

A Cultural Historical Activity Theory Analysis of the Assistant Educational
Psychologists Role in Social Emotional Mental Health Intervention, with
Implications for Improved Service Delivery

by

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Abstract

The current research explored perceptions of assistant educational psychologists (AEPs), educational psychologists (EPs) and children and young people (CYP), regarding the AEP's role in supporting CYP with social, emotional, and mental health (SEMH). The primary aim of the research was to explore the role of the assistant educational psychologist through an Activity Theory lens, in order to generate organisational change and development within the local authority.

The research took place across two phases, underpinned by Engeström's Second-Generation Cultural Historical Activity Theory, as the methodological and conceptual framework for the research (Engeström, 1987). Activity Theory was used to explore, record, and analyse contradictions and tensions within the gathered data. Phase one involved semi-structured interviews, which assisted in joint problem solving between participants of the research, with phase two involving a development work research lab, to collaboratively develop and implement new ways of working.

Findings suggest that AEPs are professionals who can provide a range of support, including therapeutic support for CYP with SEMH needs. A number of identified contradictions within the data highlighted ways of future working to enhance the AEP role, including an increase in collaboration and additional joint working with EPs. Finally, the research shows the value of using Activity Theory as a tool for better understanding, examining, and developing practice through organisational change, to enhance service delivery.

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To the participants who willingly gave their time to participate in this research. I thank you for letting me into your world and providing me with such rich data from your thoughtful responses. I would also like to acknowledge the AEPs and EPs openness to exploring new ways of working, to ultimately support the children and young people we work with in the most effective way. I hope this research does justice in exploring all of your hard work.

To the 21-24 'Be the Wings' cohort. Thank you for always being there for queries, no matter how big or small. Our 'shut up and work' group was just what was needed on the long study days, and I am so thankful the doctorate has brought us together.

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List of Abbreviations

AEP: Assistant Educational Psychologist
AP: Assistant Psychologist
AT: Activity Theory
BPS: British Psychological Society
CAMHS: Child and Adolescent Mental Health Service
CBT: Cognitive Behavioural Therapy
CHAT: Cultural Historical Activity Theory
CYP: Children and Young People
DfE: Department for Education
DoH: Department of Health
DoHSC: Department of Health and Social Care
DWR: Development Work Research
EHCP: Education, Health and Care Plan
EP: Educational Psychologist
EPS: Educational Psychology Service
HCPC: Health and Care Professionals Council
JPM: Joint Planning Meeting
LA: Local Authority
LOC: Launch of Cycle
NICE: National Institute for Health and Care Excellence
SEAL: Social, Emotional, Aspects of Learning
SEMH: Social, Emotional, and Mental Health
SEND: Special Educational Needs and Disabilities
TAMHS: Targeted Mental Health in Schools
RAP: Resource Allocation Panel
TEP: Trainee Educational Psychologist
UK: United Kingdom

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Chapter 1: Introduction

This volume of work, produced as the first volume of two, which together comprise my complete thesis, has been written during the second and third years of my time as a trainee educational psychologist (TEP). I have been studying the Applied Educational and Child Psychology Doctorate, at the University of Birmingham, whilst also on placement, within a local authority (LA) educational psychology service (EPS). This LA EPS will be referred to by the pseudonym 'Havenstead' throughout.

This research explored perceptions of assistant educational psychologists (AEPs), educational psychologists (EPs) and children and young people (CYP) concerning the role of the AEP in social, emotional, and mental health (SEMH) intervention. There were two phases for the research. Phase one involved interviewing participants, and phase two consisted of a Development Work Research (DWR) Lab, which is a meeting between stakeholders to explore similarities, tensions, and contradictions to understand what supports and hinders the AEPs work. The DWR Lab contributed towards an action plan, to stimulate organisational change within Havenstead LA. The DWR Lab allows the opportunity for positive change and development within organisations, new concepts to be developed and individuals to feel a sense of agency within their work (Bligh & Flood, 2015).

The primary aim of the research was to add to the current knowledge base concerning the role of the AEP, by exploring how AEPs can work in context, and what supports and hinders work. Secondly, the research aimed to understand how the work of the AEPs may evolve, in Havenstead LA, by creating a shared action plan within Havenstead LA, based on the findings of phase one of the research. Table 1.1 shows the stages within the research, and the purpose of each stage.

Table 1. 1

A table to show the two phases within the research, and the purpose of each stage.

Research phase	Purpose of phase
Phase 1: Individual, semi-structured interviews	The purpose of the first phase of the research was to explore how AEPs, in Havenstead LA, work in context to support CYPs SEMH, and what supports and hinders work.
Phase 2: DWR Lab	The purpose of the second phase of the research, the DWR Lab, was to create positive organisational change for Havenstead LA, based on the findings of phase one of the research.

Harland et al. (2022, p.3) found, in response to their survey, that assistants in EPSs had varied job titles, including:

- Assistant Educational Psychologist (80%)
- Assistant Psychologist (17%)
- Psychology Assistant (2%)
- Lead Assistant Psychologist (1%)

Throughout this research, the term ‘assistant educational psychologist’ (or ‘AEP’) will be used to describe the assistants working at Havenstead LA EPS. It is recognised that these roles are sometimes described as ‘assistant psychologists’ and the terms may be used interchangeably. To distinguish this piece of research from other areas (such as clinical, health or forensic psychology) the term ‘educational’ has been included in their job title.

Rationale for the Research

Durbin (2009) investigated professional contributions and learning within multidisciplinary teams working to promote mental health and psychological wellbeing in

CYP, using Activity Theory (AT) as the methodological framework. In line with Durbin's (2009) research, this study will use AT and will build upon the work of Durbin by focussing on the AEP role when supporting CYP with SEMH needs.

An exploration of local service support for SEMH needs suggests a growing demand for specialised support among CYP. AEPs have a role in supporting these needs, as they are often at the forefront of providing targeted interventions. By exploring how AEPs are utilised within LA EPSs to address SEMH needs, this research aimed to highlight the impact of their interventions, by understanding specific priorities and challenges within a local context. By doing so, this research explored insights and recommendations that are directly relevant to enhancing SEMH support services for CYP. Therefore, the research is timely and relevant due to LAs employing AEPs for a range of duties within services (Atfield et al., 2023), yet there is a paucity of research into how this is received by service users.

This research aimed to explore the effectiveness of AEPs in supporting CYP with SEMH needs, including service user perspectives, as suggested by Woodley-Hume (2018) who explored the role and contribution of AEPs to service delivery in England, after identifying a lack of research that was relevant to the current context of service delivery in EPSs. In considering the importance of SEMH needs of CYP within the scope of the current research, it is important to contextualise these needs within the landscape of Havenstead LA EPS.

Research Questions

The research aimed to add to the current knowledge base concerning the role of the AEP, by exploring how AEPs can work in context, and what supports and hinders work. Secondly, the research aimed to understand how the work of the AEPs may evolve, by creating a shared action plan within Havenstead LA, based on the findings of phase one of the research. The primary RQs give an overarching view of the research, and were:

- 1) What do AEPs, EPs and CYP perceive to be the goal(s) and overall purpose of the role of the AEP in supporting SEMH?
- 2) What are the perceived facilitators and barriers in the AEPs work when supporting CYP with SEMH needs?
- 3) How can an understanding of identified contradictions support the development of actions within Havenstead LA EPS to further support CYP with SEMH needs?

The subsidiary exploratory RQs, relating to the AT methodology, are provided in context, in Chapter 2: Cultural Historical Activity Theory.

Structure of Thesis (Chapters 1-6)

AT is introduced within this thesis prior to the AEP role to give purpose to the literature review, as the literature review considers cultural and historical influences. Additionally, because AT shifts our focus from what is happening internally within an individual, to what is taking place between individuals and their activities (Sannino & Engeström, 2018), AT demonstrates the focus upon the AEP role in context.

The current chapter provides an overview of the aims of the research whilst the proceeding chapters explain how Engeström's (1999) expansive learning cycle, viewed through the lens of AT, acted as the framework for the research.

Chapter 2 introduces AT, including the three generations of AT and the subsequent key principles that are foundational to AT methodology. Applications of AT in educational psychology research, along with limitations of using AT as the lens through which to view the research are also discussed.

Chapter 3 provides a review of literature exploring cultural and historical influences on the development of the AEPs role. It begins by giving a historical and cultural overview of

EPSs, exploring influences on changes over time. Then a focus upon SEMH needs is discussed, to outline the needs of CYP that AEPs may come across in their work. This includes prevalence and the legislative and political context of mental health in schools. Finally, the chapter discusses the role of an EPS in supporting CYP mental health, whilst considering the challenges in doing so, and potential future directions.

Chapter 4 explores the research methodology, followed by a discussion of the philosophical position adopted, and the justification for this choice. Next, the chapter details the research design and explains how the data were collected, stored, and analysed including information relating to ethical considerations.

Chapter 5 explores the findings of the research and discusses them in relation to literature by providing an interpretive commentary. In this chapter the findings and interpretation of findings are integrated. This is because AT demonstrates the collaborative and collective nature of actions, with an emphasis on looking at actions holistically (Engeström, 1999a). The findings are organised in relation to the AT ‘nodes’, in line with the use of the AT framework to explore perceptions of AEPs, EPs and CYP. Lastly, this chapter presents data from the DWR Lab, and action points that arose during the second phase of the research, to address the implications for improved service delivery.

Chapter 6 considers the conclusions drawn from the data analysis in Chapter 5. Secondly, the research methodology is critically reflected upon and the implications for applied educational psychology practice and possible future research opportunities are discussed and suggested before concluding remarks.

Chapter 2: Cultural Historical Activity Theory

The aim of this research was to explore the role of the AEP in supporting CYP with SEMH needs, through the lens of AT. This chapter shows the development of AT over time, giving context to the social, cultural, and intellectual shifts that influenced its development. Furthermore, it provides an understanding of the underpinning theory, applications across cultures and practical implications. The chapter ends with an introduction of the subsidiary exploratory research questions, linked to the AT methodology.

Development of Activity Theory

AT is short for CHAT and will be referred to as such throughout this thesis. AT originated as a monist psychology (the assumption that all things exist in one unified way) and the origins of AT are historically linked to German philosophy and Soviet Russian psychology (Engeström, 1999a). AT was initiated in the early 20th century by Vygotsky (1978) and Leont'ev (1978), both Russian psychologists (Engeström, 2000a). AT was developed further by scholars such as Vassily Davydov, a Russian EP (Sannino & Engeström, 2018).

Two of the key features of AT are the need for change and the focus on interactions between individuals and their activities. To utilise AT merely for describing a complex activity has been described as falling short, and Marx (1852; 1979) argues that doing so would be to describe the world as it exists, as opposed to actively seeking to solve problems when they occur. AT shifts our focus from what is happening within an individual, to what is taking place between individuals (Sannino & Engeström, 2018).

AT was adopted by researchers outside of Russia during the post second world war period. Over time, it has been applied to organisations and social systems, to aid understanding of how people learn collectively, solve problems, investigate, and discuss

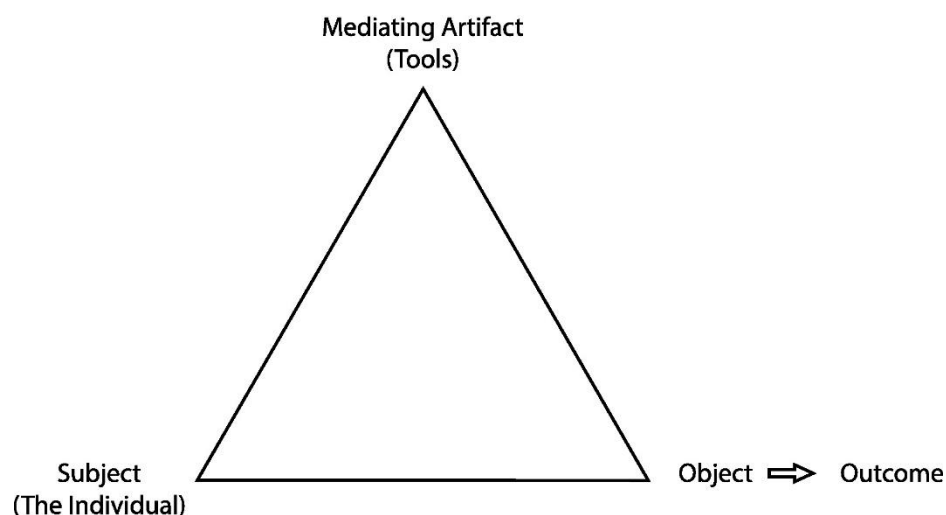
desired futures (Leadbetter, 2017). AT is a structure that can be used to obtain a systemic view on complex situations (Tessier & Zahedi, 2022). More recently, it is of interest because it has been applied to challenges within society globally, such as climate change, homelessness, and social justice (Engeström & Sannio, 2021).

First-Generation Activity Theory

The first generation of AT includes only four ‘nodes’, that is, the different parts of an activity system, each depicted on the triangle’s vertices in Figure 2.1. The first-generation AT model aligns with Vygotsky’s (1987) early ideas of AT, which had a focus upon actions that are directed towards a particular goal (also known as the ‘outcome’), which are mediated (known as mediation) by an individual’s (or ‘subject’s’) social and cultural context (Engeström & Miettinen et al., 1999). Mediation is a central idea of first-generation AT, and it is suggested that cultural tools could mediate an individual’s activity (Daniels, 2008). A recognised limitation of first-generation AT was the lack of acknowledgement for the collective and collaborative nature of actions; hence the move to a second-generation of AT (Engeström, 1999a).

Figure 2. 1

A figure to show first-generation Activity Theory (Engeström, 1999a, p.30)



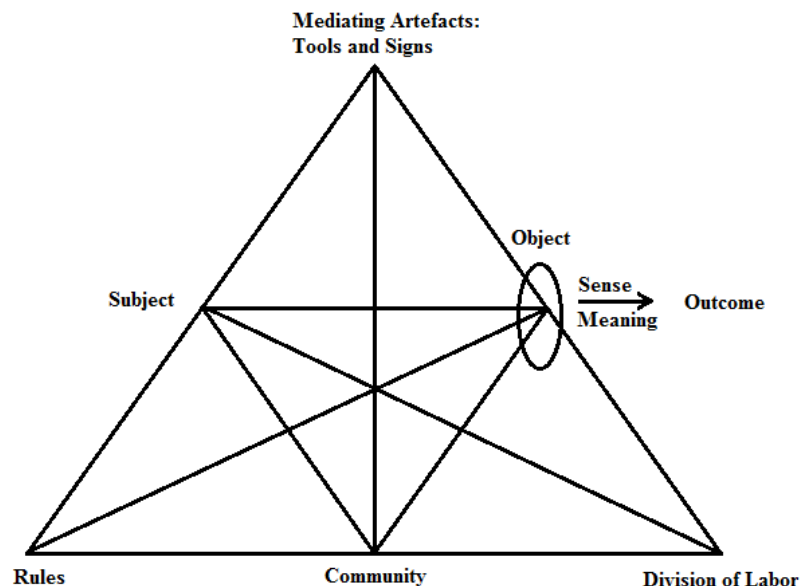
Second-Generation Activity Theory

Second-generation AT was developed by Engeström and conceptualised some of Leont'ev's original ideas (Daniels, 2008). These ideas included a focus upon the aspect of 'division of labour' and how division of labour differentiates between action taken by an individual in comparison to a collective activity between a group (Engeström, 1987).

Division of labour refers to the distribution of tasks between different individuals or groups. It recognises the dynamic and complex nature of human activity within socio-cultural contexts. In relation to the role of the AEP, this could refer to the allocation of tasks, responsibilities among others within the team or their role in collaboration with other professionals, such as EPs. This second generation of AT includes the addition of 'nodes': 'division of labour', 'rules', and 'community'. Second-generation AT is the framework for the current research, seen below in Figure 2.2.

Figure 2. 2

A figure to show second-generation Activity Theory (Engeström, 1999a, p.31)



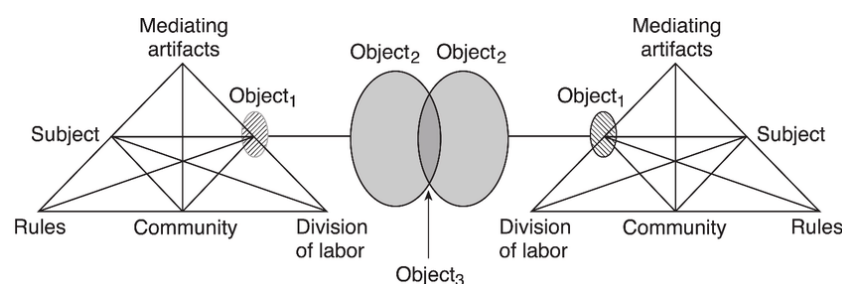
In this research, second-generation AT was employed to provide a comprehensive framework for analysing the role of AEPs within the EPS. AT allows for a contextualised understanding of the interactions between AEPs and other stakeholders, emphasising the historical and cultural factors that shape professional practice. For example, the analysis of the division of labour within the EPS explores how AEPs navigate their roles within evolving organisational structures. However, the complexity of AT poses challenges, particularly in managing the intricate relationships between its components. The abstract nature of concepts such as contradictions requires careful interpretation to ensure that they are meaningfully connected to the empirical data. Despite these challenges, second-generation AT is a tool that can provide a framework to explore the systemic nature of the AEP role, offering a lens through which to understand both the strengths and limitations of current practices.

Third-Generation Activity Theory

In the third generation of AT, the model is expanded and includes two activity systems which are interacting (Engeström, 1987), as shown in Figure 2.3. This can be seen as a network of activities and allows for analysis of activity systems to be multi-dimensional through partially shared systems. The ‘object’, also described as what is being worked on, is combined to create a new object with a shared meaning between activity systems (Engeström, 1999a).

Figure 2. 3

A figure to show third-generation Activity Theory (Engeström, 1999a, p.136)



Key Principles of Activity Theory

There are five key principles in AT, proposed by Engeström (2001). These are central elements to AT, which aid understanding of AT and the implications of using it as a framework to guide research. The first key principle, that a collective activity system is seen as the prime unit of analysis, can be described as individual and group actions, directed towards a goal, which are understood when interpreted against the entire activity system. Activity systems realise and reproduce themselves by generating operations and actions. In the current research, the activity of AEPs work at Havenstead EPS with CYP with SEMH needs is explored. A further principle assumes that activity systems are multi-voiced, suggesting that they are not the result of one individual but include multiple people who are working towards a shared goal (e.g., AEPs and EPs).

The three other principles, historicity, the role of contradiction, and the expansive learning cycle are explored further in this chapter, to help show their application to the current research, because these terms specifically may have a variety of different interpretations within AT research (Engeström, 1999a).

Historicity

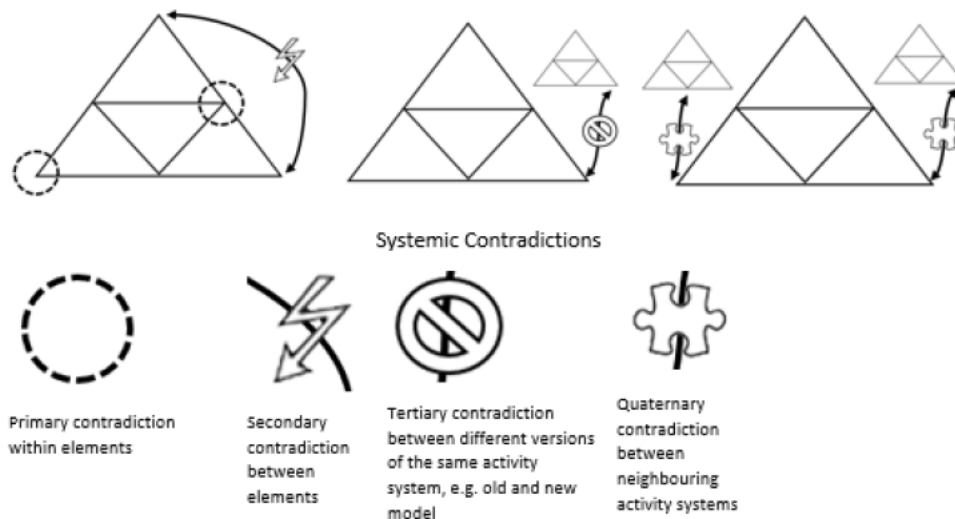
An activity system will have evolved over a period of time, and any perceived problems can only be understood when looked at in relation to their own history (Engeström, 2001). Thus, historical actions cannot be separated from the present. In relation to this research, the evolution of the role of the AEP and its influence upon applied psychological practice must be first considered within the AT methodology, to fully understand the current role of the AEP. This will be explored further within the cultural-historical literature review in Chapter 3.

The Role of Contradiction

A key principle of AT is contradictions, which are “historically accumulating structural tensions within and between activity systems” (Engeström (2001, p.137). Contradictions can be seen as disturbances within any activity system and could be because of changes to any ‘node’ within the activity system (i.e., new rules or a different object) or unintended outcomes. Surfacing contradictions can support in exploring and resolving any known unintended outcomes, and these can either be in an activity system or between more than one activity system. Contradictions between activity systems, also known as systemic contradictions, take different forms (Engeström, 2015). These can be within a ‘node’ in a single activity system or be between two neighbouring activity systems (Engeström, 1987). Contradictions were identified within the current research in the activity of the AEP, by exploring and identifying contradictions within the first phase of the research, from data collected in the semi-structured interviews, to address RQ three ‘how can an understanding of identified contradictions support the development of actions within Havenstead LA EPS to further support CYP with SEMH needs?’. Figure 2.4 shows how tensions become more distant as they grow from primary though to quaternary contradictions within and between activity systems.

Figure 2. 4

A figure to show a graphical representation of contradictions, as shown in Bligh and Flood (2015) cited in Miles (2022).



Activity systems are constantly expanding and transforming and by identifying contradictions and proposing solutions to be modelled, new activity systems emerge (Miles, 2022). This process, known as expansive learning, can be applied through direct intervention, also known as a Change Laboratory (Miles, 2020).

A primary contradiction occurs within one AT 'node'. For example, while there is a growing demand for support for CYP with mental health needs (rules), LAs still face constraints in relation to financial resources of time allocation (rules).

A secondary contradiction occurs between more than on AT 'node'. For example, while there is a need for individualised support for CYP based on need (object), AEPs often must work with standardised assessments or within frameworks (rules).

A tertiary contradiction occurs between different activity systems. For example, while AEPs aim to work with schools, families, and communities to support CYPs mental health

needs, a level of societal stigma still exists in relation to mental health and access to support (e.g., cultural beliefs or misconceptions about mental health needs).

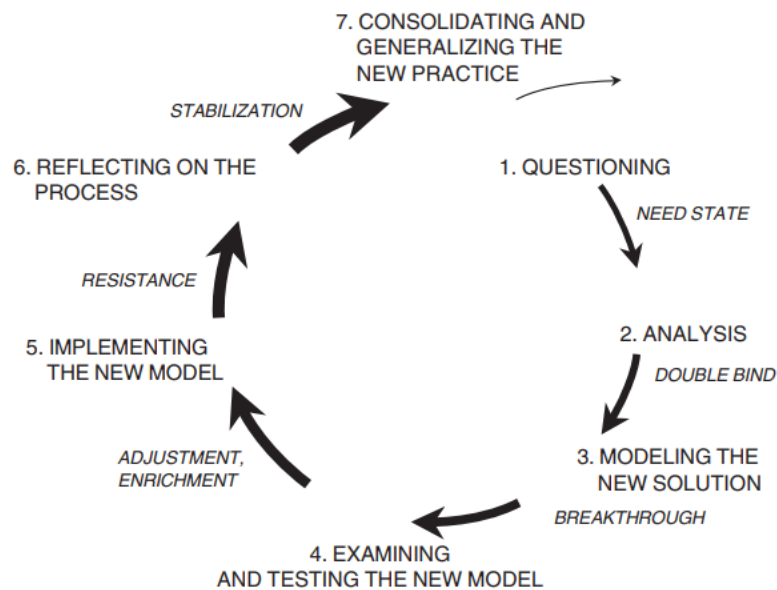
A quaternary contradiction occurs between neighbouring systems. For example, while AEPs work to provide timely and accessible support to CYP through school staff, communities or other external professionals, other mental health services (e.g., Child and Adolescent Mental Health Service (CAMHS) or Kooth) often operate independently, potentially creating challenges in coordinating support and the sharing of relevant information.

Expansive Learning Cycle

The expansive learning cycle is a cyclical process, whereby actions are continually implemented and reviewed (Engeström, 1999a). As seen in Figure 2.5, there are seven phases within the expansive learning cycle, and in relation to the current research, the first three phases were implemented within the time frame. Initially, the theory of expansive learning was used within large-scale activity systems, sometimes taking place over months or years. As it has evolved, subsequent studies (Engeström et al., 2012) have shown that larger expansive learning cycles also involve smaller cycles within them (Engeström, 1999a). Figure 2.5 shows the typical cycle of expansive learning, whereby expansive learning takes place by way of learning actions (Engeström, 2001).

Figure 2. 5

A figure to show the ideal-typical cycle of expansive learning (Engeström, 2001, p.152).



The first phase of the expansive learning cycle involves not only questioning practice that is ordinarily accepted, but also criticising and sometimes rejecting it. Within the current research, this involved interviewing participants about the role of the AEP, and their involvement in supporting CYP with SEMH needs.

The second phase involves action to look at the current situation, that can be discursive, mental, or practical, to find causes or explanations as to why current practice takes place. This involves asking ‘why?’ and traces many actions back to their origins (the ‘historical’ analysis). Actual-empirical analysis refers to explaining the current situation by designing a picture of its inner systemic parts. Within the current research, the second phase (the DWR lab) explored the ‘mirror data’, also known as data from interviews, to discuss with selected participants. This phase included two other researchers who undertook roles taking notes and summarising key information back to participants at regular intervals.

The third phase involves participants creating a simplified, yet explicit model of the new way of working that proposes a solution to the problem or situation. This is required to

be in an observable medium to others for the following steps to take place. Within the current research, the DWR Lab facilitated a space for selected participants to discuss new ways of working and how this could be implemented within the LA.

The fourth phase involves continuing to try the new model so that it can be fully understood in terms of its potentials and limitations and the fifth phase involves applying the model to consider how it may be implemented within the organisation. The sixth phase involves reflection upon the process, to allow for a stable implementation of the new way of working and the seventh phase involves consolidating the reflections upon the process to ensure the new ways of working can continue to be implemented. These final phases are planned to take place at the LA.

Development Work Research

Expansive learning is a naturally occurring cycle, whilst the Change Lab (also known as a DWR Lab) is a purposeful intervention intended to stimulate organisational growth and change (Miles, 2022). With reference to the cycle of expansive learning (see Figure 2.5), a DWR Lab addresses possible contradictions and allows those present to discuss solutions and discover new working practices (Engeström, 1999b). A DWR Lab can be viewed as a significant commitment for both the researcher and participants, as the process necessitates the introduction of concepts which may be unfamiliar to most participants, new terminology and language, and a method that could be viewed as counterintuitive (Bligh & Flood, 2015).

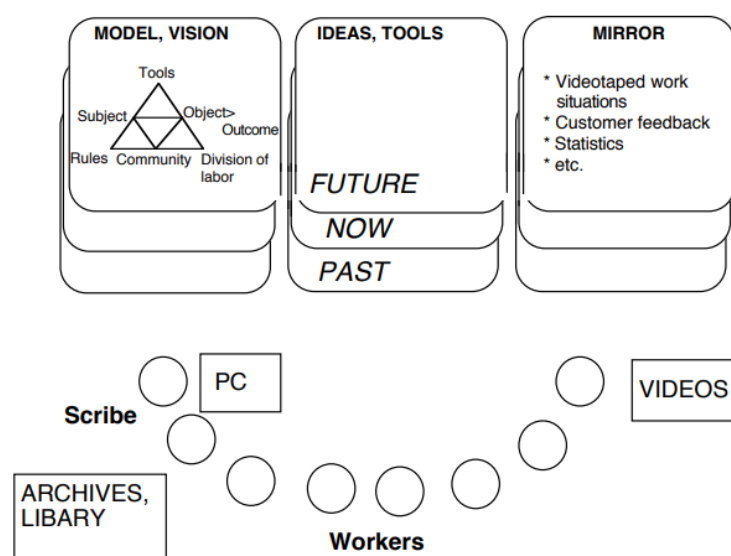
Vygotsky's (1978) theory of double stimulation underpins DWR Labs. Vygotsky argued that any activity can be reconstructed and interpreted, based on an individual's own schemas. Vygotsky (1987, p.356) described this as "the mechanism with which human beings can intentionally break out of meaningless situations". Sannino and Laitinen (2015) propose an example of double stimulation, offered by Vygotsky (1987, 1997, 1998) whereby a

participant is invited to an experiment, and is left in a room without any explanations or instructions as to the task. The experimenter observes from another room how the participant deals with the situation, which was said to often involve searching for external support. Any actions that occur are within the participants Zone of Proximal Development (Engeström & Virkkunen et al., 1996).

Mirror data is data collected by the researcher to present to participants during the DWR Lab (stimulus: one). The purpose of mirror data is to provide evidence for the contradiction (or, problem) being presented to the group. The mirror data will be representative, as key stakeholders (i.e., the AEPs and EPs) are involved, and the data is multi-voiced, conveying the views of the activity system. The activity system model is then presented (stimulus: two) with identified contradictions, which participants attempt to address by creating new tools or rules, until a new activity system begins to emerge. Figure 2.6 illustrates the roles, positioning of participants, and tools used during a typical DWR Lab.

Figure 2. 6

A figure to show the typical layout of the Change Laboratory, taken from Engeström and Virkkunen et al. (1996).



In summary, a DWR Lab is a theory based and theory driven intervention, aiming to stimulate change through collective activity (Miles, 2022).

Rationale, Applications, and Limitations of Activity Theory

AT was chosen as the methodology for the research due to its strong theoretical underpinning and ability to apply to practical situations, particularly within EP practice (Leadbetter, 2005). AT considers the complexity of systems, and the role of AT exploring AEP work is detailed in Chapter 3, which also describes the changing nature of the AEP role. AT also considers the cultural and historical influences upon human action, which in this research is the work of the AEP in supporting CYP with SEMH needs. AT is a driver for uncovering not only similarities in mirror data (or, interview data) but also has a focus upon finding tensions and contradictions to stimulate organisational change and development (Engeström, 1999a).

When considering possible research methodologies, early consideration was also given to Realistic Evaluation (RE) (Pawson & Tilley, 1997) as a potential framework to guide the research. RE does not assert that programmes ‘work’ but that it is the action of stakeholders that make them work (Pawson & Tilley, 1997). RE goes beneath the surface of ‘observable’ inputs and outputs of a programme, aiming to appraise, validate, refine, or falsify theories through a context mechanism and outcome configuration (Pawson & Tilley, 2013). However, despite RE being well positioned to examine social programmes (Pawson & Tilley, 1997), a key difference of using AT methodology as a lens to view this research is that it has a focus upon working practices and their development (Engeström, 1999b). In the current research, the theoretical and practical underpinnings of AT were decided to be more suitable as the DWR Lab could be used during the second phase of the research to stimulate organisational change and development, whilst surfacing contradictions in current working

practices. The strengths and further justification of using this method within the current research is explored further in Chapter 4.

Researching within the social sciences, using an AT framework, means that phenomena can inevitably change whilst being studied (Engeström, 2008). For example, AEPs changing their working practices or working in different philosophical paradigms. The adaptable nature of AT as the framework for the research deemed it to be appropriate to explore the role of the AEP in SEMH intervention because it focuses on working practices and their development (Engeström, 1999b). An activity, in its operational form, can be referred to as a system of goal-directed actions, carried out by individuals or groups within a specific context, which is aimed at transforming an object or achieving a particular desired outcome. It is a structured and dynamic process that brings together individual actions and the social context, to achieve specific, meaningful outcomes (Engeström, 1999b).

It is acknowledged that the terms and definitions in AT have been translated from original German concepts, and therefore meanings have changed, and perceptions altered. For example, it is possible that the English term *activity* does not hold the deep philosophical meaning of the concept originally in German that is *Tätigkeit* (Engeström, 1999a). A direct translation of the term *Tätigkeit* results in multiple variations such as task, work, occupation, and *activity*. It is perhaps inevitable that blurring between such concepts occurs within different languages or cultures, and that everyone making meaning of AT does so in their own interpretive way.

Furthermore, Daniels (2008) points out that AT has developed from Vygotsky's work and therefore, there are debates, differences, and disagreements between researchers as to one agreed approach to AT. Holzman (2006) suggests that AT is not a unified theory, due to the many definitions of AT, and its 'eclectic combination of ideas' (Engeström, 1999b, p.20) can

cause disparity in its approach between researchers. However, developing a methodology in such a way affords researchers the element of flexibility, allowing them to use AT as a tool in supporting organisational change and development (Engeström, 2007).

The current research has both primary and secondary RQs. The primary research questions can be found in the introductory section, and the secondary, subsidiary, exploratory RQs, which focused solely on Havenstead LA EPS, are:

1. What are the objects that the AEPs work is directed toward?
2. What are the hoped for, and actual, outcomes of the AEPs work?
3. What knowledge bases, skills and experiences do the AEPs bring to this work?
4. What are the tools or artefacts used by the AEPs?
5. What are the rules that support or constrain the work of the AEP?
6. What is the community within which the AEPs work?
7. How is labour divided between the different professional disciplines within and outside direct work of the AEP?

Chapter Summary

This chapter has introduced and explored the theoretical origins of AT and its applications. This includes first, second and third generations of AT, with second-generation AT being the lens through which the current research is viewed. Key concepts within AT were introduced, namely, historicity, expansive learning, the role of contradiction and DWR Labs. A rationale was given for choosing the AT methodology and subsequent links to the subsidiary exploratory research questions. The chapter offered limitations of AT that have been considered and reflected upon as part of the current research.

Chapter 3 is a review of the existing literature in relation to the current research, with reference to the cultural and historical influences upon the role of the AEP in supporting CYP with SEMH needs.

Chapter 3: Cultural and Historical Influences on the Development of the Assistant Educational Psychologist Role in the Local Authority Context

This chapter introduces the cultural and historical influences upon the development of the AEP role in the LA context. A historical overview of EPSs, the organisation in which AEPs work, the changing landscape of these, and the historical and cultural factors that have influenced these changes are explored. Then a focus upon SEMH outlines the needs of CYP that AEPs may come across in their work. Finally, the chapter discusses the role of an EPS in supporting CYPs mental health, with a discussion considering the challenges in doing so, and potential future directions.

A review of the literature shows a paucity of research in relation to AEPs in the LA context. There does, however, appear to be more extensive research related to the Assistant Psychologist (AP) role in other areas of psychology and so the literature from other fields informs some of the topics explored.

To help understand the activity of AEPs working with CYP to support their SEMH needs, the role of both the EP and the AEP are outlined. This is to show the distinctive features of each role and how the roles relate in terms of their responsibilities within a LA, working in early years, schools, post-16 settings and communities.

Defining the Role of the Local Authority Assistant Educational Psychologist and Educational Psychologist

The role of the LA AEP exists to provide specialised support to address the diverse needs of CYP. AEPs typically hold a minimum of an undergraduate degree in psychology, or related field, with some also holding postgraduate qualifications (Association of Educational

Psychologists, 2022b). Employed by LAs or independent EPSs, AEPs can work closely with EPs to deliver comprehensive psychological support to CYP. Working within multidisciplinary teams, AEPs can contribute towards assessment and intervention to support the SEMH needs of CYP, to promote inclusive learning environments and support the facilitation of positive outcomes (Atfield et al., 2023).

LA AEPs are viewed as paraprofessionals, or “...a person to whom a particular aspect of a professional task is delegated, but who is not licensed to practise as a fully qualified professional” (Oxford English Dictionary, 2023). The employment of AEPs is increasingly common in a climate where demand is bigger than capacity in many EPSs, and so AEPs offer a way for LAs to increase capacity in some areas of EP work (Woodley-Hume & Woods, 2019). For example, an AEP can collect CYP views to inform a statutory assessment (Harland et al., 2022) which is often the role of the EP.

The British Psychological Society (BPS, 2024) do not specify a role description for APs, instead, their website directs users to an NHS job profile, which would be more relevant to other psychology assistants, such as those working within applied clinical psychology. The BPS (2024) do, however, briefly describe tasks that APs may be required to do, and those that they should not. Those that APs can do include, for example, assessment, intervention, training, reports, and research. The work that APs should not be required to do includes tasks that are above their level of competence, working without supervision, and working as the sole professional involved in complex or emergency cases (BPS, 2024). This guidance suggests that there is some certainty regarding the AP role and responsibilities, but what these tasks look like in practice may differ.

The BPS (2023) state that access to regular supervision for AEPs is an essential part of good practice. Whilst it is recognised that there is no legal requirement for supervision of

AEPs, the BPS (2023) consider supervision a professional and ethical expectation, to support both effective practice and EPS delivery. Additionally, The Association of Educational Psychologists (2022, p.4) state that AEPs should be “appropriately supervised or supported by an EP”, whilst the HCPC (2016) guidance states work should only be delegated to someone who has the ability to complete the work effectively and safely, whilst being provided with appropriate supervision. Yates (2022) reflected upon their experience of supervision, as an AP, when delivering cognitive behavioural therapy (CBT) to people with learning disabilities and found supervision to be both an insightful and vital process. They give an example of their supervisor offering alternatives. Their supervisor used terminology such as ‘it sounds like...’ which Yates (2022, p.49) said they were conscious of mirroring within their therapeutic approach to ensure collaboration and compassion. This account demonstrates the ongoing learning process which supervision can facilitate for AEPs.

LA AEPs work at different levels within their roles. They can contribute at a whole service level (e.g., research projects) whilst also working directly with service users (e.g., gathering pupil voice) (Monsen et al., 2009). Gillham (1978) advocated for change in educational psychology, emphasising the interconnectedness of factors that can influence development and learning. This perspective supports the importance of AEPs both understanding and addressing the systemic issues within educational settings as part of their work. Harland et al. (2022) found significant variation in the tasks that AEPs undertake. The most common aspects of the AEP role were found to be training, observations and consultations, with over 90% of respondents indicating this was part of the role and responsibilities (Harland et al., 2022, p.4). However, Woodley-Hume (2019b) found that distinct assistant roles co-exist, including roles specifically to conduct research, and other roles that contribute to the direct service delivery of EPSs. These findings suggest the

versatility of the AEP role, yet do not specifically identify which structures can maximise the potential of AEPs in service delivery.

Counsell and Court (2000) described a personal view of their role working as an AEP. Their account includes the recognition of the AEP and EP working together closely to support schools, whilst acknowledging that their remit is different to that of an EP, day to day. Their experience is described as a process, as they felt there was much more to learn in the field of educational psychology, whilst speaking positively about the fact they were protected in their title of 'AEP'. Their account is reflective of only one EPS, being based in one LA, and so it is recognised that other accounts of the AEP work, at the time, may present contrasting viewpoints.

The HCPC sets standards of proficiency, conduct, and ethics that guide the practice of registered EPs. Although AEPs are not directly regulated by the HCPC, their role and work are influenced by these standards due to the supervisory relationship they have with registered EPs. AEPs operate under the supervision of EPs who are required to adhere to HCPC standards, ensuring that the work delegated to AEPs aligns with professional and ethical guidelines. For example, the HCPC standards mandate that EPs must only delegate tasks to individuals who possess the requisite skills and competence to perform them effectively and safely (HCPC, 2016). This means that AEPs must be adequately trained, supervised, and supported in their roles to ensure that the work they carry out is of a high standard and does not compromise the quality of care provided to CYP.

Furthermore, the HCPC standards emphasise the importance of professional development, ethical decision-making, and safeguarding, all of which impact the scope and boundaries of the AEP's role (HCPC, 2016). AEPs are expected to work within the framework of these standards, guided by their supervising EPs, to ensure that their

contributions are both ethical and effective. This relationship ensures that AEPs' work complements that of EPs, supporting the broader goals of the EPS, while maintaining a focus on professional integrity and the welfare of CYP.

Moving on to consider the role of the EP, the first LA EP was appointed in 1913, by London County Council and, as part of the role, the EP was instructed to carry out psychological surveys; examine and report on children and study and report on psychological aspects of educational problems that might arise (Maliphant et al., 2013). Now, EPs work with CYP, from 0-25, through assessment, training, research, consultation, or direct work (Currie, 2002). The Health and Care Professionals Council (HCPC) (2016) standards of conducts, performance, and ethics, which will be updated with effect from September 2024, are guidelines which serve to uphold standards within the profession, safeguard service users and support the confidence of the public within the health and care professions. Practitioners are expected to familiarise themselves with these guidelines and adhere to them within practice to ensure the delivery of safe, effective, and ethical ways of working. The document also outlines areas such as working within the limits of their knowledge and skills; respecting confidentiality; managing risk and being open, honest, and trustworthy (HCPC, 2016).

EPs can be defined as scientist-practitioners, who use their knowledge, understanding and psychological skills to support CYP (Fallon et al., 2010). A LA EP will be employed to work for and within local families, schools, and communities. There appears, however, to be some uncertainty around what EPs do, and since 2000, there have been six reviews of the EP role to perhaps try to add further clarity to what it is EPs do and their function (Birch et al., 2023). Despite this, National College for Teaching and Leadership and Health Education England (2016) stated that the EP profession works both systemically and at an organisational level, whilst liaising with other professionals from education, health, or social services.

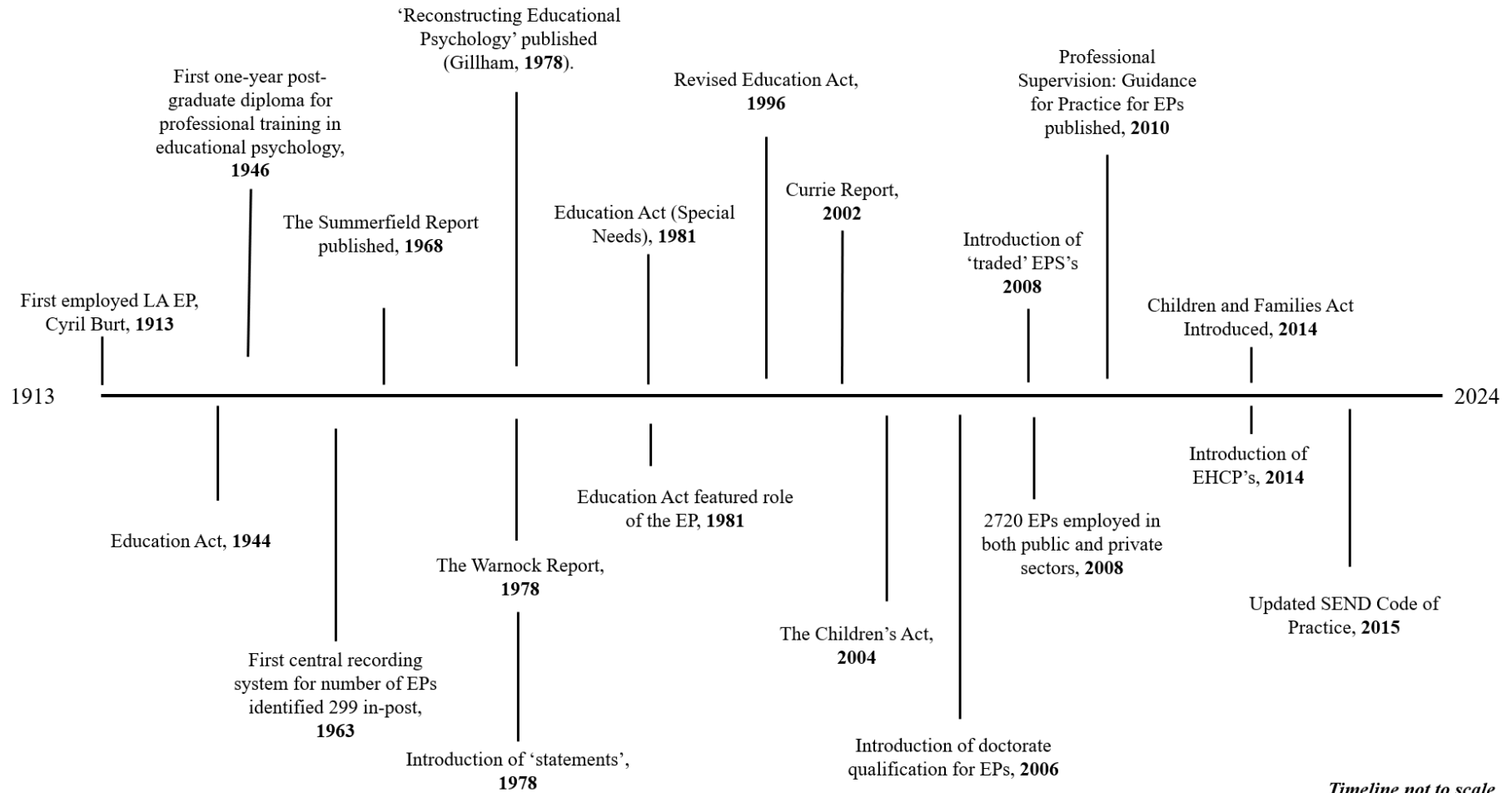
The role of the EP has evolved with the change in professional qualification. The change in the way LAs employed different professionals came after the change in 2009 from a one-year master's level Educational Psychology degree to the current doctorate, which takes place over three years (The National College for Teaching and Leadership & Health Education England, 2016). The move to the three-year doctoral training for EPs created TEPs needing professional practice placements, that were remunerated at a similar level to that of an AEP. This has arguably led to LAs creating an additional paraprofessional role, which LAs now consider as part of their core service delivery. Up until the 2013 workforce survey (Truong & Ellam, 2014) data were collected in relation to the posts of AEPs, which indicated that employers had converted some AEP posts into newly established TEP posts for their professional practice placements. A potential implication of these newly established posts was that there were fewer AEP roles, with the positions being instead replaced with TEP posts.

Historical Perspectives on Educational Psychology

To provide an overview of the changing cultural landscape of the field of educational psychology overtime, Figure 3.1 shows key changes from 1913 to present day providing a visual representation of the dynamic interplay between cultural influences and the evolution of the field of educational psychology. This timeline serves as a starting point for exploring the opportunities, challenges and complexities associated with navigating the cultural landscape of educational psychology, both historically and in contemporary practice.

Figure 3. 1

A figure to show a historical timeline of the key cultural changes within the field of educational psychology.



Timeline not to scale.

A Changing Context Upon the Service Delivery of Educational Psychology Services

Figure 3.1 offers a chronological overview of significant milestones, policy shifts and cultural influences that have shaped the roles and practices of AEPs and EPs. The timeline provides context for understanding the challenges and adaptations observed within contemporary educational psychology practice.

One of the significant milestones includes the publication of ‘Reconstructing Educational Psychology’ (Gillham, 1978) presenting topics of central concern at that time, including a commitment to move away from a child-deficit focus and towards a more ecosystemic focus. The new focus involved approaching problems and issues through a social psychological theoretical lens, which, at the time, was newly emerging, and known as ‘social constructionism’ (Woolfson & Boyle, 2017).

Historically, there have been different agendas, as set out by the government, to work towards a more collaborative approach of working between health, social care, and education, promoting more flexible work between them, for example, Every Child Matters (ECM) (Department for Education and Skills (DfES), 2004) which is a Green Paper outlining the Government’s proposals for the improvement and reform of childcare. As seen in Figure 3.1, ECM was introduced in the same year as the Children and Families Act (DfE, 2014). The Children and Families Act set out to reform the legal framework for services provided to CYP and their families, by ensuring greater emphasis on improving support for CYP with Special Educational Needs and Disabilities (SEND). The introduction of this legislation had a direct impact upon EPs, with increased statutory responsibilities and greater collaboration with professionals and families which led to significant changes in their roles and responsibilities in the context of SEND provision (DfE, 2014).

The DfES (2006) reviewed the functions and contributions of EPs in the UK to demonstrate their value, considering the ECM agenda and provided a positive overview of the EP role. The Association of Educational Psychologists (2022a) argued that to change perceptions of the EP role and remit, a variety of factors must come together, coupled with the legislative context. These factors included areas such as identifying and demonstrating the distinctive contribution of EPs within relevant legislation, such as ECM.

Other changes such as reduction in public spending (Woods, 2014) influenced by a need for more cost-effective services (Lee & Woods, 2017) have had an impact upon EPSs delivery, with EP posts being cut from LAs (The Association of Educational Psychologists, 2011). As a result, many EPSs brought in a ‘traded’ element to their service delivery, with some EPSs becoming fully commissioned (Lee & Woods, 2017) as seen in Figure 3.1. The move to traded models and subsequent need for schools to pay for EP services may have encouraged some EPs to move and work in the private sector, and so the culture of accountability has become ever more present in EPSs, to maintain their capacity for delivery whilst keeping a contribution which is distinctive (Lee & Woods, 2017).

The workload of EPs has faced significant impact due to legislative changes, exacerbating existing pressures within EPSs. In 2014, the introduction of the SEND Code of Practice (DfE & Department of Health and Social Care (DoHSC) marked a shift in EP responsibilities. This legislation mandated EPs to extend their support for CYP aged 0 to 25 and introduced the requirement for Education, Health and Care Plans (EHCPs) to replace the previously known ‘statements’. Consequently, EPs experienced an increase in statutory workload, resulting in challenges in recruitment and retention within EPSs. This strain prompted discussions on the need for additional support, leading to the justification for recruiting AEPs within EPSs, as noted by Lyons (2000). AEPs have since supported in alleviating EPs’ increasing statutory workload by engaging in tasks such as gathering CYP

views to support assessments, participating in planning or review meetings, and conducting research at the LA level, as highlighted by Harland et al. (2022).

EPSs have historically reported difficulties in recruitment and retention of EPs, which is shown by the increase in the available job positions for EP roles, and 88% of Principal Educational Psychologists (PEPs) reporting this as a consistent issue (Atfield et al., 2023, p.32). Furthermore, the 2023 EP workforce insights survey found that 34% of LA PEPs experienced retention issues, and it was suggested that this was related to the large amount of time EPs spent on statutory work in LA practice, with a perception that private work could offer more variety (Atfield et al., 2023). A potential solution to support issues in recruitment and retention was for EPs to create a 'pipeline' of AEPs who could potentially become TEPs and eventually qualified EPs within LAs (Atfield et al., 2023, p.32).

However, Woodley-Hume and Woods (2019a) found that AEPs did not reduce EPs workloads. Using a multiple case study design which included recorded focus groups and interviews, which were transcribed using thematic analysis, they found that the role of the AEP emerged due to recruitment difficulties within EPSs, and AEPs could work in diverse ways. This meant that the EPS offer to schools could be extended. The research also found that the AEPs could enhance and extend the range of work offered, in conjunction with fully qualified EPs. The AEP job role did, however, offer benefits to the AEPs to support their career progression onto doctoral training (Woodley-Hume & Woods, 2019a). This suggests that the AEP role is changing from reducing workloads, due to the rise in statutory work, to enhancing the work of the EPs, under supervision to support the growth of the profession, in line with findings regarding the AEP role by Atfield et al. (2023).

Prior to their research, Woodley-Hume (2018) found that the research exploring the role and responsibilities of AEPs was outdated and limited (Woodley-Hume & Woods,

2019b) yet increasing the number of LA AEPs was offered as a potential solution to recruitment and retention difficulties of EPs (Atfield et al., 2023). There are potential limitations and challenges to employing assistants as one of the possible solutions to the recruitment and retention difficulties, which include, for example, assistants valuing their role but not seeing it as a substitution to formal university-based training (Monsen et al., 2009) and needing supervision but this being inconsistent (Collyer, 2012). Monsen et al. (2009) evaluated a pre-training AEP programme in one LA EPS. They found that the AEP role included casework, projects, research, and training, all under direct supervision of EPs and that outcomes showed targets consistently being met or exceeded. Additionally, AEPs were viewed as a valuable and flexible resource that could complement the work of EPs. Collyer (2012) found that the AEP role was largely research based, however the majority of AEPs in their research also worked directly with CYP. Research therefore highlights challenges in utilising AEPs to address recruitment and retention issues with EPSs, despite their potential to fulfil various tasks under supervision, indicating a need for a clearer role definition and consistent supervision from EPs.

This subsection has highlighted the historical context and ongoing challenges within EPS, focusing on the recruitment, retention, and evolving roles of EPs and AEPs. Government initiatives such as ECM aimed to foster collaboration across sectors, however budget cuts have led to a shift towards more cost-effective service models. Legislative changes, notably the introduction of the SEND Code of Practice (DfE & DoHSC, 2014) have increased EPs statutory workload, prompting the recruitment of AEPs. However, retention challenges persist due to workload pressures and the possibility of private sector opportunities (Atfield et al., 2023). While research suggests that AEPs do not necessarily reduce EPs' workloads (Woodley-Hume & Woods, 2019a), they enhance services and can

support career progression. Challenges include the need for consistent supervision and ensuring AEPs perceive their role as valuable (Collyer, 2012).

There is a limited amount of research with a focus upon AEPs and reported variation in their job roles (Harland et al., 2022). Additionally, a lack of guidance for LAs when employing AEPs further adds to the lack of clarity in terms of their job titles, salary, responsibilities, and employment conditions (Harland et al., 2022). Despite this, there appears to be a high number of applicants for AEP roles as it can be seen to support application for university training courses (Woodley-Hume, 2018). Considering the current cultural context of EPSs and different approaches to service delivery, it is pertinent to continue to explore the role of the AEP in the LA context, in response to the changing needs and contexts in which AEPs work, warranting further exploration using AT, that is sensitive to grasping the complexities of changing systems.

Educational Psychology Service Delivery in Supporting Social, Emotional and Mental Health

This next section explores SEMH and mental health definitions and provision over time, by looking at research and policies to understand the type of needs AEPs might be coming across in their work, and how they might be addressed by AEP role. Historically, supporting the SEMH needs of CYP in schools was not seen directly as a role for an EP, and instead the EPs role would focus primarily on supporting educational needs in schools (Birch & Gulliford, 2023). Despite this, recent policies and initiatives have been seen to support SEMH in schools, with clearer guidance regarding how EPs can align with this ongoing development and make mental health a priority (DfE, 2018a).

Definitions and Prevalence of Social, Emotional and Mental Health

The role of language is acknowledged in this research and therefore the construction and meaning that individuals give to concepts such as SEMH, which is suggested to be widely contested, perhaps due to the changing terminology over time (Fredrickson & Cline, 2015). A definition of SEMH is given in the SEND Code of Practice (DfE & DoHSC, 2014) which describes SEMH as a wide range of difficulties that can manifest in many ways and may reflect underlying mental health difficulties:

Children and young people may experience a wide range of social and emotional difficulties which manifest themselves in many ways. These may include becoming withdrawn or isolated, as well as displaying challenging, disruptive or disturbing behaviour. These behaviours may reflect underlying mental health difficulties such as anxiety or depression, self-harming, substance misuse, eating disorders or physical symptoms that are medically unexplained. Other children and young people may have disorders such as attention deficit disorder, attention deficit hyperactive disorder or attachment disorder. (DfE & DoHSC, 2014, p.98)

The remainder of this section will focus on the nuances of mental health discourse and its implications for practice to explore further how AEPs navigate and address the diverse needs of CYP.

Barkham et al. (2019) refer to the inconsistencies in agreed definitions of mental health and suggest that professionals, including AEPs, should have a clear understanding of mental health and its implications. Having clarity in definition is needed for AEPs to identify which CYP require additional targeted support, thereby guiding their interventions effectively within educational settings. MIND, the national mental health charity, acknowledges that there are different perspectives and approaches that people take in relation to mental health,

but that health professionals agree on specific treatments and clinical diagnoses for mental health problems (MIND, 2017). MIND (2020) definition states that “mental health is about how we think, feel and act. Just like physical health, we all have it, and we need to take care of it. Our mental health is on a spectrum which can range from good to poor”.

In contrast, the World Health Organization (WHO, 2022) provides a definition of mental health which has links to wellbeing, and its importance to the wider context of an individual. It defines the concept of mental health as:

Mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community. It is an integral component of health and well-being that underpins our individual and collective abilities to make decisions, build relationships and shape the world we live in. Mental health is a basic human right. And it is crucial to personal, community and socio-economic development. (WHO, 2022)

The WHO (2022) definition contrasts to the definition provided by the DfE (2015) which focuses upon indicators, risks, and symptoms of mental health, with reference to only three disabilities, which are known to have certain comorbidities with mental health (Harris, 2018). The terms mental health and wellbeing do have commonalities (Norwich et al., 2022) and are sometimes used interchangeably. Patalay and Fitzsimons (2018) acknowledge these commonalities and explain that those who experience mental health problems are more likely to also experience times of low wellbeing. They also highlight that the two are not to be seen as mutually exclusive, and to see them as being on a continuum, which suggests the dynamic and ever-changing nature of mental health and wellbeing (Patalay & Fitzsimons, 2018).

Other professionals may use more concrete terms than the previous definition’s use of words such as ‘impairment’ or ‘feel’ and ‘act’ (Birch & Gulliford, 2023). The Diagnostic and

Statistical Manual of Mental Disorders (DSM) provides a description of all psychiatric disorders, published by the American Psychiatric Association, and undergoes revision around every 15 years (Cooper, 2018). The latest version is the DSM-V, updated in 2022.

The increasing prevalence of mental health in schools is recognised as a priority nationally (DfE, 2010). Since the Covid-19 pandemic, prevalence of mental health needs is increasing, particularly in relation to student stress (Kim et al., 2021; Nuryana et al., 2023). In 2022, Young Minds, a UK mental health charity, found that one in every six school-aged pupils identified as having a problem with their mental health, which, in 2017, was one in nine (Young Minds, 2022). In the same year, the NHS increased its number of staff that worked within CYP's mental health services (to 40% more than prior to the Covid-19 pandemic), which implies their recognition of increasing mental health needs and the rationale to offer further support (NHS, 2022).

Therefore, there is a need for professionals, including AEPs, to have a clear understanding of mental health and its implications, as diverse perspectives exist; clarity in definition aides AEPs in identifying which CYP require targeted intervention, thus enabling their support being targeted in the most effective way.

The Legislative and Political Context of Mental Health in Schools

To support mental health in schools, various governmental policies and initiatives have been developed in response to the evolving landscape in the UK. One of the main drivers for these initiatives is the increasing concern regarding CYPs mental health, as highlighted by Birch and Gulliford (2023). Bohnenkamp et al. (2023) outline three levels of support for CYP in schools, which can be found in Table 3.1 below.

Table 3. 1

A table to show the different tiers of interventions related to children and young people's mental health in schools, adapted from Bohnenkamp et al. (2023).

Tier	Description of support
Tier 1	Tier 1 is the first tier of support, which includes a 'universal' approach, impacting all students and staff within an educational setting. This could include preventative approaches, such as training all staff in mental health skills that cultivate a positive school environment.
Tier 2	Tier 2 refers to 'targeted' services or interventions, that are classed as early intervention for students at risk or demonstrating mental health concerns that are emerging. This could include, for example, a pupil with poor attendance because of their mental health. These interventions are not typically delivered by school staff and would be through a referral to external support services.
Tier 3	Third tier support refers to 'intensive' interventions, which are for pupils with the greatest needs in relation to their mental health. The services provided in tier three are usually designed for the individual and their presenting needs, provided by a mental health professional.

Historically, the Social, Emotional Aspects of Learning (SEAL) initiative (DfE, 2010) was introduced with the aim of fostering social and emotional skills, within the school curriculum, to promote positive behaviour across the whole school environment, as noted by Weeks et al. (2016). This whole-school approach aimed to create a nurturing and supportive environment. It prioritised the holistic development of CYP recognising the interconnectedness of academic skills and social, emotional wellbeing, which aligns with Tier 1 level of support shown in Table 3.1.

In addition to the SEAL initiative, the Targeted Mental Health in Schools (TAMHS) initiative was launched by the DfE in 2008. Unlike SEAL, which had a broad, whole-school approach, TAMHS focused on providing targeted interventions to support CYP with

identified mental health needs. Through TAMHS, schools were supported to train, identify, assess, and support CYP who required additional support for their mental health, with the aim of bridging the gap between specialised mental health care (e.g., CAMHS) and school-based support.

Together, SEAL and TAHMS reflect the multifaceted approach to supporting and addressing the mental health needs of CYP in schools. These developments represented a commitment to prioritising mental health within school systems, whilst recognising the role that schools have in promoting positive mental health and wellbeing. As the landscape within the UK continues to evolve, it is essential the policymakers and mental health professionals adopt a collaborative approach to ensure initiatives remain responsive to the changing needs of CYP within the broader education system.

To contribute to supporting mental health needs in schools, EPSs can employ psychological practitioners to support the SEND of CYP. This can include, for example, both EPs and AEPs, who can work collaboratively to support CYP and their wider community (Dillon & Pratt, 2019). Arora et al. (2019) found that inter-professional working was a part of the EP role which happens frequently. Similarly, other research has found EPs working collaboratively with other professionals was highly valued (Clarke & Hoskin, 2022; Stanbridge & Campbell, 2016), yet EPs report low levels of preparedness in relation to inter-professional collaboration with health (Arora et al., 2019). By professionals working together to support the mental health needs of CYP, a multi-level approach can be used to decide the most appropriate type of support.

Greig et al. (2019) surveyed Scottish EPSs regarding their views and information about supporting the mental health needs of CYP in schools. Despite having confidence in their knowledge and skills, EPSs reported their involvement to be peripheral within the field

of mental health and their role in influencing policy and strategy. The research conducted by Greig et al. (2019) used a survey, where EPs could complete their views anonymously, which meant the researchers were unable to follow up any particular areas within the survey. Additionally, only 21 respondents participated in the research, indicating a small sample size from the 32 Scottish LAs surveyed.

The promotion of mental health has continued to be outlined in more recent policies. In 2017, the government outlined its proposal to expand access to mental health services for CYP, in its Green Paper ‘transforming children and young people’s mental health provision’ (DoHSC & DfE, 2017). An outline of the proposed support can be found in Table 3.2. The focus of this support was to provide additional resources to schools whilst reducing wait times for mental health support. The implications of this proposal may directly impact upon the AEP role by potentially creating a layer of support for CYP prior to their need for involvement from an AEP. The Government’s response to the consultation on this Green Paper, published in July 2018, reaffirmed the commitment to these initiatives and provided further details on their implementation (DoHSC & DfE, 2018).

Table 3. 2

A table to show the proposals outlined in the Green Paper ‘transforming children and young people’s mental health provision’ (DoHSC & DfE, 2017).

Proposed support for CYPs mental health.	Description of proposal.
A designated mental health lead in every school or college.	The aim of every school and college to identify and train a Designated Senior Lead for mental health was to oversee the school or colleges approach to mental health and wellbeing.
Mental health support teams to work with clusters of schools and colleges across the country.	Mental Health Support Teams were created to address the needs of CYP, working closely with schools and colleges to deliver interventions for CYP with mild to moderate mental health needs.
A new waiting time standard.	A new four week waiting time for access to NHS services for CYP who need specialist help. This waiting time does not apply to CYP in ‘crisis’.
Mental health awareness training.	Building schools and colleges capability to identify, and promote awareness of, mental health needs by providing professionals with the confidence and skills to spot signs and triggers of mental health issues.
Teacher training changes.	The aim of the development in training new teachers was to help them to recognise atypical development, by placing an emphasis on emotional development.
Every child will learn about mental wellbeing.	Through guidance and lesson plans for teaching about mental health, every child will learn about mental wellbeing in Personal, Social and Health Education (PSHE). This includes a specific focus upon healthy relationships.

Engaging parents, carers, and pupils.	It is recognised that parents look to schools for advice with their CYPs mental health problems, and so schools and colleges existing policies on behaviour, safeguarding or SEND will be reviewed.
Recognising what schools do and measuring impact.	Through work with Ofsted, the DfE will look at how schools and colleges can effectively measure the impact of what they do to support the mental health and wellbeing of pupils.
Social media and internet harms.	To address the harms that can result from internet use, a further green paper: <i>Internet Safety Strategy</i> to make 'Britain the safest place in the world to be online' (p.30)
Tackling stigma.	A funded campaign to tackle mental health stigma has existed since 2011. This has targeted CYP through social media marketing campaign messages to create a positive attitude towards mental health in CYP.
Promoting positive mental health for all.	An increased focus upon the prevention of mental health issues through supporting local populations and addressing the social determinants of mental health. This also includes the development of a special interest group to highlight gaps and make recommendations on how to support prevention further.
Support for young adults.	A consideration of the transition from children to adult mental health services details the difficulty some CYP face in this time. To address this, some services have adopted a mental health service which supports CYP from 0-25. Wider support, such as counselling services, also exist to support 16–25-year-olds.

Since the 2017 Green Paper, there have been developments in the field of mental health support within educational settings, which have implications for the role of AEPs. The introduction of Mental Health Support Teams (MHSTs) and other initiatives has led to a more integrated approach to addressing the SEMH needs of CYP. AEPs, who typically work under the supervision of EPs, may have found their roles increasingly intersecting with those of Education Mental Health Practitioners (EMHPs) within MHSTs. While EMHPs focus on delivering evidence-based interventions for mild to moderate mental health problems, AEPs often bring a broader psychological perspective, contributing to systemic change, promoting whole-school approaches to SEMH, and supporting CYP with more complex needs that may not be fully addressed by MHSTs (Skene, 2023). Additionally, the 2017 Green Paper highlighted the need for better transition support from child to adult mental health services. AEPs can support in facilitating these transitions, particularly for CYP with complex SEMH needs who require ongoing support as they move into adulthood (Woodley-Hume & Woods, 2018).

One of the commitments within the DoHSC & DfE (2017) Green Paper was to establish MHSTs in schools. Education mental health practitioner roles were created and those employed were trained in evidence-based interventions, supervised by NHS staff. A further commitment of the Green Paper was to introduce training for senior mental health leads in schools. The function of the role of the MHSTs was to support CYP with mild to moderate mental health problems; support the senior mental health lead and liaise with external professionals for further advice to help CYP access the most appropriate support (DoHSC & DfE, 2017). A small number of MHSTs employ EPs to support SEMH needs in schools (Skene, 2023). As education mental health practitioners primarily address mild to moderate mental health problems and support senior mental health leads in schools (DoHSC & DfE, 2017), an overlap between their role and the role of the AEP appears to exist.

Skene (2023) explored the role of the EP in supporting MHST and found that EPs contribute to MHSTs at multiple levels. Notably, with a role in supporting a whole school approach; indirectly supporting CYPs SEMH needs by supporting the professional development of education mental health practitioners and facilitating MHSTs and schools' relationships (Skene, 2023). Ellins et al. (2023) considered the perspectives of programme implementers and service providers in relation to MHST via interviews at five purposely selected 'trailblazer' sites. They argue that there appears to be a lack of purpose surrounding MHSTs and that standard CBT interventions may not be appropriate for all mental health needs of CYP (Ellins et al., 2023). This study therefore raises questions about the scope of MHSTs, and how their skills could be developed to support more diverse groups of CYP. Yet, CBT is the first choice of treatment for anxiety in CYP (National Institute for Health and Care Excellence [NICE], 2014).

While challenges in collaboration between EPS' and CAMHS have been documented, it is also important to recognise the potential for positive and effective liaison between these services. When EPS' and CAMHS work closely together, they can provide comprehensive, multidisciplinary support to CYP with complex SEMH needs (Hulme, 2017). Good practice can be achieved when EPs are embedded within CAMHS teams, allowing for more seamless integration of psychological perspectives within mental health interventions. This embedded approach facilitates, for example, shared case management, consistent communication, and a holistic understanding of the CYP's needs, leading to more effective and coordinated care. The integration of EPs within CAMHS can enhance the ability of both services to respond flexibly and appropriately to the needs of CYP, ultimately leading to better outcomes and a more supportive environment for addressing mental health challenges in educational settings (Hulme, 2017).

A different perspective to consider, in relation to AEPs supporting CYPs mental health, is that of Foulkes and Andrews (2023). They argue that an increasing awareness of mental health could contribute to a rise in reported mental health problems, for example, by increasing CYPs awareness of mental health problems, they may be more likely to report that they are experiencing one. In relation to AEPs work in schools, taking this perspective implies the need for professionals to have an informed approach, when working with CYP. Additionally, Foulkes et al. (2023) reviewed school-based mental health interventions and found that some interventions can inadvertently cause harm for some CYP. This is reported because some CYP who are part of a school-based intervention may report an increase in their mental health related symptoms, not a decrease. Therefore, these viewpoints demonstrate the need for professionals to carefully consider the intended outcomes of interventions when supporting mental health in schools.

Contribution of Assistant Educational Psychologists to Support Social Emotional and Mental Health

In educational contexts, addressing the SEMH needs of CYP is important to foster holistic development and support positive academic attainment (Mowat, 2019). AEPs have a role in this endeavour, by offering support and interventions to promote positive mental health outcomes. This section explores the contributions of AEPs in supporting SEMH needs, highlighting their role, responsibilities, and impact.

The BPS (2023) outline the expected standards for the recruitment and employment of APs. They acknowledge that ‘AEP’ is a distinct title for EPSs, with its own defined pay scale on the Soulbury scales. In terms of their responsibilities in supporting CYP with SEMH, the BPS (2023) suggest that APs can deliver interventions when they have both an appropriate setting and sufficient training. Additionally, they emphasise the need for complete oversight

from a supervising practitioner psychologist, with regular communication regarding any input. Therefore, the responsibilities held by the AP appear to be dependent upon their qualifications, previously acquired skills and sufficient oversight from a supervising practitioner psychologist.

Within the literature, the role of the AEP in supporting CYP with SEMH needs remains unclear. This ambiguity may stem from interrelated factors that contribute to the ongoing uncertainty surrounding the AEP's responsibilities and contributions in this area. Firstly, a possible factor is that a high level of variability in role expectations across EPS's exists (Harland et al., 2022). While some EPS's may use AEPs primarily in an assistant capacity, supporting the work of qualified EPs, others may grant AEPs more autonomy in working directly with CYP. This variability can create inconsistencies in the understanding and expectations of the AEP role, particularly in relation to SEMH work, where the complexity and sensitivity of cases may demand a clearer and more defined role for the AEP. Additionally, unlike EPs, who undergo rigorous and standardised training, the training and professional development opportunities for AEPs are less formalised and can vary widely (Woodley-Hume, 2018). This lack of standardised training may contribute to inconsistencies in how AEPs are prepared to work with CYP with SEMH needs, further complicating their role. The absence of a clear, universally accepted training pathway for AEPs likely contributes to the ongoing lack of clarity about their responsibilities and the scope of their practice in relation to SEMH.

Another factor to consider in relation to the AEPs ambiguous role is the potential intersection between their role and other professional roles and Services. The AEP role can intersect with other professionals who support CYP with SEMH needs, such as clinical psychologists, social workers or SENCOs (Woodley-Hume & Woods, 2019b). The overlapping responsibilities among these professionals can blur the boundaries of the AEP's

role, making it difficult to define their specific contributions. In some cases, AEPs may be perceived as providing supplementary support rather than having a distinct role, which can cause further ambiguity in their position within the multidisciplinary teams working with CYP with SEMH needs. Furthermore, a historical lack of focus on AEP roles in research and policy has potentially led to the scarcity of guidelines, frameworks, and best practices that could help clarify the AEP role (Atfield et al., 2023). The absence of a strong evidence base or policy guidance specifically addressing the role of AEPs in SEMH work leaves much to individual interpretation, which may be contributing to the ongoing uncertainty and variation in practice. Given these factors, it is likely that the role of AEPs in relation to CYP with SEMH needs will continue to evolve but may never be fully standardised or clearly defined. The dynamic nature of SEMH work, coupled with the varying expectations and training of AEPs, suggests that their role will remain somewhat fluid, adapting to the specific needs of the EPS and the broader context in which they operate. This fluidity, while offering flexibility, also poses challenges for creating a consistent and clear understanding of the AEP role in supporting SEMH needs.

Woodley-Hume and Woods (2019a) found that there was a lack of clarity regarding the assistant's remit, from the perspective of AEPs themselves, who said that the lack of clarity created a sense of uncertainty regarding their role. Additionally, the uncertainty also caused frustration within the EPS, as it was found that EPs also did not understand the remit of the AEP, and, due to the confusion, felt that another EP should have been appointed, as opposed to an AEP. Similarly, Harland et al. (2022) reported that a lack of awareness of employment conditions may cause variation in responsibilities of AEPs within different LA EPSs. 73% of respondents reported to work directly with CYP therapeutically. However, due to the data being collected via a survey, there was no detail as to the specific type of therapeutic work undertaken by the AEP respondents. A personal account of an AEP role is

offered by Kimber and Cleary (2011). In their account, they make no direct reference to supporting CYP with SEMH needs, and instead, their typical working day is said to include observations, assessments, consultations, and discussions with their supervisory EP. The focus of their paper demonstrated an emphasis upon gaining an understanding of the EP role to prepare them for doctoral application and study, as opposed to building experience to support them in a career specifically as an AEP. This suggests that some may hold the perception that the AEP role is a 'stepping-stone' towards doctoral study to becoming an EP. Therefore, it is possible that AEPs have some input to support CYPs SEMH, yet the extent and clarity around this is yet to be explored.

There are challenges to consider in relation to an increase in AEPs supporting CYPs SEMH needs and the deployment of them within EPSs. There may both an over and under expectation of assistants (Harland et al., 2022), with assistants being employed to fulfil existing work responsibilities of that of an EP, due to pressures fulfilling all the different areas within an EPs role. Using AEPs to fulfil the additional capacity may also inadvertently prevent new ways of working from being created, that could be brought about by new ideas and experience that AEPs bring. This is because AEPs may have a range of skills and experiences to bring to their role, but with little scope to do so, if only fulfilling existing responsibilities to support capacity issues in an EPS. With no specific guidelines as to what may or may not be within the remit of an AEP, it is possible that AEPs are allowed, or given, work that is above and beyond their capabilities (Monsen et al., 2009).

This section highlights the currently ambiguous role of AEPs in supporting SEMH needs of CYP. While AEPs have a role in supporting SEMH, there remains a lack of clarity regarding their remit, leading to uncertainty and frustration among both AEPs and EPs. Moreover, challenges arise from varying expectations of the deployment of AEPs, with the potential consequences such as over or under utilisation of AEPs, or the risk of them

exceeding their capabilities. Differing perspectives of SEMH awareness emphasises the importance of informed approaches and consideration of the potential unintended consequences in supporting CYPs mental health (Foulkes & Andrews, 2023).

Chapter Summary

This chapter has presented a critical summary of the cultural and historical development of the AEP role. The chapter provides a rationale for the consideration of the AEP in the LA context, namely, the current context of EPSs having different approaches to service delivery and the lack of clarity around the AEP role in supporting SEMH. The chapter explores how AEPs can support the work of EPs, yet there appears to be undefined role boundaries, leading to unequal roles and responsibilities between EPSs and further challenges to the deployment of AEPs. Additionally, the chapter has addressed key points regarding the AEP in the context of supporting CYPs SEMH needs, by exploring their role in providing effective support and interventions. The importance of supervision is also demonstrated. The following chapter will have a focus upon the adopted methodology and design and will describe the data collection and analysis process.

Chapter 4: Methodology and Design

This chapter explores the research methodology and design, along with considerations of ethical issues and the data collection and analysis methods.

Research Aims

This research aimed to add to the current knowledge base of the role of the AEP in supporting CYP with SEMH needs. To do so, it explored how AEPs can work in context, and what supports and hinders work. The research also aimed to understand how AEP work may evolve, by creating a shared action plan within Havenstead LA, based on the findings from the first phase of the research.

Research Questions

Informed by the research aims, the research has the following primary RQs:

- 1) What do AEPs, EPs and CYP perceive to be the goal(s) and overall purpose of the role of the AEP in supporting SEMH?
- 2) What are the perceived facilitators and barriers in the AEPs work when supporting CYP with SEMH needs?
- 3) How can an understanding of identified contradictions support the development of actions within Havenstead LA EPS to further support CYP with SEMH needs?

The research also has the following subsidiary exploratory RQs:

1. What are the objects that the AEPs work is directed toward?
2. What are the hoped for, and actual, outcomes of the AEPs work?
3. What knowledge bases, skills and experiences do the AEPs bring to this work?
4. What are the tools or artefacts used by the AEPs?
5. What are the rules that support or constrain the work of the AEP?

6. What is the community within which the AEPs work?
7. How is labour divided between the different professional disciplines within and outside direct work of the AEP?

Ontology and Epistemology

Ontology is concerned with the phenomenon being investigated and asks “what is...”, how those things exist, and therefore how they should be viewed and researched (Thomas, 2022). This research adopts an interpretivist ontology, which assumes that personal experience individually construes reality, and how we make sense of it (Waring, 2012).

Epistemology is related to the nature of knowledge, and what is known about a phenomenon by asking questions such as:

- What is knowledge and how do we know things?
- Are there different kinds of knowledge?
- Are there good procedures for discovering knowledge? (Thomas, 2022, p.120).

Maynard (1994) asserts that epistemology assists in deciding what sorts of knowledge can exist, by providing theoretical grounding, and asks how to ensure knowledge is both legitimate and adequate.

Social Constructionism

This research adopts a social constructionist epistemology. There is said to not be one feature that underscores social constructionism. Instead, social constructionism can be thought of as an approach that accepts one or more of its key assumptions.

Social constructionism is the view that social aspects of the world are constructed by the interactions that happen between different individuals, and have a joined-up existence, rather than being seen as separate (Robson, 2011). Interpretivism is also a term sometimes used to describe a constructionist approach, indicating the different interpretations of the

social world by those involved. Within this approach, emphasis is placed upon individuals' own experiences, and how they feel, live or underwent particular social situations (Schwandt, 2007). The central aim of research with a social constructionist epistemology is *understanding*. Understanding that there is no objective reality, more that there are as many realities as there are participants, and the role of the researcher is to uncover and understand the many social constructions of both knowledge and meaning (Robson, 2011).

Burr (2015) suggests that social constructionism takes the stance that we should be critical towards the way we see the world and ourselves. It challenges the idea that knowledge is based upon an unbiased view of the world and takes an opposite approach to a positivist perspective, often adopted in the 'hard' sciences. It asserts that we should not just assume something by the category it has been assigned, and to take other, suspicious views of such. Additionally, the way we see the world is specific to both culture and history, and relative to each. This could depend on, for example, where in the world you have grown up. The way we see the world is also a product of history and culture and challenges the idea of 'scientific progress'. Social constructionists argue that all knowledge is constructed between people through daily social interactions. This creates shared versions of knowledge, which we regard as truth (which varies both culturally and historically) and becomes our accepted way of understanding the world. It is recognised that these are not objective views, but as a result of interactions and social processes. The final key assumption assumes that each human construction brings with it a different kind of action. Therefore, social constructions of the world assume some social action and exclude others (e.g., the social action towards someone who has broken the law). It assumes that our constructions of the world are also related to power relations, and that this has implications for not only how we treat others, but also what people do (Burr, 2015).

This research adopts a social constructionist epistemology to better understand the diverse conceptualisations of the AEP role within LA EPS contexts. By doing so, the research aimed to explore tensions around the AEP role, such as its perceived function as a stepping-stone onto doctoral training versus its role in providing therapeutic support. Social constructionism allows for the exploration of these unique perspectives, by supporting an understanding of the complexities inherent in the AEP role. By capturing different viewpoints, the research aimed to contribute towards meaningful change within LA EPS contexts.

In relation to AT, Engeström (2000b) argues that “activity theory has an original and potentially powerful approach to the social construction of knowledge” (p. 301). As such, it can prove to be a tool that is useful when considering organisational change and development in workplaces. Additionally, Vygotsky, who many consider to be the founder of AT (Leadbetter, 2017), emphasised the role of social interaction and learning and the processes involved (Van der Lans, 2002). This is supported further by Engeström (1999a) who reinforces the social constructionist position of AT, by suggesting that the methodology needed for AT aims to construct new models of an activity with relevant participants. The current research adopts this position, with the endeavour to understand different perspectives of participants to consider how the construction of reality is viewed. Additionally, with the use of a DWR lab, participants can co-construct a new activity system, in line with the cycle of expansive learning (Engeström, 1987) to develop and transform existing working practices.

Research Design

This research adopts a case study methodology, which was decided to be appropriate to gather participant views and perceptions of the role of the AEP, at Havenstead LA. The case

study design will be discussed, along with the recruitment procedure, specific context about the LA (also the ‘case’) and reflection upon my positionality as a researcher.

Case Study Methodology

The current research adopts a case study methodology. In a case study, the *case* can be a group, an individual, or anything that the researcher is interested in (Robson & McCartan, 2017). The purpose of a case study is not to understand others, but to understand the case in itself (Thomas, 2022). The choice in this research, of Havenstead LA, is to gain greater insight into the particular case (Thomas, 2022). Differences between published case studies mean that it can cause difficulty for researchers to both understand and define their adopted case study methodology (Hyett et al., 2014) and there appears to not be one shared consensus as to the implementation of case study methodology, with both divergence and convergence in varying amounts (Yazan, 2015). The case study methodology adopted within the current research aligns with Merriam’s (1998) definition and design, in that the research was planned and thought-through, yet flexible if needed. The ‘case’ within the current research is Havenstead LA, where I am currently undertaking my placement and where the AEPs and EPs participants were employed.

The Local Authority

Havenstead LA EPS is an inner-city EPS. During the time of the current research, Havenstead was comprised of 14 EPs, 4 TEPs, 11 AEPs, a mental health manager, and two bi-lingual support assistants. The current research included 3 EPs and 3 AEPs from within the Service. Havenstead EPS adopts a ‘hybrid’ model of service delivery, which means that part of the EPSs work is funded through the LA, and the remainder funded through traded services, these predominantly being educational settings. The Service works in early years, schools and colleges/further education settings and family and community settings. The work is focused on CYP who represent priorities for the LA, including:

- CYP with complex SEND
- CYP at risk of mental health difficulties
- CYP in care
- Pupils at risk of permanent exclusion from school

There are different strands of work which the AEPs fulfil at Havenstead LA EPS, as part of the community aspect of the EPSs work, and further details of these can be found below. The AEPs work is focused on CYP with SEMH needs because there is a need for early intervention within this area of SEND, and AEPs support tier two by providing SEMH interventions, prior to the need for more specialist support, such as CAMHS. This research focused on AEPs at Havenstead LA who work in the ‘early intervention psychological support’ and ‘emotional wellbeing of CYP in care’ strands of work.

A small number of AEPs at Havenstead LA EPS work in the ‘Early Intervention Psychological Support’ strand of work. This is an Integrated Care Board funded initiative which aims to promote mental health and wellbeing in children aged 0 -18. AEPs are employed through the city council and jointly managed by the Psychology Service and Specialist Child and Adolescent Mental Health Service. The team can offer therapeutic interventions in various settings on an individual or group basis for children and their families. Requests for involvement of the team are through the Child and Adolescent Mental Health Service Access Team Triage and navigation service process and/or the Psychology Service.

A further role that existed for AEPs at Havenstead LA is the ‘Short Term Project Work’ which was a brief early intervention programme providing a confidential safe space for children and young people to reflect on their emotional wellbeing with respect to worries, exam stress, low self-esteem, and everyday friendship skills with an assistant psychologist.

Small group work or one to one support was offered over a maximum of 4 short sessions to explore and better manage any difficulties or worries children and young people may experience using a Cognitive Behavioural Therapy framework including psychoeducation and practical resources and techniques. This was a pilot project that ended at the end of 2023.

Other AEPs at Havenstead LA EPS work as part of the ‘Emotional Wellbeing of CYP in Care Project’ which is delivered by a specialist team within the Psychology Service, funded by the Virtual School Team. The project offers children and young people in care additional targeted psychological support through assessments and therapeutic interventions with additional support and consultation for school staff, other professionals, and parents/carers. Referrals are usually through the Virtual School Team Leader.

Ethical Considerations of AEP Work. AEPs at Havenstead LA EPS receive regular supervision. The AEPs working in the early intervention psychological support role receive various types of supervision, from either a clinical psychologist, senior EP, or the Service’s mental health manager. The AEPs working with CYP in care receive supervision from different senior EPs, who specifically oversee this area of work. Supervision is important to support AEPs as they navigate the complexities of working with vulnerable CYP (Yates, 2022). Supervision provides a space for AEPs to critically discuss the assessment and formulation of each case and this process helps to ensure that the interventions are tailored to the specific needs of the young person and are informed by evidence-based practices. Given the potential risks associated with working therapeutically with CYP, such as safeguarding disclosures or inadvertently exceeding the limits of professional competence, supervision is essential for monitoring and managing these risks (BPS, 2023). Supervision allows AEPs to reflect on any emerging concerns, develop risk management strategies, and ensure that appropriate safeguards are in place. Supervision offers AEPs the guidance needed to navigate complex safeguarding issues, ensuring that the young people they work with are protected.

Additionally, supervision provides support for the AEPs themselves, helping to mitigate the emotional and psychological impact of working in such a challenging environment.

In terms of the referrals process and screening for referrals, at Havenstead LA EPS, the screening process involves a thorough assessment to determine the appropriateness of the referral, and the level of support required. This step ensures that AEPs can provide targeted interventions that are both effective and ethical. Referrals can be made by EPs or professionals working in CAMHS, to the AEPs working in the early intervention psychological support strand of work. Referrals are usually made by virtual school officers to the AEPs working to support CYP in care. All referrals are screened by a multi-disciplinary team, which consists of senior EPs and clinical psychologists working collaboratively with AEPs themselves. If a referral to the AEPs is accepted, a letter is sent detailing information about the nature of the work and any expected wait times. If the referral is rejected, a letter is also sent detailing the reasons for the referral not being accepted, along with information to signpost the CYP, and/or their school or family, to more appropriate avenues of support.

These aspects of supervision and the referrals process demonstrate the importance of ethical and reflective practice in the work of AEPs. By incorporating regular supervision, and ensuring all accepted referrals to AEPs are appropriate, AEPs are better equipped to handle the demands of their roles while maintaining the standards of care necessary for the CYP they support.

Recruitment

This research took place within Havenstead LA. All participants were either in employment at the LA or were CYP who attended a school within the LA and had been supported by one of the employed AEPs. EPs and AEPs were recruited via email. An email was sent to all EPs and AEPs initially, and responses were gained from 3 EPs and 3 AEPs. I

chose to stop recruiting after securing three AEP and three EP participants, as this was the target sample size I had determined for the research. This decision was based on the need to manage the scope of the research effectively while ensuring a focused and in-depth analysis of the data collected. Table 4.1 below shows the number of years each participant had been employed, either as an AEP or EP, at Havenstead LA. The research aimed to recruit CYP through school Special Educational Needs Co-ordinators (SENCOs) by emailing an information poster to share with CYP in their school who had received support from an AEP. No response was received from CYP or their parents/carers with this method, and so the decision was made to contact families directly, to seek consent for their child to take part. By doing so, two CYP were recruited who gave their assent to participate, along with parental consent, for phase one of the research (interviews). The two CYP who participated in the research both identified as female and were White British.

Table 4. 1

A table to show participants and the number of years each participant has been in their current role.

Role	Strand of Work	Number of years in post
AEP 1	Early Intervention Psychological Support	7 years
AEP 2	Emotional Wellbeing of CYP in Care	13 years
AEP 3	Early Intervention Psychological Support	10 years
EP 1	Main grade educational psychologist.	23 years
EP 2	Main grade educational psychologist.	1 year
EP 3	Senior educational psychologist.	25 years

I chose to include CYP in this research because they are ‘the best sources of information about themselves’ (Docherty & Sandelowski, 1999, p.177). When interviewing CYP, it is important for the researcher to enter the CYPs world and to see the situation through their eyes, rather than the lens of an adult (Docherty & Sandelowski, 1999). Arksey and Knight (1999) indicate that it is important to establish trust with the CYP quickly, to help them to feel confident and at ease. Additionally, using straightforward and child-friendly language, giving enough time for them to think, and avoiding abstract concepts are also important aspects of the interview to consider (Cohen et al., 2011).

There are also difficulties to consider when interviewing CYP (Breakwell, 2006). Firstly, the researcher may be seen as an authority figure. To try and mitigate the possibility of the CYP seeing me as an authority figure, I used professional but colloquial language when communicating with them prior to the interview (either via email or telephone). Before beginning each of the interviews, I also made conversation about an everyday topic that they could potentially relate to, to ease any of their concerns or anxieties about the interview. Furthermore, the CYP may see the interview as a test. I ensured that I told participants that there were no right or wrong answers to the questions that I was going to ask them. I explained that they understood their situation more than anyone, and I wanted to understand their experience from their perspective. I also made sure to tell them that if they did not want to answer a question or felt uncomfortable discussing certain things, they could always choose not to answer or end the interview at any point.

Breakwell (2006) also suggests that CYP may give a socially desirable response during an interview. It is possible that the CYP may have answered based on what they thought I wanted to hear, as opposed to what their view of the situation really was. To prevent this as much as possible, I reiterated that it was their views I wanted to understand and made sure to not show a heightened emotional response to their answers (for example, shock, surprise,

confusion). Another considered difficulty is that the CYP may have a poor memory.

Although this may not be true for all CYP, it is a consideration to have when asking them questions about an experience that was from months prior. I did find that, on occasion, I prompted the participant or offered additional information to give further context to my questions, to support their thinking and understanding.

Language used in an interview with CYP may not being pitched at the right level. I ensured that I used professional yet colloquial language, such as abbreviations of words that I would naturally use when speaking to people. Furthermore, the questions in the interview may not be relevant to the CYP. It is possible that not all of the questions were relevant to every participant. Therefore, the advantage of using semi-structured interviews allowed for me to follow-up on certain areas that appeared to be more relevant to ensure rich, meaningful data was obtained. For example, using follow-up questions when the CYP were discussing humour and authenticity and how this was an important part of their sessions.

Lastly, it is possible that CYP may be easily distracted. I tried to ensure that the interviews took place in an environment that was as distraction free as possible. One CYP chose for their interview to be online (via Microsoft Teams) and the other chose for their interview to be in person, at their home. I wanted to allow participants to choose the location of their interview themselves to ensure they felt as comfortable as possible. There is a possibility, therefore, that because each interview took place within their own home environment, there could have been distractions around during the interview. However, I felt as though the CYP gave me their full attention and sustained this for the duration of the interview.

Reflexivity and Positionality

There is a key assumption with research which takes an interpretivist stance, that is knowledge is situated within relationships between people (Thomas, 2022). This means that individuals hold their own views about reality, based on their personal experiences. By assuming this, the individual conducting and therefore interpreting the research is central to the discovery of knowledge and has a position which is undeniable in the impact this may have during their observations and the subsequent interpretations made. As a result, Thomas (2022) notes how the researcher's position should be made explicit.

Currently, at the time of writing this thesis, I am a 29-year-old TEP in my third and final year of doctoral training. I am on placement at Havenstead LA, where I have been on placement since beginning the second year of my doctoral training. I will also be taking up an employed position in this LA from the autumn term 2024. This means that all the AEP and EP participants were known to me on a professional level, prior to the commencement of this research. Before embarking on the journey to becoming an EP, I worked in several different secondary schools, outside of Havenstead LA, as a learning mentor, a non-teaching head of year and a pastoral manager. In each of these different roles, I often worked with pupils who had SEMH needs but I found that it was difficult to try and find the right support for them. Some were supported by an EP, usually as part of the EHCP process, and some were referred to CAMHS and others accessed online support independently, such as Kooth.

Moving from these roles to become a TEP, I found that CYP had high levels of SEMH needs, and often had difficulty in accessing timely support. When I began to find out more about the AEPs at Havenstead LA, I became increasingly interested in their role, what they did, how their role had changed over time, how this was received by CYP and if their work could potentially support the work of EPs. Their work appeared to be received positively by

school staff, particularly due to the short wait time in comparison to other mental health support services available to CYP. An awareness of how my position, as a TEP, may influence my perspective during the research project was also considered as I recognised that I already perhaps held a favourable view of the AEPs work. My interest led me to want to find out more about AEPs, which resulted in me conducting this research.

Data Collection: A Qualitative Paradigm

In relation to quality qualitative research criteria (Tracy, 2010), this research can be considered a worthy topic. Tracy (2010) states that the criteria for quality qualitative research consists of eight 'Big-Tent' ideas, and the first, a worthy topic, consists of research that is relevant, timely, significant, and interesting. With reference to the current research, it has been suggested that employing AEPs in LAs is one of the possible solutions to support LAs, by employing more AEPs to support the work of the EP. Furthermore, expanding the use of AEPs was also suggested to support EP workload (Atfield et al., 2023). Justification for the chosen topic of this research is given further in the current section. This includes its relevance to educational psychology, links to the need for EPSs to utilise their AEPs to support EPs workload (Atfield et al., 2022) and the increase in SEMH needs in CYP (Sadler et al., 2018).

Tracy (2010) suggests that quality qualitative research also consists of rich rigor and uses sufficient, abundant, appropriate, and complex theoretical constructs; data and time in the field; sample(s); context(s); data collection and analysis processes. Rigor establishes trust or confidence in the findings of research (Thomas, 2022). In relation to the current research, AT has been applied as the theoretical construct to analyse the role of the AEP. I have spent time as a TEP for almost 3 years at the time of writing this, fully immersing myself in the EPS. Further information regarding the sample, context and data can be found in Chapter 4.

Another aspect of quality qualitative research is sincerity, in that the research is characterised by self-reflexivity about subjective values, biases and inclinations of the researcher and transparency about the methods and challenges. I have considered my own values and biases and reflected upon these throughout conducting this research. More detailed information can be found in the reflexivity and positionality section.

Tracy (2010) also considers credibility, stating that the research is marked by thick description, concrete detail, explication of tacit (nontextual) knowledge; triangulation; multivocality and member reflections. To ensure the credibility of the research, I have addressed the factors described throughout the thesis. The literature review provides a description of the topic, alongside relevant references to add the concrete detail. My own tacit knowledge is provided throughout, particularly to give specific context to the research. The data were triangulated, and further explanation is given in Chapter 4: trustworthiness in research. The research process was documented within a research diary, including my reflections at different points. Excerpts of this can be found in Appendix 14.

Resonance is a further aspect of quality qualitative research, in that the research influences, affects or moves particular readers or a variety of audiences through aesthetic, evocative representation, naturalistic generalisations, and transferable findings. The current research aimed to be accessible to a variety of audiences interested in areas such as educational psychology, SEMH and education. The findings and their application to other areas can be found in Chapter 5.

Quality qualitative research should also make a significant contribution conceptually/theoretically; practically; morally; methodologically and heuristically. This research aimed to add to the current knowledge base of the AEP through the lens of AT as the theoretical framework. Contributions of the research, including both practical and

methodological implications are discussed further in Chapter 6. Research must be ethical, considering procedural ethics; situational and culturally specific ethics; relational ethics and exiting ethics (leaving the scene and sharing the research). In relation to the current research, ethical issues were considered and addressed, and ethical approval was granted before it commenced. Further detail can be found in Chapter 4: ethical considerations and Appendix 10: application for ethical approval confirmation letter.

Finally, Tracy (2010) states that research must have meaningful coherence, so that the research achieves what it purports to be about; uses methods and procedures that fit its stated goals and meaningfully interconnects literature, research questions, findings, and interpretations with each other. To ensure coherence throughout the current research, AT has been applied at all stages (throughout the literature review; to inform the semi-structured interview questions; during data analysis and to structure the findings and discussion). This ensures all aspects of the research are inter-connected.

Qualitative research methods in the social sciences are considered to have both strengths and limitations (Mwita, 2022). A strength of qualitative research methods is that they offer flexibility and more explanation and clarification since participants are not confined to a specific limit on what to respond to. It also allows researchers to identify other potential issues that were not initially considered. Additionally, multiple data collection tools can be used, making qualitative research more credible as the weaknesses of a particular research tool can be supplemented by another tool's strengths. There is also the consideration of human touch, in that researchers can interact with participants to understand their experiences and feelings. Interaction between researcher and participant was found to be a critical factor in understanding participants feelings and views (Mwita, 2022). Qualitative research methods can also minimise chances of missing data as researchers can continue to collect data until it is sufficient. If a participant does not understand a question, the researcher can offer

clarification or ask the question differently. Mwita (2022) also suggests that qualitative research methods can be cost effective as their often-small sample sizes mean research can take place with a minimal number of financial resources.

There are, however, also potential limitations of qualitative research methods in the social sciences to consider (Mwita, 2022). The first being subjectivity, as the identification of themes in qualitative research requires the interpretation of the researcher and in certain situations, some people may give different interpretations of the same thing. The research methods may also may not be generalisable due to small sample sizes, and it is debated whether qualitative research studies can make appropriate generalisations not specific to which the group of people which were studied. Another limitation considered by Mwita (2022) is the difficulty in enhancing anonymity, as this is more difficult in qualitative research as during the process of collecting data, the researcher will be in direct contact with participants. Qualitative research methods also often have complex data collection and analysis procedures, which often leaves researchers with ‘bulk’ data. Analysis may therefore be difficult since the researcher must only retain information that is relevant. There may also be difficulty in replicating findings as participants have different feelings, backgrounds and experiences and therefore replicating a study to gain similar results is not always practical. Lastly, research bias must be considered, as due to the researcher having direct involvement with participants, their views can consciously or subconsciously affect the data that is collected (Mwita, 2022).

Within the current research, it is acknowledged that it is not claiming to be generalisable, but instead seeks to understand and explore the role of the AEP in context, which may support understandings of the AEP role elsewhere though this is not the prime focus of this research. Additionally, to ensure anonymity, participants’ identities have all remained confidential, and any identifying data has either been changed, removed, or given a

pseudonym. To minimise researcher bias as much as possible, I have continued to be reflexive throughout all stages of the research, and more detail regarding this aspect can be found in the previous section: reflexivity and positionality.

Engeström (2001) proposed that to understand where we are now, it is important to know where we came from. Therefore, the current research aimed to address these possible solutions, by examining the specific role of AEPs in Havenstead LA. Engeström (1999a) also asserts that all activity systems are multi-voiced and multi-layered. The current research affirms this statement and uses qualitative methods of data collection to explore the perceptions of AEPs, EPs and CYP and the different perspectives by which each participant understands reality within their activity systems.

Procedure

Phase 1: Interviews

Semi-structured interviews were conducted to gather perceptions from each participant. An interview guide is used to inform semi-structured interviews (Thomas, 2022) and, in this case, the interviews were also structured using the seven AT ‘nodes’.

The semi-structured interview method was chosen to allow for follow-up questions during the interviews and for the interview to move fluidly between the AT ‘nodes’. This helped to ensure that rich data was collected within a more natural, conversational way. The semi-structured interview schedule can be found in Appendix 7. When deciding which type of interview to use, it is necessary to ensure that the method fits with the study’s questions, purpose, and strategy (Fontana and Frey, 2000).

The questions used within the semi-structured interviews derived from the RQs and second-generation AT framework (Engeström, 1987), and the schedule for the interviews was based on that used by Leadbetter et al. (2007) and can be found in Figures 4.1, 4.2 and 4.3.

These figures have been included within the body of the thesis to not only provide context for the interviews in relation to the AT framework, but to also provide a visual support to the reader as to the process of questioning during each interview. Interview questions directly answered the RQs by linking to each of the seven AT ‘nodes’. Interviews were all conducted individually with each of the eight participants. Each interview took place at a venue of the participants choice, with two taking place online, one taking place at the CYP’s home and the remaining six taking place in LA office spaces in a quiet and confidential room. A pilot interview was attempted. However, due to a data breach¹, the data was withdrawn from the study, and therefore, the data from the pilot interview is unable to be used.

¹ A data breach occurred when interview data was saved to a shared LA drive, where it could have been accessed by unauthorised individuals. The files were promptly identified and deleted to prevent any possible further access.

Figure 4. 1

A figure to show the semi-structured interview schedule, for educational psychologists, used within individual participant interviews during phase 1 of the research, adapted from Leadbetter et al. (2007).

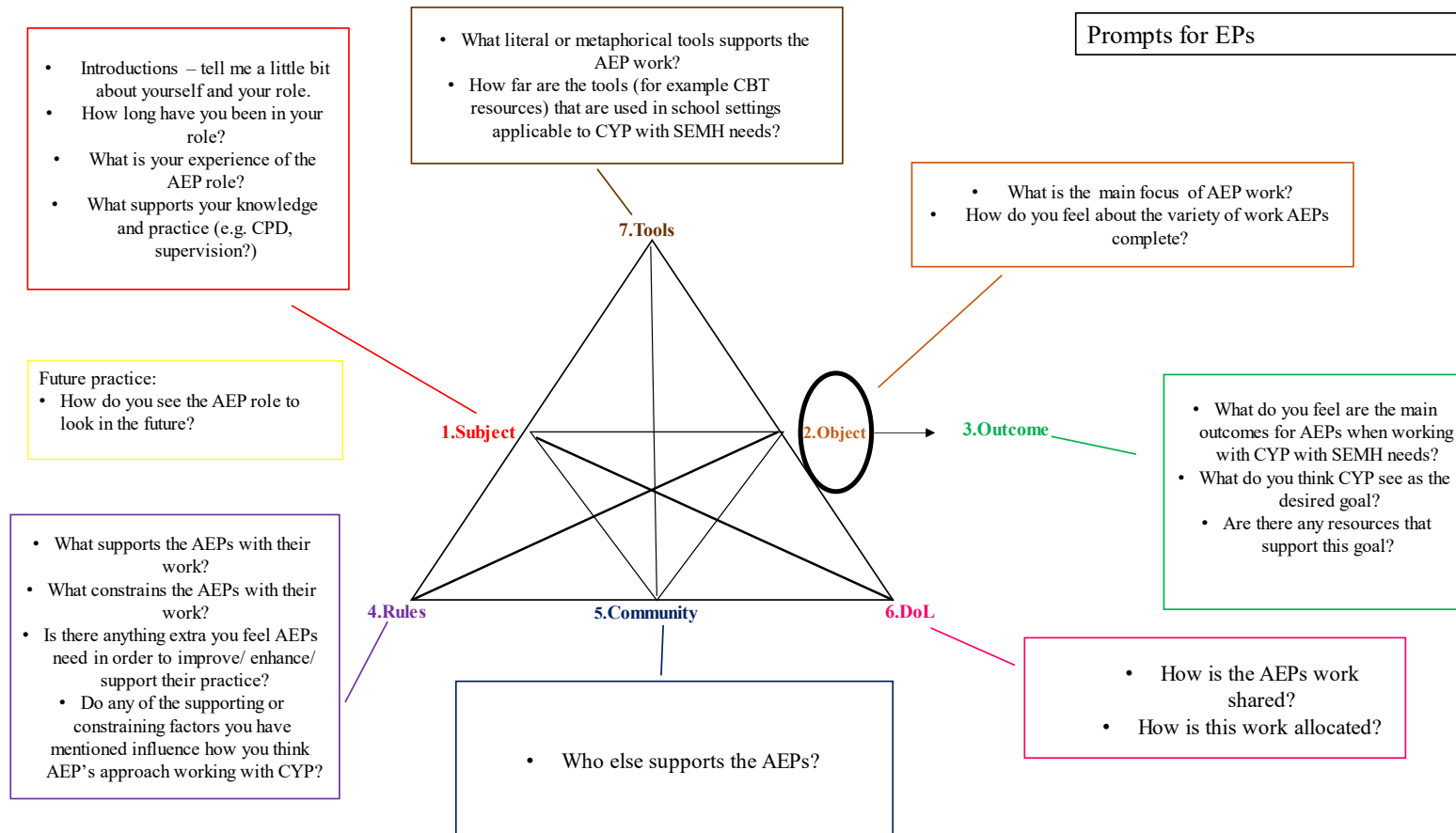


Figure 4. 2

A figure to show the semi-structured interview schedule, for assistant educational psychologists, used within individual participant interviews during phase 1 of the research, adapted from Leadbetter et al. (2007).

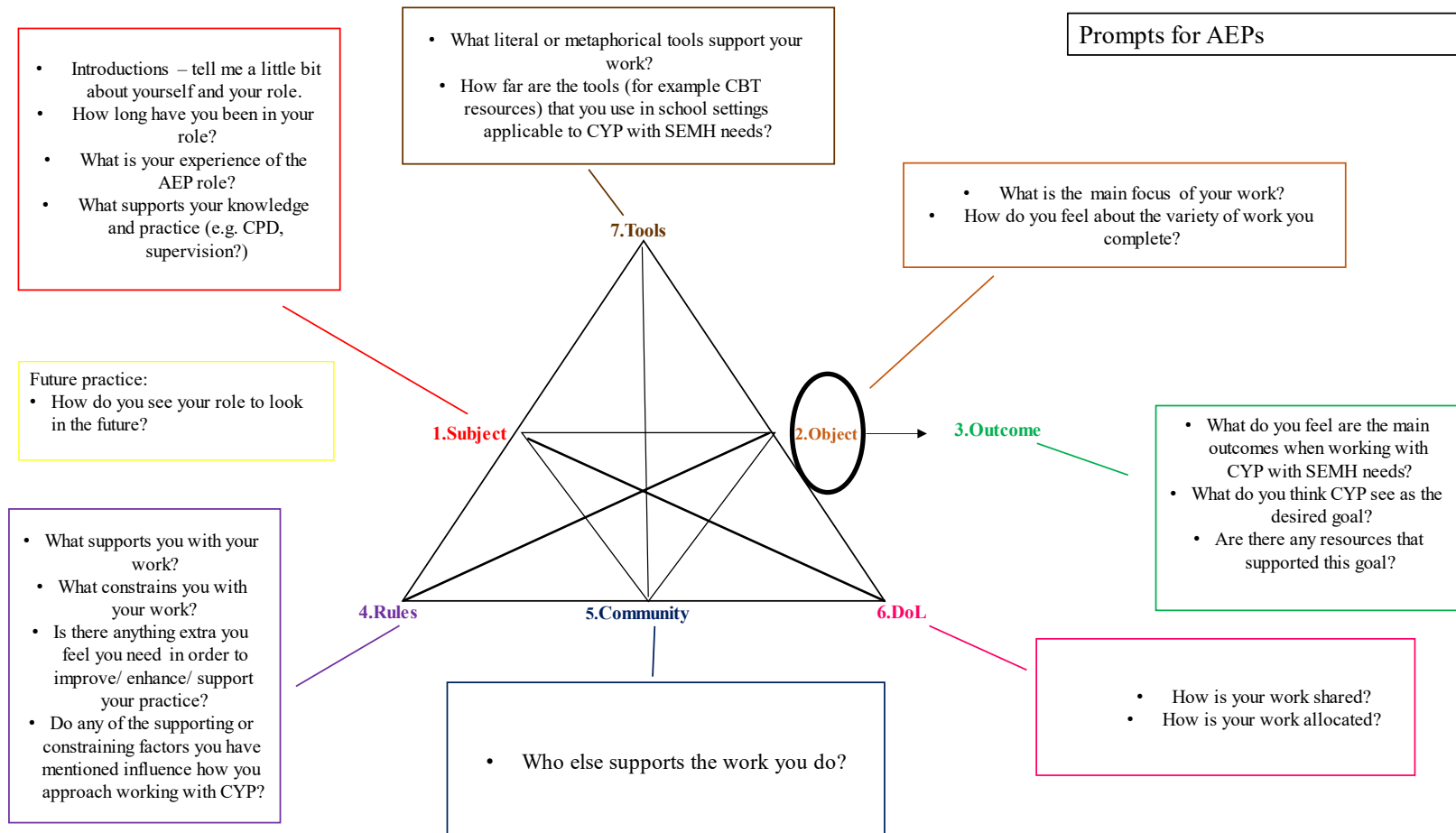
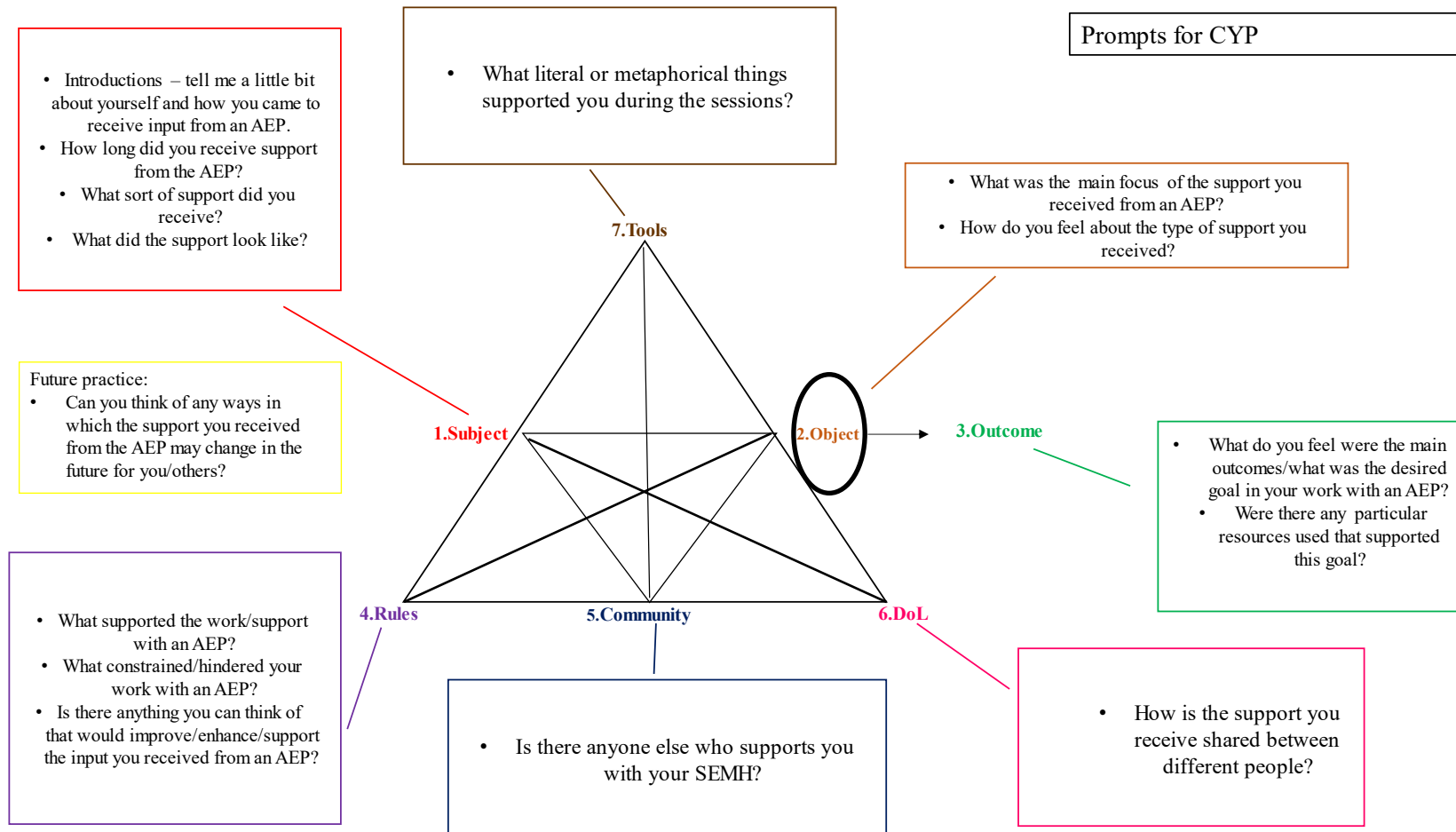


Figure 4. 3

A figure to show the semi-structured interview schedule, for children and young people, used within individual participant interviews during phase 1 of the research, adapted from Leadbetter et al. (2007).



Prior to each of the interviews, I provided information to each participant regarding topics and areas that were likely to be covered. This was to allow time and reflection as to points which they may wish to raise, prior to the interview, but also to give participants the chance to opt out of any areas that they may have wished to not discuss. Before the interview, I also gave them an overview of AT, to act as a prompt, as all of the questions were focused on each of the AT 'nodes', with an additional section focusing on 'future practice'. I reminded participants of the ethical considerations and their right to withdraw, should they wish, before continuing with any of the interviews.

I took notes during each of the interviews, and they were recorded using the Microsoft Teams record function. Afterwards, I transcribed the interviews by listening back to the recording and typing each interview, verbatim, into a Word document, whilst also making additional notes under each of the AT 'nodes'. I sent a summary of interview to each participant, to again check I had understood and summarised their meaning correctly, and to also see whether they wished to add anything further, having had some time to reflect upon the interview. All participants who responded said the summary was an accurate reflection of their interview and did not wish to change or add anything further. An example of part of a transcribed interview can be found in Appendix 11 and an example of a summary of interview sent to a participant can be found in Appendix 15.

Phase 2: Development Work Research Lab

The DWR method was developed by Engeström (2007) to be used within the AT framework, using the cycle of expansive learning (see Figure 2.5, p.14) on a large scale, which consists of smaller cycles of innovative learning (Engeström, 2008). The purpose of a DWR lab is to recognise challenges and address new ways of working and learning collaboratively, by revealing contradictions within activity systems so that new practices can

emerge within a newly generated zone of proximal development (Augustsson, 2021). Figure 2.4, p.12, shows a graphical representation of contradictions.

Five participants who participated in the first phase (the semi-structured interviews) of the research took part in the second phase, the DWR lab (three AEPs and two EPs). The two CYP participants were not present during the second phase of the research as it was not deemed appropriate for them to be present during a meeting which would focus upon systemic organisational change and development in the LA. However, their views from phase one of the research were included and formed the basis of the discussion. A detailed rationale as to why the CYP from phase one of the research were not present can be found in the critical reflection upon methodology section in Chapter 6.

Prior to the second phase of the research, all EPs and AEPs were invited to voluntarily participate in the second phase of the research. One EP could not attend due to other work commitments. The DWR took place at one of the LA venues, for around two hours, with a short break in the middle. The DWR consisted of a number of different professionals, whose role and responsibilities are listed in Table 4.2 below.

Table 4. 2

A table to show professionals in attendance at the Development Work Research Lab, and their role during the session.

Professional in attendance	Role during DWR Lab
TEP (myself)	To lead and facilitate the session
University supervisor/tutor	To take notes in relation to AT methodology and reflect back at intervals during the session
Placement supervisor	To scribe main points from the discussion
AEP 1 – participant	To participate in the session
AEP 2 – participant	To participate in the session
AEP 3 – participant	To participate in the session
EP 1 – participant	To participate in the session

Data Storage

Data were recorded using the Microsoft Teams record function, and then transferred onto my university OneDrive account. Data were also saved on the University of Birmingham's BEAR, in line with the University of Birmingham's data regulations.

Ethical Considerations

Ethical considerations pertaining to the current research were comprehensively considered as part of the application for ethical review, submitted to the University of Birmingham for ethical review, prior to the commencement of the research. The ethical approval confirmation letter can be found in Appendix 10. Ethical issues considered to be the most salient within the research are next discussed in line with The British Psychological Society (2018) Code of Ethics and Conduct and the British Educational Research Association (2018a) ethical guidelines.

Gaining informed consent from all participants prior to their voluntary participation in the research was considered by ensuring all participants gave their full informed consent. Prior to taking part in the research, I provided a copy of the information form detailing the aims of the study and what their participation would involve. I also provided a consent form which all participants signed prior to their interview. For the participants who also took part in the second phase of the research, the DWR Lab, a second information and consent form were provided for their information.

To ensure all participants were aware of their right to withdraw, it was made explicit both before and during the research that participants had a right to withdraw their interview data up to 14 days after their interview had taken place. For the data gathered from the DWR lab,

it was made clear that participants could not withdraw their data, as the second phase of the research took the form of a group discussion, and it could not be made certain that all possible data could be removed due to this format.

Possible harm arising from participation in the research was more pertinent for the CYP who participated, as there was a possibility that they would discuss their SEMH needs, and the reasons as to why they received support from an AEP. Therefore, I was aware of this throughout the phase of data collection and post-collection, should participants need support or signposting to other support services. Participants all had access to my contact details and were encouraged to get in touch should they have needed to.

To ensure privacy and confidentiality I ensured that all interviews took place in a quiet, confidential space, whether they were in person or online. Participants were fully aware that any information shared would only be used for research purposes and any quotes from data used would be anonymised.

Data were recorded using the Microsoft Teams record function and transcribed by listening back to the recording and typing each interview, verbatim, into a Word document. Data was stored in line with the University of Birmingham's procedure for handling of data. All participant data collected during the recording of the interviews was pseudo-anonymised throughout data collection, all project outputs and the write up of the research. All transcripts were scrutinised, and any identifying information was pseudonymised. Confidentiality was ensured by any information shared by participants only being used for research purposes, under the use of a pseudonym to protect all identities.

Another ethical consideration was my role as both a TEP at the LA on placement and a researcher and how this may inadvertently bring about tensions. I was aware of my dual role as both a TEP and as a researcher, at the LA, during the process of my research. As such,

I was continually reflecting upon how this may impact the research, and others' perceptions of me, or of the research. I was open in my communications and reflections about this, for example, by stating this during the DWR Lab and setting ground rules relating to confidentiality.

Approach to Data Analysis

Adopting the social constructionist epistemological position supports my belief that what is known about the world, and therefore the meaning of knowledge, is constructed by individuals themselves, through their engagement and interaction with the world, and thus their interpretation of those experiences (Robson, 2011). Therefore, as part of the research process, the interactions between myself and the participants are also part of this continual process, with analysis and interpretation happening in parallel.

A deductive approach was taken to analysis, and themes were identified based on my judgement as the researcher (Braun & Clarke, 2006). In a deductive approach, the data analysis is theory-driven, and pre-existing coding frames are used to code the data. The coding was latent, in that it goes beyond any meaning at the surface level, or 'semantic' content of the data, and goes deeper into any underlying assumptions or ideas (Robson, 2011). Using AT, the seven 'nodes' were used as the coding frames and themes were coded into each of the 'nodes' to provide an in-depth analysis. A deductive approach can increase the specificity and detail within an analysis (Cohen et al., 2011). However, deductive approaches may also be criticised for creating a biased analysis that could detract from the existing richness of the data. Despite this, the potential biases have been acknowledged explicitly, along with the theoretical affiliations and socio-cultural lens in which I viewed the data, and subsequently analysed and interpreted to maintain an explicit and transparent approach.

Reflexive Thematic Analysis

Braun and Clarke (2006) describe thematic analysis as an approach for analysing data that is both accessible and theoretically flexible. It is a method for qualitative analysis of data that is both independent of epistemological positioning and theory, which makes it suitable to be applied to research adopting AT as it provides both a theory and a methodological framework. Additionally, thematic analysis provides a detailed method for “identifying, analysing, and reporting patterns (themes)” (Braun & Clarke, 2006, p.79). Thematic analysis requires the researcher to make a number of choices, which are helpful to explicitly consider when writing up the analysis process. Although both thematic analysis and reflexive thematic analysis aim to identify themes within qualitative data, it is suggested that reflective thematic analysis allows for greater creativity, flexibility and acknowledges the subjective role of the researcher during the process of analysis (Byrne, 2022).

Braun and Clarke (2006) promote ongoing reflexive dialogue throughout the analysis process with the use of specific questions to guide the researcher. These questions are next considered in relation to the current research. Braun and Clarke (2006) first ask ‘what counts as a theme?’. In relation to the current research, I used my judgement as the researcher to determine each theme, whilst remaining flexible when developing themes from codes. Braun and Clarke (2006) maintain that a theme is determined by its relevance to the RQ, and not the number of times it occurs, and so I continually revisited the research questions to check for relevance. Next, Braun and Clarke (2006) ask ‘a rich description of the data set, or a detailed account of one particular aspect?’. The role of the AEP in supporting SEMH needs remains unclear in previous literature. Therefore, for the current research, reflexive thematic analysis attempted to provide a rich description of the entire data set. Following this, the analysis method is questioned, ‘inductive v theoretical analysis?’, and in the current research, as the data were coded in relation to each of the ‘nodes’ within AT, a theoretical thematic analysis

was conducted for the current research. Lastly, the themes are considered, ‘semantic or latent themes?’, and within the current research the analysis identified latent themes, which identify underlying assumptions, ideas, or conceptualisations within the data.

Next, a description of the reflexive thematic analysis (Braun & Clarke, 2019) process and how this was achieved within the current research will be described.

Phase One: Familiarising Yourself with the Dataset. I was immersed in the data from the outset, from developing the interview schedule, carrying out, transcribing the interviews, and the subsequent analysis of them. The experience of interviewing participants was particularly immersive, as it allowed me to engage with the participants, build a rapport, and then listen to the interviews, multiple times, during the process of transcription. Because of this immersion, I felt very familiar with the interview data prior to the active process of analysing it. I used a reflective journal throughout the process (excerpts of which can be found in Appendix 14), which encouraged me to think about how certain parts of the interview reminded me of similar aspects in another participants interview data, and what it subsequently led me to think about for example, a contradiction to discuss during the DWR lab.

Phase Two: Systematic Data Coding. Coding the data was conducted by going through each of the eight transcripts, line by line, ensuring that equal attention was given too each part of the data, and applying codes to any meaningful parts that were identified, in relation to each of the seven ‘nodes’ within AT. Due to the quantity of data, this was a slow process, which required me to reposition myself away from the data at certain intervals, and return in different frames of mind, or looking at the data in different ways. I also ensured discussions were had with both university and placement supervisors as well as peers, to openly reflect upon the process. Once the initial codes had been organised on NVivo

(Lumivero, 2023), I collated them into a word document for each individual participant, and then an excel document to line up the codes in a systematic order for ease of viewing.

Phase Three: Generating Initial Themes. To generate the initial themes, this process involved collating the codes from the eight surveys from the first phase of the research. I began by organising the codes in a way that reflected commonality between participants' views, whilst recognising the individuality between each participant that had details relevant to their own personal context. This was an iterative process that involved revisiting the initial data, looking back at participant transcripts, and ensuring that the coding I had applied was relevant to the participants meaning. By collating related codes, I was able to decide on initial themes and subthemes, both in relation to the AT 'nodes' and subsequently to my research questions. Whilst generating initial themes, some themes were generated and discarded, as more relevant themes were identified. For example, some 'nodes' had multiple themes with many communities, and I was able to combine some of the main themes into separate subthemes.

Phase Four: Developing and Reviewing Themes. During this stage of the data analysis, I engaged in 'investigator checking' (Lincoln & Guba, 1985). This involved sharing some aspects of my data with another researcher, to check that my coding and subsequent chosen themes appeared to match with the data I had assigned to them. Additionally, this stage of the analysis was iterative, and I continued to go back and forth between my transcripts and themes. I used thematic maps as a useful, visual tool to illustrate my thought processes and final refined themes. Surfaced tensions were identified within and between participant data at this stage and contradictions were identified and noted by considering contradictions within the activity system between participants. I drew out different thematic maps as themes were generated and could draw links between themes and subthemes. This supported the iterative process and the development of the final theme map.

Phase Five - Refining, Defining, and Naming Themes. With the use of thematic maps, handwritten notes, and coding on NVivo (Lumivero, 2023), I was able to continue to refine themes and identify any areas which appeared to overlap or were duplicated within my analysis. I engaged in discussions with peers and university and placement supervisors to articulate my themes and to continue to check their relevance to the research. Quotes from participant data were used to ensure the chosen themes reflected their intended meaning. During this phase, I shared the templates used to define and name the themes with peers to ensure their relevance, and any themes that I had chosen but could not sufficiently articulate a rationale for, I went back to the data to check its relevance, and either refined or replaced the theme.

Phase Six - Writing Up. During the writing process of the thesis, I began to articulate my findings. This continued to be an iterative process, in which I revisited the initial data to check the themes corresponded accurately with the data and that it also met the aims of the research. By presenting the findings under each of the research questions, I maintained my need to answer these in a relevant and coherent way. This included making links to literature to expand upon the findings further. By referring to the literature, I was able to continue to reflect upon my interpretation of the data and add to my understanding of each of the participants individual experiences they had discussed.

Despite the data providing a rich picture of the experiences, I acknowledge that the development of any understanding through analysis is only ever going to be partial and does not therefore aim to wholly capture the phenomenon that is the role of the AEP in supporting CYP with SEMH needs.

Trustworthiness within Research

In fixed research design, the term's 'reliability' and 'validity' are widely used, yet in flexible (i.e., qualitative) research design, they are often avoided (Robson, 2011). Lincoln and Guba (1985) argue that terms such as 'confirmability' 'credibility' 'transferability' and 'dependability' should instead be applied. However, by doing so, Kvale & Brinkmann (2014) suggest that qualitative studies are viewed as not being reliable and valid. To address the trustworthiness within the current research, Yardley's (2000) evaluative criteria, addressing what characteristics make 'good' qualitative research, will be applied, and discussed in relation to the current research.

Firstly, Yardley (2000, p.219) considers the researcher's sensitivity to context and asks:

- What was the nature of researcher's involvement (prolonged engagement, immersion in data)?
- Does the researcher consider how he or she may have specifically influenced participants' actions (reflexivity)?
- Does the researcher consider the balance of power in a situation?

In relation to the current research, AT has been applied as the theoretical basis to explore the role of the AEP and is detailed further in Chapter 2. Additionally, relevant literature has been reviewed in Chapter 3, with a cultural, historical perspective, to consider what is already known in this area and where a need for further research was identified. Reflexivity was an important aspect of the research, with a research diary being kept throughout (which an excerpt from can be found in Appendix 14), trustworthiness issues were also checked during discussions with both my university supervisor and placement supervisor, and reflexive thematic analysis (Braun & Clarke, 2019) was applied during the data analysis phase. Key aspects of reflexivity, and how they were applied to the current

research, can also be found in Chapter 4: Reflexivity and Positionality. Lastly, to also consider the sensitivity to context, the most pertinent ethical issues considered as part of the research can be found on page 71.

Yardley (2000, p.219) then considers commitment and rigor in relation to completeness of data collection, analysis, and interpretation, and asks:

- Is the size and nature (comprehensiveness) of the sample adequate to address the research question?
- Is there transparency and sufficient detail in the author's account of methods used and analytical and interpretive choices (audit trail)? Is every aspect of the data collection process, and the approach to coding and analysing data discussed? Does the author present excerpts from the data so that readers can discern for themselves the patterns identified?

Full records of other aspects of the research path have been maintained throughout, and can be found in the appendices (e.g., participant information forms, data from interviews). Excerpts from the semi-structured interviews are also included in Chapter 5 so the reader can also identify patterns and themes developed from the data. To ensure rigor, member checking and investigator checking were applied to the research. Lincoln and Guba (1985) described investigator checking as using more than one researcher to code or analyse the data. Information regarding member checking can be found in section 4.6 (approach to data analysis). To engage in investigator checking, during stage four of data analysis, myself and another TEP, who was also employing reflexive thematic analysis as part of their doctoral research, shared our codes and themes to subsequently engage in a critical discussion regarding our choices for a number of themes. This process supported the refinement of themes included within the findings. Appendix 12 shows the refined themes.

Yardley (2000) finally asks about the impact and importance of the research:

- Is the research important - will it have practical and theoretical utility?

The significance of the current research lies in addressing gaps identified within the literature regarding the development of the AEP role. By exploring issues such as supervision and tensions surrounding the purpose of the AEP role, this research aimed to provide insight that can inform practice within EPSs. By doing so, the research will contribute to the ongoing development of the AEP role to enhance the quality and effectiveness of AEPs in supporting CYP. The implications for the LA, for EPs and for wider policy can be found in the implications for practice section. It is hoped that the research will have practical utility by building on our understanding of the role of the AEP and how this can be utilised to support EPSs with their work with CYP. AT, the theoretical basis, assists in considering the historical factors, whilst the DWR Lab assists in considering future practice, and how the current research can contribute to organisational change and development at Havenstead LA EPS.

Chapter Summary

This chapter has introduced the research methodology, namely, an interpretivist ontology, social constructionist epistemology, and the assumptions within. The research design was discussed, consisting of a case study design with two phases (semi-structured interviews and the DWR lab). I introduced my positionality, and the implications of such upon the research. Methods of data collection, analysis and ethical considerations were then detailed with reference to how trustworthiness was ensured within the research. The chapter has highlighted the significance of the research in addressing gaps regarding the development of the AEP, by drawing on AT as the theoretical framework to support understanding, whilst offering a methodological approach for navigating complex situations, where diverse

conceptions of ‘work’ within a system exist. The next chapter presents and discusses the research findings in relation to the RQs.

Chapter 5: Findings and Discussion

The current research aimed to explore perceptions of AEPs, EPs and CYP regarding the role of the AEP in supporting CYP with SEMH needs. This chapter explores the findings of the research relating to contradictions identified within the data and discusses these findings in relation to theory and research, forming an interpretive commentary. The findings are presented in each of the seven AT ‘nodes’ (subject, object, outcome, rules, community, division of labour and tools), with commonalities and contradictions highlighted throughout, and theme diagrams provided for illustrative purposes. Verbatim quotations are given to support understanding of the meaning of the themes in relation to the salient ‘nodes’ and contradictions, in line with the use of AT as the theoretical and methodological framework. Figure 5.1 provides a theme map under each of the RQs and AT ‘nodes’. Lastly, this chapter will present data from the DWR Lab, and action points that arose during the second phase of the research, to address the implications for improved service delivery and finally, a completed activity system of the collected data, to conceptualise the AEP role, will be shown in Figure 5.16, p.126.

For ease of reference, the RQs are presented here again below:

Primary RQs are:

- 1) What do AEPs, EPs and CYP perceive to be the goal(s) and overall purpose of the role of the AEP in supporting SEMH?
- 2) What are the perceived facilitators and barriers in the AEPs work when supporting CYP with SEMH needs?
- 3) How can an understanding of identified contradictions support the development of actions within Havenstead LA EPS to further support CYP with SEMH needs?

Subsidiary exploratory questions, also depicted on an AT diagram, in Figure 5.2:

1. What are the objects that the AEP's work is directed toward?
2. What are the hoped for, and actual, outcomes of the AEP's work?
3. What knowledge bases, skills and experiences do the AEPs bring to this work?
4. What are the tools or artefacts used by the AEP's?
5. What are the rules that support or constrain the work of the AEP's?
6. What is the community within which the AEP's work?
7. How is labour divided between the different professional disciplines within and outside direct work of the AEP?

Figure 5. 1

A figure to show a summary of thematic findings, presented under the relevant research question and Activity Theory 'node'.

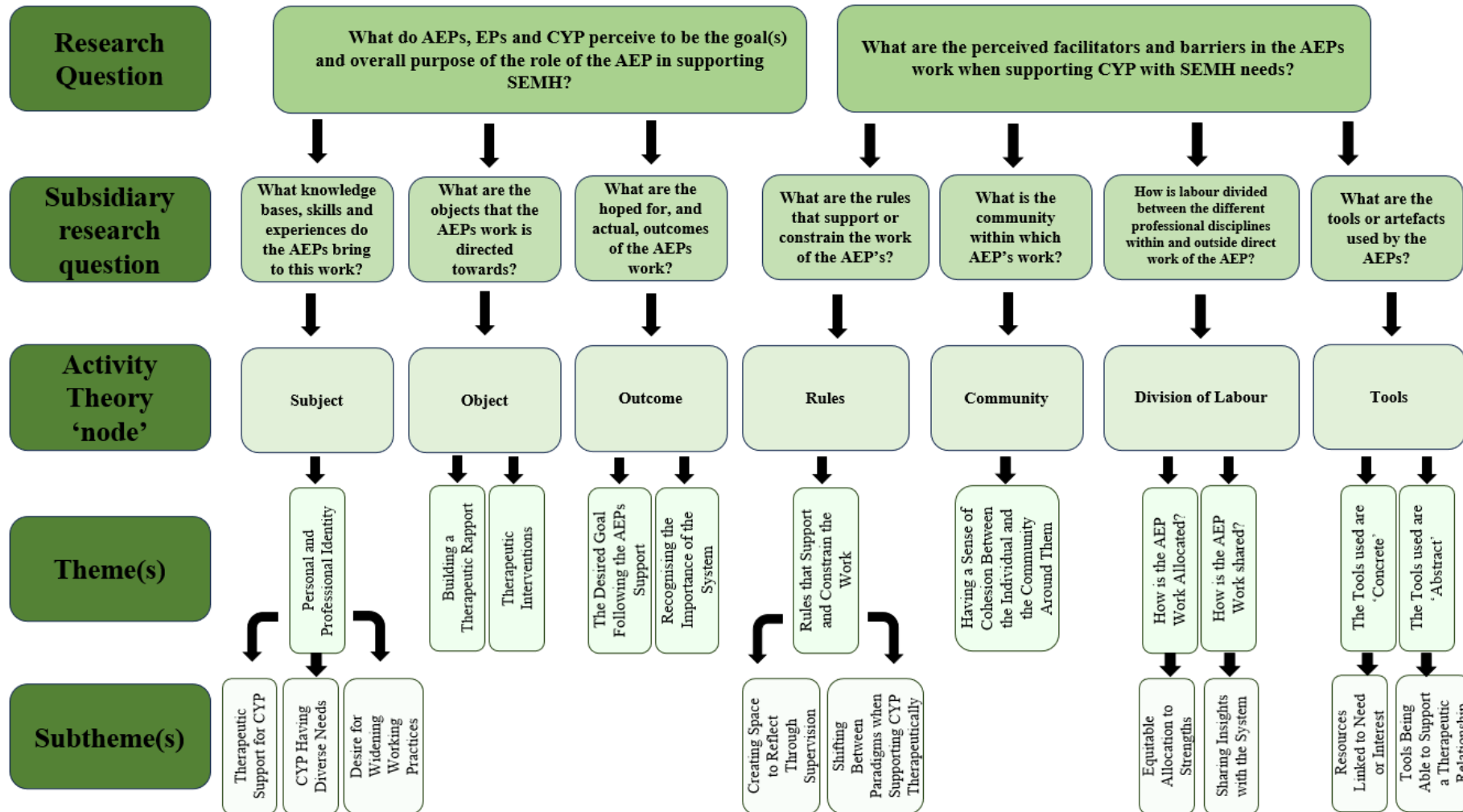
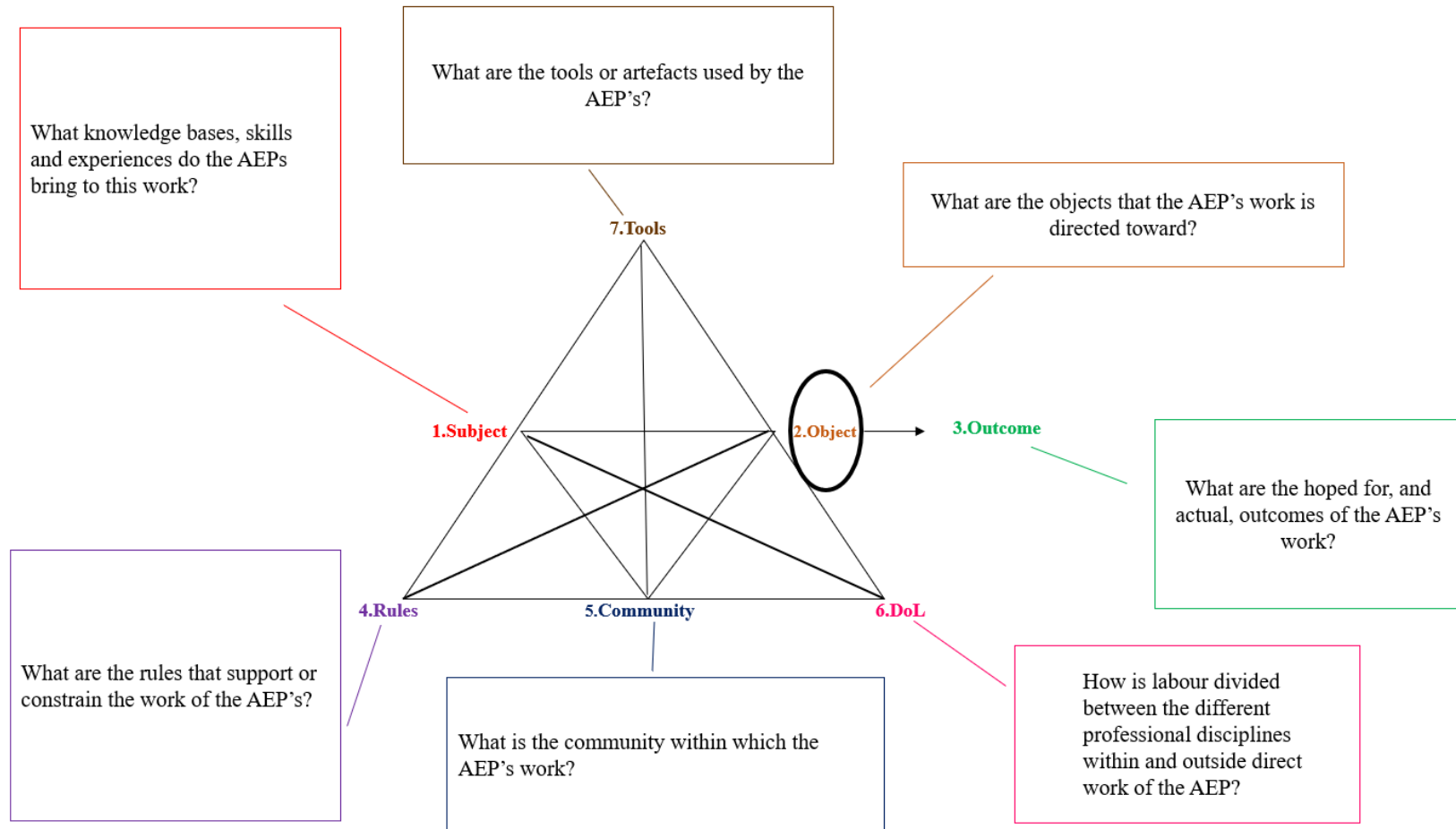


Figure 5. 2

A figure to show subsidiary exploratory research questions on a second-generation Activity Theory diagram (Engeström, 1999a).



Subject (whose perspective are we looking from?)

RQ 1: What do AEPs, EPs and CYP perceive to be the goal(s) and overall purpose of the role of the AEP in supporting SEMH?

- What knowledge bases, skills and experiences do the AEPs bring to this work?

The subject positions were identified through initial questions about the identities of each of the participants. Most AEPs at Havenstead LA had typically been in post for a number of years, with no immediate plans to apply for further study, in the form of clinical or educational psychology doctoral programmes. Information regarding the length of time participants had been employed in the Service can be found in Table 4.1, p.56. For AEPs, their identity focused upon prior experience and skills. Reflexive thematic analysis (Braun & Clarke, 2019) generated the main theme personal and professional identity with the three subthemes therapeutic support for CYP, CYP having diverse needs and desire for widening working practices. The themes and sub-themes are explored below in Figure 5.3 and shown on an AT diagram in Figure 5.4.

Figure 5. 3

A figure to show a thematic map of the 'subject' 'node' of assistant educational psychologist work.

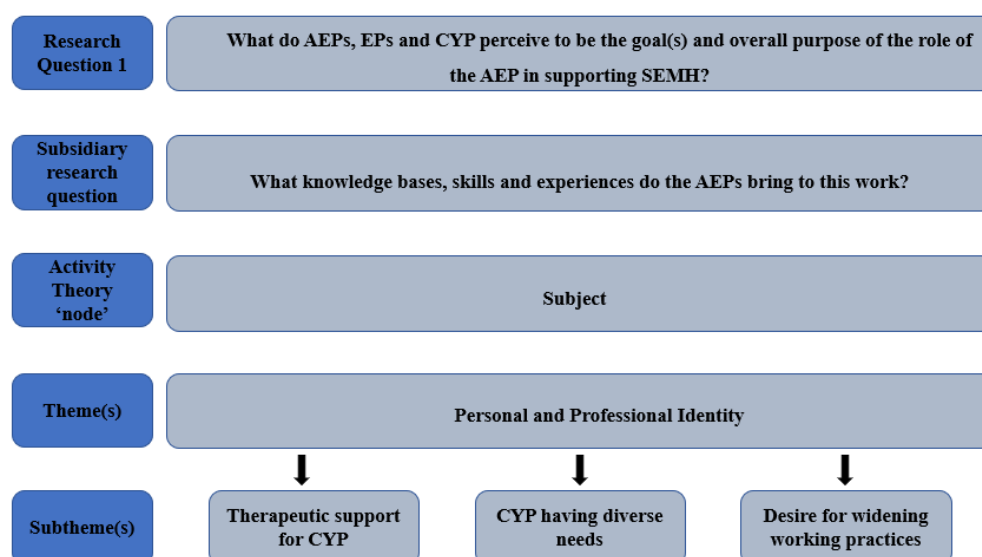
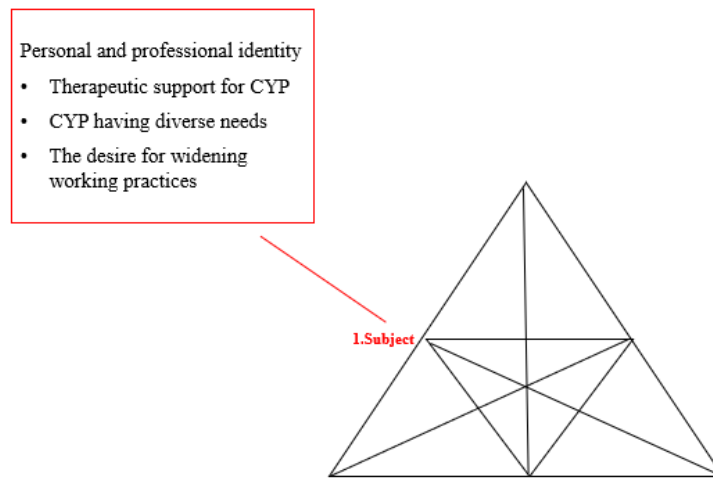


Figure 5. 4

A figure to show an activity system modelling the subject of assistant educational psychologist work, as shown within the data.



Personal and Professional Identity

AEPs spoke about their backgrounds, including their skills and prior experiences, which had led them to becoming an AEP at Havenstead LA. All AEPs had gained qualifications prior to their current role which included a combination of psychology degrees and therapeutic qualifications. The AEPs spoke about reasons as to why they chose their current role and explored topics such as pay and having stability in a permanent contract.

“So, I think just from my background, I was an assistant at CAMHS for five years and then made the move to here, I think more because one it was a better pay”.

(AEP Participant #1)

Historically, prior training was not an essential prerequisite of the AEP role, as Lyons (2000) acknowledged that AEPs do not have the skills of fully qualified EPs, and that there are inevitably a number of required tasks that AEPs will not have had prior training for. Previous research found that in one particular LA, AEPs were required to have a degree in psychology, a teaching qualification and two years teaching experience (Counsel & Court, 2000) which is no longer applicable, with the teaching qualification element no longer being

necessary to train to become an EP. These ideas are echoed within the findings of research by Harland et al. (2022), who suggest that the AEP role can be an opportunity to upskill and support employees onto doctoral training, yet the current research found the AEPs do not perceive their role as a stepping-stone onto the doctorate, more a stand-alone role in its own right. AEPs in the current research had varied backgrounds yet shared a common interest in psychology and therapeutic work, which contributes to understanding how the AEP role exists in Havenstead LA. This finding also suggests the evolving role, with a change in necessary qualifications to secure a position as an AEP, whilst the varied backgrounds of the AEPs appearing to be a support for them with their work.

These findings suggest that the subject has evolved over time, with changes in expectations and qualifications influencing who becomes an AEP, which has broadened the pool of potential AEPs. This finding can be explained by historicity, in that activity systems change overtime, as a result of political and contextual influences (Engeström, 2001). The evolution of the subject - from a more narrowly defined role with stringent qualifications to a more accessible position for individuals with varied backgrounds - indicates that the AEP role is dynamic and responsive to broader educational and organisational changes. This diversity in background suggests that the AEP role attracts individuals with a wide range of skills and experiences, which can enrich the role but also challenge uniformity in how the role is perceived and enacted. The diversity among AEPs as subjects contributes to the flexibility and adaptability of the role, allowing AEPs to bring different strengths to their work. However, it may also create inconsistencies in how the role is understood and valued, both by AEPs themselves and by the wider educational psychology community. The current research also suggests that AEPs do not necessarily view their role as merely a precursor to doctoral training. Instead, they see it as a valuable and independent role, which challenges the traditional view of the AEP position as a stepping-stone. This finding highlights a shift in the

identity and agency of the subject within the activity system, with AEPs asserting the significance of their role within the educational psychology landscape, which may influence how the role is structured and supported in the future.

Therapeutic Support For CYP. It was found that participants thought the role of the AEP was to support CYP, by means of direct work with them, their school, family, or community. A shared meaning between participants in terms of what they perceived the purpose of the AEP to be was constructed from the data. This implies a clear understanding of the role at Havenstead LA, in contrast to Harland et al. (2022) finding that role variation was high between AEPs across the UK. The EPs perceptions of the AEPs role was discussed in relation to therapeutic work, group work and supporting the system around the CYP.

“...we also have a very, very specialised group of assistants who've been in the role for a long time and have a huge amount of knowledge. And that enables them to do that therapeutic work very well”.

(EP Participant #2)

These findings suggest that the stability of AEP posts at Havenstead LA could directly impact upon role clarity and identity, with AEPs not being on fixed term contracts, as suggested by the BPS (2023). The stability of posts may have contributed to a clearer understanding of the role or the perception of the role being more stand-alone as opposed to collaborative, which could have also shaped the identity of it at Havenstead LA. Exploring this further may involve looking at whether the stability of employment as an AEP shapes the variety of tasks undertaken, as well as how it may add to a professional identity which could be more coherent. The contrasting perspectives of the role as being a pathway to doctoral study versus a distinct role in its own right may also be factors affecting AEP roles in EPSs.

Stability in the role of the AEP has been suggested as a factor in how AEPs conceptualise their professional identity and effectiveness within the EPS. This sense of

stability is necessary for several reasons that can impact both the self-perception of AEPs and their capacity to fulfil their roles effectively. Firstly, stability in the AEP role allows individuals to develop a strong professional identity, which can support their confidence and sense of purpose. When AEPs feel secure in their positions, it is possible to suggest that they are more likely to see themselves as integral members of the EPS team. A stable role also provides AEPs with opportunities to refine their skills and deepen their knowledge. The ability to remain in a consistent role over an extended period can support AEPs to engage in ongoing professional development, apply their learning in practice, and reflect on their experiences. These factors may also support AEPs in building and maintaining relationships with colleagues, CYP, families, and other stakeholders. Therefore, AEPs who experience stability in their roles may be more likely to feel a sense of belonging and commitment to the Service, which can translate into greater contributions to systemic change and improvement.

These findings are in contrast to some of the previous literature, with the role of the AEP being described as being more of an assistant to the EP, by, for example, administering tests or gathering pupil views (Woodley-Hume & Woods, 2019a). Historically, Counsell and Court (2000) detail an overview of their work, which does not mention the role of therapeutic work which suggests this was not a part of the role, at that time. Now, at Havenstead LA, therapeutic input and support is an integral part of the AEPs role. Therapeutic input is perhaps integral to their role because it offers something distinctive whilst supporting the Service's aim to provide support for CYP as an early intervention, as opposed to at a crisis stage, where a service such as CAMHS may be more appropriate yet have a much longer waiting time to access support.

It appears that the role of the AEP at Havenstead LA is a unique role, in comparison to descriptions of an AEP role elsewhere in the UK (Collyer, 2012; Harland et al., 2022). The findings suggest that the AEPs felt that they had self-efficacy during their therapeutic work,

supporting early intervention. Self-efficacy (Bandura, 1977) refers to an individual's belief in their capacity to demonstrate behaviours and show confidence in their own ability to have control over their environment. When a person feels increased levels of self-efficacy, they are more likely to feel a sense of motivation. It is possible that, because many of the AEPs have been in post for a number of years, they have an increasing sense of self-efficacy and can decide on the most appropriate intervention for CYP, under the supervision and guidance of a practicing clinical or educational psychologist, which can be seen as a support to their work.

CYP having diverse needs. The research found that AEPs work with CYP who have diverse SEMH needs. This included areas such as anxiety, anger, emotional regulation or phobias. The role of the AEP, at Havenstead LA has evolved over time, due to pupils being referred to the AEPs who, in the past, may have been supported by other services, such as CAMHS. The widening of CYPs needs can be understood in relation to the AT principle of historicity, in that things develop and change over time as a result of contextual or political influences. For example, the climate of mental health in CYP post-Covid (Panchal et al., 2023) and legislation shaping policy development in schools (DoHSC & DfE, 2018).

"I think the role has evolved and I think, yeah, I think because of the complexity of cases".

(AEP Participant #1)

Wormald et al. (2023) explored the use of APs in Ireland in a primary care mental health service and posit that the limited number of psychologists in primary care mental health services has resulted in long wait times to receive 'treatment'. To overcome these delays, 114 APs were employed to deliver 'treatment' to people with mild to moderate mental health difficulties, using an evidence-based approach, supervised by a qualified psychologist. It is possible that AEPs at Havenstead LA are now working with CYP with diverse needs because other support services have long wait times, and higher thresholds to

access support, and so it is difficult to access these services. To support CYP at the time when they need it, the AEPs have had to broaden their offer. Two AEPs mentioned that they are now working more frequently with neurodivergent CYP, recognising a gap in support for those who have recently received a diagnosis and need help managing the potential implications. Additionally, AEPs who work with CYP in care have shifted toward more systemic work. One AEP noted that CYP are now often referred to them at a crisis point, suggesting the need for a broader range of targeted support than was previously offered.

Desire for Widening Working Practices. AEP and EP participants spoke about the desire to widen their working practices. Two AEPs who deliver the early intervention psychological support strand of work discussed using alternative therapeutic methods, as opposed to CBT, such as solution focused brief therapy. This is because they felt restricted by always taking a CBT approach and recognised that this may not be the most appropriate method for all CYP. To consider alternative ways of working, all three AEPs spoke about needing headspace and more time, as they often found themselves going from one appointment to another, with little time to stop and reflect.

As part of their desire to widen working practices, participants also spoke about wanting to have more of a collaborative approach with other professionals. This included AEPs and EPs having conversations about pupils AEPs had been working with, in a school which was a link school for an EP. It is recognised that this would be a culture change within the EPS, as currently, the two roles are seen as quite separate, despite AEPs and EPs occasionally having input with the same CYP, at different times.

“Yeah, I think we get, we do get stuck in a box sometimes. It's very much like you do CBT, but actually it's much more than that”.

(AEP Participant #1)

“...and I think because we get so busy, we don't always have the headspace, but during COVID we were able to adapt and I think having that space and that opportunity we did, we did progress”.

(AEP Participant #1)

“It would be a bit of a culture change, but probably a lot of them, we wouldn't need a very long conversation, and it would probably only be a few times a year for each of us. And I said, I think I would learn a lot from the assistants as well if we were having those conversations”.

(EP Participant #2)

When considering the subject positions, these findings suggest that AEPs see themselves as capable of more diverse therapeutic work than their current scope allows. However, the separation of EP and AEP roles suggests a rigid structure that might limit the flexibility and professional growth of AEPs, leading to frustration or underutilisation of their skills. Additionally, it is possible to suggest that these identities differ from expectations of the broader educational and psychological support systems within which they work, creating potential further barriers to widen their working practices. Therefore, whether the activity system is flexible enough to accommodate the changing needs of its subjects, and the CYP they support may, needs further exploration to ensure rigid practices (i.e., specific therapeutic interventions) are not being perpetuated by systemic barriers, such as specific guidelines or policies.

These findings raise questions regarding the diversity of approaches within the AEPs work, and the potential implications of this for wider working practices. With AEPs working at tier 2 level of support, it is possible that they develop an individualised view of SEMH, which could be lessened by drawing on alternative approaches. Foulkes and Andrews (2023) argue that there is not one approach that fits all and that an increase in efforts to raise awareness of mental health may increase the amount of mental health problems that are

reported. Additionally, Rapley and Loades (2018) conducted a systematic literature review exploring therapist competence, adherence, and therapy outcomes in individual CBT with CYP. They found that, whilst the evidence base is growing, it is small and inconclusive, with minimal-to-no effect sizes, which they also suggest is comparable to the literature relating to CBT with adults. Therefore, the findings in the current research suggesting alternative approaches being valued by both AEPs and EPs seems to support the need for a nuanced understanding of SEMH interventions. The exploration of diverse approaches could potentially enhance AEPs ability to address individual needs effectively. Furthermore, insights from Foulkes and Andrews (2023) and Rapley and Loades (2018) warrant consideration of alternative approaches in future practice, highlighting the importance of exploring alternative therapeutic interventions.

Object (what is being worked on to achieve the outcome?)

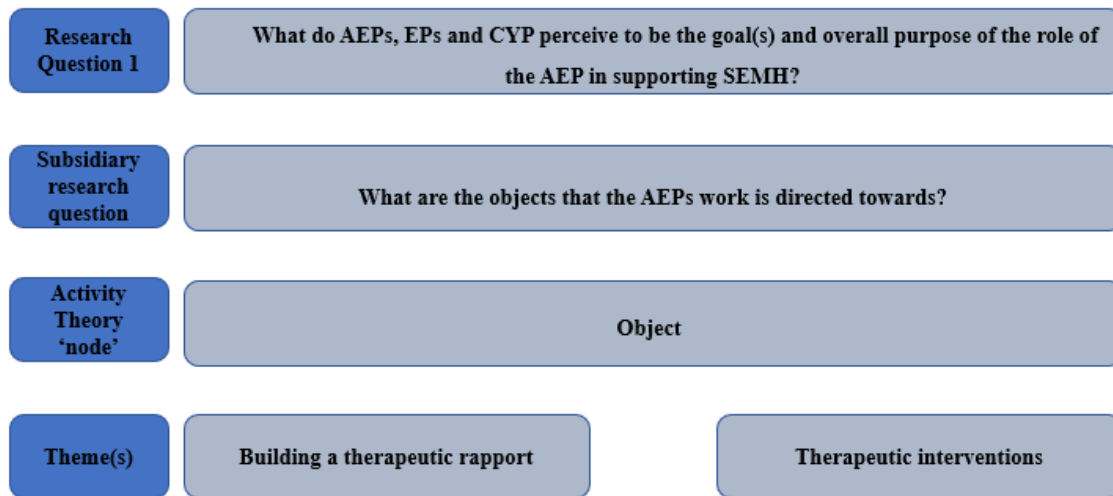
RQ 1: What do AEPs, EPs and CYP perceive to be the goal(s) and overall purpose of the role of the AEP in supporting SEMH?

- What are the objects that the AEP's work is directed toward?

In an activity system, the object is the motive or goal of the activity, with the outcome being the result (Engeström, 1999a). When considering the object of the role of the AEP, data analysis generated two main themes: building a therapeutic rapport and therapeutic interventions, as shown on thematic map Figure 5.5.

Figure 5. 5

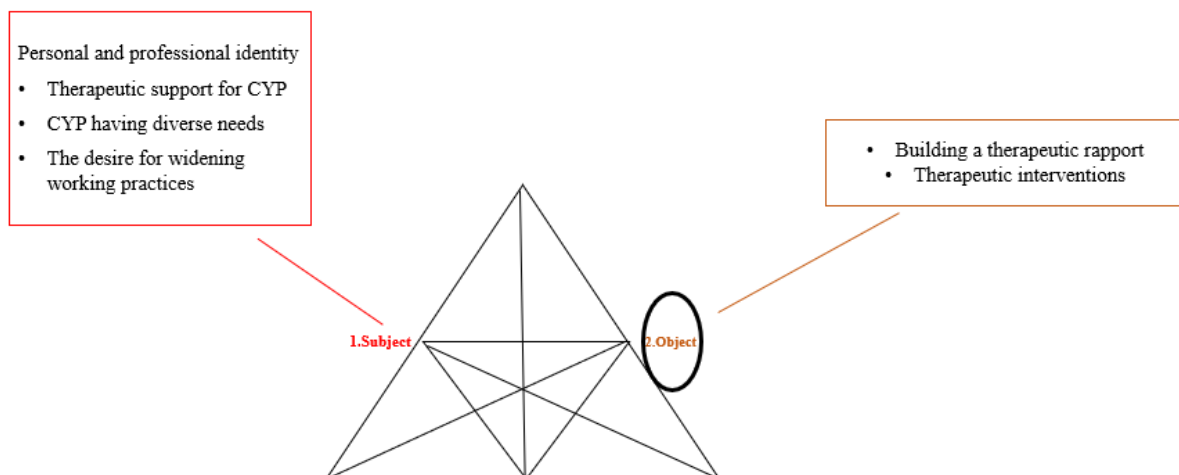
A figure to show a thematic map of the object node of assistant educational psychologist work.



In AEP work at Havenstead LA EPS, the object for some of the AEPs work was therapeutic intervention based on CBT principles, whereas other AEPs working with looked after children used interventions such as Theraplay in their work to support engagement in education. An activity system showing the subject and object positions of AEP work can be found in Figure 5.6.

Figure 5. 6

A figure to show an activity system modelling the subject and object of assistant educational psychologist work, as shown within the data.



Building a Therapeutic Rapport

Although the perceived goal of the AEPs work with CYP varied, depending on the needs of the CYP, there were factors that appeared to be apparent in all of their work.

Discussions about the importance of building and maintaining a trusting, genuine therapeutic relationship was found to be imperative. One of the EP participants summarised their perception of the therapeutic rapport aspects of the AEP role, and how this was a key element in supporting CYP with SEMH needs.

“I think a key element of what the AEP does with working with SEMH needs is...building an emotional rapport with a child.”

(EP Participant #1)

Additionally, the AEPs themselves discussed their perceptions about gaining a therapeutic rapport with CYP, and the importance of doing so. It was found that the initial sessions of AEPs work sometimes focus on assessment, or information gathering, so that they can decide the most appropriate type of support. Therefore, the focus of the work changes, as their input progresses.

“... but I think you can establish a therapeutic rapport with a young person and get them open to working on the difficulties ... which hopefully can then be like a blueprint for them working with other professionals”.

(AEP Participant #3)

Building a therapeutic rapport has not been previously identified as a specific part of the AEPs role within the literature. When considering this finding through the lens of AT, the importance of understanding the cultural-historical climate in which AEPs operate is imperative, emphasising the need to address and recognise the relational dynamics that contribute to effective intervention and support for CYP (Engeström, 2001). Research has found that clinical APs are often involved in delivering therapeutic interventions (Woodley-

Hume & Woods, 2019b), whereas Collyer (2012) argued that the role of the AEP was to complete the tasks which were time consuming and required less skills, from the EPs, so that EPs could participate in a broader range of activities, such as research or training. The findings in the current research suggest that AEPs object is to support CYPs SEMH needs, whilst also improving their confidence and awareness to work on their difficulties. The exploration of AEPs perhaps having a dual role in both supporting CYPs SEMH needs whilst also promoting the self-awareness of CYP could suggest that their practice is continuing to evolve to support CYP to navigate their difficulties.

Therapeutic Interventions

AEPs thought the object of their work was to support the child and the system around them; to build positive relationships to support CYP in their emotional regulation and subsequent positive engagement with education, whilst recognising that the focus can change for each CYP they support. AEPs spoke positively about being able to develop their support in a bespoke way and did not feel constrained to deliver their intervention in a particular way. However, two AEPs spoke about wanting training in different therapeutic methods, whilst also continuing to work in a bespoke way.

EPs felt that AEPs did not have much autonomy in relation to their therapeutic work, stating that particular policies or frameworks, such as NICE (2014) guidelines, where CBT is recommended as the first line of treatment, may be a constraint to them. Additionally, it was felt by EPs that AEPs may not deliver more bespoke work, even if they were able, due to perceptions about their confidence when being creative with interventions.

“Which is why I feel really lucky to even be in this role because we get to be really creative”.

(AEP Participant #2)

“It is good because it's bespoke”.

(AEP Participant #2)

“I think they're constrained. In that it is stretched, the emotional availability that AEPs have, ... by other demands of their role”.

(EP Participant #1)

This contradiction (see number two, in Table 5.1, p.135) in how far the AEP role was viewed as autonomous may be explained by the difference in perceptions. AEPs spoke positively about autonomy with respect to how interventions are delivered, and EPs felt that there was a lack of autonomy in relation to which interventions are delivered. Therefore, these findings suggest that autonomy, in relation to the work of the AEP, may have different meanings.

CYP viewed the flexibility of the sessions positively and did not feel there was anything they needed in their sessions that the AEPs could not offer. One participant did talk about the space (room) used for their sessions, and how a more suitable sensory space could have been beneficial. One AEP participant discussed the location which the sessions took place in, highlighting that it could be difficult to always find a space that was suitable. They spoke about how having their own therapeutic space would be a nice idea, but that it could make accessing their support more difficult due to CYP needing to travel to get to them. Currently, most AEPs see CYP in their school, whilst occasionally it can be at their home or a children's centre.

“Don't think I would change anything about it except for the fact that most of the time it was in the meeting room in school, and it was like a very tiny room. And then there was one time when I was in, like, the sensory room... and that was good because I had a weighted blanket. It's really comfortable”.

(CYP Participant #1)

These findings contrast with previous literature, whereby the work of AEPs was found to be less autonomous and more directive (Counsell & Court, 2000), as these findings show that the main role of the AEP is to deliver therapeutic interventions to support CYP SEMH. However, findings suggest that there is a tension between AEPs being autonomous in their role when building a rapport and choosing which ‘tools’ to use, but not in terms of choice of intervention type, perhaps constrained by certain rules and the division of labour; both elements which are again separate to the EP role and the rules and division of labour which guide EPs work.

AEPs identified the object of their work as developing positive relationships and tailoring support to meet the individual needs of each CYP. They expressed satisfaction with their ability to deliver interventions in a flexible, bespoke manner. Findings suggest that the object of the AEPs' activity is centred on individualised, child-focused support, with an emphasis on adapting to the unique needs of each child. This suggests that the object is dynamic, with the AEPs adjusting their approach based on the specific circumstances of each case. Additionally, there is a contradiction between AEPs and EPs regarding autonomy. AEPs felt they had autonomy in how they delivered interventions, while EPs perceived that AEPs had limited autonomy in choosing which interventions to deliver, constrained by guidelines such as those from NICE (2014). Contradictions, however, are important part of activity systems, as they allow current tensions to be analysed and discussed (Engeström, 2001). The tension between perceived and actual autonomy highlights a potential barrier in fully realising the object of AEPs' work. While AEPs aim to provide flexible, child-centred support, external constraints (such as standardised guidelines) may limit their ability to fully achieve this object. This discrepancy suggests that while the object is clear, achieving it may be hindered by systemic factors. Furthermore, CYP valued the flexibility of AEP sessions, indicating that the object of their support is being met from the CYP's perspective. However,

there were logistical challenges mentioned, such as the suitability of the space where sessions take place, which could impact the effectiveness of the support. While the AEPs aim to create a supportive environment, external factors like space availability may cause tensions, suggesting that the object is not only about the therapeutic intervention but also about creating the right environment for these interventions.

In considering the object node of AT, findings suggest that the central goal of the AEPs' work - supporting CYP and the surrounding system - is multifaceted and subject to various influences. The perceived autonomy in delivering interventions, the external constraints imposed by guidelines, and the physical environment in which support is provided shape how effectively the object is achieved. These findings demonstrate the complexity of the object in AEP work, where the ideal flexible, individualised support must be balanced against systemic and logistical factors.

Outcome (what is the desired goal?)

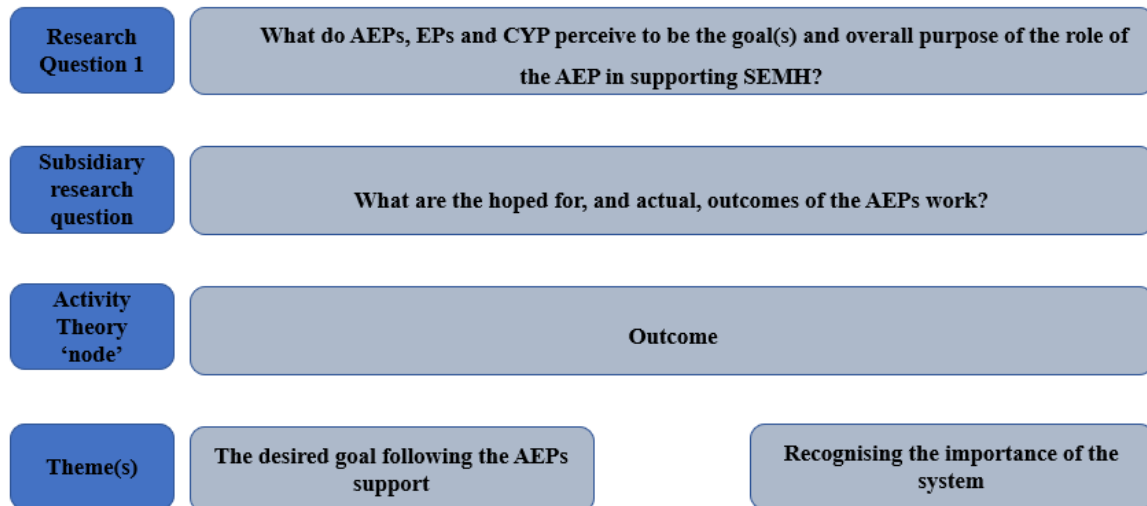
RQ 1: What do AEPs, EPs and CYP perceive to be the goal(s) and overall purpose of the role of the AEP in supporting SEMH?

- What are the hoped for, and actual, outcomes of the AEP's work?

The desired outcome of an activity system is the goal being worked towards. In the current research, the activity system is the work of the AEP, with the desired goal being something that is hoped to have a shared meaning. The data generated different ideas about the goal of the AEPs work. Within this AT 'node' there are two main themes: the desired goal following the AEPs support and recognising the importance of the system. These are explored with reference to relevant literature and are shown in the thematic map in Figure 5.7.

Figure 5. 7

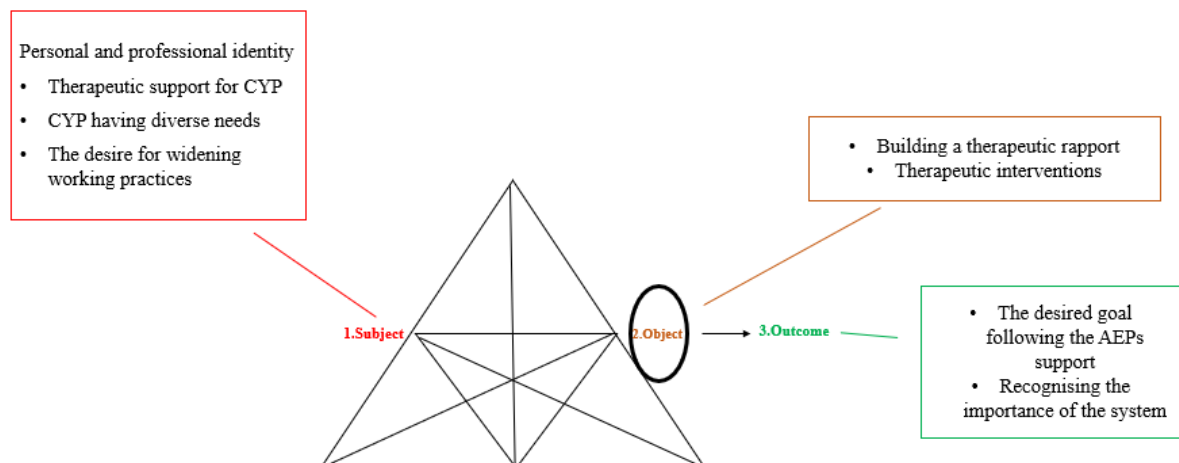
A figure to show a thematic map of the outcome node of assistant educational psychologist work.



An activity system showing the subject, object and outcome of AEP work can be found in Figure 5.8.

Figure 5. 8

A figure to show an activity system modelling the subject, object, and outcome of assistant educational psychologist work, as shown within the data.



The Desired Goal Following the Assistant Educational Psychologists Support

AEPs thought CYP might not always have a full or shared awareness of their goal, despite goal setting taking place towards the start of sessions. In contrast, EPs felt that CYP

would have an awareness, but that it may not necessarily match the outcome desired by others. CYP said that their desired goal had been achieved, whilst also realising other positive implications, that were not hoped for but were valued. Some examples of these are given in the illustrative quotations below.

“They're not quite completely aware. So, it kind of feels almost like therapy is a bit, it's kind of covert,”.

(AEP Participant #3)

“Or maybe what they would bring as a problem is not what all the adults around them would see the problem as being. I think probably for a lot of those children, their emotional intelligence maybe isn't quite there, so it would be something a lot simpler. Like ‘I want to feel happier, or I want to feel less angry’”.

(EP Participant #2)

“I became a lot happier, and I learned to manage my emotions a lot better”.

(CYP Participant #1)

This first theme in the outcome ‘node’ is a theme that contains a number of contradictions between participants. Therefore, both contradictions regarding sharing the outcome and CYP having an awareness of the desired outcome were put forward as two of the five main contradictions from the research and can be found in Table 5.1, p.135. Findings showed that participants could describe what they thought the desired goal was, but the tension arose through disparity between what participants thought CYP might say their desired goal is.

The contradictions sharing the outcome and CYP having an awareness of the desired outcome reflect the complexities in fostering autonomy and intrinsic motivation in CYP. While AEPs may include goal setting within their initial sessions, there is a discrepancy

between their perception of CYP's awareness of the desired outcome and the actual understanding expressed by CYP. This tension highlights the importance of considering CYPs intrinsic motivations when goal setting within therapeutic contexts.

It is possible that the AEPs use supervision to discuss goal setting, however it may be beneficial to also consider goal setting during supervision, from the perspective of the CYP they are working with, so that AEPs and CYP are aligned in their goals. This finding suggests that there may be a broader issue in how supervision is used when considering the outcome of AEP work, as supervision practices between AEPs and EPs may differ, particularly in relation to goal setting. In turn, these differences could affect the formulation of support plans and ultimately the effectiveness of interventions. To enhance collaboration in supervision, it may be helpful for AEPs to consider their perspective regarding the support for CYP, and whether these align with others' perspectives and viewpoints.

Recognising the Importance of the System

The second theme within the outcome AT 'node' constructed from the data was recognising the importance of the system. Findings showed that the activity system did not only include the AEPs in their work, but that other people were needed to continue to support the CYP (e.g., school staff or parent/carer) to achieve the desired outcome. This was mentioned by all participants. The system around the CYP included families, and empowering them to support the CYP, once input from the AEP had finished. Additionally, one of the AEPs discussed the importance of using a closing letter, and how that can be used to empower the system and support positive outcomes in the longer term. The closing letter is a document provided by the AEP, detailing their work with the CYP, for relevant professionals or family members to have, as a summary of their work.

“[At CAMHS] I wasn't having as many individual cases, so then moving on to [LA work], it is all about individual cases. It is working with individuals and the families systemically”.

(AEP Participant #1)

“I'm just thinking quite often our closing letter is a really important part of the work because it's my kind of clinical observations and kind of support like if they're on the pathway for diagnosis, that's another professional with their observation summarising what I've noticed and helpful recommendations ... to then inform possible next steps of the professionals involved.”.

(AEP Participant #3)

One of the CYP spoke about dissemination of the support they had received, and how this could be helpfully shared with parents/carers and school via verbal communication, as opposed to a closing letter, as is current practice. This is because they felt that any clarifying questions could be asked and that it could add a more personable approach.

“... maybe like talking with parents, helping parents understand. I feel like some teenagers and children and like feel as was though their parents don't understand how they feel”.

(CYP Participant #1)

These findings suggest that AEPs working in the early intervention psychological support strand of work have a rule to write a letter as part of the closure of their work with CYP, whilst wanting to work more collaboratively, which is something CYP appeared to value. This is an example of a tension between rules and outcomes of AEP work. Findings also suggested that, following input from an AEP, the CYP recognised that the goal was not to always understand how they may be feeling, and not experience any negative emotions, and instead, to accept the fact that it is fine to experience a range of emotions, and when they do, they have learned the skills to help them manage the emotions, as they arise.

Additionally, by supporting parents/carers or school staff around the CYP, AEPs can enable

the CYP to feel able to discuss any concerns with another trusted adult, so that they felt they had someone to speak to, once the AEPs input had finished.

“Like I can't really explain it because I still don't really understand my emotions. But like I've learnt, I can't explain like I've learned to deal with the fact that it's OK not to fully understand what I'm feeling. I just have to like acknowledge that I'm feeling sad or angry. And then how to manage it if that makes sense”.

(CYP Participant #1)

The findings in relation to the subtheme recognising the importance of the system support previous literature, which suggests a tiered approach to mental health support, outlined in the Green Paper (DoHSC & DfE, 2017) with reference to collaborative working between schools and other professionals. The Government's response to the consultation (DoHSC & DfE, 2018) outlines how the government planned to proceed with the proposals set out in the 2017 Green Paper after considering the feedback received during the consultation process. Their response reaffirmed proposals such as the establishment of MHSTs; plans to pilot initiatives before expanding them nationally; an emphasis upon training and support for schools; ensuring the integration of new initiatives with existing services, such as CAMHS, and plans to monitor and evaluate impact of the initiatives to focus on measuring outcomes for CYPs mental health and wellbeing.

The findings suggest that the AEP role is predominantly focused upon working with the CYP directly, yet participants expressed a desire for wider working practices to be more common, enabling the AEPs to frequently work at different levels. The AEPs role involved direct work with the individual CYP, supported by the wider contexts of the CYP such as their family or school staff. The findings also indicate that the success of the AEPs' interventions depends on the involvement and ongoing support of the broader system surrounding the CYP, such as school staff, parents, and carers. Engeström (2001) suggests

that activity systems are not the result of individuals, but of the multiple people working towards a shared goal (or ‘outcome’). This suggests that while the AEPs can support change, the outcome is contingent upon the system’s ability to sustain and reinforce the progress made. This systemic approach is a strength, as it recognises the interconnectedness of the CYP’s environment and existing support structures to maintain positive changes.

Empowering families and school staff ensures that the intervention has a lasting impact beyond the AEP’s direct involvement. However, this reliance on the system can also be a limitation. If the surrounding system lacks the resources, knowledge, or motivation to continue supporting the CYP, the outcome may be less effective or become ineffective over time. This raises concerns about the sustainability of the intervention’s impact and highlights the need for robust follow-up mechanisms.

Whilst findings suggest that AEP interventions appear to be largely positive, they are also dependent on the involvement and capacity of the broader system to sustain them. The use of tools like the closing letter is beneficial but may need to be supplemented with more personalised communication methods to ensure that the outcomes are fully realised and meaningful to all stakeholders, particularly the CYP. This suggests that achieving effective outcomes requires not only well-planned interventions but also a flexible, responsive approach to the needs of those who will continue to support the CYP after the AEP's involvement ends.

Rules (what supports and constrains practice?)

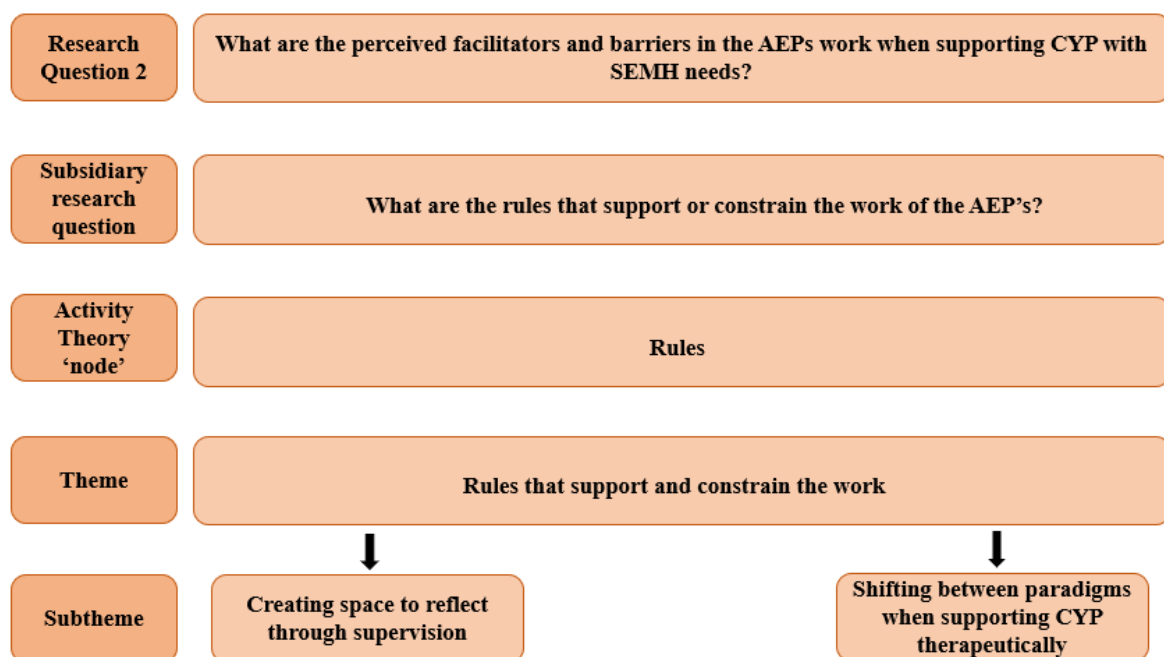
RQ 2: What are the perceived facilitators and barriers in the AEPs work when supporting CYP with SEMH needs?

- What are the rules that support and constrain the work of the AEPs?

The AT ‘node’ rules represent social traditions, norms, or conventions that a community establishes to govern its members (Engeström, 1999a). The rules ‘node’ can also be described as regulations, whether formal or informal, that can affect the activity and how it takes place (Yamagata-Lynch, 2010). Two sub-themes were generated from the data and have been organised into two main themes: constraints and supports, as shown in Figure 5.9.

Figure 5. 9

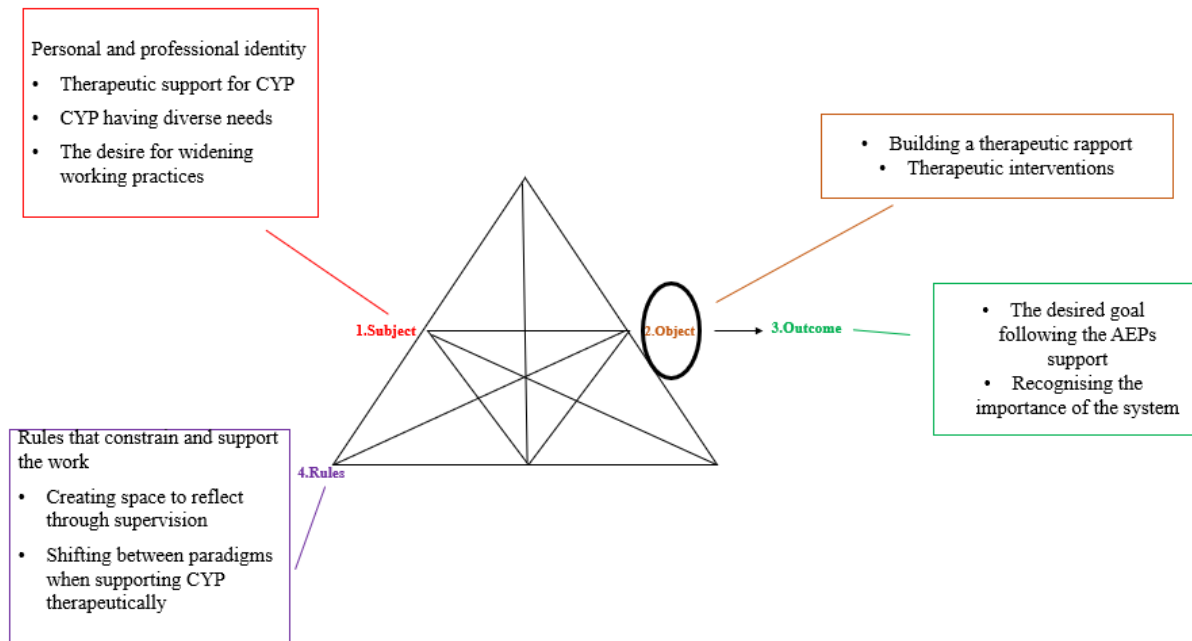
A figure to show a thematic map of the rules node of assistant educational psychologist work.



There was found to be an overlap in subthemes relating to both supports and constraints of AEPs work, with certain areas being identified as a support, but that it is not always possible for AEPs to routinely do, such as having time and space to think and reflect or collaborate with EPs. An activity system showing the subject, object, outcome, and rules of AEP work can be seen in Figure 5.10.

Figure 5. 10

A figure to show an activity system modelling the subject, object, outcome, and rules of assistant educational psychologist work, as shown within the data.



Rules that Support and Constrain the Work

The main theme within the rules AT ‘node’ focuses on the regulatory guidelines, policies and procedures that influence the practice within Havenstead LA EPS. The rules serve as both facilitators and barriers, shaping the roles, responsibilities, and practices of AEPs in the LA context.

Creating Space to Reflect Through Supervision. AEPs and EPs talked about time being both a constraint to their work and something that supports their work if they had more of it. It was found that AEPs had many ideas about how they would enhance or support their practice in different ways but found that they often did not have the time to do so. This sentiment was also found in data from EPs. Additionally, AEPs spoke about other ways they use time to reflect upon their work, and, despite having the willingness to engage in further research AEPs spoke about not having the time to do so due to pressures with their schedule. The research findings suggest that the rules affecting AEP work were the caseload and diary

allocation, which directly impact the possibility of having time to reflect on work or conduct further research.

“It's for me, all these things I think are up at different levels...One of those is being given some space, give space to think”.

(EP Participant #3)

“You do build up skills because you don't have much formal training, but I think we do learn through reading through vicarious case studies that people often bring to supervision”.

(AEP Participant #1)

“... seeing a young person and coming away and think ... you feel full of ideas and stuff. You wanna research. And sometimes I just call them ‘car thoughts’ because you drive away from it, from a session, and you're thinking about all these things and then you're going either straight to another session or sometimes it's coming back to those car thoughts and thinking, OK, like how am I gonna action that now?”.

(AEP Participant #2)

EPs are identified as professionals who can supervise AEPs (Dunsmuir & Leadbetter, 2010). Woodley-Hume & Woods (2019b) recognised the importance of support, and that both EP support in a supervisory capacity in addition to peer support, was beneficial. The findings of the current research support these findings, with regular supervision and the availability of support, at other times, was helpful. Additionally, Counsell and Court (2000) describe an ongoing training programme, which was necessary for AEPs as part of their ongoing engagement with their role. This is in contrast to current findings, with AEPs utilising previous training and experience, as opposed to compulsory continued professional development opportunities, suggesting a less structured induction and less frequent training for AEPs at Havenstead LA.

The findings highlight that the rules related to caseload and diary allocation impact the AEPs' ability to engage in reflective practice and professional development. The structured nature of their work, dictated by organisational rules, appears to leave little room for activities beyond immediate casework, such as engaging in research or deeper reflection. These rules ensure that AEPs can manage their workload effectively, maintaining a focus on the immediate needs of the CYP they support. By structuring time in this way, the EPS can ensure that AEPs meet the demands placed upon them and that services are delivered consistently. However, these same rules can also act as barriers to professional growth and the development of innovative practices. The allocation of time for some of the AEPs work may stifle creativity and prevent AEPs from engaging in activities that could enhance their practice, such as research or additional training. This suggests that the rules, while necessary for operational efficiency, may inadvertently limit the potential for AEPs to evolve and expand their skill sets.

The rules also have ethical implications, particularly in relation to how time and resources are allocated. The need to meet caseload requirements may sometimes lead to ethical dilemmas, where AEPs must balance the needs of individual CYP with the demands of their schedule - potentially compromising the effectiveness of interventions and the well-being of both CYP and AEPs. Ethical guidelines embedded in the rules help ensure that AEPs prioritise the welfare of CYP, adhere to professional standards, and maintain clear boundaries in their work. Yet, the constraints imposed by these rules can create ethical tensions, especially when AEPs feel unable to provide the level of care and attention they believe is necessary due to time pressures.

These findings suggest that the regulatory guidelines, policies, and procedural rules within Havenstead LA EPS serve both as facilitators and barriers to the work of AEPs. While these rules provide necessary structure and ensure that services are delivered safely and

consistently, they can also constrain the ability of AEPs to engage in reflective practice, professional development, and innovative approaches to their work. Balancing the need for regulatory compliance with the flexibility required for effective therapeutic practice is a key challenge to address to optimise outcomes for both AEPs and the CYP they support.

Shifting Between Paradigms When Supporting CYP Therapeutically. Having the skills and flexibility to work from different paradigms of therapeutic work was found to be of value to the AEPs. This was found both explicitly, with reference to different therapeutic models, and also indirectly when participants discussed the implications of using only one form of intervention. All three AEPs spoke about the increasing complexity of cases, warranting a need for more diverse ways of working. EPs said that they thought AEPs often work from one paradigm, which highlights a contradiction in these findings between participants. In addition, a contradiction was also found within participants, as two AEPs spoke about having CBT as the first line of treatment and this being a barrier to their work, yet also valued using elements of other therapeutic approaches.

“...things have become more complex; we don’t just use a pure CBT model anymore... and I’ve had to use elements of compassion focused therapy”.

(AEP Participant #1)

“Thinking that you’re in a particular paradigm of work. I think that’s what’s very limiting”.

(EP Participant #3)

To support work from different paradigms, it was found that training in other areas of psychology was important to the AEPs who worked in the early intervention psychological support strand of work, which had a focus upon CBT principals. However, EPs felt that training could be too specific for AEPs and limit their work to particular areas of therapeutic

intervention. This finding shows another contradiction between participants and was explored further as one of the main contradictions, as found in Table 5.1, p.135.

Another EP expressed that they thought AEPs had more training than other professionals in the EPS. These findings suggest a further distance between the work of the AEP and EP, with AEPs perhaps not being able to observe working practices of EPs and therefore what different approaches may look like.

“They're probably taking more opportunities for training than anyone else in our Service”.

(EP Participant #3)

“I guess my only thing is that I feel like there's a lot of CBT coming in and maybe that's not what all children need. I don't know if maybe it would be better, or it would be more useful, if there was a little bit more scope for maybe different types of interventions”.

(EP Participant #2)

These findings are in contrast to the findings of research by Harland et al. (2022) who found disparity between the type and amount of training between AEPs in different LAs. Additionally, the Association of Educational Psychologists (2022b), in their ‘employment of AEPs’ policy, make no reference to ongoing training and instead, indicate that LAs who employ AEPs should proactively ensure AEPs apply for a doctoral training programme no more than four years after the beginning of their employment. This contrasts to findings in the current research, with many of the AEPs having been in post for a number of years (specific figures can be found in Table 4.1, p.56), and this being a positive aspect for the EPS by ensuring continuity and a wealth of relevant experience.

The finding that some EPs believe AEPs receive more training than other professionals, yet still perceive AEPs as limited in their therapeutic scope, suggests a contradiction. This finding could indicate that the rules governing training requirements

might not fully align with the practical needs of AEPs or the expectations of their supervisors. This discrepancy points to a possible mismatch between the training provided (a rule) and the actual demands of the role, leading to differing perceptions of adequacy and capability within the EPS. Furthermore, the rule-based separation of training pathways and therapeutic practices might contribute to a sense of professional isolation among AEPs, as they may not have sufficient opportunities to observe or collaborate with EPs who may use a broader range of approaches. This isolation can reinforce the divide between AEPs and EPs, limiting the potential for integrated, multidisciplinary approaches to supporting CYP, as suggested within the findings related to the community node of AEP activity.

In relation to the rule AEPs having flexibility when working therapeutically, findings suggest that while rules and guidelines (such as the emphasis on CBT training for some AEPs) are intended to provide structure and ensure quality, they can also constrain the flexibility and professional growth of AEPs. The contradictions identified between the needs for standardisation and individualised support, as well as between perceived training adequacy and practical application, suggest areas where the current rules may need to be considered further to better support AEPs in their roles.

Community (who else is involved?)

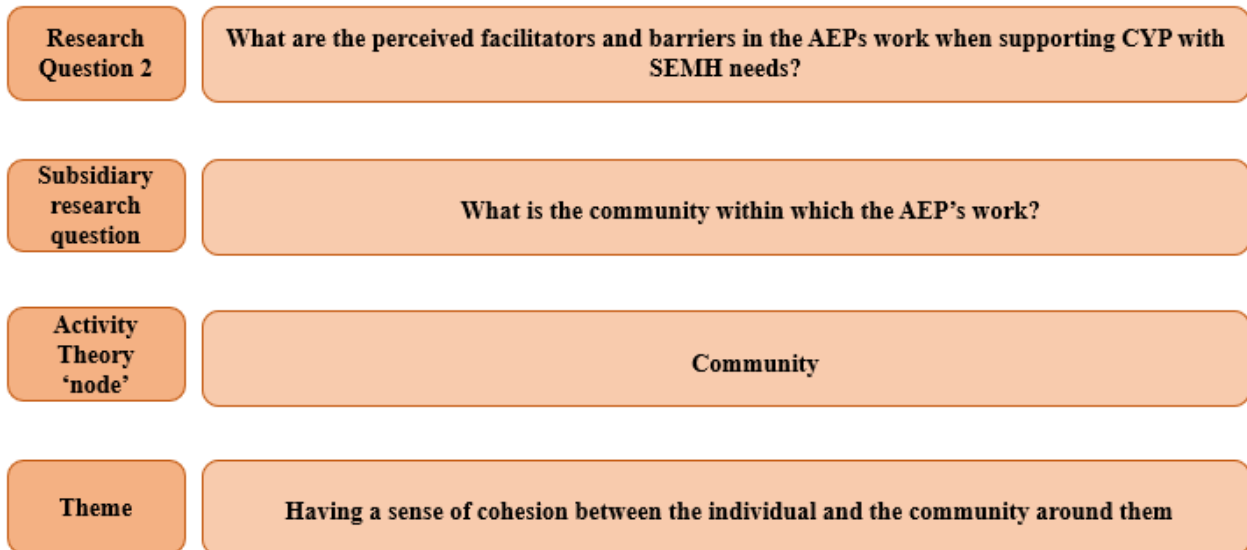
RQ 2: What are the perceived facilitators and barriers in the AEPs work when supporting CYP with SEMH needs?

- What is the community within which the AEP's work?

In AT, the 'node' community refers to who else is involved in the activity. In the current research, one main theme was identified having a sense of cohesion between the individual and the community around them, as shown in Figure 5.11.

Figure 5. 11

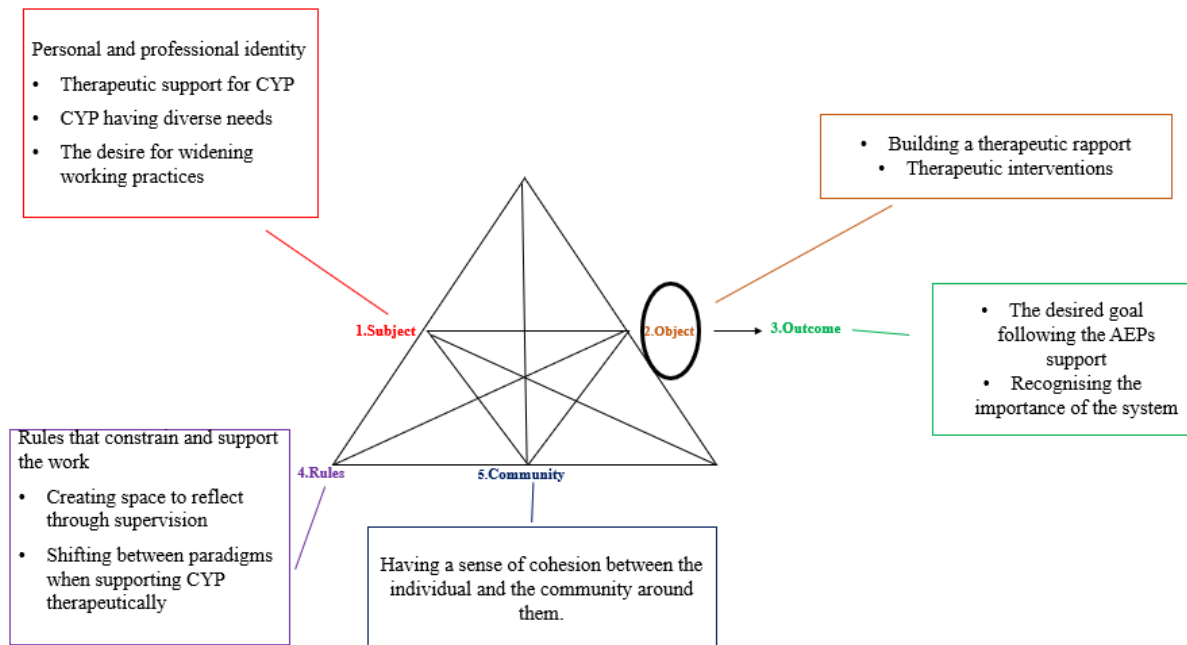
A figure to show a thematic map of the community node of assistant educational psychologist work.



The AEP exists within a broader community around them which can influence their actions and identity. An activity system showing the subject, object, outcome, rules, and community of AEP work can be seen in Figure 5.12.

Figure 5. 12

A figure to show an activity system modelling the subject, object, outcome, rules, and community of assistant educational psychologist work, as shown within the data.



Having a Sense of Cohesion Between the Individual and the Community Around Them.

The main theme explores the interconnectedness and mutual influence between individuals and the broader community or environment in which they are situated. The community ‘node’ was found to be both a facilitator and barrier to the AEP’s work. Prior to their support from an AEP, CYP participant #1 discussed a time when they had tried to seek support from others within their community but found the process difficult to navigate. They also spoke about others within their community who can offer support, such as friends and parents/carers. Unlike school support, where it appears that CYP are sometimes asking for additional support themselves, to receive support from an AEP, referrals are typically made by an EP, CAMHS practitioner or virtual school officer.

“I don't know why they didn't refer me anyway, because on the first day of college, I had to fill out like a like about me thing... Surely, you'd look at that and think, alright, well, we should do something”.

(CYP Participant #1)

“I don't really talk to my friends about how I feel maybe like the one or two, but like not really properly no, only one of them because they kind of understand how I feel and it's easy to talk about how like we both feel because we have good conversations”.

(CYP Participant #1)

Findings also suggested that there is a wide range of individuals or services that participants recognised as additional sources of support, such as teachers, librarians, heads of year, mental health support teams or CAMHS. This finding supports previous literature in that a multi-agency, early intervention approach between professionals and others in a CYPs community (e.g., friends, family) contribute to achieving a positive impact for their wellbeing (Dawson & Dhesi, 2010). Bohnenkamp et al. (2023) found that school safety could be promoted through multi-tiered systems of support for CYPs mental health. These findings support the current research, as participants discussed the value in working with other professionals and knowing what other support was available.

As outlined in the Green Paper (DoHSC & DfE, 2017), school staff have a responsibility to support mental health of CYP in schools. However, there is a tendency to label certain groups who require intervention and support for their mental health as ‘hard to reach’, when it may be the support services themselves that are difficult to access. Therefore, support for mental health needs to be both personalised and incentivised to enhance engagement (Bucci et al., 2019). In relation to the role of the AEP, these findings suggest that having a clear understanding of the AEP role supports accessibility, and ensures that CYP who require support, receive it when needed.

Findings suggest a difference between informal community support, from family and peers, and the formal support provided by AEPs through a structured referral process. While informal support can be immediate and accessible, it may lack the specialised knowledge and resources that AEPs can provide. Conversely, while findings suggest that AEP support is more specialised, the formal referral process may introduce delays or barriers to access. This tension suggests a need for better integration between informal and formal support systems within the community. These findings also suggest that AEPs may need to engage more actively with the broader community to address the barriers that CYP face in accessing support. This could involve working to improve the referral process, raising awareness of available support, and fostering stronger connections between formal and informal support systems. These suggested ways of working can be explored through Engeström's (2001) principle regarding the cycle of expansive learning, whereby positive action plans can be implemented to address tensions or contradictions within current working practices. The contradictions and tensions within this node highlight the need for strategies that better integrate formal and informal support systems, ensuring that AEPs can work effectively within the broader community context.

Division of Labour (how is the work shared?)

RQ 2: What are the perceived facilitators and barriers in the AEPs work when supporting CYP with SEMH needs?

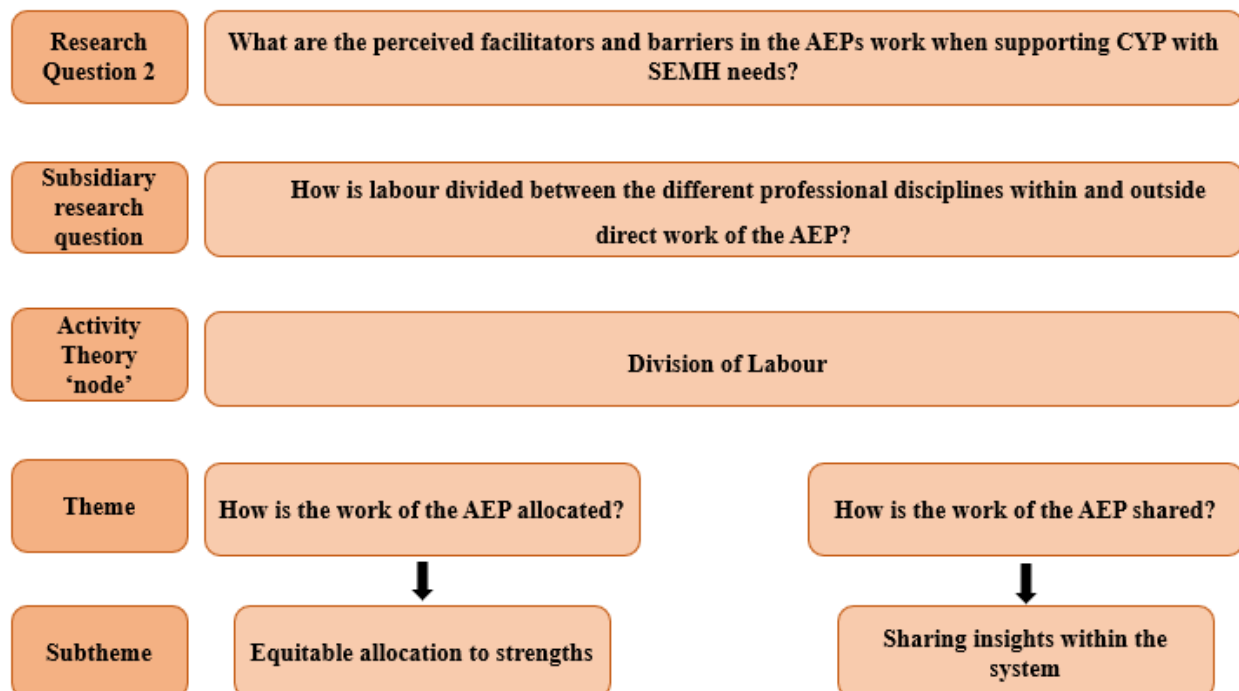
- How is labour divided between the different professional disciplines within and outside direct work of the AEP?

Leadbetter (2005) suggests that the division of labour 'node' facilitates a consideration of role expectation and demarcation. Within the current research, the findings focus on the role of the AEP more specifically, to elicit information regarding their work to

support CYP with SEMH needs. Reflexive thematic analysis (Braun & Clarke, 2019) constructed the themes and sub-themes based on how participants constructed their own meaning of the questions how is the work shared? and how is the work allocated?, as shown in Figure 5.13.

Figure 5. 13

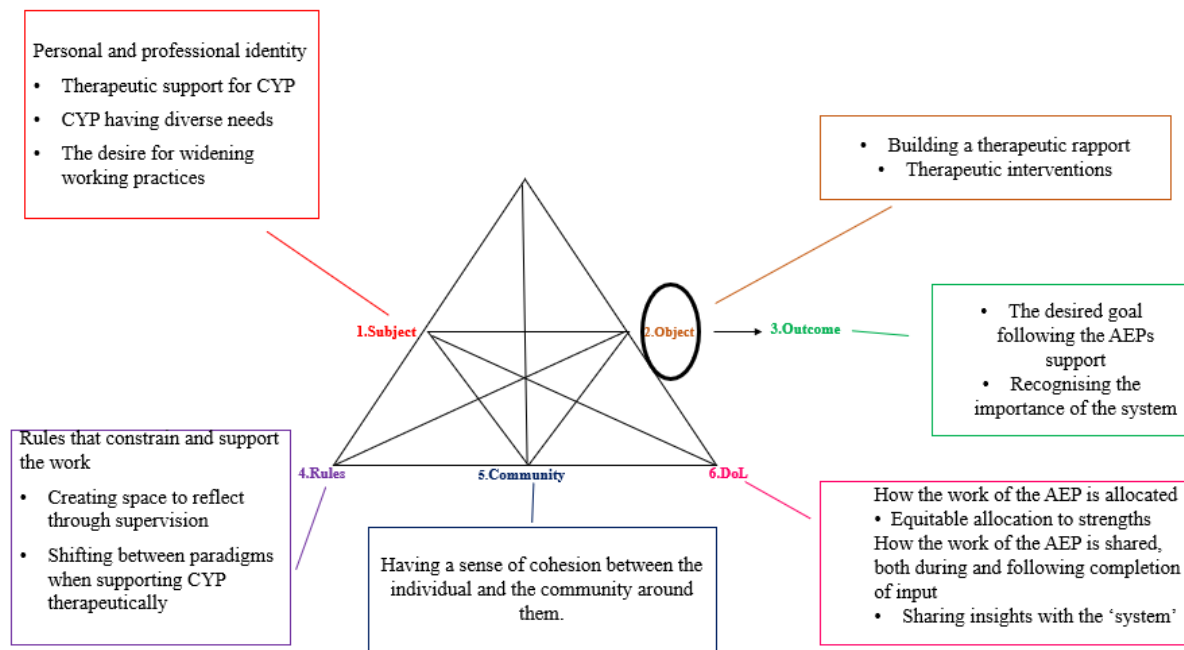
A figure to show a thematic map of the division of labour node of assistant educational psychologist work.



An activity system showing the subject, object, outcome, rules, and division of labour of AEP work can be seen in Figure 5.14.

Figure 5. 14

A figure to show an activity system modelling the subject, object, outcome, rules, community, and division of labour of assistant educational psychologist work, as shown within the data.



How the Work of the Assistant Educational Psychologist is Allocated

The main theme found that work was often allocated based on AEPs strengths, in a way that ensured equity in terms of amount of work or type of intervention that some AEPs may be more experienced in.

Equitable Allocation to Strengths. EP Participant #3 had an overview within the Service of how the work was allocated to some of the AEPs, due to their position as a senior EP. They spoke about allocation being based on strengths, for example, in different areas of knowledge related to mental health, but also the importance of other professional roles within the Service, such as a 'mental health manager' who supports and supervises some of the AEPs in their work, particularly in relation to safeguarding. The AEPs spoke about more

practical allocations of their work and had a detailed understanding of how many cases they would have at any time and appeared to value this certainty as part of their role. It was felt by one of the EPs that work was allocated equitably, however the work needed to be ‘boundaried’, and could not change focus.

*“In his role as a mental health manager... ** does a lot of holding around safeguarding. These guys work with a lot of tough kids”.*

(EP Participant #3)

“So, I have 7 cases that I will be working on and that includes travel time, prep time, delivery time, liaison time”.

(AEP Participant #1)

“Usually, it's quite ‘boundaried’ ...And if something, and if it appears as something else is necessary, we can't just do that instead... then that is outside of our remit”.

(EP Participant #1)

This finding highlights the role of other professionals within the Service, working with the AEPs to allocate work based on their strengths. Additionally, the presence of a mental health manager within the service highlights the importance of regular supervision for the AEPs. AEPs demonstrated the value they held in practical allocations of their work, and the certainty it provided, indicating a structured approach to managing their caseloads. However, findings did show concern about the flexibility of work boundaries, suggesting a need for clearer guidelines on AEPs adapting the focus of their work. Ryan and Walsh (2018) provide an account of their experience as an AP, and also reflect upon their training, client work and supervision. They emphasise the importance of reflective work within the AP role, to enable them to develop skills relevant to practice. Therefore, AEPs valuing certainty in workload and support from supervision, suggests a structured approach to their allocation is

helpful, whilst valuing the ability to adopt a flexible approach to their direct, intervention work.

This hierarchical division of labour may create a dependency on senior professionals for decision-making, potentially limiting AEPs' autonomy. Engeström (2001) asserts that individual and group actions, directed towards a goal, are understood when interpreted against the entire activity system. In relation to the current research, this suggests that while the system ensures that tasks are assigned based on strengths, it might also perpetuate a power imbalance where AEPs have less say in their workload, leading to potential dissatisfaction or a lack of ownership over their work. Whilst equitable allocation is necessary for fairness and managing workload, the boundaries around the focus of the work could limit flexibility and innovation. If the nature of the work cannot change focus, AEPs may feel restricted in their ability to adapt their approaches or explore new methods, which could stifle creativity and responsiveness to the unique needs of each CYP. In relation to the division of labour, it is also important to consider that the emphasis on certainty and fixed allocations might inadvertently create a rigid system that prioritises operational efficiency over the professional growth and adaptability of AEPs. This could have long-term implications for the Service's ability to innovate and respond to emerging challenges within the EPS. The current system appears to balance these elements, but the potential downsides, such as reduced autonomy for AEPs should be acknowledged and addressed to optimise both individual and organisational development.

How the Work of the Assistant Educational Psychologist is Shared, Both During and Following Completion of Input

Another area of AEP work that was found to have perceived facilitators and barriers pertained to the sharing of their work, which highlighted the value in continued collaboration and co-working.

Sharing Insights Within the ‘System’. Participants had contrasting views about how the work of the AEP was shared with others. This was another contradiction put forward to participants during the DWR Lab, which can be found in Table 5.1, p.135. AEPs said that their closing letter is one of the main ways they would share insights with a CYPs ‘system’. Additionally, for one of the AEPs, they spoke about how work with the virtual school allowed for information to be shared with CYPs social workers or parents/carers. Despite wanting to be able to share useful information to school staff, one of the AEPs spoke about the constraints of doing so. Time was found to be one of the main constraints to the AEP, both their own time and that of school staff. It was found that AEPs saw the value in holding a final meeting with those in a CYP’s wider ‘system’. However, they felt that a letter may sometimes be more appropriate, as this can be read by different professionals, at a time when it is convenient for them.

A contradiction was found between the AEPs view and the view of EPs, with one EP stating that not all information regarding the AEPs input was readily available to be read, as needed. Communication between AEPs and EPs appeared to often take place through paperwork rather than conversations. However, AEPs thought that attending a meeting to disseminate relevant information to those who could support the CYP, would be beneficial.

In terms of sharing information with the system around a CYP, a CYP thought the level of confidentiality within their sessions was positive but had ideas regarding sharing of helpful information to those closest to them, once sessions had ended. They spoke about either a meeting or a phone call, so that their parent/carer could ask any follow up questions, if necessary.

“...sometimes it's hard to get hold of the SENCO or something because of their time as well, getting those meetings. It's really difficult...”

(AEP Participant #3)

“I don't know what's put on SharePoint and what's not. Sometimes things seem to be, and sometimes they don't. But again, that makes it harder to know exactly what they do. When they're doing their sessions to know kind of what to say to schools. When I say we could do [early intervention support] referral, and they go. What is that?”.

(EP Participant #2)

"Whereas if it's someone who's professional who understands the child or young person, then they can word it better to the parent to explain”.

(CYP Participant #1)

“I think it was helpful to see it from someone else's point of view of what was happening and not just mine”.

(CYP Participant #2)

The sharing of insights and information by AEPs within the broader system, which encompassed both collaboration and challenges, was found to be a significant aspect of their work. Whilst AEPs emphasised the value of sharing through closing letters, constraints such as time hindered effective communication. Contradictions between AEPs and EPs highlighted discrepancies in information accessibility and communication methods. Despite these barriers, the importance of disseminating information for effective support has been highlighted, reflecting the complexities when sharing insights from work with systems around CYP.

Findings suggest that AEPs recognise the importance of sharing their work, however the division of labour here reveals potential barriers. The reliance on written communication, such as closing letters, may limit the effectiveness of this collaboration, especially if the information is not read or discussed as needed. This can lead to a disconnect between AEPs and other professionals, potentially reducing the impact of the support provided. Additionally, this division of labour could indicate a siloed approach, where the AEP's insights are not fully integrated into the broader support system due to constraints like time

and the mode of communication. Furthermore, findings suggest a tension between the ideal collaborative approach (e.g., face-to-face meetings) and the practical realities (e.g., reliance on letters due to time constraints). This tension can result in a less dynamic exchange of information, potentially affecting the quality of support provided to the CYP. The reliance on written communication might be efficient but may also reduce opportunities for dialogue, feedback, and immediate clarification, which both can support effective collaboration.

Therefore, although AEPs are tasked with sharing information and collaborating with the wider system, practical barriers such as time constraints and differing expectations between AEPs and EPs may hinder the processes. Addressing these issues may require re-evaluating the division of labour to ensure that all involved can work together more effectively to support the CYP, potentially by integrating more face-to-face communication and clarifying the roles and expectations of each professional involved.

Tools (what is being used?)

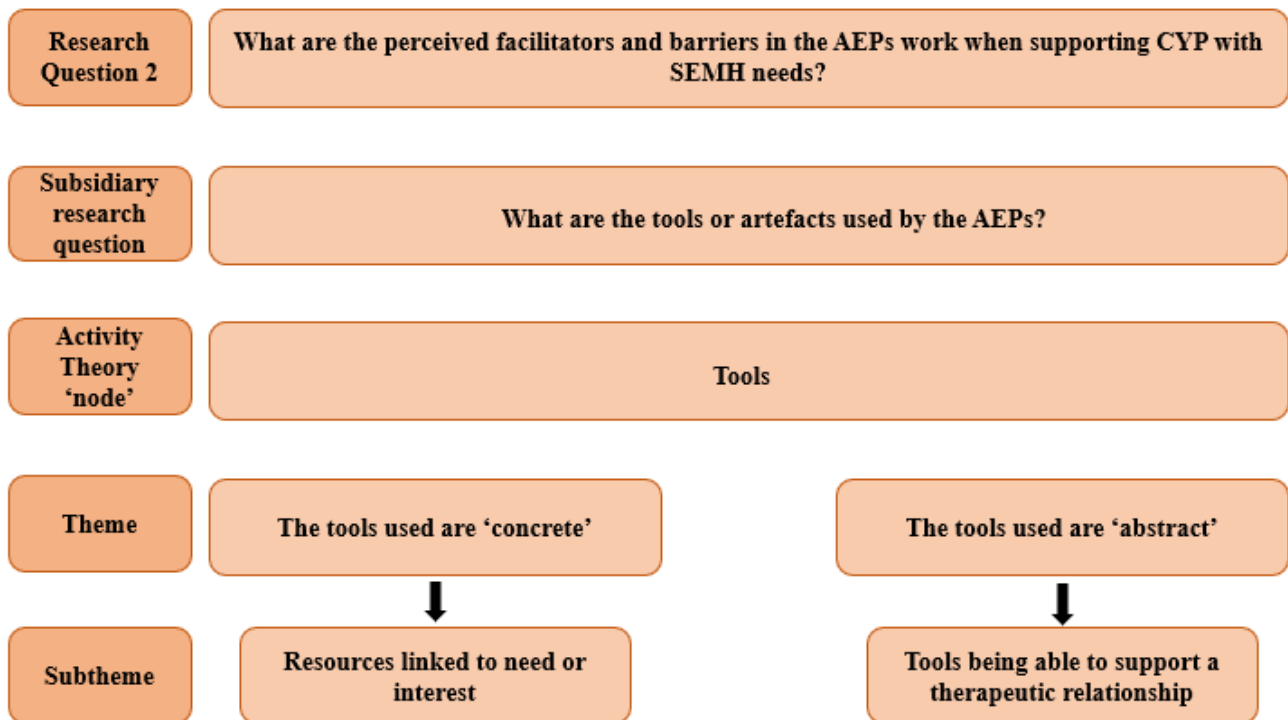
RQ 2: What are the perceived facilitators and barriers in the AEPs work when supporting CYP with SEMH needs?

- What are the tools or artefacts used by the AEP's?

The concept of the AT 'node' tools mediates the subject's ability to act upon the object. Within this AT 'node', tools relate to the AEP (subject) and what is used to support their work with CYP (object). Findings illustrated that there were both concrete and abstract tools used by AEPs, shown in Figure 5.15.

Figure 5. 15

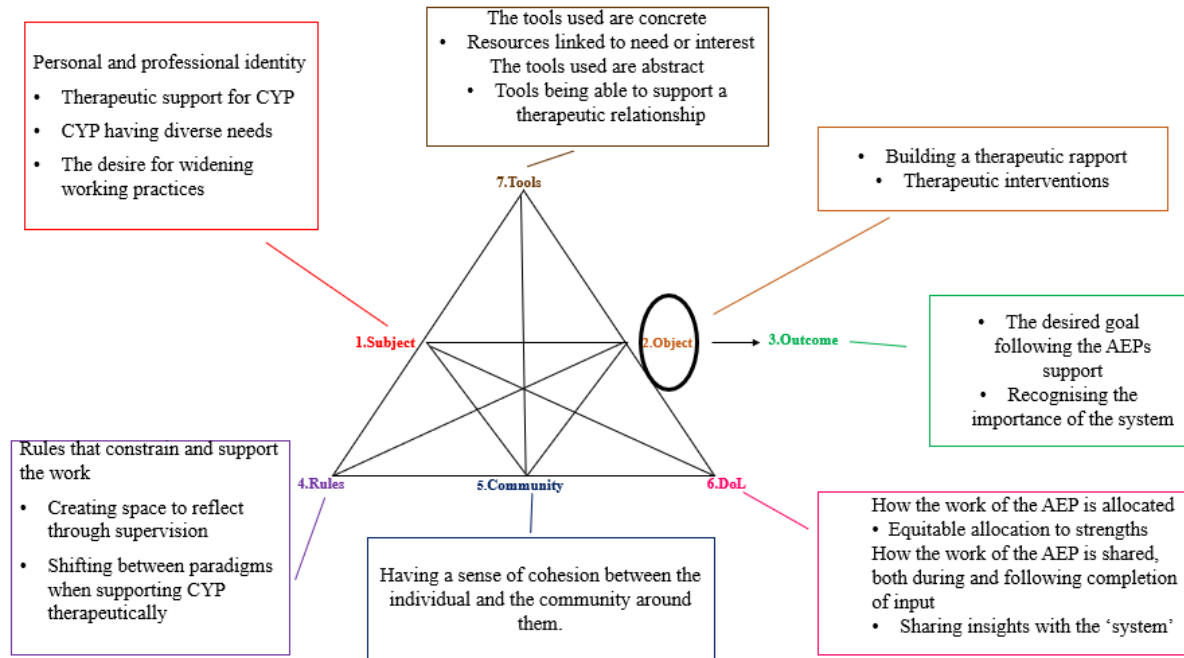
A figure to show a thematic map of the tools node of assistant educational psychologist work.



The themes are separated into two subthemes resources linked to need or interest and tools being able to support a therapeutic relationship. A completed activity system showing the subject, object, outcome, rules, and tools of AEP work can be seen in Figure 5.16.

Figure 5. 16

A figure to show a **completed** activity system modelling the subject, object, outcome, rules, community, division of labour and tools of assistant educational psychologist work, as shown within the data.



The Tools Used are 'Concrete'

The first main theme within the tools AT 'node' relates to tools used by the AEPs that are tangible, specific methods or technologies that are used in the activity system. In this theme, the focus is on the use of material or physical tools that are used to complete tasks or facilitate communication. The tools used ranged from traditional assessments to therapeutic toys or educational materials.

Resources Linked to Need or Interest. Findings showed that AEPs would often use tools that engage CYP and support them to feel at ease and motivated during the sessions. Tools included creating worksheets with pictures of a game the CYP may be interested in or engaging in activities that could link to their interests. By doing so, AEPs could use tools aligned more closely to the CYPs needs, by bringing a snack to use as a 'nurture tool' or bubbles to engage the child in playing with others in their class, when part of a group

Theraplay session. Additionally, concrete tools included psychometric tools to allow AEPs to collect quantitative measures and data from the sessions. CYP spoke about tools such as creating a family tree or being given an exam timetable to use to support their engagement with education. EPs appeared to have a good understanding of concrete tools used by AEPs.

“...I think just having so many, you know, having a wide variety of tools in my toolkit, it makes for a, I think, it makes for a richer experience of work, and it makes for a better understanding”.

(AEP Participant #1)

“Like I remember, we was like we made like a family tree and we were just talking about all of that”.

(CYP Participant #1)

All AEP participants discussed the importance and the value they held in supervision and peer supervision. They also discussed frameworks, policies, and guidelines which both support and constrain their work, and viewed these as ‘concrete’ tools.

“So obviously, supervision really supports. I feel that I'm quite lucky within my role in that. We have our supervision booked in, but then if anything comes up and I feel that I need to speak with [senior EP], I can just pick up the phone and ring her and she can offer that on-the-spot support.”.

(AEP Participant #2)

The findings suggest that tools in AEP activity appear to have a dual role in both enabling and constraining the work. While AEPs use a variety of tools to engage CYP and collect data, the effectiveness of these tools depends on their relevance with the specific needs of the CYP, the flexibility and creativity of the AEPs, and the broader context of their work, including supervision and policy guidelines. Evaluating whether the tools are being used optimally and whether there are areas where additional or alternative tools might better support the needs of CYP could be explored further, leading to more nuanced and effective

interventions, ensuring that the tools truly facilitate the intended outcomes rather than simply adhering to established procedures.

The Tools used are ‘Abstract’.

The second theme within the tools AT ‘node’ refers to conceptual or symbolic resources within AEP practice. These tools have a less observable impact upon their work but were found to be valued by participants, as detailed below.

Tools Being able to Support a Therapeutic Relationship. The importance of relationships was discussed by all participants. Developing therapeutic relationships was viewed as a support to the AEPs work, with perceptions of a more positive impact as a result. To build these relationships, participants spoke about ways they developed them, such as becoming animated and engaging CYP in the sessions. Additionally, EPs spoke about personal qualities of the AEPs, being warm, genuine people, who could create a safe space for the CYP. CYP spoke about the value they held in AEPs being able to create a therapeutic relationship, and showing their genuine, unconditional positive regard, by discussing everyday topics, to put the CYP at ease, which one CYP described as ‘hilarious’, yet it seemed to relax her into the sessions and develop a level of trust between her and the AEP.

“I think I know sometimes when I’m especially talking to teenagers, I get quite animated”.

(AEP Participant #1)

“I just think about body language and especially when they’re starting to look like they’re disengaging a little bit or they’re tired. I try and use. I’ve noticed it, reflexively noticed it, that I probably seem to use my, you know, my hands more ... Just to heighten that awareness really”.

(AEP Participant #1)

“... warm, sensitive, appropriate people who offer models of how to interact. With appropriate boundaries. Safe, sensitive responses. And all these things, I mean, they could say these things, tools, and themselves, but actually they come from who you are”.

(EP Participant #1)

Language and terminology were also found to be factors that could both support and constrain the work of the AEPs. This suggests that participants recognised the importance of being reflexive within their sessions, and not following a prescribed way to support the CYP.

“So there's something about the way that your sessions are or the terminology or language that you use aligns with the terminology and language that the child might be used to within school to help them feel more comfortable and familiar with the sessions”.

(AEP Participant #1)

“So it sounded really weird, so I loved it, it was hilarious”.

(CYP Participant #1)

“What helped was being able to have someone actually sit there and listen and actually talked to me about it because I can't. I struggle to talk about how I feel quite a lot”.

(CYP Participant #1)

Due to the abstract tools mentioned, CYP spoke of how comfortable they felt when being supported by the AEP, which supported their therapeutic relationship.

“I felt like I could, like, talk about anything without feeling like she judged me... She made me feel really comfortable”.

(CYP Participant #1)

The importance of developing a therapeutic relationship can be seen as both a support and a constraint to the AEPs work. It is possible to suggest that not all CYP are able to feel as though they have developed a positive therapeutic relationship with the AEP supporting them

and their SEMH, which could reduce their engagement and interaction levels within the session.

While these qualities are beneficial, they may also introduce variability in the quality of care provided, depending on the AEP's individual differences in abstract tools used. This variability could be a limitation, as not all AEPs may have the same level of skill in building relationships, leading to inconsistent outcomes for CYP. Furthermore, this reliance on personal qualities may not be sustainable in the long term, especially if AEPs have high caseloads, which could diminish their capacity to maintain such qualities. Therefore, it is important to consider developing systemic tools further (e.g., training, peer support, supervision) to help AEPs develop and sustain these qualities. Furthermore, although findings suggest that AEPs are warm, genuine and engaging practitioners, the extent to which this may challenge their professional boundaries, potentially leading to ethical concerns could also be further explored.

Therefore, whilst findings suggest that abstract tools such as the personal qualities and relationship-building skills of AEPs are valued and contribute positively to their work with CYP, these tools can be balanced with more concrete, structured approaches to ensure comprehensive and effective interventions. Additionally, the variability in these qualities among AEPs and the challenges in maintaining them under different conditions could be addressed through training, supervision, and support systems.

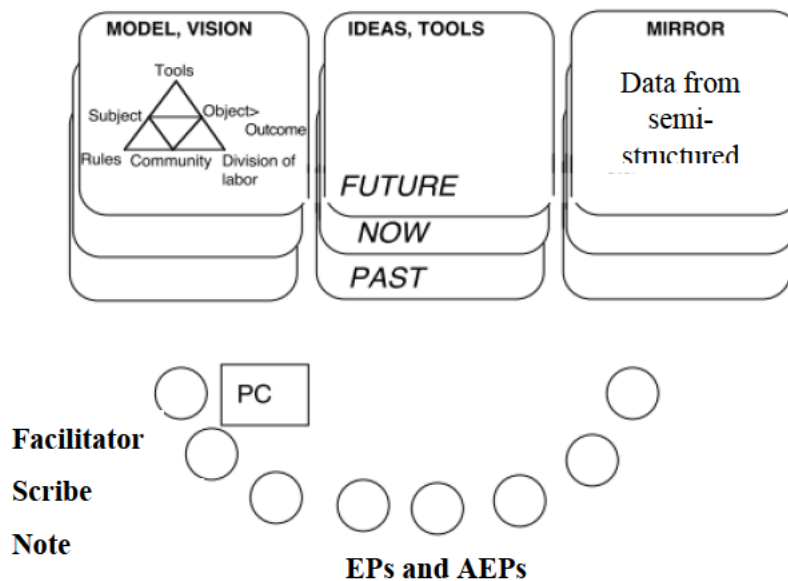
Development Work Research Lab

The purpose of the second phase of the research, the DWR Lab, was to address RQ 3: *'How can an understanding of identified contradictions support the development of actions within Havenstead LA EPS?'* Further information regarding the background to and purpose of DWR Labs can be found in sections *'development work research'* and *'Phase 2: DWR Lab'*.

Figure 5.17 shows the layout of the room and participants during the DWR Lab, and the presentation used during the DWR Lab can be found in Appendix 13.

Figure 5. 17

A figure to show the Development Work Research Lab layout during phase two of the current research, adapted from Engeström and Virkkunen et al. (1996).



The DWR Lab discussion began with a reflection upon the identified contradictions, and whether they were both valid and salient and, if so, which one they thought to be the most significant. The chosen contradiction was the contradiction which participants thought, if resolved, would contribute to organisational change and development, to support the effectiveness of the role of the AEP across the LA, Havenstead. There were five contradictions put forward during the DWR lab, which are next discussed, with verbatim quotations given to illustrate the contradiction.

The first contradiction was in relation to sharing the outcome of AEPs work. Data from phase one of the research suggested that AEPs thought the outcome is shared, whereas

EPs thought the outcome is not always shared and CYP thought the outcome is shared but could be shared differently.

“Just in terms of the desired outcome as well. I'm just thinking quite often our closing letter is a really important part of the work because it's my kind of clinical observations and kind of support like if they're on the pathway or diagnosis, that's another professional with their observation summarising what I've noticed and helpful recommendations so far from the outcome to then inform possible next steps of the professionals involved”.

(AEP participant #2)

The second contradiction focused upon autonomy, and the perceptions of the amount of autonomy within the AEPs work. Data from phase one of the research suggested that AEPs feel they have lots of autonomy to be creative whereas EPs think AEPs work can be constrained and CYP would like more choice in the type of support they receive.

“Which is why I feel really lucky to even be in this role because we get to be really creative”.

(AEP participant #2)

The third contradiction was about collaborative work between AEPs and EPs. Data suggested that AEPs thought they work with EPs, whereas EPs did not feel they work with AEPs and CYP think work could be shared more, for example, with school staff or parents.

“They work very separately to our team, and I think like we talked about, I guess as EPs our only input into that system really is referrals, and maybe it will be more useful to have a bit more ongoing liaison or a bit more co-working so that both sides kind of understand what the other side are doing”.

(EP Participant #2)

The fourth contradiction related to training for the AEPs. Data suggested that AEPs want further training, EPs think AEPs may be restricted if the training is too specific and CYP think the tools used to support them are useful as they are.

“The fact that I haven't got training in other forms of therapy, I think sometimes like my supervisor, will suggest I work in different ways, but because I'm not so familiar with those ways working, I don't feel like I'm skilled at implementing that, whereas if I did a more in-depth training course on it”.

(AEP Participant #3)

The fifth main contradiction was in relation to the goal of the AEPs work, and the extent to which CYP have an awareness of it. Data suggested that AEPs think CYP may lack awareness of goal, EPs think CYP may have insight into their desired goal and CYP know what their goal, following support from AEPs, is.

“Or maybe what they would bring as a problem is not what all the adults around them would see the problem as being. I think probably for a lot of those children, their emotional intelligence maybe isn't quite there, so it would be something a lot simpler. Like ‘I want to feel happier, or I want to feel less angry’”.

(EP Participant #2)

Due to there being no immediate shared consensus regarding which contradiction to discuss, participants decided to vote for their preferred choice, which resulted in participants choosing contradiction three: *‘AEPs working with EPs V EPs not working with AEPs V working differently with AEPs’*. Discussion regarding the chosen contradiction is presented below, organised into each of the proposed actions that arose from the discussion.

Contradiction Three: Assistant Educational Psychologists Working with Educational Psychologists V Assistant Educational Psychologists Not Working with Educational Psychologists V Assistant Educational Psychologists Working Differently with Educational Psychologists

The DWR Lab provided an opportunity to present the initial contradictions to the group, to facilitate an in-depth discussion, whilst developing a plan with tangible actions. During the DWR Lab, the scribe (my university tutor/supervisor) used the second-generation AT framework to record the collaborative discussion. The note taker, my placement supervisor, recorded a narrative account of the DWR Lab, including a summary of action points, as seen below in Box 5.1. The new ways of working, stimulated by discussion and collaboration during the DWR Lab can be found in Table 5.2.

Box 5.1

A box showing actions and general themes identified within the DWR Lab discussion.

- Time allocation issues are different for AEPs and EPs, with AEPs usually having more time (for individual casework) and flexibility. The issue of time availability (mainly of EPs) and Havenstead EPSs time allocation model tended to be the most dominant theme.
- Within schools there are likely different perceptions of EP and AEP roles.
- The relationships developed between schools and AEPs are likely different to those developed between schools and EPs.
- Shadowing opportunities (both ways) would be valuable experience for both EPs and AEPs.
- The potential level of scope for flexibility in the roles of EPs and AEPs and the current constraints on flexibility need to be further explored.

- There is a keenness for regular joint working between EPs and AEPs as this would be valuable, but sufficient time would need to be made available for this to work effectively.
- It could be beneficial for AEPs to attend joint planning meetings (JPMs) in schools.
- AEPs and EPs might currently have a limited understanding of how each other approaches for example casework, but there is a keenness for discovering more about the respective roles and working together.
- Although roles might differ, AEPs and EPs are all part of the one Psychology Service.
- At a later meeting (LoC) there was also discussion about the value of AEPs attending other meetings such as the Resource Allocation Panel (RAP) as that would give insight into how decisions are made. This would facilitate AEPs conversations with parents.

It is suggested that DWR Labs may result in the expansion of the object, new tools being developed or a change in the division of labour, within the activity system (Daniels, 2008). Additionally, the DWR Lab can support system development within organisations to shape changes within future activity (Engeström, 2000), as shown below in Table 5.1.

Table 5. 1

A table to show the new ways of working identified during the Development Work Research Lab by Assistant Educational Psychologists and Educational Psychologists.

Identified action	Description of how action can support new ways of working at Havenstead LA.
Opportunities for shadowing of work between EPs and AEPs.	It is hoped that increasing the amount of shadowing opportunities for AEPs and EPs will enhance the shared understanding of each role between professionals.

Joint working opportunities between AEPs and EPs, with time allocated to do so.	With protected time for AEPs and EPs to work together (for example, joint problem-solving consultation processes) it is hoped to enhance the understanding and collaboration between the roles.
AEPs to attend school JPMs.	This action point is hoped to increase awareness of what the AEPs can offer, whilst enabling AEPs to have a better understanding of the type of needs that arise, from school staff perspective.
Increasing the understanding of AEPs and EPs role.	Having a shared understanding of each other's roles will support the types of referrals EPs make to AEPs, and also support the type of information shared by AEPs.
AEPs attending 'decision making' meetings, for example RAP.	To increase collaborative working, and a more systemic view of the LA, AEPs can attend panels such as RAP.

Continuing the Cycle of Expansive Learning

In this research, the first three phases of the cycle of expansive learning - questioning, analysis, and modelling the new situation - were carried out within the given time frame. The remaining four phases will be pursued as part of my ongoing work, as I begin my role as a newly qualified EP at Havenstead LA EPS.

The next part of the cycle of expansive learning is examining and testing the new model. Initially, I plan to disseminate the research findings to the LA EPS, as part of a whole Service meeting, to ensure all professionals within the EPS are aware of the research, its aims, findings and implications. It is hoped that this will continue the important conversations regarding the support AEPs can provide to CYP with SEMH. To review and assess the outcomes of the changes, I plan to gather feedback from AEPs and EPs, to explore the impact

of the implemented actions and gain an understanding of what works, and what could be modified further. I plan for this phase to take place between September and October 2024.

The fifth phase involves applying the model to consider how it may be implemented within the organisation whilst testing the new practices within the EPS and evaluating their effectiveness. This could involve, for example, gathering further qualitative feedback from service users to better understand the practical implications of any changes made. I plan for this to take place between November and December 2024.

The sixth phase involves reflection upon the process, to allow for a stable implementation of the new way of working. I plan to facilitate reflection sessions focusing on the changes made. This may involve conducting meetings or workshops with stakeholders to discuss what worked well, what did not, and what needs further adjustment. I plan for this phase to take place between January and April 2025 to allow for one full term of any implemented changes.

The seventh phase involves consolidating the reflections upon the process to ensure the new ways of working can continue to be implemented. In this phase, successful practices will be solidified into the regular working processes of the EPS. This may include creating specific guidelines or policies based on the outcomes of the implementation and reflection phases. I plan for this phase to continue until the end of the 2024-2025 academic year but be viewed as something that is continually revisited and reviewed.

Continuing the research through the remaining phases of the cycle of expansive learning will contribute to the long-term development of the AEP role and the overall effectiveness of the EPS in supporting CYP with SEMH needs. By following these steps, it is hoped a comprehensive and forward-looking plan can be created and continued that

demonstrates my commitment to completing the expansive learning cycle and contributing to the ongoing development of the AEPs at the Havenstead LA EPS.

Chapter Summary

This penultimate chapter has outlined the findings of the research in relation to the RQs and discussed them making links to relevant theory and research. Reflexive thematic analysis (Braun & Clarke, 2019) was used to discuss and analyse the findings in relation to the ‘nodes’ within Engeström’s (1999a) second-generation AT. By including direct quotes from participant interviews, the findings were discussed in context. The final chapter revisits the RQ’s, explores the methodology further through a critical reflection and implications for applied educational psychology practice, alongside areas for potential future research.

Chapter 6: Summary, Implications of Results and Conclusions

The aim of this research was to explore the cultural and historical factors that influence the work and role of the AEP in supporting CYP with SEMH needs, in a particular LA, from the perspectives of AEPs, EPs and CYP who have received support from an AEP. The objective therefore was to promote organisational development and change within Havenstead LA to continue to support and develop the work of the AEP.

This final chapter revisits the RQs, and considers conclusions drawn from the research in relation to each of them. The chapter reflects, critically, upon the adopted AT methodology, considering both strengths and weaknesses of its use. Next, the chapter explores the contribution to knowledge and implications of the current research, for applied educational psychology practice. Future research opportunities are suggested before final concluding remarks.

Conclusions Drawn from the Data

The findings of the current research provide insights into the perceived goals and overall purpose of the AEP role in one LA EPS. Participants indicated that the primary aim of the AEP is to fulfil a distinct role in providing therapeutic support to CYP. Using their unique skills and prior experiences, AEPs aim to address the diverse needs of CYP, adopting an individualised approach tailored to each CYP, which for some AEPs was primarily based on CBT principles, and for others was based on supporting looked after children's emotional wellbeing in education. Additionally, there was a tension in AEPs working systemically, thereby facilitating enhanced levels of support.

The perceived facilitators to the AEPs' work encompass various aspects related to their role within the EPS. Firstly, AEPs highlighted the importance of having dedicated supervision, which enhances their capacity to engage with each CYP in a tailored manner.

Despite the perception that the AEPs role is sometimes narrow, reflective practice allowed for a flexibility in approach. Additionally, AEPs expressed the significance of a cohesive relationship between themselves and the broader community, including other professionals within the EPS and other stakeholders. Such cohesion can support an environment that is conducive to effective intervention, facilitating additional collaboration and effective information sharing.

However, despite the numerous benefits associated with the AEP role, certain barriers have been identified which can impede their work. Findings suggest that the perceived isolation of AEPs role within the EPS may limit their scope of practice. Additionally, despite aspirations for greater collaboration between AEPs and EPs, opportunities for joint working were found to often be limited. This lack of collaboration, valued by both AEPs and EPs when it occurs, has led to a growing distance between the two groups, possibly hindering their awareness of each other's roles and reducing the potential for complementary support to achieve positive outcomes for CYP.

Other barriers to the AEPs work include widening their practice beyond the use of CBT, for AEPs who work within the early intervention psychological support strand of work. Whilst CBT can be an appropriate intervention for some CYP, it is possible to suggest that incorporating a broader range of therapeutic modalities and intervention would enhance support for CYPs diverse needs at the early intervention stage. Additionally, implementing an efficient system of sharing information, particularly through in person communication as an addition to sharing paperwork, would enhance collaboration and coordination among AEPs, EPs and other stakeholders involved in supporting CYPs SEMH. This might involve regular team meetings, or in-school consultations, to foster a culture of open communication and collaboration, leading to more holistic and coordinated support for CYP.

An understanding of identified contradictions supported the development of actions within Havenstead LA by means of a collaborative discussion in the form of a DWR Lab. The barriers and tensions affecting the AEP work were addressed with the presentation of the five main contradictions generated from the data, which resulted in an identification of positive and possible actions to support new ways of working for the EPS. These actions are hoped to help not only CYP who receive support from an AEP, but also other stakeholders around a CYP, including EPs, school staff, families, and the broader community, acknowledging the importance of systemic work.

Critical Reflection Upon Methodology

A strength of the current research is that in addition to facilitating answers to the RQs, it has also provided an awareness of previously unrecognised tensions which were affecting the success of the support for CYP with SEMH needs provided by the AEPs. Second-generation AT provided a useful methodological framework to capture the ‘multi-voicedness’ (Engeström et al., 1999) of participants, to identify tensions which existed within the activity.

Throughout this research, I have continually been reflecting upon the different processes as they have arisen and have recorded a research journal to support these reflections. An excerpt from the research journal can be found in Appendix 14. The recording of information in a research journal was to ensure that alternative options had been considered, and to support my understanding of the different research processes. The overarching strengths and potential limitations of the current research’s methodology can be found in Chapter 4. However, additional limitations as part of the research process have been considered.

Firstly, the findings and data gathered are based on the thoughts and opinions of eight participants, in a single LA. Although this is an adequate sample size for data collection and

analysis, with Braun and Clarke (2013) suggesting that a sample size of 6-10 is sufficient for data saturation, it is recognised that two of the participants (the CYP) did not give a broader view on the role of the AEP than that of their own experience. Additionally, whilst the research focused on the perspectives of AEPs, EPs and CYP, there is value in expanding the scope of inquiry to include additional voices, such as parents or carers. Incorporating these perspectives could offer insight into how AEP interventions are perceived and experienced within the broader context of a CYPs home. Furthermore, the research could have broadened its scope by accessing other artefacts such as letters or documents relating to the AEP role. These artefacts could provide additional contextual information regarding the evolution of the AEP role over time, and the values that have underpinned it.

It is also recognised that whilst the DWR Lab methodology is praised for its adaptability and flexibility (Engeström et al., 2012) the DWR Lab used within the current research does not explicitly follow Engeström's (1996) model. This is because, due to the scope of the research, only a single DWR Lab was conducted, which is likely to limit the extent to which identified actions could be monitored and developed further, by the group. However, all participants spoke positively about the session and had a motivation to continue the working group following completion of the research, to continue to build on the actions that were identified.

The second phase of the research, the DWR Lab, encouraged AEPs and EPs to work together to problem solve, discuss identified contradictions and tensions, and develop a shared action plan to implement within the LA as part of the expansive learning cycle (Engeström, 1987). It was a carefully considered decision for CYP, who were part of the first phase of the research, to not be present at the DWR Lab, for reasons as follows:

- 1) Firstly, I ensured that their voice, as discussed in the interviews, was reflected throughout the presentation of findings during the DWR lab. The importance of child participation and listening to child voice has been emphasised (Docherty & Sandelowski, 1999). However, as the next phase had a focus upon organisational change and development, to explore and facilitate transformative processes within the LA, as opposed to individual experience or perspectives, the decision was made not to invite them to be present.
- 2) Furthermore, there are practical constraints that influenced my research design. Conducting a DWR Lab also with the CYP would be additional resources, time and ethical considerations that were deemed beyond the scope of this research, which would have impacted on the feasibility of completing the research project on time.
- 3) Another factor for this decision was the ethical considerations of doing so. For CYP to be able to give their full informed consent, they would have needed a rigorous understanding of the DWR Lab process, and what different discussion points meant for them. I did not feel it was possible to be completely certain that CYP would have been giving their full informed consent, and so this decision was also made to safeguard the wellbeing of them throughout the research process.

Following the second phase of the research, I have reflected upon how CYP could have been involved in the DWR lab, and what steps would have been required to include them in the process, as follows:

- 1) One aspect of the research that could have been changed to include CYP in the DWR lab is the adaptation of the DWR lab process. The DWR Lab could have been adapted to be more accessible and understandable to the CYP. This might involve simplifying the language and concepts used during the discussions, ensuring that they align with the developmental level of the CYP. Additionally, the session could have been shorter

and more focused, addressing specific areas where their input would be most valuable.

- 2) Another reflection pertains to the levels of preparation and support that CYP could have been provided with to support their involvement in the process. CYP could have participated in orientation sessions where they would be introduced to the process in a supportive environment. This would help them understand the purpose of the DWR Lab, the topics to be discussed, and how their input would be valued.
- 3) To ensure all ethical considerations and safeguarding measures were adhered to, the consent process could have been simplified and CYP could have provided ongoing assent. Rather than relying solely on initial consent, an ongoing assent process could have been implemented where CYP are regularly asked if they are comfortable and willing to continue participating. This would help ensure that their participation is fully informed and voluntary.
- 4) Additionally, their participation could have been facilitated with the inclusion of an advocate. A child advocate or facilitator could have been present, to support the CYP, helping them articulate their thoughts and ensuring that their voices are heard.
- 5) Instead of integrating CYP into the main DWR Lab sessions with adults, separate but parallel sessions could have been conducted where CYP discuss the same topics in a more CYP-friendly environment. The findings from these sessions could then be integrated into the DWR lab with professionals.
- 6) The topics discussed in the DWR lab could have been tailored to relevant issues that are directly relevant to the CYP's experiences and perspectives. For example, specific aspects of the AEP's role that impact CYP directly could be highlighted for their input.

- 7) Ensuring adequate feedback mechanisms such as a debrief post-DWR lab could have ensured they understood the discussions and would have gathered their reflections of the process. This debrief could have also served as a way to check on their well-being after participating in the research.

It is possible to suggest that as the phases of the cycle of expansive learning continue to be implemented within Havenstead LA EPS, as per the timeline provided, the CYP who participated in the first phase of the research can be invited to take part in the subsequent phases of the research. This will mean they are able to choose whether to contribute further to the dissemination and implementation of the findings, in a manner that is suitably adapted, such as the considered suggestions above.

Contribution to Knowledge and Implications for Practice

This next section will summarise how the findings and identified contradictions from the current research may contribute to knowledge and implications in the field of applied educational psychology at various levels.

For the Local Authority, and Specifically Assistant Educational Psychologists and Educational Psychologists

The tensions and contradictions uncovered during the DWR Lab are likely to have been contributing to the function of the AEP role and how they deliver their support for CYP with SEMH needs at Havenstead LA. By uncovering these contradictions and tensions, implications for new ways for working for AEPs were realised. Therefore, this research has developed action points, for the LA, supporting systemic change and organisational development. New ways of working include enhanced collaboration and joint working opportunities between the AEPs and EPs, to enhance the ecosystemic levels of support afforded to CYP, before, during and following their input from an AEP. This includes

systemic changes, with detail in Box 5.1, pp.134-135, and action points to be revisited to continue the further levels of the cycle of expansive learning (Engeström, 1999a).

Other recommendations pertaining to the findings of the current research include the development of a clearer referral process. Given the identified risks of the possibility of overstepping boundaries, a clearer referral process will help prevent situations where AEPs might exceed their professional competencies. To do so, it is recommended that a structured and transparent referral process that includes comprehensive ethical guidelines is developed, building upon the existing referral processes within the LA. This should ensure that all referrals contain relevant information to support adequate screening and assessment for appropriateness, considering the competencies and therapeutic boundaries of AEPs. Regular supervision should be continued, as a priority, to address any ethical concerns and to safeguard both the CYP and AEPs involved in such work.

Furthermore, incorporating additional, consistent, routine outcome measures, will not only provide valuable data on the effectiveness of services but also ensure that interventions remain client-centred and responsive to the needs of CYP. Continuous feedback will help in maintaining the high standards of care and ensuring that AEPs remain within their scope of practice, thus minimising risks associated with therapeutic work. This should include collecting session-by-session feedback from service users to monitor progress and make necessary adjustments in real-time. Embedding the practice of collecting session-by-session feedback from CYPs into the standard operating procedures of the EPS will allow AEPs to continuously adjust their therapeutic approaches based on real-time input from CYPs, ensuring that interventions are both effective and responsive to the needs of the service users. A further aspect of outcome measures is the sharing of such measures, with relevant professionals, to ensure a joint, systems approach is considered in all aspects of AEP work.

For Wider Policy

One of the aims of the current research was to add to the current knowledge base concerning the role of the AEP, by exploring how AEPs can work in context. It is possible that the completed activity system modelling the subject, object, outcome, rules, community, division of labour and tools of AEP work, as shown within the data (Figure 5.19), provides a practical resource through which the AEP role can be explored, to be used as a tool to conceptualise the role of the AEP more widely. Third-generation AT (Engeström, 1987) could be applied to expand the current research, analysing how the AEP role aligns and differs between different LAs. It could be perceived that the conceptualised role of the AEP provides an understanding of the roles and responsibilities of the AEP, such as elements of their role that supports or constrains their work (rules) with CYP.

A review of the literature suggested a dearth of information available regarding the role and responsibilities of an AEP, and so, although not an aim of the current research, it is possible that the findings could have implications for specific guidance, policy, or frameworks, relating to the role of the AEP, both in Havenstead LA and more widely. By doing so, a more cohesive and comprehensive understanding of the AEP role is hoped to be provided.

Future Research Opportunities

An important complement to the current research would be to explore views of EPs, AEPs and CYP from other LA's. This is because the roles and responsibilities of AEPs in other LAs are likely to be different to that in the current research and could provide contrasting findings. Other research opportunities could explore wider service user perspectives of the input of AEPs, such as school staff or parents/carers of CYP who receive targeted intervention from an AEP. Therefore, it could be perceived that by exploring perspectives of people from other LAs, an understanding of additional similarities and

tensions of the work of the AEP could contribute towards more effective outcomes to support CYP with SEMH needs.

Other research opportunities could include an updated national survey investigating the role, function, and implications of the role of the AEP, to update research of Scottish AEPs (Collyer, 2012) and AEPs working in England (Harland et al., 2022). By doing so, a more comprehensive understanding of what an AEP does could be identified, supporting robust policy development outlining more specific and relevant roles and responsibilities of an AEP.

The Dissemination of Evidence to Practice

The dissemination of research findings is a crucial step in ensuring that the insights gained through this study contribute to both academic and professional practice (Oliver & Cairney, 2019). One of the primary avenues for dissemination I plan to pursue is involvement with the BPS. Specifically, I aim to become part of a working group within the BPS that focuses on the role of AEPs/APs. By participating in this working group, I hope to share the findings of this research directly with professionals who are in a position to influence policy and practice within educational psychology services across the UK.

Additionally, I plan to contribute to the Educational Psychology Reach Out platform, an initiative that aims to bridge the gap between research and practice by making research findings more accessible to practitioners, educators, and policymakers. By disseminating my research through this platform, I can ensure that the insights gained are not only shared with other EPs but also with those working directly in schools and educational settings who can apply these findings in their day-to-day work.

Beyond these targeted efforts, I also intend to present the findings of this research at relevant conferences. Presentations at conferences will provide opportunities to engage with a broader audience of researchers and practitioners, creating discussions that could lead to

further exploration and application of the research findings. Conferences include regional EPS training event days, newly qualified EP research dissemination events at the University of Birmingham and The Division of Educational and Child Psychology conferences.

Moreover, I plan to write articles for peer-reviewed journals that focus on educational psychology, mental health, and the role of AEPs. Publishing in these journals will allow the findings to reach a wider academic audience, contributing to the existing body of literature and potentially inspiring further research in this area.

Through these dissemination efforts, I aim to ensure that the findings of this research have a meaningful impact on both the academic community and for professional practice, ultimately contributing to improved support for CYP with SEMH needs.

Conclusion

This research has explored the role of the AEP in supporting CYP with SEMH needs, through the lens of AT (Engeström, 1999a), at Havenstead LA EPS. The research reinforces the use of AT as a methodological framework and theoretical tool to explore and analyse professional practice. AT emphasises the importance of having a contextualised understanding regarding history and culture of a phenomenon, by exploring past, present and future practice.

My interest in the distinctive role of AEPs at Havenstead LA motivated this research. Prior to beginning the doctoral training, my professional background was mainly in pastoral support in secondary schools, and so the dynamic of an EPS, and its professionals were relatively new to me. I found myself taking an interest in the role of the AEP and how their work can be understood in supporting CYP with SEMH needs yet found a dearth of literature available in relation to their role.

This research gained the perspectives of AEPs, EPs and CYP who had received support from an AEP, and looked at how AEPs can work in context, and what supports and hinders work. Findings showed that historicity and culture influenced the AEPs role, such as the value held in AEPs supporting SEMH, and the stability of the AEP role at Havenstead LA, which has led to more narrow ways of working and a desire to widen working practices and enhance collaboration between professionals.

The research provides an understanding as to how the work of the AEPs may evolve. By creating a shared action plan, it offers opportunities for practical suggestions based on the research findings to support and develop future activity of AEPs working and supporting CYP with SEMH needs.

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Appendices

Appendix 1: Professionals' participant information form



Professionals' participant information form

Researcher: Katie Preston

Supervisor: Dr Katie Callicott

The purpose of this information form is to provide you with details regarding a research project that I (Katie Preston) am conducting. The research will investigate the role of the assistant psychologist, and you have been identified as someone who will be able to provide relevant information to support this research. The details below will hopefully provide you with enough information so that you can decide whether to take part or not. If you have any further questions, my contact details are at the bottom of this form. If you do decide to take part, please complete the attached 'opt-in' consent form. Thank you for your consideration of this request.

Study Title: A Cultural Historical Activity Theory Analysis of The Assistant Psychologists Role in Social Emotional Mental Health Intervention: A Case Study

About the researcher: My name is Katie Preston, and I am a trainee Educational Psychologist, currently in Year 3 of a three-year training course at the University of Birmingham. I am on placement within ** City local authority and have enhanced DBS clearance, enabling me to work with children and young people. I am seeking your permission to take part. This information sheet will help you to understand why the research is taking place and what it will involve, to help you decide whether you will decide to take part. It is important that you take the time to read the following information carefully and discuss it with others if you wish. My contact details and the contact details of my university tutor and placement supervisor are provided at the end, so please contact us if there is anything you are unsure about or if you would like more information.

The purpose of the study: The purpose of this study is to explore the role of the assistant psychologist (AP) when supporting Children and Young People (CYP) with Social, Emotional and Mental Health (SEMH) needs.

Why have I been selected? I am asking a small number of professionals, who have direct knowledge about the AP role, to be invited to participate in the research.

Do I have to take part? No – involvement in this study is voluntary. If you do decide to give your permission to take part, you will still be free to withdraw up to 14 days after data collection, without giving a reason. You can withdraw from the study by contacting me using the details provided below. Choosing to withdraw or not take part will not affect you in any way.

What will happen to me if I decide to take part? You will be given information about the research and will be asked to fill in a consent form. You will be invited to take part in an interview. If you would like to take part, you will be given information about what the interview is about. During the interview you will be asked to discuss various aspects of the AP role in SEMH interventions. The interview will be recorded using an audio recording device and I will be making electronic written notes. You will also be invited to take part in a



second phase of the research, known as a development work research lab. This will be following completion of phase 1 of the research (interviews) and will consist of a [1-2 hour](#) session to discuss any contradictions that arose during phase 1 of the research. EPs and APs that were interviewed during phase 1 will be able to discuss and create a shared action plan in response to any contradictions. Further information about this will be provided nearer the time.

What are the possible benefits of taking part? You will have the opportunity to discuss your thoughts regarding the AP role and reflect upon any significant areas for you.

What are the possible risks of taking part? There are no physical risks to you if you take part. There is a very small risk that you may find the subject of social, [emotional](#) and mental health causes distress. However, you will not have to talk about anything you do not feel comfortable with and will be reminded that you can stop at any time.

What will happen when the research study ends? The results will be written up into a research report. A summary of the research will also be shared within the local authority.

Will my participation in this study be kept confidential? Procedures for handling, processing, [storing](#) and destroying data collected will be compliant with the University of Birmingham's research code of practice. All information that is collected about you during the research will be kept strictly confidential, subject to local authority safeguarding procedures. You will not be personally identifiable in the write up of the study. The data will be kept for 10 years after the research is completed. All data will be managed according to the General Data Protection Regulation 2018.

What will happen to the results of the research study? The results of the study will be written up as part of my thesis for the Doctorate in Applied Educational and Child Psychology. It is also possible that the results will be published in journal articles. Your anonymity will be preserved throughout. If you decide that you can no longer be involved in the research, your data can be withdrawn up to 14 days from the date of data collection. You can do this by contacting me, using the contact details below.

What if there is a problem? If there is a problem with any part of the research, I can be contacted via the details below, however, I do not expect that any part of the study will cause harm to anyone taking part.

Who has reviewed the study? This study has been reviewed by the University of Birmingham's Research Ethics Team.

What do I do next? If you agree to take part in the research, please complete the attached 'opt-in' consent form and return to Katie Preston.

How to contact us:

Katie Preston (Trainee Educational Psychologist, University of Birmingham)





UNIVERSITY OF
BIRMINGHAM

Dr Katie Callicott (Research Supervisor, University of Birmingham)

(Supervising Educational Psychologist, ** City Local Authority)

@.gov.uk

Thank you for considering this request. Your involvement in this research would be greatly appreciated.

If you agree to take part in this research project, please could you indicate your consent using the brief consent form.

Many thanks,

Katie Preston

Trainee Educational Psychologist

Appendix 2: CYP participant information sheet



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Child and Young Person Participant Information Form

Researcher: Katie Preston

Supervisor: Dr Katie Callicott

This information form is to tell you about a research project that I (Katie Preston) will be doing. The research will look into the Assistant Psychologist, and you have been chosen as someone who will be able to give information for this research.

The details below will hopefully give you enough information so that you can decide whether to take part or not. If you have any more questions, my contact details are at the bottom of this form. If you do decide to take part, please complete the second form that will be given to you.

About the researcher: My name is Katie Preston and I am a trainee Educational Psychologist. I am working in different schools with lots of children and young people. This information sheet will help you to understand why the research is being done and what will happen, to help you decide whether you will take part. It is important that you take the time to read the information carefully and talk to others if you wish. My contact details are at the end, so please contact me if there is anything you are unsure about or if you would like more information.

The purpose of the study: The purpose of this study is to find out about the assistant psychologist, when supporting children and young people, with social, emotional and mental health needs.

Why have I been selected? I am asking a small number of children and young people who have received help from an assistant psychologist to take part in the research.

Do I have to take part? No – you can choose not to take part. If you do decide to take part, you will still be able to choose not to take part up to 14 days after the interview, without giving a reason, by contacting me using the details below, or by asking your parent or a member of school staff to contact me for you.

What will happen to me if I decide to take part? You will be given some more information about the research and will be asked to fill in another form. You will be asked to take part in an interview. During the interview you will be asked to talk about assistant psychologists and what they helped you with. The interview will be recorded, and I will be making written notes.

What are the possible good things about taking part? You will be able to talk about your thoughts about the help you had from the assistant psychologist.

What are the possible risks of taking part? There are no physical risks to you if you take part. There is a very small risk that you may find talking about social, emotional, and mental health causes you to feel sad or upset. However, you will not have to talk about anything you do not feel comfortable with, and you can stop at any time.



What will happen when the interview ends? The information from the interviews will be written up into a report. This information can be sent to you through your school.

If I take part, will I be recognised in the report in any way? No, your name will not be used, and all data will be managed according to the General Data Protection Regulation 2018.

What will happen to the results of the research study? The results of the study will be written up in a report. If you decide that you no longer want to take part in the research, your information can be removed up to 14 days from the date of your interview. You can do this by contacting me, using the contact details below.

What if there is a problem? If there is a problem with any part of the research, I can be contacted via the details below, however, I do not expect that any part of the study will cause harm to anyone taking part.

What do I do next? If you agree to take part in the research, please complete the attached 'opt-in' assent form and return to Katie Preston (via your school).

How to contact us:

Katie Preston (Trainee Educational Psychologist, University of Birmingham)



Dr Katie Callicott (Research Supervisor, University of Birmingham)



(Supervising Local Authority Educational Psychologist)

***@**.gov.uk

Thank you for thinking about this request. If you agree to take part in this research project, please could you fill in the short assent form.

Many thanks,

Katie Preston

Trainee Educational Psychologist

Appendix 3: Parent/carers participant information sheet



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Parent/Carer Information Form

Researcher: Katie Preston

Supervisor: Dr Katie Callicott

The purpose of this information form is to provide you with details regarding a research project that I (Katie Preston) am conducting. The research will investigate the role of the Assistant Educational Psychologist, and your child has been identified as someone who will be able to provide relevant information to support this research. The details below will hopefully provide you with enough information so that you can decide whether to consent to your child taking part or not. If you have any further questions, my contact details are at the bottom of this form. If you do decide for your child to take part, please complete the 'opt-in' consent form. Thank you for your consideration of this request.

Study Title: A Cultural Historical Activity Theory Analysis of The Assistant Psychologists Role in Social Emotional Mental Health Intervention: A Case Study

About the researcher: My name is Katie Preston, and I am a trainee Educational Psychologist, currently in Year 2 of a three year training course, at the University of Birmingham. I am on placement within ** City local authority and have enhanced DBS clearance, enabling me to work with children and young people. I am seeking your permission for your child to take part in this research. This information sheet will help you to understand why the research is being done and what it will involve, to help you decide whether you will grant permission for your child to take part. It is important that you take the time to read the following information carefully and discuss it with others if you wish. My contact details and the contact details of my university tutor and placement supervisor are provided at the end, so please contact us if there is anything you are unsure about or if you would like more information.

The purpose of the study: The purpose of this study is to explore the role of the Assistant Psychologist (AP) when supporting Children and Young People (CYP) with Social, Emotional and Mental Health (SEMH) needs.

Why has my child been selected? I am asking the parents of a small number of children and young people who have received input from an AP for permission for their child to be invited to participate in the research.

Does my child have to take part? No – involvement in this study is voluntary. If you do decide to give your permission for your child to take part, they will still be free to withdraw up to 14 days after data collection, without giving a reason. Your child can withdraw from the study by contacting me using the details provided below, or by asking you or a member of school staff to contact me for them. Choosing to withdraw or not take part will not affect you or your child in any way.

What will happen to my child if they take part? If you give permission for your child to participate, they will also be asked if they would like to take part. They will be given information about the research and will be asked to fill in a consent form. Your child will be



invited to take part in an interview. If your child would like to take part, they will be given information about what the interview is about. During the interview they will be asked to discuss different aspects of the AEP role and their views about the input they received. The interview will be recorded using an audio recording device and I will be making electronic written notes.

What are the possible benefits of your child taking part? Your child will have the opportunity to discuss their thoughts regarding the input they received from an AP and reflect upon any significant areas for them.

What are the possible risks of taking part? There are no physical risks to your child if they take part. There is a very small risk that your child may find the subject of social, emotional and mental health causes distress. However, your child will not have to talk about anything they do not feel comfortable with and will be reminded that they can stop at any time.

What will happen when the research study ends? The results will be written up into a research report. A summary of the research can be sent to you via your child's school.

Will your child's participation in this study be kept confidential? Procedures for handling, processing, storing, and destroying data collected will be compliant with the University of Birmingham's research code of practice. All information that is collected about your child during the research will be kept strictly confidential, subject to local authority safeguarding procedures. Your child will not be personally identifiable in the write up of the study. The data will be kept for 10 years after the research is completed. All data will be managed according to the General Data Protection Regulation 2018.

What will happen to the results of the research study? The results of the study will be written up as part of my thesis for my Doctorate in Applied Educational and Child Psychology. It is also possible that the results will be published in journal articles. Your child's anonymity will be preserved throughout. If you or your child decides that they can no longer be involved in the research, their data can be withdrawn up to 14 days from the date of data collection (interview). You can do this by contacting me, using the contact details below.

What if there is a problem? If there is a problem with any part of the research, I can be contacted via the details below, however, I do not expect that any part of the study will cause harm to anyone taking part.

Who has reviewed the study? This study has been reviewed by the University of Birmingham's Research Ethics Team.

What do I do next? If you agree to allow your child to take part in the research, please complete the attached 'opt-in' consent form and return to Katie Preston (via your child's school).

How to contact us:

Katie Preston (Trainee Educational Psychologist, University of Birmingham)





UNIVERSITY OF
BIRMINGHAM

Dr Katie Callicott (Research Supervisor, University of Birmingham)



(Supervising Local Authority Educational Psychologist)

@.gov.uk

Thank you for considering this request. Your child's involvement in this research would be greatly appreciated.

If you agree for your child to be included in this research project, please could you indicate your consent using the brief consent form.

Many thanks,

Katie Preston

Trainee Educational Psychologist

Appendix 4: Professionals' participant consent form



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Participant Consent Form

Researcher: Katie Preston

Supervisor: Dr Katie Callicott

Study Title: A Cultural Historical Activity Theory Analysis of The Assistant Psychologists Role in Social Emotional Mental Health Intervention: A Case Study

- I have read and understood the Participant Information Sheet.
- I have had the opportunity to ask the researcher questions about the study.
- I have had any questions about the research answered satisfactorily.
- I understand that I can withdraw from the research at any point, or up to 14 days after the interview has been conducted for the data to not be included.
- I consent to taking part in an interview and I understand that the interview will be audio recorded and transcribed.

"This study has been explained to me to my satisfaction, I agree for data provided to be used for research purposes, and I consent to taking part in the research".

Signature:

Date:

Name:

I have explained the study to the person named above, and they have agreed to take part.

Signature of researcher:

Date:

Appendix 5: Participant assent form



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Participant Assent Form

Researcher: Katie Preston

Supervisor: Dr Katie Callicott

- I have read and understood the Participant Information Sheet.
- I have been able to ask the researcher any questions.
- I have had any questions about the research answered.
- I understand that I can choose to not take part in the research at any point, or up to 14 days after the interview has taken place.
- I agree to take part in an interview, and I understand that the interview will be recorded and written up afterwards.

"This research has been explained to me, and I agree to take part".

Date:

Name:

I have explained the study to the person named above, and they have agreed to take part.

Signature of researcher:

Date:

Appendix 6: Parent/Carer consent form



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Parent/Carer Consent Form

Researcher: Katie Preston

Supervisor: Dr Katie Callicott

Study Title: A Cultural Historical Activity Theory Analysis of The Assistant Psychologists Role in Social Emotional Mental Health Intervention: A Case Study

- I have read and understood the Participant Information Sheet.
- I have had the opportunity to ask the researcher questions about the study.
- I have had any questions about the research answered satisfactorily.
- I understand that my child can withdraw from the research at any point, or up to 14 days after the interview has been conducted for the data to not be included.
- I consent to my child taking part in an interview and I understand that the interview will be audio recorded and transcribed.

"This study has been explained to me to my satisfaction, I agree for data provided to be used for research purposes, and I consent to my child taking part in the research".

Signature:

Date:

Name:

I have explained the study to the person named above, and they have agreed for their child to take part.

Signature of researcher:

Date:

Appendix 7: Semi-structured interview schedule

CHAT Node	Prompts for EP	Prompts AEP	Prompts for CYP
Subject (whose perspective?)	<p>Introductions – tell me a little bit about yourself and your role.</p> <p>How long have you been in your role?</p> <p>What is your experience of the AEP role?</p> <p>What supports your knowledge and practice (e.g. CPD, supervision?)</p>		<p>Introductions – tell me a little bit about yourself and how you came to receive input from an AEP.</p> <p>How long did you receive support from the AEP? What sort of support did you receive?</p> <p>What did the support look like?</p>
Object (what is being worked on to achieve that goal?)	<p>What is the main focus of AEP work?</p> <p>How do you feel about the variety of work AEPs complete?</p>	<p>What is the main focus of your work?</p> <p>How do you feel about the variety of work you complete?</p>	<p>What was the main focus of the support you received from an AEP?</p> <p>How do you feel about the type of support you received?</p>
Rules (Supports/constrains practice?)	<p>What supports the AEPs with their work?</p> <p>What constrains the AEPs with their work?</p> <p>Is there anything extra you feel AEPs need in order to improve/ enhance/ support their practice?</p> <p>Do any of the supporting or constraining factors you have mentioned influence how you think AEP's approach working with CYP?</p>	<p>What supports you with your work?</p> <p>What constrains you with your work?</p> <p>Is there anything extra you feel you need in order to improve/ enhance/ support your practice?</p> <p>Do any of the supporting or constraining factors you have mentioned influence how you approach working with CYP?</p>	<p>What supported the work/support with an AEP?</p> <p>What constrained/hindered your work with an AEP?</p> <p>Is there anything you can think of that would improve/enhance/support the input you received from an AEP?</p>
Community (who else is involved?)	Who else supports the AEPs?	Who else supports the work you do?	Is there anyone else who supports you with your SEMH?

CHAT Node	Prompts for EP	Prompts AEP	Prompts for CYP
Division of Labour (how is work shared?)	How is the AEPs work shared? How is this work allocated?	How is your work shared? How is your work allocated?	How is the support you receive shared between different people?
Tools (what is being used by whom?)	What literal or metaphorical tools supports the AEP work? How far are the tools (for example CBT resources) that are used in schools settings applicable to CYP with SEMH needs?	What literal or metaphorical tools support your work? How far are the tools (for example CBT resources) that you use in schools settings applicable to CYP with SEMH needs?	What literal or metaphorical things supported you during the sessions?
Outcome (desired goal)	What do you feel are the main outcomes for AEPs when working with CYP with SEMH needs? What do you think CYP see as the desired goal? Are there any resources that support this goal?	What do you feel are the main outcomes when working with CYP with SEMH needs? What do you think CYP see as the desired goal? Are there any resources that supported this goal?	What do you feel were the main outcomes/what was the desired goal in your work with an AEP? Were there any particular resources used that supported this goal?
Future practice	How do you see the AEP role to look in the future?	How do you see your role to look in the future?	Can you think of any ways in which the support you received from the AEP may change in the future for you/others?

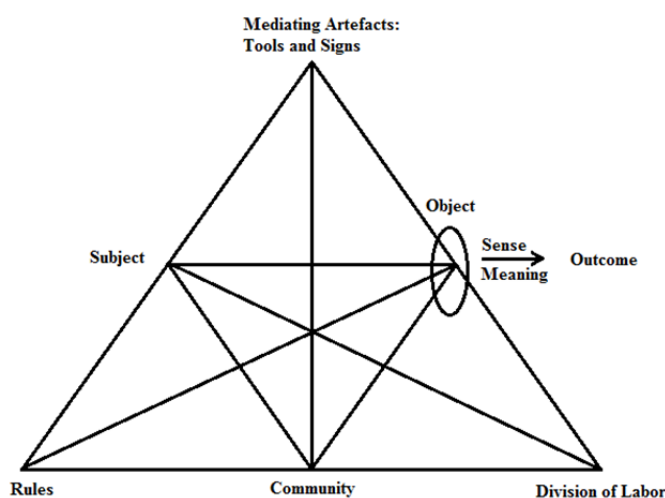
Appendix 8: Pre-interview guidance sent to participants

Hi X,

I am just sending some information to you, to give some additional context and aid thoughts and reflections prior to the interview, should you wish.

I will go through the information below again so don't worry if it doesn't all make sense or is unclear, but it may be helpful to structure your thoughts initially.

Essentially, the questions in the interview are based around the seven 'nodes' within the activity theory framework (see figure below). It is helpful to use these to structure the questions and to consider different aspects of the activity (i.e., AEPs work with CYP with SEMH needs).



The key components of the activity system are:

Subject: The individual or group of individuals who are engaged in the activity. The subject is the central agent of the activity, taking actions and making decisions to achieve the activity's goals.

Object: The purpose or goal of the activity. The object is what the subject is striving to accomplish through their actions. It provides direction and motivation for the activity.

Tools/Mediation: The resources, both physical and symbolic, that the subject uses to carry out the activity. These tools can include not only physical instruments but also cognitive tools like language, knowledge, and cultural practices that mediate the subject's interactions with the object.

Rules: The norms, guidelines, and regulations that shape how the activity is conducted. Rules can be explicit or implicit and help structure interactions, roles, and behaviours within the activity.

Community: The social context in which the activity takes place. This includes other individuals or groups who are directly or indirectly involved in the activity, as well as the relationships and interactions among them.

Division of Labour: The distribution of tasks and roles among different participants in the activity. This element highlights how different people contribute to the activity and how their roles are interconnected.

Outcome: The results or consequences of the activity. Outcomes can include products, changes in knowledge or skills, changes in attitudes, and more. These outcomes can feed back into the system and influence future activities.

Look forward to speaking with you tomorrow.

Best wishes,
Katie

Appendix 9: Timeline of data collection and analysing results

Research Activity	Date
Discussions with the senior and principal EPs within my placement service for years two and three of training. Awareness and interest to focus upon early intervention work linked to assistant educational psychologist's role.	September 2022
Discussions with placement supervisor and university tutor to develop research design and interest.	September 2022 – December 2022
Research proposal presentations at the University of Birmingham with two academic tutors and other trainees in the cohort.	January 2023
Feedback received regarding research proposal and design.	
Refinement and development of research and completion of ethics proposal.	January 2023 -April 2023
Ethical conformation received.	August 2023
Information sent to possible participants detailing the research and invitation to participate.	September 2023
Pilot interview conducted.	September 2023
Interview period with EPs, AEPs and CYP.	September-November 2023
Transcription of interviews.	September-December 2023
Data analysis.	December 2023-January 2024

Appendix 10: Application for ethical review confirmation

A full copy of the approved application is available upon request.



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Dear Katherine Callicott, Katie Preston

RE: AppEdChildPsyD Vol 1 Thesis KP

Application for Ethical Review: ERN_0720-Aug2023

Thank you for your application for ethical review for the above project, which was reviewed by the Humanities and Social Sciences Committee.

On behalf of the Committee, I confirm that this study now has ethical approval.

Any adverse events occurring during the study should be promptly brought to the Committee's attention by the Principal Investigator and may necessitate further ethical review.

Please ensure that the relevant requirements within the University's Code of Practice for Research and the information and guidance provided on the University's ethics webpages (available at <https://intranet.birmingham.ac.uk/finance/accounting/Research-Support-Group/Research-Ethics/Links-and-Resources.aspx>) are adhered to.

Please be aware that whilst Health and Safety (H&S) issues may be considered during the ethical review process, you are still required to follow the University's guidance on H&S and to ensure that H&S risk assessments have been carried out as appropriate. For further information about this, please contact your School H&S representative or the University's H&S Unit at healthandsafety@contacts.bham.ac.uk.

Kind regards,

The Co-Chairs of the Humanities and Social Sciences Committee

E-mail: ethics-queries@contacts.bham.ac.uk

Appendix 11: Excerpt from participant interview transcript

Katie Preston

So the next bit is about the outcome, which is the desired goal. So what is it you're working towards in terms of your work that supports children, young people and so the first question in this bit is what do you feel are the main outcomes when working with the children and young people, so what is it that you're hoping the outcome to be.

Thesis participant

Nice and settled in education and happy learning. The dream! And obviously settled in placement as well. But yeah, in terms of their education, just that they're making progress. And although that might be small, just that they're able to, um, they are making some sort of progress with their learning.

Katie Preston

Yeah. OK. And what would you say that the children and young people you work with? If, you know, if you were to ask some of them, what would you think they would say? Is their desired outcome of working with you?

Thesis participant

That's a very good question. I don't know if it would be about belonging. Because I think sometimes education is so far from their minds. They quite often say that they feel supported by us because there's someone to talk to. Um so I don't know whether we feed into that safety and belonging for them. I don't know how much they see the link to their education. Yeah. Or whether or not that they don't see the link, but whether they would consider that to be the outcome.

Katie Preston

So it sounds like, the child, it's hard because you work with a broad range of and might be

some things, but belonging is a big thing. Education perhaps is secondary to that, and so it's more that they can talk to, so, that it could help with them feeling safe and feeling like they have that sense of belonging in school and community in the place they live in as well.

Thesis participant

Yeah. That's made me think like that's a good question.

Katie Preston

Do you ever ask them in terms of when you're starting your work? What is it you're hoping for? Out of my work.

Thesis participant

We ask sort of questions like how? So, when we're doing goal setting, we'll say how will you know when? When goal setting that look like when we've reached that how will we know we have reached that? So, we asked those sort of questions, but I'm just trying to think whether any of their answers have been about education. Yeah. Actually, yeah. That's really make me think. But yeah.

Katie Preston

So when you're goal setting with them and you say to them, you know what will that look like? Can you think of any things that children recently you might have worked with, at the forefront of your mind, what they might have said?

Thesis participant

So going back to that girl with the masks, one of her things is that she just wants to know who she is. One of her goals is that she wants to know who she is. And when we ask kind of how will you know that? It was a really hard question because it's abstract. It is, isn't it? I think it was around her sense of not agreeing with someone just because that's what they've said they like, so that that awareness of 'no, I don't like pasta', for example. Um, so it would

be about that awareness for her. With our younger looked after children, some of that goal setting is a bit harder. So, we talk a little and going back to relationships, we all sort of say I'm here to support you and having that positive relationship in school with whoever the person is and why that's important. So, we'll talk about that, and then we'll kind of measure that on how that relationship goes. So, it's not necessarily, we will gain their voice, but it is not necessarily as direct as that, it's that sort of goal setting. And often if you'll ask them what they've enjoyed about sessions and stuff, they'll say 'snack'.

Katie Preston

Yeah. But, but that's still says quite a lot, I think, doesn't it?

Thesis participant

You know, it goes back nurture doesn't it. Sort of thing. So, and again that nurture feeds into that feeling of belonging. So, our sessions are all set up around, and that's based on therapy as well. How to offer nurture, challenge, engagement and structure their kind of like hold them in my head. Those areas in my head, and it would just be adapted to the young person or and teenager.

Katie Preston

What did you say? Nurture, challenge, structure and engagement. Okay.

And then thinking about the desired goal that you mentioned, or I suppose that you feel children and people might mention as well, and there any particular resources that you have or use the access that supports that. So, in terms of the goal being the child being happy, settled, learning, making progress within education, but some of it linking to home as well. Are there any resources that you think can help you with that? So, you mentioned therapy.

Thesis participant

Yeah. So, we've got our interventions. We also run a group around loss and change called

‘waves’ as like a specific intervention and what a group called space that's around self-esteem so although they're programmes. we don't, we dip in and out of them, so it might be that I used a few sessions from ‘space’ for working, but on a one-to-one level. If we're doing a group all kind of following that programme and then we always try and do some pre and post measures with the children and with the team around them. But they're quite tricky as well because we don't necessarily measure the small changes that some of our looked after children make. So our qualitative measures that we will take around relationships, regulation and we're talking with staff about what they've noticed around relationships, whether that's peer relationships, adult relationships within school and what they noticed about regulation and we'll kind of do that within our weekly consultation sessions, we'll be building up those kind of observations to see what difference there has been and to feedback to those as well.

Katie Preston

Yeah. Resources. So, you've spoken about and different interventions, whether that's their replay or the sessions that you have like waves. Um, your pre and post measures both quantitative and qualitative.

Thesis participant

And we always just say schools that you as a person is the biggest resource because we're talking about relationships. It's about you using, you don't need anything except just relating. So, it's about how you know how we can get schools to do that and also offer those opportunities for relationships. That's the biggest thing and it's for it to be genuine.

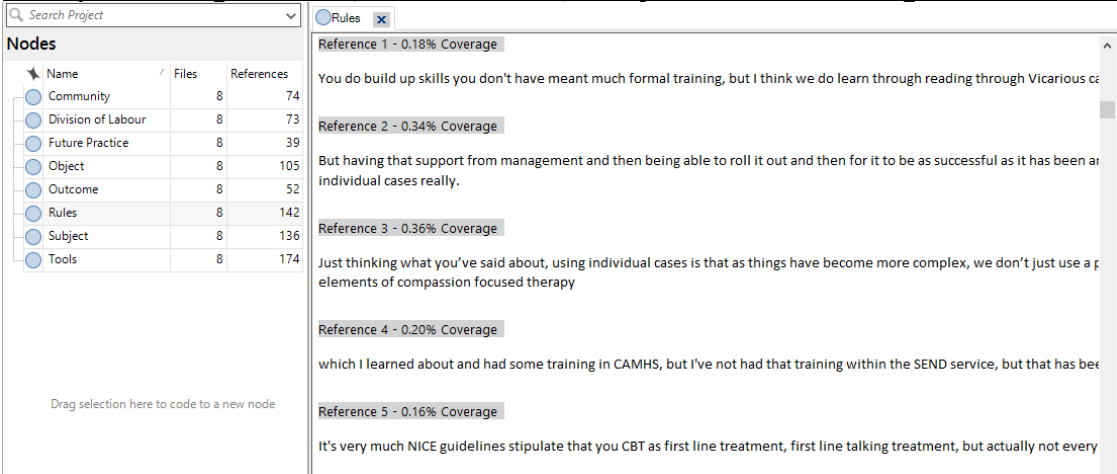
Katie Preston

Yes, such a big thing, isn't it? Increasing the awareness is supposed to create that genuine, those genuine relationships with their children.

Thesis participant

Yeah, well, we obviously have loads of, like, physical things that we take into school to do activities and stuff like that, but they're all just to get that relationship that will, they're all just things to support and that's similar with the interventions.

Appendix 12: Example of data coding/analysing

Stage of Reflexive Thematic Analysis	Example
Phase 1 - Familiarising yourself with the dataset	<p><u>Example of highlighted sections of interview, post-transcription.</u></p> <p>Maybe like. The SEND system in general. The process like I can see young people, they're waiting for a diagnosis from NHS or something. And that's, they're also going to the process of trying to get an EHCP or. The provision they're given, and it's not adequate then he doesn't that creates a frustration. I feel sometimes my work gets caught up in the middle of all that because I'm helping the parents to navigate the system. So, my work kind of gets muddled along with that and I feel more and more that you know, I'm being drawn into being different roles, which I never used to happen. For me, my knowledge of what an educational psychologist does, also applying for an EHCP, all these kinds of things I never found used to come up so much, but now I kind of need that knowledge to comment and point parents in the right direction and support them.</p>
Phase 2 - Systematic data coding	<p><u>Example of using NViVO (Lumivero, 2023) for systematic data coding, related to the AT 'node' tools.</u></p>  <p>The screenshot shows the NViVO interface. On the left, there is a 'Nodes' list with columns for Name, Files, and References. The nodes listed are: Community (8 files, 74 references), Division of Labour (8 files, 73 references), Future Practice (8 files, 39 references), Object (8 files, 105 references), Outcome (8 files, 52 references), Rules (8 files, 142 references), Subject (8 files, 136 references), and Tools (8 files, 174 references). Below the list is a prompt: 'Drag selection here to code to a new node'. On the right, there is a 'References' list with five entries, each showing a reference number and its coverage percentage: Reference 1 - 0.18% Coverage, Reference 2 - 0.34% Coverage, Reference 3 - 0.36% Coverage, Reference 4 - 0.20% Coverage, and Reference 5 - 0.16% Coverage. Each reference entry has a corresponding text snippet from the interview transcript.</p>
Phase 3 - Generating initial themes	<p><u>An example of initial themes generated for the rules 'node' codes, for one participant.</u></p>

	<p><u>Supporting factors</u></p> <p>Learning vicariously through others</p> <p>Support from management</p> <p>Autonomy</p> <p>Previous training e.g., from CAMHS</p> <p>Guidelines</p> <p>Podcasts</p> <p>Sharing resources online</p> <p>Online training events</p> <p>Supervision</p> <p>Safeguarding advice and support</p> <p>Structure</p> <p>Mandatory training</p> <p>Maintaining boundaries</p> <p>Creating own rules re. home working</p> <p>School holidays</p>
Phase 4 - Developing and reviewing themes	<p><u>Example of handwritten notes developing and reviewing themes.</u></p>

	<div>08-01-24</div> <div>re. AEs summary with med.</div> <div>2. Object what is/was/going to be, worked on?</div> <div><div>EP</div><table><tr><th>Past</th><th>Present</th><th>Future</th></tr><tr><td><ul style="list-style-type: none">• Generic• less experience• assisting EPs• CBT• duration• weren't used• subjectivity• group work</td><td><ul style="list-style-type: none">• project• therapy• CBT• MH• Relationships• Independence• making a difference• Gender• formulation• low autonomy• social support• academic input</td><td><ul style="list-style-type: none">• Upskilling• family work• joint working</td></tr></table><div><div>AP</div><table><tr><th>Past</th><th>Present</th><th>Future</th></tr><tr><td><ul style="list-style-type: none">• face to face• less complex• less system work• alternative</td><td><ul style="list-style-type: none">• Relationships• Autonomy• advocacy• Reactive• LAC• ACEs• stability• Nurture• signposting• Teamwork• Family work• summaries• formulation• supervision</td><td><ul style="list-style-type: none">• Place/space• training• equity• resources</td></tr></table><div><div>CYP</div><table><tr><th>Past</th><th>Present</th><th>Future</th></tr><tr><td><ul style="list-style-type: none">• anxiety, MH• calm clinic• CYP not helped</td><td><ul style="list-style-type: none">• MH, anxiety• starting the work• Helped• Made a difference</td><td><ul style="list-style-type: none">• independence• awareness</td></tr></table></div></div></div>	Past	Present	Future	<ul style="list-style-type: none">• Generic• less experience• assisting EPs• CBT• duration• weren't used• subjectivity• group work	<ul style="list-style-type: none">• project• therapy• CBT• MH• Relationships• Independence• making a difference• Gender• formulation• low autonomy• social support• academic input	<ul style="list-style-type: none">• Upskilling• family work• joint working	Past	Present	Future	<ul style="list-style-type: none">• face to face• less complex• less system work• alternative	<ul style="list-style-type: none">• Relationships• Autonomy• advocacy• Reactive• LAC• ACEs• stability• Nurture• signposting• Teamwork• Family work• summaries• formulation• supervision	<ul style="list-style-type: none">• Place/space• training• equity• resources	Past	Present	Future	<ul style="list-style-type: none">• anxiety, MH• calm clinic• CYP not helped	<ul style="list-style-type: none">• MH, anxiety• starting the work• Helped• Made a difference	<ul style="list-style-type: none">• independence• awareness
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Phase 5 - Refining, defining, and naming themes	Themes were considered across all data sets and refined to create the final themes and subthemes. Example shows three data sets of the 'subject' 'node'.																		

1. Subject	1. Subject	1. Subject
APs role	EPs role	EPs role
Reflecting on personal experiences	Making a difference	Psychological impact
Therapeutic input	Seva	Difficulties
Part time	Working with social care	Consultative
3 years to 18 years	Working with health	Distinctive
Autism	Supervision	Systematic
Eight sessions	Community	Evidence base
Social skills training	Schools	Making a difference
Creating a smart goal	Headteachers	Varied
Working with motivations	Dissemination	Vulnerable Childrens team
Learning difficulties	Passion	Trauma
Physical health	Reward	Project work
Brain tumours	Fire	Doing things myself
Emotional wellbeing	EPs qualifications	Formulation
Trauma	Previous teacher	Standardised assessment
Childhood trauma	Masters in Educational Psychology	Illustrating the additional (formulation)
ACT	EPs experience	Constructing a picture
SFBT	30 years working in psychology service	Child's life picture
DBT	Supervising EPs and APs	Solution focused
Emotion coaching	2. Object	Tick list
Model of the brain		PCP
	EP perception of APs role in supporting CYP with S	Conversations
APs qualifications	Getting things done	Social learning theory
Undergrad in psychology	Making a difference	Social influence
CBT training	Proactive	Culture
APs experience	Empower	Emotional needs
Research assistant for adult eating disorders	Discipline	Being 'too expensive'
Healthcare support worker	Self-reliant	New arrivals work
PWP	Systems work	Sen
AP for CEIPS for 12 years	Ensuring CYP does not become dependent	Culture
EPs role in supporting CYP with S	EPs role in supporting CYP with S	EPs role in supporting CYP with S

Appendix 13: Development Work Research Lab presentation

A Cultural Historical Activity Theory Analysis of The Assistant Educational Psychologists Role in Social Emotional Mental Health Intervention with Implications for Improved Service Delivery

Katie Preston

Trainee Educational Psychologist

University of Birmingham

Aims of the DWR Lab

EPs APs CYP

EPs APs CYP

CYP

AP

Background

AP

APs

EPs

AP

AP

AP EP

CYP

Research questions

AP's EPs
AP

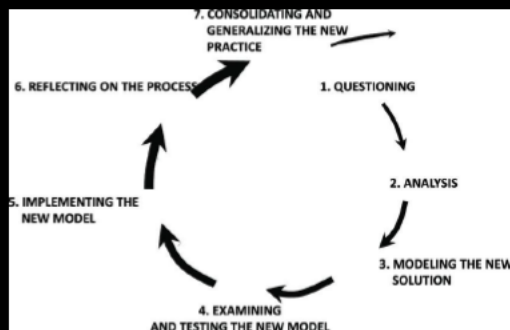
CYP

AP

AP

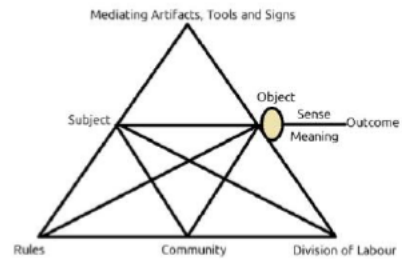
Theory of expansive learning

Expansive learning cycle (Engeström & Virkkunen et al., 1996)

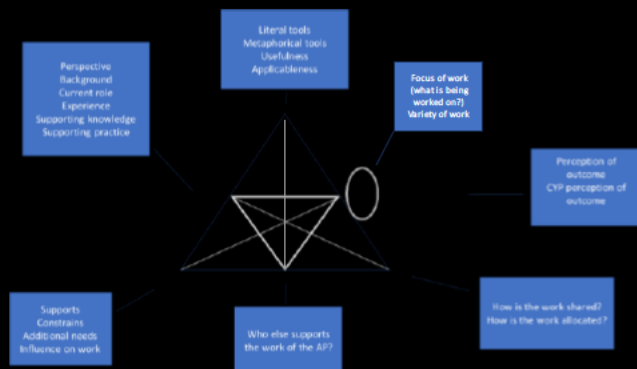


Methodology

- Second Generation Activity Theory (Engstrom, 1987)
- Activity: The role of the AP in supporting CYP with SEMH needs
- Semi-structured interviews with APs, EAs & CYP
- Data analysed using Thematic Analysis (Braun & Clarke, 2006)
- DWR Lab: a focus group to present data, including contradiction and tensions to identify possible new ways of working

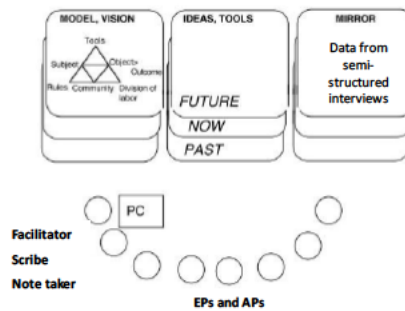


Method/data collection (semi-structured interviews)

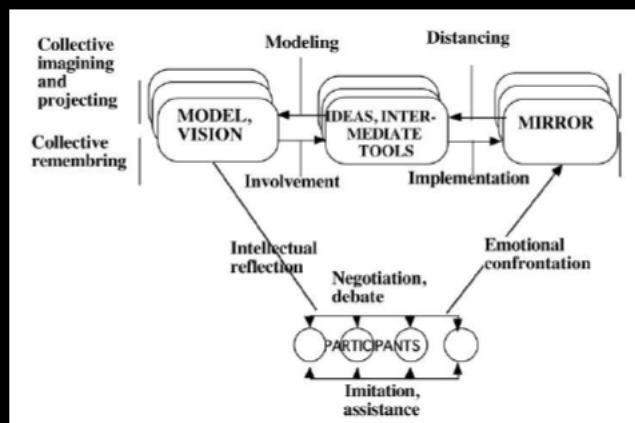


Methods/Data collection (DWR Change Lab)

Adapted layout of the DWR Lab (Engeström & Virkkunen et al., 1996)



Sociocognitive processes called for in the DWR Lab
(Engeström & Virkkunen et al., 1996).



Just some of the positive quotes from interviews!

Contradictions

Contradictions

- I. Outcome is shared outcome sometimes shared outcome could be shared differently
- II. Can be autonomous and creative work being constrained wanting more choice
- III. APs working with EPs EPs not working with APs working differently with APs
- IV. Wanting further training not needing further training tools being useful as they are
- V. APs view of CYPs desired goal EPs view of CYPs desired goal CYP desired goal

Contradiction 1 explored:

Outcome is shared V outcome sometimes shared V outcome could be shared differently

"Just in terms of the desired outcome as well. I'm just thinking quite often our closing letter is a really important part of the work because it's my kind of clinical observations and kind of support like if they're on the pathway or diagnosis, that's another professional with their observation summarising what I've noticed and helpful recommendations so far from for the outcome to then inform possible next steps of the professionals involved".

"I don't know what's put on SharePoint and what's not. Sometimes things seem to be, and sometimes they don't. But again, that makes it harder to know exactly what they do. When they're doing their sessions to know kind of what to say to schools. When I say 'we could do CEIPS referral', and they go. 'What is that?'".

"No, I get I get a letter like you're on the waiting list and then I get they've been sent a letter for an appointment and then I get a closure letter. But that's, that's all that I see. So I kind of see if it's happened or not, but. I don't really know what's been involved or how those conversations have gone".

"Whereas if it's someone who's professional who understands the child or young person then they can word it better to the parent to explain".

Contradiction 2 explored:

Can be autonomous and creative V work being constrained V wanting more choice

"Which is why I feel really lucky to even in this role because we get to be really creative".

"It is good because it's bespoke".

"But the assistant EP themselves doesn't really have that much freedom in that they will actually take the job on the condition that 'we want you to mainly be working directly with children, doing therapeutic work where you build a rapport with that child to bring about positive change'".

"There is less autonomy because they've been working under the direction of usually the senior EP, or specialist senior EP in this service".

"...we're getting caught up in one paradigm. One thing that is a limiting factor, often psychodynamic, psychodynamic... You've got to think about the pragmatics as well".

"...most of the time it was in the meeting room in school, and it was like a very tiny room. And then there was one time when I was in, like, the sensory room and inclusion in my school. And that was good because I had a weighted blanket".

"And just doing it somewhere different to school, maybe and going out for walks".

"Yeah, I think that was negative because I think we would always miss history".

Contradiction 3 explored:

APs working with EPs V EPs not working with APs V working differently with APs

"we liaise with EPs about their advice so that all those reports can be considered".

"Working alongside EPs because you can discover background information or prior input that might have happened and trying to connect with the EPs to have that collaborative way of working as well".

"I guess another support as well is that we worked alongside EPs. We can call them as well, you know, if they prepare the case to get background history, which is a really useful link".

"What it [CBII] managed to do and one of the things we used to do as part of that was go to schools in pairs, sometimes two EPs to two APs at times. Very often, an EP and an AEP would run small groups".

"I think we were quite systemically quite solution focused, quite strengths based, whereas I think CEIPS are kind of much more under CAMHS with that kind of medical individualist model and maybe it would be good for both sides to actually come together a little bit more and kind of challenge those ways of thinking".

"while they are part of the overall service, I think it's kind of two teams, there's two different, quite different cultures".

"They work very separately to our team, and I think like we talked about, I guess as EPs our only input into that system really is referrals, and maybe it will be more useful to have a bit more ongoing liaison or a bit more co-working so that both sides kind of understand what the other side are doing".

"Yeah, she sent an email to my auntie. So that's I think that's how my aunt found out a bit, but they don't really bother me because she didn't say exactly what I said".

Contradiction 4 explored:

Wanting further training V APs not needing further training V tools being useful as they are

“The fact that I haven't got training in other forms of therapy, I think sometimes, like my supervisor will suggest I work in different ways, but because I'm not so familiar with those ways working, I don't feel like I'm skilled at implementing that”.

“And all these things, I mean, they could say these things, tools and themselves, but actually they come from who you are. And who you are, and who you have become through your experience”.

“...I feel like there's a lot of CBT coming in and maybe that's not what all children need. I don't know if maybe they it would be better or it would be more useful if there was a little bit more scope for maybe different types of interventions”.

“They're probably taking more opportunities for training than anyone else in our service, it's a support as well, which is training”.

“Not really, it was all helpful”.

“I think it was helpful to see it from someone else's point of view of what was happening and not just mine”.

Contradiction 5 explored:

APs view of CYPs desired goal V EPs view of CYPs desired goal V CYP desired goal

“They're not quite completely aware. So, it kind of feels almost like therapy is a bit, it's kind of covert, not that we're being covert about it, but. They might be taking part in this and don't fully appreciate the impact of it”.

“To have fun, I imagine”.

“Or maybe what they would bring as a problem is not what all the adults around them would see the problem as being. I think probably for a lot of those children, their emotional intelligence maybe isn't quite there, so it would be something a lot simpler. Like ‘I want to feel happier, or I want to feel less angry’”.

“just to say someone has listened to me or someone or had a chance to talk to someone. Depending on you know, how they sort of view things positively or negatively”.

“I became a lot happier, and I learned to manage my emotions a lot better”.

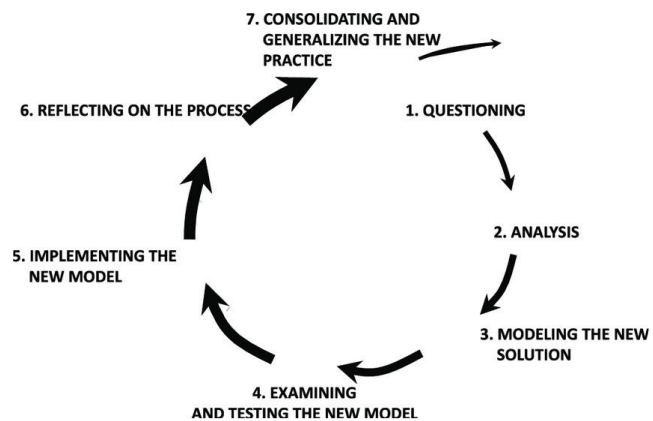
“Because sometimes I feel like a lot less anxious, especially we're going to like the classes I was already feeling anxious in, not like I didn't have to use my card as much”.

Contradiction(s) to be explored?

- I. Outcome is shared V outcome sometimes shared V outcome could be shared differently
- II. Can be autonomous and creative V work being constrained V wanting more choice
- III. APs working with EPs V EPs not working with APs V working differently with APs
- IV. Wanting further training V not needing further training V tools being useful as they are
- V. APs view of CYPs desired goal V EPs view of CYPs desired goal V CYP desired goal

Exploration of contradiction: the process

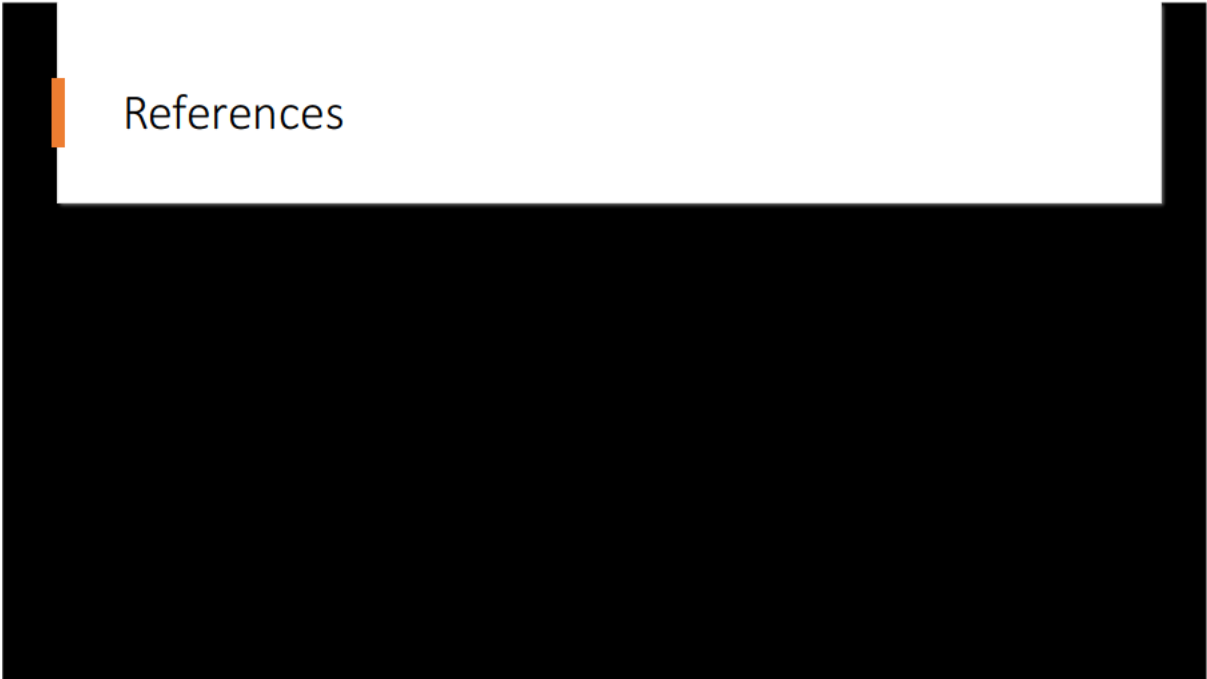
1. Group chooses contradiction(s) to explore
2. Group members discuss viewpoints about contradiction
3. Summary of discussion given by Katie C in relation to AT nodes
4. Group members discuss possible ways forward
5. Actions and next steps decided
6. Date to review?



Next steps



References



Appendix 14: Excerpt from reflexive research log

21.09.23

I had considered asking AEPs to put me in touch with CYP who may be willing to participate in an interview however, it is recognised that this may give a certain type of participant (e.g., those who have had a positive experience working with AEPs). Therefore, I have decided to create a CYP info sheet and to share this with secondary SENCOs to get interest, initially.

18.10.23

It feels like a lot of data to immerse myself in. The immersion isn't the concern - the remembering of it all is! Need a logical way to work through it all. Now I wish I had sent a summary to each participant as I was transcribing it - as I now feel like I need to re-read and re-listen to them to give a comprehensive summary! However, the more I go through it with a fine-tooth comb, the better I will be able to reflect views.

09.01.24

I originally decided to try and keep all of my analysis electronically, for ease of reference. However, after doing this for most of the analysis, I have decided to do the latter part of coding on paper. This it to help generate initial themes. I found that by writing the codes down, and highlighting any reoccurring or interesting codes, I began to conceptualise it in my head more easily and enjoyed sticking post-it's around the room with possible theme names.

Appendix 15: Summary of participant interview data sent to participant EP2 for member checking

CHAT node	Points from interview	Additions/amendments?
<p>Subject</p> <p><i>Whose perspective?</i></p>	<p>In terms of your perspective, you told me how you are a NQEP, but worked at Havenstead whilst as a TEP so have experience of the service over the last few years. Your work as an EP is varies including: stat work, early intervention, consultation, parental work, training.</p> <p>Your work with AEPs may be through referrals or more informal meetings. In terms of the referrals you make to AEPs, these may be for mental health e.g., anxiety, self-esteem, anger, often from anxiety as the root cause.</p> <p>In terms of working with AEPs more generally, you felt that within other LA services, AEPs work is more focused on EP work (e.g., direct work that might support the EP) whereas at Havenstead, the AEPs work is more therapeutic and can ‘fill a need’ of something that EP may not be able to offer within the ‘intervention’ part of their role. EPs may be better positioned to do the other aspects such as research, training, assessment and consultation.</p> <p>Things that support AEPs work, you said that supervision, service structure, time, autonomy, space to ‘plan and do’, having a culture of new ideas.</p>	
<p>Object</p> <p><i>What is being worked on to achieve outcome?</i></p>	<p>We then spoke about what is happening to achieve the outcome of AEPs supporting CYP with SEMH needs and you said that this is providing therapeutic intervention for the wellbeing of CYP.</p>	

-
- 6-to-8-week CBT intervention
 - (4 x 20 min) and is solution focused.
 - this is varied, and they have the capacity to work longer term with CYP.

The AEEPs use **skills** such as CBT, psychoeducation, managing feelings, building relationships, UPR, self-esteem, safeness and understanding.

They work as a **team around the family** to support not only CYP, but also TA's, teachers, family by **sharing** input.

Their work is different and separate to your work as an EP in terms of not being joined up or sharing as much information as may be possible.

Although the AEPs use a CBT model, you recognise that **other ways of working may be better**, as some CYP need more longer term input.

Co-working could be helpful as the **criteria** for referring to AEPs sometimes feels unclear. More **information sharing** between AEPs and EPs would be good.

Outcome

Desired goal

In terms of the main **outcome** for AEPs working with CYP with SEMH needs, you said how this can **vary**, based on the **presenting need**. But could be, for example, **reduction in negative thoughts or behaviours**, having an **increase in understanding** and **developing coping strategies** with how to **manage** different behaviours or emotions.

CYP might say their **desired outcome** from working with AEPs to support their SEMH needs would be to **feel more happy/less angry**. However, you

	<p>recognised that some CYP may not have the insight into their needs or see a different problem to what may be presenting. There was also a notion about ‘internal v external’ problem.</p> <p>Resources used: CBT based worksheets or psychoeducation.</p> <p><i>‘How much can things change without things changing around them?’</i></p> <p>EPs can work more systemically to support the adults around the CYP to then support the change around the CYP too.</p>
<p>Rules</p> <p><i>What supports/constrains practice?</i></p>	<p>Support: Referral process (provides guidance), boundaries (time/need), underpinned by medical model (e.g., diagnoses), if AEPs were able to work from multiple paradigms.</p> <p>Constrain: Time, funding, does everyone understand the AEPs role?, who is providing the supervision and what approach are they taking e.g., clinical supervisor.</p>
<p>Community</p> <p><i>Who else is involved?</i></p>	<p>Supervision (through supervisors), key adults, family, EP service, support in their personal lives, systems around the child.</p>
<p>Division of Labour</p> <p><i>How is the work shared?</i></p>	<p>You felt that AEPs work was not shared with other professionals (in terms of the details about what their work has entailed). EPs only input is often just through the referral process. More liaison/ co-working needed.</p> <p>EPs raise awareness and existence of the APs but do other professionals have an awareness?</p>

You also spoke about the **HCPC guidance**, and how despite making a referral, and EP should still have **ownership** of the referral and the outcome of that – could involve a **culture change** in terms of how this currently works (having a more **transparent process** for lines of communication).
Work for AEPs is **screened** via the referral process – but this feels quite random – **better understanding needed** to support future referrals and **joint working**.

Tools

*What is being used by
whom?*

You discussed how the **referral process** is a tool both in terms of as a **form** (to support AEPs understanding, and as a **concept** too.)

Means of **communication** – e.g., supervision.

Reading journals, training, **personal development** – often motivated through **interests**.

You then discussed more **inherent** personal traits such as being calm, patient, resilient and having empathy.

Language used or alternative communication skills and having the ability to share ideas with a child who may not use verbal language.

Toys such as PlayDoh and coloured pens.

How applicable are these tools? – You spoke about how the **referrals** are for the system not necessarily for the CYP.

Do the tools that support AEPs support CYP too?

	Tools such as training or supervision are direct support for AEPs and indirectly for CYP.
Thoughts about future practice	<p>You thought if there were some AEPs who were more like an assistant to an EP, to support with things like graphicing a PATH, that would be helpful.</p> <p>This could support more creative ways of working within the EP team.</p> <p>AEPs could support in developing resources of doing projects to gather child views to support EPs in group work.</p> <p>Current AEPs – you hoped their work could be more collaborative with the EPs.</p> <p><i>How do we prevent AEPs from becoming an admin role (if they were to support EPs?)</i></p> <p>Clear criteria, clear role boundaries and supporting their current and developing knowledge.</p>
