How can Educational Psychologists and Social Workers work together to support Children and Young People with Social, Emotional and Mental Health needs?

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Abstract

This research explores how Educational Psychologists (EPs) and Social Workers (SWs) can work together with a particular focus on support for Children and Young People (CYP) with Social, Emotional, and Mental Health (SEMH) needs. By examining joint work experiences, this study identifies facilitators and barriers to collaboration and presents a 'Good Practice Checklist' to guide EPs when working with SWs in this area.

Utilising semi-structured interviews with three EPs and three SWs and analysing the data through Reflexive Thematic Analysis (Braun & Clarke, 2022), the research highlights the importance of collaboration and the integration of professional skills to recontextualise the behaviour of CYP, alongside conjoint problem-solving approaches between EPs and SWs to create positive outcomes for CYP with SEMH needs. However, the research demonstrates that wider systemic barriers, including service delivery models, time constraints, and limited access to resources, influence the feasibility of such collaborations. The research presents several practical implications for EP practice, including the need for clear communication, the use of technology to improve time efficiency, and the importance of relational practice and interprofessional understanding. Further, the study illustrates the significance of reciprocal knowledge sharing between EPs and SWs and emphasises the need to recognise and mitigate power dynamics in professional relationships. While the research provides valuable insights, it also acknowledges key limitations of the research design and directions for future research are provided.

In conclusion, the research contributes valuable insights into the process of joint work between EPs and SWs, offering strategies to improve collaborative practices and ultimately enhance support for CYP with SEMH needs.

Contents

Tables and Figures

Abbreviations

ACE	Adverse Childhood Experience
ADHD	Attention Deficit Hyperactivity Disorder
AEP	Assistant Educational Psychologist
ASD	Autism Spectrum Disorder
BASW	British Association of Social Workers
BPS	British Psychological Society
BESD	Behaviour Emotional Social Difficulties
CAF	Common Assessment Framework
CAMHS	Child and Adolescent Mental Health Service
CASP	Critical Appraisal Skills Programme
CIN	Child in Need
CoP	Code of Practice
CP	Child Protection
CR	Critical Realism
CYP	Children and Young People
DfE	Department for Education
DoH	Department of Health
EBD	Emotional Behavioural Difficulties
EHA	Early Help Assessment
EHCP	Education Health and Care Plan
EP	Educational Psychologist
EPS	Educational Psychology Service
HCPC	Health Care and Professions Council
HSB	Harmful Sexual Behaviour
LA	Local Authority
LAC	Looked After Child
MAT	Multiagency Team
MMAT	Mixed Methods Appraisal Tool
MHST	Mental Health Support Team
MST	Multisystemic Therapy
NHS	National Health Service
NSPCC	National Society for the Prevention of Cruelty to Children
NICE	National Institute for Health and Care Excellence
ONS	Office of National Statistics
PFA	Preparing for Adulthood
PTSD	Post-traumatic Stress Disorder
RTA	Reflexive Thematic Analysis
SEMH	Social, Emotional and Mental Health
SEN	Special Educational Need
SENCO	Special Educational Needs Coordinator
SEND	Special Educational Needs and Disabilities
SEND CoP	Special Educational Needs and Disabilities Code of Practice
SW	Social Worker
SWE	Social Work England
TAC/TAF	Team Around the Child/Team Around the Family
YOS/YOT/YJS	Youth Offending Service/ Youth Offending Teams/Youth Justice Service

Chapter 1: Introduction

1.1 Introduction to Chapter

This chapter will define Social, Emotional and Mental Health (SEMH) needs as outlined by the Special Educational Needs and Disability Code of Practice (SEND CoP, 2015).[1] It will discuss the prevalence of SEMH needs in school aged children and young people (CYP) in the UK. Bronfenbrenner's ecological systems model (Bronfenbrenner, 1979) will be used to situate CYP with SEMH needs within the context of the school, family and social systems. Consideration will be given to the impact that the wider legislative, socio-political and economic climate has on both CYP with SEMH needs and the professionals supporting them. The role of Educational Psychologists (EPs) and Social Workers (SWs) will be described, as well as the pressures facing these professionals within Local Authority (LA) service contexts.

The chapter will conclude by proposing the need for research that considers how EPs and SWs can work together to support CYP with SEMH needs, and the researcher's own experiences and motivations that have guided them to embark on this topic of interest will be discussed.

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[1] For the purpose of this research, terminology to define SEMH is adopted from the SEND Code of Practice (2015) as:

> Children and young people who experience social and emotional difficulties which manifest themselves in many ways. These may include becoming withdrawn or isolated, as well as displaying challenging, disruptive or disturbing behaviour. These behaviours may reflect underlying mental health difficulties such as anxiety or depression, self-harming, substance misuse, eating disorders or physical symptoms that are medically unexplained. Other children and young people may have disorders such as attention deficit disorder, attention deficit hyperactive disorder or attachment disorder (SEND CoP, 2015, section 6.32).

1.2 Definition and Terminology

This research considers school aged CYP with SEMH needs. School aged CYP refer to those aged 5-18 years old as this encompasses the compulsory school age for children in the UK (5-16 years old), as well as the requirement for young people to remain in education until age 18 or start an apprenticeship or traineeship.

CYP's Special Educational Needs (SEN) are generally considered across four broad areas of need and support that are outlined in the SEND CoP (2015). These include communication and interaction, cognition and learning, social, emotional and health (SEMH) and sensory and/or physical needs. The SEND CoP (2015) states that professionals must proactively promote the independence of CYP with SEN, with a particular focus on the transition to adulthood for CYP aged 14 and above. The Preparing for Adulthood (PFA) categories serve as a framework for describing the evolving needs of CYP[2]. While specific SEMH concerns may not fall directly under the PFA classification, it's imperative to integrate considerations of health and wellbeing alongside community inclusion for comprehensive support for CYP.

The SEND CoP (2015) saw SEMH replace terms such as Behaviour Emotional Social Difficulties (BESD) and Emotional and Behaviour Difficulties (EBD) to describe similar needs. This represented a shift that encouraged professionals to recognise the importance of mental health difficulties for CYP and to consider behaviour as a form of communication when considering outcomes for CYP.

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[2] The SEND CoP (2015) outlines that preparing for adulthood spans four key areas of need, including preparing for higher education and/or employment, independent living, participating in society and being as healthy as possible in adult life.

This research focuses on CYP known to have an allocated SW. There are a range of reasons why a CYP may have an allocated SW, including Children in Need (CIN) under the Children Act 1989. The broadest definition considers CIN as those assessed by children's social care as being in need of help and protection due to risks to their health or development, who are in receipt of statutory support from LA social care and where children's social care has a duty to safeguard these children (Department for Education [DfE], 2019). All disabled CYP are categorised as CIN under the Children Act 1989. CYP will also have a SW if they are subject to a Child Protection (CP) plan (Section 47) or are Looked After Children (LAC).

1.3 Prevalence of CYP with SEMH needs

Data published by the DfE (2023d) reports that there are 389,171 pupils in England with an Education, Health and Care plan (EHCP), making up 4.3% of pupils in England. Of this, SEMH is the primary type of need recorded for 15.2% of pupils (54,598 pupils) (DfE, 2023d). This indicates an increase of SEN for CYP as prior to the introduction of the SEND CoP (2015), 2.8% of pupils held a SEN statement across state-funded primary, secondary and special schools, with 13.7% of these pupils (30,035 pupils) with BESD as their primary area of need (DfE, 2014). Many factors could underlie this difference including changes to thresholds and diagnostic criteria and emphasis on inclusive education and early identification within LA systems where funding may be sparse and resources for CYP are ostensibly linked to SEN diagnoses (DfE, 2023c; Norwich, 2014; Taberner, 2023; Tomlinson, 2012), making it difficult to determine the specific impact that the SEND CoP (2015) has had on the prevalence of pupils with SEMH needs and the extent to which this has had a positive impact on support for CYP with SEN.

The DfE (2023d) records that the number of pupils on SEN support, but with no EHCP, make up 13% of pupils in England (1,183,384 pupils). SEMH is the second most common type of need identified amongst pupils on SEN support, accounting for 21% of pupils on SEN support (DfE, 2023d). It is important to note that many children have concurrent SEMH needs, so whilst SEMH may not be recorded as a pupil's primary need, they may still experience difficulties in this area. Therefore, it is likely that children with SEMH needs are underrepresented in these figures.

Whilst well-developed social skills, self-esteem, self-regulation and emotional wellbeing in childhood are associated with positive outcomes related to mental health and wellbeing in adult life (Goodman et al., 2015), mental health difficulties are associated with poorer outcomes such as poorer physical health outcomes, offending behaviour and substance abuse (Department of Health [DoH], 2015).

The suspension and permanent exclusion rate for pupils with EHCPs or on SEN support are higher than children without SEN (DfE, 2023f), with SEMH needs associated with higher rates of school suspension in England (Thompson, Tawell & Daniels, 2021). The Timpson Review of School Exclusion (2019) reports that CYP with SEMH named as their primary need at the level of SEN support are 3.8 times more likely to be permanently excluded than those with no named SEN.

1.4 Outcomes for CYP with SEMH needs and known to have a social worker

Recent statistics show that in England there are 403,090 CIN and 50,780 CYP on CP plans (DfE, 2023a). Across key social care groups, pupils at Key Stage 2 are roughly half as likely to achieve the expected standard in reading, writing and mathematics than the overall pupil

population (DfE, 2023b) and are also more than twice as likely to have SEN than the overall pupil population (DfE, 2023b).

In England last year, 24.7% of CIN had an EHCP, in comparison to just 3.9% of all pupils with an EHCP of the same year (DfE, 2023b). Figures in England for 2021/22, highlight that the most common primary need across all key social care groups for CYP with SEN support is SEMH (DfE, 2023b). SEMH is also named as the most common type of need for pupils with an EHCP who are LAC (51.2%) or subject to CP plans (37.8%) (DfE, 2023b). Thus, emphasising the prevalence of SEMH needs in vulnerable and at-risk CYP populations.

Literature suggests that mental health difficulties are associated with school non-attendance and poorer attainment for pupils, with CIN status being associated with persistent school absence (Lereya et al., 2019). Of note, the DfE (2021) reports that approximately one tenth of CIN have experienced at least one suspension. School exclusion is associated with negative outcomes, including poor academic attainment and contextual safeguarding risks (Gazeley et al., 2013; Graham, 2019). Notably, CYP with LAC status are more likely to experience a mental health difficulty and are found to perform more poorly at GCSE level when compared to their peers (NSPCC, 2021). As care leavers, these young people are also less likely to be in education, work or training (NSPCC, 2021).

Therefore, as the SEND CoP (2015) places a duty on education, health and social care services to work in collaboration to enhance provision and outcomes for CYP with SEN under the Children and Families Act 2014, the growing prevalence of CYP with SEN and concurrent SW involvement underscores the need to explore joint work practices between EPs and SWs, particularly when the SEMH needs of this vulnerable group are of paramount significance.

1.5 Understanding the current context of joint work to support CYP with SEMH needs

Ecological systems theory (Bronfenbrenner, 1979) is used as a framework in this chapter to describe the complex interaction between CYP with SEMH and the systems around them. This theory recognises that both personal and contextual factors are relevant to CYP with SEMH needs, and that there is a complex interplay both within, and between, systems. Bronfenbrenner's (1979)[3] model is used to examine the legislation relating to CYP with SEN pertaining to SEMH, the role of professionals and to consider the wider national context in which CYP with SEMH are currently situated.

1.6 The Individual level

The definition of SEMH helps professionals to appreciate that behaviours presented by CYP may be reflective of other underlying factors. Difficulties at an individual level may be described as 'within-child' needs or difficulties and are often associated with deficit-focused or biological models of explanation. The Mental health and behaviour in schools report (DfE, 2018) identified several 'within-child' risk factors that are believed to be associated with poor mental health outcomes, including genetic influences, learning disabilities, specific developmental delay or neurodiversity, and communication difficulties.

Experiences of trauma and adversity can have a significant impact on later social and emotional wellbeing. Adverse Childhood Experiences (ACEs) are highly stressful events that occur during childhood that may be traumatic (Felitti et al., 1998). These events can be singular or prolonged, and include experiences such as loss, abuse, neglect or witnessing violence (Young

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[3] The model used is bidirectional and dynamic, so whilst systems are discussed in isolation, each level of the system around the CYP influences the other (Bronfenbrenner, 1979).

Minds, 2018). A systematic review conducted by Scully, McLaughlin and Fitzgerald (2020) revealed that there may be an association between poor family functioning and poorer mental health outcomes following ACEs. Conclusions drawn from SW assessments consistently reveal that the most common factors identified following assessment are concerns regarding a parent or carer being subjected to domestic violence and the presence of ill parental mental health (DfE, 2023a). This suggests that it is crucial that professionals prioritise support for this demographic of CYP, as those who experience four or more ACEs are at increased risk of poor mental wellbeing, lower life satisfaction, substance misuse issues, incarceration and involvement in violent behaviour. (Young Minds, 2018).

In addition, attachment theory stresses the importance of the early childhood relationship with a significant other and the consequent social and emotional behaviour of a CYP later in life (Bowlby, 1994; Geddes, 2017). Therefore, attachment difficulties (e.g., disruption to the caregiver-child relationship, neglect or abuse) may be an important indicator of SEMH needs in CYP who are known to have a SW, with literature suggesting that difficulties in attachment are commonly associated with poor attainment, behaviour and teacher-pupil relationships (Bergin & Bergin, 2009; Commodari, 2013; Geddes, 2017; Marshall & Thomas, 2014; Verschueren & Koomen, 2012).

The definition of SEMH provided by the SEND CoP (2015) suggests that neurodevelopmental disorders and/or conditions, such as attention deficit hyperactive disorder (ADHD), are important to consider when identifying this type of SEN. When taking a bio-psycho-social lens to understand SEMH, neurodevelopmental disorders, such as ADHD, are typically considered as a more 'within-child' difficulty (Carrol & Hurry, 2018). However, social factors including the attitudes of those in their school, family and peer networks are known to have a profound

influence on the social inclusion of these CYP (Hassani, Schwab, & Boda, 2022). CYP with autism spectrum disorder (ASD) are also purported to experience emotional difficulties (usually anxiety related) or behavioural difficulties (Green et al., 2005). Thus, in line with Bronfenbrenner's ecological systems theory, a bio-psycho-social lens considers that the interaction between individual factors and the systems around them cannot be divorced when considering the SEMH needs of a CYP.

Research also evidences a relationship between SEMH and concurrent SEN, such as Speech, Language and Communication needs (SLCN) and motor impairment (Hill et al., 2017; Royal College of Speech and Language Therapists, 2020; Hollo, Wehby, & Oliver, 2014). In line with this, it is important that professionals consider how SEN can impact CYP's social participation relevant to their experience of learning at school and the subsequent impact this may have on their emotional wellbeing.

1.7 The Microsystem

Bronfenbrenner's ecological model posits that schools, communities, families, and peers can have a direct influence on a CYP's development and experience of the world, placing them within the microsystem around the CYP. The Mental Health and Behaviour in School report (2018) considers that these systems can serve as risk or protective factors when considering mental health outcomes. These factors are outlined below in the figure below taken from the report (DfE, 2018).

Figure 1

Risk and protective factors that are believed to be associated with mental health outcomes (DfE, 2018, p. 14 & 15).

	Risk factors	Protective factors
In the family	• Overt parental conflict including domestic violence • Family breakdown (including where children are taken into care or adopted) • Inconsistent or unclear discipline • Hostile and rejecting relationships • Failure to adapt to a child's changing needs • Physical, sexual, emotional abuse, or neglect • Parental psychiatric illness • Parental criminality, alcoholism or personality disorder • Death and loss – including loss of friendship	• At least one good parent-child relationship (or one supportive adult) • Affection • Clear, consistent discipline • Support for education • Supportive long-term relationship or the absence of severe discord
In the school	• Bullying including online (cyber) • Discrimination • Breakdown in or lack of positive friendships • Deviant peer influences • Peer pressure • Peer on peer abuse • Poor pupil to teacher/school staff relationships	• Clear policies on behaviour and bullying • Staff behaviour policy (also known as code of conduct) • 'Open door' policy for children to raise problems • A whole-school approach to promoting good mental health • Good pupil to teacher/school staff relationships • Positive classroom management • A sense of belonging • Positive peer influences • Positive friendships • Effective safeguarding and Child Protection policies. • An effective early help process • Understand their role in and be part of effective multi-agency working • Appropriate procedures to ensure staff are confident to raise concerns about policies and processes, and know they will be dealt with fairly and effectively
In the community	• Socio-economic disadvantage • Homelessness •Disaster, accidents, war or other overwhelming events • Discrimination • Exploitation, including by criminal gangs and organised crime groups, trafficking, online abuse, sexual exploitation and the influences of extremism leading to radicalisation • Other significant life events	• Wider supportive network • Good housing • High standard of living • High morale school with positive policies for behaviour, attitudes and anti-bullying • Opportunities for valued social roles • Range of sport/leisure activities

School is consistently viewed as a key protective factor for all CYP, including those with SEMH needs (DfE, 2019). For CYP where there are safeguarding concerns (both familial and extrafamilial), if they are not consistently accessing education, access support and oversight from professionals can become increasingly limited. This means that CYP experiencing emotionally based school non-attendance (EBSNA), or absenteeism, may be a particularly vulnerable group of CYP (Hunt et al., 2022). In addition to this, the DfE (2019) suggest that children requiring SW intervention are prone to instability in educational placements, thus

constituting another vulnerable group of CYP that require additional support from multiagency professionals.

Further support for schools is largely anticipated given the intensifying demands placed on them in recent years to address emotional wellbeing for CYP (DfE, 2018; DfE, 2023e; Garratt et al., 2023; NICE, 2022; Public Health England, 2021; Rainer et al., 2022; SEND CoP, 2015). Given the roles that SWs hold in relation to the family and community (Department for Education and Skills/Department of Health, 2006), and the EPs ability to provide whole-school support to address pupil wellbeing and EBSNA (Association of Educational Psychologists [AEP], 2017; Hunt et al., 2022), these professionals may play a complementary role in overcoming barriers to school attendance by addressing risk factors across school, family and community contexts.

1.8 The Exosystem

Professionals outside of the school system who support CYP with SEMH needs may exist across the microsystem and exosystem as they can have a profound influence on a CYP's development either directly or indirectly. Professionals working within more formal structures of the LA may work indirectly to support children with SEMH needs by supporting parents or delivering training and supervision to school staff. Through research and advocacy, professionals within this system are also able to influence local and national policy that may impact support provided to CYP with SEMH needs.

Given the focus of the current research, the role of the EP and SW are explored further. Professional identity is viewed as a relatively stable, yet adaptable, construct by which individuals define themselves in role (Schein, 1978, as cited in, Ibarra, 1999), therefore, it is

important that professionals provide a distinct contribution through their role. However, within complex, challenging and everchanging work contexts, professional roles can be complex and multifaceted (Cameron, 2007; Fallon, Woods, & Rooney, 2010).

1.8.1 The role of the Educational Psychologist

'Educational Psychologist' is a protected title, and the profession is regulated by the Health and Care Professions Council (HCPC) (Gledhil, 2023). EPs support CYP aged 0-25 across individual, group and organisational levels (British Psychological Society [BPS], 2022), conducting both non-statutory and statutory work and informing local provision to support CYP with SEN (DfE, 2023c). The EP role consists of five enduring main functions, consisting of consultation, assessment, intervention, training and research (MacKay, 2013).

More recently, many LAs have developed a traded model of service delivery in which EP work is commissioned by stakeholders, such as schools (Lee & Woods, 2017). EPs are deemed to hold specialised psychological knowledge (Ashton & Roberts, 2006; Lee & Woods, 2017) and given their contribution to statutory Education, Health and Care Needs Assessment (EHCNA) processes, commissioners may also see EPs as gatekeepers to resources (Solvason & Winwood, 2022). This may narrow the role of the EPs and limit the understanding amongst families and other professionals of the universal support that EPs can offer when supporting CYP with SEMH needs, acting as a barrier for EPs supporting this population. For example, multiagency professionals find it difficult to understand the difference between EP and CAMHS support for CYP in this area (DfE, 2023e), whilst both teachers and CYP have historically lacked an awareness that mental health support is a distinctive aspect of the EP role (Atkinson et al., 2014). This may mean that EPs are not initially considered when schools and families hold

concerns about a CYP's emotional wellbeing, potentially contributing to the saturation in referrals for other services such as CAMHS (Grimm et al., 2022).

Regardless of this, the need for more systemic and preventative work to support CYP with SEN has been increasingly recognised by the government in recent years (DfE, 2023c; DfE, 2023c), with EPs engaging in whole-school approaches to support the wellbeing of CYP in school (Jones & Harding, 2023). When considering the role that EPs play in response to CYP with SEMH needs, the AEP outlines that EPs can provide a holistic response to the emotional wellbeing and mental health of CYP by working at different levels of the system to foster the understanding and management of these needs (AEP, 2017). As EPs have an eco-systemic skill set, they are well placed to collaborate with other professionals and support staff and families, whilst also being able to provide direct therapeutic intervention to CYP with SEMH needs (AEP, 2017). Moreover, evidence suggests that EPs can provide a unique contribution when supporting CYP with SEMH due to their knowledge of school functions and systems, whilst holding a complementary role to other professionals involved in the management of CYP with SEMH needs (Zafeiriou & Gulliford, 2020).

1.8.2 The role of the Children and Families Social Worker

SWs hold a statutory role under the Children Act 1989 to safeguard CYP. 'Social worker' is a protected title, and SWs are regulated by Social Work England (SWE). SWE was established under the Children and Social Work Act 2017 and have been the regulatory body for social workers since December 2019, when the body took over from the HCPC (SWE, n.d.). SWs typically support children from pre-birth to age 18, though LAC CYP may continue to access SW services until they are 25 years old (British Association of Social Workers [BASW], 2020).

SWs often support CYP with families who are experiencing a range of emotional, practical and relationship difficulties (BASW, 2020). Indeed, Holmes and McDermid (2013) reviewed the reported activity of frontline SWs and found higher levels of social care involvement where CYP displayed emotional and/or behavioural difficulties or had additional needs.

Social work can be viewed as a problem-solving activity, in which work is carried out through collaborative relationships with the individual, family and community (DfE/DoH, 2006). SWs are crucial in supporting change, advocating for a more equal society, and promoting the wellbeing of those they support through relationship-based practice and preventative work (Gupta & Blewett, 2007; SWE, n.d.). There has been a growing emphasis on collaborative social work practices with other agencies, supported by legislation and policy such as the Children Act 2004 and Munro Review (2011). A report on the social work profession, completed by YouGov (2020), evidenced that SWs interact with several different organisations, as outlined in the figure below.

Figure 2

Organisations that SWs commonly interact with (YouGov, 2020, p. 41).
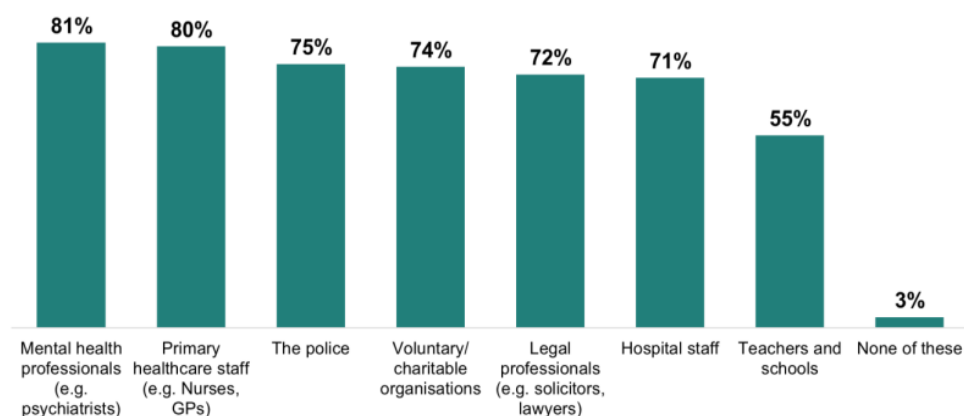
1.8.3 Pressures facing Local Authority Educational Psychology and Social Care services

There are ever-increasing challenges facing both EP services and SW services across LAs in England. These pressures have a profound impact on support that can be offered to CYP with SEMH needs. Referrals for support from both services are growing, placing notable pressure on the capacity of organisations to meet need, with the 2022 Children in Need Census reporting that the number of referrals for social care was the highest since 2019 and referrals coming directly from schools was the highest since 2014 (DfE, 2022). EP services have also seen an increase in the demand for statutory assessment (AEP, 2017; DfE, 2023) and two thirds of LAs have deficits in their dedicated schools grant budgets (DfE, 2023c). The large number of requests for EHCPs, and the bureaucratic process that is needed for specialist provision, has meant that CYP can face profound delays in accessing the support that they require (DfE, 2023c). Consequently, resources and workforce capacity has been pulled towards the more specialist end of the system and has resulted in less capacity for early intervention for CYP with SEN (DfE, 2023c).

Recruitment and retention are significant issues facing EP services (DfE, 2023c). This issue is also pronounced in the social work profession. Figures indicate that 18.9% of posts in children and families social work were unfulfilled in September 2022, with 74.4% of vacancies being covered by agency workers in 2022 (DfE, 2024a). A survey carried out by YouGov in 2020, found that 85% of SWs have reported high levels of stress from work with almost half of newly qualified social workers (48%) reporting that they would stop working within social work entirely within the next 5 years (YouGov, 2020).

Time constraints are commonly cited as a key barrier within both EP and SW professions, with SWs feeling that high demands on paperwork and administrative tasks have been causes of

increased stress in their role (Gupta & Blewett, 2007; YouGov, 2020) and EPs reporting similar issues regarding the considerable amount of time spent completing statutory assessments (Atfield et al., 2023).

Moreover, cuts to resources have made it increasingly challenging to carry out multiagency work to support CYP with SEMH needs. For instance, whilst SWs have noted that a significant portion of their time is dedicated to coordinating with mental health practitioners, they perceive these connections to be the least robust due to challenges in accessing time to cultivate effective relationships, and frustrations associated with lengthy waiting periods and diminished services for CYP (YouGov, 2020).

1.9 The Macrosystem

Legislation and policy play a crucial role in support that can be offered and provided by professionals to support CYP with SEMH needs. In recent years, the government have recognised the significance that mental health difficulties can have on outcomes for CYP. This recognition has been reflected in recent budgets with £79 million used to expand children's mental health services in 2021/22 to provide more access to community health services for CYP, alongside an expansion of Mental Health Support Teams (MHSTs) in education settings (DfE, 2023c).

An increased duty has also been placed on education providers to support CYP with SEMH needs, including identification, assessment and provision for CYP experiencing mental health difficulties (SEND CoP, 2015). A focus on preventative, universal and whole-school support for CYP has been a key emphasis of government initiatives to support children's emotional wellbeing (DfE, 2018; Garratt et al., 2023; NICE, 2022; Public Health England, 2021).

The duty for professionals to work effectively together to safeguard CYP is also evident. The Working Together to Safeguard Children statutory guidance has recently been updated, with unequivocal reference to the significance of strong multiagency partnerships with an emphasis on positive relationships to safeguard CYP, including work with families and clear lines of accountability for services (Working Together to Safeguard Children 2023).

The need for effective joint work to support CYP who have SEN or a disability is a clear government priority as the integration of education and training provision with health and social care provision is pronounced in both the Children and Families Act 2014 (Section 25, 1a) and Working Together to Safeguard Children 2023 statutory guidance. LAs must integrate provision where they believe it will improve the quality of special educational provision or promote the wellbeing of CYP with SEND and clear guidance is provided to support the joint planning and commissioning of services to ensure collaboration between education, health and social care in the SEND CoP (2015).[4]

Figure 3

The Joint Commissioning Cycle (SEND CoP, 2015)

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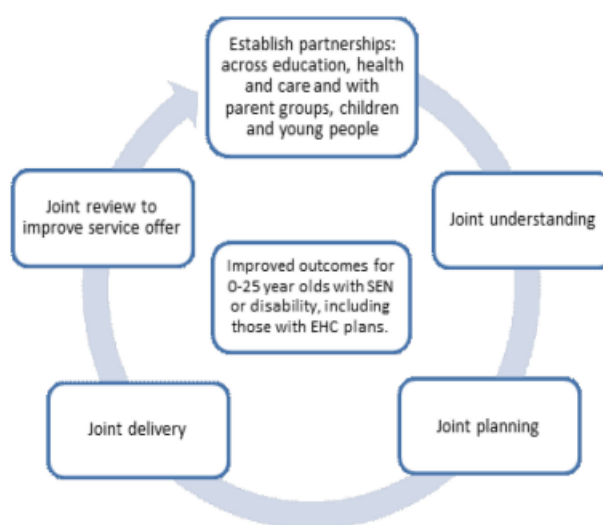
[4] Where there is an EHC needs assessment, it should be a holistic assessment of the child or young person's education, health and social care needs. EHC needs assessments should be combined with social care assessments under Section 17 of the Children Act 1989 where appropriate (SEND CoP, 2015, section 10.18).

1.10 The Chronosystem

Major historical changes and environmental changes that occur over time are considered within the chronosystem of the ecological model (Bronfenbrenner, 1979). Global issues are recognised to have had a negative impact on the wellbeing and mental health of CYP (DfE, 2023e).

The impact of the Covid-19 pandemic[5] cannot be understated when considering the mental health of CYP as, since the onset of the pandemic, there have been reports of increased anxiousness in school-aged pupils (DfE, 2023e) and rising amounts of CYP reporting low happiness (The Children's Society, 2022). For vulnerable CYP (e.g., those who have experienced ACEs prior to the pandemic), significant feelings of loss, separation and hopelessness were exasperated by the pandemic (Mindel et al., 2022). As a result of the pandemic, these CYP were also found to have experienced increased abuse at home and to have developed maladaptive coping strategies such as self-harm (Mindel et al., 2022).

The impact of war, including exposure to conflict, loss and forced migration, is associated with increased risk of specific mental health disorders, such as PTSD, depression and anxiety (Bürgin et al., 2022). There is increased recognition that ripple effects of the war in Ukraine will be present for children beyond Eastern Europe and note that psychological distress for CYP is likely to be rife given the access to distressing content on social media (Bürgin et al., 2022; Save the Children, 2022). The BPS (2023a) have also acknowledged that psychologists will need to be concerned about the immediate and long-term psychological impact of the escalating conflict in the Middle East.

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[5] The Covid-19 pandemic was a global outbreak of coronavirus between 2019 and 2023 (World Health Organization, 2024).

The global spotlight on the Black Lives Matter (BLM) movement intensified following the tragic deaths of George Floyd and Breonna Taylor in 2020 (Codding et al., 2020). Professionals must stay alert to the impact of events of such magnitude on the mental health of CYP. In particular, the disproportionate impact of vicarious trauma that recurrent portrayals of distressing images of systemic injustice (e.g., police brutality) can exert on the mental well-being of black and minority ethnic CYP should be of paramount concern for professionals seeking to support CYP with SEMH needs (Ayodeji et al., 2021).

1.11 Intersectionality[6], discrimination and less resourced CYP

Professionals must remain acutely aware of the difficulties that CYP from marginalised and poorer socioeconomic backgrounds may face as two social determinants of mental health are identified by Shim and Compton (2020) as discrimination and food insecurity.

Figure 4

The Social Determinants of Mental Health (Compton & Shim, 2019, illustrated by Dr Juliet Young, Clinical Psychologist).

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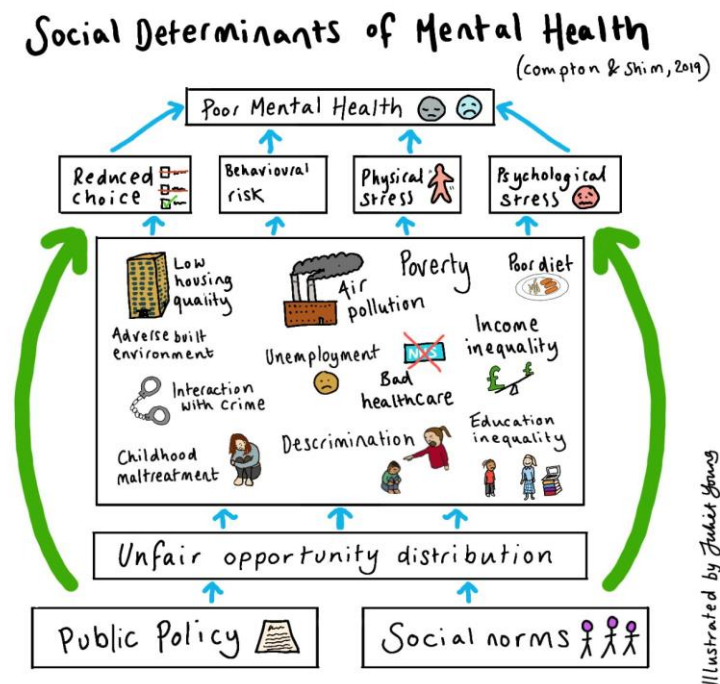
[6] Intersectionality considers the interaction between different aspects of one's identity that can contribute to experiences of power, privilege, oppression and marginalisation (Crenshaw, 1989).

Children from low-income families are four times more likely to experience mental health difficulties, when compared with children from higher-income households (Gutman et al., 2015). Similarly, children from poorer households exhibit more emotional and conduct problems on average than their wealthier peers, with this difference being seen as early age 3 (Goodman et al., 2015). These needs may persist through to adolescence and are likely to have implications for their future development and later social inequalities faced across adult life domains (Goodman et al., 2015).

The cost-of-living crisis has had a universal impact on many families living in the UK. Mindel et al (2022) found that within families experiencing financial hardship, CYP found it difficult to ask for mental health support from their families due to fear of creating additional stress in the household, meaning that many CYP may have felt isolated. The Runnymede Trust has referred to 'systemically rooted inequalities' with a disproportionate impact of the cost-of-living crisis on CYP of black and minority ethnic heritage given that CYP from these backgrounds are 2.7 times more likely than their peers to be in poverty (Francis-Devine, 2024; Edminston, Begum & Kataria, 2022).

There is also evidence suggesting a correlation between socioeconomic position in CYP and the risk of ACEs or maltreatment (Walsh et al., 2019). School behaviour policies are seen to disproportionately impact CYP from low-income backgrounds and racialised communities, with Black children receiving more punitive forms of discipline than their white peers, and highest rates of suspension amongst pupils of Gypsy/Roma and Traveller heritage (DfE/ONS, 2023; DfES, 2006; Rainer et al., 2022).

1.12 Focus of this present research and Motivation

In light of the information provided, this research is interested in how SWs and EPs can work collaboratively to support CYP with SEMH needs. The researcher argues that these professionals hold expertise and skills in relationship-based practice with CYP, families and other professional. They also hold knowledge of safeguarding and the psychology underpinning SEMH needs, making them well placed to support CYP with SEMH needs to achieve positive outcomes.

The researcher brings her own perspectives and experiences as an 'insider-outsider' researcher (Dwyer & Buckle, 2006) with experience both as a social worker and currently as a trainee EP. These experiences provide a personal perspective of joint work and conscious awareness of the acute pressures facing SWs and EPs in LA services. The following reflexive diary extract provides further insight into the researcher's position and personal motivations for this research.

Figure 5

Reflexive Diary Extract 1

Underlying Motivations
Prior to becoming a trainee EP, I was a children and families social worker who supported several CYP with SEMH needs. As I've embarked on this doctoral programme, I've reflected significantly on my time as a social worker.
I was often faced with children experiencing emotional difficulties at school, avoiding school, facing difficult relationships within their family systems and often, taking out their emotions on me. It has struck me that I rarely worked with an EP and held a very narrow-minded view on their role. It was not until I worked with a young person known to the Youth Offending Team (YOT) that I worked collaboratively with an EP. I found that her insight and understanding as to what may be underlying the CYP's presenting behaviour was crucial in my own care planning for the young person.
I have since wondered how many other children and young people may have benefitted from a more joined up approach to work. I'm sure there are numerous explanations as to why the EP was never the first point of contact when considering CYP with SEMH needs. Was it the

busy nature of my work that served as a barrier to this work, or was it a limited understanding of what an EP could contribute?

Several factors required for successful multiagency work, such as time, funding and collaborative practices, have been identified to benefit CYP with social, emotional and behavioural difficulties (Soan, 2006). Therefore, I am motivated to create a checklist to support busy professionals to consider joint work practices when supporting children with SEMH needs. I hope that this thesis will help future professionals to support CYP achieve positive outcomes.

1.13 Summary

This chapter has highlighted the prevalence of SEMH needs in CYP. It has situated CYP with SEMH needs within the family and school system, local and wider socioeconomic and political context of society. The outcomes for CYP with SEMH needs have been discussed and the statutory duty placed on professionals to safeguard and support vulnerable CYP has been emphasised. The chapter has considered several factors that may contribute to SEMH needs in CYP and considered that this group of CYP are likely to benefit from support from both SWs and EPs, as conceptualised in the researcher's figure below.

Figure 6

CYP with SEMH needs likely to have concurrent EP and SW involvement.

CYP WITH SEMH NEEDS
Attachment needs
Developmental Trauma
ACEs
Suspension
EBSNA
School refusal
Vulnerability to grooming/exploitation
Disability
CIN/CP/LAC

Educational Psychologists

Social Workers
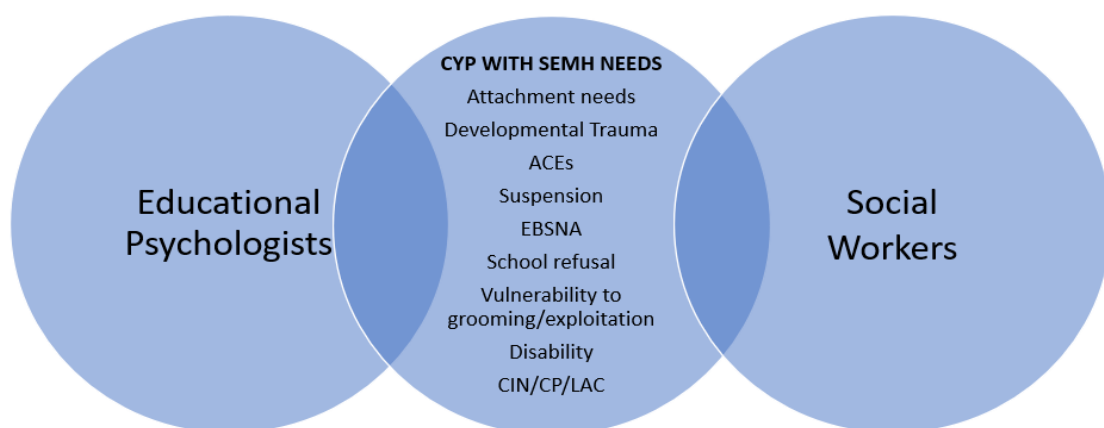
The focus of the current research has been summarised and the researcher's personal relationship to the research has been described.

Chapter 2: Literature Review

2.1 Introduction to Chapter

This chapter examines what current literature tells us about interprofessional work carried out by EPs to meet the SEMH needs of CYP. To explore joint work practices, a scoping review of the literature aims to answer the following questions:

1. What do we currently know about joint work between EPs and SWs?

2. What does the literature tell us more broadly about interprofessional work carried out by EPs to support the social and emotional wellbeing of CYP?

The search strategy is outlined and the rationale for the inclusion and exclusion criteria applied to the selected papers are discussed. The process of critical appraisal is also explained. Through an iterative process that reflected on the kinds of paper identified, an overarching review question is generated: *What does the literature tell us about interprofessional work carried out by EPs to support positive outcomes for vulnerable CYP and those who support them?* A synthesis of the literature provides an overview of the selected papers, and the findings are discussed thematically in response to this question and the aims of the review. Finally, a critique of the available literature is provided and the rationale for the current research is outlined.

2.2 Type of Review

A scoping review was conducted to identify both characteristics of joint work carried out between EPs and SWs, and the key factors associated with interprofessional work carried out by EPs to support the social and emotional wellbeing of CYP. This was viewed as a pragmatic approach to explore the body of literature in this area given the exploratory aim of the review

as it allowed the researcher to identify and consider the available evidence in the field whilst ascertaining gaps in the research and thus, implications for future research (Munn et al., 2018).

2.3 Search Strategy

Siddaway et al. (2019) consider that a minimum of two databases should be searched to identify relevant literature. Therefore, to find available literature, the following databases were searched via EBSCO host: PsycINFO, SocINDEX with Full Text and ERIC. These databases contain records relevant to psychology, sociology, education research and associated disciplines and were therefore appropriate to respond to the overarching research question. Brown and Sutton (2010) also posit that searches on one database will only locate one third of relevant articles, therefore, a snowballing technique was applied to papers generated from the first search to find further relevant studies. A hand search was also completed via the Google search engine to identify any articles not generated via the databases searched.

The search was conducted in January 2024, providing a snapshot in time of the relevant literature. To find papers that addressed the research question, thought was given to the search terms included in the search process. An asterisk was used to truncate words, denoting letters that could be replaced or added[7].

A limited number of papers were yielded that looked specifically at how EPs work with SWs to support CYP. Consequently, the search was expanded to consider how EPs are positioned to work across contexts and professional agencies to support CYP with SEMH needs as collaboration forms a crucial component of the EP role (BPS, 2023b; HCPC, 2023a). The

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[7] For example, "Educational Psycholog*" was used to generate work containing the words "Educational Psychology" or "Educational Psychologist".

search was deliberately broad to consider how EPs work with professionals to support the wellbeing of CYP. Alternative terms were included to describe terms and they were combined using the Boolean operators "OR" and "AND," as appropriate (Siddaway et al., 2019). The final search terms are outlined in Table 1.

Table 1

Key words included in the search process

Search terms entered into EBSCO search engine using truncations	Boolean Search Operator	Search terms entered into EBSCO search engine using truncations, combined using Boolean search operator "OR"	Boolean Search Operator	Search terms entered into EBSCO search engine using truncations, combined using Boolean search operator "OR"
Educational Psycholog*	AND	Social Work*		
Further expanded to include the following:				
Educational Psycholog*	AND	Multi-agency Multidisciplinary Joint work* Collaborat* Interprofessional Interagency	AND	Social Emotional Mental Health SEMH Wellbeing Mental Health

2.4 Inclusion and Exclusion criteria

The aim of the inclusion and exclusion criteria was to ensure the papers were relevant to the literature review question. The inclusion and exclusion criteria are provided for transparency and to ensure trustworthiness (Munn et al., 2018). The eligibility criteria are outlined in Table 2.

Table 2

Eligibility criteria

Inclusion Criteria	Exclusion Criteria
- United Kingdom - Academic journals - Accepted for publication between 2015-2024 - Written in English - Empirical primary sources (Including qualitative and quantitative) - Joint work undertaken by EPs to support school-aged children (CYP aged 5-18)	- Outside of United Kingdom - Published prior to 2015 - Written in a language other than English - Theses, books, magazines, essays - Did not consider joint work undertaken by EPs to support CYP under age 5, or over age 18.

Papers were only included that were written in English to ensure accessibility and a coherent understanding as the researcher's first language is English. Academic journals were included that fell within the date range of 2015-2024 as this was deemed relevant to the current context of EP practice following the most recent publication of the SEND CoP (2015). Only research conducted in the United Kingdom was included, as professional practice is best understood and operationalised within country-specific legislative frameworks. Finally, papers that considered interprofessional work to support CYP between the ages of 5-18 were included to reflect the statutory school-age in England (DfE, 2024b; 2024c).

2.5 Process of selecting papers for Critical Appraisal

The PRISMA flowcharts, in Appendices A and B, outline the number of articles identified at each part of the search process, providing a transparent visual illustration of the screening process.

Articles generated from search one were screened by title and abstract, using the inclusion and exclusion criteria, which left six articles for full text review. Following full text reviews, two further papers were excluded. One paper that considered the Common Assessment Framework (CAF, Holmes & McDermid, 2016) was removed as although this paper was included in the journal in 2016, it was accepted for publication in 2014 and therefore did not meet the eligibility criteria. Moreover, the Early Help Assessment (EHA) formally replaced the CAF between 2014 and 2015. Thus, this study was deemed inappropriate as it did not reflect the current context of UK practice. Second, was a paper that examined the role of the EHCP in relation to CYP who have offended (Cosma & Mulcure, 2022) as it did not hold a particular focus on joint work that EPs undertake with professionals to support the wellbeing of school aged CYP. Snowballing did not generate any papers consistent with the eligibility criteria of the scoping review of the literature. Therefore, a total of four papers were generated from search one.

The same process was followed once the search terms were expanded, with articles being screened by title and abstract. This produced nine articles. One duplicate that was identified in search one was removed, resulting in eight articles. One article considered the role of the EP in relation to pupil absenteeism and the abstract pointed to the role that EPs hold at a multi-agency level (Carroll, 2015). The full text was requested on 25.01.2024, however it was not received at the time of synthesising the papers. As such, this article could not be included and was removed at this stage of screening.

The full text of the seven remaining papers were read and screened against the eligibility criteria. A further paper was removed that considered systemic approaches to supporting students with attendance difficulties as though there were implications for EPs, the paper did not specifically consider EPs working jointly with other professionals in this area to support

the wellbeing of CYP (Boaler & Bond, 2023). Again, snowballing yielded no additional papers. Consequently, a total of six papers were included alongside the four already selected.

Subsequently, a hand search conducted via Google resulted in one paper that considered an example of organisational change to develop conjoint work between EPs and SWs (Apter, 2014). However, this paper was dated 2014 and therefore not included as it did not fit the date limiter of 2015-2024. Similarly, a thesis written by Shanti (2014) that examined the relationship between EPs and SWs in the context of a multi-agency teams, and a thesis that considered the role of EPs in meeting SEMH needs (Purewal, 2020) were identified via Google. These were not included due to the date limiters and type of publication required to meet the eligibility criteria.

Whilst the researcher chose to exclude grey literature from scoping review given concerns that this material may not have undergone rigorous peer-review processes and given the time-limited nature of this project, the exclusion of grey literature, such as theses, is acknowledged as a limitation given the contribution that the identified theses could have made to the understanding of joint work conducted by EPs in this field.

2.6 Critical Appraisal

A total of 10 papers were appraised using the following tools:

- Qualitative research: Critical Appraisal Skills Programme (CASP, 2018) checklist.
- Mixed methods research: Mixed Methods Appraisal Tool ([MMAT], Hong et al., 2018).

The CASP checklist includes questions and prompts designed to appraise the quality of research as it relates to validity and applicability (CASP, 2018). However, it is acknowledged that in qualitative research there is a shift towards a preference for terms such as trustworthiness and credibility over validity and bias (Braun & Clarke, 2022). Therefore, this terminology is used to critique qualitative papers in a subsequent section of this chapter.

The MMAT was created for the appraisal of mixed-method research, allowing for the appraisal of empirical papers with qualitative design, quantitative descriptive studies, randomised control trials and mixed methods studies (Hong et al., 2018).

Calculating an overall score for both the CASP and MMAT is not encouraged by the authors and a scoring system is not provided. Instead, the researcher is encouraged to provide qualitative information in response to the criterion. Hong et al (2018) state that the exclusion of studies with low methodological quality is usually discouraged. Consequently, for transparency, a RAG rating for each paper is used to illustrate studies determined to be of low, moderate, and high methodological quality that were included within the scoping review.

The critical appraisal of the literature identified seven high quality studies that were included in the review (Allen & Bond, 2020; Bartle & Trevis, 2015; Bunn et al., 2019; Howarth-Lees & Woods, 2022; Ibrahim. 2021; Warwick, 2023; Zafeirou & Gulliford, 2020), with two deemed to be of moderate quality (Beeke, 2021; Quinn et al., 2021) and one of low quality (Lobatto; 2021). As Hong et al. (2018) advocates for the inclusion of low-quality studies within literature reviews, the findings of this study should be regarded in terms of its overall trustworthiness. For transparency, Appendix C provides the full critical appraisals of the literature included in this review.

2.7 Synthesis of the Literature

Of 10 papers that were identified from the scoping review, four papers considered joint work between EPs and SWs with three of these papers considering joint work between EPs and SWs as part of a multi-agency team (MAT) (Ibrahim, 2021; Lobatto, 2021; Warwick, 2023) and one paper investigating how the conceptualisation of the role of EPs in child protection and safeguarding has evolved over time (Allen & Bond, 2020).

Additionally, six papers demonstrated how EPs work with other professionals to support the wellbeing of CYP. Five of these papers considered how EPs work with school staff in this area (Beeke, 2021; Bartle & Trevis, 2015; Bunn et al., 2019; Quinn et al., 2021; Zafeiriou & Gulliford, 2020), with one of these papers considering group supervision to support key workers within a specialist setting for CYP with SEMH needs (Bartle & Trevis, 2015). Two of these papers considered whole-school frameworks and training developed in conjunction with other professionals to support school staff (The Compassionate Schools Framework; Quinn et al., 2021, & The Wellbeing Toolkit; Bunn et al., 2019). The final paper outlined a systematic literature review into the role of EPs in supporting Youth Justice Services (YJS) to support vulnerable CYP (Howarth-Lees & Woods, 2022).

Table 3

Articles identified from the scoping review of the literature

1	Allen, B., & Bond, C. (2020). The educational psychologist's role in child protection and safeguarding: an exploration of research over time. *Educational Psychology in Practice, 36*(4). 386-404. https://doi.org/10.1080/02667363.2020.1809353
2	Bartle, D., & Trevis, A. (2015). An evaluation of group supervision in a specialist provision supporting young people with mental health needs: A social constructionist perspective. *Educational and Child Psychology, 32*(3), 78-89. https://doi.org/10.53841/bpsecp.2015.32.3.78
3	Beeke, M. (2021). Towards a Co-Ordinated Framework for Critical Incident Response in School Communities: A Review of Current Evidence. *Educational and Child Psychology, 38*(1), 75-86. https://doi.org/10.53841/bpsecp.2021.38.1.75

4	Bunn, H., Turner, G., & Macro, E. (2019). The Wellbeing Toolkit Training Programme: A Useful Resource for Educational Psychology Services? *Psychology in Russia: State of the Art, 12*(4), 210-225. https://doi.org/10.11621/pir.2019.0413
5	Howarth-Lees, D., & Woods, K. (2022). A systematic literature review exploring the role of the educational psychologist in supporting youth justice services, *Educational and Child Psychology, 39*(2), 11-27. https://doi.org/10.53841/bpsecp.2022.39.2.11
6	Ibrahim, J. (2021). An innovative multi-agency consultation model for harmful sexual behaviour displayed by children and young people: practice paper. *Journal of Sexual Aggression, 27*(2), 204-218. https://doi.org/10.1080/13552600.2020.1845832
7	Lobatto, W. (2021). Using systemic principles in the design of mental health and wellbeing services for looked after children and young people – Bringing together research, theory and practice. *Journal of Family Therapy, 43*(3), 469-488. https://doi.org/10.1111/1467-6427.12351
8	Quinn, K., Mollet, N., & Dawson, F. (2021). The Compassionate Schools Framework: Exploring a Values-Driven, Hope-Filled, Relational Approach with School Leaders. *Educational and Child Psychology, 38*(1), 24-36. https://doi.org/10.53841/bpsecp.2021.38.1.24
9	Warwick, R. (2023). Perspectives of the educational psychologist's role in a multi-agency children's social care team: A cultural-historical activity theory framework. *Educational and Child Psychology, 40*(2), 54-82. https://doi.org/10.53841/bpsecp.2023.40.2.54
10	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

To synthesise the papers, following critical appraisal, each paper was read again, and salient points were manually highlighted to identify the aim, methodology and key findings of each individual study. These details formed summaries of each paper. Key themes were generated from these summaries, allowing findings of the scoping review to be reported thematically.

2.8 Review findings

What does the literature tell us about interprofessional work carried out by EPs to support positive outcomes for vulnerable CYP and those who support them?

To answer the overarching question of the scoping review, the findings are organised under the following themes:

1. Joint work between EPs and SWs

2. Interprofessional collaboration in EP practice to support the social and emotional wellbeing of CYP

3. Positive outcomes of interprofessional joint work to meet the needs of CYP

4. Challenges and barriers to joint work

Subsequent critiques of the literature are provided in section 2.9 of this chapter.

2.8.1 Joint work between EPs and SWs

Four papers explored joint work between EPs and SWs (Allen & Bond, 2020; Ibrahim, 2021; Lobatto, 2021; Warwick, 2023). These papers outlined ways that EPs and SWs work together across individual, group and wider systemic levels. The synthesis of these papers considers the populations of CYP that EPs and SWs support and the settings that this work takes place in.

Ibrahim (2021) conducted a study focusing on the involvement of EPs within a MAT addressing harmful sexual behaviour (HSB) in CYP. The team included professionals from various disciplines such as youth justice, social care and CAMHS. Their collaborative efforts were aimed at providing a reflective space, through both consultation and supervision, to practitioners supporting CYP displaying HSB. Through monthly forums and evaluations over six months involving 31 professionals (e.g., SWs, Early Help practitioners, YJS officers), feedback indicated that the team's recommendations were valuable and contributed to reducing HSB.

The study utilised both qualitative and quantitative data collection and analysis techniques, incorporating feedback forms and case studies. Initial feedback from 26 professionals highlighted the effectiveness of the team's interventions, while follow-up data from 9 professionals indicated a reduction in HSB in the majority of cases. Overall, the findings indicated that the multiagency reflective space offered a space where practitioners felt listened to and the forum supported assessment, intervention, and safety planning for CYP exhibiting HSB. Victim support could also be provided in some instances. These findings suggest that as part of a multi-agency team, EPs can support professionals, such as SWs, through their skills in consultation and supervision to indirectly address complex issues, such as HSB in CYP.

Lobatto (2021) provided an account of a mental health and wellbeing service for LAC, in which an EP was part of a MAT, consisting of clinical SWs, a family therapist, clinical psychologist and a child psychotherapist. The MAT aimed to provide consultation for SWs and key networks of adults around LAC. The author discussed the context of the MAT, of which they are a part of and used a framework of best practice principles for service design (Taren-Sweeney, 2014) to consider how systemic practice can meet the needs of LAC. The MAT worked with CYP from 0-17 years old, providing clinical/psychological assessments to CYP in need at the point of entry into care, as well as, direct therapeutic intervention, and consultation. Further to this, an enhanced service was set up to support CYP who experienced over three placement moves in a year and who could not access CAMHS to provide longer term direct (individual level) and indirect (network level) support to CYP.

A brief case study was used to demonstrate the application of systemic principles within this service, and data was collected to measure the number of placement moves encountered by CYP who accessed support of the enhanced service. Findings illustrated the success of the

enhanced service, with all 23 CYP who were evaluated experiencing significantly less placement moves in the year subsequent to the involvement of the enhanced service (as assessed using a Wilcoxon signed-rank test to compare the pre and post measurements), highlighting that multiagency collaboration produced a prolonged and sustained impact for LAC. Moreover, the author claimed that MAT members contributed their knowledge at different levels of the local multi-agency system and that the enhanced service has been increasingly used by social care workers.

Therefore, this paper suggests that the application of systemic principles can support EPs when working with clinical SWs as part of a MAT. It was noted that EPs drew upon their core functions within this setting (e.g., consultation, assessment, intervention) to support vulnerable care experienced children and the adults who support them (e.g., family, carers and SWs) through a process of containment and by recontextualising the needs of CYP.

Warwick (2023) also explored the role of EPs within a multi-agency team to support care experienced children. Their qualitative study used reflexive Thematic Analysis and Cultural Historical Activity Theory (CHAT) to explore the perspectives of five EP and SW pairs in a multi-agency children's social care team in Wales through online semi-structured interviews. Key suggestions that consider how CHAT can be used to promote best practice in a multi-agency team were also provided. The importance of role demarcation and the incorporation of different models of practice were considered to be good practice for practitioners working within a multi-agency team.

Similarly to the discoveries of Lobatto's (2021) work, Warwick (2023) suggested that EPs demonstrate skills in working across multiple levels of the system including work with LAC,

their families, stakeholders and within the MAT itself, through the provision of both core skills (consultation, assessment, intervention and training) and bespoke input (e.g., reviewing the suitability of education and residential setting of LAC) to support CYP.

Additionally, the key findings consider that EPs can work alongside SWs whilst holding a distinct role. However, in MAT contexts where the role of the EP is unclear, it could result in uncertainty about their responsibilities and power dynamics created tensions that affected work distribution and, at times, a narrow perception of the support that EPs could provide to support CYP. Nevertheless, SWs positively saw EPs as a link between different systems, highlighting the unique contribution of the EP in this area.

Allen and Bond (2020) conducted a systematic literature review that explored the evolution of the role of the EP in relation to child protection and safeguarding.[8] Using a Critical Interpretive Synthesis (CIS) (Dixon-Woods et al., 2006), the authors were able to combine both qualitative, quantitative and theoretical papers to generate papers that answered the research question, "How has the role of the Educational Psychologist in relation to child protection and safeguarding been conceptualised over time within the professional research base?" (Allen & Bond, 2020, p.391).

The research papers were critically appraised to consider quality and relevance using an adapted Weight of Evidence framework (Gough, 2007), and further evaluated using a checklist for quality and rigour (Joanna Briggs Institute, 2017). This resulted in 24 papers that considered child protection and safeguarding, including opinion pieces and empirical studies. Of note,

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[8] Allen and Bond (2020, p. 388) define safeguarding in relation to all CYP, whilst child protection refers specifically to Section 47 of the Children Act 1989 as CYP who are 'suffering' or 'likely to suffer' significant harm.

papers contained in the review did not have to contain explicit reference to joint work between EPs and SWs. However, contained in the review was the implicit assumption that SWs hold statutory responsibilities for child protection and safeguarding in line with legislative UK context, and the necessity of joint work to support at-risk CYP was evident.

The findings of the review conclude that the role of the EP in this area has shifted over time, reflecting wider changes in training, reorganisation of children's services, and broader debates about the role of the EP. Though EPs are trained in the knowledge of child protection, and it should form a foundational aspect of their casework, there has been reduced attention in this area across time. This may be associated with the discrete nature of the EP role as it relates to individual casework. Comparable with implications of the aforementioned literature (Warwick, 2023), Allen and Bond's review points to the distinct, yet complementary EP and SW roles. However, it highlights a gap in the research as to how the EP performs functions of child protection in practice.

The literature highlighted that EPs and SWs commonly work together to provide comprehensive support for vulnerable CYP, including CYP displaying HSB (Ibrahim, 2021) and LAC (Lobatto, 2021; Warwick, 2023). Whilst EPs have a responsibility to safeguard CYP, the literature revealed that over time the role of the EP has become narrower creating less opportunities for EPs to participate in direct child protection work (Allen and Bond, 2020). It is necessary to note that these populations of CYP are deemed, throughout the literature, as being at increased risk of experiences of trauma, mental health difficulties, school exclusion and marginalisation. Therefore, attention to how these services can work together to support the wellbeing of these vulnerable groups is evident.

The literature also demonstrates that joint work between EPs and SWs primarily takes place within MAT contexts (Ibrahim, 2021; Lobatto, 2021; Warwick, 2023), with little research evidencing work taking place outside of this. In addition to the impact of direct work undertaken by EPs and SWs, the research has also highlighted other benefits of joint working, namely, the indirect benefits of having multi-disciplinary perspectives within the network of key adults to support vulnerable CYP. The literature shows that EPs utilise many of their core skills within MATs, including consultation, assessment, intervention and training (Ibrahim, 2021; Lobatto, 2021; Warwick, 2023), and bespoke skills such as supervision (Ibrahim, 2021), action and care planning (Ibrahim, 2021; Lobatto, 2021; Warwick, 2023).

2.8.2 Interprofessional collaboration in EP practice to support the social and emotional wellbeing of CYP

Six articles explored interprofessional work carried out by EPs to support the wellbeing of CYP (Bartle & Trevis, 2015; Beeke, 2021; Bunn et al., 2019; Howarth-Lees & Woods, 2022; Quinn et al., 2021; Zafeiriou & Gulliford, 2020). These articles describe a range of ways that EPs work with other professionals in this area to provide both direct and indirect support to CYP, including mental health casework, supervision, training and consultation.

In relation to work EPs undertake with school staff that aims to support the wellbeing of CYP, Zafeiriou and Gulliford (2020) used a grounded theory approach to consider the use of EP consultation in mental health casework in schools. This was a small-scale study that took place with five EPs in a semi-rural LA Educational Psychology Service (EPS) by utilising semi-structured interviews. Two EPs also participated in a follow-up interview that reflected the aims of the study and discussed the emergent analysis of the data.

The findings of the data analysis indicated that in mental health casework, EPs often initially responded to the emotions of staff which, in turn, supported them to engage in problem-solving, acquire new skills, reframe perceptions of CYP and develop systemic changes in the school environment. Overall, this study suggests that indirect models of service delivery, such as consultation, are essential elements of preventative practice to support staff and CYP with SEMH needs, particularly when school staff are managing a range of complex emotions and working in perceived moments of crisis.

The literature also found that EPs work to support staff following critical incidents (CIs) to support the wellbeing of school communities, including CYP and families (Beeke 2021), further illustrating the role that EPs play in times of crisis (Zafeiriou & Gulliford, 2020). Beeke (2021) recognised that EPs often form part of a critical incident response team (CRIT) following CIs, working with other professionals to provide support (e.g., SWs, police, specialist teachers and clinical psychologists). Beeke (2021) synthesised evidence from trauma studies and proposed a consultation model (COPE) to support school leadership teams and organise professionals immediately following a CI.

The paper asserted the need for a coordinated multi-agency approach to support individuals and schools following traumatic events, that were founded upon evidence-based principles. Notably, a key limitation of this study was the absence of evaluation from professionals delivering or receiving consultation through this model. However, the conclusions of the author support the notion that EPs can work with a range of professionals that bring different perspectives and skills to support the mental health and wellbeing of CYP and their microsystem.

Bartle and Trevis (2015) evaluated group supervision for key workers in a specialist education setting that supported CYP with SEMH needs, from the perspective of key workers.[9] The project took place over one year to provide group supervision to key workers in response to the lack of support available for staff. Group supervision was contracted with senior management and aimed to facilitate collaborative problem-solving and acknowledge the emotional impact of the work for staff in role. Four models of supervision were drawn upon within group supervision, though the models themselves were not evaluated. A focus group was established following the project and data was analysed using an inductive approach within thematic analysis.

The findings indicated that individuals became more self-aware, developed their problem-solving skills to address CYP's emotions, and that group supervision contributed to a greater sense of unity in the staff team. Therefore, in accordance with NICE guidelines that promote protected time for staff supervision (NICE, 2022), Bartle and Tervis' study highlights the value that group supervision holds when EPs are providing indirect support through key workers to support CYP experiencing SEMH difficulties.

The literature demonstrated that frameworks were often utilised by EPs in conjunction with other professionals when seeking to support school leaders to enhance the wellbeing of CYP. In Quinn, Mollet and Dawson's (2021) study, the Compassionate Schools Framework (CSF) was developed by an Educational Psychology Service (EPS) in conjunction with occupational therapists, teachers, and school leaders to provide a whole school approach to promote the wellbeing of CYP at a systemic, whole organisational level. The Compassionate Schools

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[9] For the purpose of the research, key workers were defined as "non-teaching staff members who have a pastoral role in supporting young people" (Bartle & Trevis, 2015, p. 80).

Programme (CSP) consisted of a training day, follow-up activities and a reflective workshop to allow school leaders space to reflect on their school's approach to promoting wellbeing using the CSF. 44 school leaders, across 32 schools, took part in the CSP and were asked to rate their school against each building block in the CSF using a Likert scale following the training day and at 12 week follow up. At the 12 week follow up, a reflective workshop also allowed qualitative discussion about the CSF and extent to which this supported the development of whole school approaches to wellbeing.

The findings demonstrated that the CSP promoted partnership work between EPs and school leaders to critically consider their whole school approach to CYP wellbeing, by recognising strengths and areas of development across the school in this area. The study highlights how EPs can work in collaboration with other professionals to develop whole school frameworks and training packages that support school leaders as they work to advance the social and emotional wellbeing of CYP at a whole organisational level.

Similarly, Bunn, Turner and Macro (2019) discussed The Wellbeing Toolkit, that was adapted as a training material by an interagency EP service, made up of EPs, clinical psychologist and specialist teachers. The Toolkit was included in a training offer within one LA to upskill adults working with CYP with SEMH needs. 110 participants took part in one or more training sessions, with staff from a variety of educational settings across 36 schools.

Bunn et al. (2019) evaluated the effectiveness of the training research by collecting both qualitative and quantitative data from school staff delegates and facilitators of the training. Methods of data collection included evaluation sheets, a follow-up survey and written records of the facilitators. Across 19 sessions, 306 evaluation sheets were obtained. Though 39

participants consented to a follow up survey, this had a low response rate of only 10 participants at four month follow up.

On the whole, findings revealed that the Toolkit upskilled adults and developed their confidence when working with CYP with SEMH needs by providing practical resources, information and specific strategies to support CYP with SEMH needs. In accordance with Quinn et al. (2021), this paper highlights that EPs can provide support on a systemic whole-school level by integrating their knowledge of SEMH with other professionals and effectively training school staff to identify and manage SEMH needs. Furthermore, the effectiveness of the Toolkit was partially attributed to the skills of the professionals delivering the training, as well as the training material itself, indicating a need for competent and knowledgeable professionals who understand SEMH needs to deliver sufficient training at a whole school level. Whilst this is likely to rely on significant resources (e.g., time and funding), the authors found the effectiveness of the training may offset these costs.

Howarth-Lees and Woods (2022) conducted a systematic literature review that explored the role and functions of the EP in supporting YJSs. Ten unpublished theses which met the eligibility criteria were identified across searches of six databases. These were critically appraised using the Weight of Evidence (WoE) framework (Gough, 2007) to assess the quality of these studies. The literature synthesised within the review, suggested that EPs are well positioned to address the emotional needs of CYP through early intervention in a youth justice context.

Whilst other research has demonstrated that EPs carry out their core functions in MAT contexts for LAC (Lobatto, 2021; Warwick, 2023) and CYP displaying HSB (Ibrahim, 2021), Howarth-

Lees and Wood's review indicates that EPs can also utilise their core functions in association with youth justice work, acting as scientist-practitioners across individual, group and organisational levels, to benefit the practice of other professionals and service providers.

The literature surmises that EPs work predominantly with school staff to support the mental health needs of CYP (Bartle & Trevis, 2015; Beeke, 2021; Bunn et al., 2019; Quinn et al., 2021; Zafeiriou & Gulliford, 2020). The literature also posits that EPs are well situated to support real-world contexts, such as youth justice work (Howarth-Lees & Woods, 2022) where CYP may present with a variety of vulnerabilities, at-risk factors, and SEN. Thus, revealing that whilst EPs can work within MAT contexts to provide indirect support to CYP, EPs are also well situated to support professionals outside of these contexts in community settings such as schools and specialist provisions.

Again, the core and bespoke functions of the EP role featured heavily in the literature regarding interprofessional collaboration to support the social and emotional wellbeing of CYP. Consultation was a regular aspect of practice used indirectly to support CYP by providing emotional containment to school staff, conjoint problem-solving activities and practical strategies in school contexts (Quinn et al., 2021; Zafeiriou & Gulliford, 2020). Interprofessional group supervision was also a resource utilised by EPs to support work in this area (Bartle & Trevis, 2015). The literature also demonstrated that EPs work in partnership with a range of professionals to create frameworks, toolkits and training packages to support CYP at a whole school level (Bunn et al., 2019; Quinn et al., 2021).

2.8.3 Positive outcomes of interprofessional joint work to meet the needs of CYP

The literature highlighted positive outcomes produced through interprofessional joint work to support the needs of CYP. An outcome of joint work provided throughout the literature was that EPs helped professionals to make sense of the experiences of CYP, often by developing a co-constructed understanding of the CYP's history and present circumstances. For instance, the process of consultation described by Lobatto (2021) involved key adults contributing information about the CYP's history, whilst the EP and other members of the multi-agency team simultaneously brought their specialist knowledge to recontextualise CYP's behaviours. This notion of co-construction is congruent with Bartle and Trevis' earlier study which considered that group supervision allowed adults to create a shared understanding of behaviour (Bartle & Trevis, 2015). Similarly, reframing behaviour was noted in the study by Quinn et al (2021), who found that EPs played a significant role in facilitating learning during the CSP to contribute to a richer understanding of CYP experiences in the context of the relationships and systems around them.

The psychological perspective of EPs was valued across the literature by professionals seeking to support CYP. For example, in mental health casework, EPs were seen to hold expert skills and knowledge when supporting school staff (Zafeiriou & Gulliford, 2020). Likewise, Warwick (2023) found that SWs valued the psychology used by EPs to explore issues when working with care experienced children. The synthesis of literature carried out by Howarth-Lees and Woods (2022) also found that youth justice professionals valued psychological input to provide alternative ways to view problems and newly developed understandings of the presenting problem, leading to positive changes in practices. Ibrahim (2021) also noted that the contributions of the MAT were valued by SWs and other professionals who worked to support CYP displaying HSBs.

A key outcome of interprofessional work was the ability to work collaboratively to problem-solve and generate next steps to support CYP (Bartle & Trevis, 2015; Beeke, 2021; Ibrahim, 2021; Lobatto, 2021; Warwick, 2023; Zafeiriou & Gulliford, 2020). Consultation and supervision were key practices employed by EPs to help professionals to create solutions to problems. For instance, Ibrahim (2021) found that a dominant theme arising from the data was the development of a helpful plan and specific advice provided by the HSB forum. Professionals valued advice that included risk assessments, safety planning and advice around direct work for CYP and their families. Zafeiriou & Gulliford's (2020) study also found that consultation enabled adults to engage in problem-solving activities as EPs temporarily distanced themselves from casework to take an objective stance and decide on next steps. Recipients of group supervision in Bartle and Trevis' (2015) study also reported the identification of solutions through the process of supervision.

The literature highlighted that EPs are well placed to encourage professionals to implement whole school approaches that support the wellbeing of CYP (Bunn et al., 2019; Quinn et al., 2021). Participants who received input from the Wellbeing Toolkit were found to have embedded strategies to support CYP with SEMH needs and used skills and resources that they learnt through the training (Bunn et al., 2019). The CSP also helped school leaders to make changes to the school environment that fostered relational practice and established a warm and calm environment to promote the wellbeing of CYP.

A skill demonstrated by EPs when working with professionals was their ability to contain the anxiety of professionals who were supporting the needs of CYP (Ibrahim, 2021). SWs reported an increased sense of emotional safety through collaborative work with EPs (Warwick, 2023). In a more practical sense, the jointly held responsibility to manage risk between the teams also

seemed to alleviate some anxieties held by professionals (Warick, 2023). Moreover, Lobatto (2021) described the dialogical therapeutic process within key adult network meetings that allowed professionals to hold feelings of worry, confusion, irritation and powerlessness that were held by adults working with LAC.

The literature revealed that EPs could contribute to systemic change that was achieved by working with other professionals. As a result of the CSP, Quinn et al. (2021) noted that school leaders recognised the importance of shared values within the school community and policies to promote the wellbeing of CYP. The systematic literature review conducted by Zafeiriou and Gulliford (2020) also recognised the importance of consultee-focused work as a vessel for systemic intervention.

Correspondingly, in the literature there was a notion that joint work activities had a consequent positive impact on staff wellbeing. In Quinn et al's (2021) study, school leaders implemented practices to promote the wellbeing of school staff as following training there was an increased recognition of the need to support adults who were working with complex emotional needs. A key facet of this provision encouraged staff to connect with each other, in both informal (yoga and choir clubs and wellbeing weeks) and formal spaces (peer support, supervision and mentoring). In the same vein, Bartle and Trevis (2015) found that key workers experienced better communication following group supervision.

The literature demonstrated that EPs were able to engage in interprofessional activities to upskill other professionals. EPs and SWs were able to conduct joint work activities to upskill adults supporting vulnerable CYP (Ibrahim, 2021; Warwick, 2023). Zafeiriou and Gulliford's (2020) systematic literature review highlighted that EPs could upskill professionals across the

ecosystem. When working with YJSs, EPs were well placed to provide professionals with skills and strategies in response to identified gaps in their knowledge and supported them in building upon skills, which lead to greater self-efficacy (Howarth-Lees & Woods, 2020). The provision of training also upskilled other professionals, with Bunn et al (2019) noting that the facilitators believed that the information that they provided to delegates improved their understanding of SEMH needs and their confidence in this area.

The need for better relationships across professional agencies and the integration of education, health and social care services was a key implication of the scoping review. Ibrahim (2021) demonstrated the impact of partnerships across professional agencies, and their work saw the borough's Education and Health department come together to develop HSB guidelines for schools. Moreover, the role of the EP served as a bridge between agencies to support communication and relationships across different services (Allen and Bond, 2020; Lobatto, 2021; Warwick, 2023).

2.8.4 Challenges and barriers to joint work

Despite the overwhelming number of perceived positive outcomes of joint work that were illustrated across the literature, some studies recognised the barriers that could impact the implementation of interprofessional support for CYP.

A key challenge to interprofessional work were systemic factors that impacted the extent to which professionals could engage in joint work. For example, Warwick (2023) found that discrepancies between LAs, in terms of their management and processes, impacted how EPs in a MAT were positioned in comparison to school-based EPs.

The impact of traded services on the role of the EP was discussed in relation to safeguarding and child protection, and the traded model was viewed as a potential barrier to the breadth of work that EPs could undertake in this area (Allen and Bond, 2020). Warwick (2021) also found LA structures were a determining factor in the accessibility of EPs.

Perceptions of the EP role featured in the literature as something that contributed to difficulties in joint work. A lack of shared understanding of the role and remit was reported by participants working within a MAT setting and this was seen to limit the potential contribution of EPs in this area (Warwick, 2023). Within this MAT context, there appeared to be a lack of role demarcation with SWs suggesting that EPs and Clinical Psychologists made similar contributions to the work and EPs also questioned the nature of their unique input in the team (Warwick, 2023). For some EPs, a sense of role insecurity was associated with being part of a MAT and the power imbalance between professionals was as a challenge within this context (Warwick, 2023).

Although the need for work to take place over time to help professionals to support the emotional needs of CYP was evident throughout the literature (Bunn et al., 2019; Zafeiriou & Gulliford, 2020), in the context of limited time, resources, and increased workloads, where systems advocated for discrete and short-term pieces of work, the holistic support that psychologists could offer had to be considered in terms of its cost effectiveness (Bunn et al., 2019; Warwick, 2023).

2.9 Critique of the current literature

There were a range of methodologies included in the studies that were identified from the scoping review. Qualitative research approaches were utilised in three papers. Of these, data was obtained through semi-structured interviews in two papers (Warwick, 2023; Zafeiriou & Gulliford, 2020), whilst Bartle and Tervis (2015) conducted focus groups to collect data in their study. Each of these studies employed a clear method and rationale for their chosen data analysis, including Thematic Analysis (Bartle & Trevis, 2015), Reflexive Thematic Analysis (Warwick, 2023) and Grounded theory (Zafeiriou & Gulliford, 2020).

A mixed methods approach to data collection was used in four research studies (Bunn et al. 2019; Ibrahim, 2021; Lobatto, 2021; Quinn et al., 2019). Bryman (2006) proposes that there are various rationales for using mixed methods in research, including triangulation to give greater credibility to the findings, offsetting weaknesses in research design by combining both qualitative and quantitative strengths, and providing further layers of explanation to research findings. However, a key limitation to the studies included in the scoping review, was the lack of explicit reference to the rationale for the mixed methods research design employed in the study. Bryman (2006) notes that where researchers are not clear on their rationale for data collection methods, there is a risk of 'data redundancy,' as some data may not be wholly relevant to the research question. However, in this scoping review, the utility of both qualitative and quantitative data collection methods could still be inferred from the findings of the studies. For example, triangulation was implicit in Bunn et al. (2019)'s study that utilised content analysis to analyse qualitative data alongside visual pie charts that illustrated their quantitative data.

Lobatto (2021) used a brief case study example and used statistical analysis to evaluate pre and post measurements of the number of placements moves experienced by LAC before and after intervention to evidence the effectiveness of joint work in a MAT context to support LAC. However, whilst Bunn et al. (2019) aimed to evaluate The Wellbeing Toolkit, conversely to Lobatto (2021), pre- and post-data measurements were not obtained, and thus a quantitative measure to assess the extent to which the implementation of training was in raising the skills of professionals could not be obtained. Similarly, Ibrahim (2021) obtained mean scores from a Likert scale from participant feedback forms immediately following the HSB forum, however, no comparison was made between the initial and follow-up data and so it was not possible to quantitatively measure whether the HSB forum had a significant impact on participants.

Ibrahim (2021) also used case study examples and qualitative data was obtained via the aforementioned feedback forms. The author read the feedback comments and created themes from this data, however, no formal data analysis method was cited by the author to generate these themes, thus reducing the credibility and trustworthiness of the findings. Likewise, Quinn et al. (2019) reported key themes from discussions about the CSP during a reflective workshop, however, no formal or transparent approach to the identification of themes is discussed. Whilst the paper illustrated a comparison of mean rating scores completed by school leaders after the initial training day and following the programme as to how they believed their school was in relation to the CSF, the extent to which the training had a significant impact on the whole school is unknown as these ratings underwent no test of statistical significance.

Systematic literature reviews were conducted in three papers (Allen & Bond, 2020; Beeke, 2021; Howarth-Lees & Woods, 2022). The researcher considered the inclusion of systematic literature reviews within this scoping review and deemed that given the broad scope of the

search questions, systematic reviews would provide a comprehensive overview of existing research that may not have been generated through the searches of the database due the key words and phrases selected for the search process. The risk of double weighting was held in mind by the researcher, and they checked the reference list of each of the systematic reviews to see if any primary studies were included in the scoping review. The researcher found that there was no duplication of studies.

Critical appraisal tools were used to evaluate the quality and validity of papers included within two of the systematic reviews (Allen & Bond, 2020; Howarth-Lees & Woods, 2022), thus, increasing the strength of these reviews. However, though Beeke (2021) sought to synthesize existing literature, a critique of this paper was the lack of an explicit and transparent search process. It was unclear how they came to include papers in their synthesis and therefore, the objectivity and reproducibility of this study is limited.

Whilst an acknowledged limitation of this scoping review was the exclusion of grey literature, 10 unpublished theses were included in the systematic literature review conducted by Howarth-Lees and Woods (2022). The researchers acknowledge this may raise questions about quality, however, they justify the use of theses as being both valid and useful in the systematic literature review due to their methodological quality. On the other hand, some of this research dates back to 2010, which may make them less applicable to the current context of practice following the introduction of legislation such as the SEND CoP (2015). Whilst a larger number of studies (24 papers) were selected within the systematic literature review conducted by Allen and Bond (2020), this review included papers between 1988 and 2019. Nonetheless, this was deemed appropriate as the paper considered the changing role of the EP in relation to safeguarding and

child protection over time, acknowledging the introduction of different legislative frameworks and how this has impacted practice.

Overall, the sample sizes of the selected papers were of relatively small scale. For example, Zafeiriou and Gulliford (2020) only studied five EPs within one semi-rural LA, with only two EPs taking part in a follow-up interview. Bartle and Trevis' (2015) also conducted a small-scale piece of research, considering the views of just one group of participants within a particular type of setting for CYP with SEMH needs. Similarly, Lobatto (2021) provided an account of only one CAMHS LAC service. Bunn et al. (2019) also only considered one LA. Though a multimethod approach to obtaining data through evaluation forms, surveys and facilitator's written records was demonstrated in their research and resulted in a large amount of data, they had a low response rate of participants who agreed to a follow-up survey (25.6%). Conversely, a range of professionals attended the LA's HSB forum outlined by Ibrahim (2021) with a high response rate of 26 out of 29 professionals completing a feedback form and informing the results of the study. Warwick (2023) looked at five EP and SW pairs across MATs in five LAs in Wales, thus marginally increasing the transferability of this study to a Welsh LA context.

The scoping review of the literature was limited to research conducted in the UK which makes it context-specific by assuming shared cultural and societal norms, professional terminology, and work practices. However, with all the papers included in this scoping review, when considering the applicability of findings to other contexts in the UK, it is important to note that each country in the UK has SEND guidance that is based upon differing legal frameworks to support CYP (SEND CoP 2015; the Education Additional Support for Learning Scotland Act

2004; Additional Learning Needs Code of Practice; SEND Code of Practice for Northern Ireland 2005) and so, there will be limits to the transferability of the findings.

The degree to which confirmability (e.g., the neutrality of the study) is established within the scoping review is considered (Lincoln & Guba, 1985). It is important to note that in many of the papers, studies were conducted in the LA where the researcher tended to be working or where the researcher had contributed to the development and delivery of interventions and training (Bartle & Trevis, 2015; Bunn et al., 2019; Howarth-Lees & Woods, 2022; Ibrahim, 2021; Lobatto, 2021; Quinn et al., 2021). Bartle and Trevis (2015) acknowledged that in focus groups being carried out by EPs who led the project, participant responses may have been inclined towards a positive evaluation of the process. In light of this, the authors made attempts to reduce this bias by developing scripts to facilitate discussions that assured participants that they could be open and honest.

Additionally, it is important to consider that in many of the papers, the authors themselves may have been viewed as stakeholders of the research. Thus, an underlying motivation of these researchers may have been to demonstrate the success and need for their continued involvement in these services, which may subsequently have led them to be positively skewed towards more positive evaluations of their work. To negate potential issues of credibility, authors were transparent about their position in respect of the study with both Ibrahim (2021) and Lobatto (2021) clearly outlined their roles within these LA services. Moreover, Zafeiriou and Gulliford (2020) and Warwick (2023) used data analysis methods that positioned the subjectivity of the researcher in the construction of the data.

The heterogeneity of language, definitions and service contexts may also be seen as a limitation within this scoping review, limiting the transferability of the research. For instance, Beeke (2021) noted that differing definitions of what constitutes a CI limit the applicability of frameworks to support CIs. In this review, terms such as "emotional wellbeing," were broad and incapsulated varying degrees of need for CYP.

Finally, across the scoping review, the voices of CYP and their families were missing. No study sought to gather information from these participants, with Bartle and Trevis (2015), Ibrahim (2021) and Warwick (2023) referring to this as an explicit limitation of their studies. As such, it is difficult to measure to what extent joint work between EPs and professionals has a direct impact on CYP.

2.10 Reflections on the literature review process

Whilst not the primary aim of this scoping review, Munn et al. (2018) propose that scoping reviews can act as precursors to future systematic reviews. In considering the limitations of this scoping review, future researchers may wish to develop the inclusion and exclusion criteria to ensure that a subsequent systematic review encompass the broad scope of all relevant evidence. This may involve utilising grey literature or expanding the parameters of the search to include studies beyond a UK-specific context to contribute to the evidence-base.

The researcher also considered alternative searches that could have been conducted to contribute to the practice evidence base for this research. The following reflexive diary extract provides an example of a decision-making process undergone by the researcher.

Figure 7

Reflective Diary Extract 2

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Reflections on the literature review

In conducting the scoping literature review, I have been surprised by the sparsity of research that explores joint work carried out by EPs given the amount of guidance and legislation that was highlighted throughout the introduction that speaks of the importance of multiagency work in preventative work to support CYP with SEN (Children and Families Act 2014; DfE, 2023), to promote the mental wellbeing of CYP (DfE, 2018; NICE, 2022; Public Health England, 2021), and to safeguard CYP (Working Together to Safeguard Children, 2023).

During the process of conducting the literature search, I considered further broadening the research and situating it more within the social care context of joint work. One option was to consider more widely clinical consultation that provided to SWs (Clare & Jackson-Blott, 2022; Dimaro, Moghaddam & Kyte, 2014). I deliberated about this but considered that this would not be appropriate for this literature review for two reasons:

1. The nature of psychological consultation could implicitly place SWs in a 'one down' position, as those being in need of help and support from a more 'knowledgeable expert' (Schein, 2009). This may have run the risk of positioning SWs as holding less power within joint working relationships, potentially amplifying or mirroring professional tensions that have already been emerging in some of the literature. For example, SWs in Warwick's 2023 study noted the power dynamic within MAT contexts, with one SW saying:

    "There is a slight power dynamic ... a little bit of "what the EP says goes" (Warwick, 2023, p. 69).

2. This type of search ran the risk of losing the role of the EP amongst the literature as a scoping search revealed that psychological consultation to SWs appeared to be more evident through contributions from clinicians and psychiatrists through CAMHS services.

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2.11 Summary and Implications for the current thesis

This chapter outlined the process of a scoping review undertaken to explore what current literature tells us about interprofessional work carried out by EPs to support positive outcomes for vulnerable CYP and those who support them.

The scoping literature review discussed the nature of work undertaken between EPs and SWs (Ibrahim, 2021; Lobatto, 2021; Warwick, 2023) and the role that EPs have in relation to child protection and safeguarding (Allen & Bond, 2020). The papers included in the review also

considered that EPs were well positioned to support other professionals to support the emotional wellbeing of CYP across a range of community settings (Bartle & Trevis, 2015; Beeke, 2021; Bunn et al., 2019; Howarth-Lees and Woods, 2022; Quinn et al., 2021; Zafeiriou & Gulliford, 2020).

The literature reflected that EPs utilise both their core skills across individual, group and organisational levels when working with professionals to support the wellbeing of CYP (Allen & Bond, 2020; Ibrahim, 2021; Lobatto, 2021; Warwick, 2023). EPs are also able to work in partnership with other professionals to develop frameworks, toolkits and training packages to enhance the support provided to CYP (Bunn et al., 2019; Ibrahim, 2021; Quinn et al., 2021).

The positive outcomes of interprofessional joint work were far reaching, with collaborative efforts enhancing the social and emotional wellbeing of CYP through collective problem-solving, developing shared understanding of CYP experiences, building the emotional capacity of professionals and upskilling professionals in areas such as mental health, trauma and behaviour management (Beeke, 2021; Bunn et al., 2019; Ibrahim, 2021; Lobatto, 2021; Quinn et al., 2021; Zafierou & Gulliford). Professionals appreciated the contribution of different perspectives and collaborative interventions also supported professionals to implement approaches and strategies to support the social and emotional wellbeing of CYP (Beeke, 2021; Bunn et al. 2019; Ibrahim, 2021; Lobatto, 2021; Warwick, 2023). Overall, the literature saw that achieving these positive outcomes provided effective support for the SEMH needs of CYP.

Despite the benefits of joint work, the literature highlighted several barriers to this type of support, including systemic factors, limited time and resources, and a lack of shared

understanding of roles and responsibilities amongst multidisciplinary team members (Allen and Bond, 2020; Bunn et all, 2019; Warwick, 2023; Zafeiriou & Gulliford, 2020).

Overall, the literature highlighted that EPs and SWs can combine their expertise, skills and resources to provide comprehensive support to meet the needs of CYP, with collaborative practices enhancing the success of interventions to support CYP. However, the systematic literature revealed a paucity of research about how EPs and SWs work more broadly to support CYP with SEMH needs outside of specialist MAT contexts (e.g., YJSs, LAC teams and CAMHS).

MATs were fraught with challenges including communication difficulties, role ambiguity, differences in professional approaches to the work, power imbalances, disparities in resource allocations and organisational barriers (Warwick, 2023). Therefore, with a growing number of school aged CYP displaying SEMH needs and the need to consider timely and cost-effective support, research is essential that considers how EPs work with SWs outside of MAT contexts (DfE, 2023; The Children's Society, 2022). Further research focusing on the impact of joint work between SWs and EPs to support vulnerable CYP is crucial because these populations often have complex and multifaceted needs that require bespoke and holistic support (DfE, 2015; DfE, 2023; Lereva et al., 2019; NSPCC, 2021).

Ultimately, studying the impact of joint work between EPs and SWs could improve outcomes for CYP experiencing SEMH needs, by enhancing the quality of support services, and providing interventions to those who need it most. Research on the impact of joint work on this population would contribute to the evidence base for interprofessional collaboration in supporting CYP with complex needs.

To address the gaps identified in the literature, this thesis will seek to answer the question:

How can EPs and SWs work together to support CYP with SEMH needs?

The research will also explore the barriers to joint work in this area and will see the development of a 'Good Practice Checklist' to support EPs to work jointly with SWs when supporting CYP with SEMH needs. Thus, this research aims to advance understanding in this area to improve the outcomes for vulnerable school aged CYP experiencing a range of difficulties, including trauma, mental health difficulties and social exclusion.

Chapter 3: Methodology

3.1 Introduction to Chapter

In this chapter, the aims and purpose of the current research are outlined. The research question is presented, and the ontology and epistemology that have served as a foundation for this research are discussed. An overview of Reflexive Thematic Analysis ([RTA], Braun & Clarke, 2022) is provided alongside an explanation as to why this was deemed an appropriate data analysis approach for this study.

The research participants and recruitment journey as well as the key ethical considerations in association with the research project are described. Subsequently, the process of data collection is detailed. The process of data analysis and the development of a 'Good Practice Checklist' for EPs to use in practice when seeking to engage in joint work with SWs to support CYP with SEMH needs is also summarised. Additionally, issues related to the trustworthiness of the study are provided alongside a critique of RTA.

To support reflexivity[10] in RTA, journaling can be a useful tool to the researcher (Braun & Clarke, 2022; Nadin and Cassell, 2006). Therefore, the researcher kept a reflexive diary that included reflections upon their own identity, subjective experiences and the subsequent impact this had on how they made sense of the research journey. As reflections were made upon each part of the research process, extracts from this diary are embedded throughout this chapter and the whole thesis to demonstrate the researcher's position, thoughts and decision-making processes.

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[10] Reflexivity is "the process and practice of a researcher critically reflecting on how their disciplinary, theoretical and personal assumptions and their design choices shape and delimit the knowledge they produce" (Braun & Clarke, 2022, p. 294).

3.2 Aims and Purpose

The government emphasises the need to enhance collaborative working by bringing together professionals from education, health and social care to ensure comprehensive support for CYP with SEND (Children and Families Act 2014; SEND CoP 2015). This research proposed that EPs and SWs can work together to support CYP with SEMH needs across a multiplicity of contexts, including school, home and the community.

There have been increasing numbers of CYP experiencing SEMH difficulties (DfE, 2023e) and the impact of the Covid-19 pandemic, conflict in Ukraine and the Middle East, and the cost-of-living crises should not be minimised when considering social determinants of mental health for CYP (BPS, 2023a; DfE, 2023; Mindel et al., 2020; The Children's Society, 2022 Shim and Compton, 2018;). Accordingly, this research argued that SWs and EPs must be able to work collaboratively, outside of established LA multiagency teams, to reach the growing number of CYP with SEMH needs.

The present research has an exploratory focus that aimed to explore joint work experiences between EPs and SWs to provide holistic support to CYP with SEMH needs. It also sought to explore the barriers and facilitators to this systemic way of working. Using this information, the researcher considered how EPs can maximise the support available for CYP with SEMH needs by producing a 'Good Practice Checklist' to support EPs to work with SWs in this area. In doing so, the present research may inform future practice, local strategic developments and lead to improved joint working between the EPs and SWs.

An incidental outcome of this research was the potential to apply the good practice principles for multiagency work between EPs and SWs to other forms of joint work activity with

professionals outside of social care (e.g., professionals from CAMHS or MHSTs) to meet the needs of CYP with SEMH needs.

3.3 Research Question

A key strength of a qualitative approach to research is understanding the process by which phenomena take place (Maxwell, 2012). This research explored joint working experiences of EPs and SWs to explore how these professionals work together to support CYP with SEMH needs. The research question was formulated to provide a focus for the study, as well as guidance on how best to conduct it, based upon both the goals of the study and conceptual framework (Maxwell, 2012). The research question was not decided in isolation but thought about in line with the wider research design and methodological approach of the study to address a gap in the literature base. Braun and Clarke (2022) consider that clear and broad research questions can keep the scope of RTA open. Thus, the research question posed was:

How can Educational Psychologists (EPs) and Social Workers (SWs) work together to support Children and Young People (CYP) with Social, Emotional and Mental Health (SEMH) needs?

This broad research question allowed the exploration of facilitators and barriers to joint work between EPs and SWs to support CYP with SEMH needs through the questions posed to participants. The 'how' nature of the research question, allowed for a focus on the process of joint working between EPs and SWs, and therefore, allowed good practice to be highlighted in the dataset. A 'Good Practice Checklist' could then be developed based upon the findings for EPs to use when working with SWs to support CYP with SEMH needs.

3.4 Research Orientation

3.4.1 Ontology

Ontology is concerned with the nature of the world (Maxwell, 2012) and this study is founded upon a Critical Realist (CR) ontology (Bhaskar, 1975; Bhaskar, 2008). A CR ontology holds that reality, or truth, is multi-layered. This reality exists across three interrelated domains: the real (physically, socially and internally related objects or structures), the actual (events that occur but may not be visibly observable) and the empirical (experienced or observable through measurement or perception) (Fletcher, 2017; Lawani, 2020). In essence, critical realism acknowledges that there is a 'real world' that is independent of individual perception that can be objectively measured, whilst recognising that truth is socially constructed (Lawani, 2020). Critical realism recognises that individuals can be facilitated or constrained by independent structures, and thus, reality is also contextually constructed (Lawani, 2020). A CR ontology is consistent with the present research as it acknowledged that both EPs and SWs will hold different perspectives of collaborative working in relation to support for CYP with SEMH needs, based on their own experiences.

A CR ontology held in mind that the facilitators and barriers to this type of work would be constructed based upon participant's experiences of working in this way, whilst acknowledging that 'real life' systemic and practical barriers exist in the legislative and professional contexts that bind how EPs and SWs enact their roles in practice. This meant that information provided by interviewees could be viewed through a critical lens, whilst tentative conclusions based upon the nuanced patterns that arose from the data could also be generated.

A reflection upon one's own worldview and assumptions about the research topic was essential as this influenced the methodological approach undertaken in the research and the

interpretation of findings. In the reflexive diary extract below, the researcher reflects upon their own thoughts about the nature of reality.

Figure 8

Reflexive Diary Extract 3

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The nature of reality

What aspects of my identity might influence my views about the nature of reality? If I am to consider that my own identity, values and beliefs have an influence on my worldview, then it is important to reflect on how these things may influence how I view the nature of reality and truth. As a Christian, it is my belief that 'the truth' may not always be observable, though a 'truth' does exist. In my view of Christianity, the nature of the world and events within it, cannot be reduced to our own understanding, or knowledge, of reality. However, I hold in mind that my view of Christianity has been shaped and influenced by personal experiences, those around me and my Caribbean heritage.

The realist view that reality is observable and that it is data that provides 'fallible evidence' about a phenomenon (Maxwell, 2012) feels counter to my religious beliefs as a realist view appears unable to explain the very existence of God, miracles, or creation. These things cannot be tested through 'experiments.' And yet, a constructivist view founded purely on individual perception, seems to neglect first hand observations or experiences of God that people reportedly encounter.

As a researcher, therefore, it feels that Critical Realism is congruent with my faith. As an ontology, it can both recognise that reality is independent of my own knowledge and subjective testaments, but that this may not be accessible through more formal, measurable or scientific methods of observation.

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3.4.2 Epistemology

Epistemology is concerned with how we go about understanding the world (Maxwell, 2012). A CR epistemology is often positioned in the middle of an invisible spectrum between positivism and interpretivism (Fletcher, 2017; Lawani, 2020). CR considers that whilst truth can be discovered through research, this truth is also established by a person's own construction of reality (Edwards, O'Mahoney, & Vincent, 2014). Therefore, to obtain meaningful and valid knowledge, a researcher must be interested in both physical experiences, as well as, how participants make sense of these experiences (Maxwell, 2012).

The CR stance that formed a foundation for this research suggested that there was a reality about how EPs and SWs could work together to support CYP with SEMH needs, and the role of the researcher was to make sense of this through the experiences of the participants. A CR position recognised that contextual interpretations would be relied upon to understand the data, particularly given the researcher's relationship to the professional roles being studied (both previously as a SW, and present trainee EP), and thus an absolute truth would not be achievable. As a result of this, the findings would reflect a mediated reflection of reality (Braun & Clarke, 2022) and thus findings would need to be applied tentatively by the audience of the research.

3.5 Overview of Reflexive Thematic Analysis (RTA)

RTA was selected in this research as the overarching analytic approach, or process, of data analysis (Braun & Clarke, 2022). RTA is a widely used method used by researchers to analyse qualitative data by enabling the researcher to actively interpret recurrent patterns amongst a dataset to create themes that are reinforced by a shared idea, concept or meaning (Braun & Clarke, 2022).

Reflexivity is central to this approach of data analysis, therefore, critical reflection on one's own role as a researcher is fundamental to RTA (Braun & Clarke, 2022). The process of research is not seen as a value-neutral activity and thus the subjective role of the researcher (their identity, background and worldview) is seen as a valuable aspect of the research (Maxwell, 2012; Braun & Clarke, 2022). Therefore, RTA does not seek to control for researcher bias, nor does it aim to encourage replicability or discover objective knowledge, instead it advocates for a self-aware researcher that is committed to engage in a reflexive process to analyse and make sense of the data (Bryne, 2021; Braun & Clarke, 2022).

3.5.1 Application of RTA to the current research study

RTA involves the researcher seeking to understand nuance, complexity and contradiction within the dataset to bring richness and depth to the findings (Braun & Clarke, 2022). The approach can be applied flexibly across ontological and epistemological positions, and therefore aligns with the CR stance of this research, as RTA allows the researcher to tolerate a degree of uncertainty when analysing the data whilst reflecting the complexities of real-world phenomena (Braun & Clarke, 2022).

In considering the importance of reflexivity, Braun and Clarke (2022) discuss the notion of an 'insider researcher.' They define this as an individual who is a member of the group that they are studying. In conducting this research, the researcher positioned themselves as an 'insider-outsider researcher' having been a SW for almost four years prior to becoming a trainee EP. In approaching this research, these practice experiences could not be separated from how the researcher interpreted and made sense of the data. RTA, therefore, felt like an appropriate method of data analysis as this allowed the researcher to reflect on their position to the research, as outlined in Figure 9.

Figure 9

Reflexive Diary Extract 4

Reflecting on personal subjectivity in relation to my professional roles.

I am aware that I might assimilate, or align, with the participants in my research study.
I was a social worker in a Child Protection team for almost 4 years. I have acute, first-hand experience of the pressures that face frontline social workers, including the issues of recruitment and retention within the profession. The emotional nature of the work is what stands out in my memories of being a social worker: the feeling of having never done enough to support the CYP and families that I work with.

As an EP, whilst the pressures of LA work persist, the degree to which you hold risk is less… providing more space to think. I have spent a lot of time "thinking." My thoughts have been occupied with thinking "wow, if I knew this as a social worker, I would have worked differently with X" and "if only X had some EP involvement in school, maybe they wouldn't have been sent to the PRU." Many of the thoughts seem tinged with regret of some form.

In developing this research to explore how SWs and EPs can work together to support CYP with SEMH, I wonder if there is an underlying sense of 'righting the wrongs of the past.' The idea that future professionals may be able to do more to support the vulnerable CYP that are similar to those that I came across as a SW. I am very hopeful about this research. I hope that good practice is highlighted, and that this will make a difference to CYP.

How I don't impose too much partiality when analysing my data is something that I will need to consider deeply and I'll need to keep revisiting this in supervision throughout my research journey.

3.6 Research Participants

3.6.1 The composition and size of the dataset

This research sought to explore how EPs and SWs can work together to support CYP with SEMH needs, therefore the recruitment of participants from professional disciplines allowed their direct, first-hand practice experiences to be investigated. Purposeful sampling is a deliberate strategy for recruiting participants for research due to the unique characteristics, or experiences, that they have that enable them to provide information that cannot be obtained through other sources (Maxwell, 2012). The use of purposive sampling was used in this research guided by appropriateness, adequacy and convenience.

A previous paper regarding Thematic Analysis (TA) written by Braun, Clarke and Weate (2016) suggested that six interviews is an appropriate sample size. However, with the evolution of RTA, Braun and Clarke (2022) are clear that depth and richness of data for RTA is not necessitated on a fixed dataset size or large amounts of data, rather it is dependent on finding the nuance within the data collected. This research deemed that three EPs and three SWs were sufficient for this research to provide informational power to understanding how EPs and SWs can work together to support CYP with SEMH needs as within exploratory analysis, the goal isn't to examine every possible aspect of the phenomena. Instead, the focus is on highlighting

specific patterns that are pertinent to the aim of the research (Malterud, Siersma & Guassora. 2016).

3.6.2 Participant inclusion criteria

The participant inclusion criteria were set out as follows:

Educational Psychologists:

- Qualified and registered with the Health and Care Professions Council (HCPC)

- Practicing in a Local Authority in England for one year or more

- Experience of working with a frontline social worker to support a school aged CYP (aged 5-18) with SEMH needs within the last 5 years.

Social Workers:

- Qualified and registered with Social Work England (SWE)

- Practicing in a Local Authority in England for one year or more

- Experience as a frontline social worker responsible for CIN or CP cases

- Experience of working with an Educational Psychologist to support a school aged CYP (aged 5-18) with SEMH needs within the last 5 years.

Relevance to the field was a key consideration when determining the inclusion criteria for this study. EPs and SWs with relevant experience working together to support school-aged[11] CYP with SEMH needs[12] were therefore appropriate. It was important that EPs and SWs worked with this demographic of CYP because SEMH needs are associated with poor school outcomes,

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[11] For the purposes of the study, 'school-aged' was defined as CYP who fell within the compulsory school age in England (5-18 years old) (DfE, 2024B; 2024c).

[12] "Children and young people who experience social and emotional difficulties which manifest themselves in many ways. These may include becoming withdrawn or isolated, as well as displaying challenging, disruptive or disturbing behaviour. These behaviours may reflect underlying mental health difficulties such as anxiety or depression, self-harming, substance misuse, eating disorders or physical symptoms that are medically unexplained. Other children and young people may have disorders such as attention deficit disorder, attention deficit hyperactive disorder or attachment disorder." (SEND CoP, 2015, Section 6.32).

including poor academic attainment and increased school exclusions (Thompson, Tawell & Davis, 2021).

As professional practice is optimally understood and carried out within the parameters of legislative frameworks unique to each country, other considerations made to increase the relevance of the study included ensuring that participants reflected the current climate of LA work in England so that the data was reflective of the legislative frameworks, pressures and constraints of the professions. This was important as England has its own compulsory school age relative to other countries in the UK, and its own SEND CoP (2015) that guides support for CYP with SEN.

Additionally, EPs and SWs were eligible to take part in the research if they had relevant experience within the last five years to reflect the current climate of practice, by illuminating the practice of professionals who have worked through recent national and international events, such as the murder of George Floyd, cost-of-living crisis, war in Ukraine and escalating conflict in the Middle East, that have impacted the mental health and wellbeing of CYP in this time, and how professional practice may have adapted to respond to this in recent years (Ayodeji et al., 2021; BPS, 2022a; Mindel et al. 2022; Save the Children, 2022).

Research has been conducted that considers the joint work between EPs and SWs within specialist MAT contexts (Lobatto, 2021; Ibrahim; 2021; Warwick, 2023), however, the present research sought to identify a gap in the research by considering SWs who have held CIN and CP cases to reflect professionals working within a range of children and family social care systems in LAs.

3.6.3 Recruitment

Recruitment was completed via social media, word of mouth, personal and professional connections. Participants were selected on a 'first come, first served' basis to reduce the risk of selection bias.

A recruitment poster (Appendix E) was shared on the social media platform Twitter (now known formerly as 'X') on 16.06.2023 and subsequently on 04.09.2023. This generated four expressions of interest from qualified EPs. One of these EPs practiced in Scotland and thus did not fulfil the eligibility criteria for this study. Information and consent sheets were sent via email to the remaining three EPs. One EP did not feel sufficiently experienced to take part in the study, whilst no response was gained from another. The poster was also shared through EPNET on 23.06.2023, however this resulted in no additional expressions of interest. Thus, only one EP was interviewed following social media recruitment efforts. The recruitment poster was also shared via colleagues at the researcher's training institution and EP placement on 23.06.2023, 24.06.2023 and 22.09.2023. This resulted in two EPs who were willing to be interviewed, thus, fulfilling the quota of EPs required for the research. Disappointingly, no SWs were recruited through the recruitment attempts mentioned above.

Personal connections of the researcher were explored during Summer 2023, with attempts made to recruit SWs who were ex-colleagues from within the social care team for which the researcher was previously employed, however, this was unsuccessful as ex-colleagues shared that they had not experienced joint work with an EP. A recruitment poster tailored specifically to target SWs (Appendix E) was also shared via social media platform, 'X,' on 27.09.2023 and 15.12.2023. However, no expressions of interest were obtained. This poster was also shared through connections within the researcher's training institution on 06.10.2023, 09.12.2023 and

05.01.2024, generating two eligible SW participants. Further expressions of interest were also obtained via the training institution; however, these SWs did not meet the eligibility criteria as they worked within CAMHS rather than LA social care teams. The final SW participant was recruited via a peer on the training course who shared the poster within the LA of their EP placement, and their consent was confirmed on 11.01.2024. A subsequent SW then reached out, however, due to the 'first come, first served' nature of participation, this SW was added to a waiting list were any SW to withdraw from the research.

The recruitment of SWs was a substantially lengthy process. The following reflexive diary extracts included below were written following supervision in September 2023, and just over six months following this in April 2024, to demonstrate the researcher's reflections on the recruitment process.

Figure 10

Reflexive Diary Extract 5

Reflections on recruitment

"Where are all the SWs?" has been the resounding question over the past few months. Whilst knowing and understanding that SWs are busy, the recruitment process is reminding me just how difficult it can be to engage in other activities when you're working directly with at-risk CYP. However, if EPs say that they have worked with SWs, then I am confused as to why my old SW colleagues have said that they have not worked with EPs. I wonder if that means that EPs are actually the 'hard to reach' service due to commissioning structures, more specifically the traded model of service delivery.

In supervision, we also discussed whether there is a different value placed upon research across the professional disciplines. Whilst research is a core function of the EP role, and SWs are leaning towards more evidence-based models of practice, it feels that SWs do not have the capacity to think about their contribution to research in the field when faced with daily 'firefighting' and pressures in current context for practice. Once recruited, it will be interesting to see how SWs engage with the research, and if research is a joint work activity that EPs and SWs deem important when working with CYP with SEMH needs. The discussion chapter may be an important place to explore this more.

Figure 11

Reflexive Diary Extract 6

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Revisiting reflections on recruitment

Further reflections on recruitment emerged as I was conducting wider research for the discussion chapter. In writing about the recruitment of SWs in the completion of psychoanalytically informed interview study involving children's services professionals, Archard (2020, p. 110) states:

> Of course, for participants to avail themselves of this opportunity, they need to be accessed first [...] Despite having a professional background of working in children's services and youth justice contexts, I found children's services professionals to be an elusive group that I was only able to access after a good deal of effort (and some luck).

This experience resonated with my own experience of SW recruitment. Despite my status as an 'insider-outsider' researcher, with years in a long-term child protection team, it was difficult to gain any expressions of interest from previous SW colleagues. This was a surprise to me, as I felt, in some ways, entitled to access to SWs following my years of service in the field. A growing sense of frustration during the recruitment process, and resentment towards SW colleagues, was experienced during the recruitment journey. I found it hard to hold onto reflections about the contribution of systemic barriers (e.g., commissioning structures), and began to resonate with views that SWs are indeed 'hard to reach' professionals. Despite having spent a large amount of time since embarking on EP training trying to advocate for SWs and help others to reframe negative narratives around them, with the pressures of a looming thesis deadline, I was unconsciously splitting (Klein, 1946): SWs became 'all bad,' EPs became 'all good.'

In reflecting now, I can see how easily professional tensions can arise for busy professionals working to timescales and increasing external pressures: in this case the pressures of a looming thesis deadline may be comparative to a professional context of an EHC advice that is due or a safeguarding concern that is perceived to need urgent attention.

Taking a bird's eye view on the overall research journey, I wonder if some of the disappointed that I felt when SWs declined by pleas to take part as participants is associated with projected feelings from families, and professionals, that have felt let down by social care. Conducting this research, again, shows me the omnipresence of unconscious processes as it relates to all elements of qualitative research.

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3.6.4 Data Protection

All participants were asked to read an information sheet and sign a consent form (Appendices H & I) to confirm that they understood how their data would be anonymised, stored and used, outlining that the data would be kept securely on a cloud-based system, for a maximum of 10

years, in line with the Tavistock and Portman NHS Foundation Trust's Data Protection and Handling policies and in compliance with the UK Data Protection (1998). Limits to full anonymity was acknowledged as information was shared with participants via email and interviews were video recorded. Therefore, email addresses and video recordings of participants have not been shared.

3.6.5 Overview of participants

The table included below provides an overview of the participants that were interviewed for this study, including their role, service context, locality, named areas of interest or specialisms and previous experiences in role. Post-qualifying years of experience in role ranged from 1-15 years across participating individuals. EPs held an average of 8 years post-qualifying experience, and SWs held an average of 7 years. Participants practiced within areas of London, South East of England and the East of England.

Table 4

Overview of participants

	Post-qualifying years in role	Team/service context	Locality	Named areas of interest, specialisms, and previous experience in role
Educational Psychologists	2 years	Main-grade EP role in a LA team of EPs supporting CYP who have SEMH named as the primary need on their EHCP.	South East England	The impact of poverty on children and learning Parent work Complex SEMH needs in adolescents
	10 years	Dual main-grade EP role in a LA EP Service (traded model of service delivery) and specialist role in a virtual school for LAC CYP.	London	LAC CYP Previous work in a specialist provision for CYP with SEMH needs
	13 years	Main-grade EP role in a LA EP Service (traded model of service delivery).	London	Identity and trauma

Social Workers	5 years	LA Child protection team.	London	Court work
	1 year	LA Youth Justice Service.	London	CYP aged 10-18 First time entrants to the criminal justice system Prior experience in a family support and child protection team
	15 years	LA Family safeguarding team.	East of England	Prior experience working child in care

EPs held main-grade roles across teams that operated a traded model of service delivery. One EP also held a dual specialist role in the virtual school for LAC, and another was employed in a LA team for CYP with SEMH named as their primary need on their EHCP. SWs worked within LA safeguarding and child protection teams, with one SW holding a role in a YJS.

Further details regarding the personal characteristics of participants (e.g., race, gender and age) were not included within the interview schedule given the primary focus of the research was on the process, methods and outcomes of professional collaboration between EPs and SWs.

3.7 Ethical Considerations

Ethical considerations were made in association with all aspects of the present research, including the decision to undertake a study in this topic area, the goals and underlying motivation to engage with the research. The research was conducted in accordance with the BPS Code of Human Research Ethics (2021). Ethical approval was granted by the Tavistock and Portman NHS Foundation Trust's Research and Ethics Committee in May 2023 (see

Appendix G). Further ethical approval was granted in November 2023, following an application to amend the participant inclusion criteria for Social Work participants.[13]

3.7.1 Informed Consent and Right to Withdraw

When participants expressed interest to take part in the study, they were provided with information sheets and consent forms (Appendices H & I). This included information about the purpose of the research, information-sharing processes and data protection measures. The right to withdraw at any stage of the process, up until data analysis, was explicitly outlined. Participants were also provided with the email address of the researcher and informed that they could make contact should they need to raise additional queries.

To partake in the research, participants had to sign and return the consent form to ensure that they understood and agreed with the terms of participation. Verbal consent and right to withdraw were also made explicit, verbally at the start and end of the interview itself. In light of the eligibility criteria for the research, professional EPs and SWs were assumed to have an adequate understanding and fluency in written and verbal forms of communication, thus an ability to communicate their informed consent through both signed and oral means. Where participants were personally known to the researcher, it was made clear that their decision to participate, not to participate, or to withdraw their data did not impact on their ethical rights or support that they were entitled to.

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[13] This change was made to recognise Social Work England as the regulatory body of SWs, and thus, SWs requirement to have active registration with this body to be eligible to engage in the study (this corrected the previous error in which SWs were deemed eligible if they were registered with BASW).

3.7.2 Confidentiality and Anonymity

The interviews took place remotely, and participants were asked to ensure that they were in a confidential space. The researcher was also in a private room when conducting the interviews. Due to the small sample size, there is a small risk that participants could be identified through the quotes used in the study. Therefore, participants were asked not to disclose sensitive information about their casework to ensure the anonymity of themselves, CYP, families, school and professionals.[14] Limits to confidentiality were made explicit within the information and consent sheets, in which any information that raised concerns about the safety of participants, or others, would need to be shared through the appropriate safeguarding channels.

3.7.3 Minimisation of Harm

It was acknowledged that discussions about the SEMH needs of CYP could be emotive, particularly with participants drawing upon their own experience of work to support vulnerable groups of CYP. Additionally, some participants may have felt a degree of frustration when discussing barriers to joint work practices which could have resulted in some resentment towards the services in which they work or towards other professional groups, creating a potential to raise tensions between the professional groups. Consequently, the researcher was sensitive to the participants' feelings throughout the interview, taking up an appreciative and compassionate stance to support emotional containment. Participants were reminded that they could take a break and withdraw at any point if they needed to. The researcher held a debrief immediately after the interview where participants could be signposted to support agencies if needed. At this time, the researcher also checked in with the participant to ensure they were

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[14] Where participants did accidentally disclose sensitive information, the identifying feature was removed from the transcription and selected quotes (e.g., if a participant named a colleague, it was replaced with "[EP Colleague's Name]" and so forth).

not showing any signs of distress, and they were encouraged to use supervision within their services where appropriate.

3.8 Data Collection

Data was collected from semi-structured interviews that took place remotely via the online video conferencing platform, Zoom. The average length of the interviews was 30 minutes, with the duration of the interviews lasting between 22 minutes and 54 minutes.

3.8.1 Interview Setting

There were several advantages to carrying out the interviews remotely on Zoom. Given the limited time often cited from professionals across both social care and EP services (Atfield et al., 2023; Gupta & Blewett, 2007; YouGov, 2020), the flexibility of a remote interview setting may have increased participants willingness, and ability, to take part in the research interview. A remote interview was more accessible than a face-to-face setting as it was an equitable way to ensure that individuals from across England could register their interest in the study, as there was no requirement for them to travel to a fixed interview location. As the interviews were conducted remotely, participants were able to join the interview from a confidential space where they felt comfortable to reduce some of the anxiety associated with taking part in face-to-face interviews. Additionally, Zoom's recording and transcription features enabled the researcher to keep a record of the interview, allowing the researcher to be fully immersed in the interview itself as these features documented information required for the manual transcription process needed for data analysis.

However, disadvantages of the remote interview setting did exist. For example, technical issues due to poor internet connections, such as participants 'freezing,' could contribute to disfluent

speech or the unintentional interruption of participants when they were talking. This impacted data transcription, as there are times in which pauses or overlapping talk may have been mistakenly recorded, or omitted, in the dataset (Bailey, 2008). Another drawback of video conferencing pertains to the confines of the video conferencing screen as the full range of body movement and body language of the participants could not be observed. This meant that natural cues that shape communicative meaning may have been missed (Bailey, 2008). However, it was sufficient to collect and analyse data that only pertained to verbal content and audible utterances contained within the interview.

3.8.2 Developing an Interview Schedule

Semi-structured interviews were utilised in this research to reveal hidden aspects of human and organisational behaviour and incorporate broad themes into the interview that are geared towards the topics and issues that are of importance to the researcher (Qu & Dumay, 2011). A total of eight questions were contained in the interview schedule to elicit the experiences of EPs and SWs working to support CYP with SEMH needs (Appendix J). In developing the interview schedule, it was important to hold in mind that the interview would be guided by the interview schedule, rather than dictated by it (Smith & Osborn, 2003). By creating a flexible interview schedule, the researcher had autonomy to provide unstructured probes (such as "Could you tell me more?" "I'm interested in your reasons for that." "What is your own view on this?") so participants could elaborate on their experiences, thoughts and ideas in greater depth, without feeling too constrained by the questions. Participants were informed that interviews would last up to 60 minutes, providing sufficient time to engage in a fluid dialogue.

Qu & Dumay (2011) suggest that the role of the interviewer is essential to the semi-structured interview progress to evoke the fullest responses from the participant. In keeping with RTA as

the chosen approach to data analysis, recognising one's own contribution to the relationship with participants was paramount (Braun & Clarke, 2022).

3.8.3 Pilot Interview

A pilot interview was conducted with an EP who had recently qualified and had experience of working with a SW to support a CYP with SEMH needs. The primary purpose of the pilot interview was to assess the quality of the information gathered from the interview schedule, and to ensure that questions were relevant to the research question and would produce depth, over superficial answers (Braun & Clarke, 2022). The secondary purposes of the pilot interview were practical in nature, including ensuring timings of the interview and practicing the use of the recording and transcription tools on Zoom.

The pilot interview confirmed that the full description SEMH from the SEND CoP (2015) needed to be read at the start of the interview to ensure that both participant and researcher held the same understanding of the term, and that participants across the dataset would hold a consistent understanding. The pilot also made evident the need to rehearse a 'script' at the start of the interview so that the researcher could become familiar with outlining ethical considerations and the broad process of the interview to participants. In reviewing the Zoom recording of this interview, the researcher recognised the need to take up more of an active listening stance by focusing on the participants responses rather than writing in-depth notes of the interview content.

3.9 Data Analysis Process

In RTA, data analysis is viewed as a recursive and iterative process, rather than a linear progression through the six-phase analysis framework (Braun & Clarke, 2022). Therefore, the

six phases were applied flexibly to fit the data and research question. It was helpful to visualise the phases of data analysis as cogs or wheels that were all interconnected and could be moved back and forth when making sense of the data, reviewing and defining the themes. This is represented visually in the figure 12. Given the researcher's 'insider-outsider' position, routine research supervision was utilised as a critical part of the process to reflect upon the data, codes and themes.

Figure 12

Visual representation of the six-stages as described by Braun and Clarke (2022).
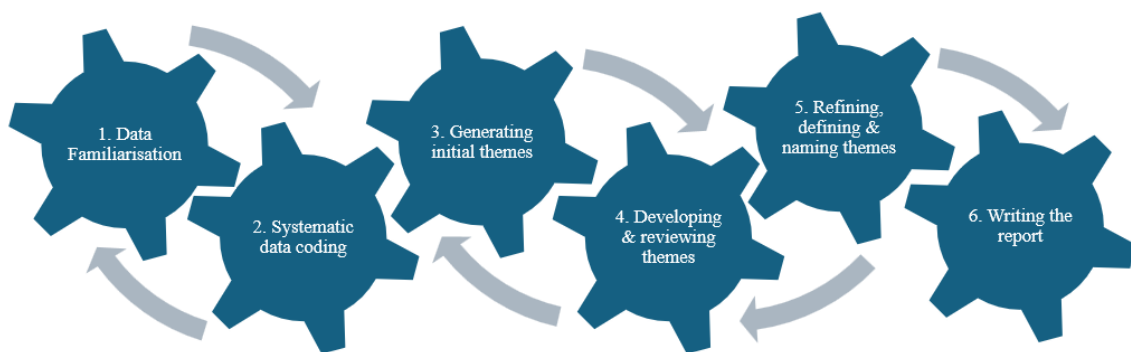
3.9.1 Phase 1: Dataset Familiarisation

Initially, the researcher watched the recording of each interview and transcribed them against the autogenerated Zoom transcription. During this phase the recording was repeatedly paused, rewound, and listened to again to ensure that utterances and content were accurately recorded in the transcript. It was important to recognise that though trying to remain as non-judgmental as possible during this process, Bailey (2008) describes transcription as the first step in data analysis as transcription relies on some level of judgment from the researcher. This included choosing the level of detail to note, such as the inclusion or omission of non-verbal interaction, how to record pauses in speech, the use of punctuation and the interpretation of verbal filler words, or vocal disfluencies, such as "um," "hmm" and "like."

After the interview was transcribed, the researcher listened to the interview again comparing it to the transcription. Following this, brief notes were made that outlined salient points from the interview as the researcher began to make sense of the data. This process was repeated for each participant. Additional notes were made of the overall dataset. At this stage, the researcher felt sufficiently familiar with the dataset and progressed to phase two.

3.9.2 Phase 2: Data Coding

The researcher generated a diverse range of codes across the data set. These included codes that were more descriptive, and thus semantic, to those that were more implicit, conceptual, and latent (Braun & Clarke, 2022; Bryne, 2021). The approach to coding was primarily inductive, in which sense was made from the responses of participants. However, the subjectivity brought by the researcher from their own 'insider-outsider' position, made pure induction impossible (Braun & Clarke, 2022) as their own experiences of professional practice influenced the process of meaning-making. RTA recognises the importance of such perspectives and experiences, highlighting the ongoing need for reflexivity throughout this process. The researcher utilised their reflexive journal throughout this stage to record their thoughts and feelings evoked from the dataset, whilst engaging in routine supervision to explore different ways in which the participants' responses could be understood.

Recognising that RTA is not an atheoretical approach, there was a degree to which deductive analysis was incorporated at this stage to ensure relevance to the research question (Braun & Clarke, 2022; Bryne, 2021). Therefore, existing concepts and frameworks evident from the scoping review provided a lens through which the researcher was able to make sense of the data.

The researcher chose to use Microsoft Excel during this stage of data analysis, as this ensured that coding was completed systematically. As Braun and Clarke (2022) posit that coding is organic in nature and codes are likely to evolve with analytic insight. Therefore, once the researcher created initial codes, they took time away from the dataset and then returned to them. At this stage, some codes were removed, broadened, renamed and some additional codes were identified. Excel made it easier for the researcher to revisit the codes and keep track of any changes made. This is illustrated in Appendix K.

3.9.3 Phase 3: Initial Theme Generation

The researcher chose to print and manually organise the codes at this stage. The physical movement of the data enabled the researcher to become an embodied part of the process, actively involved in constructing the initial themes, or 'candidate themes' (Braun & Clarke, 2022). The researcher completed visual mapping to represent the relationship between potential themes (Appendix L). Given the time constraints of a thesis deadline, it was difficult at this stage not to become too 'wedded to' or attached to the potential themes and subthemes in a desire to move on to writing the data analysis chapter. To counter this, the researcher chose to take a step away from the data analysis process at this time and revisit it at a later date.

3.9.4 Phase 4: Theme Development and Review

At this stage, codes were physically moved to ensure a 'better fit' to potential themes, and some initial themes were tweaked and adapted. The researcher moved different codes to create more comprehensive themes that were relevant to the research question. This was a challenging phase due to the interconnectivity of information held within the dataset. Therefore, further visual mapping helped the researcher to conceptualise how the data was interconnected (Appendix M).

3.9.5 Phase 5: Theme Refining, Defining and Naming

The researcher took advice from Braun & Clarke (2022), avoiding one-word labels and instead used short phrases that encapsulated the core element of each theme. In a separate Microsoft Word document, the researcher wrote a description of each theme. Once each theme and subtheme had been named, a visual map was again produced to make sense of how each theme, and subtheme, contributed to the overall understanding, or story, of the dataset (Appendix N). This was an exciting stage for the researcher, with labour of their work culminating in themes and subthemes that told a story about the dataset.

3.9.6 Phase 6: Writing The Report

From the outset of the research process, the researcher created a reflexive diary that captured their thoughts, feelings and reflections as it related to the research journey and dataset. Additionally, with the support of suggested amendments from the researcher's supervisor, the formal writing included in this thesis has undergone several revisions to ensure coherence to the reader.

Whilst Braun and Clarke (2022) encourage writing research in the first person, they recognise that formal writing moves the research into a more public domain and the audience (e.g., examiners and reviewers) are likely to have more formalised and clearer expectations of the project. The authors encourage their guide to RTA to be "followed openly, loosely, knowingly" (Braun and Clarke, 2022, p. xxix). With this in mind, the researcher chose to use the third person to communicate a more formal tone to the audience, and situate this research in the context of previous literature pertaining to interprofessional work in EP practice[15], whilst

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[15] Of the ten papers identified from the scoping literature review, nine papers used the third person (Allen & Bond, 2020; Bartle & Trevis, 2015; Bunn et al., 2021; Beeke, 2021; Howarth-Lees & Woods, 2022; Ibrahim, 2021; Quinn et al., 2021; Warwick, 2023; Zafeiriou & Gulliford, 2020). Only one paper utilised the first person and

simultaneously centring transparency and reflexivity by embedding the reflexive diary extracts throughout the write up to demonstrate the researcher's personal connection to the data. This clearly communicated their own decisions, thoughts and experiences during the analytic process to the audience.

3.10 Good Practice Checklist

The researcher drew upon salient material generated through the data analysis process to create a 'Good Practice Checklist' to support EPs seeking to support CYP with SEMH needs where there is concurrent involvement from a SW (Appendix O). The considerations included within the 'Good Practice Checklist' were primarily drawn from data that constructed two themes 'Enacting joint work' and 'Creating, sustaining and enhancing collaboration' as these themes encompassed both the process of joint work between EPs and SWs to support CYP with SEMH needs, as well as ways in which barriers to joint work may be overcome.

The checklist also includes a diagram of Bronfenbrenner's ecological systems model adapted to focus on CYP with SEMH needs. This visual aid helps professionals consider the surrounding systems impacting the CYP when providing support. The subjective nature of 'good' to describe this checklist is acknowledged, particularly given the researcher's own position as an 'insider-outsider' researcher. Therefore, the checklist should be used as a guide to support EP practice in this area alongside practitioner's own professional judgement, practice wisdom and evidence-based practice methods.

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when critically appraised, was deemed to be of low methodological quality (Lobatto, 2021). (See Appendix C for full critical appraisals of the literature).

3.11 Trustworthiness in qualitative research

Far from positivist notions of validity, reliability and bias, qualitative research is concerned with the trustworthiness of the study (Stahl & King, 2020). Trustworthiness considers the degree to which the reader can be confident in what the researcher has reported, concluded and suggested. This is particularly relevant when conducting interviews as the researcher holds a significant influence on the data that is produced by the participants (Maxwell, 2012).

3.11.1 Credibility

Credibility is concerned with how congruent, or true, the research findings are with reality (Lincoln & Guba, 1985; Stahl & King, 2020). Therefore, credibility is constructed by both the researcher and the audience. The use of triangulation may increase the credibility of research, by considering how the findings relate to existing research in the field, theoretical perspectives and experiences that one has come across within practice. Stahl & King (2020) also note that research supervisors can aid credibility of the research.

In this research, the researcher routinely checked in with the research supervisor, providing a degree of institutional scrutiny and critique to the research findings. Whilst the researcher was fully immersed with the data and may have found it difficult to separate their own identity from the dataset, the research supervisor was able to provide an alternative, and times, a more critical lens to the findings.

3.11.2 Transferability

Transferability regards the generalisability of inquiry (Tobin & Begley, 2004; Nowell et al., 2017). The researcher did not presume that the views and experiences of the EPs and SWs interviewed as part of this research would be reflective of all EPs and SWs within England and

the qualitative design did not aim for replicability (Stahl & King, 2020). However, patterns in the experiences of participants were evident and elements of good practice, as well as suggestions to overcome challenges to joint work, could be drawn from the findings to form a guide for EPs seeking to work with SWs to support CYP with SEMH needs within similar practice contexts. The inclusion criteria for participants, as well as, an overview of the participants, were provided in this research to enable the reader to discern the degree to which the findings could be transferred to their own practice contexts (Appendix F) (Lincoln & Guba, 1985).

3.11.3 Dependability

Dependability involves maintaining consistency of the research findings (Lincoln & Guba, 1985). Embracing the subjectivity of the researcher, particularly in RTA, is an essential part of qualitative research (Braun and Clarke, 2022; Stahl & King 2020), thus highlighting the need for a reflexive auditing process. In this research, incorporating extracts from the reflexive research diary enabled readers to critically engage with the perspectives, values and position taken up in association with the research.

The use of third-party inquiry audit (Stahl & King, 2020) by way of the research supervisor and the subsequent examination of this thesis were ways in which dependability of this research was enhanced. This scrutiny ensured that both factual data and interpretative remarks were transparently documented.

3.11.4 Confirmability

Confirmability is the extent to which the researcher's findings are clearly produced from the data (Lincoln & Guba, 1985; Tobin & Begley, 2004) and is attained once credibility,

transferability and dependability have been accomplished (Nowell et al., 2017). Stahl & King (2020) note that confirmability is concerned with coming as close to an objective reality as possible within qualitative research.

Throughout this research, the rationale for decisions and interpretations held about the research were discussed transparently to show how conclusions had been formed (Nowell et al., 2017). No doubt, there were 'partialities' (Williams, Boylan & Nunan, 2020) present in the research based upon the researcher's own background as a SW and current position as a trainee EP. Thus, the impact of being an 'insider-outsider' research was held in mind throughout the thesis, and critical conversations with the research supervisor were recorded both in a supervision diary and reflexive journal.

3.12 Further reflections and key considerations in the decision to use RTA

3.12.1 The power of interpretation

Subjectivity is instrumental to RTA as it is used to contextualise the data (Braun and Clarke, 2022). RTA is reliant on the skill of the researcher to both immerse themselves in the data and give themselves enough distance from the data to engage in critical reflection. For the novice researcher, this can be a difficult balancing act (Braun and Clarke, 2022). This was identified during a research seminar early on in the researcher's journey.

Figure 13

Reflexive Diary Extract 7

Running before I can walk
A statement made from a research tutor resonated with me this afternoon. He said, "you've often already written the research before you embark on it, based on your own life experiences."
I will have to be cautious when I approach data analysis that I am not developing themes that purely fit with what I want the research to generate based upon my own experiences as a

SW, and trainee EP. I think that I am apprehensive about the systematic nature of data analysis as this looks like it will be time-consuming, even tedious, but this is something that will be essential to increase the trustworthiness of the study. Supervision will be an important part of this process, as my supervisor might help me explore data items that I feel more drawn to by providing a more critical or objective lens.

3.12.2 The overuse of RTA in qualitative research

Accessibility and theoretical flexibility make RTA one of the most used approaches to qualitative data analysis (Bryne, 2021). However, many who purport to use RTA, have continued to inaccurately apply Braun and Clarke's 2006 approach to thematic analysis without considering how this method has evolved since then.[16] Braun and Clarke (2022) suggest that it is not helpful to dwell on thin comparisons to other approaches that were not selected in the research process. So, whilst alternative methods of data analysis were considered for this research (such as IPA, Grounded Theory, Content Analysis and Codebook Thematic Analysis) they are not outlined here but included in Appendix P for the purposes of academic transparency.

3.13 Summary

The chapter demonstrated the processes involved in conducting this research, including a rationale for the aims and research question. The relationship between the researcher and the ontological and epistemological foundations of this research have also been discussed to orient the reader. The approach to data collection and analysis are also outlined, and the six-stage process of RTA has been illustrated. Reflexivity has been centred as a key part of the research process. Consideration of ethics and trustworthiness have also been considered in regard to the research.

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[16] The authors themselves consider that many researchers who reference their work have failed to fully adhere to the principles necessary to conduct RTA (Braun & Clarke, 2019; Braun & Clarke, 2020; Bryne, 2021). Moreover, they report that the approach is often mixed with other data analysis processes, such as grounded theory, or thematic approaches that have incongruent underlying philosophies to RTA (Braun & Clarke, 2019).

Chapter 4: Data Analysis

4.1 Introduction to Chapter

This chapter will outline key findings of the research. Theme, and relevant subtheme, definitions will be provided that outline the centralising concept of the theme and provide a story about the data that helps to address the overarching research question. Data extracts are presented illustratively to provide evidence for each theme, and subtheme.[17]

4.2 Thematic Overview

Five themes and 16 subthemes were actively generated by the researcher. These themes vary in complexity as they encapsulate key insights and patterns in the dataset, as such, not all themes require subthemes (Braun & Clarke, 2022). Whilst themes and subthemes are presented separately, together they provide a rich account of joint work between EPs and SWs to support CYP with SEMH needs. As a result, at times subthemes may seem inextricably linked, and at others, these themes may, at first, appear dichotomous. This recognises the complexity of joint work in this area and adds to the rich understanding of the landscape of current practice. In response to the broad research question, the analytic narrative considers perceived facilitators and barriers of joint work in this area, as well as ways that these barriers can be overcome.

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[17] The removal of unnecessary detail from quotes is denoted by […] and allows the reader to access the meaning of the data extract with more ease. Such editing does not remove text which contradicts the analytic claim or interpretations of the data (Braun and Clarke, 2022).

Figure 14

Overview of themes and subthemes
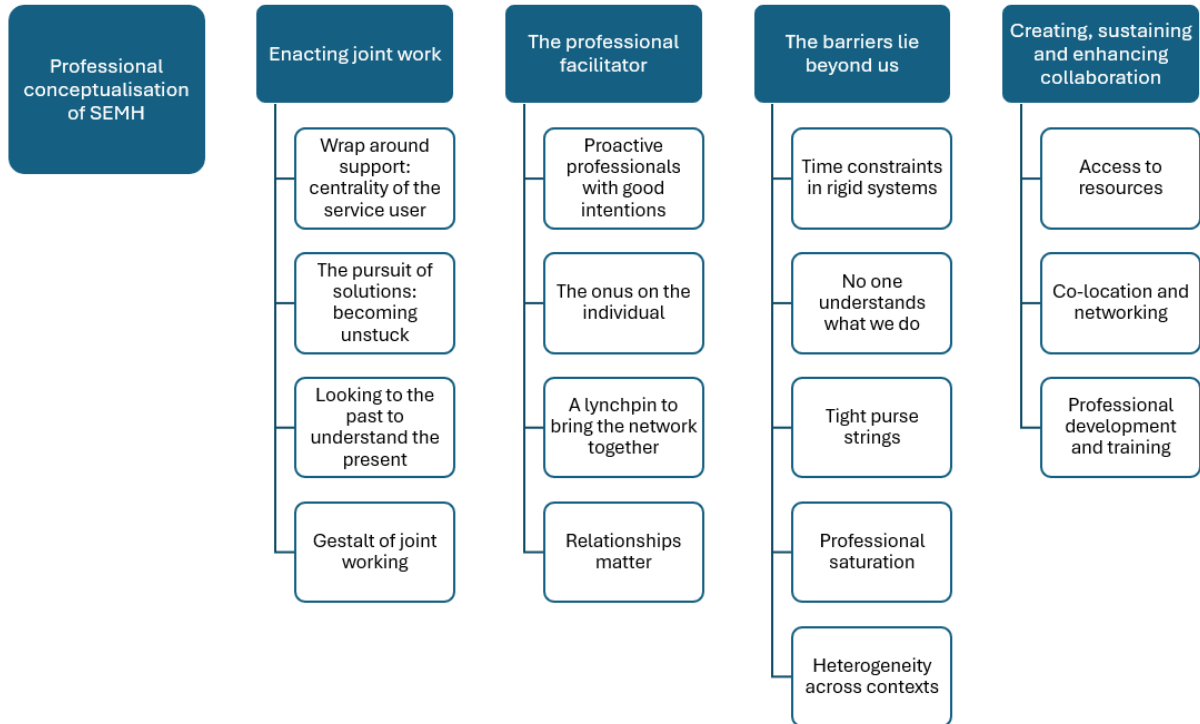
4.3 Theme 1: Professional conceptualisation of SEMH

This theme explores the efforts made by EPs and SWs to understand the SEMH needs of CYP. Participants discussed examples of joint work undertaken between EPs and SWs to support SEMH needs, providing an insight into how professionals conceptualise these needs in practice. This understanding is important as a foundation to understand the CYP that EPs and SWs work with, and how professionals take up their role in relation to these types of cases. The data extracts illustrate the diverse complexity of SEMH needs observed in CYP.

Participants recognised the broad range of concerns and needs that would fall under the category of SEMH, ranging from diagnosable conditions such as, psychosis or anxiety, to emotional wellbeing concerns. Participants thought that the outward presentation of these

concerns were associated with challenges in the classroom, with behaviour being externalised by CYP at school.

> *"[…] who was in the specialist um residential mental health centre. Um sort of er quite significant, very significant mental health concerns, um psychosis and um er drug use er sort of er induced psychosis"* (EP 2).

> *"[…] because actually most of the concerns related to presentation in the classroom for this girl."* (EP 2).

> *"[…] because he was also selectively mute,"* (SW 2).

> *"[…] being quite unregulated when he's in the school classroom environment, school struggling to contain and manage those behaviours."* (SW 3).

SWs and EPs articulated that they worked with CYP with SEMH needs who were vulnerable in the community due to contextual safeguarding risks.

> *"[…] often these children are involved in anti-social behaviour, some of them have got youth offending orders."* (EP 1).

> *"My suspicion is that the social worker is going to be more central because […] the police are involved, there's lots of kind of er I guess higher level of extra familial risk"* (EP 2).

> *"She [the young person] had come to us for quite violent offences. Umm and there were very significant safeguarding concerns, er around kind of disruptive behaviour, going missing."* (SW 2).

SWs shared that when working with CYP who were not in education, supporting them to return was a focus of their joint work with EPs. This may have been prevalent as SWs held oversight for vulnerable CYP who were out of school which supported EPs to obtain relevant information about their presentation in the absence of information from school staff.

> *"So, it did make me think, well, had he been at school, would I have, would I have been invited to come along to that because all my other young people that I work with they have been in education when the assessment has been undertaken and I've never been invited to do that piece of work."* (SW 1).

> *"We have a lot of young people that come to us that are actually NEET, so we work very closely."* (SW 2).

When conceptualising SEMH needs, SWs recognised the impact of ACEs on CYP's presentation and recognised LAC as a particularly vulnerable group in need of support.

> *"[...], disruptive behaviour, sexualised behaviour, um he's the young person that has been through a lot of trauma."* (SW 1).

> *"I also have 1/2 of that experience is with working with children in care, which is where we get to see all the difficulties that you're describing, the social, emotional, mental health difficulties through the trauma that they would have suffered in the care of their parents."* (SW 3).

Joint work was viewed as an opportunity to bring together professional conceptualisations of SEMH needs to develop a shared understanding of SEMH in CYP.

> *"[...] my hope is to sort of explore with the social worker from my side of things like actually this might be your conceptualization this is mine how can we sort of join it together and sometimes it's about finding out from them."* (EP 3).

4.4 Theme 2: Enacting joint work

This theme refers to the collaborative efforts and actions taken by SWs and EPs to support the individual needs of CYP with SEMH needs. It involves the coordination of resources, skills, and expertise from these professionals to achieve shared outcomes. Enacting joint work emphasises the active engagement, cooperation, and communication among participants to address complex problems, implement strategies, or achieve desired results. The theme encompasses the importance of collaboration and highlights the value of collective action, mutual support, and interdependence when working jointly to support CYP.

4.4.1 Subtheme – Wrap around support: centrality of the service user

This subtheme emphasises the holistic and service-user centred approach to providing comprehensive support and services to CYP with SEMH needs. The centrality of the service user underscores the importance of placing the individual at the heart of decision-making processes and service delivery. It refers to a collaborative and integrated system of support

that surrounds the service user in which EPs and SWs formed a network around the child to consider the specific needs of individual CYP.

EPs were able to hold the CYP in mind when engaging in joint work, which ensured they were able to remain flexible and adapt their approach to the individual needs of the CYP. SWs recognised that this was an explicit strength demonstrated by EPs when they were working together.

> *"[…] it's been based on what that child and family need."* (EP 1).

> *"[…] it can't be too prescriptive because not every child needs that either."* (EP 1).

> *"He [the EP] had the child at the centre of, of, of everything, trying to understand the child from an objective point of view."* (SW 3).

By holding the CYP in mind, goals were focused on positive outcomes for individuals. This included developing a shared understanding of the presenting problem by working with the professional network around the CYP.

> *"I think it's definitely an indirect impact, um I feel better informed in terms of background. And so, I feel better placed to be able to be appropriate in my next steps and choice of assessment."* (EP 2).

> *"[…] in general it's just that sort of shared problem usually or umm, sort of shared understanding with a very important part of the network, I suppose."* (EP 3).

> *"[…] because there's a professional network with the input of [EP Colleague's Name], we've all collectively agreed what's best for that young person."* (SW 3).

EPs and SWs thought that working together enabled them to advocate for CYP with SEMH needs.

> *"[…] the more voices that are shouting, the more better it's heard, you know, the more clearly it's received."* (EP 1).

> *"I think having an EP in your team is such an asset in terms of coming on board and saying, "well this is what school should be offering you, is this happening?" No. Okay, let me go to school. I need to work that out."* (SW 2).

However, whilst professionals endeavoured to hold the CYP at the centre of their work, at times, parents and children were not included within decision-making or collaborative processes. Contrary to professional guidance and principles that outline the importance of working with CYP and families when seeking to support CYP with SEN needs (e.g., SEND CoP, 2015), professionals reflected that there were times that CYP and families were not involved in joint work activities.

> *"[...] I'm actually not doing any direct work with the young person."* (EP 1).

> *"There were times when they would call for meetings to say we need professionals' meetings aside, without including parents, so that, I know some-sometimes it looks like you're talking about parents err behind their backs, but it, it wasn't like that. It was just to try and understand the dynamics, especially with this family"* (SW 3).

4.4.2 Subtheme – The pursuit of solutions: becoming unstuck

This subtheme describes the centralising motivation that underpinned joint work between EPs and SWs to support CYP with SEMH needs. Professionals articulated feeling stuck when working with this population of CYP and hoped that joint work would provide an opportunity to create next steps through processes of problem-solving and solution-oriented activities.

Extracts from the data demonstrate the active, collaborative effort to navigate challenges, seek solutions and progress towards positive outcomes for CYP with SEMH needs.

> *"If I kind of imagine that, th-thinking about these cases that feel stuck, you know. Wicked problems if you like where, where things aren't moving, by working with the social worker, we're kind of getting all of those invested parties together to try and work together to find a solution."* (EP 1).

> *"[...] I'll need to take a little bit of a steer from him [the SW] in terms of, err, working out what um my best approach might be."* (EP 2)

> *"So, we were talking with the school about okay can we be moving lessons, can we be having additional tuition where she's where she's behind."* (SW 2).

"He was doing well and [EP Colleague's Name]'s advice in that meeting was over saying do we pursue trying to seek alternative education for this young person whilst we wait for a specialist provision to become available or what do we do?" (SW 3).

EPs and SWs articulated that parents experienced the same feeling of stagnation that was often associated with feelings of confusion regarding the pathways of support available to meet their children's needs.

"In the in the examples that I'm thinking of, the children are stuck, but also the parents feel like, "what now? Where do we go? Who's involved?"" (EP 1).

"[...] parents with, with young people with ADHD, all those additional needs, can just feel completely lost in the process and not know where to turn." (SW 2).

4.4.3 Subtheme – Looking to the past to understand the present

> This subtheme refers to the exploration of historical experiences of CYP to gain insight into presenting SEMH needs. EPs and SWs appeared to acknowledge the interconnectedness between past events and present circumstances for CYP.

By working together, EPs and SWs co-constructed an account of the CYP to create a holistic understanding of their needs. This supported EPs and SWs to engage in solution focused and future-oriented thinking which allowed them to identify goals and next steps for the work.

"Um, I think a curiosity around what might happen, what might have happened, a curiosity around kind of how we got to this place but also how we can best move it forward." (EP 1).

"[...] he struggled with learning because he hadn't experienced things like he didn't know what earth was, like dirt [...] I was kind of saying that's why he's struggling in class [...] so we were kind of able to work together to think about, yeah, just why some of these things are happening for him in school, how that might be linked to some of his experiences. (EP 3).

"Ensuring that she has all the correct information in terms of historically, the current presentations, to really set out what he needs to moving forward." (SW 1).

"So, I think having school on board, having [EP Colleague's Name] on board, it really helped me in terms of understanding the background for, for this particular family." (SW 3).

EPs and SWs worked together to reframe how other professionals understood the presentation

of CYP with SEMH needs by sharing information about the CYP's history.

> *"[…] he's in year 8 is at risk of exclusion and um one of the things that was very difficult was getting the school to really appreciate and understand the complexity of his background pre-care […] so I kind of almost used the social worker to be like, can you come and help me do the feedback because I think you can speak to some of that um in a way that I can't."* (EP 2).

4.4.4 Subtheme – Gestalt of joint working

This subtheme references the holistic and integrated nature of collaborative efforts between

EPs and SWs. "Gestalt" refers to a unified whole that is perceived as greater than the sum of

its parts (Wertheimer, 1938; Resnick, 2024), implying that joint working involves the

cohesive amalgamation of perspectives and contributions from both EPs and SWs to support

CYP with SEMH needs. This subtheme focuses on the synergy and interconnectedness of

individuals working together by appreciating the dynamic efforts made by professionals to

combine their expertise.

EPs and SWs held distinct, yet complimentary expertise that were brought together to

understand the SEMH needs of CYP. EPs held an acute understanding of a child's learning and

development needs that were accessed through some of their main functions (e.g., consultation

and assessment), whilst SW's held in-depth knowledge of the CYP's history and context that

they were able to obtain through ongoing relationships with the CYP and family. A

combination of these expertise contributed to a better, shared understanding of the presenting

needs of CYP for both professionals.

> *"I did some observation and consultation, came back and said I feel her challenges are a function of her kind of emotional engagement in learning rather than a kind of discreet learning disability. On fairly triangulated levels. And the social workers like "what do you mean by that?" And I was like, "this is what I mean by that. And then he was like, "ah, okay, that makes sense."* (EP 2).

"Like recently, it was a social worker had done lots of work with the child and my hope was to find out from them like what's been successful, how have you worked and to get their expertise about what's worked well." (EP 3).

"Yeah, like in terms of my role, I've done this assessment, I've seen them in school with my knowledge of the educational system and education needs for children, so we were sort of able to come to a shared understand and they knew a lot about the home and the context [...]." (EP 3).

"[EP Colleague's Name] came from an angle of kind of a medical angle to help us understand how the brain umm adapts to its environment and then it's reflected through the child's emotional behavioural responses." (SW 3).

By recognising that each professional held their own expertise, a division of labour was created to carry out tasks that were founded upon the core functions and knowledge base held within each professional discipline. This meant that SWs could manage risk effectively whilst EPs could address the learning needs of CYP.

"There's also skills that social workers bring in terms of working with families and being able to build like really good relationships with families where for whatever reason things might not be going so well." (EP 3).

"OK, well, I need to focus on right now kind of safeguarding home and these offences that are cropping up [...] and [EP Colleague's Name] just doing so many assessments with her that really helped us understand her learning." (SW 2).

"In terms of just having another professional to not only be part of the YJS team and understand our processes but to complement my work in terms of making sure my worksheets are very much young person friendly." (SW 2).

The experience of joint work supported EPs and SWs to develop a greater appreciation of the knowledge held within each discipline and the contribution that each professional can bring when supporting CYP with SEMH needs. They articulated a mutual respect for each other's role, whilst recognising gaps in their own skill set.

"I didn't know any of the terminology around Section 20s or court proceedings or supervise-. Or I didn't know any of this [...] So equally, if a social worker wouldn't have any reason to know all those kinds of detailed information about [...] a neurodiversity and social, emotional, mental health needs interact and how emotional regulation can be a function of social communication difficulties and that stuff that's quite fluent to a lot of EPs." (EP 2).

"A social worker is often having to try and pull together all of that information to think, they formulate just like we do […], there's so many different people that can be involved with unique sets of skills" (EP 3).

"As a social worker, I think we're almost treated like experts in every sector, but I don't have that education knowledge about going to panel, or applying with a parent to move schools." (SW 2).

"He is very knowledgeable in terms of understanding um how a child functions, how a child responds to, to his environment, what, what the best way is to work with a child who's experienced those childhood adverse conditions." (SW 3).

4.5 Theme 3: The professional facilitator

This theme refers to an EP or SW that plays a central role in fostering effective collaboration, communication, and interaction to ensure joint work takes place. In this capacity, the facilitator acts as a leader to navigate the interprofessional relationship and strives towards positive outcomes for CYP with SEMH needs.

4.5.1 Subtheme – Proactive professionals with good intentions

This subtheme encapsulates the notion that EPs and SWs are actively engaged, forward-thinking, and well-meaning in their professional endeavours. It highlights the proactive nature of professionals who take initiative by anticipating the challenges that are brought about in LAs that lack a formal system to facilitate joint work activities.

Practitioners had a desire to be a helpful component of the system. This was explicitly highlighted by one participant:

"Yeah, where can I be most helpful?" (EP 1).

EPs and SWs valued it when professionals took a flexible approach to their work and looked for ways their skills could be best utilised.

"I feel like as an EP, our remit, well certainly in the team that I'm in, can be whatever we need it to be. So, whatever we can identify that need and when we're brokering our

piece of work, the questions that we ask are around, what can I do to be helpful? What benefits do you see from my involvement here? Why, why do you need me to be involved? What can I do?" (EP 1).

"What he [the SW] could have done was he could have just said "can you not just do a test?" because that's what he started with. And then I went back and I showed him why I wasn't just gonna do a test. But it was also the, the openness to… his openness to hear like there's a different way of doing it." (EP 2).

"I think it's amazing when you don't limit yourself to just your role […] I just think [EP Colleague's Name] is a great example of somebody who is an EP, but she will happily sit with you and chat about your safeguarding concerns." (SW 2).

"[…] when you don't pigeonhole each other, it's just like we're doing that bit and I'm doing that bit, and when you're kind of doing continuous communication the support can kind of shift and, and change as of when the family and the young person need." (SW 2).

Participants recognised the value of joint work and took initiative to reach out to one another and prioritised joint work activities.

"In lots of the cases, it's been me getting in touch with the social worker and saying, "Hi, I'm here. How can I help? What can I do? Can I help?" So, it's been about trying to bring things together." (EP 1).

"When I'm involved in a piece of work where a child has a social worker, I will usually be involved with them via consultation, discussion, try and to hook them in if they were involved." (EP 3).

"No, I can't identify any specific skills, but I just think in terms of she was very willing, whereas I've never had any other EPs approach me, it's simply "here's a form fill it out" and that's really the end of it." (SW 1).

4.5.2 Subtheme – The onus on the individual

> This subtheme acknowledges the individual responsibility placed on SWs and EPs to conduct joint work.

The burden of individual responsibility to engage in joint work was noted, particularly in the absence of formal systems to support this way of working.

"I think the big [laughter] big barrier is there isn't really a system that allows. The reason that this work happens is because it's been brokered on an individual level." (EP 1).

"Yeah, so in actual fact, um even getting this research it did make me reflect that I've been doing this job for quite some time now and I have only done one piece of joint work with an EP and I believe that was last year." (SW 1).

"I think if you have a, a Ed Psych that's not proactive, that just stays in the background, then there won't be that effective communication between everybody." (SW 3).

EPs took accountability to ensure that joint work took place when a CYP was known to have a SW.

"So, from my 3 allocations from this SEMH complex team that I had this term, I contacted the case officer and said, "is there a social worker involved? Great, I'll get in touch." And that's been me saying I'll get in touch and then we've kind of built our own system that works around that." (EP 1)."

"Stuff's kicked off at the beginning of this week which meant that I haven't done the visit and what we do is we're just going to meet with him again and I feel fine about that because I've got the scope to do it." (EP 2).

"Umm I think from our end, as EPs, I think it's important to kind of try and have some way of pulling in the system ourself." (EP 3).

Moreover, there was a recognition that joint work was essential where there were potential safeguarding concerns for CYP with SEMH needs, with EPs ensuring that they were actively collaborating with SWs in these instances.

"[...] I really need to talk to the social worker because there's some sort of anxiety or concern about the case that maybe feels a little bit outside of that. So sometimes the goal is about making sure that the risk is contained somewhere or that somebody is aware of that." (EP 3).

"I need to focus on right now kind of safeguarding [...], [EP Colleague's Name] was kind of like, OK, we need to tie that in with her EHCP plan." (SW 2).

4.5.3 Subtheme – A lynchpin to bring the network together

> This subtheme recognises the importance of a central person, or process, that played a pivotal role in connecting and coordinating individuals within the system around the CYP with SEMH needs.

The SW was often recognised explicitly as linking professionals together, as illustrated below:

> *"I also think, sometimes, the social worker is that person that links in other services as well, the social worker's almost the lynchpin that kind of holds all that together."* (EP 1).

> *"[…] I do feel I was the one that bought everything together […] and as I said it would have been that way because of the fact that I had been involved with this young person for the longest out of myself and the foster carer."* (SW 1).

Other professionals responsible for bringing networks around CYP together included SEN caseworkers, key workers and school staff.

> *"In my service the [SEN] casework officer is often that middle person. They're the person that is holding the case together."* (EP 1).

> *"So normally includes a kind of link professional that are in a school setting, so it might be the SENCO or the headteacher or designated safeguarding lead in school."* (EP 2).

In this context, the term "lynchpin" also referred to individuals who were essential for maintaining the functionality of the network by acting as a mediator when tensions were present within the relationship between parents and professionals.

> *"Yeah, so as an example, one of the young people who's not been in school, we've done quite a lot of work […] We were delighted because this is a great school, it's probably, it's probably going to be a really good fit. Um, really kind of came out the blue when mom came back and was really unhappy with this place and sent a really cross email […] And so rather than me going straight into mum going, "what?" I contacted the social worker and said, "any idea? Any idea what's going on?" So, actually, for me in that role, that social worker was the first port of call for checking in."* (EP 1).

> *"So, I think that the Ed Psych is a good neutral role for families. They see them as people who want to help their child's education journey."* (SW 3).

The statutory assessment processes surrounding EHCPs often functioned as a means by which EPs and SWs worked together.

> *"If I'm doing a statutory assessment and that young person has a social worker, I'll speak to the foster carers and I'll speak to the social worker if relevant."* (EP 1).

> *"Meeting as I set out and, I think, wherever possible, all the professionals that do have some insight […] have that feedback from them as well, so you can have a well-rounded EHCP plan."* (SW 1).

4.5.4 Subtheme – Relationships matter

This subtheme acknowledges the significance of relationships when considering how EPs and SWs facilitate joint work to support the SEMH needs of CYP. These relationships are essential for effective communication to ultimately achieve positive outcomes for CYP. The benefits of fostering positive interpersonal connections, trust, and rapport in professional practice was highlighted throughout the dataset.

SWs and EPs valued the working relationships that they were able to build with one another. A positive professional relationship appeared to support them to communicate more readily with one another.

> *"Social workers change a lot. So, you can be working really closely with a social worker and then they'll, you know, through no fault of their own say, oh, I've got to hand this case on to my colleague and you're like, "why you're brilliant? I'd like to still work with you, please.""* (EP 1).

> *"[…] and probably should have done all of that through finding various paperwork, but it was just more efficient to do it through a conversation and it does then help a little bit if they have something to ask you. You've got the relationship a little bit."* (EP 2).

> *"And I think having an expert and being able to be like, okay, I know [EP Colleague's Name] by first name, I can, I have her number or I can drop her an email and ask to kind of jump on a call with me and explain. It's just such an amazing thing."* (SW 2).

Relational practice was also described as central to work undertaken with families, with quality of relationships influencing who engaged in direct work with the CYP or family.

"If something comes up and needs doing, rather than go "well, that's your job, that's my job." Who's got the best relationship there? So, if it's something that needs to be done with a parent or a young person or a service or a, you know another person within the city, who's best placed to do it?" (EP 1).

"I think EPs do so much one-to-one support with young people. They have their own relationships in the end [...] I mean it was really valuable, when that young person was sharing something with [EP Colleague's Name], they were doing an assessment but then something would come up, or an incident happened at the weekend, [EP Colleague's Name] could share that information." (SW 2).

The relationship that EPs and SWs were able to develop with families by working jointly was valued as a cost-effective way of working to one participant:

"[...] All of them would have either gone to an expensive tribunal [...]. Actually, just having this team getting involved and moving it forward rather than it becoming confrontational I think has saved the local authority loads of money." (EP 1).

The subtheme "relationships matter" was also associated with stigma associated with receiving help from SWs as this was recognised as barrier to engagement with families.

"There is often that initial like "hm, the social worker." It means we're doing it wrong. It means someone's going to take the children away. It means you know, these dramatic outcomes." (EP 1).

"...there's the stigma around social, social work still. I think there's a little bit of stigma said about seeing a psychologist." (EP 1).

EPs believed that there was pressure placed on families to engage with services because of external mandates or perceived obligations. The perception that both families, and professionals, held of SWs was seen to hinder joint work to support CYP with SEMH needs as there was a fear that SWs had the power to remove children from their parents. EPs and SWs were often split into either "good or bad cops."

"Sometimes I think that maybe the social worker has directed them to come to a session with me or other times they've asked if they can bring their social worker. Maybe it's proof that they are doing what they need to do." (EP 1).

"Yeah, I think that usually if you mention social care to a parent or "do you think you could do with more support?" it's like "Ooo" [winces] cause there's that fear... children as well, right? That fear of my child is going to be taken away, which is the

ultimate kind of threat that hangs over, which is a is a barrier obviously because "I'm, I'm engaging with this and then I want them to go away."" (EP 3).

"I've had kids say to me, like young people say to me like "social workers don't care, I don't like social workers." There's something about them and their statutory role that makes that, there's a sort of threat there and a power, that I think it's difficult for parents and families, no matter how hard a social worker tries." (EP 3).

"I think they, they see the Ed Psych as a "good cop" because they see them in a more helpful capacity... Of which parents, the social workers, we are blamed for, for everything." (SW 3).

4.6 Theme 4: The barriers lie beyond us

This theme considers that challenges that can make joint work between EPs and SWs difficult often extend beyond the scope of individuals, reflecting broader systemic issues within service delivery systems, and organisational cultures.

4.6.1 Subtheme – Time constraints in rigid systems

This subtheme relates to the challenges posed by limited time and inflexible structures or processes within professional systems, which hinder effective collaboration and joint work.

Limited time was frequently considered to obstruct joint work from taking place.

"It may be initially that the schools think "this is a bit of a pain" because it's just some more people to invite to meeting and meetings get longer because everyone needs to have to say their bit." (EP 1).

"Yeah, so I do, like I think that probably not the time, lack of flexibility sometimes." (EP 2).

Professionals often experienced time constraints due to high workloads, tight schedules, and competing priorities. These time pressures limited the scope for creative joint work to take place to support CYP with SEMH needs.

"I'd be surprised if somebody didn't think "social worker, great, I'll get in touch." But we all know that time pressures if you've got two days to write up a statutory and then

it's the deadline and there's loads of other stuff, you may not have time to contact the social worker." (EP 1).

"And then you're hearing also the same thing, oh it's really hard to, you know, get contact with or whatever. Umm, or their time is really limited [...]." (EP 2).

"When I do generally get the forms and say, you know, "can we have this form by such and such day?" I can hold my hands up and be like most of the time, it, it will come in late because it's just another form that's being sent to me out of many on a day-to-day basis." (SW 1).

"I guess when you're really busy [...] I think I notice a change in the number of referrals I feel in a clear head space to make [...] I'm just doing my session [...] sadly we all kind of go into default mode of kind of like, OK, get the session done." (SW 2).

Inflexible organisational structures restricted the flexibility, autonomy and adaptability of professionals. This rigidity impeded collaboration by creating barriers to communication, decision-making, and innovation. Administrative paper-based tasks were viewed as a bureaucratic task that reduced professional's capacity to engage in joint work.

"I think because this is work that's outside of the EHCPs, [...] I don't then have to produce a 12 page report with outcomes and needs and objectives, then yes, I can be much more creative in how I'm working and operating this, than in the statutory position." (EP 1).

"Especially in terms of we're inundated with so much forms, so much paperwork, are we going to put out the best information are we going to put everything on the form? The likelihood is no, because you just simply [...] don't have the time." (SW 1).

"You've got so much admin as a social worker already, you're doing reports every day, the last thing I want to do is then fill in a 40-page referral form to you about what the presenting concerns are." (SW 2).

4.6.2 Subtheme – No one understands what we do

This subtheme reveals the challenge of role ambiguity and lack of clarity among EPs and SWs engaged in joint work to support CYP with SEMH needs.

Participants believed that common misconceptions about the remit of the EP role meant that SWs and families may not recognise the holistic support that EPs could provide to meet the

needs of CYP with SEMH needs. Thus, SWs may not be inclined to seek support from EPs in these instances.

> *"[...] cause if that belief is still the EP is going to do dyslexia tests and write an assessment or do, you know, an EHCP and that's all, then that's when things get a bit "well, what's she here for? You know, what can she do?"* (EP 1).

> *"[...] I always thought that an educational psychologist, it was literally just school. You know, it's kind of literally just about what the barriers or what's going on at school"* (SW 2).

Although the findings have demonstrated many ways in which the roles, skills and knowledge of EPs and SWs can be combined collaboratively for the benefit of CYP with SEMH needs, SWs also emphasised the role of EPs in relation to the statutory assessment processes. Whilst this is a significant part of the EP role, the role of the EP when supporting CYP with SEMH needs can be more multifaceted, with literature showing that EPs engage in a wide range of interventions such as supervision (Bartle & Trevis, 2015) and whole school approaches to support CYP with SEMH needs (Bunn et al., 2019; Quinn et al., 2021). It is possible that due to value placed on EHCPs, and the funding associated with such support, that SWs emphasised of the importance of an EHCP to support CYP with SEMH needs.

> *"[...], so should we apply for an EHC?" And I was like, "You can do what you like but it will be turned down." [Laughter] and it might be a waste of time. And he was like, 'ah, this is really helpful.'"* (EP 2).

> *"So, [EP Colleague's Name] supported the child to get umm an education healthcare plan, did all their assessments and thankfully the child now has an education health care plan."* (SW 3).

Participants recognised that a lack of role clarity could result in the misalignment of expectations across EP and SW professions, with individuals holding differing assumptions about who should carry out tasks. This could lead to frustration and breakdowns in communication.

> *"And so, [sigh] I, I don't really know. I think, as EPs, we lose the child bit of our title quite a lot, we stop becoming, we stop being education and child psychologist and we*

just become educational psychologist and other services do that and they position us as the education experts, whereas actually we know that we're much more holistic than that and can do lots of kind of careful thinking." (EP 1).

"Because the times that people, like myself included, get frustrated perhaps are where you get a "can the EP do X? EP to…" […] And you're "hang on a minute, what is that you're asking for? What's the purpose? What's the thing you're trying to get to?" and that's because they don't, through no fault of their own, have any understanding of what an EP might do." (EP 2).

4.6.3 Subtheme – Tight purse strings

> This subtheme reflects the financial constraints on joint work between EPs and SWs when seeking to work together to support CYP with SEMH needs. These financial constraints have implications for how time is allocated for professional activities and the narrowing remits of professional roles.

The financial implications of the traded EPS model were cited as a key determinant in how EP time was used. Participants appeared to perceive a direct link between budget constraints and the availability of resources on joint work between EPs and SWs. With schools being the commissioners of EPs time, they were seen to hold power, and EPs often thought that their professional autonomy to determine whether to engage in joint work with SWs was reduced. EPs encountered barriers to engaging in joint work when these activities were not adequately acknowledged or supported within their organisations.

> *"So, we have two and a half days to complete that kind of piece of er statutory advice and we have an allocated, a time allocation to schools based on what they buy in, essentially. And I'm always quite conscious of that, in terms of how much time to be able to use engaging with a social worker […]."* (EP 2).

> *"Schools are like "well, you know, there's not really anything we can do because they don't have a EHCP.""* (SW 1).

> *"It can look a little bit different. I feel the virtual school stuff, I can take on a bit more of a like, "look, I'm just going to do this. This is how it's going to go." And the school like, "oh okay then." Umm but I think, yeah, I think when a school doesn't understand the costs and time or that see the value in joint work and that can be a barrier."* (EP 2).

Participants suggested that that financial limitations may influence the extent to which EPs can engage in collaborative efforts with social workers and other stakeholders. Resource limitations were seen to contribute to a reduction in breadth of joint work that EPs and SWs could engage in, restricting the capacity of professionals to engage in joint work activities or provide comprehensive support to individuals and families.

> *"[…] as EPs, there's less and less of that, there's less therapeutic input over time or longevity in terms of case work."* (EP 1).

> *"[…], it gets narrower and narrower because in some cases like I said to you earlier on where umm a long time ago, you would be working with social workers in Teams Around the School"* (EP 3).

> *"So, actually, years ago when I was first an EP, there were lots more sort of multi-agency working […] panels we would talk about children with SEMH, well children who are known to social care but there would be a social worker […] so that seemed to happen a lot more, sort of early on in my career, there's less of that now"* (EP 3).

Time and cost-effectiveness was a deciding factor when determining the feasibility and prioritisation of collaborative activities. At times, financial constraints exacerbated disparities in workload distribution and hindered professionals' ability to engage in collaborative efforts without compromising their other responsibilities.

> *"Like at the school, I talked about going to a CP conference like where a school asked me to go. And I was like, oh, you know, might take a bit time. They were like, "that's fine. You've done loads of work with them, I think it's sensible," and that was definitely a facilitator. Like, looking back at it, "was it the best use of the 3 hours of life?" I don't know, but it was certain something that they felt was a beneficial use of their traded time."* (EP 2).

As a result of the traded model of service delivery, EPs queried whether some joint work activities, such as attending CP conferences, could create inequities by hindering access for other CYP within schools.

> *"I was asked to go last year, the year before, to er um a child protection conference and having gone to one in the past… I think, I think it could be helpful, but it's probably half a day of work and if the school has six days, that's the twelfth of all their work in the year of me going."* (EP 2).

"[…] if a social worker knows you've got three days in this school […] and they say "can you do this?" And you say "that will take three days." That means there's no other work for the other 150 children in this school of who you have responsibility for half a dozen [laughter]." (EP 2).

4.6.4 Subtheme – Professional saturation

This subtheme explores the perception that CYP with SEMH needs, and families, are often overwhelmed by professional involvement and that excessive levels of engagement from various professionals may evoke anxiety for them. Thus, this was a key consideration when considering the appropriateness of joint work.

Participants considered that CYP may feel inundated by the number of professionals involved in their lives, including EPs, SWs and professionals from other agencies. The multitude of services and professionals can create a sense of overwhelm and confusion, as CYP and families navigate multiple appointments and interventions.

"He's overloaded with, with predominantly women who are trying to help and trying to support and actually he doesn't need my help. He doesn't need anything from me. He's, he's working directly with his social worker and I'm supporting mum." (EP 1).

"It's very much underestimated how overwhelming it can be as a parent when you've got six or so professionals calling you wanting to chat about different things." (SW 2).

The emotional impact of professional saturation can be significant, leading to feelings of stress and anxiety amongst vulnerable young people.

"She was asking me lots about like, "oh, do you know so and so, do you know so and so" […] And that was one of the few examples I think, and that part about the young person's like anxieties about who I was, I was new." (EP 2).

"There's, I mean, there's possibly that initial hesitance of "that's another person who knows my business, that's another person who knows my story" so we've had to do some kind of contract and work about what's useful for me to know and what do I actually not need to know." (EP 1).

Holding the multiplicity of services in mind that CYP and families dealt with, supported professionals to determine whether joint work would be appropriate.

> *"So, he's seen an EP for a full on assessment relatively recently so he doesn't need another kind of involvement like that. So, it's about how do we fit? How can we make it fit most flexibly?"* (EP 1).

> *"I was asked to do an assessment and they kept saying "go and do an assessment of the child" and I was like she has had so many changes to social workers, so many changes of placement, I don't want to throw a random woman at her."* (EP 3).

> *"Well, in actual fact, his engagement wasn't great, so we didn't kind of want to overwhelm him."* (SW 1).

4.6.5 Subtheme – Heterogeneity across contexts

> This subtheme recognises that diversity and variation exist across different local authorities and service contexts which contribute to, or hinder, opportunities for SWs and EPs to work together to support CYP with SEMH needs.

Fragmented service delivery systems, where different services operate independently with limited coordination, can make it difficult for EPs and SWs to engage in joint work.

> *"This particular EP was from a borough that I don't work in, so it was from the placing borough. So, it's difficult to ascertain whether this is just the way that the placing borough works and the other boroughs that I've worked with, this is the way we work, we just need the social worker to fill out a form."* (SW 1).

> *"[EP Colleague's Name] has had sessions with young people, and I know with other boroughs it's very common for EPs to just kind of upload their notes on that or send that report and then okay that young person doesn't need any more."* (SW 2).

Resources, services, and support systems available within different contexts may vary significantly, impacting the availability and accessibility of joint work.

> *"[…] it's very interesting because he is a twin and he's placed in a different borough from his twin, but they have the same difficulties, but the experiences through the process have been completely different."* (SW 1).

"Um and especially in comparison to other services, you will get people who kind of, social workers who have got young people and they have told me for an assessment or to be seen by an EP is a three-year wait." (SW 2).

Participants perceived that targeted LAC and YJS services valued support for CYP with SEMH needs by creating more time space for joint work to take place, with participants feeling fortunate that they could work in these contexts.

"One of the things I've found is that working within the virtual school for looked after children, because of the context and because of the service delivery model. Um the way the time is organized, the kind of nature of the relationship with colleagues, the joint working looks quite different. Um or often looks quite different, not always. Quite different when working in that role as opposed to working in my the main-grade EP role." (EP 2).

"Um but I think when I first joined the profession, I didn't, in child protection I'm talking, I didn't have a lot of experience of Educational Psychologists. It wasn't until I was in YJS and I was specialising that I worked so closely." (SW 2).

4.7 Theme 5: Creating, sustaining and enhancing collaboration

This theme explores innovative and successful ways that EPs and SWs are currently working in practice, and pointed towards ways that professionals can overcome the barriers that make it difficult to work together to support CYP with SEMH needs, ultimately enhancing outcomes for them.

4.7.1 Subtheme – Access to resources

This subtheme encompasses the availability, allocation, and utilisation of resources that are required by EPs and SWs to engage in joint work to support CYP with SEMH needs.

Technology was highlighted by participants as a tool that could support communication between EPs and SWs, allowing information to be shared more efficiently. This was particularly important given the high caseloads that EPs and SWs held.

"So, in the city that I'm in, we're not all in the same office… but realistically, if you're in one and the social worker a mile down the road, it's not like you can just pop in and go, "Oo, can we have a quick chat about Harry today?" You know. So that ability to even just try somebody on Teams. And give him a ring and see if they answer. "Have you got 2 minutes to talk about so and so?" I think has massively helped. And then trying to then pull, pull meetings together where schools haven't got any meeting rooms, you know, "Oh, we haven't got a room that big" we'll do it on teams is fine." (EP 1).

"She was easy to contact um via the telephone, via email. So, I think that was, made the process a lot more easier." (SW 1).

"Myself and [EP Colleague's Name], we spoke weekly about the young person, whether that be an email update to say, look, I've just seen the young person at school, she is presenting like this, she is explaining this. Or whether it just being just quickly jumping on Teams and kind of debriefing and just kind of making sure that our work was aligned." (SW 2).

EPs and SWs wanted the development of pathways to give consistent guidance by helping professionals to navigate joint work when supporting CYP with SEMH needs. This included access to frameworks for planning, assessment, intervention and evaluation.

"I think maybe just have something standardised across boroughs in terms of "this is the practice, and this is what we do."" (SW 1).

"[…], put in a system where we all work together. But it's hard, isn't it? I'm guessing for some, you know, a team around the family system works." (EP 1).

"I've before had things like in another service where it's got the Bronfenbrenner sort of systems and you write all the kind of professions involved and sort of try to invite more people and have more multi-agency meetings that maybe you call as an EP and that you kind of stress the importance of them, maybe we sort of need to start to take a bit of responsibility for that." (EP 3).

"It will be helpful perhaps in the future that we get a flow chart from your service to say umm once school puts in, err, identifies that umm this child may have special education needs, what then happens from that process. What are the timescales? When do we expect… er how long is the consultation process by the schools?" (SW 3).

Time was a sought-after commodity when considering resources that would support joint work between EPs and SWs to meet the needs of CYP with SEMH needs. Participants referred to the allocation of time required to plan and implement joint interventions, as well as autonomy

around one's own diary to accommodate different priorities. Professionals perceived that having more time resulted in positive outcomes for CYP.

> *"The most obvious one and it's a bit of a cheap answer, but it is time. Like so, the things that facilitate it are having the time. Both with the social worker, but also with, the piece of work as a whole to be like so we can do some proper bits."* (EP 2).

> *"But I also think it's about, again this might be pie in the sky, but having more sort of core time of a service because while it's, the sort of, the school might not prioritise that."* (EP 3).

> *"I think we were meant to support the young person for 3 months, we ended up supporting her for a year just because she was getting so much out of it."* (SW 2).

> *"So possibly we got [EP Colleague's Name] on board maybe around May 23 and then he finished December. So yeah, err seven months."* (SW 3).

Finally, EPs and SWs identified the valuable contribution that could be provided by other professionals to address the needs of CYP with SEMH needs and wanted more access to them.

> *"I mean like I think speech and language therapists need to be involved, occupational therapists… I think of all of the professionals of all their kind of pockets of information that they have, kind of to create a holistic picture, I think everybody kind of getting involved together is really important... like advisory teachers… mental health professionals, clinical psychologists."* (EP 3).

> *"I think, wherever possible, all the professionals that do have some insight and that can, you know if there's CAMHS involved, I know it's quite difficult [laughter], but you know, have that feedback from them as well."* (SW 1).

4.7.2 Subtheme – Co-location and networking

This subtheme stresses the importance of physical proximity and both intentional, and incidental, networking efforts to facilitate collaboration and engagement between EPs and SWs when working together to support CYP with SEMH needs.

EPs suggested that formal opportunities could be created to build relationships between EPs and SWs, highlighting the need for professionals to develop greater clarity about the role and remits of their different disciplines.

"But actual joint training opportunities that are specifically for EPs and social workers, I think be so useful and like we said like an opportunity to share what we will do and how we can work?" (EP 1).

"I do think things like being able to go into team meetings." (EP 2).

EPs and SWs stated that they would value incidental opportunities to meet each other and develop relationships.

"And I walked back from the school to the office, it's like a 50 min walk, with the social worker. And I remember thinking like "this is really useful." Like sort of thinking out loud like what might, like what are the things that we might do next. And it, those are less likely, and it was a bit opportunistic, cause I would kind of like "oh, are you going back to the office?" Like, and we work on different floors, but we don't really talk to each other, but I knew that she worked in the same building. So I was like "oh, yeah, let's go this way." And I walked, I chose not to go on my bike and I pushed my bike and chatted to her instead" (EP 2).

"I think it's that direct contact that's really helpful and social workers by their nature are working with like some of the most vulnerable children and so giving them more direct access to us and us having more direct access to them, like learning both ways, and, I don't know, I think I think joint working is really important for that and we don't do enough of it." (EP 3).

"We've done that for a lot of young people, kind of they came into our service not having any kind of additional support at school and actually we've identified a lot of needs. Um and that's just through kind of just having an EP so readily available." (SW 2).

4.7.3 Subtheme – Professional development and training

This subtheme emphasises that the ongoing professional development post-qualification could be obtained through the experience of joint work, leading to an appreciation of one another's' professional roles, a desire to understand more about each other, and mutual learning opportunities.

EPs found that the process of engaging in joint work supported their understanding and respect of the SW role.

"People talk about… ahh this is going to sound a bit sneaky... I don't know what it's going to sound… People talk a lot, quite rightly, importantly, about the emotional

demands of EP work and how it can be really this and really that. And yeah, and it is, yeah, not saying it's not. But if you are having to both work with a family to try and support them and make recommendations that go to court that might end up in children being removed from the home, navigating that is a different story altogether than finding an emotional burden of working with complex… like it's different. And I think an appreciation for that has definitely developed over time." (EP 2).

"And I think understanding their role and working alongside them and saying let's all be in this together and instead of positioning them out. I think the more you work with them, the more you feel like "I understand your role is very difficult and what you're doing is" so I think that's indirectly helpful for me as a practitioner" (EP 3).

"So I think because I was so used to that and then so used to being around social workers, to be honest at first I didn't like them, [laughter], […], but then the more you work with them and the more you realise like what they do, what they bring to the role, what they don't do, what they can't do, that helped me then to then have a connection to go, "OK, I'm going to ring up this social worker"" (EP 3).

Professionals believed that more training could be provided in the future to support role clarity.

Participants noted that this could be provided on the professional training courses for both EPs

and SWs.

"So, when I was a trainee, when we were training we did joint sessions with clinical psychologists… And that was a bit of, myth busting about, you know, "what do you think EPs do? What do you think clinical psychs do? Well, actually, we don't do any of that. We, do loads of this." …I think was really helpful and I don't know about how the training providers work in terms of do the universities have social work cohorts, but could we do something like that at a training level?" (EP 1).

"Umm, I certainly think that in err training of EPs, and training of social workers, that there should be more scope for understanding role." (EP 2).

"I think once you sort of value and understand somebody else's role, you're more likely to pick, kind of, want to pick, their brain and sort of know about it and vice versa for them to kind of understand what we do." (EP 3).

Participants also considered that it would be beneficial to have continued professional

development in this area post-qualification.

"But maybe also for social workers, and maybe the other way round actually, but maybe better information sharing on what we actually do. And what we can do. Like, what involvement can an EP have? What involvement can a social worker have?" (EP 1).

"[…] it is generally helpful is understanding of like service delivery models." (EP 2).

"I think it would be amazing that if any EP joins your team, or as part of your council, or as an option that you can refer to, a service that you can kind of refer to, for there to be maybe a presentation about what that looks like and what the support would be. Er and what, and what an EP's presence in a network is." (SW 2).

One EP recognised supervision as a tool to ensure continued professional development of professionals working together to support CYP with SEMH needs.

"And I also think it's about good supervision to understand some of your own fears… learning to manage your own feelings of concern about the child and not just place it on one person who is convenient to place it on because of their role" (EP 3).

Finally, EPs and SWs thought that they could enhance the knowledge of school staff by persuading them to see value of joint work to support CYP with SEMH, and combining EP and SW expertise to provide training to school staff about SEMH needs.

"Umm, but then maybe another thing to do is to talk to schools about why that's important? What are the benefits? Like some of the things that you've sort of pulled out today. What is important about that? How might that help create better outcomes for the child? Why don't we do that and have those joint conversations and sort of get everybody together?" (EP 3).

"I've had a lot of difficulties with some schools with challenging young people. So, I think it would be great to have that training for schools. I think it would be really, really positive if it was, you know, incorporated with social care, because we know that any of these young people that do have these difficulties do have obviously social workers and involvement with social care." (SW 1).

4.8 Summary of chapter

The themes and subthemes provided an account of the collaborative endeavours carried out by EPs and SWs when working together to support CYP with SEMH needs. The data extracts emphasise the importance of relational practice, highlighting the shared commitment of professionals who engage in joint work in this area to address the needs of CYP with SEMH. Each theme underscores the importance of joint work to develop a shared understanding of CYP with SEMH needs. Professionals recognised that at the heart of joint work was the

centrality of the service user and the pursuit to address their needs was a fundamental principle that guided and facilitated joint work.

The data also evidenced that systemic barriers, such as time and financial constraints, role ambiguity and service delivery models pose significant obstacles for EPs and SWs seeking to work together to support CYP with SEMH needs. Finally, the data offered solutions for overcoming these challenges, providing a road map for work in this area.

In the next chapter, these findings are explored in more depth and situated within the current research and theory related to this work to consider the future implications for the EP profession.

Chapter 5: Discussion

5.1 Introduction to Chapter

This chapter discusses how EPs and SWs can combine their expertise to provide comprehensive support to CYP with SEMH needs by drawing upon findings from the previous chapter and situating this within the current literature in the field. Throughout the chapter, theoretical frameworks are used to illustrate and interpret the findings. This allows an exploration of the process, facilitators and barriers to joint work between EPs and SWs to support CYP with SEMH needs.

Throughout this chapter, the researcher utilises systemic models and systems-psychodynamic lens to make sense of the findings. As a practitioner researcher, studying within the Tavistock and Portman NHS Trust, these frameworks have been held in high regard throughout the training course. Whilst acknowledged that other frameworks can be applied to understand interprofessional work and collaboration, the researcher believes that the chosen frameworks are appropriate as CYP are situated within a range of systems that may influence their SEMH needs and experiences. Thus, an exploration of the different roles within the system around the CYP, as well as a broader understanding of the systemic and unconscious processes that take place within organisational settings are of importance, particularly given that the systemic pressures facing these professions that will no doubt influence how professionals carry out their roles within these contexts.

Limitations of the present research will also be considered. Implications for EP practice will be outlined alongside a 'Good Practice Checklist' for EPs seeking to work with SWs to support CYP with SEMH needs. Finally, areas for future research and dissemination of the current findings will be outlined.

5.2 RQ: How can EPs and SWs work together to support CYP with SEMH needs?

5.2.1 Statement of principal findings

Collaboration is an integral process by which EPs and SWs can work together to support CYP with SEMH needs. By combining professional skills and expertise to recontextualise the presenting behaviour of CYP and engaging in conjoint problem-solving activities, professionals can generate positive outcomes for CYP. However, there are wider systemic barriers (such as models of service delivery, time constraints and access to resources) that are intrinsically linked to how feasible this is in practice. Findings of the current research speak to the process of joint work and how challenges in this area can be overcome within EP practice.

5.2.2 Professional conceptualisation of SEMH

a) Vulnerable and at-risk CYP with SEMH needs

The findings suggested that EPs and SWs played crucial roles in supporting a diverse range of children, particularly those deemed vulnerable. Both EPs and SWs shared that they took part in joint work to support CYP who have experienced ACEs, perceiving that these experiences were often linked to SEMH needs. This resonates with findings that suggest that poor family functioning and ACEs contribute to mental health challenges in CYP (Scully, McLaughlin, and Fitzgerald, 2020; Young Minds, 2018).

This research indicated that SWs and EPs frequently worked with LAC, consistent with findings from the literature which highlighted that EPs often worked with SWs in MAT contexts for LAC (Lobatto, 2021; Warwick, 2023). However, the present research indicated that this demographic persisted as CYP in need of support from both professional groups even

when SWs and EPs were not part of specialist LAC services, further evidencing the vulnerability of LAC.

Attachment theory is relevant here, as disrupted attachment or maltreatment, common among LAC, can contribute to SEMH needs (Lobatto, 2021). LAC are likely to have experienced insecure attachment in their formative years, with evidence suggesting that the mental health of CYP deteriorates progressively when they enter foster care at a later age (Commodari, 2013; Geddes, 2017; Tarren Sweeney, 2008; Verschueren & Koomen, 2012). As the current research investigated joint work for CYP aged between 5-18 years of age, this may account for the prevalence of support for LAC experiencing SEMH needs as they are likely to have longer periods of instability or exposure to ACEs.

EPs and SWs in this study also worked with CYP who offend, consistent with a systematic literature review that considered the interprofessional role of the EP in relation to YJSs (Howarth-Lees and Woods (2022). Across both EP and SW practice, systemic approaches inform interventions that target risk factors across multiple systems, including family, school, and community, with systemic therapy being increasingly adopted by social care services seeking to support at-risk CYP (Centre for Systemic Social Work, 2024; Cameron et al., 2016; Coulter et al., 2020; Menon et al., 2020). Furthermore, targeted interventions, such as Multisystemic Therapy (MST), a community-based intervention informed by Bronfenbrenner's ecological systems theory (Bronfenbrenner, 1979), addresses risk factors across multiple systems to manage antisocial adolescent behaviours' effectively and thus, is frequently used to support CYP aged 11-17 (MST-UK, 2024). EPs are firmly established as ecosystemic practitioners and hold expertise in understanding the developmental needs of CYP (AEP, 2017; DfE, 2023), and whilst ecological systems theory (Bronfenbrenner, 1979) has also

long underpinned frameworks for the assessment of CIN in the UK (Department of Health, 2000), it is clear how these two professional groups could combine their skills in supporting at-risk CYP with SEMH needs.

Whilst the findings suggest that SWs recognised the prevalence of CYP who were not in education as features of the work that they undertook with EPs to support CYP with SEMH needs, throughout the interviews, neither EPs nor SWs made explicit links to Emotionally Based School Non-Attendance (EBSNA) (Hunt et al., 2022) as a factor for non-attendance despite literature that considers the function of anxiety in relation to persistent absence from school (Hunt et al., 2022). Particularly following the Covid-19 pandemic, the function of anxiety in relation to school attendance must be considered by EPs and SWs (Staffordshire County Council, 2023). Thus, understanding the impact of events like the COVID-19 pandemic and international conflicts on children's lives is essential, reflecting the importance of considering the role of the chronosystem when considering influences on the SEMH needs of CYP.

Finally, SWs and EPs conceptualised that those with SEMH needs often displayed challenging behaviours at school. This recognition is of paramount importance given the concern that CYP with SEMH needs are disproportionately excluded from school (Graham et al., 2019; Thompson et al., 2021), and therefore the need to provide interprofessional support to generate more positive outcomes for CYP with SEMH is highlighted by this research.

b) *Marginalised CYP with SEMH needs*

Individual aspects of identity were markedly absent from professional conceptualisations of SEMH needs. Although not explicitly mentioned by participants, it's essential to consider the

impact of race and socioeconomic status on children's well-being and educational outcomes (DfE/ONS, 2023; Mindel et al., 2022; Shim and Compton, 2020). For example, CYP from racialised communities are at greater risk of school exclusion than their white counterparts (DfE/ONS, 2023). Research further suggests that institutional racism and socioeconomic inequalities can affect access to services and outcomes for racialised and less resourced CYP (Ahmed et al., 1986; Bywaters et al., 2016). Thus, ecological models and systemic approaches are crucial in addressing systemic inequalities and providing equitable support to all children. SWs and EPs joining together should not negate the detrimental impact of systemic inequalities for CYP with SEMH needs. Instead, joint work must address the impact of these inequalities and ensure that the process of joint work does not reinforce negative attitudes, or uphold stereotypes, of certain groups of CYP. SWs and EPs could do this by holding an active awareness of the role of identity when working with these groups (Burnham, 2012).

Figure 15

Reflexive diary extract 8

The absence of identity – who is really 'hard to reach?'

Participants did not discuss aspects of identity for CYP with SEMH needs when discussing joint work and this did not seem central to the professional conceptualisation of SEMH. However, some participants described CYP as "challenging." The need to consider the language used by professionals to describe CYP with SEMH needs is evident in the literature, with a systematic literature review highlighting that some internalise negative connotations associated with externalised behaviour, such as "naughty" (Hickinbotham & Soni, 2021). Given we know that CYP from racialised communities and lower SES are more likely to experience school suspension and be involved with the criminal justice system (DfE/ONS, 2023; Graham et al., 2019; Lammy Review, 2017) it was interesting that participants did not mention this.

In conducting the interviews and during the process of generating themes, the role that identity plays in the lives of CYP with SEMH needs is not something that I considered. However, upon writing the discussion chapter I've felt struck that neither the participants nor I reflected on systemic injustices for CYP with SEMH needs, and this has become an increasing source of regret/frustration.

Whilst participants spoke at length about systemic barriers that made it difficult for them to complete their own jobs (e.g., time and financial constraints) and how to overcome these barriers to facilitate joint work, there was little discussion about how joint work could (and

should) involve systemic work to overcome barriers faced by vulnerable CYP from minoritised and marginalised groups.

This made me think about how CYP are often positioned as 'hard to reach' or unwilling to engage, rather than reflecting inwardly as professionals about how the support services themselves are hard to access. It reminded me of images that I have seen on social media about how we expect CYP to manage their needs despite the systemic barriers that are in place that make it hard for them to do so.
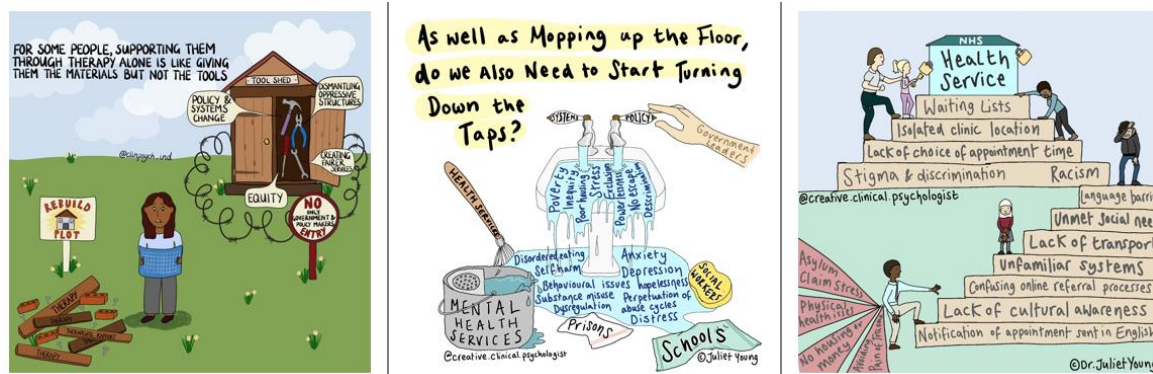
Images from 'X' completed by Clinical Psychologist, Dr Juliet Young (@Juliet_Young1) and Trainee Psychologist, Ind (@clinpsych_ind).

5.2.3 Enacting joint work

a) A shared understanding, joint problem-solving and solution-focused work

The findings showed that collaboration between EPs and SWs provided wrap-around support for CYP with SEMH needs by generating a contextualised approach to intervention and decision-making. By working together, EPs and SWs tried to hold the CYP at the centre of their work, striving to create meaningful and effective support systems for them.

Both EPs and SWs prioritised gaining a holistic understanding of the CYP's needs. EPs and SWs collaborated to build a network around the young person to create a comprehensive support system for them. This is consistent with previous literature in which EPs formed part of interprofessional MATs (Lobatto, 2021; Warwick, 2023) or facilitated supervision (Bartle & Trevis, 2015) to support CYP by providing indirect support to the adult network around them. Similarly to Warwick (2023), this research posits that this approach aligns with

ecological systems theory by centralising the needs of the CYP in relation to the dynamics between the adults around them (Bronfenbrenner, 1979).

EPs and SWs developed a shared understanding of CYP that allowed them to reframe the presenting behaviour of CYP. This process can be understood with regards to systemic notions such as punctuation and circularity (Dowling, 2003). Where a child may present with SEMH needs, punctuation signals a point that provides meaning to a series of events, for example, punctuating blame with either the school, family or 'within-child' (Dowling, 2003). However, participants in the present research were able to engage in a process akin to a joint systems approach in which the EP allowed new meaning-making that supported SWs to see the behaviour of CYP in a different way (Dallos & Stedmon, 2013; Dowling, 2003; Osborne, 2003). This circular perspective allowed difficulties to move from 'within-child' towards a more multi-faceted understanding of the dynamic interplay between the CYP and their microsystem.

EPs and SWs came together to understand the context of the CYP's experiences, including their family history and current dilemmas. Lobatto (2021) describes this as co-constructing an account of the CYP's history to recontextualise their behaviours. SWs often have an intimate knowledge of the CYP's experiences through their direct interactions with the CYP and family, fostering a nuanced understanding of them (Lobatto, 2021), which emerged in this research as a key strength of including SWs when seeking to support CYP with SEMH needs.

Moreover, the present research revealed that EPs and SWs engage in solution-oriented thinking to support CYP with SEMH needs. The solution-focused nature of EP practice is also evident in the literature with authors recognising consultive practice as a means to indirectly support

CYP within mental health case work in schools (Zafeiriou & Gulliford, 2020). Similar to the Relational Model of Consultation (RMC, Kennedy and Lee, 2021), EPs and SWs described a relational process that considered the professional dyadic relationship as a predictor of outcomes for CYP. A consultative approach to work between EPs and SWs to support CYP aligns with systemic concepts as this is rooted in the interactional dynamics of people and how this can maintain, or change, a perceived problem (Dallos and Stedmon, 2013).

One such systemic concept is the 'Domains of Action,' made up of explanation, production and aesthetics (Lang et al., 1990). This describes a framework in which professionals come to understand and navigate the complexities of human interactions and interventions within a system by delineating different realms in which professional actions can occur (Lang et al., 1990). In the context of social care, these ideas can be beneficial for balancing collaborative work with families and risk management in a safeguarding situation (Guthrie, 2020). For example, the domain of production includes the strategies, interventions and measures taken to bring about change or achieve desired outcomes within the system (Lang et al., 1990). Simply put, it involves "getting things done." Professionals holding risk (such as, SWs) are often operating within the domain of production to protect CYP from harm. However, by supporting professionals to attend to contextual information surrounding a CYP's presentation, there can be shift to an alternative domain: 'the domain of explanation.' This domain allows professionals to explore and create narratives together, allowing for a deeper understanding of the child's needs. In joint work between EPs and SWs, EPs may be well positioned to allow the system around the child to pause, providing space for curiosity and reflection about the CYP's SEMH needs. Thus, using collaborative dialogue to orient SWs towards more hypotheses about the functioning of the system.

The findings indicated that both EPs and SWs believed that engaging in joint work allowed them to come together when the system felt stuck about how to best support the needs for CYP with SEMH needs. The DfES/DoH (2006) have recognised social work as a problem-solving activity, whilst EPs are also recognised for their role as applied psychologists (or scientist-practitioners) with specialisms in supporting others to resolve problems (Monsen et al., 1998; Sedgwick, 2019). Problem-solving activities are apparent within the literature detailing joint work between EPs and SWs within a MAT context (Ibrahim, 2021; Lobatto, 2021; Warwick, 2023). The practice implications of the present research suggest that even outside of these contexts, joint work between EPs and SWs is a collaborative problem-solving activity that enables professionals to plan the next steps for CYP with SEMH needs and find solutions to their presenting difficulties.

b) *Combining professional expertise*

The current research demonstrated that EPs and SWs combined their expertise when working together to support CYP. EPs and SWs hold protected titles, signifying the unique skill sets inherent to each profession (Gledhil, 2023; SWE, n.d.). The distinct yet complementary role of EPs, as highlighted by Zafeiriou and Gulliford (2020), underscores their expertise in psychological knowledge and their eco-systemic skill set (AEP, 2017; DfE, 2023). EPs are perceived as experts by stakeholders, possessing specialised knowledge (Ashton & Roberts, 2006; Lee & Woods, 2017). Warwick (2023) also emphasises EP's role as agents of change (Dunsmuir & Kratochwill, 2013), utilising psychology to inform and facilitate the process of change within multiagency team contexts. Similarly, SWs contribute a holistic approach to supporting CYP and their families, intervening to create social change across the micro/macro divide (International Federation of Social Workers, 2024). Moreover, the value of combining professional expertise is evident in proposals for joint training initiatives for schools (Bunn et

al., 2019; Quinn et al., 2021). This was also regarded in the findings by one SW who suggested that EPs and SWs could come together to deliver training for schools working with CYP who display challenging behaviour.

In the context of this study, the reciprocal influence of different expert perspectives enabled EPs and SWs to co-construct formulations and mutually agree upon actions to support CYP with SEMH needs. EPs and SWs came to appreciate one another's professional contributions through the experience of joint work. The quality of interpersonal relationships has been recognised as a determining factor with regard to the extent that professionals will experience joint work positively (Solvason and Winwood, 2022). Furthermore, Edwards (2011) describes 'relational expertise' as a way that practitioners can come to appreciate the specialist knowledge that is held within different professional disciplines by fostering communication and aligning one's professional motives to reach a shared objective. In this research, the shared objective was supporting CYP with SEMH needs, which enabled EPs and SWs to work across practice boundaries.

To further consider how EPs and SWs can work effectively across practice boundaries, an understanding of open and closed systems can be beneficial (Rice, 1953). Systems-psychodynamic thinking encompasses systemic concepts that consider how organisations operate with reference to the role, boundaries and tasks of such systems, whilst psychodynamic notions provide a means to understand how the role of the unconscious, emotions and anxieties contribute to the complexity of working relationships within and between systems (Bell, 2020; Eloquin, 2016). In systems-psychodynamics, closed systems refer to organisations with impermeable boundaries where there are limited exchanges with external influences (Eloquin, 2016). In contrast, an open system has permeable boundaries that enables the flow of

information between a system and its environment. This type of system may be more open to ideas, perspectives and influences from other sources (Eloquin, 2016). To ensure effective work between EPs and SWs, services leaders must create a balance between the open and closed nature of their services, ensuring a degree of permeability, to foster cultures of mutual support.

Similarly to Warwick (2023), this research highlighted that collaboration between EPs and SWs encompassed four of the five core functions of the EP role (consultation, assessment, intervention, and training). Comparably to Warwick's study, research was not identified as a predominant feature of joint work to support CYP with SEMH needs, despite the key role of research as a core function of the EP role. The lack of discussion around the role of research in interprofessional work to support CYP with SEMH needs may be evermore surprising as in spite of historical narratives surrounding the role of practice wisdom when making decisions in the field of social care, there has also been a significant push to support evidence-based knowledge within the SW profession following the introduction of the Children Act 1989 with evidence-based practice becoming increasingly recognised for its role in effective assessment of CIN and their families (Coulter et al, 2020; Department of Health, 2000). When reflecting upon the recruitment difficulties encountered when trying to obtain SWs for this research, the lack of time available to professionals as a result of cuts to public services (Archard, 2020) may give some explanation as to why research was not a core feature of joint work endeavours.

c) Centralising the needs of the service user

In the present study, EPs recognised that they rarely met with the CYP and SW together, noticing that families were often excluded from professional meetings. Farrell and Woods (2015) note that EPs can maximise their effectiveness by prioritising interactions with adults

around the child and reducing direct involvement with CYP. This notion is evident in EP interventions such as Solution Circles (O'Brien, Forest & Pearpoint, 1996), Circle of Adults (Newton & Wilson, 2006), and many consultative models of practice (Caplan, Caplan & Erchul, 1994; Schein, 1987). For CYP with SEMH needs who are known to have a SW, they are likely to have experienced many changing professionals, having to form and end new relationships frequently (Winter, 2009). Therefore, professional meetings with the network of adults around the CYP may be a more suitable form of intervention for this demographic.

Nevertheless, the Liberating the NHS: No decision about me, without me' report (Department of Health, 2012), and the SEND CoP (2015), emphasise the need to involve CYP and their parents in decision making (Norwich & Eaton, 2015). Therefore, EPs and SWs should be mindful of how they involve CYP, ensuring consent from CYP wherever possible and emphasising the role for co-creation (Ní Chinnéide et al., 2023; Solvason & Winwood, 2024). Lobatto (2021) posits that adopting an 'appreciative position' by endeavouring to understand the perspective of all members of the system, whether present or absent in the room, can ensure that all voices are held in mind during decision making.

5.2.4 The professional facilitator

a) *The role of individual workers in the system*

The findings suggest that individual workers play a pivotal role in driving joint work initiatives to support CYP with SEMH needs to enable collaborative practice. Despite the need for systemic and preventative work to support CYP with SEMH needs becoming ever more recognised in recent years (DfE, 2023c), it was evident in the findings that EPs and SWs do not routinely engage in collaborative efforts together. This highlights a potential gap between the recognised importance of joint work and its implementation in practice. EPs, as key

professionals in supporting CYP with SEMH needs, need to prioritise multiagency working as part of their professional responsibilities. Therefore, addressing this gap requires a concerted effort to embed multiagency working principles into the practice.

In instances where EPs actively invited SWs to take part in joint work, SWs perceived them as valuable contributors in their work to support CYP with SEMH needs. The recognition of EPs' supportive role strengthens the collaborative relationship between EPs and SWs, positioning EPs as helping professionals within multiagency contexts. Yet, despite the acknowledged benefits of joint work in the current research and evidenced in previous literature (Warwick, 2023), the findings indicated that the responsibility for initiating collaboration fell on individual workers due to the absence of joint information sharing systems and practice guidance that explicitly outlined how EPs and SWs were to commence joint work together. This may indicate why much of the previous literature regarding interprofessional joint work took place within MATs, in which structures for joint work already exist (Lobatto, 2021; Warwick, 2023). Therefore, the current research highlighted a need for clearer guidance and support mechanisms to facilitate joint work in EP practice where CYP with SEMH needs were known to have SW involvement.

b) *The role of legislative guidance*

The statutory EHC process emerged as a significant mechanism in bringing professionals together, with EPs often seen as professionals that helped to guide the statutory process and generate positive outcomes for CYP with SEMH needs. Cosma and Mulcare (2022) recognise that EHCP process plays a crucial role in supporting multiagency work by ensuring adherence to a legal framework, promoting information sharing, consistent provision, and continuity of care to support CYP with SEN. This may be because of the legislative emphasis on integration

across education, health and social care provision outlined in the Children and Families Act 2014.

However, whilst the EHCNA seemed to draw professionals together in the current research, SWs noted that this was not the norm as the EHCNA often arose as a paper-based exercise, speaking to the highly administrative and paper-based demands on SWs (YouGov, 2020), which were also recognised by SWs in this research. This may demonstrate that the SEND CoP (2025) and Children and Families Act 2014 is not experienced routinely by professionals and families as guides that actively promote direct communication across education, health and social care.

c) The need for relational practice

As implied throughout the findings, relational practice underpins joint work between EPs and SWs to support CYP with SEMH needs and is a key facilitator of the process, both within and across systems around the CYP. The relational foundation of professional collaboration has been realised by previous literature, with EPs being seen as a bridge between social, education, clinical and health services (Allen & Bond, 2020; Lobatto, 2021; Warwick, 2023), and SWs acting as a connection across agencies (Warwick, 2023).

Relationships were also central to work between EPs and SWs and the families they served. The professional that was deemed to have the longest or strongest relationship with family or CYP was often the one who engaged with direct work with the family, particularly when CYP were overwhelmed with professional input. This is comparable to the role of 'lead professional' as presented within the previous Common Assessment Framework, with research suggesting that the lead professional was who developed a supportive partnership with families, effectively

coordinating the system of care around the family, and allowing the perspective of the family to be communicated with others (Holmes & McDermid, 2016; Ofsted, 2023).

An interesting finding was that relational practice was associated with cost-effectiveness for LAs seeking to support CYP with SEMH needs, with one EP recognising that joint work mitigated the need for costly tribunals. As a result of over expenditure, the government is supporting many LAs through safety valve measures to reduce their dedicated school grant deficits, recognising that resources, and the capacity of the EP workforce, has shifted towards the specialist end of the system due to the increasing number of EHC requests (DfE, 2023c). This is evident as approximately 80% of CYP in state place-funded alternative provision have a SEN, with SEMH being the most stated (HM Government, 2023). Therefore, the value of joint work between EPs and SWs may be crucial where services hold limited resources as a way to provide more universal support for CYP prior to escalation to more specialist support.

Therefore, the present findings have practice implications for the enhancement of relational practice across both disciplines, because as Seikkula and Arnkil highlight "understanding emerges between individuals, not between institutions" (Seikkula & Arnkil, 2006, as cited in Lobatto, 2021).

d) *Recognising the emotional demands of supporting CYP with SEMH needs*

In the present research, SWs and EPs articulated the value of positive working relationships. Safeguarding was recognised as a fundamental role of the SW when supporting CYP with SEMH needs, with EPs recognising the importance of risk management. It is commonplace that safeguarding is everyone's responsibility (Working Together to Safeguard Children 2023), yet literature highlights that it is unclear how EPs enact their role in relation to this in practice

(Allen and Bond, 2020). The emotional demands of supporting vulnerable and at-risk CYP is evident (Ibrahim, 2021; Warwick, 2023; Lobatto, 2021). Therefore, one function that EPs may have when supporting SWs, and the network of adults around the child, is containment. Containment is necessary when managing one's own feelings in roles, and being able to provide support for others (Ellis, 2021). Through joint work, conditions of mutual support and understanding between professionals, particularly in response to high-stress or emotionally demanding environments, can be created. This may allow professionals to unburden the emotional nature of the work and feel validated in their experiences.

Previous research has also recognised the role of the EP in providing emotional safety to SWs who are working with vulnerable CYP who have experienced trauma (Warwick, 2023; Lobatto, 2021). The power of containment within interprofessional group supervision has also been evidenced, with EPs supporting key workers within an SEMH provision (Bartle & Trevis, 2015). In other words, the present research considers how EPs may provide containment, creating a safe space for busy SWs to sit with "safe uncertainty" (Mason, 1993; 2019) allowing ideas to be discussed, and innovative interventions created, to support CYP with SEMH needs.

5.2.5 The barriers lie beyond us

The findings indicated that the capacity to engage in joint work to support CYP with SEMH needs was inextricably associated with wider systemic barriers, such as time constraints, financial resources and organisational structures across contexts.

a) Time constraints

Both EPs and SWs found that lack of time was a significant barrier to joint work. The increasing burden of workload within public sector organisations is evident, with both EP services and social care recording high numbers of referrals (AEP, 2017; DfE, 2023; The 2022 Children in

Need Census). Research has also found that administrative tasks are associated with high levels of stress in the SW profession, whilst EPs have shared that report writing reduces their capacity to support CYP (Gupta & Blewett, 2007; YouGov, 2020). This was recognised within the current research, with both EPs and SWs stating that these activities limited the time that they had available to engage in joint work. Both EPs and SWs valued direct communication over paper-based requests for information, finding that this was a more time-effective way to share information between one another.

SWs shared that at times, the lack of time that they held within their role was synonymous with having reduced capacity to think holistically about the CYP that they were working with. SWs are accountable for safeguarding the most vulnerable CYP in society, and failures of social care and other public sector services can result in devasting outcomes for CYP and increased media scrutiny of the profession (Munro, 2011). As aforementioned, this means that SWs are often firefighting, sitting in the domain of production to ensure the safety of CYP (Lang et al., 1990).

Applying a systems-psychodynamic lens may give further insight into the role that time plays within the system around the child when EPs and SWs are tasked with supporting CYP with SEMH needs. Providing support for CYP with SEMH needs, particularly when they may have experienced trauma, is an emotive and at times, anxiety provoking task. Systems, particularly public sector services, are often overwhelmed with anxiety. For example, SWs report high stress from work (YouGov, 2020), whilst retention issues are seen across both SW and EP LA services (DfE, 2024; YouGov, 2020). Thus, members of these organisations are likely to engage in unconscious behaviours that reduce the anxiety of the task (Eloquin, 2016). The DfE (2021) report that professionals frequently reference a lack of time, capacity and resources as

barriers to joint work. When viewing barriers to joint work through a systems-psychodynamic lens, these practical barriers may act as defences against anxiety, preventing professionals from having to engage in the possible painful nature of the emotive tasks and activities that are required of them when supporting CYP with SEMH needs.

b) Service delivery and organisational structures

EPs shared that models of service delivery influenced their capacity to engage in joint work overtime to support CYP with SEMH needs. The traded service model was perceived as a rigid system that hindered the professional autonomy of EPs and narrowed their professional remit. Due to this "buy-in" model, schools were seen to hold power when it came to how EPs could spend their time (Lee & Woods, 2017). Whilst the need to provide support over time for CYP with SEMH needs is evident throughout the literature (Bunn et al., 2019; Zafeiriou & Gulliford, 2020), previous research has also considered the traded model as a barrier to the breadth of work that EPs can undertake in relation to child protection (Allen and Bond, 2020). Similarly, Warwick (2023) have highlighted professional tensions where systems encourage discrete short-term pieces of work.

Within the present research, EPs recognised that issues of equity may arise where the requirements for one CYP (e.g., time to engage in joint work on an individual level) may override support for others in the school. This tension may also be best understood through a systems-psychodynamic lens. The primary task of an organisation is defined as "the tasks the system must carry out in order to survive" (Roberts, 1994, p. 38). Sutoris (2000) has posited that the primary task in schools is commonly assumed to be the successful instruction and learning of pupils that prepares them for the responsibility of adulthood, aligning with government rhetoric that emphasises improving educational standards and learning outcomes

for CYP (Tomlinson, 2012; Lewis & Maisuria, 2023). Dowling (2003) proposes that to preserve an institution's status quo, allowing certain individuals to exhibit disruptive behaviour can concentrate 'badness' in one part of the institution, thereby safeguarding the functioning of the remainder. This belief may indicate who receives support and who does not as schools must justify their spending, particularly where an over-emphasis on cost-effectiveness may mask the primary psychological task of public sector organisations (Stokes, 2019).

Organisational cultures are embedded in shared beliefs that implicitly guide how organisations are defined, how members are to enact their roles and thus, what is valued within a system (Schein, 1985; Dowling, 2003). Different organisations will, no doubt, experience different pressures (Lobatto, 2021) and hold different organisations-in-the-mind. Organisation-in-the-mind is an internal model that is influenced by the primary task of the organisation. It reflects the conceptualisation of the organisation that members hold (Bell, 2020; Stokes, 2019). The ethos of a school can have a marked influence on the wellbeing of its members (DfE, 2018). The present research highlights the need to create a culture amongst senior management in schools, and EPSs, where whole school approaches to support CYP with SEMH needs are embedded (Quinn et al., 2021) and where joint work is seen as foundational to supporting these CYP across professional agencies.

c) Role ambiguity and professional identity

Both EPs and SWs shared that frequent assumptions were made about their professional role, often causing roles to be mis-conceptualised. For example, SWs often perceived EP as it related to the EHC statutory process rather than regarding the role the EP holds in relation to intervention, supervision and broader systemic support to schools and professionals. It was evident that there was a lack of shared understanding about the EP role, with EPs sharing a

sense of frustration when they were asked to engage in tasks that did not align with their professional judgement. This is supported with findings from Warwick (2023) who found that within a MAT, EP participants found that their capacity to offer holistic support within the multiagency was limited due to their perceived role as a representative of education and they were occasionally asked to conduct tasks that did not fully utilise their expertise. The present study, recognises that the issue of role ambiguity is persistent not only within MATs, but across services.

Despite the value placed on the importance of EHCPs, SWs perceived that the support that EPs offered was valuable and distinct to other services such as CAMHS. This contrasts with findings from Warwick (2023) which considered that role demarcation was difficult within a MAT context, with SWs finding it difficult to see how an EP role differed to that of other services who could provide mental health support. Therefore, the current study may show that outside of MAT settings, the contribution of professionals when supporting CYP with SEMH needs and the division of labour between them is more distinct.

In the current research, EPs recognised that CYP were often saturated by professional involvement and likely to experience a sense of anxiety in relation to this. Conway (2009) has modelled the number of professional agencies that LAC are likely to encounter, and thus, the number of incidents of miscommunication that may occur when supporting any CYP.

Figure 16

Fault-line model – Child (Conway, 2009)
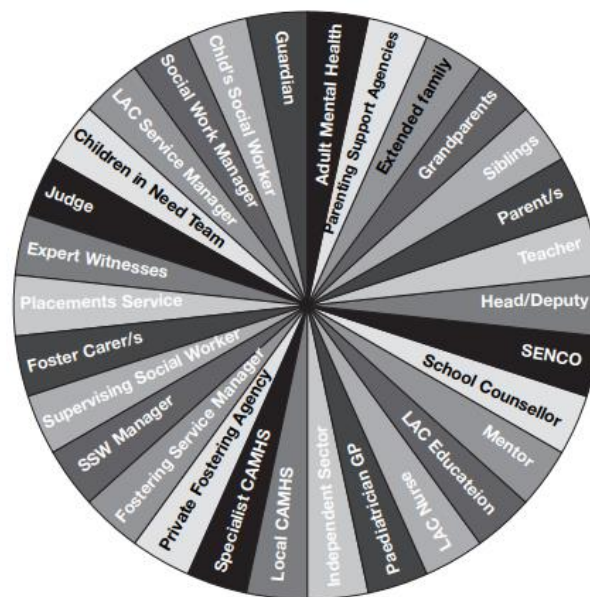
For particularly vulnerable groups, professional saturation can lead to unhelpful splitting and projection across agencies (Conway, 2009). EPs and SWs both believed that the role of the SW was perceived negatively by families, and it was considered that this influenced how families would engage with the offer of joint support to aid CYP with SEMH needs. The research illustrated that EPs and SWs were often split off into good or bad cops. The perceptions of SWs as "all-bad" and EPs as "all-good" lead to polarised attitudes. For example, negative attributes were associated with SWs that included that they held the power to remove children, forced families to engage with services and that they were a group of hard-to-reach professionals. These attributes appeared to mirror the stereotypes of SWs in the media (YouGov, 2020). In contrast, EPs were viewed as positive helpers within the system. The psychodynamic process of splitting helps us to see that locating negative "all-bad" qualities to one professional group can lead to biased perceptions that hinder effective collaboration and understanding within the system around the CYP (Klein, 1946; Conway, 2009). For some groups in which help-seeking is stigmatised, or who find it hard to trust professionals due to

experiences of systemic inequality and discrimination, this might further exasperate tensions and create a barrier to help-seeking.

The present research, therefore, highlights the need for EPs to consider the ethical implications of joint work with SWs when seeking to support CYP with SEMH needs, and their families. EPs recognised that service users were often overwhelmed, or saturated, with support from different agencies. Allen and Bond (2020) recognise the sometimes-involuntary nature of service users within the child protection system. As EP provision is based upon consent from CYP and their families to ensure their active participation, there are significant practice implications surrounding ethical guidelines of consent and information to consider when EPs work with SWs to support CYP with SEMH needs (AEP, 2022).

d) *Power dynamics*

The perceived power of professionals is paramount when considering the impact that this may have on relational dynamics between EPs and SWs. It is well evidenced that within MAT contexts, power imbalances can create professional tensions (Warwick, 2023). Within the current study, EPs and SWs did not refer explicitly to the impact of power and hierarchy across the professions, however there were implicit implications that EPs held power, with SWs believing that EPs could "speed up" the EHC process. In this way, positioning them as gatekeepers to funding (Solvason & Windwood, 2023).

The findings suggest that EPs were also positioned as "help-givers." Schein (2009) notes that helping relationships are "intrinsically unbalanced," with those within a help-seeker position experiencing a temporary loss of status. Where power differentials across agencies already exist, the imbalance can be amplified and tensions may be exacerbated. Whilst both EP and

SW services are under exceptional pressures associated with funding cuts, increased referrals and recruitment and retention issues (DfE, 2024; YouGov, 2022), the SW profession faces many challenges that contribute to a perceived hierarchy across the disciplines.

By looking at all these factors together, intersectionality can provide a lens to further understand the complexity of working relationships between EPs and SWs. For example, intersectionality acknowledges the influence of societal perceptions and stereotypes on professional identities. SWs face challenges due to negative media portrayals and societal perceptions that can contribute to their perceived status. The perception that SWs engage in "dirty work" and are blamed for failures in child protection can exacerbate professional tensions, particularly when SWs are paid a lower salary than EPs.

Adding to the perceived hierarchy across the professions, is the level of qualification required to take up the role; with SWs holding a Masters degree and EPs achieving a doctoral degree. This difference in educational attainment may influence perceptions of expertise and the perceived contribution of SWs. In the present study, EPs often called on SWs for their contextual knowledge of the CYP and family, but rarely asked SWs to make professional judgements based upon their knowledge of theory.

Qualifications and perceived expertise can intersect with other personal characteristics to contribute to a perceived hierarchy of professional identity. Of note, the psychology discipline is a predominantly white profession (HCPC, 2023). A member survey conducted by the AEP (2021) showed that 86% of the EP workforce identify as white, with issues of funding recognised as a key barrier to diversity in the profession (Atfield, Baldouf & Owen, 2023). Comparatively, though 75.4% of children and family SWs are White (Children's social work

workforce, 2023), ethnic minorities are overrepresented in the children's social care workforce (Fitzhenry et al., 2022) and a drive for overseas social workers is being considered to enhance the workforce (Community Care, 2024). Thus, intersectionality helps to illuminate how multiple intersecting factors such as race, role ambiguity, perceived expertise and stigmatisation can contribute to professional tensions, reinforcing hierarchical notions in the working relationship between EPs and SWs.

Figure 17

Visual representation of professional imbalance
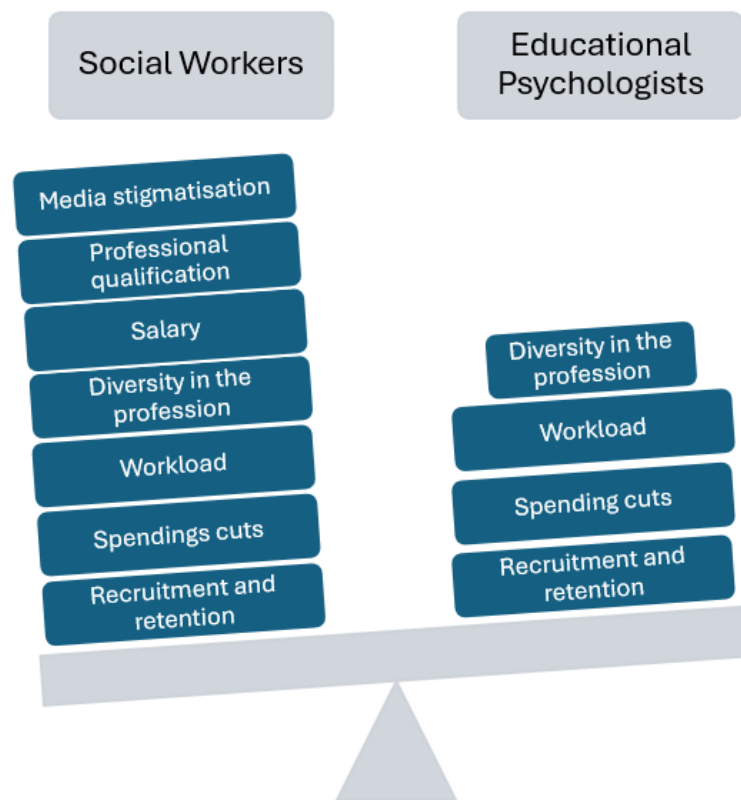
The researchers own reflections on power dynamics in EP and SW practice are outlined in the reflexive diary extract below.

Figure 18

Reflexive Diary Extract 9

Social GRRRAAACCEEESSS (Burnham, 2012)

"A positive experience of joint work is almost entirely based upon the quality of respectful, interpersonal relationships."

Solvason and Winwood, 2022, p. 105.

Whilst reviewing the data, it struck me that professionals have not considered personal features of their own identity that may intersect with that of other professionals and how this might, positively or negatively, influence interprofessional relational dynamics. It made me consider how our own Social GRRRAAACCEEESSS (Burnham, 2012) such as race, gender, socioeconomic status etc might interact with power dynamics in the workplace. Lobatto (2021) suggests that we are all "embodied persons" who will bring aspects of ourselves into professional dynamics.

Different characteristics of our personal identity will shape our communication styles (e.g., preferences for direct vs indirectness, formality vs informality or the meaning of non-verbal gestures). I wonder how my own cultural background and upbringing influences how other professionals see me, and how I relate to them. If there is an assumed shared similarity, or difference, am I more or less likely to ask certain questions? How might my trust, respect and appreciation of another professional differ?

It is likely that families and CYP that we work with hold the same thoughts, questions and feelings; whether that be consciously or unconsciously. One EP spoke about the fact that CYP are likely to be overwhelmed with involvement, from predominantly white female professionals. So, how might a Black CYP experience an EP or SW who they feel visibly represents them, or does not? These are questions that we need to be asking. Ingraham (2003) and Sakata (2021) have both recognised the importance of culturally responsive consultation to bring our attention to cultural biases that may be inherent within a dyadic relationship, whilst the potential for over or under-aligning with different parts of the system is recognised (Dowling, 2003).

I think it is important that professionals can surface elements of sameness or difference and take the time to consider how this may influence the triadic relationship between professional consultants, consultees and CYP with SEMH needs.

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e)   *Fragmented service delivery*

EPs and SWs reported that there was a lack of consistency both within, and across, services regarding how joint work was enacted in practice. This meant that joint work was not routinely carried out between EPs and SWs, with professionals reporting that they were fortunate when they were able to work together as access to one another was not readily available. Moreover,

the value placed on the importance of joint work was known to vary within services, with some workers taking the onus to create time and space to carry out joint work to support CYP with SEMH needs.

EPs and SWs often worked in systems were time allocation models varied between specialist multidisciplinary and mainstream services. Previous research has found that differences in management, structure and processes across LAs impact how accessible EPs were in a MAT context (Warwick, 2023).

In the context of the current findings, specialist teams (e.g., virtual school services, complex SEMH teams and the YJS) were seen to provide professionals with more autonomy, time and space to engage in joint work activities to support CYP with SEMH needs. Much of the previous literature that considers joint work in EP practice, looks at work within MATs (Howarth-Lees and Woods, 2022; Ibrahim, 2021; Lobatto, 2021; Warwick, 2023;), suggesting that interprofessional activities may be more likely to take place due to the accessibility of professionals, joint sharing systems and referral pathways. Therefore, when considering how EPs and SWs can work together to support CYP with SEMH needs, opportunities for increased co-location, or consistent practice guidance across LA services in this area, appears evident.

5.2.6 Creating, sustaining and enhancing collaboration

a) *Increasing communication and information-sharing*

EPs and SWs both spoke about the benefit of incidental, and intentional, opportunities to meet. This was perceived as a way to create new relationships across organisations and build upon professional partnerships. Findings from Ofsted (2023), stemming from five joint targeted area inspections of the multi-agency response to children and families requiring help, suggest that

regular face-to-face meetings reinforced interprofessional relationships, which in turn created a culture of positive communication and information-sharing. Small-scale research into the impact of EHCPs for young people who offend has also highlighted the benefit of information sharing when considering the support these CYP receive (Cosma & Mulcare, 2016).

In the current research, the value of technology was recognised as a resource to further support communication amongst EPs and SWs. For busy professionals, access to email and video platforms was seen as a time-effective way to enhance the accessibility of professionals. The impact of COVID-19 has brought about changes in the public sector, particularly in terms of remote and hybrid working practices. Since the Covid-19 lockdown, there has been an increase in hybrid working conditions across public sector organisations and the adoption of new work practices, including remote meetings has changed how organisations deliver services and communicate with partners (Mutebi & Hobbs, 2022). Perceived benefits of hybrid working include increased productivity and supporting a healthier work-life balance (Office for National Statistics, 2022).

EPs stated that it was difficult to access previous reports for CYP with SEMH needs due to issues of data protection, highlighting the absence of central recording systems across services. The advantages of collaborative electronic case record systems can guarantee access to valuable information about CYP and facilitate reciprocity of sharing of information (Lobatto, 2021). Ofsted (2023)'s inspection found that in the absence of integrated information-sharing systems across the local area, accessing mental health information about CYP during safeguarding checks was challenging (Ofsted, 2023). Thus, highlighting the potential risk of harm for CYP with SEMH when professionals are unable to share information effectively across organisations.

b) Professional development opportunities

EPs and SWs believed that a better understanding of the role and remit of one another would support joint work practice. One EP suggested that development opportunities could be provided within the EP doctoral course by providing more teaching to trainee EPs about the professional roles of others to decrease role ambiguity and support interagency work. One EP training course in the UK, in which the researcher is a member, considers the value of multi-disciplinary work by providing trainee EPs with a unique experience to be part of a CAMHS MDT in their first year of training (Tavistock and Portman, n.d.). This is seen to increase students' understanding of the task, role and boundaries of their own role, and others, whilst providing insight into how distinct expertise can be combined within this context.

In this study, intentional opportunities to meet other professionals post-qualification was seen as another way to reduce role ambiguity across professional networks. Suggestions such as inviting one another to team meetings was seen as a way that EPs and SWs could build connections and speak to others about the holistic nature of their role in supporting CYP.

c) Good practice checklists

EPs and SWs both shared a desire for consistent referral pathways to advance joint work practice across LAs. They believed that guidance on how they could work together to support CYP with SEMH needs would be beneficial to their practice. Previous studies have demonstrated the role of frameworks, such as Cultural-Historical-Activity-Theory (CHAT), to support joint work in multi-disciplinary team contexts (Warwick 2023), and research has also shown how joint work can support school policy (Ibrahim, 2021) and whole school frameworks to support CYP with SEMH needs (Bunn et al., 2019; Quinn et al., 2021).

The current research sought to create a 'Good Practice Checklist' to support EPs working with SWs to support CYP with SEMH needs based upon the findings from the data. This checklist is included in Appendix O. It details considerations for both EPs, and service managers of EPSs, to enhance joint work practices with SWs to support CYP with SEMH needs. The checklist is accompanied by an illustration of Bronfenbrenner's ecological systems model adapted to focus on CYP with SEMH needs, to help professionals to hold in mind the systems around the CYP when targeting support for them.

5.3 Limitations

This was a small-scale study as the data was obtained from three EPs and three SWs who took part in semi-structured interviews. As articulated by the participants within this study, there is heterogeneity across LA structures in England. Therefore, it is not possible to transfer these findings to all EP services and social care contexts. To alleviate this, attempts have been made to explicitly outline the role, team context and location of participants within the Methodology chapter, and Appendix F, so that the reader can evaluate whether the findings can be applied to their own work context. Furthermore, it is hoped that by situating the discussion within the current context of practice, in relation to previous literature and using theoretical frameworks to better understand and interpret the data, that the findings will be widely applicable to EPs seeking to work with SWs to support CYP with SEMH needs.

All participants were recruited through social media and professional connections. Therefore, it is likely that all participants were interested in the topic area and may have come with preconceived notions regarding the benefit of joint work to support CYP with SEMH needs. The underlying motivation of many of the participants involved in the study is likely to have been to develop, increase and enhance joint work between EPs and SWs within their localities.

As such, it is likely that the findings were positively skewed towards the positive role of joint work between EPs and SWs to support SEMH needs, with participants drawing heavily upon the benefits of such work. Furthermore, as this research sought to develop a "Good Practice Checklist" for EP practice, it is evident that questions included in the interview schedule were geared towards the positive benefits of joint work, rather than times that joint work had not been successful.

Due to the nature of this research, it is not possible to draw causal links between joint work of EPs and SWs and outcomes for CYP with SEMH needs. This is largely due to the qualitative approach to data collection and analysis of this study as pre- and post-data was not collected to establish the impact of joint work. Moreover, it is not possible to know whether personal characteristics, such as time in role, gender, or race, had a significant impact on how EPs and SWs experienced joint work to support CYP with SEMH needs.

To answer questions within the semi-structured interviews, participants were asked to draw upon their own practice experiences. Whilst it is acknowledged that one's own reality cannot be confused with that of another's, commonalities were produced between participants that told a story about joint work between EPs and SWs to support CYP with SEMH needs. By applying a critical realist lens to this research, it is recognised that knowledge cannot be separated from the social worlds that we live in, our own experiences, interactions with others and contexts in which we work (Longhofer, & Floersch, 2012).

As with much of the other literature that considers joint work between EPs and SWs (Ibrahim, 2021; Lobatto, 2021; Warwick. 2023), perspectives derived from direct contact with CYP, and their families, were markedly absent from the research. Thus, it has not been possible to

consider the significance of joint work through the lens of the CYP who may have felt as though they did, or did not, benefit from this type of support.

Given the significant discussion regarding systemic barriers to joint work to support CYP with SEMH needs, missing voices form this research included that of service managers and senior leadership teams across EP and SW fields. It is possible that individuals in these LA positions may have provided a different lens by which to view the systemic barriers and ways to overcome them due to the influential nature of their roles.

5.4 The role of reflexivity

In RTA, reflexivity plays a significant part in how the researcher approaches and comes to understand, interpret and make meaning from their data (Braun & Clarke, 2022). As an embodied practitioner, bringing one's own experiences, identities and beliefs to the research, there was no expectation that another researcher would generate the same themes or give meaning to the findings in the same way. Thus, highlighting the wide scope of this research and need to exercise some caution when applying these findings to practice.

Reflexivity is crucial in understanding oneself in relation to their context and vice versa, this is particularly relevant within both social work (Longhofer & Floersch, 2012) and EP practice as professionals seek to make decisions that impact the lives of CYP and their families. As it relates to qualitative research, reflexivity encompasses an ongoing relationship between subjectivity of the researcher, the participants and the research topic (Probst, 2015).

Throughout the course of the research process, from the initiation of the concept to the generation of themes, the researcher has kept a diary to record their thoughts, feelings and

decision-making processes. Longhofer and Floersch (2021) recognise the power of internal conversations that individuals hold about what they care about, whilst Braun and Clarke (2022) note the benefit of a reflexive diary during the research process. Reflexive diary entries have been inserted throughout this thesis to provide the reader with insight into the position of the researcher in relation to the study so that they can consider the degree to which the researchers own identity may have influenced the findings.

No doubt, despite attempts to remain critically self-aware throughout the research, there will inherently be blind spots that the researcher has not identified about their own self, and thus, may not have considered during the research process (Probst, 2015). Despite this, reflexivity allowed adherence to the ethical challenges of the research, increased self-awareness, and epistemological rigor (Probst, 2015). Regular research supervision also provided critical points of reflection throughout the research journey.

Figure 19

Reflexive Diary extract 10

<div style="border:1px solid">

Researcher Reflexivity – Validation, empathy and compassion

A critical awareness of how my personal and professional identity has influenced this research has been essential throughout the research journey. I feel that it has held significant weight as I've sought to interpret and generate meanings from the dataset.

I have been surprised by the emotional impact that this research has had on me. Participants all spoke about the pressures, stigmas and emotional toll that SWs face. In some ways, this research process has provided me with a sense of validation. Validation that it was hard to be a social worker in child protection, that I was making difficult decisions and that I was doing the best that I could, within a poorly funded and often taken-for-granted profession.

A quote that will stay with me from one of the EPs has stuck with me that resonated with my previous experience as a SW,
> *"[…] if you are having to both work with a family to try and support them and make recommendations that go to court that might end up in children being removed from the home, navigating that is a different story altogether."* (EP 2).

That is not to say that being an EP is not emotionally burdensome, but the privilege it is to not sit with risk, is something worth holding in mind. When we as EPs, or trainees, are

</div>

> frustrated with social workers and deem them hard to reach, some acknowledgement, appreciation and validation might be just what is needed to strengthen our professional bond and ultimately, support vulnerable and at-risk CYP.

5.5 Implications for practice

This research explored how EPs and SWs can work together to support CYP with SEMH needs. As such, these insights provide several implications for EP practice. Initial guidance that is in its early stages of development has been created through the 'Good Practice Checklist' to support joint work in this area (Appendix O). This checklist provides practical considerations for EPs supporting CYP with SEMH needs who are known to have a SW and can be used a tool that EPs can use to guide interprofessional practice in this area.

EPs should actively seek to incorporate SWs in their work to support CYP with SEMH needs to recontextualise the needs of CYP, utilise the expertise of SWs and create a shared holistic understanding of their needs across the network. Engagement in problem-solving and solution-oriented thinking with SWs can support EPs to consider what provision, and wider support from other professionals, is required for CYP with SEMH needs. The need for collaboration, clear communication and information-sharing structures is unmistakable within the research, and the use of technology (such as remote video conferencing platforms) is one way to improve time-efficiency for busy professionals.

EPs hold an eco-systemic skill set (AEP, 2017; DfE, 2023) and should contribute their knowledge of psychology (e.g., child development, trauma and neurodiversity) to explore the needs of CYP with SEMH needs. Reciprocity of knowledge is paramount for the successful enactment of joint work, with the research implying that SWs also hold distinct and unique expertise, including contextualised knowledge of the CYP, that can be beneficial to support vulnerable CYP.

The research indicates that relational practice is key to joint work to support CYP with SEMH needs and to facilitate positive professional working relationships. EPs and SWs both hold relational skill sets when working with CYP and their families, and their understanding of systemic, relational dynamics can support the active participation of families. In saying this, EPs should recognise the role of power in both their relationships with SWs, CYP and their families and work to mitigate tensions that may arise in the system.

Where there are constraints to resources and funding, joint work can be a preventative measure to reduce the escalation of difficulties for CYP and thus, may serve as a cost-effective way to negate the need for more costly SEMH provision to support CYP in the future. The value of joint work should be considered by service managers and senior leadership when considering time allocation within their model of service delivery. Promoting consistency across LAs, through clear guidance and frameworks, will be the challenge of senior level professionals seeking to enhance joint work between EPs and SWs in the UK to meet the needs of vulnerable CYP.

The need to support schools to recognise the value of joint work is ever present within the traded model of service delivery to increase professional autonomy and lead to innovative ways for EPs to work with SWs to support CYP with SEMH needs. For example, EPs can work with SWs to combine their expertise and provide joint training to schools to increase their understanding of trauma and attachment as it relates to child development, educational outcomes and safeguarding.

EPs should hold the needs and perspectives of CYP and their families in mind when providing indirect support for CYP with SEMH needs. EPs should not negate that some families and CYP will have negative perceptions about help-seeking, fear of social care involvement, stigmatising views around receiving professional support and have large amounts of professional involvement in their lives that will, ultimately, influence how they experience professional input from EPs and SWs seeking to work together. EPs will need to hold ethical considerations surrounding the necessity of joint involvement, information sharing and direct involvement with CYP with SEMH needs. Moreover, the role of wider systemic barriers such as institutionalised racism and socioeconomic disadvantage, should not be dismissed when EPs and SWs come together to support CYP with SEMH needs.

The emotive nature of work to support CYP with SEMH needs, both for SWs and EPs, is acknowledged in the research as having a profound impact on how public sector organisations (e.g., open systems) engage in this work. Supervision is recognised as a requirement in both EP and SW settings, and systemic supervision is being seen more commonly in statutory social work practice in the UK (Dugmore et al., 2018; Guthrie, 2000). EPs can play a pivotal role in providing support to SWs, opening up the time and space to think and reflect on practice.

The research shows that a limited understanding surrounding the role, task and boundaries of the EP role continues to exist amongst professionals. The EP profession should continue attempts to disseminate information about the profession on a wider scale. Pre-qualifying training courses may be used to create more opportunities for trainee EPs to engage in multiagency work and share information about the role of the EP. Post-qualification opportunities within the workforce, such as team meetings and shared service days, may also be a way to build relationships across agencies and reduce role ambiguity.

5.6 Directions for future research

Further research could investigate the effectiveness of collaborative practices between EPs and SWs in supporting CYP with SEMH needs by evaluating the impact of joint intervention on outcomes for CYP. As the 'Good Practice Checklist' was based upon what the researcher deemed salient within the themes of 'Enacting joint work' and 'Creating, sustaining and enhancing collaboration,' there are inherent limitations founded in the subjectivity of what has been considered 'good' practice within this resource. Therefore, future research could consider how this checklist could be developed and further refined. The scope to implement quantitative data, or a larger dataset, to understand how frequently joint work between EPs and SWs is carried out, may also provide a better understanding of the landscape of the current practice context.

The voices of CYP and their families is notably absent from this research, and therefore future research that draws upon the perspective of CYP and their families would be a positive target for future research. Research that seeks to obtain the views of LA service managers and senior leadership could provide a new lens on the feasibility of joint work between EPs and SWs to support CYP with SEMH needs. Given the role of stakeholders, the inclusion of perspectives from school staff (particularly those who "buy-in" time from the LA under the traded model of service delivery), could be the next avenue for research in this area.

Previous studies have utilised CHAT to explore professional relationships within MAT contexts (Warwick, 2023). However, future studies could delve into the power dynamics between EPs and SWs who work across LA contexts to explore how these dynamics influence collaborative practices, and decision-making processes. Further consideration could be given to the personal attributes of professionals to see how aspects of their identity may influence the

relational dynamic. The use of focus groups, observation, in-depth interview and case studies of EP/SW dyads may all be ways to explore the psychosocial underpinnings of the working relationship.

To further enhance the understanding and implementation of collaborative practices between EPs and SWs to support CYP with SEMH needs, research could focus more specifically on identifying and addressing barriers that may hinder or support marginalised CYP with SEMH needs, with a specific emphasis on systemic injustices and inequalities.

Whilst there is existing research about clinical consultation to SWs (Dimaro, Moghaddam & Kyte, 2014; Clare & Jackson-Blott, 2022), it may be interesting to explore how EPs can provide psychological consultation to SWs. Finally, an exploration of systemic peer supervision between EPs and SWs may also be an interesting direction for future research.

5.7 Dissemination

The dissemination plan for the research findings involves several key steps to ensure widespread impact and application. Participants who contributed to the study will receive a comprehensive written summary of the findings, accompanied by the 'Good Practice Checklist.' This feedback mechanism not only acknowledges their valuable input but also empowers them with insights to inform their own practice.

Furthermore, the findings will be shared with the wider doctorate course during an end-of-year event, fostering dialogue and potential inspiration for future research endeavours within the academic community.

Looking ahead, the researcher may present the findings to the EPS where they are employed, aiming to enhance the team's effectiveness in addressing the identified areas. Additionally, there is consideration for publication of the research findings in professional journals, aiming to contribute to the broader knowledge base and ultimately improve collaborative practices in supporting CYP with SEMH needs.

5.8 Concluding comments

In conclusion, this research provides a comprehensive exploration of how EPs and SWs can work together to support CYP with SEMH needs. Through examining the experiences of joint work and identifying both the facilitators and barriers to collaboration, the study offers valuable insights and practical implications for the future of interprofessional practice.

The development of a 'Good Practice Checklist' stands as a significant contribution to EP practice, offering a structured guide for EPs to work with SWs in supporting CYP with SEMH needs. The checklist has the potential to be adapted for use in other multiagency collaborations, thereby broadening its impact.

The study acknowledges its limitations, including the small sample size, which may affect the transferability of findings. However, these limitations pave the way for future research to expand upon this work. Directions for future research include investigating the effects of the 'Good Practice Checklist' in practice, as well as exploring the perceptions of CYP and service managers, and other means of exploring the impact of power dynamics across professions. Further study in these areas will help validate and extend the findings of this research and enhance our understanding of interprofessional collaboration.

Ultimately, the research emphasises the importance of effective collaboration, communication, and reciprocal knowledge sharing between EPs and SWs. By promoting a holistic approach to supporting CYP with SEMH needs, this study serves as a foundation for improved outcomes and practices in this critical area.

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    consultation. *Educational Psychology in Practice, 36*(4), 422-442.

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Appendices

Appendix A. PRISMA One
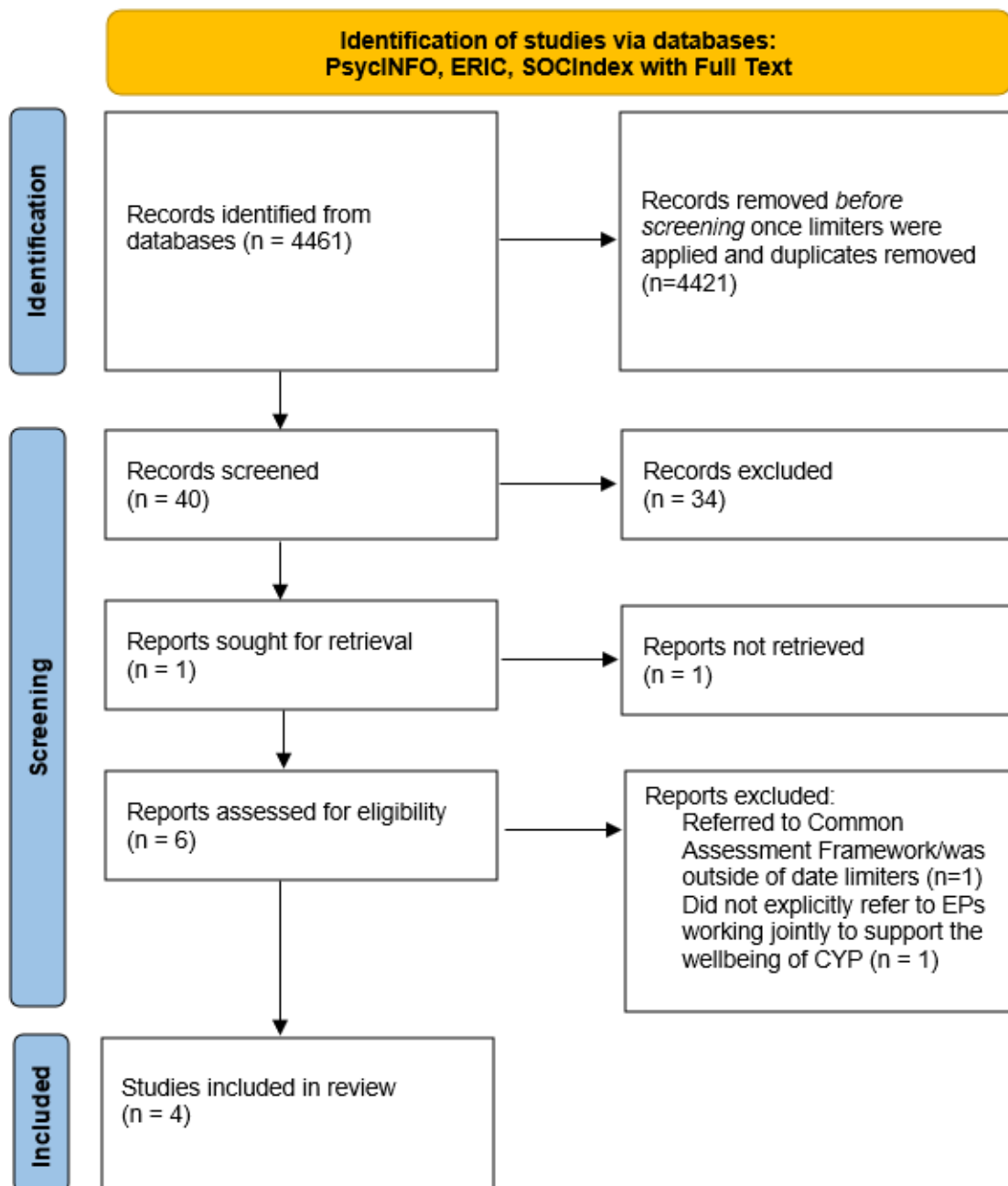
Appendix B. PRISMA Two
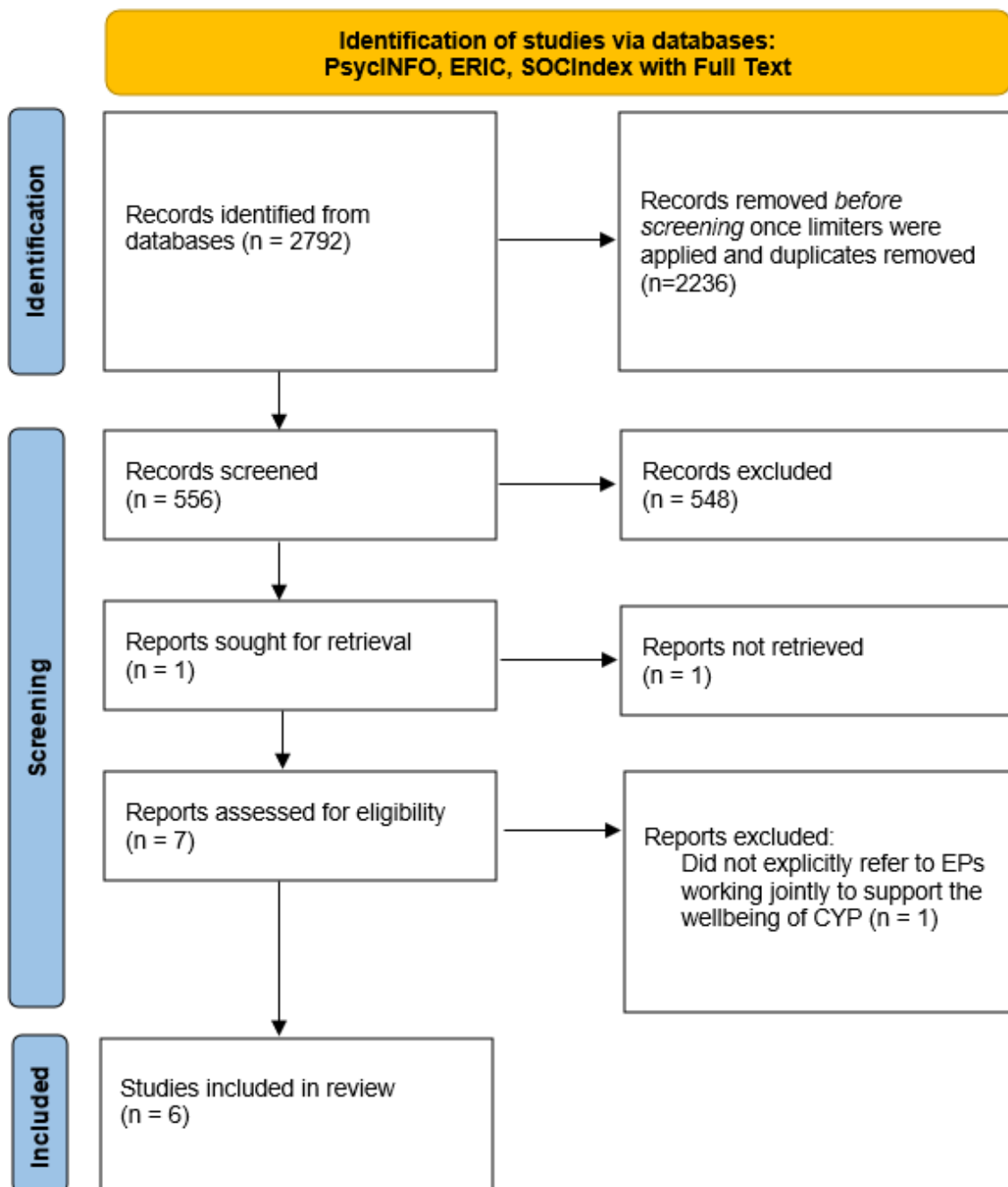
Appendix C. Critical Appraisals of selected articles

Mixed Methods Appraisal		
Ibrahim, J. (2021). An innovative multi-agency consultation model for harmful sexual behaviour displayed by children and young people: practice paper. Journal of Sexual Aggression, 27(2), 204-218. https://doi.org/10.1080/13552600.2020.1845832		
Critical Appraisal Question	**Rating**	**Comments**
Screening questions (for all types)		
1 Are there clear research questions?	Yes	The goal of the paper is to evaluate the effectiveness of a multi-agency consultation forum for harmful sexual behaviour (HSB) in CYP. It examines the role of the multi-agency consultation forum in the identification, assessment, and intervention of children and young people exhibiting harmful sexual behaviours. The paper also aims to assess the impact of the forum on professionals working with individuals displaying HSBs and their families.
2 Do the collected data allow to address the research questions?	Partially	While the data provide insights into the effectiveness of the forum and the impact on practitioners' confidence and ability to support young people displaying HSB, it does not explicitly address specific research questions as the study is more centred around the practical application and outcomes of the multi-agency consultation model rather than structured research questions.
Mixed methods		
3 Is there an adequate rationale for using a mixed methods design to address the research question?	Can't tell	The paper not explicitly name mixed methods design as the approach to address the research questions. However, it does contain a case study and discusses the outcomes and feedback from professionals who participated in the multi-agency consultation forum for HSB, and quantitative feedback is collected through Likert scale questions included on feedback forms.
4 Are the different components of the study effectively integrated to answer the research question?	Yes	The use of quantitative measurements complemented the qualitative data by providing numerical ratings and quantifiable feedback on various aspects of the forum. The paper provides valuable insights into the effectiveness of the HSB forum and its impact on practitioners' practice, however, it does not explicitly address structured research questions or discuss the integration of different components of a study to answer specific research questions.
5 Are the outputs of the integration of qualitative and quantitative	Partially	The quantitative data are summarized in tables showing mean scores and standard deviations for various questions related to the effectiveness of the forum. The qualitative feedback is organised into

components adequately interpreted?		themes, however, the interpretation of qualitative feedback in relation to the quantitative data could be richer.
6 Are divergences and inconsistencies between quantitative and qualitative results adequately addressed?*	Yes	*Rate this criterion 'Yes' if there is no divergence. There are no explicit divergences or inconsistencies between the quantitative and qualitative results in the evaluation of the multi-agency consultation forum for HSB.
7 Do the different components of the study adhere to the quality criteria of each tradition of the methods involved?	Can't tell	The paper does not explicitly discuss adherence to specific quality criteria of different research traditions or methods involved.
Qualitative component		
8 Is the qualitative approach appropriate to answer the research question?	Yes	Based on the information provided, the qualitative approach used in the study appears appropriate for addressing the objectives outlined.
9 Are the qualitative data collection methods adequate to address the research question?	Yes	The use of feedback forms to gather input from professionals who participated in the forum appears adequate for addressing the research question related to evaluating the effectiveness of the multi-agency consultation forum for HSB.
10 Are the findings adequately derived from the data?	Partially	The qualitative feedback from professionals who attended the forum was analysed to understand what they found most helpful about the forum and to gather suggestions for improvement. Common themes were identified from the data, however, no specific approach to thematic analysis was described.
11 Is the interpretation of results sufficiently substantiated by data?	Yes	The interpretation of results is sufficiently substantiated by the data collected from feedback forms, surveys, and comments from professionals who participated in the multi-agency consultation forum for HSB. Qualitative data found common themes (e.g., formulation and direction, multi-disciplinary perspective, and empowerment) helpful for participants who attended the forum. The interpretation of results is grounded in the actual feedback and comments provided by the practitioners, ensuring that the conclusions drawn are supported by the participants' experiences and perspectives.
12 Is there coherence between qualitative data sources, collection, analysis and interpretation?	Yes	There is coherence between qualitative data sources, collection, analysis, and interpretation. Qualitative feedback from professionals attending the forum was collected through feedback forms, aligning with the research objectives. The interpretation of the qualitative data was consistent with the identified themes.

Quantitative component

13 Is the sampling strategy relevant to address the research question?	Yes	Feedback was collected from 29 professionals who attended the forum over six months, with 26 completing a feedback form. This sample was appropriate as feedback from these professionals was based on firsthand experience of the HSB forum, enabling them to discuss its impact on their practice.
14 Is the sample representative of the target population?	Yes	A large range of professionals who support CYP with HSBs attended the forum. These included, social workers from Child Assessment Teams, Early Help Practitioners, professionals from Family Support and Child Protection Teams, the Looked After Children Service, the Youth Offending Service, professionals from the Education department, and a CAMHS practitioner.
15 Are the measurements appropriate?	Yes	Quantitative feedback was also collected from Likert scale questions on the feedback forms. The mean scores and standard deviations for these quantitative measurements were summarised. The use of quantitative measurements complemented the qualitative data by providing numerical ratings and quantifiable feedback on various aspects of the forum.
16 Is the risk of nonresponse bias low?	Yes	The risk of nonresponse bias was relatively low. 26 out of 29 professionals completed feedback forms, showing a high response rate. 9 professionals also provided follow-up data.
17 Is the statistical analysis appropriate to answer the research question?	Partially	The means and standard deviations of scores obtained from the Likert scale responses were calculated. The average ratings and standard deviations were also provided for these follow-up questions. However, there was no statistical analysis that tested for significance.

The combination of qualitative and quantitative feedback, high response rates, and follow-up data collection contributes to the robustness and credibility of the findings of the study.

Mixed Methods Appraisal		
Lobatto, W. (2021). Using systemic principles in the design of mental health and wellbeing services for looked after children and young people – Bringing together research, theory and practice. J Fam Ther, 43, 469-488.		
Critical Appraisal Question	**Rating**	**Comments**

Screening questions (for all types)

1 Are there clear research questions?	Yes	The paper aims to investigate the complex needs of looked after children and explore how services can meet their needs. It seeks to examine the recent research base for mental health interventions for this population, considering bet practice principles for service design in this area. It also explores how

			systemic principles can be applied to work in this area by describing an emotional wellbeing and mental health service for looked after children.
2	Do the collected data allow to address the research questions?	Partially	Data provide valuable insights into the challenges and considerations related to designing mental health and wellbeing services for looked after children and young people. However, it does not directly address specific research questions, rather it focuses on theoretical frameworks, existing research findings, and recommendations for service design.

Mixed methods

3	Is there an adequate rationale for using a mixed methods design to address the research question?	No	The rationale for mixed methods is not explicitly stated. However, a brief case study is provided and some quantitative data is provided to discuss the outcomes of interventions with young people in terms of the number of placement moves before and after their involvement in the enhanced service.
4	Are the different components of the study effectively integrated to answer the research question?	Yes	The study integrates theoretical frameworks, empirical evidence, practical service models, evaluations, and reflections to address the research question of designing mental health and wellbeing services for looked after children using systemic principles.
5	Are the outputs of the integration of qualitative and quantitative components adequately interpreted?	No	There is no explicit mention of the integration of qualitative and quantitative components.
6	Are divergences and inconsistencies between quantitative and qualitative results adequately addressed?*	Yes	*Rate this criterion 'Yes' if there is no divergence. There are no explicit divergences or inconsistencies between the quantitative and qualitative results in this paper.
7	Do the different components of the study adhere to the quality criteria of each tradition of the methods involved?	Can't tell	The author does not outline the specific quality criteria or methodological traditions followed in the study.

Qualitative component

8	Is the qualitative approach appropriate to answer the research question?	Yes	The qualitative approach is appropriate for answering the aims of the study. This approach allows a deep exploration of the complex needs of looked after children, the design of mental health services, and the application of systemic principles in service delivery.
9	Are the qualitative data collection methods adequate to address the research question?	Yes	By presenting this case study, the author illustrates a real-world example of applying systemic principles in the design of mental health services for looked after children and young people. The case study offers a practical illustration of how these principles are operationalized in a service setting and the impact they

		have on supporting the mental health and emotional wellbeing of vulnerable populations.
10 Are the findings adequately derived from the data?	Can't tell	It is difficult to determine the adequacy of deriving findings from the data as specific details on the data analysis process are not provided. Instead, the reader is invited to engage critically with the paper.
11 Is the interpretation of results sufficiently substantiated by data?	No	The author offers their own reflections based on a case study and therefore, this is highly subjective.
12 Is there coherence between qualitative data sources, collection, analysis and interpretation?	Partially	A brief case study is outlined in the qualitative component of the research, alongside the authors own interpretations and application of systemic theory.
Quantitative component		
13 Is the sampling strategy relevant to address the research question?	Yes	Lobatto (2021) measures the number of placement moves for looked after CYP who were supported as part of the enhanced service.
14 Is the sample representative of the target population?	Partially	No specific information is provided about the identity of CYP included in the sample (e.g., race, gender etc), though it is clear that these are vulnerable LAC CYP who have experienced a high number of placement moves. Therefore, it is hard to know how representative these individuals were of the target population.
15 Are the measurements appropriate?	Partially	The measurement of placement moves is used to evaluate the effectiveness of interventions for looked after children and young people. This was relevant in assessing the stability and continuity of care experienced by looked after children as a result of the enhanced service. The decrease in placement moves may suggest improved stability and support. Statistical analysis, specifically a Wilcoxon signed-rank test, was used to determine the significance of the reduction in placement moves. This type of analysis can help establish whether the observed changes are statistically meaningful. However, the number of placement moves may not capture all aspects of a child's care experience, such as the quality of placements, relationships with caregivers, or emotional well-being.
16 Is the risk of nonresponse bias low?	N/A	The risk of nonresponse bias is not applicable for this type of case study.
17 Is the statistical analysis appropriate to answer the research question?	Yes	Wilcoxon signed-rank test is used to analyse the quantitative data related to the number of placement moves before and after the intervention for looked after children. This is suitable for detecting changes within the same group over time.

Lobatto (2021) offers insights into mental health and wellbeing services for looked after children and young people, however, a more detailed examination of the research

<table>
<tr><td colspan="3">methodology, participant characteristics, data analysis, limitations, and implications for practice is needed to improve the methodological quality of this paper.</td></tr>
</table>

Systematic Literature Review Appraisal		
Allen, B. & Bond, C. (2020). The educational psychologist's role in child protection and safeguarding: an exploration of research over time. Educational Psychology in Practice, 36(4). 386-404.		
Critical Appraisal Question	**Rating**	**Comments**

Section A: Are the results of the review valid?

	Critical Appraisal Question	Rating	Comments
1	Did the review address a clearly focused question?	Yes	The review aimed to examine how the role of Educational Psychologists (EPs) in child protection and safeguarding is perceived within the professional research base. It aimed to understand the evolution of EPs' roles in response to changing socio-political contexts over time.
2	Did the authors look for the right type of papers?	Yes	The authors of the review looked for the right type of papers related to the role of Educational Psychologists (EPs) in child protection and safeguarding. They conducted a systematic literature review and included 24 papers that focused on various aspects of child protection and safeguarding work.
3	Do you think all the important, relevant studies were included?	Partially	A systematic approach and conceptual map were used to find relevant studies. The authors searched for papers on Scopus, PsycINFO, ERIC, Web of Science. These databases are commonly used in educational psychology to access a wide range of literature, including journal articles, conference papers, and other research publications. By searching multiple databases, the review aimed to obtain relevant studies on EPs' involvement in child protection and safeguarding. However, the authors acknowledged limitations in their review, such as potentially overlooking relevant papers during the initial scoping phase and the exclusion of papers that did not mention EPs in the abstract.
4	Did the review's authors do enough to assess quality of the included studies?	Yes	The authors used an adapted Weight of Evidence framework to evaluate the quality and relevance of the papers, and empirical papers were evaluated using a framework for methodological quality. All papers were assessed according to the Joanna Briggs Institute Checklist for Quality and Rigour of Text and Opinion.
5	If the results of the review have been combined, was it reasonable to do so?	Yes	A Critical Interpretive Synthesis (CIS) methodology was used. A CIS involves synthesizing findings from diverse sources to develop a comprehensive understanding of a complex topic.

Section B: What are the results?

	Critical Appraisal Question	Rating	Comments
6	What are the overall results of the review?	Yes	The review highlights the changing legislative and socio-political climates that have influenced a shift in the role of the EP in child protection and safeguarding over time. The authors suggest that EPs are well-trained in child protection responsibilities but gaps in research exist regarding how EPs

			conceptualize child protection within their psychological formulation, assess risk, and practice safely.
7	How precise are the results?	Partially	The results presented in the summary provide a concise overview of the key findings from the review on the role of Educational Psychologists (EPs) in child protection and safeguarding. The summary accurately captures the main points regarding the shift in focus towards safeguarding, the influence of legislative and socio-political climates, the gaps in research, and the call for further investigation. However, a more precise evaluation could have included more specific about the studies included in the review.

Section C: Will the results help locally?

8	Can the results be applied to the local population?	Yes	The results has implications for local populations within a UK context given he specific legislative and socio-political factors influencing EP practice.
9	Were all important outcomes considered?	Partially	The summary provided covers key outcomes from the review. However, how EPs work with SWs to safeguard CYP was not explicitly explored.
10	Are the benefits worth the harms and costs?	Yes	The benefits of this review included valuable insights into the changing role of EPs in child protection and safeguarding, contributing to the professional knowledge base, the identification of research gaps to inform practice in this area. This outweighs the time-consuming nature of carrying out systematic literature reviews.

The overall quality of the papers included in the systematic literature review was assessed using an adapted Weight of Evidence framework. The review considered a combination of methodological rigor and relevance to the research question in determining the overall quality of the literature reviewed.

Qualitative Appraisal		
Warwick, R. (2023). Perspectives of the educational psychologist's role in a multi-agency children's social care team: A cultural-historical activity theory framework. Educational and Child Psychology, 40(2), 54-82.		
Critical Appraisal Question	**Rating**	**Comments**

Section A: Are the results valid?

1	Was there a clear statement of the aims of the research?	Yes	The study aimed to explore the perspectives of EPs and SWs working in multi-agency teams supporting care experienced children in Wales. The research sought to understand the roles, interactions, and contributions of EPs within these teams, as well as how SWs perceive and collaborate with EPs. These perspectives were analysed through the lens of the Cultural-Historical Activity Theory (CHAT) framework.
2	Is a qualitative methodology appropriate?	Yes	A qualitative methodology was deemed appropriate for this research study. The use of online semi-structured individual interviews with EPs and SWs allowed for in-depth exploration of their perspectives and experiences

	Yes		within multi-agency teams supporting care experienced children. Reflexive Thematic Analysis (TA) and the Cultural-Historical Activity Theory (CHAT) framework, were used to analyse the data and uncover the nuances of the roles and interactions within these teams, creating a rich understanding of the complexities and dynamics involved in the work.
3	Was the research design appropriate to address the aims of the research?	Yes	The research design was appropriate to address the aims of the research. The study took a Critical Realist ontological stance, which focused on understanding individual agency within underlying structures. The use of online semi-structured individual interviews with EPs and SWs allowed for a detailed exploration of their perspectives and roles within multi-agency teams supporting care experienced children. The data analysis was appropriate to qualitative research.
4	Was the recruitment strategy appropriate to the aims of the research?	Yes	The recruitment strategy was appropriate to the aims of the research. The study recruited five pairs of EPs and SWs working together in multi-agency teams across five LAs in Wales. The participants were selected through a combination of volunteer and snowball sampling, where initial participants were asked to extend invitations within their professional networks. The inclusion criteria ensured that all participants were qualified in their professional field.
5	Was the data collected in a way that addressed the research issue?	Yes	The data collection methods were appropriate for addressing the research issue. Semi-structured interviews allowed for in-depth exploration of the perspectives, experiences, and roles of the participants within the context of their work with care experienced children.
6	Has the relationship between researcher and participants been adequately considered?	No	The researchers relationship to the participants is not explicitly stated.

Section B: What are the results?

7	Have ethical issues been taken into consideration?	Yes	Ethical approval was obtained from the Ethics Committee of Cardiff University School of Psychology, indicating that the research was conducted in compliance with ethical standards and guidelines. Supervision also supported researcher reflexivity, indicating a commitment to ethical conduct and awareness of potential biases.
8	Was the data analysis sufficiently rigorous?	Yes	The data analysis in the study appears to have been conducted rigorously. Reflexive Thematic Analysis and the Cultural-Historical Activity Theory (CHAT) framework was used to analyse the data , generating key themes, tensions, and contradictions within and between systems.
9	Is there a clear statement of findings?	Yes	The study provides a clear statement of findings. The findings were presented through thematic maps depicting sub-themes, main themes, and overarching themes. The analysis of the data using the Cultural-Historical Activity

		Theory (CHAT) framework allowed for the identification of tensions and contradictions within and between activity systems, providing insights into the dynamics of multi-agency teams and the roles of EPs and SWs.
Section C: How will results help locally		
10 How valuable is the research?		The research is valuable as it contributes knowledge about the dynamics between EPs and SWs in multi-agency teams, as well as, practical implications for these professionals.

The paper is deemed high quality as it has rigorous methodology, ethical considerations, and a clear presentation of findings. It makes contributions to knowledge in the field of educational psychology and multi-agency working.

Systematic Literature Review Appraisal

Beeke, M. (2021). Towards a Co-Ordinated Framework for Critical Incident Response in School Communities: A Review of Current Evidence

Critical Appraisal Question	Rating	Comments
Section A: Are the results of the review valid?		
1 Did the review address a clearly focused question?	Yes	The review aimed to synthesise current evidence from trauma studies with a model emerging from a recent large-scale study of the responses of educational psychologists to critical incidents. The review sought to explore how evidence in providing psychological support in the immediate period after a traumatic event could be applied within a framework for consultation to organize and coordinate multi-agency support for individuals and school communities.
2 Did the authors look for the right type of papers?	Yes	It appears that the authors looked for the right type of papers, including those focusing on trauma studies, educational psychology responses to critical incidents, evidence-based principles, and practical interventions, to inform their review and contribute to the development of a comprehensive framework for supporting school communities following traumatic events.
3 Do you think all the important, relevant studies were included?	No	It is difficult to definitively determine if all important and relevant studies were included in the review as no explicit search strategy is outlined.
4 Did the review's authors do enough to assess quality of the included studies?	No	The review does not explicitly mention a formal quality assessment process, however the incorporation of evidence-based principles and approaches from relevant studies suggests that the authors may have considered the credibility and relevance of the literature included in their synthesis.
5 If the results of the review have been combined, was it reasonable to do so?	Yes	By integrating evidence-based principles and approaches from relevant studies, the authors aimed to create a coherent framework for supporting school communities following traumatic events.
Section B: What are the results?		

6	What are the overall results of the review?	Yes	The review highlights the importance of evidence-based practices, coordination among professionals, and the development of a comprehensive framework for supporting school communities following traumatic events.
7	How precise are the results?	Partially	While the review outlines key findings and recommendations, it does not provide detailed quantitative data or specific statistical analyses to quantify the effects of the proposed consultation model (COPE) or the evidence-based principles discussed.

Section C: Will the results help locally?

8	Can the results be applied to the local population?	Partially	The authors discuss the diverse nature of critical incidents that can occur in school communities and emphasise the importance of recognising this when developing frameworks for supporting schools after traumatic events. As such, the framework may not be directly applicable to all local contexts.
9	Were all important outcomes considered?	Yes	The review on critical incident response in school communities thoroughly considers important outcomes related to the heterogeneity of traumatic events, school contexts, definitions of critical incidents, and available support service.
10	Are the benefits worth the harms and costs?	Yes	The benefits of this study outweigh the costs.

The research is valuable in advancing the coordination of multi-agency critical incident response within school settings. However, there is no explicit search strategy outlined and therefore, the replicability of the review is limited.

Mixed Methods Appraisal		
Quinn, K., Mollet, N. and Dawson, F. (2021). The Compassionate Schools Framework: Exploring a Values-Driven, Hope-Filled, Relational Approach with School Leaders		
Critical Appraisal Question	**Rating**	**Comments**

Screening questions (for all types)

1	Are there clear research questions?	Partially	The paper provides a clear focus on evaluating a reflective learning programme developed for school leaders to explore the implementation of compassionate, relational approaches in schools using the Compassionate Schools Framework (CSF). However, specific research questions are not stated.
2	Do the collected data allow to address the research questions?	Yes	The data provide a foundation for understanding the challenges and progress in implementing compassionate, relational approaches in schools.

Mixed methods

3	Is there an adequate rationale for using a mixed	Partially	There is not an explicit rationale for using a mixed methods design, however both qualitative and

	methods design to address the research question?		quantitative measures are used to assess progress in relation to the Compassionate Schools Framework.
4	Are the different components of the study effectively integrated to answer the research question?	Yes	The study incorporated reflections from school leaders on current strengths, developing approaches, and challenges, as well as quantitative measures of progress in various areas.
5	Are the outputs of the integration of qualitative and quantitative components adequately interpreted?	Partially	The paper does not provide explicit details on how the outputs of the integration of qualitative and quantitative components were interpreted in the evaluation of the reflective learning programme for school leaders. However, the evaluation highlighted key themes in relation to areas of school practice detailed in the Compassionate Schools Framework.
6	Are divergences and inconsistencies between quantitative and qualitative results adequately addressed?	Yes	Rate this criterion 'Yes' if there is no divergence. There are no known divergences or inconsistencies between quantitative and qualitive result reported in the study.
7	Do the different components of the study adhere to the quality criteria of each tradition of the methods involved?	Partially	It is difficult to assess the extent to which the study adhered to the quality criteria of qualitative and quantitative research traditions.

Qualitative component

8	Is the qualitative approach appropriate to answer the research question?	Yes	The qualitative approach used in the evaluation of the reflective learning programme for school leaders is appropriate to explore the perspectives, experiences, and insights of school leaders.
9	Are the qualitative data collection methods adequate to address the research question?	Yes	The reflective learning space was an adequate method to obtain qualitative data from participants.
10	Are the findings adequately derived from the data?	Yes	The findings of the evaluation of the reflective learning programme for school leaders were adequately derived from the data. The findings highlight that school leaders shared insights into current strengths, developing approaches, and challenges related to implementing compassionate, relational practices in schools.
11	Is the interpretation of results sufficiently substantiated by data?	Partially	The specific approach to analysing the qualitative data is not explicitly referred to.
12	Is there coherence between qualitative data sources, collection, analysis and interpretation?	Can't tell	The primary data source in the evaluation was the insights and reflections shared by school leaders participating in the programme obtained through reflective discussions held with school leaders. However, to assess the coherence between qualitative data sources, collection, analysis, and interpretation,

		further details about the specific methods used at each stage of the research process is needed.

Quantitative component

	Rating	Comments
13 Is the sampling strategy relevant to address the research question?	Yes	School leaders who received input about the framework were asked to rate their school's against the compassionate schools framework blocks.
14 Is the sample representative of the target population?	Can't tell	The paper does not provide specific details regarding the characteristics of the sample of school leaders participating in the reflective learning programme (e.g., contextual factors such as geography of school, socioeconomic status, student populations). Without this information, it is hard to determine the representativeness of the sample in relation to the target population of school leaders more broadly.
15 Are the measurements appropriate?	Partially	The authors acknowledge limitations in the study, including challenges related to measuring and evaluating change at the whole school level and the potential impact of co-occurring interventions.
16 Is the risk of nonresponse bias low?	Yes	There is no explicit information regarding the response rate or potential nonresponse bias in the evaluation of the reflective learning programme for school leaders. However, it appears that school leaders actively engaged in discussions, shared their values, and reflected on their practices during the programme.
17 Is the statistical analysis appropriate to answer the research question?	Partially	The ratings used in the study were a structured way to gather school leaders' perspectives and feedback on specific aspects of compassionate, relational approaches within the CSF. These ratings provided a quantitative measure of school leaders' perceptions and allowed for tracking changes in their views over the course of the evaluation, and mean ratings are illustrated in a bar chart, however, the numerical data is not explicitly referred to in the text.

The study demonstrates a strong qualitative focus and a transparency about limitations, however, the quantitative component of the research is limited and little weight given to this information.

Systematic Literature Review Appraisal

Howarth-Lees, D; Woods, K. (2022). A systematic literature review exploring the role of the educational psychologist in supporting youth justice services

Critical Appraisal Question	Rating	Comments

Section A: Are the results of the review valid?

	Rating	Comments
1 Did the review address a clearly focused question?	Yes	The review addressed a clearly focused question regarding the role of educational psychologists within the Youth Justice System. The review aimed to provide insights into how educational psychologists can support and work with

		young people involved in the justice system, emphasizing the importance of understanding the systems in which youth justice services operate.
2 Did the authors look for the right type of papers?	Yes	The authors conducted a systematic search of the research literature using six databases. They used key search terms such as educational psychology, juvenile justice, young offender, and youth offending to identify relevant studies. The inclusion criteria focused on studies written in English, focused on the UK context, reported primary data, and had explicit implications for educational psychology practice within the youth justice field. This targeted approach ensured that the authors looked for the right type of papers that aligned with their research question and objectives.
3 Do you think all the important, relevant studies were included?	Yes	The review included 10 studies that met the eligibility criteria after a systematic search of the research literature. While the number of studies may be viewed as a limitation, it highlights the need for further research in this area.
4 Did the review's authors do enough to assess quality of the included studies?	Yes	The authors used Gough's Weight of Evidence (WoE) framework to evaluate the research quality of the studies, focusing on methodological quality and appropriateness of focus. Methodological quality was assessed using qualitative and quantitative scoring frameworks developed by Bond et al. (2013), ensuring a systematic approach to evaluating the studies. The authors underwent training and supervision in the use of critical appraisal frameworks, and inter-rater checking was utilized
5 If the results of the review have been combined, was it reasonable to do so?	Yes	It was reasonable for the authors to combine the results of the included studies in their review as by synthesizing the findings from the selected studies, the authors were able to provide a comprehensive overview of the current practices and implications for educational psychology within the youth justice field, creating a more holistic understanding of the role of educational psychologists in supporting young people involved in the justice system and highlighting key themes and implications for practice.
Section B: What are the results?		
6 What are the overall results of the review?		The findings of the review discuss how EPs support youth justice services by utilising their expertise in psychology and education to address the needs of children and young people involved in the justice system. The review highlights that EPs work across individual, group, and organizational levels within youth justice services, providing assessment, intervention, consultation, training, advocacy, research, and support during transition processes.
7 How precise are the results?	Partially	The review included a limited number of studies that met the eligibility criteria, all the available research was assessed for methodological quality, with half of the studies being evaluated as high methodological quality. This rigorous assessment process enhances the confidence in the reliability of the reported findings. However, the limited number of

		studies included in the review may restrict the transferability of the results to a broader population.

Section C: Will the results help locally?

8	Can the results be applied to the local population?	Partially	Different LAs may have varying priorities, commissions, and contexts within their youth justice services, so may not be consistent with all LAs.
9	Were all important outcomes considered?	Yes	The systematic literature review considered various important outcomes related to EP practice within the youth justice field. These included the role and functions of EP practice within youth justice service, the e core functions of EPs and how these functions can be utilised in supporting youth justice services, the importance of EPs working as scientist-practitioners within complex, real-world contexts like youth justice work, and the implications for EP practice, including the need for understanding the systems in which youth justice services operate and the importance of self-reflection and supervision for EPs.
10	Are the benefits worth the harms and costs?	Yes	The benefits of the systematic literature review on the role of Educational Psychologists (EPs) in supporting youth justice services outweigh any potential harms associated with the study.

Overall, the systematic literature review appears to be of high quality, considering the methodological rigor, use of frameworks for assessment, contributions to knowledge, and the expertise of the researchers involved.

Qualitative Appraisal
Zafeiriou, M. E. & Gulliford, A. (2020). A grounded theory of educational psychologists' mental health casework in schools: connection, direction and reconstruction through consultation
Critical Appraisal Question   **Rating** **Comments**

Section A: Are the results valid?

1	Was there a clear statement of the aims of the research?	Yes	The aims of the research are clearly stated. The study aimed to explore the processes involved in EP's mental health casework in schools. The study also aimed to develop a theoretical framework to understand the complex interactions and interventions employed by EPs in supporting the mental health needs of adults in schools.
2	Is a qualitative methodology appropriate?	Yes	A qualitative methodology is appropriate for this study on educational psychologists' mental health casework in schools. The researchers used a constructivist grounded theory approach to analyse the data and develop a theoretical framework.
3	Was the research design appropriate to address the aims of the research?	Yes	The research design was appropriate to address the aims of the research. The study employed a constructivist grounded theory approach, which is well-suited for generating new theory from limited previous research and for exploring complex phenomena in applied contexts, such as educational psychologists' mental health casework in

		Yes	schools. The methodology used in the study was well-matched to the research aims and provided a comprehensive analysis of the topic.
4	Was the recruitment strategy appropriate to the aims of the research?	Yes	The recruitment strategy was appropriate to the aims of the research. The study employed purposive sampling to recruit five educational psychologists from the same large semi-rural local authority educational psychology service. This sampling strategy was aligned with the aim of exploring educational psychologists' mental health casework in schools and understanding their professional contribution in this area. By selecting participants with varying professional roles, years of experience, ethnicity, and gender within the same service, the researchers were able to gather diverse perspectives and insights relevant to the research aims.
5	Was the data collected in a way that addressed the research issue?	Yes	The data collection methods used in the study were appropriate for addressing the research issue of exploring the processes and factors involved in EP's mental health casework in schools. The researchers conducted semi-structured interviews with the five educational psychologists, allowing for in-depth exploration of their experiences, perspectives, and practices in supporting the mental health needs of children and young people in school settings.
6	Has the relationship between researcher and participants been adequately considered?	No	This is not explicitly discussed.

Section B: What are the results?

7	Have ethical issues been taken into consideration?	Yes	The researchers obtained ethical approval from the University of Nottingham School of Psychology Ethics Committee and adhered to ethical principles outlined in the University of Nottingham's Code of Research Conduct and Research Ethics, as well as the British Psychological Society's Code of Human Research Ethics and Code of Ethics and Conduct. The study ensured participant confidentiality, voluntary participation, informed consent, and data protection throughout the research process.
8	Was the data analysis sufficiently rigorous?	Yes	The data analysis in the study was conducted rigorously. The researchers employed constructivist grounded theory, which involves a systematic approach to the analysis of data. The analysis process included line-by-line coding, constant comparative analysis, and the generation of a wealth of codes to capture the complexity of the data. The researchers engaged in immersive analysis to evolve a grounded theory, ensuring that the findings were firmly rooted in the data collected from the interviews with the educational psychologists. The use of theoretical sampling allowed for the exploration of emerging ideas and questions, enhancing the depth and richness of the analysis.

9	Is there a clear statement of findings?	Yes	The study provides a clear statement of findings based on the data analysis conducted. The researchers constructed four categories from the data, which were built on focused codes following initial coding. The study also includes a visual representation of the constructed conceptual categories, supporting focused codes, and their interrelationships.

Section C: How will results help locally

10	How valuable is the research?		The research presented in the study is valuable as it addresses a gap in the existing literature by exploring educational psychologists' applied practice in mental health casework, an area with limited previous research. The study generates new theoretical insights and frameworks that can contribute to the understanding of complex phenomena in applied contexts. The study offers practical implications for educational psychology practice, highlighting the importance of addressing adults' difficult emotions, joining theory with evidence, sharing hypotheses, and planning approaches in mental health casework.

The critical appraisal indicates a high quality of research, with good quality methodological processes.

Qualitative Appraisal		
Bartle, D. & Trevis, A. (2015). An evaluation of group supervision in a specialist provision supporting young people with mental health needs: A social constructionist perspective		
Critical Appraisal Question	**Rating**	**Comments**

Section A: Are the results valid?

1	Was there a clear statement of the aims of the research?	Yes	The researchers aimed to evaluate the impact of group supervision in a specialist provision supporting young people with mental health needs.
2	Is a qualitative methodology appropriate?	Yes	A qualitative methodology is appropriate for this research study. Qualitative methodology enabled the evaluation of the study based upon their own experiences and perceptions of its impact.
3	Was the research design appropriate to address the aims of the research?	Yes	The research design was appropriate to address the aims of the research. Focus groups were used to evaluate the experience of group supervision from key workers' perspectives.
4	Was the recruitment strategy appropriate to the aims of the research?	Yes	Key workers involved in supporting young people with social, emotional, and mental health needs in a specialist education setting were recruited to take part in the focus group sessions, ensuring that the participants' feedback and insights were directly related to the intervention being evaluated.
5	Was the data collected in a way that addressed the research issue?	Yes	The data collection approach allowed a collective exploration of the impact of group supervision on participants.

6	Has the relationship between researcher and participants been adequately considered?	Yes	The focus group sessions were facilitated by EPs who led the project, indicating a level of expertise and understanding of the context in which the research was conducted. While there may have been a potential for bias due to the facilitation of the focus group by the researchers themselves, steps were taken to mitigate this bias by providing scripts to guide the facilitation process and encourage open and honest feedback from the participants.

Section B: What are the results?

7	Have ethical issues been taken into consideration?	Yes	Ethical considerations were considered in the study. The researchers sought informed consent from all participants prior to conducting the focus group sessions, demonstrating respect for the participants' autonomy and right to voluntary participation.
8	Was the data analysis sufficiently rigorous?	Yes	The data analysis in the study was conducted rigorously. Thematic analysis was employed, following a structured six-stage process. The researchers used verbatim transcripts of the focus group discussions for analysis, which enhanced the accuracy and depth of the data interpretation.
9	Is there a clear statement of findings?	Yes	The study provides a clear statement of findings by presenting themes that emerged through the data analysis, supported by illustrative quotations. Each theme is broken down into sub-themes that provide detailed insights into the experiences and perspectives of the participants.

Section C: How will results help locally

10	How valuable is the research?	Yes	The research contributes valuable insights to the field of educational psychology and has the potential to inform interprofessional practice and improve outcomes for young people.

The research is of high methodological quality. It states key aims, approaches to data collection and analysis. Limitations of the study are transparently outlined and there are clear implications for EP practice.

Mixed Methods Appraisal		
Bunn, H., Turner, G. & Macro, E. (2019). The Wellbeing Toolkit Training Programme: A Useful Resource for Educational Psychology Services?		
Critical Appraisal Question	**Rating**	**Comments**

Screening questions (for all types)

1	Are there clear research questions?	Partially	The research focuses on evaluating the effectiveness of The Wellbeing Toolkit Training Programme in enhancing the skills of school professionals in supporting pupils' social, emotional, and mental health development. However, explicit research questions are not outlined.
2	Do the collected data allow to address the research questions?	Yes	The paper outlines detailed information on the evaluation of The Wellbeing Toolkit Training Programme, including feedback from facilitators and delegates, as well as reflections on the effectiveness of

		the training sessions. The data collected through surveys, follow-up evaluations, and facilitator reflections offer insights into the participants' perceptions, satisfaction levels, areas of improvement, and the impact of the training on their skills and practices.

Mixed methods

3	Is there an adequate rationale for using a mixed methods design to address the research question?	Partially	An explicit rationale for a mixed methods design is not outlined. However, the authors describe the evaluation of The Wellbeing Toolkit Training Programme through a combination of quantitative data (surveys, Likert scales) and qualitative data (facilitator reflections, delegate feedback). This mixed methods approach allows for the triangulation of data by capturing both numerical data on satisfaction levels, usefulness of information, and skills learned, as well as qualitative insights on participants' experiences, confidence levels, and suggestions for improvement.
4	Are the different components of the study effectively integrated to answer the research question?	Yes	The different components of the study are effectively integrated to provide a thorough evaluation of the training program and its outcomes.
5	Are the outputs of the integration of qualitative and quantitative components adequately interpreted?	Yes	The combination of quantitative and qualitative data sources enhances the depth and richness of the analysis, contributing to a more nuanced understanding of the program's effectiveness in addressing the needs of school professionals in supporting pupils' social, emotional, and mental health development.
6	Are divergences and inconsistencies between quantitative and qualitative results adequately addressed?*	Yes	*Rate this criterion 'Yes' if there is no divergence. There are no explicit divergences or inconsistencies between the quantitative and qualitative results.
7	Do the different components of the study adhere to the quality criteria of each tradition of the methods involved?	Partially	Quantitative Components: The document includes quantitative data from delegate evaluations and follow-up surveys. The use of Likert scales and structured questions enhances the validity and reliability of the quantitative findings. The large sample size (306 completed evaluation sheets) and the inclusion of follow-up surveys provide a basis for generalising the findings to the broader population of school professionals. Qualitative Components: The qualitative data from facilitator reflections and delegate feedback provide rich insights into participants' experiences. However, the authors do not provide detailed descriptions of the context and participants.

Qualitative component

8 Is the qualitative approach appropriate to answer the research question?	Yes	Th qualitative approach used in the evaluation of The Wellbeing Toolkit Training Programme is appropriate to meet the aims of the research.
9 Are the qualitative data collection methods adequate to address the research question?	Yes	The qualitative data collection methods of facilitator reflections and delegate feedback are adequate for addressing the study's objectives and gaining valuable insights into the effectiveness and impact of The Wellbeing Toolkit Training Programme on school professionals' skills and practices in supporting pupils' social, emotional, and mental health needs.
10 Are the findings adequately derived from the data?	Yes	The findings are adequately derived as the data is collected through various methods, including delegate evaluations, follow-up surveys, facilitator reflections, and qualitative feedback.
11 Is the interpretation of results sufficiently substantiated by data?	Yes	The interpretation of results are sufficiently substantiated by the data collected.
12 Is there coherence between qualitative data sources, collection, analysis and interpretation?	Yes	There is coherence between the qualitative data sources, collection, analysis, and interpretation in the evaluation of The Wellbeing Toolkit Training Programme. Both facilitator reflections and delegate feedback captures a diverse range of perspectives.
Quantitative component		
13 Is the sampling strategy relevant to address the research question?	Yes	Both delegates and facilitators that were involved in the programme were asked to provide feedback.
14 Is the sample representative of the target population?	Yes	A total of 306 evaluation sheets were completed over 19 sessions, and 39 participants consented to take part in the follow-up survey, with only 10 completing it. The participation of multiple school staff members from diverse backgrounds and roles within the educational setting suggests some level of diversity in the sample.
15 Are the measurements appropriate?	Yes	The evaluation included Likert scale ratings for delegates' overall satisfaction, usefulness of information, usefulness of skills learned, and confidence levels.
16 Is the risk of nonresponse bias low?	No	The risk of nonresponse bias appears to be a concern based on the information provided. Though 39 participants consented to take part in the follow-up survey, only 10 completed it. This low completion rate raises concerns about nonresponse bias, as the views and experiences of those who did not complete the survey may differ from those who did. This non-completion could also introduce bias into the results, favouring participants with strong opinions about the Toolkit.
17 Is the statistical analysis appropriate to answer the research question?	Yes	The statistical analysis (descriptive statistics) is appropriate for addressing the research questions

	posed in the study. Descriptive statistics were appropriate.
The study demonstrates a thorough evaluation of The Wellbeing Toolkit Training Programme. A range of methods are used to assess its impact on school staff. However, limitations relate to nonresponse bias.	

Appendix D. Overview of articles included in the scoping review of the literature

Articles included in the literature review	Critical appraisal rating Red = low Orange = moderate Green = high
1 Allen, B., & Bond, C. (2020). The educational psychologist's role in child protection and safeguarding: an exploration of research over time. *Educational Psychology in Practice, 36*(4). 386-404. https://doi.org/10.1080/02667363.2020.1809353	🟩
2 Bartle, D., & Trevis, A. (2015). An evaluation of group supervision in a specialist provision supporting young people with mental health needs: A social constructionist perspective. *Educational and Child Psychology, 32*(3), 78-89. https://doi.org/10.53841/bpsecp.2015.32.3.78	🟩
3 Beeke, M. (2021). Towards a Co-Ordinated Framework for Critical Incident Response in School Communities: A Review of Current Evidence. *Educational and Child Psychology, 38*(1), 75-86. https://doi.org/10.53841/bpsecp.2021.38.1.75	🟧
4 Bunn, H., Turner, G., & Macro, E. (2019). The Wellbeing Toolkit Training Programme: A Useful Resource for Educational Psychology Services? *Psychology in Russia: State of the Art, 12*(4), 210-225. https://doi.org/10.11621/pir.2019.0413	🟩
5 Howarth-Lees, D., & Woods, K. (2022). A systematic literature review exploring the role of the educational psychologist in supporting youth justice services, *Educational and Child Psychology, 39*(2), 11-27. https://doi.org/10.53841/bpsecp.2022.39.2.11	🟩
6 Ibrahim, J. (2021). An innovative multi-agency consultation model for harmful sexual behaviour displayed by children and young people: practice paper. *Journal of Sexual Aggression, 27*(2), 204-218. https://doi.org/10.1080/13552600.2020.1845832	🟩
7 Lobatto, W. (2021). Using systemic principles in the design of mental health and wellbeing services for looked after children and young people – Bringing together research, theory and practice. *Journal of Family Therapy, 43*(3), 469-488. https://doi.org/10.1111/1467-6427.12351	🟥

8	Quinn, K., Mollet, N., & Dawson, F. (2021). The Compassionate Schools Framework: Exploring a Values-Driven, Hope-Filled, Relational Approach with School Leaders. *Educational and Child Psychology, 38*(1), 24-36. https://doi.org/10.53841/bpsecp.2021.38.1.24	
9	Warwick, R. (2023). Perspectives of the educational psychologist's role in a multi-agency children's social care team: A cultural-historical activity theory framework. *Educational and Child Psychology, 40*(2), 54-82. https://doi.org/10.53841/bpsecp.2023.40.2.54	
10	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	

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

I am a trainee Educational Psychologist at the Tavistock and Portman NHS Trust. I am interested in how professionals can effectively support children with SEMH needs.

Social Workers needed for research

EXPLORING JOINT WORK PRACTICES OF EPS AND SWS SUPPORTING CHILDREN AND YOUNG PEOPLE WITH SOCIAL, EMOTIONAL AND MENTAL HEALTH (SEMH) NEEDS

Are you able to take part?

1. Are you a qualified Social Worker who has practiced in England for a year or more?
2. Have you worked with an Educational Psychologist to support a child or young person (aged 5-18) with SEMH needs?
3. Are you willing to take part in an interview to discuss this experience?

To find out more about this research and how you can take part, please contact me for further information.

nmoses2@tavi-port.nhs.uk

NICOLE MOSES

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

I am a trainee Educational Psychologist at the Tavistock and Portman NHS Trust. I am interested in how professionals can effectively support children with SEMH needs.

Educational Psychologists needed for research

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3. Are you willing to take part in an interview to discuss this experience?

To find out more about this research and how you can take part, please contact me for further information.

nmoses2@tavi-port.nhs.uk

NICOLE MOSES

Appendix F. Overview of participants

Overview of participants				
	Post-qualifying years in role	**Team/service context**	**Locality**	**Named areas of interest, specialisms, and previous experience in role**
Educational Psychologists	2 years	Main-grade EP role in a LA team of EPs supporting CYP who have SEMH named as the primary need on their EHCP.	South East England	The impact of poverty on children and learning Parent work Complex SEMH needs in adolescents
	10 years	Dual main-grade EP role in a LA EP Service (traded model of service delivery) and specialist role in a virtual school for LAC CYP.	London	LAC CYP Previous work in a specialist provision for CYP with SEMH needs
	13 years	Main-grade EP role in a LA EP Service (traded model of service delivery).	London	Identity and trauma
Social Workers	5 years	LA Child protection team.	London	Court work
	1 year	LA Youth Justice Service.	London	CYP aged 10-18 First time entrants to the criminal justice system Prior experience in a family support and child protection team
	15 years	LA Family safeguarding team.	East of England	Prior experience working child in care

Appendix G. TREC Amended Ethical Approval Form and Confirmation

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

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)

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? (http://www.hra-decisiontools.org.uk/research/index.html)	Yes
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	How can Educational Psychologists (EPs) and Social Workers (SWs) work together to support Children and Young People (CYP) with Social, Emotional and Mental Health (SEMH) needs?
Proposed project start date	March 2023	**Anticipated project end date**	May 2024

Principle Investigator (normally your Research Supervisor): Rachael Green

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)** ☐
	YES (HRA approval) ☐
	Other ☐
	NO ☒

If you already have ethical approval from another body (including HRA/IRAS) please submit the application form and outcome letters.

SECTION B: APPLICANT DETAILS

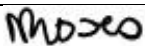|	
Name of Researcher	Nicole Moses
Programme of Study and Target Award	Professional doctorate for Child, Community and Educational Psychology
Email address	nnoses2@tavi-port.nhs.uk
Contact telephone number	07792148335

SECTION C: CONFLICTS OF INTEREST

Will any of the researchers or their institutions receive any other benefits or incentives for taking part in this research over and above their normal salary package or the costs of undertaking the research? **YES** ☐   ~~**NO**~~ ☒ If **YES**, please detail below:
Is there any further possibility for conflict of interest? YES ☐   **NO** ☒
Are you proposing to conduct this work in a location where you work or have a placement? **YES** ☐   **NO** ☒ If **YES**, please detail below outline how you will avoid issues arising around colleagues being involved in this project:
NO – This project is not being commissioned by or carried out on behalf of, or within, an external organisation to the Trust. Therefore, no approval letter is required. Due to the nature of the recruitment process participants will be recruited from a variety of different services whilst holding a distinct professional role (Educational psychologist or social worker). Confidentiality of participants will be respected at all times and their data will be anonymised. Where participants are personally known to the researcher, their decision to participate, not to participate, or to withdraw their data will not impact on the research or the support that they are entitled to in any way.

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). *Please note that 'external' is defined as an organisation which is external to the Tavistock and Portman NHS Foundation Trust (Trust)	**YES** ☐ **NO** ☒
If **YES**, please add details here:	
Will you be required to get further ethical approval after receiving TREC approval?	**YES** ☐ **NO** ☒

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):	
If your project is being undertaken with one or more clinical services or organisations external to the Trust, please provide details of these:	
n/a	
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:	
n/a	
Do you have approval from the organisations detailed above? (this includes R&D approval where relevant) 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	YES ☐ NO ☐ NA ☒

SECTION D: SIGNATURES AND DECLARATIONS

APPLICANT DECLARATION I confirm that: • The information contained in this application is, to the best of my knowledge, correct and up to date. • I have attempted to identify all risks related to the research. • I acknowledge my obligations and commitment to upholding ethical principles and to keep my supervisor updated with the progress of my research • I am aware that for cases of proven misconduct, it may result in formal disciplinary proceedings and/or the cancellation of the proposed research. • 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.	
Applicant (print name)	NICOLE MOSES
Signed	*Moses*
Date	02.02.2023 Amended 05.05.2023 Amended 25.10.2023.

FOR RESEARCH DEGREE STUDENT APPLICANTS ONLY

Name of Supervisor/Principal Investigator	Hannah Lichwa

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

Signed	*HRichwa*
Date	05.05.23

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

Signed	*A Styles*
Date	11.05.2023

SECTION E: DETAILS OF THE PROPOSED RESEARCH

1. **Provide a brief description of the proposed research, including the requirements of participants. This must be in lay terms and free from technical or discipline specific terminology or jargon. If such terms are required, please ensure they are adequately explained (Do not exceed 500 words)**
The proposed research will utilise qualitative, semi-structured interviews to explore how EPs and SWs work together to support children and young people (CYP) with Social, Emotional and Mental Health (SEMH)* needs, with a view to create a checklist for good practice that can be used by EPs. The proposed research will explore what professionals perceive to be successful ways of working, as well as what the barriers to joint work are in this context. It will also consider the unique contribution that EPs and SWs hold when working with CYP with SEMH needs. **Participants** EPs and SWs with experience of working with school-aged children who have SEMH needs are the population of interest for this research study. Participants will be asked to meet remotely via Microsoft Teams, for one 60 minute semi-structured interview to discuss their experiences. These interviews will be video-recorded. The qualitative data will be analysed through reflexive thematic analysis. It is hoped that 3 Educational Psychologists and 3 Social Workers will be recruited to take part in this research. The eligibility criteria of participants are outlined below: 1. Educational Psychologists: -   Qualified and registered with the Health and Care Professions Council (HCPC)

- Practicing in a Local Authority in England for one year or more
- Experience of working with a frontline social worker to support a school-aged CYP (aged 5-18) with SEMH needs within the last 5 years.

2. Social Workers:
- Qualified and registered with Social Work England (SWE)
- Practicing in Local Authority in England for one year or more
- Frontline social worker responsible for CIN or CP cases
- Experience of working with a frontline educational psychologist to support a school-aged CYP (aged 5-18) with SEMH needs within the last 5 years.

*For the purpose of this research, a definition of CYP with SEMH needs will be adapted from the Code of Practice (2015), 6.32 as *"Children and young people who experience social and emotional difficulties which manifest themselves in many ways. These may include becoming withdrawn or isolated, as well as displaying challenging, disruptive or disturbing behaviour. These behaviours may reflect underlying mental health difficulties such as anxiety or depression, self-harming, substance misuse, eating disorders or physical symptoms that are medically unexplained. Other children and young people may have disorders such as attention deficit disorder, attention deficit hyperactive disorder or attachment disorder"* as outlined in the Code of Practice (2015), 6.32.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/398815/SEND_Code_of_Practice_January_2015.pdf

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)**

The researcher proposes that both EPs and SWs are pivotal, and best placed, to support CYP with SEMH needs across multiple contexts, such as home, school and in the community. The HCPC (2015, 9.1) says that psychologists "must be able to work, where appropriate, in partnership with other professionals, support staff, service users and their relatives and carers." SEMH is one of the four key areas of need outlined by the SEND CoP (2015). With the growth of SEMH needs identified in school-aged children, particularly following the pandemic (BMJ, 2022) and the pressure on resources in LAs under the traded service model (Lee & Woods, 2017), the researcher proposes that EPs and SWs must have effective ways to work together to support CYP with SEMH needs outside of the context of multiagency teams.

To promote the mental, emotional and social wellbeing of CYP who have SEN or a disability, the Children and Families Act (2014, Section 25, 1a) encourages the integration of education and training provision, with health and social care provision, within Local Authority (LA) services. In 2021, there were 388,490 Children in Need (CIN) and 50,010 children subject to Child Protection (CP) plans. 20.9% of school-aged CIN

had special educational needs (SEN) support, whilst 27.9% of CIN held a statement, or Educational Health and Care plan (EHCP) (Department for Education, 2021). Students experiencing SEMH difficulties are disproportionately excluded from schools in England (Thompson, Tawell & Daniels, 2021). Worryingly, the DfE (2021) reports that almost a tenth of CIN experienced at least 1 fixed term exclusion in 2021. Exclusion is associated with poor academic outcomes and contextual safeguarding issues (Osburth et al, 2015). Therefore, it is paramount that EPs and SWs collaborate to support CYP experiencing these difficulties.

Covid-19 led to an extraordinary increase in demand for mental health services for CYP (BMJ, 2022). It is likely that extended absences from educational settings during this time will have exacerbated the existing needs of CYP experiencing Emotionally Based School Non-Attendance (EBSNA) (Staffordshire County Council, 2020). Alarmingly, data from the DfE (2021) shows that over 40% of CIN, and over 50% of children subject to child protection plans, are classed as persistent absentees, compared with just 12% of the population. Thus, highlighting the need for professionals to work together to support this population.

A shift to a more systemic way of working, away from individual assessment, is seen as a way for both schools and LAs to meet increasing levels of need. Similarly, this shift has been recognised in some LA social care services, and some have commissioned systemic training for SWs within the field of child protection (Flynn, 2019).

This research will explore how EPs and SWs perceive successful ways of working together to provide holistic support to CYP with SEMH needs. It will provide a checklist of good practice that EPs can use to support their work in this area. In doing so, an understanding of factors that facilitate and hinder collaboration between EPs and SWs will be generated. This may inform future practice, as well as local strategic developments, leading to improved collaborative working between these professionals. The research will help LAs to consider how to maximise the support available for CYP experiencing SEMH difficulties. In identifying factors that are important to distinguish the unique contributions of SWs and EPs, professionals may develop an enhanced sense of professional identity and a greater understanding of each other's roles. This may improve job satisfaction of professionals from both agencies, whilst generating enhanced respect for each other's professional expertise and disciplines. The key features of joint work practice that are identified in this area may inform good practice for multiagency work in other contexts and have relevance for professionals working together to meet a range of difficulties experienced by CYP.

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 proposed research will utilise a qualitative methodology, underpinned by a critical realist ontology and epistemology. The researcher acknowledges that in exploring how individuals perceive successful ways of working together, aspects of the truth may be socially constructed and influenced by different perspectives, constructions, and interpretations of it (Edwards, O'Mahoney & Vincent, 2014).

The researcher will conduct semi-structured interviews that draw on experiences of joint working between EPs and SWs to support CYP with SEMH needs to explore how EPs and SWs perceive successful ways of working, whilst highlighting the barriers and facilitators of the work. The semi-structured interviews will each be one hour in duration. This will enable the researcher to engage in a dialogue with the participant that is guided by a flexible interview schedule. The interviews will be conducted remotely via Microsoft Teams.

The semi-structured interviews will be video-recorded via Microsoft Teams and then transcribed. The data collected will password protected and stored securely on a cloud based system in line with the Trust's Data Collection and Handling policies. There may be limits to anonymity given the use of video and email addresses of participants. Given the small sample size that will be recruited for this study, comments and quotes may be attributed to individuals. However, every effort will be made to protect participant's identity and their records will be anonymised using a pseudonym rather than their name. Participants will be asked not to disclose any sensitive information about their casework during the interviews to ensure the anonymity of children, families, schools and other professionals.

Reflexive thematic analysis will be used to analyse the data generated from the semi-structured interviews. Reflexive thematic analysis will enable the researcher to consider themes and ideas that occur across the data set. Reflexive thematic analysis can be applied flexibly across ontological and epistemological positions and thus, is in keeping with the critical research stance of this research. A key feature of reflexive thematic analysis is the acknowledgement of the researcher's position, and subjectivity, in relation to the research (Braun and Clarke, 2022) as a key feature of analysis. Given the researcher's own background as a qualified SW within a LA, and now as a trainee EP, this will be of particular importance.

The analysis will take around 2-3 months from transcribing the interviews then analysing within the generated codes. Transcription of interviews can start after the first interview is complete.

Finally, the researcher will draw upon themes generated from the data analysis to create a good practice checklist to be used by EPs working to support children with SEMH needs where there is concurrent SW involvement.

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)

Yin (2017) proposes that a minimum sample size for a survey is 6 participants. Braun et al (2016) also suggest 6 interviews as a minimal sample size for thematic analysis to identify meaningful patterns in the data. In this research, 3 EPs and 3 SWs will be selected to take part in the proposed research.

The researcher will use purposive sampling, guided by appropriateness, adequacy and convenience, to identify and select participants who hold rich information about the phenomena under investigation (i.e. joint work practices between EPs and SWs to support school-aged children with SEMH needs). This will ensure a degree of homogeneity across the participants to allow for information obtained from the interviews to be compared and contrasted.

SEMH needs are associated with poor academic attainment and school exclusion (Thompson, Tawell & Daniels, 2021), thus the researcher proposes that EPs and SWs who have had experience of joint working to support a school-aged child with SEMH needs is key to answer the overarching research question. School-aged will be defined as those falling within compulsory school age in England (aged 5-18).

The following inclusion criteria are relevant for this study:
1. Educational Psychologists:
- Qualified and registered with the Health and Care Professions Council (HCPC)
- Practicing in a Local Authority in England for one year or more
- Experience of working with a frontline social worker (responsible for CIN or CP cases) to support a school-aged CYP (aged 5-18) with SEMH needs within the last 5 years.

2. Social Workers:
- Qualified and registered with Social Work England (SWE)
- Practicing in a Local Authority in England for one year or more
- Frontline social worker responsible for CIN or CP cases
- Experience of working with an Educational Psychologist to support a school-aged CYP (aged 5-18) with SEMH needs within the last 5 years.

This research considers the interface of 2 distinct professional groups that support CYP with SEMH needs. Due to the recruitment process it is likely that participants will hold diverse characteristics and participants will not be discriminated on based on protected characteristics such as race and gender.

Participants must hold a minimum of 1 year experience of practicing in a Local Authority in England. This will ensure that participants have the relevant experience required to comment as for SWs this will ensure that they have met the standards of their Assessed and Supported Year In Employment (ASYE), whilst EPs will no longer hold Newly Qualified status.

Participants will be asked to have experience working to support a school-aged CYP with SEMH within the last 5 years to ensure that they are drawing on experiences that reflect the current context of professional practice.

I will create a recruitment poster (attached) that will be shared via Twitter and Epnet as one method to recruit participants. Respondents will need to respond with their work email address and they

will be required to respond via their work email address or provide their HCPC or <mark>Social Work England</mark> registration number to verify their identity. I will then provide them with the information sheet and consent form.

I will also explore personal connections, through colleagues who I work with and who I have worked with previously (both previously as a qualified SW and now as a Trainee EP). These individuals will be under no obligation to participate and interviews will take place outside of work. I will email the identified individuals with the information sheet and consent form. The information sheet will clearly outline that where participants are personally known to the researcher, their decision to participate, not to participate, or to withdraw their data will not impact on the research or the support that they are entitled to in any way.

Additionally, I will share my recruitment poster via the National Association of Principal Educational Psychologists (NAPEP) to generate awareness from PEPs across England who can disseminate my recruitment poster, information sheets and consent forms to their teams. Consent from PEPs who choose to share my research information with their teams is therefore implicit.

3. **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.

The semi-structured interviews will be one hour in duration and will be conducted remotely via Microsoft Teams. The interviews will be video-recorded via Microsoft Teams and then transcribed. The data collected will password protected and stored securely on a cloud-based system in line with the Trust's Data Collection and Handling policies. Every effort will be made to protect participant's identity and their records will be anonymised using a pseudonym rather than their name. Participants will be asked not to disclose any sensitive information about their casework during the interviews to ensure the anonymity of children, families, schools and other professionals.

I will ask participants to ensure that they are in a private room, and I will also be in a private setting, to ensure confidentiality.

The information sheet will outline that I will interview 3 Educational Psychologists and 3 social workers. I will interview participants on a "first come, first served basis," identified as individuals who are first to express interest, complete and return the signed consent form to me. This aims to address the ethical issue of inviting more participants than I can accommodate.

4. *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)[1]
☐ Adults who are unconscious, severely ill or have a terminal illness.
☐ Adults who may lose mental capacity to consent during the course of the research.
☐ Adults in emergency situations.
☐ Adults[2] with mental illness - particularly those detained under the Mental Health Act (1983 & 2007).

☐ Participants who may lack capacity to consent to participate in the research under the research requirements of the Mental Capacity Act (2005).

☐ Prisoners, where ethical approval may be required from the National Offender Management Service (NOMS).

☐ Young Offenders, where ethical approval may be required from the National Offender Management Service (NOMS).

☐ Healthy volunteers (in high risk intervention studies).

☐ Participants who may be considered to have a pre-existing and potentially dependent[3] relationship with the investigator (e.g. those in care homes, students, colleagues, service-users, patients).

☐ Other vulnerable groups (see Question 6).

☐ Adults who are in custody, custodial care, or for whom a court has assumed responsibility.

☐ Participants who are members of the Armed Forces.

[1]*If the proposed research involves children or adults who meet the Police Act (1997) definition of vulnerability[3], any researchers who will have contact with participants must have current Disclosure and Barring Service (DBS) clearance.*

[2] *'Adults with a learning or physical disability, a physical or mental illness, or a reduction in physical or mental capacity, and living in a care home or home for people with learning difficulties or receiving care in their own home, or receiving hospital or social care services.' (Police Act, 1997)*

[3] *Proposed research involving participants with whom the investigator or researcher(s) shares a dependent or unequal relationships (e.g. teacher/student, clinical therapist/service-user) may compromise the ability to give informed consent which is free from any form of pressure (real or implied) arising from this relationship. TREC recommends that, wherever practicable, investigators choose participants with whom they have no dependent relationship. Following due scrutiny, if the investigator is confident that the research involving participants in dependent relationships is vital and defensible, TREC will require additional information setting out the case and detailing how risks inherent in the dependent relationship will be managed. TREC will also need to be reassured that refusal to participate will not result in any discrimination or penalty.*

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

For the purposes of research, 'vulnerable' participants may be adults whose ability to protect their own interests are impaired or reduced in comparison to that of the broader population. Vulnerability may arise from:

- the participant's personal characteristics (e.g. mental or physical impairment)
- their social environment, context and/or disadvantage (e.g. socio-economic mobility, educational attainment, resources, substance dependence, displacement or homelessness).
- where prospective participants are at high risk of consenting under duress, or as a result of manipulation or coercion, they must also be considered as vulnerable
- children are automatically presumed to be vulnerable.

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

If YES, a Disclosure and Barring Service (DBS) check **within the last three years** is required.

Please provide details of the "clear disclosure":

Date of disclosure:	
Type of disclosure:	
Organisation that requested disclosure:	
DBS certificate number:	

*(NOTE: information concerning activities which require DBS checks can be found via https://www.gov.uk/government/publications/dbs-check-eligible-positions-guidance). Please **do not** include a copy of your DBS certificate with your application*

6. Do you propose to make any form of payment or incentive available to participants of the research?   YES ☐   NO ☒
If **YES**, please provide details taking into account that any payment or incentive should be representative of reasonable remuneration for participation and may not be of a value that could be coercive or exerting undue influence on potential participants' decision to take part in the research. Wherever possible, remuneration in a monetary form should be avoided and substituted with vouchers, coupons or equivalent. Any payment made to research participants may have benefit or HMRC implications and participants should be alerted to this in the participant information sheet as they may wish to choose to decline payment.

7. 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)
Due to the entry criteria for the professionals taking part in this research, it is assumed that they will adequately understand verbal explanations and written information provided in English. I will ensure to communicate in clear, accessible language and will provide opportunities for questions throughout the consent process and interviews.

SECTION F: RISK ASSESSMENT AND RISK MANAGEMENT

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8. 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 (<u>risk assessment attached</u>)
☐ research overseas (<u>please ensure Section G is complete</u>)

---

9. 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.

10. 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.

The research outlined is not anticipated to cause discomfort or distress for participants. However, some participants may find discussion around the SEMH needs of CYP to be emotive. Some participants may also feel frustrated or upset when discussing barriers to joint work practices and may feel some resentment towards the services in which they work or towards other professional groups.

Participants will be provided with the opportunity to stop the interview at any time. Participants will be debriefed after the interview and sign posted to support agencies if needed (Please refer to Q11-13).

11. 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 research provides participants with an opportunity to reflect on their own and other's work. Participants may benefit from being able to share positive experiences of work and this may increase their own sense of value and thus be empowering. Participants may also benefit from a space to raise awareness of the barriers to their work. Participants will also have an opportunity to contribute to knowledge generation that could lead to improved ways of working and service delivery.

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

- The researcher will be sensitive to the participants feelings throughout the interview and remind them that they can take a break and withdraw at any point if they need to.
- At the end of the interview the researcher will check in with the participant to ensure they are not showing any signs of distress and if they are, they will be signposted to services they will be able to access support from following the interview if required.

• The researcher will be clear that information that raises concerns for their safety, or that of others, will need to be shared via appropriate safeguarding mechanisms.
13. 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.

At the beginning of the research, participants will have access to an information sheet with my contact details if they need to discuss any thoughts and feelings that may come up before, during or after the research. The information sheet will make it clear that participants have the right to withdraw at any time up to the point of data analysis with no adverse consequences. At the end of the interviews, this information will be reiterated, and additional copies of the information sheets will be available to distribute if needed. At the end of the interview, I will check-in with participants and signpost them to support services where needed.

Once data analysis has been undertaken and conclusions have been reached, participants will receive a brief summary sheet of the results and will be given an opportunity to discuss the findings with me.

14. 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.

NHS, Mind, GP, Occupational health where participants work, Samaritans.

15. 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)

N/A

FOR RESEARCH UNDERTAKEN OUTSIDE THE UK

16. Does the proposed research involve travel outside of the UK? ☐
YES ☒ NO

If YES, please confirm:

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

☐ I have completed ta RISK Assessment covering all aspects of the project including consideration of the location of the data collection and risks to participants.

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.

If you have any queries regarding research outside the UK, please contact academicquality@tavi-port.nhs.uk:

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.

17. 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:

SECTION G: PARTICIPANT CONSENT AND WITHDRAWAL

18. **Have you attached a copy of your participant information sheet (this should be in *plain English*)? Where the research involves non-English speaking participants, please include translated materials.**

YES ☒   NO ☐

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

19. **Have you attached a copy of your participant consent form (this should be in *plain English*)? Where the research involves non-English speaking participants, please include translated materials.**

YES ☒   NO ☐

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

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

☒ Clear identification of the Trust as the sponsor for the research, the project title, the Researcher 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 's Data Protection and handling Policies.: 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)

☒ Confirmation on any limitations in confidentiality where disclosure of imminent harm to self and/or others may occur.

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

☒ Trust letterhead or logo.

☒ Title of the project (with research degree projects this need not necessarily be the title of the thesis) and names of investigators.

☒ Confirmation that the 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

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

☐ Participants will be completely anonymised and their identity will not be known by the investigator or researcher(s) (i.e. the participants are part of an anonymous randomised sample and return responses with no form of personal identification)?
☐ The responses are anonymised or are an anonymised sample (i.e. a permanent process of coding has been carried out whereby direct and indirect identifiers have been removed from data and replaced by a code, with <u>no</u> record retained of how the code relates to the identifiers).
☒ The samples and data are de-identified (i.e. direct and indirect identifiers have been removed and replaced by a code. The investigator or researchers <u>are</u> able to link the code to the original identifiers and isolate the participant to whom the sample or data relates).
☐ Participants have the option of being identified in a publication that will arise from the research.
☒ Participants will be pseudo-anonymised in a publication that will arise from the research. (I.e. the researcher will endeavour to remove or alter details that would identify the participant.)
☐ The proposed research will make use of personal sensitive data.
☐ Participants consent to be identified in the study and subsequent dissemination of research findings and/or publication.

23. **Participants must be made aware that the confidentiality of the information they provide is subject to legal limitations in data confidentiality (i.e. the data may be subject to a subpoena, a freedom of information request or mandated reporting by some professions). This only applies to named or de-identified data. If your participants are named or de-identified, please confirm that you will specifically state these limitations.**

YES ☒   **NO** ☐

If **NO**, please indicate why this is the case below:

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

SECTION I: DATA ACCESS, SECURITY AND MANAGEMENT

24. **Will the Researcher/Principal Investigator be responsible for the security of all data collected in connection with the proposed research? YES** ☒   **NO** ☐

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

25. **In line with the 5th principle of the Data Protection Act (1998), which states that personal data shall not be kept for longer than is necessary for that purpose or those purposes for which it was collected; please state how long data will be retained for.**

☐ 1-2 years ☐ 3-5 years ☒ 6-10 years ☐ 10> years

NOTE: 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

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

☐ Research data, codes and all identifying information to be kept in separate locked filing cabinets.
☐ 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.

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

N/A

<table>
<tr><td>28. Please provide details on the regions and territories where research data will be electronically transferred that are external to the UK:</td></tr>
<tr><td>N/A</td></tr>
</table>

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.

The Tavistock and Portman **NHS**

NHS Foundation Trust

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

Tel: 020 8938 2699

https://tavistockandportman.nhs.uk/

Nicole Moses

By Email

11 May 2023

Dear Nicole,

Re: Trust Research Ethics Application

Title: 'How can Educational Psychologists (EPs) and Social Workers (SWs) work together to support Children and Young People (CYP) with Social, Emotional and Mental Health (SEMH) needs?

Thank you for submitting your updated Research Ethics documentation. 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.
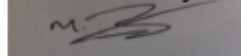
Please be advised that any changes to the project design including changes to methodology/data collection etc, must be referred to TREC as failure to do so, may result in a report of academic and/or research misconduct.

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,

Michael Franklyn

Academic Governance and Quality Officer
T: 020 938 2699
E: academicquality@tavi-port.nhs.uk

cc.   Course Lead, Supervisor, Research Lead
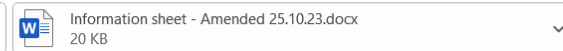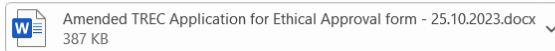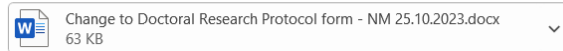
RE: Proposed change to doctoral research

Paru Jeram
To ● Nicole Moses
Cc ○ Hannah Lichwa; ● Emma Ni Chinneide; ○ Michael Franklyn

Reply | Reply All | Forward

Mon 27/11/2023 08:57

ⓘ Follow up. Start by 28 November 2023. Due by 28 November 2023.

Change to Doctoral Research Protocol form - NM 25.10.2023.docx
63 KB

Amended TREC Application for Ethical Approval form - 25.10.2023.docx
387 KB

Information sheet - Amended 25.10.23.docx
20 KB

Dear Nicole

I can confirm that I have received your updated TREC documentation in light of the challenges you have experienced with recruiting participants and I can confirm that the changes have been approved. You may proceed with your research.

Your updated Ethical Approval documentation is attached for reference.

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.

Your supervisor and lead are copied.

Kind regards,

Paru
Mrs Paru Jeram

Senior Academic Governance and Quality Officer
Academic Registry

https://tavistockandportman.nhs.uk/research-and-innovation/doing-research/student-research/

Appendix H. Information sheet

Information sheet

Information Sheet about Research Project
The purpose of this letter is to provide you with the information that you need to consider in deciding whether to participate in this study.

Project Title
How can Educational Psychologists (EPs) and Social Workers (SWs) work together to support Children and Young People (CYP) with Social, Emotional and Mental Health (SEMH)* needs?

The Researcher
My name is Nicole Moses.
I am a Trainee Educational Psychologist (TEP) studying for the professional doctorate in Child, Community and Educational Psychology at the Tavistock and Portman NHS trust. I am carrying out this research as part of my course.

Project Description
The present research is designed to explore how Educational Psychologists and Social Workers can work effectively together to support children and young people with social, emotional and mental health needs. The research will highlight good practice in relation to joint work, whilst exploring the facilitators and barriers to this work.

It is hoped that participants will be provided with an opportunity to reflect on their own and other's role and work in relation to supporting children and young people with social, emotional and mental health needs. Participants will also have an opportunity to contribute to knowledge generation that could lead to improved ways of working and service delivery.

The researcher hopes to produce a checklist of good-practice in this area that can be used by Educational Psychologists to support their work.

Who can take part in this research?
You can take part in this research if you are an Educational Psychologist or Social worker fulfilling the following criteria:

1. Educational Psychologist
   - Qualified and registered with the Health and Care Professions Council (HCPC)
   - practicing in a Local Authority in England for one year or more
   - Have experience of working with a frontline social worker to support a school-aged CYP (aged 5-18) with SEMH needs within the last 5 years.
2. Social Worker
   - Qualified and registered with Social Work England (SWE)
   - Practicing in Local Authority in England for one year or more
   - Frontline social worker responsible for CIN or CP cases
   - Have experience of working with an Educational Psychologist to support a school-aged CYP (aged 5-18) with SEMH needs within the last 5 years.

What does participation involve?

If you agree to take part, you will be invited to take part in a 60 minute, semi-structured interview. The interview will be conducted remotely via Microsoft Teams.

You will be asked questions about your experience of working with an Educational Psychologist or Social Worker to support a child of young person with social, emotional and mental health needs.

I will interview 3 Educational Psychologists and 3 social workers. I will interview participants on a "first come, first served basis," identified as individuals who are first to express interest, complete and return the signed consent form to me.

Confidentiality

All records related to your participation in this research study will be handled and stored securely on a cloud based storage system using password protection.

There may be limits to anonymity given the use of video and email of participants. Given the small sample size that will be recruited for this study, comments and quotes may be attributed to individuals. However, every effort will be made to protect your identity and your identity on records will be anonymised using a pseudonym rather than by your name.

Confidentiality is subject to legal limitations or if a disclosure is made that suggests that imminent harm to self-and/or others may occur.

How will my data be used and stored?

The data will be kept for a maximum of 10 years. Data collected during the study will be stored and used in compliance with the UK Data Protection Act (1998) and retained in accordance with the Trust's Data Protection and Handling policies.

Benefits and risks of participation

Participants may benefit from being able to share positive experiences of work and this may increase their own sense of value and thus be empowering. Participants may also benefit from a space to raise awareness of the barriers to their work. Participants will also have an opportunity to contribute to knowledge generation that could lead to improved ways of working and service delivery.

The research outlined is not anticipated to cause discomfort or distress for participants. However, some participants may find discussion around the SEMH needs of CYP to be emotive. Some participants may also feel frustrated or upset when discussing barriers to joint work practices and may feel some resentment towards the services in which they work or towards other professional groups.

What measures are in place to support me?

The following measures are in place in the event of unexpected outcomes or adverse impacts to participants involved in the research.

Where participants are personally known to the researcher, their decision to participate, not to participate, or to withdraw their data will not impact on the research or the support that they are entitled to in any way.

Before interview: you are able to contact me to discuss the details and ask questions about the information contained in this information sheet.

During the interview: Your right to withdraw at any time up to the point of data analysis with no adverse consequences will be reiterated. I will be sensitive to your feelings throughout the interview. You will be able to take a break or withdraw at any point that you need to. Any copies of this information sheet can be provided if needed.

Following the interview: You will have an opportunity at the end of the interview to discuss how you found the process and ask any questions. I will signpost you to support services where appropriate at the end of the interview. Once data analysis has been undertaken and conclusions have been reached, you will receive a brief summary sheet of the results and will be given an opportunity to discuss the findings with me.

Disclaimer
This research is entirely voluntary. You are not obliged to take part in this study. If you do decide to participate but then change your mind, you can withdraw at any time up until the data has been analysed (up to 3 weeks after participation), at which point your participation will have already influenced the findings of the study.

Further information and contact details
If you have any questions or concerns about any aspect of the research, please contact me:
nmoses2@tavi-port.nhs.uk
This research is being supervised by Dr Hannah Lichwa. She is contactable via email:
hlichwa@tavi-port.nhs.uk

If you have any queries or concerns regarding the conduct the research in which you are being asked to participate, please contact Simon Carrington, Head of Academic Governance and Quality Assurance:
academicquality@tavi-port.nhs.uk

For the purpose of this research, a definition of CYP with SEMH needs will be adapted from the Code of Practice (2015), 6.32 as "Children and young people who experience social and emotional difficulties which manifest themselves in many ways. These may include becoming withdrawn or isolated, as well as displaying challenging, disruptive or disturbing behaviour. These behaviours may reflect underlying mental health difficulties such as anxiety or depression, self-harming, substance misuse, eating disorders or physical symptoms that are medically unexplained. Other children and young people may have disorders such as attention deficit disorder, attention deficit hyperactive disorder or attachment disorder" as outlined in the Code of Practice (2015), 6.32.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/39 8815/SEND_Code_of_Practice_January_2015.pdf

Appendix I. Consent form

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

Consent form

Research Title: How can Educational Psychologists (EPs) and Social Workers (SWs) work together to support Children and Young People (CYP) with Social, Emotional and Mental Health (SEMH) needs?

Name of investigators: Nicole Moses, Dr Hannah Lichwa

Please tick the box next to the statement if you agree.	
I have read and understood the information sheet relating to the above research study in which I have been asked to participate and have been given a copy to keep.	
The nature and purposes of the research have been explained to me, and I have had the opportunity to discuss the details and ask questions about this information. I understand what is being proposed and the procedures in which I will be involved have been explained to me.	
I understand that this research forms part of the degree requirements of the M4 Child, Community and Educational Psychology course at the Tavistock and Portman NHS trust.	
I understand that my involvement in this study, and particular data from this research, will remain confidential. I understand that given the small sample size, there may be implications for my anonymity, but that pseudonyms will be used to anonymise the data, including any quotes used, so that I cannot be easily linked to the data.	
I understand that there are limitations to confidentiality relating to legal duties and the threat of harm to self or others.	
I agree for my interview to be video recorded. Only the researchers involved in the study will have access to the data. I understand that the data will be password protected and stored securely on a secure cloud-based system, for a maximum of 10 years.	
I understand that the findings from this research will be published in a thesis and potentially in a presentation or peer reviewed journal.	
I hereby freely and fully consent to participate in the study which has been fully explained to me.	
Having given this consent, I understand that my participation in this research is entirely voluntary and I have the right to withdraw consent at any time up until the point of data analysis (up to 3 weeks following participation), at which point my participation will have influenced the results, without disadvantage to myself and without being obliged to give any reason.	

Your name:	Researcher name: Nicole Moses
Signed	Signed ....
Date ...../...../....	Date ...../...../....

Thank you for your participation.

Appendix J. Interview Schedules

Educational Psychologist semi-structured interview schedule

Semi-structured interview schedule
Thank you for agreeing to be interviewed. Firstly, I'd like to remind you that your responses will be recorded and kept anonymously. To ensure further anonymity and sensitivity, please do not refer to specific case details. If at any point you wish to pause or stop the interview you may do so at any time, without giving a reason.

1. Before we get into the main questions, tell me a bit about yourself: how long have you been an EP, and do you have any particular interests or specialisms?
2. Can you tell me about the joint work activities you have taken part in with social workers to support CYP with SEMH needs?
   Prompts
   - *Assessment, consultation, intervention, or training?*
   - *How often did you communicate with the social worker?*
   - *Did you do any activities together with the family and/or young person? What were they?*
   - *Did you do any activities together with the school or wider system? What were they?*
   - *What tools were needed to carry out this work? Skills, knowledge, record keeping, information sharing, resources? How were these skills used?*
   - *How were the roles and activities divided up?*
3. Tell me what you hoped to achieve by working together with the social worker to support CYP with SEMH needs? How did you perceive their role and contribution to the work?
   Prompts
   - *How did their role differ to your own?*
4. Tell me about the impact that working with a social worker has had on your work.
   Prompts
   - *Do you feel there was a direct impact for the child? The family? School? wider system? due to joint work practices.*
   - *Who do you feel was impacted most through this type of working?*
   - *What was the most impactful piece of work?*
   - *Were there any more indirect impacts of working with the social worker to support this pupil with SEMH?*
   - *Did this work impact the service you work for? If so, how?*
   - *What was it about joint working that created these impacts?*
   - *Could these impacts have been achieved without joint working?*
5. In light of your experience/s, tell me about what facilitated (helped/aided/supported) joint work with the social worker to support CYP with SEMH needs?
6. In light of your experience/s, can you tell me about what you think supports or hinders effective joint work with social workers to support CYP with SEMH needs?
   Prompts

- *Role expectations from yourself, social worker, child, parent or school?*
- *The family's previous experiences of working with professionals?*
- *Tensions between parts of the system?*
- *Were there any wider systemic barriers? Policies, statutory processes, role expectations?*

7. What could be done to overcome the barriers that you have mentioned?
    Prompts
    - *What skills/knowledge would be helpful to improve joint working practices?*
    - *What could your service to do support effective joint working in your role in supporting CYP with SEMH?*
    - *Is there anything else you need to enhance joint working practices? What would this look like? Time, information sharing systems, resources, skills, action plans, supervision?*
    - *Are there other professionals that you feel would be beneficial to work with when supporting CYP with SEMH?*

8. Finally, is there anything that you have not mentioned that you feel would contribute to effective joint working between EPs and SWs to support CYP with SEMH?

Additional prompts to consider throughout the interview: Could you tell me more? What happened next? How come? What else? What else happened? What other reasons? Please tell me more about that. I'm interested in your reasons for that. What is your own view on this? What do you think X thought about that?

Debrief:
- Inform participants that they can ask me questions.
- Signpost participants for support where appropriate

Social Worker semi-structured interview schedule

Semi-structured interview schedule
Thank you for agreeing to be interviewed. Firstly, I'd like to remind you that your responses will be recorded and kept anonymously. To ensure further anonymity and sensitivity, please do not refer to specific case details. If at any point you wish to pause or stop the interview you may do so at any time, without giving a reason.

9. Before we get into the main questions, tell me a bit about yourself: how long have you been a social worker, and do you have any particular interests or specialisms?

10. Can you tell me about the joint work activities you have taken part in with Educational Psychologists to support CYP with SEMH needs?
    Prompts
    - *Assessment, consultation, intervention, or training?*
    - *How often did you communicate with the EP?*
    - *Did you do any activities together with the family and/or young person? What were they?*

- *Did you do any activities together with the school or wider system? What were they?*
- *What tools were needed to carry out this work? Skills, knowledge, record keeping, information sharing, resources? How were these skills used?*
- *How were the roles and activities divided up?*

11. Tell me what you hoped to achieve by working together with the Educational Psychologist to support CYP with SEMH needs. How did you perceive their role and contribution to the work?

   Prompts
   - *How did their role differ to your own?*

12. Tell me about the impact that working with an Educational Psychologist has had on your work.

   Prompts
   - *Do you feel there was a direct impact for the child? The family? School? wider system? due to joint work practices.*
   - *Who do you feel was impacted most through this type of working?*
   - *What was the most impactful piece of work?*
   - *Were there any more indirect impacts of working with the EP to support this pupil with SEMH?*
   - *Did this work impact the service you work for? If so, how?*
   - *What was it about joint working that created these impacts?*
   - *Could these impacts have been achieved without joint working?*

13. In light of your experience/s, tell me about what facilitated (helped/aided/supported) joint work with the Educational Psychologist to support CYP with SEMH needs?

14. In light of your experience/s, can you tell me about what you think supports or hinders effective joint work with Educational Psychologists to support CYP with SEMH needs?

   Prompts
   - *Role expectations from yourself, Educational Psychologist, child, parent or school?*
   - *The family's previous experiences of working with professionals?*
   - *Tensions between parts of the system?*
   - *Were there any wider systemic barriers? Policies, statutory processes, role expectations?*

15. What could be done to overcome the barriers that you have mentioned?

   Prompts
   - *What skills/knowledge would be helpful to improve joint working practices?*
   - *What could your service to do support effective joint working in your role in supporting CYP with SEMH?*
   - *Is there anything else you need to enhance joint working practices? What would this look like? Time, information sharing systems, resources, skills, action plans, supervision?*
   - *Are there other professionals that you feel would be beneficial to work with when supporting CYP with SEMH?*

16. Finally, is there anything that you have not mentioned that you feel would contribute to effective joint working between EPs and SWs to support CYP with SEMH?

Additional prompts to consider throughout the interview: Could you tell me more? What happened next? How come? What else? What else happened? What other reasons? Please tell me more about that. I'm interested in your reasons for that. What is your own view on this? What do you think X thought about that?

Debrief:
- Inform participants that they can ask me questions.
- Signpost participants for support where appropriate

Appendix K. Example transcript exert with codes

| Participant KW - Interview 1 (EP)	Code	Refined code
196 Participant KW:		
197 Because everything would have taken longer.	Joint work speeds things up	Joint work accelerates positive outcomes
198 Interviewer:		
199 Mhmm.		
200 Participant KW:		
201 There'd have been fewer voices advocating for the child. Um, there would have been fewer voices to support the parent or to encourage parents when things feel stuck.	Joint work is related to advocacy	Professioanls seek to advocate for CYP through joint work
202 Um. No, I, I think, that joint work is actually really really, powerful and it's made it's made, when I think about it now, a pretty big difference.	Joint work makes a difference	Positive outcomes of joint work are significant
203 Interviewer:		
204 Hmm. Yeah, no, that's really helpful. And in light of your experiences, what do you think has kind of facilitated, so helped, aided or supported, that joint work with the social worker to actually happen.		
205 Participant KW:		
206 I think an openness from both parties. Um, I think no one is precious about their role. And so if something comes up and needs doing, rather than go "well, that's your job, that's my job." Who's got the best relationship there? So if it's something that needs to be done with a parent or a young person or a service or a, you know another person within the city. Who's best placed to do it rather than, "Oh, my role says I can't	Openness is needed for joint work / Role flexibiliy / Relational practice is needed for joint work	Willing professionals are needed for joint work / Flexibility in role / Relational practice is needed for joint work
207 So I think an openness and a flexibility of role. I think a willingness to share information obviously we need once we've got consent from a person and family to do that.	Role flexibiliy / Information sharing is needed for joint work / Consent from family and CYP	Flexibility in role / Information sharing is needed for joint work / "Buy-in" from the CYP and family
208 But to be able to share what information is necessary.	Information sharing is needed for joint work	Information sharing is needed for joint work
209 Interviewer:		
210 Yeah		
211 Participant KW:		
212 So that so the parents don't have to tell their story over and over again, so that young people don't have to tell this story over and over again.	Family doesn't have to retell their story	Families are overwhelmed with professional support
213 Um, I think a curiosity around what might happen, what might have happened, a curiosity around kind of how we got to this place but also how we can best move it forward. Um. and iust a. a willingness to work creatively.	Curious exploration of CYP history / Collaborative search for solutions	Joint work contextualises CYP expereinces / Collaborative search for solutions / Professional autonomy to work creatively

Appendix L. Initial mapping of patterns across the data set
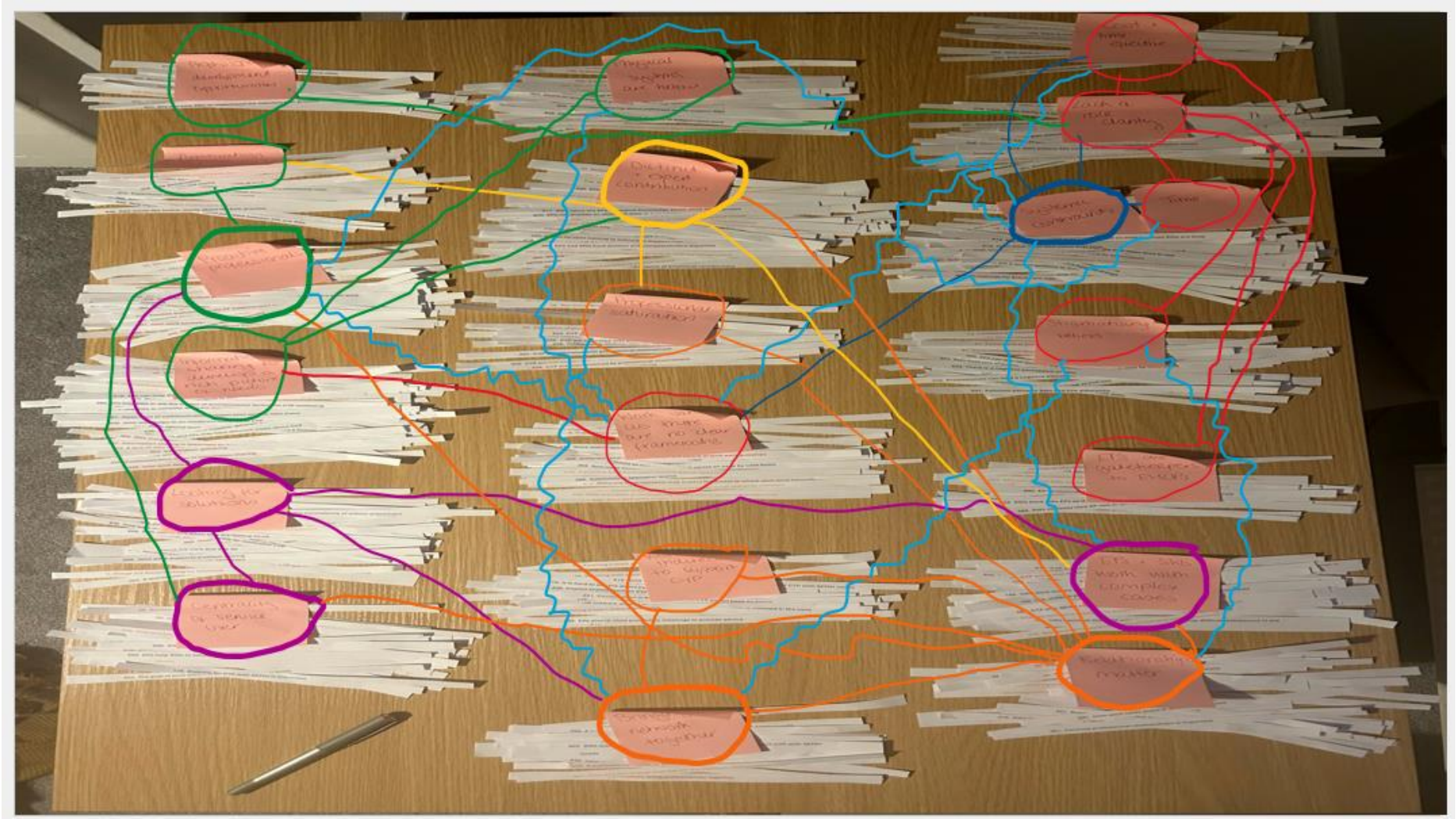
Appendix M. Refined thematic map
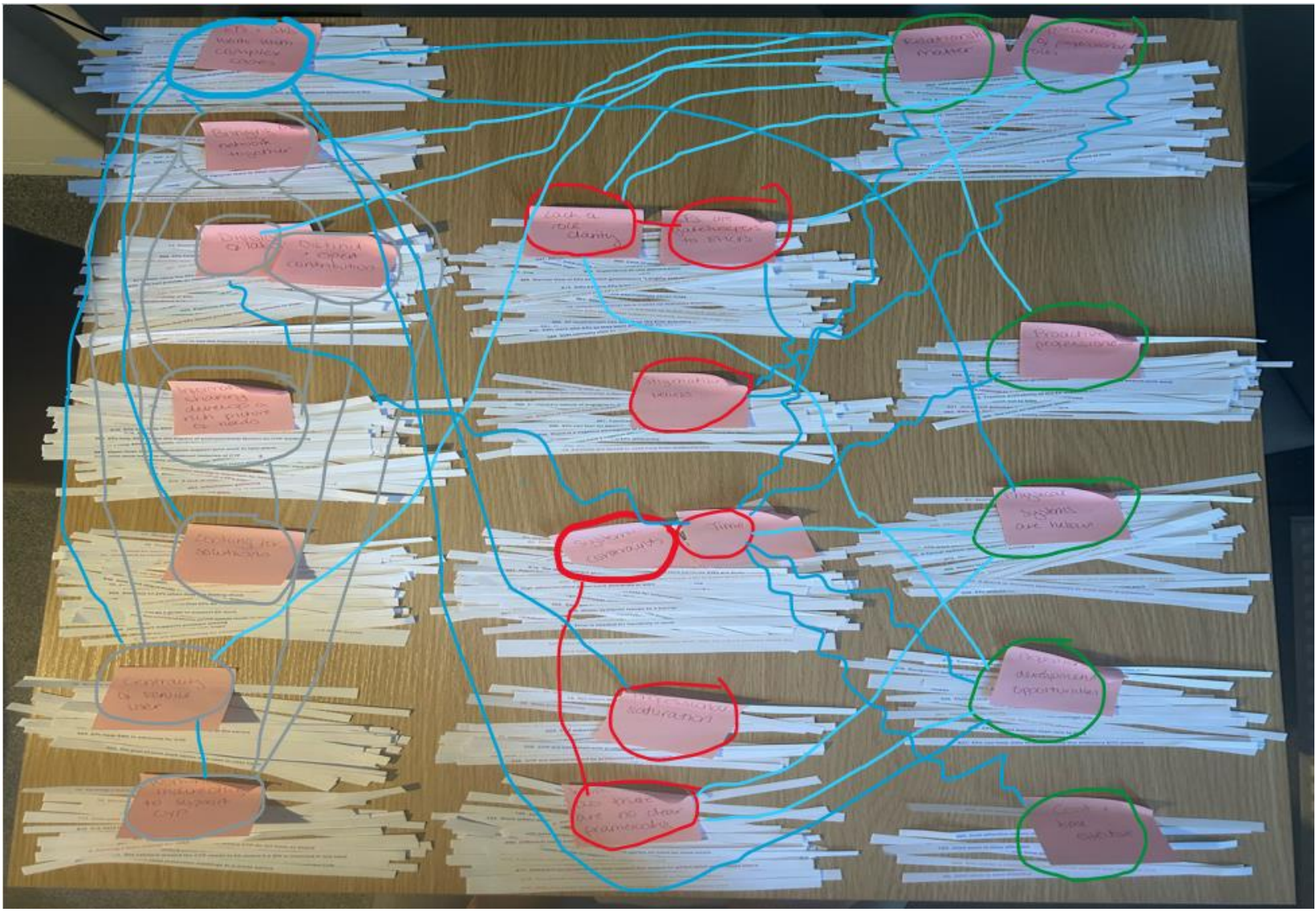
Appendix N. Final thematic mapping
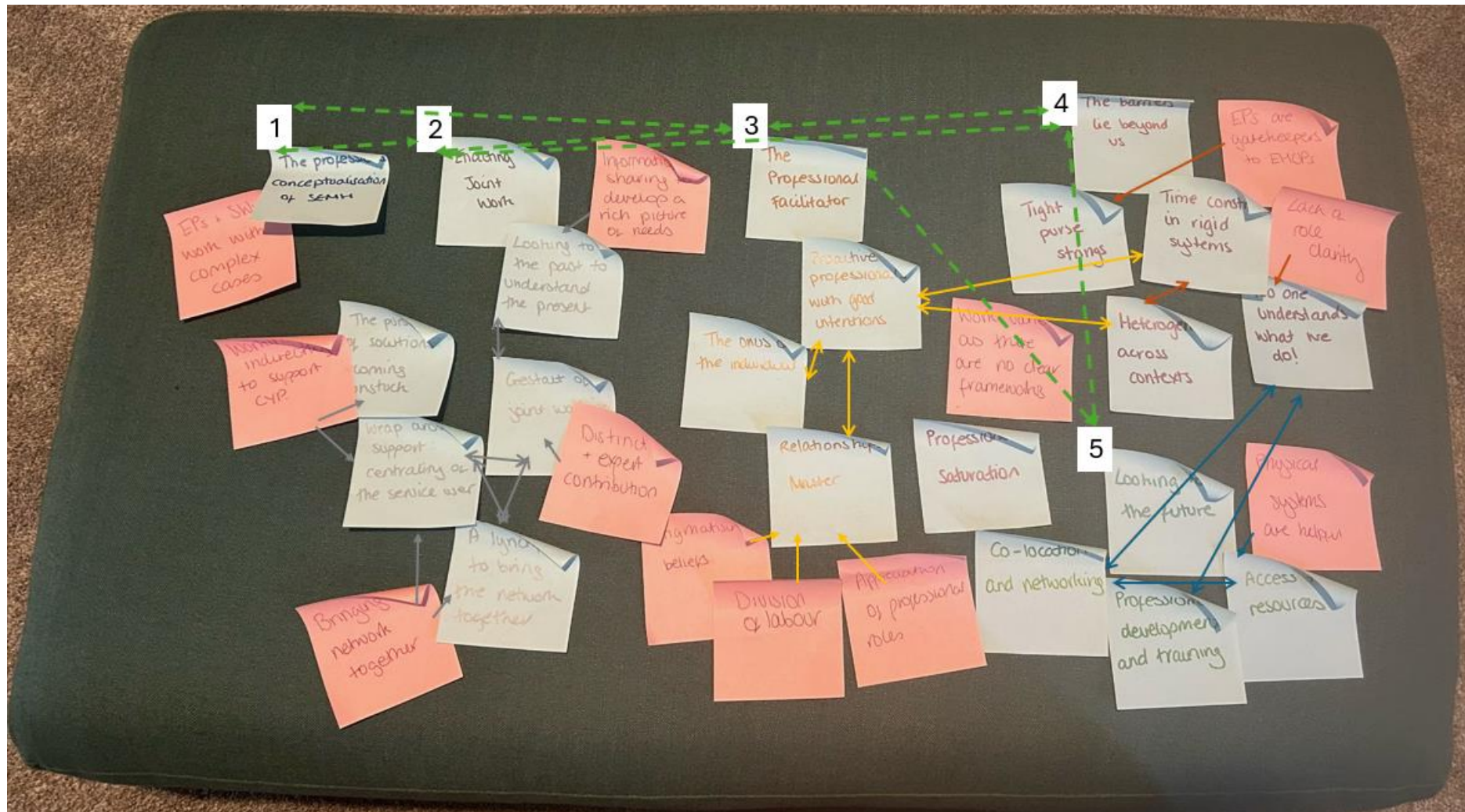
## Appendix O. Good Practice Checklist with accompanying Bronfenbrenner Ecological Systems Model adapted for CYP with SEMH

Good Practice Checklist
for Educational Psychologists working with Social Workers to support CYP with SEMH needs

CONSENT

○ Is the CYP known to have a Social Worker?
○ What statutory level of support they are receiving? (E.g., CIN, CP, LAC).
○ Have the family and CYP given consent to share information?

Consider: 'Needs to know basis,' Consent guidelines, Statutory legislation

HOPES FOR JOINT WORK

○ Have you contracted what your joint involvement will look like?
○ What is the purpose of joint work to support this CYP?
○ What are the desired outcomes for joint work and how will they be measured?

Consider: Contracting tools and resources, Time allocation, Monitoring, evaluation and review

ENHANCING COMMUNICATION

○ How can you make contact with the Social worker?
○ Do you understand the role, task and boundaries of the Social Worker?
○ How might aspects of our own personal and professional identities impact our working relationship?
○ How can time be best utilised?

Consider: Co-location, Remote and online platforms, Email, Telephone, Joint meetings, Reduce role ambiguity

COMBINING PROFESSIONAL EXPERTISE

○ What distinct perspectives and skills do you hold that can be useful for the CYP/family?
○ How can the needs of the CYP be contextualised?
○ How can you value and utilise the perspective of the Social Worker?
○ Are there other professionals that need to be involved?

Consider: Theoretical frameworks, Consultation, Assessment, Intervention, Training, CAMHS, SALT etc

CENTRALISING THE CHILD

○ Have you sought the views of the CYP and their family?
○ How has the CYP and family been included in the decision-making process?
○ Can you use supervision to make sense of the CYP and explore relational dynamics of the system?

Consider: Language and accessibility

OVERCOMING SYSTEMIC BARRIERS
(For Service Managers)

○ How is information shared between services in the Local Authority?
○ Does your team require training to support their understanding of the role and remit of social care?
○ How can resources be utilised to increase professional autonomy?

Consider: Time allocation models, Shared records, Referral pathways, Safeguarding pathways, Team meetings, Professional development opportunities

Bronfenbrenner's Ecological System
Adapted to focus on CYP with SEMH
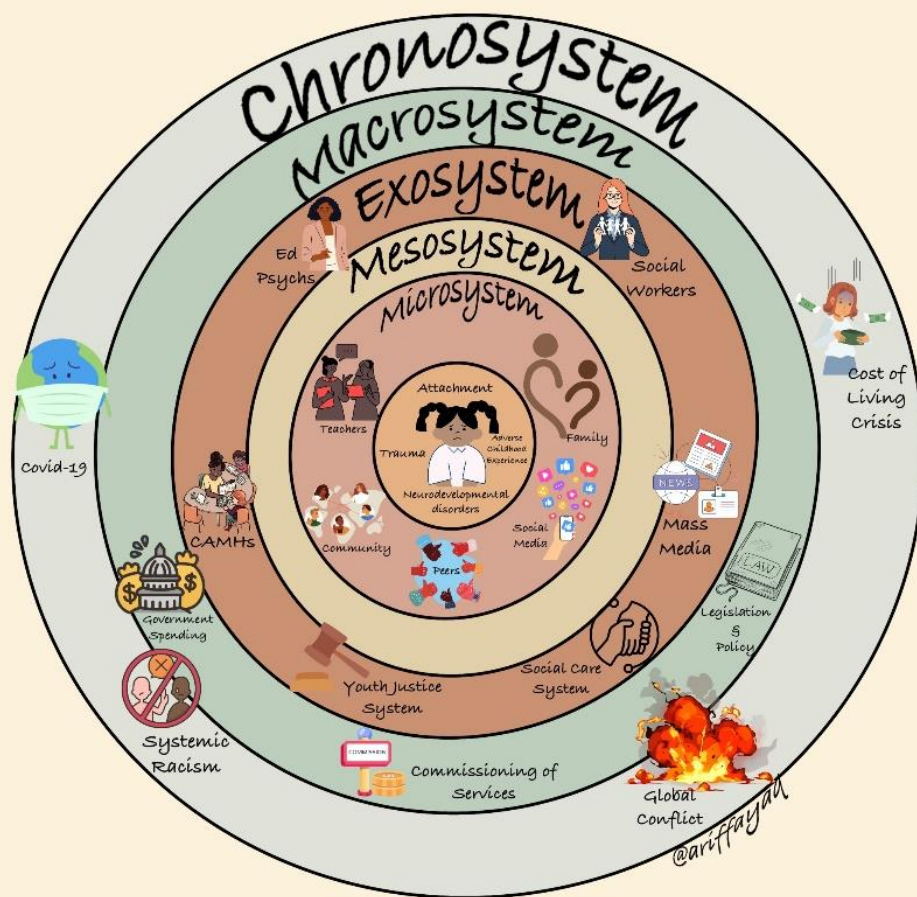
Appendix P. Alternative approaches to data analysis considered by the researcher for this thesis

A) Interpretative Phenomenological Analysis (IPA)

Interpretative Phenomenological Analysis (IPA) is a form of qualitative data analysis that can be used to uncover the nuanced experiences of research participants, allowing for a close insight into their lived experiences and social worlds (Smith & Osborn, 2003). Similarly to RTA, there is a recognition that the researcher must play an active role to interpret the data. To inform their analysis, the researcher seeks to understand the emotional and mental states of participants (Smith & Osborn, 2003) and so, instead of purely descriptive accounts of their experiences, participants are encouraged to identify and name their feelings and emotions.

IPA was not selected in the present research as I felt that this method of data analysis was founded too strongly within the subjective experience of participants, aligning more with relativist/constructivist or constructionist ideologies rather than the critical realist lens that I took up when designing the research. Whilst IPA would be able to consider the perspectives EPs and SWs, I was concerned that IPA was not in keeping with the notion that there could be a common 'truth' about joint work practices to support CYP with SEMH needs that could be generated through the research.

B) Grounded Theory

Grounded Theory is best utilised in research when the researcher seeks to produce a theory that is grounded in the data (Tie, Birks and Francis, 2019). Grounded theory espouses that there is a phenomena or problem, that can be explained through the analysis of data. Thus, the purpose of the research is often viewed as explanatory, rather than descriptive or exploratory.

The purpose of the present research was exploratory in nature, and therefore, I decided that Grounded Theory would not be well suited to this research. As many theories (such as systemic, psychodynamic and group theories) can already be applied to better understand interpersonal and interprofessional dynamics between professional groups, I did not feel that there was a gap in the research that required me to construct a theory to better explain the underlying mechanisms of joint work between EPs and SWs in this area. Rather, I felt that an exploration of what is good practice in this area would be a more practical guide and resource for professionals seeking to support CYP.

C) Content Analysis

Content analysis and thematic analysis are often methods of qualitative analysis that are seen interchangeably in research, however, there is growing recognition that these are distinct approaches to data analysis (Vaismoradi, Turunen & Bondas, 2014). Content analysis is regarded as a more descriptive approach to data analysis, as it seems that the researcher makes attempts to quantify the data collected (Vaismoradi, Turunen & Bondas, 2013). In this way, it appears less nuanced than RTA as it does not explicitly address the importance of the role of the researcher, their own identity and worldview. Given my own role as an 'insider-outsider' researcher, I felt that identifying and naming my own assumptions and subjectivity would be essential to the research, and that content analysis would not be able

to richly capture the position that I took up in relation to my participants, and the subsequent impact on my data analysis.

Content analysis can be criticised for attempting to divorce the data from its context (Braun & Clarke, 2022). Given the growth of CYP with SEMH needs and the current climate of local authority working, I felt that when applying my findings, it would be detrimental to separate the data from its context. Therefore, content analysis was not selected as an appropriate approach to data analysis.

D) Codebook Thematic Analysis

Codebook Thematic Analysis is often positioned between coding reliability and RTA, as it involves a structured approach to coding through the use of a codebook or frame. This form of thematic analysis can often be concerned with consensus amongst data analysists, or frequency of data, as a way to determine the relevance, or power, of themes (Braun & Clarke, 2022). Whilst Codebook Thematic analysis can provide an efficient form of thematic analysis, key themes may be unintentionally omitted due to the rigidity of the framework. Moreover, what individual researchers bring (including their worldviews and subjective experiences) are often overlooked in this form of analysis.