

**An exploration of how Educational Psychologists can  
facilitate positive change in residential children's homes:  
Perceptions of Residential Care Workers**

**Newcastle University  
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**Declaration**

This thesis is being submitted for the award of Doctorate in Applied Educational Psychology. I declare that it is my own work and does not include any material that is the work of others without acknowledgment, that I have consulted all materials cited, and I have not submitted this assignment for any other academic award.

## Overarching Abstract

This thesis explores the perceptions of Residential Care Workers (RCWs) about how psychologically informed practice (PIP) supports change and promotes positive outcomes for children and young people (CYP). The four chapters are a systematic literature review, a methodological and ethical critique, an empirical research project and a reflective synthesis.

A seven step meta-ethnography is used to analyse six papers and consider how PIP influences RCWs' daily practice. Findings suggest that three areas are influential in empowering and challenging staff. These are, changing thoughts and feelings, enhancing interactions and a supportive ethos.

Chapter two provides a critical rationale for the chosen methodological approach. I consider the underpinning conceptual framework, including the philosophical assumptions made and the implications of my adopted researcher position. I explore ethical opportunities and challenges due to virtual adaptations.

The empirical research project generates a rich picture, highlighting the experiences of RCWs and what they value about working with Educational Psychologists (EPs). I use Appreciative Inquiry as a strengths-based tool, with a virtual focus group of six RCWs. This enables a qualitative exploration based on dialogue and collaboration. A Grounded Theory analysis suggests that there are three core elements which are valued when working with EPs. Firstly, the way of being and relating, and the subsequent positioning of the EP, which is foundational. Secondly, the processes and approaches which are adopted to support readiness for informing change. Thirdly, the identified perceived needs to be targeted including staff wellbeing, and relationships with CYP. This focuses on considering language use, perception of CYP, understanding of needs and inclusive practice.

The final chapter summarises the development of understanding and knowledge acquired throughout the research journey. I explore my reflections and the impact as both a researcher and practitioner. I consider potential implications for RCWs and next steps for my EP practice.

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# **Chapter 1: Systematic Literature Review**

## **Chapter 1: Systematic Literature Review**

### **How do Residential Childcare Workers perceive psychologically informed practice to influence their work?**

#### **1.0 Abstract**

Residential Childcare Workers (RCWs) in the United Kingdom provide care for vulnerable Children and Young People (CYP). Psychologically informed practice (PIP) delivered by applied psychologists can support RCWs. This can be through training, consultation, supervision and sharing psychological theory. I conducted a seven stage meta-ethnography to explore RCWs' perceptions of how PIP can influence their work with CYP. I have identified three areas as to how PIP can be used to support staff to achieve positive outcomes for CYP. These areas are changing individuals' thoughts and feelings, supporting interactions, and enabling a supportive organisational ethos. These are all recognised as important aspects which support and challenge RCWs' daily practice. This review has potential to inform the practice of Educational Psychologists providing a service to residential childcare settings.

I have prepared this for submission to the Journal titled Childcare in Practice. This chapter has been written in the first person to ensure consistency with the rest of the thesis and I recognise this would need to be changed to third person to meet the journal criteria for publication.

## **1.1 Introduction**

This literature review explores how psychologically informed practice (PIP) can support Residential Childcare Workers (RCWs). PIP delivered by applied psychologists, enables a shared understanding and application of theory to practice. This can be supported through training, consultation, and supervision. I provide context by exploring critically the current perceived negative discourse of residential childcare, highlighting the importance of this research. I then outline how I have conceptualised building capacity and PIP. This aims to provide clarity of the terms that I have adopted throughout this review.

### **1.1.1 Residential Childcare**

The current intentions and best outcomes of residential childcare are likely to be influenced by the socio-economic, political and geographical culture and context. Residential childcare, as a division of social care within the United Kingdom has a key aim to support the care and development of this identified group of CYP (Cameron et al., 2021). The Children's Social Care statement that informed the service plan of the Local Authority where this research was undertaken outlines that; "residential settings should provide services to protect children from significant harm and offending" (Anonymous, 2019, p. 2). However, a neoliberal society may influence the approach adopted and subsequent outcomes that can be achieved by residential childcare settings. As a result, there are tensions between the perceived purpose of residential childcare as a place for 'rights and protection' versus 'care and upbringing' (Smith, 2017).

There are growing pressures to assess and measure performance and standards within social work to evidence progress and positive outcomes of CYP. However, quality care can be a hard concept to define and is often intangible, with measurements not applicable or representative of day-to-day practice to build relationships and enhance CYPs' welfare. Watson (2003) highlights the importance of both a shared understand of quality and how this is implemented, being unique and informed by the context of each setting and meeting RCWs and settings where they are at, to ensure support and commitment from staff.

A holistic perspective within residential childcare requires professionals to use knowledge, skills and values to promote inclusiveness, informed by the time and

context as a hermeneutic process (Garfat et al., 2018). They suggest this is centred around the “purposeful use of daily life events” to support “growth, change and learning” which represents caring for CYP (Garfat et al., 2018, p. 16). In practice, RCWs should utilise a range of opportunities within shared activities with CYP to promote positive experiences and ensure progress towards achievement of personalised outcomes. The ‘Being, Interpreting, Doing’ framework is shared to support this continued informed process for RCWs to do relationships with CYP using the everyday (Garfat et al., 2018, p. 13). Therefore, residential childcare is likely to need to balance both political and social pressures to ensure CYP in care can have meaningful, inclusive experiences. RCWs should optimise daily authentic moments, within this complex environment to ensure responsive and proactive caring of CYP. This also requires continuous reflection and recognition of the wider contextual impact to inform RCWs’ approach within the present moment. This is likely to enable a collaborative approach and encourage self-awareness of RCWs, to consider the role of the self in their relational encounters, enabling them to also empower themselves, reframe thinking and recognise strengths. Furthermore, this promotes the recognition of the relationship as an intervention in itself and foundational to residential childcare practice.

Residential childcare has negative connotations due to concerns about the turbulence of environments in residential childcare establishments, and so is often perceived as a last resort when exploring childcare provision for CYP (Berridge et al., 2012; Thoburn, 2016). However, some argue this negative rhetoric about residential childcare should be challenged (Holmes et al., 2018).

International literature highlights that historically, there has been a negative view of institutional childcare, suggesting that this may have led to experiences of deprivation (Rutter et al., 2007; Rutter et al., 2010). Therefore, changes may be required to overhaul institutional practices, and to improve outcomes for CYP. In the United Kingdom (UK), government policy aims to improve residential childcare through tighter safeguarding, focusing on improved outcomes for CYP and supporting the development of RCWs knowledge/skills (Department for Education, 2016b).

Residential care-experienced Children and Young People (RE-CYP) may be perceived as a particularly vulnerable population who are more likely to display behaviours which are harmful to themselves or others (HM Government & NHS

England, 2018; Lightfoot, 2013; Steels & Simpson, 2017). RE-CYP may often experience multiple placement breakdowns. They may have complex needs and behaviours perceived as challenging, leading to them experiencing more negative long-term outcomes than the wider care-experienced population (Department for Education, 2016a; Narey, 2016).

Narey's (2016) review of residential childcare challenges negative views of residential childcare, arguing that for some CYP it can be a more suitable option than foster care. By focussing on building positive relationships, CYP can achieve positive outcomes including permanence (gaining stability after placement-breakdown). Research suggests residential childcare carries less risk of harm than previously thought (Berridge et al., 2012; Steels & Simpson, 2017; Thoburn, 2016). However, skilled staff are needed to support the development of relationships with CYP and deliver therapeutic interventions (Narey, 2016).

Ingram and Smith (2018) describe relational practice as informed by psychodynamic principles and suggest that relationships are important to successful outcomes. Furthermore, this recognises the complexity of relational practice, promoting reflexivity about contextual factors, alongside the sense of self which can impact mutuality beyond individual relationships (Ingram & Smith, 2018). Narey (2016) suggests relational focused practice should be supported by an informed, shared understanding of what is meant by therapeutic residential childcare. Bailey et al's (2019) systematic review suggests that when delivered across residential settings, trauma-informed therapeutic care models have significant positive outcomes for RE-CYP. However, further evaluation is needed to identify the efficacy of the individual components of these models.

Cameron and Das (2019) suggest there remains limited evidence on how successful support mechanisms lead to positive outcomes for RE-CYP. However, they argue that RCWs supporting RE-CYP who have experienced significant disadvantage, face many challenges. Therefore, to understand better the detailed implementation of effective support strategies, it is vital to understand the complex demands and challenges faced by RCWs.

### **1.1.2 Experiences of Residential Childcare Workers**

RCWs experience many demands and are required to be physically, psychologically and emotionally available to the CYP in their care (Bailey, Klas, et al., 2019). Furthermore, RCWs require coping mechanisms to enable the management of the challenges faced in their role (Bailey, Klas, et al., 2019). These demands are linked to compassion fatigue and high rates of stress-related sickness leading to high staff turnover (Bailey, Klas, et al., 2019; Fong, 2005; McLean, 2015; Zerach, 2013).

Audin et al. (2018) suggest compassion fatigue has two distinct factors: burnout, and secondary traumatic stress. These can impact on wellbeing, and lead to reduced ability to provide responsive care, which is sensitive and attuned to the individual CYP's emotional and physical needs (Squires, 2007). In a survey of 100 residential childcare employees, Audin et al. (2018), concluded that work engagement and compassion satisfaction (which they describe as feelings of 'pleasure and success from helping others' (p5)) are positively correlated and may mitigate compassion fatigue. RCWs experiencing compassion fatigue may feel exacerbated by limited opportunities to access help (Audin et al., 2018). They contend that to enable RCWs to care effectively for CYP, there is a need for support which ensures that RCWs feel valued, by promoting self-confidence and providing reassurance (Audin et al., 2018). This can ensure the appropriate use and provision of residential childcare to support CYP (Anglin, 2004). Support offered by applied psychologists for RCWs is likely to reflect on new knowledge/understanding about CYPs' development, emotional containment, and a collaborative, reflective, problem-solving ethos to develop skills (Audin et al., 2018; Nordoff & Madoc-Jones, 2014). RCWs may benefit from access to psychological support (including training and supervision) to deliver therapeutic and trauma-informed practice (Bailey, Klas, et al., 2019; Davidson et al., 2011). It is suggested RCWs need to be supported to develop their skills to enable them to provide love and nurture to children in their care (Department for Education, 2016c). Cameron and Das (2019), argue that RCWs can benefit from support to connect theory and practice to enable the successful implementation of strategies. This may be one way of applied psychologists working in partnership with RCWs to support capacity building.



I will now consider the idea of capacity building within organisations, before introducing the notion of PIP as a means of developing capacity within the context of residential childcare.

### **1.1.3 Capacity Building**

Capacity building focuses on enhancing practice which may feature multiple interacting elements including; organisational structure, staff, facilities, skills, and tools (Potter & Brough, 2004). It is argued that capacity building should be considered across multiple eco-systemic levels (Crisp et al., 2000; Potter & Brough, 2004). There are four main approaches to capacity building: top-down (where interventions are placed at an organisational level focusing on policies and practices), bottom up (the co-production of personalised interventions with individuals), developing an understanding of multi-disciplinary working through partnerships, and community engagement (Crisp et al., 2000).

Potter and Brough (2004) highlight the need for capacity building implies a deficit approach suggesting lack of skills and knowledge. However, Crisp et al. (2000) suggest it can be used to refer to approaches which strengthen individuals and organisations. Continuous learning through reflective practice can be promoted through effective capacity building (Crisp et al., 2000). This review focused on the role of applied psychology in supporting RCWs and the next section will outline what is meant by PIP.

Cameron and Das (2019) argue that multi-agency professionals (including social workers/mental health therapists) value RCWs who utilise a professional childcare model informed by psychological theory, such as Pillars of Parenting (POP) to build staff capacity and guide practice.

I consider the POP model to meet the criteria outlined by the five elements of psychologically informed environments (outlined in table 1). Cameron and Das (2019) suggest Pillars of Parenting as a psychological approach can support capacity building through, increased empathy, reflection, and knowledge. Next, this review explores how PIP can support RCWs.

### **1.1.4 Psychologically Informed Practice**

I am using PIP to refer to a range of terms describing approaches to applying psychology within the context of residential childcare. PIP, here, refers in the first place

to frameworks/models explicitly informed by psychological theory (such as POP) (Maginn & Cameron, 2013). Secondly, it refers to psychologist-led approaches (such as consultation, training, supervision) in which psychological theory is more loosely applied. Applied psychological practitioners can share psychological perspectives with RCWs (Division of Clinical Psychology, 2015). Psychological knowledge, application and research evidence can promote theory-informed practice, and holistic working in residential childcare (Happ et al., 2018; Health and Care Professions Council, 2016). Such indirect provision, can support CYPs’ emotional wellbeing, and promote attuned relationships, resulting in enhanced outcomes for CYP, by facilitating improvements to RCWs’ care practices (Cameron & Das, 2019; Division of Clinical Psychology, 2015).

“Psychologically-informed-environments” (PIE) is a term applied in homeless and prison sectors to enhance support for individuals with complex mental health needs (Breedvelt, 2016). PIE refers to approaches recognising the effect of trauma on behaviour, relationships, and emotional regulation (Keats et al., 2012). PIE highlights the importance of environments and relationships which support clients to make measurable behavioural changes. Johnson and Haigh (2010) suggest terminology is intentionally unspecific, to allow for innovation and flexibility. Strong value foundations support “emotional and psychological needs of service users, not a logistical or practical rationale” (Johnson & Haigh, 2010, p. 3).

Cameron and Das (2019) suggest psychological insights from research and practice enable RCWs to provide person-centred care to achieve positive outcomes for CYP.

I have drawn upon the notion of PIE to make sense of the wide range of ways in which applied psychologists might contribute to the application of PIP within residential childcare settings.

Keats et al. (2012) identified five elements informing PIE shown in table 1.

<b>Five Elements of Psychologically Informed Environment</b>	<b>Explanation</b>
<b>A Psychological framework</b>	Providing a clear rationale, that is not prescribed or limited to a particular model. The framework adopted can be informed by a range of theoretical approaches e.g. humanistic, psychodynamic, or cognitive and behavioural. These paradigms are underpinned by

	differing assumptions and values informing practice which can provide additional insight into behaviours. The chosen framework should be complementary and aligns with the values of the staff and organisation to ensure this can be embedded and does not lead to experiences of dissonance. To be effective the framework should be explicitly shared with staff and applied consistently.
<b>Physical Environment and Safe Spaces</b>	The social spaces and how buildings are used should create a welcoming environment, that reflects levels of engagement and reinforces positive relationships. A range of environmental factors known to impact upon individual and emotional well-being need to be considered (noise/acoustics, light, open green space, art/aesthetics, colour, and maintenance/cleanliness).
<b>Staff training and support</b>	A reflective approach to training is encouraged, focusing upon problem-solving and critical-thinking skills to encourage continuous learning from professional experiences. This enables staff to consider their thoughts/emotions and promotes self-awareness and supports an experiential learning cycle which can significantly reduce staff burnout. This can be through group learning to support a positive organisational culture and highlights staff supervision as an essential component of this.
<b>Managing relationships</b>	Relationships are a principal foundation for change and all interactions; both staff-staff and staff-CYP/client are learning opportunities.
<b>Evaluation of outcomes</b>	This element is crucial to ensure reflective practice and the development of the setting. Evaluation can be applied at three levels to explore the impact of the service at policy level, service level and individual level defined in collaboration with staff and service users. This can help to highlight progress.

*Table 1: Elements of Psychologically Informed Environments based on Keats et al. (2012)*

This understanding of PIE in table 1 is used within this review to explore how PIP might support RCWs providing consistent, compassionate care for CYP, essential for emotional, psychological and physiological stability (Haigh et al., 2012; Rogers, 2015).

### **1.1.5 Aims of the Review**

Application of psychological understanding has been argued to be beneficial to develop practice within residential childcare (Cameron & Das, 2019). However, it is unclear how international approaches which inform residential childcare may contribute to shaping practice in England (Narey, 2016). This is due to differing contexts and variations in the perceived purpose of residential childcare. Furthermore, much of the literature does not consider the perspectives of RCWs and these might enhance our understanding of the place of PIP in residential childcare (Lightfoot, 2013).

This systematic review therefore aims to address the following question:

*How do RCWs perceive ‘psychologically informed practice’ to influence their work?*

## **1.2 Method: Meta-Ethnography**

The focus on RCWs’ perspectives led me to adopt a method rooted in the interpretative paradigm. I have chosen a qualitative synthesis due to the literature available and the nature of the research question.

I chose meta-ethnography as the approach to synthesis in this review. This systematic, qualitative method enables comparison and analysis of qualitative primary literature (Atkins et al., 2008). The meta-ethnographic approach enabled me to adopt a central role in interpretation and creation of new understanding, whilst retaining original meaning (Campbell et al., 2011). The process allows for building a comparative understanding through the construction of a new whole resulting in a greater contribution than each paper alone (Barnett-Page & Thomas, 2009).

Noblit and Hare’s (1988) guide to meta-ethnography is shown in table 2. I utilised examples of meta-ethnographic approaches by others to guide my review (Atkins et al., 2008; Britten et al., 2002; Cahill et al., 2018; Campbell et al., 2011; France, Uny, et al., 2019; Lee et al., 2015). These informed how I conducted the analysis, translation, and synthesis. To support transparency, I referred to guidance by France, Cunningham, et al. (2019).

<b>Stage</b>	<b>Process</b>
Stage 1:	Getting started
Stage 2:	Deciding what is relevant to the initial research
Stage 3:	Reading the studies
Stage 4:	Determining how the studies are related
Stage 5:	Translating the studies into one another
Stage 6:	Synthesising translations
Stage 7:	Expressing the synthesis

*Table 2: Seven phases of a meta-ethnography*

My previous role as an RCW, working alongside Educational Psychologists (EPs) motivated my interest in this research area. I needed to ensure there were mechanisms for exploring the ways in which my experiences may have influenced my interpretations. Therefore, I acknowledged my values and experiences explicitly through supervision and research-diary entries. This enabled me to reflect upon how my interpretations and constructions influenced the final synthesis, to attempt to maintain transparency (France, Cunningham, et al., 2019).

### 1.2.1 Search Strategy

A scoping search enabled me to develop ideas and focus my interest area which informed the research aims. This preliminary process supported the identification of informed and refined terminology. Table 3 shows the search terms used in the databases.

Search strings using similar terminology/concepts	
<b>Residential Childcare Staff</b>	'Residential child care staff' OR 'Residential childcare staff' OR Residential childcare worker' OR 'Residential child care worker' OR "Staff" AND  'Residential childcare' OR 'Residential children's home' OR 'Residential Childcare Treatment" OR "Residential childcare placement' OR 'Residential childcare setting' OR 'Institutional Child* Care' OR 'Children in public care' OR 'Residential care practice' OR 'Looked After Child*' OR 'Residential Group Care' OR 'Out of Home Care' OR 'Children in our Care'
<b>Psychologically Informed Practice</b>	'Theory in practice' OR 'Theory to Practice' OR 'Consultation' OR 'Training' OR 'Supervision' OR 'Psychological Understanding' OR 'support' OR 'Reflective practice' OR 'Therapeutic' OR 'Trauma-informed' OR 'Psychological Theory'
<b>Experience</b>	'Perception*' OR 'understanding' OR 'mindset' OR 'confidence' OR 'motivation' OR 'view' OR 'Relationship' OR 'Attitude*' OR 'skill*' OR 'Capacity*' OR 'Ability*' OR 'Experience*' OR 'Opinion*' OR 'Feeling*' OR 'Belief*'

Table 3: Search Terms used across databases

A systematic search was undertaken between September-December 2019 accessing the following databases: PsychInfo, Scopus, and ERIC. I completed a hand-search of

'Childcare in Practice' and 'Scottish Journal of Residential Childcare', accessed these on ethos.bl.uk, and undertook reference harvesting.

### 1.2.2 Eligibility Criteria

The search initially produced 280 articles which I filtered by applying a year restriction and removing duplicates. I excluded articles by title-screening and reading the abstract for relevance, yielding 27 papers. I accessed the full-text articles and applied the inclusion criteria to assess eligibility. Table 4 outlines the inclusion criteria for these rationales.

Inclusion Criteria		Rationale
<b>Language</b>	English Only	Accessibility and comprehension
<b>Year</b>	Last 10 Years – since 2009	Relevance to current care systems (Search took place in 2019)
<b>Setting</b>	Residential Children's Homes in United Kingdom	Similarity of cultural and socio-economic setting for comparison and relevance to current practice. To represent current UK policies, (some of these differ across countries as Scotland and England have different legislation re childcare etc). (Narey, 2016).
<b>Participants</b>	Residential Childcare Workers	Relevance to research question Staff perceptions
<b>Intervention (Psychologically informed approach)</b>	Training/Consultation/Supervision/ Staff development/support approaches using psychological theory  NOT delivery of therapy or behaviour intervention to CYP	Appropriateness for study focus of psychological informed practice – how staff are supported
<b>Outcomes</b>	Any outcome identified through qualitative methods	Relevance to research question and meta-ethnography analysis.
<b>Study Design</b>	All primary, empirical qualitative studies	Appropriate for focus of study and to allow for my own interpretations. Include Mixed methods if clearly identified qualitative component

Table 4: Inclusion Criteria and Justifications

I chose to limit this review to the UK and included papers from Scotland. I recognise Scotland has different legislation and policy from England. However, I chose to include these papers due to the similar socio-cultural context between these countries. This decision ensures relevance and applicability to practice in England. Both the purpose of and approach to residential childcare varies internationally; due to differing cultural, political and geographical contexts (Ainsworth & Thoburn, 2014; Davidson et al., 2011). Literature from the United States refers to “treatment programmes” presenting a more clinical, individualised approach, whereas European countries highlight the use of social pedagogy (Bailey, Klas, et al., 2019; Bellonci et al., 2019). Social pedagogy is a holistic, inter-disciplinary approach to meet the needs of CYP focusing upon process-oriented, relationship-centred dynamic practice (Bird & Eichsteller, 2011). Therefore, I have not included literature beyond the UK in this review as it may not be easily transferable to the current context in England.

I focused upon staff perception of how they are supported by practice, informed, and facilitated by psychologists, rather than exploring outcomes of interventions in direct work with CYP.

There is a lack of agreement about how to assess quality within qualitative research. This process is perceived to be subjective despite application of objective criteria (Cahill et al., 2018). I did not use quality assessment to exclude studies because I was interested in the perceptions of RCWs reported within the research. I felt excluding papers based on a fixed construct of perceived quality of written report rather than the research procedure, may be impacted by journal editorial criteria (Atkins et al., 2008; Thorne, 2017).

During screening, I identified five papers from peer-reviewed journals. The thesis included is unpublished, however, the qualitative approach was appropriate and data collection and analysis method was clearly described. There is no evidence to suggest that the research was not conducted ethically and effectively, so I have included it in the final synthesis (Hammersley, 2007). This process helped to avoid the file drawer problem. The studies included in this review reflect a range of psychologically informed approaches which should lead to a higher form of abstraction (Britten et al., 2002; Walsh & Downe, 2006).

Table 5 illustrates the process of applying the inclusion criteria to identify the final six papers for this synthesis.

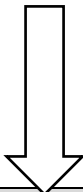


<i>PRISMA Flow Diagram</i>		
<b>Identification:</b>  	Total Records identified in database searching: (n=253)	Additional Records found through other sources: (n= 27)
	<i>PsychInfo (OVID): (n=46)</i>	<i>Theses: (n=26)</i>
	<i>ERIC (EBSCO): (n=64)</i>	<i>Hand-search journals: (n=1)</i>
	<i>Scopus: (n= 143)</i>	<i>Reference harvesting: (no additional records)</i>
<b>Screening:</b>  	Records excluded with year restriction applied (last 10 years): $7 + 52 + 71 = 130$	
	Records excluded after title screening for irrelevance to topic area: $21 + 10 + 56 + 15 = 102$	
	Records remaining after duplicates removed: 27	
<b>Eligibility:</b>  	Full-text articles accessed for eligibility: (n= 27)	
	Full-text Articles excluded (applying inclusion/exclusion criteria): (n = 21)	
<b>Included:</b>	Final Studies included for synthesis: (n=6)	

Table 5: PRISMA Flow Diagram Searches between September and December 2019



### 1.2.3 Reading the studies

Repeatedly reading the studies enabled familiarity with each paper as an intensive, immersive experience (Campbell et al., 2011). Table 6 lists the final selection identified for inclusion. My reading supported familiarisation, identification of themes, organisation, recording, appraising and verifying data (Cahill et al., 2018).

The six studies chosen for the meta-ethnography were:
<ul style="list-style-type: none"><li>• <b>Morison et al. (2019)</b> - How a Sample of Residential Childcare Staff Conceptualize and Use Attachment Theory in Practice.</li><li>• <b>Ferguson et al. (2011)</b> - Residential Childcare Workers' Knowledge of Reactive Attachment Disorder</li><li>• <b>Price et al. (2018)</b> - Between love and behaviour management: the psychodynamic reflective milieu at the Mulberry Bush School</li><li>• <b>Evans et al. (2011)</b> - A pilot study evaluating care staffs' perceptions of their experience of psychological consultation within a mental health setting.</li><li>• <b>Durka and Hacker (2015)</b> - The experience of receiving and delivering consultation in a residential childcare setting for looked-after and accommodated children: A sequential exploratory design</li><li>• <b>Wood (2014)</b> - 'Consultation groups' in residential care settings: a 'realistic evaluation' of the contextual influences and mechanisms that obstruct or support positive outcomes for looked-after children</li></ul>

Table 6: Final Papers for Systematic Review

Demographics summarised in table 7 provide contextual information including participants, setting, aim, data collection method/analysis and findings. This highlights similarities and differences between the scope, design, and emphasis of the different papers in this synthesis. This provides context for the authors' interpretations and conceptualisations and allows for their considerations and assumptions (Britten et al., 2002). Authors' backgrounds are likely to have influenced interpretations:

- clinical psychology (Evans et al.), (Durka & Hacker), (Morison et al.),
- educational psychology (Wood),
- adolescent psychiatry (Ferguson et al.)
- psychodynamic psychotherapist within social work (Price et al.).

I noted the heterogeneous nature of the studies in relation to the roles and processes they used to apply PIP (consultation, training, systems development) and the underlying psychological theories employed. Furthermore, data collection methods differed.

Three studies were based in Scotland (Durka & Hacker, 2015; Ferguson et al., 2011; Morison et al., 2019) where legislation, policy and childcare systems differ from England and may impact interpretations.

Most studies employed inductive thematic analysis (Durka & Hacker, 2015; Evans et al., 2011; Ferguson et al., 2011; Wood, 2014) However, Price et al. (2018) was informed by a prior framework congruent to the setting – deductive thematic analysis and Morison et al. (2019) used grounded theory.

<b>Paper Characteristics</b>	<b>Evans et al 2011</b>	<b>Ferguson et al 2011</b>	<b>Wood 2014</b>	<b>Durka and Hacker 2015</b>	<b>Price et al 2018</b>	<b>Morison et al 2019</b>
<b>Published Journal</b>	Child Care in Practice	Child and Adolescent Mental Health	Unpublished theses for Applied Educational and Child Psychology Doctorate	Child Care in Practice	Journal of Social Work Practice	Child & Youth Services
<b>Participant Sample</b>	6 participants (4 female and 2 male staff members)	108 completed questionnaires out of 265 staff. 108 returned 41% response rate.  30 RCWs out of population of 265.  21 females. 9 males engaged in Focus Groups	10 residential childcare staff	38 staff invited.  Survey: 30 participants  Focus Groups: 13 staff selected based on availability 3/5 per establishment  Consultants: 2 delivered to the 3 establishments	13 care staff, 8 Senior Staff.	20 Participants  14 women, 6 men aged 24-63. Employed as RCW – full-time, experience ranged 1-32 years.
<b>Data Collection Method</b>	Face to Face Semi-structured interview approach at workplace.	Qualitative Focus Groups and Whole population Survey.	Case study design.  Observation and focus groups semi structured interview	Self-report Questionnaire phase informed  Focus Groups – semi-structured.  35-55 minutes audio recorded	Use of naturalistic observation and Staff interviews averaged 50 minutes	Semi-Structured 1:1 interview  Audio recorded – in private space – 29-109 minutes.

<b>Paper Characteristics</b>	<b>Evans et al 2011</b>	<b>Ferguson et al 2011</b>	<b>Wood 2014</b>	<b>Durka and Hacker 2015</b>	<b>Price et al 2018</b>	<b>Morison et al 2019</b>
			Schedule with prompts.			Interview schedule used as flexible tool.
<b>Setting</b>	Staff working in residential care settings for YPs across 2 establishments in North West England	Various 16 residential units in large Scottish city.	Residential home for 6 young people aged 13-18 in economically disadvantaged suburb of West Midlands	3 residential settings across North West Scotland	Therapeutic residential primary school.	8 residential care services across 3 Local Authorities in Scotland
<b>Psychologically Informed Approach</b>	Mental Health Consultee-centered case consultation (Facilitated by Clinical Psychologist)	Training in Attachment with provision of supervision and consultation with CAMHS	Consultation – (reciprocally informative) Pillars of Parenting Facilitated using Pillars framework (Cameron & Maginn, 2008)	Mental Health Consultee-Centered Consultation (Facilitated by Clinical psychologist)	Therapeutic psychodynamic Approach. Group Supervision	Attachment-informed care Training delivered by Child and Adolescent Mental Health Services/Local Authority
<b>Underlying Theoretical position</b>	Psycho-Analytic Theory (Caplan, 1963) Social constructionism (Burr, 2015)	Adult Learning Theory Attachment Theory Ecological Systems Theory	Ecological-Systems theory (Bronfenbrenner, 1979)	Psycho-Analytic Theory (Caplan, 1963) Social constructionism (Burr, 2015)	Psychodynamic principles (Steckley, 2018)	Attachment Theory (Ainsworth et al., 2015; Bowlby, 2005; Crittenden, 2006)

<b>Paper Characteristics</b>	<b>Evans et al 2011</b>	<b>Ferguson et al 2011</b>	<b>Wood 2014</b>	<b>Durka and Hacker 2015</b>	<b>Price et al 2018</b>	<b>Morison et al 2019</b>
	Ecological-Systems theory (Bronfenbrenner, 1979)	(Bronfenbrenner, 1979)	Strengths-based, Positive psychology Solution Focused	Ecological-Systems theory (Bronfenbrenner, 1979)		
<b>Data Analysis</b>	Thematic Analysis (Braun & Clarke, 2006)	Thematic Content Analysis (Burnard, 1991)	Thematic Analysis (Braun & Clarke, 2006)	Thematic Analysis (Braun & Clarke, 2006) Findings fed back to participants to ensure accuracy (Survey data examined frequency/patterns suggesting strong positive/negative were clustered into themes No a priori calculations	Deductive theory based Thematic Analysis (Braun & Clarke, 2006) (informed by prior theoretical framework congruent with setting – induction as emergent themes also identified)	Constructivist grounded theory Tone of voice informed analysis. Theoretical sampling used to enable saturation. Findings sent to participants for reflection to refine.

Table 7: Summary of demographics and contextual data from studies for synthesis

### **1.3 Findings**

I regularly referred back to the synthesis' aims and the original papers to clarify context (Atkins et al., 2008). To synthesise, I interrogated each authors' findings and interpretations by considering the First Order Constructs (FoC) and Second order Constructs (SoC). I identified FoC from participants' first-hand experiences and SoC from the authors' interpretations. I undertook data extraction across the primary studies, and this is shown in [appendix A](#) and [B](#). This enabled the creation of concept lists and organisation of similar themes (Campbell et al., 2011). I recorded concepts representing RCWs' perceived experiences of how PIP influenced practice.

Reading across research papers highlighted similar recurring concepts, suggesting a reciprocal relationship between studies. I identified differences between how authors conceptualised findings demonstrating refutations and multiple interpretations. Therefore, during translation, explicit awareness of these differences was necessary to ensure overarching themes and Third order Constructs (ToC) show re-interpretation of data. Stages 3-6 of Noblit and Hare's (1988) meta-ethnography were considered to be fluid, requiring an iterative approach. I refined interpretations and merged themes to represent data and construct new interpretations.

#### **1.3.1 Key Themes**

Stage Four, to determine relatedness, is operationalised as three steps; listing concepts, juxtaposing across studies and determining relationships between studies (France, Uny, et al., 2019).

I recorded the findings and initial concepts utilised by each author, enabling me to make initial assumptions about similarities/differences. This initial mapping process identified similar themes. [Appendix A](#) highlights both the FoC and SoC, providing a summary explanation of thematic representation. During this process I recognised similarities and juxtaposed these across studies whilst considering relatedness; reciprocal or refutational.

### **1.3.2 Reciprocal and Refutational Translations**

Thematic grids enabled identification of similar concepts and supported determining relationships across papers. Through constant comparison I translated studies (Cahill et al., 2018). [Appendix B](#) demonstrates how similar SoC are represented across all papers. This iterative process involved recognising similarities between concepts through constant comparison to identify how they supported or refuted each other (Britten et al., 2002). I remained open-minded to the potential emergence of new categories and recognised that some prior grouping required splitting to better represent concepts (Atkins et al., 2008).

Following translation representing similar re-occurring themes, I re-assessed the newly created groups and subsequently re-named these to demonstrate novel ToC showing my own interpretations. Terminology used encompasses concepts across the research papers (Britten et al., 2002). I attempted to show how each paper's FoC and SoC are relevant to the conceptualisation of the translated themes by preserving original terminology (Britten et al., 2002). FoC and SoC were identified when clearly defined but due to authors' selectivity may not represent all participants. Due to the distinction between FoC and SoC not always being made explicit by authors, they were analysed together (France, Uny, et al., 2019). Therefore, ToC are informed by participants, research design and setting context.

[Appendix C](#) outlines how each ToC is informed by FoC and SoC within each paper, and shows ToC which are unrepresented within each paper (France, Uny, et al., 2019). Each concept was identified across at least 50% of the papers with some identified across all. Empty cells show where concepts were absent (Britten et al., 2002). This process allowed for identification and exploration of whether each of the authors' conceptualisations applied similar terminology. I formed new groups to effectively represent similarities/differences within identified conceptualisations. Table 8 highlights an example reciprocal theme: "Behaviour as Communication" and the interpretations across each paper.

Themes - 3 <sup>rd</sup> Order Constructs	Research Paper Showing 1 <sup>st</sup> Order and 2 <sup>nd</sup> Order constructs linked to Third Order Constructs					
	Evans et al 2011	Ferguson et al. 2011	Wood 2014	Durka and Hacker 2015	Price et al 2018	Morison et al 2019
<b>Understanding Behaviour as Communication</b>	<i>First Order:</i> “You seem to understand things better, and why certain individuals act certain ways which to other people would seem really bizarre but once you get an understanding of where it might have developed, you get to understand why they’re behaving the way they are”	<i>First Order:</i> “I think we see a lot of things all the time, it is just identifying it... label I suppose, put pieces together and form a bigger picture, because individually it is one piece of behaviour but you gradually build a picture up and it is glaringly obvious after a while.”  “see past the behaviour to what is actually behind it, with all the work we have done on attachment it has helped us to better understand”	<i>First Order:</i> “You see patterns more, don’t you? It’s like a jigsaw puzzle, you’ve got a bit of the jigsaw, they’ve got a bit of the jigsaw, you know, yeah, and it’s like we find during the consultations is that, it kind of brings it together, so, really, I think it’s good for that because then you get more of a, you get repeated patterns, or you see improvements, and then, you know, obviously, and then things that we see, across different people as well.”	<i>First Order:</i>	<i>First Order:</i> “I think for some children, it’s about ‘I’m emotionally out of control, if I’m physically out of control, will you step in and rescue me? My language is aggression and then I know that you will physically hug me, stop me, hold me”	<i>First Order:</i> “...so if you can ascertain what it is they are wanting because behaviour comes from feelings and needs so you’ll maybe be seeing behaviour but you’ll have to take the step back and go right, what are they really wanting here? They are behaving this way but that’s because of what’s underneath”
	<i>Second Order:</i> Putting the dots together - Making sense	<i>Second Order:</i> Recognise symptoms	<i>Second Order:</i> Awareness	<i>Second Order:</i> Understanding	<i>Second Order:</i> Develop understanding	<i>Second Order:</i> Identify need

Table 8: Theme represented across papers



France, Uny, et al. (2019) suggest meta-ethnographies can include both reciprocal and refutational translations. I identified similar and contradictory themes and found by showing awareness of contextual factors, I could subsequently re-categorise and identify new groupings. This ensured inconsistencies and opposing concepts received explicit attention.

This synthesis interpreted relationships in two distinct ways. [Appendix B](#) demonstrates how every author discusses relationships referencing multi-agency practice, representing the importance of collaboration. Additionally, [appendix D](#) shows authors' exploration of how relationships are conceptualised, relative to both, CYP and collaboration with professionals. Three papers explored both conceptualisations highlighting the importance of trust, attunement and unconditional positive regard when focusing on relationships with CYP (Morison et al., 2019; Price et al., 2018; Wood, 2014).

Challenges experienced by RCWs utilising PIP, were referenced across five papers. I considered challenges reported to be unique, and dependent upon context and study design. Many challenges experienced by RCWs led to them feeling overwhelmed which impacted their confidence (Durka & Hacker, 2015; Evans et al., 2011; Ferguson et al., 2011). Wood (2014) reported pragmatic challenges with the subjectivity of the recording process, which presented as a barrier to recognising outcomes for CYP. Morison et al. (2019) highlighted RCWs showed a disconnection from the evidence base and often misapplied theory, suggesting relationships and attachment were often incorrectly used interchangeably, by RCWs because of ill-defined terminology. Price et al. (2018) did not identify any challenges. However, this may be due to the prior theoretical framework which informed the analysis. Therefore, any challenges were reframed as learning points for staff development. [Appendix E](#) provides an overview of the perceived challenges and how these may show refutations within studies, but highlighted factors that could alleviate these.

### 1.3.3 Synthesising Translations

I interpreted overarching concepts that were perceived most influential. This required further analysis beyond the original content and exploration of new concepts informed by my own interpretations. Table 9 shows how I identified ToC as overarching themes and sub-themes. This iterative, reflexive process demonstrates consistency with original constructs whilst extending beyond these to provide new insights (Britten et al., 2002). [Appendix C](#) shows how original constructs informed ToC.

Third Order Constructs Themes Grouped	Third Order Overarching Themes – My constructions and conceptualisation summary.
<p><b><u>Understanding</u></b></p> <ul style="list-style-type: none"> <li>• Use of Theory</li> <li>• Behaviour as communication</li> </ul> <p><b><u>Reflective Practice</u></b></p> <ul style="list-style-type: none"> <li>• Staff reflection and Self-Awareness</li> </ul>	<p><b><u>Changing Thoughts and Feelings:</u></b></p> <p>Participants' views highlighted the importance of reflection as both an individual and group process to developing their understanding of CYPs, being able to see them as individuals which in some instances came from a change of perceptions allowing them to make sense of the behaviours. This process highlighted identifying the underlying cause of behaviours and noticing patterns. This allowed for capacity to build in meaning making and interpreting behaviours as a form of communication. This also promoted importance of making sense of own reactions and developing self-awareness. This is through both direct work with the psychologist and can also inform future practice and approach to challenging circumstances on an individual basis in practice.</p>
<p><b><u>Relationships</u></b></p> <ul style="list-style-type: none"> <li>• Unconditional Positive regard</li> <li>• Multi-Agency Collaboration</li> </ul> <p><b><u>Daily Practice</u></b></p> <ul style="list-style-type: none"> <li>• Apply skills/strategies</li> </ul>	<p><b><u>Enhances Interactions:</u></b></p> <p>RCWs promotes the importance of relational practice and developing emotional warmth through modelling empathy. This focused on both relationships with CYP and in multi-agency practice. This promoted the importance of collaboration and a shared understanding within the team approach. This enables co-construction of solutions and development of strategies which facilitates learning. These increased relational skills support interacting with both CYP and other professionals. Also, these new ways of interacting influence practice facilitating therapeutic changes for CYP. This highlighted the importance of interactions both with CYP and professionals as separate but parallel processes.</p>
<p><b><u>Supportive ethos culture</u></b></p>	<p><b><u>Promotes Supportive Organisational Ethos:</u></b></p>

<ul style="list-style-type: none"> <li>• Increasing staff resilience</li> <li>• Create environment for CYP</li> </ul>	<p>Organisational change is needed to embed into practice – sustained and to overcome the highlighted challenges – providing support and validation. This informs the whole settings’ ethos and informs providing a supportive environmental context/therapeutic environment for both CYP and RCWs themselves. This provides validation, increased confidence resulting in RCWs feeling highly supported and an improved working culture. This inclusive space empowers RCWs but also highlights potential impact of challenges. RCWs need to feel supported by the organisation to be able to effectively provide a safe space for CYP.</p>
<p>Positive Outcomes for CYP:</p>	<p><b><u>Positive Outcomes for CYP</u></b></p> <p>CYP received indirect support informed by PIP via RCWs. RCWs considered the support they received improved their practice to offer supportive care to lead to positive outcomes and stability for CYP. This enabled developing positive outcomes beyond care and steering CYP towards independence, by developing self-regulation and independent living skills.</p>

*Table 9: Interpretations and Constructions Synthesised to produce Overarching themes*

This synthesis represents my own interpretations. Therefore, personal values, motivations, and experiences will have influenced the outcome. The development of the ToC themes have informed a visual line of argument. France, Uny, et al. (2019) considered this construction to be part of the synthesis process where findings are integrated to create new interpretations.

### 1.3.4 Expressing the synthesis

I present the synthesis diagrammatically to show inter-relationships between concepts and the elements are explained. The construction was an iterative process and initially started with a diagram representing four factors that empower and challenge RCWs' work ([Appendix F](#)). Further development led to constructing overarching themes shown as figure 1<sup>1</sup>, evidencing how PIP can build RCWs' capacity and ultimately lead to positive outcomes for CYP.

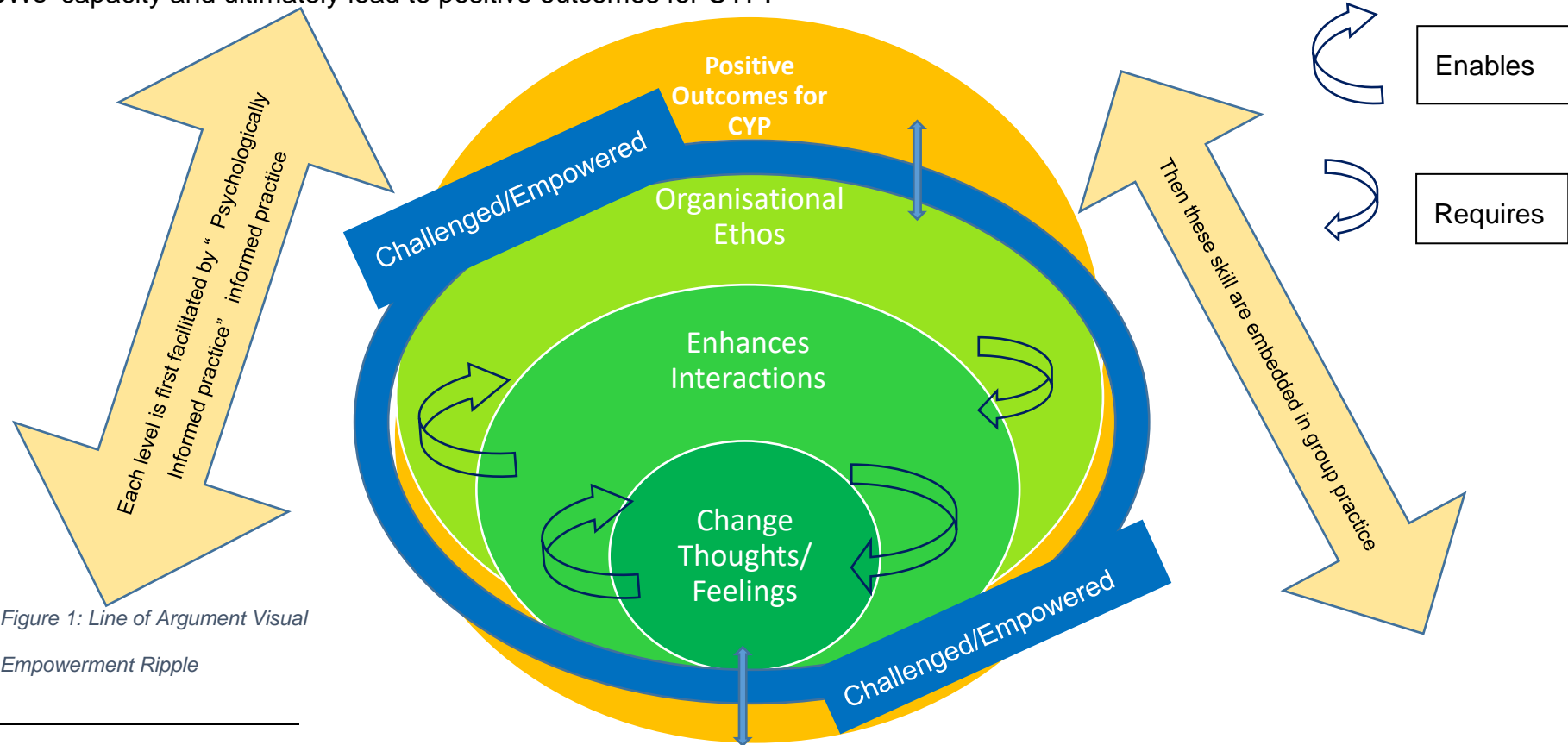


Figure 1: Line of Argument Visual Empowerment Ripple

<sup>1</sup> Colours are used to differentiate between each element. Shades of green highlighting the multiple levels that the psychologist can impact, yellow the goal of psychological informed practice, and the blue a barrier/facilitator to reaching this goal.

## 1.4 Discussion and Analysis

This section considers each inter-related construct of the synthesis and how each informs the visual expression with reference to theory, policies, and research.

### 1.4.1 Shape Construction

I identified three areas where PIP can build RCWs' capacity. These factors each empower and challenge RCWs' practice. PIP can support achievement of positive outcomes for CYP by changing RCWs' thoughts/feelings, supporting interactions, and promoting a supportive organisational ethos. I will position the findings in relation to the wider psychological context providing warrant for the expression.

Table 10 provides explanation for each element of "The empowerment ripple".

Individual Shape Element	Interpretation and Interrelated links
Green concentric discs: Showing 3 <sup>rd</sup> Order Overarching themes – Changing thoughts and feelings, enhancing interactions, organisational ethos.	<p>The embedded green discs of growing size represent a ripple effect highlighting that the three 3<sup>rd</sup> order overarching themes are all connected and rely upon each other and cannot exist in isolation or in one linear direction.</p> <p>It is important to recognise the similarities of the concentric discs with the eco-systemic model (Bronfenbrenner, 1979). This serves to illustrate that psychological informed practice can occur at multiple system levels recognising and addressing the influence of contextual factors within residential childcare. This particularly illustrates the importance of PIP not just occurring at the individual RCW level but at each system level and how it can help to empower and sustain RCW practice; with the psychologist facilitating the role of agent of change at each level (Roffey, 2015).</p>
Enabling and Requiring Arrows showing interactions between 3 <sup>rd</sup> Order Constructs	<p>Each arrow shows the inter-relationship between 2 of the 3<sup>rd</sup> Order overarching themes that were constructed across the literature in my meta-ethnography. The arrows highlight that for RCWs to perceive they felt supported to achieve positive outcomes for CYP that PIP must occur across the domains at each level. Furthermore, each level enables effective use of the above level whilst also requiring the level below. This representation emphasises that building capacity is unlikely to be sustained if not supported across multiple levels.</p>
Blue Challenged/Empowered Ring with blue bi-directional arrows between 3 <sup>rd</sup> Order	<p>The challenge/empower ring represents both facilitative factors and challenges to achieving positive outcomes for CYP. This was highlighted in my systematic literature review with challenges and facilitative factors identified</p>

<p>themes and positive outcomes for CYP</p>	<p>across all levels. These factors were primarily in relation to supporting RCWs' levels of confidence.</p> <p>The bi-directional arrows between positive outcomes for CYP and the three levels (identified as changing thoughts/feelings, enhancing interactions, and organisational ethos) represent this as a two-way process. This is also evident in the wider literature, highlighting that psychologically informed practice is perceived to indirectly help to support positive outcomes for CYP. RCWs recognise that the achievement of positive outcomes for CYP can help to support staff motivation. This was valued by staff and reinforced ability and confidence in their work. As a result, these processes are considered to be interlinked and help to reinforce and sustain capacity building for RCWs.</p>
<p>Outer Yellow Bi-Directional Arrows - Facilitated by Psychologist and Embedded in Group practice</p>	<p>These arrows show that PIP can be facilitated both directly from the psychologist and indirectly once embedded within the group practice. These are bi-directional to represent that this approach can be taken both top-down and bottom-up to build staff capacity.</p>

Table 10: Explanation of construction of shape elements in Visual Line of Argument

### 1.4.2 Changing Thoughts and Feelings

RCWs perceived changing thoughts and feelings through supportive reframing and application of psychological theory as valuable. The small dark green disc represents developing RCWs' understanding of CYP through reflection and theory application. This fits with the view that supporting reflective practice is crucial to capacity building (Keats et al., 2012; Potter & Brough, 2004). RCWs reported improved self-confidence, enhanced knowledge, and feeling empowered.

RCWs valued theory application to develop their understanding of individual CYP. Attachment theory was the dominant theory referred to within the papers included in this review (Ferguson et al., 2011; Morison et al., 2019; Price et al., 2018). There are three limitations reported about the application of attachment theory within a residential childcare context that should be considered. Firstly, a disconnection from the evidence base, secondly, the term being used interchangeably with relationships, and finally, an incoherent narrative of its application to practice (Morison et al., 2019; Smith et al., 2017).

Happ et al. (2018) question whether a shared theory-informed language can benefit teams. They suggest instead that a strength of theory application is needed to support a consistent approach to practice. Although this is valued by RCWs, there is a

recognised risk that difficulties may be experienced when translating theory to coherent practice because it may be viewed as jargonistic and irrelevant (Happ et al., 2018). Therefore, professionals implementing PIP, need to be aware how they use language with RCWs.

Attachment theory's dominance across education and social care has been criticised as this may reduce consideration of alternative theoretical perspectives which might inform residential childcare practice (Smith et al., 2017). Furthermore, attachment theory's influence on policy has contributed to the discourse around residential childcare as a last resort which risks conceptualising CYP within a deficit framework (Rutter, 2008; Smith et al., 2017). Therefore, application of a different theory may be more appropriate within residential childcare. Happ et al. (2018) suggest the Dynamic Maturational Model of Crittenden (2006) is more applicable and can begin to alleviate the perceived need for labelling CYP on the basis of attachment types.

Smith et al. (2017) suggest an overreliance on attachment theory is inappropriate for adolescents in residential childcare. Instead, a move away from a predominantly biological model to a socio-cultural model such as "mattering" and co-constructing meaningful relationships may be more applicable (Charles & Alexander, 2014). However, Happ et al. (2018) suggest that RCWs may need support when considering which theoretical perspectives might inform their practice.

Changing thoughts and feelings may support the development of RCWs' confidence and skills in relational practice. Steckley (2020a) contends that this goes beyond theoretical knowledge as RCWs need to be able to enhance their skills, values, and perspectives about CYP in ways which shift professional identity. Smith (2020) suggests the notion of praxis; a combination of how to 'know', 'do' and 'be', should be informed by relational ontology, enabling RCWs to engage authentically and morally, to be consistent with their values. This may suggest RCWs would benefit from support and space, informed by PIP, to reflect upon their values and professional identity, and to consider the importance of use of self within relational practice (Steckley, 2020a). Steckley (2020b) suggests RCWs benefit from a safe space for uncomfortable challenge, encouraging dialogue and reflection, and to promote engagement with uncertainty. A containing space and positive relationships with professionals delivering PIP were deemed important to enable RCWs to feel safe to engage in personal development.

### **1.4.3 Supporting Interactions**

Relationships with both CYP and multi-agency professionals are considered central in this meta-ethnography. They are illustrated as supporting interactions (middle green disc). However, for relationships to be meaningful, emotional insight grounded in theory may be required to ensure good enough care within a facilitating environment (Sharpe, 2006; Trevithick, 2003). Steckley (2020a) argues that self-reflection and awareness are core elements of relational practice which encourage the application of self to support intervention and to promote curiosity and dialogue. This suggests the need for PIP at multiple levels as evidenced in this meta-ethnography.

RCWs recognise that relationships with CYP are significant, however, they can experience difficulties and potential dissonance. This experience, as argued by some, is due to a paradox between building relationships, whilst, adhering to policies which discourage relationships due to a risk-averse context and fear culture (Brown et al., 2018). Consequently, concerns experienced by RCWs were often related to emotional/physical proximity, and the difficulty of responding to challenging behaviours when behavioural approaches were initially devalued (Steckley, 2020b). However, as RCWs' daily practice became more relationally informed, they benefited from collaborative, meaning-making approaches through co-inquiry (Steckley, 2020b).

Daily interactions with CYP could be viewed as positive interventions in themselves, as well as relationships being an important element of effective intervention delivery (Happ et al., 2018). However, where practice focusses on 'doing to' rather than development of mutual relationships then stability and trust can be missing (Sharpe, 2006). A language shift from 'having a relationship' to 'being in a relationship with' CYP may support cultural change in how relationships are conceptualised within residential childcare (Steckley, 2020b). This can be transformative in RCWs' practice with both co-workers and CYP, enabling a move from solely functional relationships for the purpose of power and control, to relationships that demonstrate love and have intrinsic therapeutic value for CYP (Steckley, 2020b).

I use Honneth's (1995) Recognition Theory to help make sense of the synthesis. I deemed this more applicable to understanding relationships within residential



childcare than attachment theory (Smith et al., 2017). However, I recognise some limitations, and Fraser et al. (2003) suggests a wider perspective is needed and recognition cannot be considered outside other aspects of social justice.

Furthermore, Van Leeuwen (2007) suggests, promoting the inclusion of cultural identity to ensure consideration of difference and supporting belonging.

Relationships can be seen as a contested term, with many potentially challenging conceptualisations across social care practice (Marshall et al., 2020; Smith, 2021).

Table 11 outlines (Honneth)'s conceptual framework of recognition, including (Houston)'s addition of capacity for change which Honneth initially neglected.

<b>Form of Recognition</b>	Primary Relationships – (Love and Friendships)	Legal Relations (Rights)	Community of value and solidarity (esteem)	Facilitative relations encouraging personal change (transformation)
<b>Mode of Recognition</b>	Emotional support	Cognitive respect	Social esteem	Instilling hope and belief in one's capacity to change – see potential
<b>Dimension of Personality</b>	Needs and emotions	Moral responsibility	Traits and abilities	Change and cognition
<b>Practical Relation to self</b>	Basic Self-Confidence	Self-respect	Self-esteem	Self-belief and self-efficacy
<b>Form of disrespect</b>	Abuse and Rape	Denial of rights and exclusion	Denigration and insult	Reinforced learned helplessness
<b>Threatened Component of personality</b>	Physical and emotional integrity	Social integrity	Honour and dignity	Human agency
<b>Affirmation outcome</b>	I am loved	I am respected	I am valued	I am believed in

*Table 11: Adaptation of Honneth's conceptual recognition framework with Houston's addition*

Applications have mostly been adult-focused, however, recent literature considers its relevance within residential childcare (Smith et al., 2017). Recognition theory can offer an alternative view of professional-child relationships providing holistic and reciprocal understanding. This framework demonstrates the importance of societal responsibility to support placement stability, recognising multiple interacting systems

within the wider context of residential childcare are needed to develop positive self-identity alongside relationships (Smith, 2021).

#### **1.4.4 Organisational ethos**

Organisational culture (largest light green disc) highlights the importance of a supportive ethos to ensure sustainable residential childcare practice. Recognition theory highlights the importance of relationships and the wider organisation to support optimal identity formation, emphasising this is not a within-child problem but requires system change (Houston, 2015). Therefore, it is argued that recognition theory needs to first apply to RCWs and undertake a “double-turn” to ensure staff experience self-worth within a supportive culture (Marshall et al., 2020, p. 6). Furthermore, whole system change is required to develop optimal conditions for RCWs to be supported with self-respect, self-confidence and self-esteem (Marshall et al., 2020). This may improve wellbeing, resulting in enhanced care and reduce staff turnover.

#### **1.4.5 Positive Outcomes for CYP**

This review suggests positive outcomes for CYP include developing self-regulation and relationships which help support transitions to a positive future e.g. employment, independence, and permanence (Durka & Hacker, 2015; Ferguson et al., 2011; Morison et al., 2019; Wood, 2014). Furthermore, Happ et al. (2018) suggest many protective factors to support CYP’s resilience can be promoted by reflective RCWs. Chidley and Stringer (2020) suggest that EPs have a role to influence change and practice requiring more than training alone (suggesting need for consultation/supervision/organisational policy development), to support positive outcomes for CYP. The “Implementation Framework” identifies similar levels to those in my Empowerment Ripple, where in order to achieve benefits for CYP and lasting impact, a process of; awareness raising, perception shifting, knowledge/skill development, changing individual actions and organisational practice must occur first (Chidley & Stringer, 2020).

#### **1.4.6 Limitations**

I undertook this meta-ethnography independently, therefore individual biases may have influenced interpretations and final synthesis (France, Cunningham, et al., 2019). Consequently, I may not have considered some alternative interpretations. The

synthesis does not benefit from differing skillsets or the opportunity for challenging individual interpretations that a collaborative team may have provided (Cahill et al., 2018; France, Uny, et al., 2019). The order in which I considered studies in the synthesis may have influenced subsequent interpretation (France, Uny, et al., 2019).

#### **1.4.7 Implications**

I propose “The Empowerment Ripple” as a framework for professionals applying PIP when working with RCWs.

The skillset that EPs can bring through facilitating the implementation of PIP, makes them appear well-equipped to undertake this work. EPs demonstrate the potential for working with RCWs in wider contexts, through enhancing knowledge and skill development which is supported by organisations (Chidley & Stringer, 2020). Fox (2009) argues the importance of EPs applying systemic thinking at a systems level to promote organisational change and suggests adopting this role can enable EPs to challenge how organisations are conceptualised and support staff to co-construct new perspectives. This supports a move away from an expert role (deterministic and mechanistic approach) of fixing systems, towards a phenomenological approach, with emphasis on language use to provide meaning to shared experiences.

#### **1.4.8 Conclusion**

This meta-ethnography explored RCWs’ views on how PIP influences their practice. The findings suggest potential for PIP at three levels shown in ‘The Empowerment Ripple’. ‘Intrapersonal change’ highlights the importance of RCWs’ attitudes towards and their conceptualisations of CYP (Marshall et al., 2020). ‘Interpersonal change’ outlining the importance of relational practice with professionals and CYP. Finally, ‘social structural change’ suggests the necessity of a strategic approach. The framework can facilitate reflection about changing discourse surrounding residential childcare and promote positive perceptions of its use. It can encourage both investment and commitment in RCWs across multiple levels. This can be facilitated by psychologists to support RCWs in their work with CYP.

## **Chapter 2: Methodological and Ethical Critique**

## **Chapter 2 – Methodological and Ethical Critique**

### **2.1 Introduction**

This chapter provides critical commentary on my chosen methodology and explores how my philosophical assumptions informed my research position for this empirical project. Charmaz (2017b) argues engaging in such reflections ensures methodological self-consciousness supporting reflexivity.

Firstly, I outline how my experiences and values shape my interest in this research area. Next, I provide a narrative outlining the journey from my literature review to my research question. This highlights how the philosophical assumptions underpinning the research influence the methodological approach developed to address the research question, through a qualitative case study design. This leads to a critical consideration of three aspects of this research:

- the use of virtual focus groups due to Covid-19,
- Appreciative Inquiry (AI) as an approach to data collection, and
- Grounded Theory (GT) for data generation and analysis.

I consider each in relation to researcher stance and alternative approaches. I explore ethical challenges and considerations due to virtual adaptations. Finally, I consider approaches to quality and rigour in this research.

### **2.2 National, Personal and Professional Context**

#### **2.2.1 Current National Context**

The number of Children Looked After (CLA) in England continues to rise with recent figures reporting 2% increase on previous year and at a current rate of 67 per 10,000 children (Department for Education, 2020).<sup>2</sup> Statistics vary across the four nations and cannot be directly compared due to recording differences. This chapter will focus upon rates in England, where my current practice and previous experience is located.

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<sup>2</sup> A child is defined as a Child Looked After under the Children Act 1989 if they have been provided with accommodation for more than 24 hours and is subject to a care order or a placement order up until their 18<sup>th</sup> birthday.

The most common reason for children being looked after is identified as 'risk of abuse or neglect' (Department for Education, 2020). Foster care is the most common placement (72%) with residential accommodation accounting for 13% of placements (including secure units and semi-independent accommodation) (Department for Education, 2020). Recent government data highlights 68% of CLA had one placement, but 10% experienced three or more placements during the year of reporting (Department for Education, 2020). CLA are recognised as a vulnerable group and those experiencing multiple care placements are associated with poorer outcomes including educational attainment and poor mental health when compared to the general population (Department for Education, 2016a). The largest proportion (56%) of children missing from care were from residential accommodation (Department for Education, 2020).

The number of residential childcare provisions continues to rise with 2460 settings providing 12,175 places, recorded on 31<sup>st</sup> March 2020, a 7% and 1% increase respectively on the previous year (Department for Education, 2020).

Government research recently explored the education of children and young people (CYP) living in residential care between 1 April 2018 and 31 March 2019; this population is known to experience the largest gaps in attainment (Department for Education, 2019b). This population represented 7% of all CLA at that time (although excluded short break care, residential special schools, and secure settings). The research compared a sample of CYP living in children's homes with findings for all children nationally and main findings highlighted:

- 83% attended educational provisions (eligible for Ofsted inspections), of which 57% attended special schools,
- children in the sample were 20 times more likely to attend special education compared to all children nationally,
- within all children living in children's homes attending state education; 47% had Educational Health and Care plans and a further 27% received Special Educational Needs support compared to 3% and 12% respectively for all children nationally, and
- CYP living in children's homes were 18 times more likely to attend Pupil Referral Units than all pupils nationally.

Thus far, by providing the current national context for CLA, with a focus upon residential settings, I highlight the ways in which CYP in residential care are recognised as vulnerable within today's society.

### ***2.2.2. Previous Personal Experience***

Before engaging in Educational Psychology training, I worked in a Secure Children's Home as a residential care worker (RCW). I supported CYP on criminal justice placements and CYP whose behaviour was perceived to present a significant threat to their own or other's safety within the community. I attended consultations facilitated by Educational Psychologists (EPs). I completed a Level 4 qualification in "The Emotional Warmth Model of Professional Childcare" (Maginn & Cameron, 2013). I found this experience motivated me to develop my understanding of working with vulnerable CYP. This role highlighted the importance of a relational and trauma-responsive approach within my practice. This supported my engagement with CYP and helped me identify strategies and approaches to develop positive and secure relationships with CYP (demonstrating empathy, responsiveness, and engagement in shared activities). Progress towards positive outcomes for CYP such as educational qualifications and independent living skills were monitored and recorded.

### ***2.2.3 Experience as a Trainee Educational Psychologist***

Throughout my Educational Psychology training, I have developed my understanding of the EP role across settings beyond a school context. I have deepened my values and recognise the importance of empowering adults around CYP to facilitate positive change. I promote a holistic approach and support adults I work with as they develop care and learning environments where CYP can progress and flourish.

As a Trainee Educational Psychologist (TEP) I have undertaken casework for multiple care experienced CYP including those in foster care, post-adoption, and residential care. I have delivered varied training alongside social-care practitioners, to support foster carers, virtual school staff, early help teams, and youth offending teams in their understanding of the needs of CYP in care. However, this work did not afford me the opportunity to work directly with residential care settings to provide ongoing support. I was keen to replicate my own positive experience of working with EPs as an RCW. I found this way of collaborating, indirectly promoted supporting my practice.

I was aware of an Educational Psychology Service (EPS) within the North East region, where EPs had adopted the Pillars of Parenting approach (Maginn & Cameron, 2013). They were using this to facilitate group consultations with RCWs. I wanted my research to further inform this practice through focussing on what the RCWs valued when working with EPs in this way.

### **2.3 Developing the research question**

This section provides a narrative of my journey from literature review to my empirical research as I sought to clarify its focus.

The meta-ethnography did not focus specifically on EPs. There is little wider literature on how EPs might support RCWs in their role. My review provides an overview of how psychologically informed practice can empower and challenge RCWs working with CYP. The findings highlight how psychologically informed practice may facilitate change at multiple levels. However, as much of the current literature only considers psychologists from a clinical background this may not be transferrable to EP practice.

I therefore wanted to focus upon RCWs' perceptions of how EPs work with them, and what they value in this collaboration. I aimed to generate a rich picture of RCWs' experiences and perspectives. However, this will not be compared with what other psychologists may offer in residential settings.

The primary research aim is to generate a rich picture to inform EP practice through exploration of the experiences of what RCWs value about collaborating with EPs to facilitate positive outcomes for CYP. The findings may help to provide insight and understanding of how EPs can work effectively with RCWs.

### **2.4 Philosophical Stance as a researcher**

My conceptual framework reflects my stance and the assumptions that underpin this research. The constructionist paradigm provides the basis for this research and has aspects of both post-positivism and interpretivism (Levers, 2013). I believe knowledge is constructed through language and relational factors within our social interactions, which I perceive as dynamic and fluid, and informed by social context and dialogue (Marková et al., 2007).



I believe the use of both participant-centred and strengths-based data generation methods are coherent with my values and epistemological position as a social constructionist. I recognise that although there was a participatory element throughout the enquiry this had its limits, and I was not undertaking participatory action research.

I recognise my findings are based upon the multi-voiced dialogue within the online-focus groups. I discussed my interpretations with participants throughout. I acknowledge that working in residential childcare can be challenging. This may be due to the challenges experienced by CYP themselves, as well as the need for RCWs to respond to policy demands, within the context of finite financial and staffing resources. Therefore, I recognise my interactions and interpretations are strongly influenced by contextual factors and my findings are constructed. I believe adopting this research position makes explicit my influence on the discussion and resulting interpretations.

## **2.5 Methodology**

My philosophical assumptions have informed the methodological choices of this research and reflect my social constructionist epistemology and researcher stance. I deemed a qualitative case study design to be the most appropriate methodological approach to generate a rich picture of RCWs' experiences to inform EP practice (Yin, 2014).

The subjects of my study are the Local Authority (LA) run residential children's homes within one LA in the North East of England. I chose this group of residential settings due to their pre-existing collaboration between RCWs and EPs. This section will consider how virtual focus groups were used to generate data and why AI was used to frame these. Then, I explore why I used GT as an approach to data analysis.

### **2.5.1 Virtual Focus Groups**

I initially planned to conduct face-to-face focus groups with my participants. I adapted this due to government guidelines for social distancing in response to Covid-19. I chose to use a virtual platform and this section critiques the advantages and disadvantages of conducting virtual focus groups in comparison to in-person focus groups. I also explore how I attempted to mitigate potential difficulties.

Focus groups enable participants to jointly construct an understanding that is meaningful to them (Marková et al., 2007). Kennedy (2004) suggests effective facilitators of dialogue can manage uncertainty, utilise clarifying questions, make links and apply summarising skills to facilitate reaching a shared understanding. My previous experience as an RCW, supported the development of positive relationships and may have created a sense of mutuality with the RCWs. However, as a TEP I was also an outsider, so my positioning could be understood as insider-outsider. This positioning can support participants in an inquiry by adopting a distanced perspective and thus to reach new understandings (Van der Riet & Boettiger, 2009). Dwyer and Buckle (2009) and Breen (2007), highlight how navigating the insider-outsider role as a continuum and managing the tensions and benefits of both stances can enable a dynamic researcher position to be adopted. Adopting this dynamic position encouraged collaborative working and a shared experience whilst recognising the influencing role I might have on the dialogue and how I could be influenced by dialogue itself.

Utilising virtual research methods raised a number of issues highlighted by Dodds and Hess (2020). These are summarised in table 12 alongside the implications for my research and the adaptations made. Virtual focus groups can be undertaken in multiple ways with the use of chat features, just voice, use of video and whether this is synchronous or asynchronous (Dodds & Hess, 2020). My research aimed to replicate face-to-face focus groups with the hope that everyone would have video access to engage synchronously.

<b>Utilising technology for Virtual Focus Groups</b>			
<b>Benefits</b>	<b>Implication and Adaptation made in my Research</b>	<b>Limitations</b>	<b>Implication and Adaptation made in my Research</b>
<ul style="list-style-type: none"> <li>• Ease and speed to identify and recruit participants</li> <li>• Can include participants from any/multiple locations</li> <li>• Higher ability to interact and less conformity enabling participants to feel more comfortable to share view</li> </ul>	<p>Microsoft Teams was used as suitable online platform- easy to use and had a recording feature.</p> <p>Participants were able to access the sessions from work or home dependent on their shift patterns, working from home (shielding)</p> <p>Participants across multiple homes could take part bringing range of experience and benefiting each home.</p>	<ul style="list-style-type: none"> <li>• Technical difficulties – e.g. poor internet connection, poor sound/visual quality</li> <li>• No integrated camera/microphone – Inequality of technology access – despite using work technology</li> <li>• Only internet users can participate – could be unrepresentative</li> <li>• No-show rate can be higher virtually</li> <li>• Challenge building relationships virtually and inability to visit setting – limited understanding of wider context and positioned me more as an outsider.</li> <li>• Impacts facilitator – limited non-verbal cues, harder to probe and develop conversation</li> <li>• Conversations can be dominated by certain individuals – limited ability for talking over each other or multiple conversations.</li> <li>• Graphicing the process virtually seemed to make my role as researcher too central – limited depth and flow of conversation</li> </ul>	<p>Use of chat features and repeated sessions enabled, participation despite technical difficulties.</p> <p>I set up an initial check in and technology practice session to enable me to have the opportunity to get to know the participants and informally introduce myself.</p> <p>I had an introduction script – highlighting that it was participants voices that were important. Also ensured I used encouraging prompts and curious questioning to prompt everyone to contribute and support creating a comfortable space to enable participants to share their experiences and knowledge.</p> <p>Use of other virtual collaboration tools e.g. Mentimeter, and the chat function enabled everyone to share initial ideas and then I was able to facilitate building and developing on these further.</p>

Table 12: Benefits and Limitations of using technology for Virtual Focus Groups

### ***2.5.2 Using an Appreciative Inquiry Framework for Data Generation***

AI is not a research tool per se but is an affirmative approach to support organisational development which encourages democratic participation through dialogue (Boyd & Bright, 2007; Cooperrider et al., 2003; Shuayb et al., 2009). The dialogic basis of a focus group approach aligns with my epistemological stance (Marková et al., 2007). I used the AI process to frame my focus groups and my approach to data generation. AI structure provided a sequential approach to the data generation process over multiple sessions. This supported the development of progressively focused questions to narrow my focus in line with the GT methodology and to generate a rich picture.

In using AI, I aimed to encourage an approach to dialogue which was participatory. This is not participatory research as the research was not designed collaboratively. The main aim was to generate a rich qualitative picture of how this group of RCWs perceived their practice to be supported by collaborating with EPs. It considers both what they currently value and their hopes for the future. I accept the position that dialogue is dynamic and can lead participants to new meanings and understandings (Van der Riet & Boettiger, 2009). This research may have provided a space to influence ongoing RCWs' practice and the AI process may have been interventive and influential for participants. However, organisational change was not the primary focus of my research.

Table 13 shows how underlying AI principles align with my values, research aims and philosophical assumptions. I believe this approach is consistent and reflects my work as a TEP, in a positive, strengths-based, holistic way. I suggest AI was a useful method in this context with RCWs to provide a space to reflect and share experiences, whilst also potentially benefitting from engagement in the research process.

<b>Appreciative Inquiry Core Principles</b>	<b>Alignment with Research aims and assumptions</b>
The Constructionist Principle – Words create worlds	The use of dialogue and collaboration of the focus groups enabled a shared understanding to be developed through language and discussion where everyone was involved in contributing and constructing the rich picture.
The Simultaneity Principle – Inquiry Creates Change	The use of the approach and my questioning as facilitator may have prompted the beginnings of change in RCWs understandings and thoughts as they heard each other talk and engaged in dialogue. This also recognised my role as facilitator that my use of questioning would impact on responses and the data generated.
The Poetic Principle – We can Choose What We Study	It was important to me that the area of research was relevant and meaningful for my participants to support engagement on ethical grounds as they were giving up their time to be involved in the project. Therefore, they were involved in the Define stage of the AI to ensure the focus of the research was relevant, applicable to their current context and linked to their understanding of positive outcomes for CYP in their care.
The Anticipatory Principle – Image inspires action	The solution-focused and hopeful use of the dream enabled my participants to think positively about their current practice and future working with EPs (in what ways they could build on their current strengths collaborating with EPs). This also helped to encourage RCWs to share their experiences of what was working well and successful in their settings whilst recognising different homes were at different stages of their journey working with EPS and applying psychology in their practice.
The Positive Principle – Positive questions lead to Positive Change	This aligned closely with my values and the importance of recognising strengths. The AI approach would allow participants to consider how their current collaboration with EPs could be different and even better. Furthermore, the participants already valued working with EPs and had experience of engaging in similar psychological approaches in their daily practice with the EPS e.g. had previously completed a Planning Alternative Tomorrows with hope (PATH) (Pearpoint et al., 1993).

*Table 13: How Appreciative Inquiry Principles informed my Research Project (Cooperrider & Whitney, 1999)*

I considered use of Timmins et al. (2003) Research and Development in Organisations (RADIO). Although this approach is collaborative and cyclical, I deemed that due to the problem-focused nature of the RADIO model it did not align coherently with my axiological views. My hopes for this research was to explore what RCWs value and perceive to be successful when working with EPs.

### **2.5.3 Grounded Theory Informed Analysis**

I selected GT as an approach to analyse the data generated from the cyclical model of data generation. This enabled me to meet the research aims and to develop a rich picture to inform a service delivery model for EPs working with RCWs.

There are several variants of GT and my analysis was informed by Charmaz's (2017a) constructivist approach and abbreviated critical GT principles (Timonen et al., 2018; Willig, 2013). This fits with my philosophical assumptions outlined above and the understanding of the emerging theory fits with mechanistic typology (Levers, 2013). This assumes that as a researcher I have a role influencing interpretations of the data, and the data influences my construction of the emerging theory within the complex social context (Levers, 2013).

Due to the structure of this thesis, I engaged with wider literature and undertook a literature review in advance of my empirical research. Although some researchers advise against this early engagement others argue it to be necessary and useful in the development of the research question (Timonen et al., 2018). This approach has enabled me to provide a clear rationale for the research whilst recognising the literature as provisional (Charmaz & Thornberg, 2021). Through applying rigour and transparency as suggested by Charmaz (2014) throughout the coding process I have promoted intimacy with the data and approached my analysis openly. I used memo-writing and supervision sessions to consider how my personal values, previous knowledge informed by the literature and my experiences were likely to influence my GT ([see appendix G](#)).

My use of GT as a methodology has shown data generation and preliminary analysis as an interrelated process. AI (used to structure data generation) enabled the development of focused questions with the participants over multiple sessions, and member checking. I applied theoretical sensitivity and saturation only within the initial data set. Further sampling was not conducted beyond AI completion due to time limits. I recognise the final developed GT as provisional and contingent (Pigeon et al., 2004).

The GT approach may be seen as indistinguishable from reflexive thematic analysis (Braun & Clarke, 2021). However, the use of concurrent data generation/analysis, line by line coding and constant comparative analysis in the development of core

concepts is suggested to be specifically associated with GT (Braun & Clarke, 2021). I intended my research to develop a rich picture and for the research question to focus upon social processes and the factors influencing effective practice between RCWs and EPs. Also, I wanted to produce a theory to inform practice that had potential to offer more than a set of themes. Accordingly, I deemed GT to be the most appropriate method for analysis.

## **2.6 Ethical Considerations**

The ethical approval process for virtual practice required the same procedures to be met. Therefore, I submitted an amendment to outline the changes that were needed given the virtual nature of the data collection process. I recognised ethics as an ongoing process and not just a one off event after gaining approval and consent. Cutcliffe and Ramcharan (2002), highlight the need for specific consideration about impact of participation on individuals, ending of relationships and ongoing informed consent throughout the process. Furthermore, I felt it was important to consider how the use of online research tools may influence my position as researcher and RCWs as participants across the whole research process, including the write up (Miller, 2012). Table 14 provides examples of my ongoing thinking and adaptations considered before, during, and after each session with reference to how I facilitated this in the virtual environment.

Ethical Considerations	Implication and virtual adaptation
Establishing Consent	<p>Information sheets (<a href="#">see appendix H</a>) provided electronically in advance explained the purpose and process of the research, the potential risks, and benefits of taking part. Consent sheets (<a href="#">see appendix I</a>) were provided electronically in advance of the research sessions and a scanned copy returned to my university email address. Participants were invited to an informal virtual session where the purpose and process of the research was again explained and they were given the opportunity to ask questions about the research process, and to practice using virtual technology. This session was an optional part of the research process. Verbal consent to take part in the research was provided at the start of each focus group session, which was recorded on the video platform.</p>
Right to withdraw	<p>Participants were told about their right to withdraw in the information that accompanied the consent form. This was verbally repeated at each focus group session. Ground rules for the focus group dialogue were outlined by me and agreed at the start of each focus group session. It was made clear that participants could leave the sessions at any time. Participants were provided with debrief forms (<a href="#">see appendix J</a>) at the end of the research and these reminded them of their right to withdraw their data up to the point it was anonymised for transcription (2 weeks after the final session).</p>
Respect and Dignity of Participants	<p>I checked throughout the process that participants were comfortable and offered suggestions to mitigate any discomfort from the virtual process such as the possibility of turning off their video camera while engaging in the focus group dialogue. Participants were told information would be confidential and anonymous and the write up would utilise pseudonyms for individuals and settings. Participants were invited to an optional feedback session and had access to the write up/quotes and findings to see how they were represented within this.</p>
Sensitive endings of research relationship and the provision of follow-up support as required	<p>I was aware that I did not work in the local authority in which the research was conducted, and therefore would not have an ongoing relationship with participants in a professional role as a TEP. My email address was provided so I was accessible to participants for any follow up questions. An email was sent to all participants after research was completed with an optional evaluation form (<a href="#">see appendix K</a>).</p> <p>Clear and regular communication with the EPS was also established so they were aware of the focus of the research and could provide follow up support to participants if required and was evidenced on the debrief form. An independent helpline was signposted on debrief form if participants wanted to access further support.</p> <p>I also will provide the opportunity for participants to have access of the written thesis and any published work in relation to the research.</p>

Table 14: Ethical Considerations and Virtual Adaptations throughout the research process



## **2.7 Ensuring Quality and Rigour**

There is an historical view that qualitative research may lack objectivity, generalisability, validity, and reliability in contrast to quantitative research (Charmaz & Thornberg, 2021). As a result, qualitative research may be perceived as low quality.

Charmaz and Thornberg (2021) suggest that to evaluate the quality of GT analysis effectively, a unique set of criteria is required that is coherent with the epistemological approach. I aimed to be transparent and rigorous through the audit trail provided in the appendices to support credibility and trustworthiness of the rich data generated and the research process itself.

Table 15 highlights four criteria for evaluating constructivist GT (Charmaz, 2014). I have considered each of these to review quality and support my reflexivity throughout the process including both data generation and analysis.

Quality Criteria	How I have attempted to meet criteria
<b>Credibility:</b>	The iterative process of data generation/analysis is described in detail. Line-by-line coding and systematic comparisons throughout the analysis is evidenced in appendix L. This enabled intimacy with the data, and ensured my analysis was comprehensive and rich. Through being reflexive throughout the process by memo-writing ( <a href="#">see appendix G</a> ), I have been transparent and open about my methodological decisions and how these have been informed by my values and philosophical assumptions. I have attempted to justify each of my choices.
<b>Originality:</b>	I believe the findings generated from this research helps to contribute new knowledge, understanding and application within two disciplines about how EPs can work within Residential Childcare settings. This contribution to these fields is meaningful and can develop and promote how EPs and RCWs can work together as it provides what is valued about this work by RCWs themselves, through a strengths-based approach.
<b>Resonance:</b>	I suggest the research findings closely represent participants' experiences whilst also providing insight to others, especially developing practice of EPs and implications are discussed. I suggest that through checking back my findings with the participants, and positioning the theory within the wider literature, and providing participant quotes, the theory should make sense and be understandable to a wide range of stakeholders in the research area.
<b>Usefulness:</b>	The theory developed provides a general overview which I suggest can be applicable to an ever-changing context and help to understand how EPS' can support future change within residential childcare settings and informs future policy. I believe that further research could explore RCWs within diverse conditions and those who have not previously worked with an EPS and the theory generated can be modified to include any new interpretations.

Table 15: Quality Criteria for Constructivist Grounded Theory informed by Charmaz (2014)

## **Chapter 3: Empirical Research Project**

## **Chapter 3: Empirical Research Project<sup>3</sup>**

### **How do Residential Childcare Workers perceive that an Educational Psychology Service can facilitate effective change in residential children's homes to achieve positive outcomes for children in their care?**

#### **3.0 Abstract**

This research explores the perspectives of Residential Care Workers (RCWs) and what they value about working with Educational Psychologists (EPs).

I adopted a qualitative empirical case study with six RCWs who have experience of working with EPs in group consultation. A focus group approach enabled the generation of data (virtual adaptations due to Covid-19). I structured this using Appreciative Inquiry over three sessions which I recorded and transcribed. I used abbreviated constructionist grounded theory to analyse the transcripts.

My analysis highlights three categories: the EP way of being, the processes and approaches used, and the current perceived needs of the setting. RCWs identified four areas for EPs to provide support, including: how CYP are perceived, reflection on language, inclusive practice, and understanding need.

These findings may inform EP service delivery within residential childcare in a local authority and are of interest to EPs more widely.

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<sup>3</sup> This Empirical Chapter has been written with intention for future submission to the journal Educational Psychology in Practice

### **3.1. Introduction**

This empirical project explores residential care workers' (RCWs') perceptions of what they value, when working with Educational Psychologists' (EPs'), to support their practice towards achieving positive outcomes for residential care-experienced children and young people (RE-CYP). Firstly, successful outcomes are conceptualised for RE-CYP. Next, I explore Residential Childcare Practice (RCP) with a focus upon the role of RCWs to provide context. Then, I consider the potential role of EPs within RCP before outlining the research aims.

#### ***3.1.1 Outcomes for children and young people in residential childcare***

Firstly, I highlight the challenges faced by RE-CYP and consider how to conceptualise positive outcomes given these experiences. I explore how a need to reframe the negative narrative associated with RE-CYP, may require a focus upon organisational support, to ensure RE-CYP have the best opportunity to achieve.

RE-CYP are widely recognised as a vulnerable population and reported to be at increased risk of negative outcomes, (compared to other care-experienced CYP) often due to experiencing challenging early life events before entering care, such as: abuse or neglect (Hicks et al., 2009; Holmes et al., 2018; Steels & Simpson, 2017). However, vulnerability is considered a problematic concept due to it being a social construction (Liamputtong, 2007). Furthermore, Axford (2010) claims that defining vulnerable children within a risk and need model may lead to homogenous interpretations applying a reductionist, individualist focus. Instead, Axford (2010) suggests, the application of a social exclusion framework may promote societal changes, and support reframing perspectives towards a more holistic view of CYP instead of a model that leads to individual blame.

Care-experienced CYP are reported to experience multi-dimensional disadvantage that can lead to social exclusion which may be further heightened for those in residential settings because of social stigma (Kendrick, 2005). Due to different legislative structures for nations in the United Kingdom (UK) I will focus upon government data in England as providing most appropriate context for this research. However, there is limited academic literature based on England alone so I will consider wider literature, within and beyond the UK.

The UK government monitors outcomes for all care-experienced CYP, recording: educational (attainment, progress, attendance, Special Educational Needs, exclusion), attachment outcomes (placement stability), physical health (routine checks, pregnancy), mental health, incidences of sexual/physical abuse, crime involvement and substance-misuse and social exclusion (homelessness, unemployment, poverty) (Department for Education, 2019a, 2019b; Institute of Public Care & Social Services Improvement Agency, 2007). These outcomes often highlight that RE-CYP experience increased disadvantage compared to the wider population of children in care.

Measurable outcomes such as those referred to above, to monitor the experiences and achievements of RE-CYP, can lead to a narrow view of success (Bakketeig et al., 2020). Consequently, this may highlight inequalities between RE-CYP and the wider population risking further embedding social inequality, blaming individuals and reinforcing a negative narrative of all care-experienced CYP (Axford, 2008; Bakketeig et al., 2020).

A problem-focused narrative fixating on risk is likely to ignore subjectivity of success, and may impact how RE-CYP view themselves and are viewed by others (Axford, 2008; Bakketeig et al., 2020). RE-CYP are a heterogeneous group and enabling them to achieve positive outcomes will be dependent upon provision and support available (Bradbury, 2006). Therefore, change may be needed to systems and increased support to professionals working directly with RE-CYP to support achievement of positive outcomes, rather than a focus upon fixing individual RE-CYP.

Adoption of a strengths-based, holistic view within residential settings could lead to wider conceptualisations of outcomes that are neither fixed nor linear. This may challenge negative narratives and provide an inclusive context for discussing practices which may be important to supporting RE-CYP (Kendrick, 2005).

This section has critically considered the potential disadvantage experienced by RE-CYP. Next, I explore the role of RCWs in providing support for RE-CYP.

### ***3.1.2 Residential Childcare Workers' Role in supporting Positive Outcomes***

Effective RCP, leading to positive outcomes for RE-CYP requires a shared understanding and language among RCWs to inform and reflect upon practice (Happ et al., 2018). RCP is often viewed as a last-resort for CYP who are demonstrating

behaviours perceived as challenging (Holmes et al., 2018; Narey, 2016). However, there is some emerging literature suggesting factors that may support effective RCP including: effective leadership, low staff turnover, and positive organisational culture (Brown et al., 2019; Hicks et al., 2009).

There are international differences in the perceived purpose of RCP and a range of therapeutic childcare models are adopted to frame practice (Davidson et al., 2011; Grietens et al., 2014; Whittaker et al., 2016). However, comparisons between models based on international data need to take account of differing social and political contexts and purposes of RCP or they may lead to oversimplified and narrow interpretations (Ainsworth & Thoburn, 2014).

Many consider positive relationships to be foundational to childcare (Nolan & Gibb, 2018; Swan et al., 2018; Warwick, 2021). Elements including: trust, unconditional regard, respect, and communication are deemed central to building reciprocal relationships and developing a relational approach (Davidson et al., 2011; Swan et al., 2018). Kor et al. (2021) argue that three core elements to build rapport are, personalised engagement, perseverance through challenge and balancing care and control. Supporting the development of positive outcomes and reducing risk for RE-CYP are central to ensuring a safe, therapeutic group-living environment (Moodie & Nolan, 2016). An emphasis on relational practice is emerging and Kor et al. (2021) suggest that this is informed by three perspectives: psychodynamic, psychosocial, and systemic. Although practice may vary there is agreement on centrality of relationships to contemporary RCP (Ruch, 2018). Trevithick (2003) highlights the need for a theoretical understanding of relationships, in addition to the interpersonal skills required to establish relationships with CYP. However, Smith (2021) promotes the importance of consideration of relationships within a wider context beyond the inter-personal.

The RCW role is often perceived as challenging, which can be further exacerbated within a culture where RCWs may fear making mistakes and being blamed (Brown et al., 2018; Holmes et al., 2018). It is argued that RCWs need to work within supportive organisations that promote reflective practice and recognise the ethical challenges experienced by staff (Brend & Sprang, 2020; Kor et al., 2021). Audin et al. (2018) suggest that RCWs need to feel supported at work by promoting confidence and wellbeing to ensure they can effectively care for CYP and prevent

burnout. White (2007) outlines the uncertainty and vulnerability experienced by RCWs working in the moment and describes a praxis-oriented framework: knowing, doing and being. This provides an approach to think about the skills and attitudes required for effective relational practice, whilst recognising contextual influences.

It is argued that recording progress and monitoring CYPs' development towards personalised outcomes, helps RCWs find their work meaningful, support staff-wellbeing and promote positive work engagement (Audin et al., 2018).

Consequently, supporting staff engagement in developing achievable outcomes for RE-CYP is likely to reinforce positive practice within residential settings and builds staff capacity.

RCWs do not need to be qualified to degree level in Scotland, furthermore, Narey (2016) suggested that there should be no requirement for RCWs in England to gain qualifications prior to undertaking their roles. In comparison, RCWs in Europe are qualified as social pedagogues, an approach which informs their practice (Ainsworth & Thoburn, 2014). Such requirements may impact upon how RCWs are positioned, and how they, and residential childcare establishments are viewed. Nonetheless, RCWs may still require access to training to develop their knowledge, understanding and skills, to be confident and competent (Hicks et al., 2009; Nordoff & Madoc-Jones, 2014).

Pillars of Parenting (POP) is a psychologically informed approach to care, based upon emotional warmth and safe boundary setting (Cameron & Maginn, 2008). Consultations and training, facilitated by an applied psychologist, supports its implementation. The application of this approach (see table 16 for an overview) within residential settings can empower RCWs' by developing knowledge, understanding and skill for working with RE-CYP (Cameron & Das, 2019).



<b>Pillars of Parenting Overview</b>
<p>1: Developing a sense of well-being: helping CYP to feel good about themselves by:</p> <ul style="list-style-type: none"> <li>● Providing quality care and protection (Pillar 1)</li> <li>● Building warm relationships (Pillar 2)</li> <li>● Promoting an appropriate level of self-perception/self-worth (Pillar 3)</li> <li>● Ensuring a sense of belonging. (Pillar 4)</li> </ul> <p>2: Managing life events: enabling children and young people to respond to both difficulties and opportunities by:</p> <ul style="list-style-type: none"> <li>● Enhancing resilience (Pillar 5)</li> <li>● Teaching self-management skills (Pillar 6)</li> </ul> <p>3: Acquiring social confidence and capital: helping children and young people to make and keep friends by:</p> <ul style="list-style-type: none"> <li>● Improving emotional competence (Pillar 7)</li> <li>● Developing personal and social responsibility. (Pillar 8)</li> </ul>

*Table 16: Pillars of Parenting Approach Overview*

I have explored important elements of effective RCP and the importance of relational practice delivered by RCWs. The high demands experienced by RCWs may require additional support from applied psychologists; in the form of training, supervision, and consultation, to ensure both effective implementation and promote staff-wellbeing, preventing high turnover.

### **3.1.3 Educational Psychologists' Role supporting Residential Childcare Workers**

This section considers how the EP role, skills and experience can be applied to support RCWs. Ainsworth and Thoburn (2014) highlight that, internationally, the employment of psychologists can be an appropriate response to supporting the complex needs of RE-CYP. I suggest this can be both via direct work with CYP and by supporting RCWs and providing training. Furthermore, Davidson et al. (2011) outline the importance of psychological support to RCWs to recognise challenges they experience, develop a supportive learning culture within the organisation for RCWs, and provide training and supervision.

Within England, EPs work in challenging contexts which are influenced by the ever-changing socio-political context, with many working within traded contexts (Fallon et al., 2010). However, Schulze et al. (2019) suggest traded work has narrowed the range of work EPs engage with. They highlight the need for EPs to challenge this by

engaging in broader work, such as collaborating with the wider community, to support preventative action by empowering disadvantaged groups and challenging inequality.

Schulze et al. (2019) argue that EPs have an increasing need to recognise their role within larger political and social systems, to promote a social justice agenda within their professional practice. They suggest that this can re-focus EP practice away from feeding within-child narratives through assessment practices, by adopting a child-centred inclusive approach (Schulze et al., 2019). I suggest this could also involve challenging the national negative discourse around RE-CYP (Holmes et al., 2018).

As employees of a Local Authority, EPs are expected to support the corporate parenting role (Bradbury, 2006). They are perceived to be well placed to support inclusion and achievement of care-experienced CYP (Cameron, 2006; Norwich et al., 2010). However, Norwich et al. (2010) highlight there can be tension and conflict for EPs collaborating across disciplines. However, working at the boundary between disciplines can provide expansive learning opportunities for EPs and those they work with, leading to reflection and practice transformation (Akkerman & Bakker, 2011; Engeström, 2015).

EPs apply psychological knowledge, skills, and understanding to support complex environments and multi-layered problems (MacKay et al., 2016). These can include educational, community, and care settings, where EPs can work at the level of prevention and early intervention (Bradbury, 2006; Fallon et al., 2010; Norwich et al., 2010).

EPs have experience working at a systems level, supporting multi-agency and capacity building work (Fox, 2009). They bring skills and experience of collaborating with a wide range of settings/professionals (Cameron, 2006; Farrell et al., 2006). This is evidenced in the standards of proficiency for practitioner psychologists, highlighting the need to contribute to multi-disciplinary teams (Health and Care Professions Council, 2016). EPs supporting RCWs can position themselves to act as a bridge between education and social care. EPs can support improved practice through their provision of a “distinct knowledge and skills mix, and its interactive and ecological perspective of child wellbeing” (Fallon et al., 2010, p. 10). Norwich et al.

(2010) suggests that this provides justification for promoting the further commissioning of EPs to work collaboratively with multi-agency professionals.

Bradbury (2006) emphasises the importance of EPs working with professionals who know care experienced CYP best. EPs adopting a strategic role within residential settings may support identifying need and provision for care-experienced CYP (Fallon et al., 2010).

One survey suggests that virtual school professionals (who have a statutory responsibility to promote the educational achievement and welfare of CYP in care) value working with EPs (Drew & Banerjee, 2019). They view the EP role as a successful contributing factor to effective partnerships with multi-agencies, and particularly value their expertise on supporting transition (Drew & Banerjee, 2019). I consider RCWs may also benefit from EP involvement to support their developing practice.

I have argued that current EP practice is developing within wider communities. This involves collaboration with professionals beyond education. I have highlighted the need to support positive change for RE-CYP, through supporting RCWs with their practice. In summary I argue that, RCWs may benefit from collaborating with EPs to support positive outcomes for RE-CYP. However, there is limited understanding of RCWs' perceptions of working with EPs in ways which support their practice and enable them to improve outcomes for RE-CYP. It is important that RCWs' views inform this approach to ensure EPs can understand perceived need, rather than impose an expert view.

#### **3.1.4 Research Aims**

My primary research aim is to explore RCWs' perspectives about what they value when collaborating with EPs and how they can support their practice. My empirical project explores the research question:

*How do RCWs in one local authority perceive EPs can support their practice in ways which contribute to positive outcomes for RE-CYP?*

The purpose of this research is to provide insight and understanding of how EPs can work effectively with RCWs.

## **3.2 Methodology**

### **3.2.1 Research Design**

I conducted my research within a constructionist paradigm, (Levers, 2013). I adopted a qualitative case study design based on dialogue and collaboration to address the research question which explored the perceptions of RCWs (Yin, 2014). This interpretative approach supports an in-depth inquiry to explore my “How” research question, and generate a rich picture, where consideration of context is particularly relevant to the focus of this study (Baxter & Jack, 2008).

Focus groups were chosen over individual interviews to enable the generation of a collective rich picture, informed by collaborative dialogue. Grounded Theory (GT) methodology was combined with Appreciative Inquiry (AI) to structure focus group dialogue. I believe this rigorous yet flexible approach to deriving meaning is suitable and consistent with my philosophical underpinnings. GT methodology was informed by principles from Charmaz (2017a). This approach recognised my experiences and values as a researcher to inform and influence my analysis. My approach was further influenced by Abbreviated GT (Willig, 2013). This was due to anticipated limitations because of time constraints and a small participant group. I will outline both my data generation and analysis process (which initially happened simultaneously) and consider how they were interrelated and informed my subsequent analysis.

### **3.2.2 Participants and Context**

I chose the identified Local Authority (LA) as the focus of the case study to explore perceptions of RCWs with experience of working with EPs. The Educational Psychology Service (EPS) within the identified LA had a service level agreement with the three LA residential homes, and therefore RCWs had experienced partnership working with EPs. I had no pre-existing relationships with the settings. I undertook this project virtually due to government restrictions imposed by Covid-19.

I presented the research aims to the residential managers of each setting in a virtual group meeting. All three managers agreed to discuss with RCWs and share the research information sheet ([see appendix H](#)) with those expressing an interest in participating. Two RCWs with experience working with the EPS volunteered from each setting and were invited to an initial virtual meeting. All participants completed consent forms digitally ([see appendix I](#)).

I collected demographic information relating to gender, role, and service length in their residential children’s home. Table 17 shows the characteristics of participants and uses gender neutral pseudonyms to ensure anonymity. The columns after ‘participants’ in the table provide the range of experience, setting and job titles of the RCWs. For privacy reasons it is not possible to determine the particular setting, experience level or current job title of any individual participant.

Participants <sup>4</sup>	Gender	Setting	Duration Worked in Residential Childcare	Current Job Role
Charlie	1 Male 5 Females	2 Scarlett Lodge	2 (5-10 Years) 1 (10-15 Years) 2 (15-20 Years) 1 (20 Years +)	3 Team Leaders  1 Support Worker  2 Shift Co-ordinators
Alex				
Sam				
Danni		2 Sapphire Cottage	2 (15-20 Years) 1 (20 Years +)	1 Support Worker  2 Shift Co-ordinators
Jamie				
George		2 Rose Manor		

Table 17: Participants' Characteristics

The residential homes are Ofsted rated as ‘Outstanding’ or ‘Good’ and had been working with the EPS, implementing Pillars of Parenting (POP) since 2015. The POP model (Maginn & Cameron, 2013) was facilitated by two EPs in group consultation, informing staff practice and organisational ethos. Despite RCWs working in different settings, they knew each other due to previous joint training experiences and collaborating as a whole team with the EPS as part of a POP interest group. Table 18 provides contextual information for each home.

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<sup>4</sup> The quotations reported in section 3.3 Analysis and Discussion are formatted in the colour relevant to each participant.

Each residential home's service plan outlines that the purpose of their collaboration with the EPS is to:

- support understanding of CYP development and behaviour,
- ensure a reflective supportive learning culture,
- support positive relationships,
- identify strengths and generate new strategies (using solution-focused problem-solving approaches),
- promote high aspirations for CYP and contribute to positive outcomes, and
- provide staff 1:1 and group supervision.

<b>Scarlett Lodge</b>	<b>Sapphire Cottage</b>	<b>Rose Manor</b>
<ul style="list-style-type: none"> <li>• Four young people</li> <li>• Aged between 10 years and 15 years on admission</li> <li>• Long term placements up to aged 17</li> <li>• Small community children's home providing family living experience</li> <li>• Exclusively for children from Local Authority</li> </ul>	<ul style="list-style-type: none"> <li>• Three young people</li> <li>• Aged between 10 years and 15 years on admission</li> <li>• Length of placement dependent on presenting need</li> <li>• Small community children's home providing family living experience</li> <li>• Exclusively for children from Local Authority</li> </ul>	<ul style="list-style-type: none"> <li>• Four young people</li> <li>• Aged between 6 years and 12 years on admission</li> <li>• Long term placements up to aged 17</li> <li>• Small community children's home providing family living experience</li> <li>• Exclusively for children from Local Authority</li> </ul>

Table 18: Contextual Information of Local Authority Residential Homes

### 3.2.3 Data Generation Procedure

I used the strengths-based tool AI as a vehicle to structure dialogue and generate a rich picture. I recognise that dialogue with RCWs, and engagement in this process may have provoked change in perceptions due to participation. Participants formed a virtual focus group (adapted due to Covid-19) to explore their experiences. Figure 2 shows the 5-stage AI cycle used to structure the focus groups (Cooperrider et al., 2003; Watkins & Mohr, 2001). This structure supported theoretical sampling, enabling categories, and relationships between categories, to be elaborated and refined with participants.

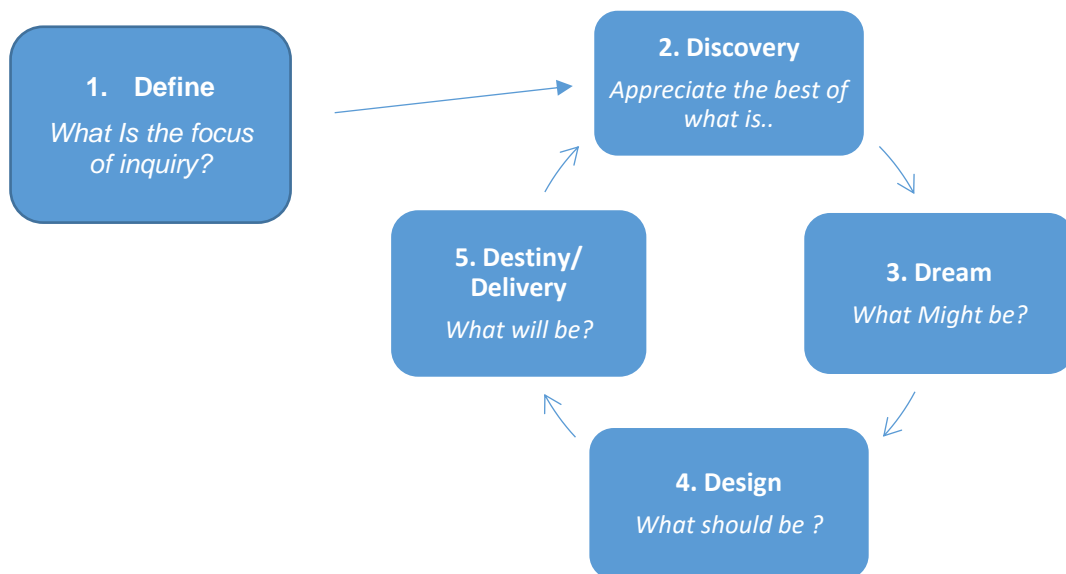


Figure 2: 5 Stage Appreciative Inquiry Cycle

The define stage was isolated from the transcription and not part of the analysis because it did not answer the research question. GT analysis comprised the final four stages of AI.

However, I considered the define stage to be an important part of the process which provided context and enabled positive engagement with the participants. This ensured the focus was meaningful and relevant for participants. We developed a shared understanding ([see appendix M](#)) of what was understood by:

- Current RCW practice– purpose, experiences, and challenges,
- Role of Educational Psychology, and
- Positive outcomes for CYP in their care.

I facilitated the AI cycle over three virtual sessions each lasting one hour, scheduled in collaboration with participants (see figure 3). During each stage, I used prompt questions ([see appendix N](#)). [Appendix O](#) provides a description of activities and adaptations made throughout the research process due to challenges experienced because of technical difficulties.

AI can be an affirming process which may energise and connect participants, leading to positive change through commitment to action, informed and supported by shared values (Cooperrider & Whitney, 1999). Participants in this study had previously engaged in both Solution Circles (Brown & Henderson, 2012) and Planning Alternative Tomorrows with Hope (Pearpoint et al., 1993), which had been facilitated by their Educational Psychologist. These prior experiences in participatory, person-centred approaches may have supported participants' engagement in this research process and the AI approach.

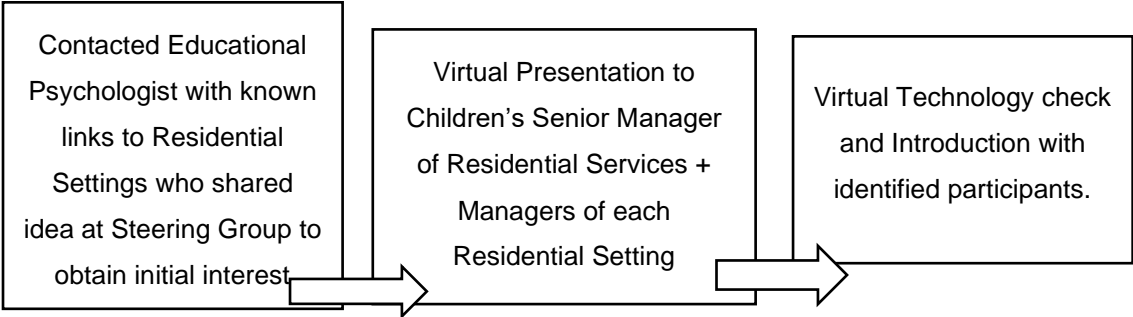
The participants in this study particularly valued the opportunity to connect and learn from each other through questioning and developing a shared language to inform their understanding of practice. As part of the evaluation, participants recognised aspects of the AI process to provide a valuable space for reflection, to encourage positive reframing and highlighted similarities through sharing experiences which they could learn from and implement into practice.

The RCWs in this study shared that they found participating in the AI research process to have:

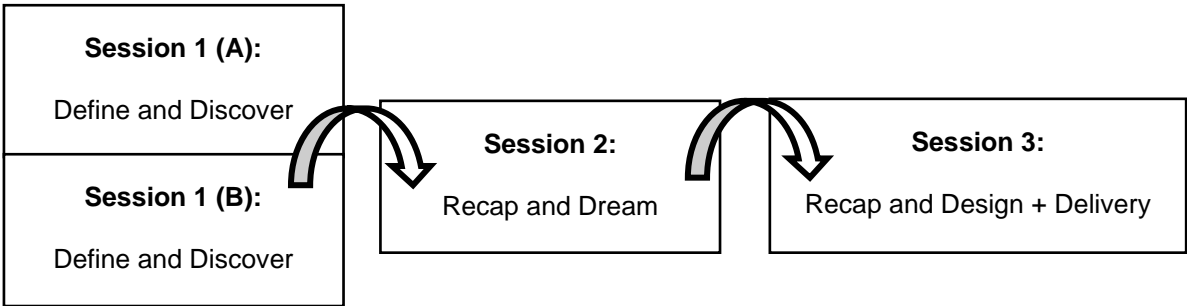
- reinforced a sense of togetherness,
- promoted collaboration,
- inspired next steps, and
- helped to validate their current practice.



**Getting In – Identification of Participants/Setting**



**Getting On- Virtual Appreciative Inquiry – Data Generation**



**Getting Out- Analysis**

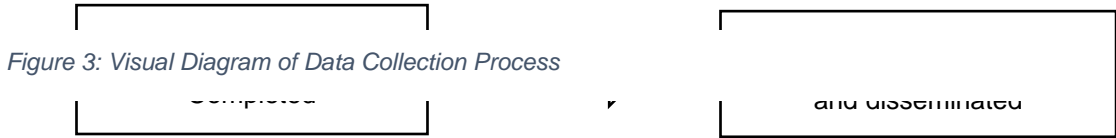


Figure 3: Visual Diagram of Data Collection Process

### 3.2.4 Data Analysis Procedure

Table 19 provides a description of how I applied GT principles flexibly to the analysis and adapted them to fit the purpose of the research. I recognise that another researcher may have analysed the data differently. The video recordings were made using the record feature within the Microsoft Teams virtual platform. Participants were notified when the recordings started and finished and consented to this (both in advance via written consent form and verbally on the day of each research session). Video recordings were stored securely, password protected on the university server, and were deleted following transcription. I transcribed each audio-recording, focusing upon spoken-word only and not additional linguistic features or non-verbals. I consider this sufficient to provide a detailed representation of discussions enabling familiarity. I used the extensive video recordings to help me consider the context of the transcribed focus groups and support interpretation (Willig, 2013).

<b>Initial Coding – Line by Line</b>	I remained open and spontaneous initially coding at speed. I used participants' direct language and use of gerunds (Charmaz, 2015). This ensure my codes were grounded in the data and active. By adopting line by line approach this enabled me to stay intimate with the data and ensuring credibility and relevance and ensure depth of my analysis to enhance quality. A multitude of codes were generated through this iterative process.
<b>Focused Coding</b>	Initial codes that best answered my research question were identified and I considered the questions “what does this mean” and “how does this answer my question” to ensure moving beyond descriptive coding to analytical coding for implicit meaning. Constant comparisons between codes highlighted relationships and tensions between codes. No explicit analytical framework was applied to data and tensions and ambiguity experienced were tolerated and noted within memos to ensure coding was not restricted ( <a href="#">see appendix G</a> ). Through constant comparison codes were refined, merged, and renamed.
<b>Conceptual Categories</b>	Focused codes were merged and adapted and refined through constant comparison.
<b>Clustering and Diagramming</b>	Main categories were sorted diagrammatically by grouping and clustering similar codes which developed into a coherent visual representation. This was to identify relationships and further explore links between categories and focused codes to create a visual representation.
<b>Theoretical Sampling (Lite)</b>	Initial analysis and core categories from each session were shared with participants at the beginning of each subsequent session to enable participants to develop and/or verify interpretations which enabled ongoing analysis and member checking (Walsh & Downe, 2006). Utilising AI as a frame for data collection informed further direction of new data

	<p>generation – providing focus for elaborating and refining questions whilst also informing subsequent analysis. This also ensured participants developed some shared ownership of the data analysis through collaboration with the researcher.</p>
<p><b>Memo Writing</b></p>	<p>An ongoing written analysis of my developing ideas and questions around coding process allowed me to further analyse and abstract my thoughts, comparisons, and relationships throughout my interpretative analysis to lead to a deeper understanding of my data.</p> <p>This process also encouraged me to be reflexive, critical, and connected to my data by challenging my beliefs and assumptions – attempting to approach my data with an open and receptive mind and being transparent about my own prior experiences and understanding.</p> <p>This openness and recorded account of my procedure helps to provide transparency and the possibility for multiple different interpretations to be made by others to further develop and change these interpretations (Arruda, 2003).</p>

*Table 19: Description of each component activity of Grounded Theory process*

Figure 4 shows a visual representation of the GT process; data generation/analysis (includes simultaneous overlap) adapted from Charmaz (2014). At the start of each session, I shared with participants my initial code developments, on the basis of data collected at the previous focus group session ([see appendix P](#)).

[Appendix L](#) provides an audit trail to show examples of initial coding to focused coding, conceptual categories formed before the development of the GT.

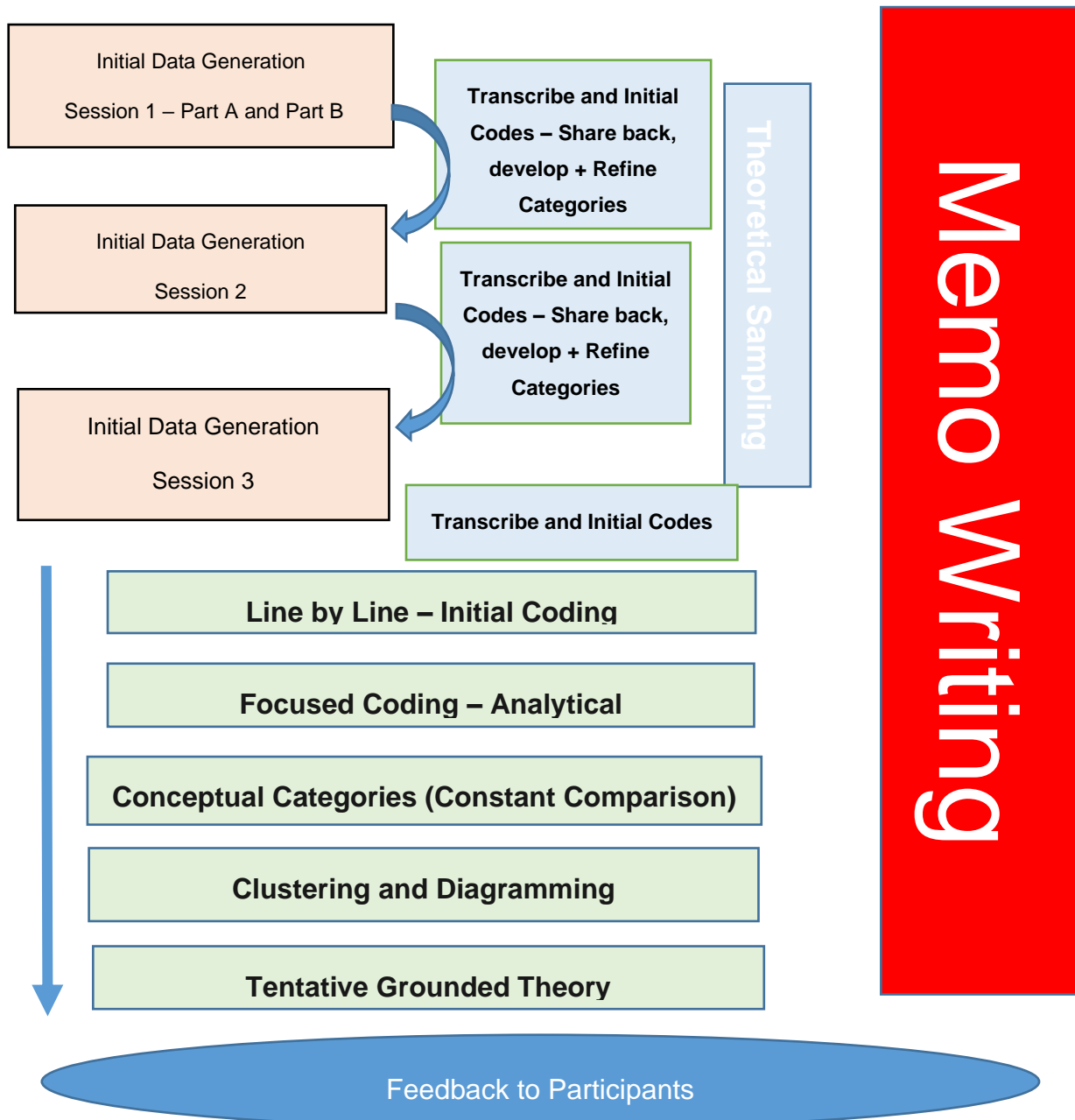


Figure 4: A Visual Representation of Grounded Theory Methodology: Data Collection and Data Analysis

### 3.2.5 Ethical Considerations

Ethical approval was granted in March 2020. An ethical amendment was granted in June 2020, for procedural adaptations required. Due to Covid-19 restrictions, there was a need to use an online video platform for data generation, rather than face-to-face focus groups. Considerations and adaptations are outlined in table 20. I adhered to ethical codes throughout to ensure dignity, rights, and welfare of participants was protected (British Psychological Society, 2018; Health and Care Professions Council, 2016).

Ethical Implication	Additional Virtual Considerations and Adaptation
Informed Written Consent	Information and consent sheets <u>were provided electronically via the email address contact for the Residential setting</u> . Participants <u>scanned a signed copy of the consent form to email back to me</u> and kept one for themselves. Participants will be required to tick boxes to reference they have read the information and consent to specific date elicitation of <u>audio and video recording and how the data will be stored</u> . Consent forms were <u>stored securely on a password protected computer on university servers</u> . The consent forms were kept separate to other research documents for each participant. Participants also gave verbal consent to take part in the research on each day of the meetings, which was <u>recorded on the video platform</u> .
Data Protection	I have completed General Data Protection Regulation (GDPR) and information management training online. Data will be kept in a secure place and password protected that only I have access to and will be deleted following research completion. This will be kept for the relevant length of time as outlined by the university and BPS guidelines and shared with the participants. I stored any hard-copy research data securely in my home and will transfer the data to University premises as soon as it is possible to do so. I stored <u>all electronic data</u> (recorded video interviews, and transcripts) <u>on University servers</u> and always locked my laptop when not attending it. I conducted the video meeting in a private space within my home and on <u>an approved video conferencing platform</u> (Microsoft Teams) to <u>ensure online data generation was secure</u> .
Debriefing	A debrief letter <u>was emailed to all participants</u> which included my email address, my university supervisor and contact details for their Local Authority link Educational Psychologist. This outlined that participants data will be anonymised and that they will not be able to be identified from my research. Participants could request for their data to be removed and destroyed up to the point of data analysis completion (date was provided) as at this stage data had been interpreted and coded as part of the group and no individual responses could be identified and withdrawn. The results of this research will be made accessible to the LA and the EPS in which it took place and include a discussion about next steps and recommendations which arose from the research. I will

	provide feedback to the services and participants involved within 12 months of the research taking place <u>in line with Covid-19 restriction and guidance.</u>
Participant confidentiality and anonymity	<p>The data generation process took place <u>during working hours and accessed virtually.</u> Some participants joined from their work building (residential childcare setting) within a dedicated quiet meeting room and some joined from home due to Covid-19 restrictions. I am aware that identification of an appropriate room was necessary to ensure young people/other members of the household were not around due to the potential sensitivity of the discussions in the focus group. During each virtual session participants were reminded that they did not have to answer any question if they did not feel comfortable and that they could withdraw from the research at any time. At each session ground rules were discussed and reminded that issues that arose remain confidential within the focus group. However, I was not able to guarantee this due to the group aspect of the research.</p> <p>I ensured the anonymity of; the LA, EPS, Residential Childcare Settings, individual participants involved, and any children discussed by using pseudonyms and only essential descriptive information to minimise the risk of their identification and ensure privacy.</p>
Power Dynamics	<p>I considered the influence of power online and how this may impact how comfortable participants felt to share their views. The participants knew each other and are part of a team, however I recognise that this may have impacted upon what they feel comfortable sharing as a group. The process was strengths-based to mitigate some of this potential reluctance to share. Participants were able to share views vocally or record these via the chat function. I monitored group dynamics and utilised curious questioning to bring participants into the conversation without applying pressure, and utilised developing skills from my professional practice and virtual working. I considered how the online video platform was accessed and the functionality by undertaking a technology check. Some inequity of access was addressed as technology was accessed through the residential care setting as required and not relying solely on participants' individual technological access.</p>
Psychological stress, anxiety, or harm	<p>Potential emotional and psychological impact of participation in the process is acknowledged and was addressed within the briefing and consent information. The stressful work role my participants have may impact on burnout or their own vulnerabilities. Although undertaking this work remotely may remove the safeguard of being able to detect distress. I continued to watch for expressions of discomfort and check in to ensure everyone was comfortable and recognised ethical considerations as an ongoing process. The positive strengths-oriented research project can mediate any potential risk, as the process focuses upon what is working and can build staff capacity for further development, potentially leading to transformative organisational change in practice. This process will support strengthening the system's capacity to recognise and develop their positive potential. This risk can continue to be mitigated as the residential care setting is continuing to be supported by their named EP on a regular basis. The EP has been identified as an important person to support participants and provide supervision if sensitive issues arise. I have enhanced Disclosure Barring Service status and have had safeguarding induction training. I frequently work with individuals</p>

	considered to be vulnerable as part of my current role. My practice is overseen by my placement supervisor, the Lead Educational Psychologist, and my Research Supervisors at Newcastle University.
Prolonged/ repetitive:	To reduce potential fatigue during online video sessions, research was carried out over three separate sessions and each session lasted a maximum of one hour.  Timing of the sessions was negotiated with the participants to support participation.

*Table 20: Ethical Considerations and Virtual Adaptations*

### 3.3 Analysis and Discussion

#### 3.3.1 Summary

Charmaz and Thornberg (2021) suggest presenting analysis and discussion together can provide the opportunity to position the analysis within the wider theoretical literature and consider how it extends and challenges current conceptualisations.

Analysis led to the provisional GT with three core categories valued by RCWs working with EPs. Each category is shown in the Figure 5<sup>5</sup> visual:

- EP way of being – their role and values,
- How the EP works - processes and approaches, and
- Perceived areas of need - elements to explore to lead to positive change.

I will consider each category to provide further explanation, and its contribution to the overall GT, supported by participant quotes.

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<sup>5</sup> Figure 5 provides a visual diagram to highlight the three key areas RCWs valued about working with EPs. Roles and Values – represent foundational blocks to support EP positioning and relationship with RCWs. The orange arrows represent the processes adopted by EPs as they worked with RCWs. The blue interacting circles represent the focus for positive changes and outcome of the EP work with RCWs.



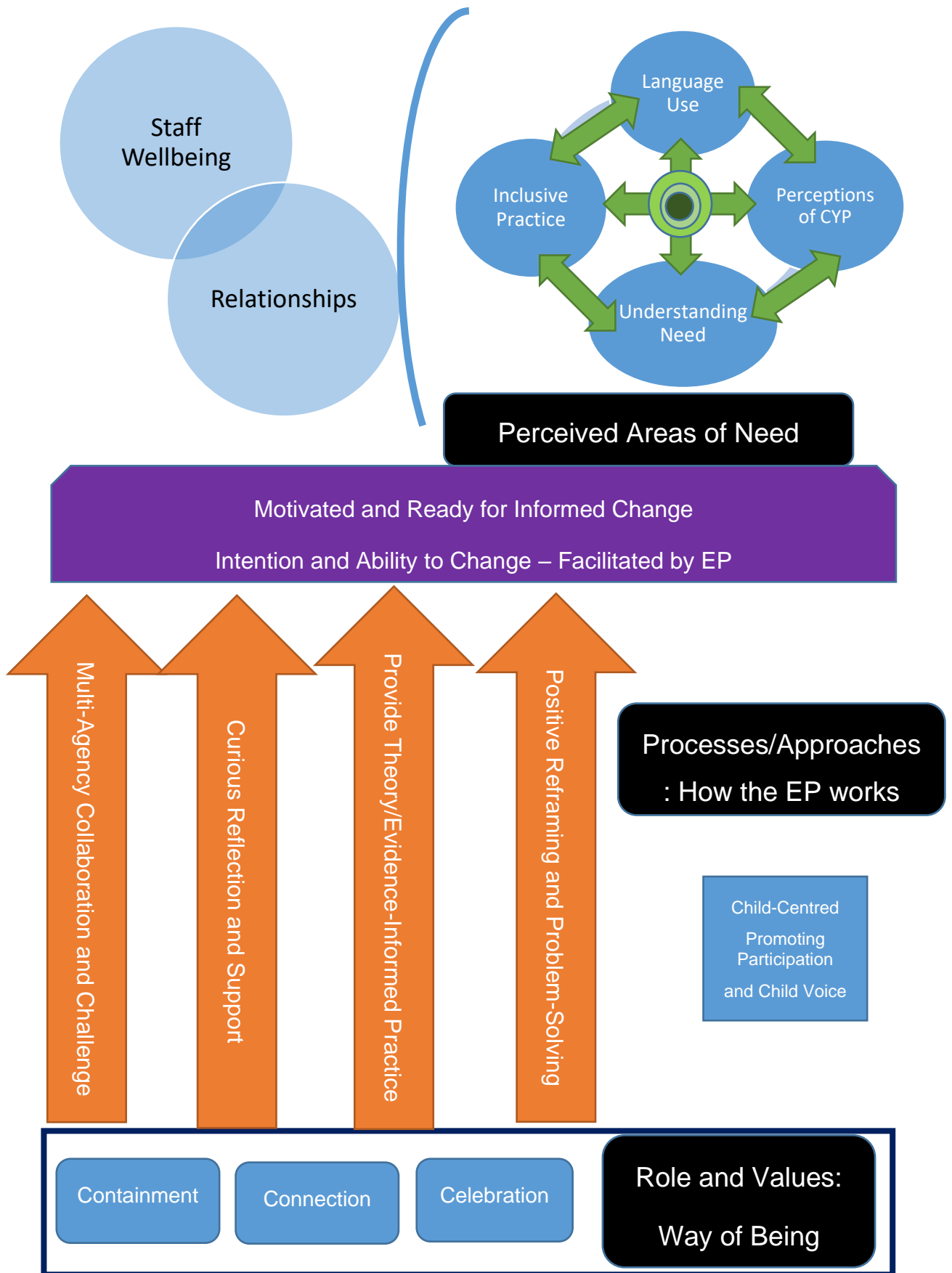


Figure 5: Grounded Theory Visual

### 3.3.2 Educational Psychologist's Way of Being – Roles and Values

Personal skills and qualities of EPs seemed to be important to RCWs and their sense of being able to collaborate with the EP. RCWs highlighted the way EPs seemed to connect with them and support engagement. The supportive, approachable style EPs adopt seemed to influence their subsequent positioning within the team. RCWs highlight below the qualities valued and particularly show the importance of not just 'what' is done but 'how' this is done. The RCWs appeared to find the strengths-based approach adopted by EPs, to be encouraging and reassuring. This approach may offer RCWs validation, enabling them to provide effective care for RE-CYP, despite demands faced.

*We're going through a really difficult time as a team ... changes in staffing, absences, and some really, difficult behaviour... exercises that we did, on an away day, with \* EP\* just got us to look at, and to share, what we and our strengths were as a team, ... look at us as individuals, and celebrate the strengths ..., and doing something like that was really, supportive, really helpful.*

Sam – Session 1  
(Discovery) (938-952)

*it is their role but not with the kids it isn't, its friendly, they're like a family friend.*

Jamie – Session 2 (Dream) – (978-980)

#### Box 1: Interrelatedness

The RCWs recognised EPs as a central part of the team highlighting the importance of togetherness and collaboration, whilst valuing their outsider perspective. This suggests that a careful balance is required to ensure that the EP role moves beyond being a friend. The following discussion highlights the need for an outsider perspective. This positioning of the EP as an informed outsider, helps to provide a holistic understanding of the setting, whilst maintaining the external perspective to provide a sense of otherness.

*EPs are just like part of the team... we need to have one on each team... An on-site full time EP*

*trouble is if they were on our teams they wouldn't be as good as they are, because they help us because they are not as emotionally involved.*

*They have that outsider view, perspective,*

Alex, George, Jamie– Session 2 (Dream) (1011-1020)

#### Box 2: Role Positioning

This perceived outsidership or otherness may provide opportunity to support collaborative problem solving through provision of dialogic space (Ferreira &

Wegerif, 2011). This may highlight the importance for these RCWs of the EPs' 'way of being', which might support relationships between EPs and RCWs in this context. Honneth's (1995) Recognition Theory might help RCWs to feel valued in their role to continue to care for RE-CYP (Houston, 2015; Marshall et al., 2020). A focus upon one form of recognition – solidarity, promotes the importance of community relations and being valued for one's skills and contributions, which supports belonging and a sense of competence (Honneth, 1995). EPs informed by this framework may offer a unique contribution by supporting RCWs' engagement, whilst understanding the importance of ensuring RCWs feel appreciated and part of a team.

### **3.3.3 Processes and approaches**

RCWs valued four processes used by EPs to contribute specific "otherness" through applying psychologically informed approaches. These are:

- Multi-agency collaboration and challenge,
- Curious reflection and support,
- Provide theory/Evidence-informed practice, and
- Positive reframing and problem-solving.

RCWs described how EPs often collaborated and challenged practice, to shift others' negative perceptions as a critical friend. EPs can draw upon established relationships within schools to promote positive change and advocate for RE-CYP. Boundary working can offer an opportunity for learning and development (Akkerman & Bakker, 2011). Therefore, EPs' role as multi-agency professionals within both education systems and social care is likely to bring a unique valuable position.

*The EP, thought that wasn't right, he needed, to be in school and they needed, to deal, so they actually spoke to the headteacher, and increased his timetable after listening to him, ... this reduced timetable was not really helpful, cos he needed something, to get in to school ...so it was really helpful, straight on it and ... went to see the headteacher ... they increased the timetable, so they were like really helpful* Danni - Session 1 Discovery (792-803)

#### *Box 3: Multi-Agency Practice*

Reflection facilitated by an EP was valued by RCWs and provided a safe space to explore situations. Reflective spaces can enable RCWs to unpick positive practice and explore alternative approaches.

*Have we done something right? then you get the reassurance that it's okay to get it wrong and its good if you get it right so it's the reassurance you need ...to move forward ....*

Charlie - Session 1 Discovery (856-864)

*Box 4: Reflective Practice*

Psychological theory application is perceived to provide justification for adopting certain strategies and was valued by RCWs. This appeared to lead RCWs to critical questioning. RCWs referenced theories in relation to particular pillars from the emotional warmth model that the homes use (Maginn & Cameron, 2013). It helps to support their understanding of RE-CYPs' experiences whilst also informing strategies they can apply to daily practice.

*gives you a reason for the way we do things... staff have a better understanding now, of the theories, before it was just sort of you know you'd hear the odd theory when you started in your training, whereas now it's got people researching theories, asking questions, questioning theories.*

Alex - Session 1 Discovery – (827-852)

*Box 5: Theory Application*

Theory application should be consistent with the values of the residential setting (Happ et al., 2018). Attachment theory is known to have many misinterpretations and consequently may not be appropriate within residential care settings as it may be seen to further reinforce a negative narrative of residential care as the last resort (Smith et al., 2017). EPs need to adopt a critical approach to the application of theory, and the ways in which RE-CYP might be constructed through this application.

Reframing and providing new strategies were valued. Solution-focused approaches are considered by RCWs to be a positive way to challenge and facilitate RCWs to reach their own solutions, to meet the needs of the home. EPs may be able to apply their consultative skills to support RCWs in directed collaboration, encourage co-construction, and promote shared problem-solving (Nolan & Moreland, 2014).

*any issues ..., we do a solution circle, raises it gets all different concerns and fresh eyes and new ideas for moving forward.*

*...It's nice to have somebody to talk to ... put the positive spin on things, cos issues can become very negative very quickly*

Charlie /Alex -Session 1 Discovery (607-616)

*Box 6: Positive Reframing*

The RCWs shared that the processes adopted by EPs encouraged them to be child-centred, enable participation and consider child voice. Axford (2010) suggests adoption of a social exclusion framework promotes collective responsibility. This can maximise inclusion, by offering a useful lens within children's services to encourage

organisations to support CYP differently and promote participation. This can encourage RCWs to support RE-CYP to have a level of responsibility and autonomy through providing choice and control with the possibility to move away from a risk and need focus (Axford, 2010). Through recognition of RE-CYPs' individual competencies, alongside the strengths of group living, EPs can support RCWs to ensure RE-CYP develop their competence and aspirations in a meaningful way (Emond, 2014; Houston, 2015; Marshall et al., 2020).

Furthermore, making psychology accessible is important for enhancing understanding. It also provides reassurance and promotes motivation for informed change.

*change needs to be carefully considered ... people don't like it to be an intonation that you have been doing something wrong, or saying something wrong, so I think that's where EPs can come in and just sort of say look ..., this is why we are thinking of doing these things, this is the rationale behind it ...this is the impact that it could have if we get this right and I think that's where their role can be really helpful ... to give ownership to the staff teams to say, what do you think would be a better alternative and get them engaging in the process,*

Sam - Session 3 (Destiny + Design) (692-706)

Box 7: Supporting change

I suggest these identified processes (collaboration/challenge, reflection/support, theory/evidence, reframing/problem-solving) overlap considerably with skills demonstrated by EPs within consultation (Gameson & Rhydderch, 2008; Jones & Atkinson, 2021; Nolan & Moreland, 2014). EPs in consultation are identified as reflexive practitioners, utilising many discursive strategies such as demonstrating empathy, questioning, and wondering (Nolan & Moreland, 2014).

Problem-solving circles facilitated by EPs in schools can also echo the value placed upon developing self-efficacy and empathy skills that lead to perceived practice changes for RCWs in this study (Muchenje & Kelly, 2021; Turner & Gulliford, 2020). These valued processes are regularly used by EPs effectively in other contexts where staff work with challenging behaviour (Zafeiriou & Gulliford, 2020) and so should be transferrable to RCP.

### **3.3.4 Perceived areas of need**

RCWs valued how EPs directly support their wellbeing through reflective supervision and developing their understanding within perceived areas of need. RCWs suggested this promotes their confidence and work engagement.

Participants suggested that their sense of being able to make a difference to the lives of RE-CYP, is important to their own feelings of efficacy and satisfaction. Research exploring the meaningfulness of work highlights the importance of an organisation's social-moral climate in supporting an individual's sense of meaning (Bailey, Yeoman, et al., 2019; Lysova et al., 2019). RCWs in this study seemed to value reassurance provided by the EPs. This appeared to enhance motivation to improve practice, alongside recognising CYP are achieving positive outcomes, which helps to support staff wellbeing (Audin et al., 2018; Cameron & Das, 2019).

*Did we make them feel loved, valued, and cared about, ... if there was some way of knowing that, ... I would be proud of us as a staff team ... as a home, proud of values ...  
...our thing is the kids, that's what gives us the most satisfaction, ... which sounds really cool and selfless of us. ... because if the kids come out well, ... that means we've done well, so it is also meaning our staff will be really good at their job*

Sam/ Jamie - Session 2 Dream (728-779)

*Box 8: Reciprocal Relationships*

The developing GT highlights four aspects of perceived need within RCWs' practice:

- Language Use,
- Perceptions of CYP,
- Understanding Need, and
- Inclusive Practice.

RCWs highlighted how EPs help them to reflect upon their language use at a personal and organisational level and provide strategies to challenge the perceptions of the wider community. RCWs considered the impact of the messages they give CYP in the language used to write and speak about them, particularly in relation to their looked after status.

*How am I writing about their day? How am I describing a certain situation, so hopefully our spoken language... will transfer into the written communication?*

Sam - Session 3 Destiny + Design (723-727)

*that's what I would want to change, public's perception on residential care homes so that they understand you know, that it's not the kids' fault that they are in care*

George - Session 3 Destiny +Design (438-442)

*Box 9: Language Use impacting Perception of CYP*

Language use impacts both how behaviours are perceived, and the subsequent response deemed appropriate (Stanbridge & Mercer, 2019). Billington (2014)

considers how CYP are written and spoken about and how this consequently impacts how they are perceived. A social constructionist approach to language may be appropriate to recognise the role of labelling in constructing how groups are viewed within society (Sugarman, 2014).

RCWs identified a need to consider their language use to support RE-CYP who may have additional communication needs. EPs supporting RCWs' understanding of language development, could enhance meeting CYPs' needs, and inform the application of inclusive strategies. Communication needs are identified as a specific training requirement by RCWs in this study. Therefore, collaboration alongside Speech and Language Therapists may be beneficial (Dunsmuir et al., 2006; Sedgwick & Stothard, 2019).

*... training need about... communication needs, for staff teams to have that wider knowledge, and looking at the EPs maybe ... devising something where we can look at the language that we use ... not just doing it because we feel like we want to change the language, but understanding the why we need to do those things and what impact that might have*

Sam Session 3 Destiny+ Design (873-884)

*Box 10: Language Use and Understanding CYPs' needs*

My analysis suggests that RCWs appear motivated to enhance their own understanding of RE-CYPs' needs and share this with the community to challenge negative perceptions. EPs may have a role to support RCWs understanding by sharing their holistic psychological knowledge of child-development, and the needs of RE-CYP (learning, emotional, social, behaviour, language and sensory).

*understanding and wanting to help everyone through the challenges as opposed to just labelling them and that's it there is nothing you can do*

Alex -Session 1 Discovery (911-914)

*Box 11: Understanding need and promoting inclusive strategies*

Chidley and Stringer (2020) suggest EPs should use an implementation framework to support lasting impact from interventions/training. This requires more than training alone, suggesting input is required to ensure that knowledge/skill development leads to action change supported by the organisation. EPs might also be able to contribute their skills in research and evaluation to inform positive outcomes for RE-CYP (Education Scotland et al., 2019).

These RCWs shared experiences which they believe to be indicative of the inequality of opportunity experienced by RE-CYP compared to their own children and

those within the wider population. RCWs considered themselves complicit in maintaining barriers to inclusion because of organisational requirements, for example completing risk assessments for activities.

*they have never even had a front door key, we are telling them, they can't be trusted, and they are incapable of doing anything themselves, without us behind them telling them what they can, and can't, I think there is a lot of stereotyping,*

Alex -Session 2 Dream 877-881

*the reason that the risk assessments that they know about them is because if they want an activity, we've gotta explain how it takes, time, we can't just do it,*

*ultimately they're being discriminated against ... as a looked after child, when they go to use services in the community that they should be able to use like anybody else and discrimination is not coming from those shops, its coming from our organisation if we are not willing to change something*

Charlie + Sam - Session 3 Destiny +Design (928-944)

*Box 12: Inclusive practice is impacted by and impacts Perceptions of CYP*

They discussed their frustration and a sense of having limited agency in overcoming the bureaucratic demands within the care system. They perceived these processes to be unfair and led to social exclusions, educational failure, and discrimination of RE-CYP. Participants shared inequalities experienced by Covid-19 restrictions, such as not having access to a credit card when businesses were no longer accepting cash. This may suggest that RE-CYP will have specific needs due to contextual changes.

RCWs explained they hoped EPs could support inclusive practice and widening participation for RE-CYP particularly with transition to independent living. EPs may have a role to provide a reflective space for problem-solving to support changing perceptions and developing understanding for RCWs. Also virtual school professionals valued EPs expertise to support transition for CYP (Drew & Banerjee, 2019). This is likely to be transferrable to residential context.

The four areas of identified need are likely to require consideration at multiple interacting eco-systemic levels (Bronfenbrenner, 1979). RCWs described EPs working with communities, directly with RE-CYP, and with other organisations including education and mental health, as well as directly with themselves. RCWs valued this wider positioning of EPs, as they suggested it enabled a more holistic and informed approach, ensuring increased awareness, supporting both reassurance and confidence in practice.



### **3.4 Conclusion**

#### **3.4.1 Limitations**

This qualitative study explores what RCWs value when collaborating with EPs, to support the development of their practice within one LA. Therefore, any wider interpretations are offered cautiously.

Due to working practice constraints, the whole organisation was unable to participate, so some RCWs' perspectives are missing. All participants involved, perceived working with EPs positively, but this cannot be representative of all RCWs in the three homes represented. Those who participated may have been those with positive views. The strengths-based tool adopted may have skewed discussion towards positive contribution of the EPs. However, I believe use of AI enabled RCWs to reflect upon what was working well and consider how this could be developed. Furthermore, due to the established working relationship between the RCWs and the EPs, this case was of particular interest and worthy of exploration.

Gill and Dolan (2015) highlight the complexity of evidencing originality, recommending specific critical appraisal of the meaningful contribution of research. The use of the AI approach for structuring the focus groups enabled development of new insights. It provided fresh understanding of how RCWs can work with EPs, through the perceptions of what a sample of RCWs value, which is not explored in previous literature.

CGT allows for limited generalisability across different times and settings due to its qualitative, inductive approach (Charmaz, 2014). Miles et al. (2014) suggest application of criteria to consider rigour of qualitative research in reference to transferability of findings as an alternative to generalisability ([see appendix Q](#)). I undertook regular member checks with RCWs to clarify my understanding and to support consistency with participants' experiences. Smith (2018, p. 140) suggests it is the audiences' responsibility to determine the research's potential value and "to what extent are results transferable to other settings". Therefore, readers will need to consider the appropriateness of the findings based on descriptions provided for this research.

### **3.4.2 Implications**

I suggest there are implications for both EPs and RCWs' own practice, to promote positive outcomes for RE-CYP.

The GT produced in this research can provide an initial foundation to inform EPs' practice by highlighting potential areas of interest. The GT is provisional, adaptable and can be changed and enhanced by different researchers within different times and contexts (Pigeon et al., 2004). Therefore, future research could develop an enhanced understanding by exploring the views across a wider range of RCWs to clarify and extend this analysis.

The GT aims to inform service delivery models for EPs working with RCWs. The GT highlights areas to consider when developing who should do this work, which approaches to adopt, and which areas of need to focus upon with RCWs, to support outcomes for RE-CYP.

RCWs appeared to value the role of EPs and report the positive impact of their experiences collaborating with EPs. This leads to improved staff wellbeing and perceived positive outcomes for RE-CYP such as positive relationships. RCWs suggested EP involvement is influential in facilitating practice, such as reflection upon language use particularly its impact upon perceptions of RE-CYP.

This suggests that EPs need to explore opportunities for working with RCWs to support capacity building and enhance RCWs' wellbeing, enabling positive outcomes for RE-CYP. EPs should particularly be aware of their positioning within a team of RCWs to provide outsider perspective. Furthermore, EPs established consultative skills are likely to provide a unique contribution and are valued by RCWs in this research.

RCWs highlighted enhanced motivation to reflect on their practice, suggesting immediate implications from research participation. Engaging in the AI process reminded RCWs of their opportunity for collaboration. Research sessions appeared to provide RCWs with a reflective space for: solution-focused discussions, consideration of language use, problem-solving how CYP are perceived, consideration of theory supporting understanding, and sharing experiences.

*...really hopeful, I didn't realise until this just how similarly we all work and feel and think and I suppose on one level I did, but it's not the same as actually hearing it I think it is really good news for our kids*

Jamie - Session 3 - Evaluation (1178-1182)

*Box 13: Evaluation*

One discussion about “Handover” appeared to be a transformative moment in the research dialogue, mirroring discussions RCWs have with EPs ([see appendix R](#)). RCWs highlighted for change to be sustained, it would require continual engagement with EPs, disseminating the research across the team and ensuring all RCWs are involved in any change. This evidenced the value RCWs put on wanting to be part of the change process.

*you need the team on board... it needs feedback to the team, why you are doing it ... what the potential outcome you are trying to achieve, because I don't think you would be able to achieve it if you haven't got everybody on board,* George Session 3 –Destiny + Design (1102-1111)

*Box 14: Implementing and Sustaining Change*

The GT developed could function as a springboard for other RCWs to consider how they collaborate with EPs. RCWs with no previous involvement with EPs may have different needs and priorities when beginning this collaboration. However, this framework may promote starting dialogue and supporting the exploration of how EPs might collaborate with RCWs.

### **3.4.3. Summary**

This qualitative case study utilised AI to structure focus groups and explore the perceptions of what RCWs value when working with EPs. The GT analysis found that RCWs value the EPs' way of being and subsequent role positioning and the processes and approaches used to provide this valued outsider perspective. Four identified areas of perceived need for EPs to support are: language use, perceptions of CYP, understanding need and inclusive practice. RCWs highlighted these valued categories help to support both their wellbeing and relationships with RE-CYP, which I suggest are both recognised as important to enabling positive outcomes for RE-CYP.

## **Chapter 4: Reflective Synthesis**

## **Chapter 4 - Reflective Synthesis**

### **4.1 Introduction**

This chapter provides a reflexive account of my development as both a practitioner and a researcher during this journey. Attia and Edge (2017) highlight two types of reflexivity, prospective and retrospective. Prospective reflexivity considers how the decisions made that informed my empirical project were influenced by my values, knowledge, and experience. This impacted upon my researcher stance and methodological decisions which was explored within Chapter 2 of this thesis. Retrospective reflexivity provides the opportunity to consider the mutual shaping of how the research itself has influenced me as both a researcher and practitioner. Firstly, I provide a synthesis of my systematic literature review (SLR) and empirical project which informs what may be envisaged as a unique role for Educational Psychologists (EPs) within residential childcare. Following this, I explore how my understanding as a researcher has developed and will inform and influence any future research I undertake in practice. Then, I outline how I believe my engagement with this thesis has influenced my evolving daily practice as a Trainee Educational Psychologist (TEP). Next, I reflect on the implications for my future practice as a newly qualified Educational Psychologist (EP). Finally, I consider my next steps of becoming and being a researcher-practitioner.

### **4.2 Synthesis and envisaging the unique role of Educational Psychologists**

The SLR showed that residential care workers (RCWs) perceived that psychologically informed practice (PIP) was able to influence their work at three different levels. RCWs highlighted that PIP led to changing thoughts and feelings, enhancing interactions and influenced the organisational ethos of residential settings. RCWs suggested that change at each of these levels could lead them to feeling either challenged or empowered to achieve positive outcomes for children and young people (CYP). RCWs perceived that the three levels were interlinked, requiring and enabling each other to ensure positive outcomes for CYP such as development of self-regulation skills, positive relationships with RCWs and stability and permanence could be achieved. Furthermore, RCWs recognised that PIP was initially facilitated directly by a psychological professional and then became embedded in group practice and self-directed.

The findings from my empirical study highlighted that RCWs perceived that EPs could support their practice in a range of ways to contribute to positive outcomes for CYP. RCWs considered the EPs' role and values (strengths-based, relational approach, providing RCWs containment and validation) to be foundational to effective collaborative practice. RCWs recognised the importance of their positive relationship with the EP whilst valuing the EP contributing an external perspective to provide a sense of otherness . They suggested that the EPs' way of being and subsequent positioning within the team and boundary working, adopting an insider-outsider role, enabled effective practice. The processes and approaches adopted by the EPs were particularly valued by RCWs including; the use of theory, positive reframing, providing support and multi-agency practice all enabled the promotion of CYPs' participation. This approach was considered a pre-requisite for RCWs to support their readiness and intention for informed change.

RCWs suggested that they would value working with EPs in four areas: supporting inclusive practice of CYP within both the community and residential setting, challenging and reframing any negative perceptions held of CYP in residential care (those of RCWs, other professionals, the community and CYP themselves), understanding the individual needs of CYP in the residential home and to support reflection upon language use and its potential implications. RCWs suggested a focus on these areas in collaboration with EPs would support staff wellbeing and positive relationships, which would indirectly lead to positive outcomes for CYP.

Findings from both my SLR and empirical project could suggest there is a unique role for EPs working with RCWs to support positive outcomes for CYP. This suggests that the application of psychologically informed practice is valued by RCWs at multiple levels to support positive change for CYP. The particular positioning of an EP at the boundary and adopting an insider/outsider role, may offer an awareness of relations within and between the systems around CYP. This is likely to support bringing a shared understanding of child development, education and social care. Furthermore, an EP may bring an holistic approach with consideration for multiple interacting eco-systemic levels (Bronfenbrenner, 1979). In addition, EPs established consultative knowledge and skills are likely to offer a unique contribution within this setting. These transferrable skills, may be able to encourage curiosity and model tolerance of uncertainty through the facilitative use of reflexive questioning to

challenge, positively re-frame and explore consideration of alternative beliefs and narratives through co-construction with RCWs (Nolan & Moreland, 2014).

### **4.3 Implications and Reflections as a Researcher**

My understanding as a researcher has developed throughout this process. I have begun to solidify and develop my confidence in warranting my choices and how these have been implemented. This section considers three important aspects of research that have impacted my development of skills, as well as my becoming and being a researcher. These are:

- reflections on role duality,
- wanting research to have a positive impact and provide a space for potential positive change, and
- the importance of dissemination across multiple disciplines.

I consider how this may inform future research I conduct and how I may have approached this doctoral research differently.

I wanted to undertake research that would help to generate a rich picture for EPs. I also wanted to support practice change, which would lead to positive outcomes for children and young people in residential childcare. I have found balancing both to be challenging. It was necessary for me to consider the limitations of this empirical study due to the time and boundaries of the doctoral thesis. Therefore, I chose to focus upon the primary aim of the research to be developing a rich picture. I considered this paramount, over and above any transformative agenda.

I did not have duality of roles in this research, as the Local Authority (LA) where I undertook my research was different from the LA I am based at on placement as a TEP. I believe this influenced my positioning as a researcher initially and encouraged me to develop relationships with my participants. This included highlighting my previous experience working as an RCW. This emphasised my previous journey and why this area of research is important to me. Although my skills and values as a TEP in my wider practice influenced my approach as a researcher, this did not alter the relationships and awareness of context for this research. However, it has highlighted to me that this positioning brings its own benefits and challenges. In future, I may have to approach research differently if my role and relationship with participants is as a qualified psychologist, colleague, and researcher. It may be particularly

important to consider the implications of undertaking similar research in an organisation in my role as a qualified EP. I will need to be aware of the potential dissonance I may experience, due to my role and responsibilities within the LA. Moral muteness, a reluctance to speak out, may occur if this leads to a change in how my role is viewed and if this change and support is perceived as too idealistic. (Bird & Waters, 1989; Groundwater-Smith et al., 2012; Longstaff, 2001). This may have the potential result of impacting on my professional identity working with different organisational systems. Therefore, to ensure commitment to professional ethicality, it is important that a culture of honest dialogue is developed within any organisation, to promote a shared understanding of expectations and roles (Nijhof et al., 2012).

It is important to me that my involvement with others is perceived as helpful, beneficial, and successful, and this is also true for this research project. I wanted to ensure the research was meaningful to those that I was working with. Therefore, it was important that participants were involved in developing and defining the focus of the Appreciative Inquiry (AI). I also provided them with the opportunity to comment and discuss my initial coding and provisional grounded theory. I planned from the outset to share outcomes and consideration of implications for practice with my participants. This enabled me to disseminate the findings back with participants and their wider service as part of this process. This can inform and support the ongoing work of EPs in the residential childcare sector within this LA.

It was important to me during the research, as with my daily practice, to consider how people I work with experience the process. Therefore, I used evaluative feedback to inform my own personal development. I concluded the final research session with an evaluation round of words. This continues to resonate with me and highlights the importance of the research to support perceived positive change. The participants shared that it was “Encouraging, Enlightening, Hopeful and Helpful”.

*Enlightened, I think it has kind of made me just think about things a little bit deeper ... encouraging it is like it is nice to hear that people feel similar about a number of issues, erm you know and that well its it is nice to know when people are sharing similar challenges as well, isn't it, but it's encouraging that there is that positivity about what we could do* Discussion between Sam and George – Session 3 Evaluation (1161-1169)

Box 15: Evaluation of participation in research



I consider that the research process provided an opportunity for staff to learn from each other and see what was working well. Participants recognised their own agency and developed an understanding of what they had control over and could change. They explored what these first steps may look like within their daily practice. Participants particularly reflected upon their use of language and suggested on an individual level that they would consider changing how they will talk about 'handover' to 'chat about the day'. RCWs explained that they will consider changing the times of handovers, so they are available at the end of the school day for young people arriving home. This has highlighted to me the immediate impact of research on participants' actions. However, I wonder how and if it will lead to sustained change, and how EPs' role as researchers could be shaped to promote the whole research process. This could enable research to be perceived to be more influential and to make a sustained difference and not act as a one-off standalone event for example, for the purpose of this doctorate. If I was to repeat this research, I may explore further the impact of participation and encourage reflection on potential change earlier in the process.

I am particularly keen to consider how I will utilise strengths-based research in my future practice. This may require consideration of how different stakeholders I work with value working with EPs. This may assist the wider EP team to evaluate their impact. To ensure that this process is collaborative and transparent in nature, it is important to develop a shared ethical position. Mockler (2014) suggests practitioner research should be transformative in intention and justify itself to its community of practice. Therefore, in my future work it will be important to engage participants in defining the focus of research.

Dissemination is an important element of sharing research with the wider community and to promote implementation (Tabak et al., 2012; Trainor & Graue, 2014). I want to ensure that this research is accessible and applicable to both RCWs and EPs. I shared my findings with participants, wider residential childcare service, and the EPS involved in this research. These stakeholders valued this and will use my research findings to inform the ongoing work of EPs within the residential childcare sector in this LA. Furthermore, I believe the use of online strategies including social media and podcasts may be a useful platform to share research in an accessible format (Cooper, 2014). This may begin to bridge the gap between research and practice. I

consider sharing this work more widely may provide me with immediacy of feedback as to how others feel the research findings can apply to their own practice.

#### **4.4 Implications and Reflections as a Practitioner**

I have found the research process rewarding and it has encouraged me to continue to reflect upon and apply strengths-based approaches.

This section will consider and theorise how my increased awareness of research paradigms supports congruence in my practice. I focus upon three factors I have found influential which are:

- how use of language influences our perceptions,
- empowering adults around young people, and
- virtual working.

The use of language and labelling discussed within this research project has particularly highlighted to me how this can impact upon how CYP are perceived. This can lead to an interpretation of groups considered vulnerable as homogenous. For example, children in care being perceived as having all the same needs due to individual differences and experiences being ignored. Furthermore, this may impact upon efficacy as practitioners in our role to support positive change. Engagement in this research process has encouraged me to consider how reaching a shared understanding of certain terminology across multiple disciplines can be important to support collaborative action, planning, and positive outcomes. However, where this is not possible, it is critical to still provide a space to consider different views and unpick and reflect upon the impact of our language use.

The development of positive relationships and the empowerment of adults through questioning are core to my research and practice. I believe this highlights the transferable skills and coherence between my research and my practice. I wonder whether participants' engagement within this research process and the use of a psychological model like AI, was primarily successful due to participants' prior experience of working with EPs. This may have enhanced their readiness to engage and their appreciation of these strategies. Overall, this has further embedded my way of being and sense of interrelating with others through adopting a range of techniques to provide containment and a safe space to share experiences.

Due to Covid-19 restrictions, virtual working has become a central element of both my daily practice and my doctoral research. Engagement in virtual working has encouraged me to consider how my adaptations may influence and impact upon both my practice and research. I recognise that the novelty of virtual working has helped to provide me with more confidence to adapt and work creatively (Dodds & Hess, 2020). I have addressed this explicitly in my practice whilst also promoting positivity in my approach despite the challenges faced and missing face-to-face work. This has encouraged many adaptations in response to social restrictions and considering the role of the EP to respond to these changes whilst supporting inclusion and participation.

The research experience, alongside working in practice, has highlighted much reciprocity and congruence with how my foundational values of kindness, fairness, and humility inform my approach.

I hope in my new role as a qualified EP, I will have the opportunity to apply these findings in my practice, where I can provide supervision to RCWs. I find that the use of an interactionist perspective encourages RCWs to consider the dynamic relationship between children's needs/abilities – (highlighting dispositional factors) and the wider environmental influences (Cunningham, 2016). These include the cultural and socio-political context (recognising situational and systemic factors). I find this to be coherent with my research approach. This encourages me to reflect how the values I bring to my research are similar to, those that I embed in my current and ongoing practice.

#### **4.5 Summary**

I consider that my next steps as a research-practitioner will be to continue to recognise the importance of relationships and how language can influence perceptions. I aim to promote an inclusive social justice approach to my practice. I hope to utilise my research skills and remain coherent with my developing values and praxis as a community psychologist and advocate. I will continue to explore how action research and transformative principles may chime better with my values and beliefs. This may shape my future role when considering research questions informed by current areas of perceived need by those with whom I work. This is likely to enable me to adopt an insider/outsider position with others. This can promote

participation and inclusion whilst facilitating positive change. This approach will aim to support ongoing reflection in practice both on an individual level and with colleagues and service users.

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## Appendices

### Appendix A – Thematic Grids for each paper

Themes Identified	Summary Explanation and original conceptualisations
<b>Self-Validation</b>	This theme highlighted the importance of being able to strengthen RCWs' views on practice and they felt a sense of safety and more comfortable. The process of consultation supported staff feeling empowered, increase RCWs' confidence in themselves and reassurance of "doing the right thing".
<b>Making sense</b>	Staff highlighted how consultation supported them to know why CYP were displaying challenging behaviour and helped them to gain a better understanding of CYP as individuals allowing them to 'join the dots' leading them to change their perceptions about CYP.
<b>Theory increases awareness</b>	Staff highlighted consultation supported them to link theoretical concepts to CYPs backgrounds and they found this useful to gain specialist information
<b>Doubts about what they know</b>	Some staff highlighted that engaging in consultation could lead to highlighting a lack of confidence in their knowledge and skills and particular areas of learning that they needed to improve. This led to staff feeling more self-conscious and a sense of uncertainty. They found the language used in consultation overwhelming.
<b>Consultative relationship</b>	Staff reported improved relationships with the psychologist and valued availability, trustworthiness, knowledge, and positive rapport. They perceived the psychologist to be part of the team and a continuous source of support.
<b>Application to practice</b>	Staff reported that consultation helped to inform decision making by providing an increased awareness of options, valuable advice and facilitating learning.

*Table 21: Initial Themes in Evans et al 2011*



<b>Themes Identified</b>	<b>Summary Explanation and original conceptualisations</b>
<b>Joint Working</b>	Staff valued how joint working supported a shared understanding and enabled them to know the role they play in CYP care and they adopted a team approach with CAMHS
<b>Reflective Practice</b>	Staff valued being more reflective, recognising their own limits and having more self-awareness of when to seek help
<b>Organisational Culture</b>	Staff highlighted the importance of validation, feeling highly supported and being reassured they were doing a good job. The improved working culture supported a more planned, consistent approach, feeling more prepared and less chaotic
<b>Formal Training</b>	Participants valued formal training which supported them to link theory to practice and reinforce their own understanding. They had better access to information and resources and were supported to conceptualise problems through an attachment lens. This also enabled them to be more aware of their instinctive practice and develop their knowledge of mental health.
<b>Recognising Symptoms</b>	Participants highlighted the importance of bringing information together allowing them to build a holistic picture and begin to recognise patterns of behaviours and see past the behaviour and begin to consider what is underlying. Through considering aetiological factors they developed understanding of behaviours and recognised symptoms of Reactive Attachment Disorder and identified those in crisis earlier.
<b>Application</b>	Staff highlighted that they were able to develop strategies to help CYP and identify and implement better management strategies. They felt that they were able to give CYP the attention they require and deal with behaviour appropriately.
<b>Negative Impact</b>	Staff felt burdened and overwhelmed by the scope of work expected by them.
<b>Positive Outcomes</b>	Staff recognised that this led to supporting CYP placement stability.

Table 22: Initial themes in Ferguson et al 2011

<b>Themes Identified</b>	<b>Summary Explanation and original conceptualisations</b>
<b>Co-construction</b>	This theme highlighted a co-ordinated approach which allowed for consistency across shifts where staff support each other. Staff found that consultation helped to provide an alternative viewpoint and offer a different perspective which led to co-construction of solutions and the development of strategies.
<b>Pragmatic challenges</b>	Staff found the model subjective, was not conducive to determining efficacy and could be a barrier to recognising successful outcomes
<b>Authentic Relationships</b>	Staff highlighted the importance of demonstrating warmth, being nurturing, and showing empathy/sympathy through positive modelling of relationships to CYP. They highlighted the importance that CYP were supported sensitively, trusting relationships were built with a genuine concern for wellbeing and appropriate emotional bonds were formed. This showed the importance of staff caring about CYP and not just caring for them.
<b>Reflection</b>	Staff recognised the importance of reflecting together and having structured discussion and valuing the opportunity to offload.
<b>Awareness</b>	Staff referred to noticing patterns and sometimes being able to find the missing piece of a jigsaw puzzle. Staff recognised and acknowledged both early experiences and ongoing difficulties. They felt they could further support these difficulties by understanding why they respond/behave in a certain way through developing understanding of behaviour. Staff highlighted that they had an increased awareness of adversity and were cognisant of challenges. Staff showed a consistent and sensitive awareness of trauma and impact and felt this helped to identify the root cause of presenting concerns.
<b>Use of Theory</b>	Staff valued psychological knowledge and felt it could provide objectivity and a monitoring framework which allowed them to provide standardisation of practice and a more professional evidence-based service. They felt they were able to conceptualise difficulties through a trauma lens.
<b>Achievements/Successes</b>	Staff recognised improved outcomes for CYP at risk and a successful life past care. Staff highlighted that CYP would view themselves as valuable with contributions, CYP would develop self-esteem and self-image. Also, CYP would handle difficulty and be able to talk about challenges.

<b>Supportive environment</b>	Staff highlighted the importance of having an ethos that looks for success and encourages positive choices. Staff mentioned encouraging others to notice achievements and to focus on positives, see improvements and focus on strengths. This helped to facilitate a sense of belonging, see possibilities, and notice positive developments.
<b>Confidence building</b>	Staff shared that the Pillars of Parenting approach helped provide respite, whilst supporting staff to feel more comfortable, empowered, and confident. This contributed to skilling staff up and creating an improved and supportive staff ethos. Furthermore, this provided an assurance that staff were doing the right thing.
<b>Support difficulties (bridge between co- construction/application to practice and authentic relationships)</b>	Staff explained a range of strategies they were able to adopt in their practice to support CYP to regulate. Emotions are permissible and expressed and staff can make good parenting decisions. Staff provided clear, consistent boundaries, no judgement, and appropriate responses to challenging circumstances. They re-focused challenges as opportunities for improvement and failure was both supported and learnt from. This was through altering their mind-set from problems to possibilities.
<b>Application to practice</b>	Staff highlight how they can develop their independent skills and knowledge.

Table 23: Initial themes in Wood 2014

<b>Themes Identified</b>	<b>Summary Explanation and original conceptualisations</b>
<b>New ways of working</b>	Staff valued the opportunity to increase and develop new skills and new ways of working which helped to lead to a more holistic view.
<b>Value of consultation</b>	Staff highlighted that consultation helped to support staff to feel reassurance, reduce their anxiety and concerns, feel listened to, and understood, increase confidence. Staff felt consultation provided a safe and supportive inclusive space and empowered staff to implement their discussions into practice.
<b>Positive outcomes</b>	Staff felt that through offering supportive care to them they were then indirectly able to increase the support for CYP and achieve positive outcomes.
<b>Use of theory</b>	Staff highlighted an awareness of being able to apply information and theory to practice
<b>Understanding</b>	Staff felt that consultation helped them to gain a better understanding of context and behaviour allowing them to develop a holistic view. This helped them to understand experience and feelings of CYP.
<b>Reflection</b>	Staff highlighted the benefits of consultation to facilitate staff thinking and provide an opportunity to reflect on effectiveness of practice.
<b>Challenges</b>	Staff felt consultation also was challenging and could result in staff feeling under confident and overwhelmed by CYP with complex needs. Staff felt that they may lack practical skills and strategies for practice and consultation could emphasise significant gaps in skills and training. This could cause staff to feel frustrated and a sense of confusion.
<b>Building relationships (professional)</b>	Staff valued improved relationships with the consultant and the opportunity to discuss concerns and seek advice. Staff felt that they were able to create collaborative solutions and understanding and develop a shared understanding of each other's roles and expectations. Furthermore, they were able to develop links with other services and felt they knew who to signpost and refer to.

Table 24: Initial themes in Durka and Hacker 2015

Themes Identified	Summary Explanation and original conceptualisations
<b>Capacity for reflection</b>	Staff at Mulberry bush school felt that they were able to adopt an observational stance allowing them to listen and wonder aloud. Staff were open to self-development and personal growth, this self-awareness enabled staff to make sense of their own behaviours and reactions. Staff were able to communicate reflectively in both self and group reflection.
<b>Trusting relationships</b>	There were trusting relationships built between staff and CYP. Staff were consistently warm and welcome, kind, empathic and friendly showing emotional warmth and a high degree of conductivity (face to face contact). Staff were emotionally involved with CYP whilst remaining open-minded, authoritative, and providing consistent boundaries. Staff modelled playfulness with CYP.
<b>Therapeutic environment</b>	Staff highlighted the importance of providing a therapeutic milieu for CYP. This was through maintaining calm and control and a safe and secure base. This helped to promote group living/group learning and a supportive environment. To maintain a dynamic equilibrium between safety and edginess staff managed transitions carefully and provided a curious and non-judgement environment.
<b>Organisational staff culture</b>	Staff also recognised the importance of providing a therapeutic provision for staff in parallel with CYP. This was important to ensure staff felt valued and supported resilience and moral strength. Staff highlighted that this culture help to prevent feelings of demoralisation and inadequacy in their roles, prevent risk of collusion/involvement in cycles of violence and prevent staff experiencing empathic failure or suffering secondary trauma burn out. This also helped to develop a culture of responsibility and increased trust between staff.
<b>Develop understanding</b>	Staff were able to read behaviour as a form of communication allowing them to meaning make and interpret behaviour. This was beyond just an awareness that traumatised children might act out but recognising that previous experiences and present emotions can be communicated through behaviour. There was also recognition that having an awareness of these behaviours is an important component beneath just a diagnosis.
<b>Use of theory</b>	Staff recognised the theoretical underpinning for behaviour as communication. Staff highlighted their use of psychodynamic theory, understanding of neurodevelopmental stages and attachment theory.

<b>Collaboration</b>	Staff highlighted the importance of adopting a collaborative approach to work through keeping everyone in the loop and ensuring everything was taken back to the team.
<b>Everyday practice</b>	Staff highlighted that they were able to support the expression and regulation of feelings and behaviours through being willing to work with children's disturbed and angry feelings. This helped to build children's own capacity to reflect on their feelings. Staff were able to provide sensitivity to shame and maintain a frame of mind that was receptive to children and hold children in mind. Staff provided safety through physical containment and touch. There was also an awareness that punishment and disapproval may overwhelm children, so they were never subject to punishment or retaliation.

Table 25: Initial themes in Price et al 2018

Themes Identified	Summary Explanation and original conceptualisations
<b>Misuse of theory</b>	Staff showed a disconnection from the evidence base and had no explicit awareness or coherent narrative of attachment theory. Staff felt that it was not at the forefront of their practice and not up there with priorities. Staff felt that they used personality and experience more than theory. There was a risk of perpetuating unhelpful attachment behaviours. Also, there was a risk of presuming a shared understanding when not clearly defined terminology. Staff would sometimes use attachment and relationships interchangeably and these definitions were blurred.
<b>Building relationships</b>	Staff felt they functioned as a secure base and building and strengthening relationships was central to practice. There were varied relationships and staff supported the process of building relationships with CYP by consistently being there, regardless of presentation and despite challenges. Staff provided and increased attachment security and influence therapeutic alliance.
<b>Identifying need</b>	Staff highlighted the importance of making sense of CYPs' behaviour and meaning making to see behind the behaviour. They were able to identify and respond to underlying emotional needs by identifying CYPs' thoughts, feelings, needs and triggers. Staff acknowledged CYPs developmental stage of functioning whilst recognising and understanding of the mistrust CYPs have. Staff recognised inconsistency between behaviour and emotion and had a knowledge of associated feelings of rejection, abandonment, and loss.
<b>Reflection</b>	Staff highlighted important of reflecting upon incidences and working in a live space. Staff recognised self-awareness and ability to identify own feelings and regulate their own emotions and understand their own attachment system. This helped to balance a sense of accomplishment versus a sense of hopelessness.
<b>Supporting CYP future</b>	Staff recognised how they were able to move CYP forward and encourage their own development. Staff did this through teaching new skills, providing new experiences and steering young people towards independence.
<b>Using theory</b>	Staff highlighted that they could connect with theory more when relevant to a particular CYP. Staff felt they were able to provide attachment informed care and found this useful to consolidate practice when the natural process is not working.

<b>Environmental context for CYP</b>	Staff highlighted the difficulty in creating belonging but recognised its importance. Staff shared that they provide safety/nurture, structure routine and boundaries to effectively manage group dynamics and recognise the impact of CYP behaviour on each other. Staff recognised they notice small steps of progress.
<b>Collaboration</b>	Staff recognised importance of facilitating more effective joint working and understanding of different professional viewpoints.
<b>Application</b>	Staff felt they were able to meet CYP where they are at, to facilitate therapeutic change and aim to repair the impact of difficult early experiences.

*Table 26: Initial themes in Morison et al 2019*



## Appendix B: Second Order Constructs<sup>6</sup>

Evans et al 2011	Ferguson et al 2011	Wood 2014	Durka and Hacker 2015	Price et al 2018	Morison et al 2019
Theory influences awareness	Formal Training	Use of theory	Use of theory	Use of theory	Using theory
Making sense	Recognise symptoms	Awareness	Understanding	Developing understanding	Identifying need
	Reflective Practice	Reflection (respite/ communication)	Reflection Value	Capacity for Reflection	Reflection
Consultative Relationship	Joint working collaboration	Co-construction	Building professional relationships	Collaboration working together	Collaboration
Self-validation	Organisational culture	Confidence building	Value of consultation	Organisational staff culture	
		Supportive strength-based environment		Therapeutic environment	Environmental context for CYP
		Authentic relationships		Trusting relationships	Building relationships
Application to practice	Application	Application to practice	New ways of working	Everyday practice	Real life application

<sup>6</sup> The colours on this grid link directly with how they are shown within the Empowerment Ripple showing how 2<sup>nd</sup> Order Constructs informed my final visual.

	Positive outcomes	Achievements/ Successes	Positive outcomes		Supporting CYP future
Doubts	Negative Impact	Pragmatic challenge	Challenges		Misuse of theory

Table 27: Second Order Constructs across papers

### Appendix C: 3<sup>rd</sup> Order Constructs representations across papers

Themes 3 <sup>rd</sup> Order Constructs	Research Paper Showing 1 <sup>st</sup> Order and 2 <sup>nd</sup> Order constructs linked to Third Order Constructs					
	Evans et al 2011	Ferguson et al 2011	Wood 2014	Durka and Hacker 2015	Price et al 2018	Morison et al 2019
Positive outcomes for CYP		<p><i>First Order:</i> “prior to coming in the exit plan should already be made and we should know where the kids are going...we tend to plan well ahead.”</p>	<p><i>First Order:</i> Exactly, that’s why when he came back this time with receipts from the cinema I was really pleased that, staff give him the money to go to the cinema and then he came back with receipts...I told him ‘I am so proud of you today, for that’</p>	<p><i>First Order:</i> //</p>		<p><i>First Order:</i> “And it’s just about trying to steer him in the right way and get the right supports in place before he moves on from here”</p>
		<p><i>Second Order:</i> Positive Outcomes – Planned approach to care</p>	<p><i>Second Order:</i> Achievements</p>	<p><i>Second Order:</i> Positive Outcomes</p>		<p><i>Second Order:</i> Supporting CYP future</p>

<b>Behaviour as Communication – Underlying need</b>	<i>First Order:</i> “You seem to understand things better, and why certain individuals act certain ways which to other people would seem really bizarre but once you get an understanding of where it might have developed, you get to understand why they’re behaving the way they are”	<i>First Order:</i> “I think we see a lot of things all the time, it is just identifying it... label I suppose, put pieces together and form a bigger picture, because individually it is one piece of behaviour but you gradually build a picture up and it is glaringly obvious after a while.”  “see past the behaviour to what is actually behind it, with all the work we have done on attachment it has helped us to better understand”	<i>First Order:</i> “You see patterns more, don’t you? It’s like a jigsaw puzzle, you’ve got a bit of the jigsaw, they’ve got a bit of the jigsaw, you know, yeah, and it’s like we find during the consultations is that, it kind of brings it together, so, really, I think it’s good for that because then you get more of a, you get repeated patterns, or you see improvements, and then, you know, obviously, and then things that we see, across different people as well.”	<i>First Order:</i>	<i>First Order:</i> “I think for some children, it’s about ‘I’m emotionally out of control, if I’m physically out of control, will you step in and rescue me? My language is aggression and then I know that you will physically hug me, stop me, hold me”	<i>First Order:</i> “...so if you can ascertain what it is they are wanting because behaviour comes from feelings and needs so you’ll maybe be seeing behaviour but you’ll have to take the step back and go right, what are they really wanting here? They are behaving this way but that’s because of what’s underneath”
	<i>Second Order:</i> Putting the dots together - Making sense	<i>Second Order:</i> Recognise symptoms	<i>Second Order:</i> Awareness	<i>Second Order:</i> Understanding	<i>Second Order:</i> Develop understanding	<i>Second Order:</i> Identify need

<b>Staff reflection/Self-awareness</b>		<p><i>First Order:</i></p> <p>“You cannot fix everything...you have to be realistic in what you can do... you have to know when it is time to talk to somebody else”</p> <p>“can take protected time... shifts where people can actually then have time to reflect and balance and look over things it is very important.”</p>	<p><i>First Order:</i></p> <p>“But the hard part for me was always being when you get really caught up in a child’s, uhm, negative behaviour patterns and you sort of, start easing back from the positives, and, as ‘participant 3’ said, you have to come in here to catch hold of those positive and get a glimmer that things are going well, but, it helps put a brake on for us as well, to hold back [negative emotions]”</p>	<p><i>First Order:</i></p> <p>//</p>	<p><i>First Order:</i></p> <p>“You become almost like a support group to each other... there’s a lot of reflective practice and you kind of think oh – you start to think well why do I work here, well why do I do that, why do I present in that way and what do the children get from me”</p>	<p><i>First Order:</i></p> <p>“I think, what you have always gotta try to remember, it might sound some of the most personal, it might feel personal some of the behaviour that they display but it’s not really aimed at you, it’s aimed at the world, it’s aimed at “why, why, why is this? Why am I here? Why has this happened to me?””</p>
		<p><i>Second Order:</i></p> <p>Reflective Practice</p>	<p><i>Second Order:</i></p> <p>Reflection (respite/communication)</p>	<p><i>Second Order:</i></p> <p>Reflection value</p>	<p><i>Second Order:</i></p> <p>Capacity of reflection</p>	<p><i>Second Order:</i></p> <p>Reflection</p>

<b>Empower and develop Staff resilience Positive Working Culture</b>	<i>First Order:</i> “I think sometimes when some of the kids have got quite difficult cases... you have a bit of an anxiety I think that you might open a can of worms or something like that really, so yeah it’s about reassurance, it’s about helping you make a decision” “you want to make sure what you’re doing is right, sort of thing or as right as it can be”	<i>First Order:</i> “the team just want a bit of validation... that what you are doing is right, “that’s good what you are doing, keep on doing it, don’t underestimate anything.” I think ... a lot of the time that was actually more helpful than anything.”	<i>First Order:</i> “It wasn’t just about how the staff worked with the young people, it was also about the staff working with each other and about their relationships and support patterns, across higher management as well... and yes, we have had a lot of support from the facilitator.”	<i>First Order:</i> “I think having [consultant] has made that difference”	<i>First Order:</i> “he then needed to take that back to the team”	
	<i>Second Order:</i> Self-validation	<i>Second Order:</i> Organisational culture	<i>Second Order:</i> Confidence building	<i>Second Order:</i> Value of consultation	<i>Second Order:</i> Organisational culture	

<b>Professional collaboration</b>	<i>First Order:</i> “extremely welcoming, extremely knowledgeable, erm very enthusiastic” “I’ve spoken to the consultant many times about different things and I’ve always been comfortable and confident that I can speak to him about feeling pressured or nervous or anything like that.”	<i>First Order:</i> “interactions with CAMHS usually end up with an increase of knowledge”	<i>First Order:</i> <b>P1:</b> I don’t think that the facilitating person comes up with ‘new’ ideas, and things <b>P2:</b> No, I think that she allows and helps us to come up with the ideas.	<i>First Order:</i> “We had a discussion about where CAMHS was the most appropriate sort of agency and she was saying like no you’d probably be better off going down this route.”	<i>First Order:</i> “for staff to look out for each other”	<i>First Order:</i> “whatever skills might be around in your colleagues, so it’s a collective effort, it’s not about everybody having to be bound by the job description of residential”
	<i>Second Order:</i> Consultative Relationship	<i>Second Order:</i> Joint working – collaboration	<i>Second Order:</i> Co-construction	<i>Second Order:</i> Building professional relationships	<i>Second Order:</i> Collaboration working together	<i>Second Order:</i> Collaboration

<b>Use of Theory/Evidence base</b>	<i>First Order:</i> “He tried to adapt it specifically for the young person that he was talking about... he was putting different theories and examples into it which I thought was very, very, useful”	<i>First Order:</i> “what the extra training does it helps with reinforcement of your own understanding and it helps to bring your instinctive practice more into your awareness” “...there is a lot of theory, like knowledge base”	<i>First Order:</i> It allows a greater degree of objectivity, especially if it’s an external consultation because they’re arm’s length, I mean, not meaning to demean any of us, but we’re not qualified psychologists, and the facilitator can give a framework to me, to support with behaviours that we don’t perhaps fully understand.	<i>First Order:</i> //	<i>First Order:</i> //	<i>First Order:</i> “if we are doing something wrong and it’s not working, then that’s when you would need to dig in and look at the theories”
	<i>Second Order:</i> Theory influences awareness	<i>Second Order:</i> Formal Training	<i>Second Order:</i> Use of theory	<i>Second Order:</i> Use of theory	<i>Second Order:</i> Use of theory	<i>Second Order:</i> Using theory
<b>Challenges arise</b>	<i>First Order:</i> “You sort of feel as though I’ve not got enough, not in a nasty way by them, but you actually come away and think oh my god, I feel so lacking in some skills...”	<i>First Order:</i> //	<i>First Order:</i> “I think what I have realised is, that’s it’s not a science, the POP do you know what I mean? You agree on a pillar, and it could really be, I mean sometimes you might have a choice between two or three pillars, in the end, what	<i>First Order:</i> “But they feel like that’s been restricted so you know then staff may become slightly frustrated and slightly anxious		<i>First Order:</i> “it’s like, it’s there, it’s on the backburner, you are aware of it, you know about it,”



	it can make you feel a bit like that, that you personally haven't got what it takes, you don't think you have"		you're going to work with, and it's not a science, so, as much as you can get it right, you might get it wrong"	about where it will go." "the needs have been so complex recently and I think that we've all been felt totally useless and that we're not able to do our job because we don't have the expertise."		
	<i>Second Order:</i> Doubts	<i>Second Order:</i> Negative Impact Feel burdened by scope of work, may lack confidence, and feel overwhelmed and unsupported.	<i>Second Order:</i> Pragmatic Challenges	<i>Second Order:</i> Challenges		<i>Second Order:</i> Misuse and misinterpretation and application of theory in practice
<b>Applying skills/strategies</b>	<i>First Order:</i> "You might be in two minds, you might be juggling a couple of ideas	<i>First Order:</i> "use that information to develop strategies... to deal with it in the	<i>First Order:</i> "And then she comes up with the way in which to sort of like, execute it or add to those ideas, if you know what I mean? And	<i>First Order:</i> "Trying to kind of help people feel more confident in being able	<i>First Order:</i> "we would do restorative work with that child"	<i>First Order:</i> "what it is I'm trying to achieve for them as part of their, their care plan, to support

	in your head and just having a conversation with the consultant it might just help you to make your mind up about which direction you're gonna take that in"	most appropriate manner"	she donates the strategies to you know like support it"	manage some of these issues... so trying to kind of up skill."		their safety, their development and their individual needs"
	<i>Second Order:</i> Application	<i>Second Order:</i> Application	<i>Second Order:</i> Application to practice	<i>Second Order:</i> New ways of working	<i>Second Order:</i> Everyday practice	<i>Second Order:</i> Real life application
<b>Unconditional positive regard</b>			<i>First Order:</i> "so Liz will do things like make him a cup of tea or take him a breakfast or do this, so he likes that, shopping trips, he loves that and then the fact is if you sit there when he is moaning or on one of these, he likes this banter"		<i>First Order:</i> "There was one day that I had scooped him aside and was saying, 'No, I'm thinking about you and I can see you're finding things difficult. You've got a face that's looking very cross, I think you're feeling angry	<i>First Order:</i> "because often they will maybe push you to see how far they can push you, to see how far, how much you will take emm, so it's just about "naw, I'll be here for you"  "it really is about building relationships full-time. I believe

					or sad or worried.”	that relationships, and I have said it for a long time, is the crux of everything that you do”
			<i>Second Order:</i> Authentic Relationships		<i>Second Order:</i> Trusting relationships	<i>Second Order:</i> Building relationships
<b>Supportive environment for CYP</b>			<i>First Order:</i> So, we are all kinda consistent in what we are doing and what we've agreed.		<i>First Order:</i> “Yes, it may go wrong tonight but if it goes wrong tonight then what can we learn from it, what can we move on in relationships”	<i>First Order:</i> “you are there to protect them” “we try and install that same... upbringing for our young people that's in care, as a young person that's not in care emm... you try and make it a similar upbringing but it's also very different”
			<i>Second Order:</i> Supportive strength-based environment		<i>Second Order:</i> Therapeutic environment	<i>Second Order:</i> Environmental context for CYP

Table 28: Themes/3rd Order Constructs with 1st and 2nd Order Constructs

#### Appendix D: Conceptualisation of Relationships with CYP and professionals across the papers

Research Paper	Themes referring to Relationships with CYP	Themes referring to professional relationships	My Summary Interpretation of main points
Evans (2011)	Not referred to in relation to CYP	Focus is on traits of psychologist – helpfulness, accessibility, knowledgeable, welcoming, trustworthy, providing support  Togetherness/Team	Focus on collaborative working with psychologist and what they provide to the RCWs to feel supported and close.
Ferguson (2011)	Not referred to in relation to CYP	Joint working, team approach, to develop a shared understanding and an awareness of each person's role within supporting CYP.	This highlights the importance of individual agency within a team and recognising role and boundaries to support how people work together and when referrals to specialists is needed.
Wood (2014)	Showing warmth, modelling, trust, authentic, appropriate emotional bonds, showing concern, care, nurture, facilitating a sense of belonging, Care “about” not just “for”, support sensitively, honesty, showing empathy.	Staff supporting each other and enabling a co-ordinated approach and co-construction of solutions. Valuing multiple viewpoints and alternative perspectives. Resulting in a consistent approach	Discusses importance of how understanding CYP needs can support relationship development. Awareness of power dynamic is discussed and links this to authoritative parenting style.  Focus upon equal partnership and the mutuality of relationships between CYP and RCWs.  Relationships with staff is valuing views and supporting each other to be able to provide consistency to CYP.
Durka and Hacker (2015)	Not referred to in relation to CYP	Collaborative solutions and reaching a shared understanding of roles and expectations. Supportive	This highlights the importance of reaching shared understanding within a team and recognising role and boundaries to support how people work together and when referrals to specialists is needed.

		links with others and knowing when to refer to other services/specialists	
Price (2018)	Emotional warmth, trust, kind, empathic, friendly, modelling, playfulness, providing safety, consistent boundaries, physical containment, touch, emotionally involved, authoritative, face to face, open minded, welcoming,	Promotes importance of collaboration, ensuring everyone is involved and that things are taken back and shared with the whole team.	Highlights importance of emotional investment in the RCW/CYP relationship. That relationships require an effortful process and highlights the important of regular reflection to maintain positive relationships, they are an active process  Promotes importance of a collective approach with adults and being inclusive and valuing everyone's views.
Morison (2019)	Build and strengthen relationships, seen as a process, central, varied, provide a secure base, being there regardless, unconditional, providing consistency, therapeutic alliance, providing increase attachment security,	Understanding multiple viewpoints and facilitating more effective joint working with adults.	May highlight more of a one-way process and emphasise power in relationship. They recognise the importance to develop individual relationships for positive outcomes but lacks talking about mutuality which other papers recognise. Is informed by attachment theory and recognises a need to understand CYP needs and engage in reflection but may be imbalance of power in relationships.

Table 29: Conceptualisation of Relationships with CYP/Multi-Agency adults highlighted across 3 out of 6 Papers

## Appendix E: Challenges reported across papers showing refutations within studies

Research Paper	Reciprocal Themes (Second Order construct / <i>Third Order</i> )	Refutational Themes	My Interpretation
Evans (2011)	<p>Felt a sense of safety and increased confidence and doing the right thing.</p> <p><b>(Self-Validation/<i>Positive Working Culture</i>)</b></p> <p>Reported improved relationships with psychologist, recognised them as part of the team and a continuous source of support.</p> <p><b>(Consultative Relationship/ <i>Professional collaboration</i>)</b></p>	<p>Working with psychologist led to doubts about what RCWs felt that they knew. They found that the psychologist would highlight areas of learning and a need to improve which led to RCWs feeling a sense of uncertainty and not understanding. This may have caused a perceived lack in confidence in knowledge and skills and being more self-conscious about practice. RCWs shared preconceptions of working with an EP as being intimidating and that the language used initially in consultation was overwhelming.</p> <p><b>(Challenges)</b></p>	<p>RCWs had some pre-conceptions before working with psychologists and found the initial process overwhelming which could impact staff interactions and attitudes at an individual level. However, they felt that once they had developed a positive rapport with psychologists (valuing availability, trustworthiness, and knowledge) they recognised them as part of the team.</p> <p>This may suggest that relationships with the psychologists and positive organisational ethos is important to focus on to prevent staff having negative experiences and impacting individual confidence.</p>
Ferguson (2011)	<p>Staff valued joint working to enable them to know the role they played in CYP care</p> <p><b>(Joint Working/<i>Professional Collaboration</i>)</b></p> <p>An improved working culture supported a planned consistent approach where they felt more prepared and less chaotic.</p> <p><b>(Organisational Culture/ <i>Positive Working Culture</i>)</b></p>	<p>RCWs reported feeling burdened and overwhelmed by the scope of the work expected from them.</p> <p><b>(Challenges)</b></p>	<p>RCWs negative feelings may have been due to the disordered, deficit focus of the research which may lead to less agency, disempowering RCWs and increased referrals to specialists. However, this was recognised to be alleviated by a team approach and an organisational culture that supported staff to be more aware of their role boundaries and reinforcing their own understanding.</p>

	<p>Staff felt that they were able to give CYP attention required and deal with behaviour appropriately</p> <p><b>(Application/<i>Applying skills/strategies</i>)</b></p>		
Wood (2014)	<p>Staff recognised improved outcomes for CYP at risk and successful life past care. CYP would develop their self-esteem and self-image and were able to handle difficulties faced and utilise regulation skills learnt.</p> <p><b>(Achievements and Successes / <i>Positive Outcomes for CYP</i>)</b></p> <p>Staff valued psychological knowledge and felt it could provide objectivity. They felt the monitoring framework which allowed them to provide standardisation of practice and consistency by applying a professional and evidence-based service</p> <p><b>(Use of Theory / <i>Use of Theory/ Evidence-based</i>)</b></p>	<p>RCWs highlighted pragmatic challenges with the model (Pillars of Parenting) they explained that they found the evaluation/recording system subjective, with poor scientific rigour that was not conducive to determining efficacy in practice. They highlighted that as a monitoring tool it did not reflect subtle progress and was therefore a barrier to recognising successful outcomes.</p> <p><b>(Challenges)</b></p>	<p>This may indicate organisational change is needed to implement the model effectively, to ensure positive changes for CYP are recorded. Due to limitations described about the measure although the theory provides objectivity and a framework for monitoring RCWs felt they struggled to put this into practice effectively.</p> <p>However, they also valued the objectivity of the tool that supported consistency and evidenced based practice.</p> <p>Therefore, to recognise positive outcomes for CYP important to support staff with this implementation and consider validity of the tool?</p>
Durka and Hacker (2015)	<p>RCWs felt consultation supported them to feel reassured, reduce their anxiety, feel listened to and understood and increased confidence</p> <p><b>(Value of Consultation/ <i>Empower and develop staff resilience -Positive working culture</i>)</b></p> <p>Staff valued the opportunity to increase and develop new skills</p>	<p>RCWs felt that working with psychologists emphasised significant gaps in their skills and training. RCWs highlighted feeling under confident and overwhelmed by CYP with complex needs. RCWs felt that they may lack practical skills and strategies and were frustrated and often felt a sense of confusion.</p> <p><b>(Challenges)</b></p>	<p>Despite experiencing challenges RCWs highlighted may aspects of working with consultant to reduce feelings of inadequacy by increasing skills and particularly showed the importance of positive rapport with psychologist and the importance of reflection.</p>

	<p>(New ways of working/ <b>Applying skills/strategies</b>)</p> <p>Consultation helped to facilitate staff thinking</p> <p>(Reflection/ <b>Staff reflection-self-awareness</b>)</p> <p>Valued relationships with consultant to discuss concerns and develop shared understanding and know when to signpost on to other services</p> <p>(Building professional relationships/ <b>Professional Collaboration</b>)</p>		
Price (2018)	N/A	No Challenges Identified	I suggest this may be because the thematic analysis was informed by a prior theoretical framework that was congruent with setting, therefore; challenges were not applied. Consequently, I believe that participants experienced challenges however, these were reframed and considered as learning points and reflected upon for staff development
Morison (2019)	<p>Staff explained that they were able to connect with theory more when it was relevant with a particular CYP. RCWs felt they were able to provide attachment informed care and found the use of theory most helpful when it was used to consolidate practice when the natural process was not working.</p> <p>(Using Theory/ <b>Use of theory and evidence base</b>)</p>	<p>RCWs suggested they use personality and experience more than theory and it is not at the forefront of their practice. RCWs did not feel theory was a priority and were described to not have an explicit awareness of theory. This was described as a misapplication of theory and a disconnection from the evidence base. RCWs used attachment interchangeably with relationships</p>	<p>This may imply, a misuse and subsequent misapplication of attachment theory due to not being at the forefront of practice. This may be due to differing values and ontology informing practice.</p> <p>Although staff were able to recognise relationships were central to practice definitions with relationship and attachment could often become blurred.</p>



	<p>Staff felt they were able to understand their own attachment system</p> <p><b>(Reflection/ Staff Reflection and Self-Awareness)</b></p> <p>Staff felt like they functioned as a secure base for CYP and provided increased attachment security.</p> <p><b>(Building Relationships/ Unconditional Positive Regard)</b></p>	<p>and there was not a coherent narrative or use of clearly defined terminology in relation to attachment theory.</p> <p>There was a risk of perpetuating unhelpful attachment behaviours. Also, there was a risk of presuming a shared understanding when not clearly defined terminology.</p> <p><b>(Challenges)</b></p>	<p>This may mean that attachment theory is not appropriate within this setting and exploring a different theory base may be supported to support practice.</p>
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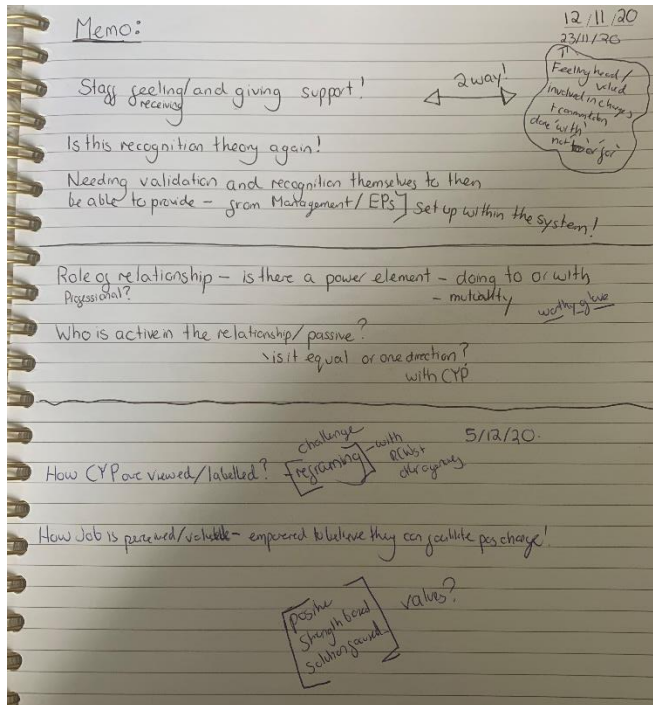
Table 30: Conceptualisations of challenges across the 6 papers

## Appendix F: Initial Line of Argument

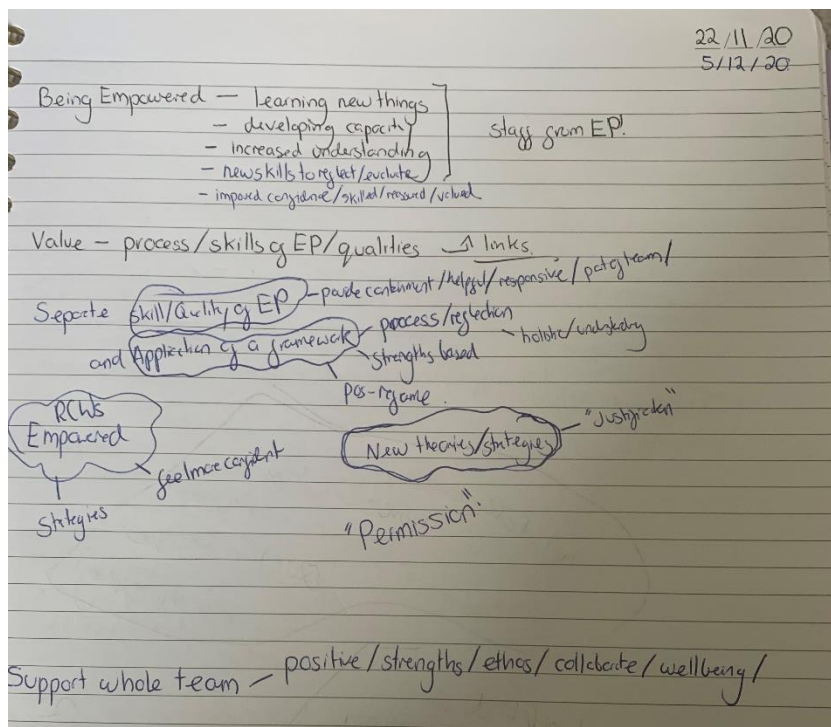


Figure 6: Initial Line of Argument of Themes

## Appendix G: Examples of Memo-ing during Grounded Theory Analysis process to show reflection on values and reading previous literature



Picture 1: Memo considering role of relationship and recognition theory applied to CYP and RCWs



Picture 2: Consideration of how RCWs are empowered/supported by EPs

## Appendix H: Participant Information Sheet

Dear Staff Team Member,



**Introduction:** My name is Rachel Meyrick and I am a Trainee Educational Psychologist with Newcastle University. I am in the second year of an Applied Doctorate in Educational Psychology and as part of my training I am required to complete a research project.

I am currently conducting research to explore which aspects of educational psychology support, Residential Care staff value and how they believe it can influence their practice to achieve positive outcomes for looked after children in their care. I hope to work with staff to reflect on their practice and build on their current strengths.

This project has been approved by the University's Research ethics committee and should not pose any risk to those participating in the project.

*Please read the following information and consider whether you would like to take part in this research.*

**The research question is:** Residential Care Workers' (RCW) perspectives of how they use educational psychology informed understanding<sup>7</sup> to achieve positive outcomes for Children and Young People (CYP). What do they value and how does this influence their practice?

**What is the purpose of this research and why is it important?** The primary aim of this research is to generate a rich picture and capture the experiences of what Residential Care Staff find useful in working with educational psychologists (EPs) to support CYP in care. The findings will help to provide an insight into understanding how EPs can work with residential childcare settings. A secondary outcome through reflective discussions may also be to develop and build upon current practice and consequently further improve outcomes for CYP.

**What would participation involve?** You have been invited to take part as you currently work at a Residential Childcare Setting. As this project aims to be

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<sup>7 7</sup> Research questions changed after discussions with participants at initial session to focus on role of educational psychologist instead of educational informed understanding

collaborative, I am hoping you and your colleagues will be able to have some ownership regarding the process of the project. I aim to work collaboratively with the staff to form a focus group with a cross-section of staff within the residential setting. I hope to discuss in collaboration with participants a convenient time for this research to take place. This will involve co-constructing a definition of positive outcomes for Children Looked After, and educational psychology support to make the research relevant and applicable to the needs and unique development of the residential setting.

If you are willing to participate in this research then you will be asked to take part in reflective discussions as part of focus groups using a strength based approach called Appreciative Inquiry This is likely to happen over 3 sessions which would be arranged in collaboration with your staff team.

*Due to current circumstances because of Covid-19 it is not possible to carry this research out face-to-face due to social distancing restrictions. As a result, the focus groups will take place using a video conferencing platform e.g. Microsoft Teams/Google Meet. This will be decided in discussion with the Residential Setting to ensure it is a platform that will enable shared documents and recording. This video conferencing platform is also approved by Newcastle University for research use.*

I will set up the online collaborative meeting. I will record the meeting using the record facility within the platform. I will provide the details to the meeting using the email address contact for the home. A colleague or I will also use a collaborative tool e.g. Microsoft Whiteboard, to graphic the meeting. This will be regularly referred to and discussed using the share screen facility.

**What will happen to the data collected?** Findings from the research project will be shared with the residential care home and all research participants. It may also be shared with other interested parties, for example Educational Psychologists, other residential care homes, or Local Authority employees.

The raw data will be viewed only by myself, participants involved in the research and my university supervisor. All data will remain anonymous. Names will not be included on any transcripts made of discussions and no identifiable information will be included in the research paper. *Images of the graphic recording of the discussions produced in collaboration and some quotes from the transcripts may be included in*

*the report. Transcripts and recordings will be shared only with my university supervisor. The video recording will be stored securely on password protected computer and destroyed after transcription.*

Any personal information (i.e. from consent forms or information from the discussions) will be kept securely and either locked away or password protected. Recorded data and transcripts will be held in accordance with university guidelines and destroyed once the research is complete.

I will make the results of this research accessible to the LA and the EPS in which it takes place. This will include a discussion about next steps and recommendations which may arise from the research. I will provide feedback to the services and participants involved within 12 months of the research taking place. This will enable a full debrief and provide the opportunity for participants to feedback.

The report will be prepared in a format and style of a nominated peer reviewed journal (e.g. Child Care in Practice) for submission after completion with the possibility of publication.

**Do I have to take part?** Participation in the research is entirely voluntary and you can withdraw at any time without having to give a reason. If any requests are made for data to be destroyed, I will be able to comply with the request and remove all data from the study. This option will be included on the debriefing sheet provided after the focus groups but will remain available up until 1 week after the final focus group. It should be noted that you are only able to withdraw data up until this (given date) due to data being anonymised and analysed after this point.

If you decide to withdraw from the research, please either let link psychologist or home manager know or contact me on the details below.

**Your rights as a participant:**

- You may decide to withdraw during the research project at any time without explanation
- You have the right to refuse to answer any questions that are asked of you
- You have the right to ask and have your questions about the research project answered. If you so wish, you can use the contact information listed below for this purpose

**If I require further information who should I contact?**

For more information please feel free to contact me on [r.l.meyrick2@newcastle.ac.uk](mailto:r.l.meyrick2@newcastle.ac.uk) if you have any further questions. My work is being supervised by Wilma Barrow, Educational Psychologist and Joint Programme Director at Newcastle University. If you have any questions or concerns about the project, or wish to make a complaint please contact her on [w.barrow@newcastle.ac.uk](mailto:w.barrow@newcastle.ac.uk)

If you are happy to be involved with this research, please complete the attached consent form, and return it to my email address by Friday 24<sup>th</sup> July.

*Thank you for taking the time to read this information*

Rachel Meyrick (Trainee Educational Psychologist – Newcastle University)

## Appendix I: Participant Consent Form



**Title of study:** Residential Care Workers' (RCW) perspectives of how they use educational psychology informed understanding<sup>8</sup> to achieve positive outcomes for CYP in residential care. What do they value and how does this influence their practice?

Thank you for your interest in taking part in this research. Please complete this form after you have read the Information Sheet.

**Researcher Contact Details: Rachel Meyrick - r.l.meyrick2@newcastle.ac.uk**

*Please read the following statements and place a tick in each box if you agree with the statement.*

I confirm that I have read and understood the information sheet dated (02.07.2020)  for this study.

I have been given an explanation of the research and what will be involved and had  the opportunity to ask questions and been given satisfactory responses.

I am aware that all data collected will be kept confidential and destroyed once  analysis is complete.

I agree that what I say can be audio and video recorded through an online platform  and I understand that the recordings will be stored on a password protected computer and used for research purposes only. The recordings will be destroyed immediately after transcription.

I understand that my participation is voluntary and that I am free to withdraw without  giving a reason. I understand that I am only able to withdraw my data up until 1 week post focus group and after this point my data will still be included as it will have been anonymised as part of a larger data set and can no longer be identified to be excluded.

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<sup>8</sup> Title changed after discussions with participants at initial session to focus on role of educational psychologist.



I understand that my anonymised research data may be published as a report

I am happy to participate in all aspects of the research and give my informed consent.

**Participant Name:**

**Signed:**

**Date:**

**Researcher Name: Rachel Meyrick**

**Signed:**

**Date:**

*All confidential information will be securely stored and destroyed upon completion of the research. Please keep one copy of this consent form for yourself and return one to r.l.meyrick2@newcastle.ac.uk*

## Appendix J: Participant Debrief Form

### Participant Debrief Sheet



Dear Participant,

Thank you for taking part in this research. The time you have taken to share your own views and experiences is valued.

The main aim of this study was to generate a rich picture and capture the experiences of what Residential Care Staff find useful in working with Educational Psychologists (EPs) to support children and young people. The findings will help to provide an insight into understanding how EPs can work systemically within residential childcare settings. A secondary outcome through reflective discussions may also be to develop and build upon current practice and consequently further improve outcomes for staff and children and young people.

I used virtual methods and a strengths-based approach (Appreciative Inquiry) to gather your views that were developed in collaboration with yourself.

If you would like to discuss further any issues that arose during this research or access additional support, please contact (Myself or your current Educational Psychologist).

If any requests are made for data to be destroyed, I will be able to comply with the request and remove all data from the study. This option will remain available for 1 week after the online group session taking place. It should be noted that you are only able to withdraw up until this date (18<sup>th</sup> September 2020) due to data becoming part of a larger data set and fully anonymised and analysed after this point. If you do withdraw, all your data received will be deleted. All collaborative elements of the meeting will be fully anonymised and as such individual elements of the larger data set will not be able to be identified to be removed.

I will make the results of this research accessible to the LA and the EPS. This will include a discussion about next steps and recommendations which may arise from the research. The report will be prepared in a format and style of a nominated peer reviewed journal (e.g. Child Care in Practice) for submission after completion with the possibility of publication.

If you would like more information, or have any further questions about any aspect of this study, or would like to read the final research paper, then please feel free to contact me or my Supervisor Wilma Barrow at [r.l.meyrick2@newcastle.ac.uk](mailto:r.l.meyrick2@newcastle.ac.uk) or [w.barrow@newcastle.ac.uk](mailto:w.barrow@newcastle.ac.uk)

Thanks again

Rachel Meyrick (Trainee Educational Psychologist)

**Appendix K: Evaluation Form**

On a scale of 1-10 how helpful did you find the process?

With 10 being Really helpful and 1 being not at all helpful.

1 \_\_\_\_\_ 10

On a scale of 1-10 how motivated do you feel following the sessions?

With 10 being Really motivated and 1 being not at all motivated.

1 \_\_\_\_\_ 10

What did you enjoy/resonated for you during the process?
What if anything did you find challenging during the process?
What are you going to <i>start</i> doing? ... <b>(Why does it matter? How will you make it happen?)</b>
What are you going to <i>stop</i> doing? ... <b>(Why does it matter? How will you make it happen?)</b>

What are you going to *continue* doing? ... **(Why does it matter? How will you make it happen?)**

What are you going to *change* doing? ... **(Why does it matter? How will you make it happen?)**

How did you find the virtual process?

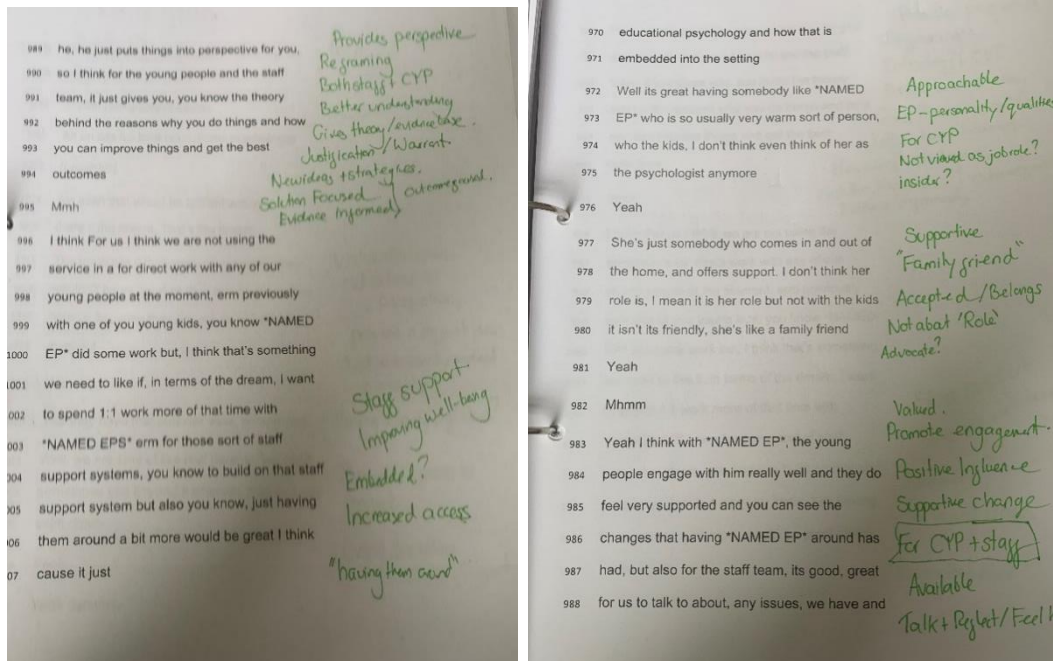
What could have been improved?

Who do you think the findings of this research should be shared with?

Would you be interested in being contacted when I have completed my findings to support the feedback process and next steps?

Any other comments?

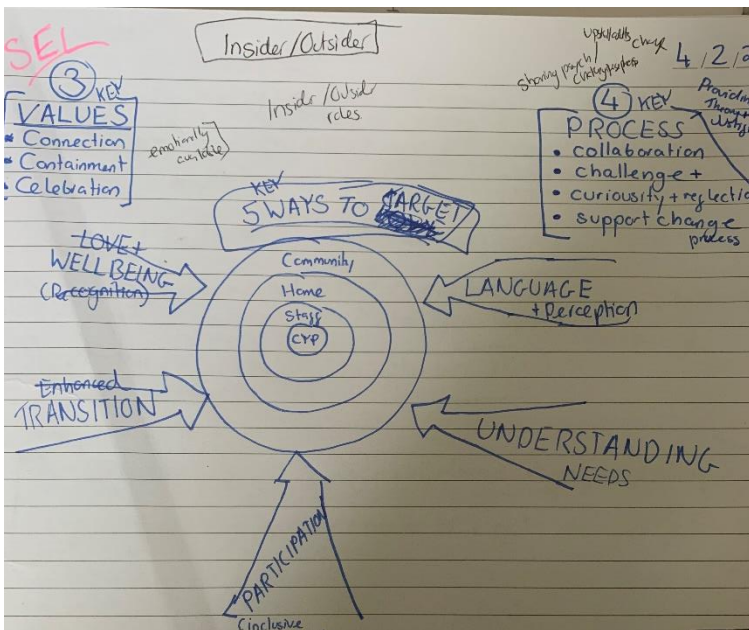
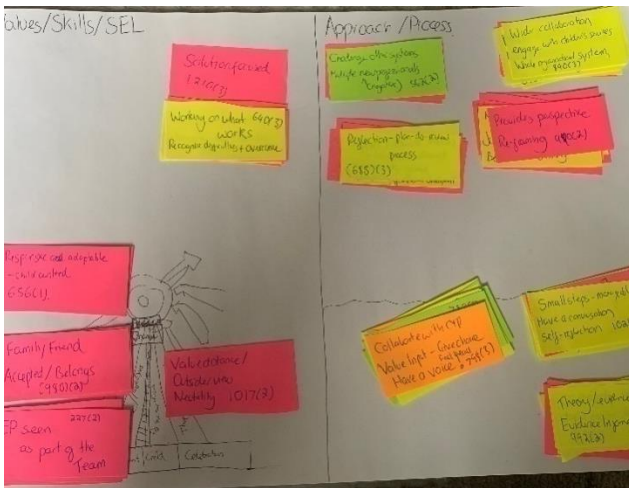
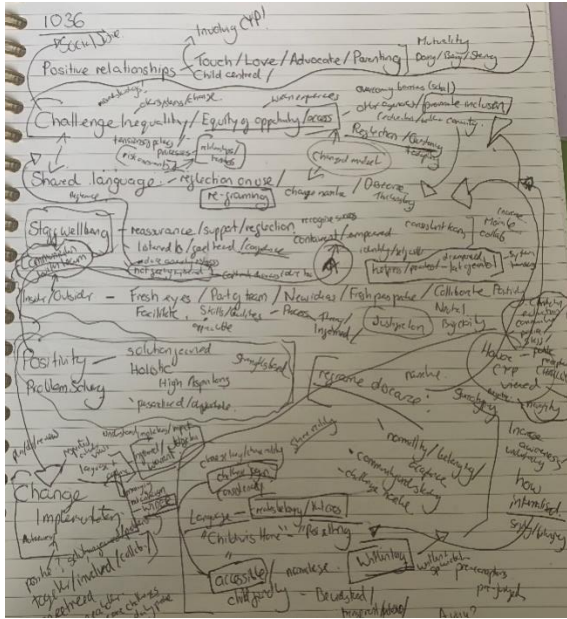
## Appendix L: Audit Trail of Grounded Theory Process evidencing Initial Codes, Focus Codes, Categories developed, and Clustering/Diagramming.



Picture 3: Initial Coding

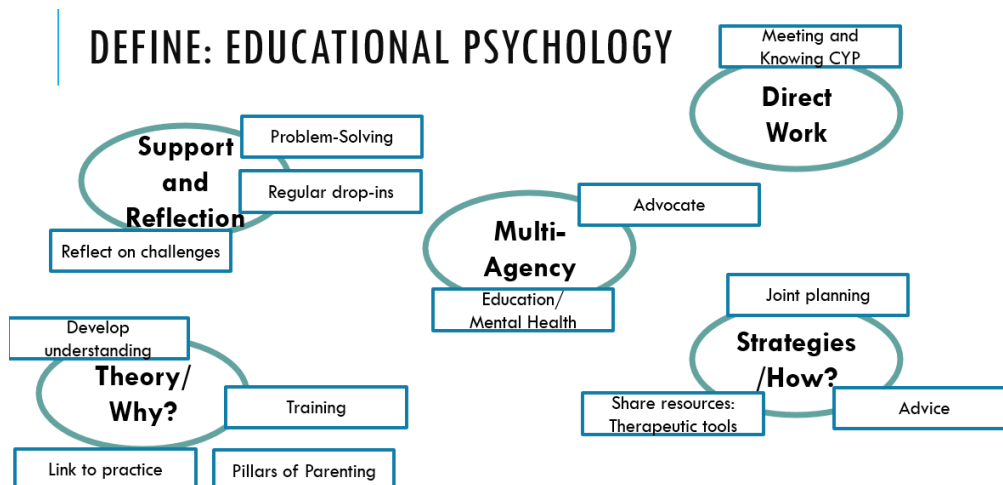
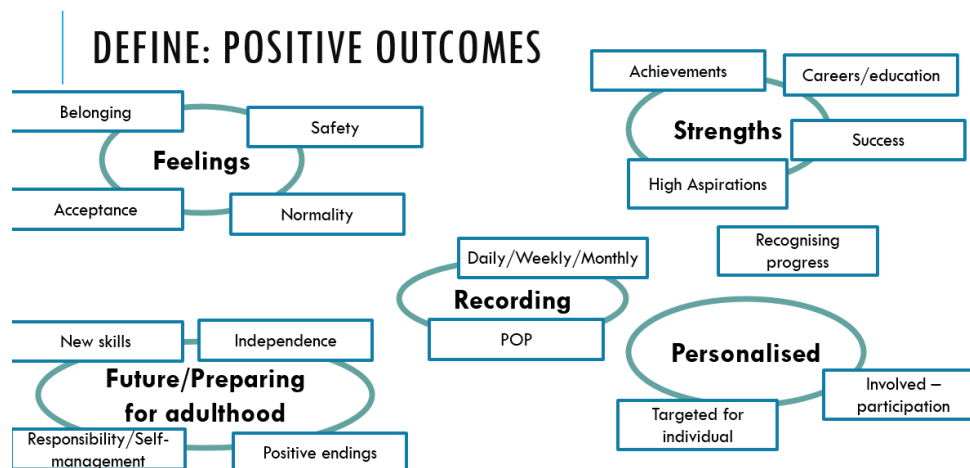
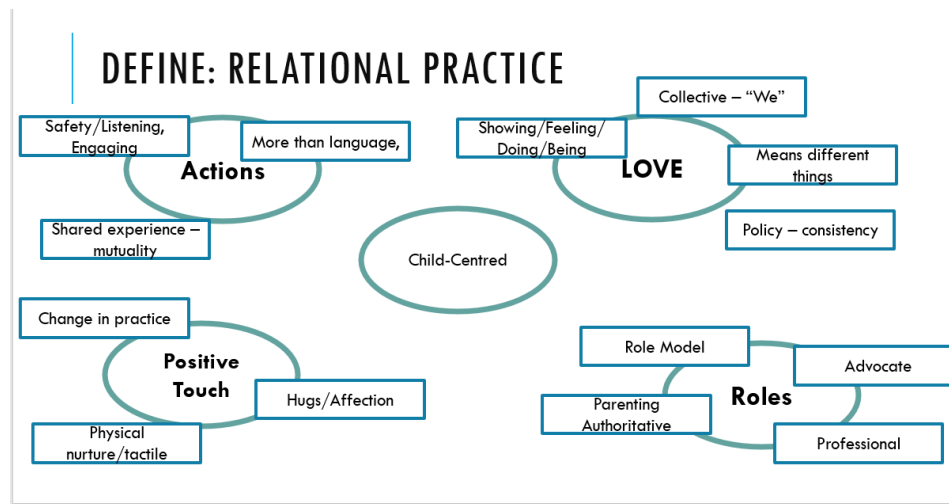


Picture 4: Focussed Coding Examples - Use of Theory and Use of Language



Picture 5: Clustering and Diagramming

## Appendix M: Define Stage – Development of shared understanding to provide context and relevance





### Positive Outcomes for RE-CYP

- Positive Feelings – There was a significant hope that CYP would feel happy, settled, and supported within the home. This would support a sense of belonging within the home and self-acceptance and enable CYP to have a sense of safety and stability.
- Preparation for Future/Adulthood – There was an emphasis on supporting CYP to develop a range of new skills. These included independent living skills, self-regulation skills and social skills to enable a positive transition leaving care. Staff hoped that this would enable CYP to develop responsibility and self-management/self-regulation skills to enable positive endings. In addition, they hoped that this could lead to positive future relationships and breaking the cycle of care-experienced adults seeing their own children entering the care system.
- Personal Goal Oriented – This highlighted the importance of having high aspirations for CYP whether these were in relation to long term career goals, educational progress, and other achievements.

Outcomes are personalised and targeted to the individual and CYP are encouraged to be involved in goal and outcome setting. They are recorded on a regular basis within daily/weekly and monthly logs and reviewed often. Goals are broken down into smaller achievable steps and progress is monitored and celebrated by all.

## Appendix N: Appreciative Inquiry – Prompt Sheet

### DEFINE (Session 1):

*What does your current practice look like? (5-10mins)*

- Show range of value words to complete ranking activity of core values informing purpose of their role informing their practice and work with CYP
- Challenges and experiences as RCW in daily practice

*What is role of Educational Psychology in residential childcare setting? (5-10 mins)*

- Not just Pillars of Parenting. – What happens within these sessions?
- Not EPs as individuals – What is it they do?
- Are there any particular psychological theories/approaches that inform your practice?
- How do they support the staff in your setting?
- Supervision/Consultation/Training/Theory/Reflection?

*What are positive outcomes for Looked After Children in your setting? (5-10 mins)*

- How are these measured?

## **DISCOVERY (Session 1)**

(40-45 minutes)

- How do you use Educational Psychology as a team?
- How does this inform your daily practice?
- What are your strengths of how you use educational psychology?
- What do you value/have you valued most about working with educational psychology? What first drew you to work in Residential Childcare – what has encouraged you to stay?
- Provide examples of when you felt that working with the EP produced most effective outcomes? Describe what happened.
- What difference were you able to make working together?
- How does Educational Psychology informed understanding support you to overcome challenges?
  - How would you say psychology supports you as an individual?
    - Developing Understanding/Theories
    - Confidence/attitude/Empowered/validated
    - Reflection – own feelings
    - Changing mindsets – Increased awareness/Responsive
    - New skills
  - How does psychology support your interactions?
    - Unconditional positive regard
    - Multi-Agency
    - Team practice
    - Informed consistent strategies
  - How does psychology support organisational ethos?
    - Feeling supported – prevent burnout?
    - Providing safety and containment – secure base
    - Group living

## **DREAM (Session 2)**

**10 Minute** – Recap – On Define and Discover and what Dream involves –  
Share general themes

**Be Creative! Blue Sky thinking! (50 minutes)**

- 3 Wishes – for your setting and educational psychology

**(5 mins as a Menti)**

- If you were “A setting that truly used psychology informed understanding for the best outcomes for CYP in the best way” what would this look like? **(45 minutes)**
  - What would I see in team meetings?
  - How would staff behaviour differ?
  - How would resources differ?
  - How would management differ?
  - How would your daily processes/structure look like?
  - How would supervision differ?
  - How would your day differ? What systems and structures are most helpful/supportive?
  - What would I see in your practice?
  - What would I see how you interact with CYPs?
  - What would I see how staff support each other?
  - What would I see after a challenging situation?
- What has changed that has improved effectiveness? How did you get here? What happened?
- In this exciting future, how are staff supported by psychology to achieve best outcomes for CYP. How do management support?
- What are you most proud of in this Dream?
- Logistics of how you use psychology. – How would it be embedded?
  - How often?
  - Protected time?

### **DESIGN – (Session 3)**

- Thinking about themes and differences between the DISCOVERY phase and the DREAM phase? What stands out as being most promising to expand? How do we make this step?  
(Re-Cap-10 mins)
- What next, thinking about an Idealised future?
- Share vision that is Real/Possible/ Positive Potential
- Core Values of home – What would be the homes' strap line? Think about the Themes that came through? Is there one that you want to focus on? – 4/5 themes? (10 minutes)
  
- If I saw an article written about your Residential Settings in 1 years' time – What will that look like? What will it feel like? (15-20 mins)

#### PROVOCATIVE PROPOSITIONS – 3 Each? Positive and Present Tense

1. The Residential setting is....
2. Our staff team are....
3. We always... to support positive outcomes for CYP.
4. Together using psychology we can...
  - What is contributing most to your engagement to make a difference? What are the most important factors to sustain your involvement? What additional skills or support do you need to meet this goal?

Bringing best of what is and what might be to create what should be!

## **DESTINY (Session 3)**

Action Plan – First Steps - 25 minutes

Consider how each point would need a first step

- What small changes could we make right now? How can we get this done?
- Who do you need to help?
- First step/Next step/Longer steps?

Anything else to add or re-visit.

### **EVALUATION: - 5 mins**

Will send out a form and debrief.

But can you do a Menti – Round of words – just a word to say how you've found the process.

*I would like to thank you so much for your participation, it's been invaluable. My next steps are that I will get the focus groups transcribed and look for narrative themes.*

*This is a way to organise the experiences and ideas that have been shared.*

### **General Questions (All Sessions)**

- Tell me more
- Why was that important to you?
  - How did that affect you?
- What supported you and how?
  - How has it changed you?

## Appendix O: Overview of Data Generation Process – Activities completed, and Challenges experienced

Phase	Session	Description of Activities	Challenges
<b>Getting In – Establishing relationships</b> (July 2020)	Pre-sessions	<ul style="list-style-type: none"> <li>I attended a preliminary virtual meeting with the Educational Psychologists who work in the setting and residential care managers across the three settings</li> <li>I delivered a presentation on aims and process of the research project and what was involved</li> <li>This provided an opportunity to negotiate the aims and process of the project, answer questions, and clarify the logistics of how this would work going forward in collaboration with the settings themselves.</li> </ul>	N/A
	Virtual Technology Check	<ul style="list-style-type: none"> <li>Provide an opportunity to meet with participants in advance of commencing the research.</li> <li>A presentation was shared introducing the aims of the research and the opportunity was given for potential participants to discuss and ask questions</li> <li>Opportunity to practice using a range of virtual tools that would be utilised during the research sessions (Microsoft Teams, Whiteboard, recording features, Chat function, Mentimeter, Share screen function)</li> </ul>	<p>Three participants were able to attend this. Communication with other three participants over email</p> <p>Initial reservations of virtual element and the impact on the data, had to adapt creative aspects.</p>
	Negotiating Timing	<ul style="list-style-type: none"> <li>In collaboration with participants it was decided to undertake the research over 3 sessions each 1 hour long. The Appreciative Inquiry was therefore split into Session 1: Define and Discover, Session 2: Recap of themes from session 1 and the Dream, Session 3: Recap of main themes identified from session 2 and Design and Destiny.</li> </ul>	Separate sessions due to availability, planned to have all six together for each session but first session attended by four and second session attended by two.

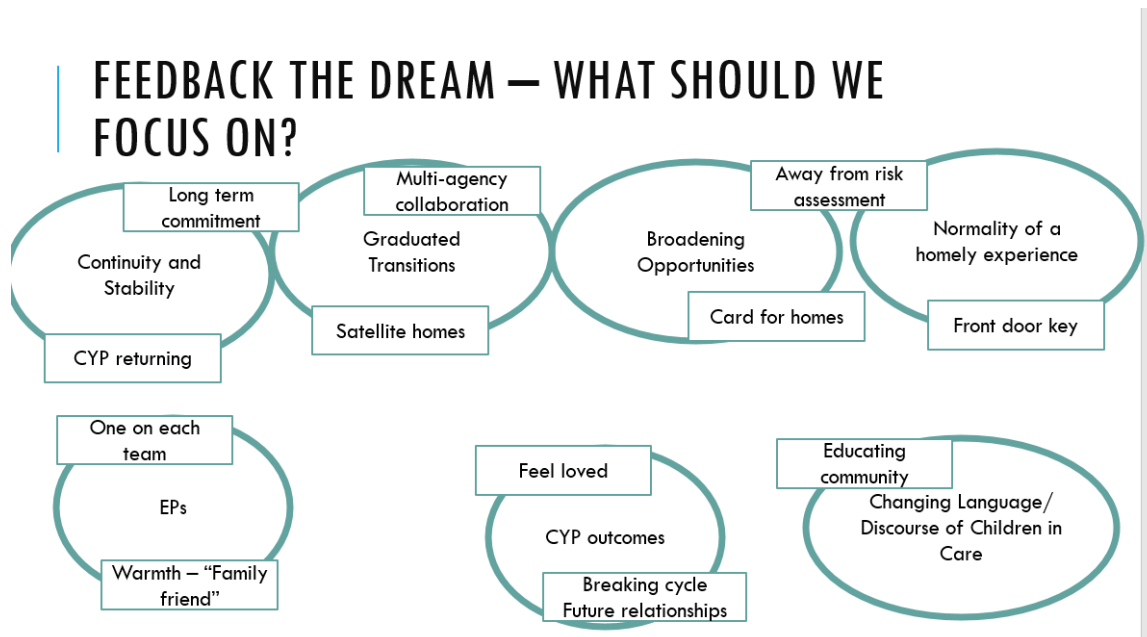
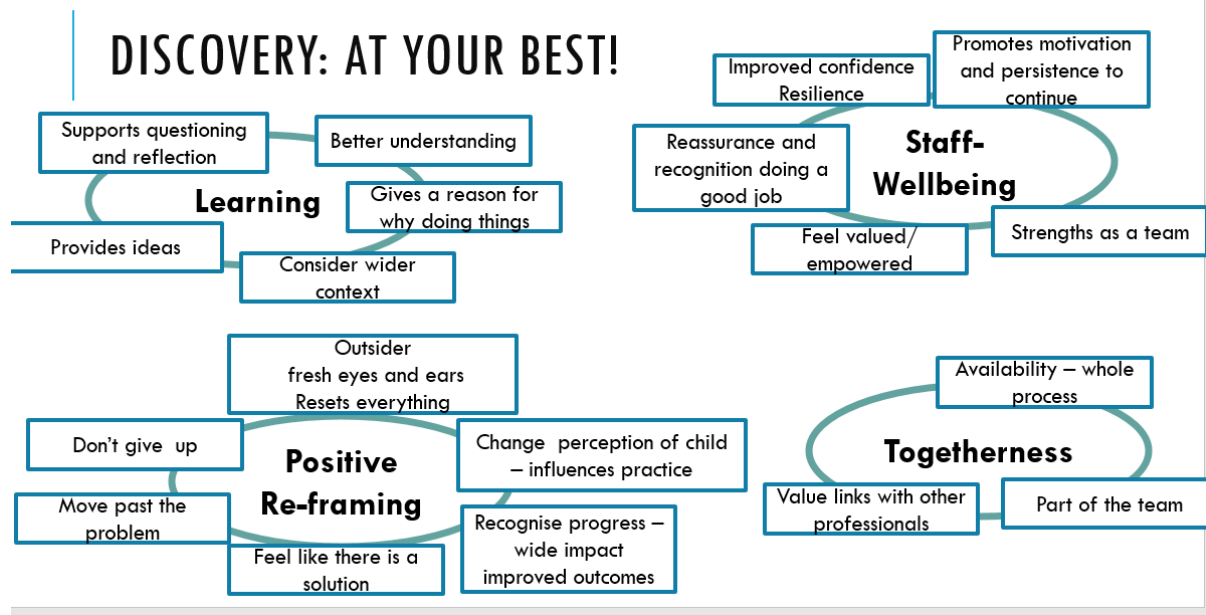
<p><b>Getting On – Appreciative Inquiry</b> (August – September 2020)</p>	<p>Session One – Define and Discover</p>	<ul style="list-style-type: none"> <li>• Introduction Script – Reminded of Anonymity/ Confidentiality and verbal consent given</li> <li>• An exploration of staff values informing practice and consideration of role purpose – experience and challenges to facilitate initial discussion.</li> <li>• The participants developed their definition of positive outcomes for CYP, this helped highlight purpose of their work with EPs. Also developed definition of what they understood by working with EP and what their daily practice involved providing context and meaning for the research.</li> <li>• Participants discussed positive examples of working with Educational Psychologists and what they value in their current practice</li> <li>• The session was recorded, and the discussion was transcribed and coded/themed following the session.</li> </ul>	<p>Second session no access to camera or microphone so chat function utilised. The graphic facilitation process appeared to make my role as researcher too central, so this was changed for the following session. Instead no visual recording completed by me, but tools were used to enable individual engagement sharing participants' views on screen to build upon.</p>
	<p><i>Session Two – Recap and Dream</i> <i>(Five attended due to absence of one)</i></p>	<ul style="list-style-type: none"> <li>• Introduction script – promoting discussion (reminded of Anonymity/Confidentiality and verbal consent given)</li> <li>• Participants reflected and made comments on codes drawn from the previous session</li> <li>• Mentimeter starter activity</li> <li>• Participants developed their dream for how their setting can best work with educational psychology best</li> <li>• The session was recorded, and the discussion was transcribed and coded/themed following the session</li> </ul>	<p>Four participants joined the virtual platform in two pairings and one person joined independently – led to discussion when participants situated together – pros and cons but was harder to facilitate interactions virtually. One pairing did not have use of camera just microphone – impacted some of the discussion and monitoring body language.</p>
	<p><i>Session Three – Recap and Design/Destiny</i></p>	<ul style="list-style-type: none"> <li>• Introduction script – promoting discussion (reminded of Anonymity/Confidentiality and verbal consent given)</li> <li>• Participants reflected on the codes drawn from the previous session.</li> </ul>	<p>Struggles with virtual working adapting – participants used to</p>



	<i>(All six participants attended)</i>	<ul style="list-style-type: none"> <li>• Participants discussed main areas to focus on how to develop psychologically informed practice in the next year</li> <li>• Participants developed a provocative proposition and an action plan was developed to consider first steps that could be implemented</li> <li>• The session was recorded, and the discussion was transcribed and coded following the session</li> <li>• All participants reflected on the process – sharing a word to evaluate how they felt about their participation</li> </ul>	<p>Google Meet not Microsoft Teams.</p> <p>One pairing did not have use of Camera just microphone – impacted some of the discussion and monitoring body language.</p>
<p><b>Getting Out –</b></p> <p><b>Analysing information Gathered</b></p> <p>(Oct 2020 – July 2021)</p>	Analysis and Feedback	<ul style="list-style-type: none"> <li>• Debrief forms and Evaluation Sheets emailed to all participants (see <a href="#">appendix J</a> and <a href="#">K</a>), further information shared about home to provide context to support analysis</li> <li>• Feedback of grounded theory to participants</li> <li>• Presentation back to EPs working in home</li> <li>• Presentation to Pillars of Parenting Steering Group – Including residential care managers of each home and Manager of Children’s Services</li> <li>• Shared research journey and considered how to disseminate to wider staff in residential homes, EPs working in homes and wider local authority.</li> </ul>	<p>Only two evaluation forms returned. This may have been for a range of reasons, personal interest, and work commitments to complete the form.</p> <p>Three attended feedback session</p>

Table 31: Overview of Data Generation Process – Activities completed, and Challenges experienced

## Appendix P: Development of Codes shared with participants



## Appendix Q: How my Research Demonstrated Rigour?

Criteria to meet to allow Rigorous Transferability (Miles et al., 2014)	How my research met the criteria?
Are the characteristics of the original sample of persons, settings, processes fully described enough to permit adequate comparisons with other samples?	The context of the Case Study design chosen for the research is reported. The demographic data of participants and the three residential childcare settings is described to provide an overview of the characteristics.
Does the report examine possible threats to generalisability? Have limiting effects of sample selection, the setting, history, and constructs been discussed?	Yes, setting, and contextual information of case study is provided. Recognition that different residential settings beyond this research will utilise varied approaches. This is reported on within limitations.
Is the sampling theoretically diverse enough to encourage broader applicability?	The sample chosen was of particular interest and worthy of exploration due to established working relationships between EPS and RCWs. This included three residential care settings within one local authority - contextual information provided in Table 20.
Does the researcher define the scope and boundaries of reasonable generalisation from the study?	Yes, implications are outlined for research findings to be used as an initial foundation to inform and develop service delivery models for EPS working with residential childcare settings.
Do the findings include enough “thick description” for readers to assess the potential transferability, appropriateness for their own settings?	Description is provided of context of the homes and the psychological approach that they are utilising within their setting – readers are encouraged to read more about Pillars of Parenting to provide this thick description.
Do a range of readers report the findings to be consistent with their own experience?	Regular member checks were identified to clarify my understanding and interpretations. Initial research analysis and interpretations were fed back at the beginning of each session to establish comments on my interpretations of RCWs views.  Informal sharing back of findings with EPs, with wider organisation, other RCWs and other EPs suggested this resonates however this has not been recorded officially.
Are the findings congruent with, connected to, or confirmatory of prior theory?	Findings are described and linked with wider theory throughout the discussion.
Are the processes and outcomes described in	Conclusions are generic to psychologists working with residential childcare settings. However, there may be

conclusions generic enough to be applicable in other settings even ones of a different nature?	different priorities within settings that have not previously worked with a psychologist.
Is the transferable theory from the study made explicit?	The provisional grounded theory is presented as a visual and can be used as a springboard to start a dialogue to inform practice of EPs and RCWs.
Have narrative sequences (plots, histories, stories) been preserved unobscured? Has a general cross-case theory using the sequences been developed?	Some sequences are provided within appendices, to show how theory was developed. However, the whole transcription is not provided.
Have the findings been replicated in other studies to assess their robustness?	The findings have not been replicated in other studies as part of this research. Views of RCWs are minimal in the current literature.

*Table 32: How my Research met the criteria for transferability to demonstrate rigour*

## Appendix R: Solution Focused Sharing Best Practice Conversation

*Yeah And the kids know that they've got the time, when the changeover times are, and they know, sort of know it's happening but I don't think we can, it's not an easy one to change that,*

*I mean we changed the times so that afternoon handover is, so the majority of the time the kids are at school, we can be out of handover when the kids come in, and the morning one it is not usually too bad cause they tend to be getting themselves sorted, erm but some people will say could you go away, can you come back when we've had handover, give us a minute we are in handover,*

*Yeh with the late shift with use, cause it is around the school times, cos ours is 3 till 3.15 and that's the time sorta young people are coming home, just around that between that 15 minutes, slots, we would have to change our shift times to do it, but I think that is a good idea, to have it before they come home,*

*Yeah that's why we changed our shift time, so lates, is a half two start, so we are back out on the floor for kids coming in at three,*

*We could manage that, and I think that would improve things cause at the minute its bang on the time they get home and when we are in the middle of it and they are straight at the office door, wanting to listen,*

*Well it's the early shift as well so,*

*Well they are your 3 golden moments aren't they, they talk about those golden points within the day its first thing in the morning, in the morning, then how you receive them coming in from school and how you sort of end your day together, so If we're really committed to doing something like, making sure that those golden moments aren't missed then yeah we need to be looking at those things, and it would be manageable, it's just how we start and implement that I guess, are you the same at Placement? Do you have an earlier finish?*

*Yeah not, we can just do the handover before the kids, come in really, yeah*

*Yeah very rarely we're not out*

*You know there has to have been some big problem to hand over*

*Yeah, we are pretty lucky, I do think that it makes a difference I really do,*

*So, what time does your late shift start \*NAME\*? What's your erm?*

*Half past 2 but we finish at quarter past 10. Because our kids go to bed and settle well, so yeah, we don't do night shifts either because we've got 2 night carers*

*Yeah, our early shift we do erm, quarter to 8 till three as our early shift, then late is half two till quarter past 10*

*Yeah, I don't know if that needs to be looked at because I just think we still, we are right on that time when we do start at 3 yeah*

*Yeah and then they are knocking on the doors, they are banging*

*Yeah and just sending them away when they have come home saying yeah we will be just 2 minutes, but then you are not 2 minutes, cause you know it's just a phrase I'll be 2 minutes, and it's like well you know you're not going to be 2 minutes and that's not a great start to the beginning of a shift, so,*

*I couldn't imagine not catching up with my kids when they come in from*

*I know*

*From their day, you know oh hang on I'm just going to be at least 15 minutes before*

*I know*

*And shut the door on them*

*But there is someone out on the floor on the late shift, who has been on the early shift, but they're sort of like not, knowing they are going to be finishing soon, so then it's like you know*

*Not engaged,*

*Sorry,*

*They are not engaged are they, they are so,*

*No, not at all*

*Or they are doing the pick-ups, often that's the case we've got,*

*Yeah*

*Pick up with two of them, one of them is come in and you sometimes don't really, oh hello you're back then and then yeah it's a missed opportunity isn't it, I quite fancy giving it a go about not calling it a changeover anymore, see if anybody notices,*

*What are you going to call it, catch up?*

*Erm I'm going to say Oh just going to go talk about the day.*

*Our children would be like*

*Oh, just going to have a catch up*

*Then they will say Can I not join in; I want to catch up?*

*Yeah*

*No fair*

*Exactly we'll see If it works, see how it goes,*

*Sounds like there is some nice, kind of collaboration and sharing practice, across the different homes*