

**The Role of Practitioner Educational Psychologists in
Supporting a Residential Setting to Meet the Needs of
Looked After Children**

**A Thesis Submitted to The University of Manchester for
the Degree of Doctorate in Child and Educational
Psychology in the Faculty of Humanities**

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List of Acronyms

EP - Educational Psychologist

EPS- Educational Psychology Service

LA- Local Authority

CLAEP- Commissioning Local Authority Educational Psychologist

CLAEPS - Commissioning Local Authority Educational Psychologist Service

CPEP- Current Provider Educational Psychologist

LAC- Looked After Children

LACRH- Looked After Children in Residential Homes

PEP - Persona Education Plan

CAHMS- Child and Adult Mental Health Service

CP- Clinical Psychologist

BPS- British Psychological Society

SEN - Special Educational Need

BESD-Behavioural Emotional Social Difficulties

MLD- Moderate Learning Difficulties

SLD- Severe Learning Difficulties

RAD - Reactive Attachment Disorder

CPD - Continual Professional Development

GST - General System Theory

NHS - National Health Service

IEP - Individual Education Plan

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Doctorate in Educational and Child Psychology

Abstract

The Role of Practitioner Educational Psychologists in Supporting a Residential Setting to Meet the Needs of Looked After Children

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This research focuses on the role of Educational Psychologists (EPs) in supporting looked after children in a residential home (LACRH). This population can be considered vulnerable in that they are likely to achieve poorer outcomes compared to their non-LAC peers (Jackson & McParlin, 2006). Children in residential care are considered the most vulnerable subsection of the LAC population (Rutter, 2000), and therefore the Educational Psychology Service (EPS) has commissioned a pilot model of service delivery for the children's residential care provision within the local authority (LA). Three EPs who were already established providers of EP services to children's residential care homes were interviewed. This information was used to inform a model of service delivery generated by a team of 11 EPs in the commissioning LA. This model was presented to 13 staff in a children's home, which hosted the pilot. An action research (AR) method was used (Reason & Bradbury, 2001). This model was presented to staff in the selected children's home and pre-measures were taken via questionnaire. Staff from the home refined the model and subsequently commissioned work from the EP team in light of their needs. The model of service delivery was evaluated by home staff via post-measure questionnaires. EPs in the commissioning LA and home staff also participated in evaluative focus groups. Data was subject to content and thematic analysis. Pre and post measure data was compared to track changes in opinion. The model was highly valued by EPs and home staff. Home staff valued the knowledge and support offered to them via the model of service delivery. The findings support the contention that EPs have a distinct role in supporting the residential setting to meet the needs of LAC

Declaration

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1 Chapter 1: Introduction

1.1 Chapter Outline

This chapter will consider the rationale for the study and provide information on the context in which the research takes place. It will detail the background of the research before outlining the structure of the remaining chapters.

1.2 Rationale

This research focuses on the educational psychologist's (EP's) role in supporting looked after children (LAC). This population can be considered vulnerable in that they are likely to achieve poorer outcomes compared to their non-LAC peers (Jackson & McParlin, 2006). The educational psychology service (EPS) wanted to explore how it could develop its work with LAC in residential homes (LACRH), especially since there is a relatively high number of LAC within the local authority (LA) compared to the national average. Children in residential care are considered the most vulnerable subsection of the LAC population, and therefore the EPS commissioned research to develop a pilot model of service delivery for children's residential care provision within the LA (Rutter, 2000).

Although numbers of LAC are rising, the number of children being adopted is falling. The proportion of care-leavers not in education, employment or training is on the increase from 32 per cent in 2010 to 33 per cent in 2011 (DfE, 2011). Furthermore, DfE figures (2010) suggest that 73 per cent of LAC who have been looked after for 12 months are considered to have some form of special educational need (SEN). National figures show that in 2010 only 26 per cent of LAC achieved 5 GCSEs (A*-C) compared with 75 per cent of the

general population, which demonstrates the significant under-achievement of LAC (DfE, 2010). LAC are over-represented in figures for school exclusions (Hayden, 1996) and also in being identified as having a SEN (Berridge & Brodie, 1998); these are factors are likely to affect educational attainment. LAC are more vulnerable to: teenage pregnancy, offending behaviours, homelessness, unemployment, substance misuse and mental health difficulties (Jackson & McParlin, 2006).

1.3 Current Service Delivery

The LA in which this research takes place has recently changed its systems for providing access to the current local authority educational psychology service (CLAEPS). The model of EPS delivery has moved towards a traded model, with schools being given 10 hours ‘free’ EPS time per annum in addition to work they are able to commission. The new system recognises that LAC may benefit from access to EPS input, and therefore they have been allocated time outside of the school allocation. Thus, a school can access the EPS in relation to LAC for ‘free’ alongside statutory work. However, following discussion within the LA, a gap in meeting the broader needs of this vulnerable group became evident and was identified as a potential area for research.

1.3.1 Research Setting and Context

The research took place within a North Western City Council LA within England where the researcher is employed as a trainee educational psychologist. Within the LA there are approximately 560 LAC at any time; of these, 360 are considered to be school-aged. While these figures fluctuate, they indicate the large numbers of children when compared to neighbouring LAs, which range between 125 and 520 LAC (DfE, 2010).

In order to promote the educational outcomes of LAC within the LA, a Virtual Head Teacher was employed and has been given the responsibility of looking after the education of all school age LAC in the LA. In addition to this service, the LA has a specific Child and Adolescent Mental Health Service (CAMHS) for LAC.

1.4 Research Summary

This research will consider whether the EP role can be extended into other settings attended by LAC, such as the residential home. Through examining the practice of EPs currently undertaking this role in other LAs, a model of service delivery was generated in the commissioning LA. An action research (AR) method was used as a framework for the research. AR can be defined as an interactive inquiry process, in a collaborative context, that aims to construct a preferred future through the research process (Reason & Bradbury, 2001). It was felt this method would be well suited to meeting the aims of the research and to promoting commissioner-led outcomes. It was hoped that this research would support looked after children in residential homes (LACRH) by supporting the staff around them. The research outlines the process of developing a model for providing EP services to a residential setting which was developed by home staff and EPs. Led by the researcher, a team of EPs was involved in implementing the model with the home. The researcher guided the development of the process and its evaluation. It was hoped that in implementing and evaluating the effectiveness of this model, access to EP services within the LA would be broadened.

1.5 About the Researcher

The researcher's interest in this area stems from their work history in residential care and supporting LAC. Through such work, it became apparent that LACRH were likely to have more significant needs than those in foster placements. In light of this they are less likely to take a place in school, leaving them less likely to access services, including educational psychological ones, from which they may benefit. During the time working in residential settings, the researcher did not interact with psychologists and noted the reluctance of LACRH to access clinic-based psychological services. It was noted that, because of the vulnerability, poor outcomes and mental health issues associated with this client group, they may benefit from such services, and there was a frustration at the lack of access to them. During the doctoral training, the researcher became increasingly aware of the benefits and power of psychology. This was tempered with an increasing dissatisfaction that such benefits were generally targeted at and accessed by schools. Through this research, it was hoped that a model could be developed that would offer psychological services where they may be needed most.

1.6 Chapter Outline

The structure of the remaining chapters is as follows:

Chapter 2 begins with a clarification of key terms. General government guidance and legislation in relation to LAC and their education and outcomes is then discussed. A detailed exploration of literature published around LAC, and more specifically those in residential care, will follow.

Chapter 3 presents the overall methodology of the research. The underlying paradigm will be explored as well as the ontological, epistemological and axiological views of the researcher. The research questions will be presented along with the overall AR design. The global procedures undertaken are then considered along with participant recruitment, data gathering tools and the forms of data analysis that were used. Finally, ethical considerations are explored.

Chapter 4 describes the data gathering methods, analysis and outcomes of each AR cycle. AR, due to its cyclical rather than linear design, does not easily allow for outcomes to be extrapolated from the methods, as outcomes of each phase impact on the design of the subsequent phase. For clarity, the term ‘outcome’ will be used in place of results when referring to data emerging from the development of the model, and ‘results’ will be used to consider data generated from formal evaluation tools. The specific procedures of each phase will be discussed in turn along with data analysis and outcomes.

Chapter 5 presents the results of the formal evaluation of the model. Each data set will be discussed in turn before data is synthesised.

Chapter 6 is the final chapter in which the research's contribution to original knowledge is outlined along with implications of findings and directions for future research. Limitations of the research are noted along with a discussion of ethical issues. Finally researcher reflections are given before ending with a conclusion.

2 Chapter 2: Literature Review

2.1 Chapter Introduction

This literature review aims to critically evaluate relevant literature pertaining to LAC and the EPs' role in supporting the residential setting. This review draws on theory, research and policy from a variety of sources (journals, edited books and government publications). Key terms will be defined before the strategy used to obtain the evaluated literature is considered. The 'knowledge gap', as identified by the researcher, along with the aims of the research, will then be discussed.

The literature was obtained via a number of methods, i.e. keyword searches (described below) using the academic databases, including:

- *ERIC*
- *Australian/British Education Index*
- *Sage Full Text Index*
- *PsychInfo*

Other specific and relevant journals (e.g. Educational Psychology in Practice) were also searched by hand. Key words including 'looked after child*' OR 'in care' AND 'residential' OR 'home' were used. The literature search was initially broad and considered research around LAC generally. This search generated a wealth of research and government guidance, particularly around the attainment of LAC and initiatives that attempted to support them. The search was then narrowed in an attempt to uncover how LACRH have been supported by EPSS. It was more difficult to locate studies in this area and only a handful of relevant studies were located, highlighting the need for research in

this field. Before considering the literature generated from this search, key terms must be defined.

2.2 Key Terms

2.2.1 'Looked After'

The terms 'looked after' or 'in care' have been used interchangeably by the state in documentation and will also be employed by the researcher. The term 'looked after' has a legal definition and was introduced under the Children Act 1989, Section 22 (1) (DoH, 1997). It refers to children and young people who are cared for by the state for over 24 hours. It refers to children who are 'accommodated' and those subject to a 'care order'.

The term 'accommodated' refers to children who are taken into care under Section 20 of the Children Act which is a voluntary agreement in which responsibility is shared between parents and the state. This may be a periodic occurrence (e.g. due to illness) or when a parent feels that they are not able to effectively meet the needs of their child. Children that are subject to a full 'care order' are the sole responsibility of the state. A child may become subject to a care order under Section 31 of the Children Act 1989 (DoH, 1997) for a number of reasons:

- *Where a child is suffering or likely to suffer significant harm*
- *Where harm is caused to the child by a parent*
- *When harm is likely to be caused to the child due to insufficient care being given by the parent to the child in the future*
- *Where a child may suffer harm as a result of being beyond their parents' control*

The term 'looked after' also refers to young people who are compulsorily accommodated, including those on remand or subject to criminal justice supervision (Section 21, Children Act, 1997) as well as those subject to a police protection order (Sections 44/46, Children Act, 1997). Many looked after children remain at home under care orders and, therefore, are also included in this term (Winter, 2006). Although it is recognised that most looked after children and young people in residential care are of an older age (11-17), the term 'looked after children' (LAC) rather than 'looked after young people' will be used for convenience.

2.2.2 'Corporate Parent'

Although not a legal term, it is frequently referred to in literature pertaining to LAC (Harker, Dobel-Ober, Berridge, & Sinclair, 2004). Children who reside in residential care are the responsibility of the 'corporate parent' as stated in the Children Act 1989 (DoH, 1989). This refers to an overarching responsibility for the child through multiple services. Such 'collective responsibility' for LAC includes multiple professionals such as: residential staff, social workers, designated teachers, specialist healthcare professionals and advocates. This seeks to ensure that the LA or 'corporate parent' acts in the interest of the child and is concerned for their welfare 'as if' they were a parent (IDeA and LGA, 2005).

2.2.3 'Residential Care'

Bates, English and Kouidou-Giles (1997) note the differing understandings around the term 'residential'. While 'group home' typically refers to a facility that addresses the child's basic needs (food, shelter, daily care), the term 'residential' is more synonymous with meeting mental health or specific needs, particularly in literature from the United

States (Bates et al., 1997). The term will be used interchangeably in this research as this is the common language in this country at this time. Although there are specialist settings and homes in the United Kingdom (UK) that classify themselves as ‘therapeutic,’ the homes referred to in this study are homes that aim to meet children’s basic needs and can be described as providing a ‘therapeutic’ approach whilst signposting residents to more specialist services. ‘Residential settings’ vary in their organisation and include children’s homes, secure units, residential schools and supported lodgings (DfE, 2011).

2.3 Voice of the Child

The importance of eliciting the views of children with SEN has been noted in policy (United Nations, 1989; DfES, 2001) by educators (Ware, 2004; Ware, 2004; Lewis & Porter, 2004) and by the researcher (Lightfoot & Bond, 2013). The decision was taken not to elicit such views in this research. This decision was taken in light of ethical and practical difficulties around obtaining consent from LAC, given the transient nature of this population in what is termed a ‘short-stay’ home. It was felt that attempts to elicit the voice of children who were new to the home and unlikely to stay would be unethical and would offer limited insight into the impact of the EPS’s role in supporting staff. It would also be difficult to gain informed consent and organise to visit such children given that entry to the home was likely to be sudden. It was also felt that eliciting such views would be inappropriate given that the research focused on supporting those that care for LAC rather than on the proximal impact of this support on LAC themselves. It was felt that there was limited benefit in seeking the views of residents given the specific aims of the research. Although not appropriate in this instance, the importance of obtaining the views of children

is acknowledged by the researcher, and fits with their axiology. The literature pertaining to this topic will therefore be omitted.

2.4 Who are LAC?

LAC are not a homogenous group; however, the diversity of this population and the limitations of treating them as a homogenous group is noted (Statham, 2008). The lack of data pertaining to LAC and the issues around data collection has been highlighted by researchers and is acknowledged (Jacklin, Robinson, Torrance, 2006). Current data (DfE, 2011) reveals that:

- *There were 65,520 looked after children at 31 March 2011 (an increase of 2 per cent from 2010 and an increase of 9 per cent since 2007)*
- *54 per cent were taken into care because of abuse or neglect*
- *12 per cent of LAC were aged 16 and over; 33 per cent were aged 10-15 years; 16 per cent were aged 5-9 years; 20 per cent were aged 1-4 years; and 19 per cent were under 1 year of age*
- *Males are marginally over represented (56 per cent)*
- *The majority of LAC were classified as White British (70 per cent). Eight per cent were of Mixed Heritage; 9 per cent were Black or Black British; 7 per cent were Asian, Asian British and 6 per cent from other ethnic groups*

LAC may reside in a range of settings including foster care (i.e. a family placement) or in a residential setting. The majority of LAC (73 per cent) were placed in foster care. Six-thousand two-hundred children were described as being cared for in residential settings.

2.5 Socio-Political Context

Jackson (1987) highlighted the poor educational outcomes for LAC. Although this attracted long overdue attention, government policy was slow to address it. *Patterns and Outcomes in Child Placement* (DoH, 1991) and the first Utting Report (Utting, 1991), although commenting on the poor educational outcomes for LAC, failed to provide guidance as to how such outcomes could be remedied. Arguably, the educational underachievement of LAC was not brought to the forefront until the publication of *Focus on Teenagers* (DoH, 1996), which cited the need for LAC to be a priority amongst educators. The government commissioned research into the educational outcomes for LAC (Utting, 1997; Social Exclusion Unit (SEU), 2003) which forged the way for initiatives, such as *Quality Protects* (DoH, 1998), to address the needs of LAC, with specific attention being placed on raising educational attainments.

Such sentiments were reiterated in the government issued guidance, *Education of Young People in Public Care*, a joint publication from the Department of Education and Skills and the Department of Health (DfEE/DoH, 2000). Such guidance promoted multiagency work to best meet the needs of vulnerable children; its importance emphasised by tragic cases such as the death of Victoria Climbié (Lord Laming, 2003). *Every Child Matters* (ECM) (DfES, 2003) was then introduced, reiterating the need for multiagency work and stating each child's right to:

- *Be healthy*
- *Be safe*
- *Enjoy and achieve*
- *Make a positive contribution*
- *Achieve economic well-being*

Following such publications, the issue of the outcomes of LAC began to make its way to the forefront of policy and practice (SEU, 2003; DfES, 2005; DCSF, 2008; DCSF, 2009a; DCSF, 2009b; DCSF, 2010). Such sentiment was cemented in *Care Matters: Time for Change* (DfES, 2007) in which additional funding was offered by the LA to supplement learning and development activities. In addition, the following became statutory requirements:

- *The development of a Personal Education Plan (PEP) for every LAC as a means to establish clear goals and ensure access to services and support*
- *Schools to appoint a designated teacher to advocate for LAC and act as a resource*
- *For each local authority to possess a protocol on the sharing of relevant information between agencies, children and parents*
- *Care placements to only be made where appropriate levels of education are ensured to be provided (except in crisis)*
Local authorities have a maximum of 20 school days in which to secure an education placement for any child or young person of school age in their care (DfES/DoH, 2000).

Such legislative changes sought to raise attainment of LAC. Section 52 of the Children's Act 2004 (amending Section 22 of the Children's Act, 1989) placed a statutory duty on the LA to promote the educational achievement of LAC and raise attainment, and to reach government targets of 75% of LAC obtaining one or more GCSEs or GVNQs (DoH, 1997).

The increased socio-political activity in relation to LAC in the past decade is noted. It will be argued, however, that there is still merit in considering research that preceded this.

Considering this research may offer insight into the historical context of the care system as

such research is likely to have shaped the culture of the system and influenced the beliefs and training of the staff that support it.

2.6 Outcomes for LAC

While numbers of LAC are rising, the number of children being adopted is falling. The proportion of care leavers not in education, employment or training is on the increase from 32 per cent in 2010 to 33 per cent in 2011 (DfES, 2011). Furthermore, 73 per cent of LAC who have been looked after for 12 months are considered to have some form of special educational needs (DfES, 2010). In 2011, 29 per cent of LAC had a statement of SEN in comparison to 2.8 per cent of pupils in the general school population (DfE, 2012). Of statemented LAC, 44.4 per cent had a statement for Behavioural, Emotional and Social Difficulties (BESD) and 18.9 per cent had a statement for Moderate Learning Difficulties (MLD), which compares with 14.2 and 17.3 per cent of all statemented children respectively (DfE, 2012). National figures show that in 2010 only 26 per cent of LAC achieved 5 GCSEs (A*-C) compared with 75 per cent of the general population, which demonstrates the significant under achievement of LAC (DfES, 2010). LAC are over-represented in figures for school exclusions (Hayden, 1996) and in being identified as having a special educational need (Berridge & Brodie, 1998), both of which are factors that are likely to affect educational attainment. LAC are more vulnerable to: teenage pregnancy, offending behaviours, homelessness, unemployment, substance misuse and mental health difficulties (Jackson & McParlin, 2006). Jackson and Simon (2005, p.90) summarise the outcomes for LAC and consolidate the rationale for this study.

Children who grow up in local authority care, ‘looked after’ under the Children Act 1989, are: four times more likely than others to require the help of mental health services; nine times more likely to have special needs requiring assessment, support or therapy; seven times more likely to misuse alcohol or drugs; 50 times more likely to wind up in prison; 60 times more likely to become homeless; and 66 times more likely to have children needing public care.

2.7 Local Context

Historically, attainment for LAC in the commissioning LA has been significantly lower than the national average and is indicative of levels of need generally (Anonymous, 2001).

Table 1. Local and National Figures of Educational Attainment for LAC in 2000

(Anonymous, 2001)

Qualification	Local	National
Number in Year 11 that sat at least one GCSE/GNVQ	35.5%	53.5%
Number that obtained 1 GCSE at grade A* - G or a GNVQ	35.5%	49% compared with 94% of all school leavers.
Number that obtained 5 GCSEs at grade A* - G	32.3%	35.5% compared with 89% of all school leavers.
Number that obtained 5 GCSEs at grade A* - C	3.2%	7% compared with 49% of all schoolleavers.

In addition, LAC are currently over-represented in the commissioning LA with 1.23 % per 10,000 children being categorised as LAC, compared with a national average of 0.59 % per 10,000 (DfES, 2011). The LA is an area with high levels of social deprivation. For those

children who started to be looked after in England during the year ending 31st March 2011, the most common reason they were taken into care was neglect (54 per cent) followed by family dysfunction (11 per cent) (DfE, 2011). With increasing emphasis on the attainment of LAC, why do LAC underachieve?

2.8 Causes for Underachievement in LAC

A Better Education for Children in Care (SEU, 2003) identified five factors that contribute to educational under-achievement in LAC:

- *Instability*
- *Insufficient school attendance*
- *Insufficient help with their education if they get behind*
- *Carers are not expected, or equipped, to provide sufficient support, and*
- *They need more help with their emotional, mental or physical health and well-being.*

Others suggest that the nature of the LAC population or the care system itself is damaging to LAC because it is a turbulent and chaotic system to negotiate (Stein, 1994). Multiple placement changes and carers, as well as proximity to other children with difficulties, provides less than an optimum environment for children to succeed (Stein, 1994). Before considering why LAC are failing, ‘success’ must first be defined.

2.8.1 Defining Success

‘Success’ is a construct defined by society, and ‘educational attainment’ is the ‘benchmark’ by which LAC are judged and found to be failing (Kosters, 2009). Kosters notes how this construct may be different for LAC, and that concerns regarding success for LAC

focus on low attainment levels and the high numbers leaving care without formal qualifications (Kosters, 2009). Gallagher, Brannan, Jones, and Westwood (2004) suggest that such an ‘outcome’ orientated position fits with the general direction of the education system (e. g. the introduction of league tables) that is increasingly prescriptive. The need to balance academic attainments and other constructs is encouraged by researchers (Coulling, 2000) and will be considered in this study. If society’s current markers of success are to be accepted, potential reasons for poor outcomes for LAC must be reviewed.

2.8.2 Pre-Care/Within Child Factors

Given the high percentage of children being taken into care due to neglect (DfE, 2011), it follows that adverse early experiences will have a negative impact on these children. Research has shown the damaging impact that neglect and early abuse has on social, emotional, cognitive and physical development (Trickett & McBride-Chang, 1995). In addition, an inherent difficulty presented by a child (i.e. a disability) may act as a contributory factor in their being taken into care, as this may complicate and challenge parental care (Francis, 2000). Such difficulties are likely to persist as barriers to attainment once the child is in care. The length of exposure to neglect experiences is a noted risk factor and is thought to increase the severity of developing difficulties (Vorria, Wolkind, Rutter, Pickles & Hobsbaum, 1998).

‘Failure to thrive,’ although a medical term in origin (Olsen, 2006), describes the impact that early neglect can have on a child’s development. Maslow’s ‘hierarchy of needs’ theory (1954) further illustrates the impact of neglect on subsequent functioning. Maslow (1954) contends that we are only able to move up the hierarchy once our lower needs have been

met, and only then can 'self-actualisation' occur (see Figure 1). This theory suggests that children who experience neglect may be unable to 'problem-solve' or be 'creative,' for example, as their lower needs have not been met. In terms of educational success, it follows that the skills needed to achieve are underdeveloped in LAC as their needs may not have been met in their early development, and fail to be met once they enter the system (i.e. safety/belonging needs that are not synonymous with multiple placement changes).

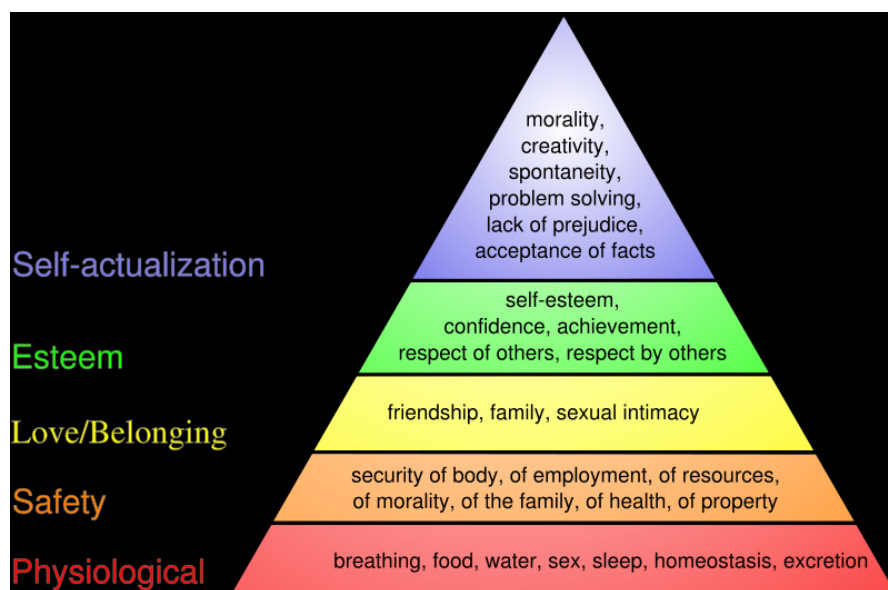


Figure 1. Illustrating Maslow's Hierarchy of Needs

Although the lower needs described by Maslow (1954) (physiological) can be tackled directly (i.e. providing a home, food, water), higher needs relating to security and attachment are less easily remedied and are perhaps the most damaging to children's development. Maslow's theory (1954) has been criticised in terms of its rigidity (Boa, 2004), although, as Conte (2009) notes, his theory has been misinterpreted, as Maslow presented the needs in stages of constant fluctuation rather than as a static hierarchy.

Therefore, it is useful to consider these needs when supporting LAC, and to encourage those around them to meet them.

2.8.3 Neglect and the Brain

Fifty-four per cent of children taken in to care in the year ending 31st March 2011 had experienced neglect which led to their removal (DfE, 2011). An experience of neglect can be classified as such if actions are considered beyond the norm of usual interaction with a child and is potentially or actually harmful. The term ‘significant harm’ in the UK is defined by the Children Act as the threshold for what constitutes neglect and child abuse (DoH, 1989).

Greenough and Black (1992) contend that the brain’s maturation depends on environmental processes. They suggest that experience-expectant development requires key experiences during a critical period of development, and that an absence of such experiences can lead to deficits in cognitive abilities which may be permanent (Greenough & Black, 1992). They propose that children who experience neglect or fail to receive environmental stimulation during critical periods of development are not likely to engage in experience-expectant brain development. The authors also suggest an additional factor for brain maturation that is less experience-dependent. They propose that this process is less predetermined, is not as sequentially bound, and varies between individuals (Greenough & Black, 1992). They suggest that environmental experiences are important but that they lead to synapse creation, as opposed to experience-expectant development in which synapses wait for the experience to occur (Greenough & Black, 1992).

Glaser (2000) reviewed the impact of childhood abuse and neglect on the brain and indicated two ways in which brain development was impacted by maltreatment. The author suggests that environmental influence and the impact of stress are key factors on brain development (Glaser, 2000). Typically, synaptic pruning refers to neurological regulatory processes, which change the neural structure by reducing the overall number of neurons and synapses, resulting in more efficient synaptic configurations. Glaser (2000) suggests that brain development is constantly modified by environmental influences and that some synaptic pruning occurs due to inactivity. He suggests that lack of environmental stimulation can lead to synaptic pruning, which can subsequently lead to a less well developed brain (Glaser, 2000).

Glaser (2000) suggests that in addition to environmental influences, the effect of stress on the brain is thought to impact on development. The author suggests that stress can be defined as an experience that produces an emotional reaction that has a negative or fearful impact on the person experiencing it (Glaser, 2000). He suggests that when the body responds to acute stress there is an elevation of cortisol, which, when sustained and excessive, is thought to damage the structure of the brain. The author also suggests that both environmental factors and stress are linked to brain development. However, such findings should be treated with caution in that the presence (or lack thereof) of these factors should not be used to predict later outcomes. Glaser (2000) notes the role of multifinality, which refers to the different outcomes that may occur for two individuals who seemingly experience a similar upbringing. He also notes the role of equifinality, which recognises how two individuals with different developmental histories can seemingly achieve a common outcome. Such concepts should be noted when considering LAC, particularly given the lack of homogeneity associated with this population (Statham,

2008). Recent research has linked the role of experience with development (Gerhard, 2004; Belsky & De Hann, 2011; Andersen & Teicher, 2009). The impact on the brain in terms of attachment theory will now be explored.

2.9 Attachment

Early neglect and the subsequent disruption that follows when children are taken into care leads to the consideration and impact of attachment theory. Children who have been taken into care are often placed in a situation and setting whereby they are required to make new attachments. They are also tasked with dealing with grief and loss from being separated from their birth family/previous carers (Fahlberg, 1991). Theories of attachment are, therefore, integral to understanding LAC, their experiences and subsequent outcomes.

2.9.1 Defining Attachment

Attachment can be considered as an emotional bond between an individual and an attachment figure (Prior & Glaser, 2006). Such bonds typically form between an infant and their primary caregiver (usually the mother) from birth. Bowlby (1969) suggests that sufficient contact with the primary caregiver forms the basis of an attachment, regardless of whether this interaction is positive or negative. The quality of attachment has been explored using the 'strange situation,' which seeks to determine how an infant uses their caregiver as a secure base for exploration and their response to stress (Ainsworth, 1993; Main & Cassidy, 1988). This research suggests that attachments can be categorised into either secure or insecure, with insecure attachment being subdivided into avoidant, ambivalent or disorganised attachment types.

Bretherton and Munholland (2008) suggest that children develop an ‘internal working model’ from their interactions with their primary caregiver. This model shapes the child’s behaviour in new and ambiguous situations and provides a foundation upon which to base future relationships. A child who forms a secure attachment will have experienced a caregiver who was emotionally and physically available to them and responsive to their needs. Such children generalise this experience, which may predispose them to more positive future outcomes.

2.9.2 Cycles of Attachment

It is thought that children who develop secure attachments experience positive cycles in which a need of theirs causes an elevation in arousal level (Foster & Cline, 1979). This arousal is recognised by a caregiver who comforts the child, helps them to manage their feelings and brings their arousal level down. They subsequently experience relaxation as they are soothed by their caregiver and develop trust that their needs will be met. As the child experiences these cycles, they develop an internal working model in which their needs are met and they can predict, given that their needs have continually been met, that they will continue to be met in the future. Children who are initially soothed by an adult are more able to self-soothe as they develop. See Figure 2.

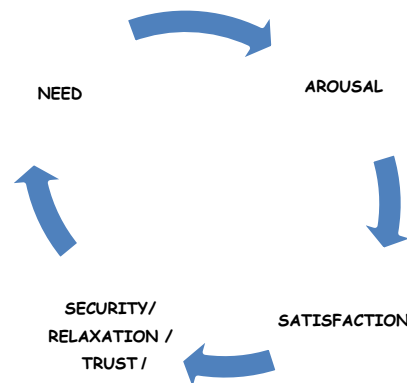


Figure 2. Cycle of Positive Attachment

Conversely, a child with raised arousal levels that are not soothed by an adult or who does not have their needs met may have an elevated arousal level that is not managed and decelerated (Foster & Cline, 1979). Subsequently, they develop an internal working model in which their needs are not met and they do not develop a sense that their needs will be met in the future. The impact of this cycle, when repeated, results in the development of an insecure attachment type. Such children are not as able to self-soothe as effectively as securely attached children. Therefore, an insecurely attached baby may be harder to soothe and be more difficult to manage, which may exacerbate further rejection by the parent. See Figure 3 below.

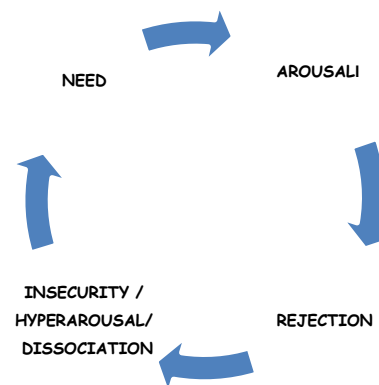


Figure 3. Cycle of Negative Attachment

2.9.3 Attachment and Physiology

Gerhardt (2004) notes the physiological impact of attachment on the developing brain. A stress response is thought to be triggered by the amygdala, resulting in the hypothalamus working to keep systems in balance and sending out a signal for the production of cortisol. The signal, in the form of the corticotrophin-releasing factor, is sent to the pituitary gland,

which produces adrenocorticotrophic hormone, causing the adrenal glands to produce cortisol. Gerhard (2004) suggests that cortisol:

...puts brakes on his immune system, his capacity to learn, his ability to relax. In effect, the cortisol is having an internal conversation with the other bodily systems which goes a bit like... stop what you are doing guys! (p.61).

She contends that when the perceived source of stress is gone, the cortisol is reabsorbed into its receptors or is dispersed by enzymes and that the body returns to normal (Gerhardt, 2004). When a child experiences negative attachment cycles, they are likely to experience prolonged periods of stress producing excess cortisol. This is likely to have profound physiological and psychological effects on development (Gerhardt, 2004).

Studies have shown that infants considered as securely attached are more skilled at making and sustaining friendships (Berlin, Cassidy, & Appleyard, 2008) and show more positively perceived personality characteristics (Thompson, 2008). Furthermore, Sroufe, Egeland and Carlson (1999) showed that attachment bond in infancy predicted peer and teacher rated social competence. Such findings place the achievement of LAC in context and offer insight and explanation as to why LAC struggle to achieve when they can be biologically and psychologically impacted by their negative early life experiences.

2.9.4 LAC and Attachment

Given that most children who enter the care system have experienced trauma and loss, they are unlikely to have experienced a secure base or made good attachments (Walker, 2008).

For some children, a parent not only fails to meet their needs but can be the source of abuse, which renders their attachment figure a source of danger and fear (Schofield & Beek, 2005). Children who are insecurely attached are thought to project their negative or absent experiences of relationships, which inhibits their ability to form positive relationships with others. Research demonstrates the link between insecure attachment and negative or unwanted behaviours (Cunningham, Harris, Vostanis, Oyebode & Blissett 2004) and poor peer relations (Schneider, Atkinson & Tardif 2001).

For LAC, being taken into care has obvious implications relating to attachment. Firstly, given their early experiences, the likelihood that many of these children have already experienced attachment difficulties is high. Secondly, the nature of the system itself is likely to further contribute to such difficulties. Reactive Attachment Disorder (RAD), which is characterised by deprivation of care or successive multiple caregivers, is prevalent in LAC (American Psychological Association, 1994; Minnis, 2003). RAD can manifest itself as a persistent failure to initiate or respond in a socially appropriate manner, known as the ‘inhibited form’, or as indiscriminate sociability; for example, excessive familiarity with strangers, known as the ‘disinhibited form’ (Schechter & Willheim, 2009). The latter can manifest itself in aggressive and violent behaviours (Minnis, 2003). These children can ‘protect’ themselves from further rejection by repelling adults through extreme behaviours in order to ‘test’ them and identify if they will be rejected. Millward, Kennedy, Towlson and Minnis (2006) note that despite residential staff being “motivated to provide a warm, sensitive care-giving environment... a child with RAD may not be predisposed to receive this” (p.278). Understanding attachment not only gives carers and professionals insight into the complex and often challenging behaviours of LAC, but it enables the reactive behaviours of caregivers to be matched to identified attachment types (Walker, 2008).

2.9.5 Attachment as a Predictor of Outcomes

Research suggests that attachment in infancy affects future outcomes (Bowlby, 1969). However, it should be noted that such studies are criticised for using different attachment measures in differing contexts. It is also noted that research relying on retrospective reporting is open to bias, inaccuracy and misinterpretation. In addition, much of the research into attachment has focused on mother-child attachment, and has failed to consider the role of the father and of secondary caregivers (Howes & Spieker, 2008). Such factors warrant exploration when considering that more secure infant-mother attachment was related to less conflict between siblings when observed five years later, whilst the same effect was not noted through infant-father attachment analysis (Volling & Belsky, 1992). Considering the impact of infant-father attachment may offer insight into how or if this relationship differs from that infant-mother and how, if this difference is positive, this can be harnessed.

Longitudinal studies have been carried out to assess whether attachment in infancy remains stable over time and is crucial for later outcomes. Water, Merrick, Treboux, Crowell and Albersheim (2000) found that 72 per cent of participants' attachment type remained consistent from the measure at infancy. However, another longitudinal study has suggested that the attachment bond in infancy is not a predictor of later outcomes; it found that attachment had no bearing upon mental health in later life (Lewis, Feiring & Rosenthal, 2000). The authors concluded that, as very early attachments do not form an internal working model, future relationships are not affected by it. Cook (2000) concurs, arguing that attachments are relationship specific and are reciprocal in nature. He suggests that attachments are affected by the characteristics of the others and should be considered more fluid (Cook, 2000).

Perhaps the seemingly contradictory outcomes of these studies suggest that without intervention attachment style in early years is likely to impact on later outcomes and behaviours, but this is not fixed. Although our initial attachments may set us down a particular path, our individual differences, experiences and opportunities to build alternate or additional attachments can steer the path's direction.

2.9.6 Recovery and Attachment

In 1998, Rutter and the English and Romanian Adoptees (ERA) found a level of plasticity in development, finding that Romanian children who had spent the first two years of their life in extreme deprivation were able to decrease the developmental gap between themselves and same-aged peers when adopted into loving families. However, the difficulty in extrapolating influencing factors in this research is noted. This remains hopeful in terms of intervention, as more recent research (Biehal et al., 2010) suggests that children who are adopted or long-term fostered are able to feel a sense of 'belonging' and form positive attachments to their carers. The study also shows that children who experience more transient placements are less likely to do so. Such findings further justify the current research in that it demonstrates the need to support children who are not fostered or adopted and may therefore experience a residential setting. Staff in such settings must be supported to promote a sense of belonging and foster positive attachments with residents.

When considering the evidence, it is difficult to discern the extent to which early negative experiences impact on future outcomes. Cole, Cole and Lightfoot (2005) propose resiliency factors associated within the child or the community at large that affect whether

early childhood experiences can impact upon outcomes. Such factors include: the child's temperament, family and friends network and quality schooling. It can be argued that although initial attachment can impact on behaviour and later outcomes, these attachments do not remain stable over time. Furthermore, there is evidence to suggest that children can 'recover' to some extent, developing 'typically' with good quality support and intervention (Carlson, Sampson & Sroufe, 2003).

Conversely, secure attachments do not necessarily cause positive outcomes for the child but may increase resilience to negative life events and promote a more positive future.

Geddes (2006) suggests that other environments (schools/care homes), if managed appropriately, can form the 'secure base' for children with attachment difficulties.

Although research has illustrated the importance and damaging impact of attachment on LAC, studies focusing on plasticity and resilience offer hope as to how such children can be supported and successfully 're-attach' (Rutter & ERA, 1998).

2.9.6.1 Earned Security

An internal working model of attachment can be considered as an internalised set of expectations about oneself and others derived from one's history of relationships (Bretherton & Munholland, 2008). Pearson, Cohn, Cowan and Cowan (1994) considered the extent to which this internal working model could be altered. The authors suggested that individuals who were identified as having insecure early attachment in infancy but secure attachments in adulthood were thought to have 'earned-security'. Given that poorer outcomes are associated with insecure attachment, research into how such attachments can be shifted is crucial and prompted Saunders, Jacobvitz, Zaccagnino, Beverung and Hazen

(2011) to consider which factors promoted such change. The authors found that emotional support received from an alternative support figure was more important than what the authors termed ‘practical’ or ‘instrumental support’ in predicting an individual’s abilities to overcome memories of negative relationships with parents (Saunders et al., 2011). They found that participants valued alternative support figures who provided emotional support and were able to listen to them when they were upset and/or distressed, and through such interactions promoted earned security (Saunders et al., 2011). Data from this study also suggests that the quality of support received from an alternative support figure was more of an important factor than the quantity of figures. This research suggests that a single quality figure, or multiple quality figures, who are able to care for children in times of need are best able to promote earned security.

The authors contend that while it is possible that support from more people is optimum, it is more important that the support was of high quality (Saunders et al., 2011). In addition, the authors found that the age at which adults recalled having experienced support was unrelated to their adult attachment status and that both family members and those outside of the family could serve as the source of support (Saunders et al., 2011). What is particularly encouraging about the outcome of this research is the finding that earned secure mothers were as likely as continuous-secure mothers to have securely attached infants.

Such findings may provide insight into why LAC who ultimately achieve positive outcomes typically reside in foster as opposed to residential care. Although the residential setting can provide quantity of care, it is more difficult to provide quality of care given that shift working creates inconsistencies, in addition to the already transient nature of the

residential system. Despite this, knowledge relating to how best to promote secure attachment to ‘earn security,’ and the very notion that this is possible, is vital when considering how to move practice forward.

2.9.7 Summary: LAC and Attachment

Pre-care and ‘within’ child factors that may impact on LAC have been considered. It is evident that LAC may have social, educational and mental health needs that are profound compared with their non-LAC counterparts (Meltzer, Lader, Corbin, Goodman & Ford, 2004). Attachment factors are likely to impact on the development and outcomes of LAC, therefore the literature pertaining to this area must be considered. It is likely that later outcomes are linked to poor early attachment, which is potentially compounded by a system that does not readily meet these needs and may in fact exacerbate them. It is hoped that increasing knowledge of resiliency factors and earned security can inform and shape effective practice. Whether the nature of the difficulties experienced by LAC in residential care is unique and differs to children in foster care will now be considered.

2.10 LAC in Residential Care: A Discrete Group?

This research is concerned with supporting LAC in the residential setting, which is, arguably, a distinct group. The history, population and environmental contexts of this setting will, therefore, be examined.

2.10.1 Residential Care: Historical Context

Residential care evolved from workhouses as a means of caring for society’s ‘unwanted’ children (Corby, Doig, & Roberts, 2001). The history of public care has facilitated the

view that such care is a ‘last resort’ for children and is reserved for the ‘unfosterable’ (Rutter, 2000). This view is cemented by LAC statistics, showing that the family environment provided by foster care achieves better outcomes (DfES, 2010). This negative reputation has been further tarnished by reports of abuse (Corby et al., 2001) and poor quality care (Audit Commission, 1994).

Poor outcomes, including high rates of teen pregnancy and homelessness and unemployment, which are more prevalent in this group than in their fostered counterparts, is often attributed to residential care itself (Gallagher et al., 2004). The poor educational outcomes of LACRH has received considerable attention, with Rutter (2000) finding these to be especially poor. Such findings prompted a national reaction (SEU, 2003; DfES, 2005; DCSF, 2008; DCSF, 2009a; DCSF, 2009b; DCSF, 2010) and some positive outcomes have resulted from this publicity; for example, the introduction of the PEP (DfES/DoH, 2000). Although a number of recent studies considered how to support LAC, these are small in scale (Simpson, 2012; Hornsby, 2012). Cameron and Maginn (2009), in their review of education based interventions, found little impact on the attainments of pupils who are in public care. It is reported that 17 per cent of children placed in foster care achieved five or more GCSEs at grades A* to C, including English and mathematics, compared to three per cent of children placed in residential settings (DfE, 2010). Therefore, educational outcomes are poorer for those in residential as opposed to foster care, which acts as further rationale for this study.

2.10.2 Population

The children in residential care are typically adolescents (Rushton & Minnis, 2006), although some LAs may group children in residential care by age (under 12s unit/leaving care). This profile may influence group dynamics and the likelihood of such children leaving the care system. Statham (2008) found that, of the 7,000 LAC considered in his study, once a child had been in care for a year, their chance of leaving care significantly diminished. This may be partly attributed to the fact that adoption of LAC is almost always of young children (DfE, 2011), and that the older a child gets the less ‘desirable’ they become in terms of adoption and fostering. Therefore, children who are placed in residential care are typically those for whom foster placements have broken down. This means that such children may have experienced multiple placements and can be the most challenging and complex. Placing such children together understandably creates a challenging environment for them (and staff) to negotiate. Therefore, such children are likely to have significant needs and are then exposed to other children with significant needs and to the culture of a residential home.

2.10.3 The Context of Residential Homes

Notable differences exist between foster care and the residential setting. Children in residential settings are cared for in groups and by more staff and are, therefore, less likely to have individualised caregivers. This inhibits attachment building and limits consistency of approach by carers (Roy, Rutter & Pickles, 2000). Being cared for by a ‘team’ rather than a primary caregiver also inhibits communication and trust between children and adults (Munro, 2001). The structure of the residential home allows for greater transience in terms of LAC being admitted to the home, which can cause continual disruption. In addition,

some LAs organise the residential system by age (units for younger children/leaving care units), or have assessment/short-term provisions which force additional transitions on LAC. Such a structure may significantly hinder the formation and maintenance of attachments (Rushton & Minnis, 2006). This is further limited by residential homes being organised so that staff work in shifts, in stark contrast to the consistency and permanency of care associated with foster placements. Furthermore, placements in residential care tend to be shorter term than foster care, and residential staff tend to be closer in age to the young people they are supporting compared to foster parents (Triseliotis, Borland & Hill, 2000).

The stress and turbulence associated with the residential home undoubtedly impacts on staff, who experience high rates of sickness and stress related difficulties (Seti, 2008). This leads to high staff turnover, absence and disengagement, which, in turn, leads to new and frequently changing staff (often agency). This places additional stress on the long-term staff team so that the pattern becomes cyclical. Practice as informed by attachment theory (Bowlby, 1969) is in contrast to this ever changing turbulent environment, and as such would propose that this negatively impacts upon residents. The working patterns that residential work demands, including long shifts and sleep-ins, arguably contributes to the stress levels of staff. In addition, staff that remain at work are often expected/feel obliged to work additional shifts to cover staff absence, which impacts on their health and effectiveness (Seti, 2008).

The makeup of the LACRH and the context in which they are placed may hold insight into poor outcomes (Vorría et al., 1998). It is difficult to discern the extent to which the difficulties LAC experience are 'caused' or 'heightened' by the residential system, or the

extent to which outcomes are poor in light of the inherent difficulties bound within this population. Research suggests that children in residential care are likely to have more mental health needs than children in foster care, which may make them more likely to be placed in a residential home and, arguably, less likely to cope in this environment. Their environment may cause inherent difficulties to worsen (Roy Rutter & Pickles, 2000). A cyclical argument develops herein: do the majority of children in care fail because they enter the system ‘damaged,’ and such difficulties inhibit success? Or are they ‘damaged’ because they grow up in care, a system in which typically developing children would struggle to negotiate?

The answer is complex and dependent on the specific circumstances and resiliency of each child, notwithstanding the fact that some children in care go on to achieve and reach their full potential (Jackson & McParlin, 2006). Conditions under which outcomes for LAC in residential care were no worse than for other LAC have also been found (Vorriaet al., 1998), suggesting that some children are more able to succeed in a residential setting. Despite this, for the majority of LAC in residential homes, the future seems decidedly bleak.

2.11 Who Cares for LAC?

2.11.1 Education and Staff

Residential staff typically have limited training and qualifications, and receive low rates of pay (Heron & Chakrabarti, 2002). Historically, little emphasis has been placed on levels of training and education of residential staff (Hatfield, Harrington, & Mohamad, 1996). A

culture in which education is not valued may be disseminated in the homes, with residential staff reportedly not prioritising education (Goddard, 2000). This is a cause for concern, considering that resiliency studies show that children who succeed academically have been cared for in homes in which education is highly valued and is perceived as important by LAC (Martin & Jackson, 2002).

Gallagher et al. (2004) note the value in residential staff holding higher educational qualifications, as this enables them to support LACs' educational attainment not only through acting as role models but also in having knowledge of the 'organisation' of education that allows them to provide subject specific knowledge and advice. The limitations of this study should be noted, however, due to the small and specific nature of the sample size (all LAC had experienced sexual abuse). Despite the obvious advantages of staff being trained and highly qualified, low rates of pay and stressful working conditions limit the 'calibre' of staff likely to apply for and remain in this role. This arguably mirrors the phenomenon of teaching assistants working with children with SEN; as Blatchford, Russell, Bassett, Brown and Martin (2004) note, "there is something paradoxical about the least qualified staff in schools supporting the most educationally needy pupils" (p. 20).

2.11.2 Stress

Staff who work in residential homes are privy to multiple stressors and routinely experience common crisis situations including: absconding, suicide attempts and verbal/physical aggression (Bertolino & Thompson, 1999). It is unsurprising that staff turnover and sickness is disproportionately high in this field (Connor et al., 2003). Seti (2008) notes that residential staff are "uniquely prone to burnout... they have the least

power, the least compensation, and yet are in the most direct contact with the children being served” (p.197).

To promote staff wellbeing, LA policies typically require employees to take part in supervision, engage in team meetings, and access training and development. In reality, poor staffing levels can inhibit the success of staff meetings and supervision, leaving staff wellbeing to go unmonitored (Decker, Bailey & Westergaard, 2002). Anglin (2004) suggests a well-functioning children’s home recognises the needs of its staff as well as those of its children. The author suggests that supervision and staff care should be central to enabling staff to interact with LAC and safeguard against adverse emotional reactions (Anglin, 2004). The importance of staff wellbeing and how this can be achieved will now be considered.

2.11.3 Caring for the Carers

“Emotional labour” can be defined as the amount of effort involved in work that entails face-to-face contact with the public and where the worker is required to produce an emotional state in another (Hochschild, 1983; p.5). Emotional labour differs from emotion work, with the latter being defined as the management of private as opposed to public emotion (Hochschild, 1983). Social care work and that of the residential care worker entails the management of private and public emotions, in that such work requires the development of relationships with individuals, families, and other professionals that require emotional engagement (Morrison, 2007). Hochschild (1983) notes that the “style of offering the service is part of the service itself” (p.5).

As rewarding as care work can be (Barron & West, 2007), it is not without cost. Staff in residential homes, and the professionals they interact with, are vulnerable to ‘burn out,’ and can be left physically and emotionally exhausted by the role (Kim & Stoner, 2008). Staff sickness and stress related difficulties are high amongst social care workers, and prolonged work in this field without adequate support can leave such staff disengaged and ineffective (Mann, 2004). Van Gelderen, Heuven, Van Veldhoven, Zeelenberg, and Croon (2007) note that where personal resources (energy, motivation, health) are low at the start of a shift/working day, then the ability of the practitioner to be effective is significantly reduced. Staff will continue to increase this deficit until these resources are replenished. Having established that LAC constitute one of society’s most complex and vulnerable groups, it creates obvious difficulties and inhibits positive outcomes when the capacity of those who provide much needed support is limited. Training and knowledge may act as protective factors in maintaining wellbeing in this field (Smith, 1992); residential staff, however, are reported as holding low levels of education. The difficulties in offering supervision and emotional support to staff, although a protective factor, could be inhibited by staff sickness. This is a potential role of EP services.

Research by Leeson (2010) also highlights the difficulties and apparent dissonance encountered by professionals working with LAC. This study revealed the paradox of ‘caring’ for children, and of professionals being encouraged to build attachments, within a bureaucratic framework that equally values professional distance and is outcome driven (Parker & Bradley, 2007). Leeson (2010) argues that this has created a climate in which the development of effective relationships is limited and discouraged. The limitations of this study should be noted, as the small sample size limits ‘generalisability’ (seven participants). The sample was also constituted of social workers rather than residential

workers; yet this remains relevant for two reasons: firstly, social workers are required to hold higher qualifications than residential staff (a known protective factor for resilience), and secondly, their role offers them less direct contact with LAC. As residential staff have a high ratio of child contact, and their role often involves working weekends, sleeping in the home, and working holidays, the dissonance they feel between ‘caring’ for these children and building relations and ‘professional distance’ is likely to be higher.

2.11.4 Summary: Residential Care

The context which LACRH inhabit has been considered. This environment is likely to contribute to their outcomes. Consideration of this context suggests it differs significantly from traditional family-style care (i.e. fostering), and that this difference may be detrimental for some children. Navigating the residential system may exacerbate difficulties for LAC and, therefore, consideration of the best way to support this setting is warranted. Quality parenting is considered essential in supporting child development; yet little attention is paid to supporting the needs of the staff that parent in the residential setting. This study hopes to address this through supporting staff and their needs in order to support LACRH.

2.12 The Role of the EP in Supporting LAC

The core functions of EPs’ role are defined as: consultation, assessment, intervention, training and research. These services are operationalised at the individual, group, or systemic level (MacKay & Greig, 2011). Jackson and McParlin (2006) suggest that LAC make up a significant proportion of EPs’ workloads, with 27 per cent having ‘statements’ of SEN compared with 3 per cent of all children. The authors note that despite the high

level of contact between children in care and psychologists, there is little research pertaining to its effectiveness. The research that has explored this, such as that of Sinclair, Wilson and Gibbs (2005), showed a positive correlation between EP involvement in cases and placement success. This study, however, focused on EPs' role when supporting foster placements and, as the authors note, although EPs are valued as consultants to residential homes (Jackson & McParlin, 2006), there is an absence of evidence pertaining to how their intervention affects outcomes. Therefore, a gap in the literature exists for research exploring this.

As Jackson and McParlin (2006) note, many EPs are organised in a manner that limits their ability to support LAC. They argue that having psychologists linked to schools and not to LAC themselves is ineffective, given the likelihood of changes in school placement because of frequent placement breakdown (Evans, 2000). McParlin (2001) notes that a LAC with a statement will have an average of six or seven school placements and will have seen four or five different psychologists during this time. Children who are not in school, or who are on role but do not attend, are less likely to be identified by psychological services.

The rationale for EPs moving away from working solely with LAC in the school setting is threefold. Firstly, as noted by McParlin (2001), it reduces the likelihood of LAC seeing multiple psychologists and offers some professional stability. Secondly, it offers psychologists the opportunity to offer support to both children and staff in a setting that would undoubtedly benefit from psychological services, as well as the opportunity to gain a holistic view of a child's life and needs. Finally, it broadens access to psychology services by encompassing children who are not attending school, and may be most in need

of psychological input. This not only makes access to the EPS more equitable, but targets children most in need of EP support.

Thus far, research considering residential care in general is limited, with studies focusing on educational underachievement (Fletcher-Campbell & Hall, 1990); reading delay (Roy & Rutter, 2006); and inattention and hyperactivity (Roy et al., 2000). The researcher was able to locate several studies relating to either LACRH or EPs supporting LAC generally; these studies will now be considered. It should be noted that no studies were found that considered the role of EPs in supporting LACRH.

2.12.1 Research Focusing on EP Work with LAC

Kosters (2009) explored the role of designated teachers in residential care homes and the perceptions of groups of participants that support LACRH. The study adopted a case study design, focusing on one residential care home. Data was gathered through individual interviews and a focus group. The views of a resident, a group of designated teachers, residential key workers and specialist education team members for supporting the education of young people from the care home were elicited. This data was analysed and compared. Although such research is useful in understanding the dynamics of those who support LACRH, as well as how this is perceived by LACRH themselves, the role of EPs in actively supporting such stakeholders to initiate change is not explored. In addition, research broadly suggests that LACRH are outperformed by those in foster placement (McClung & Gayle, 2010), and that improved educational performance is linked to planned long term foster placements (Aldgate, Colton, Ghate & Heath, 1992). Therefore, children in residential placements are identified as the most vulnerable of the LAC

population, and arguably warrant EP involvement. Yet despite this, research has failed to consider how EPs may support residential homes and improve outcomes for young people by supporting the staff and systems around them. It is hoped that this research will go some way towards addressing this gap.

A study commissioned by the Association of Educational Psychologists (AEP) considered the extent of multi-disciplinary fostering and adoption work by EPSs (Osborne, Norgate & Traill, 2009). The research used a survey as a means of obtaining views and had a response rate of 56 per cent. The authors found that approximately 70 per cent of the EPSs who responded were involved in some form with such work. However, the scope and time allocated to such work varied considerably. Although the average number of days EPs spent working with LAC was 67, some had specifically allocated posts, and approximately a third reported they did not work in this area. Interestingly, EPSs reported, on average, spending twice the amount of time supporting fostering compared with post-adoption support. This has implications not only in terms of equity of access but also when considering the resources associated with the 'LAC' title.

The authors report that a substantial number of respondents indicated that their involvement centred on supporting the educational attainment of LAC and adopted children, as well as intervention programmes designed to support the SEN of these children. Some EPs were involved in assessment work, and such work often contributed to PEPs. In addition, EPs reported delivering training, involvement on adoption and fostering panels, and working with other professionals as part of their work. The authors found that when EPs did become involved in multi-disciplinary work in relation to LAC, that communication, insight, and awareness of other roles was reported by other professionals.

The authors note that some of the work carried out by EPs *could* be carried out by others but suggest it is ‘best practice’ to be completed by EPs. They contend that the training, understanding of psychology, and knowledge of child development and systems serves them well in this role. Work with residential homes was not an area identified by this report. This research suggested that EPSs with LAC not only vary nationally, but are in some instances completely absent.

Although this research examined potential barriers to EP work with LAC, this was solely from an EP perspective and did not consider the potential needs and perspective of recipients of this work or their colleagues. Although this research offers insight into the role of the EP in this area, its methodology must be considered. It is not possible to ascertain the involvement of LAs who did not respond, or whether a lack of involvement in this area discouraged participation in the survey. Therefore, it is difficult to ascertain the ‘true’ level of involvement in this area. In addition, data obtained via questionnaires, although anonymous, was not triangulated against other data. The perceived social desirability of responses may have influenced participants. The authors report that time spent working in this area is “varied,” and that there was “time related to work that could not easily be divided into either fostering or adoption work” (p.16). Such vague reporting makes ascertaining the details of involvement difficult. Finally, the authors do not comment on how EPs are involved with residential care, which is not to suggest that this work does not occur but rather that the questionnaire was not sensitive enough to identify areas of work in such detail. Although questionnaires are useful in obtaining large amounts of data, the richness of the data is sometimes compromised, and they can be superficial in the understanding they offer (Bell, 1999).

Thompson (2007) suggests that the generic knowledge of the EP allows specific understanding of issues affecting even small sub-groups of children, such as LAC in residential settings. In addition, Sinclair et al.(2005) reported that EPs' work with LAC was perceived positively by carers and social workers, and was associated with a reduction in levels of truancy, absconding and placement breakdown. Such findings suggest that EPs may have a crucial role in supporting the needs of these children beyond the realm of education.

A report by the Division of Educational and Child Psychology (2006) explored EP practice with LAC. This report (Matthews, 2006) suggests that EPs are:

...aware of factors which enhance confidence, emotional wellbeing and allow children to flourish. They have knowledge of how children learn and why they sometimes fail, managing behaviour and knowledge of childhood difficulties, they have a contribution to make to understanding the dilemmas of looked after/adopted children such as the feelings of rejection and alienation can have on their functioning and sense of belonging . . . can thereby influence the practice of significant people in the lives of looked after children in the provision of appropriate and effective support. (p.9)

This report suggested an increase in EPs working with LAC with increasing numbers of LAs employing designated LAC EPs. This report also suggests a variety of areas in which EPs could work, including:

- *supporting school attendance*
- *reducing exclusions*
- *enhancing emotional well-being*
- *supporting continuity in school placements*
- *promoting attainment*
- *providing advice on educational issues*
- *training courses and consultation*
- *advising carers*
- *promoting after-school activities*
- *supporting children and carers at key times*
- *early identification of children with difficulties and intervention*

Although this report provides an insight into EPs' contributions in areas that had a designated post for LAC, it does not offer insight into potential barriers to the development of this work in areas that do not. Therefore, it can be suggested that there is gap in the literature for research considering the specific role of the EP in supporting LAC in a residential setting, from both the perspective of the EP and from the staff who support them. Although research on the benefits of EP input is limited, the findings of available research allow the hypothesis that such involvement will be valuable.

2.12.2 EPs and LAC: A Distinct Contribution?

Examination of the research reveals that there is little pertaining to the role of the EP in supporting LAC, particularly in a residential setting (Norwich, Richards & Nash, 2010). It can be argued that future research must examine the role of the EP in supporting this population. Before deducing this, it must be considered whether EPs have a specific contribution or whether other professionals are better able to perform this task. Current

research suggests that LACRH may benefit from additional support, but it does not explicitly suggest that EPs are best suited to offer it.

Farrell et al. (2006) report that EPs are working to support LAC, and that distinct contributions were reported in several areas. Such work included early intervention and work within multi-agency teams. However, such reports are vague and the 'distinct contribution' of the EP is not readily extrapolated. There is little research suggesting when EPs are involved, and how effective this work is. Baxter and Frederickson (2005) note that despite EPs being best able to evaluate and measure the effectiveness of their work, they seldom do so. This leaves little empirical evidence that such work is objectively valuable. When such work is evaluated, however, results are positive (Thompson, 2007).

2.13 Professionals Supporting LAC: Multi Agency Work

Initiatives such as ECM (DfES, 2003) promote multiagency work as integral to achieving positive outcomes for LAC. Such children are likely to have multiple professionals involved with them in light of the social care needs that have contributed to them being taken into care, and the ongoing difficulties that accompany this. Therefore, multi-agency work around LAC can be complex, not easily orchestrated, and involve a wide range of professionals including: school/education staff, social services, police, health professionals and birth parents. Such individuals act collectively as 'corporate parents' (Bradbury, 2006). Frameworks and initiatives such as the PEP (DfES/DoH, 2000) seek to support the co-ordination of multiagency work around LAC, although the reality of multiagency work is often difficult. Bradbury (2006) noted that: "Herein lies the challenge – ensuring that all aspects of the parenting role are covered whilst maintaining effective communication

between all concerned and also ensuring that the voice of the young person is heard” (p.143). Such sentiment was reiterated by Davis, Day and Bidmead (2002), who noted how challenging effective joined-up parenting can be between two parents, and how this is exacerbated as the number of caregivers rises.

Rose (2009) reviewed the literature around multiagency work and identified factors that lead to tensions in inter-professional collaboration, including: differences in professional skills and knowledge; perceived hierarchies and status; and the dominance of certain delivery models. Frost and Robinson (2007) found that tensions were noted when professionals carried out roles within a team that were perceived to be outside their area of expertise. Norwich et al. (2010) recommend that EPSs should clarify the distinctiveness of the EP contribution compared to other services, while simultaneously welcoming opportunities to develop joint work with other services and professionals.

2.13.1 The Roles of Educational and Clinical Psychologists

Having considered how EPs work with other professionals, it is important to consider how their practice fits with other psychological services. There has been much debate surrounding the ‘distinct contribution’ of the EP (Farrell et al., 2006). However, it is not apparent how the EP role differs from the Clinical Psychologist (CPs) role, particularly given that some CPs specialise in supporting children. There is a distinct absence of research that considers the difference between the roles. Therefore, the researcher has drawn upon her understanding of the roles through their own practice and through considering the definitions given by the British Psychological Society (BPS). The BPS (2013) website suggests that EPs:

...tackle the problems encountered by young people in education, which may involve learning difficulties and social or emotional problems...They work in schools, colleges, nurseries and special units, primarily with teachers and parents. They regularly liaise with other professionals in education, health and social services. ...The work of an educational psychologist can either be directly with a child (assessing progress, giving counselling) or indirectly (through their work with parents, teachers and other professionals)...In their role within a local authority, educational psychologists are often called upon to advise or join working groups concerned with organisation and policy planning.

Conversely, the BPS website (2013) suggests that the CP:

...aims to reduce psychological distress and to enhance and promote psychological well-being. A wide range of psychological difficulties are dealt with, including anxiety, depression, relationship problems, learning disabilities, child and family problems and serious mental illness. To assess a client, a clinical psychologist may undertake a clinical assessment using a variety of methods including psychological tests, interviews and direct observation of behaviour. Assessment may lead to therapy, counselling or advice. The work is often directly with people, either individually or in groups, assessing their needs and providing therapies based on psychological theories and research.

Perhaps the difference between the EP and the CP lies in their consideration of context. Broadly speaking, clinical services and those that operate in the commissioning LA, look 'within child' to understand the child's presenting behaviours (Rao, Ali & Vostanis, 2010). The CP may consider 'mental disorders' as a potential cause for a child's needs and may

make a ‘diagnosis’ in line with a medical model (Rao et al., 2010). Conversely, although an EP may consider inherent difficulties, they are more likely to consider environment, interactions and a broader context when considering a child’s needs. The arena in which the psychologist is based seemingly influences their respective view of a difficulty. While the CP is most likely to consider a child in a ‘clinic’, an EP is likely to view a child in a multitude of settings and as a part of multiple systems. Given this, it is likely that the CP is most likely to engage in 1:1 or direct work with the child, whereas an EP is more likely to work ‘for’ the child via adults around them. It might be that the EP and the CP considers a given problem through a different ‘lens’. Despite this, there is significant overlap between professionals, as noted by Farrel et al. (2006) who suggested the need for:

EPs and CPs to reflect on their roles and functions and to explore the possibility of strengthening joint working relationships, possibly through co-location of services and sharing in continuing professional development. Ultimately there might be an advantage in combining the initial training arrangements and in merging the two professions...given their shared background in psychology, similarities in the nature of knowledge and skills needed to do the job and an increasing overlap among their client groups (p.104)

Presently, CP and EP services differ in their organisation, their referral systems and in the content of work undertaken. The researcher acknowledges that although it is useful to consider the broad differences between professions, and that they can be broadly conceptualised as described, practice undoubtedly varies between LAs and between individuals. The researcher notes the simplistic conceptualisation of the roles and the likelihood that, in reality, the differences may not be so stark. Such differentiation has been

made due to the lack of research that might offer more sensitive insight into the differences and commonalities between professionals.

Rao et al. (2010) considered the role of clinical services in supporting LAC. The authors note that access to the clinic based services they offer is based on a referral in which a clear “mental disorder” is present (p.67). They debate the difficulties associated with excluding children who present with “behavioural difficulties or attachment presentation” (p.67). Their study reveals inconsistencies around which referrals are accepted, and they could not identify factors that lead to a referral being accepted in the absence of a likely disorder. They also note difficulties around LAC accessing services, given long waiting lists and the transient nature of the population. They suggest that such difficulties could be remedied by “ongoing consultation and training and liaison with a number of agencies and carers” (p.68). Although services offered by CPs are acknowledged, this model of service delivery for supporting LAC is not without its difficulties.

2.14 Residential Care: A Way Forward?

Anglin (2004) argued that such negative perceptions of residential care have led to children being offered an unnecessary number of foster placements, which is more damaging than a good residential setting. In addition, despite such perceptions, research has found positive experiences and views of LACRH (Anglin, 2004) and of good practice (Gallagher et al., 2004). Some educationalists, in acknowledging the need for residential care and the research focusing on good practice, have developed a model of practice aimed at better meeting the needs of LAC in residential care. This will now be considered.

2.14.1 Authentically Warm Caring

Cameron and Maginn (2008) used attachment theory in the formulation of the ‘authentically warm caring’ model of professional childcare. The authors developed a model that suggests ‘8 Pillars of Parenting’ which offer a guide to professionals working in residential settings (Cameron & Maginn, 2009). This model prescribes high-quality parenting and emotional support to enable LAC to address and cope with their prior negative experiences. The authors suggest that key components of high quality parenting are a secure attachment combined with an authoritative parenting style (Cameron & Maginn, 2009). An authoritative parenting style balances high adult expectations and an appropriate level of control and responsiveness (Cameron & Maginn, 2009). The authentically warm caring model emphasises the emotional dimension of supporting LAC rather than focusing merely on ‘outcomes,’ such as academic attainment (Cameron & Maginn, 2009). Given that the authors refrain from ‘academic’ or ‘concrete’ measures of success, it is difficult to assess the effectiveness of the model. The authors created a ‘bespoke’ system for monitoring the impact of the model, which is termed the ‘cobweb record chart’ (Cameron & Maginn, 2011). Although new and innovative theories and measures are necessary in the development of practice, it renders objectively measuring the impact of such practice in its infancy difficult.

Cameron and Maginn have more recently developed the model, promoting an ‘emotional warmth’ dimension of professional childcare (2011). In this model, carers have access to psychological knowledge through focused and regular consultations, in addition to continuing professional development (CPD). Caregivers are supported by a programme of training in the theory underpinning the ‘emotional warmth’ model which can lead to a formal qualification. Although the authors are moving towards an empirical evaluation of

the model's effectiveness (Cameron & Maginn, 2011), the model is yet to be objectively validated.

This research hopes to build upon this new thinking and to consider how the EP can support LAC if they continue to be cared for in the residential setting. Practice and models of enabling this must be examined. The way in which new thinking and systems have evolved and have been disseminated historically will now be considered.

2.15 Working with Systems

This research considers various systems and how such systems can be influenced positively to affect change. Therefore, systems theory and its definition must be considered. There is much confusion around 'systems' in terms of meaning.

Conceptualising this semantically is not straight forward in that 'systems work', 'systems theory' and 'systemic' terms are often used interchangeably but can differ in meaning (see Fox, 2009 for a full discussion).

For the purpose of this research, a 'system' can be conceptualised as an entity made up of interacting parts that mutually communicate with and influence each other (Bateson, 1972). The term 'systems theory' originates from Bertalanffy's (1950) general systems theory (GST), although it has later been applied to other fields. Such thinking was born out of biology in which systems were seen to adapt and respond to the environment (Fox, 2009). Fox (2009) suggests that systems thinking was originally based on a mechanistic view of organisations. In educational terms, the statutory assessment procedure can be considered a mechanistic system in that the system is built around the idea that Individual

Education Plans (IEPs) and annual reviews will promote feedback which will be used to modify teaching and curriculum. A teacher's response to their class over time can be considered a biological system in that the teacher adapts and responds to the continual feedback given from their students. AR can be categorised as a mechanistic system in that the stages of review and the systematic and sequential approach provokes feedback and subsequent adjustment.

2.15.1 EP work and Systems

During the 1950s, EP work was categorised by psychometric assessment (Fox, 2009). Dissatisfaction with such 'within-child' work led to the consideration of how psychology could be applied more broadly and could have a greater impact. The publication of *Reconstructing Educational Psychology* (Gillham, 1978) expressed an interest in 'systems work' within schools. Also at this time, Burden (1978a, 1978b) explicitly stated the potential benefits of EPs distancing themselves from individual work and becoming 'school based consultants' (Burden, 1982, p. 24). He noted the value in supporting staff at a systems level to bring about organisational change. Hurford (1983) recognised the difficulties synonymous with this way of working. He noted that EPs may need to adopt systemic thinking at an organisational level to challenge the reluctance of adults to change their thinking when they consider the problem to be 'within child'. He suggested that schools and adults working together to consider context as well as individual strengths and difficulties would better affect change. Bronfenbrenner (1979) added to such thinking, suggesting that child development is better informed when contextually relevant factors are considered. He developed 'ecological systems theory,' in which he delineates four types of systems:

- *The microsystem (family or classroom);*
- *The mesosystem (two microsystems in interaction);*
- *The exosystem (external environments which indirectly influence development, e.g., parental workplace)*
- *The macrosystem (the larger socio-cultural context for example)*

He later added a fifth system, called the *Chronosystem* (the evolution of the four other systems over time). Such thinking prompted the consideration of how systems interact and support professionals in considering a child's needs, not in isolation, but as an active and reactive participant within various systems. Systems change was considered as an intentional process designed to alter the status quo by shifting and realigning the form and function of a targeted system (Foster-Fishman, 2007). EPs have increasingly considered how they can inform systems work, and how their skills in facilitation and working with others can be used to support change (Ashton, 2009). It is useful to consider systems theory when carrying out research, particularly when the aim of the research is to support change at the systemic level.

2.15.2 Consultation: Supporting Systems Change

The EP's role in working *with* people as opposed to working 'on' people is a concept that has evolved over time (Fox, 2009). The concept of consultation is an extension of such thinking. Consultation can be described as a 'conversation that makes a difference' (Anderson & Gerhart, 2007). Consultation can occur with an individual or group around an individual child, issue or system (Wagner, 1995). Consultation can be conceptualised as working with the 'problem holder' to support positive change (Wagner, 1995). Wagner

(2008) suggested that, by working collaboratively, the problem holder is more likely to initiate agreed actions if they have been co-created. Consultation has become a key activity in EP practice (Farell et al., 2006) and values the contribution of the consultee in achieving change. A consultative approach therefore fits well with the ethos of this research and with the AR design.

2.16 Summary

Poor outcomes for LAC are a real but complex phenomenon. Research suggests that LACRH experience poorer outcomes than their fostered counterparts (DfE, 2010). This may be attributed to the fact that children in residential homes are typically more complex and challenging than their fostered counterparts, or that they are affected by the turbulence of the residential system itself, or a combination of these factors. Staff that are tasked with supporting this group are seemingly under-qualified, overstretched and inadequately supported (Seti, 2008). Therefore, it is hypothesised that the opportunity for EPs to offer such support will be welcomed and will be of benefit. Although research has explored the views and experiences of LACRH and residential staff (Kosters, 2009; Gallego et al., 2004), it has failed to consider the role of EPs in supporting this setting.

Jones et al.'s (2012) recent review of the literature around LAC reiterates the sentiment that there is a lack of research pertaining to non-fostered LAC, which cements the rationale for this research. Although the literature review undertaken by the researcher unearthed research that considered outcomes and attainment for LAC, it did not reveal how the EP could support them and, more specifically, how they could support LACRH. Models of practice have been developed by practitioners (Cameron & Maginn, 2009) and it is hoped that this research can build upon this knowledge and continue to move practice in this area

in a positive direction. Professional practice and thinking has moved away from making ‘within-child’ judgements and towards consultative approaches. Such sentiment fits well with the ethos of this research.

The gap in the literature of research considering the EPs’ role in supporting LACRH has been highlighted and the rationale for this study has been justified. The research questions that attempt to offer insight to this unexplored area are:

1. What is the role of EPs in supporting residential settings for LAC?
2. How can the EPS support staff in their work with LAC in a residential setting in one LA?

The methods used to answer these questions will now be discussed.

3 Chapter 3: Methodology

3.1 Chapter Outline

This chapter describes the research design implemented in this study, beginning with an exploration of the ontological, epistemological and axiological position assumed by the researcher. The research questions, design and an exploration of the action research (AR) approach and RADIO model will then follow. Participant selection is considered, followed by a critique of methodology and ethics. Due to the AR approach selected, this short methodology chapter will precede an AR outcome chapter which will detail the development of the model. The cyclical nature of the research does not allow for methods to be separated from results, as the outcomes of each cycle inform the methods of the subsequent cycle. Therefore, the overall methodology will be discussed in this chapter whilst the various data gathering methods, data analysis and outcomes of each phase and cycle of the research will be discussed in turn in Chapter 4. This will be followed by a formal evaluation section in Chapter 5.

3.2 Ontology

Ontology can be considered as the study of the nature of being and reality. Ontology can be conceptualised as ‘what we think we know’. Five main inquiry paradigms outlined by Guba and Lincoln (1994, 2005) were considered by the researcher. These inquiry paradigms were: positivism, postpositivism, critical theory, social constructivism and participatory research. It was felt that a ‘critical realist’ worldview was the most appropriate approach for this research in combining elements of positivist and relativist

traditions. Positivism and relativism will now be explored and will be followed by an exploration of a critical realist stance.

3.2.1 Positivism

Positivism can be considered the ‘standard view’ of science (Robson, 2002). This assumes that objective knowledge can be elicited from direct experience or observation. The positivist view asserts that what is observable is the only knowledge available and that, conversely, that which cannot be observed, such as theories, are of less value. Positivism assumes that science is based on data gathered through quantitative methods, which can be used to test hypotheses and establish cause and effect relationships (Robson, 2002). Positivism has been criticised both in terms of its underlying philosophy and in its application. Critics argue that the positivist view does not consider factors that influence what is observed, and regards participants as objects from which the researcher must remain distant in order to maintain objectivity (Robson, 2002). Conversely, Sarantakos (1998) asserts that participants hold valuable knowledge and insight that is lost when they are treated as objects. Taking a purely positive response may, therefore, lead to the omission of important information from the data set.

3.2.2 Relativism

In contrast to positivism, relativism suggests that reality cannot be separated from the conceptual systems employed by people (Trigg, 1989). Relativism asserts that no external reality can exist outside of human consciousness (Robson, 2002). Relativists view the world through subjective experience and, therefore, assume that there is no objective reality. Language is central to the relativist approach, both as an object of study and as the

central instrument by which the world is represented and constructed (Robson, 2002). In contrast to the positivist approach, it values qualitative methods and views the research process as a means of generating working hypotheses (Robson, 2002). The meaning of experience and behaviour is considered in context (Robson, 2002). Relativism is criticised for its lack of tangibility, and critics warn that accounts obtained from a relativist perspective can be false or not falsifiable (Robson, 2002).

3.2.3 Critical Realism

After considering both approaches, it became apparent that neither a purely positivist nor a purely relativist approach would provide an ontological and epistemological position that was suitable for real world research. The researcher sought to adopt a more balanced approach, which led to the adoption of a critical realist stance. In contrast to positivism, the realist stance suggests that there are no scientific facts that are beyond dispute and that knowledge is a social product (Bhasker, 1978). Therefore, the researcher's and participants' views are valued as important when working within a realist paradigm. The realist stance views scientific tasks as methods in which theories can be generated and hypotheses can be tested (Robson, 2002). It acknowledges the values and beliefs of participants, whilst still allowing for reference to be made to a reality that exists. Therefore, it provides a basis for choice amongst different theories (Robson, 2002).

Realism allows subjectivist and objectivist approaches in social research to be integrated. The relativist approach asserts that the researcher and researched cannot be separated, whilst a positivist approach suggests that such distance is vital (Biesta & Burbules, 2003). Adopting a critical realist approach will inform the researcher's overall approach.

Therefore, it is assumed that some realities are shared universally and that subjective data exists. In relation to LAC, national and local data suggests that they are a vulnerable and underachieving group (from attainment figures, exclusion rates). The researcher felt that potential explanations around such data must be considered in addition to objective data. Thus, the researcher will consider the views and beliefs around this issue in addition to facts and figures, in order to formulate a world view.

3.3 Epistemology

Epistemology concerns the methods and limits of human knowledge; data validity and the uses of knowledge. Critical realism contends that the two approaches can co-exist and are not separate epistemologies (Robson, 2002). The realist approach allows the researcher to conduct research that is grounded scientifically, whilst simultaneously acknowledging the potential influence of the researcher. This approach incorporates the perspectives of the participants and allows consideration of context (Robson, 2002; Matthews, 2010).

3.4 Axiological Position

Axiology is concerned with how values impact on research. McNiff and Whitehead (2006) explain that AR is 'morally committed,' and they suggest that, through engaging in AR, the researcher is aiming to improve an area of practice in line with what they may believe to be 'better' practice. Therefore, it is important to acknowledge the researcher's values and how these may influence: the selection of the research topic; the mechanism of conduct; and the analysis and interpretation of results. Hence, it is important to state the values and beliefs of the researcher.

A belief of the researcher, which underpins this research, is that LAC are a vulnerable group. Those looked after in a residential setting are a particularly vulnerable subgroup of this population. The researcher believes that research which considers how best to support this group is valuable. A further belief underpinning this research is that EPs have a distinct and valuable role in offering support to the residential setting. Finally, the researcher believes that present systems fail to support LACRH. Therefore, broadening the EP role to include the residential home will broaden access to psychological services and may assist in improving outcomes.

AR was selected by the researcher as it is an approach that supports change and can improve practice. The researcher felt that the opportunity to carry out research was an opportunity to effect change. It was important that the research had utility, and the researcher was explicit about this fact when deciding on a research area. It should be noted that the researcher, had to some extent, hypothesised around an outcome of the research prior to its commencement. The researcher had identified an area of need and felt that a potential solution to this problem may be found via the research. It was hoped that change would be effected and that it would be sustained after the research had ended.

3.5 Research Questions

As out-lined in the literature review, a gap has been identified. The researcher formulated two research questions in order to assist in addressing this gap:

1. What is the role of EPs in supporting residential settings for LAC?
2. How can the EPS support staff in their work with LAC in a residential setting in one LA?

3.6 Design

A qualitative research paradigm was considered most appropriate when considering the aims of this study. In light of the 'exploratory' nature of this study, a qualitative element is useful when capturing the feelings and thoughts of the participants (Smith, 2003). The aim of the research was twofold: to explore the role of EPs in supporting LACRHs by considering the practice of three educational psychologists currently providing these services (current provider educational psychologists or CPEPs), and to create and evaluate a model of practice for such work in the commissioning LA. In light of this, an AR method was considered most appropriate.

3.7 Action Research

AR can be defined as an interactive inquiry process that aims to construct a preferred future through the research process (Reason & Bradbury, 2001). McNiff and Whitehead (2006) state that AR generates the unknown, in that one question may generate a number of possible answers. This knowledge is 'created' rather than 'discovered' through a collaborative process.

Action Research and Minority Problems is the seminal work of Lewin (1946), a Jewish refugee from Nazi Germany. In response to the Second World War, he sought to change attitudes towards minorities in areas such as segregation and discrimination (Lewin & Grabbe, 1945, in Hollingsworth, 1997). Lewin (1946) subsequently developed the AR model in response to perceived problems in social action (Kemmis, 1988, in Kemmis & McTaggart, 1988). He valued social theory whilst stating the need for it to be integrated with social action, and argued that "research that produces nothing but books will not

suffice” (Lewin 1946, reproduced in Lewin 1948: pp.202-3). Lewin (1946) believed that AR was a mechanism to develop social theory by linking research with practice.

Adelman (1993) believed that “action research must include the active participation by those who have to carry out the work in the exploration of problems that they identify and anticipate” (p.9). McNiff and Whitehead (2006: p.32) state that the primary aim of AR is to improve practice through improving learning. They also note the responsibility of the practitioner to improve practice through ‘public accounts,’ and that outcomes and information gleaned from research should be disseminated (McNiff & Whitehead, 2006). Lewin’s model of AR (1958) can be conceptualised in three steps: unfreezing, changing and refreezing. This cyclical process of change begins with a series of planning actions that are initiated by the client and the ‘change agent’ working together. The second step involves the planning and execution of behavioural changes. The final stage involves evaluating behavioural changes and making necessary adjustments. Lewin’s AR model (1958) has since been adapted and developed by other researchers. All of these models, however, follow the same cyclical process of change (Kemmis & McTaggart, 1988; Sagor, 2005).

McNiff and Whitehead (2006: p.30) state that AR is different to other approaches in that “action enquiries do not aim for closure, nor do practitioners expect to find certain answers”. Therefore, AR encourages participants to consider what might be a useful next step and to explore it. McNiff and Whitehead (2006) believe that one step leads to another and that each cycle of AR will lead on to another.

Kemmis and McTaggart (1988) define AR as: “a form of collective self-reflective inquiry undertaken by participants in social situations in order to improve the rationality and justice of their own social or educational practices” (p.5). Kemmis and McTaggart (1988) add that the approach is “only action research when it is collaborative” (p.5). Therefore, they hold central the collaborative nature of the research. Cohen Manion and Morrison (2000) note the role of the researcher in the process. Weiskopf and Laske (1996) suggest that the researcher can act as: facilitator; guide; formulator and summarizer of knowledge; and raiser of issues (pp.132-133). Kemmis and McTaggart (2005) warn that although the role of the researcher should be noted, it should not overshadow the role of the participants. Conversely, if the researcher conceptualises themselves as neutral, or fails to acknowledge their role in the research, they risk limiting their role in social change.

3.8 RADIO Model

RADIO is a 12 step model that allows the action researcher to take account of complex factors in their work. It was selected as a methodological framework and was developed with ‘novice’ EP researchers in mind; therefore, it is a contextually appropriate framework to follow. The researcher felt that this model fitted within the AR framework (Timmins, Shepherd & Kelly, 2003). The approach has been found to offer a clear systemic approach to researchers focusing on collaboration between researcher and participants in order to bring about positive change (Ashton, 2009). Timmins et al. (2003) describe this approach as ‘collaborative’. The current research was commissioned by the LA in light of the changes in the service model delivery and a desire to broaden the role of the EPS. As the research progressed, members of the LA were consulted regularly to ensure that the model was developed collaboratively and reflected the needs and ethos of the LA, which

fits with the RADIO model. Timmins et al. (2003) also state that phases of the model can be re-visited during the research, which provides a flexible way of working.

The current research focused on stages 6 and 7, although the structure of the RADIO model was considered and reference to this was made throughout the researcher diary. Arguably, the initial phases outlined by the model had already occurred prior to the commencement of the research. The cyclical nature of the model is outlined in Figure 4.

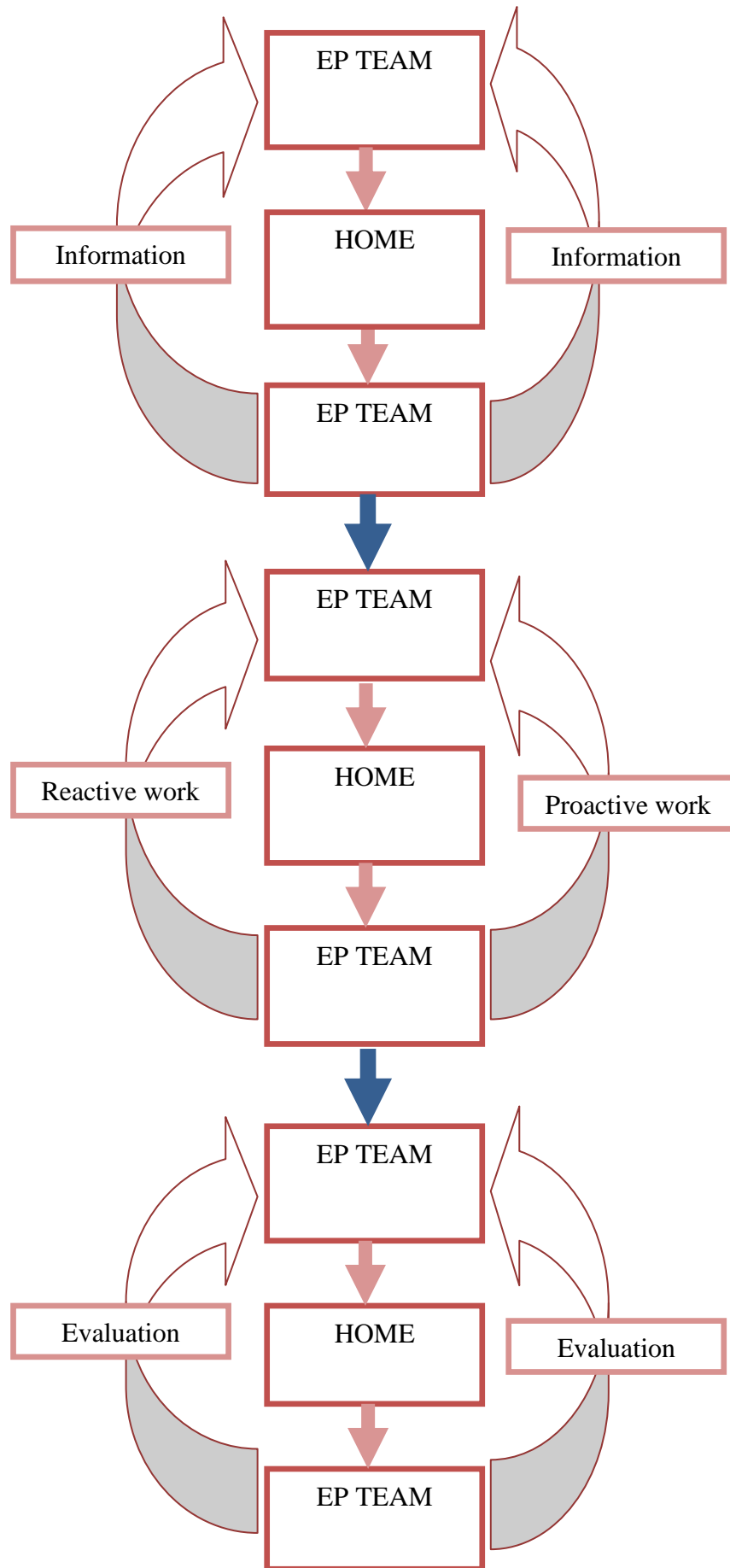


Figure 4. Illustrating Cycles of Action Research

Three small cycles of AR were undertaken during the research, which took place within a larger cycle. Although these are depicted in a linear way, they could be revisited at any point. The stages of the RADIO model are outlined below:

Table 2. Stages of the RADIO Model: Research and Development in Organisations

Stage of Model
1. Awareness of need
2. Invitation to act
3. Clarifying organisational and cultural issues
4. Identifying stakeholders
5. Agreeing the focus of concern
6. Negotiating the framework for data gathering
7. Gathering information using agreed method
8. Processing information with stakeholders
9. Agreeing areas for future action
10. Action planning
11. Implementation / action
12. Evaluating action

3.9 Stages of RADIO

Stage 1 - *awareness of need* - was highlighted to the researcher by the EPS and through discussion with LA social care staff. In order to better understand the needs of LAC and to gain insight into the services that currently support LAC in the commissioning LA, a ‘rich picture’ was formulated by the researcher prior to the research (Checkland & Scholes, 1990). A rich picture is a drawing of a system that aims to offer understanding. The term is derived from soft systems methodology and is a technique used for better understanding the cultural/political context of an organisation (Checkland & Scholes, 1990). Rich

pictures can be useful for communicating the nature of shared experiences or differing perspectives (Lakoff & Johnson, 1980). It has been asserted that if human thinking is both cultural and metaphorical in essence, relating such thinking to something pictorial can be useful (Bowers, 1993). The following were consulted via informal interview in order to gain information on the system:

- *Head and team leader of the virtual school*
- *Head of LAC team (clinical service)*
- *Principle educational psychologist*
- *Educational psychologists (EPs) (7)*
- *Residential home staff (8)*

Participants were asked to detail the: function of their service; referral route; roles within their team; and how they are integrated with other services. In addition, data was collected detailing: numbers of LAC in residential care; EP involvement; levels of SEN; current attainment; and details of absence/exclusions. A staff member from social services was not available at this time, but as there was a social worker within the clinical LAC team, and in light of their liaison with the virtual school, information regarding the role of social services in supporting LAC was gathered. This information was then used to inform a rich picture (Checkland & Scholes, 1990), which suggested that accessing EPSs was indeed an area of need (Appendix A). Therefore, this piece of work cemented the need for research in this area, as suspected by the commissioning LA. This work prompted stage 2 -*invitation to act* - as detailed in the introduction. Stages 3 and 4 - *clarifying organisational and cultural issues* and *identifying stakeholders* - also occurred as the commissioning LA, in requesting the research, identified itself as the primary stakeholder. The commissioning local authority educational psychologists (CLAEPs) and participating staff from the homes

can also be considered as stakeholders as they have opted into the research. This is likely to be motivated by a desire to initiate change within their service. It was hypothesised that, although the initial commissioner of the research was the LA, its participants could be considered as stakeholders due to the vested interest they would have in the research and outcomes. As participants were required to ‘opt in’ to the research, participants were considered as willing stakeholders.

As the researcher was employed by the LA, they had an understanding of the context in which the research took place. Stage 5 - *agreeing the focus of concern* - had occurred prior to the start of the research, as the commissioning LA had highlighted both the need for the research and the gap in service delivery. Some action also occurred at stages 8 and 9. However, time did not allow for a full follow up plan-do-review cycle, as recommended in the RADIO model. Therefore, this research primarily considered stages 6 and 7 in more detail. Atkinson (2011) outlined the typical activities that might take place within these stages.

Table 3. Illustrating Stages 6&7 of the RADIO Model

6. Negotiating framework for information gathering	An appropriate methodology and research design is selected to address the research aims. Here, emphasis is on production of information that meets an organisation’s development needs. Choices are made from a range of methods and methodologies (e.g. experimental, quasi-experimental, qualitative, AR, case study, or survey approaches).
7. Gathering information	Information is gathered using agreed method.

It could be suggested that the work done could constitute a plan-do-review cycle of the RADIO, rather than focusing on stages 6 to 12 as suggested by the researcher. It will be

argued, however, that the overall aim of the research is the evaluation of the implemented model. Although small cycles have led to the evaluation of the model, they fit within this larger cycle, which can only be truly evaluated at the end of the research. In addition, it could be argued that stage 8 of the RADIO model (processing information with stakeholders) could also be considered as a focus of the research. Although there was a dialogue between the CLAEPS and home staff in relation to commissioning/delivering work, which could be construed as processing information, this did not occur in the final evaluation stage. As this was the primary focus of the research, it will not be contended that stage 8 occurred fully, and therefore prevents it from being considered a focus of the research. In terms of this research, the data gathering took the form of:

- *Interviews with CPEPs*
- *Researcher diary used at the presentation of the model to CLAEPs, and at the presentation of the model to residential staff, and throughout drop in sessions/delivery of commissioned work*
- *Pre-measure questionnaires*
- *Focus groups to evaluate the model with CLAEPs and residential staff*
- *Post- measure questionnaires*

Due to time constraints, all stages of the RADIO model were not completed. It was hoped, however, that as the research had been commissioned by the LA and involved CLAEPs, the model of service delivery would become embedded into the culture of the LA. In light of this, it was hoped that stages such as *action planning* would still occur even if they were not formally documented by the researcher. All 10 stages of the RADIO model were considered; although this research will focus on the formal evaluation, it will focus primarily on stages 6 and 7. Methodologically, this research project can be broadly

conceptualised in three stages. Each stage of the method will cover different stages of the RADIO model as illustrated in Figure 5.

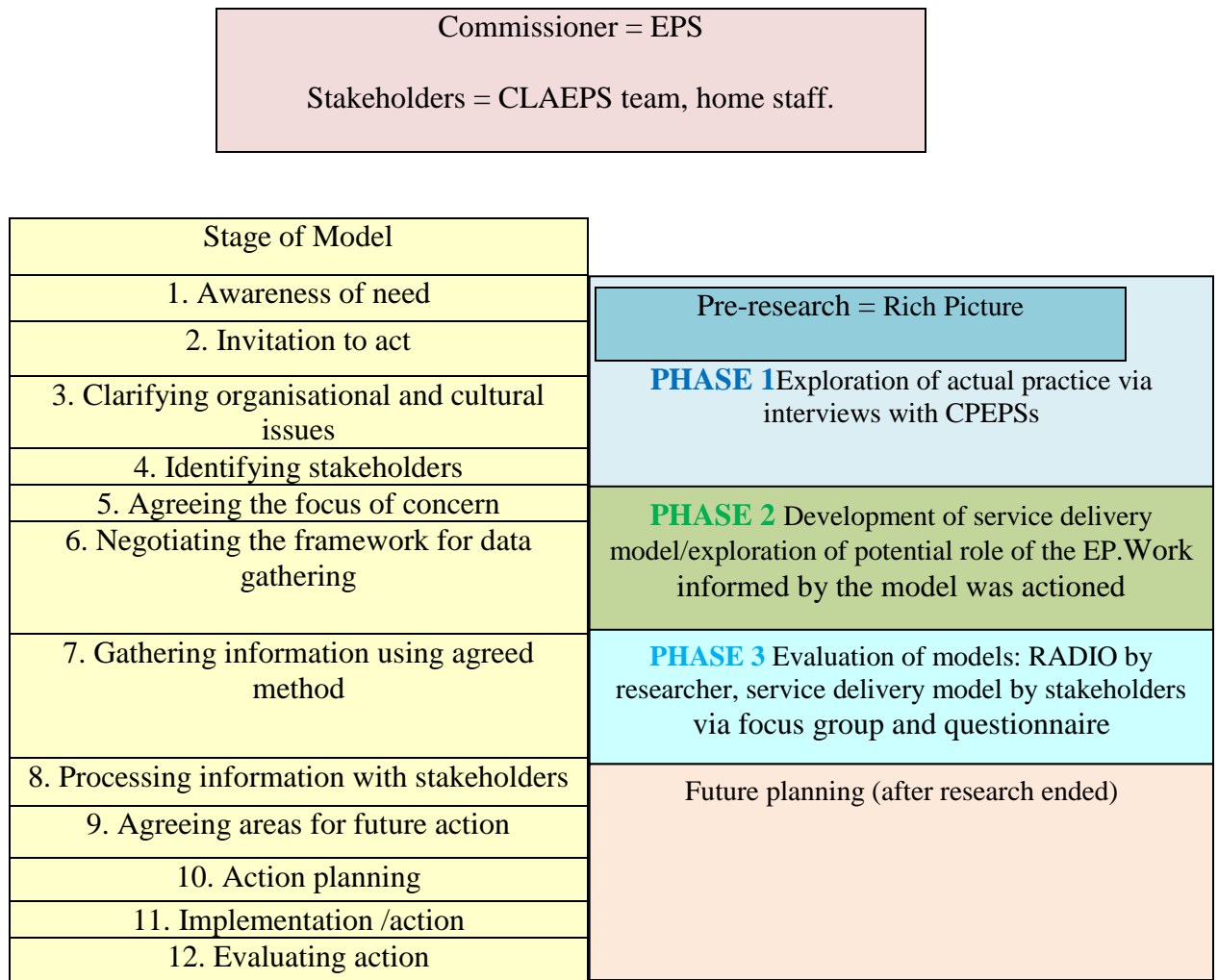
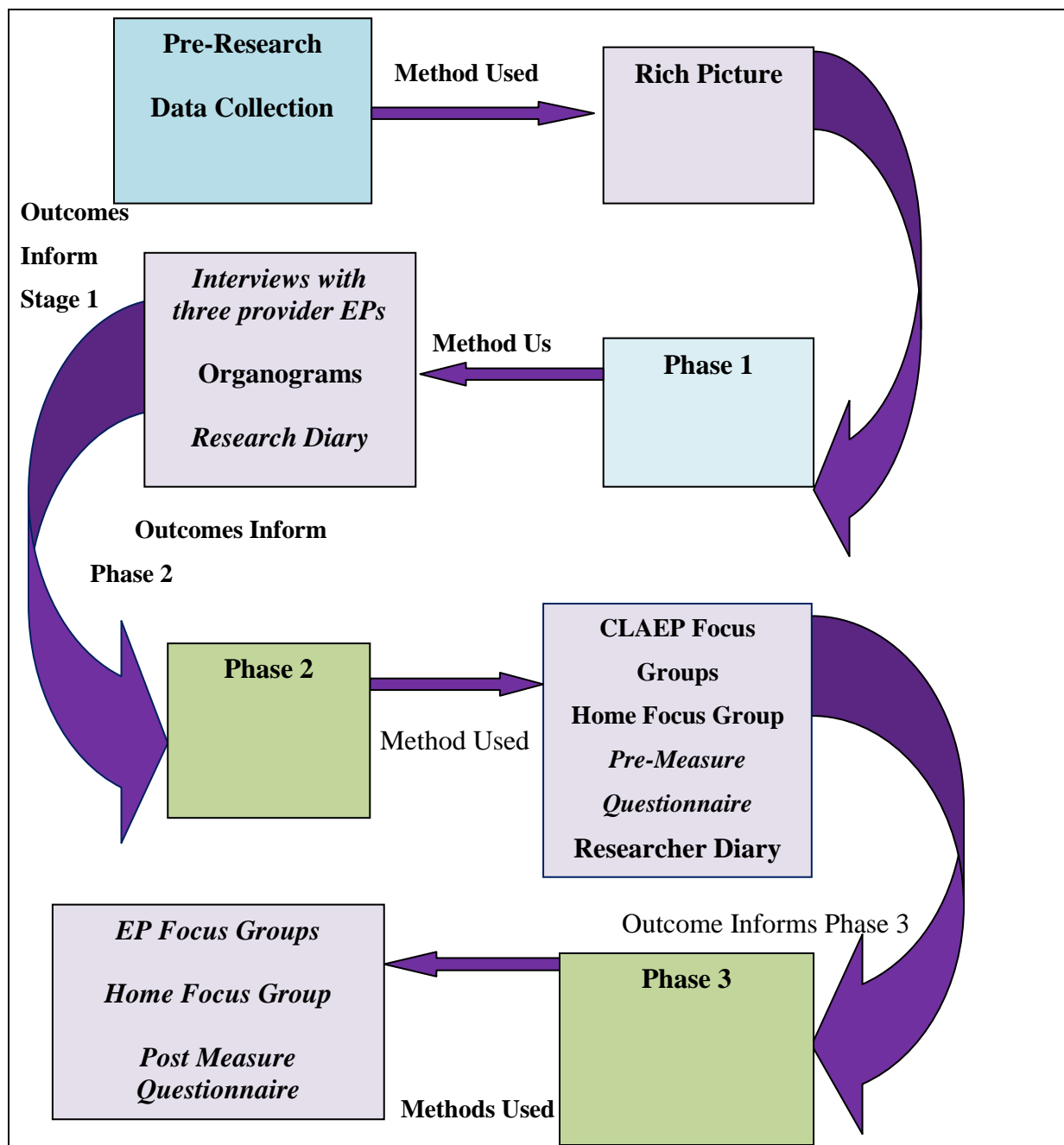


Figure 5. Illustrating Phases of RADIO in Relation to the Research

A range of data collection tools were adopted for each phase of the research. These tools were used to develop the model and to formally evaluate it. For clarity, Figure 6 has been created to illustrate the data collection methods used for each phase of the research. The formal data gathering methods and generated results have been italicised for clarity.



Text not italics = Informal data gathering methods/developing work generating outcomes

Text in italics = Formal data gathering methods generating results for evaluation

Figure 6. Phases of the Research and Respective Data Gathering Methods

3.10 Summary of Design

The views of current provider educational psychologists (CPEPs) working in this area were obtained via interview. Data gathered was used to inform the model of service delivery designed in the commissioning EPS. The model of service delivery was presented to the identified residential staff in a home for their consideration. The residential staff commissioned work in line with their needs. Although some of this work was subject to evaluation, in keeping with EP practice, the impact of individual pieces of work was not the primary focus of the research; for example, although training around attachment was commissioned, pre and post measures were taken as standard. However, the researcher was concerned with how access to such training had impacted on staff and how perceptions, practice and systems may have changed in light of such knowledge. Therefore, although individual pieces of work were carried out and evaluated, the model of service delivery remained the true focus of the study. For clarity, a summary of the design has been created in appendix 3.

3.11 Participants

Information regarding the participants and how they were recruited will now be discussed.

3.11.1 CLAEPS

Commissioning local authority educational psychologists (CLAEPs) were asked to join a group to create a model of service with the researcher. These EPs were recruited through a team meeting in the LA and EPs were asked to contact the researcher if interested and to fill in a consent form (Appendix F) supported by an information sheet (Appendix G).

Eleven out of fifteen CLAEPs agreed to participate in the research.

3.11.2 CPEP'S

In order to gather a broad picture of how EPs might work within residential settings, three CPEPs were approached via email. Participants were known to be working in this area, which made the sampling opportunistic (Yin, 2002). Participants were emailed consent forms and information sheets and asked to contact the researcher to express interest in participation (Appendix B & C). All three participants agreed to be part of the research.

3.11.1 Home Staff

A home was selected by social care managers in the commissioned LA. The researcher requested that the home selected would be open to EP services and have low levels of staff turnover. Once the home was selected, the researcher met with the managers to explain the nature of the research. Staff members were invited in writing to participate, and consent forms (Appendix D) and information sheets (Appendix E) were given to the management to disseminate to staff. It was hoped that this process would minimise pressure to participate. The researcher then joined a staff meeting to explain the nature and purpose of the research in person to the team. Staff were then given the opportunity to opt-in to the research. Thirteen of the fifteen staff in the home agreed to participate.

3.11.2 The Role of the Researcher

As a group of CLAEPs were identified as participants in the research, any commissioned work was delivered by myself/CLAEPs. This was contracted through consideration of availability, interest and skill set, and was done so collaboratively. Direct work and individual casework was not taken on by the researcher in light of ethical considerations and to minimise the duality of the researcher/EP role.

3.12 Residential Home: Contextual Information

The home identified for the research was a short-stay unit. This was beneficial in that the work requested by the home was not related to specific children. This avoided ethical issues around consent and allowed systemic work to be carried out. Such work was thought more likely to have a lasting impact than work relating to specific children, who would inevitably leave the home. The home was set up to take four children, age eleven to seventeen, at any one time. During the course of the research, children left and joined the home. In total, fifteen staff worked in the home, led by two seniors, an assistant manager and a home manager. Three of the staff worked night shifts. The staff at the home came from a range of backgrounds. The team was fully staffed and could be considered stable in that many of the staff team had been there for over ten years. New members of staff had been in post for at least a year.

3.13 Data Collection Tools

A rationale for the data collection tools will now be explored (illustrated in Figure 6).

3.13.1 Interviews

Data collection during phase 1 occurred via semi-structured interviews. Semi-structured interviews were chosen for their ability to analyse in detail the participants' perceptions and views (Smith, 2008). Semi-structured interviews enable the interviewer to adapt questions and respond to the participants' responses and to explore salient areas of discussion. Interviews allow flexibility, as the interviewer can change the order of questions to maintain the flow of the interview. Such reactivity enables the interviewee to

guide the interviewer, rather than the conversation being constrained by a pre-empted structure.

Semi-structured interviews were considered more appropriate for the study than structured interviews. Although it has been suggested that semi-structured interviews may prompt the researcher to lose focus, an interview agenda was designed to maintain a loose structure (Hayes, 1997). It was felt that an interview schedule provided a framework that focused the conversation around the research questions, whilst allowing the freedom to explore generated issues and ideas (Appendix H). It was felt that the interview schedule enabled the interviewer to pre-empt potential difficulties that may arise during the interview and that prompts could be introduced should the interviewees experience difficulties in answering the questions (Yin, 2011). An informal and relaxed style was adopted in the hope of enabling the participants to feel comfortable during the interview, and to encourage discourse.

3.13.2 Focus Groups

Focus groups were selected as they provide an expedient means of obtaining participant views (Yin, 2011). In this research they were used during phases 2 and 3. A focus group, often referred to as a focus group interview, is “a qualitative data collection method in which one or two researchers and several participants meet as a group to discuss a given research topic” (Mack, Woodson, MacQueen, Guest & Namey, 2005, p. 51). Kitzinger (1995) suggests that focus groups fit well within an AR methodology in that participation can ‘empower’ stakeholders as they become an active part of the process. Groups are ‘focused’ as individuals are gathered in light of a commonality (in this instance, job role).

It is the role of the researcher to ‘moderate’ the group and to induce all the group members to express their opinion with minimum direction from the researcher (Yin, 2011). Focus groups are advantageous in provoking viewpoints and exchanges from participants via the contributions of others that may not have been elicited from a 1:1 interview (Coolican, 2009). In light of such benefits, focus groups were selected for this research. It was logistically more feasible in terms of time and expense to arrange for participants to meet in groups.

The research was also concerned with eliciting the ‘collective’ views of participants, as the research sought to create a model of service based on the input of service users and those who would deliver it. Therefore, it was appropriate that the tool used to facilitate the creation and modification of the service model of delivery was done so via a group. Participants were asked open ended questions based on a pre-designed schedule (Appendix D) to encourage in-depth responses and exchanges of views. This is in keeping with the critical realist perspective taken by the researcher (Mack et al., 2005). Theorist’s opinions differ as to the optimum group size for a focus group, although between eight and twelve participants is thought to be suitable (Stewart & Shamdasani, 1990). Eight EPs participated in the initial focus group and eight in the evaluation group.

Focus groups require the views and interactions of multiple participants to be managed, which can be challenging for the researcher. It is difficult to predict group dynamics during the focus group, therefore the researcher must facilitate the group so that all members are able to access discussion and participate (Coolican, 2009). Although Yin (2011) suggests that the researcher must refrain from controlling the discussion, this must be balanced against allowing the discussion to deviate from the topic or to run over time. The

researcher drew on methods detailed by Curran (1999) before designing bespoke activities for the focus group. It was felt that provoking discussion via the use of focused activities (such as using post-it notes to capture views) would ensure a loose structure for the process. It was also felt that using a ‘round robin’ as a means of sharing views would allow all group members to participate and ensure that all views were heard by the group.

3.13.3 Self-Report Questionnaire

Questionnaires can be considered a means of gathering data to “test for current opinion or patterns of behaviour” (Coolican, 2009 p.173). Therefore, it was felt that a questionnaire would be an appropriate tool and that both qualitative and quantitative data would be useful. Two questionnaires were designed for the project to obtain both pre and post measures.

3.13.4 Pre-Measure Questionnaire

The pre-measure questionnaire was co-designed and piloted with CLAEPS. The questionnaires were then modified in light of given feedback. Closed items can be useful in generating a quantified measure that allows analysis to be carried out and correlations to be made (Yin, 2011). Hence, the questionnaire was designed to incorporate a response scale section. The limits of closed questions were noted, however, in that they inhibit the researchers from understanding *why* participants chose a specific response (Cohen et al., 2000). To mitigate against limiting participants’ responses, open ended questions were also incorporated. It was felt that combining qualitative with quantitative data would increase the ‘richness’ of the data set, whilst limiting the time needed to fill in the questionnaire. It

was hoped that such a design would increase participation in the questionnaire (Coolican, 2009). To encourage participation, the questionnaire was limited to one page (Appendix J).

3.13.5 Post-Measure Questionnaire

A post-measure questionnaire was designed as a means of tracking changes in opinions, which would serve as a mechanism to explore the outcomes of the research. The post-measure questionnaire was co-designed with a CLAEP and piloted with several other CLAEPs. Questions from the pre-measure questionnaire were included in the post-measure questionnaire in order to track any change in opinion in light of the research. In addition, questions that were now redundant, such as ‘I have worked with an EP,’ were removed and more pertinent questions were added; for example: ‘The EPS was accessible’. As with the pre-measure questionnaire, both rating-scale and open ended questions were included in order to generate quantitative and qualitative data sets (Yin, 2011). To encourage participation, the questionnaire was again limited to one page (Appendix K) (Yin, 2011).

The researcher was concerned that the participants might misinterpret what was being evaluated. The researcher considered that the participants may evaluate individual pieces of the work that they had received rather than the model as a whole. In order to clarify the true purpose of the evaluation and increase validity, steps were taken to mitigate participants misunderstanding aspects of the evaluation (Bell, 1999). This included giving a covering letter (Appendix L) to participants which made the aim of the evaluation explicit. In addition, questions that asked participants to evaluate individual pieces of work were included on the questionnaire to allow the participants to comment on these pieces of work. In addition to these questions, a question that asked participants to consider the

model as a whole was included in order to obtain their views around this. This would allow the participants a forum to comment on the individual aspects of the model whilst ensuring that the questionnaire would truly measure their views on the model as a whole.

3.13.6 Research Diary

Robson (2002) suggests that it is “...good practice to keep a full and complete record of all the various activities with which you are involved in connection with the project” (p.1). Nadin and Cassell (2006) suggest that a reflexive stance in which the researcher reflects on the methods of the research is best practice. This process enables the researcher to effectively identify and reflect upon the research methods, findings and outcomes. Robson (2002) suggests that the researcher’s thoughts and reflections are relevant to the research and should be documented. It was the intention of the researcher to note practical and logistical issues that arose from the research processes, alongside issues relating to ethics, values and feelings. The research diary was used on a regular basis to allow salient details to be recorded (excerpt in Appendix M). It contained: a description of the event; an interpretation of the event and notes/reflections on methodologies; and notes on future planning (Altrichter & Holly, 2005).

3.14 Data Analysis

The data generated from the research was rich. The following generated data sets will now be outlined alongside their respective analysis methods.

3.14.1 Interviews with CPEPs

Initial interviews were recorded, although it was decided that the data would not be transcribed due to time constraints. The cyclical nature of AR dictates that the outcomes of a stage will inform the subsequent stage. Therefore, it was felt that the time needed to formally transcribe and analyse the data would impede the flow of the research. Thus, it was decided that recorded interviews would be used by the researcher to identify themes and to inform the design of the ‘organograms’ (Chandler, 1962). These were presented back to the participants for consideration (Appendix N, O, P). Such ‘reflexivity’ and ‘progressive focusing’ aimed to ensure that the data was appropriately analysed and interpreted by the researcher (Stake, 1994).

3.14.2 Focus Groups

Two focus groups in phase 2 (CLAEPs/home staff) and two in phase 3 (CLAEPs/home staff) generated data in the form of post-it notes. These post-it notes detailed the views, thoughts and feelings of participants. Content analysis was applied to this data. The data generated during the evaluative focus groups was also analysed using thematic analysis (Braun & Clarke, 2006). It was felt that given the overall aim of the research, an additional and detailed analysis was needed in the final evaluation. These methods will now be discussed in more detail.

3.14.3 Content Analysis: Post-It Notes

The focus group data for all four focus groups was subjected to content analysis. Content analysis is a generic name for a “variety of textual analyses that typically involves comparing, contrasting, and categorizing a set of data” (Schwandt, 1997: p.121). Hsieh and

Shannon (2005) identify three distinct approaches to content analysis: conventional, directed and summative. The authors suggest that all three approaches are used as a mechanism for interpreting meaning from the content of text data (Hsieh & Shannon, 2005). They suggest that the major differences among such approaches relate to coding schemes; origins of codes and threats to trustworthiness (Hsieh & Shannon, 2005). In conventional content analysis, coding categories are directly derived from the text data. Conversely, the directed approach begins with a theory or relevant research findings used as guidance for initial codes. A summative content analysis is characterised by counting and comparisons, usually of keywords or content, followed by the interpretation of the underlying context (Hsieh & Shannon, 2005).

The researcher selected the summative approach as the most suitable framework in this instance, given the data generated from the focus groups. It was felt that as post-it notes were used to focus the thoughts, feelings and views of the participants into text, this approach would enable the researcher to surmise and interpret data. Hsieh and Shannon (2005) suggest that a summative approach to qualitative content analysis starts with identifying and quantifying certain words or content in text. This is done in an attempt to understand the contextual use of the words or content. The authors suggest that this quantification is an attempt not to infer meaning but as a means to explore usage (Hsieh & Shannon, 2005). Analysing for the appearance of a target word within text is referred to as 'manifest content analysis' (Potter & Levine-Donnerstein, 1999). The authors suggest that if at this point the analysis stopped, it would be conceptualised as quantitative in that it focuses on counting the frequency of specific words or content (Kondracki & Wellman, 2002). However, a summative approach goes beyond this as it seeks to interpret data rather than superficially counting words.

In terms of this research, the process involved looking for the appearance of words; for example, the appearance of the word 'ad hoc'. This was found twice in the data set pertaining to current systems around LAC. The researcher then looked for words and phrases that were semantically similar; this included 'hit and miss', 'random', and 'bitty'. These were then grouped together to form the 'ad hoc' theme, which contained five items or viewpoints as expressed by the participants. Content analysis was selected as it affords the researcher an expedient mechanism in which to manage and analyse data (Hara, Bonk & Angeli, 2000). Given that AR is likely to produce a significant amount of data, this was considered particularly pertinent by the researcher.

Given the role of the researcher in interpreting the data, Hara, Bonk and Angeli (2000) note the potential for bias when using content analysis. It is felt that this was in some way minimised in the research as the data obtained in the focus groups was loosely grouped in the session to allow emerging themes to be reflected back to the participants for discussion so that any ambiguity was highlighted and clarified. Therefore, it was felt that when interpretation was required by the researcher this was done with a 'true' understanding of the content.

Following each session data was more thoroughly examined. Data from the post-it notes was transcribed and colour coded in relation to themes (Appendix Q). This allowed themes and sub themes to be grouped (Appendix R). These groups were then presented visually in a mind map. It was felt that, given that this evaluation was the overall aim of the research, the map that was generated from the final home staff evaluation was shared with other CLAEPs who could act as inter-raters, aiding validity (Bell, 1999). Eight CLAEPs

analysed the map created by the researcher along with the respective data. This led to a refined map being created.

3.14.4 Thematic Analysis

Thematic analysis is “a method for identifying, analysing and reporting patterns (themes) within data” (Braun & Clarke, 2006: p.79). It can be viewed as a tool that enables the researcher to organise and describe a data set in detail. The approach was selected as it is not underpinned by a specific theoretical framework and therefore fits with the critical realist stance taken by the researcher. The researcher analysed the data generated from the final evaluative focus groups. This data was partially transcribed and the research diary was analysed using thematic analysis. The data was analysed together as a complete data set and partial transcription was selected, as it provides an expedient but effective method of analysis (Lyons & Woods, 2012). This decision was taken in order to mitigate against emphasising one data set over another, as all data sets were viewed as having equal importance. Whilst conducting the thematic analysis, the researcher followed the six phase process as suggested by Braun and Clarke (2006), as detailed below:

- ***Familiarisation with the data*** - This involved ‘immersing’ myself in the data through repeated and ‘active’ reading.
- ***Transcription*** - The data was considered with an appropriate level of detail and discussed with participants for ‘accuracy’.
- ***Coding*** - Each data item was given attention in the coding process; initial codes were generated using different colours. Data was subsequently revisited systematically before more succinct codes were formed.
- ***Searching for themes*** - The relevant extracts for each theme were collated and emerging themes were checked against each other and back to the original data set.

Once preliminary themes were defined, the colour-coded data were placed into relevant sections.

- ***Finalising themes*** - Themes were finalised; they were considered internally coherent, consistent and distinctive. Themes were then illustrated on a mind-map for clarity.
- ***Defining and naming themes*** - Themes and sub-themes were then named and defined. Within each theme, data that was appropriate for illustrating the ‘essence’ of the theme was identified

Braun and Clarke (2006) suggest that a theme captures something salient about the data in relation to the research questions. The authors are not prescriptive with regards to what proportion of the data needs to show evidence of a theme for it to be constituted as a theme. When conducting thematic analysis, the researcher can either take an inductive or a theoretical approach. Inductive analysis dictates that themes are identified in a “bottom-up” manner (Braun & Clarke, 2006: p.83), in which themes are correlated to data, and the analysis is not driven by the researcher’s prior interest in the topic or via preconceptions about the outcomes. Inductive thematic analysis can be conceptualised as data driven. Conversely, theoretical analysis relies on a “top down” approach and is deductive (Braun & Clarke, 2006: p.83). This method acknowledges the influence of the researcher and their role in analysing the data in light of their interest, and involves coding the data for specific research questions. It was felt that, given the axiological views of the research, the latter would be more appropriate.

When engaging in thematic analysis, the researcher must decide upon the level at which themes are analysed. Such themes can be identified at: a semantic level, an explicit level, or a latent or interpretative level (Boyatzis, 1998). When analysing data at a semantic level, themes are identified at a superficial level and focus is placed on the explicit meaning of

the data. Conversely, when analysing data at a latent level, the researcher attempts to identify underlying ideas, and this involves some interpretation of the data. The researcher initially identified themes at a semantic level before analysing at the latent level, in keeping with the critical realist stance adopted. The researcher adhered to following process outlined by Kay (2012).

Table 4. Illustrating the Thematic Analysis Process (Kay, 2012)

Phase 1: Familiarising yourself with your data	As the present researcher collected the data herself, she approached the analysis with some prior knowledge of the data. The researcher familiarised themselves further with the depth and breadth of the content of the data by immersing herself in it through, first of all, listening to the audio recordings of the focus group and partially transcribing the audio recordings and reading these transcriptions repeatedly. Whilst reading the data, together with the data from the research diary, the researcher noted down the initial ideas for coding the text before beginning the formal coding process in phase 2.
Phase 2: Generating initial codes	Once the researcher had familiarised herself with the data and had generated initial ideas for coding, the formal coding process began. Codes identify a feature of the data that appears interesting to the analyst and involves organising the data into meaningful groups. As the thematic analysis in the present study took a theoretical approach, the researcher approached the data with the RQs in mind and coded around these. The coding was completed manually, with the researcher underlining and annotating key sections of the data by hand.
Phase 3: Searching for themes	Once the data had been initially coded, the researcher began the process of sorting the codes into potential themes. The researcher experimented with combining the codes in different ways to see how they fitted together into themes. The researcher then collated the extracts of the data relating to the themes.
Phase 4: Reviewing themes	At this phase of analysis, the researcher sought to refine the devised themes. Some themes were discarded as it was decided that there was not enough data to support them; other themes were merged together and some themes were broken down further into separate themes. The researcher tried to ensure that the data within each theme fit together meaningfully, whilst ensuring clear distinctions between themes. During this phase the researcher returned to the data set to

ensure the themes accurately reflected the data set as a whole.

- Phase 5: Defining and naming themes
Once the themes had been reviewed, the researcher identified the “essence” of each theme and what aspect of the data each theme captured (Braun & Clarke, 2006: p92). This involved a process of on-going analysis in which each theme was refined and defined further. At this stage the researcher returned to the data extracts for each theme and sought to ensure that each one had a concise name, which would immediately give the reader a sense of what the theme was about.
- Phase 6: Producing the report
This stage provided the final opportunity for analysis of the data. It involved the researcher “telling the complicated story of [the] data in a way which convinces the reader of the merit and validity of [the] analysis”, and providing data extracts to support the themes (Braun & Clarke, 2006: p.93). The researcher sought to relate the analysis to the research questions.

A thematic network is the outcome of the process. These web-like illustrations allow themes to be organised and classified as basic themes, organising themes and global themes (Attride-Stirling, 2001), as shown in Figure 7.

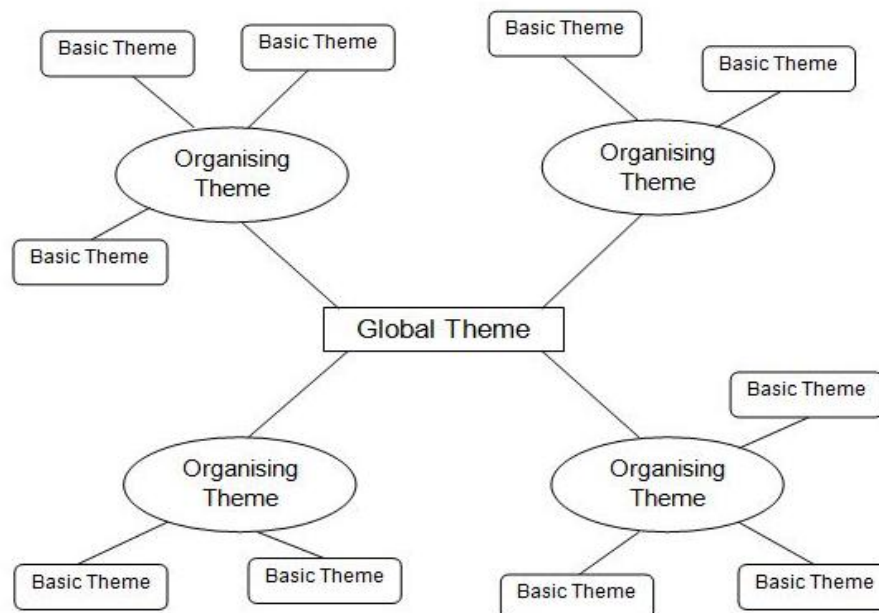


Figure 7. Structure of a Thematic Network

Thematic networks provide a tool or means of organising a thematic analysis, as indicated in the figure below (Attride-Stirling, 2001). A basic theme can be conceptualised as a lowest order theme and is constituted of basic ideas directly derived from the text. Used in isolation, a basic theme does not reveal a great deal about the text and must be considered within a wider context. When considered together, basic themes represent an organising theme. An organising theme can be conceptualised as a middle-order theme in which basic themes are organised into clusters. Organising themes can be considered as more abstract and more telling in terms of meaning. Organising themes are grouped together to form a global theme. A global theme can be conceptualised as a super-ordinate theme that makes an assumption about an issue. Global themes are used to surmise the main ideas and provide an interpretation of the data (Attride-Stirling, 2001). In following the process of thematic analysis, the researcher generated thematic networks as non-hierarchical and web-like representations, which will be discussed in the findings section.

3.14.5 Self-Report Questionnaire

Quantitative and qualitative data was generated from pre and post measure questionnaires. Quantitative data was generated from the scaling questions. Each response was assigned a number and this data was inputted into a spread-sheet for analysis. A mean response was generated for each item along with a bar graph detailing the scores. Qualitative data from each response was recorded and considered for themes and commonalities and subjected to content analysis (Hsieh & Shannon, 2005). Emerging themes were generated and considered alongside other data sets.

3.15 Synthesis of Data

Some of the data gathered in the research was used to inform subsequent phases of the research, in line with the AR model (see Figure 6). Other aspects of the data, such as that generated in phase 3, were synthesised. This process involved data generated from the home staff focus groups (post-it notes and discussion) being considered for commonalities. This allowed the researcher to create a thematic map of emergent themes based on multiple sources of data. This data was then presented to the co-delivering CLAEP and team of CLAEPs who acted as inter-raters, thus strengthening the methodology.

3.16 Critique of Method

The methods and tools selected for the research will now be considered and critiqued.

3.16.1 Frameworks Selected: RADIO and AR

RADIO can be criticised in light of its structured and sequential nature. The sequential nature of the approach supports the structure of the research, which, at times, is useful to the researcher, but it can also be inflexible. Although sequential in structure, RADIO is ultimately cyclical, in that the final stage (12) encourages the outcomes and evaluations to be fed back to participants so that future action planning can occur in light of the findings. In theory, this structure requires the researcher to engage in each step for each cycle. In this research, three small cycles occurred within an overall larger cycle, which produced a complex and data rich project. The researcher considered whether three cycles of the plan-do-review cycle had occurred. However, it was felt that all stages of the RADIO model were not followed in each of the smaller cycles, and that, given the overall aim of the research, an evaluation of this model could only be achieved at the end of the project.

Therefore, it was felt that one full cycle of the RADIO model with an evaluative focus on stages 6/7 had been achieved, and that this was a methodologically more valid conceptualisation of the research.

The structure of the 12 stages of the RADIO model supported collaborative working. It is felt that the researcher and the stakeholders successfully engaged in the AR process and that the outcomes of each cycle inputted into the next. Arguably, without a structure that encouraged collaboration at all stages, the researcher may have made decisions regarding the research without collaborating with the stakeholders. Each stage acted as a guide for the researcher in planning and actioning work generated through the cycles, and this was done so collaboratively. Kemmis and McTaggart (1988) emphasise the collaborative role of AR. The research could be considered collaborative in nature once the staff from the residential home had opted into the research; however, the home itself was identified through its management. Therefore, it can be argued that although the EPS, as a stakeholder, initiated the research, the staff at the home did not. This is not to devalue the outcomes of the research, as by opting-in to the research the home staff became invested in it and shaped its course and outcomes.

Ashton (2009) used the RADIO model in research and suggested an additional stage after step ten, which was to report the findings back to stakeholders and involve them in the action planning stage. Although results were reflected back to stakeholders at points during the research, this only occurred in part. The final evaluation stage was, arguably, the key data set generated from the research, and therefore it would have been useful for all data to be reflected back to all participants. Data generated from the home evaluation focus group was not fed back to participants due to time constraints. Feeding back the results was

logistically difficult to organise given the fractured and changeable staffing systems in the home. Home staff were gathered together for monthly team meetings, and the researcher was conscious of intruding on this time given their preference for weekly drop-ins rather than the researcher's attendance at staff meetings. The researcher would need to meet with staff individually, which would have been labour intensive and difficult to organise.

Inclusion of Ashton's (2009) additional step may have prompted the researcher to consider this process in advance and devise a system whereby this could have occurred, such as via email. However, it can be argued that as data generated from the focus groups was reflected back to participants in the evaluation and triangulated against questionnaire data, the likelihood of the researcher misinterpreting data was minimised. In addition, the researcher's interpretation of data was shared with the co-delivering CLAEP and a team of CLAEPs to aid objectivity and strengthen the data analysis methods. Data collated from the CLAEP focus group was subject to 'live' reflexivity.

3.16.2 Reflections on Design

A qualitative and interpretive approach was implemented due to the 'exploratory' aims of this study. Qualitative research is able to capture the feelings and thoughts of participants, which renders this design attractive, especially in this instance when the generation of rich and descriptive data was required (Smith, 2003). However, the limitations of qualitative data and the lack of generalisability are noted (Hancock, 2002). Qualitative data is time-consuming in its collection and necessitates small samples (Hancock, 2002). Arguably, this is neither the aim nor the strength of this design, and the uniqueness of the data set will be considered positively in allowing exploration of a previously unexplored area, whilst validity can still be claimed (Yin, 2011). Although the direct experiences of participants in

this instance cannot be generalised, the processes explored are not uncommon and may resonate with others, thereby contributing knowledge to the wider educational and social care community.

Data generated by a qualitative approach is rich and significant, which forces the researcher to be selective when managing data. This arguably promotes subjective bias, which may influence findings (Yin, 2011). Inter-rater reliability can be achieved by using research assistants when analysing data, and therefore CLEAPs considered the data in addition to the researcher. It was hoped that a reflexive approach minimised potential bias (Stake, 1994).

3.16.3 Mixed Methods

Although some quantitative data was generated, the majority of the data was qualitative, and therefore this research will not be considered as 'mixed methods' (Coolican, 2009). The inclusion of quantitative data does in some way temper the criticism of a purely qualitative approach. Qualitative approaches offer validity to research in that they produce tangible and objective data (Coolican, 2009). The quantitative aspects of the design offer tangible and objective data that can be further explored by the qualitative methods.

3.16.4 Evaluation Criteria

The robustness of the data generated from this research was considered. Although reliability and validity are terms synonymous with quantitative data, the data generated from this study will also be considered against these criteria. Such terms will be used as defined by Golafshani (2003), and in line with the critical realist stance adopted by the

researcher. Golafshani (2003) notes that terms such as reliability and validity must be redefined in order to reflect the “multiple ways of establishing truth” (p. 597). They propose that such terms can be used in relation to qualitative data. Golafshani (2003) suggests that validity can be claimed when the research measures that which it was intended to measure. Reliability can be ascertained through considering to what extent the results are replicable (Golafshani, 2003). The researcher contends that steps have been taken to ensure the validity of the research (through considered evaluation processes). Reliability is perhaps more difficult to claim given the context specific findings synonymous with AR (McNiff & Whitehead, 2010). The researcher suggests that the transparency of the processes stated in the research allows for others to replicate those processes and develop a model. However, the researcher suggests that reliability is arguably not a desired facet of the research, as the strength of the model lies in its bespoke creation to meet the specific needs of the setting, which should not be fully replicated.

3.16.5 Interviews

Semi-structured interviews were selected as they offer insight into the way participants view their world and they afford flexibility in allowing the focus to be guided (Willig, 2001). Since it has been suggested that semi-structured interviews may prompt the researcher to lose focus, an interview agenda was designed in order to maintain a loose structure (Hayes, 1997). As this research sought to explore the experiences and views of the participants, an agenda or interview schedule was designed. This ensured that key information was gleaned from participants as well as supporting a consistent approach in each interview. The researcher’s decision not to transcribe the data was taken in an effort to save time, and to encourage the cycles of AR to flow. It could be argued that the absence

of transcribed data inhibits the validity of the research and limits the transparency of results. It can also be suggested that the absence of the entire data set more readily allows the researcher to interpret the data in line with the research aims and is more open to bias. This is perhaps more pertinent in this instance as the researcher has stated their axiological position and views relating to the research. This could potentially bias the results in order to prove the researcher's own hypothesis. It is hoped that the awareness of this issue and the steps to work reflexively (sending the organograms back to participants for validation) will minimise prospective bias (Stake, 1994).

3.16.6 Focus Groups

It has been suggested that focus groups allow participants' views to be misinterpreted and misrepresented by the researcher (Morgan, 1988). However, the researcher attempted to remedy this by seeking clarification of statements that were perceived to be ambiguous. In addition, the inclusion of written tasks (post-it notes) may have helped to focus the views of participants. As the ideas and views collated on the post-it notes were discussed by the group, group members had an opportunity to reflect on how their comments had been interpreted and to correct or comment on this.

Focus groups are also criticised for allowing the researcher to lose control of discussions, as the discussion is largely dominated by the group itself (Morgan, 1988). However, this was viewed as a means of increasing ecological validity, as when the discussion was left open to the group the researcher drew on their beliefs, views and feelings. In addition, a loose structure was maintained due to the focused written tasks selected by the researcher.

A further limitation of the focus group is that the potential for discussions can be dominated by more vocal or confident group members. This can promote bias in the data (Robinson, 1999) and can skew the tone and content of discussion. It was hoped that the awareness of potential bias prior to the focus group taking place, and the skills of the researcher to recognise and facilitate a safe and equal forum, mitigated against this. In addition, the use of focused tasks and 'round robins' further encouraged the participation of each group member.

3.16.7 Questionnaires

Questionnaires are criticised for eliciting information that tends to describe rather than explain what the questionnaire is measuring, particularly when questionnaires include closed questions. Therefore, such information is likely to be superficial (Coolican, 2009). This was in some way minimised in the current study as each closed question was supplemented with a section that enabled the participant to elaborate on their choice and explain the reasons for their selected response. Data obtained from the questionnaires was triangulated against other sources; for example, the responses for the question: 'I have worked with an EP' were triangulated against the views obtained by EPs during the focus group, and against data around EP involvement with LACRH. Data obtained via questionnaire was also triangulated through discussion in a focus group. Questionnaires were co-created with a CLAEP which were then piloted with other CLAEPs to promote validity and reliability.

3.16.8 Researcher Diary

The subjective nature of the researcher diary was acknowledged, as were potential threats to the reliability of data gathered. Therefore, the researcher was aware that they may have inadvertently noted down observations and comments that supported their theories and neglected to note down observations and comments that negated them. In order to mitigate against this, the researcher engaged in continual self-reflection and self-questioning about the relevance of any included and omitted data. Reflection also took place during tutorials with the researcher's university tutor and with CLAEP colleagues, which helped to mitigate against the effects of any biased reporting.

3.16.9 Replication

Willig (2001) notes that the investigation of a possibly unique phenomenon cannot, by its very nature, produce the same results on a different occasion; this calls into question the reliability of qualitative data. However, the unique nature of this data generated from this research was not explored with the intention of replication, but as useful in its own right. It will be argued that the experience, process and outcomes of the research may resonate with others and that the factors that promoted and hindered effective practice may be applicable elsewhere.

3.16.10 The Influence of the Researcher

The researcher's relationship with the participants and its impact must be considered. It is difficult to define their role as that of an 'outsider' or an 'insider' (Bell, 1999).

3.16.10.1 CPEPs

The researcher could be considered an ‘outsider’ in relation to this group of participants. Although the researcher shared the same profession as the participants and had a prior connection to a residential setting, this was not in the same LA and the researcher did not have a prior relationship to the participants. Therefore, it was felt that the participants could be honest and open with the researcher as they did not perceive them to be in a position of power. This may have encouraged participants to be honest with the researcher, particularly around ‘barriers’ to effective working and around topics/issues that may have had negative connotations. It may have been to the advantage of the researcher that they shared a common interest in the area of supporting LAC, but it was removed enough to allow the participants to speak freely.

3.16.10.2 CLAEPs

The researcher could be considered an ‘insider’ in relation to this group of participants. The researcher was known to all the participants as she worked in the same LA as a trainee EP. The researcher has a good relationship with the team and this may have encouraged participation in the project. It is also noted that supporting LAC was an area identified by the EPS that may have also influenced participation in the project. Although the researcher will be considered as an ‘insider’, it should be noted that in their role as a trainee they are unlikely to be perceived as in a position of power. This may have encouraged participants to be honest and open about the systems in relation to LAC, particularly when such comments were negative.

3.16.10.3 Home Staff

The researcher could be considered an ‘outsider’ in relation to this group of participants. The researcher was employed by an external agency and did not have a prior relationship with the participants. Although this encouraged participation in terms of how honest the participants could be with the researcher, this may have been a barrier to initial engagement. It is hypothesised that there may have been some initial trepidation around engaging with the researcher, particularly given the fact that the majority of staff shared that they did not understand the role of the EP. This seemed to diminish once the researcher explained their previous involvement in the residential sector. It was hoped that in sharing the researcher's understanding of their role, this might have encouraged staff to engage with the project and enable them to ‘relate’ to the researcher. It was also noted that discussions with home staff around current access to psychological services highlighted their dissatisfaction with ‘clinic-based’ services. Therefore, it was an explicit aim that the researcher, through ‘drop-ins’, would attempt to remedy this and become an accessible ‘critical friend’ to the staff. It was felt that such rapport would engage the participants and promote effective working. It can be argued, therefore, that the researcher attempted to ‘become’ an insider through the research. The ethical implications of this are noted and will be discussed further.

3.16.11 Demand Characteristics

Despite the in-depth and rich nature of the data that qualitative research generates, critics note the potential for participants to show demand characteristics or to become aware of the ‘social desirability’ of their responses (Bryman, 2001). However, it could be contested that such effects are minimised in this instance. In light of the researcher’s relationship

with the participants, they did not consider them to be a figure of perceived authority, and may have felt comfortable and able to be honest in their presence. However, it is possible that the researcher's proximity to the participants affected their responses, as it has been suggested that anonymity promotes more honest results (Bell, 1999).

3.16.12 Alternate Methods of Analysis

The collaborative nature of this study led to the consideration of a 'grounded theory' approach being adopted. This design allows the research questions to inspire the direction of the research rather than prescribe it (Glaser & Strauss, 1967). Grounded theory involves the progressive identification and integration of categories of meaning extracted from the data. It allows themes to emerge from the data, which can be grouped by the researcher until theoretical saturation is achieved (Willig, 2001). This design was attractive to the researcher and was in line with the researcher's desire to collaborate with participants rather than prescribe the direction of the research. However, critics of grounded theory suggest that findings emerging from the data collected will be prompted by the research questions, and since it will subsequently be analysed by the researcher it will be informed by potential bias and agenda (Dey, 1999). Given the axiological views of the researcher, it was felt that their views would have undoubtedly impacted on research design. The researcher could not then legitimately claim a grounded theory perspective given their prior knowledge of the area and views around the desired outcome.

The researcher debated as to whether the research could be considered a 'case study' design. A case study can be conceptualised as documenting an 'instance in action' and offers insight into 'real people and real situations' as well as a 'depth of study' (Adelman

et al., 1980; Cohen et al., 2000; Denscombe, 2003). It was decided that although the use of a single 'home' could be conceptualised in this way, the manner in which the researcher interacted with the home and sought to initiate change, rather than observing and considering it in a subjective manner, was more fitting with an AR design.

3.16.13 Reflections on Thematic Analysis

It can be suggested that the flexibility afforded by thematic analysis may also leave data open to manipulation and bias. The researcher, who is tasked with summarising the data collated, is forced to select 'relevant' data and to formulate themes. This process arguably compromises the validity of the research (Willig, 2001). In practice, it was difficult for the researcher to decide on what constituted a theme, as this was not often immediately obvious. Braun and Clarke (2006) suggest that there is no benchmark or percentage of data sets needed to 'qualify' data as a theme. They also suggest that themes cannot be readily defined by their 'keyness' to the research, as this is not quantifiable by external measures (Braun & Clarke, 2006). Therefore, it falls on the researcher to define their own parameters when analysing data and to decide upon what data is relevant and what constitutes a theme. Thematic analysis has obvious benefits in allowing themes to be defined around the research questions (Braun & Clarke, 2006). However, the researcher was mindful not to manipulate and consciously edit the data to fit around the research questions. It was therefore useful to have access to a team of CLAEP who were also able to analyse the data, which allowed emergent themes to be compared, minimising bias and giving reliability to the research.

An additional limitation of thematic analysis is that some data will inadvertently be omitted and deemed irrelevant by the researcher (Willig, 2001). Once themes were identified, it became necessary for the researcher to identify the focus of the research. In providing an overall thematic description of the entire data set, some depth and complexity would be lost. However, this would offer a detailed account of one aspect and would limit the scope of the research (Braun & Clarke, 2006). As this is an under-researched area and the views of the participants are unknown, it was felt that providing a rich thematic of description of the entire data set would be more valuable. At times it was difficult to choose between data sets and discern which data would most astutely illustrate each theme. The limitation of using such rich data is noted. The researcher attempted to balance evidencing points and bombarding the reader with excerpts by consistently reviewing the data and its relevance to the research questions (Bell, 1999). Although analysis was undoubtedly influenced by the researcher, this method was chosen as it accepts the 'active' role the researcher plays in the research.

3.16.14 Progressive Focussing

In order to promote validity, 'progressive focussing' was employed to ensure that emergent themes were given focus and to ensure that the participant was given the opportunity to reflect upon and validate their input (Stake, 1994). This occurred following the formulation of the organograms in phase one and during the focus group with CLAEPs/home staff in phase 3. Such 'respondent validation' and 'reflexivity' sought to increase validity and maintain focus (Wilkinson, 2000). In retrospect, it would have been useful to have had more opportunities to feed data back to participants as this was not possible in all instances due to time constraints. Although a reflexive approach was adopted and aimed to increase

the validity of the research, its effectiveness was limited by the sheer amount of data to 'reflect' back to the participants. The rich data sets generated by the AR process limited the amount of data that could be reflected back to the participants without taking up too much of their time and impacting on the flow of the research. It is hoped that the awareness of progressive focussing and the collaborative nature of the research produced a 'real' and 'true' interpretation of the findings and outcomes.

3.17 Ethical Issues

The researcher consulted the School of Education's ethical practice policy and guidance (University of Manchester, 2012) when considering ethical considerations in relation to the research. The researcher adhered to the recommendations made by the University's Ethics Committee, and permission to carry out the research was granted (see Appendix S, for documentation of ethical approval). The British Psychological Society's ethical guidelines (BPS, 2000, p.21) were adhered to during the research, in particular with regards to:

- *Privacy, Anonymity and Confidentiality:*
- *Voluntarily Informed Consent*
- *Detriment Arising from Participation in Research*
- *Right to Withdraw*
- *Ownership of Material/ Implications of Findings*

Specific issues relating to ethics that emerged during the research will now be discussed.

3.17.1 Duality of the Researcher/Practitioner

It was anticipated that the duality of the researcher/practitioner role may provoke issues and difficulties within the research. Steps were taken to safeguard against this. These were:

- *The use of a 'team' of EPs as opposed to the researcher solely delivering work*
- *The decision was taken that the researcher would not become involved with individual case work involving children*
- *Evaluations to be co-designed and delivered with another EP*

It was noted that the home staff had reported a dissatisfaction with 'clinic' based services. They suggested they would benefit from a point of contact or person that was able to understand the contextual needs of the home, the staff and the LACRH. It was therefore felt that the researcher, in taking on this role, was attempting to meet this need. It was hypothesised that although individual aspects of the work delivered would be valued, having a point of contact or person that was interested in supporting the home would also be valued. It was therefore possible that the relationship or 'researcher' themselves might be a facilitator or barrier to the success of the research. The significance of this was noted by the researcher as they, themselves, might inadvertently be evaluated. It could be argued therefore that researcher was attempting to 'fit in' or ingratiate themselves with the home staff in order to facilitate successful outcomes. Arguably, it is commonplace for an EP or any professional to attempt to form positive relationships with service users, given that rapport is a known facilitator of effective practice (Lambert & Barley, 2001). It can be argued, however, that such an overt attempt to build positive relationships might have inhibited the researcher from considering the research subjectively. It will be argued, however, that AR was chosen in light of the researcher's axiological views and desire to facilitate change, and was a design that supported the researcher's active role in the project.

The pre-measure questionnaire and evaluation forms were co-designed with another CLAEP and the evaluation focus group was also co-facilitated. The co-delivering CLAEP

was selected as they had not had a role in the research and could be considered more impartial than the other CLAEPs or the researcher. It could also be argued that although the researcher had hoped that the research would have positive outcomes, they were also interested in how the service could continue to support LAC and move forward. It was therefore important that all feedback was valued as this would be used to the shape future service. The co-delivering CLAEP would arguably be concerned with all feedback (positive & negative), as such information would be used to improve practice. It can therefore be argued that the axiological views of the researcher, although they impacted on the design and implementation of the research, did not impact ethically on the evaluation of the research. The researcher's awareness of this potential issue, and the steps taken to promote objectivity when possible, allowed the research to be considered as ethical.

3.17.2 Consent for Consultation

It was anticipated that staff may want to discuss particular children in the drop in sessions. The researcher was aware that consent to discuss such children would need to be obtained if the child was accommodated. Due to the high turnover of children coming into the home it was often not possible to obtain written consent from parents. Telephone consent was therefore obtained in some instances. It was explained to staff that without prior consent specific details pertaining to a specific child could not be discussed. Other issues emerged from the research that were not foreseen and will now be discussed.

3.17.3 Ethical Issues Arising from the Research.

During a consultation/drop in with home staff, an issue was raised regarding a specific case. The consultation centred on a staff member's concerns around a young person who

had been taken into care as a perpetrator of sexual abuse. The consultation itself centred on supporting the staff member in their practice and perceptions of their work with this young person. The staff member reported that they felt 'better' after the consultation, and, in that respect, the consultation was effective. In terms of the research, the drop-in session had met the need expressed by the home staff. It was the researcher's intention, in light of the amount of 'pro-active' work taken on by the researcher, that reactive work would be delegated to members of the reactive team. The issues around child protection that arose from this consultation, however, concerned the researcher, and therefore additional involvement was needed.

In light of the sensitive nature of the issues described to the researcher, it was not appropriate to pass this case on to another CLAEP. The researcher therefore took supervision on the issues raised, in line with EP practice. Subsequently, the researcher raised issues around this case with appropriate persons, which resulted in an emergency child protection meeting attended by key adults, including the researcher, a representative from the home, social workers, school staff and members from the virtual school. This meeting produced outcomes that sought to safeguard children and highlighted gaps in practice around child protection.

The scope of work that was generated from this case was not anticipated by the researcher. Although involvement in this case was initiated via the research, the researcher's ethical responsibilities as a practitioner prompted the researcher to act outside of the initial consultation and to follow up on the generated actions. Although this can be considered an example of the ethical difficulties around the researcher/practitioner role, it also highlights

how research can have real implications for improving practice, and in this instance around safeguarding children.

This case is perhaps further justification as to why EPs are well positioned to support the needs of vulnerable children, and fits well with the AEP's contention around the EPs' role in safeguarding (AEP, 2009). It was disconcerting that the issues uncovered by the researcher were not brought to light by other professionals involved. The researcher felt a great responsibility around safeguarding in this case, and hypothesised as to the potentially damaging outcomes that may have occurred had the researcher not intervened.

3.17.3.1 Contact with LACRH

In light of ethics around the duality of the researcher/practitioner role, it was decided that the researcher would not engage in direct or planned work with young people (i.e. direct assessment). The drop in sessions were organised during school hours and the two sessions that fell within school holidays were scheduled early in the day when the young people are typically in bed. Despite such plans, it was hypothesised that there might be occasions (due to school refusal) in which the researcher came into contact with residents. It was anticipated that such contact would be informal, fleeting and would occur in the presence of home staff. In predicting this, the researcher requested that their role in terms of research and their profession was disclosed to the young people. In addition, the researcher ensured that the appropriate consent had been obtained from parents of all young people in the home.

It was not anticipated, however, that the young people would join the researcher and staff in informal conversations and that the researcher would be able to form relationships with

residents. Although this will be considered ethical given that such contact is not beyond the scope of typical EP work or outside of the researcher's capabilities/skill set given their previous experience, it was not foreseen by the researcher. This will be discussed further in the results and discussion chapters.

3.18 Summary

The overall methodology, data gathering tools and methods of analysis have been discussed and critiqued. The procedures and processes that were involved in the development of the model will now be considered.

4 Chapter 4: Developing the Service Delivery Model

4.1 Chapter Outline

This chapter describes how the service delivery model was created. The 3 phases of the research and the respective AR stages are also detailed. Due to the cyclical nature of AR, it is not possible to consider the research in terms of method and subsequent findings separately, as each phase of the research impacts on the methods of the next stage. Therefore, each phase will be considered in turn. The data gathering methods and procedures of each phase will be considered along with data analysis methods and outcomes. For clarity, the term ‘outcome’ will be used in this chapter in place of ‘results’ when referring to data emerging from the development of the model, and ‘results’ will be used to consider data generated from formal evaluation tools. The evaluation of the model as a whole will then be considered in chapter 5.

4.2 Phase 1

RADIO model phases 1 - 4 are also covered during this phase. Thus, this section will cover how the contextual background information relating to the study was gathered, as well as information around practice in other LAs. RQ1 is addressed in phase 1.

4.3 Contextual and Background Information: Rich Picture

4.3.1 Procedure

The researcher created a ‘rich picture’ prior to the commencement of the research (Appendix A). The data has been included as it contributed to the information gathering

stages 1 - 4 of the RADIO model. The following were consulted via informal interview in order to gain information around the system:

- *Head and Team Leader of virtual school*
- *Head of LAC team (clinical service)*
- *Principle educational psychologist*
- *CLAEPS (7)*
- *Home staff (8)*

Participants were asked to detail the: function of their service; referral route; roles within their team; and how those roles are integrated with other services. In addition, data was collected detailing: numbers of LAC in residential care and EP involvement. In addition, data around specific aspects of the LAC population within the LA such as SEN, current attainment and details of absence/exclusions were obtained and inputted into a spreadsheet for analysis. This information was then used to inform the rich picture, which was fed back to the EP team, principle educational psychologist and virtual school team.

Although the data was gathered informally, significant amounts of information were gleaned. This data was not subjected to robust methodological considerations or analysis as it served to highlight the rationale of the study rather than serve as the main data set.

Content analysis was administered to the data generated from interviews, which was analysed for themes and commonalities. A mind-map of themes and a rich picture were generated. Data gathered around exclusions, absences, CLAEPS involvement and attainment of LAC in residential homes was analysed. CLAEPS involvement and time since CLAEPS involvement with LAC was noted. This was then cross referenced against factors that would suggest CLAEPS involvement would be useful. This included:

exclusions, absences, poor attainment, and SEN. It was then possible to categorise LAC in

homes in terms of vulnerability to poor outcomes, and to consider the extent to which such children were known to the CLAEPS.

4.3.2 Outcomes

Analysis of the mind-map and the rich picture revealed the lack of a system for LAC in the CLAEPS. When discussing systems with the CLAEPS team, words and phrases such as ‘what system?’, ‘messy’ and ‘ad hoc’ were generated (see table 5). Discussion revealed that despite the desire to support this vulnerable group, the lack of a coherent system inhibited it. In addition, when the function and services offered by other teams was shared with the CLAEPS, the lack of understanding around other services was noted. Similarly, other services did not show a sound understanding of other teams supporting LAC despite ‘ad hoc’ multiagency work.

4.3.3 Communication

Discussions with stakeholders revealed the lack of integration between teams designed to support LAC. Despite a ‘willingness’ to communicate and work with each other, systems within teams seemingly act as barriers to multiagency work. Discussions with the clinical service revealed that services offered by clinical psychologists are also offered by the CLAEPS (psychometric assessment for example). However, it was currently difficult to ascertain the nature of involvement of CPs (or if they are involved) when working with a LAC or LACRH. In practice, this can mean that work could be replicated. Consideration of the systems and discussion with staff supporting LAC and LACRH suggest that it is systems, rather than staff, that inhibit communication; for example, the data storing systems are different within these teams as CPs use National Health Service (NHS)

numbers and the CLAEPS do not have access to these. Discussion revealed potential barriers as to why it is difficult to discern which professionals are involved in a case, and if this is ascertained, why workload is not easily shared. As highlighted by a clinical psychologist, factors such as having an NHS rather than a LA email address, in line with LA policy, inhibits data sharing between CPs and CLAEPS.

4.3.4 Referral Routes

Discussions revealed that referral routes to these services are different (CPS is referred via social workers, CLAEPS through school). Data was not obtained around which LACRH were seen by which teams. Differing referral routes make the service, as a whole, inequitable, as some LACRH may have the involvement of both psychological services while others have no involvement. It would have been interesting to see whether the same or different types of referrals were made to the clinical service and why. It may be that the professionals making referrals conceptualise our roles differently. The current referral route to the CLAEPS (through schools) was discussed by the CLAEPS, highlighting issues around equitability and effectiveness in the service. Discussion with staff from residential homes revealed that they had very little knowledge or historical contact with the CLAEPS, which was later triangulated via questionnaire. When the researcher had the opportunity to share information on the services offered by the CLAEPS with home staff, they suggested that they were services that would be beneficial to them.

4.3.5 Database

Documents detailing information pertaining to LAC in residential care were obtained via databases accessible to the researcher via their role in the LA. Such data is routinely accessed by CLAEPS in the service when involvement is requested. Accessing this data revealed that of 32 LACRH, 15 of these children were known to the CLAEPS.

4.3.5.1 LACRH and the CLAEPS

15 LACRH were known to the CLAEPS. The average time since last involvement was four years. Over half (17) of LACRH were not known to the CLAEPS. Given the outcomes and statistics pertaining to this population, which render LACRH in residential care the most vulnerable of LAC (Department for Education and Skills, DfES, 2010), it was hypothesised that the lack of CLAEPS involvement is due to the current referral system rather than the lack of need. The data was analysed with this in mind and each child's data was considered for factors that would place them as 'vulnerable' to poor outcomes. The researcher considered LACRH as vulnerable by the following criteria:

- *Incidents of exclusions (more than 1)*
- *Absences (over 10 days)*
- *Poor attainment levels (depending on levels of SEN/age)*

Of the 15 LACRH known to the CLAEPS, five fitted these criteria, and of the LACRH not known to the CLAEPS, six fitted these criteria (Appendix T). The researcher was somewhat surprised after considering the data, given the level of need it suggested. For example, the data revealed that although a year 10 LACRH was working at level 1a (a level expected to be achieved by year 3), they had not been seen by the EPS in 4.7 years. In

addition, a LACRH who had been excluded for 20 sessions and had been absent for 36 sessions was not known to the CLAEPS and was not on the 'SEN' register. Such findings suggested that the current system of referral is not systematically targeting the most vulnerable LACRH. This acted as further rationale for the study in considering how CLAEPS can be modified to better serve the needs of LACRH.

4.4 Data Analysis

Interviews with CPEPs were analysed for themes. In order to promote validity, 'progressive focussing' (Stake, 1994) was employed to ensure that any emergent themes were given attention and ensure that participants were given opportunities to reflect upon and validate generated data. 'Respondent validation' was sought after data collection, and the proposed model of CLAEPS service delivery was sent to participants via email for consideration. Participants were offered the opportunity to give verbal or written feedback (Smith, 1995). This 'reflexivity' aimed to increase reliability and validity (Wilkinson, 2000). Data was analysed for themes and commonalities. The researcher considered the structure of the systems around LACRH as well as the respective strengths and challenges of the structure as defined by the participants.

4.5 Outcomes

Each CPEP revealed differing systems and organisational structures that supported LAC and LACRH in their LA. Despite such differences, commonalities were present, in particular around the 'dream service' and in regards to 'barriers' to supporting LACRH (See table 5). Individual themes were identified and grouped in a mind-map by the researcher. Participants were asked which factors they felt would be present in a 'dream'

service. All three participants identified the following factors as integral to effective service delivery with LAC, shown in Figure 8.

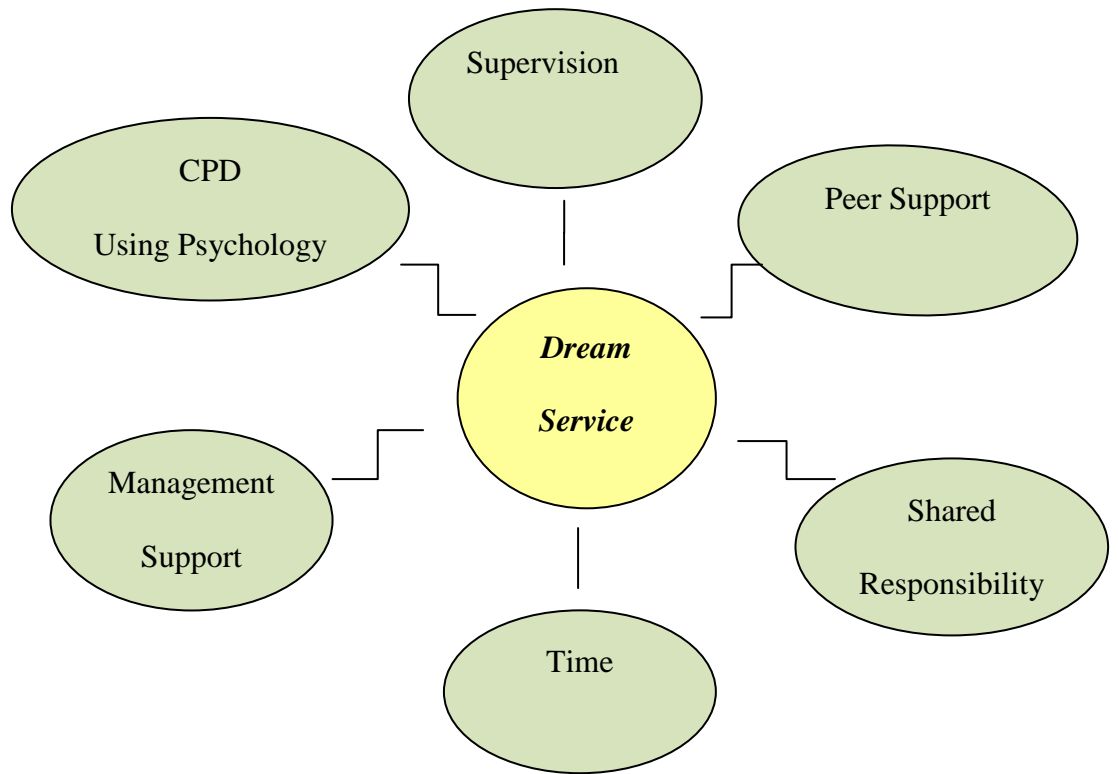


Figure 8. Map of Themes from Interviews with CPEPs

4.5.1 Access to Supervision

All three participants felt that, given the emotionally demanding nature of work with LAC and LACRH, good supervision was central to effective practice. Two of the CPEPs reflected on difficulties with accessing supervision. They suggested that they were considered the ‘expert’ for work in this area and were subsequently sought out for supervision by others but had difficulty in accessing supervision themselves. One CPEP

ultimately accessed supervision from a member of another social care team and the other bought in external supervision. The CPEP who was part of a team of EPs working with LAC found peer supervision was easily accessed and valued.

4.5.2 Time

All three participants felt that work with LAC and LACRH requires time. The time available for the CPEPs varied from full time to two days designated LAC time per week. All three felt that more time would have been preferable given the complexity of the work that is often characterised by supporting LAC. All three participants reflected on the need to be reactive as well as proactive in this work and the difficulties of achieving this.

4.5.3 Shared Responsibility of Role

Two of the three participants were the sole 'specialist' for LAC. Both participants reflected on the 'loneliness' of this role. They also reflected on the workload and felt the 'burden' of the role, particularly when they were off work. Both felt that although their role was conceptualised as being in 'addition' to a core service for LAC, in reality they were asked to be involved in LAC cases by colleagues, and they became the 'go to' person for LAC. Although they felt this was appropriate at times, they sometimes felt that other colleagues did not recognise the communal role of the EPS in supporting LAC, and that their specialism somewhat diluted the shared responsibility.

4.5.4 Peer Understanding of the Role

All three participants reflected on peer understanding of the role. This was discussed in terms of supervision and in division of work load. It was also discussed in relation to

perceptions around skills and time needed for the role. The CPEP who was part of a LAC/social care team reflected on the need for colleagues, who were not part of this work, to have an understanding of the role. They suggested that, because of the need to be reactive when supporting LAC and LACRH, their diaries were often timetabled to allow for such work to be undertaken. They suggested that this may have been misconstrued by colleagues who engaged in more formal and structured work as an ‘easy’ option. They suggested that, given the often complex and emotionally draining content of the work, such a perception was unfounded. They also reflected on ways in which this perception could be changed. Similarly, the CPEPs who held a specialist post reflected on the need for colleagues to understand what the work ‘looks like’, so that they are better able to offer peer support.

4.5.5 Support from Management

All three participants felt that management support was central to effective work in the role. This was useful in terms of feeling supported and enabling supervision and training to be undertaken when appropriate. It was also useful in that it allowed systems to be created that supported the work, such as requesting to be located with other social care staff. One CPEP who did not feel they had support from management found accessing supervision difficult. They felt that this was an emotional and practical barrier to working effectively in the role.

4.5.6 Multiagency Work

All three participants suggested that multiagency work was integral to effective work in this role. All three participants noted that due to the complexity of LAC work, the need for

multiagency work was perhaps more crucial than in other EP work. The fact that a child is looked after would generally suggest the existence of wider social care issues that would, by their very nature, activate the involvement of a number of agencies. The benefits of working with other professionals were noted. The understanding that such professionals had around LAC was cited as a source of advice and support by CPEPs. It was also suggested by one CPEP that the juxtaposition of the CPEP role against other professionals was useful in terms of identity, and helped them to conceptualise the ‘unique contribution’ of the EP.

4.5.7 Additional Factors

One participant identified CPD as important, and another identified proximity to other professionals as a useful factor. All participants suggested that there was something ‘distinct’ about what they offered, and attributed this ‘uniqueness’ to their ability to apply psychological knowledge when problem solving. Conversely, the lack of the above factors was listed as a barrier to successful work in this area. In addition, one participant identified workload and financial cost as barriers to effective work in this area. Such information was used to develop two models of service delivery by the CLAEPs.

4.6 Phase 2

Research question 2 is addressed in phase 2. RADIO model phases five to eight are also covered during this phase. During phase 2 the model of service delivery was created. The methods used to gather data in phase two will also be discussed.

4.7 Devising the Model: Procedure

CLAEPs were asked to contact the researcher if they were interested in forming a group to support this research. Eleven CLAEPs contacted the researcher, and consent was obtained to partake in the research. A meeting was then arranged, which was chaired by the researcher. The principle CLAEP agreed to participate in the research but was not able to attend the group meeting. Four other CLAEPs were not able to attend this initial meeting. In the meeting, the researcher shared with participants a 'rich picture' that had been created, which considered how LAC currently access services (Appendix A). It was felt that in order to consider how, as a service, to move forward in supporting LACRH, it was necessary to understand the current systems. Participants were then asked to give their views on the current system on a post-it note, all of which were collated for analysis. Participants were then asked to comment on how they would *like* the system to be on post-it notes, which were also collated for analysis. Three organograms (Chandler, 1962) which represented the systems around LACRH as detailed by CPEPs were then shared. Participants were then asked to note down on post-it notes which aspects of each system they liked. Following this, the team were asked to share their preferences in order to create a model of service delivery.

Discussion amongst the participants revealed that two models were needed: one that depicted the specific research and focused on work with residential homes; and another model that considered the wider social care needs. Although the work undertaken by the researcher looked specifically at work with residential homes, participants felt that this was part of a wider system that should also be explored. Although the wider system was considered and may form part of step 12 of the RADIO model, it was separate from this research. After the models were devised, participants were asked to comment on the

process and on how they felt in terms of moving forward. Such views were written on post-it notes, which were collated for analysis. After the meeting, information and data was shared with the CLAEPs who were not able to attend the group meeting, and they were asked to contribute in the same way. The researcher contacted these participants via email and arranged to meet them either individually or in a small group, depending on availability. The same process was followed, but as the model had already been devised, CLAEPs were asked to comment on or suggest adaptations to the model. A meeting was then held with the Principle CLAEP to share the results and to obtain their input. A researcher diary was kept throughout and salient points were highlighted for consideration. Data gathered was analysed for themes and commonalities by the researcher. This was used to create the models detailed below. The views of the CLAEPs were therefore elicited and two models of service delivery were developed.

4.7.1 Outcomes: Views

CLAEPs' views regarding the following areas were collated. If a view was shared by more than one CLAEP, the number of CLAEPs who shared that view is noted in brackets.

Table 5. Table Showing CLAEPs' Views in Devising the Model

Topic	Comments made by CLAEPs
System Now	Ad hoc (5); reactive (3); via schools, inequitable (7); limited (2); un-purposeful, what system? Fragmented, gaping need, too little too late, unclear (3); not linked with other services; needs led; crisis management; potentially never ending; recognises need; enables individual EPs to be creative when they can, Louise!
Dream System	Fair (8); clear procedures and referral routes, structured (3); shared, reactive and proactive, purposeful multiagency work (4); effective, consistent, fun, carefully evaluated, prevention focused (2); cohesive EP follows child (2); time available to work (4); time but not never-ending, lead person, specialised team, organised.

What we like from other systems	Social care mini team (4); child and adult assessments, regular meetings/working with homes (4); drop-ins, visibility, specialist post/lead EP (7); fostering and adoption work, joint work/co-location (5); time (3); supervision (2); referrals systems other than through schools (4); panel, buddy system (LAC non LAC EPs), child/need driven.
Process and the way forward	Excited (3); enthused/energised (4); impressed, clear (2); felt tired, now excited, motivated, positive (3); apprehensive (positive stress), systematic plan in place, mutually supported (5); inspiring (2); enlightening, greater overview, clearer communication, collaborative (3); well structured, great opportunity, well thought out, inclusive, visually appealing and easy to understand.

Significant amounts of information were gleaned. Analysis of the data revealed the lack of a system for LAC in the EPS. When discussing systems with the CLAEP team, words and phrases such as ‘what system?’, ‘messy’ and ‘ad hoc’ were generated. Discussion revealed that despite the desire to support this vulnerable group, the lack of a coherent system inhibited it. Despite the fragmented nature of the systems, their existence indicates a commitment to supporting LAC. When CLAEPs were asked how they would describe an ideal system, words such as ‘equitable’, ‘purposeful’ and ‘effective’ were used. These sentiments, coupled with their participation in this work, shows dedication to improving systems for LAC and LACRH. It was useful to identify the aspects of other models of service delivery that the team in the commissioning LA could emulate. This aided the development of the ethos of the generated service delivery model as well as its practical formulation. Words such as ‘supervision’, ‘time’ and ‘shared work’ were directly used as factors underpinning the successful model, and ‘lead EPs’, ‘Panel’ and ‘EP team’ were used in their practical formulation. The model created is presented in Figure 9.

Model of Service Delivery in a LAC Residential Home

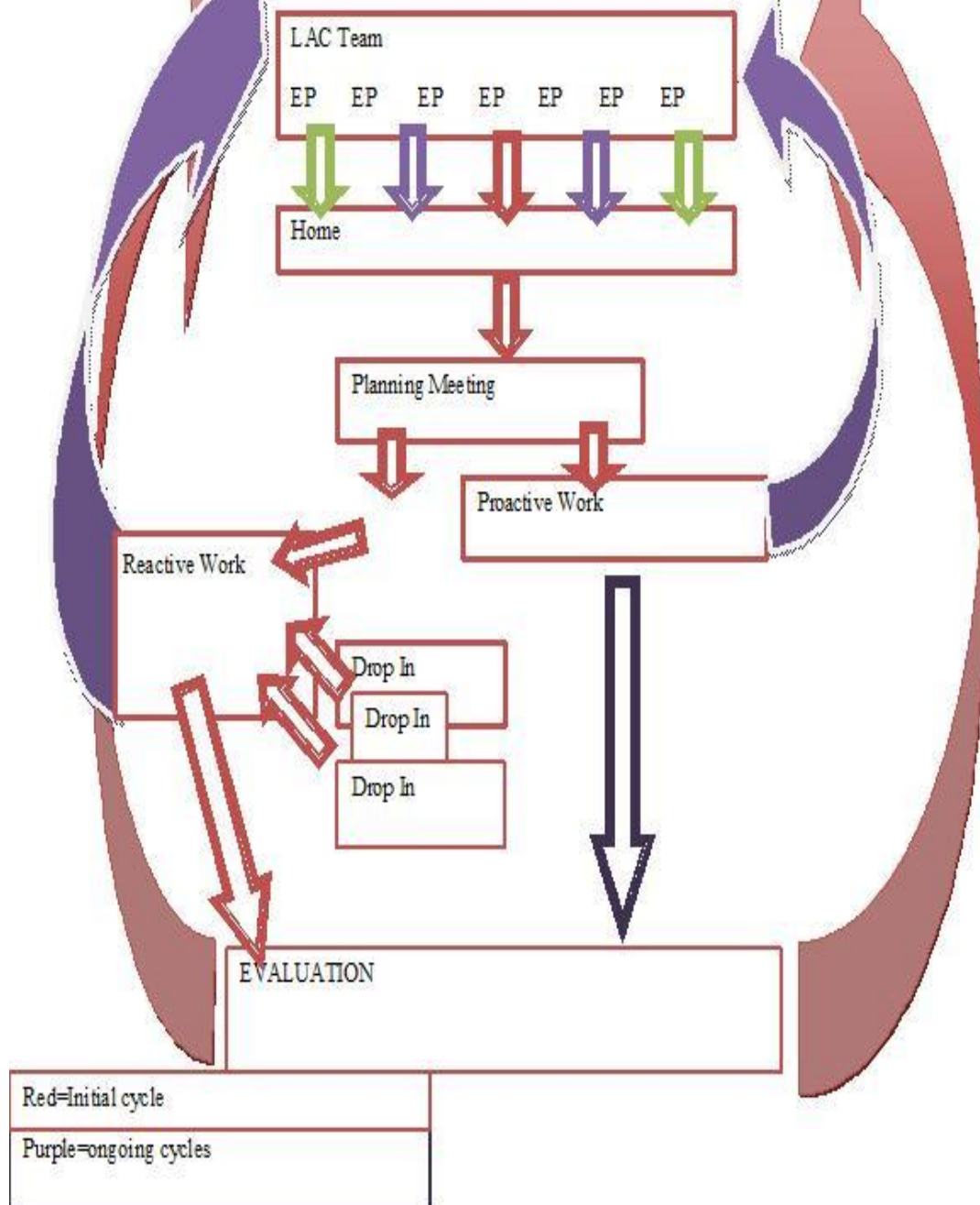


Figure 9. Illustrating Model 1: Service Delivery for the Residential Home

4.8.1 Model 1

This model pertained directly to the research and related to how the CLAEPS can work with residential homes. This model was created through consideration of systems in other LAs. The CLAEP team discussed ways in which the service could best support the home. Therefore, discussions were held around how work would be commissioned. One interviewed EP had suggested that often homes were unsure of our role and the variety of services that we can offer. This also became apparent during discussions with home staff during interviews for the rich picture. Thus, the team felt it would be useful to ‘present’ the range of work that could be offered prior to carrying out a needs analysis of the setting. This would be done by the researcher and a representative of the team in an initial meeting with the home staff.

The CLAEP team wanted the service to be ‘purposeful’ and ‘organised’. This would enable work to be suitably planned and disseminated to the team. Therefore, it was decided that some work would be elicited from the initial planning meeting based on the needs of the home. This work may take the form of training, consultation or direct work around a current issue or young person. This work would be disseminated for delivery amongst the team. Although it was likely that young people would be discussed as part of consultation, and that the researcher may come into contact with LACRH via time spent in the unit, direct work (i.e. assessment/therapeutic work) would not be carried out by the researcher in light of ethical concerns.

The CLAEP team felt that becoming a ‘part’ of the culture of the home would most effectively build relationships, and supported the practice and change becoming embedded in the home. The rich picture had suggested difficulties with how the homes currently

accessed psychological services, and that clinic based services were not appreciated by home staff. The home had access to a clinical service which offered a 'consultation' service outside of the home for staff and an in-house (clinic based) service for direct work with residents. Discussions with the head of the clinical service suggested issues around residents not attending clinic based appointments. In addition, discussions with home staff suggested that they found one-off consultations to be of limited value.

Conversely, LAs who reported an effective relationship with homes attributed such success to becoming 'part' of the culture of the home. CLAEPs appreciated the system in which one CPEP attended team meetings in the home. In doing so, the attending CPEP was able to offer input and consultation as and when issues arose, as well as keeping abreast of more general issues in the home. This enabled the CPEP to build rapport with staff and to gain an understanding of the context and culture of the setting. This also offered the CPEP a means of eliciting work that required more specialist or additional input. The system appealed to the CLAEP team who felt that this provided the 'reactive' aspect of the service we were hoping to provide. Therefore, it was agreed that this system would form part of the model and that this service would be offered to the chosen home. However, it was acknowledged that the team meeting may be construed as a private event and that the home staff may find the attendance of CLAEPs inappropriate. Thus, the home staff would be offered a meeting with the CLAEP after or before the team meeting, should this be preferred. In addition, it was felt that the attendance of two CLAEPs would be beneficial in light of comments made by all three CPEPs around lone working.

4.7.2 Model 2

This model pertained to broader systems around LAC and details how the CLAEPS envisaged working with social care. Although this model can be considered outside of the parameters of this research, its inclusion was justified, as model 1 is arguably a subsection of Model 2, and therefore exists within a larger context. It was decided that in this model, represented in Figure 10, two CLAEPs would lead a team of CLAEPs who had expressed an interest in working with LAC, due to the advantages highlighted by the CPEPs. CLAEPs felt that the current system was ad hoc and did not offer a robust and equitable system to support LAC. This sentiment was also a key finding of the rich picture. In this model, three ways of referring LAC to EP services were suggested, via a panel, through homes and through schools. Due to restrictions in word count, the rationale and full pictorial representation for this model can further be explored in Appendix U.

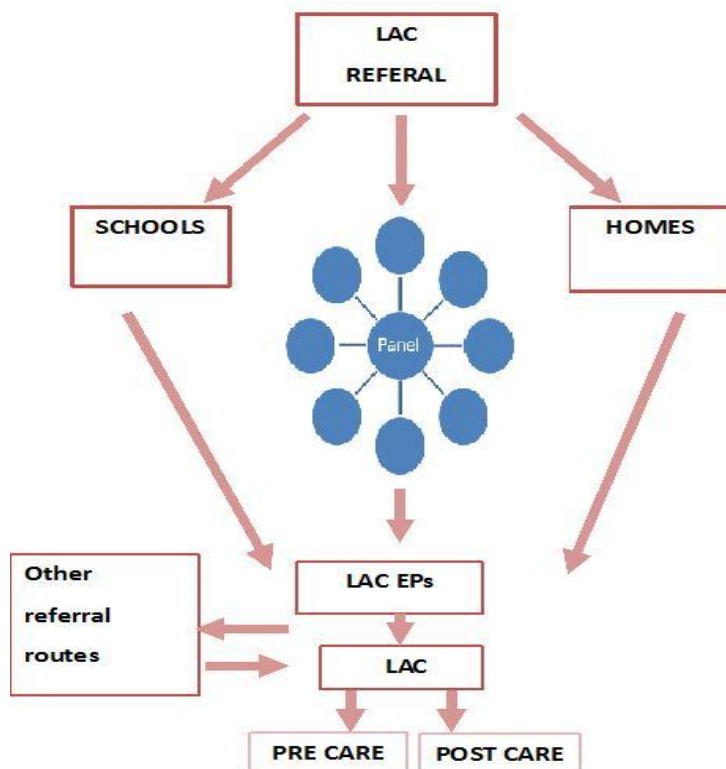


Figure10. Illustrating Model 2: Broad Model of Service Delivery

After considering the barriers and facilitators of effective work identified by CPEPs in the practicing LAs, the CLAEP felt that the effectiveness of model 1 was dependent on several key factors. These included:

- *Access to supervision*
- *Time*
- *Support of management*
- *CPD*
- *Multiagency work*

Thus, such factors are integral to the effectiveness of the work and form the foundation of the model.

4.8 Phase 2: Sharing the Model

Having devised a model of service delivery for working with homes, this model was piloted in one residential home. A home was selected in consultation with the head of social care and a meeting with the home was arranged.

4.9 Procedure

The researcher, supported by a participating CLAEP met with the staff team to explain the purpose of the research. Staff were given consent forms to fill in but were asked to pass these to management after the meeting in order to minimise any pressure to participate due to the presence of the researcher. Despite the researcher's suggestion of giving the consent form to management, all participants gave their consent form to the researcher at the end of the meeting.

4.10 Pre-Measure Questionnaire

Staff members were given pre-measure questionnaires. Participants were given time to fill in the questionnaires which were anonymous and collated by the co-delivering CLAEP.

4.11 Needs Analysis

The researcher and CLAEP explained the role of the CLAEPS and shared the 'menu' of services. The model of service delivery as devised by the CLAEPS team was shared. The staff team were then divided into groups and asked to decide upon areas of need. Identified areas were then fed back to the group as a whole, and then they were asked to assign a number that corresponded to concern rating from 0-10 (10 being most concerned).

4.12 Needs Analysis Outcomes:

This generated a list of concerns that were prioritised by the group as illustrated in Table 6.

Table 6. Generated List of Concerns Raised by Home Staff

Area of Concern	Description of Concerns	Concern Rating
Consistency	Team work; after an incident/when staff are targeted, consistency with rewards/sanctions, communication	10
Attendance	How to motivate YP in the morning; school refusal.	8/9
School Liaison	Liaison with schools, help schools understand LAC needs	7
Attachment	Attachment impact on LAC.	9
Staff skills around Education	Knowing how to support LAC in education and in understanding terminology.	9 (1 member)
Debriefing	Awareness (training), justice, mediation, how to debrief.	9
Issues for YP	How to share attention.	8
Behaviour	How to handle a crisis (training); during/after event.	8

Following the meeting, the list of 'need' was collated and emailed to the home for consideration. As not all team members were able to attend the meeting, the management were asked to disseminate the list amongst the staff that were not able to attend. This gave them the opportunity to comment on the list. They were also given: consent forms, information sheets and pre-measure questionnaires, which were returned to the researcher.

4.12.1 Meeting Needs

Once all staff had been able to comment on the list, this was passed on to the CLAEPs. CLAEPs were asked to consider whether they wanted to be part of the team that delivered the work generated from the list (pro-active work) or the team that took on work from the on-going consultations (re-active work). Those who wanted to be part of the proactive team were asked to meet with the researcher. During this meeting, the type of work requested by the home was discussed. Each area of need was discussed and the team generated ideas on how best to meet this need. Some of the areas were straight forward, i.e. 'attachment training', and the details of this (group size, number of sessions) would need to be clarified. However, other areas such as 'consistency' were less straightforward. The team brainstormed ideas around each area and generated ways in which the CLAEPs could meet these needs; a list of possible delivery strategies was then generated, which was presented back to the home for consideration.

The researcher was aware that staffing and time would be an important consideration for the home when developing potential delivery strategies, and that collaboration was central to the AR model. It was also made clear to the staff in the home that not all the areas of need highlighted would be met. Time constraints would impact on the volume and nature

of work delivered, which is why home staff were asked to rank each area out of ten in order to help staff to prioritise.

It also became evident through discussion with staff that some of the areas were interlinked and could be grouped together; for example, if consistency was addressed and the staff had developed a uniform approach to dealing with school refusal, for example, then specific work around school refusal may not be needed. It was also evident that some of the work was likely to require all members of staff and that this may limit the time allowed for this activity due to difficulties with staffing. Thus, the researcher met with the management of the home to share the ideas generated by the CLAEPs and to consider how these would fit with the needs of the home. Management was then able to offer insight into how such work would fit with their timetable and staffing needs. The management team and the researcher were able to devise a list of work to be delivered that would fit with the needs of the home and match the skill set and time commitment of the CLAEPs as shown below.

Table 7. Activities Devised to Match the Needs of the Home

Category	Description of Activity	Staff Involved
Consistency	Workshop 1- consider individual views on key areas in the home and rate level of importance from 1-10. Workshop 2 - devise decisions trees around each issue to enable Staff to engage in a shared response Workshop 3- devise action plans around prevention, handling crises and post crisis work.	All Staff
School Attendance	Consultation around specific issues in the home.	Management

School Liaison	information pack for homes re: designated teachers	All Staff/Ed lead
Attachment Training	CLAEPs to deliver introduction to attachment theory training (1 day) for Staff with no previous input in this area. Two EPs to deliver advanced attachment training for Staff with prior understanding of the topic.	All Staff (2 groups) 1 Staff member
Skills around Education	CLAEP to organise consultation with the specific Staff member	All Staff
Debriefing	To be incorporated in consistency session three	All Staff
Issues for YP	Due to the transient nature of the children in this home, it was agreed that individual work would not be prioritised.	Various
Behaviour	incorporated in consistency workshop/attachment training	All Staff
Drop-ins	The researcher to attend weekly drop-ins	All Staff

This plan allowed all staff to be present for at least some of the work. It was hoped that this would allow all participating staff to benefit from the input and ensure that all would be involved in the consistency workshops. It was felt that attendance of all staff was integral to the success of the work. It was acknowledged that although the attendance of all staff was important in this instance, this was expensive and difficult for the management to organise. Therefore, it was decided that training would be offered in two groups and that other work would be delivered to small groups of staff (i.e. management) or to individuals (i.e. education led). It was hoped that the outcomes of such work would be cascaded to other staff, which would serve the needs of many but would be logistically more manageable.

Although this plan was agreed by management and the researcher, the logistics of organising the work led to several changes. Due to some staff being on pre-agreed training, it was not possible for staff to be released for the three workshop sessions. Thus, it was agreed that the three sessions would be condensed into two. It was also not possible for all staff to be released for attachment training, so it was agreed that staff that had no previous input would be prioritised and that one full day's training would be offered to them.

4.12.2 Reactive Work

It was hypothesised that reactive work would be elicited via attendance at staff meetings. Through discussions with staff, it transpired that this would not suit the needs of the home. The staff shared that these meetings are lengthy and held monthly. They felt it would be more useful to see the researcher on a more regular basis and at a time when they were better able to discuss matters freely. Hence, it was agreed that the researcher would visit the home for weekly drop-in sessions. The researcher agreed that they would be available for consultations with staff at the home to discuss matters as they arose. Any additional involvement could be requested from the CLAEPs by the researcher as a result of these sessions. In this instance, potential work would be brought back to the CLAEPs who had volunteered to take on reactive work.

It was noted that not all staff had opted-into the research. The two members of staff who did not opt-in to the research were night staff. The researcher noted the lack of opportunity for the night staff to engage in the research as they did not attend the initial briefing nor did they have access to the drop-in session or to other staff events such as training. It was hypothesised that this was due to rota issues, in that the staff worked nights when the

sessions took place in the day. Therefore, the researcher consulted with management and offered to schedule a 'drop-in' session in the evening in an attempt to include the night staff in the research. However, it transpired that the night staff had opted out because they had chosen not to engage rather than because they felt excluded by the design of the research. The researcher felt assured that participants had not felt pressurised to participate, and their choice was respected.

4.13 Phase 3

RQ2 is addressed in phase three. RADIO model phases 8, 9 & 10 are also covered during this phase. The results of this phase will be considered in chapter 5, as it focuses on the overall evaluation of the model.

4.14 Evaluation

The final evaluation consisted of three parts: Post-measure questionnaire, home staff focus group and CLAEP focus group. The data gathering methods and procedure parts will be discussed in turn. The evaluations were co-delivered with another CLAEP to aid objectivity, given the nature of the researcher's involvement in the research. In addition, the research diary was used on a regular basis to allow salient details to be recorded.

4.14.1 Post-Measure Questionnaire: Procedure

The home staff were asked to fill in a questionnaire/participate in a focus group as part of the evaluation, which, at their request, preceded their team meeting. A covering letter and post-measure questionnaires were given to participants and the researcher talked through the model of service delivery. It was felt that doing so increased validity and ensured that

the participants were evaluating the model of service delivery as a whole. Responses were anonymous and were collated by the co-delivering CLAEP.

4.14.2 Analysis: Post-Measure Questionnaires

Qualitative aspects were examined using content analysis. Quantitative results were compared to pre-measure questionnaires in order to track changes in perceptions and views, which will be discussed in chapter five.

4.15 Home Staff Focus Group: Procedure

The focus group lasted approximately 40 minutes and involved 8 staff members from the home, including management. Permission was sought from participants to audio record the session for the researcher's reference. Participants were given a list of five questions which had been co-designed by members of the CLAEP team (appendix V). They were then given five post-it notes. The questions were also written on large sheets of paper which were placed around the room. The co-delivering CLAEP read out each question in turn and asked participants to comment with words or phrases on the post-it note and place them on the respective sheet of paper. Following this the researcher and the co-delivering CLAEP considered each sheet of paper in turn and attempted to group the post-its in terms of commonality. The co-delivering CLAEP then discussed each question in turn along with the emerging themes. This enabled the researcher and co-delivering CLAEP to check meaning and interpretation of the data with the participants. Clarification was sought by the researcher, and the participants were given the opportunity to elaborate on key points and to discuss the question with colleagues, allowing individual and group views to be obtained.

The final question concerned the researcher, as it asked participants to comment on the link EP, so it was decided that the researcher would leave the room for this discussion. It was hoped that this would enable participants to speak more freely, and reduced potential demand characteristics that may be induced by the researcher being present. Despite this step, the participants shared their views with the researcher after they returned to the room. Participants asked if there was anything they would like to add. Following this, participants were thanked for their participation. Throughout this process, a researcher diary was kept.

Unfortunately, several staff members were unable to attend the focus group due to training and sickness. Post- measure questionnaire and focus group questions were forwarded to them via their manager. They were also invited to input their views via a meeting or telephone call with the researcher. All data was then collated for analysis.

4.15.1 Data Analysis: Post-It Notes (Staff Focus Group Post Intervention)

Content analysis as described in chapter 3 was applied to the data, which allowed the researcher to create a thematic map of emergent themes. Given the researcher's proximity to the research, it was felt that introducing inter-raters to consider the data would increase the validity of the analysis. The thematic map created by the researcher was therefore presented to a group of eight CLAEPs. The group considered the themes suggested by the researcher along with the supporting post-it notes. The group examined the global theme, organising themes and the basic themes via discussion. This process was thought to add objectivity to the research, given the involvement of the researcher.

EPs are particularly skilled at problem solving and it was therefore useful for the researcher to receive this facilitation, and to consider the data from different perspectives. Given that the researcher alone was privy to the data sets that informed the thematic map, the researcher's understanding and interpretation of the data remained central to the analysis of the data; but this thinking was clarified by the CLAEPs. The researcher was forced to justify and explain their interpretation of the data, which through dialogue was either affirmed or shifted. This process was invaluable and generated changes in the overall structure and labelling of the final thematic map. Finally, data from the researcher diary and qualitative information obtained from questionnaires was synthesised to create a final thematic map, which was generated through consideration of different data sets.

4.15.2 Data Analysis: Home Staff Focus Group Discussion

Data generated from the focus group discussion was audio recorded and analysed using thematic analysis, as described in chapter three (Braun & Clarke, 2006). Emerging themes and concepts were coded and revisited systematically to allow assessment/reassessment of relevant data. Emerging categories and concepts were adjusted, reflecting the 'iterative' nature of qualitative analysis (Willig, 2001). This process ensured that the themes/categories used to describe and summarise findings accurately reflected the data. This process was then completed by another CLAEP in the team, as such inter-rater reliability sought to improve validity. The final thematic map was then compared to the map generated via the post-it activity in terms of commonality. Data collection was anonymised according to a coding system known only to the researcher, and was stored securely.

4.16 CLAEP Focus Group: Procedure

Eight CLAEPs attended the focus group, including a member of the management team, which lasted approximately one hour. In line with the processes of the home staff focus group, CLAEPs were asked to comment on five questions, (co-designed with a member of the CLAEP team) via post-it notes, which explored their experiences of the project. Each question was considered in turn and the post-it notes were collated and grouped for themes, which were then discussed by the CLAEPs. The themes relating to each question were then used to create a thematic map. This process allowed the ‘reflexivity’ sought by the researcher and aided the validity of the research. Following this discussion the CLAEPs were thanked for their time and the data was collated for further analysis. The principle CLAEP was not able to attend this meeting, and therefore results were fed back via email in which their input was sought. In addition, two other CLAEPs were not able to attend the meeting, and their views were also sought on an individual basis and were added to the data set.

4.17 Summary

The procedures, processes and subsequent outcomes of the developed model have been discussed. The results of the evaluated model will now be considered

5 Chapter 5: Results (Evaluation of the Model)

5.1 Chapter Summary

This chapter will consider the results of the formal evaluation of the model. Multiple sources of data were generated and will be considered in turn. The links between data sets will be discussed at relevant points. Data sets are:

Pre -Measure Data

- *Pre-measure quantitative data*
- *Pre-measure qualitative data*

Post- Measure Data

- *Post-measure quantitative data*
- *Post-measure qualitative data*
- *Home staff focus group post-it note data (map generated from initial focus group data)*
- *Home staff focus group data (map generated from initial map plus group discussions)*
Home staff focus group - amalgamation of data (refined map using CLAEPs as inter-raters)
- *CLAEP focus group post-it note data - initial map (reflections on their experiences)*
- *The researcher diary*

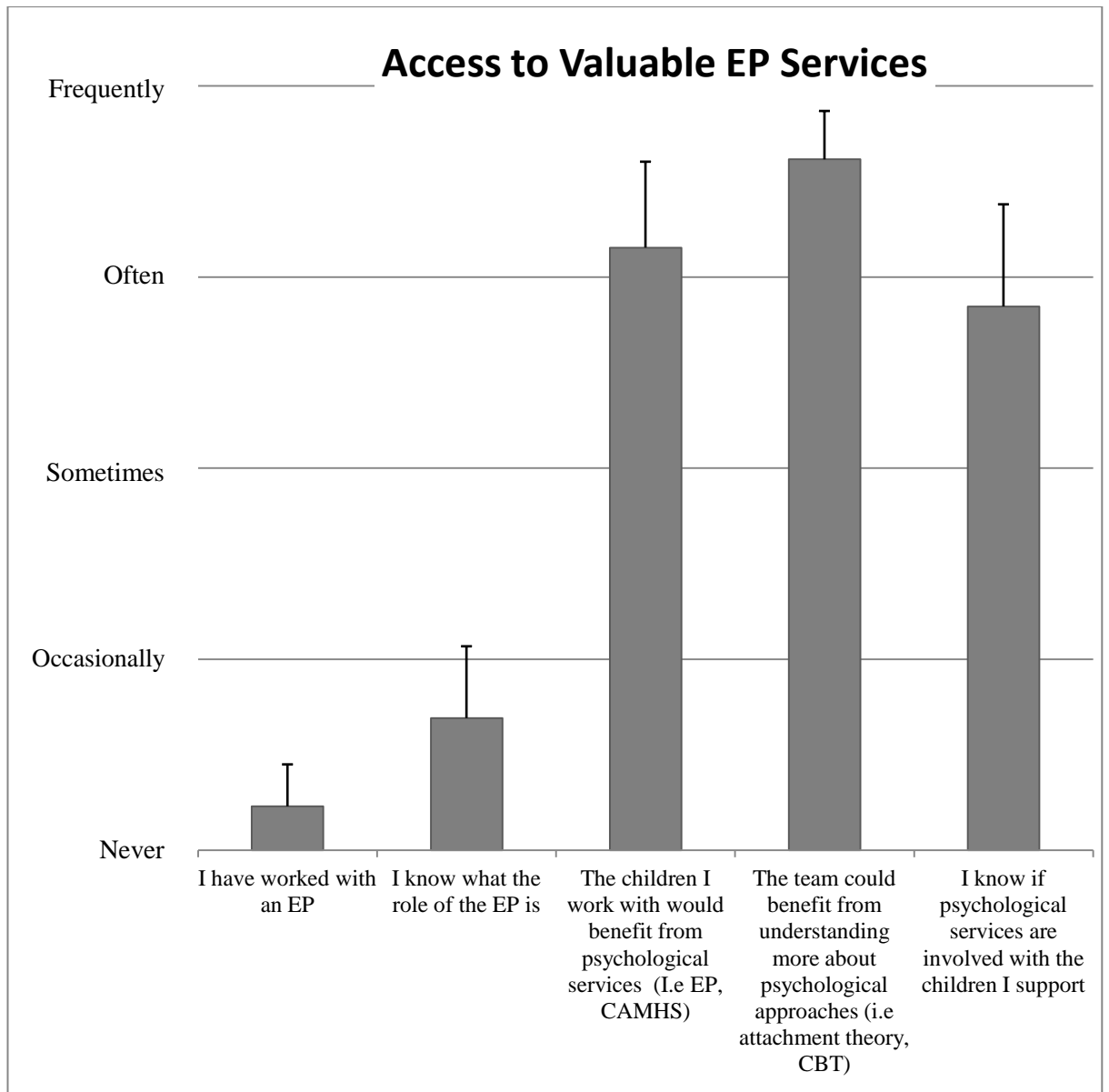


Figure 11. Graph Showing the Responses to the Pre-Measure Questionnaire

5.2 Pre -Measure Quantitative Data

It was evident that although the majority of staff felt that they would benefit from access to psychological services, very few had worked with an EP before. Subsequently, the majority of staff did not have an understanding of this role. It was interesting to note that, although it was felt that individual children would benefit from psychological services,

staff felt that they as a team could benefit more. Results suggest that staff broadly have an understanding of when psychological services are involved.

5.3 Pre-Measure Qualitative Data

It was evident that a high proportion of participants reported a lack of awareness as to the role of the EP. Thus, it was unsurprising that many participants did not fill in the qualitative aspects of the questionnaire, particularly around the question that asked about EP input. A summary of responses given are detailed below.

Table 8. Showing Responses from the Pre-Measure Questionnaire

Question	Comment
I have worked with an EP	
I know what the role of the EP is	
The children I work with would benefit from psychological services (<i>i.e.</i> EP, CAMHS)	Many have on-going emotional issues Some YP don't know how to attach, make relationships with professionals due to their past
The team could benefit from understanding more about psychological approaches (<i>i.e.</i> attachment theory, CBT)	Help us offer extra support to the YP
I know if psychological services are involved with the children I support	CAMHS
I would like input from the EPS on	Meeting the YPs complex needs, How to prepare YP who has never been looked after how to prepare YP for moving onto live independently/next steps. Attachment Disorders, Child to Parent relationships Training (2)

5.4 Post-Measure Questionnaires

The responses from the post-measure questionnaire is summarised in Figure 12.

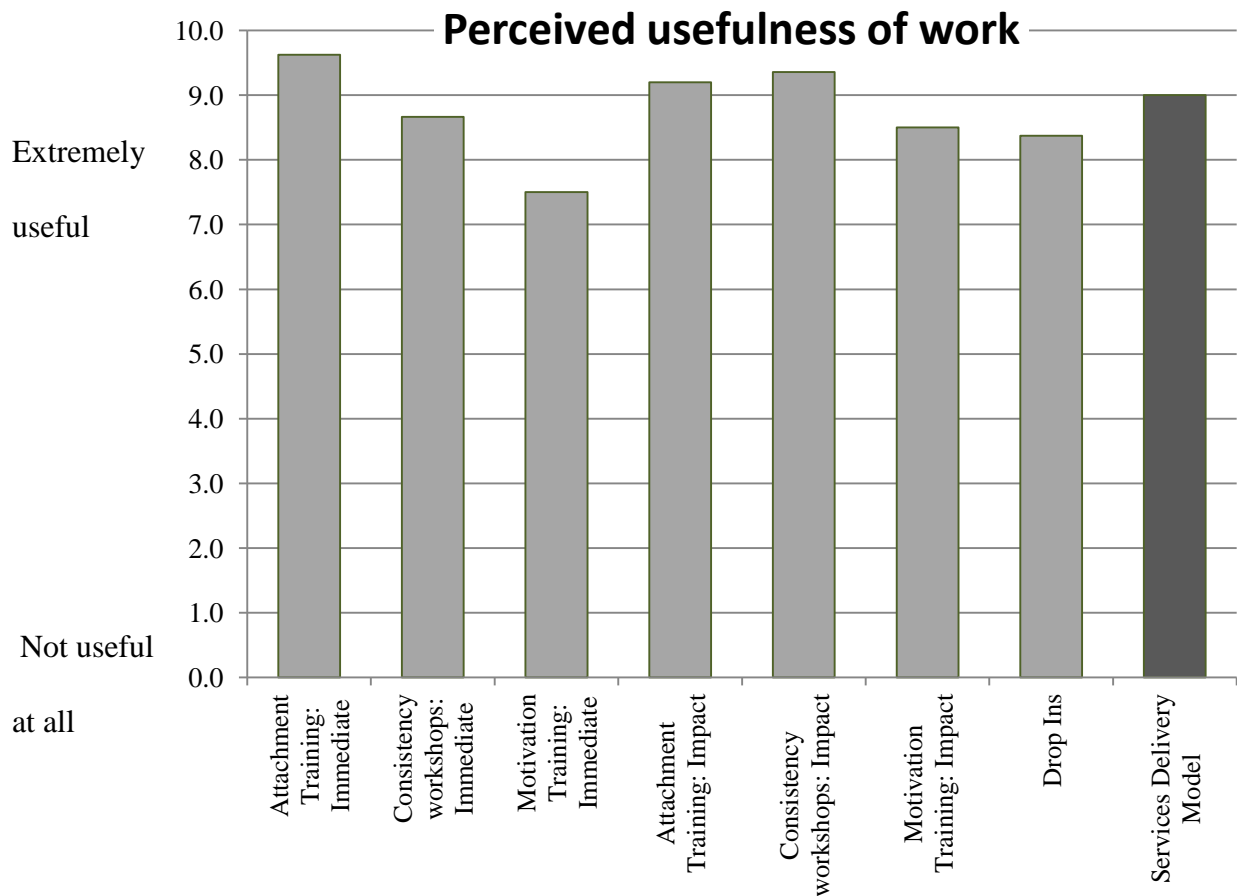


Figure 12. Graph Showing Perceptions of Value of CLAEPS Work by Home Staff (Immediate value and impacted value)

Data relating to the perceived usefulness of work commissioned by the home was gleaned in the final evaluation. Although this was not a stated aim of the research, it enabled the researcher to consider whether the perceived initial impact and the delayed impact remained stable over time. The final evaluation occurred several weeks after the workshops and training took place. The data revealed that all work commissioned by the home was valued. Attachment training was marginally more valued after the session,

whereas the value of consistency and motivation workshops actually improved over time. Focus group discussion revealed that the staff felt that after the consistency workshops took place, communication improved amongst the staff, which may offer insight as to why the rating improved over time.

The researcher had stated that individual pieces of work would not be evaluated.

Throughout the research it became apparent, however, that the success of the research would most likely be a sum of its parts, and that the perceived usefulness of the individual parts would influence the overall perception of the usefulness of the model as a whole.

Results indicate that the staff felt that the EPS was ‘accessible’ with an average score of 4.63 (SD = 0.26) out of 5 (See figure 13). This prompted the researcher to consider how valuable it is to be able to ‘access’ a service that is not perceived as useful. It therefore seemed important to consider how useful the individual aspects of the project were, particularly when contemplating future action planning. Results indicate that the model as a whole was perceived as useful, with participants giving an average score of 9.00 (SD = 0.38) out of 10. It is hypothesised that scores may not have been so high if the quality of the pieces of work delivered to the home had been lower.

5.5 Post-Measure Qualitative Data

There is a marked difference in the quantity of the qualitative data obtained compared to the pre-measure questionnaire. It is likely that participant’s increased knowledge and confidence in the researcher encouraged participation. Participants noted an increased awareness of the service and felt that the service was accessible. Participants valued the ‘quick’ response of the service and noted changes in their practice. Participants gave a

variety of responses to the final question, which asked for comments on the model as a whole. Some participants commented generally on the model, stating that it was enjoyable/interesting, and thanked the researcher. Others commented on specific aspects of the model such as drop-ins or home/school links. Despite the increase in the amount of data generated from the post-measure questionnaire, it was not felt that sufficient data was obtained to allow this data set to be considered discretely. It will therefore be used to triangulate other data sets. A summary of qualitative responses is summarised in Table 9.

Table 9. Showing Responses from the Post-Measure Questionnaire

Question	Comment
I know what the role of the EP is	I have a lot of knowledge now More so now S***** (home name) has had input
The children I work with would benefit from psychological services (i.e EP, CAMHS)	I feel they would benefit This has been useful and you responded quickly Yes, Agencies that advocate for young people's education
The team could benefit from understanding more about psychological approaches (i.e. attachment theory, CBT)	I found it very interesting It would be useful to access the service quickly Change in approach to encourage educational provision
The EPS was accessible	Always responded quickly, Communication mainly via email but always responded
Service delivery as a whole	I found it very interesting Thank you for your report and for sharing your knowledge Interesting and enjoyable Sorry, have been off sick however when we have spoke I found it really helpful A contact between school and home is always helpful Drop ins would be useful on a regular basis as it depends on what the young people are doing and we may have more to say

5.6 Pre and Post-Measure Comparison

Questions were asked in both pre- and post- measure questionnaires in order to track changes in views. These are summarised in the graph below.

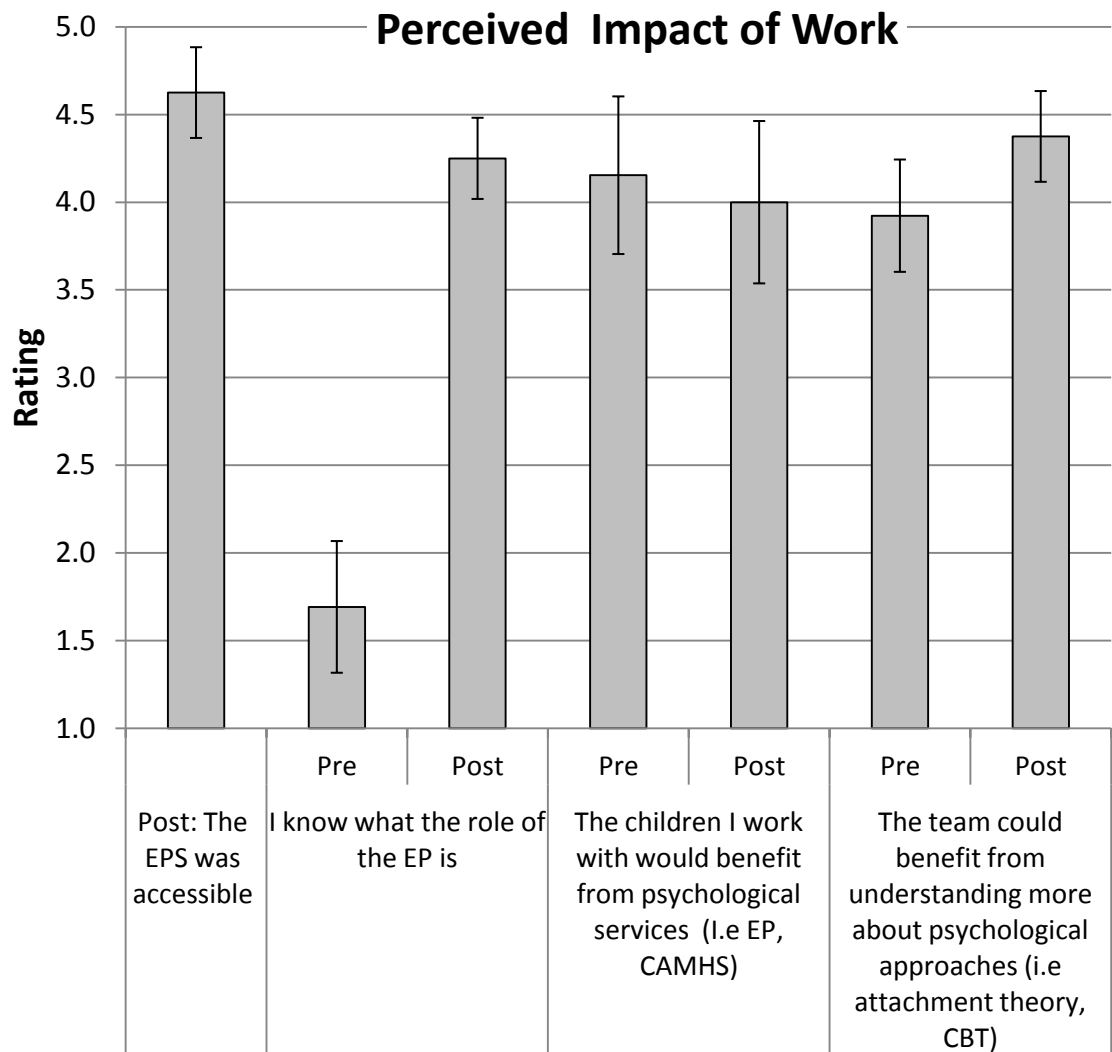


Figure 13. Graph Showing Pre and Post-Measure Questionnaire Responses

Results from the pre-measure questionnaire revealed that the majority of the home staff did not have an understanding of the EP and had not worked with one. This was expected, given the information gleaned from the ‘rich picture’ prior to the commencement of the research. Post-measure questionnaire responses suggest a marked increase in awareness of the EP role, which is perhaps expected given their exposure to the service.

Interestingly, results reveal a shift in perception around the benefits of psychological services for children and staff. Results suggest a decrease in perception around the benefits of psychological services for children, and an increase in the perception of benefits of such services for staff. This finding may be explained when considering the short term nature of the home and the type of service that they received from the CLAEPS. Given the transient nature of the residents in the home, the needs of the home in terms of accessing psychological services are centred on the team, as opposed to individual children, who will move on. It is interesting to note that prior to the involvement of the CLAEPS, staff valued direct work with children as higher than following the research. It is hypothesised that the initial rating may have been higher as, prior to the research, the home staff had experienced the clinical service who mainly worked with children on an individual basis, and this work was valued by the staff. They had not experienced work with EPs or received input as a team. The pre-measure results suggest that such work was predicted as being valuable by the staff and this was confirmed (and increased) when this input was received.

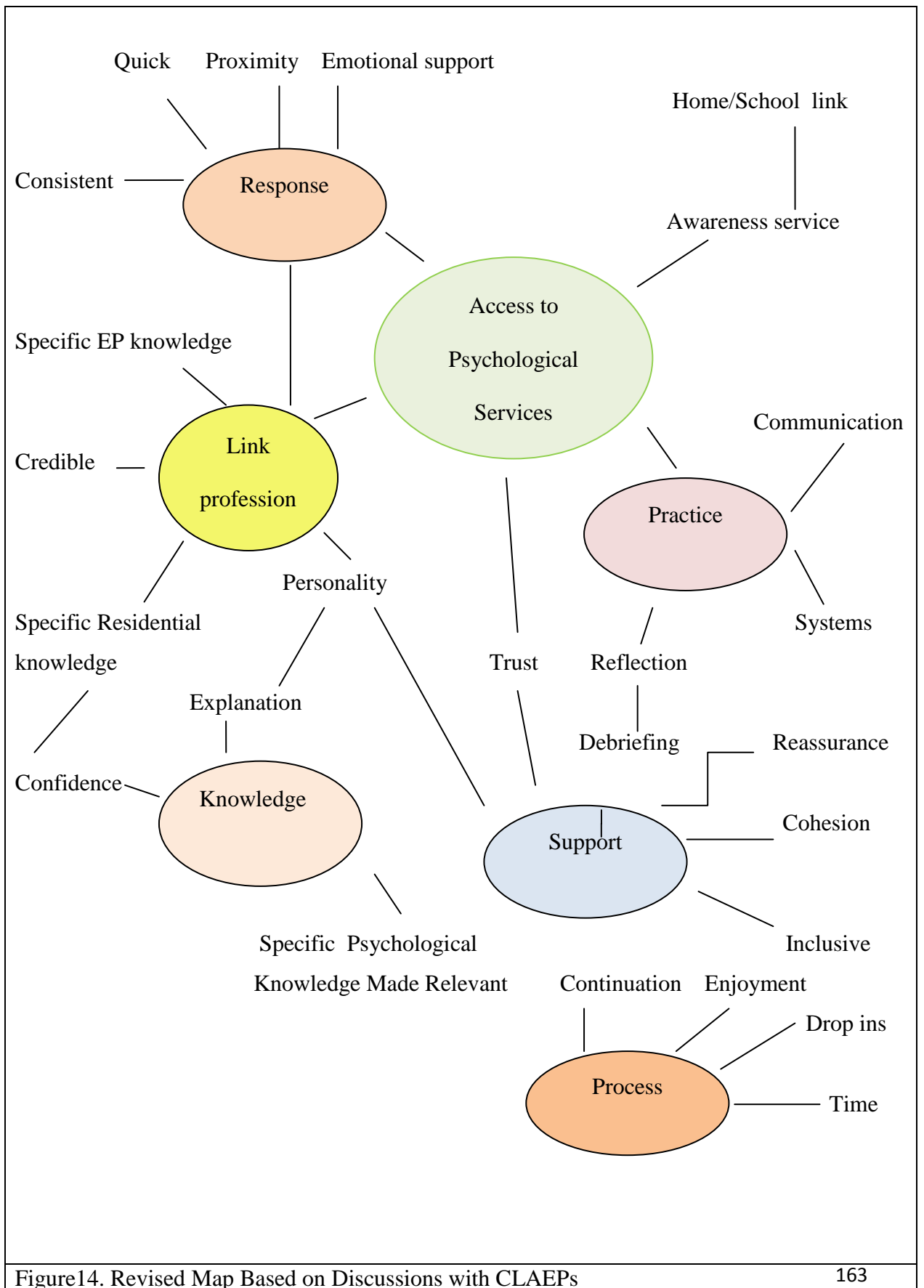
5.7 Home Staff Focus Group: Refining the Thematic Map

During the focus group with home staff, post-its were subject to content analysis by the researcher and co-delivering CLAEP. The post-it notes relating to each question were coarsely grouped per question and were reflected back to participants for discussion. If an individual point was elaborated on and thought to be more fitting in another category it was moved. The researcher then grouped the themes from each question to form coarse clusters (Appendix W). Following the session, the clusters were considered in more detail, and sub-themes within the clusters were highlighted (Appendix X). This data was then

considered in conjunction with the home staff focus group discussion to form an initial thematic map (Appendix Y).

Finally this map was used as a framework which was refined further, post analysis, following consideration of the focus group discussion and following discussions with the CLAEPs. This map is presented below (Figure 14). The CLAEPs therefore had a dual role in the evaluation: to act as inter-raters through considering the home staff's reflections on the process with the researcher, and to reflect on the process themselves.

Broadly speaking, organising themes did not change. However, discussion with the CLAEPs enabled the researcher to prioritise and refine themes in terms of importance, which led to *access to psychological services* becoming a global theme. Other themes were made more specific; for example, '*specific psychological knowledge*' became '*specific psychological knowledge made relevant*'. Themes were also modified and re-named based on discussion, with '*access to EPS*' being renamed to '*access to psychological services*', given that factors that aided access were not necessarily specific to EP services in particular.



Discussion generated from the home staff focus group discussion will now be explored.

5.8 Results of Discussion with Home Staff: Thematic Analysis

Thematic analysis was carried out on the audio-recorded discussion in the home staff focus group. The themes have been grouped into five global areas including: *Access to EPS*, *Knowledge*, *Support*, *Practice* and *Process*. Each of these categories is considered in turn. For clarity, organising themes and basic themes will be highlighted in italics during discussion.

5.9 Access to CLAEPS

The home staff suggested that the CLAEPS was accessible. The CLAEPS team suggested, through analysis of the home staff's responses, that this may have been the overriding theme emerging from the research. The staff revealed during the focus group that they had an increased *awareness of the service*. As one staff member commented in relation to the CLAEPS:

they don't seem miles away

The staff also suggested an increased awareness of how the CLAEPS could be useful to them as a *home/school link*:

now I know about educational psychologists, If one of our children is attending that school we know there is an educational psychologist we can contact- there is that link

Factors that contributed to the home staff's perception that the CLAEPS was accessible were linked to the *response* of the CLAEPS, which can be attributed to several factors. Qualitative information suggested that staff felt the CLAEPS was *quick* in terms of response. They also suggested that the CLAEPS was accessible in terms of *proximity* via the drop in sessions. They suggested that proximity and physically being with the team was integral to support seeking behaviour. One staff member noted:

we are not a team the usually asks for help, it more like, ah we'll speak to her she's here

The researcher had not considered how central proximity was as a facilitative factor prior to the research. The researcher reflected as to why this factor was surprising. It may be in light of the researcher's prior experience of holding consultation with school staff who, on the whole, are more accustomed to being the 'consultee'. The home staff, however, are less familiar with such services. Although they had access to the clinical service 'consultation', this had not been particularly valued by the staff. Analysis of the data revealed several key aspects, providing an insight into why such services were not valued and the particular factors that contributed to the success of this project.

The home staff suggested that the link EP was an integral part of the project. This figure, through their continued contact with the home, was able provide a *consistent* approach that was valued by the home staff:

because she was working with us, she became familiar so she knew our practice, it gave consistency

It was decided by the researcher that the drop-in sessions and whole staff input should include the researcher for this very purpose, allowing the researcher to form a *relationship* with the staff team. The staff suggested that this did in fact occur:

she really got to know us over the 3 months, quite quickly

This may offer insights as to why the home staff were able to access the drop-ins, as opposed to the consultations offered by the clinical service. It was debated as to whether relationship or access was the overriding theme. It was decided that access would be named as the theme as this was the overall ‘goal’, but that relationship was central to achieving this. The staff suggested that because of the rapport and relationship they had formed with the researcher, such disclosures and interactions were possible. One staff member shared:

to have somebody...that we have able to build a relationship with and have trust and confidence with has been quite good, I think it would be good for us to have it on-going

The concepts of *trust* and *confidence* were explored via discussion, and it transpired that ‘trust’ was thought to be built via continued *support*, and interaction and confidence via the conception that the researcher was a *credible* and valid source. Staff seemed to trust the researcher in light of their *personality* and manner. Staff members commented:

I think the fact that you have been really approachable to us, it has helpful, it has been to me and I have spoke to others, they said the same I think it’s also ‘how’ she is as a person, I think she is very approachable that’s one of the main things

Relationship is key when working with clients, and psychologists are typically aware of skills thought to promote relationship building. What was particular in terms of the skill set of the researcher was their *previous experience and knowledge of residential work*. This seemed an important aspect when considering factors that aided the relationship between the researcher and the home staff. The fact that the researcher had this experience seemed to support the home staff in relating to the researcher and in empathising and really understanding their role in a way that other professionals cannot:

some come in, and they have no idea what we have to deal with , but Louise has, she can see it from our window, whereas they....others... haven't been there.... she knows what we've got to work with

This seemed to allow staff to consider the researcher a credible source. There was, in some sense, a resentment or lack of trust in professionals who did not understand the role and would offer advice or consultation based on theory, without understanding the reality of the role. This did not apply to the researcher in that they had 'first hand' experience of the role:

you understand because you have been in the job, you understand where we are coming from and you are realistic with things

There was a sense that the researcher was *different* in some way from other professionals. The staff seemed to conceptualise them as a team which was 'separate' from other professionals, and the researcher seemed to be able to 'crossover' and bridge the gap:

sometimes, you get social workers...coming in and they are....you know... they've got badge....but she's not like that

It seemed that the researcher's person skills and background acted as facilitators and enabled the team to feel that the researcher did not just offer knowledge/access to knowledge but was a source of real support.

5.10 Support

Staff suggested that an informal and warm personality enabled interactions, as well as an *inclusive* staff team approach. It was a specific aim of the researcher, in line with the ethos of the CLAEPS, to share psychology with the staff and to empower and up-skill the team.

The team seemed to appreciate this, stating:

*cause some people will come in and they don't really speak to us,
they speak to **** (manager) but they won't come in and speak to us...
and you think 'oh right'*

The researcher's active attempts to understand the team was valued and experienced by the team. Another staff member noted:

*you listen to us, you hear what we are saying, other people don't,
they might listen but they don't hear us*

The staff largely requested work to support them as a team and to skill and empower them.

As one staff member noted:

*when you give all the help and services to the kid... and they leave, they take all
that with them, what we really need to know how best to help them*

This is perhaps the difference between the CLAEPS and clinical services in terms of ethos, typical client group and paradigm.

The researcher has been explicit about their attempts, via the drop-ins, to build rapport and relationships with the staff. What was perhaps an unforeseen product of the drop-ins was the researcher's access to the young people in the home. Given that the majority of the drop-ins were organised for when the young people were in education, the researcher did not anticipate having contact with the young people, having taken the decision to not offer direct work due to the ethical duality of the researcher/practitioner. The interactions that took place were informal and were as a result of talking with staff in the home. On occasion, the young people who had not attended education would enter the room and a conversation would start. Over the three months this probably happened on approximately five occasions when the young people were not in education. One young person in particular had several conversations with the researcher. The staff reflected on this during the focus group, stating:

she had a relationship, not just with staff though, she was able to be familiar to the young people, on Louise's last visit, two of the young people actually came in and had a discussion with her... if that had been a stranger coming in, that probably wouldn't have happened

The staff reflected on *why* this had occurred, suggesting that familiarity and consistency, as well as personal qualities, contributed to the building of relationships with the young people as well as with the staff:

because they knew that we knew her, they were comfortable because we were comfortable

The staff, through their relationship, confidence and trust in the researcher, were able to 'model' to the residents how they could behave with the researcher. They also suggested that, again, the researcher's personality, manner and previous experience contributed to their ability to form relationships with the staff and children. They suggested, again, that this was in some way different from other professionals. Staff suggested:

sometimes they (the young people) won't speak to someone like that, they take one look at them and think 'no'but the kids don't see her like that

I think because she has got residential background, she was able to interact with them, some people wouldn't have come into our team and have been able to do that

The staff therefore suggested that this shared experience was important and enabled them to consider the researcher as a valid source of information and support. It is interesting to consider this role as an 'insider outsider'; this being someone who is not a part, does not have power, or isn't part of the dynamic of the home, and can therefore offer a sense of **neutrality** whilst also feeling like 'one' of the team through a shared experience. One staff member articulated this:

you can get things off your chest, talk about things, with someone outside, who wasn't on shift but you have a knowledge about the job so, you get what we mean

5.11 Knowledge

Staff suggested that they were able to access information and training through the project. They suggested that attachment training was particularly powerful and filled a gap in their knowledge. One staff member commented:

*it will be something I will use throughout my job, I have worked there
13 years and I've never had that training, I really liked it, I will find it useful*

In addition, the home manager noted the importance of understanding this theory stating:

*if you don't get attachment, I don't understand how they can do the job,
I think it should be there when we do induction with staff*

Following the training the manager emailed the researcher to say that, given the response of the staff to the training, she had recommended our service to her colleagues. It is useful to consider what factors contributed to the success of the training. Discussion with home staff and analysis of the data suggests that several factors supported the success of the training. These were: ***Specific psychological knowledge***, as the home staff suggested the value in the CLAEPS being able to share psychological knowledge with them. More than this though, the knowledge was made ***relevant*** to the home staff via the researcher's ***specific knowledge of the residential setting***. It was also suggested that the means of delivery was central to the success of the training and made it ***accessible*** to the participants. Staff suggested that the method of ***explanation*** of sometimes complex psychological theories aided this accessibility, and that the sessions were '***enjoyable***'. The researcher and co-deliverer of the training had organised the sessions in the hope that this would be the case. The sessions were designed with the educational backgrounds and

needs of the home staff in mind and were interactive and multi-modal. It was hoped that in recognising the needs of the client group and designing input with this in mind they are most likely to find that the given *response* meets their needs. Training is arguably a key skill set for the EP, and that sharing of our knowledge of psychology, and empowering others, is a role for EP services.

5.12 Practice

The staff suggested that individual pieces of work were valued. Several staff members commented on the impact of the consistency workshops during the focus group. The home staff suggested that there was an impact on their practice in light of these workshops. They suggested that specific changes occurred as a direct result of input:

after the consistency workshop things changed.....the handover book for example

debriefing we have been debriefing each other..... since we talked about it

yeah, I think it has made a difference, we are talking more

What is perhaps more powerful than pragmatic changes is the more global impact suggested by the staff as a result of the work. Not all changes were successful however, as when the researcher asked if staff were filling in the handover book, a staff member replied:

Not yet

As well as an overall improvement in consistency, staff suggested that **communication** and teamwork had improved. It is hypothesised that the staff having had the opportunity to spend time together and being provided with the rare opportunity to communicate and share as a whole team will have aided this sense of **cohesion**. It is likely, however, that the structure and facilitation offered by the CLAEPS during the consistency workshops also supported this shift. The consistency workshops can be likened to a 'group consultation', as the same skills, such as reframing, paraphrasing, active listening and asking solution focus questions, as described by Wagner (2008) are required. Staff also suggested that they received **support** from the CLAEPS. Support was available to the staff via drop-ins and training and workshops. Staff reported that it was useful to examine their own practice and to have **reassurance** as to their current practice, and for someone they considered to be **credible to** affirm their skill set as a team:

sometimes we do it we just don't recognise that we are doing it

Staff reported that the opportunity to access new sources of knowledge, as well as the opportunity for **reflection** on their own practices, helped them in terms of **confidence**. Again, it seems that relationship is key when considering the success of sharing knowledge and supporting reflection. It seems that access to knowledge itself is not enough, but rather that the vehicle in which such knowledge is delivered is key. In addition, reflection requires a sense of honesty and vulnerability in that the consultee must allow themselves to be open, and this can only truly happen when they feel safe with the listener.

Although on the whole the researcher had been able to build up rapport with the staff, which enabled staff to feel comfortable in their presence, this was not an automatic process

and was not true of all staff. One staff member shared how their practice may have been altered in light of the researcher being present, and how there is a potential for staff to feel self-conscious in the presence of a professional:

there was a time she left because it was bubbling and I remember thinking, yeah that's the right thing to do...but then I was thinking, no stay, don't say anything, let us get on with the job and then we will need you after.....because she is so comfortable, she's a nice girl, easy to speak to... I could have said, the... more time she was around the more I think I could have said to stay, with more confidence

The co-delivering CLAEP probed the staff member further in an attempt to understand the factors that made them feel self-conscious. They stated:

I think I would have felt more comfortable without an EP there at all or... I suppose I was conscious she was there, but the more I got to know her, the more visible she would have been to me, the more comfortable I would feel it would be even worse if I didn't know her at all.

It is important to note that being perceived as a 'credible' source is both valuable and potentially intimidating. To be held as a valid source of knowledge is useful when offering training and advice but is also likely to make some feel conscious of when their practice is seen to be observed and judged. This is important to note as building a relationship takes time, and even if someone has the correct 'mix' of qualities that will enable the formation of positive relationships, the rate that this relationship will be built may differ between individuals. This 'mix' can be considered as *knowledge + interpersonal skill + experience*.

Although EPs as professionals have moved towards consultation and away from the ‘expert model’ this shift has not necessarily been disseminated to the rest of the world.

5.13 Process

During the discussion about the research as a process, several points were raised. The staff team as whole discussed the *continuance* of the project and suggested that this would be beneficial. In regards to *time*, staff felt that although the three month time scale had allowed for the researcher to build up a relationship with the staff team, they felt that a longer timeframe would have been useful. It was interesting to note that the staff team themselves had not asked for the research, but rather the research had been offered to them by their management. The researcher had debated this in terms of how well this fit with the RADIO model and with stage 1 and 2. The ‘invitation to act’ had not come from the home itself, but rather it was offered to them, as the CLAEPS had an ‘awareness of need’. It could be argued that the research could not truly be considered as ‘AR’ in that its conception was not generated from the home. The researcher had argued that the research had multiple stakeholders including the CLAEPS, and that the home, in accepting to be part of the research, had *become* a stakeholder. It can be argued that a lack of information and awareness of the CLAEPS inhibited the home staff from initiating the research, as they cannot be expected to know what may be useful to them in the absence of experiencing it. It is also interesting to note that the CLAEPS being made available without them having to ask for help may have actually supported rather than inhibited the relationship and access to the service. One staff member noted:

*you have been a useful tool to us, we aren't a staff team who like to ask for:
help, and we could do with it, long term*

Although the staff team did not ask for initial involvement, they were consulted on all aspects of the research following their agreement to be a part of it. It was the researcher's intention that the project would be needs led and that the requests made by the staff team were listened to. This related to the design of the model (drop-ins instead of monthly staff meetings) but also through consultation. The researcher, through acting as a 'sounding board' during personal interactions, was able support the home staff so that they felt 'heard'.

The one aspect of the research that provoked debate was around the drop-in session. These were organised, by the request of the staff team, to be held on a different day each week to allow for all staff to access them. In reality, the nature of the specific shift dictated how accessible the drop-ins were. Some sessions ran like a traditional 'consultation' in which one staff member spoke with the researcher around a specific issue. Other sessions were more like a 'group consultation' in which a group of staff spoke around a particular issue or young person. At other times however, when the young people were in the setting, it was more difficult for the drop-ins to run smoothly. This was not only because the staff were busier when the young people were in the setting, but also as this inhibited staff from talking openly. One staff member noted:

I felt you would come sometimes but it was busy in the unit and I thought are you going to feel like you are wasting your time but that's just the nature of the unit

How this could be improved in the future was then debated as the researcher and the staff reflected on a drop-in session during the school holidays. The researcher left the session

earlier than planned given the dynamics of the setting at the time. The researcher commented:

I felt that, in the holidays, I was under your feet, but after an incident, it might have been good for me to be there, but you can't know can you

Although the staff agreed at the time that the researcher should leave, another staff member suggested:

actually, that day it would have been useful thinking back if you had stayed, it was a difficult day

The team and the researcher debated as to how sessions could be different:

I don't think it could be different, that's just the job.....Say we did need you after an event but you would have other commitments

It was suggested that the researcher may be able to offer telephone consultation as a potential solution, but the staff did not warm to this idea and suggested that the researcher being available to them in person was preferable. One member suggested that if the unit itself was busy then:

it could be that you could take a member of staff away from the home

It could be that a solution to this difficulty was not readily found, but that including the home in active dialogue around the issue enabled them to feel listened to and valued as a

team. Having considered the views of the home staff, those of the CLAEPs will now be explored.

5.14 CLAEPs' Focus Group Data

The CLAEPs were asked to reflect on their experiences in delivering the model. Data collated from the CLAEP focus group was subjected to a coarse content analysis during the session and colour coded in line with the processes of the home staff focus group. This led to coarse themes being generated (Appendix Z). These were discussed with CLAEPs in the session to ensure that CLAEPs' data was not misconstrued by the research following subsequent analysis. Following the session, this information was subject to a more thorough content analysis (Appendix 1). This data is summarised below:

Table 8. Showing CLAEP Focus Group and Summarised Responses

Question	Response
How was the experience for you?	Well-structured/clear, positive/enjoyable (4) being part of a team, working with Louise!, enjoyed thinking about systems, expanding skill set (3) enjoyed being part of something new, supporting the most vulnerable pupils, working in a new field (7) time well spent
Facilitators of success	Time (2) Louise! (4) organisation and her motivation for the course, personality/enthusiasm, own interest in LAC, having room organised, Enthusiastic staff, link EP to take lead and coordinate (4) team response – sharing of knowledge/responsibility/jobs (5) model (3) coordinated approach/proactive and reactive work. The right people doing the job

Barriers of success	Time (8) not enough opportunities to meet as group (2) fully understanding the commission (2) requests made not appropriate for the EP role (on one occasion). Systems
Could the model be improved if so how?	How we do drop-ins but don't know if this is possible given the nature of work. probably is as good as it can be, more time (2) more homes (2) No, designated LAC EP and/or LAC team within CLAEPS (2) more collaboration with the team (1) personalised approach
Next steps	Support other homes (5) support foster carers/residential staff (2) have a LAC EP (4) LAC team (1) involve in on-going reflection and change e.g. systemic work, challenge appropriately e.g. they said what they wanted – we gave it to them. what would happen if we disagreed or identified a need? further pilots, to support foster carers, to build contract with social care

5.15 Discussion of CLAEPs' Responses

On the whole, responses were largely positive and the sentiments of the team were shared by the researcher. This research offered a real opportunity to work collaboratively as a team. Typically, there is limited opportunity for joint work in the LA given that CLAEPs are responsible for their own 'patch' of schools. It is predicted that opportunities for joint work may become increasingly limited in a traded market given the cost implications of commissioning more than one CLAEP. The high scores for individual pieces of work given by the home staff could also be attributed to the researcher being able to draw on a large pool of skills offered by the CLAEPs. It was possible for the researcher to match needs requested by the home with the CLAEP best able to meet this need.

It is interesting to note that 'time' was considered both a facilitator and a barrier. CLAEPs were given time to participate in the research and this is likely to have encouraged participation. It was noted, however, that this time was limited, and the CLAEPs would

have appreciated more development time and time to meet more as a group. The CLAEPs were complimentary about the researcher's role as a lead EP and suggested that this figure was useful both logistically (i.e. organising rooms/liaison), and also acting as a source of support. The CLAEPs reiterated the sentiment of the home staff when considering the personal qualities and experience of the researcher, and suggested that this supported participation in the research. One CLAEP also identified the enthusiasm of the home staff as a facilitating factor, whereas another queried the appropriateness of a request in the initial needs analysis (Figure 6). This prompted a discussion around how best the CLAEPs can define our role when commissioning work from new service users.

CLAEPs reported that they valued being able to contribute to the model in line with the collaborative ethos of the research. They also suggested that the model acted as a framework for the research which was useful. CLAEPs suggested that the model should be rolled out across other homes in the LA given the success of the pilot. In line with Model 2 (broader dream service), the team suggested that continuation of this work would be led by lead EPs support.

How the results relate to the research questions and literature will now be considered.

6 Chapter 6: Discussion

6.1 Chapter Summary

This chapter will consider how the research findings relate to the research questions and relevant literature. Although the design, data gathering tools and methods of analysis have been critiqued in chapter 3, the researcher felt that it was useful to reflect on the methodology as a whole. The limitations of the study will then be considered before a summary of the research is provided.

6.2 RQ1: What is the Role of EPs in Supporting Residential Settings for LACRH?

The researcher will answer this question by considering the rationale for EPs working in this field before considering the content of this work. It is important to explore what EPs in particular can offer in terms of supporting LACRH before considering the current scope of the role as defined by this study. The survey of current practice of EPs' work with LACRH was carried out to offer insight into RQ2. The researcher will consider, however, to what extent EPs' work with LACRH is typical of the national picture. Finally, facilitating factors of work with LACRH will be discussed.

6.2.1 Should EPs Support LACRH?

Baxter and Frederickson (2005) suggest that EPs should be widening their practice beyond the SEN client group and move towards promoting positive development outcomes for all children. Such sentiment is shared by Cameron (2006) who suggests:

...psychology is possibly the most powerful force for positive change in human development.... In the case of educational psychology, the delivery of high impact, educational and child psychology services in the future will encourage EPs to move away from an over-involvement with both schools and special educational needs...benefit many more children and young people and the significant adults in their lives(p.301).

Cameron (2006) specifically identified LACRH as a prospective beneficiary of EP services as the profession evolves. This view is shared by the researcher and fits with their aforementioned axiology. Nissim (2006) concluded their review on residential care, stating “...the youngsters concerned are among some of the most disadvantaged, damaged and vulnerable members of our society, and their needs are extreme and complex” (p.275).

It will be contended, therefore, that there *is* a role for the EP in supporting children who reside in places other than the school, including the residential home. This contention is based on two factors: firstly, the ethical or moral argument which asserts that equity of access to psychological services must include children from LACRH; and secondly, in light of the fact that such access is useful. The ethical argument has been well articulated by Jackson and McParlin (2006). This research considered to what extent this work is useful. What constitutes this work must be better understood before its usefulness can be determined.

6.2.2 What Does Work with LACRH Look Like?

The Current Provider Educational Psychologists (CPEPs) offered the following types of work with LACRH:

- *Consultation (group, individual)*
- *Training*
- *Debriefing/critical incident work*
- *Supervision*
- *Assessment*
- *Intervention*
- *Systems work*

Such work can be mapped onto the three main areas of work offered by EPs as defined by Curran, Gersch and Wolfendale (2003)

- *The individual*
- *The organisation*
- *The system*

It has been suggested that there is no valid reason as to why such work should be confined to schools, and could be accessed by other settings such as the residential home (Cameron, 2006). The CPEPs suggested that in general they supported those around LACRH as opposed to working with LACRH themselves. This may be explained by the transient nature of the population (Jackson & McParlin, 2006) which limits direct work and assessment. In addition, the lack of historical work in the field may work to the EPs advantage, as EPs are more able to suggest the breadth of work on offer without the pre-conceptions some schools may hold of the role, having received individual/assessment focused work in the past (Fallon, Woods & Rooney, 2010). EPs are perhaps more able to define and showcase the range of skills beyond individual assessment on offer to a new customer, and use their understanding of context to support other areas, such as through systems work. Cameron and Maginn (2008) suggest that EP's skills in consultation can be

adapted specifically to support those caring for LACRH and developed a model of consultation for children's homes (p.98).

In addition to consultation, the CPEPs also suggested their role in training. This supports Bradbury's findings (2006), which suggests that although training is arguably a generic aspect of the EP role (Farrell et al., 2006), training with LACRH centres around issues specific to many LACRH such as attachment, resilience and challenging behaviour. The CPEPs also suggested that EPs have a broad knowledge of child development which they can apply to support individual casework and problem solving. This supports the research of Bradbury (2006), which suggests that EPs are able to unravel problem dimensions synonymous with the complex needs of LACRH. The DECP report (2006) suggests the role of the EP in supporting this group in light of such skills and advocated specialist roles in this field.

6.2.3 EP Practice with LACRH as Defined by this Study

This research suggests that the current role of the EP in supporting LACRH is varied. This is in line with Osborne et al.'s research (2009). The roles and responsibilities varied considerably. Variance was evident in terms of:

- *Time allocated to the role*
- *Support in the role (i.e. part of a team)*
- *How this role fits with broader services.*
- *Funding for the role*
- *Models of service delivery*
- *Referral systems*

Despite such variance there was a common belief that this role was valuable, as suggested by Jackson and McParlin (2006) and Thompson (2007). The research findings suggested commonalities around facilitators and barriers to success in this role, and how the EP is best able to support LAC. It is also interesting to note that these factors were identified as facilitating factors by the CLAEPs in their reflections on supporting the research. Before considering factors that support this work, it is useful to consider how typical practice as described by the CPEPs is typical of wider practice.

6.2.4 EP Practice with LACRH at a Wider Level

Given that work with LACRH identified by CPEPs is varied, it follows that access to EP services are currently inequitable in terms of supporting LAC and LACRH. The inequity of access as found in this study is indicative of a larger national picture. Williams et al. (2001) suggested that despite LAC being more likely to suffer with mental health problems, they are less likely to receive treatment for them. If it is accepted that involving an EP has positive outcomes then it would be best practice to ensure that access to EP services is equitable. It is concerning when considering outcomes of LAC and the potential role of the EP in supporting them that the EP's understanding of LAC's needs and capacity to help them is so varied. Norwich et al. (2010) found that one EP reported not knowing whether schools had designated teachers for this group. In addition they report that approximately two-thirds of EPs recognised the expectation of them to prioritise LAC in their school work, which suggests that a third of EPs do not. This may be attributed to competing priorities, as a review of services by the Department for Education and Environment (DfEE, 2000) highlighted concerns around EPs spending too much time on statutory

assessment work which might be preventing them from using their training and experience as effectively as they could.

Bradbury (2006) found however that although EPs had different perspectives of work with LAC, they all conceptualised their skills as useful in supporting them. The inequity of psychological services available to LAC is therefore a concern, given the potential benefits provided by such services. The solution to this is not readily determined given the differing constitutions, priorities and service delivery models of LAs in the UK (AEP, 2008). Ashton and Roberts (2006) note the diversity in practice amongst EPs, and how such breadth of practices can be construed both as a strength and as a point of confusion. Although the outcomes of LAC are a national priority, a standardised way to deliver psychological services that may promote this is yet to be developed. In terms of the current practice (albeit ad hoc), the factors that facilitate this work will now be considered.

6.2.5 Factors that Facilitate EPs Work with LACRH

Although the roles and responsibilities of the CPEPs varied in terms of time allocated to the role and the organisation of their role with services, commonalities existed among them. The CPEPs identified general factors that acted as facilitators to their work in these areas including:

- *Time*
- *CPD- using psychology*
- *Supervision*
- *Management support*
- *Shared responsibility*
- *Peer support*

This information was used to inform two models of service delivery designed by the CLAEPS. One model (see model 2, chapter 3) considered global practice around LAC and considered longer term facilitated factors such as *management support* and *CPD*. This was useful as the model that specifically considered work with LACRH fits within this wider context. It was therefore necessary to envisage how the wider model would support the ‘future action planning’ stages of the RADIO model (stages 9-12). The facilitating factors associated with long term work in this area are outside of the parameters of this research. In terms of the model devised specifically for the research (see model 1, chapter 3), facilitating factors identified by the CPEPs informed its design. It is therefore possible to consider: to what extent did such factors aid the delivery of the model; and to what extent theory was realised in practice; this will be discussed in RQ2.

6.3 RQ2. How Can the EPS Support Staff in Their Work with LAC in a Residential Setting?

The EPS in the commissioning LA devised a model of service delivery to support residential staff. The model will be considered to be effective given its ratings by the home staff and the view of the staff and the CLAEPS that the model should continue to be implemented. This is in line with Farrell et al.’s study (2006) which found evidence that EPs made an “effective contribution” in this context. It is useful to consider why the model worked and to what extent such success can be attributed to the model itself or to other factors. Such reflections may offer insight into how EPs can support LACRH and to what extent such findings can be generalised to inform future practice.

6.3.1 Why was the Model Successful? Home Staff Views:

Considering the views of the home staff and how they experienced the model offers insight into how best EPs can support them. Such consideration also decreases the emphasis on self-reflection synonymous with AR. Measures that are typically used to quantify outcomes of LACRH (mental health needs, educational attainments/attendance) were not appropriate given the time scale or the aims of the research. The difficulties in using generic ‘benchmarks’ to evaluate outcomes of LACRH is also noted by Kusters (2009) and by Cameron and Maginn (2011). This study sought to improve the proximal outcomes for the home staff rather than to improve specific outcomes in relation to LACRH themselves. Future research could consider to what extent the outcomes of LACRH are improved when those around them are supported.

The home staffs’ views on the research centred more on *how* the research was delivered and the overall benefits of the research rather than on the process itself. Factors that contributed to the success of the research will be now be explored. The participants seemed concerned with how the model met their needs, not necessarily with the model itself. What participants did value were pieces of work accessed via the model and how this work was made accessible to them. The work offered by CLAEPS in this study arguably fits into the three levels of working (individual, organisation, system) as described by Curran, et al. (2003). Although CLAEPS worked with individuals, this was limited to work with individual staff members as opposed to direct work with individual children. The nature of work selected by home staff offers insight into how EPs can support residential homes in the future and to what extent the work selected was specific to the needs of this home.

6.3.2 Individual Work

The home staffs' selection of work centred on systems work and supporting the staff, as opposed to supporting individual children. The home in the study was a 'short-term' home, which may have amplified a preference for group and systems work given the transient nature of the LACRH in their setting. Such work is in line with the view of Fox (2009) who noted the benefits of moving away from a 'within-child' focus, and how considering the context and wider systems could have a greater impact than focusing on the individual. It could also be suggested that the home staffs' experiences of psychological services (CAMHS) prior to the research had already offered individual work with children.

The researcher noted how the team experienced the clinical team in the researcher diary (see appendix M). The staff team shared with the researcher that the clinical service offered individual work with young people but that the staff team was largely excluded from such input. They reflected that although they understood the need for such work and the issues around confidentiality, they also felt disempowered and de-skilled in terms of how to support the young people after such sessions. This is perhaps a challenge of 'helping professions' in how to afford LACRH with the privacy and confidentiality synonymous with therapeutic work or individual counselling (Bor et al., 2002) while sharing knowledge with staff around them. It could be that supporting staff with general 'helping skills' (Egan, 1998) is a mechanism of recognising the skills they needed to work with a vulnerable population without breaking the confidentiality typically upheld by individual therapies. Such thinking is in line with the parenting approach of Cameron and Maginn (2008).

It is therefore possible that home staff did not request individual work with young people given their experience of individual work prior to the research. It is also possible that the

home staff conceptualised the role of CPs and EPs differently. It is likely that such a conception would have been influenced by the researcher when they initially explained the scope of their role to the home staff. The importance of EPs defining their role and skills to clients is noted by Fallon, Woods and Rooney (2010) and Ashton (2009). Such findings are likely to be specific to the context of this research, highlighting the need for consultation between professionals and LACRH when commissioning work.

6.3.3 Group and Systems Level Work

Although the drop-in sessions offered the opportunity to discuss children at an individual level, the majority of the work requested by the staff was at the organisational and systems level. This is in line with a general move of EPs towards strategic work and away from individual assessment (Farrell et al., 2006). The researcher contends that it is perhaps more likely that the EP's role in supporting LACRH centres more around enabling the systems around them than on supporting LACRH themselves. It is not to say that there is not a role for EPs working directly working with LACRH, but that the time-frame, ethical considerations and nature of the home selected for the research did not lend itself to individual work. This is in line with the nature of work described by the CPEPs who suggested that the majority of the work they delivered was around supporting adults around LACRH rather than LACRH themselves. It is also in line with the report by the DECP (2006), which found that EPs are increasingly working strategically in this area.

This finding is not surprising considering the vulnerability of staff to 'burn out' (Kim & Stoner, 2008) in light of the 'emotional labour' associated with residential work (Hochschild, 1983). The staff in this research, by virtue of the work selected and through

considering the results of the questionnaire, show the team's recognition of their needs and willingness to access support. The staff requested, and subsequently rated highly, training and work that would support their skills and improve practice. This supports the suggestion that training and knowledge act as protective factors in maintaining wellbeing in this field (Smith,1992). This finding is also in line with Cameron and Maginn's (2008) 'authentic warmth' (2008) and 'emotional warmth' (2011) approaches which provide "carers with the skills, knowledge and support needed to meet the complex psychological needs of these children and young people" (p.60).

This research echoes this sentiment in recognising the importance of parenting in supporting LACRH and the challenges associated with doing so effectively. This research suggests that there is a role for the EP in supporting such parenting and supporting staff who work with LACRH.

Finally, the home staff felt that a link EP was useful. This is in line with the findings of Ashton & Roberts (2006) who found that consistency in terms of an EP was valued. In addition, the link EP was also able to act as a bridge between the home staff and schools, supporting the research of Farrel et al. (2006) who found that EPs have "Unique skills to assess/ facilitate improved working by 'bridging' other agencies into education" (p. 46).

The nature of work requested by the home staff therefore offers insight into how the EPS can support this group. Having considered the nature of work generated by the model, how this work was made available to them will now be discussed.

6.3.4 Style of Delivery

The home staff focused more on *how* the model was delivered rather than on the structure of the model itself. The importance of relationship is not a novel concept and has been promoted by Lambert and Barley (2001), who found that the relationship between client and therapist was the most important correlate for success in therapeutic work. The authors suggest that the ability of the therapist to display empathy and warmth (Rogers, 1957) correlates more highly with client outcomes than specialised treatment interventions, which seems to be supported by this research. It can therefore be suggested that the relationship between the participants and link EP or lead professional is as important as the content of the work they deliver or the model of service delivery. Such sentiment is perhaps at odds with the growing emphasis on ‘evidence-based practice’, as Cameron (2006) suggests:

...there is now general agreement among applied psychologists that the ‘best possible evidence’ should guide professional practice and advice in health, child-care and education (p.297).

This research suggests however that trust and confidence were integral qualities identified by participants as valued in an EP. Trust seemed to relate to *how* the EP was as a person; their personality and demeanour and confidence seemed linked to their knowledge base and experience, and so linked to their ‘credibility’. Such a finding perhaps has implications for training and selection of EPs. Hochschild (1983, p. 5) notes the “style of offering the service is part of the service itself”.

Frederickson, Malcolm & Osborne, (1999) surveyed 1,043 EPs on their views around relevant experience and skills needed for entry to the EP training course. Interestingly, the

overriding consensus of participants was that *effective interpersonal communication* (97 per cent) was the skill considered most essential for the EP role. Such a finding is therefore in line with the research findings presented by this study. Although Frederickson et al.'s survey (1999) acknowledges the role of interpersonal skills in the EP role, its focus is around the work experience history required to be an EP rather than *how* best to recruit and promote candidates with strong interpersonal skills.

6.3.4.1 Experience

The home staff identified the researcher's previous experience in residential care as a factor that enabled the staff to relate to and have confidence in them. It is acknowledged that, given the breadth of settings the EP is likely to work in, it is not possible to have experience in all settings. It is interesting to consider the findings of Frederickson et al.'s 1999 survey, which considered the desirability of acquiring prerequisite knowledge and skills needed for the role. They found that 56.2 per cent of EPs' viewed *work as a qualified teacher* as desirable compared to 1.4 per cent of EPs who viewed *work as a care assistant in a community home with education* as desirable. The zeitgeist in which the research was conducted must be considered, as must the changes that have occurred within the profession since publication. The change from the one year masters to a three years doctoral course and the move towards traded services has undoubtedly changed the landscape of the profession (Fallon, Woods & Rooney, 2006). It is perhaps unsurprising that given the strong tie between EP services and schools, which have traditionally been the main commissioner of EP services, that there would be a desire to meet and reflect the needs of the client group in the EP workforce. It could be suggested that the credibility

identified by the participants in this research, in light of their residential experience, mirrors that felt traditionally by teachers for school based and ex-teacher EPs.

It could be that what was 'helpful' about such experience is linked to the context in which EPs traditionally worked, rather than there being something intrinsically helpful about teacher training or practice itself. It can therefore be argued that as EPs branch out into other fields such experience becomes less valuable. As the profession moves into traded services and towards new commissioners, experience in social care settings and in health and other non-school based educational settings may no longer be considered as a disadvantage to the prospective EP but may actually be more valued.

It could therefore be suggested that knowledge and experience cannot be easily extrapolated from the person. Perhaps the skill lies in when and how the EP uses their experience to build relationships. It will also be suggested that being 'relatable' matters less to some populations and with some commissioners. A school teacher working in a mainstream school, for example, deals regularly with a multitude of professionals and parents and is less likely to need to 'relate' to their EP in order to work effectively with them. A client from a more marginalised or 'hard to reach group', arguably, requires an EP who is relatable and aware of their interpersonal skills. The home staff identified themselves as a group that typically 'didn't ask for help'. The need to make psychological services accessible to 'hard to reach' or marginalised children is noted (Billington & Pomerantz, 2004). It is perhaps equally important to consider how EPSs can reach the marginalised adults who often support them.

6.3.4.2 Matchmaking: Jobs for People

This research has offered insight into the factors that contribute to effective EP practice when establishing relationships with participants. It could be suggested that three ‘ingredients’ (knowledge + interpersonal skills + experience) should be present in ‘the recipe’ for the ideal EP. The researcher acknowledges that not all three ingredients will be or should be equal in quantity in every EP. When feeding back their views on the current research, the principle EP noted the importance of finding the ‘right person for the job’. It is suggested that in some instances different ‘ingredients’ may be more useful than in others. In a traded market, it is perhaps useful to consider what are our strengths as individuals and how this makes us ‘sellable’ (Fallon, Woods & Rooney, 2010). The move towards a traded service model may prompt us to reflect upon our individual and team strengths. It may be that we move away from categorising ourselves as ‘generalists’ or ‘specialists’ and consider which EP is most suited to a particular commission. Having explored what factors were identified as valuable by the home staff, it is important to consider how the model was evaluated.

6.4 Evaluating the Model

In order to understand how CLAEPSs can support LACRH it is important to consider how the views that support our understanding are obtained and how valid this process is. The evaluation of the model elicited the primary source of data and care was taken to ensure that this was done as robustly as possible. The researcher therefore reflected on the potential difficulties of asking participants to focus on the whole as opposed to the parts of the model. The researcher was explicit in stating that although individual parts of the

research may be evaluated in line with EP practice (i.e. training), access to the CLAEPS and the model of service delivery would be the true focus of the research.

In practice, the training and consistency workshops were evaluated at the end of their respective sessions. Although the aim of the research was to evaluate the whole rather than the sum of its parts, it became evident that the parts influenced the perception of the whole. The researcher felt that although the individual pieces of work were not being evaluated, if the work itself was not valued or was evaluated informally as being poor, this would impact on participants' perception of the model. The researcher realised that for the participants to value the model, they must not only value what the model affords them access to, but also the methods of delivery. Steps were therefore taken to ensure clarity as to *what* was being evaluated (model as a whole), as well as acknowledging the factors that influenced the perception of this model. Despite the researcher's attempts to ensure that the model itself was evaluated, the potential confusion around the model is noted (Ebbutt, 1985) and may have influenced the lack of comment on the model itself.

6.4.1 Home Staffs' Focus in Evaluation

The home staff suggested that the research was successful. Understanding factors that contributed to this view offers insight into how LACRH can be supported. However, it is difficult to ascertain to what extent the model itself contributed to the success of the research. The results suggest that the home staff valued the model and rated its overall effectiveness highly. Despite this finding, the home staff did not focus on the model as a process but suggested that other factors were more valued in terms of the success of the research. The lack of focus on the process could be explained by the fact that the model

was perceived as 'working'. It could be hypothesised that, should the model have been viewed negatively, the staff may have discussed modifications and problems with the model therefore raising the 'volume' of process discussion. It could be suggested that the design of the evaluations itself promoted a bias in response.

It is more likely, however, that home staff and the researcher/CLAEPs had different priorities in terms of the research. It could be argued that the CLAEPs placed more value on the model itself, in terms of factors that contributed to the success of the research, than to its recipients. It is hypothesised that this is a result of their familiarity with systems work and that it was commissioned by the CLAEPS as a means of clarifying their service delivery. This model was then formalised for the purposes of the research and to meet the researcher's needs. The home staff, as recipient stakeholders, were more concerned with how the model met their needs rather than the model itself. The researcher contends that the participants did not attribute the success of the research to the model, but rather that the model was the vehicle to meeting their needs.

The home staff were presented with a model designed by the CLAEPS, which they refined to more effectively meet their needs. Such refinements included weekly drop-in sessions. One staff member suggested that they appreciated being asked what they wanted and another suggested that their requests were listened to. This finding is in line with research around 'consultation' (Wagner, 2008) and fits with the AR ethos (McNiff & Whitehead, 2010). The AR methodology employed by the researcher undoubtedly complements the skills of EPs who are able to work flexibly and collaboratively to create bespoke packages to meet client's needs (Cameron, 2006). It could be suggested that involving the participants in the formulation of the entire model may have given more ownership of the

model to the participants and encouraged them to be more involved and aware of the process.

It could also be suggested that such change is more likely to occur when the stakeholders are active in the initiation of the research itself. The researcher acknowledges the benefits of this and how this is in line with 'pure' action research but struggled to conceptualise how this organically occurs (McNiff & Whitehead, 2010). It should also be noted that this research could not have occurred organically given that home staff were unaware of EPSs and identified themselves as a team unlikely to ask for help. It can therefore be argued that the role of the researcher can be to highlight potential areas of need and facilitate participants to shape how identified areas of needs are addressed. Given that facilitation is a skill of the EP (Wagner, 2008) they are perhaps well placed to support such research.

6.4.2 CLAEPs' Views on the Model

The CLAEPs suggested that the model itself was a facilitator in delivery. They noted that the model added clarity and purpose to the work and supported them in terms of their role. It is hypothesised that, as working with systems is a part of the EP role (Curran et al., 2003), their familiarity with such work may offer insight into why they found the model useful. Despite the benefits of using a model, it was at times difficult to negotiate two frameworks in tandem and how they 'mapped on' to each other, particularly as AR is cyclical in its very nature and RADIO is more linear. The researcher struggled to articulate academically the structure and validity of the research, despite its apparent success. Brydon-Miller, Greenwood and Maguire (2003) note the difficulty in "articulating strong theoretical foundations for our work as action researchers" (p.15). It was hoped that the

'messy' nature of AR (McNiff & Whitehead, 2010) would be in some way structured by the RADIO model, but in reality this was confusing, particularly in how best to represent methods to the reader. The difficulties in expressing AR's methods are noted by Ebbutt (1985), who identified the possibility of diagrams leading to mystification rather than clarifying processes. It could be suggested therefore that CLAEPs, in line with their familiarity with systems work, were able to conceptualise models and systems without difficulty.

It is noted that CLAEPs co-created the model. This is in line with research around consultation; as Wagner (2008) suggests, clients are more likely to be invested and interested in the process when meaning is co-created. It is also noted that the commission for the work came from the CLAEPs and therefore the CLAEPs had a vested interest in the outcomes of the research and success of the model. This is in line with the ethos of AR (Lewin, 1946). The views of the CLAEPs in relation to factors that facilitated the model have been explored. The work generated by the model in terms of content will be considered before the extent to which the home's staff's needs were met can be ascertained.

6.4.3 Facilitating Factors in Delivering the Model? CLAEPs' Views:

The CLAEPs devised the model informed by the facilitating factors identified by the CPEPs. How such factors supported the model in practice will now be considered.

6.4.3.1 Time

In line with views of the CPEPs, the CLAEPs identified 'time' as a factor that supported their involvement in the research. They also suggested that lack of time was a barrier and that they would have liked more time. It has been suggested by the review commissioned by the DfE (2000) that EPs may be spending too much time on statutory assessment work which might be preventing them from working in other areas. This research therefore suggests that effective practice can occur elsewhere but that time is needed to do this. Due to regular contact with the home staff, the researcher was able to build relationships with staff during the research and keep abreast of the numerous placement changes of children moving in and out of the home. This is in line with the 'authentic warmth' model of Cameron and Maginn (2008) which identifies 'regular psychological consultation' as a factor that underpins the model (p.97).

6.4.3.2 Working with Others

The CLAEPs identified that 'team work' and 'devising the model together' were facilitating factors when delivering the model. This can be linked with the 'peer support' and 'shared responsibility' identified by the CPEPS. This is in line with the research of Harker et al. (2004) who found that inter-professional work was enhanced when there were shared aims and objectives at a strategic level. Being able to work as part of a 'team' and working jointly with other EPs was also identified as a factor that contributed to the successful delivery of work which was, highly valued and rated by the recipients. It is interesting to consider how 'sellable' joint work will be as we move towards an increasingly traded climate (Fallon, Woods & Rooney, 2010), and how the additional cost

to the commissioner will be balanced against how delivering work in this way may improve quality.

6.4.3.3 Management Support and Supervision

Management support is a factor that would undoubtedly be central to such work in the long term. It was also a facilitator in the short-term and was vital in terms of initial commissioning and in operationalising of the research. It was particularly useful during stages 1 (*awareness of need*) and 2 (*invitation to act*) of the RADIO model, as this had come from the CLAEPS as the stakeholder and commissioner. This ensured that the project had support from management in the CLAEPS, and aided design and delivery.

The CLAEPS also suggested that the researcher as the ‘lead’ or ‘project manager’ was enthusiastic and dedicated, which was also a facilitator identified by the CPEPs. It is therefore inferred that a perceived ‘belief’ or ‘dedication’ of those who lead a project *in* the project is important, as is the support they receive in turn from their management. Access to supervision was a facilitating factor experienced by the researcher (Hawkins & Shoheit, 2003), but again it is hypothesised that this would become increasingly important as such work continued.

6.4.3.4 Proactive Work

Proactive work was incorporated into the design of the model in order to meet the home staffs’ ‘up front’ needs. This would enable the staff team collectively to identify their needs and the CLAEPS to consider how best to meet these needs. It was hoped that in doing so the proactive work could offer structure to what is typically an ‘unstructured’ or

'messy' research design (Brydon-Miller et al., 2003). This work could be planned by the researcher and CLAEPs and work could be matched with suitable CLAEPs and planned in advance. This was useful practically in terms of managing the workload of CLAEPs and the time they could allocate to the project. This undoubtedly encouraged participation by the CLAEP, and such factors were identified as facilitators by both CPEPs and CLAEPs. The nature of proactive work (i.e. attachment training) was valued by staff and is in line with suggested skills of the EP (Farrel et al., 2006). Given that training has been identified as a protective factor in supporting home staff (Smith, 1992), it follows that such work would be considered useful by staff and should be on offer as part of their CPD. This study confirms the view that EPs are well suited to provide this service (Cameron & Manginn, 2008).

CLAEPs were allocated time to participate in the research. This enabled CLAEPs to dedicate time to the project and undoubtedly encouraged participation. Although this was beneficial in that the team were able to meet more of the needs as identified by the home staff, this also resulted in the project being larger than was originally anticipated. Although much of the success of the project can be attributed to the commitment of CLAEPs in the team, it also required the researcher to organise the team and act as a liaison between the home staff and the CLAEP team, which was time consuming. Future work in this area would require dedicated time for the work, as well as a dedicated person or team to co-ordinate it. AR, by its very design, is not readily planned and requires time in order to execute the actions generated by the participants (Koshy, 2005).

The time frame of the research was not optimal, lasting three months, which was a relatively short amount of time to attempt to meet the needs of the staff. The staff shared

the frustration of having the opportunity to access CLAEPS for this period, and wanting to get the ‘most out of it’, while being limited by the logistical difficulties of organising a staffing system that would allow it. It could be that in continuing the model such difficulties would be resolved, providing the delivering EP had sufficient time allocated to the role.

6.4.3.5 Reactive Work

Reactive work was incorporated into the model in order to allow the CLAEPS to meet the home staffs’ needs as they emerged. Such reactivity was identified as a component in the ‘dream model’ of the CPEPs. In line with the collaborative nature of the research, the home staff suggested via consultation that weekly ‘drop-in’ sessions would be the preferred mechanism for eliciting such work. The researcher debated as to the frequency of ‘drop-in’ sessions. The researcher had hoped that this work would act as a ‘pilot’ and that future commissions may be generated in light of the research. Therefore, the researcher debated the ethics of providing weekly drop-in sessions in the likelihood that this was not a sustainable service should the work continue after the research had ended. Due to the condensed time frame of the project, it was felt that this was a necessary step, not only in terms of building relationships but also as a means of soliciting reactive work. It was also felt that the volume of work offered to the home in the short space of time was, on the whole, a somewhat exaggerated level of work. However, it was felt that this was justified in giving a ‘flavour’ of EP work to an uninformed group.

The researcher was transparent regarding the volume of work offered to the home and felt that this mitigated against misleading the home staff by offering an unrealistic or

unsustainable service. It was also noted that the volume of work offered in the time frame was, at times, considered a barrier to the research. Therefore, it was felt that the work offered, although arguably lacking in ecological validity, was still ethical and fit for purpose. It is unlikely that such a model would be sustainable unless significant amounts of time were allocated to the role.

The reactive work undoubtedly facilitated the home staffs' suggestion that they felt 'heard'. Home staff were privy to actions being taken by the researcher and other CLAEPs as a result of issues they had raised. Logistically however, reacting to such issues, particularly regarding child protection that could not be foreseen, were difficult to manage. This was difficult in terms of time as the researcher and CLAEPs in the 'reactive' team could not predict the volume and timing of this work.

When CLAEPs were not able to take on work generated from the drop-in sessions in light of their overall workload, such work was taken on by the researcher. The researcher felt that as the project lead they had a duty to absorb this work, regardless of their own workload, in order to meet the home's needs. The researcher therefore took on more of the reactive work than they had anticipated, in a bid to assure the perceived success of the project. This finding can be considered in relation to a CPEP's comment that 'LAC are everyone's responsibly but no one's priority', and the feeling that LAC cases were 'dumped' on them as the named specialist. They felt that, as it was their 'responsibility', they would attempt to meet the needs of LAC regardless of their caseload. Although the researcher experienced this to a lesser degree, it was felt that the project was their 'priority' and felt a pressure to absorb the 'overflow' of work generated from the project. Ensuring that reactive work is shared and remains the 'responsibility' of the team, and how an EP's

diary can be managed given the uncertainty of work in this area, is perhaps a challenge of such a model. Ashton (2009) found that “motivation and interest levels of the key members” was central to achieving sustainable change (p.230). The commitment and interest in supporting LAC and LACRH has undoubtedly contributed to the initial commissioning of and subsequent success of the research. It is hypothesised that through a specialist post or team of motivated EPs continuing work in this area, change would be more sustainable.

In addition, it was noted that the unpredictable nature of the work was also difficult to negotiate in terms of supervision. Supervision was a facilitating factor identified by the CPEPs and is considered a vital part of the work in this area (Hawkins & Shohet, 2003). It was at times difficult to access supervision which was planned in advance when a more immediate discussion may have been helpful. When the issue arose in relation to child protection for example, the researcher felt the need to take action, in line with the safeguarding responsibilities of the EP as a practitioner (AEP, 2009). The researcher felt that in light of the severity of the issue and their position as a Trainee, immediate supervision was needed. Fortunately, the researcher’s placement supervisor was flexible and available to the researcher and offered supervision via a telephone. It is perhaps useful therefore to note that should a service offer reactive services to a client group, the source of this support may also need to access reactive supervision. This is perhaps a challenge of the model given the workloads and busy diaries of the supervising EP. How best to provide this should therefore be explored, particularly when access to appropriate and supportive supervision was a facilitating factor of effective work with LACRH as identified by the CPEPs and by the researcher.

6.4.3.6 Interpersonal Skills

Participants revealed that the opportunity to build relationships with the researcher as the link EP was central to effectiveness of the project. This was supported by the CLAEPs in their discussion of facilitative factors. This was to some extent predicted in terms of findings, given that the researcher was explicit about their attempt to build relationships with the participants. It was not predicted however that the relationship would be a central factor emerging from the research, but is in line with findings from Lambert and Barley (2001). The knowledge base of the link EP was also a key factor identified by the home staff. They suggested that the author was ‘credible’ and a ‘valid’ source given their prior experience. It is useful to consider the source of information as well as the content of information itself. This finding has potential implications, firstly for selection and secondly for training. This is not to suggest that knowledge is unimportant, and the researcher contends that being ‘nice’ or ‘likable’ is not enough and does not facilitate change for children. This research suggests, however, that one precedes the other and that knowledge is better received from a personable source. This research suggests that interpersonal skills are an important factor in facilitating effective practice but that experience and knowledge support the perceived value and credibility in the formed relationship. Having explored how the findings answer the research questions, the methodology used will now be considered.

6.5 Methodological Reflections: Has Change Occurred?

Systems change was considered as an intentional process designed to alter the status quo by shifting and realigning the form and function of a targeted system (Foster-Fishman, 2007). In terms of this definition, this research has achieved change in several ways. The

researcher wanted to increase access to CLAEPS and to raise the profile of the service. Findings suggest that the home staff have an increased awareness of the CLAEPS and that this awareness has reached beyond the home and has promoted wider discussions with other services such as social care and the virtual school. The researcher, through an AR design, sought to support the home in facilitating changes as identified by the staff themselves (McNiff & Whitehead, 2010).

This was achieved, as staff noted changes in their confidence in terms of knowledge gained through training and also in relation to consistency and cohesion as a team via workshops. In addition, tangible system changes occurred from the consistency workshops; for example, the home staff modified their handover book in light of a team discussion. However, staff agreed that although change had occurred, not all staff were complying with the new handover system. Weick and Quinn (1999) note the difficulties of eliciting change in organisations, as too much change can be difficult for the members of the organisation and is likely to impact upon its sustainability. It is difficult however to 'unpick' potential reasons for the resistance to change without further exploration. Weick and Quinn (1999) suggest two forms of change: episodic and continuous or emergent. Episodic change is typically planned and externally initiated whereas continuous or emergent are more in line with development. The changes that have occurred in the research can be considered as episodic, although it is hoped that such change will be followed by continuous change (in line with the later stages of the RADIO model), in which change can become more embedded.

6.5.1 Is Change Sustainable?

This research has identified factors that have contributed to systems change; to what extent such change is sustainable will be examined. It is hoped that the episodic change that has occurred in light of the research (Weick & Quinn, 1999) is followed by continuous change. A home staff member identified that a facilitating factor of continuous change would be for the researcher to continue to visit the home to review how changes have been implemented. This is in line with the plan-do-review cycle which occurs in EP casework (Beaver, 1996). It is hypothesised that continuous support from the CLAEPS would support such change. Although the CLAEPs hoped to empower the team in line with Cameron's view around 'self-management approaches' (2006, p.298), given that change in the home was in its infancy, an EP who could support such change until it was embedded would be useful. Should the research have continued, the latter stages of the RADIO model could have considered to what extent change was sustained and the facilitators associated with sustained change. The notion of continued support, reflection and gentle challenge is, again, in line with the parenting approach of Cameron and Maginn (2008, 2011).

6.5.2 Is the Model Sustainable?

The research model has limited utility if it is unsustainable. The ecological validity (Bell, 1999) of the research will therefore be considered.

6.5.3 How Valid is the Model?

AR is criticised for lacking validity given the proximity of the researcher to the project. McNiff and Whitehead (2010) suggest that the action researcher must 'submit claim to critique' in order to promote validity (p.15). It is hoped that steps were taken in a bid to

increase validity through the researcher's reflexive approach, their attempts to co-create and deliver evaluations, and the inclusion of inter-raters in analysing data. Carr and Kemmis (1986) suggest that researchers using AR should involve outsiders in the analysis of their data, but they suggest that the degree to which action researchers are committed to this critical analysis of their practice is the true measure of reliability in data gathering. The value of such self-reflection is noted but is not readily or empirically evidenced. It is hoped that the researcher has been able, through 'active' reflection via the research diary and in supervision as well as reflections in this chapter, to demonstrate such practice.

The researcher also considered the duality of these roles in earlier discussions, particularly around ethics. Such issues are synonymous with practitioner doctorates but are perhaps amplified within an AR design. This duality must be considered before embarking on an AR design and throughout the process. This to some extent relies on the researcher's ability to adopt a reflective approach suggested by Carr and Kemmis (1986). In being an 'insider' it is important to ensure that mechanisms are in place to 'pull' the researcher out from the research and to support them to consider issues from a researcher and EP perspective. Such mechanisms may take the form of a researcher diary, supervision or in co-working and co-delivery.

6.5.4 Impact on the Researcher

The researcher was attracted to the AR design, given their axiology and their desire for the research to have utility. As Brydon-Miller et al. (2003) note, "...because all the theorizing in the world...is of little use without the doing and action researchers are doers" (p.15). AR therefore fits with the personality and axiology of the researcher. AR delivered a

'hands on' approach in practice and, although time consuming, was enjoyable, and the researcher felt during the process that the research was worthwhile. The researcher had hoped that the project would be successful and that the profile of the CLAEPS would be raised in a positive way. It was not anticipated that the research would be as successful as it was. Brydon-Miller et al. (2003) suggest that given the proximity of the researcher to the project, working "collaboratively with others leads not only to community and organizational changes, but also to personal changes in the action researcher" (p.14).

The researcher therefore reflected on their experience of the process and its potential impact. The researcher, via their axiology, had hoped the project would be a success and to some extent approached their decision to 'submit claim to critique' (McNiff & Whitehead, 2010 p15) with trepidation. The researcher identified that from a personal construct perspective (Kelly, 1955) their views and axiology actively inform their current practice as well as the types of work they had hoped to do in the future. It was therefore a risk in some ways to test their views; in doing so their ideology could be affected, particularly if the research had been unsuccessful. Fallon, Woods and Rooney (2010) note that:

...on a long-term basis will inevitably influence EPs' professional identity and development, with individual EPs developing more clearly and distinctively their own skills set portfolio (p.15).

The researcher had hypothesised that, given their perceived strengths in their ability to form relationships and their experience in the field, the research would be successful. The researcher was also aware that should this not occur, their personal constructs, ideology and perceptions of their own skill set would be challenged. A researcher who chooses to take an AR approach must therefore be prepared to be subject to evaluation themselves

along with their views, given how the researcher and the research itself are intertwined. Fortunately for the researcher, the outcomes of the research have supported the researcher's views and perceptions around the validity of the EP in supporting LACRH, as well as their ability to participate effectively in this role. Before considering the limitations of this study, it must be considered whether there is a distinct contribution of the EP in this study or to what extent the model could have been devised and delivered by a non-EP.

6.5.5 Refining the Model

The home staff and CLAEPS suggested the benefits of continuing to implement the model in the current home. Although there was some discussion around drop-ins and how these could be more reactive following an incident, it was not clear as to how this could be achieved. It could be that, should an EP (or team) have dedicated time for supporting LACRH, then a model of service such as that which is used for 'critical incidents' currently employed in the LA may be adopted. Depending on the severity of incident, this may require the EP to prioritise the home and to reschedule other appointments as per a critical incident. Should model 2 be implemented and there were designated EPs for LACRH then it could be that each EP would leave some time free during the week to enable some flexibility to visit the home should an incident occur. It might follow that in the initial stages of working with a home the drop-ins are regular, to enable relationships to build between the home staff and the EP, and then subsequently become less regular and more reactive.

Given the success of the model, the CLAEPS suggested the benefits of rolling the model out to other homes in the LA. Although the model as described in the study would be a

useful template for future delivery models, the needs of individual homes would need to be taken into account. This research has offered insight into the kinds of work that could be useful to the residential setting (i.e. training, consultation). Future models of delivery in other homes may include such work but need to be bespoke and tailored to the specific needs of the home. Having considered the methodological limitations of the current study, the next section will consider the extent to which EPs can make a distinctive contribution in relation in working with LACRH.

6.6 The Distinct Contribution of the EP

Research findings suggested that the EPS was able to offer *Knowledge* and *Support* which helped the home staff in their practice. This is in line with Sinclair et al.'s study (2005) which suggested that the contribution of an EP was valued by carers of LAC. The CPEPs identified that their role was in some way distinct and that this was linked to their specific psychological knowledge. It is important to consider whether such knowledge and support identified by the home staff could have been provided by a non-EP and whether there is a distinct contribution of the EP in this instance. Cameron (2006) outlined five distinct contributions made by EPs which can be mapped onto the work delivered by EPs in this research. These are:

- *Adopting a psychological perspective of the nature of human problems.*
- *Drawing on the knowledge base of psychology to uncover mediating variables which may provide an explanation of why certain events may be related.*
- *Unravelling problem dimensions using sophisticated models which can be used to navigate through a sea of complex human data and to provide a simple but useful map of the interaction between people factors and aspects of their living/ learning environments.*

- *Using information from the research and theoretical database in psychology to recommend evidence-based strategies for change.*
- *Promoting innovative concepts or big ideas which are underpinned by psychological research evidence and theory and which can enable clients to spot potential opportunities for positive change.*

Due to limitations with word count, consideration of each contribution can be viewed in Appendix 2. It will be contended however that this research supports the contention of Cameron (2006) and Farrell et al. (2006), who suggest that EPs offer a distinct contribution to supporting this population.

6.7 Limitations of the Study and Implications for Future Research

The researcher acknowledges that the time frame of this study was relatively short and therefore future longitudinal research could consider how the role of the EP in supporting LACRH may change over time. It is acknowledged that the time frame did not allow for the researcher to operationalise the full stages of the RADIO model. It would have been useful to consider the outcomes of the later stages of the model and how this impacted on long term change. Future research should therefore consider the lasting impact of EPSs in supporting LACRH and how this could or should be measured. Research should also identify factors that support lasting change. The researcher has suggested that the home staff placed great value on *how* the model was delivered as well as on *what* they received. This assertion was based on the amount of discussion (volume) and content of discussion in relation to this subject. It would have been useful to ask participants to rate the most important factor, rather than inferring this, to allow more tangible results to be generated. Future research should therefore quantify how important relationships are to effective

practice, particularly as increasing importance is placed upon ‘evidence based practice’ (Cameron, 2006).

The specific contextual factors of the study are noted. Future research should therefore consider factors that encourage participation in both research and in accessing psychological services. It is important to extrapolate facilitative factors when evaluating EP work. It is crucial that we better understand the extent to which effective practice can be attributed to models of service delivery, methods of service delivery or the content of the services we offer. This is likely to become increasingly important as EPs are increasingly held accountable for their practice and for how such practice is evaluated (Fallon, Woods & Rooney, 2010).

6.8 Next Steps: Locally

Since the project, the researcher has been approached by another home regarding future commissions based on feedback from the home staff. The researcher has also been involved in discussions relating to a dedicated LAC post being commissioned and funded by the social care and virtual school team. The move towards specialist posts is in line with the recommendations of Farrell et al. (2006), which noted the benefits of EP services evolving in this way. It is therefore hoped that the CLAEPS will continue to offer support to LACRH and that this will be extended to other LACRH in the LA. It is hoped that the researcher will be able to consider how to support the sustainability of the model and that this could be piloted in other homes. CLAEPS also suggested that the model could be adapted to support foster and adoptive parents and that such work could be developed in

the LA. The need to support foster and adoptive parents is well argued by Osborne et al. (2009).

In terms of the RADIO model, stages 9-12 were not addressed given the time scale of the research project. It is therefore hoped that, given the future partnership envisaged with the CLAEPS and LACRH, such stages can be followed outside of the formal parameters of the research. The CLAEPS, in moving into new areas including working in social care, will need to forge and sustain relationships with other professionals, given the multitude of professionals likely to be involved in supporting LACRH (Bradbury, 2006). The benefits of multi-agency work are noted (DfES, 2003) and it is hoped that such relationships can be forged and maintained in the commissioning LA.

6.8.1 'LAC' and Beyond

The work of residential staff of who support our most vulnerable and challenging LAC should be recognised. Such staff should be highly trained, supported and suitably rewarded in terms of status and salary. This sentiment perhaps parallels the recommendations of the Nutbrown review of early education and child care (2012) which suggest that the qualifications and training of staff should be increased in order to improve standards. Cameron and Maguinn (2011, p.49) note the importance of quality parenting required for this group, suggesting:

...parenting' for particularly vulnerable children and young people demands that the skills and knowledge of parenting cannot be left to trial and error, but need to be unpacked, analysed, understood and implemented so that even in challenging circumstances, the 'professional parents' will know what they should do (and why).

Future research should consider how best to support those parenting this vulnerable group. This research has focused on how CLAEPSs can support those labelled as ‘LAC’. The CLAEPs felt they had skills and knowledge to offer that reached beyond supporting schools. It was also contended that such skills should also reach beyond those labelled as LAC to reach those who are on the periphery of care. This model sought to direct psychological services to the most vulnerable. In doing so, the needs of those at risk of being taken into care, adopted children and those living with relatives must also be considered. It is likely that the difficulties experienced by those labelled ‘LAC’ will also be experienced by these children who are at risk of being taken into care (Osborne et al., 2009). It therefore follows that the EPSs have a role in supporting those groups too. It is therefore hoped that once systems are established in supporting LAC and LACRH in the LA, this group may become a focus for the EPS. The need to support this group is noted (Biehal et al., 2010) and future research should also consider how best to identify and support those on the periphery of the care system.

6.8.2 Multi-Agency Work and Professional Rivalry

This research has considered how CLAEPs can support LACRH. Given the multitude of professionals likely to be involved with this population, supporting them must be done collaboratively (Bradbury, 2006). As we move towards traded services, Fallon, Woods and Rooney (2010) suggest that the commissioner is now able to decide who is best able or available to deliver the work. They suggest that this “goodness of fit” could determine who undertakes specific pieces of work, and note that ‘it is the commissioner’s role to determine the best provider of specific services (2010, p.3). EPs, by broadening out into territories that do not ‘belong’ to them, may create tension for other services in an

increasingly competitive market (Rose, 2009). Future research could consider the similarities and differences between EP and CP roles and how training and practice could complement rather than separate the professions. Although the concept of a ‘hybrid’ profession (Sloper, 2004) can be threatening to professional identities, others have noted the benefits of joint training and of strengthening the links between roles (Farrel et al., 2006). Given the likelihood that both professions will continue to support vulnerable children, the need for both professions to improve the way that they work together will remain. This may be achieved by considering systems that promote joint work (i.e. one referral system/database) and more global systems to promote a more integrated approach, such as through joint training or co-location (Farrell et al., 2006).

This research highlighted difficulties with multi-agency work in line with the research of Pradeep, Alvina and Panos (2010). Norwich et al. (2010) note the need for “educational psychology services and individual EPs to address issues that they confront in working with other professionals” (p.388). It is less clear, however, how this can be done. Boddy, Potts and Stratham (2006) suggest that an integrated approach can be achieved. They suggested that a flexible model of working facilitated a joined up approach, which is in line with the findings of this study. Future research should therefore explore how models of service delivery can be co-created by a range of professionals and implemented flexibly.

6.8.3 The Role of the Individual EP

Consideration of how best to support LACRH has suggested that the role of a link EP or ‘key person’ is central to ensuring that services are accessible. There is limited utility in identifying the benefits of psychological services if such services are not accessible. How

do we ensure that services are accessible? The researcher contends that such accessibility may lie in an ‘empowering’ ethos and through interpersonal skills. It is perhaps the knee-jerk reaction of some professionals to ‘hang on’ to their knowledge, in a bid to ‘preserve’ their unique contribution and secure their place and survival amongst economic uncertainty. This research, and that of Lambert and Barley (2001), suggests that it is ‘special people’ and not ‘special knowledge’ that is a predictor of successful work.

How do such findings inform future practice or how would this inform refinement of the model? It seems that the researcher, or their ‘mix’ of skills, contributed to the success of the project, and that this finding is specific to this research. This ‘mix’, in combination with the facilitative factors identified by participants, contributed to the successful delivery of the model. What can be taken from the findings, however, is the importance of relationship and interpersonal skills in EP work generally. Future research should consider how best to identify, develop and utilise interpersonal skills in the role.

6.9 Summary

This research has considered the role of the EP in supporting LACRH. Findings suggest the benefits of EPs taking this role and suggest that they possess distinct skills that could support this vulnerable group by supporting those who care for them. This research adopted an AR approach that has achieved positive outcomes in terms of the research itself, as well as triggering a new and much needed dialogue between the CLAEPS and other services that support LACRH in the commissioning LA. It is hoped that such dialogue will result in the social change envisaged by the researcher and by advocates of AR (Lewin, 1946). Future research must continue to explore how access to EPSs can be

broadened. If we believe in the power of psychology then its benefits should be available to all. Stobie (2002) suggests that “EPs have to make decisions as to what is worth doing and then demonstrate that what they are doing is effective” (p. 223). It is hoped that the researcher has done just this in highlighting the needs of LACRH and in showing the benefits of EPs supporting them.

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Appendix A: Rich Picture



Appendix B: Consent Form CPEPs

The Role of Practitioner Educational Psychologists in Supporting a Residential Setting
to Meet the Needs of Looked After Children

I am an educational psychologist in doctoral training based at ***** Educational Psychology Service (EPS). I am planning to complete my doctoral research exploring the role of Educational Psychologists in supporting staff and LAC in residential homes. Participation in the research will involve discussions with myself around the role and current practice. This information will be shared with others to inform the development of a model of EP service delivery to support LAC in residential settings in *****.

I am writing to request your consent to participate in the research and have enclosed an information sheet providing further details on the research. Please sign the consent slip below and return it to should you wish to participate in the study. All data will be kept anonymous.

If you would like to find out more about the project or would like to meet me contact me by email: louise.lightfoot@*****.gov.uk by telephone at ***** EPS: *****or I am happy to meet you.

Louise Lightfoot Trainee Educational Psychologist

Please return to louise.lightfoot@*****.gov.uk.

Name

Contact Telephone Number:

Signature: Date:

Please tick as appropriate

I confirm that I have read the attached information sheet on the above study

I understand that my participation in the study is voluntary and that I am free to withdraw at any time without giving a reason.

I understand that the interviews will be audio/video-recorded.

I agree to the use of anonymous quotes

I agree that any data collected may be passed to other researchers

Appendix C: Information Sheet CPEPs

Invitation You are invited to take part in research exploring the role of Educational Psychology in working with Looked After Children (LAC) and the staff who support them. The effectiveness of my involvement will be investigated as part of a research project. This information sheet will outline the research and the reason for the project being carried out. Please consider the information carefully before deciding whether to take part in the project.

Why is this research being carried out? I am a trainee educational psychologist completing my training with ***** Educational Psychology Service (EPS). Prior to taking a place on the training course, I worked in residential children's' homes and remain dedicated to supporting children and staff in this environment.

What will the project involve? An interview with myself at a venue of your choice, lasting approximately 30 minutes. Discussions will centre around the role of the psychologist in supporting this client group and to explore current practice. This information will be used to develop of model of practice in my service and this will be emailed to allow you the opportunity to comment. This model will then be presented to a residential setting that may commission work from our service in line with their needs. The implementation of this and the model will then be evaluated.

Why have you been chosen to take part? You have been chosen to take part as you are an Educational Psychologist who works/has an interest in supporting (LAC) in a residential setting

What happens if I take part? You will participate in discussions with myself to understand the role of the psychologist in supporting this client group and to explore current practice. This information will be used to develop of model of practice in my service. I will talk with other psychologists who work in this area and compare information gathered. I will then reflect these findings back to you for discussion and consideration. I ask that you return your consent form within 2 weeks should you wish to take part. Data generated from the research will be confidential unless information shared relates to another person or yourself being at risk. In this instance appropriate procedures will be followed.

Do you have to take part? You are in no way obliged to participate in the study and you can withdraw at any time without giving a reason. At this point, your data will be destroyed. Data will be stored securely according to data protection policies and participants will be anonymised in any reporting of results

What are the possible benefits of taking part? The project is designed to support staff and young people and to share good practice. It is hoped that in identifying how educational psychology can support service, others in similar roles, i.e. schools, may benefit from the knowledge gained

Appendix D: Staff Consent Form for Home Staff

The Role of Practitioner Educational Psychologists in Supporting a Residential Setting to Meet the Needs of Looked After Children

I am an Educational Psychologist in doctoral training based at ***** Educational Psychology Service (EPS). I am planning to complete my doctoral research looking at how Educational Psychologists can support staff in residential homes.

I am writing to request your consent to take part in the research and have enclosed an information sheet providing further details on the research and invite you to take part. I would like to talk with you about your service to explore what an Educational Psychologist could offer to your setting. I hope to present a model of EPS delivery for you to consider and to ask your opinion on this model. Educational Psychologists may then offer to support your setting based on your needs. I will then ask you to help us to evaluate the model. If you agree to consent to take part in the programme, please sign the consent slip below and return it to your manager. All data will be kept anonymous.

If you have any questions or would like to discuss the programme further, please contact me on 01617880230 or send me an email at louise.lightfoot@*****.gov.uk.

If you DO want to participate in the project please complete the form below and return to it to myself.

Yours faithfully

Louise Lightfoot (Trainee Educational Psychologist)

Please return to louise.lightfoot@*****.gov.uk.

Name

Contact Telephone Number:

Signature: Date:

Please tick as appropriate

I confirm that I have read the attached information sheet on the above study

I understand that my participation in the study is voluntary and that I am free to withdraw at any time without giving a reason.

I understand that the interviews will be audio/video-recorded.

I agree to the use of anonymous quotes

I agree that any data collected may be passed to other researchers

Appendix E: Information Sheet for Home Staff

Invitation You are invited to take part in research exploring the role of Educational Psychology in working with staff who support Looked After Children. This information sheet will outline the research and the reason for the project being carried out. Please consider the information carefully before deciding whether to take part in the project.

Why is this research being carried out? I am a trainee Educational Psychologist completing my training with ***** Educational Psychology Service (EPS). Prior to taking a place on the training course, I worked in residential children's homes and remain dedicated to supporting children and staff in this environment.

What will the project involve? Exploring the role of an Educational Psychologist and considering how we may be useful to your service. A model of service delivery will be presented to your service for your consideration. We will then ask you to help us to evaluate this process.

Why have you been chosen to take part? You have been chosen to take part as you work in a role that supports Looked After Children in a residential setting.

What happens if I take part? I will meet you, along with other staff, and explain the role of Educational Psychologists and present a model of service delivery to you; this will take approximately an hour. It is hoped this model will meet your needs and act as a framework for Educational Psychologists working in residential homes. Psychologists from my team may do some work within the home depending on what is identified as helpful by you and your team. We will then meet again to evaluate the model and ask you how it could be improved. This may involve you being interviewed or joining a group to discuss this for approximately 45 minutes. All work will be carried at the residential home. I ask that you return your consent form within 2 weeks should you wish to take part. Data generated from the research will be confidential unless information shared relates to another person or yourself being at risk, in this instance appropriate procedures will be followed.

Do you have to take part? You are in no way obliged to participate in the study and you can withdraw at any time without giving a reason. At this point your data will be destroyed. Data will be stored securely according to data protection policies and participants will be anonymised in any reporting of results.

What are the possible benefits of taking part? The project is designed to support staff and young people in your service. It is hoped that in identifying how educational psychology can support your service, others in similar roles i.e. schools, may benefit from the knowledge gained.

What happens after the research project? The duration of the project is from September 2012 to May 2013, although your participation will span approximately 6 months. When the project finished I will write to you and feed back the results. I will be available to meet with you to discuss this further if you wish.

Contact detail: Louise Lightfoot. Contact telephone ***** EPS: *****
Email: louise.lightfoot@*****.gov.uk

Appendix F: Staff Consent Form for CLAEPs

The Role of Practitioner Educational Psychologists in Supporting a Residential Setting
to Meet the Needs of Looked After Children

I am an educational psychologist (EP) in doctoral training based in your service. I am planning to complete my doctoral research looking at how EPs can support staff in residential homes.

I am writing to request your consent to take part in the research and have enclosed an information sheet providing further details on the research and invite you to take part. I am organising interviews with EPs in other services who are currently working in residential homes supporting LAC. I hope to understand models of practice elsewhere that will inform a model of practice for *****. I hope to consult with you on this matter and obtain your feedback. I will then present this model to a residential home in the authority who may commission work based on the model. I am recruiting Educational Psychologists to support me in delivering this work. This model will then be evaluated and your views will be sought. If you agree to consent to take part in the programme, please sign the consent slip below and return it to your manager.

All data will be kept anonymous. If you have any questions or would like to discuss the programme further, please contact me on ***** or send me an email at louise.lightfoot@*****.gov.uk.

Yours sincerely,

Louise Lightfoot (Trainee Educational Psychologist)

Please return to louise.lightfoot@*****.gov.uk.

Name

Contact Telephone Number:

Signature: Date:

Please tick as appropriate

I confirm that I have read the attached information sheet on the above study

I understand that my participation in the study is voluntary and that I am free to withdraw at any time without giving a reason.

I understand that the interviews will be audio/video-recorded.

I agree to the use of anonymous quotes

I agree that any data collected may be passed to other researchers

Appendix G: Staff Information Sheet for CLAEPs

Invitation You are invited to take part in research exploring the role of Educational Psychology in working with staff who support Looked After Children. This information sheet will outline the research and the reason for the project being carried out. Please consider the information carefully before deciding whether to take part in the project.

Why is this research being carried out? I am a trainee Educational Psychologist completing my training with ***** Educational Psychology Service (EPS). Prior to taking a place on the training course, I worked in residential children's homes and remain dedicated to supporting children and staff in this environment.

What will the project involve? Exploring the role of an Educational Psychologist and considering how we may be useful to your service. A model of service delivery will be presented to your service for your consideration. Once we have identified possible areas of involvement (e.g. training) this work will be carried out by members of the EPS team. We will then ask you to help us to evaluate this process.

Why have you been chosen to take part? You have been chosen to take part as you work as an EP in the commissioning LA.

What happens if I take part? You will be asked along with other staff to form a group to support this project. You will be asked to attend a meeting in which a model of service delivery will be developed. This model will then be delivered to a residential home and you will be asked to help in this process. You may be asked to deliver a piece of work such as training for example. The work you deliver will be based on your preferences, availability and skill set. Following the delivery of work, the model will be evaluated. You will be asked to join a focus group in which you would be asked to contribute to the evaluation. Data generated from the research will be confidential unless information shared relates to another person or yourself being at risk, in this instance appropriate procedures will be followed.

Do you have to take part? You are in no way obliged to participate in the study and you can withdraw at any time without giving a reason. At this point your data will be destroyed. Data will be stored securely according to data protection policies and participants will be anonymised in any reporting of results.

What are the possible benefits of taking part? The project is designed to support staff and young people in the service. It is hoped that in identifying how educational psychology can support your service, others in similar roles i.e. schools, may benefit from the knowledge gained.

What happens after the research project? The duration of the project is from September 2012 to May 2013, although your participation will span approximately 6 months. When the project finished I will write to you and feed back the results. I will be available to meet with you to discuss this further if you wish.

Contact detail: Louise Lightfoot. Contact telephone ***** EPS: *****
Email: louise.lightfoot@*****.gov.uk

Appendix H: Interview Schedule for PCEPs

1. In what capacity do you work with LAC? (do you work in residential homes?)
2. How was your involvement commissioned?
3. How much time do you have for this work?
4. What types of work does this role involve?
5. Could you give me an example of a piece of work that you feel went well? (How was it negotiated? What happened? Who participated/was involved?)
6. Do you have a model for this type of work (what does this look like? how was this developed? evaluated?)
7. What professionals do you liaise with in this role?
8. What could work better?
9. Is your input valued (how do you know?)
10. How do you measure impact?
11. How would you improve practice?

Appendix I: CLAEP Focus Group Questions – Developing the Model

1. What do we want from a model?
2. What aspects of other models do we like?
3. What might that look like in this LA?
4. What factors would facilitate this?
5. What factors would be a barrier to the model?
- 6, how has this process been for you?
7. How could we move forward?

Appendix J: Pre-Measure Questionnaire for Home Staff

The Role of Practitioner Educational Psychologists in Supporting a Residential Setting to Meet the Needs of Looked After Children

never occasionally sometimes often frequently
I have worked with an EP 1 2 3 4 5
Please comment

.....

false somewhat true don't know mostly true very true
I know what the
role of the EP is 1 2 3 4 5
Please comment

.....

false somewhat true don't know mostly true very true
The children I work
with would 1 2 3 4 5
benefit from psychological
services
(I.e EP, CAMHS)
Please comment

.....

false somewhat true don't know mostly true very true

The team could benefit from
understanding more about1 2 3 4 5
psychological approaches
(i.e attachment theory, CBT)
Please comment

.....

false somewhat true don't know mostly true very true

I know if psychological services 1 2 3 4 5
are involved with the children
I support.

Please comment.....

I would like input from EPs on:

.....

.....

.....

Appendix K: Post-Measure Questionnaire for Home Staff

The Role of Practitioner Educational Psychologists in Supporting a Residential Setting to Meet the Needs of Looked After Children

	false	somewhat true	don't know	mostly true	very true
I know what the role of the EP is	1	2	3	4	5

Please comment

.....

	false	somewhat true	don't know	mostly true	very true
The children I work with would benefit from psychological service	1	2	3	4	5

Please comment

.....

	false	somewhat true	don't know	mostly true	very true
The team would benefit from understanding more about more about psychological approaches	1	2	3	4	5

Please comment

.....

	false	somewhat true	don't know	mostly true	very true
The EPS was accessible	1	2	3	4	5

comment.....

How useful were the following pieces of work. 1 being not at all useful 10 being extremely useful. If you have not been a part of the services below please circle N/A

Drops ins	1	2	3	4	5	6	7	8	9	10	N/A											
Attachment Training								1	2	3	4	5	6	7	8	9	10	N/A				
Consistency workshops										1	2	3	4	5	6	7	8	9	10	N/A		
Motivation training/consultation												1	2	3	4	5	6	7	8	9	10	N/A

Thinking about the service model as a whole, including the above pieces of work and more broadly, how useful was the model?

Service model delivery as a whole 1 2 3 4 5 6 7 8 9 10

Please

comment.....

Appendix L: Evaluation Covering Letter

The Role of Practitioner Educational Psychologists in Supporting a Residential Setting to Meet the Needs of Looked After Children.

Thank you for being a part of the research project at *****. The project looked at how useful the Educational Psychological Service (EPS) might be to a residential home. The EPS team devised a model of service delivery in order to meet the needs of the home and it is this model which is being evaluated. Although individual pieces of work have been delivered as part of the project (i.e. training) and will be evaluated, the model as a whole is the true focus of the evaluation.

We are keen to improve our service to make it as useful as possible so please be honest in your evaluation.

Thank you in advance for taking the time to complete this.

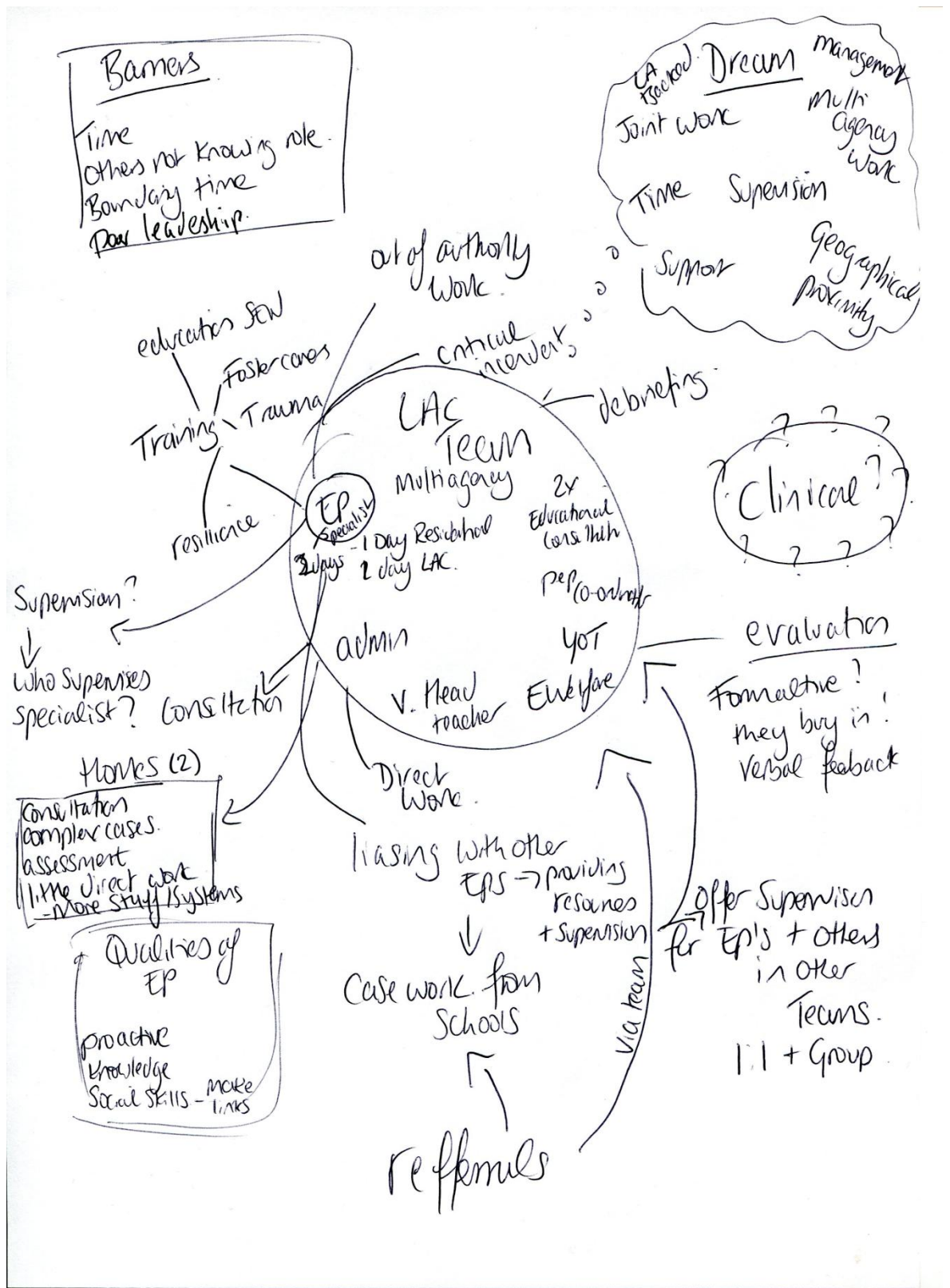
Louise

Appendix M: Extract From Research Diary

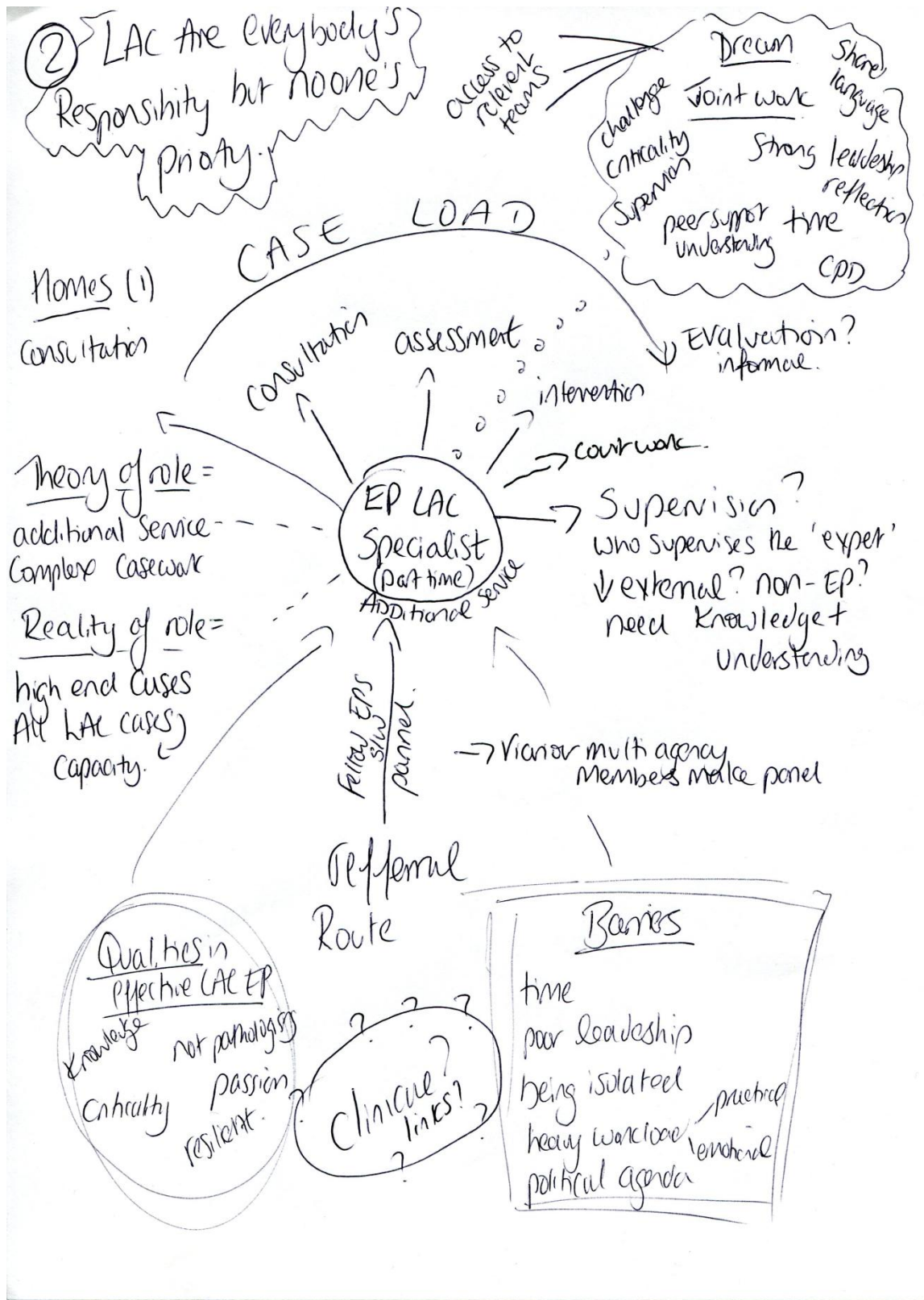
13/03/2013

The researcher was in the home for a drop in session and noted that a clinical psychologist arrived and began a 1:1 session with a young person in the home. Several minutes into the session the young person left the room in tears and went outside of the house. One staff member went to offer support to the young person, who, several minutes later returned to the room. During this time the homes manager and the clinical psychologist had talked. The staff member returned and a discussion took place between myself and the two staff members. They commented on how typical this situation was in terms of the interaction with the service. They shared that the service offered individual work with young people but the staff team was largely excluded from such input. They reflected that although they understood the need for such work and these issues around confidentiality, they also felt disempowered and de-skilled in terms of how to help the young people after such sessions. They commented that young people would go into a room for 'secret meetings' and they would not be privy to the content, purpose or outcome of such meetings, although the manager was involved in such discussion with the clinical psychology service.

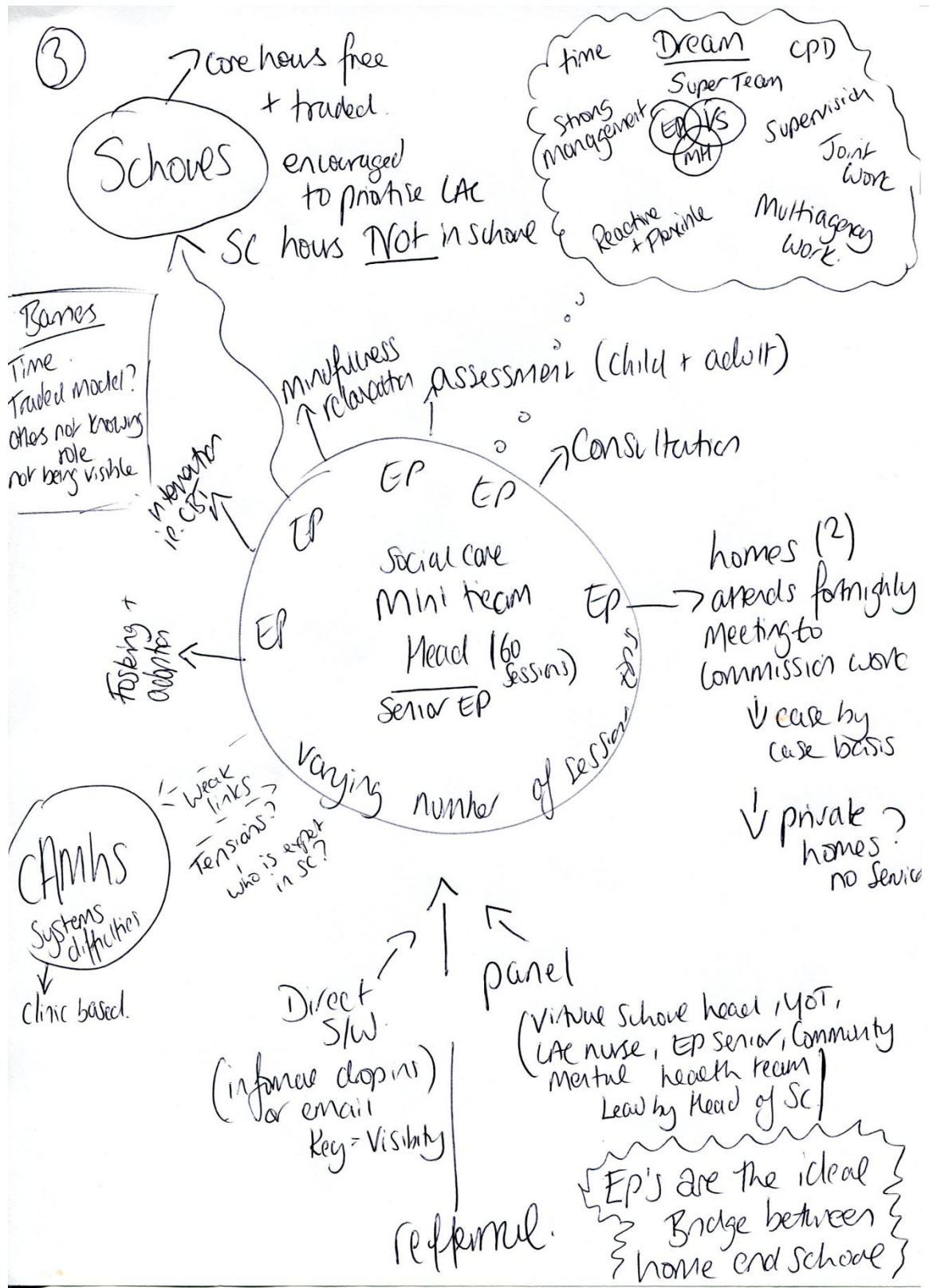
Appendix N: Organogram from LA1



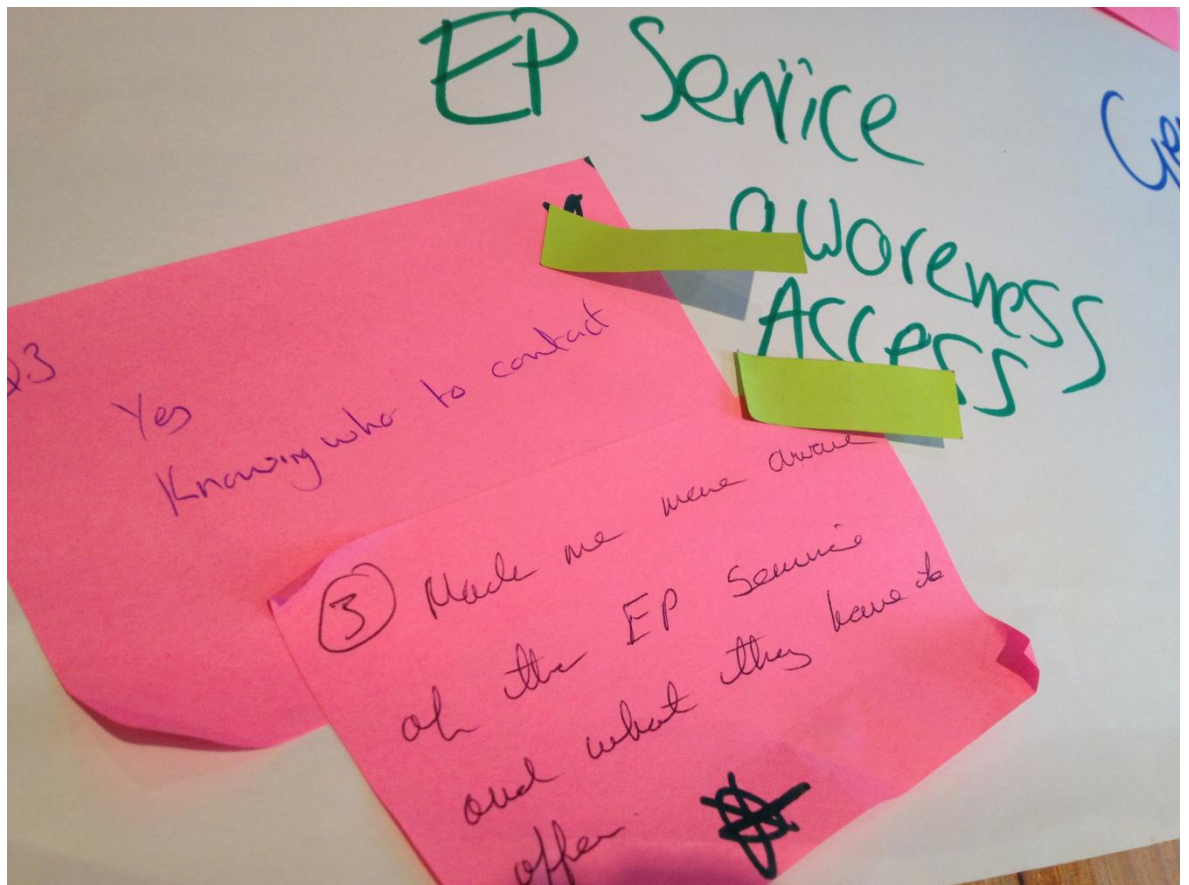
Appendix O: Organogram from LA2



Appendix P: Organogram from LA3



Appendix Q: Colour Coded Post-It Notes From the Home Staff Focus Group



Appendix S: Ethical Approval

From: Craig Blyth
Sent: 14 May 2012 12:36
To: Caroline Bond
Subject: RE: research

Hi Caroline,

I have signed off Louise's ethics application. I have made a slight amendment to the information sheet (I have just added the standard line about what happens if something goes wrong). I will send everything to Gail now but as far as I am concerned Louise is now good to go.

Craig

Dr Craig Blyth
School of Education
Ellen Wilkinson Building
University of Manchester
Oxford Road
Manchester
M13 9PL
Tel: 0161 275 3385
Fax: 0161 275 3548
Details of [MA Critical Learning Disability Studies](#)
Details of [BA Learning Disability Studies](#)

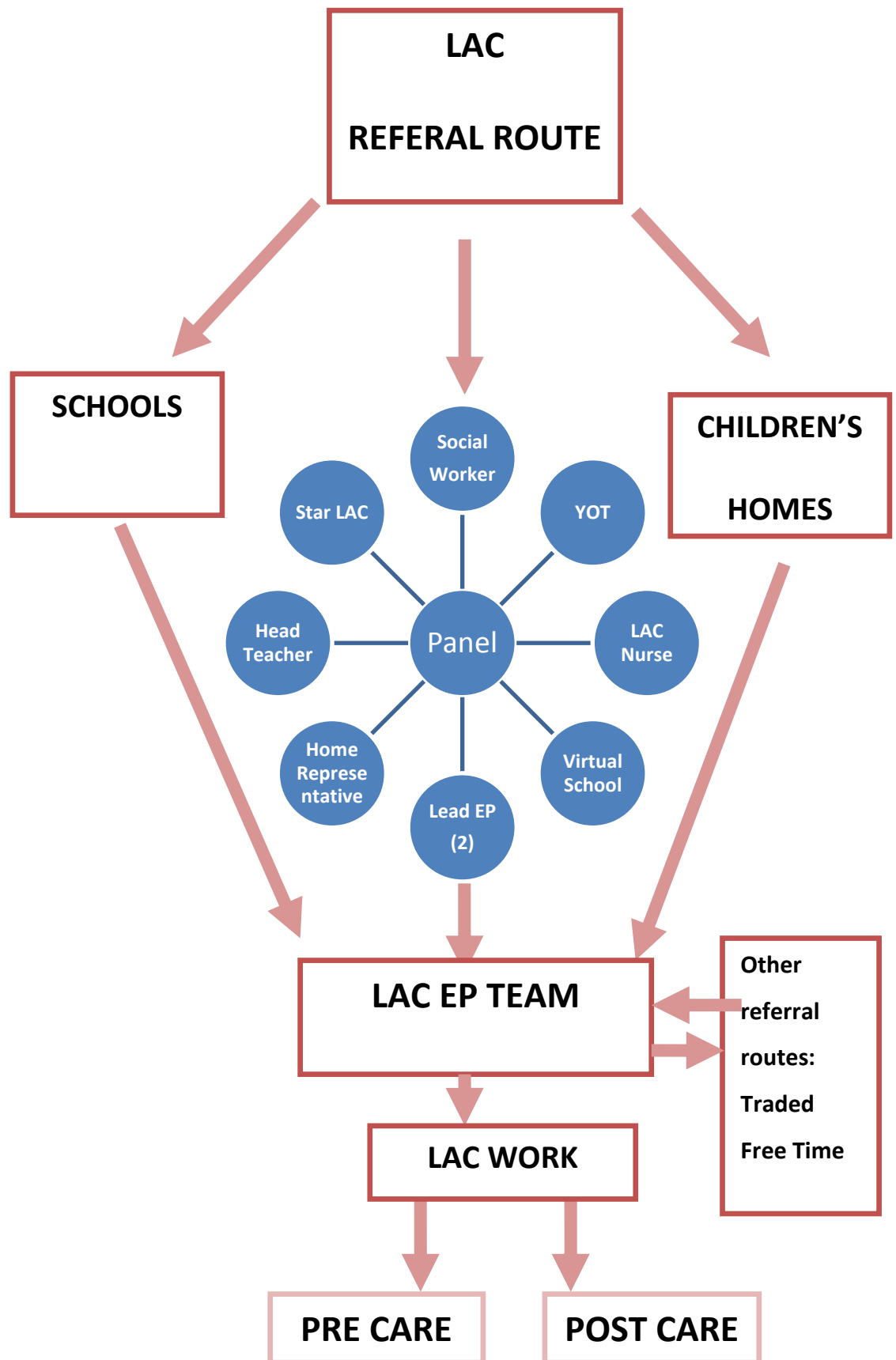
Appendix T: Data Showing CLAEPS involvement with LACRH

P Number	Firstnam e	Age	SEN	EP INVOLV EMENT	Years since last EP	School	Type of School P, H, Psp, Hsp	Exc- clusions s 1/2 (session s 1/2 day)	Total Auth Sessions	Total Un Auth Sessions	Absence Sessions Total	Days Absent	Educate d Off Site (session s)	Recept ion	Yr 1	Yr 2 (KS1)	Yr 3	Yr 4	Yr 5 (KS2)	Yr 6 (KS2)	Yr 7	Yr 8	Yr 9 (KS3)	Yr 10	Yr 11 (KS4)	
[REDACTED]	[REDACTED]	13.96	NO	NO		[REDACTED]	H		12	19	31	15.5	23, 36 total 112		3, 2a, 3						5a, 6c, 6e		4, 4, 5b(d,e)			
[REDACTED]	[REDACTED]	16.15	NO	NO		[REDACTED]	H		0	0	0	Attendinc e as at end Dec 94.9%	182		2a, 2b, 2b, 3						(3a), 4c, 4b	(4b), 4a, n/a	(4c), 4a, 4b	Eng-4a, Math-5c, 5c-4b		
[REDACTED]	[REDACTED]	15.25	SCHOOL ACTION +	NO		[REDACTED]	H	20	32	4	36	18.0	8										art, c, c/e/e			
[REDACTED]	[REDACTED]	15.09	SCHOOL ACTION +	NO		[REDACTED]	H		43	39	82	41.0	8										5a, 5b, 6b Freed GSCE c,			
[REDACTED]	[REDACTED]	14.93	NO	NO		[REDACTED]	H		1	0	1	0.5	76													
[REDACTED]	[REDACTED]	16.09	STATEMEN T		4.7	[REDACTED]	Oip	20	20	1	21	10.5	57									(p8), 7, 10, 2a, 2a	Eng 1a, M- 3b Eng			
[REDACTED]	[REDACTED]	15.23	STATEMEN T		0.9	[REDACTED]	HSp		13	22	35	17.5	14	22, 29, 104 tot							(4c), 3a, 4b	3c, 3c, 2b	2a, 2a, 4c, 4c, 3a			
[REDACTED]	[REDACTED]	13.56	STATEMEN T		5.6	[REDACTED]	HSp		2	12	14	7.0	167	20, 24, 81 tot							(8), 3, 7	3c, 3c, 2c, 2b	(3a), 4c, 3b			
[REDACTED]	[REDACTED]	15.00	STATEMEN T		1.8	[REDACTED]	HSp		0	46	46	23.0	136										Only Inv. With E			
[REDACTED]	[REDACTED]	13.97	STATEMEN T		3.8	[REDACTED]	HSp	6	21	75	96	48.0	6	22, 16 total 67		1, 1, 1							2a, 2a, 2b/a, 2a	(19), 3a, 3b		
[REDACTED]	[REDACTED]	15.84	STATEMEN T		1.2	[REDACTED]	HSp		4	36	40	20.0	73													

Number of children had involvement with 15
Average time since last involved 4

✗

Appendix U: Model 2 Pictorial Representation and Rationale



Appendix U: Model 2 Rationale

Panel

CLAEP felt that despite the existence of services to support LAC, such services often worked independently of each other. It was felt that professionals coming together formally to meet the needs of LAC would be central to an effective system. The CLAEPs felt that a LAC group consisting of key professionals forming a panel could assign and direct EP and other services to LAC. This would be attended by one or both lead CLAEPs. It was evident from the perspective of the three CPEPs that shared responsibility of LAC was a factor linked to effective work. This was also balanced against the likelihood that sharing the work would in some ways dilute the responsibility of the role and that it would be difficult to maintain an ‘overview’ of the work. CPEPs in this area noted that ‘LAC are everyone’s responsibility but no one’s priority’. In light of this, it was felt that it would be preferable for two CLAEPs to have overall responsibility for LAC. This would ensure that LAC would be a priority for two CLAEPs, and furthermore that the shared nature of the role would mitigate against the ‘loneliness’ described by CPEPs in the interviewed group when this post was held by one CPEP.

Homes

It was felt that as the most vulnerable and complex LAC are likely to reside in homes, EP services should be directed there. CLAEPs felt that relying on schools to refer LAC (particularly in residential) to the EPS was not a robust system. This became clear through discussion with CLAEPs in the service who revealed that they had rarely worked with LAC in residential care. This was in addition to the data obtained around the rich picture, which suggested that staff in the homes reported very minimal contact with CLAEPs. It was felt that although LAC in residential care are likely to benefit from EP services, they are unlikely to receive it. Therefore, CLAEPs felt that the consultation and interaction with the home in the pilot project should be offered to all homes. There are seven residential homes in the LA, housing approximately 32 LAC. It was felt that treating the homes like a ‘patch’ of schools would provide a manageable and effective means to meet this need. It was considered a manageable task for a CLAEP or two CLAEPs to gain a general understanding and awareness of 32 LAC via the homes, as opposed to tracking these LAC

through schools. Targeting this group via homes may mitigate against children ‘slipping through the net’, as the most vulnerable would automatically and systematically be targeted. It was also felt that understanding the child holistically and working with those around the child was central to effective practice, and that this could be achieved via work with the homes. It was also acknowledged that children who are not in school would still have access to EP services via this model. Therefore, this model proposed that EP services should be obtained via consultation and regular interaction with residential homes.

Schools

CLAEP felt that the current system, in which referrals to the EPS are made via schools, is flawed. Despite this, they felt that this route should not be abolished completely. The team recognised that schools are a useful and far-reaching resource for identifying need. It was also felt that many schools do prioritise LAC and work effectively with EPs to support their needs. The working group also commented that often a strength of an EP is their understanding of context. Therefore, it was felt that often the school EP would be best served to support LAC in that they may have an understanding of the school context. In addition, it was noted that LAC should remain ‘everyone’s responsibility’. It was also noted that a barrier to effective working, identified by the CPEPs, was the division between LAC EPs and the rest of the team. Therefore, it was felt that a buddy system between EPs in the LAC EP team and the remaining EP team would serve to ensure that all EPs would have ‘responsibility’ for supporting LAC. This would promote joint working between the school EP and the LAC EP.

In addition to this, updates regarding LAC would be shared at each team meeting in an attempt to mitigate against the division between EPs who work with LAC and those that do not. It was also agreed that all EPs should encourage schools to prioritise LAC children in planning meetings. It was noted that monies are attached to LAC from the LA, which is devolved to schools. Schools should be encouraged to use this money appropriately to meet LAC needs, which may include accessing psychological services. This may take the form of using their ‘free’ EP hours to meet the needs of LAC or through commissioning additional EP time via the traded model. In this model, schools would continue to be a source of referral for LAC to EP services but it would no longer be the only route.

LAC as a Targeted Group

The primary aim of this model would be to meet the needs of LAC. It was also acknowledged that the label 'LAC' is, in some ways, a gateway to resources and specific funding. It was noted by the LAC working group that such funding and resources are often not available for children who are identified as vulnerable to being taken into care. Such children can be conceptualised as 'pre-care' and may be under child protection or cared for by a relative. In addition, children who have returned home after a period of being looked after or have been adopted can be conceptualised as 'post-care'. These children are often not entitled to LAC services despite on-going need. Therefore it was felt that, although the initial remit of the EPS model around supporting LAC would focus on those with the specific 'LAC' label attached, when the model was established services would hopefully broaden to include those on the periphery of the care system.

Appendix V: Interview Structure for CLAEPs Focus Group

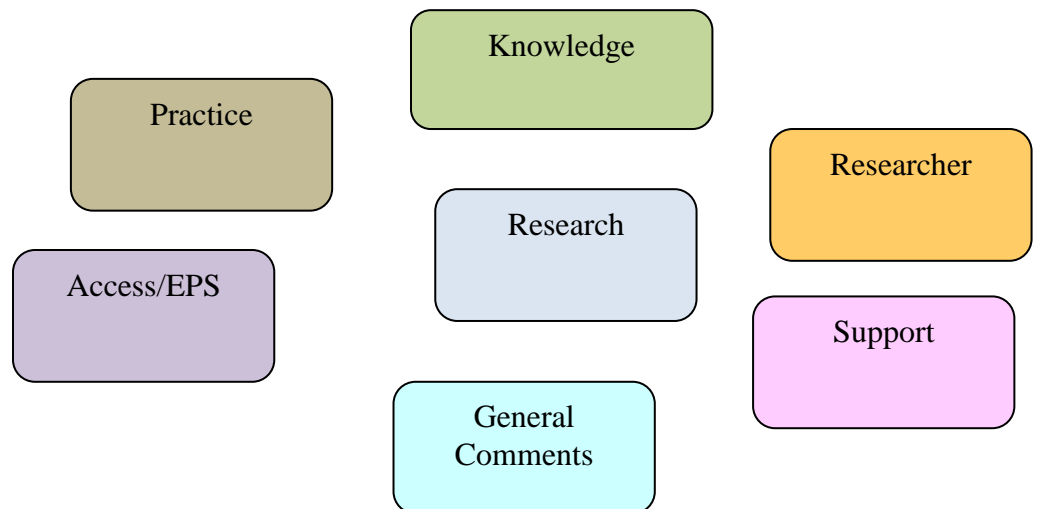
FOCUS GROUP DISCUSSION: ACCESS TO THE EDUCATIONAL PSYCHOLOGY SERVICE

1. What has been your experience of working with the EPS over the past three months?
2. In particular what did you find to be most useful?
3. Has the experience impacted on your practice? if so how?
4. Could we improve the model? How?
5. Having direct access a link Educational Psychologist, how did you find the experience?

Appendix W: Themes Created Using Home Focus Group Post It Note Data



Summary of Home Staff Focus Group Themes



Appendix X: Subthemes Identified within Clusters from the Home Staff Focus Group

Practice

Yes, I think communication has improved within the team. It has made me think how my practice impacts on the young people.
New opinions
Giving issues more thought
Valuable discussions gave an opportunity for staff to analyse the practice.

Access/EP Services

Having more understanding of EP role
More understanding of their service
Made me more aware of the EP service and what they have to offer.

Yes. Knowing who to contact
Helpful in bridging the gap school/home

Quick access
Quick respons

General comments

Positive
Very helpful
Helpful
Valuable
Good
Positive
Useful

Researcher

Really good. Louise is easy to communicate with and has a lot to offer. She seems to understand and appreciate the issues regarding residential work. Useful to discuss issues and good having an EP that has an understanding of residential.
You have been able to relate to residential because of your experience.

Knowledge:

Educational/informative
Information
Useful
Very helpful information
It has been very useful.
Yes. Debriefs/consistency
Drop-in sessions
Given us some useful advice, particularly around consistency.
Consistency workshops
I found the consistency workshops very useful
Vital, it's essential that we talk about consistency and we are working from the same hymn sheet".
The attachment training I will find useful in my role to work with young people.
Attachment training
Training

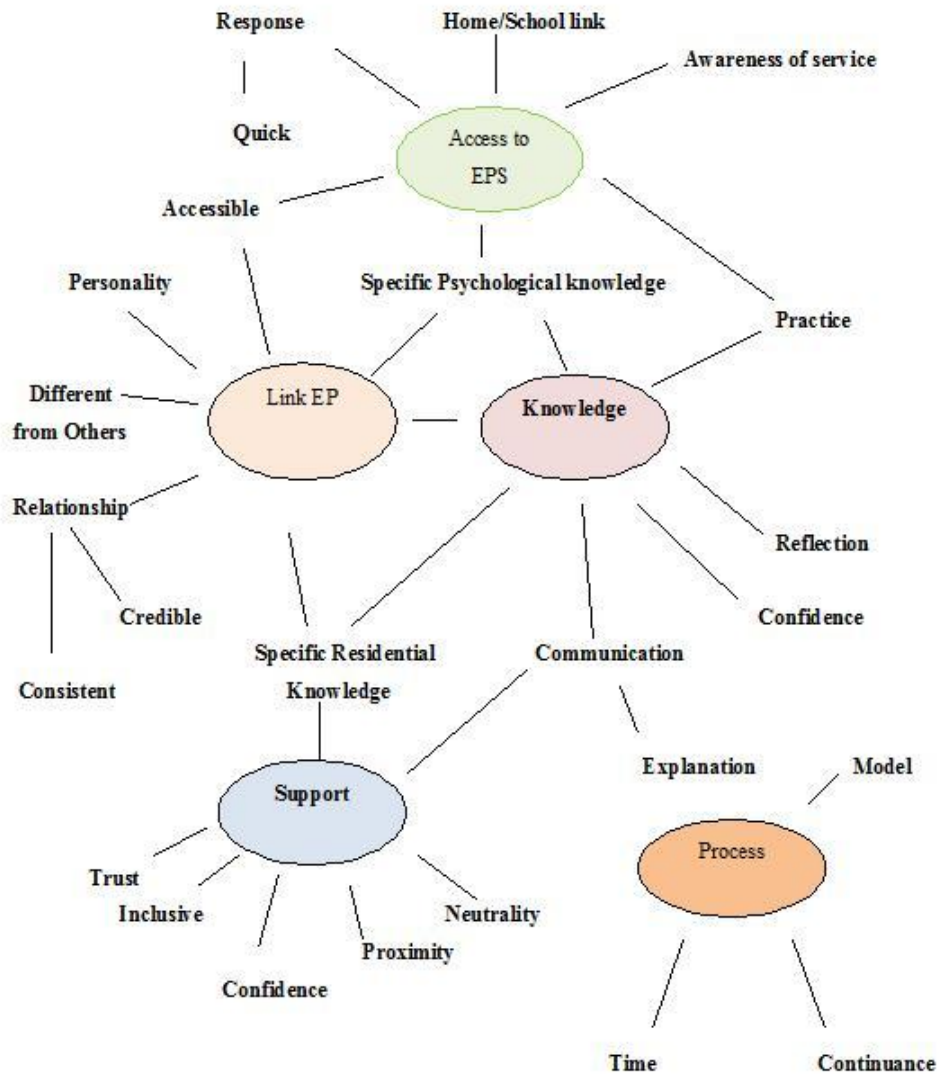
Research

Yes. Over a longer period of time.
Yes. 3 months isn't really long enough.
Being asked what areas we need to develop
Enjoyed the sessions
It has been good to have a link person as they have become familiar with our practice and this helps with consistency

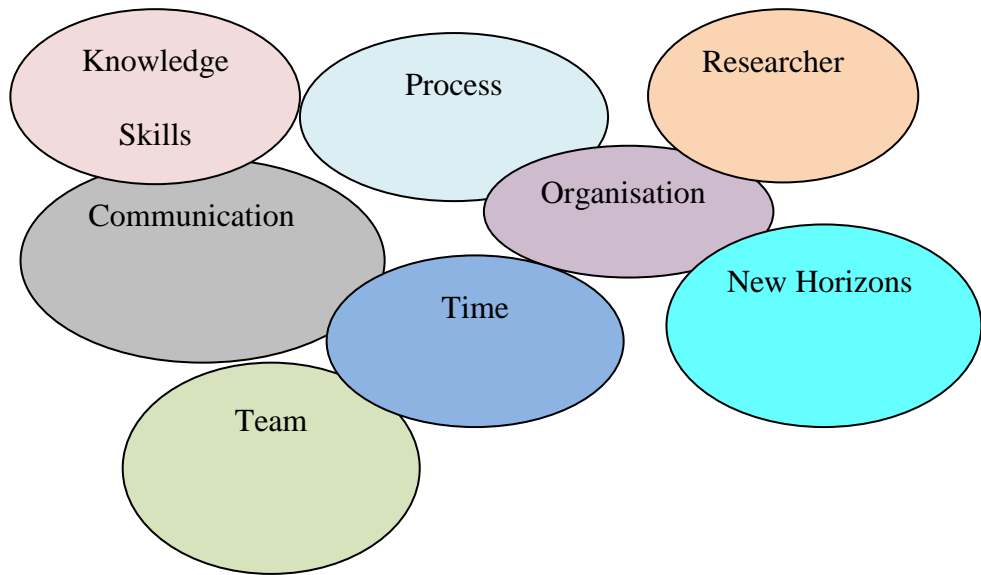
Support

Explaining how to deal with certain behaviours etc.
Explaining
Reassuring
Supportive

Appendix Y: Thematic Map from Homes Staff Focus Group Data



Appendix Z: Coarse Themes Generated from CLAEPs' Focus Group



Appendix 1: In Depth Content Analysis on CLAEPs' Focus Group Data

How Has The Process Been For You?

Process New horizons **Researcher** Addressing need developing skills/knowledge

The process has been well structured and clear.

Interesting to be part of a new process and being able to think about the systems involved with supporting LAC.

Highlighting opportunities for community psych.

Was a positive and refreshing experience **working with Lou!**

Exciting, Enjoyable. Good to have time to implement change on a different level e.g. not school!

Good to make links with different professionals/settings.

Expands EP skill set.

Support staff who work with the most vulnerable pupils.

Enjoyable.

Opportunity to develop skills/knowledge of LAC.

Opportunities to liaise/work with residential workers.

I've really enjoyed being part of something that was a whole team effort. It was very exciting to be reaching out to a client group we don't normally connect with.

Facilitators of Success:

Time own interest **Organisation** the recipients **Team work**

Time to get involved in the project.

Louise! Her organisation and her motivation for the course :)

Time also.

Own interest in LAC.

Having room organised.

Enthusiastic staff.

Link EP to take lead and coordinate.

Team response – sharing of knowledge/responsibility/jobs

Louise! Lead.

Key lead figure – enthusiastic/skills/knowledge/drive

Louise's personality, she was so energised and enthusiastic about the project. This helped to create a great group feel. She made it feel very collaborative.

Having lots of EPs being involved gave a richness to the intervention.

Success was facilitated by a good team ethos.

Team approach.

Enthusiastic leader.

Having a model to work with.

Coordinated approach.

A model that included both proactive and reactive work.

Barriers to Success:

Time miscommunication **organisation**

Time (not enough!)

Fully understanding the commission (although it was ok in the end!).

lack of time.

Time restraints – would have like to have had time to do more i.e. sessions.

Worrying about time to “roll it all out”!

Only wish more time as always! My own case work impacts on my time, not just project time.

Time

Opportunities to meet up together as a group.

Time –opportunity to meet more and work as a cohesive team.

Time – requests made by staff in the home not appropriate for the EP role (on one occasion).

Could We Improve The Model? If So How?

Content Time broader lead

Maybe how we do drop-ins but don't know if this is possible given the nature of work. Probably is as good as it can be :)

More time over longer period.

More Time

Doing more than one home.

Cover more homes?

No.

Have a designated LAC EP and/or LAC team within EPS.

Have a LAC EP or two to spear head this work.

Next Steps. What Would We Like In Terms Of Moving Forward?

Content Time broader lead

Rolling it out to other homes!

Do the same in all homes – roll out to all.

Have a LAC EP.

Provide ongoing support to homes and in long run – foster carers too.

Roll out to all homes!

Involve in ongoing reflection and change e.g. systemic work.

Challenge appropriately e.g. they said what they wanted – we gave it to them. What would happen if we disagreed or identified a need?

Designated LAC EP.

Further pilots.

Roll out the model.

Having EP/EPs with LAC/resi re-mit.

Ongoing training/input to ALL residential homes.

Training for authority @ LAC/Residential

As well as LAC EPs we need to have time to dedicate to this kind of work from other EPs – the richness of the team approach helped to make it a success.

Roll out across LA.

Form core team.

Appendix 2: How the Distinct Contribution of the EP Maps onto the Research

Adopting a psychological perspective of the nature of human problems

Home staff suggested that attachment training was particularly useful and that it plugged a gap in their knowledge. Farrell et al. (2006) suggested that training is a role for the EP. Staff found it helpful to consider attachment theory in relation to the children they support and suggested that such knowledge enabled them to reflect on and modify their practice. They suggested that the EPS were able to share psychological knowledge with the team but that this was made relevant to them. The training included an exploration of different attachment styles (Ainsworth, 1993) and how attachment may impact on the children they support. The training was bespoke and designed to meet the specific needs of the home and included material thought to be relevant to their setting, such as information around Reactive Attachment Disorder (APA,1994).

It is difficult however to extrapolate the knowledge disseminated to staff from the way that it was disseminated. Research findings suggested that training was ‘enjoyable’ and ‘accessible’. The researcher and co-delivering EP designed the training with such outcomes in mind. EPs are arguably well placed to design effective training given their understanding of learning theories, styles and motivation (Kolb, 1984; Joyce & Showers, 1980). It is perhaps more difficult to pinpoint personal qualities that facilitate ‘strong delivery’ as constructs such as ‘charisma’, ‘sense of humour’ and ‘warmth’. As real as this correlation may be, it is less clear as to how such qualities can be identified, harnessed and developed. The value of interpersonal skills in the sharing of psychological knowledge is noted.

Drawing on the knowledge base of psychology to uncover mediating variables, which may provide an explanation of why certain events may be related.

Such a skill can best be illustrated through the consideration of consultation. Wagner (2008) suggests that EPs are skilled at problem solving and in using various techniques such as paraphrasing, active listening and asking solution focussed questions to support

clients experiencing difficulties. Such skills equip the EP with the tools to ‘tease out some of the mediating variables which connect these two problem areas’ (Cameron, 2006). It can be argued that it is only through identifying problem dimensions and insight into the ‘why’ of a problem that a solution can be explored. Anderson et al (1995) suggested that a psychological perspective enables the teacher to ‘get hold of’ a complex situation. The authors suggest that this can only occur when ‘those ideas are tied together as coherent frames’ and that a psychologist is well served to do this (p.145). Such skills are perhaps what sets the psychologist apart from other professionals or potential sources of support, and the recipients of such skills should not necessarily be restricted to teachers. What is perhaps different about the interaction with an EP and that of a non-EP is that the researcher is able to draw on psychological knowledge which transforms a ‘conversation’ into a ‘conversation that makes a difference’ (Anderson & Gerhart, 2007). Although both conversations could feel supportive, the conversation with the EP is more likely to shift the client’s perception and impact on practice. Psychological knowledge is needed to transform a conversation into a consultation and to make the conversation feel useful. The combination of such factors best enables effective practice.

Unravelling problem dimensions using sophisticated models which can be used to navigate through a sea of complex human data and to provide a simple but useful map of the interaction between people factors and aspects of their living/learning environments

The consistency workshops delivered by the researcher and co-delivering CLAEP can be used to illustrate this contribution. The workshops centred around considering how individual differences, views and practice impacted on the practice of the team as a whole. The workshops were facilitated by the EPS to support consistency of practice via consideration of current practice and the barriers/facilitators of consistency. The difficulties of ‘team’ or ‘corporate parenting’ have been noted and can be considered as a complex issue (Bradbury, 2006). The workshops, which involved 12 staff members, generated a wealth of discussion that was facilitated by the researcher and co-delivering CLAEP. Discussion was focused around key issues and the staff team were supported to identify issues around consistency and generate models to improve this. Staff were then supported to generate flowcharts to clarify thinking around their practice and to aid

consistency in practice. Such plans were then implemented and systems were put in place to review effectiveness and track change. Such work is arguably in line with Cameron's description (2006) of this contribution, as the EPs in this instance approached this task and brought 'a systematic and logical analysis to bear on the problem without over-simplifying the real-life complexity of the problem situation' (p.296). It can be said, however, that such skills do to some extent rely on personal qualities of the EP and require, as with consultation, for the client to have sufficient trust and confidence in the EP to allow them to be vulnerable enough to share and seek support.

Using information from the research and theoretical database in psychology to recommend evidence-based strategies for change.

The resource pack that was developed for the home staff to use with LAC who were out of education is perhaps the best of example of this contribution. The issue of how best to support LAC who were not in education/school refusing/transitioning was brought to the researcher's attention via drop-in sessions. It was suggested that the home staff did not feel suitably skilled in supporting young people in terms of homework or home education, and felt that resources and support around how to support learning was useful. The researcher and staff problem-solved around this issue, and the researcher, drawing on their knowledge of interventions, evidence based strategies and resources, liaised with a CLAEP to develop a resource pack. This pack drew on various sources including elements of evidence-based interventions such as precision teaching (Raybould, 1980). Although this contribution arguably relies less on relationship or on the personal qualities of the distributor, it will still be contended that the more valid or 'credible' the source is perceived to be, the more likely is it that the recipient will trust in the knowledge that is being shared. Knowledge alone is simply not enough, as suggested by Wagner (2008) who has sought to shift EP practice away from the 'expert' model and towards collaboration (Fallon, Woods & Rooney 2010). It can therefore be argued that constructs of 'knowledge' and 'evidence-based practice' that on first inspection seem to stand alone, and can be conceptualised as 'scientific' or 'objective', do not. As with training or the dissemination of complex ideas, the way in which these are shared and how accessible this knowledge is, is likely to impact on how effectively this knowledge is received.

Promoting innovative concepts or big ideas which are underpinned by psychological research evidence and theory and which can enable clients to spot potential opportunities for positive change

Hughesman (2004) suggested that ‘real applied psychology’ involves opening people’s minds to what they can do. Sharing psychology seeks to empower people. In terms of the research, this can be illustrated by the motivation workshop/consultation facilitated by CLAEPs. The home, in their needs analysis, requested support around the topic of motivation. The two CLAEPs organised to meet with home staff for a session around this. The CLAEPs shared with them resources around the topic and shared knowledge around ‘what psychology tells us about motivation’. As a group they then considered how this knowledge could be used in the home to influence and modify practice. This is perhaps another example of how knowledge itself and the manner in which it is disseminated are intertwined. The concept of empowerment is central to the EPS in which the research took place. This research sought to empower the staff around LAC. The researcher recognised the expertise and skills of the staff team as well as their proximity to and relationship with the young people in their care. The researcher considered working with the staff team as an opportunity to support LAC through the adults around them, and that the staff themselves could be vehicles of change. Cameron (2006) notes the importance of:

giving parents, teachers, care staff and other direct contact personnel, not only the skills but also conferring on them the status/beliefs to be able to intervene positively on behalf of their children (p. 298).

Appendix 3: Summary of Design

Stage	Data Collection and Analysis Method	Purpose	Outcome	RQ	Radio Stage
Pre-research	Informal Interviews	Rationale for research	Rich Picture	RQ1	1. Awareness of need 2. Invitation to act 3. Clarifying organisational and cultural issues
Phase 1	Interviews with CPEPs (content analysis) Researcher Diary	Exploration of current role for EPs in this area Information gathering	Organograms Qualitative data	RQ1	3. Clarifying organisational and cultural issues 4. Identifying stakeholders
Phase 2	Initial CLAEP focus group (content analysis) Initial home focus group Pre-measure questionnaire Researcher Diary	To design models of service delivery To devise model of service delivery To elicit views of home staff Information gathering	Model 1&2 Post-it note data Refined model (drop in sessions) Quantitative data Quantitative data	RQ 2	5. Agreeing the focus of concern 6. Negotiating the framework for data gathering
Phase 3	(thematic analysis) Evaluation Home Focus Group (thematic analysis) Post Measure Questionnaire (compared to pre-measure)	Evaluation Evaluation To allow changes	Post-it note data Quantitative data	RQ2	8. Processing information with stakeholders