research identified patterns between the themes and recognised a more super-ordinate one. This was done by putting the themes together.

- Subsumption: with this method, an emergent theme was considered descriptive of the other themes and was used as a super-ordinate theme.
- Polarization: all the emerging themes were considered in terms of their similarities and differences. A superordinate theme was then created by considering the relationships between the themes and how they could describe the participants' experiences overall.

The following approaches, suggested by Smith et al. (2009) were considered for the present study but were not employed as they did not appear appropriate.

- Contextualization: the emerging themes were organised in terms of how they could describe the experiences brought by the participants (for example focussing on temporal narratives, and key moments in the life of the participants).
- Numeration: the frequency with which an emerging theme would appear was considered a key experience in the participants' narratives. These could then be arranged as a superordinate theme.
- Function: emerging themes were considered in terms of their function in their transcript. A specific focus on language features and discourses was in place here. The participants might have chosen to use specific words and concepts to present themselves and their experience in a specific way.

### **3.11.5. Step Five. Moving To the Next Case**

The steps described above were employed for all the participants. Once the researcher felt that a satisfactory level of analysis was reached in a transcript, a similar procedure started for another transcript. To maintain an idiographic focus, the researcher deemed it important to analyse and explore each participant's experience

(Smith et al., 2009). Therefore, the researcher attempted to bracket off what was found in the previous participant, to focus on the participant at hand.

### **3.11.6. Step Six. Looking for Patterns Across Cases**

When the analysis of each transcript was completed, patterns across cases were explored. During this phase, the researcher was committed to finding the connections between the cases, and identifying the most powerful themes, points of idiography, and points of similarity across all the transcripts. In this stage, the researcher attempted the exploration what was peculiar for each participant, and which features were shared, as part of a similar experience. Overarching themes were created for the two participant groups.

### **3.12. The Multiperspectival Analysis**

The aim of a multiple perspective design within an IPA study is that of “*taking up a series of perspectives around a given phenomenon*” through the exploration of different perspectives (Larkin et al., 2019, p.189). The analysis of each participant was conducted idiographically, following the steps outlined above. Superordinate themes were created for each participant and overarching themes were created for each group of participants. Once Step 6 was achieved for both groups, patterns across groups were explored, and new overarching themes were created. This aimed at describing the experiences of all participants within the study, making sure that narratives from both groups can relate to each other. As suggested by Larkin et al. (2019), patterns, connections, similarities, and differences were explored between both groups.

To conduct a multi-perspectival analysis, Larkin et al. (2019) proposed to explore the narratives in the following ways:

- Identifying conceptual overlap: experiences that appear similar for both groups.
- Identifying reciprocity of perspectives: the experiences of both groups are conflicting, however together they can create a coherent narrative about the phenomenon studied.
- Identifying paths of meaning: experiences from both groups that are similar, but experienced in diverse ways (Larkin et al., 2019).

### **3.13. Researcher's Position**

Given the qualitative nature of the study and its phenomenological and hermeneutic influences, the researcher recognised her active role in interpreting and making sense of the participants' experiences.

As espoused earlier, phenomenology attempts to give space to a purely subjective experience. Inevitably, the role of the researcher becomes active in the attempt of making sense of this experience, as it can only be interpreted (Smith et al., 2009). Therefore, the researcher is deeply immersed in the data set, engaged with it in a continuous meaning-making process. This was defined as "*double hermeneutics*" (Smith et al., 2009). The knowledge that is created is interactive and interpreted on two levels:

- The participants as they make sense of their experiences
- The researcher attributes meaning to participants who are making sense of their experiences (Larkin et al., 2006).

The researcher attempted to employ empathy to give meaning to the experiences brought by participants, whilst also attempting to offer new insights. The active role of

the researcher is recognised in her attempt to interpret the data: *“it is empathic and questioning, and the simple word ‘understanding’ captures this neatly”* (Smith et al., 2009, p.36). On the other hand, the research also resorted to using the theoretical perspectives to give meaning to the phenomena experienced by participants (Smith et al., 2009).

### **3.14. Validity**

Within a research study, validity and reliability are used to assess the quality of the research and its outcomes (Mertens, 2015). For quantitative studies, this is more straightforward as there are strict criteria against which a study is assessed. However, the same criteria cannot be applied to a qualitative study (Noble & Smith, 2015). On the other hand, Lucy Yardley (2000) suggested four broad principles to establish and assess the validity of a qualitative study. These are sensitivity to context, commitment and rigour, transparency and coherence, impact, and importance. Two more criteria were employed within the current study, as the researcher considered them relevant: audit trail and reflexivity. Each of these principles was explored in terms of what they entail and how they were used in this research.

#### **3.14.1. Sensitivity to Context**

Sensitivity to context is a broad concept (Yardley, 2000). However, it is important to note that it is often a central tenet of an IPA study (Smith et al., 2009). In particular, the idiographic nature of this methodology indicates a focus on a specific experience, peculiar and unique to a limited number of individuals. This was kept in consideration throughout the study. However, sensitivity to context was also employed in the following ways.

- Paying particular attention to the context of the experience brought by the participants. The researcher always made sure that her understanding during interviews was checked over with participants. This ensured that their experiences and their contexts were kept at the centre of the interviews.
- Locating the study within an academic context. To do so, a thorough literature review of EPs' perceptions of professional identities and their collaboration with CAMHS was conducted (chapters one and two).
- Tentative claims during the analysis process. The creation of themes was always tentative, even at the point of the write-up as the researcher was mindful of her subjective influence on the process. Furthermore, to make sure that the claims made were always representative of the participants' contexts these were accompanied by interview extracts (chapters four and five). Doing so allowed the themes to be grounded on what the participants shared.
- Awareness of the researcher's biases, pre-conceptions, and expectations. To make sure that these would not influence the analysis, the researcher used supervision to reflect on the findings. They also used a reflective diary to mark the researcher's thoughts emerging during the data collection and analysis so that these could be bracketed off.

### **3.14.2. Commitment and Rigour**

Commitment refers to a prolonged engagement with the topic and demonstrated competence and skills in the methodology chosen (Yardley, 2000). Within this study, the researcher had a thorough understanding of the collaboration between EPs and CAMHS as she took part in a CAMHS placement. Therefore, she had some experience with what it is like to be a TEP within a CAMHS team. In terms of demonstrating competence and skills in using IPA, the researcher immersed herself

in all the key reading materials about how to conduct an IPA before starting the research. This ensured that the researcher felt competent to employ this methodology. Furthermore, the use of supervision was a key tenet of this process, whereby ideas and suggestions were shared so that the research could be planned and conducted as thoroughly and effectively as possible.

Rigour refers to the completeness of data collection, and thorough data analysis (Yardley, 2000). This stage of the research plays a key role in an IPA study (Smith et al., 2009), and the researcher ensured that this was consistent throughout the study. Firstly, the researcher made sure that the participant sample was homogeneous enough so that an exploration of what it is like to be an EP in a CAMHS team, or work alongside a CAMHS team, could emerge. The author considered the selected sample the most appropriate for well-rounded exploration. The analysis of the interviews was systematic, ensuring that the story of each participant would be fully encompassed in the analysis. Indeed, an important way to ensure rigour in an IPA study is that of maintaining an idiographic commitment to the analysis (Smith et al., 2009). This was done by ensuring that each interview was analysed following all the steps outlined previously before more general claims and more abstract generalisations around the topic could be created. However, even when claims were made, these were consistently supported by extracts from the participants' narrations. Moreover, the researcher's idiographic commitment (Smith et al., 2009) was also ensured by keeping the interview questions general. Each participant was given the space to tell their own stories, and the questions asked were related to something the participants brought. The researcher attempted to always ask very open-ended and tentative questions so that assumptions would not be created. This ensured that the participants' experiences remained at the centre.



### 3.14.3. Transparency and Coherence

Transparency refers to how clearly the stages of research were described in the final writeup (Smith et al., 2009). In this study, all the stages were thoroughly described, with enough details so that the study could be replicable. This write-up included careful descriptions of how participants were selected, with an exploration of how inclusion and exclusion criteria were chosen. The main interview question was previously stated, and the interview schedule can be found in appendix six. The steps that were employed in the analysis of the data collection were thoroughly described as well.

Another way to demonstrate the credibility and transparency of this study was by creating an audit trail. This was done by maintaining a record of all steps conducted and completed during the research process. By doing so, one can assess the validity of one's study (Yin, 1989). All the steps that led to planning the study, the creation of the research questions, the chosen methodology, recruitment of participants, interviews, transcripts, and data analysis were noted and documented. This was done so that the steps to the completion of the study were clear and visible to the audience.

Conversely, coherence refers to how congruent a study appears. In other words, it describes the fit between the research questions, the philosophical perspectives adopted, and the methodology employed (Yardley, 2000). A commitment to the philosophical orientations and how they inform the data analysis is central to an IPA study (Smith et al., 2009). The author attempted to maintain a focus on the participants' experiences during the interviews. The analysis and interpretations of the researcher closely followed and emerged from these. A *“phenomenological and hermeneutic*

*sensibility*” (Smith et al., 2009, p. 182) was maintained through two processes. Firstly, by a thorough exploration of the participant's experiences, which was ensured by a commitment to understanding the content of their narrations (during the earlier stages of the analysis). Secondly, by making tentative claims about their experiences.

#### **3.14.4. Impact and Importance**

This is one of the most important principles to judge the validity of a study (Yardley, 2000). It refers to how the findings of a study can contribute to theories, socio-cultural impacts, and practices (Yardley, 2000). Due to the paucity of academic knowledge and literature around the collaborations between EPs and CAMHS, it is expected that this study might significantly contribute to this. Whilst national policies highlight the need for effective multi-agency collaborations, these can often present challenges and barriers. Previous studies highlighted that unclarity around roles and professional identities can often constitute a wall towards this collaboration (Gussak, 2015; Hulme, 2018; Hymans, 2008). The researcher expected that exploring the perception of professional identities within said collaborations could produce interesting findings.

Eliciting experiences of EPs collaborating consistently with CAMHS teams may provide significant knowledge about what it is like to practise within this collaboration, from a lived and experienced point of view. Due to the paucity of academic research on the collaboration between Educational Psychology and CAMHS, this research may contribute significantly to the existing knowledge around the barriers and facilitators of these multi-agency collaborations. The researcher also anticipates that professionals from both educational psychology services and CAMHS, as well as stakeholders and service users, may benefit from new insights into perceived experiences of such a

collaborative practice. These may also guide team reflections and decisions on how to modify their multi-agency approaches.

Finally, the researcher also recognises a benefit to participants. The ability to reflect on one's practice is included within the HCPC standards of proficiency for practitioner psychologists (HCPC, 2015). Taking part in an interview exploring their roles and their professional identities may enhance important reflections for EPs around their roles within multi-agency teams. It is expected that these interviews may provide a contained space for these reflections to take place. EPs taking part in these interviews may consider these reflections significant for their practice.

### **3.15. Reflexivity**

Due to the qualitative nature of this study, the researcher deemed the use of reflexivity essential. Reflexivity refers to a *“thoughtful, conscious, self-awareness [...] continual evaluation of subjective responses, intersubjective dynamics, and the research process itself”* (Finlay, 2002, p. 532). In a qualitative study, meanings are constructed between researcher and participants. Therefore, the use of reflexivity allows for a recognition of the subjective elements that impact the researcher's interpretations (Finlay, 2002).

Distinct stages of reflexivity were employed in this study. Firstly, the researcher committed to continuous reflections on how her personal and professional experience influenced the decisions and the planning of this study. This aspect of reflexivity should happen when the study is being conceived (Yardley, 2008). Firstly, before planning the study, the researcher created a journal of ideas, perceptions, and reflections about her experience as a TEP in CAMHS. This allowed an initial understanding of the

features of these experiences. Then, the researcher explored her motivations to pursue this study.

The researcher then engaged in reflexivity during the data collection stages. Firstly, the researcher noted down content brought by the participants which resonated with her and/or caused emotional reactions. Then further ideas and feelings that arose during the data transcriptions and data analysis were also noted. All the notes collected in this stage were bracketed off until the end of the analysis. They were then compared against the themes that emerged during the data analysis. The researcher evaluated whether these were part of the experience of being in an EP working with or alongside CAMHS. In this case, they were used to inform and refine the analysis. Or whether they solely belong to the researcher, in which case they were not included in the analysis.

### **3.16. Ethical Considerations**

As suggested by the BPS Code of Human Research Ethics (BPS, 2021), the study sought and received full ethical approval in March 2021 by the Tavistock and Portman NHS Trust Research Ethics Committee (TREC) (appendix eight). This means that possible ethical issues arising from this study were controlled for and precautions were considered.

#### **3.16.1. Protection from Harm**

Taking part in interviews about personal and professional experiences could elicit for the participants uncomfortable feelings. The author acknowledged that questions and reflections around participants' professional identities, roles, and personal motivations for choosing the role may have arisen. Moreover, when working with children and young people with SEN, the job of the EP may present emotional challenges.

Answering questions about their jobs could have elicited these feelings for the participants. The researcher recognised that these uncomfortable emotions could potentially be left uncontained, thus making it uncomfortable for participants. The following precautionary measures were taken to prevent this from happening.

- Participants were provided with a thorough description of the content of the interviews so that they were aware of it. This was done by sending them an information sheet before they accepted to take part in the interview, and by describing the interview process before starting the interviews.
- The researcher attempted to create a safe environment where feelings could be shared and acknowledged during the interviews. This aimed at ensuring that participants felt comfortable during the meetings.
- Participants were informed they had a right to skip or not answer any questions if they wished to.
- A debrief session was offered to participants immediately after the interviews so that they had a space to name any uncomfortable feelings that arose during the conversations. Participants could discuss anything they wished to reflect on and contact the researcher and the researcher's supervisor after the interviews. They also used the space to offer their reflections about the space offered to them, the questions asked and further ideas for the research. This suggested that they felt that a non-judgemental space was created.
- Participants were encouraged to seek support from their line managers/supervisors if concerns about their roles arose after the interviews. They were also offered the opportunity to speak with me again about this.

### **3.16.2. Anonymity**

To ensure that the participants' information remained confidential and anonymous, all the collected data was kept in a password-protected laptop that only the researcher had access to. Within the final write-up, the participants were given a pseudonym so that their identity would be protected. Furthermore, any other information that could lead to the identification of participants themselves (their teams, the cities they work in, colleagues' and children's names) was removed. The consent forms, signed by participants, were kept in a separate password-protected folder to prevent linking them to the interviews. The interviews were named with numbers and every identifiable information was removed from the transcripts. Interviews were only shared with the researcher's supervisors after these precautions were taken.

### **3.16.3. Confidentiality**

Participants' participation in the interviews remained confidential, as they were invited to approach the researcher with a private email. Furthermore, every precaution was taken to ensure that interview extracts did not contain sensitive and/or identifiable information. However, the researcher recognised a small risk of confidentiality being breached due to the extremely small number of participants taking part in this study. This risk was exacerbated by the fact that a limited number of EPs work in the CAMHS teams. Participants were informed of this risk in the information sheet and consent form, and their participation in this study was pending their approval of this point. The following precautions were taken:

- A limited amount of demographic information was included to minimise the risk of participants being recognised.

- Only gender-neutral pseudonyms were chosen for this study. This limited the possibility of participants being recognised, as their genders were not disclosed.
- The researcher made sure that the interview extracts chosen for this study did not contain sensitive and identifiable information.

Confidentiality with participants was maintained throughout this study, with the only caveat that an appropriate third party should be made aware if a participant shared of being subjected to harm themselves. This caveat was also extended to any third party mentioned by participants who could be subjected to harm. In the case of this study, no disclosures as such were shared.

#### **3.16.4. Informed consent**

Informed consent to take part in this study was sought from multiple sources. Three CAMHS teams were approached with an email (see appendix four) to seek consent for this study to be carried out. The emails were sent to three clinical managers of three different CAMHS teams. The email contained a brief description of the study and it requested that it could escalate it to members of their teams who could be interested in taking part. The email also contained the participant information sheet so that they were fully aware of the content of the study. A similar email was sent to the PEP in the EPS where the researcher is completing her placement.

Once written consent was sought and agreed upon (appendix seven), the researcher asked that potential participants would email her privately. During this first contact, participants were given the information sheet and a consent form (appendices five and seven) that they signed before the interviews took place. The consent form sought written and signed consent for participants to take part in the research, for their

interviews to be recorded and transcribed verbatim, and for extracts from their interviews to be shared. Once participants signed the consent form, a time for the interview was agreed upon.

Before the interviews started, participants were informed about the content of the study again and verbal consent was sought. At this point, they were also asked if they were happy for the recording to start.

### **3.16.5. Right to Withdraw**

Participants were given the right to withdraw their participation at any point during the interviews. If so, they would not be disadvantaged and were not required to give any reason. Participants were informed of their right to withdraw in the participant information sheet, consent form, and verbally before the interviews started.

They were also given the right to withdraw their interview data up until two months after their participation. They were informed that there was a possibility that after this time their data could have been transcribed and analysed. This would have made it impossible to fully withdraw as their data would have already been used.

### **3.16.6. Power Imbalance**

The power imbalance between the researcher and participants was recognised as a possible ethical risk occurring in this study. Since the researcher was interviewing her colleagues, participants could have felt judged by the researcher, thus creating a power imbalance. It was recommended that an ongoing reflective process should support the researcher to minimise these risks (Karnieli-Miller et al., 2009). The researcher was mindful of this and attempted to maintain an objective stance during the interviews. Furthermore, given the nature of an IPA study, participants and their



stories were given vital importance. The researcher considered that this might have allowed participants to feel on the same level as the researcher. Thus, addressing the power imbalance.

However, to further prevent the occurrence of this, any participants who had a close working relationship with the researcher were not included in the study. For this reason, the researcher's supervisors were not included in the study, albeit their EP practice corresponded to the inclusion criteria set for this study. The researcher deemed it more important to preserve the working relationship. Moreover, she deemed that a supervisor taking part in the study would not have allowed a safe, non-judgemental space to be created.

### **3.16.7. Duty of Care**

Participants taking part in this research were not identified as belonging to a vulnerable group. TREC identified that vulnerability may arise from:

- Personal characteristics
- Social environment, contents, and/or disadvantage
- If prospective participants are at elevated risk of consenting under duress, because of manipulation or coercion
- Children and young people under the age of 18.

The researcher did not deem that participants belonged to any of this group. However, precautions were taken to ensure that participants were protected from harm. Their emotional states were checked during interviews, and especially during more sensitive questions. They were also given the option to pause the interview at any point if they wished to do so. At the end of the interviews, participants were offered a debriefing space to engage in reflections about feelings that may have arisen during the process.

They were then signposted to the researcher and the researcher's supervisor if they wished to discuss the interview questions. If participants wished to discuss difficulties regarding their professional identities and their roles, they were encouraged to seek supervision. Doing so would allow participants to engage in reflections on their role in a contained and supervised environment.

## 4. Findings

### 4.1. Chapter Overview

This chapter outlined the findings that emerged from a multi-perspectival analysis of the interviews with six participants. The analysis responded to the following RQ:

*'How do EPs working a) in a CAMHS team or b) alongside CAMHS experience their professional roles and identities?'*

Following the steps suggested by Larkin et al. (2019), the analysis was divided into three groups:

- The data from participants working alongside CAMHS.
- The data from participants as part of a CAMHS team.
- A multiperspectival analysis of the experiences of both groups of participants.

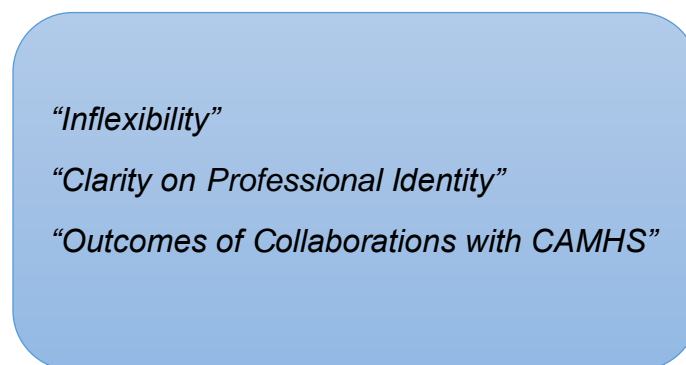
The overarching themes from the three sets of analyses were espoused in the figures below (Figures three, four, five). Within a multi-perspectival analysis, diverse ways of comparing experiences were suggested (Larkin et al., 2019). The present study employed the following: reciprocity of concepts (experiences that complement each other), paths of meaning (similar experiences that are lived in diverse ways), and conceptual overlap (common experiences). The overarching themes emerging from a comparison of the experiences of both groups were adjusted based on these three pathways.

### 4.2. Terminology Used

In the current chapter, *emergent themes* indicate the initial comments made on one individual transcript in Step three of the data analysis process. The emergent themes were then connected with the creation of *superordinate themes* for each participant, this occurred in Step four of the data analysis process. After each participant's transcript was analysed, and superordinate themes were created, all the emergent themes were compared against each other, and the creation of *overarching themes* occurred. This happened at stage six of the analysis. The inclusion of a multiperspectival analysis foresaw all the overarching and superordinate themes being compared against each other, as new overarching themes were created jointly for both groups.

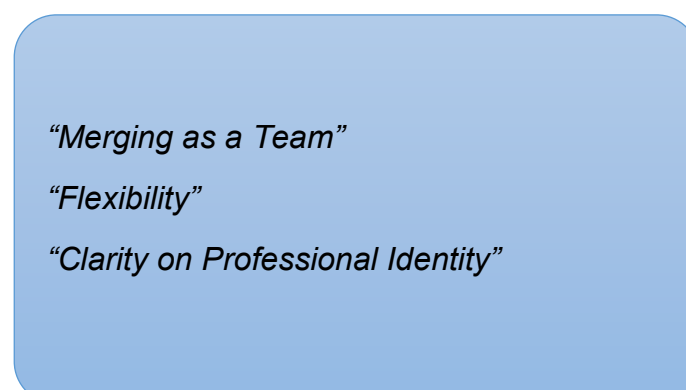
### Figure 3

*Overarching themes from the analysis of participants working alongside CAMHS*



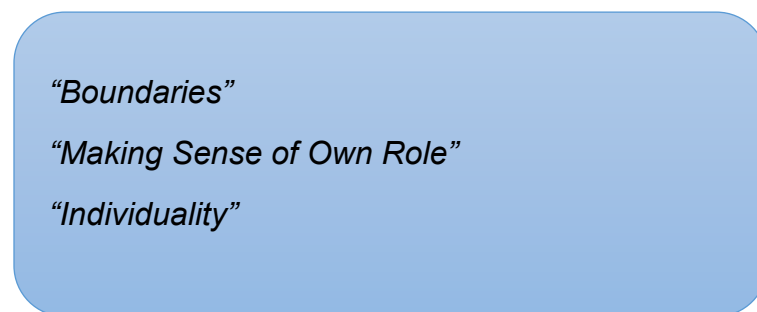
### Figure 4

*Overarching themes from the analysis of participants working in CAMHS*



## Figure 5

*Overarching themes from the multi-perspectival analysis*



Each overarching theme was accompanied by superordinate themes, explored in separate paragraphs within the present chapter. Quotes from each participant are included as evidence of the findings. The following symbols accompanying each quote may be present:

- \*: confidential information that was removed
- [...]: transcript extracts that were not included in this chapter
- **Bold**: participants' emphasis on a word or sentence
- Numbers at end of the quote: lines in interview transcripts where the quote can be found.

### 4.3. Individual Participant's Findings

The findings from the analysis of each participant's dataset were explored below. These contributed to the overarching themes for each group, and the multi-

perspectival analysis. Contextual information from each participant was included to emphasise the idiographic nature of this study. To maintain the confidentiality of all participants, only gender-neutral pronouns were used within this chapter.

### **Alex**

Alex was a main grade EP in a LA. They were employed by the LA EPS as a senior practitioner psychologist to lead a multi-agency funded project on ADHD. Alex narrated their experience of working within CAMHS as part of this project and later as a main grade EP attempting to work alongside CAMHS. From the analysis of Alex's interview data, the following superordinate themes emerged. Alex's experience of working with CAMHS appeared positive, generative, and valuable. This appeared to conflict with Alex's current experiences as a main grade EP, as the practice appeared negatively impacted by the LA's financial pressures.

### **Figure 6**

*Superordinate themes describing Alex's experience*

*"Working as part of a CAMHS multi-agency team makes one's role creative and has better outcomes for service users"*

*"Understanding and developing own role is a personal journey"*

*"One's role has to be established and clarified for successful multi-agency practices"*

*"Lack of funding and resources in the LA makes one's role a firefighting one"*

### **Kieran**

Kieran was a main grade EP in the same EPS as Alex. Kieran qualified as an EP two years before taking part in this project. At the point of the interview, they were therefore newly qualified. Kieran's experiences of working alongside CAMHS stemmed from training experiences, CAMHS placements, and multi-agency meetings as part of their EPS work. Despite working in the same borough as Alex, Kieran's experiences appeared more positive. Kieran appeared keener to put an effort into establishing effective practices with CAMHS and seemed more positive about the feasibility of doing this.

## Figure 7

*Superordinate themes describing Kieran's experience*

*"Local difficulties make one protect own role against wanting to practice collaboratively"*

*"The role of the EP feels incomplete without effective collaborations"*

*"Personal attitudes are perceived as a facilitating factor to collaboration with CAMHS"*

*"Established boundaries as facilitators for effective collaboration with CAMHS"*

## Jamie

Jamie qualified as an EP abroad and recently moved to the UK. Jamie is currently employed as a main grade EP within the same EPS as Alex and Kieran. Having trained abroad, Jamie's experiences of working as an EP within a multi-agency team did not apply to the current study. However, their experiences of attempting to collaborate with

CAMHS since working in the UK were considered significant, and the analysis of Jamie's interview was based on their practice in the UK.

The following themes emerged:

### Figure 8

*Superordinate themes describing Jamie's experience*

*"Clarity on one's professional identity is impacted by being inside a system or being outside of a system"*

*"Systemic pressures make the boundaries between roles impenetrable"*

*"Recognised value of working with CAMHS on perception of professional identities (freedom in practice, sharing competence, clarity on how to practice)"*

*"Recognised EP role in supporting CAMHS"*

### Skyler

Skyler was an EP with experience in collaborating with CAMHS. At the point of the interview, they had a school-based EP role, employed by a CAMHS team. They also previously worked part-time in a CAMHS team. Skyler felt that they were still trying to make sense of the new role within the CAMHS team. They stated that taking part in this interview helped them to reflect on their role.



The following superordinate themes emerged from Skyler's data:

### Figure 9

*Superordinate themes describing Skyler's experience*

*"Self-discovery and building own role"*  
*"Belonging to a team"*  
*"Tensions between being an EP and a CAMHS practitioner"*  
*"Creativity and flexibility"*

### Charlie

Charlie was a CAMHS locality manager, holding an EP role within the team. Like Skyler, Charlie had some experience working with CAMHS, as they were previously employed by another CAMHS team. Charlie's experience of being part of a CAMHS team was mostly positive, as they shared that being part of this team allowed for different opportunities that otherwise would not be possible within a LA role.

From the analysis of Charlie's interviews, the following themes emerged:

### Figure 10

*Superordinate themes describing Charlie's experience*

*"Coming together as a team"*  
*"Flexibility of role and (perceptions of)"*  
*"Variability of role is often limited by systemic difficulties"*  
*"Personal factors aligning with job requirements in CAMHS"*

## Tyler

Tyler had been working in a CAMHS team for 10 years, therefore had considerable experience in this area. They held a psychology lead role within the multi-agency team. Given their role as a psychology lead, Tyler's experience appeared more directed towards making sense of the psychology profession within the team, rather than their own professional identity as an individual EP. The experiences shared during the interview indicated processes of coming together as a group of psychologists within the multi-agency team.

The following superordinate themes emerged from the analysis of Tyler's interview:

### Figure 11

*Superordinate themes describing Tyler's experience*

*"Working as part of a team"*

*"Team dynamics impact professional identity"*

*"Personal factors/experiences / beliefs make professional identity flexible"*

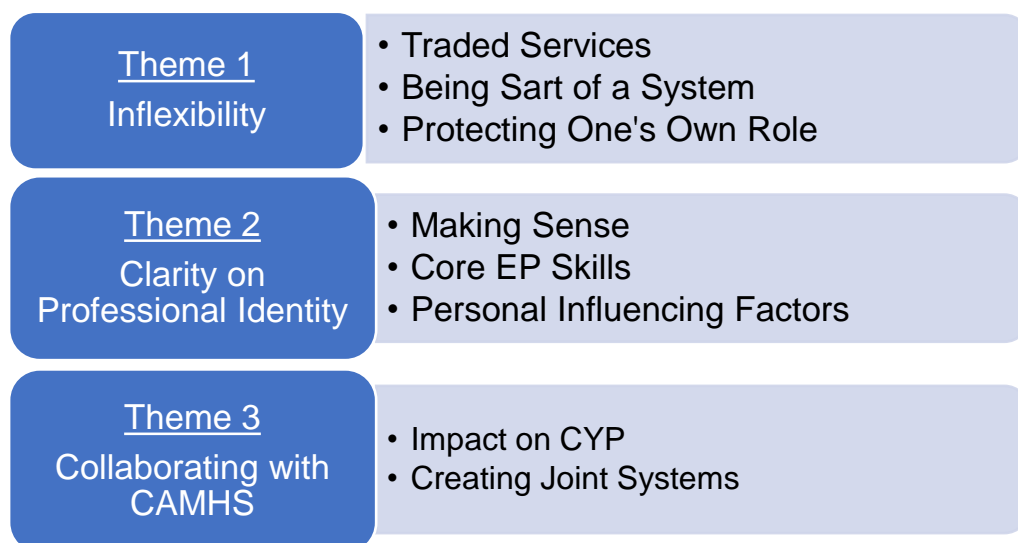
*"Creating and changing the profession"*

#### 4.4. Findings from participants working alongside CAMHS

Three overarching themes emerged from the IPA analysis of three participants working in an EPS (Alex, Jamie, and Kieran). A representation of these and consequent superordinate themes can be found in Figure 12. Each of the overarching themes was explored through an analysis of their superordinate themes.

**Figure 12**

*Overarching and superordinate themes from the analysis of the EPS group*



#### **4.5. Theme One: Inflexibility**

Participants narrated a perceived lack of flexibility in their daily practice. They indicated the difficulties they experienced in not only practising alongside CAMHS but also in attempting to show the extensiveness of the EP role and engage in diverse pieces of work. The difficulties in breaking away from these feelings appeared unanimous, as all three participants belonging to the EPS group spoke about this extensively, albeit

with different perceptions of it. Despite participants wanting to engage in more flexible practices, this seemed unfeasible due to financial difficulties within the council.

#### **4.5.1. Superordinate A. Traded Services**

The impact of traded services on the flexibility of practice was unanimously shared by all participants.

I do think that's changed things quite a bit now that they have to buy us in so it limits what you can do a bit uhm 'cause sometimes the things that you think you would like to do, then they might not pay for so that kind of changes things quite a bit (Alex, 2121-2136).

A perceived sense of change or loss emerged from this extract. Alex reflected on what could have happened if someone did not have to pay for their services. However, now that the EP services are paid for by the schools, the work appeared limited to only the essential parts. Here, Alex spoke about the need of completing Education, Health, Care Plans (EHCP) against the possibility of engaging in more creative pieces of work.

Experiencing a change in own role, and some loss of possibilities were also explored by Kieran.

There were a range of different teams within that related to education [...] but that uhm dwindled over time so when we became involved it really was kind of the bare bones. (Kieran, 34-40).

Kieran's opportunities for practice seemed limited by being in a traded service.

In evaluating the possibilities of working alongside CAMHS, amid systemic pressures, Jamie added:

There just seems to be a sense of a general- oh I don't know what the word is. I think possibly disillusionment is a little too strong, but a sense of –of like well CAMHS are just overburdened. You can't really expect to get sort of much of a

response from them, which I think is a great pity, because I don't think that's how it should be (Jamie, 449-505).

Jamie reflected on the difficulties of communicating with CAMHS as a “*pity*”, perhaps due to financial and systemic difficulties. However, Jamie took this a step further by adding that all the services within the borough are overworked. There is a sense of impenetrability in this statement, due to the difficulties of receiving responses from CAMHS. The choice of the word “*disillusionment*” is interesting, as it may signal wanting effective collaborations, although they may not happen.

#### **4.5.2. Superordinate B. Being Part of a System**

The inflexible opportunities around multi-agency collaborations were elicited by the feeling of belonging to a system. When discussing the possibility of collaborating with CAMHS, three participants shared that the latter feels like a separate system, not belonging to the same LA as the EPS. This made collaborations less feasible.

It feels a little bit like the local authority and CAMHS [...] are two -kind of systems in parallel with each other, but really not-not communicating or integrating or working together. So [...] if we-if we could see that we were all part of the same system I think it would foster greater respect and greater cooperation and helpfulness with one another (Jamie, 1045-1056).

Jamie was adamant that services should realise that they are part of the same system. The analysis of this extract highlighted two important points. Jamie held a perception that others should engage in this type of work. This felt as if some projection or defusing of responsibility was at play. Jamie seemed clear that on their part, the recognition of being part of the same system was in place. Other professionals would have to engage in similar reflections now. Secondly, feeling a part of the same system

should be a precedent for opportunities to work together. Without this, collaborations, and communications with CAMHS did not appear possible.

Jamie continues:

Can I chat to CAMHS thinking that I would chat [...] expert to expert kind of thing like professional colleagues to professional colleagues and-and I was quite surprised to realise that there wasn't really anyone who-who could or would be able to talk to me. (Jamie, 399-404).

Jamie's experience was related to a feeling of abandonment, as they describe a consequent loss of competence. At another point of the interview, this participant shared the willingness to check reflections with CAMHS practitioners to have a better understanding of the needs of a young person they were involved with. Not being able to do this left Jamie with having to pick these pieces up for the young person.

Kieran held a similar perception:

The \*boss\* can have stronger links, but that isn't filtered down to the rest of us and actually, it's not worth it, just your-your \*boss\* being able to have those links [...] I feel like it's very disjointed. (Kieran, 319-325).

Unlike Jamie, Kieran was aware that communications with CAMHS were happening. However, as main grade EPs, they did not seem to be involved with these communications, enhancing the loss of the collaborations with CAMHS. Furthermore, Kieran's choice of words: "*it's not worth it*" (320), echoes something previously shared by Jamie about not agreeing with it and not having enough control over it.

#### **4.5.3. Superordinate C. Protecting One's Own Role**

Attempting to practise within inflexible boundaries elicited a defensive response around one's professional identity. Participants felt crushed by systemic difficulties, which in turn led them to protect their own roles.

I think both in EPS and in CAMHS we're just firefighting. At the moment we're not really able to engage in kind of in-depth work, and [...] I feel quite in kind of rut in the way I work really because you're just trying to get through it (Alex, 1122-1143).

Alex used the term "*firefighting*" to describe their current ways of working. This word prompted images of a battleground: firefighting seemed the only solution to survive through the difficulties. The choice of the word "*rut*", further on, described a feeling of inflexibility in ways of working. This way of practice did not align with Alex's beliefs, or what they may have chosen the role to be. However, at this stage, it appeared the only feasible way of practising to maintain own EP role.

On the other hand, Kieran also shared their experiences of having to sell their own role, in what seemed a financial battle, to secure working opportunities.

We were going to be trading so they-they hadn't been a traded service before and I was told: "This is our menu like you have to go in and sell us [...] It was just the most bizarre planning meeting I've ever had, 'cause I was in a position where we were both fighting against each other. (Kieran, 705-715).

Due to the traded model of service delivery, the EP role needed to be sold, in a competition against other professionals. The expression "*fighting against each other*", described eloquently the need to protect oneself to still be able to work as an EP. Just before this extract, Kieran was describing their preferred way of collaborating with other professionals in their practice to establish a holistic understanding of a young person. The fact that Kieran was asked to sell their service seems to have hindered

this for them. Instead of collaborating with the behaviour support service, Kieran was asked to fight against them.

#### **4.6. Theme Two: Clarity on professional identity**

Achieving clarity on one's professional identity was a significant precursor of effective collaborations with CAMHS. Participants narrated a journey of making sense of their experience as EPs, which at times seemed to be shared by CAMHS. Some features relating to the EP role were indicated, as well as personal factors influencing a specific way of practising.

##### **4.6.1 Superordinate A. Making Sense**

Participants felt that making sense of their professional identities was a process that required work, rather than something that unequivocally came to them.

Jamie compared their experience of being an EP abroad to make sense of their own professional identity:

I think overseas what was working well was the sense of-of the access and the fact that once you were actually qualified and working in the field people were not too worried about your-your category of registrations so much as your personal reputation and competency [...] From the other professionals, I had a measure of professional respect, so that was that was really good [...] The boxes were often maintained by other psychologists, but some others like there was only - a pecking order of psychologists and boxes that one was expected to fit in, which was probably tiny bit weird (Jamie, 270-293).

For Jamie, the way other professionals thought about the EP role was determinant to achieving a sense of respect, competence, and reputation. During this extract of the



interview, Jamie referred to specific professionals who would hold respect for the EP role, which then would allow Jamie to venture out into the profession. Conversely, further on, Jamie used the words “boxes” and “fitting in” to refer to perceptions that others have about the EP role. These could potentially limit the variability of the role as if certain parameters need to be respected to be considered a psychologist. Jamie’s making sense of their own professional identity seemed to heavily rely on the discourses around the role of other professionals in the field. One’s own professional identity seemed dictated by how others make sense of it, in a continuum between personal perceptions and external ones.

Similarly, when reflecting on the collaborations with CAMHS, Alex emphasised the importance of making sense of each other’s roles.

The first difficulty was actually understanding what they [CAMHS] were talking about sometimes, and we're going to a meeting [...] I think because we recognized that there was going to be an issue, I was just getting to know each other and understanding different roles [...] I do remember we did have to sort of sit and sort of thrash out kind of you know I mean just discuss. I mean, I don't - thrash out sounds more conflict-related than it was (Alex, 218-389).

In this extract, Alex indicated that not understanding each other’s roles was “*difficult*” and there were “*issues*”. However, working in a multi-agency setting could facilitate the understanding and the clarity on own professional identity. As individuals were making sense of their professional identities, others could gather a better understanding of it too. Whilst the process had a social nature, it also appeared complicated. Alex’s choice of the word “*thrash*” described a process that appeared chaotic, albeit needed. It was interesting how Alex then stated that it was not conflictual, attempting to maintain a positive perception of the process. This called to a need of defending oneself against other professionals.

#### 4.6.2. Superordinate B. Core EP Skills

In attempting to make sense of their roles, all the participants identified core features that are unique to the EP. Doing this appeared to clarify the EP role further for oneself. However, there appeared to be tensions in what participants believed their roles should entail and what others expect of their roles.

Someone who can facilitate a process I guess or be an expert of a process rather than an expert [...] when you're in a consultation and [...] you can think of ways to bring in that difference and or kind of change the-the path of conversation to something that might be a bit more helpful (Kieran, 868-875).

At this stage of the interview, Kieran was discussing how the role was praised by other professionals for enhancing a change. Kieran believed that promoting change was unique to the EP role, something on which other professionals could rely. The expression *“an expert of a process rather than expert”* seemed to reflect a rejection of the EP as an expert of learning needs. Kieran instead reflected on the role of the EP as that of promoting and facilitating change.

Similarly, Jamie shared:

We're not technicians I don't I think we were ever really meant to be technicians. I think we were meant to be people who think about things at different eco-systemic levels to understand (Jamie, 1115-1118).

In this part of the interview, Jamie was exploring the role of the EP in providing strategies to schools for specific learning needs. In Jamie's experience, there was a perception of being put in a box (*“we're not technicians”*). Jamie was making sense of the role by rejecting what is expected of them as an EP, instead of clearly stating what an EP does.

### 4.6.3. Superordinate C. Personal Influencing factors

In making sense of their professional identities as EPs working alongside CAMHS, all participants also shared personal factors that elicited an interest in this area of work. As EPs actively committed to seeking communications with CAMHS, they considered the factors facilitating these. This was a theme that emerged equally in all participants' accounts of their experiences and their motivation to engage in multi-agency working. These included: previous experiences during training, or previous professional experiences and personal interests in the area.

For example, Alex shared:

I found it I suppose -I think multi-agency working is very interesting. I had a bit of an understanding because my father had done multi-agency working in his profession (Alex, 1004-1009).

At this point of the interview, Alex was reflecting that personal and family reasons (living and working arrangements, wanting to start a family, etc.) lead them to choose a specialist role. However, a further understanding of this way of practising was elicited by having had a member of the family engaged in this previously. Further on in the interview, Alex also shared that having had this exposure from their father almost prepared them for it.

Similarly, Kieran felt that the training institution created a "*blueprint*" of how multi-agency collaborations should work.

I think probably for me, I have this [...] blueprint of in my mind of how MDT working could be from my CAMHS experience in in the \*training institution\* (Kieran, 194-196).

The influence of training institutions appeared clear in Kieran's account. It had motivated Kieran to engage in a specific way of practising that is not necessarily common to all EPs, but certainly important for Kieran's ways of practising.

#### **4.7. Theme Three: Collaborating with CAMHS**

This theme described how participants made sense of their professional identities when collaborations with CAMHS were established. All the participants of this group had clear ideas on how their roles would be affected by the positive communications between both services, and how this would impact CYP. A superordinate theme around the need to create space to allow these collaborations to unfold was identified.

##### **4.7.1. Superordinate A. Impact on CYP**

When reflecting on the lack of effective collaborations with CAMHS, participants narrated a sense of loss.

I do a kind of routine job that sort of meets the purpose that's required of it, but it's not gonna -It's not gonna, you know, shape the Earth or it's not gonna make radical change [...] Maybe I haven't got the capacity for that anyway, but you know, it's a -it's a bit mundane. I think the work that I did when I was working in a multi-agency team did make a difference and I think when we went to conferences and talk about it, people were very interested in (Alex,1841-1878).

Within this extract, the change perceived in Alex's practice is moving. Alex described the current EP practice as "*mundane*", which may echo a perceived lack of long-term impact. Conversely, Alex identified a clear impact of the EP practice on service users when multi-agency collaborations were possible.

Kieran also held a similar perception. They described the multi-agency collaborations as a "*piece of a puzzle*" to the EP formulation.

Things feel more holistic, but it feels maybe more meaningful as well, and sometimes I think without the input of-of that other professional it's almost like there's that piece of a puzzle missing and you don't have that picture in its entirety [...] The work you do feels more like it has more of an impact and also I think it makes a difference for the families or the children (Kieran, 529-568).

Kieran appeared clear about the importance of communicating with other professionals. There is a sense that the formulation of an EP might feel incomplete without the appropriate communication with other professionals involved in the same case. For Kieran, effective communication with CAMHS might facilitate a sense of completeness in their practice as well.

In acknowledging the impact that this would have on CYP, Kieran continued:

There's something about having to **retell** your story. Uhm, particularly if it's a difficult one. I remember working years ago with a child who was in care and had seen many, many professionals, both EPs and CAMHS, and he said to me "if I have to tell my story one more time to a different social worker to a different CAMHS professional to a different EP, I'm going to scream" (Kieran, 584-594).

In this extract, Kieran explored the impact that the lack of communication between agencies had on service users. Kieran gave an example of disjointed systems whereby service users must constantly share their information with new agencies involved. By emphasising the word "*retell*", Kieran echoed the difficulty in sustaining this type of work, which they did not consider valuable.

#### **4.7.2. Superordinate B. Creating Joint Systems**

All participants shared their commitment to creating joint systems with CAMHS. This was considered relevant for their practice and the way they made sense of their professional identities.

It's not just about knowing your own role. I don't think you can fully know your own role until you know the role of the other person and then hopefully being able to see what might possibly have fallen between the cracks between the

two roles, which I suspect might be a problem here in the UK. I do get a feeling it does feel a little bit like sometimes children fall through cracks in the system because everybody is aware of their own role and putting those boundaries quite strongly, and then not considering perhaps where a child might fall in the crack between two roles and you know, nobody-nobody's taking responsibility for that (Jamie, 594-605).

Jamie felt that one cannot fully understand one's own role without understanding where this ends, and that of another professional might begin. Jamie also shared that better multi-agency collaborations could help to gain a sense of competence towards their own professional identity. Creating a joint system of support for CYP seemed particularly important for Jamie. With the choice of the word "*boundaries*", an image of strong walls being built emerged. Whilst these walls were built, cracks are created in the middle. Like in Kieran's experience, there was a lack of completeness. Jamie's experiences were that of only fully understanding their role when discussing it with others. The lack of this would create a gap, or "*cracks*" as described, where CYP can fall in.

Kieran discussed the importance of coming together as a system:

The-the impact of us not doing it is-is far greater than the barriers. That's why when I was talking about the barriers, I just feel like they're kind of. It feels like excuses 'cause if we're thinking about working with the child and family at the heart of what we do and schools. I mean, we would be working together (Kieran, 636-644).

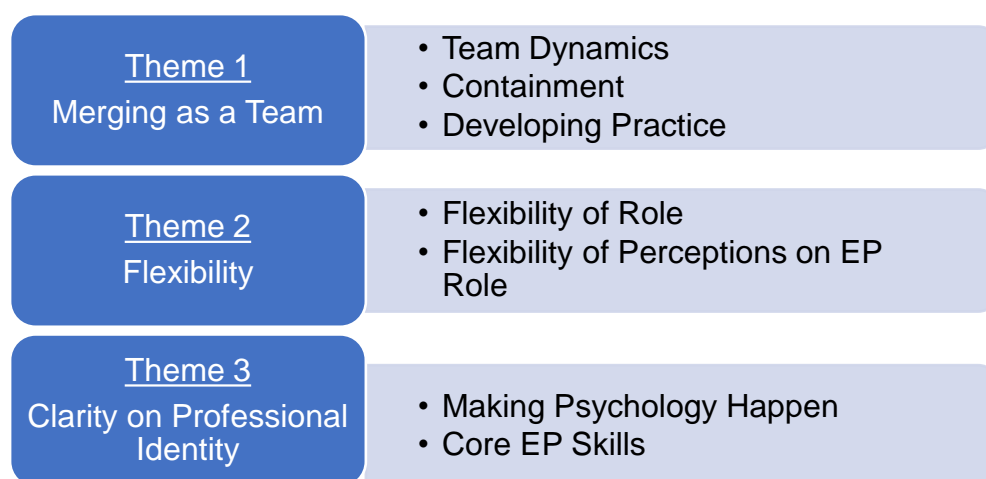
Unlike Jamie, Kieran's experience of communicating with CAMHS was positive. Kieran appeared motivated to engage in this type of work so much so that they identified the difficulties of doing so as "*excuses*". In this part of the interview, they reiterated the fact that although it takes time, creating a space for working together is doable and necessary. Kieran did not seem to recognise any significant barrier in this.

## 4.8. Findings from participants working in CAMHS

The analysis of the participants working in CAMHS elicited three overarching themes (Figure 13).

### Figure 13

*Overarching and superordinate themes from the analysis of the CAMHS group*



## 4.9. Theme One. Merging as a team

All the participants working in CAMHS felt that being part of a CAMHS team influenced their EP practice. Emerging consistently in all the interviews, this theme described the way CAMHS teams came together to provide effective support to CYP, and how dynamics within the team influenced the clarity of EP's professional identities.

### 4.9.1. Superordinate A. Team Dynamics

How team dynamics influenced individuals' practices was of interest. There seemed to be a perception that the team's priorities "overrode" those of the individual EPs, as experienced by Skyler.

The aim of your team kind of overrides it, so that-so that is helpful sometimes if I'm in a in a meet- in a network meeting for a young person as a member of my team from CAMHS uhm, it's-it's quite tricky because sometimes I might- If there

isn't an educational another educational psychologist there, I might talk about things as an educational psychologist and then have to remind people you might want to link up with your school educational psychologist and then and then remind kind of the aspect the kind of lens I'm coming (Skyler, 682-695).

Skyler experienced a contrast between being an EP and being a practitioner in CAMHS. Skyler defines this with the word “*tricky*”, to narrate a continuum between being an EP and being a practitioner in CAMHS. The impact on service users also appeared clear here, as Skyler had a role in explaining their practice within the remit of a CAMHS team.

Like Skyler, Charlie's experience within the CAMHS team appeared one where the role of the EP was overridden by the team.

They were open to all disciplines and all disciplines did a generic role, as it were, we were all employed as CAMHS clinicians, but then we would then have our titles [...] They didn't actively seek an EP for specific things. They wanted a CAMHS clinician (Charlie, 277-286).

Charlie felt that the team dynamics almost cancelled the key contributions that a specific role, such as that of the EP, could bring. An EP within a CAMHS team becomes a “*CAMHS clinician*”. Whilst specific roles were maintained within the team, they did not seem as important as being unified practitioners for a specific team.

#### **4.9.2. Superordinate B. Containment**

An important aspect of working as part of a CAMHS team was the perceived containment from the team. This superordinate theme only emerged in two of the three participants interviewed (Tyler and Skyler). However, it was considered an important factor influencing EP practice within the team.

There's still a period of adjustment for me in terms of-of kind of finding my place in the wider team so in my team I have my place and I'm clear on what I'm doing and people are clear on what I'm doing, but I think I'm so-there's a mixture of



me settling into a role [...] With those opportunities to attend multidisciplinary clinical discussions when you contribute uh, I think people can then see what the-the kind of different aspects that you can bring (Skyler, 389-406).

Skyler shared that the multi-agency nature of the team was a feature that helped to clarify the role. Skyler felt in a period of adjustment and settling in their role in a team that is new. However, having opportunities to offer unique contributions, and having a clear (albeit general) understanding of the role helped to make sense of one's professional identity. This seemed to happen within the team, rather than on an individual level.

Conversely, Tyler described the containing nature of the team as something necessary to maintain the EP role.

If I had a risky case in an EPS I would take it straight to my supervisor and it would probably get referred to CAMHS or social care, but I wouldn't have to hold that risk. In CAMHS we pick up those referrals and we're holding [...] I think 'cause you're doing that kind of work, that containment [...] quite essential and I feel like I wouldn't need that so much in the EPS, but I couldn't survive without it in CAMHS (Tyler, 519-531).

Tyler experienced the team dynamic as something necessary within the team, the words "*couldn't survive*" were expressive of this. Being an EP within a CAMHS team called for specific features to support more effective practice. Tyler compared their experience of working with risky cases in an EPS, where the EP was not the one who must "*hold them*". Within a CAMHS team, however, even an EP must be involved with difficult experiences, and the way to have their role survive is to rely on the team.

#### **4.9.3. Superordinate C. Developing practice**

For all the participants, being part of a multi-agency team positively added to the understanding of casework. All the participants shared the possibility of learning from the team, and of relying on the team to provide effective services to CYP.

I think the multi-agency collaboration is so generative [...] when we have our weekly MDT discussions if I brought a case and present them the question might be you know where do I go next? or why do I feel so stuck or what? What do we think might be the best treatment for this young person or family? I get uhm so many ideas generated from the team [...] and so then the impact on the client is kind of raw data is much more processed when we go back to the client (Tyler, 918-938).

Being part of a multi-professional team was defined as “*generative*”, as different ideas to contribute to casework could be found within the team. Given the complex nature of the casework encountered in CAMHS, Tyler appeared to rely on these constructive conversations. The constructive conversations had a twofold function for Tyler. They were used to widen and develop their practice. They were also useful to understand a client’s dynamic with Tyler as a clinician, and how they could be supported best.

Participants identified the opportunities to gain experience and develop their skills as significant aspects of being an EP in CAMHS.

It's-it's really helpful to have that multidisciplinary perspective in terms of having a range of approaches that meet needs, or at least potentially view things from different places which can be helpful and then also just in terms of professional learning from-learning from other people and different perspectives and you can do that regardless of somebody's professional background. But if somebody’s trained in a particular way, they often might come with particular skills or outlooks, or way of thinking can benefit the whole team (Charlie, 215-228).

Charlie highlighted the significance of learning from each other's unique roles. Within this, the value of bringing different professionals who can contribute with different learning points was espoused.

#### **4.10. Theme Two. Flexibility**

Another common theme emerging from the analysis of the interviews was flexibility. This was a common theme in all the participants, and it extended to different ideas. Participants felt that space existed within the team to modify and challenge mistaken perceptions around the EP role (both for oneself and for others). The theme of flexibility also described how participants re-invent and create their practice consistently.

##### **4.10.1 Superordinate A. Flexibility of Role**

All three participants in the CAMHS group felt that their practice could be adapted based on the needs of the service users, and their interests. This suggested perceived flexibility of own role.

As a psychology lead, Tyler had a significant role in accommodating this for psychologists in the team:

Thinking about the approaches that people take or have been trained in and kind of moving away from what's your training background and more into. What do you feel confident in? What do you want to know more about? I think that's kind of shaped a more kind of cohesive identity as well, because it becomes more about what you do or what would you like to be doing rather than what's your label. (Tyler, 365-373).

Within this extract, Tyler explored the idea that one does not necessarily have to practice the approach they trained in. Instead, there was space for a practitioner to explore different approaches, which could be learnt within the team. Tyler highlighted that one's own professional identity did not need to be within the limit of what one has

trained in. Rather, one's role could be shaped in the direction they wanted their practice to go. This was expressed in Tyler's words "*cohesive identity*", almost to signal a clear, more holistic sense of professional identity.

Furthermore, one's EP practice could also be shaped by one's specialist interests, contributing to a flexible practice. Charlie chose to work within a CAMHS team as they felt it was a "*nice fit*" (Charlie, 1073) for the kind of EP they wanted to be.

Charlie appeared adamant that given the opportunity, one could choose what they want the EP role to be like:

What do you do? Do you stay within the EPS and potentially do work that you don't really want to do, or you're not as interested in and rely on people above you to promote the service and to enable that to happen, or do you think "actually I know I'm interested in this area of work? I know that this is where I want to progress and develop" and therefore you-you potentially go to the other you go to the CAMHS service and work for CAMHS where you know the work that you want to do is going to be there and available. I suppose that's another threat for the EPS (Charlie, 953-973).

Charlie's experience appeared mostly positive. Charlie wanted to have a choice to follow an interest within the EP practice and was successful in turning this into a reality.

Similarly, Skyler also valued the possibility of following a specialist interest:

For me, I wanted to kind of specialise and-and be more specific in the work that I was doing, [...] uhm so I still have the hats. I think it's an EP you always will, but. It's a little bit more contained (Skyler, 566-593).

In a previous part of the interview, Skyler described their EP role as "*wearing different hats*". Within an EPS this meant focussing on different pieces of work and having to have a range of knowledge for diverse needs. As an EP within a CAMHS team, this seemed more limited (due to the specific focus on mental health). Skyler's sense of

professional identity seemed to benefit from this. Limited applicability of own practice seemed to contribute to a clearer understanding of own role for Skyler.

#### **4.10.2. Superordinate B. Flexibility of Perceptions on EP Role**

Along with the flexibility of an individual's practice, others' perceptions of the EP role also appeared flexible.

Within Tyler's team, the group of psychologists attempted to challenge the mistaken perception of psychology. Tyler felt that the psychology field could be perceived as threatening to a team that was traditionally psychoanalytic and systemic oriented.

This is psychology and we've really tried to emphasise what we think psychology is and how it can be supporting people and people from team have reported that they have more of an expanded view of psychology as a result of that (Tyler, 301-306).

In Tyler's experience, challenging the perceptions around psychology was a positive experience, and the team had an expanded view of the profession consequently.

Tyler then discussed the implications of this on service users:

The psychology waiting list is maybe only three or four months, but the psychotherapy waiting list is more than a year. So, if there's an understanding that psychology can do some of what psychotherapy in terms of working relationally with attachment, all those things then people would need to wait less long because they can get from psychology as well as psychotherapy (Tyler, 319-324).

Challenging the perceptions around psychology appeared to be worthwhile, as the impact of this was positive on service users too. Whilst the work to establish psychology as a field within a traditional CAMHS team appeared long, Tyler seemed to indicate that this is a needed step to establish psychology more widely.

Charlie also shared a similar experience:

It's encouraging because it feels as if EPs and EPSs are certainly being thought of a lot more from my perspective in terms of being involved in in mental health and I would hope that in a small way, maybe in within you know with me being a lead in a CAMHS team that I would then be demonstrating both the within CAMHS and also uhm to outside that EPs can do this work. For example, I was in a school in my last team and I was the CAMHS EP and they also had a link EP and we worked together and uhm I would very much think that then the school would be thinking, if they hadn't done before "oh EPs can do CAMHS work, you know 'cause they're in it- Charlie's doing it (Charlie, 888-912).

In this instance, Charlie was analysing the involvement that EPs normally have with mental health. Some of the perceptions around the EP role were currently extending, as more EPs (also within EPSs) engaged in mental health casework.

The change in perceptions around the role of the EP was not only seen within the CAMHS team but also, and more significantly, in service users, such as schools. Charlie discussed the possibility of themselves being an example of change for others to see too. Charlie felt that by being an EP representing a CAMHS team, they could challenge the perceptions around the EP role.

#### **4.11. Theme Three. Clarity on Professional Identity**

This theme described the process by which EPs in a CAMHS team made sense of their professional identities. Participants spoke of processes happening at a team level that facilitated the understanding of their roles. This appeared cohesive and not necessarily limited to the EP role. On the other hand, participants also appeared to rely on key skills belonging to the EP to identify their own specific place within the team.

##### **4.11.1. Superordinate A. Making Psychology Happen**

For the EPs working with CAMHS, the process of making sense of their own professional identity was integral to processes happening within the team.

For Charlie, the distinctions between different branches of psychology were less clear the longer they worked within the team.

I think that the distinction between an EP and clinical psychologist or counselling psychologist I think that that distinction is probably most pronounced during training and-and shortly after, and then I think the longer you, dependent on where you work will probably have as much of an influence on shaping you as a psychologist and therefore [...] the longer that I work within CAMHS settings the more I find that I work with all their clinical psychologists. The more time goes on, the more I see that-that there's so much there there's definitely a lot more similarities than there are differences uhm and I think that [...] even some of those differences are a result of-of experience (Charlie, 491-517).

Charlie commented that different professionals have the opportunity of engaging in different pieces of work depending on the needs of the team. Charlie did not limit his role to a specific label (e.g., educational psychologist). Instead, the type of work Charlie could engage with defined their role. In Charlie's experience, different psychologists within a CAMHS team contributed to a continuum of professional expertise, as if psychology came together as one unified profession. In this context, the different labels were not as clear boundaries as one might expect.

Like Charlie, Tyler shared a similar experience of coming together as psychologists within the team.

We had to kind of work with psychologists to really kind of develop a sense of identity as psychologists [...] Within psychology we try -we've been trying to kind of make sense of who we are as a group in order to then be able to tell the team this is what we can be offering and this is who we think we are and I think it's been hard to articulate that we're not who we think they think we are (Tyler, 208-238).

Perhaps given the psychology lead role, Tyler placed significant importance on creating a cohesive sense of professional identity within the team. For Tyler, the process of making sense of their own professional identity was concurrent with making sense of the psychology profession in the team. This was an important precursor to offering effective services to the community. Making sense of one's own professional identity was a group process for Tyler and a key aspect of being able to explain the role of psychology.

#### **4.11.2. Superordinate B. Core EP Skills**

Despite identifying as part of a group, participants also appeared to hold on to key features of the EP role as a way of making sense of their roles.

For Skyler, the knowledge that EPs have of school systems was something unique to their roles. In identifying a specific role that they could bring to the team and the schools, Skyler said:

You're viewing that mental health in the context of what is happening in school or maybe outside of school, but I think having that knowledge of school systems is really beneficial because you can think about all of the aspects that might impact upon that young person [...] I think it's helpful as an EP because you know those systems so well so you can kind of take those into consideration, not that another practitioner wouldn't, but I do think that the schools experience brings another layer of understanding to a situation (Skyler, 202-215).

The sentence "*not that another practitioner wouldn't*" echoed a search for something uniquely personal to Skyler as an EP. Skyler was clear that understanding school systems, and organisational approaches to support the wellbeing of CYP, were unique to an EP. Identifying a distinctive feature that only EPs could carry, that other professionals might not be able to do, seemed to clarify Skyler's professional identity.

Identifying key aspects of the EP role appeared to refine Charlie's role too:



It was much clearer what my role remit and function was and that really was consultation and training uhm, assessment and there was a little bit of intervention there wasn't -there wasn't a lot uhm, so that was that team (Charlie, 395-406).

However, an interesting aspect of Charlie's experience was that the role was clearer when they were the only psychologist on the team. That was a team that Charlie earlier defined as "*not as multi-disciplinary as other teams*" (Charlie, 380), leaving more space for a well-defined profession. Being the only one to embody the psychology profession seemed to clarify Charlie's role. Instead, things appeared more confusing in Charlie's current team, which was more multi-agency based.

I think that maybe as an EP, by virtue of your training and background you might have certain skills and experiences that can be helpful, but I wouldn't you know- So as an example, I think that I might have or EPs might have as kind of a better sense of the education system and maybe the school system, and therefore I think that knowledge can be very helpful whenever you're trying to uhm you know, join things up [...] consider how it might work in the school setting, be able to identify what the barriers might be. Think about what can facilitate and how it links with the curriculum [...] I would say that people that are psychologists, that clinical psychologists, counselling psychologists that also work in schools and also maybe develop their skills in that way (Charlie, 404-448).

Whilst the key contributions offered by an EP were still clear, Charlie also added that other professionals might also contribute similarly. There may be an unspoken threat of others stealing one's own role.

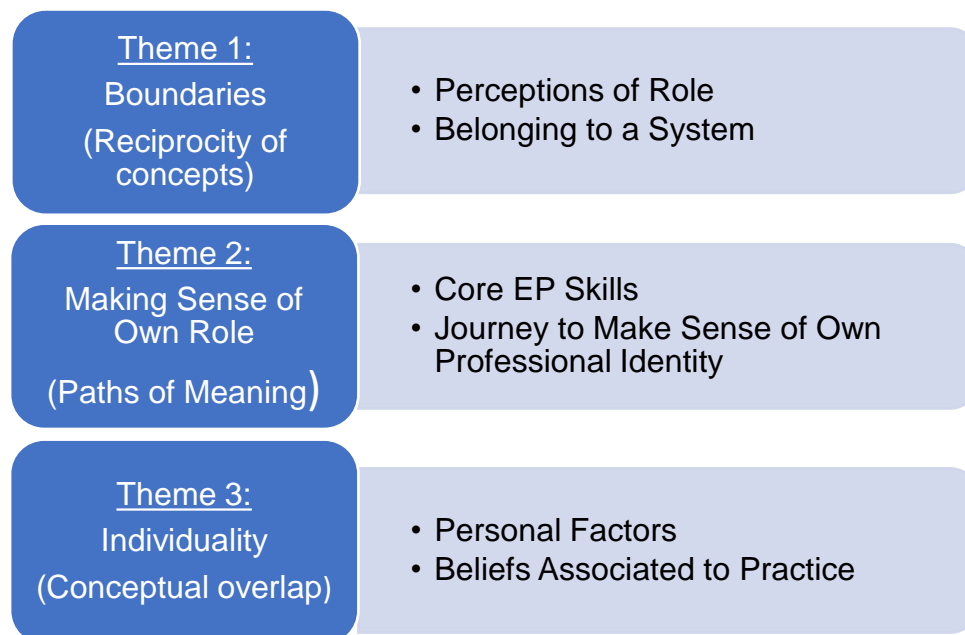
#### **4.12. Multi-perspectival Analysis**

A multi-perspectival analysis was conducted to explore how EPs make sense of their professional identities when working with or alongside CAMHS. This part of the analysis was concerned with an overall understanding of the experiences shared by

all the six participants. The experiences of EPs employed by an EPS and those of EPs employed by CAMHS were compared to gather a holistic understanding. From an IPA multi-perspectival analysis, the following three themes emerged:

### Figure 14

*Overarching Themes emerging from a multi-perspectival analysis*



#### 4.13. Theme One: Boundaries

This theme emerged in both groups. All participants employed boundaries around their practice to make sense of their own professional identities. Identified as reciprocity of meaning, the experiences that form this theme were considered reciprocal to each other for the groups. Both experiences, joint together, can create a holistic narrative on what it is like to be an EP working in or alongside a CAMHS team.

As shared by all participants, boundaries were created within the systems in which EPs practise, and they impact the role. Although the boundaries appeared to be more limiting for participants working in an EPS, they somehow protect the role and help clarify it for the individual. On the other hand, for participants working in CAMHS, the

boundaries were created around the team, thus clarity of own role was less important than a unified team ethos.

#### **4.13.1. Superordinate A. Perceptions of Role**

Participants shared the impact the EP role had on their professional identities. They identified the flexibility of these boundaries as a key aspect in the process of how one's own professional identity is thought of.

Participants employed by the EPS felt like they were being put "*in a box*", as they were asked to practice in a specific manner, which did not seem to allow for flexibility and creativity in practice. The presence of significant systemic and financial difficulties created the need to protect oneself.

I'd never probably kind of sorted out my role identity and I didn't fully identify as an educational psychologist. Anyway, I thought like why? Why do I have to sit in this box and then coming to the UK? I found very much that Oh my word, this is the only box I'm going to be accepted in. So, I had I had better sort of like try and at least get established in this box before I try to break out of this box. But it was quite frustrating (Jamie, 170-180).

From Jamie's experience, the worry of having to fit within a box and being defined in a specific way was evident. This was not something that Jamie personally believed important. However, it seemed motivated by a fear of not being accepted as a professional within the EP world.

On the other hand, participants working in CAMHS shared a dissimilar experience, as they felt that the EP role tended to get lost in the team for the sake of the team's priorities. These override the individual's professional identity.

I think this does come a little bit into the kind of gatekeeping of resources, and I do think that is very much a perception [...] but I think those narratives are kind of sustained and maintained by systems by resources and by people's experiences [...]. You're not as constrained by those narratives because you're

the aim of your team kind of overrides it, so that-so that is helpful (Skyler, 608-682).

Like Jamie, Skyler also identified specific perceptions around the role of the EP which may limit it. However, for Skyler, having a CAMHS responsibility helped to limit those narratives, and to filter them. This was defined as “*helpful*”, as the practice could follow the team’s priorities without having to prove or dispute the perceptions held by others.

Both EPs in CAMHS and working alongside CAMHS identified mistaken perceptions that could limit the applicability of the role. However, for EPs working in an EPS, these were accepted to protect one’s role. On the other hand, within a CAMHS team, these experiences were overridden by the priorities of a team which, in a way, risked overshadowing the unique EP role.

#### **4.13.2. Superordinate B. Belonging to a System**

Participants indicated the importance of feeling part of a system. Participants working alongside CAMHS felt like they were outside of the system, whilst participants from the CAMHS team felt they were an integral part of it. In both instances, the existing boundaries appeared quite strong, as they influenced and protected how one’s role was experienced and made sense of.

Participants employed in the EPS, and attempting to work alongside CAMHS, felt quite strongly that CAMHS and the EPS were different systems and not in effective communication with each other. They felt that belonging to a system would allow better communications, albeit they felt outside of it. This had a significant impact on the perceived sense of competence in their roles. Earlier, Kieran discussed how not being able to effectively interact with CAMHS caused them to feel like there is a missing

piece of a puzzle. Similarly, Jamie attempted to speak to CAMHS to share reflections about a complicated case.

On the other hand, for participants working in CAMHS, there is a clear sense of team cohesion, as individuals played an active role in the team dynamics. As explored earlier, feeling part of a team created a sense of containment, which was necessary when working with risky cases. However, working with extremely complicated cases also spilled into several aspects of one's personal life.

I sometimes have fantasies of going back to the EPS is just so I don't have to manage risk. It (covid) has made me realise just what a low-level constant anxiety I experienced as a result of that task of managing risk holding risk and making decisions around whether people are safe enough and so, yes, that's why I have fantasies about. Well, if I worked in an EPS and I'd be able to refer into CAMHS, I wouldn't have to be the person receiving (Tyler, 533-567).

Tyler described fantasising about going back to an EPS role, where they felt that the role would be less straightforward and would not have to manage the anxiety as much.

Although the experiences of both groups were extremely diverse from each other, it is noticeable that both groups were missing key aspects that the other group had. The experiences complemented each other, as they also made more sense when reflected jointly and compared against each other.

#### **4.14. Theme Two: Making Sense of Own role**

Participants perceived the process of making sense of their own roles as a journey that could consistently be influenced by the team to which they belong. All participants spoke about specific responsibilities, key to the EP role, which they could embed in their practice.

This theme was considered a path of meaning (Larkin et al., 2019). These were experiences that were common for all participants in the study, although perceived in distinct ways.

#### **4.14.1 Superordinate A. Core EP skills**

All the participants felt that EPs have key skills that are unique to the role and that can effectively contribute to positive practices with CYP. Although this theme was common to all participants, it was experienced in distinctively both groups.

Participants in the EPS group seemed clear that these key responsibilities were something they would like to demonstrate. However, their experiences indicated a lack of possibility in doing so, mostly due to systemic difficulties. This created a conflict between how one would like to practice, and the possibilities offered by their jobs. *“I tried to produce something that I think of reasonable quality, but -but I think if you're going to be really creative in how you work with families you need more time”* (Alex, 1829-1837).

In this brief extract, Alex felt that the lack of time or resources available was detrimental to the work. The role was not to the standards one would want it to be.

On the other hand, participants working in CAMHS seemed to use these key skills to clarify their roles within their team. These skills were used as an approach to the work, rather than as a label of a professional.

I wouldn't say necessarily that it was by default, Charlie the EP will do this. I think it was just more “there's opportunities here, or these are the different things that are going on and there might have been a sort of request that would have come my way, or I would have probably leaned more towards taking up that work (based in a school) (Charlie, 346-352).

#### **4.14.2. Superordinate B. Journey to Make Sense of Professional Identity**

Making sense of one's own professional identity was a process influenced by a multitude of factors. The journey to establish a professional identity was difficult, as many perceptions needed to be challenged, and work needed to be done to create a joint narrative around the EP role.

However, these experiences were facilitated by a perceived sense of belonging to a team. For EPs attempting to work alongside CAMHS, the journey to make sense of professional identity can be quite lonesome. As explored in an earlier paragraph, Jamie felt that the lack of communication with other professionals impacts the clarity of their own role as well. Similarly, Alex reflected: "*I think there was a kind of broad outline of the role, but then actually developing that was really left to me*" (Alex, 625-630) (despite having a health commissioner in the team).

On the other hand, in CAMHS, Tyler narrated the experiences of joining all the psychology professionals to create a cohesive psychology professional identity. This appeared important as being part of a group allowed for important conversations to take place. Furthermore, compared to what was narrated by the participants working in an EPS, the experiences of those working in CAMHS appeared less lonely.

#### **4.15. Theme Three: Individuality**

All participants identified individual factors that influenced their role and the choice of career. This theme was identified as a conceptual overlap, as these were experiences that were shared by participants in both groups. Participants noticed specific personal factors that may influence the choice of working with or alongside CAMHS. These also accompanied beliefs of wanting to practise ethically and contributing to better

outcomes for CYP. All the participants expressed a wish to collaborate with CAMHS in line with certain expectations as to how the profession should be.

#### **4.15.1. Superordinate A. Personal Factors**

This theme included all the factors (individual to each EP) that would lead participants to follow a specific career pathway. These were discussed in previous paragraphs. The influence of training institutions, personal interests in mental health, and previous experiences in multi-agency working were features that all participants identified during the interviews. Whether a participant chose a CAMHS role, or an EPS one with key collaborations with CAMHS, the common denominator here was a personal interest in the field. Although this way of practicing is sought within national agendas on EP practice, it is not something that every EP working within LAs engages with. For all six participants in the present study, there appeared to be personal factors that would enhance the commitment to engage in collaborations with CAMHS.

#### **4.15.2. Superordinate B. Beliefs Associated with Practice**

Behind an individual interest in working with or alongside CAMHS, all participants held certain beliefs and values around the EP practice, which shaped their career choices. This theme described the values and beliefs that are linked to the practice, seen as motivators for individuals to engage in collaborations with CAMHS. This was not a frequent theme in the analysis of both groups. However, during the multi-perspectival analysis of the groups together, it appeared as a common element for both groups.

The most recurrent element within this theme was wanting to create positive outcomes for CYP and families. All participants valued the collaborative practices with CAMHS, believing that this created better outcomes for the community.



Say a young person or child is having sessions at CAMHS and if the if that support then finishes and there's no joined up thinking with school and with CAMHS then that young person might then just not receive any further support, whereas it can be really helpful to kind of say "we've achieved our goal in this piece of work through CAMHS, but we're recognising that this is now coming up for the young person, and this can be supported by the ELSA in school or we now need to think about who else can support" so it's kind of like keeping uhm like maintaining a young person's mental health. I think if you didn't have that communication uhm, well, people also wouldn't be aware of what young person's needs are (Skyler, 233-252).

Skyler highlighted the importance of services communicating with each other to "*maintain the mental health of a young person*". Skyler placed importance on establishing effective communications between services. This also seems to address the promotion of mental health rather than just its treatment. There appeared to be a strong belief underlying the choice of practising in this way.

#### **4.16. Conclusion**

The present chapter explored the findings as they emerged from the analysis of the data for all participants. The chapter also attempted at maintaining the focus on the participants' experiences, as suggested by IPA research (Smith et al., 2009). The present findings are explored and evaluated in the discussion chapter. Their relation to the existing literature is also discussed next.

## 5. Discussion

### 5.1 Chapter Overview

This chapter explored the three overarching themes emerging from a multi-perspectival analysis of six interviews: *'Boundaries,' 'Making Sense of Own Role,' 'Individuality.'* These responded to the following RQ:

*'How do EPs working a) in a CAMHS team or b) alongside CAMHS experience their professional roles and identities?'*

The chapter introduced the themes with a discussion and summary of how these relate to each other. Each overarching theme was evaluated in terms of its connections to theories and existing literature. Having discussed how each theme relates to a wider context, the implications for practice and future research were explored. The chapter also discussed dissemination strategies, the limitations of the research, and a reflection on the process of completing the study.

### 5.2 Summary of Findings

The findings emerging from this study can give meaning to the research question outlined above. The participants belonged to two distinct groups experiencing extremely diverse ways of practising. However, the multi-perspectival analysis of all

experiences enlightened on findings that constitute a shared narrative for all participants.

Participants suggested that the establishment of boundaries around their practices significantly impacted their roles and how others perceived them. EPs working alongside CAMHS felt that the LA's financial difficulties affected the extent of their role. Conversely, for participants working in a CAMHS team, the establishment of strong boundaries around the team (for example having clear priorities) helped to channel their role and to make it more creative. When considered together, these two experiences appear reciprocal to each other as the EP role appears to be suffering in both instances. Whilst being outside of a CAMHS system constituted a barrier to effective collaborations, being inside of CAMHS could cause the EP to lose individuality and the core skills that pertain to this specific role. In both instances, however, the establishment of boundaries seemed to significantly impact how participants made sense of their experiences.

Moreover, all participants recognised skills and competencies only pertaining to EPs. These were considered effective to cooperate with CAMHS towards positive outcomes for CYP. Participants believed that these skills characterised the EP role, as perceived by others and by oneself. The experience of making sense of one's own professional identity appeared as a continuous flow, rather than a journey with precise starting and ending points. Whilst this experience was common for all participants, they perceived it differently. For EPs working in an EPS, making sense of their professional identity was a lonesome journey, and demonstrating the range of these key skills appeared challenging. On the other hand, for participants working in CAMHS the journey to make sense of their professional identities was a joint one. Participants spoke of a cohesive psychology professional identity, rather than an individual EP one.

Furthermore, for participants working in CAMHS, the key EP skills were identified as preferred approaches to practice, rather than a professional label. For participants working in CAMHS, there is no separation between different psychology fields, but there is one joint psychology group.

A common experience among all participants was the recognition of the individual, and personal factors influencing one's role. These included previous, professional experiences participants felt influenced their current practice. Also within this were all the values and beliefs associated with the practice motivating participants to engage in collaborations with CAMHS. These included (and were not limited to) aspects such as wanting to build relationships with CYP, wanting to create positive outcomes for the community, and wanting to focus on mental health specifically.

The following section of this chapter evaluated the themes that emerged from this study in terms of their relevance to previous literature and theories (as explored in chapter 1). In this section, new literature may be presented to discuss the findings. Smith et al. (2009) suggested that an IPA study might introduce recent studies, as unexpected findings may emerge from the analysis. At this stage, as suggested by Smith et al. (2009), the engagement with the literature is "*selective and not exhaustive*" (p.113), aiming at making sense of findings emerging from this study.

### **5.3. Boundaries**

This overarching theme described the boundaries that participants perceived occurring in their workplace when attempting to work with or alongside CAMHS. For participants working in CAMHS, the team established these boundaries to ensure positive outcomes. Participants working alongside CAMHS experienced strong boundaries existing between CAMHS and the EPS. In both instances, however, these

impacted the participants' roles. Findings from the current study are consistent with previous literature, suggesting that multi-agency collaborations affect the perceptions individuals hold about their professional identities (Gussak, 2015; Solomon, 2019; Szilagy et al., 1976).

Previous studies suggested that feeling part of the same system can enhance effective collaborations with other professionals (Solomon, 2019). Indeed, participants extensively explored the dynamics they perceived whilst collaborating with professionals with the same systems. Participants talked at length about the importance of feeling part of a system. A clear conflict between being in or outside the CAMHS system emerged from the present study. Consequent effective collaborations and clarity of professional identities followed, as narrated and perceived by the participants of this project.

Participants working in and employed by a CAMHS team consistently shared their feeling of belonging to the team, as they felt that their priorities aligned with those of the team. Charlie overtly expressed this: "*We very much work as a whole team*" (Charlie, 80). Effective collaborative practices within a multi-agency team can occur when professionals share collective responsibility for the outcomes (Solomon, 2019). Individuals should see themselves as part of the team, with shared power and knowledge, for effective multi-agency collaborations to occur (Salmon, 2004). This was concurrent with the experiences shared by the participants working in CAMHS. Previous literature also suggested that a feeling of belonging to the team enhances team cohesion, as "*one collective identity is created*" (Frost & Robinson, 2007, p.196). This was shared by participants in the present study too. For example, Skyler reflected that having clear priorities from the team helped to clarify their role with schools: "*We*

*have certain procedures and approaches that we follow to carry out the work that we carry out"* (Skyler, 732-733).

One interpretation of these findings might be that CAMHS teams are successful in establishing their boundaries, authorities, roles, and tasks (BART) (James & Huffington, 2004). This could facilitate a focus on the primary task and achieve positive outcomes (James & Huffington, 2004). A direct consequence of this is a perceived containment (a process by which unmanageable feelings are projected into a trusted object, who makes sense of these and digests them, making them manageable) (Bion, 1962), as identified by Tyler: "*Containment feels quite essential*" (Tyler, 527-530). These findings implied that the feeling of belonging to CAMHS enhanced the collaborations with CAMHS and consequent positive outcomes. However, participants belonging to the CAMHS team, though benefitting from these boundaries, were not clear on their own individual roles. One's own professional identity got lost within such an established team. This caused an inferior understanding of what one's role entailed within the system. This was voiced by Tyler (464-477):

As a senior EP, or you know, as a main grade educational psychologist, you're on train tracks that's your role that's what you do. You've got really clear job plan and what belongs to you and what belongs to everybody else and equally other people have that shared understanding too. So, I've never been in a job where you've had to kind of work so hard to kind of work out where you fit.

On the other hand, participants who worked alongside CAMHS experienced more difficulties in collaborating with CAMHS, as they felt outside of the system. Jamie voiced this: "*There should be a cooperation for being in the same kind of system and maybe you know, we just need a greater persistence to see that we are all part of the same system together*" (Jamie, 1036-1043). Due to financial difficulties affecting the LA organisation, participants reported difficulties in establishing effective collaborative

practices with CAMHS. This was reported by previous literature, indicating that economic strains cause less effective intergroup collaborations (Solomon, 2019, p.391). Jamie's experience highlighted the difficulties in connecting with CAMHS due to strong boundaries being established between systems. These may be created to protect a system from financial tensions, as reported by previous studies (James & Huffington, 2004). The establishment of boundaries allows members of an organisation to ascertain who belongs to it and protects them from external pressures (James & Huffington, 2004). This appeared to be the experience of EPs working alongside CAMHS, as they shared their difficulties in collaborating with CAMHS. This also had a direct impact on how EPs working in an EPS experienced their professional identities. They experienced limited professional creativity, having to sell their roles in a competition against other professionals, or forcing themselves into an established box just to belong somewhere. *"Oh, my word, this is the only box I'm going to be accepted in so I had better sort of like try and at least get established in this box before I try to break out of this box"* (Jamie, 175-178).

The creation of a *"developmentally unintegrated system"* (Solomon, 2019, p. 405) was an identified risk of systems presenting conflicting ideas when they attempt to collaborate. The findings from the present study were concurrent to this, as they implied that stronger boundaries between systems prevented effective collaborations. All participants working alongside CAMHS perceived this, as they felt that CAMHS and the EPS were on parallel levels and did not always interact. A clarification of how the EPS could work collaboratively with CAMHS may facilitate these practices better. Kieran shared this (188-191): *"That's important that people know what the boundaries of their role are what they can do, but maybe there's less of that"*.

Achieving collaborations with CAMHS appeared challenging for participants working alongside CAMHS. As shared by Alex (1009): “*It takes a while to all be able to speak the same language*”. This was concurrent with previous literature highlighting these aspects as barriers to effective multi-agency working. Salmon and Rapport (2005) suggested that services wishing to collaborate effectively should establish a common language and terminology. The lack of understanding of all professionals’ roles was also indicated as a potential barrier to effective multi-agency working (Cheminais, 2009). The need for establishing clear boundaries to understand each other’s roles was evident.

#### **5.4. Making Sense of Own Role**

This theme described the experiences that participants shared to make sense of their own professional identity as EPs working alongside or with CAMHS. It included aspects that, when merged, can help the process of making sense of one’s own professional identity. It described a process of meaning-making, including factors affecting it.

Participants appeared to rely on core EP skills to make sense of their own professional identities. Participants also named important EP skills that can positively contribute to the mental health support of CYP. These aspects together created a coherent sense-making process, employed by participants to identify their professional identities.

##### **5.4.1 The Professional Identity of EPs**



The lack of nationwide clarity around the role of the EP makes this topic widely researched and of salient interest to professionals in the field (Hulme, 2017; Hymans 2008). As previously explored in the introduction to this study, the role of the EP is variable (Ashton & Roberts, 2006; Fallon et al., 2010; Lee & Woods, 2017; Florance, 2017). This may contribute to the lack of a clear description of the EP role.

The present findings were concurrent with previous literature. Participants in this study seemed to rely more on a process to make sense of their own professional identity, which is variable and influenced by several factors. Sanders (2018) suggested that school psychologists in the USA perceived their role to be “*multifaceted*” (Sanders, 2018, p.93), responding to different contexts as needed. Concurrent to this, participants in the present study suggested that making sense of their professional identity was a journey they had to experience, rather than a set-in-stone understanding of their roles. Alex shared this: “*There was a kind of broad outline of the role, but then actually developing that was really left to me*” (Alex, 625-630).

However, engaging in multi-agency working facilitates the process of understanding one’s own role. Gaskell & Leadbetter (2009) suggested that being part of a multi-agency team helped individuals to make sense of their professional identities. They said that this was due to the possibility of engaging in creative and flexible practices, as well as having conversations with others about each other’s roles (Gaskell & Leadbetter, 2009). This was a key finding in the present study. Participants valued creativity and flexibility, as opportunities to widen their practice, as told by Charlie: “*Your learning is going to be enriched through experience of joint working*” (Charlie, 1143). Tyler also shared: “*That psychological support and being kind of what the evidence tells us, plus what the young person finds useful, plus your creativity so that you come up with something that is different every time*” (Tyler, 624-626). However,

participants working alongside CAMHS shared a dissimilar experience, which did not concur with previous studies. They felt that working alongside CAMHS made it more difficult to take part in this making sense process: "*I think we're just firefighting*" (Alex, 1122-1123).

On the other hand, the recognition of key skills associated with the role of the EP seemed to help an understanding of one's own professional identity. This is consistent with earlier literature, highlighting key contributions that EPs can offer. Willdrige (2013) found that EPs often think of themselves as agents of change. All the participants in this study agreed on this: "*Being that agent of change that leads to a positive impact*" (Tyler, 588). Other studies also suggested that the EP has a unique role in understanding educational systems to support school staff and developing holistic formulations for all CYP (Gaskell & Leadbetter, 2009). When effectively collaborating with CAMHS, participants identified a key EP role in achieving a holistic formulation: "*I just feel like I have quite a holistic picture of a child*" (Kieran, 833-835).

Previous literature indicated that the EP role could be applied at various levels (Fallon et al., 2010; Kelly & Gray, 2000). Participants did not overtly share this in this study. This may be due to the specific focus of the current study on exploring the experiences of EPs working with or alongside CAMHS. However, participants placed relevance on their roles in supporting systems, as this was a re-occurring experience shared by EPs.

I think clinical psychology have got some training in systems, but not to the extent that educational psychologists have, and organisational systemic work. I think, I feel like we're better equipped for that [...] so I'd say that feels like a unique contribution as well and even like taking it out of casework in terms of organisational theory development, I-I feel I have more capacity in that field than many of my colleagues and I don't know if that's because I had it from my

initial training or developed it whilst being 'cause I was a an educational psychologist (Tyler, 105-115).

Finally, the fact that participants in this study seem to feel comfortable practising at various levels shows a relation to Bronfenbrenner's (1979) *Ecology of Human Development*. This model shows that professionals working with CYP should work between different systems encompassing the development of a young person. Whilst working on one level can create a change, practicing on more than one level can create better communications and more positive outcomes for CYP (Brown & White, 2006, Cheminais, 2009; O'Reilly et al., 2013). During the interviews for the present study, participants reflected on the positive impacts of working systemically with different agencies, as they shared positive outcomes in their practice of doing so.

I think the humanity of individuals perhaps gets lost I don't mean the professionals of it, the child or the young person -the experience for them is perhaps not taken enough account of the frustration for them, perhaps of waiting for something to happen and I guess that must be frustrating for parents too, that people kind of engage for a bit and then it's sort of passed on and then they're waiting again on a waiting list (Alex, 2440-2459).

Said Alex, when reflecting on the lack of communication between different agencies.

#### **5.4.2. The EP Role in Supporting Mental Health**

Participants also identified a key EP role in supporting CYP mental health. They indicated key aspects that an EP could contribute to in this area. Although this did not emerge as an overarching theme, participants gave importance to this aspect to make sense of their professional identities. This is relevant when compared to the existing literature, which acknowledged a key role for the EP in supporting mental health.

Previous literature suggested that EPs offer better mental health support at a systemic and whole-school level. Earlier research indicated that EPs could lead consultations with key adults around CYP (Carney, 2017; Greig et al., 2019; Zafeiriou & Gulliford, 2020). This was concurrent with findings from the present study, as participants discussed their role in bringing in reflections about mental health for school staff. “Some schools do want specific focus on learning, uhm, even though when I say learning when I think about learning, I think about the emotional aspect” (Skyler, 631-638).

On the other hand, participants in the current study also appeared comfortable in providing direct mental health support for CYP, conversely to what earlier research stated (Carney, 2017; Greig et al., 2019). Participants described the possibility of widening their therapeutic skills within a CAMHS team, given the opportunities of learning from other professionals. Charlie identified this when reflecting on the impact on their own practice of working in a CAMHS team: “I feel like my therapeutic skills and understanding is definitely improved” (Charlie, 1098).

A key factor influencing EPs supporting mental health is the availability of resources. Previous literature suggested that traded models of service delivery affect EP’s involvement with mental health services for CYP (Carney, 2017; Greig et al., 2019; Florance, 2017; Willdridge, 2010). Schools buying EPs’ time may make them more accountable as to what services they would like to receive from EPSs, thus perhaps limiting the possibility of providing mental health support. All participants consistently highlight this, although they experienced it distinctively in the two groups. Participants recognised a significant impact of financial difficulties and lack of resources. Alex recognised that her EP role is not as impactful and value-creating as it was in the past. When reflecting on previous experiences of being an EP in an EPS, Charlie shared:

If you're a school, it doesn't have that much funding then you're going to prioritize your EHCPs and therefore the link EP is going to do that work, and the school's going to think: "well, we have another service that could provide some mental health support, therefore will go to them for that 'cause it doesn't cost us anything (Charlie, 935-940).

With this statement, Charlie reflected that schools may prefer to spend their money on pieces of work that have more priority (i.e., Education, Health, Care Plans). A traded model of service delivery would then signify that schools can have a choice in doing that and would instead prefer to opt for a free service to provide mental health support. This would therefore limit the EPSs's possibilities of doing so. On the other hand, Charlie felt that schools may be more inclined to use EPs for mental health needs when they feel they have more funding and sessions available to buy. For Charlie, a traded model of service delivery can therefore be helpful only in this way.

## **5.5. Individuality**

This overarching theme described all the factors, shared by participants, which make up the professional identity of an individual. Participants described having specific personal interests and earlier professional experiences that would lead them to multi-agency practising with CAMHS. Furthermore, individual beliefs associated with practice seem to be underlying a motivation to engage in multi-agency working.

This theme is relevant because it addresses a significant gap in the literature. Previous literature (Schubert et al., 2021, Salter & Rhodes, 2018; Gazzola et al., 2011) suggested that personal and professional identities co-exist for psychologists practicing in the USA, Canada, and Australia. Although this can be relevant for EPs in the UK, there is no literature about this based in the UK, this was an identified gap in the research. This theme from the present study effectively contributes to this.

### 5.5.1. Continuum Between Personal and Professional Identities

Factors such as personal identity, beliefs, previous professional experiences, and background can effectively influence an individual's professional identity (Pellegrini, 2009; Schubert et al., 2021, Salter & Rhodes, 2018). Individuals do not experience their professional identities as a standalone construction, but it seems to exist as a continuum between personal and professional identities. All these factors seem to affect the way individuals perceive their professional identities.

This overarching theme emerging from this study was concurrent with previous literature. In a study including mental health professionals working in Australia, Schubert et al. (2021) suggested that personal skills are critical in developing a cohesive professional identity, highly affecting how professionals make work-related decisions. The authors proposed that making sense of one's professional identity is a process that is a constant evolution, where reflection plays a critical, active role (Schubert et al., 2021). Similarly, participants in the current study, related their previous experiences and their interests as motivational factors to seek a career within or alongside CAMHS. Highly representative of this is Skyler's experience: "*Being in this role in CAMHS as an educational psychologist means I can really focus on mental health in the school setting which is why I sought this role effectively*" (Skyler, 115-117). Skyler appeared motivated to seek a role in CAMHS as a personal wish to support mental health in the school setting. At this stage, it appears difficult to separate an aspect of the profession from one's interest in the area. This is concurrent with what Schubert et al. (2021) found.

The EP role appeared flexible and adaptable to different circumstances (Farrell et al., 2006; Fallon et al., 2010). Findings from the present study suggest that flexibility allows

practitioners to include personal interests in their practice. However, only participants working in a CAMHS team shared this, as they had more space to adapt and create preferred ways of working. On the other hand, participants working alongside CAMHS did not share this theme. Their experience appeared less flexible in practice, due to financial difficulties within the LA that limit the possibilities of having a diverse role. *“That's all gone, EPs within the service were offering family therapy until fairly recently [...] But it's gone”* (Alex, 2600-2612).

Participants also considered the influence that previous training experiences have on current practice. This theme included previous training experiences shaping an individual's current practice, and desires to follow further training (based on personal interests) which might influence the practice. Gazzola et al. (2021) discussed this area, therefore this finding is concurrent with previous literature. Participants in the current study reflected on the impact that previous training institutions had in shaping their multi-agency practice. Kieran overtly expressed this, suggesting that practising alongside CAMHS was a *“blueprint”* (Kieran, 195), influenced by previous experiences of working in CAMHS as a TEP. Similarly, Alex felt that the father having previous experience in working in a multi-agency way facilitated this in her practice. Conversely, not having received the appropriate training seems to cause feelings of unclarity about one's competence, and a lack of confidence about one's own professional identity. Jamie qualified abroad and seems to feel affected by this: *“I don't know whether my experience is unusual because-or whether I am particularly disadvantaged through being a little bit of [...] an outsider and not really knowing how the system is meant to work”* (1189-1194).

Regarding the influence of training opportunities, Tyler explored the possibility of engaging in further training to shape and refine their own skillset. When asked about the impact of being dual qualified on their practice, Tyler (791-799) reflected:

I'm thinking two things. I'm thinking one about kind of permission and those cases that come in you know, rather than that kind of oh, you do the practical stuff, the CBT stuff, etc. But I'd be like no, I can take that case for a complex family dynamic. I'll do that and I think that that would give me more opportunities. And then there's also something about confidence.

This extract from Tyler's interview added to research conducted previously. Having a professional qualification offered a twofold function. Firstly, one achieves confidence to engage in diverse pieces of work, which may go beyond the expected EP casework. Secondly, and more significantly, it gives permission. Findings from this study not only concur with previous literature (Gazzola et al., 2011) but also added new understanding.

### **5.5.2. Beliefs Associated with The Practice**

Like Schubert et al. (2011), Salter and Rhodes (2018), and Gazzola et al. (2011) suggested that professionals tend to employ psychological frameworks that align better with their personal beliefs. This was concurrent with the findings emerging from this study. Participants felt that multi-agency practices were their preferred approaches, as they contributed to better outcomes for CYP and the community. Professional regulatory bodies stated that practice should be ethical (HCPC, 2015; BPS, 2018). This was concurrent with the participants' experience, as they considered working ethically valuable and actively attempted to respect this in their daily practice. Therefore, it seemed important for participants to practise in such a way that would ensure and promote positive outcomes for service users. All participants concurred on this.



It's good for the children and the families in schools [...] they can access a range of services and you know, there's more support out there they can access it in a more timely way. There's you know different services that are promoting mental health uhm and you know trying to think about it from like a culture and ethos and whole. The whole school level dying to kind of uhm class group and individual (Charlie, 802-813).

### **5.5.3. Others' Perceptions of the EP Role**

Social interactions and social activities may actively influence professional identity perceptions. Despite the individual factors that shape the EP role, there also appears to be an influence of social encounters in how individuals shape and understand their roles. Previous literature suggested that interactions with others, and how others perceive the role, can dictate narratives around one's own professional identity. Professional identities are built within a continuum of personal previous experiences, values, social interactions, and relationships (Waters, 2014). This was true for EPs who took part in the present study. However, this aspect of the findings seemed to differ significantly for the two groups of participants.

Participants working alongside CAMHS were keen to demonstrate the wide range of skills that the EP role encompasses. The perceived lack of variability in one's role (caused by financial and systemic difficulties) had a knock-on effect on the possibility of demonstrating various competencies in the role. This may have had a direct consequence on how the service users perceive the EP role. Participants working alongside CAMHS seemed to experience their roles as narrow, with fewer opportunities to explore the full range of competencies that they felt they had. Alex suggested: *"In schools, people often have quite a narrow view of what we can do and I think that must be very frustrating for new EPs"* (Alex, 2095-2096). Alex felt that newly qualified EPs may find that frustrating, as they undergo a long training journey without having the possibility of demonstrating the entirety of their skillset. For this group of

participants, the perceptions that service users have of the EP role appeared determining by one's own practice. The way service users thought about the EP role appeared to have a considerable influence on how one can practice, as suggested by (Waters, 2014).

On the other hand, this did not appear as limiting for EPs working in a CAMHS team. Whilst this group of participants also recognised that there are specific narratives around the role of the EP, they did not feel that this was determining their perceptions of the role. Charlie highlighted this: "*I wouldn't say necessarily that it was by default Charlie the EP will do this*" (Charlie, 345-347). With this statement, Charlie felt that there may be unique skills linked to the role of the EP, that others may recognise. However, Charlie's experience appeared more fluid than what EPs working in an EPS narrated. EPs in the CAMHS team felt that they could easily shift others' perceptions of the EP role, in the service of a more cohesive perception of the role of the EP. Previous findings from Waters (2014) are therefore not concurrent to findings from the current study.

Previous literature also suggested contrasts between how the EP role is perceived by oneself and others. (Schubert et al., 2021). A common misconception linked to EPs is that they are gatekeepers of resources and experts on SEND and learning processes (Kelly & Gray, 2000; Reiser et al., 2010). Schubert et al. (2021) added that EPs tend to distance themselves from this definition. The findings from this study suggested that EPs would not like to think of themselves as experts, but rather as someone who can facilitate a process for service users and build relationships with them. Participants did not seem to identify with being experts on something. When sharing an example of a SENCO asking for specific strategies around literacy difficulties, Jamie reflected: "*We're not technicians I don't I think we were ever really meant to be technicians*"

(Jamie, 1115). Jamie's experience signalled a desire to refuse this misconception that an EP can fix things. Jamie did not seem to identify with the SENCO's perceptions of the role. "*They want to pull in the expert to kind of give them expert advice and find and fix*" (Jamie, 813).

Previous studies suggested a strong influence of social interactions and constructions over one's perceptions of professional identity (Schubert et al., 2021; Waters, 2014). Whilst reflections on the perceptions that others have on the EP role occurred, these did not seem to actively influence the participants' understanding of their own professional identities. They placed importance on how colleagues and service users perceived their roles. For example, in Jamie's experience, the way others thought about the EP can grant a sense of professional respect, reputation, and competence. However, the findings from the current study did not consistently align with the literature. Perceptions held by others did not seem to be influencing the participants' professional identities. On the other hand, participants reflected on these perceptions of their roles to make a statement about what their roles did not imply. Therefore, in the present study, others' perceptions of the EP role were employed to clarify further one's own professional identity. However, they did not appear deterministic, and were not as influential, as previous literature stated.

## **5.6. Implications for Practice**

Implications for EP practice, multi-agency working, CAMHS team managers, and service users (schools and parents) were explored in the next section. These were informed by the findings of this study, which were representative of the EPs who took part in this project and of their experiences of working with or alongside CAMHS. Whilst implications should be read with careful consideration of the nature of this study

(exploring the experiences of six EPs), the authors felt it necessary to explore them thoroughly. However, future studies with larger sample sizes may elucidate or discredit these implications.

### **5.6.1 Implications for EP Practice**

One of the key findings of the present study was the lack of a clear, unified understanding of the EP role. Whilst key skills linked to the EP role were recognised, these could be variable and adaptable depending on the contexts in which one practised. A key understanding emerging from this study was the fact that EPs appeared to construct their professional identities based on the work they carry, which was strongly placed within the organisation in which the role was applied. Despite the deeply individual nature of these perceptions, the way others perceive the EP role dictated its applicability and variability.

An important understanding that emerged from this study is that the creation of a unanimous narrative around one's role could create positive outcomes for CYP and service users too, as well as challenge misconceptions held by others. On the other hand, the lack of a unified narrative on the role of the EP could leave individual EPs vulnerable to what is expected from them.

A key implication emerging from the current findings is the need for EPs to engage in reflections and conversations about how the role is constructed. EPs who wish to engage in various pieces of work, other than their statutory role, are advised to build spaces in which a unanimous understanding of the role can be created. This can have a direct impact on the creativity of the role.

Furthermore, EPs who wish to contribute to mental health support are encouraged to be initiative-taking in promoting the entirety of their skillset to schools and other

interested parties. This might challenge and enhance the understanding of the EP role and widen its applicability in areas in which the EP role feels limited.

Finally, all participants who took part in this project highlighted the perceived effect that financial pressures have on the LA and the EPS, limiting the variability of the EP role and the possibilities of engaging with other services. To address these difficulties, the wide applicability of the EP role should be promoted at an organisational level, facilitated by the senior leadership team members. Conversations and collaborations with CAMHS could occur following a top-down approach to enhance and facilitate their success.

### **5.6.2. Implications for Training Providers**

The findings from the present study implied that EPs may feel more competent to engage in multi-agency collaborations when they have had earlier experiences in the field. Implications to training providers follow.

Training providers should aim at promoting the EP role in wider contexts by providing TEPs a range of opportunities to train in multi-agency practices. This should be consistently implemented on a national level to enhance consistency across the country. Furthermore, training providers may also offer therapeutic training to such a level that TEPS can hold qualifications to practise in this way. This would enhance their possibilities of working within CAMHS teams and further contribute to the service's priorities and aims.

### **5.6.3 Implications for Multi-agency Working**

Another key finding from this study was the impact that multi-agency collaborations have on perceptions of professional identities. Established teams with clear priorities and tasks can facilitate one's understanding of own professional identity, as appears to be the case for the CAMHS team. On the other hand, unclear multi-agency collaborations, such as the ones that may be in place between an EPS and a CAMHS team, need more careful planning and transitions. The collaborations that occur at the initial stages of "*communication and cooperation*" (Solomon, 2019, p. 392-393), may need further joint planning to create a unified vision and language. These were the kinds of collaborations that the participants working alongside CAMHS, but employed by an EPS, were engaging with. Findings from this study imply that they appeared chaotic and unclear.

A key implication emerging from this study is the need for professionals engaging in these types of collaborations to agree on similar visions, intending to facilitate positive outcomes. Professionals wishing to engage in further multi-agency working will need to dedicate time to get to know everyone's roles and tasks. The establishment of these boundaries may facilitate a containing environment in which positive collaborations can occur (James & Huffington, 2004).

### **5.6.4. Implications for CAMHS Teams and Managers**

EPs can effectively work with and address mental health difficulties for CYP and can positively contribute to services offered by CAMHS. This is an important finding emerging from the present study. Participants who took part in the present study were employed in the CAMHS team, offering Tier Two and Tier Three services. Therefore, findings from this study suggest that EPs display the necessary skill set to offer mental

health services at these levels. Participants even felt they presented with unique skills that only pertain to the EP role which could effectively contribute to positive outcomes for CYP. However, EPs working in CAMHS are not common, as also highlighted in previous studies.

It would be important for team managers and stakeholders in CAMHS to review the range of professionals who could be employed within their teams. This would open doors for EPs to also seek jobs within the service. In practical terms, job offers could list EPs as candidates for the appropriate vacancies within the teams. This would enhance the awareness that EPs can be suitable for certain CAMHS roles. This is not well-defined yet and it is considered imperative going forward. Such an approach would open the way for EPs to apply their full skill sets and offer support in mental health services. Furthermore, it could also enhance the multi-agency nature of the teams, thus responding to national agendas and encouraging the development of multi-agency approaches to complex mental health needs for CYP (NHS, 2019).

Another key implication for CAMHS managers and stakeholders would be to promote better communications between CAMHS and other services within the LA. Enhancing such collaborations would ensure effective and positive outcomes for CYP within the borough so that all the appropriate professionals can meet complex needs. This may be particularly convenient and money effective as it would not require large strategic and organisational changes.

#### **5.6.5. Implications for National Policies**

On a national level, multi-agency collaborations should be further promoted so that they can be better implemented at a borough-wide level (Miller and Ahmad, 2000). The participants from the current study felt that wider organisational styles within the

borough could represent significant barriers to the implementation of effective collaborative practices with CAMHS. Individual EPs feel competent and motivated enough to practise in this way. However, barriers were identified within the wider systems which consequently impacted their possibility to practice in their preferred ways.

Whilst national agendas may consider re-stating the prominence of multi-agency working, findings from the present study may recommend an innovative approach to this aim. The current study proposes an approach to multi-agency working that also aims at preserving the traditions and roles of each service within the LA (Miller and Ahmad, 2000). A key finding from this study is that systems in which one practises can negatively influence the perceptions of professional identities that EPs hold. In one instance EPs felt they could not demonstrate the full range of their skillset and creativity within their roles. In the other role, the EP seemed to get lost within the team's priorities. Therefore, in both cases, the EP role appears fragmented and prevented from reaching its full potential. An ideal approach to multi-agency collaboration would permit its service to maintain its individuality, priorities, and main roles, as this was suggested to significantly impact perceptions of role. It is therefore advised that joint bridges to work together are built so that agencies can cooperate as they are working towards similar targets, though contributing to distinct areas. A multi-agency approach in which "*specialist skills are retained*" (Frost & Robison, 2007, p. 196) may be generative.

### **5.7. Limitations of the Current Study**

This study significantly contributed to the understanding of how EPs make sense of their professional identities when working with or alongside CAMHS. The study



presented strengths, including addressing an existing gap in the literature around EPs and collaboration with CAMHS. However, limitations impacting the validity of the findings were also recognised.

One of the key features of an IPA study is its idiographic nature. Therefore, this study aimed at maintaining the experiences of each participant at the centre of the analysis. Although these claims, following the interpretation of the findings, were offered, these were not generalisable due to the focus on individual experiences. The claims that were offered in this study were tentative. Future larger-scale studies may want to explore a similar topic to dispute the discussion points and implications proposed in this project.

Another important aspect of an IPA study is the homogenous nature of the participants' sample. This is considered imperative so that an analysis of similar experiences was allowed, despite their idiographic nature. The researchers took every precaution to make sure that the sample was as homogenous as possible. Participants belonged to distinct groups, based on their current practice within or alongside CAMHS. However, the researchers encountered difficulties due to the limited number of EPs currently collaborating with CAMHS. One participant, Jamie, did not exactly fit the participants' inclusion and exclusion criteria, as they had trained abroad. This is likely to contribute to a notable difference in how the collaborations with CAMHS are perceived.

Furthermore, the impact that training experiences have on current practices was not accounted for at the design stage of this study. At the sampling stage, participants were considered to be within the inclusion criteria based on their collaborations with CAMHS, and no consideration of their previous training experiences occurred. However, the findings from the analysis suggested that training influences current

professional practices. This may have influenced the homogeneity of the sample size since participants trained in a range of institutions are likely to present with different professional experiences.

The participants were recruited using a purposive sampling technique. Whilst this was necessary, as not every EP works with or alongside CAMHS, this may have had an impact on the findings emerging from this study. Participants who took part in this study chose to work with or alongside CAMHS, therefore their experience may contain a degree of bias and not be representative of the entire EP population within the UK. It would be interesting if further studies explored similar experiences in EPs who do not currently work with or alongside CAMHS to control for this bias.

Another limitation was the use of an interview schedule. Although this is not an essential requirement in an IPA study (Smith et al., 2009), the researcher decided that having one would facilitate the interview process. This is often recommended for researchers who are novel to the IPA approach (Smith et al., 2009). However, in retrospect, the researcher felt that employing the interview schedule limited the free-flowing nature of an IPA interview. Despite employing all precautions to keep the individual participant at the centre of the process, having a series of questions needing answers may have prevented this process.

Finally, the use of a multiperspectival analysis allowed the exploration of EPs' professional identities in multiple contexts. This may have enhanced the "*potential contextual range of the analysis*" (Larkin et al., 2019, p. 195) and a moderate level of generalisability could have been achieved. However, a significant limitation is recognised within this approach. The focus on patterns of experiences between the two distinct groups may have limited the idiographic focus that is required of an IPA

study. Although precautions were taken to make sure that each theme could be representative of each participant (appendices 13,14,15), a loss of a purely idiographic experience may have occurred.

## **5.8. Suggestions for Future Research**

The findings from the present study emphasised significant gaps in the research that future studies may wish to address.

Firstly, the settings of this study were:

- An EPS in an Outer London LA
- Inner London CAMHS teams.

Future studies may employ a similar approach to this project to explore EPs' experiences of working with CAMHS at a nationwide level, as different settings are likely to elicit different experiences and challenges.

An interesting finding from the present study is the impact that training providers have on feelings of competence and interest in engaging in collaborations with CAMHS. Future studies may wish to recruit TEPs to explore their current involvement with mental health support, as well as the training opportunities offered to them to work with CAMHS. This would enlighten a research area on which the present study did not focus, namely trainees' experiences during their training. These are likely to constitute important precursors to then engaging in effective multi-agency collaborations and should be further explored.

The study employed an IPA methodology and it mostly focussed on the experiences of the individuals who took part in the project. This means that generalisation about the EP role in supporting and working with CAMHS is still unclear. Future studies may

wish to explore the contributions that EPs provide to mental health at diverse levels. For example: therapeutic interventions that EP can offer, systemic mental health support, and EP involvement with mental health policy development. These are all areas that remain widely unexplored.

Future studies may also wish to employ mixed methods approaches to triangulate data. Such an approach would allow for generalisable knowledge around the role of the EP in CAMHS. Given the paucity of theories around EPs and collaborations with CAMHS, future studies may also wish to employ a method such as grounded theory. These studies may aim at creating new knowledge upon which EPs can build clearer and more creative roles.

Moreover, the current understanding of EPs' perceptions of their professional identities is limited, as few studies based in the UK focussed on this area. This is an interesting topic as the understanding of one's role may facilitate an overall understanding of the EP profession. Future studies may wish to explore how EPs make sense of their role whilst working in different areas and fields.

Finally, the literature on EP role in multi-agency practices is narrow. Future studies may also wish to explore the national trends of EPs' engagement with multi-agency practices on a general level, and not solely focus on collaborations with CAMHS.

### **5.9. Dissemination Strategies**

The findings from this study will be disseminated in a range of ways. All participants who took part in this study will receive an executive summary of the project, and they may receive the entire thesis should they wish for a copy. The project may also be presented to fellow trainees at the institution where the researchers are based. A presentation of the project and its findings will also be conducted to fellow EPs at the

EPS where the researcher will complete her placement days. It is also anticipated that the study may be of interest to CAMHS managers and stakeholders. Therefore, presentations of the key points emerging from the study may be presented or provided to the appropriate representatives of CAMHS teams.

It is also expected that the present study may be of interest to a range of audiences. The research may be published in academic journals and adapted as chapters or leaflets as necessary, as well as be presented to conferences. Due to wider implications suggested previously, the findings emerging from this study may also be of interest to policymakers and governmental papers.

Finally, participants shared the impact that CAMH Services have on the community. It would be important that this study may be disseminated to the wider public via outreach and research-related initiatives aiming at spreading the findings in an accessible way. The present study may be shared via social media accounts and YouTube videos as and if appropriate.

#### **5.10. The Position of the Researcher**

Opportunities for the researcher to reflect on the process are key to a qualitative study as the researchers themselves are immersed in the journey of making sense of the data. This allows for the recognition of the elements that affected the methodology, the data collection, the analysis, and its interpretation, which belonged to the researchers. To facilitate this reflective process, this subchapter is written in the first person.

I found the research process exciting and rewarding. During the journey, I felt that so much of my curiosity about the EP role in CAMHS was being satisfied, and my

preconceptions were often challenged. My interest in this area was influenced by two experiences I had before starting this study. The first one was completing a master's degree that was a foundation for child and adolescent psychoanalytic psychotherapy training (which I did not pursue). However, the master's degree enhanced my interest in therapeutic approaches with CYP. The second considerable experience that brought me to this research area was my Year 1 placement at CAMHS as a TEP, which I enjoyed. The combination of these two experiences led me to question the role of the EP in mental health support, which led to this research. Therefore, I started research with three main expectations which potentially constituted biases in the way I approached the data and the findings:

- Working within CAMHS allows for more creativity for EPs.
- Not working in a CAMHS team may make EPs feel like something is missing in their practice.
- Being an EP in CAMHS is hard.

I had recognised these preconceptions and wrote them at the very earliest stages of my project in what then became my research journal. I reminded myself of these preconceptions I held at the beginning and throughout each stage of the research to ensure they were not dominating my work, despite creating interesting questions or reflection points. Having these written down in front of me often helped me to park them somewhere in my mind and prevent them from becoming the centre of my analysis.

As I had my own previous experience of being a TEP in CAMHS, I was often resistant when the participants' experiences were different from mine. I felt that this, at times, negatively impacted my curiosity during the interviews. However, the constant use of my reflective journal helped to channel this so that I could be aware of it, and it would

not impact my curiosity during the analysis process. In reflection, those were the interviews that elicited the most surprising findings, as I kept learning new and exciting aspects of the EP role.

Moreover, the use of supervision was vital to make sure that my biases would not impact the research process. Discussions with my supervisor about my preconceptions helped to make sense of these in a way that they would remain entirely mine so that I would not place them on the participants' experiences. This was essential.

Finally, it is important to acknowledge the impact that the continuing Covid-19 pandemic had on my research. I felt fortunate enough that the participants for this research were, by that point, used to having remote meetings as we had already been in lockdown for 15 months. I, therefore, do not feel that this significantly impacted my data gathering process. However, I do wonder whether interactions with participants would have been more fulfilling and natural if they were in person.

Overall, conducting research in this area has further ignited my interest in multi-agency collaborations and in implementing the EP role within and alongside CAMHS teams. The findings from this study highlighted to me the importance for agencies to build bridges of dialogue, rather than creating boundaries. Completing this study has given me further motivation to commit to this kind of practice, even to the smallest level. I hope that the current research can offer a small contribution to agencies cooperating.

### **5.11. Conclusion**

The present study employed a multiperspectival IPA methodology to explore how EPs who work with or alongside CAMHS experience their professional identities. Six participants were recruited as part of this research, three worked for an Outer London

Local Authority and alongside CAMHS, and three worked in different CAMHS teams. The participants were divided into two groups based on the status of their current collaborations with CAMHS, and the analysis of their interviews followed this separation. Despite the differences in the participants' experiences, three overarching themes emerged.

- Boundaries
- Making Sense of Own Role
- Individuality

These themes described the processes and the factors (as identified by participants) which influenced the perceptions of their own professional identities. Participants experienced the establishment of boundaries in separate ways. EPs working alongside CAMHS experienced barriers due to the LA's financial difficulties, which they felt impacted the creativity and applicability of their EP role with CAMHS. On the other hand, the EPs working in CAMHS experienced these boundaries as facilitators of a sense of belonging to the team. However, the individuality of each profession got overridden by the team's cohesiveness. In both instances, the establishment of strong boundaries was detrimental to the participants' understanding of their own professional identities, as these were impacted by a range of external factors. Participants also experienced the journey to make sense of their professional identity as a continuous one, affected by a multitude of factors. Participants identified key skills which only belong to the EP. To a certain extent, these clarified their own professional identities. These were also thoughts in terms of the unique EP contribution to supporting mental health for CYP. Participants identified as agents of change, able to work at a systemic level to support CYP and the environments around them. All participants felt that the extent of their collaborations with CAMHS effectively impacted



the applicability of the full range of the EP skills. EPs working in CAMHS identified more creativity in their roles. Finally, participants also identified personal factors which influence one's own professional identity. These were identified as key motivators for participants to engage in collaborative practices with CAMHS.

Participants shared extremely different experiences, depending on whether they worked with or alongside CAMHS. These experiences were also similar, and complementary to each other in respects. Participants working alongside CAMHS appeared to perceive a sense of loss and lack of holistic practice as a consequence of difficult interactions with CAMHS. In CAMHS, the role of the EP is lost for the sake of a cohesive joint team identity. In both instances, the role of the EP appears highly impacted by the systems in which it is located. In particular, clarity over one's own professional identity and creativity of the role are the main consequences of this process.

In terms of implications for practice, EPs are considered the biggest providers of mental health support in schools (Zafeiriou & Gulliford, 2020), and multi-agency collaborations within this field are highly sought (DoH/DfE, 2015; HM Treasury; NHS, 2019). However, findings from the present study suggested that establishing effective collaborations between EPs and CAMHS is a complex process, in which the need for establishing clear priorities and a common language is stated. The clarity and understanding of one's own professional identity appear a central tenet of this process, as a cohesive understanding of one's own and others' roles can facilitate the collaborations between professionals (Frost & Robinson, 2007; Salmon, 2004). Furthermore, working alongside CAMHS appears to be restricting for EPs due to the financial difficulties that LAs face. Similarly, being an EP in a CAMHS team means that the individuality of the EP role can be forgotten. Neither of these two approaches

appeared satisfactory for the participants of this study. However, a collaboration between two agencies, whilst still maintaining the individuality and specialism of the two parties, may elicit productive results (Frost & Robinson, 2007). Future studies may wish to explore this further. Despite a great deal of research existing around multi-agency collaborations, similar barriers and difficulties continue to emerge and were highlighted by the present study. Better planning and more research around this area are needed.

### References List

- Anna Freud National Centre for Children and Families (20Fa0). *Supporting mental health and wellbeing in schools*. Anna Freud National Centre for Children and Families. <https://www.annafreud.org/media/11374/anna-freud-booklet-layout-new-address-april-2020.pdf>
- Ashton, R. & Roberts, E. (2007). What is valuable and Unique about the Educational Psychologist? *Educational Psychology in Practice*, 22(2), 11-123.  
<https://doi.org/10.1080/02667360600668204>
- Association for Child and Adolescent Mental Health (2021). *CAMHS (Child and Adolescent Mental Health Services)*. Association for Child and Adolescent <https://www.acamh.org/topic/camhs/>
- Association of Educational Psychologists. (2017). *Written evidence - The Association of Educational Psychologists*. Association of Educational Psychologists.  
<https://committees.parliament.uk/writtenevidence/23310/pdf/>

Atkinson, R. & Flint, J. (2004). Snowball Sampling. In M.S. Lewis-Beck, A. Bryman & T. Futing Liao (Eds.), *The SAGE Encyclopedia of Social Science Research Methods Vol 3* (pp. 887-1208.). SAGE Publications.

Bion WR (1962). *Learning from Experience*. Karnac Books.

Birchwood, J. (2018, October 10). Mental health: what have educational psychologists got to do with it? *edpsych@UoB*.  
<https://edpsychuob.com/2018/10/10/mental-health-what-have-educational-psychologists-got-to-do-with-it/#>

Braun, V. & Clark, V. (2019). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101.  
<https://doi.org/10.1191/1478088706qp063oa>

Braun, V. & Clarke, V. (2019). Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health*, 11(4), 589-597. DOI:  
<https://doi.org/10.1080/2159676X.2019.1628806>

British Psychological Society / Division of Educational and Child Psychology (2002). *Professional practice guidelines*. <https://shop.bps.org.uk/division-of-educational-and-child-psychology-professional-practice-guidelines>

British Psychological Society (2017). *Practice guidelines* (3rd ed.).  
<https://www.bps.org.uk/news-and-policy/practice-guidelines>

British Psychological Society (2018). *Code of Ethics and Conduct*.  
<https://www.bps.org.uk/news-and-policy/bps-code-ethics-and-conduct>

British Psychological Society (2019). *Standards for the accreditation of Doctoral programmes in educational psychology in England, Northern Ireland & Wales*.

<https://www.bps.org.uk/sites/www.bps.org.uk/files/Accreditation/Educational%20Accreditation%20Handbook%202019.pdf>

British Psychological Society (2021). *Code of Human Research Ethics*.

<https://www.bps.org.uk/sites/bps.org.uk/files/Policy/Policy%20-%20Files/BPS%20Code%20of%20Human%20Research%20Ethics.pdf>

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

Brown, K. & White, K. (2006). *Exploring the evidence base for integrated Children's Services*. Scottish Executive Education Department.

Care Quality Commission (2017). *Review of Children and young people's mental health*. [https://www.cqc.org.uk/sites/default/files/20171103\\_cypmhphase1\\_report.pdf](https://www.cqc.org.uk/sites/default/files/20171103_cypmhphase1_report.pdf)

Carney, C. M. (2017). *An exploration of the perceptions developing educational psychologists have of their role supporting mental health in schools, and the implications for the profession*. [Doctoral Dissertation, University of Exeter]. <https://ore.exeter.ac.uk/repository/handle/10871/31051>

Caza, B.B. & Creary, S. (2016). The Constructions of Professional Identities. In A. Wilkison, D. Hislop & C. Coupland (Eds.), *Perspectives on Contemporary Professional Work* (pp. 259-286). Edward Elgar Publishing.

Clarke, S. (2002). Learning from experience: psycho-social research methods in the social sciences. *Qualitative research*, 2(2), 173-194. <https://doi.org/10.1177/146879410200200203>

Crotty, M. (1998). *The foundations of social research. Meaning and perspectives in*

*the research process*. SAGE Publications.

Cheminais, R. (2009). *Effective Multi-Agency Partnerships: Putting Every Child Matters into Practice*. SAGE Publications.

Dennison, M. (2019). IPA: The black swan of qualitative research. *Qualitative Methods in Psychology Bulletin*, 27, 1-6. <https://doi.org/10.13140/RG.2.2.29104.81920>

Denzin, N. K., & Lincoln, Y. S. (2011). *The Sage handbook of qualitative research*. SAGE Publications.

Department of Health / Department for Education (2015). *Special Educational Needs and Disability Code of Practice: 0 to 25 years* (DFE-00205-2013). Department of Health / Department for Education. [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/398815/SEND Code of Practice January 2015.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/398815/SEND_Code_of_Practice_January_2015.pdf)

Drummond, J. (2007). Phenomenology: neither auto-nor hetero-be. *Phenomenology and the cognitive sciences*, 6, 57-74. <https://doi.org/10.1007/s11097-006-9037-8>

Ebbers, J. J., Wijnberg, N. (2017). Betwixt and between: role conflict, role ambiguity and role definition in project based dual-leadership structures. *Human relations*, 70(11), 1342-1365. <https://doi.org/10.1177/0018726717692852>

HM Treasury (2003). *Every Child Matters 2003* (CM 5860). HM Treasury. [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/272064/5860.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/272064/5860.pdf)

Farrell, P., Woods, K., Lewis, S., Rooney, S., Squires, G. & O'Connor, M. (2006,

October). The future of educational psychologists within the new children's services. *The Psychologist*, 19. <https://thepsychologist.bps.org.uk/volume-19/edition-10/online-only-future-educational-psychologists-within-new-childrens-services>

Fallon, K., Woods, K., & Rooney, S. (2010). A discussion of the developing role of educational psychologists within Children's Services. *Educational Psychology in Practice*, 26(1), 1–23. <https://doi.org/10.1080/02667360903522744>

Finlay, L. (2002). "Outing" the Researcher: The Provenance, Process, and Practice of Reflexivity. *Qualitative Health Research*, 12(4), 531-545. <https://doi.org/10.1177/104973202129120052>

Flick, U. (2014). *An Introduction to Qualitative Research* (5<sup>th</sup> ed.). SAGE Publications.

Florance, I. (2017, October). 'When schools pay for services they demand more – that means we must be more creative in what we do'. *The psychologist*. <https://thepsychologist.bps.org.uk/volume-30/october/when-schools-pay-services-they-demand-more-means-we-must-be-more-creative-what-we>

Frith, E. (2016). *CentreForum Commission on Children and Young People's Mental Health: State of the Nation*. <https://epi.org.uk/publications-and-research/children-young-peoples-mental-health-state-nation/>

Freud, S. (1920). *An introduction to psychoanalysis*. Boni and Liveright.

Freud, A. (1937). *The Ego and the mechanisms of defense*. Hogarth Press; Institute of Psycho-Analysis.

- Frost, N. & Robinson, M. (2007). Joining Up Children's Services: Safeguarding Children in Multi-disciplinary Teams. *Child Abuse Review*, 16, 184-199.  
<https://doi.org/10.1002/car.967>
- Gadamer, H. (1960). *Truth and Method*. Crossroad.
- Gaskell, S. & Ledbetter, J. (2009). Educational psychologists and multi-agency working: exploring professional identity. *Educational Psychology in Practice*, 25(2), 97-111. <https://doi.org/10.1080/02667360902905031>
- Gazzola, N., De Stefano, J., Audet, C. & Theriault, A. (2011). Professional identity among counselling psychology doctoral students: A qualitative investigation. *Counselling Psychology Quarterly*, 4, 257-275.  
<https://doi.org/10.1080/09515070.2011.630572>
- Greig, A., Mackay, T., & Ginter, L. (2019). Supporting the mental health of children and young people: a survey of Scottish educational psychology services. *Educational Psychology in Practice*, 35(3), 257-270.  
<https://doi.org/10.1080/02667363.2019.1573720>
- Guba, E. G., & Lincoln, Y. S. (1994). Competing paradigms in qualitative research. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (pp. 105-117). SAGE.
- Gussak, D. (2015, September 3). Who am I? A fragmented professional identity. The constantly shifting identity of the art therapist in forensics. Psychology Today.  
<https://www.psychologytoday.com/gb/blog/art-trial/201509/who-am-i-fragmented-professional-identity>

- Eatough, V. & Smith, J.A. (2017). Interpretative Phenomenological Analysis. In C. Willig & W. Stainton Rogers (Eds.), *The SAGE Handbook of Qualitative Research in Psychology* (pp. 193-212). SAGE Publications.
- Eastwood, J., Ettema, R., De Souza, D., Liu, H., Busetto, L., Ben, H.-R., Hueiming, L., Busetto., L., Harris-Roxas, B., Patrick, H. & Schrijvers, G. (2018). Realist Research Design and Evaluation for Integrated Care RIC SIG - Part 1: Establishing a Special Interest Group. *International Journal of Integrated Care*, 18(s2), 255. <https://doi.org/10.5334/ijic.s2255>
- Harper, D. (2012). Choosing a Qualitative Research Method. In D. Harper & A.R. Thompson (Eds), *Qualitative Research Methods in Mental Health and Psychotherapy: A guide for Students and Practitioners* (pp. 83-97). John Wiley & Sons.
- Health and Care Professions Council (2015). *Standards of proficiency: practitioner psychologists*. <https://www.hcpc-uk.org/globalassets/resources/standards/standards-of-proficiency---practitioner-psychologists.pdf?v=637106257690000000>
- Health and Care Professions Council (2016). *Standards of conduct, performance, and ethics*. <https://www.hcpc-uk.org/standards/standards-of-conduct-performance-and-ethics/>
- Heidegger, M. (1962). *Being and Time*. Blackwell.
- Hollway, W. & Jefferson, T. (2000). *Doing Qualitative Research Differently: A Psychosocial Approach* (2<sup>nd</sup> ed.). SAGE Publications.



- Hulme, H. S. (2017). *How can Children and Adolescents Mental Health services and Educational Psychology Services work together more effectively to address the mental health needs of young people in school?* [Doctoral Dissertation, Sheffield University] <https://etheses.whiterose.ac.uk/19897/>
- Husserl, E. (1982). *Ideas Pertaining to a Pure Phenomenology and to a Phenomenological Philosophy*. (F. Kersten, Trans.). Kluwer.
- Hutton, J., Bazalgette, J. & Reed, B. (1997). Organisation-in-the-mind. *Developing Organisational consultancy*, 113-126.  
[https://www.grubbinstitute.org.uk/wp-content/uploads/2014/12/034\\_Organisation-in-the-mind.pdf](https://www.grubbinstitute.org.uk/wp-content/uploads/2014/12/034_Organisation-in-the-mind.pdf)
- Hymans, M. (2008). How personal constructs about "professional identity" might act as a barrier to multi-agency working. *Educational Psychology in Practice*, 24(4), 279-288. <https://doi.org/10.1080/02667360802488724>
- Karnieli-Miller O, Strier R, Pessach L (2009). Power Relations in Qualitative Research. *Qualitative Health Research*, 9(2), 279-289.  
<https://doi.org/10.1177/1049732308329306>
- James, K. & Huffington, C. (2004). Containment of Anxiety in Organizational Change: A case example of changing organizational boundaries. *Organizational & Social Dynamics*, 4(2), 212-233. <https://pep-web.org/browse/document/opus.004.0212a>
- Kelly, Diana & Gray, C. (2000). *Educational Psychology Services (England): Current Role, Good Practice and Future Directions*. [https://dera.ioe.ac.uk/12356/1/epwg\\_research\\_report.pdf](https://dera.ioe.ac.uk/12356/1/epwg_research_report.pdf)

- Larkin, M., Shaw, R. & Flowers, P. (2019) Multiperspectival designs and processes in interpretative phenomenological analysis research. *Qualitative Research in Psychology*, 16(2), 182-198. <https://doi.org/10.1080/14780887.2018.1540655>
- Larkin, M. & Thomson, A. R. (2012). Interpretative Phenomenological analysis in mental Health and Psychotehrapy Research. In D. Harper & A.R. Thompson (Eds), *Qualitative Research Methods in mental Health and Psychotherapy: A Guide for Students and Practitioner* (pp. 100-116). John Wiley & Sons.
- Larkin, M., Watts, S. & Clifton, E. (2006). Giving voice and making sense in interpretative phenomenological analysis. *Qualitative Research Psychology*, 3(2), 102-120. <https://doi.org/10.1191/1478088706qp062oa>
- 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. <https://doi.org/10.1080/02667363.2016.1258545>
- Lewin, K. (1936). *Principles of Topological Psychology*. McGraw-Hill.
- Lyonette, C., Atfield, G., Baldauf, B. & Owen, D. (2019). *Research on the Educational Psychologist Workforce*. Department for Education. [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/912884/Research\\_on\\_the\\_Educational\\_Psychologist\\_Workforce\\_March\\_2019.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/912884/Research_on_the_Educational_Psychologist_Workforce_March_2019.pdf)
- McKenzie, K., Murray, G.C., Prior S. & Stark, L. (2011). An evaluation of a school counselling service with direct links to Child and Adolescent Mental Health services. *British Journal of Guidance & Counselling*, 39 (1), 67-82. <https://doi.org/10.1080/03069885.2010.531384>

Miller, C., & Ahmad, Y. (2000). Collaboration and partnership: An effective response to complexity and fragmentation or solution built on sand? *International Journal of Sociology and Social Policy*, 20, 1-39.

<https://doi.org/10.1108/01443330010789151>

National Health Service Benchmarking Network (2021). Children and Young People's Mental Health Services Workforce Report for Health Education England.

<https://www.hee.nhs.uk/sites/default/files/documents/National%20HEE%20Children%20Young%20People%20Mental%20Health%20Service%20Report%20-%20Final%20%282.11.2021%29.pdf>

Noble, H., & Smith, J. (2015). Issues of validity and reliability in qualitative research. *Evidence-based nursing*, 18(2), 34-35. <https://doi.org/10.1136/eb-2015-102054>

Mertens, D. M. (2015). *Research and evaluation in education and psychology: Integrating diversity with quantitative, qualitative, and mixed methods*. SAGE publications.

National Health Services (2015). Model Specification for Child and Adolescent Mental Health Services: Targeted and Specialist levels (Tiers 2/3).

<https://www.england.nhs.uk/wp-content/uploads/2018/04/mod-camhs-tier-2-3-spec.pdf>

National Health Services (2019). NHS Mental Health Implementation Plan 2019/20 – 2023/24. <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/07/nhs-mental-health-implementation-plan-2019-20-2023-24.pdf>

- Nicholls, D. (2010). *An Interpretative exploration of beliefs and values related to professional practice in educational psychology*. [Doctoral Dissertation, University of Exeter]. <https://ore.exeter.ac.uk/repository/handle/10036/117465>
- O'Reilly, M., Vostanis, P., Taylor, H., Day., C., Street, C. & Wolpert, M. (2013). Service user perspectives of multi-agency working: a qualitative study with children with educational and mental health difficulties and their parents. *Child and Adolescent Mental Health*, 18 (4), 202-209. <https://doi.org/10.1111/j.1475-3588.2012.00674.x>
- Page, M.J., McKenzie, J.E., Bossuyt, P.M., Boutron, I., Hoffmann, T.C., Mulrow, C. D., Shamseer, L., Tetzlaff, J.M., Akl, E.A., Brennan, S. E., Chou, R., Glanville, J., Grimshaw, J.M., Hrobjartsson, A., Lalu, M.M., Tianjing, L., Loder, E.W., Mayo-Wilson, E., McDonald, S.... Moher, D. (2021) The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *International Journal of Surgery*, 88, 105906. <https://doi.org/10.1016/j.ijsu.2021.105906>
- Parkin, E. & Long, R. (2020). *Support for children and young people's mental health* (House of Commons Library No 07196). London: House of Commons Library.
- Pellegrini, D. W. (2009). Applied systemic theory and educational psychology: can the twain ever meet? *Educational Psychology in Practice*, 25(3), 271-286. <https://doi.org/10.1080/02667360903151841>
- Pietkiewicz, I. & Smith, J. A. (2014). A practical guide to using Interpretative Phenomenological Analysis in Qualitative Research Psychology. *Czasopismo Psychologiczne Psychological Journal*, 20(1), 7-14. <https://doi.org/10.14691/CPJ.20.1.7>

- Raskin, J. D. (2002). Constructivism in psychology: Personal construct psychology, radical constructivism, and social constructionism. *American communication journal*, 5(3), 1-25.  
[https://www.researchgate.net/publication/235930929\\_Constructivism\\_in\\_Psychology\\_Personal\\_Construct\\_Psychology\\_Radical\\_Constructivism\\_and\\_Social\\_Constructionism](https://www.researchgate.net/publication/235930929_Constructivism_in_Psychology_Personal_Construct_Psychology_Radical_Constructivism_and_Social_Constructionism)
- Reed, B. (2001). *An exploration of Role*. The Grubb Institute.  
[https://www.grubbinstitute.org.uk/wp-content/uploads/2014/12/034\\_An-Exploration-of-Role.pdf](https://www.grubbinstitute.org.uk/wp-content/uploads/2014/12/034_An-Exploration-of-Role.pdf)
- Reiser, D., Cowan, K., Skalski, S., Klotz, M. B. (2010, November). A more valuable resource: the breadth and depth of school psychologist' skill set is frequently untapped. *The School Psychologist*, 12-16.  
[https://www.nasponline.org/Documents/Resources%20and%20Publications/Handouts/Families%20and%20Educators/School\\_Psychologists\\_Nov10\\_NASS\\_P.PDF](https://www.nasponline.org/Documents/Resources%20and%20Publications/Handouts/Families%20and%20Educators/School_Psychologists_Nov10_NASS_P.PDF)
- Roffey, S. (2015). Becoming an agent of change for school and student well-being. *Educational & Child Psychology*, 32(1), 21-30.  
[https://www.researchgate.net/publication/320854162\\_Becoming\\_an\\_agent\\_of\\_change\\_for\\_school\\_and\\_student\\_well-being](https://www.researchgate.net/publication/320854162_Becoming_an_agent_of_change_for_school_and_student_well-being)
- Salmon, G. (2004). Multi-Agency Collaboration: The Challenges for CAMHS. *Child and Adolescent Mental Health*, 9(4), 156-161. <https://doi.org/10.1111/j.1475-3588.2004.00099.x>
- Salmon, G. & Rapport, F. (2005). Multi-agency voices: A thematic analysis of multi-agency working practices within the setting of a Child and Adolescent Mental

Health Service. *Journal of Interprofessional Care*, 19(5), 429-443.

<https://doi.org/10.1080/13561820500217307>

Salter, M. & Rhodes, P. (2018). On becoming a therapist: a narrative inquiry of personal professional development and the training of clinical psychologists. *Australian Psychologist*, 53, 486-492. <https://doi.org/10.1111/ap.12344>

Sanders, E. A. (2018). *A qualitative study of school psychologists' perceptions and interpretation of their professional identity*. [Doctoral Dissertation, University of Nevada]. <https://digitalscholarship.unlv.edu/thesesdissertations/3451/>

Schein, E.H. (1978). *Career Dynamics. Matching Individual and Organizational Needs*. Addison-Wesley.

Schleiermacher, F. (1998). *Hermeneutics and Criticism and other writings*. Cambridge University Press.

Schubert, S., Rhodes, P. & Buus, N. (2021). Transformation of professional identity: an exploration of psychologists and psychiatrists implementing Open Dialogue. *Journal of family Therapy*, 43, 143-164. <https://doi.org/10.1111/1467-6427.12289>.

Scotland, J. (2012). Exploring the philosophical underpinnings of research: relating ontology and epistemology to the methodology and methods of the scientific, interpretive and critical research paradigms. *English Language Teaching*, 5(9), 9-16. <https://doi.org/10.5539/elt.v5n9p9>.

Shapiro, E. & Carr, W. (1991). *Lost in Familiar Places: making new connections between individual and society*. Yale University Press.

- Slay, H.S. & Smith, D. A. (2011). Professional identity construction: Using narrative to understand the negotiation of professional and stigmatized cultural identities. *Human Relations*, 64 (1), 85-107.  
<https://doi.org/10.1177/0018726710384290>
- Smith, J. A., Flowers, P. & Larkin, M. (2009). *Interpretative Phenomenological Analysis: Theory, Method and Research*. SAGE publications.
- Smith, J. A. & Osborn, M. (2008). Interpretative phenomenological analysis. In J.A. Smith (Ed.), *Qualitative Psychology: A practical Guide to Methods* (2<sup>nd</sup> ed, pp. 53-79 ) SAGE Publications.
- Social Care Institute for Excellence (2010). *NQSW resource - Outcome statement 10: Multi-agency working*. <https://www.scie.org.uk/publications/nqswtool/multi-agencyworking/#:~:text=Multi%2Dagency%20working%3A%20Introduction,require%20in%20a%20timely%20manner>
- Solomon, M. (2019). Becoming comfortable with chaos: making collaborative multi-agency working work. *Emotional and Behavioural Difficulties*, 24(4), 391-404.  
<https://doi.org/10.1080/13632752.2019.1633743>
- Szilagyi, A. D, Sims, H. P., Keller, R. T. (1976). Role dynamics, Locus of control and employee attitudes and behaviour. *The academy of Management Journal*, 19(2), 259-276. <https://doi.org/10.2307/255776>
- Tuffour, I. (2017). A Critical Overview of Interpretative Phenomenological Analysis: A Contemporary Qualitative Research Approach. *Journal of Healthcare Communications*, 2(52),1-5. <https://doi.org/10.4172/2472-1654.100093>

- Waters, H. T. (2014). *How are Educational Psychologists' Professional Identities Shaped by the Available Discourses?* [Doctoral Dissertation, University of Sheffield] <https://etheses.whiterose.ac.uk/7853/>
- Wenger, E. (1998). *Communities of Practice*. Cambridge University Press.
- Willdridge, K. J. (2013). *An exploration of Educational Psychologists' views of their role and job satisfaction*. [Doctoral Dissertation, Cardiff University].  
<https://orca.cardiff.ac.uk/51785/1/2013WilldridgegeKDEdPsy.pdf>
- Willig, C. (2001). *Introducing qualitative research in psychology. Adventures in Theory and method*. Open University Press.
- Winnicott, D. W. (1965). *The maturational processes and the facilitating environment: Studies in the Theory of Emotional Development*. International Universities Press, Inc.
- World Health Organization (2021). *WHO urges more investments, services for mental health*.  
[https://www.who.int/mental\\_health/who\\_urges\\_investment/en/#:~:text=Mental%20health%20is%20defined%20as,to%20her%20or%20his%20community.](https://www.who.int/mental_health/who_urges_investment/en/#:~:text=Mental%20health%20is%20defined%20as,to%20her%20or%20his%20community.)
- Yardley, L. (2000). Dilemmas in qualitative research. *Psychology and Health*, 15(2), 215-228. <https://doi.org/10.1080/08870440008400302>.
- Yardley, L. (2008). Demonstrating validity in qualitative psychology. In J.A. Smith (Ed.), *Qualitative Psychology: A Practical Guide to Methods* (2<sup>nd</sup> ed). SAGE Publications.
- Yin, R. K. (1989). *Case study research: Design and methods*. SAGE Publications.



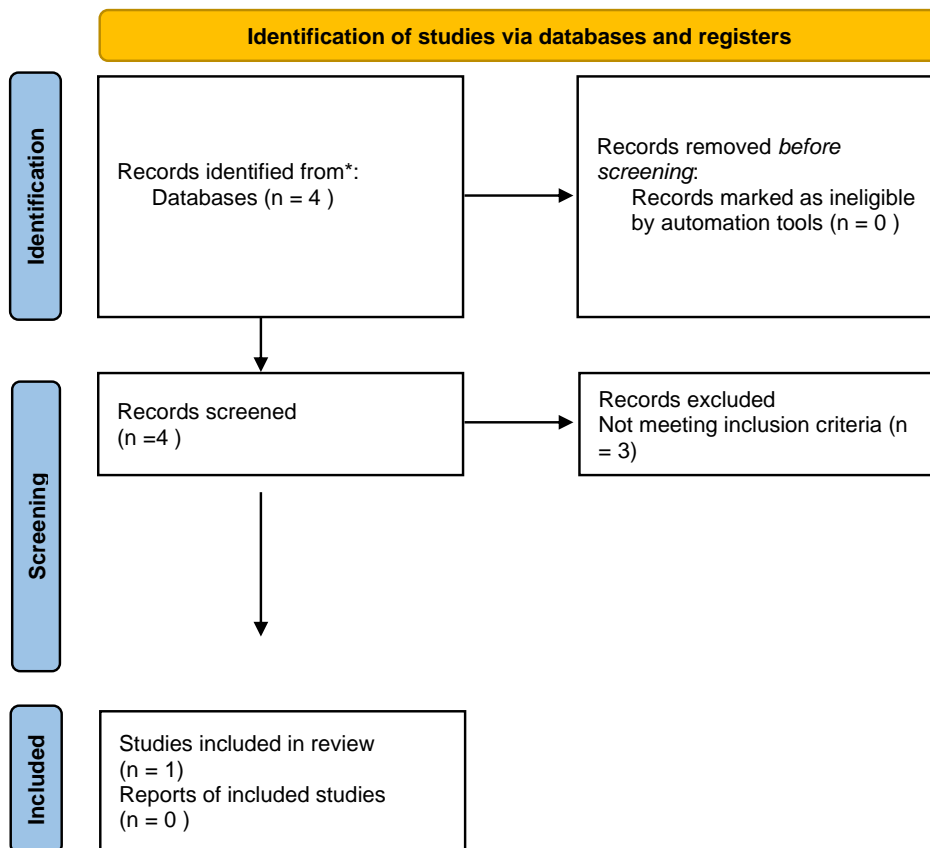
Zafeiriou, M.E. & Gulliford, A. (2020) A grounded theory of educational psychologists' mental health casework in schools: connection, direction and reconstruction through consultation. *Educational Psychology in Practice*, 36 (4), 422-442. <https://doi.org/10.1080/02667363.2020.1818553>

## Appendices

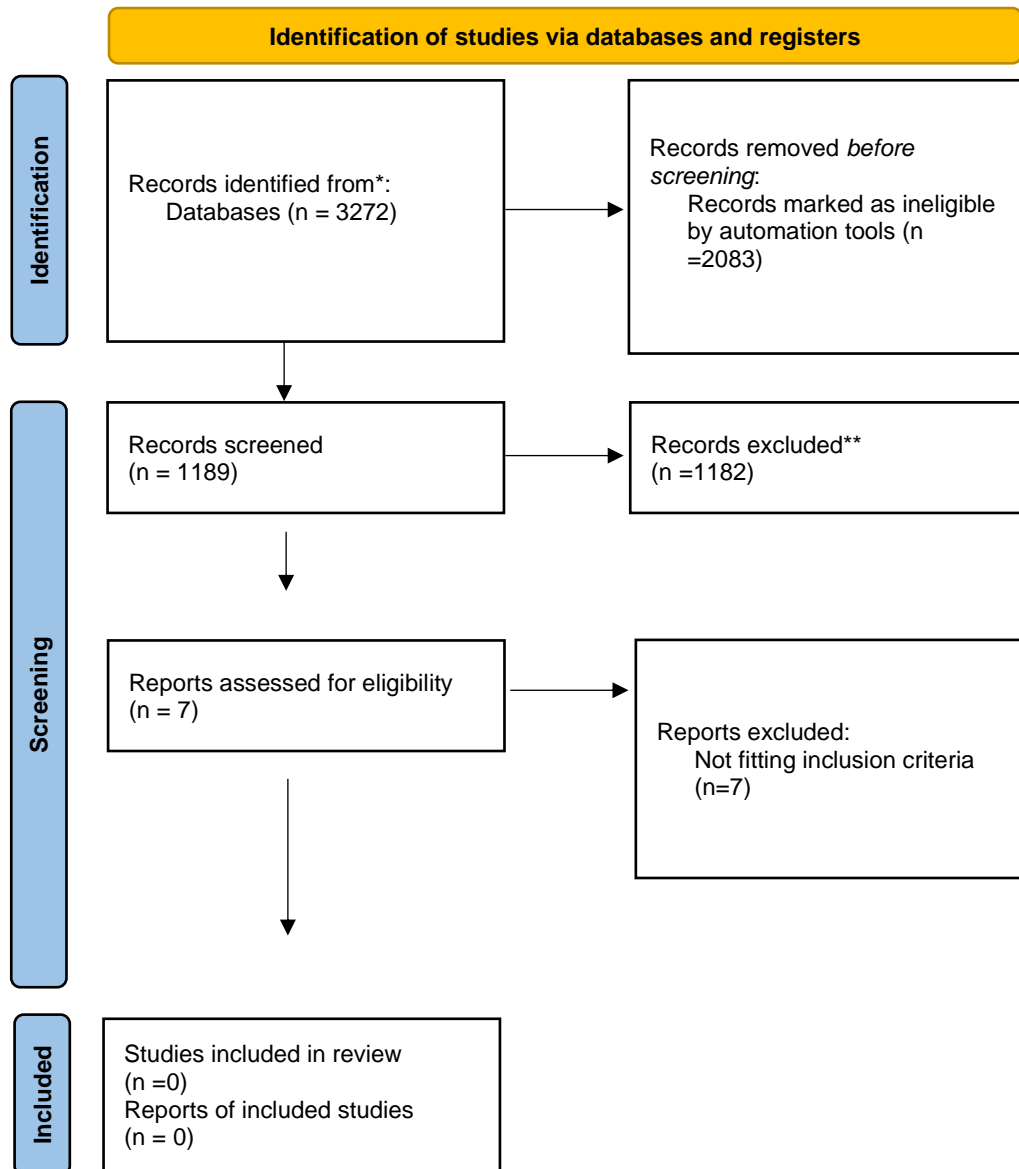
### Appendix 1

Flowcharts of literature searches adapted from Page et al. (2021)

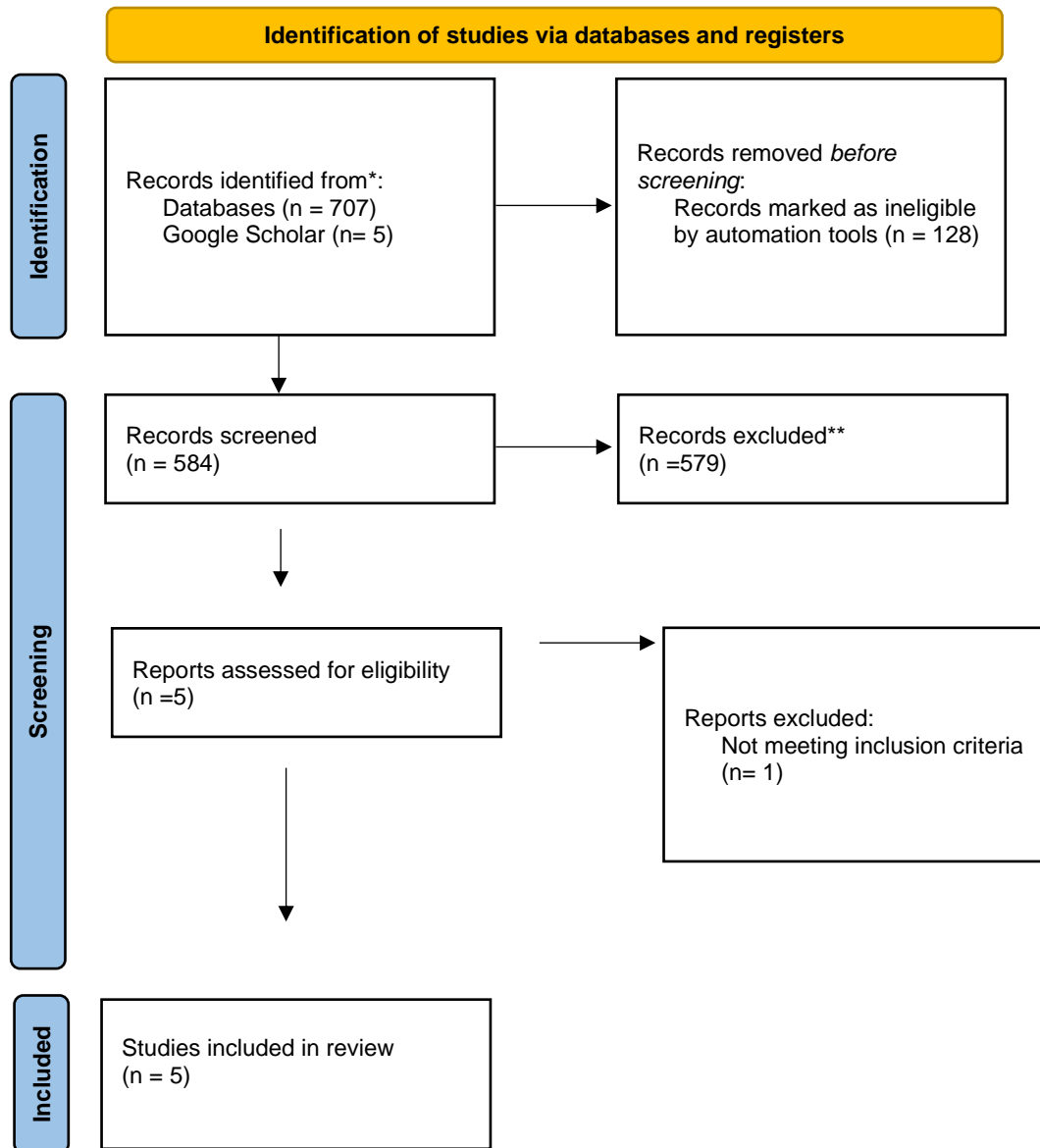
Search 1



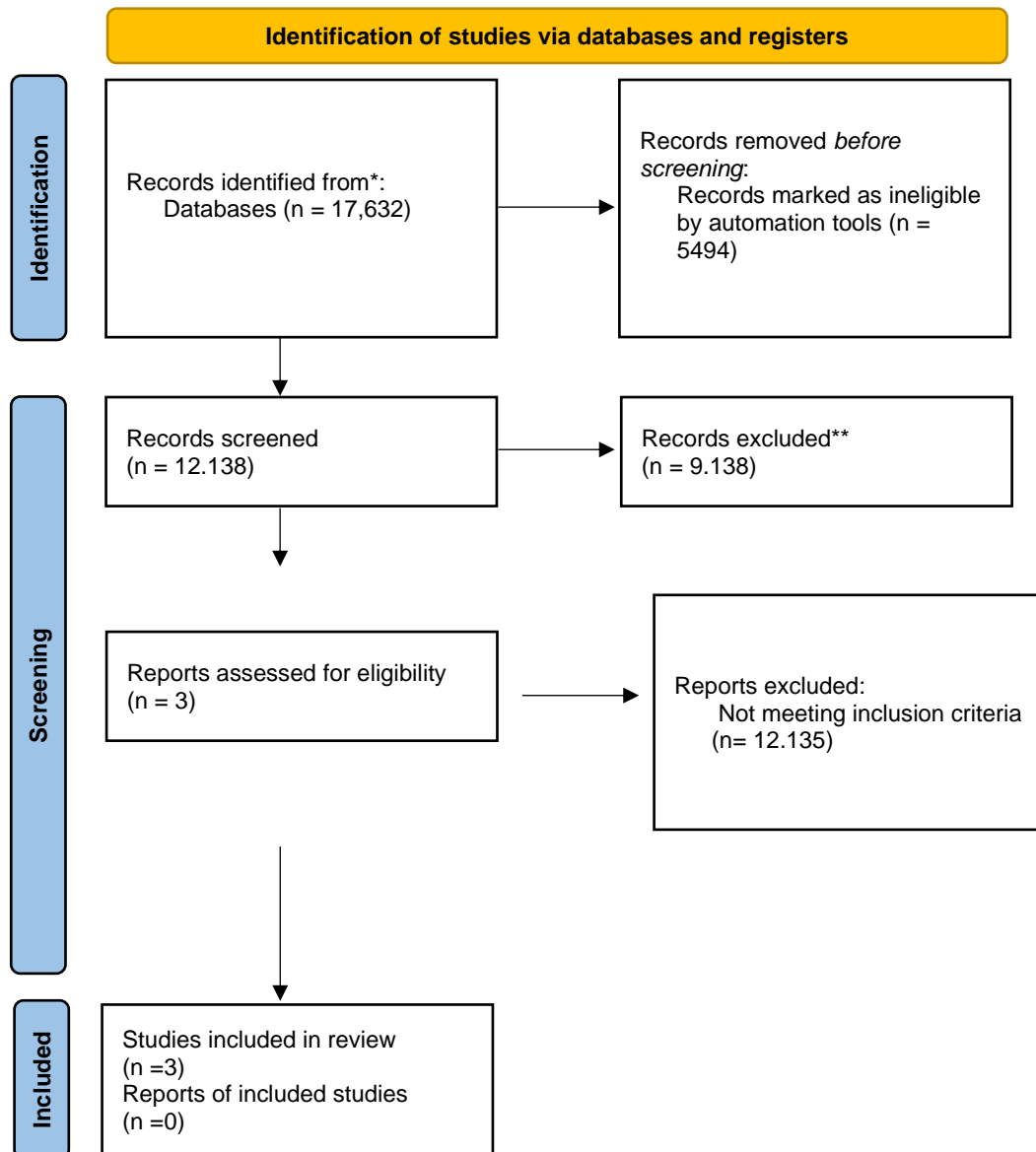
## Search 2



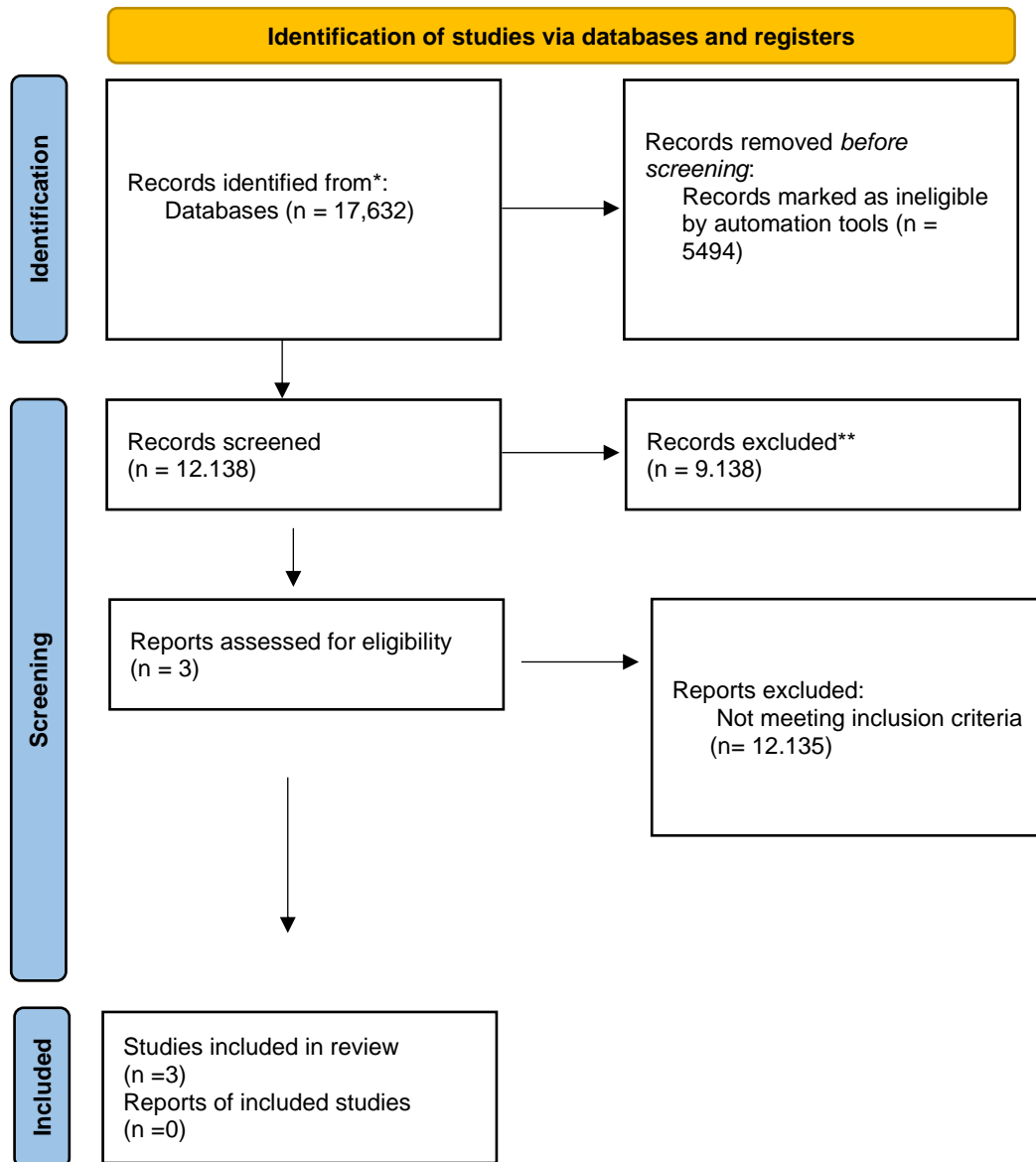
## Search 3



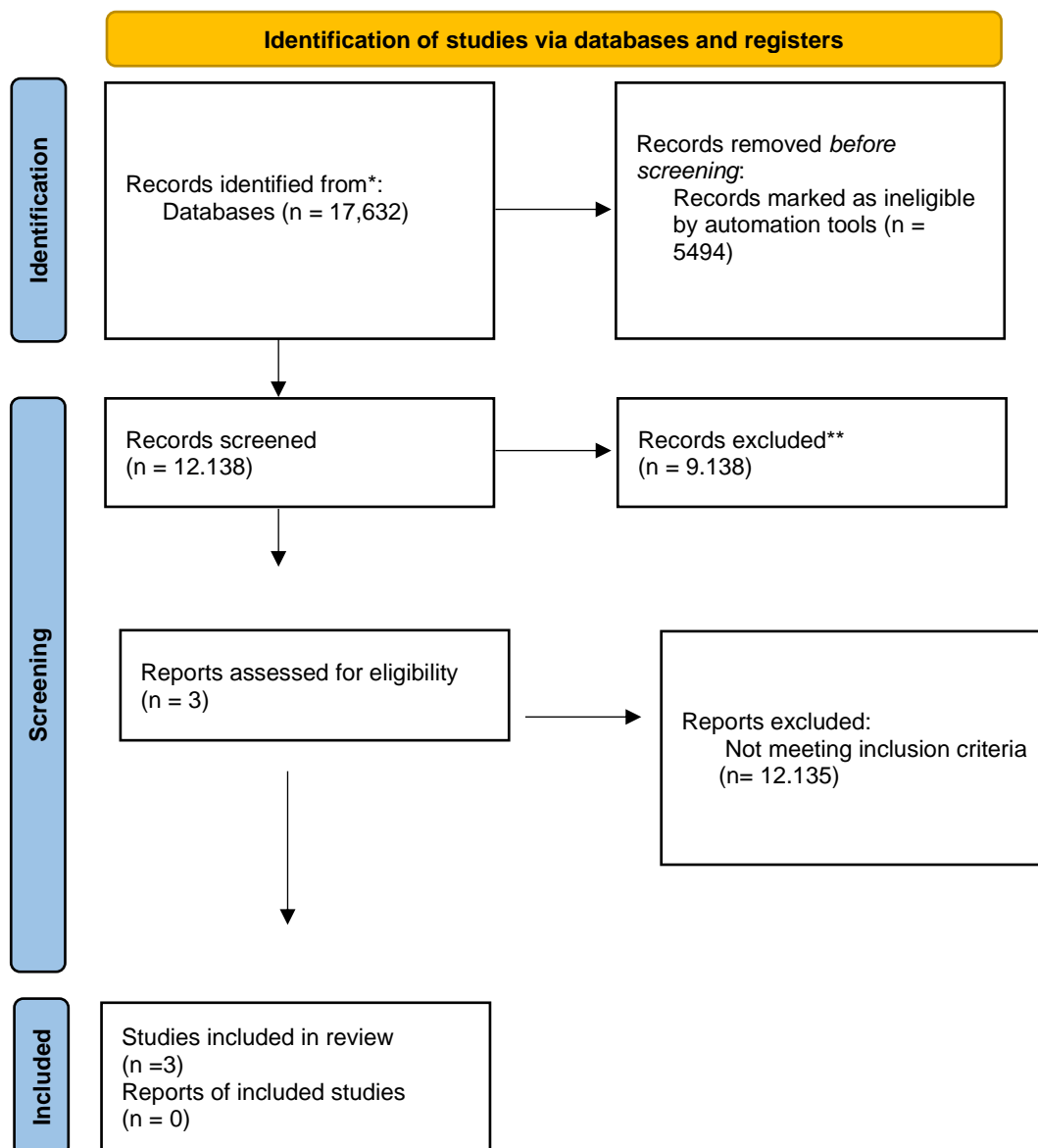
## Search 4



## Search 5



## Search 6

**Appendix 2**

Inclusion criteria for literature search

**Inclusion Criteria****Exclusion Criteria****Rationale**

A study that explored experiences and/ or perceptions	Studies that did not explore subjective experiences were not included.	The current research focussed on perceptions of professional identities as individually perceived. It was considered important to give voice to these experiences and explore existing literature around this.
An empirical study	Papers that did not include empirical research were not included.	This literature review was interested in what had already been found on the topic. A sound methodology and clear results were deemed essential.
A study completed and/or published after 2005.	Studies that were completed before 2005 were not included.	Studies that were completed before 2005 were deemed too old, with a risk that the findings would not be generalisable.
Located within the psychology field	Studies that were not focussed on psychologists were not included.	The current research was focussed on the perceptions of psychologists, it was, therefore, important to review what had previously been found by psychologists and the experiences that psychologists narrated. This was important to make the literature review relatable to the research aims.
A study written in English	Studies that were not written in English could be reviewed by the researcher	The researcher was not able to review studies that were not written in English, as the present study is written in English.

### Appendix 3

CASP checklist used for analysis and critical appraisals of the studies included in the review.



## 10 questions to help you make sense of qualitative research

### How to use this appraisal tool

Three broad issues need to be considered when appraising the report of a qualitative research:

- Are the results of the review valid?
- What are the results?
- Will the results help locally?

The 10 questions on the following pages are designed to help you think about these issues systematically. The first two questions are screening questions and can be answered quickly. If the answer to both is “yes”, it is worth proceeding with the remaining questions.

There is some degree of overlap between the questions, you are asked to record a “yes”, “no” or “can’t tell” to most of the questions. A number of italicised prompts are given after each question. These are designed to remind you why the question is important. Record your reasons for your answers in the spaces provided.

These checklists were designed to be used as educational tools as part of a workshop setting. There will not be time in the small groups to answer them all in detail!

### Screening Questions

1. Was there a clear statement of the aims of the research? Yes Can't tell No

HINT: Consider

- What was the goal of the research?
- Why it was thought important?
- Its relevance

2. Is a qualitative methodology appropriate? Yes Can't tell No

HINT: Consider

- If the research seeks to interpret or illuminate the actions and/or subjective experiences of research participants

- Is qualitative research the right methodology for addressing the research goal?

Detailed questions

3. Was the research design appropriate to address the aims of the research? Yes Can't tell No

HINT: Consider

- If the researcher has justified the research design (e.g., have they discussed how they decided which method to use)?

4. Was the recruitment strategy appropriate to the aims of the research? Yes Can't tell No

HINT: Consider

- If the researcher has explained how the participants were selected
- If they explained why the participants they selected were the most appropriate to provide access to the type of knowledge sought by the study
- If there are any discussions around recruitment (e.g. why some people chose not to take part)

5. Was the data collected in a way that addressed the research issue? No Yes Can't tell

HINT: Consider

- If the setting for data collection was justified
- If it is clear how data were collected (e.g. focus group, semi-structured interview etc.)
- If the researcher has justified the methods chosen
- If the researcher has made the methods explicit (e.g. for interview method, is there an indication of how interviews were conducted, or did they use a topic guide)?
- If methods were modified during the study. If so, has the researcher explained how and why?
- If the form of data is clear (e.g. tape recordings, video material, notes etc)
- If the researcher has discussed saturation of data

6. Has the relationship between researcher and participants been adequately considered? Yes Can't tell No

HINT: Consider

- If the researcher critically examined their own role, potential bias and influence during
  - (a) Formulation of the research questions
  - (b) Data collection, including sample recruitment and choice of location
- How the researcher responded to events during the study and whether they considered the implications of any changes in the research design

7. Have ethical issues been taken into consideration? Yes Can't tell No

HINT: Consider

- If there are sufficient details of how the research was explained to participants for the reader to assess whether ethical standards were maintained
- If the researcher has discussed issues raised by the study (e.g. issues around informed consent or confidentiality or how they have handled the effects of the study on the participants during and after the study)
- If approval has been sought from the ethics committee

8. Was the data analysis sufficiently rigorous? Yes Can't tell No

HINT: Consider

- If there is an in-depth description of the analysis process
- If thematic analysis is used. If so, is it clear how the categories/themes were derived from the data?
- Whether the researcher explains how the data presented were selected from the original sample to demonstrate the analysis process
- If sufficient data are presented to support the findings
- To what extent contradictory data are taken into account
- Whether the researcher critically examined their own role, potential bias and influence during analysis and selection of data for presentation

9. Is there a clear statement of findings? Yes Can't tell No

HINT: Consider

- If the findings are explicit
- If there is adequate discussion of the evidence both for and against the researchers arguments
- If the researcher has discussed the credibility of their findings (e.g. triangulation, respondent validation, more than one analyst)

- If the findings are discussed in relation to the original research question

10. How valuable is the research?

HINT: Consider

- If the researcher discusses the contribution the study makes to existing knowledge or understanding e.g. do they consider the findings in relation to current practice or policy?, or relevant research-based literature?
- If they identify new areas where research is necessary
- If the researchers have discussed whether or how the findings can be transferred to other populations or considered other ways the research may be used

## Appendix 4

Email sent to CAMHS team leader and EPS Team

To whoever it may concern,

I'm Lara Milletti, a second year Trainee Educational Psychology at the Tavistock and Portman NHS Foundation Trust. For my thesis, I am exploring how EPs perceive their professional identities and roles when working:

- as part of a CAMHS team  
OR
- as part of a Local Authority (LA) and alongside CAMHS.

I am writing today with a request that you might share this email with EPs in your team, with the hope that some might want to take part in my study. I am hoping to interview EPs online, following a semi-structured open-ended schedule. The questions will be about their jobs and their responsibilities within the team as well as their experiences of the role.

Please find attached a participant information sheet detailing all aspect of the research, as well as issues of confidentiality and data management.

Participants who wish to take part may email me back privately at the following address:

[lmilletti@tavi-port.nhs.uk](mailto:lmilletti@tavi-port.nhs.uk).

Many Thanks,

Lara Milletti

Trainee Educational Psychologist.

Dr Christopher Arnold

Principal Investigator and Research Supervisor

[carnold@tavi-port.ac.uk](mailto:carnold@tavi-port.ac.uk)

## Appendix 5

Participant Information Sheet

### Tavistock and Portman Trust Research Ethics Committee

If you have any queries regarding the conduct of the project in which you are being asked to participate, please contact:

Simon Carrington, Head of Academic Governance and Quality Assurance:  
[academicquality@tavi-port.nhs.uk](mailto:academicquality@tavi-port.nhs.uk)

### The Researchers

Lara Milletti

[lmilletti@tavi-port.nhs.uk](mailto:lmilletti@tavi-port.nhs.uk)

Dr Christopher Arnold

[carnold@tavi-port.ac.uk](mailto:carnold@tavi-port.ac.uk)

### Consent to Participate in a Research Study

The purpose of this letter is to provide you with the information that you need to consider when deciding whether to participate in this study or not.

### Project Title

An exploration of Educational Psychologists' roles and identities within and alongside CAMHS teams: an Interpretative Phenomenological Analysis.

### Project description:

This study is a thesis project, part requirement for the completion of the professional doctorate in Child, Educational and Community Psychology at the Tavistock and Portman NHS Trust. The study is sponsored by the Tavistock and Portman Trust.

This research is exploring the experiences of professional identities for educational psychologists (EPs) who either work: a) as part of a CAMHS team or b) as part of a Local Authority (LA) and alongside CAMHS. Multi-agency practices between CAMHS and

educational settings is a top priority of national agendas for children and young people's mental health. The role of the EP was identified as bridging the gap between educational settings and CAMHS. However, the collaboration between these agencies can be unclear. Some recent research suggested that one of the barriers for an effective multiagency practice is the lack of clarity around roles.

The current study is exploring how EPs perceive their roles and professional identities when working with CAMHS.

You will be asked some questions about how you perceive your role and your professional identity. The questions will be open ended, and you will be able to answer however you wish and/or skip any questions you do not want to answer.

The interview process doesn't foresee any disadvantage and/or risk, and it doesn't aim to explore sensitive personal data. However, because this interview will elicit your personal experiences of being an EP some personal information may be disclosed. Some of the questions may cause discomfort or distress, although this is not foreseen. If this happens you should let the researcher know right away so the interview can be paused, and support can be sought. If any issues should arise during the interview, support will be sought from the principal researcher and supervisor, Dr Arnold ([carnold@tavi-port.ac.uk](mailto:carnold@tavi-port.ac.uk)). If you have any follow-up questions after the interview has taken place you will be able to email the research supervisor for some clarifications.

In the event that issues or concerns might arise regarding your role within the team, your line manager / supervisor can be approached to support you with this.

If the researcher feels that you or someone that you mentioned during your interview is subjected to danger and/or harm, your line manager will be informed.

If you wish to express or address a concern regarding the conduct of this project, the researcher, or any other aspects of this study, please contact Simon Carrington, Head of Academic Governance and Quality Assurance: [academicquality@tavi-port.nhs.uk](mailto:academicquality@tavi-port.nhs.uk)

Data collected in this interview will be video recorded, with your consent, transcribed verbatim and then analysed. The analysis of the data then will be reported in a doctorate thesis and might be published as a part of a research article in academic journals. The data may also be shared in a presentation to students of the course and to colleagues within the Local Authority in which the researcher is carrying their placement. The results of the study may also be presented to conferences and events too. The recording of the interview will then be destroyed at the end of the study. The interview transcripts will be securely maintained in a password locked folder on a laptop to which only the researcher has access, for 10 years for research purposes.

The current research sought and received ethical approval from the Tavistock and Portman Research Ethics Committee.

### **Confidentiality of the Data**

Your data will be kept confidential throughout this study.

Your signed consent form, together with all the information and the data that is being collected about you during the project will be kept strictly confidential and in a locked environment. This information will be kept separate from your interview data, in order to prevent any risk of recognition.

Due to the small number of participants involved in this study, some limitations in the levels of anonymity and some risk of your identification might be expected. Some parts of your interview may be inserted as extracts in the final write up, this may render some your information identifiable. Precautions to maximize your anonymity will be taken. This include the use of a pseudonym accompanied to your contribution which will be included in the extracts from your interview. If you do not wish for transcripts from your interview to be inserted in the final write up of the study, you should let the researchers know.

The interview will be recorded via a digital platform where the interview will take place, and it will be written up verbatim. You will be asked for your consent before the researcher will start recording the interview, and all the data from your interview will be kept in a password locked folder to which only the researchers will have access. The data from your interview will only be used for the analysis and they will only be accessible to the researchers. No other use will be made of them without your written permission and no one outside study will be allowed to access to the original recordings and their write up.

Any data that will be generated from your involvement will be retained in accordance with the Tavistock and Portman NHS Trust's Data Protection Policy.

Confidentiality will be respected unless there are compelling and legitimate reasons for this to be breached. These include any suspected danger or harm to yourself and any other third party mentioned during your interview. If your personal, sensitive information will need to be disclosed, you will be thoroughly informed of the process, who the information will be disclosed to and any decisions following this.

### **Location**

The interviews will take place online, using an encrypted platform agreed between researcher and participant.

### **Remuneration**

Whilst there are no immediate benefits for participating in the study, it is hoped that this research will contribute to existing knowledge of the EP role in mental health settings and of



the collaboration between CAMHS and educational setting. Your participation to this project might help this contribution.

It is also hoped that taking part in this interview will also elicit some useful reflections regarding your role and your practice.

### **Disclaimer**

You are not obliged to take part in this study, and you are free to withdraw should you wish to do so. No disadvantage to yourself is expected from withdrawing from the interview and you will not be obliged to give any reasons.

If you wish to withdraw your interview data after the interview has taken place you are free to do so within 2 months of the interview data, after which point your interview data will be analysed and it will not be possible to withdraw anymore.

**Thank you for reading this information sheet and for considering taking part in this study.**

## Appendix 6

### Interview Schedule

1. Can you tell me about the structure and the focus of the team you work in?
  - a. Possible prompts: how many people is your team made up of? If a CAMHS team, how many professions? What are the clients range you usually work with? What are the main responsibilities?
2. What would you say is the extent of the multi-agency collaborations in your team?
  - a. Possible prompts: do you have multi-agency meeting? How often? Who is the strongest voice in your team? To what extent does your team engage and collaborate with the wider local authority?
3. How would you define your role as an EP in collaboration with CAMHS?
  - a. Possible prompts: What responsibilities do you have? What services do you provide the most?
4. What would you say the outcomes from your collaborations with CAMHS are for children and young people?
5. What would you say the positive aspects of being an EP collaborating with CAMHS are?
6. What would you say the negative aspects of being an EP collaborating with CAMHS are?
7. What would you say the main differences are when working in an Educational Psychology Service and in a CAMHS team?
8. Can you tell me a little bit about why you decided to be an EP?  
Possible prompts: if you work in a CAMHS team, what motivated your choice to work as part of CAMHS? If you work in an Educational Psychology Service/ Local Authority, what motivated this choice?
9. What EP's contributions do you think are most valued by your CAMHS colleagues?
  - a. Possible prompts: How would your colleagues describe your role? What is the extent of the EP's authority within your CAMHS?
10. How do you think service users would describe your role as an EP?
  - a. Possible prompts: how would your clients describe your role?
11. What do you think the implications are of being an EP collaborating with CAMHS?
  - a. Possible prompts: for your team? For your clients and the service users? For the wider community?

**Appendix 7**

## Participant Consent Form

**An exploration of Educational Psychologists' roles and identities within and alongside CAMHS teams: an Interpretative Phenomenological Analysis.****Researcher:** Lara Milletti**Supervisor:** Dr Christopher Arnold**Please tick the boxes as appropriate.**

I have read the information leaflet relating to the above interview in which I have been asked to participate and have been given a copy to keep.

Yes No 

---

The nature and purposes of the interview have been explained to me, and I have had the opportunity to discuss the details and ask questions about the research.

Yes No 

---

I understand what is being proposed and the procedures in which I will be involved have been explained to me.

Yes No 

---

I understand that my interview may be recorded upon my consent given.

Yes No 

---

I understand that my involvement in this study, and particular data from this research, will remain strictly confidential. Only the researchers involved in the study will have access to the data.

Yes No 

---

I understand that confidentiality will be respected unless there are compelling and legitimate reasons for this to be breached.

Yes No 

---

I understand that any documentations with my written name and signature will be kept in a separate, locked file of my interview data.

Yes No 

---

I understand that extracts from my interview may be published in the final write up of this research project.

Yes No 

---

I understand that in the event in which some of my interview data will be published this will be anonymized.

Yes No 

---

If extracts from my interview data will be published in the final write up, I understand that there is a small chance of being identified. I hereby give consent for this to happen

Yes No 

---

It has been explained to me what will happen once the project has been completed.

Yes No 

---

Having given this consent I understand that I have the right to withdraw from the project until 2 months after my participation without disadvantage to myself and without being obliged to give any reason.

Yes No

I understand that this interview is part of a doctoral qualification and that extracts and findings from my participation in this interview may be included in the final write up of a thesis.

Yes

No

---

I understand that findings emerging from my involvement may be presented at conferences, training events and may be published in journals as a final thesis write up.

Yes

No

---

I hereby freely and fully consent to participate in the study which has been fully explained to me.

Yes

No

---

Participant's Name (BLOCK CAPITALS)

.....

Participant's Signature

.....

## Appendix 8

### TREC Application

#### Tavistock and Portman Trust Research Ethics Committee (TREC) APPLICATION FOR ETHICAL REVIEW OF STUDENT RESEARCH PROJECTS

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](mailto:academicquality@tavi-port.nhs.uk))

#### FOR ALL APPLICANTS

**If you already have ethical approval from another body (including HRA/IRAS) please submit the application form and outcome letters. You need only complete sections of the TREC form which are NOT covered in your existing approval**

Is your project considered as 'research' according to the HRA tool? ( <a href="http://www.hra-decisiontools.org.uk/research/index.html">http://www.hra-decisiontools.org.uk/research/index.html</a> )	No
Will your project involve participants who are under 18 or who are classed as vulnerable? (see section 7)	No
Will your project include data collection outside of the UK?	No

#### SECTION A: PROJECT DETAILS

Project title	An exploration of Educational Psychologists' roles and identities within and alongside CAMHS teams: an Interpretative Phenomenological Analysis.		
Proposed project start date	January 2021	Anticipated project end date	May 2022
Principle Investigator (normally your Research Supervisor): Dr Christopher Arnold			
Please note: TREC approval will only be given for the length of the project as stated above up to a maximum of 6 years. Projects exceeding these timeframes will need additional ethical approval			
Has NHS or other approval been sought for this research including through submission via Research Application System (IRAS) or to the Health Research Authority (HRA)?	YES (NRES approval)	<input type="checkbox"/>	
	YES (HRA approval)	<input type="checkbox"/>	
	Other	<input type="checkbox"/>	
	NO	<input checked="" type="checkbox"/>	
If you already have ethical approval from another body (including HRA/IRAS) please submit the application form and outcome letters.			

#### SECTION B: APPLICANT DETAILS

Name of Researcher	Lara Milletti
Programme of Study and Target Award	Professional Doctorate in Educational, Child and Community Psychology
Email address	LMilletti@tavi-port.nhs.uk


Contact telephone number	07763993922
--------------------------	-------------

### SECTION C: CONFLICTS OF INTEREST

<p><b>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?</b></p> <p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p> <p>If YES, please detail below:</p>	
<p>Is there any further possibility for conflict of interest? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	
<p><b>Are you proposing to conduct this work in a location where you work or have a placement?</b></p> <p>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p> <p>If YES, please detail below outline how you will avoid issues arising around colleagues being involved in this project:</p> <p>I intend to interview qualified Educational Psychologists (EPs) in the services where I am doing my placement. It is recognised that EPs may feel resistant to reflect openly about their experiences with me as their colleague and as a trainee. Several precautions will be taken to prevent this from happening:</p> <ul style="list-style-type: none"> <li>• A thorough explanation of the content of the interview in the participant's information sheet and prior to the interview, so that participants are aware of the content of the interview.</li> <li>• If participants wish to take part in my research they will be invited to approach me via email, so their participation remains confidential.</li> <li>• I intend to provide a safe environment where feelings can be acknowledged and talked about during the interview.</li> <li>• Participants will be given the option of not answering questions they may wish to skip, and they will be given the choice to pause the interview at any point.</li> <li>• I intend to adopt a relaxed and attentive approach with the participants. I intend to employ an active listening, non-judgemental and compassionate stance, open to the participants' experiences (Ryan, Coughlan &amp; Cronin, 2009).</li> <li>• I intend to follow an interview schedule, however I also intend to give more space to the participants' individual experiences. Interviews will mostly be participant led, in order to value each individual experience that will be brought to the interviews.</li> <li>• A debriefing session will take place immediately after the interview so that participants have a space to name any uncomfortable feelings that arose during the interview. Participants may discuss this with me should they wish to do so. This will also allow for containment of participant's feelings.</li> <li>• Participants will be encouraged to seek supervision from their line manager should they feel the need to so.</li> <li>• Participants who have a connection with the researcher, as line manager and/or supervisor, will not be included in the study in order to avoid any power imbalance issues which may impact the process.</li> </ul> <p>Ryan, F., Coughlan, M &amp; Cronin, P. (2009). Interviewing in qualitative research: The one-to-one interview. <i>International Journal of Therapy and Rehabilitation</i>, 16 (6), 309-314.</p>	
<p><b>Is your project 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).</b></p> <p><small>*Please note that 'external' is defined as an organisation which is external to the Tavistock and Portman NHS Foundation Trust (Trust)</small></p>	<p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>

If YES, please add details here:	
<p><b>Will you be required to get further ethical approval after receiving TREC approval?</b></p> <p>If YES, please supply details of the ethical approval bodies below AND include any letters of approval from the ethical approval bodies (letters received after receiving TREC approval should be submitted to complete your record):</p>	<p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>
<p>If your project is being undertaken with one or more clinical services or organisations external to the Trust, please provide details of these:</p> <p>Croydon Educational Psychology Services. Internal consent from Principal Educational Psychologist at Croydon Educational Psychology Services was provided via email. This is attached.</p> <p>If you still need to agree these arrangements or if you can only approach organisations after you have ethical approval, please identify the types of organisations (eg. schools or clinical services) you wish to approach:</p>	
<p><b>Do you have approval from the organisations detailed above? (this includes R&amp;D approval where relevant)</b></p> <p>Please attach approval letters to this application. Any approval letters received after TREC approval has been granted MUST be submitted to be appended to your record</p>	<p>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/></p>

#### **SECTION D: SIGNATURES AND DECLARATIONS**


<b>APPLICANT DECLARATION</b>	
<p>I confirm that:</p> <ul style="list-style-type: none"> <li>• The information contained in this application is, to the best of my knowledge, correct and up to date.</li> <li>• I have attempted to identify all risks related to the research.</li> <li>• I acknowledge my obligations and commitment to upholding ethical principles and to keep my supervisor updated with the progress of my research</li> <li>• I am aware that for cases of proven misconduct, it may result in formal disciplinary proceedings and/or the cancellation of the proposed research.</li> <li>• I understand that if my project design, methodology or method of data collection changes I must seek an amendment to my ethical approvals as failure to do so, may result in a report of academic and/or research misconduct.</li> </ul>	
Applicant (print name)	Lara Milletti
Signed	
Date	23/03/2021

#### **FOR RESEARCH DEGREE STUDENT APPLICANTS ONLY**

<b>Name of Supervisor/Principal Investigator</b>	Dr Christopher Arnold
--	-----------------------



<b>Supervisor –</b>	
<ul style="list-style-type: none"> <li>• Does the student have the necessary skills to carry out the research? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></li> <li>• Is the participant information sheet, consent form and any other documentation appropriate? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></li> <li>• Are the procedures for recruitment of participants and obtaining informed consent suitable and sufficient? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></li> <li>• Where required, does the researcher have current Disclosure and Barring Service (DBS) clearance? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></li> </ul>	
Signed	Dr C D Arnold
Date	23/03/21

<b>COURSE LEAD/RESEARCH LEAD</b>	
Does the proposed research as detailed herein have your support to proceed? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
Signed	
Date	23.03.2021

#### **SECTION E: DETAILS OF THE PROPOSED RESEARCH**

<p><b>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)</b></p> <p>The proposed research seeks to explore how Educational Psychologists (EPs) experience their roles and their professional identities. The research intends to interview EPs who work in an outer London Local Authority alongside Children and Adolescent Mental Health Services (CAMHS) teams, and EPs who work within CAMHS teams. I am seeking to interview 4-8 participants in one occasion, the interview will last between 1 hour and 90 minutes. Participants will be asked open ended questions about their collaborations with CAMHS team in which they practice. The interview will also explore how participants perceive their professional identities and their roles. Participants may also be asked some demographic questions about the CAMHS teams they collaborate with, and some examples of their daily practice and responsibilities. The interviews will follow an interview schedule in order to keep focused on the topics of professional roles and identities. However, interviews will be mostly participant led to allow for their experiences and their voices to be expressed.</p>
<p><b>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)</b></p> <p>The multi-agency collaboration between professionals working with children and young people (CYP) seems to be at the forefront of most national agendas, highlighting the need for a shared single assessment framework (Department of Health/ Department for Education [DoH/DfE], 2015). Educational settings, health and social care services must collaborate to enable the provision of effective and preventative services promoting the mental health and wellbeing of CYP (DoH/DfE, 2015; DoH/DfE, 2017). Effective multi-agency collaboration was linked to improved outcomes for service users, increased services offered to families and increased coordination of services resulting in improved referrals (Cheminais, 2014). Valued for their flexibility of roles, EPs are well placed to bridge gaps between different agencies (Fallon et al., 2010). Also, EPs are valued within CAMHS settings for their ability to apply psychological concepts, model theories, their extensive knowledge of educational concepts and their ability to communicate knowledge effectively to different audiences (Farrell, et al., 2008). However, it was highlighted that clarity around the roles and responsibilities of all agencies involved can act ambivalently as a facilitator and as a barrier for effective multi-agency collaborations (Hymans, 2008; Gaskell &amp; Leadbetter, 2009; Hulme, 2017). This research aims at exploring EPs' experiences of their role and their identities whilst they collaborate with CAMHS.</p>

teams, and it will be based on the following research questions:

- How do EPs experience their role and their identity when working either: a) alongside a CAMHS team, or b) as part of a CAMHS team?
- Are roles and identities perceived differently by EPs working alongside CAMHS teams and EPs employed team?

I intend to explore individual experiences of EPs as they are employed in CAMHS teams and of EPs who work in LAs alongside CAMHS.

Due to the paucity of existing academic research around collaboration between EPs and CAMHS, it is expected that the current study will provide a meaningful contribution. It is expected that an exploration of perceived roles and professional identities of EPs while they collaborate with CAMHS team might give significant insights into the different roles that an EP may assume. As lack of clarity around professional responsibilities and roles was linked to poor multi-agency collaboration, it is expected that such an exploration may contribute to significant knowledge in the area. This may guide team reflections and decisions on how to modify multi-agency practices to accommodate the reflections provided within this research. This in turn might have significant positive outcomes for children, young people and their families, as well as stakeholders and services around the young person too.

An in-depth comparison of EP's experiences of working as part of a CAMHS team and externally of it may highlight differences in how roles and professional identities are perceived as working within different teams. Facilitators and barriers to effective EPs and CAMHS collaborations might be highlighted.

Cheminais, R. (2014). The Benefits and Challenges of Collaborative Multi-Agency Working. In G. Knowles (Ed.), *Effective Multi-Agency Partnerships: Putting Every Child Matters into Practice* (pp. 23-42). Sage.

Department of Health / Department for Education (2015). *Special Educational Needs and Disability Code of Practice: 0 to 25 years*. Retrieved from: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/398815/SEND\\_Code\\_of\\_Practice\\_January\\_2015.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/398815/SEND_Code_of_Practice_January_2015.pdf)

Department of Health / Department for Education (2017). *Transforming Children and Young People's Mental Health Provision: a Green Paper*. Retrieved from: <http://www.nationalarchives.gov.uk/doc/open-government-licence/version/3/>

Fallon, K., Woods, K. & Rooney, S. (2010). A discussion on the developing role of educational psychologists within Children's Services. *Educational Psychology in Practice*, 26(1), 1-23. DOI: [10.1080/02667360903522744](https://doi.org/10.1080/02667360903522744)

Farrell, P., Woods, K. & Lewis, S. (2008). A review of the functions and Contribution of Educational Psychologists in England and Wales in light of "Every Child Matters: Change for Children" (Report No. RR792 ). Department for education and Skills. <https://www.escholar.manchester.ac.uk/api/datastream?publicationPid=uk-ac-man-scw:93204&datastreamId=FULL-TEXT.PDF>

Gaskell, S., & Leadbetter, J. (2009). Educational psychologists and multi-agency working: exploring professional identity. *Educational Psychology in Practice*, 25(2), 97-111. DOI: [10.1080/02667360902905031](https://doi.org/10.1080/02667360902905031).

Hulme, H. S. (2017). *How can Children and Adolescents Mental Health Services and Educational Psychology Services work together more effectively to address the mental health needs of young people in school?* (Publication No: uk.bl.ethos.739838) [Doctoral Dissertation, Sheffield University] Ethos E-these online service.

Hymans, M. (2008). How personal constructs about "professional identity" might act as a barrier to multi-agency working. *Educational Psychology in Practice*, 24(4), 279-288. DOI: [10.1080/02667360802488724](https://doi.org/10.1080/02667360802488724).

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)

The research is underpinned by a relativist ontology and a constructivist epistemological stance. An important emphasis is also given to phenomenology and hermeneutics. Relevant for the current study is the assumption that reality is revealed through a process of experiencing it by individuals (Larkin et al., 2006). The experiences of EPs as they are part of the teams they work in (either in LAs or in CAMHS) will be the central exploration of the current study, where the researcher will act as an agent to engage in and interpret these experiences to make sense of what it is like to be an EP practising in or alongside a CAMHS team.

The purpose of this research is therefore exploratory as it aims at finding out how EPs experience their roles and their professional identities as they are part of a CAMHS team or where they work externally and alongside CAMHS. Participants' stories and personal experiences will be the central tenant of the current study, which seeks to explore what it feels like to be an EP who collaborates with CAMHS team. As the study is seeking individual experiences of being an EP, the proposed methodology is a qualitative one. EPs who work in CAMHS teams and EPs who work in LAs and alongside CAMHS team will be approached. They will be asked to take part in an individual, semi structured interview. The interviews will run online, through an encrypted platform to lower the risk of infection by Covid-19. Some general, open ended questions will be used to shape the conversation around the phenomenon at interest, however questions will remain as open as possible and they will be participant led. This is done to elicit the personal experiences of EPs. Six to ten open ended questions (with possible prompts) will be used to guide the interviews. Interviews may last between 60-90 minutes, but freedom will be granted to allow the conversation to unfold freely. Interviews will then be recorded, upon participant's consent, on the digital platform and they will be transcribed verbatim.

#### Data Analysis

The analysis of the data is participant oriented, concerned with the examination of the meanings as impressed by EPs and is guided by the intent to understand the experiences of EPs. An interpretative Phenomenological Analysis will be used to analyse the data. The following steps, adapted from Smith et al. (2009) are proposed for the analysis of the data: 1. Familiarization with transcripts, 2. Initial noting and examination of content and use of language, 3. Development of emerging themes and reduction of levels of details, 4. Connection between themes to fit them into similar structures, 5. Repeat with all participants, 6. Search for connecting themes across participants and identification of overarching themes.

Larkin, M., Watts, S. & Clifton, E. (2006). Giving voice and making sense in interpretative phenomenological analysis. *Qualitative Research Psychology*, 3(2), 102-120. DOI: 10.1191/1478088706qp062oa

Smith, J. A., Flowers, P. & Larkin, M. (2009). *Interpretative Phenomenological Analysis: Theory, Method and Research*. Sage publications.

## **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 these criteria are in place. (Do not exceed 500 words)**

Proposed participants for this research must be qualified EPs, who practice in England and who are either employed:

-in North Camden CAMHS teams, South Camden CAMHS Team and Whole Family CAMHS Team, placed at the Tavistock and Portman NHS Foundation Trust

Or

-in an outer London LA, and who work alongside CAMHS.

Participants must be professionally qualified. This is indicated as essential for a good IPA study (Smith et al., 2009), to ensure the homogeneity of participants. Whilst trainee EPs often attend some of their placements in CAMHS team, it was considered that often trainees may also be requested to follow their own awarding university guidelines. A level of difference in the participant's employment is recognised within the study as I am seeking to study these differences. Participants who are connected to the researcher in a supervisory and/or line management relationship will not be recruited, this is to ensure that no power imbalances will influence the interview process. Because the proposed research is investigating the multi-agency collaborations between CAMHS and Educational Psychology and its barriers for the profession of EPs, only participants who have a stable professional role as EPs

will be considered for the current research. The LA and the local CAMHS team will be approached with an email containing details of the current study and an information sheet. The teams will be asked to circulate the email within their employees. Participants will be invited to approach the researcher via email, and they will receive an information sheet outlining the aims of the research and what taking part involves.

A snowball sampling technique may be considered to allow recruiting more participants. The snowball sampling technique is receiving recognition in contexts where recruiting participants may be difficult (Atkinson & Flint, 2004), which the researcher recognized as a risk with the current research sampling. EPs working within CAMHS team may provide important contacts for the current research. Contacts to the researchers who fit in the inclusion criteria will also be approached. This group of participants will be approached via an email with the information sheet attached.

Atkinson, R. & Flint, J. (2004). Snowball Sampling. In L. M. Given (Ed.), *The SAGE Encyclopedia of Social Science Research Methods*. Sage Publications.

Smith, J. A., Flowers, P. & Larkin, M. (2009). *Interpretative Phenomenological Analysis: Theory, Method and Research*. Sage publications.

**5. Please state the location(s) of the proposed research including the location of any interviews. Please provide a Risk Assessment if required. Consideration should be given to lone working, visiting private residences, conducting research outside working hours or any other non-standard arrangements.**

**If any data collection is to be done online, please identify the platforms to be used.**

To reduce the risk of Covid-19 infections, interviews will run online on an encrypted digital platform. These will be agreed upon between researcher and participants, however a choice will be given between: Zoom, Teams or Skype Business.

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

- Students or Staff of the Trust or Partner delivering your programme.
- 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)<sup>1</sup>
- 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<sup>2</sup> 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 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<sup>3</sup> 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.

<sup>1</sup>If the proposed research involves children or adults who meet the Police Act (1997) definition of vulnerability<sup>2</sup>, any researchers who will have contact with participants must have current Disclosure and Barring Service (DBS) clearance.

<sup>2</sup>'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)

<sup>3</sup> 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

<i>need to be reassured that refusal to participate will not result in any discrimination or penalty.</i>				
<p><b>7. Will the study involve participants who are vulnerable?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p> <p>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:</p> <ul style="list-style-type: none"> <li>• the participant's personal characteristics (e.g. mental or physical impairment)</li> <li>• their social environment, context and/or disadvantage (e.g. socio-economic mobility, educational attainment, resources, substance dependence, displacement or homelessness).</li> <li>• 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</li> <li>• children are automatically presumed to be vulnerable.</li> </ul>				
<b>7.1. If YES, what special arrangements are in place to protect vulnerable participants' interests?</b>				
<p>If YES, a Disclosure and Barring Service (DBS) check <b>within the last three years</b> is required. Please provide details of the "clear disclosure":</p> <table border="1"> <tr> <td>Date of disclosure:</td> </tr> <tr> <td>Type of disclosure:</td> </tr> <tr> <td>Organisation that requested disclosure:</td> </tr> <tr> <td>DBS certificate number:</td> </tr> </table> <p><i>(NOTE: information concerning activities which require DBS checks can be found via <a href="https://www.gov.uk/government/publications/dbs-check-eligible-positions-guidance">https://www.gov.uk/government/publications/dbs-check-eligible-positions-guidance</a>). Please do not include a copy of your DBS certificate with your application</i></p>	Date of disclosure:	Type of disclosure:	Organisation that requested disclosure:	DBS certificate number:
Date of disclosure:				
Type of disclosure:				
Organisation that requested disclosure:				
DBS certificate number:				
<p><b>8. Do you propose to make any form of payment or incentive available to participants of the research?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p> <p>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.</p>				
<b>9. 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)</b>				
N/A. Participants are qualified EPs who trained in the UK. Participants would be educated at Masters or Doctorate level.				

#### **SECTION F: RISK ASSESSMENT AND RISK MANAGEMENT**

**10. 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  
 Themes around extremism or radicalisation  
 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 (risk assessment attached)  
 research overseas (please ensure Section G is complete)

**11. 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 delivery of open-ended interviews about participant's personal experiences may elicit important feelings regarding participant's professional identities, roles and personal motivations for choosing the job. Also, when working with children and young people with special education needs, the job of the EP may present some emotional challenges. Answering questions about the jobs may elicit some of these feelings. The powerful emotions which may be elicited during these interviews risk to be left uncontained, thus creating uncomfortable emotions for the participants. Several precautionary measures will be taken, including:

- A thorough explanation of the content of the interviews in the participants information sheet and prior to the interview, so that participants are aware of the content of the interviews.
- I intend to provide a safe environment where feelings can be acknowledged and talked about during the interview.
- Participants will be given the option of not answering any questions they may wish to skip, and they are given the choice to pause the interview at any point.
- A debriefing session will take place immediately after the interview so that participants have a space to name any uncomfortable feelings that arose during the interview. Participants may discuss this with me should they wish so. This will also allow for containment of participants feelings.
- If participants will develop some concerns regarding their own role and professional skills after the interview has taken place, they will be encouraged to seek support within the team. The use of line management and supervision will be suggested to participants at the end of each interview.

Participants may also be concerned that the inclusion of extracts from their interview may identify them, thus with the risk of not respecting the participants confidentiality. Some measures will be taken to prevent this:

- Informed, written consent will be sought for participation in the interview, recording and for the use of extract in a final dissertation write up.
- Oral consent will be sought during the interview prior to approaching a sensitive topic (Smith et al., 2009).
- Every precaution will be taken to ensure that interview extracts do not contain sensitive and/or identifiable information, pseudonyms will be allocated to each participant and any other third party mentioned.

- Due to the small participants number foreseen in this study, participants will be informed that the risk of being identified may be present. Participants will be given the opportunity to give consent for this and for the inclusion of any interview transcript, which may include identifiable information.

The position of the researcher as an external agent who does not take part in the same experience as the participants is recognised within an Interpretative Phenomenological Analysis (Larkin et al., 2008). The research is expected to immerse into an exploration of the participant's experiences and will interpret them, giving them a meaning (Mertens, 2015). At the stage of data analysis, following the interviews, participants may feel that the interpretation provided by the researcher does not reflect their true experiences. Measures will be taken to prevent this:

- I intend to include participants in the meaning making process of their experiences, by checking my interpretations with them at the end of my analysis.
- Participants will also be given an option to withdraw their data should they feel that their experience is not represented appropriately.

Larkin, M., Watts, S. & Clifton, E. (2008). Giving voice and making sense in interpretative phenomenological analysis. *Qualitative Research Psychology*, 3(2), 102-120. DOI: 10.1191/1478088708qp082oa

Mertens, D. M. (2015). *Research and evaluation in education and psychology: Integrating diversity with quantitative, qualitative, and mixed methods*. Sage publications.

Smith, J. A., Flowers, P. & Larkin, M. (2009). *Interpretative Phenomenological Analysis: Theory, Method and Research*. Sage publications.

**12. 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.**

I have had experience of conducting interviews for research purposes in my undergraduate degree in Psychology and my Masters in Psychoanalytic Developmental Psychology. I also have experience of asking questions regarding own personal experience in my role as a trainee educational psychologist, through consultations with adults. I'm receiving training in conducting consultations and questions, such as employing a containing environment, an empathetic stance and active listening through my educational psychology training.

**13. 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, 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 facility to reflect on one's own practice is included within the HCPC standards of proficiency for practitioner psychologists (HCPC, 2015). Taking part in an interview exploring their roles and their professional identities may enhance some important reflections for EPs around their roles within multi-agency teams. It is expected that these interviews may provide a sustained and contained space where reflections based on personal experiences may take place. EPs taking part in these interviews may consider these reflections significant for their practice.

Eliciting experiences of EPs collaborating consistently with CAMHS team may provide significant knowledge about what it is like to practice within this collaboration, from a lived and experienced point of view. Due to the paucity of academic research on the collaboration between Educational Psychology and CAMHS, this research may contribute significantly to the existing knowledge around the barriers and facilitators of this multi-agency collaborations.

I also anticipate that professionals from both educational psychology services and CAMHS, as well as stakeholders and service users, may benefit from new insights into perceived experiences of such a collaborative practice. These may also guide team reflections and decisions on how to modify their multi-agency approaches.

Health & Care Professions Council. (2015). *Practitioner psychologists. Standards of proficiency*. Health and Care Professions Council.

<b>14. 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)</b>
Participant's emotional state will be checked consistently during the interviews and during more sensitive questions. Participants will be given the option to pause the interview at any point they may wish. At the end of the interview there will be an opportunity to debrief which will allow conversations about feelings that arose during the interviews. Participants will be signposted to the research team should they wish to discuss the interview process later. In the event in which participants wish to discuss difficulties regarding their professional identities and their roles, participants will be encouraged to approach their line manager for supervision. This will encourage more contained reflections regarding their role within their employment too.
<b>15. 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.</b>
Participants will be encouraged to seek further support if they wish some support to explore some issues arising from the interview, as outlined in Section 13.  During the debrief I intend to check on the participant's feelings following the interviews, this will be an opportunity to reflect about what has arisen for participants during the interviews. The debrief will also offer an opportunity for the researcher to seek feedback regarding the interview. If participants have any follow-up questions or would like to raise some comments regarding the interview process, they will be able to do so by emailing the researcher or the principal investigator and supervisor.  Participants will also be encouraged to seek support from their line manager and/or their team if they want to discuss some issue related specifically to their roles.
<b>16. Please provide the names and nature of any external support or counselling organisations that will be suggested to participants if participation in the research has potential to raise specific issues for participants.</b>
N/A. Because the interviews will focus mostly around professional roles and identities participants will be encouraged to discuss any issues which may have arisen with their line manager or supervisor.
<b>17. 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)</b>
N/A

**FOR RESEARCH UNDERTAKEN OUTSIDE THE UK**



<p><b>18. Does the proposed research involve travel outside of the UK?</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p><b>If YES, please confirm:</b></p> <p><input type="checkbox"/> I have consulted the Foreign and Commonwealth Office website for guidance/travel advice? <a href="http://www.fco.gov.uk/en/travel-and-living-abroad/">http://www.fco.gov.uk/en/travel-and-living-abroad/</a></p> <p><input type="checkbox"/> I have completed a RISK Assessment covering all aspects of the project including consideration of the location of the data collection and risks to participants.</p> <p>All overseas project data collection will need approval from the Deputy Director of Education and Training or their nominee. Normally this will be done based on the information provided in this form. All projects approved through the TREC process will be indemnified by the Trust against claims made by third parties.</p> <p>If you have any queries regarding research outside the UK, please contact <a href="mailto:academicquality@tavi-port.nhs.uk">academicquality@tavi-port.nhs.uk</a>:</p>
<p>Students are required to arrange their own travel and medical insurance to cover project work outside of the UK. Please indicate what insurance cover you have or will have in place.</p>
<p><b>19. 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. Please also clarify how the requirements will be met:</b></p>

#### **SECTION G: PARTICIPANT CONSENT AND WITHDRAWAL**

<p><b>20. Have you attached a copy of your participant information sheet (this should be in <i>plain English</i>)? Where the research involves non-English speaking participants, please include translated materials.</b></p> <p>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p> <p>If NO, please indicate what alternative arrangements are in place below:</p>
<p><b>21. Have you attached a copy of your participant consent form (this should be in <i>plain English</i>)? Where the research involves non-English speaking participants, please include translated materials.</b></p> <p>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p> <p>If NO, please indicate what alternative arrangements are in place below:</p>

**22. The following is a participant information sheet 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 and Principal Investigator (your Research Supervisor) 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 or other ethics body.
- 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 Trusts' [Data Protection and handling Policies](https://tavistockandportman.nhs.uk/about-us/governance/policies-and-procedures/): <https://tavistockandportman.nhs.uk/about-us/governance/policies-and-procedures/>
- 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](mailto:academicquality@tavi-port.nhs.uk))
- Confirmation on any limitations in confidentiality where disclosure of imminent harm to self and/or others may occur.

**23. The following is a consent form 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 research project is part of a degree
- 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**

24. 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 no 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 are 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.

25. 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**

26. 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:

27. In line with the 5<sup>th</sup> 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: In line with Research Councils UK (RCUK) guidance, doctoral project data should normally be stored for 10 years and Masters level data for up to 2 years**

**28. 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.  
 Research data will only be stored in the University of Essex OneDrive system and no other cloud storage location.  
 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 UK.  
 Research data will be encrypted and transferred electronically outside of the UK.

**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).

Essex students also have access the 'Box' service for file transfer: <https://www.essex.ac.uk/student/it-services/box>

- Use of personal addresses, postcodes, faxes, e-mails or telephone numbers.  
 Collection and storage of personal sensitive data (e.g. racial or ethnic origin, political or religious beliefs or physical or mental health or condition).  
 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 University of Essex OneDrive 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.

**29. 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

**30. Please provide details on the regions and territories where research data will be electronically transferred that are external to the UK:**

N/A

## **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)?**

N/A

**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)
- Letters of approval from locations for data collection
- 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.**

N/A

## Appendix 9

### Letter of TREC Approval

The Tavistock and Portman   
NHS Foundation Trust

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

Tel: 020 8938 2699  
Fax: 020 7447 3837

Lara Milletti

**By Email**

29 March 2021

Dear Lara,

**Re: Trust Research Ethics Application**

**Title:** An exploration of Educational Psychologists' roles and identities within and alongside CAMHS teams: an Interpretative Phenomenological Analysis.

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.

**Please note that any changes to the project design including changes to methodology/data collection etc. must be referred to TREC as failure to do so. may result in a report of academic and/or research misconduct.**

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](mailto:academicquality@tavi-port.nhs.uk)

cc. Course Lead, Supervisor, Course Administrator

**Appendix 10**

Example of transcript with initial comments and emergent themes

Emergent themes		Descriptive Conceptual Semantic
<p>Being a manager of a CAMHS locality team alongside another CP</p> <p>Two CAMHS team working alongside</p> <p>The CAMHS Team has a range of different professionals</p>	<p>I: So maybe you can tell me we can start with you telling me a little bit about kind of the structure of your team and your main responsibilities as an EP.                      P: Yeah, and so the structure of the team is set up in terms of ehm.                      Well, I'm the manager of 1 locality uhm and there's a manager of another locality and we're both psychologists. I mean it, you know, educational psychologist and clinical psychologist and uhm but we very much work as a whole team, so I'll tell you like. The sub-team. The one I'm directly responsible for, but it's very much all together and so in the *locality* there's an EP my-self and then we've got a supervisor who is an EP and then we have, uh, a-somebody who is doing parent training.                      Uh, which is part of this- children young people uhm increasing access to psychological therapies and they so they're doing their they're doing a course in that, which is a post grad diploma and then and we have It's changed a little bit 'cause of uhm, maternity leaves and things like that, but generally there would be then uhm four school practitioners who are all, uhm. Education, mental health practitioners by background and yeah, so that would be kind of the-the *locality*. There's me then there's supervisor.                      Then there's parent training, and then there's four, uhm, there's four school practitioners, and then in in the the *locality*, but all part of the same team there's another supervisor who's a counselling psychologist, uhm, and then there's somebody that's doing uhm a training and post grad diploma in interpersonal therapy for adolescents.                      And then there would be ehm. And they're not in this north, Everybody's full time equivalent basically, and in this site it's a little bit different in-in the *locality* end they have three.</p>	<p>EP as a manager of one locality sub team - two localities working as part of one big team</p> <p>CP manager of the other team                      Collaborations with clinical psychologist</p> <p>Working in a diverse team with parent training, other EPs, EWPs and EMHP</p> <p>Counselling psychologist, interpersonal therapist                      The other part of the team is different with school practitioners and CWP and EMHP</p>

<p>The team is mostly psychology based and not as MDT as one would expect from a CAMHS team</p> <p>There are some expectations that a CAMHS team should be very varied?</p>	<p>They have one person that is a school -four school practitioners and five school practitioners. one is a child well being practitioner by background, one is an uhm- two or child well being practitioner background one is a education mental health practitioner and and. Uhm, sorry It's I - I'm thinking it must be 4 'cause somebody just left and-and one person is uhm training to be well uhm systemic practitioner but is training to be a family therapist</p> <p>Uhm, yeah, so.</p> <p>I: OK, so the team is very varied. There's a lot of different professionals who are working together -.</p> <p>P: And yes, it's a win-. I mean, it could be more diverse in terms of, uhm, in terms of multidisciplinary background.</p> <p>I mean it, it probably has.</p> <p>It probably leans much more towards psychology discipline, but there-there.</p> <p>You know, uh, within that you know there there is.</p> <p>There is a bit of a -There is a bit of a range.</p> <p>Uhm yeah, it's not.</p> <p>It wouldn't be is.</p> <p>You know, if you think about other, uhm, if you think about other community teams in. In the team that I worked with before, it was very psychology heavy uhm and the team the wider team that we work in would be much more.</p> <p>You know there would be a nurse and there would be.</p> <p>Although having said that, in our team we did have a member of staff that Uhm, was but was very like acting as a supervisor.</p> <p>Uhm, who was from a nurse background and and likely will again.</p> <p>But yeah, I I think my point trying to come to is that I think of being in other teams where it's-it's much more multidisciplinary in the sense that there's family therapists.</p> <p>There's chat in our lessons like a therapist or psychiatrist.</p> <p>There's nurses, CBT therapists or psychologists.</p> <p>Uhm, yeah.</p> <p>So we, we, we, we we are I'd like this to be a bit more.</p> <p>Uhm, but there is.</p> <p>There is a there is a range of people have come from different professional backgrounds.</p> <p>I: Yeah, and what-what do you mean when you said you would like it to be a a bit more? uhm, I guess in terms of the families and the children you work with?</p>	<p>Family therapist</p> <p>Multidisciplinary CAMHS team The team is mostly psychology based</p> <p>There seems to be a feeling that the team could be more diverse in terms of discipline involved</p> <p>Hesitation – is there some expectations?</p> <p>Comparison with previous experience of more varied teams (comparison with previous, better experiences)</p> <p>I'd like this to be a bit more – expectations on what a CAMHS MDT Team should be like</p>
---	--	--



<p>A varied CAMHS team has better impact for service users because</p> <p>Being part of a varied CAMHS team allows professionals to learn from each other</p> <p>CAMHS team might extend further depending on availability of funding</p> <p>Working in a CAMHS team enhances feelings of unity and collaboration (we – CAMHS clinicians)</p> <p>Differences between professionals are less perceived within a CAMHS team</p> <p>Identification as an EP merge with identifying as CAMHS clinical?</p>	<p>P: can you just say that again?</p> <p>I: I guess I'm interested you said that you'd like it to be a bit more multi agency, so I'm thinking....</p> <p>P: And well, I-I suppose.</p> <p>In the sense that I mean, you get for the-for the children, families and schools. It's-it's really helpful to have that multidisciplinary perspective uhm and in terms of, you know, having a range of approaches that meet need, or at least potentially view things from-from different places which can be helpful and and and and then also just in terms of professional.</p> <p>Learning from-learning from other uhm from other people and different perspectives and and you know you can do that regardless of somebody's professional background. But if somebody's trained in a particular way, they often might come with uhm particular skills or outlook, or way</p> <p>Thinking, uhm, that can that can benefit the whole team.</p> <p>So for me uhm</p> <p>That's something that I think is important and uhm our team is is, you know, it's in it's it's not actually been in operation too long and and so the structure of the team has changed even within its two years of existence and and it's.</p> <p>Grown uhm, you know, at one point we didn't have IPTA, we didn't have parent training UM. Yeah, you know. So we we've been and we didn't have two other psychologist supervisors, so the team has grown.</p> <p>And if the team depending on funding uhm, if the team expands further and there's scope to be able to.</p> <p>Create-create more of a multidisciplinary team in terms of how-maybe a qualified family therapist or you know others then that would be something that we'd-we'd like.</p> <p>I: How do you perceive your role as an EP within the multi-agency team?</p> <p>P: Uhm so I guess. It's it -It's a bit different depending on the-. I don't know there's-some things that would be depended on I -I mean it's always depending on the context, but uhm and it -wo I think to be able to answer that I probably have to think about.</p> <p>Uh, a few different places that I've worked uhm and. How would I- How would I speak of it and- I'm trying to think what would be the best one to start off with. So in my - in my old service I was the I was the only EP in the team and uhm. It was interesting because they had - they kind of had this thing where they were they-they kind of were open to all disciplines and all disciplines did a generic role, as it were, we were all employed as</p>	<p>There is a perception that a more diverse team can have a better impact to CYP and families</p> <p>MDT can provide different perspectives</p> <p>Better chances of meeting needs</p> <p>The ability to learn from each other is valued</p> <p>Diversity in the team can enrich it</p> <p>Working in a new team</p> <p>Team is going through important changes</p> <p>Possibility of team growing even further depending on funding</p> <p>Relying on funding</p> <p>We- there is a feeling of team working, team as one.</p> <p>Depending on the context – there is a perception that roles and perceptions of professional identities changes with the needs?</p> <p>Being the only EP in a CAMHS team?</p> <p>Idea that everybody is the same within a CAMHS team – one title only (CAMHS clinician)</p> <p>There is a feeling that the role specific to the EP is lost within this setting</p>
--	---	--

<p>Loosing EP's unique professional identity Focussing on community psychology</p> <p>Being the only EP against many CPs? Personal values and skills match with job requirements?</p> <p>Ways of working within a CAMHS team match aligned with own professional title (interest in schoolwork / learning difficulties?)</p> <p>One's expertise is not defined by their professional title</p> <p>No need to fit into a perceived role (i.e.. An EP has to do a cognitive assessment)</p> <p>Every professional in CAMHS have equal opportunity to engage with a range of work</p>	<p>CAMHS clinicians, but then we would then have our our titles you know and -and I find in in that team. The rule wasn't really, they didn't actively seek an EP for specific things. They wanted a CAMHS clinician and and I liked a, you know I liked what the - that the service stood for. I really liked it with community psychology</p> <p>and I kind of felt that you know what I wanted out of a job and what they offered and the type of work sort of matched up. But and -and so whenever I worked in that team, I felt like as I said, I was the only educational psychologist, but there's a lot of clinical psychologists uhm and I mean, in terms of it I suppose in -in ways I was -It it it sort of. It wasn't that it was set out this way -It was just that, I suppose over time, people come to know maybe what your experiences and skill sets are and you're also attracted to maybe taking on certain things that maybe other people might not be as interested in.</p> <p>And so in - in that way, it's sort of I would say organically grow-grew that. Uhm, kind of naturally I am with more drawn towards schoolwork and if there was a if there was a uh, a concern that had a sort of an -an educational component to it. In terms of, you know, thinking about maybe challenges between home and school. uhm and uhm, maybe if there is like a -a learning component to the mental health need uhm, or indeed the-the service had a lot like project work and and some of the project work related to work in schools, so you know.</p> <p>Uhm, that would have been something that I would have been part of or done more of or and you know and like transition groups and things like that, so I suppose if there was also things that kind of related to kind of school and things like that, I would have been involved in them or if there was some workshops for teachers or school staff. Again, it might have been something that I was involved in. I wouldn't say necessarily that it was by default, Charlie the EP will do this. I think it was just more and you know, here's here's here's there's opportunities here, or these are the different things that are going on and there might have been a sort of request that would have come my way or I would have probably leant more towards taking up that work, and but I I come back to saying in a way You know it was a - it was a generic. we were all CAMHS clinician.</p> <p>So you know there is there is all the psychologists that were doing that were doing clearly doing school work, and I suppose over time people would have come to me if</p>	<p>Choosing a job for the value of the service Focussing on community psychology Choosing a job for personal interest / values? The only educational psychologist vs lots of clinical psychologist Idea that one tends to follow pieces of work that are more aligned to own skills Having an interest in a field contributes to choosing type of work</p> <p>Own practice is more oriented towards interests related to own job title Interest towards work around education, home-school or learning difficulties</p> <p>Interest in anything education-related (Transition groups, training teachers and school staff)</p> <p>Perception that one was not defined by their job title Idea that one tends to lean more towards professional interest, if given a choice Generic / we were all - sense of equity in this Other people involved in schoolwork – not necessarily having to fit in a box</p>
--	---	--

<p>Specific work aligns better with EP expertise (i.e., consultation with schools) → unique EP role</p> <p>Similar professionals would impact the MDT nature of a CAMHS team</p> <p>Some external perceptions about EPs working specifically with schools and having a specific range of experience</p> <p>Clarity around one's role is dictated by how the role is defined within the team (wanting a specific EP vs a CAMHS clinician)</p> <p>There is certain skillset that are linked and unique to the EP: understanding school systems, understanding barriers and facilitating change and understand of organisations, legal and theoretical perspectives</p>	<p>they were having the the the service to go on like quite a bit of focus with working with schools where previously it hadn't and then you know people would have come to me maybe for just like a consultation, just to talk through things. Uhm, so that was one example and and and I but I I did.</p> <p>I did find that you know we were all psychologists. Well, there was a there was a nurse and there was a CBT therapist and but the predominantly it was psychologists and and uhm yeah, so I'd say that that was that was kind of one example, but it wasn't - Yeah, it wasn't as multidisciplinary as-as well as other teams, and I mean another team that I've been in where I was the only EP related to I was in a team with some social workers and it was an and I feel like It was slightly -It was more defined because they specifically wanted uhm an EP and the work was very much uhm. This was before the last place was very much school -focused, uhm, and I think I was the only person in the team that had significant experience working in educational settings and I was the only psychologist in the team,</p> <p>so it was much clearer that uhm It was it was clear what my what, my role remit and function was and that really was like, you know, consultation and training uhm, you know, assessment and and there was a little bit of intervention there wasn't -there wasn't a lot uhm, so that was that team and-</p> <p>and in terms of you know in terms of the current thing that I'm in again, I don't think that I think that maybe as an EP, by virtue of your training and background. You might have certain skills and experiences that can be helpful, but I wouldn't you know, I I so as an example, I think that I might have or EPs might have as kind of a better sense of the education system and maybe the school system, and therefore I think that knowledge can be very helpful whenever you're trying to uhm you know, join things up, uh, develop code jacks, consider how it might work in the school setting be able to identify what the barriers might be -Think about what can facilitate and how it links with the curriculum. Uhm stresses and strains that school teachers might be going under or education staff might be placed under you know the school year and what comes along. You know things like that, you know, I think, maybe, UM. You might have more sort of -yeah, you got more experience in support of that and you probably have a little bit more input into that in terms of theoretical level as well as organizational and legal and all the rest of it, but I would say that people that are psychologists, that clinical psychologists,</p>	<p>EP as the one who would be better placed to offer consultation and support around schools</p> <p>We were all psychologists – similar roles?</p> <p>Having similar roles impact the multidisciplinary nature of a team</p> <p>Being the only EP</p> <p>Specifically wanted an EP – expectations about the role of the EP?</p> <p>EP as having significant experience with educational settings</p> <p>EP as representative of psychology profession</p> <p>Much clearer what the role – idea that the more a team is MDT the more unclear it is?</p> <p>EP doing assessment, consultation, training, and intervention</p> <p>EP is linked to have specific skills and experiences</p> <p>EP have a thorough understanding of school systems, understanding barriers and facilitating changes</p> <p>EP have a thorough understanding of stresses teachers might feel as well</p> <p>EPs have knowledge of organisation, legal and theoretical perspectives on educational systems</p>
--	--	---

<p>In a MDT CAMHS team skillset and experience seems more loose and unclear – everybody can gather experience in a field</p> <p>There seems to be some unclarity round what makes the role of the EP unique in a CAMHS team</p> <p>Perceptions of professional identities and roles are shaped by different external contexts (training providers / requirements and needs of the services)</p> <p>There seems to be some similarities in perceptions of roles of EPs and CPs</p> <p>Differences in roles between psychologists in CAMHS are shaped by previous experiences (EP being a teacher prior to the training)</p> <p>Differences between psychologist are shaped by different trainings and different experiences achieved during training</p>	<p>counselling psychologists that also work in schools and also maybe develop their skills in that way also can acquire that too. So in the current team that I'm in, yes, there's certain things that I think that maybe by virtue of as EPs experiencing background, can be can be helpful and we might be able to add a little bit more to that. I don't think it's necessarily this has come through. Therefore it comes to the EP. If that makes sense.</p> <p>I: It does. I guess it makes me wonder then what-what is your experience of what makes the role of the EP, or why is it called EP. If a clinical psychologist can do similar things in -in a in a multi-agency team.</p> <p>P: Yes, it's uhm. It yeah it's a -It's a-It's a good question uhm I think it's pro-, I think. I think it's uhm, how would I answer I think it's something so to my mind there's there is there there is something I guess it depends on context in which the psychologist works, and it also depends on how long how high experience they are so I think that the distinction between an EP and the you know, an educational psychologist or clinical psychologist or counselling psychologist. I think that that distinction is probably most pronounced during training and-and shortly after, and then I think the longer you dependent on where you work will probably have as much of an influence on shaping you as a psychologist</p> <p>and and therefore for my kind of my my experience anyway, is that uhm, the longer that I work within CAMHS setting the more I find that I'm I work with all their clinical psychologists As I say, my kind of Co-co-lead together, you know.</p> <p>The more time goes on, the more I see that-that there's so much there-there's definitely a lot more similarities than there are differences uhm</p> <p>and I think that some of those differen- even some of those differences are a result of-of experience. If you know what I mean of experience of being in the education setting so much long-like being being in education longer and having a range of experiences in a ed- from an educational background so for example, a clear difference and again this prior to training is that I was a teacher, so you know I have that I have that experience, which is something unique and different and and and and and.</p> <p>So I think that that that that does have a influence and then clearly you know the my-my training experience uhm there was there was differences there was I think there was a there was different focus on.</p>	<p>Idea that other psychologists who have experience in educational system can gather similar expertise as EPs Unclarity whether the EP can offer a unique contribution to a MDT team</p> <p>Repetitions and pause – unclarity about what makes the EP role unique? One's role is defined also depending on the context where one works Different experience can influence one's role Training journeys influence one's role and expertise The context (team and institution?) where one works shapes one's role and expertise Working in CAMHS with other psychologists (Clinical psychologists) creates similarities in roles. More similarities in roles than differences Differences in roles with other psychologist are given by previous experience Being a teacher before starting the psychology training is defined as unique and different</p>
---	---	---

<p>An EP in a LA has a more defined and clear function (providing psychological advice for EHCP)</p> <p>In a CAMHS team the differences between psychologists (EPs and CPs) are less defined</p> <p>CPs and EPs have access to similar experiences and possibilities of expanding skillset when part of a CAMHS team</p> <p>The role of the EP appears to have applicability in a range of CAMHS team – especially in community CAMHS (lead consultations, assessment, therapy and training)</p> <p>The skillset of the EP would not be appropriate for specialist CAMHS</p>	<p>So anyway, I need to come back to your your question about, you know, an, uh, does that kind of? So what I would say is that there's certain functions that an EP currently provides, that I think that you do need to happen. You know an EP is better placed for it, so for example, in terms of in in the local authority and when providing uhm psychological advice you know, clearly, UM, EPs have more experience of that, and their training part of their training anyway. You know enable- enables that and their experience on their placement and in their job and things like that asks that so, you know, I- I think that if if you're somebody thinking right, you know -you know, if you're a local authority EP working in schools and specifically looking at educational needs, strengths and needs and supporting that school system around it, then I think that you can see that an EP would be would be more appropriate and for that uhm then I think that if you're a psychologist or clinical or educational psychologist, and you happen to work in a CAMHS setting and you work in a CAMHS setting for a longer period of time, I don't think that the I don't know that those distinctions would be just as as big and. And I think that there would be things that, uh, CP can do that and EP can do and there's there's things that EPs can do. This CP can do provided they've got that, maybe further experiences and skills to to do it and and the last thing I-I I just to kind of say within that is that uhm a lot of my experience is still working in CAMH setting is working in community uhm, and I'm drawn to working in community and and and you know, in more in terms of early intervention, prevention and a lot more in terms of like the-you know the consultation uhm assessment therapy and training. I-I like to have a range of work and I work. I've been working in contacts within CAMHS that our community based have quite a lot of work in schools,</p> <p>so that also influences what I've said there because for example, I'm not working in a Tier 4. CAMHS service with inpatients uhm I'm not working in a specialist eating behaviour pathway. Uhm so again, it-you know you're you're caught, you know, and I think it might be very difficult for an EP to immediately get a a job in in those areas because their skill set and their experience is more in community settings.</p> <p>You know and-and probably working more with the system and then on what it would be if you were working in. You know some kind of people with acute mental health needs but that's not to say that I think of an EP. For example, wanted, they would need to kind</p>	<p>The focus of the training shapes differences in roles between psychologists Identified functions of the EP enabled by training and placement– are these recognised by Charlie? Unique contribution to psychological advice in LA</p> <p>The role of the EP appears to be unique and more defined when part of LA The role of the EP (or other psychologist) tends to be less clear in a CAMHS setting Less distinctions of roles between psychologists Provided they have that further experience and skills Working in CAMHS as part of the community Doing consultation, assessment, therapy and training within the community but still linked to schools Interest in having a variety of work</p> <p>Specialist CAMHS services and in-patients' units are more specialist Community CAMHS job is similar to LA EPS jobs</p>
--	---	--

<p>There is something about the specific skillset of the EPs that are of use to community CAMHS – maybe not to specialist CAMHS (Tier 4)</p> <p>Although some EPSs provide a variety of work, it always appears limited</p> <p>It is possible to maintain a specialist interest when part of an EPS (SEMHS) however statutory requirement limits this</p> <p>Statutory role is a priority in an EPS and primary function of an EP within a LA</p>	<p>of come into CAMHS they would need to gain more experience and probably training and-and potentially if that's where they wanted to be. Th-you know what I mean it could work towards it, uhm, but I don't know if that's what. Yeah, yeah. I don't.</p> <p>I: Yeah, I mean, I think it-it-it-it makes me think then that maybe the role is not as prescriptive as it would be maybe if you worked in an EPS and I'm not sure, whether that's true or if that's your experience.</p> <p>P: Uhm again, I think it -I think it probably might depend on the EPS uhm I mean I've gotten, you know there's a few EPS that uhm not that I've worked for, but like I know people that work within them and also I can see the range of work that they do and I'm kind of right, and I think you know there, there's there's there's scope and it seems as if the EPs there do like a really wide range of work which looks. You know it looks really impressive</p> <p>uhm, but generally I -my sense is, I mean, even whenever I worked in EPS, I did get the possibility to be able to do a range of work, but I think uhm, I wanted to focus on social, emotional, mental health and ultimately within an EPS, and that's going to be part of the work, but it's never going to be the sole focus and you're also not going to be within a-a team environment where that is that is the focus of the work, uhm and that can be very good in ways because there's a range of people that have different areas of interest and clearly, that's-that's good and given that you know the EPS has to provide a range of functions, but we'd be lying if it didn't say that I think the challenge is that if push comes to-shove what the EP and an EPS has to perform has to perform is this statutory function of providing psychological advice so I would say if you remain great EP, regardless of where you are, even if you're in a service that, uhm, you do have a range of work you're you're going to have to do quite a lot of you know there that's gonna have to be quite a sizable proportion of off your work, uhm yeah, and I think that uhm I think again I think different EPSs depends what it is but I think that that, uhm, can that in my experience in the past, has felt a bit limiting.</p> <p>I: Yeah, and it feel does does it feel different? I guess when you're in CAMHS?</p> <p>P: Uhm, yes, I mean I so talking broadly, in CAMHS, yeah. It feels, I guess. It-it feels different in the sense that I think, uhm, it doesn't feel as deficit focussed uhm I've I find in an EPS that you kind of you know you might come forward with trying to, you know, thinking about the alternative plot from like a narrative perspective or positive psychology or solution-focused or you know you could be trying to sort of strength-</p>	<p>EPs do not have the skill set to work in specialist CAMHS services (Tier 4) More training needed</p> <p>Is the role of the EP not as prescriptive in CAMHS?</p> <p>Some EPS offer a variety of work</p> <p>Impressive – expectation that generally EPSs have limited work offered?</p> <p>Interest and focus on SEMH Difficulty of maintain a sole focus on work in an EPS</p> <p>Different colleagues in an EPS have different specialist area of interest Push comes to shove Statutory function as the primary responsibility of the EPS Statutory work takes up a big part of the work for an EP in a LA working with statutory is defined as a challenge and limiting</p> <p>Deficit-focussed- idea that working on statutory reports elicits this?</p>
---	---	---

<p>The statutory role of EP within a LA limits the possibilities of expanding practice</p> <p>EP role within the EPS is perceived as deficit based to allow for funding to be appropriately located</p> <p>Working in CAMHS allows more contact time with CYP in comparison to an EPS</p> <p>More time to be involved in interventions in a CAMHS team</p> <p>The possibility of getting involved with intervention and therapeutic work is facilitated by the structure</p> <p>Vs having to individually promote different kind of work within an EPS</p>	<p>based assessment. You could be trying to kind of hold that in mind and you would be trying to sort of, uhm, you know, in your consultations or your meetings with parents or with young people you know you would you would be trying to kind of help promote that, but actually whenever it came there, there's the same system is set up that there's limited resources and one of the ways to be able to identify children that need support is that it has to in some way go to those that are the most needy and therefore naturally, that lends itself to really highlighting on what the deficits are and the struggles and the challenges uhm and I think that that's one thing that you know so I'd say that that there's something about that there's something about it.</p> <p>Whilst it can be very bureaucratic in CAMHS, particularly with all these different forms and everything you have to complete your knock, sidestepping the admin, it's all been in a different there's less admin I would say uhm and I'd say that there was a lot of time spent as an EP writing reports not all of it, but it was you know like and there were times where I spent more time on the report than I was working with the-with the young person, and I think that there's you know, and I think it was also difficult to be able to consistently be involved in intervention and so I would say that I really appreciate being able to be involved in kind of interventions in therapy which I don't think is just as possible uhm, within the EPS to be able to do that, and again I haven't worked in loads of EPSs, but my sense is uhm speaking to others and-and from my own experience, UM, it's going to be a a much smaller percentage of your work uhm and it can be, yeah and it can be quite difficult sometimes to be able to uhm and it's down to the individual sometimes it can also be down to the individual EP you try and make that change within the school uhm whereas I think you know with CAMHS you're under a structure were you know the work is kind of the therapeutic and the intervention uhm, it's not the sideline or it's not the-the smaller the smaller percentage. If you know what I mean.</p> <p>I: Yeah, yeah.</p> <p>P: So, so less that less assessment work, although assessment still. There, and I'd say there's definitely a lot less report writing. I don't think it falls just as deficit focused, and I have to say that also hold in mind that I work and I've worked in Community CAMHS where diagnosis aren't provided, and therefore there's maybe something about that that shapes things for me. Uhm, there's more proj- Well, I don't know for me, there's been more project work, and there's definitely more intervention work.</p>	<p>Attempt to offer more strengths-based approaches in an EPS</p> <p>Using narrative, positive psychology, solution-focused, strength-based assessment with service users and in consultations</p> <p>Attempts to use strengths-based approaches are not taken on board by EPS</p> <p>The lack of resources requires a deficit-based approach to recognise the needs</p> <p>Having to complete a lot of forms and admin in CAMHS</p> <p>Comparison with being an EP in an EPS – spending a long-time writing reports</p> <p>More time writing a report than with the young person</p> <p>Appreciate being able to be involved in interventions – there is a value in delivering intervention which was not possible in EPS?</p> <p>An individual responsibility in offering different kinds of work (try and make a change)</p> <p>CAMHS as a structure promotes therapeutic intervention as key tenet of the job</p> <p>In CAMHS there is less assessment and less report writing</p> <p>Working in a system that is not diagnosis -focused allows for more</p>
--	---	--

<p>Not having to offer diagnosis allows more creative work to take place</p> <p>Wider and positive impact of promoting mental health at a community level</p> <p>Possibility of CAMHS and EPSs being in competition to offer MH support</p> <p>CAMHS community services are more accessible to schools, might create a loss for EPSs</p> <p>Perceptions around the role of the EP are widening in terms of MH support</p>	<p>I: Yeah, it's very that's very interesting and and I guess I'm wondering then what the impact of that to the wider community uhm, of doing this kind of different work.  P: Do you mean in terms of uhm the the children, the families in the schools? Or do you mean in terms of the other services or what-what?  I: Uhm, yeah, I guess I was thinking about both, uhm  P: Well, I guess. I'm just closing out because of the light. I guess uhm (long pause). You know I, I think. Well, like to think that it's good for the the the children and the families in schools uhm you know, come as in there's a -there's a range. They they can access a range of services and and -and you know, support can-there can be there's more support out there they can access it in a more timely way. Uhm, there's you know different services that are promoting mental health uhm and you know trying to think about it from like a culture and ethos and whole the whole school level dying to kind of uhm class group and individual and so I think I think that that you know. So I think it's it. It's good for children, families and schools in terms of the EPSs uhm I guess that they're, you know, there's there's some there's competition there uhm</p> <p>and you know, I think what sometimes happens then is that if there's another service that are that is being provided funding to be able to do the kind of you know that meant to help work and in a way, and it doesn't have to be bought in and then I think that that might make it more difficult for-for EP -for EPSs uhm and-and you know</p> <p>I've-I've sort of been on the receiving end of that myself as many as the link EP to to schools uhm yeah, yeah, so you know I I yeah and I think that that I think that's difficult. However, I do think that one thing that I've noticed is particularly with the -the mental health support teams and as it started there wasn't - it felt like EPSs and EPs were sort of not really thought about within it and I think as times going on it's been quite encouraging that this is 1 area in terms of mental health for teens that you can really see an increase in EPs being involved and I think that that's partly because then you know it's been acknowledge- just in terms of the acknowledging the skills that the EP has and how well they know the schools and the local authority uhm and I think it's really it is really encouraging that and I- I think all the recent mental health support teams have all got EPs that are that are part of it. Yep, and I think as well that EPSs is - are being commissioned. You know that it's being hap -it's it's happening in a Commission level where they're going to the EPS and saying, you know. Rather, you</p>	<p>creative work? (Projects and intervention?)</p> <p>Community intervention and therapeutic work promotes positive impact for service users  Offering support in timely way  Promoting mental health has a wide impact on families, schools and CYP  Different services are doing similar kind of work  Mental health as a culture and ethos of a school  Community CAMHS in competition with EPS about promoting MH work  CAMHS can provide service to schools that is free to the school  Threatening the ability of the EPS to engage in this type of work?  Receiving end – something being done to the EPS?  What are the perceptions on the role of the EP?  EPs not initially considered for MHST  EPs are starting to be more involved with MHST project  EP can offer contribution due to knowledge of schools and LA systems</p>
---	--	---



<p>There are possibilities of EPSs and CAMHS to collaborate with MHST</p> <p>The role of the EP can be applied to a range of services and teams (YOT, LAC...)</p> <p>Being an EP in CAMHS can challenge some mistaken perceptions around the role of the EP</p> <p>Lack of funding as a barrier to EP engaging in a variety of work in schools</p> <p>Negative impact of traded time and services</p>	<p>know we're not that CAMHS aren't employing EPs directly, but we do want an EP. To be included in the team and and so EPS or stem within EPSs, but they're being commissioned to be able to join a range of different services uhm and the mental health support teams. Probably one of the more recent uhm times that that's happened. Obviously you know EPs are also included in terms of like LAC teams adopting teams uhm youth, offending teams, you know and and and different in different areas like that in different projects like that uhm, so I'd say that there's it's there's opportunities and there's there's opportunities and threats I suppose.</p> <p>Uhm, and it's encouraging because it feels as if EP and EPSs are certainly being thought of a lot more from my perspective in terms of being involved in in in mental health and I would hope that in a small way, maybe in within you know with me being a lead in a CAMHS team that I would then be demonstrating both the within CAMHS and also uhm to to outside that you know, EPs can do this work and and you know so. Which in turn further kind of helps, I think. Uhm, you know? Like for example, if I'm in a school, I was in a school in my last team as I say, and I was, you know there was the I was the CAMHS EP and they also had a link EP and I and we worked together and uhm I would very much think that they would then beat the school. Would then be thinking if they hadn't done before. Oh EPs can do they can do CAMHS work, you know 'cause they're-he's in it. He's doing it. And and I, I would imagine that that could be also helpful for the EPs and EPS, yeah?</p> <p>I: Yeah, and what do you think the threats are to this?</p> <p>P: Uhm, I think the I as I say it's -I think it's it there's part of it. It's money and-and in terms of thinking about, uhm, it's as I say you know EPSs is to be able to provide mental Health support or to Prep- I suppose in in schools, what's been really helpful in some ways is traded services that allowed schools to buying more EP time, which allow- has allowed EPs then to provide a wider range of work, but at the same time they're not dependent on the school having the funds to be able to do it and if you're a school, it doesn't have that much funding uhm, then you're going to prioritize your EHCPs and therefore the-the link EP is going to do that work, and the school's going to think, well, we have another service that could provide some mental health support, therefore will go to them for that 'cause it doesn't cost us anything and we'll get-we'll get the EPS to do that so they think at at at at a purely pragmatic level, and I think that that's I--I would imagine that that's a bit of a threat for EPSs. It is.</p>	<p>One EP per MHST  MHST are commissioned by EPS  EPs are not employed by CAMHS  Collaborations between CAMHS and EPS?</p> <p>There are opportunities for EPs to join different LA services (YOT, LAC, Adoption.)  Threat – to the role of the EP?</p> <p>Including EPs in mental health work is developing  Leaving an example of what EPs can do within CAMHS</p> <p>Challenging expectations on what EPs can do  Collaborating with link EP of the school</p> <p>Money and funding are identified as a barrier to mental health work for EPs</p> <p>Traded services as a facilitator factor for EPs to engage in diverse work  Traded time acts as a barrier to EPs engaging diverse work and only focussing on EHCP</p>
---	---	---

<p>There are some competitions between services in terms of who can provide MH support (schools would choose services that are funded)</p> <p>One has the possibility of choosing a role that is more suited for them</p> <p>Perceptions that challenging the role of the EP and offering a range of work is a responsibility of the team managers (EPSs)</p> <p>The job of the EP within an EPS is defined as narrow</p> <p>Personal interests seem to influence career choice</p>	<p>But for the individual EP. What do you do? Do you know what I mean? Do you stay within the EPS, uhm, and potentially do work that you don't really want to do, or you're not as interested in uhm</p> <p>and rely on people above you to promote the service and to enable that to happen</p> <p>or do you think "actually, I know, I know I'm interested in this area of work. I know that this is where I want to progress and develop" and-and therefore you-you potentially go to the other you go to the CAMHS service and work for CAMHS where you know that you know the work that you want to do is going to be there and available uhm, so I suppose that's another threat for the EPS that I think that EPSs uhm if they don't diversify and enable this broader range of work</p> <p>I think that you know I think it's already happening. I think that EPs are no longer remaining within the local authority and doing a narrow -narrow you know and-and - what could be perceived as -a very kind of narrow, uhm (<i>pause</i>) job by the without the range of work with the being trained for and, and therefore I think a lot more people are working independently or working for charities, or indeed are working for uhm CAMHS</p> <p>I: I guess you mentioned before that this being sort of your dream job, you mentioned you said the word dream jobs and I'm wondering like what leads you to working CAMHS and I'm wondering?</p> <p>P: Did I?</p> <p>I: What you just mentioned is part of your experience as well or what motivated you to-to work as part of CAMHS?</p> <p>P: I guess that I so -I-I suppose as a teacher I was always I've I always kind of. I always like this social, emotional, mental health side and the like. The PSHE side, the pastoral side and uhm and-and I think that I then uhm and then I trained at the *institution* and I think the *institute* has a has has a more of a focus on emotional you know the emotional aspects and and and mental health and and and I think that the also the theories that we you know the frameworks in the kind of key systemic in psychodynamic kind of theories let, you know naturally lend themselves more to a kind of mental health and well-being uhm and I think in my training and it was more the therapeutic opportunities, and again more of the social emotional side of things that I was particularly interested in and then as a as a as a qualified EP I then uhm managed to</p>	<p>Schools are more inclined to use funded services</p> <p>Competition between EPS and other services offered to the community due to traded services / lack of money</p> <p>Personal choice of seeking a job that aligns to personal interest</p> <p>Idea that the role of the EP is promoted only by seniors and managers?</p> <p>One has a choice in the career they want to focus on</p> <p>Seeking the job, one is interested in EPs leaving the LA to find a better job can be a threat</p> <p>EPS are responsible for providing a breath of diverse work</p> <p>The job offered by the EPS is defined as narrow as not focussing on breath of training</p> <p>More EPs are leaving to find more satisfactory jobs</p> <p>Hesitation in defining the work as narrow</p> <p>Personal interest in SEMH motivates career choice?</p> <p>Training institution influencing career choice (training at the *institution* focusses more on SEMH)</p>
---	---	---

<p>Training institution influence career choice</p> <p>Even if personal choice motivates career focus this is impacted by budget and funding's available in an EPS</p> <p>Providing MH support in a EPS is defined as an end-round</p> <p>Personal beliefs impact career choice (CAMHS as a nice fit for Charlie)</p> <p>Working in CAMHS allows more time to build relationship with CYP and support long-term change</p> <p>Working in CAMHS allows one to extend skills and engage in learning opportunities</p>	<p>get my schools to buy, you know, buy me in and I was able to work in two primary schools one day a week, which then again afforded opportunity to do some SEMH intervention and and then uhm and then I got an interest I did how I still do, but it was more of a focus then and kind of uhm looked after children and children adopted and uhm again, that had quite a component to it - it was SEMH and and so I guess you know the interest was there. The work that I was doing that I was drawn to was related to that and as I say uhm I think that I was working in an EPS where I did have a range of work. However, it felt that it was quite dependent on a yearly contract or a 2yearly contract where you're dependent on a school haven't bought that service in and then you know with budgets cuts come in</p> <p>having a sense that -that that potentially might not be there, and uhm and that I, as I said before, kind of yeah, the statutory function is to provide psychological advice uhm, and knowing that I wasn't really happy, you know with limited time of getting to know young people and then you know, spending ages on report writing and not really being involved in the-the intervention side and not having the same opportunity to develop relationships with young people uhm and so -so for like kind of though, I'd guess that those is kind of end-around. Why I then uhm wanted to come, you know, go across. And as I said, I moved across and I'm-I'm more of a community CAMHS setting to be uhm and -you know? It it felt like a really nice fit. Actually, in terms of you know, there was a range of work -It wasn't -I wasn't terribly happy 'cause that's the one to do intervention I know that, uhm, you know change can happen and you can support change through a range of -range of ways and means and actually sometimes you know work and there's a place to work with a young person, of course, but there's. Also, a place to be working with the system around the child uhm and I feel that you know there's not just one route and it depends, and actually you know and -and so I appreciate that I'm uhm-but last time in my last place and also in this place that I can do a range of work, uhm. Yeah, so that yeah, uhm and-and I feel like my therapeutic skills and understanding is definitely improved uhm, since working in CAMHS uh which I like that I'm interested in, and I think that I'm interested in.</p> <p>I'm particularly interested in like psychoanalytic theory and application, and I think that, uhm you can you're you -you know you're able to do that, I think uhm further if you're working individually, uhm, I'm not you know, you know, when we know that you can apply it to kind of thinking about working in consultation and with systems and things</p>	<p>Training on specific theories (systemic and psychodynamic) influences career choice?</p> <p>Running SEMH intervention as a link EP to a school</p> <p>Personal interest in LAC and adopted children</p> <p>Range of experience in an EPS</p> <p>Work security is dependent on yearly, 2yearly contract and on schools buying your services</p> <p>Budget cuts served as a threat to job security</p> <p>Not really happy</p> <p>There is an idea that personal beliefs impact job satisfaction and own role?</p> <p>Wanting to build relationship with CYP</p> <p>Current EP practices in EPS defined as end-around – sense of purpose missing?</p> <p>Nice fit – the community job is more aligned to own practices?</p> <p>Working in CAMHS allows one to focus on interventions and long-term change for a young person?</p> <p>Possibility of working on an individual level and a systemic level</p> <p>Possibility of engaging with a range of work</p> <p>Improvement in own therapeutic skills and understanding</p>
---	--	---

<p>Working in CAMHS allows one to learn from other professionals and engage in further training</p> <p>Mistaken perceptions around the role of the EP impacts possibility of employment EP roles are not listed within CAMHS job adverts</p>	<p>like that, but a lot of the theory comes from working with -with people wonder one uhm so it's also helpful, or in groups, and so it it it's helpful to have the ongoing experience alongside the kind of the rating and the kind of the different learning opportunities.</p> <p>I: Yeah, and what do you think that -I guess what? What are the positive aspects then of like you kind of mentioned it already, but of being part of a CAMHS team for an EP. We mentioned the therapeutic aspect a lot.</p> <p>P: Yeah, I, I guess. For EP being within a CAMHS team, the -so if you've got an interest in mental health and social emotional health, then that's going to be, you know predominantly your focus and and so there's an opportunity to further just by virtue of the work you're going to be able to kind of further develop your skillset and experience. In that area and we then being within MDT, you know you're also surrounded by people that are from-from different professional backgrounds and experiences, and so you know in- in that sense, your kind of learning is going to be enriched through-through experience of joint working or even in conversation, in consultations and you know, reflective spaces uhm and I'd also say that funding for extra training comes more into CAMHS than it does within the EPS, so I think that they're in in my experience, there's been more opportunities for kind of training that's actually come from, I think, come from CAMHS and what there has been in the EPS, uhm so yeah, I say kind of interest in focus learning from others and-and training and development as a gift and joint working obviously and and yeah and I guess then, on the opposite side is that are there any barriers for any EP? Uhm, I think one of the challenges that I've -I think one of the challenges is that perception of what the EP role is uhm, and I think that it -I think that, uhm whenever I was going for jobs, I mean I'm employed under CAMHS and as I said, other people that do a similar role domain not the same, uh, because I'm a-I'm a clinical lead and EPs that work for the mental health support team or at a lot of them are educational leads uhm, but I would say that whenever I was looking for prior to the job that I do now even do the one before there was very few places that said that educational psychologists could apply, so they'd say like CAMHS practitioner, and then they list a lot of professions, but educational psychologists weren't there, and I remember even seeing it in Islington, for example, seeing a job that I felt like the skill set would match and I emailed them and said, you know, I think that I would meet the criteria, but uhm I'm an educational psychologist with that can I apply and I was told and I -I actually don't know if it actually went to a clinician, I wonder whether it just remained within HR, but they came back to me and said no, you wouldn't be eligible to apply.</p>	<p>Personal interest in psychoanalytic theories Possibility of applying or expanding own interest when working in CAMHS</p> <p>Working in CAMHS allows one to develop understanding, experience and learning</p> <p>Main focus on SEMH in your practice</p> <p>Developing skillset and experience of working with SEMH</p> <p>Learning from other professionals when being part of an MDT team Opportunities of taking part if training More funding to CAMHS than in EPS</p> <p>Opportunity of working with other professionals and reflecting together</p> <p>Unclear perceptions of others around what the EP can do Other professionals that have a similar role to the EP CAMHS job advert doesn't list EP as appropriate for the job</p>
--	---	--

<p>One must sell their own role and demonstrated that EP role can be applied in different contexts Having to challenge mistaken perceptions</p> <p>Difficulty of employment in CAMHS is perceived as a barrier to working in CAMHS</p> <p>Perceptions around the EP role within a CAMHS team are not prescriptive nor impenetrable (not being put within a cliché) – flexibility</p> <p>Training providers should offer TEPs the possibility of getting</p>	<p>Uhm then I with the job that I got, I just put in my application at previous job I just put in my application and didn't even I didn't ask them about it, even though it didn't say EP and they invited me to interview and I got the job and so you know and then what I've noticed is I've then said to other places you know, our sister kind of service I've said whenever I've seen jobs come out, why haven't you paid that for an EP and they're like, oh, Oh yeah, yeah, you're right, right? Like a course, and they've changed it, so I now see in certain areas that they do include EPs in the job. So, in terms of your barriers, I think that one of the barriers. To begin with is actually potentially getting a job within CAMHS, because although there's more places that are look are open for the EPs to apply. I still think that a lot of it, a lot of CAMHS. Presume that EPs are-aren't suited or aren't eligible for for jobs, and we'd say that yes, there is certain jobs within comes at an EP skill set typically would not meet as a Tier 4 and more intensive and acute. Mental health specifically, but in terms of like communities' stuff I think EPs and CAMHS just and disability services, autism services. I mean, there's a lot looked after children services. There's a lot of services that I do think that we could, that that that it. It shouldn't say that we're not eligible, and I think that we should at least be able to apply and then. You know, will say whenever CAMHS interviewed, you know. So anyway, I'd say that that's a bit of a barrier.</p> <p>Uhm and I'd say that I have happened to work in services that don't have that. They don't uhm, generally speaking, I don't think that I really come across any within the teams, I don't think you know people think oh, you know he's an EP he can't do that or that type of thing uhm and I don't think and I don't, and I think it's maybe because we have got more of it in that *team* anyway, there's more of a long tradition of EP being around, I do think that I'm I don't I I don't I've never been - that cliché about being asked to do a cognitive assessment I've never been asked to do cognitive assessment and I haven't done I I did. I did one more recently and just a few and uhm because I 'cause I was doing the work and I felt that it would be important to help with the formulation but no, I've I've never -I've never been uhm asked about what other barriers 'cause it feels like a very uhm I guess one of the things that I do think that has come up a little and I think this is a bit of and and this is something that I think that maybe training providers should consider. uhm is that, and maybe the *institution*-you know, it's something that I think that -It comes with an additional cost. I think the challenge with getting into CAMHS services from an EP perspective is that in your training and other- like clinical psychologists. I mean, their core therapy training is, well, one of them is CBT and then</p>	<p>Idea that the EP role can be applied in different contexts and with different roles? Other's mistaken perceptions about what the EP can do</p> <p>Is there an idea that one has to sell their own role to be doing something different? There seems to be a lack of reflections around what the role of the EP actually entails. Having to challenge perceptions around the role of the EP</p> <p>EP role is not suitable for specialist CAMHS services (I.e., Tier 4) EPs could work with CAMHS community, disability services, LAC children The perceptions that EPs are not eligible for certain CAMHS jobs is a barrier to EPs working in CAMHS</p> <p>Professionals within CAMHS teams do not seem to have fixed perceptions around what the EP can do Cliché – Not being identified as the one who can do a cognitive assessment Not having to be fit into the box? Doing cog assessment as they fit better with the work</p>
---	---	--

<p>some therapeutic / CAMHS experience to widen employment possibilities</p> <p>EP training does not offer therapeutic skills certificate</p> <p>Not having enough therapeutic skills is a barrier to EPs working in CAMHS</p> <p>Promotion possibilities within CAMHS require one to engage in further training</p>	<p>often they have another and they come out with qualification of technically being able to provide their-like therapy in two models and I think that I don't think that whilst the *team* is the only place that has a CAMHS placement I think the other barrier for EPs two things is that a lot of services. Then, whenever you're applying for a job, obviously asked for you to have a CAMHS experience and if you're an EP working for an EPS and haven't had CAMHS experience whilst you might have the skills to be able to get in, you don't actually meet those criteria So there's that. The other thing is that I think that you know that *institution* does- do the systemic and the psychodynamic, but I feel that ehm they could do then maybe I, I think it would be helpful if EPs were -came out of their training with and being able to offer, uhm, you know, a therapeutic modality and feel more confident than not. So if it is CBT that maybe they have, you know they have CBT input per year and they've got a certain competency that might equal a certificate in CBT or adn the same with the systemic I mean I know the *Team* does a lot in terms of you know you do have family therapy input and systemic input, but actually there's a certificate that people do a postgrad cert in systemic practice uhm, and again, if that was possibly recognized within the course, like if you could do the course and you qualify from the course and one of the qual- you know, and because of the input that you've had in systemic, it equates to the certificate and it's recognized that way I think that would help EPs show that they have been involved in therapeutic work uhm, because otherwise EPs then have to do their qualification and then have to do further training and to sort of be able to kind of-t o-to well to have the seem to have uhm desirable skills to be able to go into kind of CAMHS uhm in in in in that way, and but other barriers I don't know if I'm not really feeling like you know? 'm not really. I don't -I don't think there are like, I mean in terms of further promotion and things like that. Again, I think it's down to experience and it's time to, you know, uhm I think as an EP, if you want to get promotion within CAMHS then you probably will need to do further training and you will need to acquire further skills and experiences but then surely that's true -that's true of everybody (laughs) people come, that that's sort of, yeah yeah, yeah. I: But I guess in a way then it makes me think there's a lot uhm of being defined in a way by the outside and just you having to sort of fit in that way and maybe I don't know I guess I'm-what I'm hearing is that you don't necessarily feel like you belong to that and what do you do if you don't belong to that box, uhm, I don't know if that's your experience I guess that's that's what I'm wondering.</p> <p>P: Uhm I don't know if it I don't know if this kind of answers that, and maybe this is my association to what you were saying I guess in a way I find that uhm you know, we kind</p>	<p>Doing a CAMHS placement as part of training as a possible facilitator to work in CAMHS?</p> <p>The focus of one's training could impact the possibility of working in CAMHS?</p> <p>Doubts about how much clinical and therapeutic skills TEPs get</p> <p>One barrier is not having had previous CAMHS experiences to be able to work in CAMHS</p> <p>Training institutions should offer TEPs the ability to deliver therapy</p> <p>The value of having a certificate assessing one's skill set</p> <p>There is an idea that EPs input in therapeutic delivery is not certified enough to be able to work with CAMHS?</p> <p>Having to do further training in therapeutic skills</p> <p>Needing further training and experience to be able to get promoted within CAMHS</p>
--	---	--

<p>The title 'educational psychologist' is limiting to what an EP can actually do</p> <p>Identifying with 'child and Educational psychologist' better</p> <p>The mistaken perceptions around the role of EPs are shifting thanks to EPs engaging in a range of work (bottom-up change)</p> <p>Change in perceptions on EP role should be top-down.</p> <p>There is a lack of involvement by management and higher positions in challenging the mistaken perceptions</p>	<p>of had these you know, I wonder A-little bit I think the EP- so I suppose in some ways and I don't really know where I land on it I'll be honest, but in terms of uhm the title itself, about an educational psychologist, I think in some ways that in itself might be a little bit limiting and I find myself. I mean I think that it's helpful. So, for example, something that's recently-so I kind of being a bit like. Well, no, I'm going you know, keep educational psychologist 'cause there's something about doing the work and doing a range of work that then shows people an educational psychologist does this work if you know what I mean so there's something about retaining that and uhm but then there's also something about I I think more recently I, I felt that it's important to add on. Child and educational psychologist because I think that it sort of broadens a little bit more the -the this scope and the understanding of of what you are, what you're doing and and so I guess there is-there is there and relating back</p> <p>so, there is. I guess there there is a perception of what EPs do and what EPs don't do and I think that there's increasingly a lot more opportunities and I think a lot of EPs are doing a wide range of work in lots of different areas, not, you know that is really that is shown what what they can do and and how they can help and and things like that uhm, so I feel like those barriers are becoming less or certainly some of those perceptions are shifting and changing, and I think that that's because you know a lot of EPs are going out and doing a wide range of work and and and the showcase and what that is. But I-I wonder if the change is happening a little bit bottom up, and I don't know how much is happening top down uhm,</p> <p>and I think an example of that is, you know the Green Paper came out. They talked about mental health in schools and there was brief mention of EPs uhm and yet whenever it came to sort of commissioning those services and thinking about who should be included and involved uhm EPs initially actually didn't seem to be being thought about, and it's only it's only over time that it's then a common -you know how helpful an EP could be uhm and that's happened bottom up that hasn't happened top down so and uhm and and then you go into wider things about like how small the profession is and you also have to hold in mind 'cause I don't I don't necessarily know how comfortable some EPs that haven't trained at the *institution* might feel about going into CAMHS setting because you know, maybe they're not afforded the same opportunities to gain the You know that experience uhm, so you know, and you know I-I</p>	<p>Hesitation in answering the questions – a lot of ongoing reflections / unclarity The title “educational psychologist” is defined as limiting Incongruence between finding the title limiting and helpful The title describes the EP role</p> <p>Identifying as a child and educational psychologist as better describing the role</p> <p>Needing to demonstrate that EPs can engage in a range of different work Barriers around mistaken perceptions are reducing</p> <p>EPs engaging in different types of work are helping the barriers being reduced The change is being created by the individuals and not by the management (bottom up –vs top-down change) Incongruence between what is stated and what is commissioned</p> <p>EP professions is still considerably small</p>
---	---	---

<p>Wider opportunities should be offered to TEPs</p> <p>Personal interest in SEMH motivates choice to work in CAMHS team</p> <p>Perceptions of own professional identities and roles are shaped by the context and the requirements of the team where one works</p> <p>Merging of EPs, CPs, counselling psychologists into wider psychology</p> <p>The role of the EP within a MDT team is not as prescriptive but perceived as a psychologist</p>	<p>would imagine that the curriculum for EPs over time, particularly it's gone to a doctorate, has probably broadened, and there's definitely across the board more of a focus on it, uhm</p> <p>But I can't I -I can't speak for other EPs that have trained in other places and you know so yeah, and-and it's not for everybody not every, not every-not everybody wants to, you know. I guess you know they -hey probably develop an understanding of social, emotional, mental health of course- course to do, but it might be they might be interested much more in cognition and learning, or you know they've got their interest in focus take some, takes them to other places.</p> <p>I: And that works well It's not like we need to do everything anyway, so.</p> <p>P: Yeah yeah, yeah.</p> <p>P: And I suppose, kinda after the uhm I-I suppose I think of, I think, you know, whenever I kind of saw, you know the kind of the focus of your thing. I -I think there's just I- I think. For me and I think I've said it, so I think it might become a theme in what I've said, but as I've talked, I feel like just I think there's something about the context he had been. Some things and that having for in my experience not having as much of an influence if not more in terms of ehm the role and how it's perceived and what you do in that job, or what you do in that role and and and I think that and overtime and with experience. I think that further shapes things uhm so I I, you know, and and and and you know, uh, another thing that I noticed that kind of happens a little bit in CAMHS teams is that some psychologists, more broadly and generally so you might have, you might have, like EP, CP, clinical psychology, or counseling psychologists but then actually I find what happens in an MDT, it becomes psychology and psychologists, and I think that you know auh and so, and that's because there's other professions within their uhm and I guess that you know one thing that I've noticed coming into, uhm into this into this team, for example, is that in my last team there wasn't a child and adolescents psychotherapists and there wasn't-there was people that were systemic oriented, but there weren't family therapists and then for example in this wider team you go into the team and you think, OK I think *colleague* work towards you, know systemic and psychodynamic, you go into this team and you're like, OK, there's a family therapist who is a qualified in systemic theory and there they are, and there's a psychotherapist that is psychoanalytically trained all the way through and then you're left and then you go OK as a psychologist what you know I don't have the same level of experience and skills in that area I don't have it in that area and so that's an example of but in the previous service I would have been people with authority is a bit more psychoanalytically</p>	<p>Questions about what other EPs feel comfortable working as?</p> <p>Importance of being given wide opportunities during the training to try different types of work</p> <p>Different EPs are interested in different areas of development Personal interest led to career choice</p> <p>The context where one works influences how one works Is there an idea that other's perceptions of the role give space to a certain way of working? Different experiences shape different perceptions of role Although different branch of psychology within the same CAMHS team it becomes psychology as a whole It becomes psychology and psychologists- Perceptions that roles merge into each other?</p> <p>Every CAMHS team is diverse, some have psychotherapists some do not</p>
--	--	--



The perceptions of own role is flexible and dependent on other people present in the team and the requirements of the team

oriented, but that's because we were a team of psychologists and so that's an example of how that who else is in the team and you know, and how that shifts and shaped things and and yeah and yeah, and and and the wider demands of what's being required of that of that service and but yeah so that would come, yeah, I so I have just went off the web and not but and in terms of yes so now that the question I've you kind of answered the like thought and more from my perspective I was just wondering like how-how have you found the other interviews with people and are you already seeing similar things or is there? Are you seeing differences or yeah?

I: It's very interesting. I feel like, uhm, yeah. So, I'm very much biased because I've I've done my CAMHS placement and I think I'm definitely sort of. I want to be income so a lot more than being an EPS, so I-I'm probably just a lot more drawn to that, but and I still have interviewed a few EPs in CAMHS, and I've heard a lot of the similar things that you've been saying and and completely opposite from EPS in my EPS, but at the same time sort of wanting to do that, but sort of being like but no, I can't in the EPS, so you know, I think like naturally people feel, that's that's how I'm experiencing but just people feel naturally drawn towards a certain way of working, which feels maybe more fair, which is very similar to what you've been talking to me about but being in an EPS feels like you can't do that because-because of the statutory function because of their resources because of being traded as well, it has a major impact 'cause of course then you have to do what school want you to do and and it's really interesting and in a way, yes one of the things that I was thinking about when you were talking to me was I feel like the job of the EP and the EPs is slowly dying because people don't want to do this anymore or, you know, people who've been training in the doctorate definitely have a different perception, and I don't know how much that's gonna hold up uhm, I don't know if that answers your question then.

P: Yeah, yeah yeah, no it does it does it yeah, and and it's in yeah, so the EPs in the local authority are you finding that they're saying, well, yeah, they're saying because of like resource because of what you know the statutory thing that they're not able to do it I mean, are you finding that they? Want to do it? are you finding it? Yeah.

I: I think definitely well, the people that I've interviewed definitely want to do it. I suppose as you said, there are probably people who are very much happy to do what they're doing, and you know, those are the ones that didn't volunteer to take part in my interview, maybe but I think, definitely those who interviewed work very much like, yeah, I want to do it and it needs to be done sort of thing but why is it not happening, uhm

P: Yeah yeah, yeah.

You're left – perception that maybe EP does not cover anything extremely specific?

Areas of expertise depend on the professionals present in a team?  
The team and external requirement of the team shape perceptions of roles?

<p>Personal motivators and interests to work in a specific way</p> <p>Not fitting with a general perception that EPs are CBT inclined</p> <p>There seems to be a feeling that finding own specific contribution to CAMHS is difficult and unclear</p> <p>Difficulty to finding own space within a CAMHS team as the EP role is not as prescriptive as other professional</p>	<p>I: And-and what you mentioned before about sort of you know, being in the middle of a personal restrain systemically, and a person restraints like psychoanalytically and you wanting to do both but you kind of are neither, I think I think subconsciously that's, uhm, that influence is a lot of people because it because I think that's that's what I was having when I was in my CAMHS placement as well and I think that's led me to the question. I mean, what is it like to be in EP in CAMHS and why not more people do it? and I was wondering, is there something about the role uhm and I don't know.</p> <p>P: Yeah, I mean I, I think on that I I think there's something about (long pause) I guess I feel that I feel I feel more confident to-to deliver therapy and uhm and-and I think tha- that might I don't know I think that that might that that helps because I you know I I like it, I'm interested in it. I want to develop in it, but uhm. So, I don't feel it in terms of the actual work itself. I suppose what I find challenging is I'm -it might be potentially for me. I could have maybe acquired more skills as my imagination could have acquired more skills or could have held a more uh like if I were more CBT orientated, which I I know I know I don't get me wrong, I've I've got an understanding of CBT and I do on occasion would use that and as a service we do use that in terms of low mood and anxiety and but I guess what I've noticed is that I think that the psychology profession being in CAMHS might be, particularly if there's people family therapists might be positioned a little bit more in terms of CBT and I think that that for me that's a bit tricky because I don't see myself as being, you know, that's not my uh, my main modality, and that wouldn't be what I would feel most comfortable working from uhm and so in that sense you know?</p> <p>It's a bit more tricky and then in terms of like the broader psychology skills that I suppose it is about being integrative and I think and again this depends on experience but I also think that uhm and so your training I get the sense that psychologists are trained and get more time to focus in on consultation uhm, training you know, reflect you know group supervision uhm Group supervision, group reflection things like that and well maybe not supervision such as a training, but what I mean is? uhm and therefore, whenever you come in to CAMHS service, you know you might be maybe in some ways I think that that's maybe something that psychologists might be slightly better at, a little, not and again with experience, those other people will be just as good or better at but at least initially. I think after training you've got that you know that you know those functions, I think that you can kind of provide those functions and feel more confident in providing those functions than what I would imagine.</p>	<p>Feeling confident to deliver therapy as a facilitator to working in CAMHS</p> <p>Personal interest as a motivator to working in certain way</p> <p>There seems to be an expectation that a psychologist would have a specific orientation (CBT)</p> <p>Other's expectations of one's orientation as a barrier</p> <p>Not fitting with the general perception of what orientation one should have</p> <p>Integrating different psychology skills</p> <p>Psychology training focusses more into group supervision and training</p> <p>Perception that psychologists are more skilled in group work?</p>
--	--	--

<p>Core skillset of EPs (group supervision, group reflections, trainings) as a way to initially find own role within a MDT team</p> <p>Defining and finding one's role within a CAMHS team is a long-term journey influenced by demands of team and opportunities one engages with</p> <p>Unique EP role: consultation, working with systems and schoolwork</p> <p>One's role can be widened within a CAMHS team and skillsets can be expanded</p>	<p>Uhm, you know, I I don't think like a child psychotherapist, for example, uh, would do as much training, for example, or run as much consultations for example, uhm or join up with systems and school systems in the same way as what an EP would so I I think yeah, I don't know I feel like a you know, at different points, I suppose at different points along your your training and I mean training in its broadest sense or your your your your career. Yeah, time hasn't had has an influence on that, uhm? Yeah, I don't know does that I feel like I've gone off tangent late with that, but does that makes do you know what I'm trying to like? 'Cause I'm trying to think, yeah there is something about being an EP and and thinking about what is it that I can that I can provide but then I think over time you kind of you, you naturally find yourself feeling like you know for me obviously, schoolwork. I'm obviously working with the wider system being involved in project work. Uhm, consultation, uhm</p> <p>and I I'm not as strong uhm therapeutically as as other clinicians I'm not, I don't have -I don't have the same -I don't feel like I've got the same uhm experience as what they do, and I certainly haven't worked therapeutically 1 to 1 with the same number of of young people that they have, I mean in terms of therapy.</p> <p>In the longer term, uhm I guess you know as I get more experience that I feel like that that that's not going to be as big of a point and can I do therapy that I feel that I make a difference and that it's helpful and supportive? Uhm, yes. Do you know what I mean? I: Yeah, yeah. Yeah, no, it's it's. It's interesting. I think now.</p> <p>You definitely are answering my questions and you're making total sense, you know, and I think the idea of the context is, I guess I hadn't thought about it, you know, but obviously, yes, it depends and and obviously experience does you know you just normally get more comfortable with what you can do which is very interesting.</p> <p>P: And yeah, and I wonder as we are like just thinking about training EPs coming into CAMHS service you know in some ways they're coming in their CAMHS service where</p>	<p>Broken sentences, difficult to understand the point that is being made – difficulties establishing specific skillsets of psychologists in CAMHS? Does everything merge together? Feeling confident in delivering some functions – something about finding own space within a CAMSH team? At least – something to find comfort in? Comparison with other professionals in terms of skillsets?</p> <p>Widening skillset and experience with time</p> <p>Something about being an EP and thinking about what I can provide – clear uncertainty</p> <p>It seems to be difficult to define the unique contribution of the EP working in a CAMHS team</p> <p>Identifying certain aspect of the job that are unique to EP: consultation, working with systems and schoolwork</p> <p>Not as strong as other clinician – comparison against other professionals with things that EP can deliver</p> <p>There seems to be a feeling of hope and confidence that skillsets can be widen and developed</p>
--	--	---

<p>The lack of opportunities during training to understand and work with CAMHS is perceived as a barrier</p> <p>Perceptions that wider management teams should protect opportunities for EPs to engage in a range of work</p>	<p>you know they're they're only starting on their training and then they're having to sort of make a contribution and provide a contribution whilst they're training, they're they're only become an educational psychologists, yeah? Uhm and I think you know and also. Other trainees that join, let's say the *Team* CAMHS from different professions tend to be year two and year three so there's something about that and also, and they also tend to be in the service more are for more time and that also has a has a, uhm, influence too and you know so high as in amount of time that you have fix, you know you the all the call the the the set up with the service in terms of what its remit is what other people are in the in the service and what they do? and then obviously has a, uh, influencing a little bit on what you do and it don't mean that also 'cause I'm just like, well, that doesn't just mean that we just sort of morph into whatever is needed I don't mean that I do think we have kind of core things, but those other things I think do shape and influence uhm. How did you? How did? How did you find your CAMHS placement yourself?</p> <p>I: Oh I, I really enjoyed it and it was obviously I think it was interesting. I guess there wasn't any EP in my team, so it was interesting that during the multi-agency meetings you know there wasn't a lot of conversations about schools and about the educational influence and I was wondering. You know, at times I wondered, or you know, but how? How is this child doing at school? and they were like, oh, I don't know and you're like you kind of need to know though, right? And I was wondering how it would be amazing to have an EP here 'cause you know, like it's important, I think the things that I've done, like I did I, I did a bit of cognitive assessment, but I also did some CBT and I did some assessment with my supervisor who was a clinical psychologist and I was thinking actually would fit perfectly here like I don't see it being wrong at all and I just really really enjoyed it and-and now being in an EPS and just in the EPS, it's like I feel like it's very limited and I feel like I could be doing a lot more uhm and yeah so.</p> <p>P: Yeah, yeah. Yeah, I mean, I'm not why (long pause) Not what I like you know, I don't know I I kind of like I think, and it's not easy It's really not easy, but I think that's why. Principal EPs, or the senior EPs. Or you know, and it's and it goes above them too. So, and I know it's not and and and no, it's not straightforward and easy, but if I was if I was a principal EP, I would be thinking I need to make sure that there is a range of work that my EPs can be doing. Because if I don't, they're not going they're not going to stay.</p>	<p>TEPs doing their CAMHS placement at the very beginning of their training</p> <p>Comparison with other trainees coming into CAMHS with more experience? TEPs are not given enough time to get adjusted to the CAMHS system and understanding how it works</p> <p>TEPs are maybe not given enough time to figure out what their role is within a CAMHS team too?</p> <p>Unique contribution of the EP is recognised</p> <p>The role of the EP is shaped by the needs of the service</p>
---	---	--

<p>Negative influence of lack of funding on diverse work opportunities</p> <p>More opportunities for EPs to focus on MH should be offered (side-lined)</p> <p>Having protected space and time to allow TEPs to engage in a variety of opportunities</p> <p>EP work in EPS is defined as a treadmill / EHCP machine</p>	<p>Uhm, and I know that that's not as easy you know, I know that that then means a lot of funding I know that that means, but I really think I I you know this thing about? You know, EPs sort of being side-lined with the you know the initially with the mental health supporting I mean I find in my experience in my old EPs they they there wasn't a real interest in social, emotional, mental health there was a little like it was like, Oh yeah, we've got an EP that want to do that, but I don't think that I got the sense from the very top that that was a priority and that was something that was constant you know, that was something that had been held in mind and there was going to be opportunities for that to happen and that was one of the things as well you know, I, but have said that I know that there's other EPS is like for example *LA*. *LA* EPS sounds really good in terms of the range of work that they that I don't know what it's like on the ground obviously I'm not there but I certainly from-from seeing and hearing all the different things if they're involved, then I mean it's really really quite you know, there's quite a lot. I: Yeah, I mean, I think it definitely depends on funding in my EPS is very much, you know, understaffed and underfunded and you know in a very tricky situation. So of course it's you know it's good enough that we still have the traded bits, 'cause a lot of the pieces are taking that away and then just focusing on statutory but you know, we're getting very much close to that because-because, yeah, there's there's absolutely no resources to do that at all, and it's just you know very sad.</p> <p>P: Uh, and then people think part of being a bit like a a-treadmill in terms of you know, kind of your like and you know you're I've heard you know people say you're like any EHCP machine 'cause you're just, you know you're do you think with the *institution* and are they is it? Is it helpful that there's certain requirements that the *institution* you're saying as a trainee you need to have and therefore that needs to be kind of privileged and thought about? If you know what I mean, like are you? What I mean is, are you getting to be able to? Do a range of work because of your training</p> <p>I: Yeah, I think definitely just having those sorts of things that you have to get done. Like the CBT training makes you know makes us a little bit more protected, but also it doesn't necessarily it's not thought about as much like it's the the one thing that you necessarily have to do, which is CBT fine then you get to do it and it's fine, but if it's. Anything else that might be good for you might be interesting for you then no, it it doesn't happen because you need to do the statutory because we need that to be done on and and so in a way, yes, and like I feel very fortunate to be able to have those opportunities and but I feel like it could be implemented a lot more maybe from that *institution* you know from the training into the placement</p>	<p>Idea that senior managers within EPs should allow more opportunities for EPs to work in creative ways</p> <p>Creative ways of working require more funding available to them</p> <p>They're not going to stay – idea that EPs want to engage with a range of work</p> <p>EPs are not considered for Mental health support – side-lined</p> <p>SEMH work is not a priority in some EPSs</p> <p>Idea that one should take responsibility over own practice if want to see change</p> <p>Being on the treadmill and being an EHCP machine-</p>
--	---	--

	<p>P: 'cause one thing that I think is quite good. It's chart its pluses and minuses, right, but I think one of the things that as a training I wonder well it might be helpful for you know and I know they would be uproar with local authorities because you know they wouldn't and and it would affect funding but it does make me think like in training chewed, and I mean broadly 'cause obviously *institution* does have their CAMHS but she'd broadly EPs be put into a range of different placements, because if they did that, then it would very much signify that it's there.</p>	
--	---	--

## **Appendix 11**

Example of superordinate themes for one participant

**Coming together as a team**

**Flexibility of role and (perceptions of)**

**Variability of role is often limited by systemic difficulties**

**Personal factors aligning with job requirements in CAMHS**

### **Coming together as a team / merging professions**

Working in a CAMHS team enhances feelings of unity and collaboration (we – CAMHS clinicians)

Differences between professionals are less perceived within a CAMHS team

Identification as an EP merge with identifying as CAMHS clinical?

In a CAMHS team the differences between psychologists (EPs and CPs) are less defined

CPs and EPs have access to similar experiences and possibilities of expanding skillset when part of a CAMHS team

Merging of EPs, CPs, counselling psychologists into wider psychology

The role of the EP within a MDT team is not as prescriptive but perceived as a psychologist

Loosing EP's unique professional identity

The perception of own role is flexible and dependent on other people present in the team and the requirements of the team

There seems to be some similarities in perceptions of roles of EPs and CPs

In a MDT CAMHS team skillset and experience seems looser and more unclear – everybody can gather experience in a field

There seems to be some unclarity round what makes the role of the EP unique in a CAMHS team

Clarity around one's role is dictated by how the role is defined within the team (wanting a specific EP vs a CAMHS clinician)

Perceptions of professional identities and roles are shaped by different external contexts (training providers / requirements and needs of the services)

Perceptions of own professional identities and roles are shaped by the context and the requirements of the team where one works

There seems to be a feeling that finding own specific contribution to CAMHS is difficult and unclear

The CAMHS Team has a range of different professionals

The team is mostly psychology based and not as MDT as one would expect from a CAMHS team

There are some expectations that a CAMHS team should be very varied?

A varied CAMHS team has better impact for service users because

Being part of a varied CAMHS team allows professionals to learn from each other

Differences in roles between psychologists in CAMHS are shaped by previous experiences (EP being a teacher prior to the training)

Similar professions would impact the MDT nature of a CAMHS team

Differences between psychologist are shaped by different trainings and different experiences achieved during training

Core skillset of EPs (group supervision, group reflections, trainings) as a way to initially find own role within a MDT team



### **Flexibility of role and (perceptions of)**

Perceptions around the role of the EP are widening in terms of MH support

The role of the EP can be applied to a range of services and teams (YOT, LAC...)

Being an EP in CAMHS can challenge some mistaken perceptions around the role of the EP

One has the possibility of choosing a role that is more suited for them

The title 'educational psychologist' is limiting to what an EP can actually do

Identifying with 'child and Educational psychologist' better

The mistaken perceptions around the role of EPs are shifting thanks to EPs engaging in a range of work (bottom-up change)

Not fitting with a general perception that EPs are CBT inclined

Difficulty to finding own space within a CAMHS team as the EP role is not as prescriptive as other professional

Defining and finding one's role within a CAMHS team is a long-term journey influenced by demands of team and opportunities one engages with

One must sell their own role and demonstrated that EP role can be applied in different contexts

Having to challenge mistaken perceptions

An EP in a LA has a more defined and clear function (providing psychological advice for EHCP)

The role of the EP appears to have applicability in a range of CAMHS team – especially in community CAMHS (lead consultations, assessment, therapy and training)

Perceptions around the EP role within a CAMHS team are not prescriptive nor impenetrable (not being put within a cliché) – flexibility

Working in CAMHS allows one to learn from other professionals and engage in further training

One's expertise is not defined by their professional title

No need to fit into a perceived role (i.e. An EP has to do a cognitive assessment)

Every professional in CAMHS have equal opportunity to engage with a range of work

One's role can be widened within a CAMHS team and skillsets can be expanded

Being the only EP against many CPs?

Some external perceptions about EPs working specifically with schools and having a specific range of experience

There is certain skillset that are linked and unique to the EP: understanding school systems, understanding barriers and facilitating change and understand of organisations, legal and theoretical perspectives

Unique EP role: consultation, working with systems and schoolwork

### **Variability of role is often limited by systemic difficulties**

There is something about the specific skillset of the EPs that are of use to community CAMHS – maybe not to specialist CAMHS (Tier 4)

The skillset of the EP would not be appropriate for specialist CAMHS

Although some EPSs provide a variety of work, it always appears limited

It is possible to maintain a specialist interest when part of an EPS (SEMHS) however statutory requirement limits this

Statutory role is a priority in an EPS and primary function of an EP within a LA

The statutory role of EP within a LA limits the possibilities of expanding practice

EP role within the EPS is perceived as deficit based to allow for funding to be appropriately located

The possibility of getting involved with intervention and therapeutic work is facilitated by the structure

Vs having to individually promote different kind of work within an EPS

EP roles are not listed within CAMHS job adverts

Difficulty of employment in CAMHS is perceived as a barrier to working in CAMHS

Training providers should offer TEPs the possibility of getting some therapeutic / CAMHS experience to widen employment possibilities

EP training does not offer therapeutic skills certificate

Not having enough therapeutic skills is a barrier to EPs working in CAMHS

Promotion possibilities within CAMHS require one to engage in further training

Change in perceptions on EP role should be top-down.

There is a lack of involvement by management and higher positions in challenging the mistaken perceptions

Wider opportunities should be offered to TEPs

The lack of opportunities during training to understand and work with CAMHS is perceived as a barrier

Perceptions that wider management teams should protect opportunities for EPs to engage in a range of work

Negative influence of lack of funding on diverse work opportunities

More opportunities for EPs to focus on MH should be offered (side-lined)

Having protected space and time to allow TEPs to engage in a variety of opportunities

EP work in EPS is defined as a treadmill / EHCP machine

Possibility of CAMHS and EPSs being in competition to offer MH support

CAMHS community services are more accessible to schools, might create a loss for EPSs

There are possibilities of EPSs and CAMHS to collaborate with MHST

Lack of funding as a barrier to EP engaging in a variety of work in schools

Negative impact of traded time and services

There are some competitions between services in terms of who can provide MH support (schools would choose services that are funded)

Perceptions that challenging the role of the EP and offering a range of work is a responsibility of the team managers (EPSs)

Providing MH support in an EPS is defined as an end-round

The job of the EP within an EPS is defined as narrow

Even if personal choice motivates career focus this is impacted by budget and funding's available in an EPS

Mistaken perceptions around the role of the EP impacts possibility of employment

### **Personal motivators aligning with job requirements in CAMHS**

Personal values and skills match with job requirements?

Ways of working within a CAMHS team match aligned with own professional title (interest in schoolwork / learning difficulties?)

Specific work aligns better with EP expertise (i.e., consultation with schools) → unique EP role

Working in CAMHS allows more contact time with CYP in comparison to an EPS

More time to be involved in interventions in a CAMHS team

Not having to offer diagnosis allows more creative work to take place

Wider and positive impact of promoting mental health at a community level

Personal interests seem to influence career choice

Training institutions influence career choice

Personal beliefs impact career choice (CAMHS as a nice fit for Charlie)

Working in CAMHS allows more time to build relationship with CYP and support long-term change

Working in CAMHS allows one to extend skills and engage in learning opportunities

Personal interest in SEMH motivates choice to work in CAMHS team

Personal motivators and interests to work in a specific way

### Coming together as a team / merging professions

Working in a CAMHS team enhances feelings of unity and collaboration (we – CAMHS clinicians)

Differences between professionals are less perceived within a CAMHS team

Identification as an EP merge with identifying as CAMHS clinical?

In a CAMHS team the differences between psychologists (EPs and CPs) are less defined

CPs and EPs have access to similar experiences and possibilities of expanding skillset when part of a CAMHS team

Merging of EPs, CPs, counselling psychologists into wider psychology

The role of the EP within a MDT team is not as prescriptive but perceived as a psychologist

Loosing EP's unique professional identity

The perception of own role is flexible and dependent on other people present in the team and the requirements of the team

There seems to be some similarities in perceptions of roles of EPs and CPs

In a MDT CAMHS team skillset and experience seems looser and more unclear – everybody can gather experience in a field

There seems to be some unclarity round what makes the role of the EP unique in a CAMHS team

Clarity around one's role is dictated by how the role is defined within the team (wanting a specific EP vs a CAMHS clinician)

Perceptions of professional identities and roles are shaped by different external contexts (training providers / requirements and needs of the services)

Perceptions of own professional identities and roles are shaped by the context and the requirements of the team where one works

There seems to be a feeling that finding own specific contribution to CAMHS is difficult and unclear

The CAMHS Team has a range of different professionals

The team is mostly psychology based and not as MDT as one would expect from a CAMHS team

There are some expectations that a CAMHS team should be very varied?

A varied CAMHS team has better impact for service users because

Being part of a varied CAMHS team allows professionals to learn from each other

Differences in roles between psychologists in CAMHS are shaped by previous experiences (EP being a teacher prior to the training)

Similar professions would impact the MDT nature of a CAMHS team

Differences between psychologist are shaped by different trainings and different experiences achieved during training

Core skillset of EPs (group supervision, group reflections, trainings) as a way to initially find own role within a MDT team

### **Flexibility of role and (perceptions of)**

Perceptions around the role of the EP are widening in terms of MH support

The role of the EP can be applied to a range of services and teams (YOT, LAC...)

Being an EP in CAMHS can challenge some mistaken perceptions around the role of the EP

One has the possibility of choosing a role that is more suited for them

The title 'educational psychologist' is limiting to what an EP can actually do

Identifying with 'child and Educational psychologist' better

The mistaken perceptions around the role of EPs are shifting thanks to EPs engaging in a range of work (bottom-up change)

Not fitting with a general perception that EPs are CBT inclined

Difficulty to finding own space within a CAMHS team as the EP role is not as prescriptive as other professional

Defining and finding one's role within a CAMHS team is a long-term journey influenced by demands of team and opportunities one engages with

One must sell their own role and demonstrated that EP role can be applied in different contexts

Having to challenge mistaken perceptions

An EP in a LA has a more defined and clear function (providing psychological advice for EHCP)

The role of the EP appears to have applicability in a range of CAMHS team – especially in community CAMHS (lead consultations, assessment, therapy and training)

Perceptions around the EP role within a CAMHS team are not prescriptive nor impenetrable (not being put within a cliché) – flexibility

Working in CAMHS allows one to learn from other professionals and engage in further training

One's expertise is not defined by their professional title

No need to fit into a perceived role (i.e. An EP has to do a cognitive assessment)

Every professional in CAMHS have equal opportunity to engage with a range of work

One's role can be widened within a CAMHS team and skillsets can be expanded

Being the only EP against many CPs?

Some external perceptions about EPs working specifically with schools and having a specific range of experience

There is certain skillset that are linked and unique to the EP: understanding school systems, understanding barriers and facilitating change and understand of organisations, legal and theoretical perspectives

Unique EP role: consultation, working with systems and schoolwork

### **Variability of role is often limited by systemic difficulties**

There is something about the specific skillset of the EPs that are of use to community CAMHS – maybe not to specialist CAMHS (Tier 4)

The skillset of the EP would not be appropriate for specialist CAMHS

Although some EPSs provide a variety of work, it always appears limited

It is possible to maintain a specialist interest when part of an EPS (SEMHS) however statutory requirement limits this

Statutory role is a priority in an EPS and primary function of an EP within a LA

The statutory role of EP within a LA limits the possibilities of expanding practice

EP role within the EPS is perceived as deficit based to allow for funding to be appropriately located

The possibility of getting involved with intervention and therapeutic work is facilitated by the structure

Vs having to individually promote different kind of work within an EPS

EP roles are not listed within CAMHS job adverts

Difficulty of employment in CAMHS is perceived as a barrier to working in CAMHS

Training providers should offer TEPs the possibility of getting some therapeutic / CAMHS experience to widen employment possibilities

EP training does not offer therapeutic skills certificate

Not having enough therapeutic skills is a barrier to EPs working in CAMHS

Promotion possibilities within CAMHS require one to engage in further training

Change in perceptions on EP role should be top-down.

There is a lack of involvement by management and higher positions in challenging the mistaken perceptions

Wider opportunities should be offered to TEPs

The lack of opportunities during training to understand and work with CAMHS is perceived as a barrier

Perceptions that wider management teams should protect opportunities for EPs to engage in a range of work

Negative influence of lack of funding on diverse work opportunities

More opportunities for EPs to focus on MH should be offered (side-lined)

Having protected space and time to allow TEPs to engage in a variety of opportunities

EP work in EPS is defined as a treadmill / EHCP machine

Possibility of CAMHS and EPSs being in competition to offer MH support

CAMHS community services are more accessible to schools, might create a loss for EPSs

There are possibilities of EPSs and CAMHS to collaborate with MHST

Lack of funding as a barrier to EP engaging in a variety of work in schools

Negative impact of traded time and services

There are some competitions between services in terms of who can provide MH support (schools would choose services that are funded)

Perceptions that challenging the role of the EP and offering a range of work is a responsibility of the team managers (EPSs)

Providing MH support in an EPS is defined as an end-round

The job of the EP within an EPS is defined as narrow

Even if personal choice motivates career focus this is impacted by budget and funding's available in an EPS

Mistaken perceptions around the role of the EP impacts possibility of employment

### **Personal motivators aligning with job requirements in CAMHS**

Personal values and skills match with job requirements?

Ways of working within a CAMHS team match aligned with own professional title (interest in schoolwork / learning difficulties?)

Specific work aligns better with EP expertise (i.e., consultation with schools) → unique EP role

Working in CAMHS allows more contact time with CYP in comparison to an EPS

More time to be involved in interventions in a CAMHS team

Not having to offer diagnosis allows more creative work to take place

Wider and positive impact of promoting mental health at a community level

Personal interests seem to influence career choice

Training institutions influence career choice

Personal beliefs impact career choice (CAMHS as a nice fit for Charlie)

Working in CAMHS allows more time to build relationship with CYP and support long-term change

Working in CAMHS allows one to extend skills and engage in learning opportunities

Personal interest in SEMH motivates choice to work in CAMHS team

Personal motivators and interests to work in a specific way

Being a manager of a CAMHS locality team alongside another CP

Two CAMHS team working alongside

CAMHS team might extend further depending on availability of funding

Focussing on community psychology

## Appendix 12

### Emergent themes and superordinate themes for all participants in the EPS group

#### Understanding and developing own role is a personal journey

Choices in personal life impact professional choices  
 Understanding and developing own role is a personal journey although some support from higher position is available  
 A professional role is chosen based on personal needs  
 Personal interests that influence own role and interest in collaborating with CAMHS  
 A younger EP might feel more motivated to challenge the situation  
 Own role and new practices are created based on real difficulties observed in the job  
 Being closer to retirement age make one less committed to wanting to challenge systemic issues  
 Being closer to retirement age make one more accepting towards systemic difficulties  
 Being an EP offers the possibility of continuing learning  
 Attempting to change systemic difficulties in the LA is perceived as a personal responsibility that is avoided  
 Personal interests and experiences make up one's own role

#### Working as part of CAMHS MDT makes one role (more) creative and has better outcomes for service users

Being a senior EP working as a multidisciplinary CAMHS team coordinator allows more freedom in one's practice  
 Working in a multidisciplinary team allows for more creativity in one's role  
 Outreach kind of work following being part of a MDT team  
 The variety of work possible within a MDT team seems to have a positive impact service users  
 Diverse work as part of multidisciplinary team  
 Collaborations and support given and received from another psychologist  
 Understanding and being interested in multiagency work is considered a facilitating aspect  
 Understanding each other's role is a facilitator of effective multidisciplinary role  
 Collaborative practice is seen as creating more value  
 Bringing different professionals and families together to provide a holistic understanding  
 Being part of a multidisciplinary team allows to develop a specific area of interest  
 Multidisciplinary teams allow for more intervention rather than just diagnosis  
 Working in a multidisciplinary team allows for more support to CYP and families around them  
 Multidisciplinary team makes one's practice less lonely  
 Joint practices allow a further understanding of an issue  
 Changes in career as an EP within the LA  
 Moving from being a senior EP into an EP  
 Working as part of CAMHS multidisciplinary team supporting CYP with ADHD  
 EP role in supporting and training adults around CYP  
 Unique EP role of working at systemic level in schools, parents and groups  
 Mostly identifying as part of the EPS in the LA  
 The role of the EP is flexible based on the needs of the borough  
 Attempts to maintain own role in the midst of changes  
 Maintaining high standards of work as an EP  
 Unique contribution of the EP as providing an understanding of UK educational system  
 Wanting to leave a legacy with the type of work being produced  
 Unique contribution of EP in bringing a different perspective to a CAMHS team  
 Being a bridge between CAMHS and schools  
 Providing a holistic view on a case as a unique EP contribution



### **One's role has to be established and clarified for successful MDT practices**

(Having different languages) Understanding each other's language acts as a barrier to effective collaboration

Need to understand each other's role as a facilitator to effective collaborations

Medical model of CAMHS vs EPS

CAMHS and EPS have different service models

Different structures act as a barrier to effective collaborations

Decisions about types of work are facilitated by being in a position of power (i.e., a psychiatrist)

Differences are perceived as a barrier towards effective work and practices

New ways of practicing are encountered with pressure

Conflicts with another psychologist in a multidisciplinary team are identified

There is an underlying need of wanting to establish own role and expertise

Sharing similar role within a multi-agency team may constitute a barrier

Own area of expertise and contribution to the team needs protecting and can be endangered

The role of the EP is not always clear within a MDT team

Establishing own role as EP in a MDT team is difficult

Being a coordinator within a newly established MDT team can be lonely

Steering a newly established MDT CAMHS team feels hard and lonely

Understanding each other's language is time-consuming

Communication and understanding of each other feels stuck

Others' narrow perceptions on the role of the EP has a negative impact on own perception of professional role

### **Lack of funding and resources in the LA makes one's role a firefighting one**

A multidisciplinary CAMHS team was possible due to LA funding

Needing to follow the expectations of the LA

The availability of funding influences the possibility of working as part of a MDT team or more creative ways of working

CAMHS team to be commissioned and checked over by health commissioner

The freedom of one's practice is impacted by the needs of the council

Having to respond to decisions of the NHS Foundation Trust

There is a feeling of disappointment by the way MDT meeting are not in the place in the LA

The possibilities of collaborating with CAMHS depend on the funding available

Not having enough funding, space or allocation to focus on multidisciplinary work causes frustration

Service users are passed along between different agencies without effective collaborations

CAMHS is perceived as a separate agency compared to the past

Money and lack of time are identified as main barriers towards effective collaborations with CAMHS

Impact of changes in the borough on availability of services in the EPS

The collaboration with CAMHS is non-existent at this moment

There are significant needs in the LA that prevent effective collaborations with CAMHS

Collaborative working is considered a thing of the past leaving a gap in current practices

The current practice in the LA is compared to firelight to sustain the pressures

Professionals feel like in a rut

The current conversations with CAMHS do not respond to effective multidisciplinary practices

There is a feeling that CAMHS does not have enough resources to prevent and support MH difficulties for CYP

More outreaching work is needed to support upsurge of MH difficulties following Covid

The extreme long waiting list of CAMHS has a negative impact on CYP

Current practices are compared to papering the cracks

There is an idea that the current way of working does not address the systemic pressures experienced by the LA

Governmental decisions taken on education impacting the wellbeing of CYP

Lack of funding the borough

EPS understaffed

Funding and more resources allow one to engage in more varying work

Systemic pressures negatively impact one's role

Systemic pressures cause to feel in survival mode to maintain one's role

Accepting and surrendering to the difficult situation within the LA

The work produced in this context is described as mundane

The collaborative work with CAMHS has sunk back

Incongruence between freedom of practice and what is allowed by resources and funding

A newly established MDT team needs to survive

One feels deskilled against decisions taken at nationwide level?

### **Recognised value of working with CAMHS on perception of professional identities**

EP role in supporting CYP and their families whilst waiting to be seen by CAMHS  
Seeking communication with CAMHS  
Liaison with CAMHS with cases that feel out of own competence  
Sharing expertise with other professional as an important aspect of working with complicated cases  
Seeking communication with CAMHS to respond to some doubts and insecurity  
The communication with CAMHS leads to a sense of security and clarity on what to do  
Collaboration with CAMHS could relieve some of the burdens (i.e. Waiting lists)  
Working with CAMHS to have MH trends and stats in every school  
Developing interventions based on the trends  
EPS and CAMHS collaboration enhance collaboration of each other's role  
Access and liaison to other professionals as a safety net  
Having access to other professional is a valued aspect of the work  
Communication and collaboration are built with persistence

### **Clarity on own professional identity is impacted by feeling part of a system or feeling outside of a system**

Governing and regulatory bodies as a place to identify one's professional identity  
Having a qualification counts as having as a professional status of competence, reputation, and respect  
Demonstrating own's competency and expertise to feel part of a professional group  
The role of the EP is defined by what training institutions promote  
Having trained abroad causes insecurity about what an EP does  
Personal perceptions of own professional role are unclear  
Different forms of supervision enhance perceptions of professional identity  
Difficulty of entering a new system  
Crossing the role boundaries  
CAMHS and EPS are seen two parallel systems  
Communications are enhanced when part of the same system  
Liaisons with other professionals enhance understanding of own role  
Awareness of own role allows for effective multi agency communication  
Effective multiagency collaboration might promote freedom as an EP  
Feeling outside of the system creates unclarity around roles and responsibilities  
Unclarity around own professional identity is enhanced by feeling outside of the system  
Lack of communication with CAMHS makes one feel deskilled  
Reliance on others to protect one's role  
Identifying as somewhere in between two different system  
CAMHS is seen a mysterious agency  
Not feeling part of the UK system enhances insecurity about own role

Wider systemic difficulties can only be addressed by professional organisations  
Self-protection is more urgent than maintain one's professional role  
Need for defending oneself against the systemic lacks  
The perceptions around the role of the EP are influenced by service delivery model (traded)  
Being in a traded service impacts the variety of the work one can engage with  
Area of specialist interest is difficult to pursue due to lack of funding  
The possibility of continuing systemic work is influenced by availability of resources in the LA  
Governmental decisions on how funding is used  
Services cut because of lack of resources are accompanied with a gap  
There is a sense of missing human connection  
Communication with other agencies is allowed by having specific reasons  
The current practice of working from home creates inhuman connections with other professionals  
A gap is identified between the available collaboration with CAMHS and the type of work needed to support CYP  
Working without multiagency collaboration make one feel abandoned

### **Systemic pressures make the boundaries between roles impenetrable**

The perceptions of EP role from others seem to impact perceptions of the role  
 Role of the EP is defined as fitting in a box  
 Having to fit in the EP box  
 Limited choice over what one can do in own practice  
 Missing freedom of own practice  
 Negative impact of institutional overload on freedom of practice  
 Negative impact of institutional overload on service users  
 Feeling abandoned  
 Boundaries between agencies are not flexible  
 EPs are expected to work within specific remits  
 The strict boundaries around one's role are maintained by other psychologists  
 Misconception about EP role  
 Feeling deskilled against high expectations  
 Not feeling competent to take up the expert role  
 Educational Psychology vs Clinical Psychology  
 The parameters of the EP role are strict  
 There is a perception that own role is defined by expectations of others  
 A lack of ownership on own role  
 Negative impact of traded work on freedom of practice  
 The role of EP could be wider if boundaries between agencies were less strict  
 Expectation of EP as an expert  
 Fear of becoming overwhelmed by the system's difficulties  
 Astonishment when seeing a cracked system  
 Having to jump through loopholes to establish communication  
 Negative expectations about what an EP does from CAMHS  
 Impenetrable boundaries create a dispersion of responsibility from professionals  
 Commitment to follow own professional responsibility  
 Feeling anger when responsibility is dispersed  
 Feeling disillusioned

### **Recognised value of working with CAMHS on perception of professional identities**

EP role in supporting CYP and their families whilst waiting to be seen by CAMHS  
 Seeking communication with CAMHS  
 Liaison with CAMHS with cases that feel out of own competence  
 Sharing expertise with other professional as an important aspect of working with complicated cases  
 Seeking communication with CAMHS to respond to some doubts and insecurity  
 The communication with CAMHS leads to a sense of security and clarity on what to do  
 Collaboration with CAMHS could relieve some of the burdens (ie. Waiting lists)  
 Working with CAMHS to have MH trends and stats in every school  
 Developing interventions based on the trends  
 EPS and CAMHS collaboration enhance collaboration of each other's role  
 Access and liaison to other professionals as a safety net  
 Having access to other professional is a valued aspect of the work  
 Communication and collaboration are built with persistence

**Recognised EP role in supporting CAMHS**

Responsibility towards a young person and their family  
 Changing narratives around MH support received  
 Offering positive MH services  
 Psychoeducation  
 Supporting CYP, families and adults with a new diagnosis  
 Identifying needs and provisions  
 Implementing whole school MH intervention  
 Short term psychotherapeutic intervention  
 Consultation with school staff with staff  
 Supporting whole school strategy planning  
 EP as tertiary school support  
 EPs to train school staff  
 Systemic support vs individual cases  
 Supporting schools to take ownership and leadership  
 Delivering a collaborative assessment and provision of resources  
 Building relationship with schools  
 EP role as consultant vs a fixer  
 Working at multi-system levels  
 Joining systems around one young person  
 Reflecting on ecosystems around a CYP  
 Develop and deliver and deliver high level interventions  
 Individual casework informs the systemic work needed  
 Offering short term therapeutic intervention  
 Triaging MH difficulties before referring to CAMHS

**The role of the EP feels incomplete without effective collaborations**

Difficulty describing own role  
 Supporting CYP, families and school staff and other professionals in the community  
 Creating positive outcomes for CYP  
 Becoming an advocate for CYP and allowing more positive narratives  
 Working at an individual level vs working at a systemic level  
 Observing patterns across a school to offer a more systemic level  
 Supporting schools to implement systemic adaptation  
 EP role to offer systemic changes  
 Respecting confidentiality boundaries  
 Seeking CYP and families' consent  
 Consulting with schools about systemic difficulties  
 EP role to contract with school  
 EP role to bring in a different focus on needs of CYP  
 Changing school's view of needs  
 EP role to bring in a holistic view of needs and strengths  
 Other professionals appreciate the EP role of bringing positive / holistic view  
 Deficit models of working vs holistic and strength based  
 Contributing to EHCP applications  
 Strategic planning with schools  
 Informing EP practice on psychology  
 Using narrative approaches to inform own practice  
 Moving away from a medical model to attempt person-centred and family centred models  
 EP role to support understanding of whole school community  
 Deficit based model vs holistic view of the child  
 EP role to challenge needs-based models  
 EP role to build trusting relationships with families  
 EP role to change narratives around CYP  
 Being an agent of change for CYP  
 Being an expert in facilitating change processes  
 Using consultation to create new narratives

Belief that EP should focus on three levels  
 Other people's positions of the EP as an expert  
 Being placed in a position of power  
 EP is seen as a fixer  
 Schools wanting to change placement vs EP role to adapt the school environment  
 Perceptions of EP as only working with C&L  
 The EP role is pigeonholed by other professionals  
 Perceptions of EP as an expert  
 Refusing being an expert  
 Perceptions that EPs only focus on C&L  
 Pressures on EP to continue cognitive assessments  
 Perceptions that CAMHS expects EP to do cognitive assessments  
 Perceptions that EPs focus on C&L is longstanding and feels stuck  
 Lack of understanding of what the EP does  
 Perceptions on what the EP should focus on are put by other services  
 Breaking away from longstanding perceptions of the EP role is difficult  
 Perceptions that EPs only work on C&L is engraved in systemic cultures  
 Promoting MH early intervention

#### **Personal attitudes are perceived as a facilitating factor to collaboration with CAMHS**

One has an expectation of MDT would look like vs what MDT collaboration looks like  
 MDT meetings do not fit with one's expectations of it  
 Building relationships with CAMHS feels like own's responsibility and role  
 Wanting to create joint assessment and formulation  
 Perception that collaborations with CAMHS creates a holistic view of a child  
 Perceptions that there is space for both CAMHS and EPS  
 Differences in ways of working are informed by identity factors (Culture, beliefs, previous experience)  
 Flexibility in own ways of working is necessary to allow space for collaborations  
 Creativity is a facilitator of collaborative practices  
 Tendency to work following own's beliefs and professional expertise  
 Breaking barriers brought in by difference  
 Collaborations with CAMHS are facilitated by team efforts  
 Effective collaborations with CAMHS contribute to holistic and meaningful assessment of CYP  
 The lack of collaborations with CAMHS is compared to a missing piece of a puzzle to assessment  
 Creating connections and understanding with service users  
 A professional should feel committed to MDT practice  
 MDT practice feels like a more ethical option  
 Training institutions influence one's MDT practice  
 Collaborating with other professionals is enhanced by one's own training  
 Personal beliefs and interests facilitate MDT working  
 Opportunities to work together require a lot of efforts  
 Initiating MDT work feels like an individual's responsibility based on one's interest in doing so  
 Confidence in self-competency and expertise as facilitators to change working practices and challenge local agendas  
 Curiosity on other professionals' role vs assumptions on professionals' roles  
 Previous experiences of successful MDT working as a facilitator to pursue this  
 Perceptions that individual casework is not as effective as systemic work in collaborating with CAMHS in some cases  
 Perception of practicing in a way that does not feet with personal beliefs of own role  
 Running joint training with CAMHS, SALT and OT.  
 Perceptions that individual casework allows for better collaborative conversations with other professionals  
 Lack of collaborative work is perceived as a real missed opportunity.  
 Perceptions that MDT working should be embedded in the local culture  
 Training institutions influence one's approach to MDT working  
 Expectations about MDT working are informed by own previous experience  
 MDT allows for more effective collaborative changes  
 Systemic work and MDT collaborations are expected to have more impact for a school  
 Systemic work to be used as a model for future difficulties

Collaboration with other agencies helps achieving a wider perspective on a problem  
 Positive impacts of MDT working vs barrier  
 Collaborative practice would allow for more support to the population  
 A co-delivering model of service would be time-consuming but ideal  
 Diverse EPS team

**Established Boundaries, Roles, Authorities and Task (BART) (James & Huffington, 2004) as facilitators for effective collaboration with CAMHS**

**CAMHS**  
 Understanding other professionals' roles is essential for effective MDT working  
 Opportunities to develop relationships with SALT are easier and more common due to similar working practices  
 Similarity in ways of working facilitates collaborations  
 Differences in working acts as a barrier towards MDT practice  
 Physical proximity as a facilitator to MDT working  
 TAF meetings facilitate communications with other CAMHS professionals  
 A systemic culture of collaboration facilitates own's practice of MDT working  
 Differences inform multiagency collaborations  
 Unclear roles as a barrier to communications  
 Working together facilitates understanding of roles  
 Time and space have to be created to facilitate collaborations with CAMHS  
 Differences in working is perceived as a barrier towards collaboration by others  
 Lack of collaboration between agencies cause unclarity about own role  
 Other's professional input acts as a barrier to one's expertise  
 Recognised difference between CAMHS and EPS  
 Time and capacity are barriers to collaboration with CAMHS  
 Physical proximity is a facilitator to MDT collaborations  
 Systemic cultures of collaboration facilitate collaborations with CAMHS  
 MDT practicing is highlighted by national agendas  
 Physical proximity does not need to be the only facilitator  
 Barriers to MDT working feel like excuses  
 Need to establish own role and expertise as a barrier to MDT working  
 Clarifications on roles and responsibilities as a facilitator of MDT working  
 Perceptions that the lack of clarity leaves people feeling unclear  
 Working in the same building (physical proximity) facilitates MDT collaborations  
 Remote working and virtual meeting facilitated meeting with other professionals  
 Physical proximity as a boundary to create MDT practices  
 Collaborations with other professionals (OT and SALT) feels easier in a specialist provision – something about the kind of system  
 Positive impact of covid on virtual meetings and consultations

**Local difficulties make one protect own role against wanting to practice collaboratively**

Changes in the EPS from traded to partly traded  
 Coming into the service just before the change – causes anxiety  
 Changes in the service caused change in practices  
 MDT collaborations in the team within education fields before the change  
 Decrease in MDT practices following move to partly traded  
 Ways of working are reduced to the essential following the change  
 Lack of funding reduces MDT practices implemented by the service  
 The changes in the system are different from one's preferred way of working  
 Feeling separate from the changes happening to the service – unclarity about what it was like / what it should be like  
 Collaborating with other professionals in schools is difficult due to lack of resources  
 Lack of resources as a barrier to work with CAMHS (i.e., change in staffing)  
 Change in the systems impact the communication with CAMHS  
 Professionals are put against each other to sell hours  
 Systemic pressures of selling time and hours  
 Systemic pressures on traded time make one feel estranged  
 Perceptions that a lack of systemic change leaves individual losing expertise and competency  
 Systemic lack of infrastructures and resources prevents effective practices

Lack of resources leaves more focus to individual work  
 Negative impact on families of a systemic lacking resources  
 Move away from MDT practicing as something being done to one  
 Incongruence between what should be and what is in reality  
 Systemic changes cause one feeling outside of a system  
 Collaboration with other professionals feels non-existent  
 Own ways of working and that of other professionals feel disjointed  
 Availability of resources vs what one would like to do  
 Space for MDT does not feel like enough  
 Linking with private agencies feels more difficult and stuck  
 Collaboration with CAMHS feels odd – just sharing reports  
 PEP seems to be having better links  
 The connections with CAMHS are disjointed  
 CAMHS and EPS are perceived as different systems  
 Multiagency collaborations should be embedded in the services culture  
 Vs individual based assessment  
 Local agendas contradict the national ones  
 Assessment can be incomplete  
 The systems feel disjointed  
 Uncertainty about what EPs can do  
 Being a traded service makes own want to protect own role  
 Being different services in a same system enhances tensions  
 Perceptions that MDT collaborations make individuals encroach each other's space  
 There is uncertainty about how CAMHS work  
 Systemic agendas force roles and responsibility on an individual  
 There are tensions between preferred ways of working and local agendas  
 Not identifying with LA agendas and pressures  
 Recognition that even CAMHS professionals may also experience tensions  
 Perceptions of barriers put in by a system  
 Local agendas and pressures are not agreed on by the individuals  
 There is a perceived pressure in maintaining the expectations on own role set by others  
 Expectations and assumptions are systemic and perpetuated by the local cultures  
 Lack of clarity leaves more space for assumptions to be made  
 Difficulties in the LA feel stuck and impenetrable  
 Differentiation of SEND is not effective  
 MDT practices are time-consuming  
 Perceptions that systemic difficulties make the organic and systemic work difficult  
 Perceptions that collaborative working is impossible within the LA  
 MDT working is more impactful for CYP and families  
 The lack of communication between systems causes duplication of services  
 Families having to repeat the same stories  
 Negative impact of CYP of systems being disjointed  
 The duplication of the work leaves families feeling not listened  
 Perceived competitiveness and rivalry to own expertise as a barrier to MDT working  
 External perceptions that MDT collaboration might make one fear of losing own role  
 There is a divergence between national agendas on MDT and local availability of resources  
 Systemic change is perceived to be extremely time-consuming  
 MDT working as a local agenda  
 Perception that the EPS is separate from the rest of the LA  
 Perceptions of feeling separate from the borough  
 The way MDT meetings unfold feels stuck  
 MDT meetings in schools are limited to assigning responsibilities and actions to each professional  
 Negative impact of Covid on linking with other professionals

## Appendix 13

### Overarching themes for participants in the EPS group

\*Where the subordinate theme is highlighted, this means that it was not identified for all participants within the group.

Overarching and Super-Ordinate Themes EPS group
<p>A. Inflexibility</p> <p><u>Traded Services</u></p> <p>Alex - firefighting</p> <p>Jamie - overburdened</p> <p>Kieran - barebones</p> <p><u>Protecting one's own role</u></p> <p>Alex – firefighting role / having to find a own space when in CAMHS</p> <p>Jamie – Going to have to fit in this box before I can try to escape</p> <p>Kieran – selling a role / being put against each other</p> <p><u>Being part of a system</u></p> <p>Alex – more value in the own's practice if collaborations were established</p> <p>Jamie – feeling deskilled, not being able to seek reflections with CAMHS</p> <p>Kieran – missing puzzle of an assessment / practice feels incomplete</p>
<p>B. Clarity on Professional Identity</p> <p><u>Making Sense</u></p> <p>Alex – a personal journey / not something that managers can help with</p> <p>Jamie – feeling deskilled and pigeonholed</p> <p>Kieran – lack of collaborations creates unclarity on own's role</p> <p><u>Core EP Skills</u></p> <p>Alex -understanding school systems</p> <p>Jamie - thinking at eco-systems</p> <p>Kieran_ – facilitating a process of change</p> <p><u>Personal influencing factors</u></p> <p>Alex – own previous experiences</p> <p>Jamie – efforts put to seek those collaborations</p> <p>Kieran – training institution influence / having a specific way of practicing</p>
<p>C. Collaborating with CAMHS</p> <p><u>Impact on CYP</u></p> <p>Alex – acting as a bridge, understanding educational contexts</p> <p>Jamie – sought sense of competence</p> <p>Kieran- more holistic practice</p> <p>Alex – mundane piece of work</p> <p>Jamie – children falling through the cracks of the system / feeling deskilled</p> <p>Kieran – children and families retelling their stories / not practicing according to own beliefs / role feels incomplete</p> <p><u>Creating Joint Systems*</u></p> <p>Alex – it takes a while to speak the same language</p> <p>Kieran – the need to come together and create the space</p>



## Appendix 14

### Emergent themes and superordinate themes for all participants in CAMHS group

#### **Coming together as a team / merging professions**

Working in a CAMHS team enhances feelings of unity and collaboration (we – CAMHS clinicians)

Differences between professionals are less perceived within a CAMHS team

Identification as an EP merge with identifying as CAMHS clinician?

In a CAMHS team the differences between psychologists (EPs and CPs) are less defined

CPs and EPs have access to similar experiences and possibilities of expanding skillset when part of a CAMHS team

Merging of EPs, CPs, counselling psychologists into wider psychology

The role of the EP within a MDT team is not as prescriptive but perceived as a psychologist

Loosing EP's unique professional identity

The perception of own role is flexible and dependent on other people present in the team and the requirements of the team

There seems to be some similarities in perceptions of roles of EPs and CPs

In a MDT CAMHS team skillset and experience seems looser and more unclear – everybody can gather experience in a field

There seems to be some unclarity round what makes the role of the EP unique in a CAMHS team

Clarity around one's role is dictated by how the role is defined within the team (wanting a specific EP vs a CAMHS clinician)

Perceptions of professional identities and roles are shaped by different external contexts (training providers / requirements and needs of the services)

Perceptions of own professional identities and roles are shaped by the context and the requirements of the team where one works

There seems to be a feeling that finding own specific contribution to CAMHS is difficult and unclear

The CAMHS Team has a range of different professionals

The team is mostly psychology based and not as MDT as one would expect from a CAMHS team

There are some expectations that a CAMHS team should be very varied?

A varied CAMHS team has better impact for service users because

Being part of a varied CAMHS team allows professionals to learn from each other

Differences in roles between psychologists in CAMHS are shaped by previous experiences (EP being a teacher prior to the training)

Similar professions would impact the MDT nature of a CAMHS team

Differences between psychologist are shaped by different trainings and different experiences achieved during training

Core skillset of EPs (group supervision, group reflections, trainings) as a way to initially find own role within a MDT team

#### **Variability of role is often limited by systemic difficulties**

There is something about the specific skillset of the EPs that are of use to community CAMHS – maybe not to specialist CAMHS (Tier 4)

The skillset of the EP would not be appropriate for specialist CAMHS

Although some EPSs provide a variety of work, it always appears limited

It is possible to maintain a specialist interest when part of an EPS (SEMHS) however statutory requirement limits this

Statutory role is a priority in an EPS and primary function of an EP within a LA

The statutory role of EP within a LA limits the possibilities of expanding practice

EP role within the EPS is perceived as deficit based to allow for funding to be appropriately located

The possibility of getting involved with intervention and therapeutic work is facilitated by the structure  
 Vs having to individually promote different kind of work within an EPS  
 EP roles are not listed within CAMHS job adverts  
 Difficulty of employment in CAMHS is perceived as a barrier to working in CAMHS  
 Training providers should offer TEPs the possibility of getting some therapeutic / CAMHS experience to widen employment possibilities  
 EP training does not offer therapeutic skills certificate  
 Not having enough therapeutic skills is a barrier to EPs working in CAMHS  
 Promotion possibilities within CAMHS require one to engage in further training  
 Change in perceptions on EP role should be top-down.  
 There is a lack of involvement by management and higher positions in challenging the mistaken perceptions  
 Wider opportunities should be offered to TEPs  
 The lack of opportunities during training to understand and work with CAMHS is perceived as a barrier  
 Perceptions that wider management teams should protect opportunities for EPs to engage in a range of work  
 Negative influence of lack of funding on diverse work opportunities  
 More opportunities for EPs to focus on MH should be offered (side-lined)  
 Having protected space and time to allow TEPs to engage in a variety of opportunities  
 EP work in EPS is defined as a treadmill / EHCP machine  
 Possibility of CAMHS and EPSs being in competition to offer MH support  
 CAMHS community services are more accessible to schools, might create a loss for EPSs  
 There are possibilities of EPSs and CAMHS to collaborate with MHST  
 Lack of funding as a barrier to EP engaging in a variety of work in schools  
 Negative impact of traded time and services  
 There are some competitions between services in terms of who can provide MH support (schools would choose services that are funded)  
 Perceptions that challenging the role of the EP and offering a range of work is a responsibility of the team managers (EPSs)  
 Providing MH support in a EPS is defined as an end-round  
 The job of the EP within an EPS is defined as narrow  
 Even if personal choice motivates career focus this is impacted by budget and funding's available in an EPS  
 Mistaken perceptions around the role of the EP impacts possibility of employment

#### **Personal motivators aligning with job requirements in CAMHS**

Personal values and skills match with job requirements?  
 Ways of working within a CAMHS team match aligned with own professional title (interest in schoolwork / learning difficulties?)  
 Specific work aligns better with EP expertise (i.e., consultation with schools) → unique EP role  
 Working in CAMHS allows more contact time with CYP in comparison to an EPS  
 More time to be involved in interventions in a CAMHS team  
 Not having to offer diagnosis allows more creative work to take place  
 Wider and positive impact of promoting mental health at a community level  
 Personal interests seem to influence career choice  
 Training institutions influence career choice  
 Personal beliefs impact career choice (CAMHS as a nice fit for Charlie)  
 Working in CAMHS allows more time to build relationship with CYP and support long-term change  
 Working in CAMHS allows one to extend skills and engage in learning opportunities  
 Personal interest in SEMH motivates choice to work in CAMHS team  
 Personal motivators and interests to work in a specific way

**Flexibility of role and (perceptions of)**

Perceptions around the role of the EP are widening in terms of MH support

The role of the EP can be applied to a range of services and teams (YOT, LAC...)

Being an EP in CAMHS can challenge some mistaken perceptions around the role of the EP

One has the possibility of choosing a role that is more suited for them

The title 'educational psychologist' is limiting to what an EP can actually do

Identifying with 'child and Educational psychologist' better

The mistaken perceptions around the role of EPs are shifting thanks to EPs engaging in a range of work (bottom-up change)

Not fitting with a general perception that EPs are CBT inclined

Difficulty to finding own space within a CAMHS team as the EP role is not as prescriptive as other professional

Defining and finding one's role within a CAMHS team is a long-term journey influenced by demands of team and opportunities one engages with

One must sell their own role and demonstrated that EP role can be applied in different contexts

Having to challenge mistaken perceptions

An EP in a LA has a more defined and clear function (providing psychological advice for EHCP)

The role of the EP appears to have applicability in a range of CAMHS team – especially in community CAMHS (lead consultations, assessment, therapy and training)

Perceptions around the EP role within a CAMHS team are not prescriptive nor impenetrable (not being put within a cliché) – flexibility

Working in CAMHS allows one to learn from other professionals and engage in further training

One's expertise is not defined by their professional title

No need to fit into a perceived role (i.e. An EP has to do a cognitive assessment)

Every professional in CAMHS have equal opportunity to engage with a range of work

One's role can be widened within a CAMHS team and skillsets can be expanded

Being the only EP against many CPs?

Some external perceptions about EPs working specifically with schools and having a specific range of experience

There is certain skillset that are linked and unique to the EP: understanding school systems, understanding barriers and facilitating change and understand of organisations, legal and theoretical perspectives

Unique EP role: consultation, working with systems and schoolwork

**Belonging to a team**

Perceptions of own role are facilitated by understanding of own team priorities / goals

Having specific team's objectives can orientate perceptions of own role

The role is placed and described to service users within the whole

Clarity on own role is facilitated by being part of a team only and having a specialist focus

Work within a CAMHS team is defined as more contained

The team's goals and priorities "overrides" maintained narratives around EP role

Having procedures and approaches suggested by the team allows clarity around one's role

Creating clarity of one's own role for oneself can make it clear for the rest of the team too

**Tensions between being an EP and being a CAMHS practitioner**

Not identifying as the link EP in a school despite the school-based role

Less opportunities to have a specialist role in an EPS

The role of the EP is wider when working as part of an EPS  
 There seems to be some pressures around having to have “knowledge at fingertips”  
 There is an ongoing debate around the role of the EP  
 Understanding school systems and school factors impacting MH as a unique EP contribution  
 There seems to be some unclarity around uniqueness of own role within a CAMHS team?  
 The mistaken perceptions around the role of the EP should be challenged  
 Systemic incongruences around EP role make it unclear  
 Identifying more with school role vs CAMHS based role  
 Perceptions of own role are defined by wider context / description of EP role  
 There seems to be some splitting as it can either be EPS or CAMHS only  
 Some mistaken narratives around the EP role are maintained by wider factors (service users’ experiences, traded time)  
 Working by following national legislations, HCPC and ethics regulations (As an EP in CAMHS NHS policies are followed more?)  
 Unique EP contribution is the ability to reflect and work on systemic levels (working in critical incidents as part of an EPS)  
 Working in a CAMHS team with school-based responsibility (merging of an EP with a CAMHS responsibility)  
 The work of an EP in CAMHS varies from that of an EP in an EPS (5-19 years old / CBT supervision / systemic work / therapeutic play)

### **Creativity and Flexibility**

A range of work is possible  
 Working in CAMHS allows one to have a specialist role in MH  
 Having a specialist role to consider MH aspects of learning  
 Possibility of engaging with a range of diverse work  
 Working in CAMHS allows one to have a specialist role compared to working in an EPS (specialisms are served to seniors)  
 Variability in the way the role can be applied – flexibility?  
 The role of the EP appears unclear because its wide flexibility  
 Flexibility in own role is a facilitator factors for service users  
 Working as part of a MDT (CAMHS) team facilitates learning opportunities from colleagues  
 Perception that working creatively and working as an EP is a privilege – something about being separate / different from others somehow?  
 Community work in collaboration with community CAMHS  
 Systemic approach to own job and considering all aspects of a young person’s life  
 Integration of 1:1 work and systemic work  
 Working collaboratively with link EPs of schools  
 Collaborating with school’s link EP  
 Recognise and wide positive impact of MDT working (containing families and CYP, making professional roles clearer and evaluating pieces of work)  
 MDT practices are time efficient and more effective for assessing CYP

### **Working as part of a team**

Creating a strong team unity

Strong sense of team unity

Creating unity in the team to develop training opportunities

Working in CAMHS elicits more team unity and joint reflections

Opportunities to hold cases together and working as a team

Containment found in a CAMHS team to hold risky cases

MDT practices are defined as “generative”

Working in an MDT team gives space to new reflections and professional approaches

Working together and reflecting together offers processed reflections about casework

Working collaboratively with others is essential when working with complicated cases in CAMHS

MDT practice helps reflect on content of sessions with service users

Working in CAMHS requires containment from team

MDT meetings and reflections are a valued part of working in CAMHS

Sense of team unity and trust to contain and reflect on difficult casework

Varied team

### **Team dynamics impact professional identity**

CP vs EP?

Promoting team changes rather than top-down changes?

CAMHS team is threatened by the mistaken role attributed to psychology

An institution with long standing tradition is threatened by innovative practices?

Change is often difficult to achieve

There is a feeling of wanting to defend against what psychology might break

Tension btw psychotherapy and psychology therapeutic approaches

There are a lot of mistaken perceptions around psychology within the CAMHS team

There is a perceived separation between professionals within the team

Psychology as a profession tends to be pigeonholed into finding strategies and doing CBT

Being pigeonholed as a negative impact on creative of practice

Mistaken perceptions on the professions are caused by longstanding traditions of an institution

Systemic issues and pressures has a negative impact on expansive practice and job satisfaction

Perceived change in perceptions within the team

Difficulties to understand own place in a CAMHS team are not due to the variability of role

There is something about team dynamics that make clarity of own role challenging to understand

Fantasising to work back in an EPS to reduce the emotional involvement with risky cases

Working in CAMHS creates more muddled boundaries – boundaries are more

flexible between professional and service users

Uncertainty as to how others perceive own role

Muddled boundaries and unprocessed emotions brought by CAMHS casework

Fantasising about working in a more settled environment

Muddled boundaries with service users

Work in an EPS feels more contained and less needy of team unity and collaborations

Working in an EPS is more contained and predictable

Working in EPS is perceived as less risky

### Creating and changing the profession

Leading psychology

Strategic development focus in own practice

Psychology is seen as focussed on innovation and change?

There is an idea that psychology as a profession needs to come together to develop a clear professional identity

Clear professional identity as a group as a way of managing perceived systemic threats

Coming together as a professional group as a facilitator to establish better perceptions of the profession

Creating a joint sense of professional identity to challenge mistaken perceptions

Creating a joint professional identity

More identification to a professional group (psychology) rather than a specialism (EP)

Coming together as a group to defend against mistaken perceptions

Joint conversations as a professional group to create clarity of role even for the rest of the team

Clear professional identity as a facilitator of clarity of role in the team

Core psychology role to facilitate reflections and understanding

Modelling reflections as a unique contribution of being a psychologist

Efforts required to establish correct perceptions of what a psychologist does

Less importance given to a professional label and more to the approach one displays interest in

There is a need to create more opportunities to maintain the profession alive

The work of the EP needs constant adaptation to fill own satisfaction

There are personal, professional links that contribute to following a career in CAMHS

There are some personal inclinations towards CAMHS kind of practice

Continuous interest in expanding own skills set and seeking further training

Seeking constant re-inventing of own practice

There is openness to expanding own role

There are personal inclinations and interest that influence one to pursue career pathways

Professional identity seems to be influenced by current practices and not professional labels

Flexibility of practice

Clearer professional identity has positive impact on service users

Better understanding of the role for service users

Working in CAMHS allows one to build long-term relationships and interventions with service users

Working in CAMHS allows one to support families to understand and reflect on change

Working in CAMHS allows one to creatively adapt evidence-based practice

EPS practice is mostly focussed on assessment and short-term direct involvement Supervising other professional

Working in a community CAMHS team – with a range of low levels of needs

Adapting practice to needs of service users

Continuous involvement with a service user to attempt understanding of their experiences

Practice in CAMHS is continuously adapted and is creative

Being a senior EP takes time away from 1:1 working

Identifying as the person who maintains the profession

Perceived more clarity on own professional responsibility when working in an EPS

### **Personal factors / experiences / beliefs make professional identity flexible and variable**

There is some unclarity around space of own role  
 Own contribution to team is linked to specialism area  
 There is specific skillset unique to the EP (understanding educational systems) which allow understanding of own role  
 Influence of training approaches on own practice  
 Recognised unique skillset that the EP has – working systemically  
 Own practice is shaped by training institution, previous working experiences  
 Clarity of own role is shaped by unique contributions that one can bring to the team?  
 Clear understanding of own contribution to the team – perhaps by being a leader with a specific focus?  
 Different training institutions influence ways of practicing  
 Own unique EP role in supporting systemic changes  
 Own perceptions that EP=cognitive assessment, not held by the team  
 Having an extra qualification (being “dual-trained”) gives permission / confidence to engage in different ways of practicing  
 Using professional qualifications as a way of demonstrating one’s own expertise  
 Identifying oneself as an EP  
 Building relationships with service users is not possible in an EPS  
 Tensions between providing support directly vs indirectly (EPS vs CAMHS)  
 There are fixed approaches to practice that make up one’s own practice

### **Self-discovery & building own role**

Identifying own professional identity is a journey of discovery  
 Choice of career focus seems to be motivated by personal values and beliefs  
 Career choice is influenced by personal factors (contacts, previous experiences, organisations one is part of)  
 Perceptions of the EP role are flexible and to be owned by the individual?  
 The EP role is variable, dependant on context of own practice  
 Previous experiences of lack of communication between education and CAMHS as a motivator to current role  
 Describing own role at contracting stage of work facilitates cleared perspectives around the EP role  
 Building relationships with services users is considered a facilitating aspect to clarify perspectives around own role  
 Perceptions around the EP role can shift with a certain amount of work put on by individual EPs to advertise own roles  
 There seems to be a constant need of reminding self and others about specific ways of working that can define own role  
 Wanting a job that allows creativity to maintain “fresh” and “relevant” - creativity allows for motivation and engagement?  
 Working collaboratively seems to be facilitated by personal values  
 Wanting to collaborate is associated to the profession of EP

## Appendix 15

Overarching themes for participants in the CAMHS group

\*Where the subordinate theme is highlighted, this means that it was not identified for all participants within the group.

Overarching and super-ordinate Themes of the CAMHS Group
<p><b>A. Merging as a team</b></p> <p><u>Developing Practice</u>            Tyler – generative team meetings            Skylar – learning from colleagues (team meetings)            Charlie – developing therapeutic skills</p> <p><u>Containment*</u>            Tyler – needed for risky cases            Skylar – understanding own role</p> <p><u>Team Dynamics</u>            Charlie – losing sense of EP (“We... CAMHS”)            Tyler – perceived threats of psychology            Skylar – team objectives clarify own role</p>
<p><b>B. Flexibility</b></p> <p><u>Flexibility of Role</u>            Charlie – role in CAMHS respond to personal motivators / interests            Skylar – “            Tyler – role can be adapted to own interests            Charlie – also to the fact that not possible in EPS            Skylar – shifting hats / accommodating service users’ needs            Tyler – flexibility of practice / possibility of adapting that</p> <p><u>Flexibility of Perceptions on EP role</u>            Charlie – possibility of challenging these            Tyler – work needs to be done to challenge (but space available)            Skylar – contracting with service users</p>
<p><b>C. Clarity on Professional Identity</b></p> <p><u>Making psychology happen*</u>            Tyler – creating a role for psychology            Charlie – EPs, CPs, Counselling Psychology</p> <p><u>Core EP Skills</u>            Charlie – interest in school systems            Skylar (in trying to find own place)            Tyler – skills working systemically and organisational changes</p>



## Appendix 16

Overarching themes for all participants (multiperspectival analysis)

\*Where the subordinate theme is highlighted this means that it was identified for all participants within the group.

Overarching and Super-Ordinate Themes EPS group
<p><b>A. Inflexibility</b></p> <p><u>Traded Services</u>            Alex - firefighting            Jamie -overburdened            Kieran - barebones</p> <p><u>Protecting one's own role</u>            Alex – firefighting role / having to find own space when in CAMHS            Jamie – Going to have to fit in this box before I can try to escape            Kieran – selling a role / being put against each other</p> <p><u>Being outside of the System</u>            Alex – more value in the own's practice if collaborations were established            Jamie – feeling deskilled, not being able to seek reflections with CAMHS            Kieran – missing a piece of the puzzle of understanding, reflection without effective multiagency collaborations/            practice feels incomplete</p>
<p><b>B. Clarity on Professional identity</b></p> <p><u>Making Sense</u>            Alex – a personal journey / not something that managers can help with            Jamie – feeling deskilled and pigeonholed            Kieran – lack of collaborations creates unclarity on own's role</p> <p><u>Core EP Skills</u>            Alex – understanding school systems            Jamie – thinking at eco-systems            Kieran – facilitating a process of change</p> <p><u>Personal Influencing Factors</u>            Alex – own previous experiences            Jamie – efforts put to seek those collaborations            Kieran – training institution influence / having a specific way of practising</p>
<p><b>C. Collaborating with CAMHS</b></p> <p><u>Impact on CYP</u>            Alex – acting as a bridge, understanding educational contexts            Jamie – sought sense of competence            Kieran- more holistic practice            Alex – mundane piece of work            Jamie – children falling through the cracks of the system / feeling deskilled            Kieran – children and families retelling their stories / not practicing according to own beliefs</p> <p><u>Creating Joint Systems*</u>            Alex – it takes a while to speak the same language            Kieran – the need to come together and create the space</p>
Overarching and super-ordinate Themes CAMHS Group
<p><b>A. Merging as a team</b></p>

Developing practice

Tyler – generative team meetings

Skyler – learning from colleagues (team meetings)

Charlie – developing therapeutic skills

Containment\*

Tyler – needed for risky cases

Skyler – understanding own role

Team dynamics

Charlie – losing sense of EP (“We... CAMHS”)

Tyler – perceived threats of psychology

Skyler – team objectives clarify own role

**B. Flexibility**Flexibility of Role

Charlie – role in CAMHS respond to personal motivators / interests / also to the fact that it is not possible in EPS

Skyler – “

Tyler – role can be adapted to own interests

Skyler- Shifting hats / accommodating service users’ needs

Tyler – Flexibility of practice / possibility of adapting that

Flexibility of Perceptions on EP Role

Charlie – possibility of challenging these

Tyler – work needs to be done to do challenge (but space available)

Skyler – contracting with service users

**C Clarity on Professional Identity**Making psychology happen\*

Tyler – creating a role for psychology

Charlie – EPs, CPs, Counselling Psychology

Core EP Skills

Charlie – interest in school systems

Skyler -in trying to find own place

Tyler- skills working systemically and organisational changes

<b>Overarching Theme 1: Boundaries</b>	<b>Reciprocity of concepts (experiences that complement each other)</b> Even if boundaries are limiting and strong in the EPS, they might protect the role. In CAMHS the team's priorities are stronger, there are fantasies of a more straightforward work. In CAMHS impenetrability of role is less risky and clarifies the role.
Superordinate A. Perceptions of role	CAMHS: can be challenged, can create a narrative, can be creative, become a psychologist, fantasies of psychologist being threatening are changing EPS: impenetrable, limiting
Superordinate B. Belonging to a system	CAMHS: containing, helps understanding role, widens professional identity. EPS: must protect oneself (role is firefighting, mundane)

<b>Overarching Theme 2: Making sense of Role</b>	<b>Paths of meaning (shared meaning experienced in different ways)</b>
Superordinate C. Core EP Skills (used to create clarity: consultation, holistic and systemic)	CAMHS: used as protective factors, constitutes clarity of meanings, gets lost in the team. EPS: there is a difficulty in demonstrating / using the totality of these skill. The roles fees pigeonholed (in a box)
Superordinate D. Journey to make sense of professional identity	CAMHS: things happen when psychologists come together, creates a full profession, team dynamics (team priorities) EPS: feels challenging, left to individual, needs of LA are overriding role

<b>Overarching Theme 3: Individual Journey</b>	<b>Conceptual overlap (Shared experiences):</b>
Superordinate E. Personal factors (personal experiences, training institutions) Training experiences / previous professional experiences which influenced one's decision to pursue collaborations with CAMHS and MDT practise. Interests / previous experiences in mental health and therapeutic approaches.	These are experiences that appear to be shared by both the EPS and the CAMHS group. Participants shared that that there are specific personal factors which may influence the choice of working with or alongside CAMHS and beliefs of wanting to practise in a more ethical way, with better outcomes for children a young people. All the participants expressed a wish to wanting to collaborate with CAMHS in line with certain beliefs as to how the profession should be.
Superordinate F. Beliefs associated to practice (ethical, wanting to be a certain kind of EP, positive outcomes for service users) Working in a collaborative manner creates better outcomes for children and young people where accessibility to services is easier. Practicing in an ethical way following the national guidelines?	

