



Opening a new world of possibilities within the first 1001 days:

**An Appreciative Inquiry into Educational Psychologists' perceptions of their role
when working with birth to two year olds.**

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Adele Page

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Abstract

The significance of the period between conception and the first two years of life on lifelong health, development and wellbeing has received growing attention. This period has been termed the first 1001 days. It is a period of rapid brain growth where early foundations for future development are considered to be laid. The environment in which infants are exposed during this period, has been demonstrated to have lasting influence. Educational Psychologists (EPs) have a role in supporting the psychological development and emotional wellbeing of children and young people from ages birth to twenty five years (WG, 2016a, 2018; DfE, 2023). Despite this, there is limited literature exploring EP practice within the first 1001 days specifically. Therefore, this research aimed to contribute to the knowledge base within this area, to inform future practice.

The current research was conducted to gain EPs' perspectives of their role when working with birth to two year olds. Five EPs, across five different Local Authorities in Wales, engaged in semi-structured interviews utilising an Appreciative Inquiry framework. The data was analysed using reflexive thematic analysis where five overarching themes were identified: *Relationships are the foundation*; *Building capacity for work with infants*; *"We can push the boundaries": Settings and beyond*; *It's a passion*; *It takes a village*. Within these themes perceptions of the EPs' role when working with infants was explored.

The analysis draws attention to what EPs are currently doing in Wales to support infants, including the context in which the work takes place and the perceived supporting factors. The analysis also illustrates what EPs hope for in the future in relation to this area of work.

Implications for EP practice are discussed at an individual, group and organisational level. The implications for how we conceptualise Educational Psychology as a profession and the systems in which practice is located, are also discussed.

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I would also like to thank all the EPs who participated within the study, who gave up their time and shared their invaluable and inspiring insights.

I am extremely grateful to my friends and family - my real life cheerleaders - whose love, belief, and emotional support has helped me through this three year journey. I could not have undertaken this journey without you, and I am forever grateful.

Lastly, I would like to thank all the EPs who I have had the pleasure of working alongside. You have inspired my interest in this topic, as well as my hopes of becoming an EP. Thank you for your knowledge, wisdom, guidance, and encouragement.

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List of Abbreviations

ACEs	Adverse Childhood Experiences
AEP	Association of Educational Psychology
AI	Appreciative Inquiry
AiMH	Association of Infant Mental Health
ALN	Additional Learning Needs
COMORIA	Constructionist Model of Informed and Reasoned Action
CYP	Children and Young People
DA	Dynamic Assessment
DECP	Division of Educational and Child Psychology
EP(s)	Educational Psychologist(s)
EPS	Educational Psychology Service
HCPC	Health and Care Professions Council
IMH	Infant Mental Health
IWM	Internal Working Model
LA	Local Authority
NBO	Newborn Behavioural Observation
PEP	Principal Educational Psychologist
PIF	Parent Infant Foundation
RTA	Reflexive Thematic Analysis
SEN / SEND	Special Educational Needs and Disabilities
TEP	Trainee Educational Psychologist
UK	United Kingdom
UNCRC / CRC	United Nations Convention on the Rights of the Child
UNICEF	United Nations Children's Fund
VIG	Video Interaction Guidance
WG	Welsh Government
WHO	World Health Organisation

Summary of thesis

This thesis is presented in three main sections. Firstly, a major literature review; secondly, an empirical study; thirdly, a major research reflective account. Below is a summary of the content for each of these sections.

Introduction: This section provides a brief introduction of the rationale and aims of the research, including the personal and professional background which informed the research topic.

Part One: Major Research Literature Review: This section is divided into two parts. Part One A aims to provide an overview of the historical and contextual literature relevant to the study. Part One B provides a systematic literature review specifically relating to the role of EPs when working with pre-school or early years children. The literature is critically discussed to provide rationale for the current research.

Part Two: Empirical Paper: This section comprises a detailed account of the current research. It is divided into four main parts which includes, a brief overview of the existing literature, a description of the methodology, the findings from the data and a discussion.

Part Two references the research paradigm and the assumptions underpinning it and provides a description of the Appreciative Inquiry (AI) model utilised. It details the method of participant recruitment, data collection and analysis, and how ethical considerations were addressed. The data gathered is presented with consideration to the three research questions, where direct quotations from participants provide illustration of the themes. Key themes identified from the analysis are discussed in relation to the current literature, as well as proposed implications for EP practice, the limitations of the methodology and possible areas for future research.

Part three: Critical Appraisal. This section comprises a reflective account of the research process and the researcher's own professional development. It will be presented in two parts. The first part will provide an analysis of the research process, its contribution to knowledge and dissemination. The second part will provide a critical account of the development of the research practitioner.

1. Thesis Introduction

1.2. Thesis rationale

This thesis was completed as part of the Doctoral Training to become an EP. It aims to explore EPs' perceptions of their role when working with infants, birth to two years. The rationale for choosing this area comes from several reflections during the researcher's ongoing work with babies, children, young people, and the adults who support them.

1.3. Personal interests

Prior to training on the course, the researcher was employed by a Local Authority (LA) as part of a parenting support service for early years children and their families. This service was provided as part of the LAs Flying Start offer. Flying Start is the Welsh Governments (WG) flagship initiative for children who are birth to four years and their families (WG, 2012). As part of this role, the researcher worked alongside and was supervised by EPs to deliver weekly interventions with early years children and their families. The researcher often reflected on the valuable contribution that EPs made within the team. This was in relation to enhancing practitioners understanding, knowledge, and practices relating to early development from a psychological perspective, as well as supporting families through a process of positive change. This position inspired the researcher's initial interest in the topic and subsequently, curiosity grew around how EPs were currently supporting early years children and their families more widely.

1.4. Professional interests

Upon commencing the Doctoral Training, the researcher was required to engage in three separate LA placements within different Educational Psychology Services (EPS). Following several observations and moments of reflection during the EPS placements, the researcher was further inspired and interested in the role EPs can play within the earliest years. Firstly, it was noted that a high proportion of the children and families in which the researcher had the pleasure of working alongside, had experienced some sort of challenge or adversity within their earliest years. This fuelled interest in the potential for offering support at earlier stages, in a preventative capacity. Secondly, from speaking with several EPs who had experience of working with early years children, it was noted that there was often a common consensus that more could be done preventatively, particularly given the research that suggests the significance of these initial years on developmental and wellbeing outcomes. Thirdly, from engaging in dialogue with other Trainee Educational Psychologists (TEPs) and EPs, they frequently reported not having any experience of working with children under the age of two years despite legislation and guidance suggesting that EPs work with children and young people (CYP) from *birth* up to twenty-five years (WG, 2016a; DfE, 2023). This further inspired the researcher to discover what support was currently being offered by EPs to infants and explore any future desires for the profession relating to this work. Hence, the research topic was proposed.

1.5. Research context

The social and political contexts within the distinct nations across the UK have arguably created and influenced frameworks of EP practice today. This is because the different structures largely determine the scope of practice (Boyle, MacKay and Lauchlan, 2017). For example, within England and Wales, the legislative and policy context of Special Educational Needs (SEN) or Additional Learning Needs (ALN), requires EPs to work within the age range of birth to twenty-five years (WG, 2018; DfE, 2015), placing a duty to provide services to the youngest children.

This research was conducted within Wales, with EP participants currently working within a Welsh context. This decision was made based on two factors. Firstly, there are differences across the devolved governments within the UK in relation to early years initiatives, legislation, guidance, funding, and service commissioning structures. An example of this is Flying Start, the WG targeted early years programme (WG, 2012). Secondly, in England a high proportion of LA EP services have moved towards a traded or part-traded service delivery model, influencing how work is commissioned and by whom (DfE, 2023). Consequently, it is possible that the diverse systems and structures that EPs are located, will impact on the expectations, priorities, and opportunities of EP practice. Therefore, as EPSs in Wales fall under the jurisdiction of WG, it was felt that gaining a Welsh perspective as an initial starting point on this topic would enable comparison within the data to be made, with the assumption that participants were located within a similar socio-political context.



Part One

Major Research Literature Review

Part 1a: The Significance of the Topic Area

Part 1b: Systematic Literature Review

Word Count: 11358

2. Part One: Major Literature Review

2.1. Introduction

The aim of this literature review is to analyse the literature relating to the role of the EP within the Early Years, with a particular focus on the period from birth to two years. It is composed of two parts.

Part 1A provides a narrative literature review, which aims to offer theoretical and contextual information highlighting the importance of the topic area and the purpose of the study. A discussion of some relevant Government publications and the significance of the Early Years will be provided, followed by a general discussion of the EP role. Greater focus will be given to WG publications given the Welsh context of the study.

Part 1B provides a systematic review of the literature relating specifically to the role of Educational Psychologists working within the Early Years period. The following question is posed from the literature review, “*What is the role of Educational Psychologists when working with Early Years children?*” A critical review of the literature will be given, followed by details of the questions that remained that led to the current research.

Several search approaches were used to retrieve literature relevant to the research topic. These included, accessing various databases and books via the Cardiff University website, along with government, charity, and institution websites, all of which were deemed to include publications and grey literature relevant to the thesis topic. A snowball technique was applied for Part 1A, where citations and references from relevant documents were examined, to reach a wider breath of literature. Detail of the systematic search used for Part 1B is detailed within the corresponding section.

2.2. Research terminology

Several terms are used to describe the early years period. For this thesis, the term *infant* is used to describe children who are aged birth to two years old. Other terms such as *babies* and *toddlers* will be used interchangeably and will denote the same age period. This is consistent with relevant literature that specifically focusses on this period, for example, within the areas of *infant mental health* and the *first 1001 critical days*.

The term *parent(s)* will be used as a broad term that encompasses biological parents, carers or any significant other within the parental role. This is to acknowledge that the parental role can extend more widely than biological parents, and there will likely be different constructs and experiences of what individuals constitute as a parent or caregiver.

Lastly, the term early years practitioners will be used, which aims to encompass a wide range of working roles within the early years period including, childcare staff, nursery nurses, support workers, parenting practitioners, and nursery managers.

3. Part 1A: The significance of the topic area

3.1. Development of the research title

The rapidly advancing frontiers of 21st century biological sciences now provide compelling evidence that the foundations of lifelong health are also built early, with increasing evidence of the importance of the prenatal period and first few years after birth (National Scientific Council on the Developing Child, 2020, p.1)

The study into early infancy has flourished in recent years where the work of influential names within the field of infant development such as, Bowlby (1982), Winnicott (1965), Ainsworth (1973) and Mains (1977), have been built upon. Through their clinical observations, they developed theories which speculated the association between early life experiences and the influence these have on later developmental and wellbeing outcomes. Recent advances in research methods, technology, and statistics, have enabled such theories to be strengthened and expanded further. An example of this is within the field of neuroscience, which has arguably transformed our understanding of early childhood development and its significant influence across the lifespan (Leach, 2018).

Contemporary research highlights that the earliest periods of life are a unique and critical time and have the potential to influence our lifelong developmental trajectories (for examples, see Leach, 2018). This period is considered to provide an important opportunity for preventative intervention which has the potential to enhance societies future health, wellbeing, and prosperity (WG, 2013; Allen, 2011). Recent developments in government policy have reflected this notion, where there is now a greater emphasis on providing support to early years children and their families, for example, the Flying Start programme in Wales (WG, 2012). However, despite these developments, Leach (2018) and Hogg and Moody (2023) argue that significant gaps remain between the information we know concerning infant development, and the action that is taken by policy makers, LA commissioners, and professionals who deliver services to infants and families. Hogg and Moody (2023) argue that emotional wellbeing or mental health within the early stages of life is not well understood and therefore, is often overlooked. They call for different sectors, services, and professionals, including those within the early education and social care sectors, to engage in reflective discussions to consider what more could be done to respond to babies needs across services.

Although there is greater interest and recognition of the early years across different sectors (Leach, 2018), it is suggested that babies are often a missed group, particularly within the provision of wellbeing support (PIF, 2021). This is arguably mirrored within the EP profession, where support within the early years has been suggested to be more aligned with special educational needs (SEN) and statutory processes within educational systems and settings (Shannon and Posada; 2007; Robinson and Dunsmuir, 2010; McGuiggan, 2021) rather than a wider view of practice. In addition, the development of EP services for young children, specifically within infancy, has been subject to very little research. Therefore, it is unclear whether this reflects a lack of involvement during this period or whether this simply reflects a lack of research.

The professional competencies for practitioner psychologists, as set out by the Health and Care Professions Council (HCPC) (HCPC, 2015), state that psychologists should be able to develop and apply effective interventions to promote psychological wellbeing, social, emotional, and behavioural development, and are required to adopt a proactive and preventative approach to promote the psychological wellbeing of service users (HCPC, 2015). Additionally, as noted, the legislative and policy context advises that EPs work with children from birth up to 25 years of age (WG, 2016a; DfE, 2023; TGO, 2004). As such, the author considers EPs as a well-placed profession to advocate and contribute to provision that supports the social and emotional development and wellbeing of infants, particularly given

their psychological skills and knowledge of early childhood development which underpins much of the literature relating to this area.

3.2. Setting the scene: The social and political context

The practice of Educational Psychology cannot be separated from the social, political, or legislative context, as these arguably influence and shape EP practice (Boyle, MacKay and Lauchlan, 2017). The legislative structures and systems are considered to largely determine the scope of EP practice in an ever evolving capacity, which are reflective of societal beliefs and values of that time (Boyle, MacKay and Lauchlan, 2017). This notion is suggested within Bronfenbrenner's (1979, 1995, 2005) ecological systems model, which argues that human development is influenced by the complex interactions between the multiple systems surrounding the individual, including the indirect influence of the social-political context. Therefore, providing an overview of this context is considered important given its influence not only on EP practice, but on human development more widely. A brief outline of the socio-political context relevant to infancy period will now be given from a Global, UK and Wales perspective. It is beyond the scope of this thesis to provide a detailed exploration of *all* documentation and policies; however, a summary is provided in figure 1 (Global), figure 2 (UK) and figure 3 (Wales) to illustrate the recent emphasis of the early years period within policy developments.

Figure 1: The socio-political context relating to infants from a Global perspective.

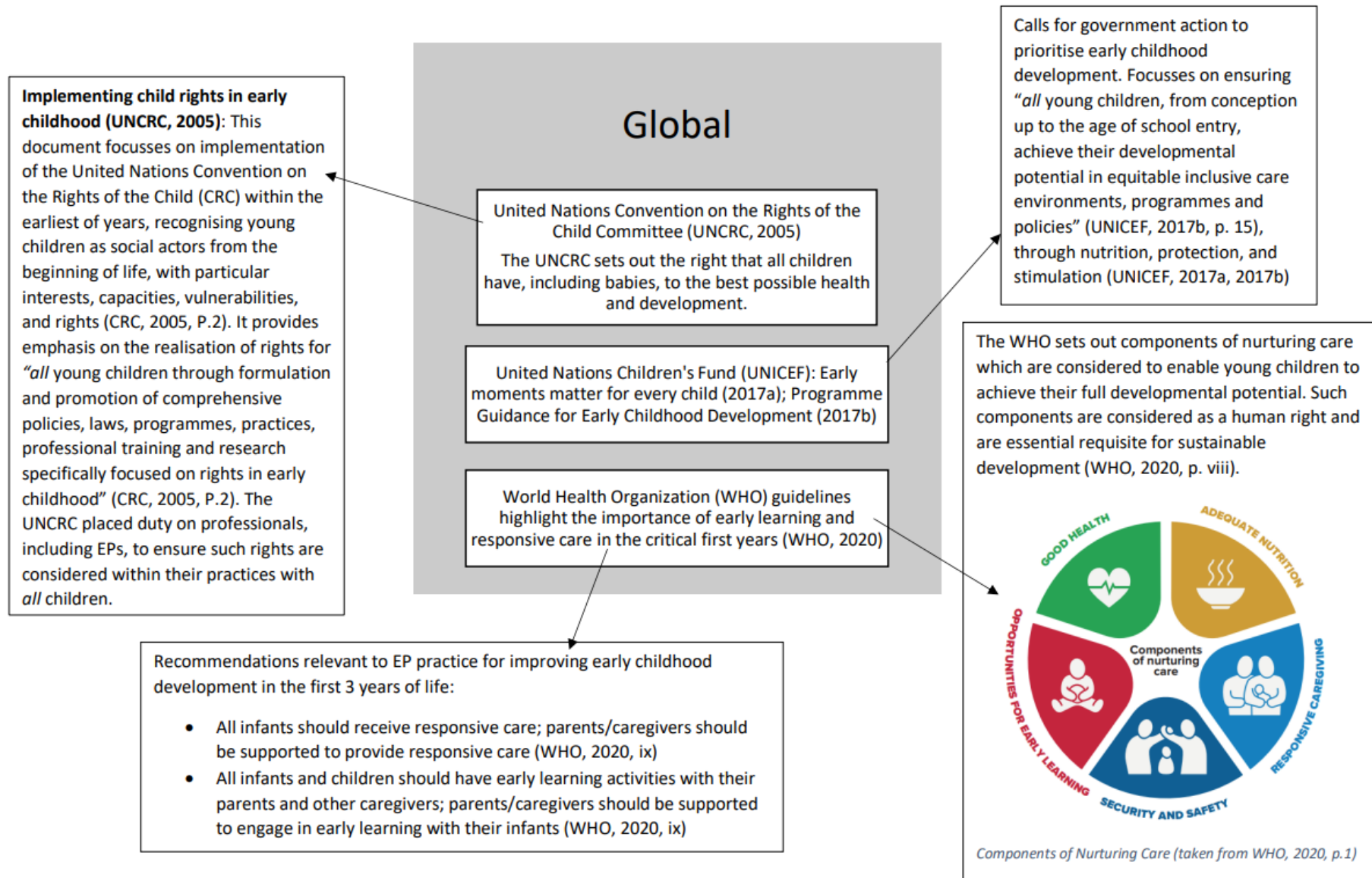


Figure 2:
The socio-political context
relating to infants from a UK perspective

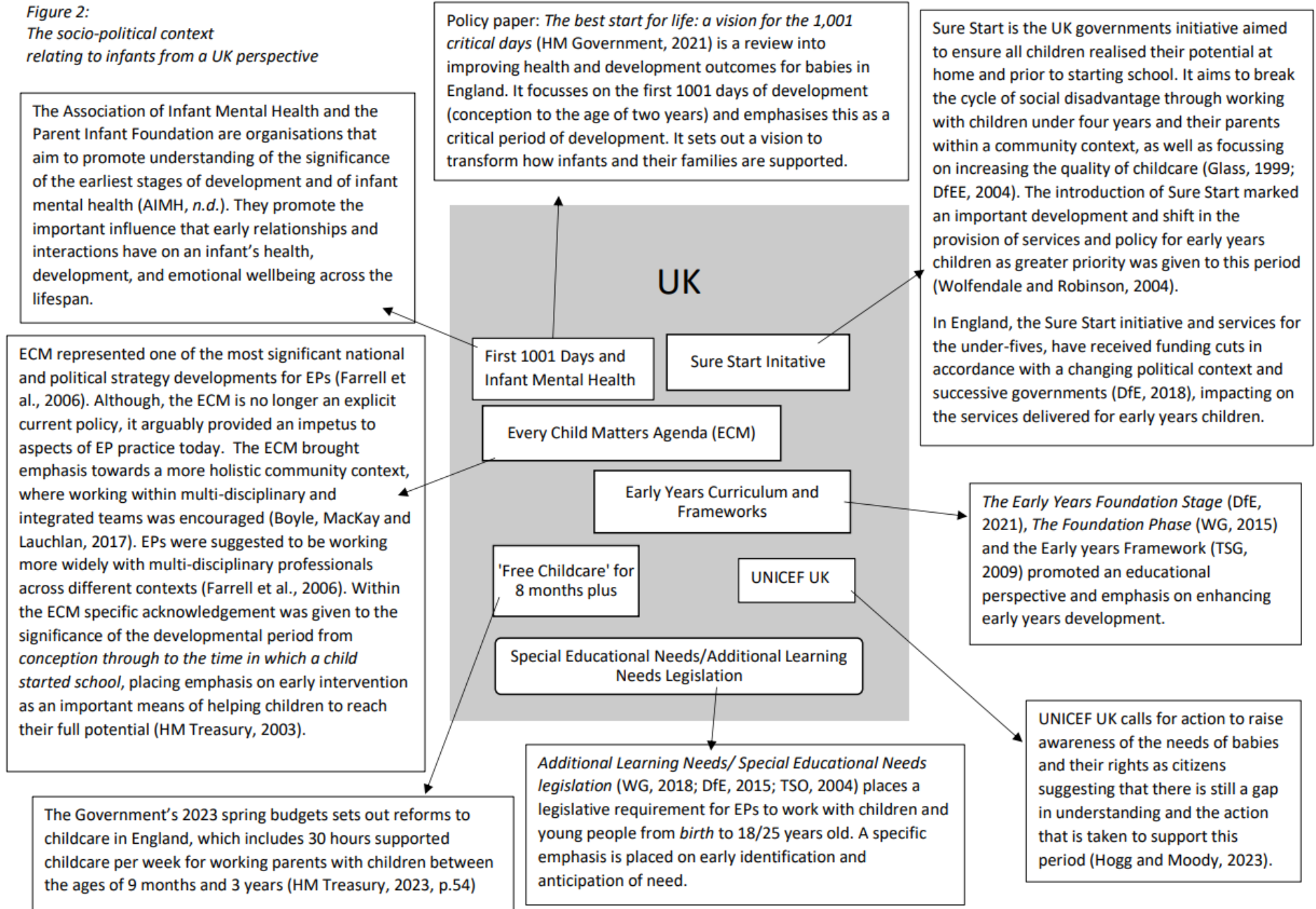


Figure 3. The socio-political context relating to infants from a Wales perspective.

Wales	
Children and young people's plan (WG, 2021)	<p>The Children and young people's plan sets out the WG commitments to supporting children and young people. A main priority is to give <i>all</i> children the best start in life, including good early years services and support for parents or carers, across the contexts of home, childcare and in schools.</p> <p>A priority is that all children and young people should be supported to feel mentally and emotionally strong, through initiatives aimed at improving the wellbeing of children and improved access to low level support and specialised services.</p>
Well-being of Future Generations (Wales) Act (WG, 2015)	<p>Well-being of Future Generations (Wales) Act 2015 requires Welsh public bodies, including the Welsh Government, local authorities, and health boards, to think more about the long-term, to work better with people, communities and each other, to look to <i>prevent</i> problems and to take a more joined up approach.</p>
Healthy Child Wales Programme (HCWP) (WG, 2016b)	<p>The Healthy Child Wales Programme sets out a universal health programme for families and children from birth to seven years old. Although primarily aimed at health services, its focus is to improve health, wellbeing, and early childhood development outcomes for <i>all</i> children, through partnership working across LAs, communities, education and third sector. It aims to achieve the following key priorities:</p> <ul style="list-style-type: none"> - deliver key public health messages from <i>conception</i> to seven years, so that families are supported to make long term health enhancing choices. - promote bonding and attachment to support positive parent-child relationships resulting in secure emotional attachment for children. - promote positive maternal and family emotional health and resilience. - support and empower families to make informed choices to provide a safe, nurturing environment. - assist children to meet all growth and developmental milestones enabling them to achieve school readiness. - support the transition into the school environment. - protect them from avoidable childhood diseases through a universal immunisation. - ensure early detection of physical, metabolic, developmental or growth problems through an appropriate, universal screening programme.
Public Health Wales: Adverse Childhood Experiences	<p>The Adverse Childhood Experiences (ACEs) Agenda in Wales is a public health initiative aimed at raising awareness of the impact of childhood experiences on health and well-being. It seeks to raise awareness of the impact of ACEs and to promote a wider understanding of the ways in which childhood experiences can shape health and well-being in adulthood. The agenda includes a range of approaches aimed at disseminating information, knowledge, and evidence to improve support for children and families affected by ACEs.</p>
Additional Learning Needs and Education Tribunal (Wales) Act (WG, 2018)	<p>The ALNET for Wales places emphasis on a holistic and collaborative approach for supporting and improving the outcomes of children with ALN. Parental involvement and person-centred practices are a key aspect of the code. There is also an emphasis on early identification and anticipation of need, suggesting the need for more proactive and collaborative earlier intervention. The code covers children and young people from birth to twenty five years.</p>
Flying Start (WG, 2012)	<p>Flying Start is the governments flagship initiative aimed at providing support services to families with young children who are birth to four years in Wales (WG, 2012). The initiative focuses on early identification and intervention to improve the developmental outcomes for children within targeted localities across Wales, particularly across the areas of health, education, and child development. There are four core elements offered to eligible families which are, access to high quality childcare for children who are post two years, enhanced health visiting, parenting support and speech, language, and communication support (WG, 2012).</p>

3.2.1. Legislative context relevant to the early years: Global, UK and Wales

*“The emerging evidence shows that investment in the early years of life has significant positive impact on a child’s health, social and educational development and their long term outcomes”
(WG, 2021, p.3)*

National efforts towards supporting the early years period have been evidenced in government policy overtime, as demonstrated in the figure 1, 2 and 3. This has arguably changed the landscape of EP practice during this period.

The Every Child Matters agenda (DfES, 2004) and Sure Start agenda arguably marked a significant change for services for early years children and their families within the UK and the EP profession (Farrell et al., 2006; Wolfendale and Robinson, 2004). A greater emphasis was placed on ensuring quality childcare, multi-agency working and working with parents and children birth to four years old. An aim of these agendas was to promote the physical, intellectual, social, and emotional development of children, particularly those who were disadvantaged, to ensure they realised their potential (Glass, 1999; DfES, 2004). This demonstrated a recognition at a policy level of the important and long-term links between a child’s interactions with their social environment and their early development (Hannon and Fox, 2005). Hence, a key characteristic for effective intervention was considered as working with children and their parents together, within their family and community contexts. More recently and specific to Wales, was the launch of the Flying Start initiative (WG, 2012).

Flying Start is a devolved policy area and was launched in 2006 in Wales. It is particularly targeted within areas of social deprivation, to support children and families who might be at an early disadvantage because of wider socio-economic and environmental factors. Additional funding has recently been offered to LAs across Wales to further extend their offer of Flying Start services across targeted areas (WG, 2022).

Within areas of Wales, EPs have been employed by Flying Start and are considered to play a ‘major role’ within the initiative (WG, 2016a, p.21). Although the specific role of the EP within Flying Start services has not been widely documented, EPs have played a part in supporting the early identification of need, working with Flying Start childcare settings, working with multiagency teams, providing parenting support and input into the policy developments (Deave et al., 2011; WG, 2016a). The implication of such an agenda arguably created opportunities for EPs to work with a younger population of children, due to the increased numbers of children accessing childcare provision from two years old.

The introduction of the statutory framework for the Early Years Foundation Stage (DfE, 2021), the Early Years Foundation Phase (WG, 2015) and the Early Years Framework (TSG, 2009), also represented a shift in ensuring higher quality childcare provision for early years children and a greater commitment to enhancing and promoting early childhood development. Additionally, the new codes of practice relating to ALN/SEN place emphasis on the early assessment, identification, and intervention of children with potential SEN or ALN (WG, 2018; DfE, 2015; TSO, 2004), placing prominence on professionals such as EPs to work in preventative and proactive ways.

Organisations such as the Parent Infant Foundation (PIF), also campaign for wider recognition and awareness of the significance of the earliest years of life. They promote the important influence that early relationships and interactions have on an infant’s health, development, and emotional wellbeing across the lifespan. They campaign for babies to be considered in policy development, to ensure they have access to appropriate support during these significant stages and argue for increased provision for infants and families at a national level (PIF, n.d. a).

3.2.2. A greater emphasis on early intervention, prevention, and investment

The services that reach every child and young person have a crucial role to play in shifting the focus from dealing with the consequences of difficulties in children's lives to preventing things from going wrong in the first place. (DfES, 2004, p.2)

As reflected in the changing socio-political context, early intervention as a strategy for promoting child development has received much attention. A report titled 'early intervention: the next steps' (Allen, 2011), provided further impetus to governments to consider early intervention within UK policy and practice, setting out several recommendations. This review drew on the evidence and developments from areas such as neuroscience, attachment theories and resilience theories.

More recently, several additional documents have been published which recommend greater investment into supporting early infancy specifically (for examples see, The Royal Foundation Centre for Early Childhood, 2021; UNICEF, 2017a; HM Government, 2021; Hogg and Moody, 2023). A common theme throughout all the documents is an emphasis on the importance of early intervention, prevention, and collaboration between services for children, where support within *infancy* is considered to provide the greatest potential.

Although support throughout the life cycle is imperative, intervening prior to a difficulty becoming established is considered advantageous both from a moral perspective, in terms of fairness and social justice, and from an economic one (Heckman, 2006, 2008). Indeed, research has indicated that the most efficient time to invest in development is in the earliest years where there are cost saving advantages, as well as long-lasting accumulative benefits to societies health, wellbeing, and productivity (Oppenheim and Bartlett, *n.d.*; Heckman, 2006, 2008). Effective intervention and investment within the earliest of years, that targets inequality, socio-economic adversity and supports early development and relationships, are considered to provide the greatest impact (Allen, 2011; Hackman, Farah & Meaney, 2012; Donkin and Marmot, 2018; Cuthbert, 2011, 2018; Lyons-Ruth et al., 2017).

Governments have demonstrated a level of commitment to invest in the early years period, to provide children with the best possible start to life. Nevertheless, as already illustrated, there are considered to be gaps between the information we know regarding infant development specifically and the action that is currently taken (Leach, 2018; PIF, 2021). This is perhaps indicative of the recent surge in reports and reviews that have been published emphasising this notion. Leach and colleagues (2018) urge policy makers and service providers to consider the action they are taking to support infants and their families during their first 1001 days, including at universal, targeted and specialist levels. They suggest that with increased action, positive difference can be made across generations to the lives of individuals, families, and society.

A broad overview of the significance of the early years period will now be provided, where particular focus will be given to the importance of first 1001 days, the potential impacts of early adversity on developmental outcomes and an overview of theories relevant to this period.

3.3. The significance of the early years period

“Science tells us that a child’s experiences from conception through their first five years will go on to shape their next 50. It tells us that the kind of children we raise today, will reflect the kind of world we will live in tomorrow. It tells us that investing in the start of life is not an indulgence, but economically, socially, and psychologically vital to a prosperous society.”
(Ipsos Mori for The Royal Foundation, 2020, p.4)

There is evidence that demonstrates that our experiences during the developmental transitions within the first few years of life are associated with our later outcomes within several domains. These include, learning and earning potential; development of emotional and social skills; mental and physical health; establishing healthy relationships; positive behaviour; parenting ability (Bateson, Secombe and Hamilton, 2021; Leach, 2018). Therefore, the early years period is considered to play a significant role in a child’s life-long trajectories (Aynsley-Green, 2018; Marmot, 2010).

Within Wales, the early years is defined as the period from pre-birth to the end of the Foundation Phase (seven years) (WG, 2013, p. 6), illustrating that this encompasses a vast period of development. However, there is growing interest in the period from conception to the first two years of life specifically. This period has been termed the first 1001 days. HM Government (2021) published a document *“The Best Start for Life: A Vision for the 1001 Critical Days”* as part of their Early Years Health Development Review. Within this document it states that *“Two is too late!”* (p.5), suggesting even earlier involvement from professionals to support this stage of life is necessary.

3.3.1. The First 1001 days

“Investing in the 1,001 critical days will have a truly transformational impact on our society”
(Leadsom, 2021, p.6)

The quality of care that an infant receives during the first 1001 days are considered to provide the foundation for future physical, social, emotional, and cognitive development (Morris et al., 2018). It is during this time where the capacities for language and emotional regulation, including how the body responds to stress, are starting to be shaped (Hogg and Moody, 2023; National Scientific Council on the Developing Child, 2020), mediated through the infant’s early relationships and interactions with the environment (Morris and Williamson, 2018; Balbernie, 2018).

The *First 1001 Critical Days Movement* is a global initiative aimed at raising awareness of the importance of the emotional and mental wellbeing of babies within this *“age of opportunity”* (PIF, n.d. b, p.1). The First 1001 Critical Days Movement seeks to promote the importance of this period, and to encourage parents, carers, and policymakers to take action to support the healthy development of children during this time. The movement focuses on areas such as maternal health and nutrition, bonding and attachment, and the provision of high-quality early years education and care, as these are indicated to be fundamental for babies’ and toddlers’ healthy development. Arguably, this has relevance to the EP profession as focusing on this period would enable EPs to take a truly proactive and preventative approach towards enhancing the psychological wellbeing, and social and emotional development of children, as set out by the HCPC (2015) professional standards.

3.3.2. Brain development within the first 1001 days

To create a more responsible, caring and encouraging society a generation ahead we need to consider how the brains of babies today are being sculpted by influences outside of their control. And then do something about it” (Balbernie, 2018, p. 26)

Advances in neuroscience have contributed to our knowledge of the effects of positive and negative experiences on the developing brain, particularly within the first two years of life (for example, Schore, 2001). The first 1001 days are emphasised due to the sensitive and uniquely rapid growth and proliferation of neural connections within the brain during this period, where development is proposed to be more easily impacted and malleable by environmental influences (Schore, 2001; PIF, 2021;). During this time, infants are entirely dependent on their caregivers for survival, making them vulnerable and susceptible to external factors (HM Government, 2021; Center on the Developing Child, 2016). The interactive nature of our genes and our experiences within our environment, particularly within the first years of life, have been suggested to influence this process (Szyf, 2009). An infants' developing neural circuits will modify and adapt to their needs, based on their unique environmental context. As Karr-Morse & Wiley (1997) state,

“The strength and vulnerability of the human brain lie in its ability to shape itself to enable a particular human being to survive its environment. Our experiences, especially our earliest experiences, become biologically rooted in our brain structure and chemistry from the time of our gestation and most profoundly in the first months of life” (p. 277)

Hence, this period has been termed as 'critical' and 'sensitive' for shaping developmental foundations (Knickmeyer et al., 2008, p. 12181; Center on the Developing Child, 2016, p.9). However, the mechanisms that support plasticity within the brain circuitry have been shown to continue beyond this period, and while brain circuits have been proposed to be more resistant to change with time, this varies between individuals (Knudsen, 2004). Thus, although the first years of life are considered as particularly significant, it is important to acknowledge that development occurs throughout the lifespan and that later experiences and factors also play a significant role in the developmental process. Although the first years of life hold great importance, the influence of external factors can still shape development in subsequent phases of life and therefore, it is important that later experiences within the developmental process are not surpassed, and support within these stages continues to be recognised. As Gerhardt states:

“In making the case for the importance of infancy, it is easy to lose sight of the subtleties of human development over the life span. Babyhood is an intense, concentrated moment of development that can have a disproportionate impact on our lives, but it is not the whole story by any means” (Gerhardt, 2004, p. 195).

Nevertheless, the first 1001 days are considered to provide the most effective and efficient opportunity to influence a child's developing brain (Balbernie, 2018) and provides a unique and sensitive period to foster healthy and optimal foundations to support children's future development.

The development of the stress response, self-regulation skills and early learning skills have been shown to be influenced by our early relationships and social interactions with our caregivers (Shonkoff and Garner et al., 2012). Babies require responsive, caring, and stable relationships, as well as language rich interactions with adults that are emotionally stimulating, to support the process of healthy brain development (Cozolino, 2014). The Mutual Regulation Model (Beeghly, Perry and Tronick, 2016; Tronick, 2007) demonstrates how infants and their caregivers affect each other, locating intervention within the dyadic relationship rather than the individual. The theory proposes that through a process of mutual-regulation, mismatches, and repairs within interactions between caregiver and infant, the capacity for self-regulation, attention and resilience are developed. Disruptions to this process, for example, stressors that preoccupy the caregiver, might interfere with the scaffolding and co-regulation processes required in the development of such capacities. This implies difficulties with such functions, are considered not to reside within an individual but within the context of the relationship between child and caregiver dyad. This necessitates a shift from an

individual-deficit model of difficulty to an interactional model of development, offering a potentially helpful frame for EP intervention (Gold, 2017).

3.3.3. Adverse Childhood Experiences (ACEs)

“Our current understanding of the potentially life-long impacts of early adversity, and of its intergenerational transmission, presents us with real opportunities to improve the wellbeing of parents and babies. We know too that change is possible, so that a challenging start in life does not inevitably result in poor outcomes. Despite this, there continue to be major ‘baby blind spots’ in current policy and provision” (Sleed, Li, Vainieri, Midgley, 2022, p.3)

Adverse Childhood Experiences (ACEs) are traumatic experiences during childhood which have the potential to have a lasting impact on health and well-being. When experiences in infancy result in chronic stress, that is stress that is prolonged, severe, and frequent, this can disrupt the process of typical development (Ashton et al., 2016). Examples of adversity include, abuse or maltreatment, unsupportive caregiving, poverty, household dysfunction, severe maternal depression, and exposure to violence. There is an extensive body of early adversity and trauma research that has determined ACEs as a risk factor for development, demonstrating an association between ACEs within early childhood and later mental and physical health outcomes (for example, Felitti, Anda and Nordenberg et al., 1998; Bellis, Ashton, Hughes et al., 2016). Cumulative and multiple ecological risk factors during the early childhood period have also been associated with externalising problems later in life, where parenting cognition and behaviour have been shown to mediate these effects (Gach, Ip, Sameroff & Olson, 2018). This demonstrates that there is a complex interplay of multiple factors relating to developmental outcomes, and although ACEs are considered a risk factor of lifelong outcomes, they should not be considered as determinants. Just as there are risk factors, there are also protective factors that have the potential to counteract and mitigate the impacts of adversity (Rutter, 1987; Rutter & O’Connor, 1999).

Nevertheless, research has indicated that exposure to frequent and intense adversity within early childhood has been linked to long-term negative effects on neurological, immunological, and endocrine systems (Anda, Felitti, and Bremner, 2006; Shonkoff et al., 2012). This can be understood as an adaptive response to the bodies stress response being regularly activated because of the child perceiving their environment to be dangerous. A potential consequence of this response can leave the *“emotional systems sensitized or desensitized”* with *“high-stress reactivity”* (Panksepp & Biven, 2012, p. 434, in Balbernie, 2018), impacting development at a neural level (Cozolino, 2014). As a result, a child who experiences environments that are threatening, stressful, unpredictable, and fearful, has the potential to develop neural circuits that support their survival at the detriment of pro-social development (Teicher & Samon, 2016) and other cognitive functions (Petchel and Pizzagalli, 2011). These response patterns are considered to become embedded within the child’s biochemistry, making the individual more susceptible to stressful situations and unhelpful adaptive responses. Consequently, failure to address harmful behaviour in the early years has the potential to considerably impact the child’s future development (Bellis, Ashton, Hughes et al., 2016).

To protect the developing brain and bodies systems from the potential disruptive effects of early adversity, early intervention for those experiencing *‘toxic stress’* is suggested to be critical to reduce possible adverse outcomes (National Scientific Council on the Developing Child, 2020). Multiple and cumulative risk factors in family functioning, such as poverty, poor mental health, interfamily conflict, and a lack of resources, might exacerbate family stress, family dysfunction, and interrupt the quality of the parent-child relationship (Newland, 2014), therefore, holistic intervention that can support family resilience and wellbeing is considered important. The National Scientific Council on the

Developing Child (2020, p.14) suggest three principles that should inform policy and intervention across sectors to support the buffering of these effects. These are:

- Supportive responsive relationships between children and the adults who care for them, particularly within the earliest years. Caregivers also need to feel supported.
- Reduce sources of stress, to reduce activation of the stress system and to enhance caregivers' capacity to provide responsive care. This is likely to be at a macro/ policy level.
- Strengthen core life skills through modelling, coaching and practice, that enable caregivers to provide a healthily regulated caregiving environment. Suggested skills include, setting and meeting goals, establishing routines, facilitating social-emotional development in young children, as well as regulating own behaviours and emotions.

Given the psychological knowledge and skills that EPs occupy as determined within the practice proficiency frameworks (HCPC, 2015), EPs have the potential and are well placed to contribute support with consideration to each of the above principles in the infancy period, with the purpose of mitigating the possible impacts of adversity, through enhancing protective factors.

3.3.3.1. Adverse Childhood Experiences: A Welsh picture

A study conducted by Ashton et al. (2016), using an interview methodology with 2000 people across Wales, found that the prevalence of low mental wellbeing in adults increased with the number of ACEs experienced in childhood, where those who considered themselves to have experienced four or more ACEs were five times more likely to be identify with having low mental wellbeing than those who reported experiencing no ACEs. Though, it is important to note that this was based on adults' retrospective self-reports of their early experiences and therefore, this has the potential for inaccurate responses as they are largely based on recall, possibly limiting accuracy to the findings. Nonetheless, the extensive research conducted within this area (as referenced above), demonstrates a consistent pattern of risk.

With a focus on improving the nations wellbeing, as indicated in Welsh policy such as the Wellbeing of Future Generations Act in Wales (WG, 2015), intervention that prevents or minimises ACEs and promotes optimal environments for infant development, has the potential to impact the long-term wellbeing trajectories of society. Again, this provides a clear rationale for the potential role that EPs can play in supporting this process and a helpful preventive frame for intervention. The development of knowledge and understanding within the area of neuroscience and ACEs contributes to the impetus for EPs to work in ways that aim to reduce adversity and stress within the earliest stages of development, and promote protective factors, including strengthening experiences of responsive and secure interactions and relationships with caregivers.

3.3.4. Attachment Theory

A theory particularly pertinent within the infant literature is attachment theory. An attachment can be referred to as 'the close bond a child has to his/her parents or carer' (Fearon, 2018, p. 28). The purpose of this relationship is to support the child's feelings of safety and security when they are worried, stressed, or ill. Attachment theory has been influential in intervention relating to social and emotional development and infancy development. This is because, research exploring attachment and its affects has demonstrated the crucial role of the attachment relationship, from in utero and beyond.

Bowlby (1982), the original author of attachment theory, proposed that babies' early relationships and experiences with their caregivers, create expectations or mental representations for all subsequent relationships. These representations are termed as our internal working model (IWM), which are considered to shape how we respond to and function within our attachment relationships throughout the lifespan. From an attachment perspective, a child's IWM provides the basis for the child's developing sense of self and their view of the world and others, and therefore an individual's experience of adversity within their early infancy can potentially lead to unhelpful IWM being developed. However, much remains to be understood about the exact nature of the IWM (Slater, 2007), including the resilience factors that enable certain individuals to overcome early adversities and establish stable and secure relationships. The perspective that experiences in early infancy have significant influence on later life outcomes has received some criticism, namely, the deterministic nature of this view (Slater, 2007). However, Bowlby (1988) himself rejected such a "deterministic" model in his later work, instead emphasising notions of risk and resilience factors (Rutter & O'Connor, 1999).

The quality of an infant's relationship and attachment security with caregivers has been shown to be strongly associated with social competence in childhood and later psychosocial outcomes (Shonkoff & Garner et al., 2012), although not causal. Children who display secure attachment behaviour patterns are associated broadly with better socio-emotional outcomes, whereas a lack of an attachment or insecure attachments are associated with later difficulties in social and emotional adjustment (Fearon et al., 2010; Groh et al., 2014). Rackett and Holmes (2010, p.33-34) refer to an abundance of research that further demonstrates the potential lifelong implications that an absent or insecure attachment style can have. In view of such findings and from an attachment perspective, supporting the development of healthy attachments between infants and their caregivers, provides a potential opportunity for supporting important foundations for later desired social and emotional outcomes.

Sensitive and responsive parenting has been proposed to support the development of healthy or 'secure' attachments (Ainsworth et al., 1978). Hence, interventions that focus on increasing parental reflective functioning (Fonagy et al., 1991) and caregivers' interactional skills and sensitivity towards their infants (for example, following their babies' cues and communications; engaging in playful interactions; following their babies lead; soothing them when they are distressed), have been shown to have positive effects on maternal sensitivity and attachment security (Belsky and Fearon, 2008; Fearon, 2018). Thus, if sensitive caregiving is a strong predictor of secure attachment and a secure attachment is associated with positive socio-emotional outcomes, then this is arguably a fundamental need for promoting healthy infant development and provides an important basis for intervention within this age group. Early healthy and sensitive relationships are also considered to act as a "buffer" to the impacts of later diversity (Hogg and Moody, 2023).

Within their position paper titled, "*Enhancing the attachment relationship: a prenatal perspective*", Rackett and Holmes (2010) suggests that within a collaborative capacity with other agencies involved with infants, EPs have the psychological knowledge and skills to support the parent-infant or attachment relationship through appropriate and psychologically informed interventions that aim to promote parental sensitivity, resilience, and emotional intelligence. They conclude that EPs are well placed to support in the areas of infant mental health, including within the perinatal period.

3.3.5. An Infant Mental Health paradigm

The field of Infant Mental Health has grown in recent years (Morris and Williamson, 2018). Infant Mental Health is a term which is used to describe a baby's "*capacity to experience, regulate and express emotions, form close relationships, explore the environment and learn*" (Zeaanah and

Zeannah, 2009, p.6). It is considered to encompass the social and emotional wellbeing and development of infants and reflects the secure, responsive relationships or the parent-infant interaction that babies need to thrive (PIF, 2020, p.4). Based on research in the field, which integrates developmental psychology, genetics, and neuroscience (Gold, 2017), the focus of practice within this paradigm is on the development of the emotional wellbeing or mental health, and on the social and emotional capacity of babies. Emphasis is placed on the infant and caregiver(s) in the context of their relationship due to the transformative potential that this can have (Gold, 2017; Morris and Williamson, 2018; National Scientific Council on the Developing Child, 2004).

Within an Infant Mental Health paradigm, Gold (2017, p.12) suggests four underpinning concepts or principles. These are:

- It is *relational*. Exploration of development or concerns should be within the relational context.
- It is *developmental*. Effective intervention is by means of understanding the complex processes of development within a context.
- It is *multidisciplinary*. Professionals come from many different perspectives and fields, including psychology.
- It is *reflective*. Exploration of behaviour is focused on *meaning* and being curious about motivations and intentions, feelings, and experiences, rather than only focusing on the behaviour itself.

It is a paradigm that offers a conceptual framework for understanding and making sense of behaviour throughout the lifespan, from a relational and developmental context.

The Association of Infant Mental Health is an organisation that aims to promote understanding of the importance of infant mental health for future development (AIMH, *n.d.*). They support the continuing professional development of different practitioners and professionals working to improve outcomes for infants and their families and based on the research within this area, promote the importance of infant attachment, parent-infant bonding, reflective functioning, sensitive interactions and providing an environment that promotes optimal early brain development. As EPs have a duty to promote and enhance the emotional wellbeing of *all* children (BPS, 2002), based on the psychological research available, effective EP practice within this period might therefore be viewed from an Infant Mental Health perspective, which focusses on increasing protective factors and resiliency within development (Gold, 2017).

3.3.6. Early development and learning

The importance of children's early social and emotional development on their later skills development has been well documented (NICE, 2012; Allen, 2011). This is due to such capacities being intertwined with other cognitive abilities and functions. Thereby, our social and emotional skills are interrelated with the development of emerging higher cognitive functions, that are considered fundamental for learning (Centre on the Developing Child, *n.d.*). Through a process of caregiver scaffolding, vocal modulations and affect regulation within the early years, a child's learning is strengthened (Murray and Cooper, 2018). The bi-directional and responsive interactions between infants and their caregivers have therefore been well established to not only be important for social and emotional skills development, but for cognitive and language development also.

The importance of the home learning environment and parental involvement within the early years, has received growing recognition (Cuthbert, 2018). Both factors have been associated with strong

positive effects on age five outcomes in reading and numeracy (Sylva, et al., 2004). In particular, the communication environment in the early years has been identified as being crucial in ensuring school readiness and in lowering the risk of low attainment (WG, 2020). As an example, the number of words a child can say, understand and combine at 24 months, has been shown to be a significant predictor of later school performance (Roulstone et al., 2010).

In a study conducted by, Hart and Risley (1995) there was found to be a word gap of approximately thirty million words by the age of three years between high and low income families, suggesting that early opportunities and the home environment are significant factors in a child's learning and development. This is important because there is an association between early years developmental outcomes and later successful outcomes. Given that language skills are strongly associated with a child's outcomes at primary school (Curthbert, 2018), this is arguably a key opportunity for greater intervention within this area to help reduce the inequalities and disparities between children starting school. As EPs are concerned with improving the learning experiences and the emotional wellbeing of children (DfE, 2023), this again provides a clear rationale for EPs to work within the earliest stages of development, to advocate and support the home/childcare learning environment to enhance and optimise early learning opportunities and reduce such disparities when children start school.

3.4. The role of the Educational Psychologist

The role and distinct contribution of EPs has been the subject of ongoing discussion and exploration (Fallon, Woods and Rooney, 2010). However, despite numerous reviews on this subject, a sense of ambiguity persists. In this thesis, the EP role will be considered in relation to Fallon et al.'s (2010) proposed definition, as it is deemed to encompass the diverse functions and contexts of an EP's work.

There have been numerous reviews which have aimed to conceptualise the role of the EP (Fallon et al., 2010). In these reviews, Fallon et al. (2010) identified three recurring themes: "reconstruction," "reformulation," and "refocusing." They suggest that these themes represent an enduring lack of confidence among EPs regarding their professional identity and direction. This may also reflect ongoing tensions that EPs face within their roles relating to enduring changes to the socio-political agendas and contexts which require EPs to be adaptable and flexible within their practice (Stobie, 2002). An example of this is the emphasis placed on the EP role within statutory SEN processes. Arguably, the context of the mid-1990s which brought about changes to SEN legislation, has led to constraints and distortions of the EP role both in function and placement (Farrell et al., 2006). The EP role seemingly became synonymous with SEN processes, including identifying needs and describing education provision, and still constitutes a large aspect of EPs' work today. Conversely, Fallon et al. (2010) argue for a more expansive and comprehensive view of the EP role and have attempted to summarise what EPs do in a comprehensive statement. They propose that:

"EPs are fundamentally scientist-practitioners who utilise, for the benefit of children and young people, psychological skills, knowledge and understanding through the functions of consultation, assessment, intervention, research and training, at organisational, group or individual level across educational, community and care settings, with a variety of role partners" (p. 4)

This description hints that the role of the EP is fluid and positioned between several interconnected systems and contexts, illustrating the possible diverse nature of work and the repertoire of skills that EPs have. The functions described are also clearly reflected and interwoven within the HCPC professional proficiency standards (HCPC, 2015).

In addition to the description of Fallon et al. (2010), the Division of Educational and Child Psychology (DECP) practice guidelines suggests that the primary focus of EPs should always be on the wellbeing and needs of children and on achieving positive outcomes for them (BPS, 2002). The document also states that EPs have a responsibility for *all* children's development and not just those they are specifically involved with (p. 4). Likewise, the Association of Educational Psychologists (AEP, *n.d.*) recommend that EPs should not only work with children with ALN but aim to promote *all* children's wellbeing.

As illustrated, there is a clear consensus from the professional bodies of the profession that EPs should have a role in supporting the development and the emotional wellbeing of *all* children, including infants, in a proactive and preventive way, across different contexts. Arguably, being proactive and preventative is a central aspect of practice during the infancy stage and provides a clear justification and rationale for EPs work during this period. Within a Scottish report regarding the EP role, it states that consideration should be given to how funding provided to LA early years services could be used to facilitate and enhance EPS activity and impact within this area (ES, 2019, p.10). Cameron (2006) also suggests that EPs focusing proactively on the enhancement of the emotional and personal wellbeing of CYP, rather than relentlessly pursuing a reactive response to problems when these have been well established, presents exciting possibilities (Cameron, 2006). However, the development of EP services for the youngest of children has been subject to very little research, where very little is known about the EP role when working with infants specifically. There has been *some* research conducted that explores EP practice within the early years period more broadly, which will be discussed in Part1B and there has been several position papers advocating EPs' work during the early stages of development which will be discussed next.

3.4.1. The first 1001 days: A missed opportunity?

Canale, Wright and Stewart (2021) in a blog post for the BPS, argues that EPs have the skills, expertise, and knowledge to support infants who are birth to two years old and describe this as a '*golden opportunity*' for supporting the development of the youngest children in society. They argue that EPs have the theoretical knowledge of the complex and interactional nature of development and an understanding of the 'evidence base' that can inform what is important during these early years in order for children to thrive.

Rackett and Holmes (2010) share a similar view and consider EPs as ideally placed to support assessment and intervention that facilitates secure attachments and contributes to the fields of infant mental health and infant development. Given that the quality of the caregiver-infant relationship is considered as a central factor within developmental outcomes, it is plausible that EP could contribute to attachment work within this period, that supports the interactive relationship between infant and carer within a preventative capacity (Rackett and Holmes, 2010).

Wolfendale and Robinson (2004) suggest that pre-school services has been considered an area where professionals outside of the educational sector predominate. Indeed, support within infancy years is indicated to be most associated with health visitors, midwives, social workers, and primary care practitioners (HM Government, 2021; Bateson, Sercombe and Hamilton, 2021), and perhaps not perceived as a priority or within the remit of wider services and sectors. This includes EPs, who are perhaps associated with involvement within educational establishments around areas of ALN (McGuiggan, 2021). Findings from a review into current support available within the first 1001 days (HM Government, 2021) illustrates that parents and extended family members expressed that it can be difficult to access support during this time, indicating that there is a potential gap within provision (HM Government, 2021). The review suggested that barriers to engaging in work within his period were related to a lack of capacity and workload pressures of professionals who support children, as

well as a lack of clarity about who is accountable for ensuring support for babies. This suggests that babies are possibly a missed group within service provision, indicating some ambiguity in relation to what professional groups are responsible for and considered best placed to provide support services to infants.

There is, however, some evidence documented regarding the role that EPs undertake with very young children with specific circumstances, within Portages services (Oakes, 2010). Portage is a home-visiting educational service for pre-school children with complex SEND or ALN and their families (National Portage Association, 2003). EPs involvement in areas such as Portage consists of coordinating services to families, training, supporting and supervising Portage workers (Wolfendale and Robinson, 2004).

3.4.2. EPs within the early years

Wolfendale and Robinson (2004) and Dennis (2003, 2004) consider the developing role and influence of EPs working within the early years and proposed a broader and more inclusive model of service delivery working beyond the micro or individual level, to a macro or organisational level. This was in response to the socio-political changes of the profession and early years children at that time. They considered a focus on statutory work to limit the opportunities for more preventative work within the early years and therefore, advocated for the wider contribution EPs could make.

Dennis (2004) proposed an inclusive model that encompasses the avoidance of individualisation of children's needs, instead focussing on empowering childcare staff and LAs in developing their skills and knowledge of early years development from a psychological perspective. This is suggested through working systemically via training, consultation, working with cluster groups and offering strategic level support within LAs. To achieve this vision, Dennis (2003) recommends a need for a senior specialist role within every EPS. Although Dennis provides a potentially helpful model of practice for EPs working in the pre-school years, the model focusses primarily on the childcare settings and does not consider the possible wider contexts, as suggested by Fallon, et al. (2010).

Similarly, Wolfendale and Robinson (2004) suggested a greater role for EPs in the early years but also includes, developing practice with families, wider professionals, and organisations around understanding and promoting child development and learning, as well as providing multi-agency support.

Both Dennis (2003, 2004) and Wolfendale and Robinson (2004) are positions papers, which encompass some research to support their claims, however they are largely based on their own subjective views and experiences. Therefore, these views are possibly not reflective of developments within early years EP practice today. However, they contribute to the very few empirical papers that are specifically related to the EP role within the early years, which are discussed in Part1B.

3.5. Part 1A chapter summary

Research from the fields of neuroscience, psychology, social science, and economics have all shown the lifelong significance of early childhood development and the potential benefits of providing preventative support, particularly within the first 1001 days. Given that EPs are applied psychologists who work with children from birth to 25 years, there seems an important role and opportunity for EPs to promote the development of children during the infancy period, with the aim of supporting children on positive developmental trajectories and preventing and mitigating unnecessary difficulty in the future. However, the way in which EPs currently practice within this age group is less clear.

In summary, this section describes broadly the relevant legislation and evidence that indicates the significance of the early years period. It also argues that within the remit and functions of EP practice, EPs are well placed to contribute to preventative services and intervention aimed at supporting infants within this significant period of development. Research that specifically relates to the EPs' role within the early years period more broadly will now be reviewed.

4. Part 1B: Systematic Literature Review

4.1. Overview

The purpose of this literature review was to explore and critically review the literature available in relation to the EPs' role within the early years, so that the current knowledge base could be identified. The focus was to explore the current role of EPs working within the early years period in the UK. To support the trustworthiness, transparency and applicability of the literature review, the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidance was adopted (Page et al., 2021).

4.2. Formulation of Review Question

The initial question posed by the researcher for this review was *what is the role of Educational Psychologists when working with birth to two years old?* However, after an initial systematic search of several databases, using *Educational Psychology or Educational Psychologists and birth-two years or infants or babies*, it became apparent that there were no results that specifically addressed EP practice in relation to this age group. Therefore, the search was expanded to include broader terms such as "early years" and "pre-school" to widen the target population and generate a larger scope (see table 1 for all included search terms). Subsequently, a more comprehensive review question was posed, which was, *what is the role of EPs when working within the early years period, within the UK?*

4.3. Review Strategy

A systematic review was engaged to appraise the literature relating to the EP's role when working with early years children. Several databases were accessed based on their relevance to educational psychology, education, and early child development. These consisted of, Applied Social Sciences Index and Abstracts (ASSIA), Educational Resource Information Centre (ERIC), PsycInfo®, SCOPUS, Web of Science, Child Development and Adolescent Studies, and British Education Index. An initial search was carried out in July 2022, and again in September 2022 and March 2023.

As there is an abundance of literature relating to early years development it was decided that the search would include literature that was pertinent to the role of the EP as this would provide results more specific to the literature review question. Therefore, initial terms were relating to "*Educational Psychologists*", "*infants*" and "*role*". Equivalent words relating to each of these subject headings were combined using Boolean operators, for example, "OR" was used to widen the search, "AND" was used to combine search terms and to ensure the results were specific to the review question. A list of all search terms used can be found in Table 1 and an example of the results of a database search in Appendix 1.

Search Term One		Search Term Two		Search Terms Three
"0-2 years"	AND	"Educational Psycholog*"	AND	Role
"Birth-two years"		"Community Psycholog*"		EP role
"Pre school*"		EPs		Contribution
"Pre-School*"				Involvement
Preschool*				Research
Babies				Assessment
Baby				Intervention
Infant*				Consultation
Toddler*				Supervision
"Early years"				Training
"1001 days"				Practice
Newborn*				
"New born*"				
Birth				

Table 1 Systematic Literature Review Search Terms

Terms related to the *role* were intended to explore relevance to EP practice with consideration to the core EP functions identified by Fallon et al. (2010), namely, assessment, intervention, consultation, training, and research.

To support relevance of the papers chosen, the inclusion and exclusion criteria detailed in Table 2 was applied. Journal articles published from 1998 onwards were considered as this date was the year that the UK Governments Sure Start initiative for early years children was first published. As already noted, this was arguably a policy that provided a catalyst for reform for early years children and their families within the UK. This method led to 820 papers.

Inclusion Criteria	Exclusion Criteria	Rationale
Design: Empirical studies	Opinion pieces, reviews, position papers	To support the reviews aim of identifying what role educational psychologists have in supporting early years children with verifiable data
Location: Practice within the UK	Outside of the UK	Due to the different conceptualisation of the role and UK legislation. Sought research relating to UK practice
Participants: Relating to EP practice in the early years	Relating to other professional groups e.g., health visiting	The researcher was interested in EP practice specifically within the early years period
Date: 1998 onwards	Pre 1998	The relevance of these dates to early years legislation
Peer-reviewed (including unpublished thesis)	Not peer-reviewed	To support the reviews aim of identifying what role educational psychologists have in supporting early years children from credible and quality sources

Table 2. Systematic Literature Review Inclusion and Exclusion Criteria

Records were further refined by screening their abstracts and titles to exclude those not relevant to EP practice, book/video reviews and newspaper articles, response articles, those which focussed on children five years plus and duplicate records. This led to 26 articles all of which were further assessed

for their eligibility. This resulted in a total of nine articles being critically analysed. As the number of papers from the initial search were limited, unpublished theses were also included to the search via the website EthOS. This resulted in a further five papers being reviewed. The complete search strategy, process and results can be found in the PRISMA 2021 flow diagram in Appendix 2, which details how the results were generated at each stage and how these were assessed for their inclusion and exclusion. Appendix 3 outlines each of the reports that were reviewed, including limitations.

Studies were examined using the Mixed Methods Appraisal Tool (MMAT) (Hong, Gonzalez-Reyes and Pluye, 2018). The MMAT was utilised as it is designed for the critical appraisal of qualitative, quantitative, and mixed methods studies. The tool outlines a set of criteria and screening questions to enable consideration to the studies quality. Consideration was given to each of the relevant questions for each individual paper; however, an overall quality score was not provided due to the limited results obtained from the literature search. Consequently, all studies were included.

4.4. Critical Review of the Literature

The fourteen selected studies will now be discussed with the aim of answering the literature review question: *What is the role of EPs when working with early years children (birth to five years) in the United Kingdom?*

The review involved the examination of each study, through which broad themes were identified. These will now be discussed in turn.

4.4.1. Engagement in individual assessment of need

A clear and consistent theme in relation to the role of the EP within the early years, is practice that is related to individual assessment of need, often relating to statutory SEN or ALN processes. McGuiggan (2021), Robinson and Dunsmuir (2010), Shannon and Posada (2007), Hussain and Woods (2019) and Wood-Downie et al. (2021), provide evidence of individual assessment being a prominent aspect of the early years EP role.

Research conducted by McGuiggan (2021) exploring EPs' conceptualisation of their role when working with families, found that EPs working with pre-school children primarily, or solely, conducted work based around statutory assessment processes to identify SEN provision. EPs within the research identified this as their distinctive contribution for this age group. A key finding was that some EPs did not view intervention work with families with pre-school children as a part of their current role, where other education and social care agencies were considered to provide such work. There was also variance as to whether EPs perceived their role to be school system focussed or both home and school system focussed. A traded model of service delivery was suggested to create a sense of school "ownership" which acted as a barrier to engagement in wider work with families (p.11). EPs who considered both contexts in their work, were suggested to place greater focus on wellbeing and the importance of understanding children within their different contexts. The research is based on a relatively small sample of EPs given its qualitative nature, and therefore, it is possibly limited to the perceptions of the participants within the research itself and not a reflection of wider EP practice. However, the participants consisted of EPs working across four different LAs, which enabled patterns within the data to be compared across the various systems, offering a wider representation.

Robinson and Dunsmuir (2010) investigated assessment and intervention practices in Children's Centres across three local authorities (LAs) following new legislation and government initiatives promoting multi-agency support for families. Their study involved multi-professional focus groups, including EPs. The research found that the volume of assessment work had increased since legislative

changes, however the nature of the work had not changed significantly. Integration of assessment and intervention among professionals was lacking, despite participants acknowledging the importance of information sharing and joint working. The statutory assessment requirements to provide psychological advice, placed constraints on EPs engaging in wider intervention practices. However, participants indicated an increase in parental involvement and greater consideration of contextual factors. The EP role was also considered valuable in supporting others to make sense of difficult situations and was closely aligned with individual assessment rather than intervention. The authors suggest the need for early years systems that facilitate collaborative case conceptualisations between parents and professionals. They also suggest that EPs have the potential to support pre-school children and their families with issues causing distress and concern (such as, sleeping, eating, toileting), particularly given the significant psychological contribution that informs our understanding of such areas (Douglas, 2005; Herbert, 1996). They imply that this is not yet fully realised within the profession and further developments to support more integrated intervention between professionals within the early years would be beneficial. It is important to note that the study focused specifically on assessment and intervention for children with SEN, limiting its scope to explore broader aspects of EP practice. Additionally, as the research was conducted within three specific areas in England, the findings may not be representative of the profession in other localities.

Shannon and Posada (2007) aimed to gain some understanding of the current EP role in relation to early years practice through questionnaires with 37 EPs and interviews with three EPs. The findings revealed that EPs were predominantly engaged in individual casework and assessment, despite expressing a desire for increased preventative and systemic work. Limited time was identified as a barrier to engaging in broader scopes of practice, including work with parents. The study highlighted a disconnect between EPs' preferred ways of working and the realities of their current practices, leading to dissatisfaction among the participants. These findings align with the research by Robinson and Dunsmuir (2010) and McGuiggan (2021), indicating a gap between EPs' desired approaches and their actual practice. However, it's important to note that Shannon and Posada's (2007) study also focused on a specific locality in England, which again may limit its generalisability to the wider landscape of EP practice in the UK. Shannon and Posada (2007) did however provide further insight into the EP role and found there had been an expansion of specialist pre-school EP posts who reported having more opportunities for multi-agency and project work compared to those in non-specialist roles, leading to higher job satisfaction. This aligns with the views advocated by Dennis (2003) regarding the importance of specialised roles within the EP profession. EPs expressed future desires for increased time allocated to the early years, greater collaboration with others and engagement in preventative and organisational work.

The specific ages of children discussed in McGuiggan (2021), Robinson and Dunsmuir (2010), and Shannon and Posada (2007) were not specified. However, the examples of EP practice mainly focused on supporting children within early years settings or assessing children with SEN to inform future provision. The research suggests that EP involvement commences when there are specific concerns about a child's development. Therefore, it remains unclear how, or if, EPs support younger children who are not yet demonstrating established observable concerns. Although the studies had small sample sizes and were conducted across few LAs, the patterns identified across the studies provide a broader understanding of the early years EP role, indicating that the role is perhaps aligned with processes related to SEN, including identifying needs and describing provision, despite a desire for a wider range of practice.

4.4.2. Utilising tools to aid EP assessment

The literature also demonstrated that EPs within the early years utilise different methods of individual assessment and adapt their approaches, based on the changing socio-political context. Hussain and

Woods (2019) investigated the use of play-based Dynamic Assessment (DA) in early years EP practice through interviews and observation of EPs conducting DA. The study, based on data from two participants, highlighted that DA provides valuable information about children's skills, learning potential, and intervention strategies. It also allows EPs to consider broader environmental, holistic, and affective factors during assessments. The research suggests that EPs have a role in using assessment approaches that explore early years children's learning potential through mediation and interaction and providing relevant strategies to support them. However, the study focused solely on the assessment aspect of EP practice and did not explore further functions, although the authors suggest the importance of EPs training and supporting early years practitioners in utilising DA effectively in their own practice. Hussain and Woods (2019) used inter-rater checking within their thematic analysis (Braun and Clarke, 2006), which is not aligned with the principles outlined in Braun and Clarke's approach. Therefore, this may have limited the analytic depth of the findings, particularly given this was based on the data from two participants, offering only a partial understanding of DA practice within EP assessment.

Similarly, Wood-Downie et al. (2021) demonstrated the use of digital stories as a tool for EPs in conducting Education Health Care (EHC) needs assessments for pre-school children who are three to four years old. The study demonstrated that digital stories supported EPs in representing children's views, developing provisions, formulating psychological perspectives, and personalising assessments. However, this study focused on a specific context and was conducted as a response to the COVID-19 pandemic. It was an exploratory qualitative study, aimed at understanding stakeholders' experiences of using digital stories for the first time, and therefore is perhaps not indicative of typical EP assessment work within the pre-school stage. However, the research provides insight into the creative and innovative ways EP might engage in their assessment practices.

4.4.3. Conducting action research to improve early years systemic practice

Using action research frameworks, Douglas-Osborn (2017) and Simmonds (2022) demonstrate how EPs can have a greater role within the early years, emphasising holistic and systemic approaches to supporting settings, parents, and early years children. Their work addresses some of the concerns raised in Dennis (2003, 2004) and Shannon and Posada's (2007) research regarding the focus on individual assessment work, at the detriment of broader support for early years settings and systems.

Douglas-Osborn (2017) conducted action research over the course of one academic year, within a single early year setting. This was to investigate the potential role that EPs *could* play within this context. The researcher employed the Research and Development in Organisations (RADIO) framework (Timmins, Shepherd, & Kelly, 2003) to collaboratively develop a tailored model of practice to the specific needs of the setting. This involved active engagement in individual casework and support for early years practitioners and parents. The flexible nature of action research allowed the researcher to adjust their approach to enhance support in a real-world context. However, findings are therefore highly context-specific and may not easily generalise to other settings.

Following intensive EP involvement within the setting and engagement in focus groups, questionnaire and interviews, Douglas-Osborn (2017) found that early years practitioners demonstrated an improved understanding of the EP role, enhanced knowledge of child development, felt increasingly supported in their work, and valued the opportunities for earlier intervention. Based on these findings, Douglas-Osborn (2017) highlights the importance of adopting a holistic and intensive approach to working with settings and highlights the value of using a framework such as RADIO to guide such an approach. However, findings were based on participant perceptions and observations rather than direct measures of specific effects. Therefore, it is difficult to pertain specifically what contributed to these changes and which elements of EP practice supported these findings. Additionally, participants

may have provided answers that were desirable, leading to potentially inaccurate self-reports and data. Nevertheless, Douglas-Osborn (2017) demonstrated how EPs could be utilised more extensively within an early years setting, with perceived positive influence. As a result, the author proposes and advocates for EPs to have a greater role within the early years through an integrated and individualised approach that focuses support on the specific needs of the specific context. The author provides several examples of the EP role, including exploring innovative ways to allocate EP time alongside settings; providing direct support to early years practitioners and parents; conducting consultations and solution circles; offering supervision for early years practitioners; engaging in direct work in homes; organising workshops for parents; conducting research or project work (Douglas-Osborn, 2017, p.415).

Similarly, Simmonds (2022) also advocates for a greater role for EPs in early years settings, providing broader systemic support. Again, through adopting an action research framework, Simmonds (2022) demonstrates how systemic work can be effectively conducted within an early years setting over an academic term. The study highlights the importance of consultation skills, attuned interactions, participation, contracting and guiding principles in improving practice. The principles of attuned interactions, described by Kennedy et al, (2010), were particularly prominent within the research and considered pivotal for effective systemic work within the setting (p.53). These findings align with Douglas-Osborn's (2017) conclusion that relationships with the early years are a crucial factor in enabling systemic work. Simmonds (2022) also emphasises the EP's role in using careful questioning that enables others to consider the systems surrounding the child and the wider factors influencing development, avoiding a narrow within-child focus. Simmonds (2022) also advocates adopting a strength-based approach to facilitate practice.

Although Douglas-Osborn's (2017) and Simmonds (2022) offer alternative ways of EPs working with early years settings through their action research, both conducted their research as Trainee EPs (TEPs) and therefore, the ability to implement these approaches in everyday practice may differ from the research context. As noted by Douglas-Osborn's (2017), it is unlikely that EPs in real-world practice would afford the same amount of time to an early years setting as was possible within the research. Furthermore, since the context of the studies were specific to early years settings, it remains unclear how EPs are currently supporting children who are not yet attending. Consideration to the perspectives of EPs who are currently engaged in such work, might provide valuable insights into the feasibility and facilitators of the practices described by Douglas-Osborn's (2017) and Simmonds (2022).

Oakes (2010) interviewed three EPs engaged in an Appreciative Inquiry (AI) within one organisation about their perceptions of effective practice in the early years. They viewed EP practice as providing psychological knowledge on child development; applying psychology to address challenges and understand change; offering insights into LA systems and processes; building on professionals' strengths; engaging in problem-solving approaches in collaboration with others. Professional autonomy, trust, enjoyment of working with young children, effective communication skills, and multi-agency work were identified as key facilitators in their practice. The research also emphasised the importance of working and building trust with parents. However, Oakes (2010) concluded that within the specific organisational context that the AI was conducted, there was a need to ensure EPs considered wider scopes of practice and applied their skills and knowledge at a whole system level. This aligns with the perspectives of Simmonds (2022) and Douglas-Osborn (2017) who advocate more systemic and holistic practices within the early years, beyond that of individual casework and assessment. The ages of the children specifically referenced within Oakes (2010) ranged from three to five years old, and therefore it was difficult to determine whether infants were incorporated within the early years EP work being explored.

4.4.4. Supporting the mental and emotional wellbeing of pre-school children

Another core theme was the EPs' role in supporting the mental and emotional wellbeing needs of pre-school children, ages birth to three years. Slade (2019) using questionnaires within a mixed method design, aimed to explore EPs' constructs of their role in supporting the mental and emotional wellbeing within the preschool years. Statutory work was considered the most common type of practice for supporting mental and emotional wellbeing, followed by consultation. Slade (2019) also considered the facilitators and barriers of this work and interestingly found that some EPs did not feel confident and competent within work with pre-school children or did not have the time or resources to engage in such work. EPs also considered themselves to be perceived as gatekeepers and assessors by service users and wished for more training, multi-agency work and opportunities for wider more holistic models of practice, again aligning with the finding of Robinson and Dunsmuir (2010), McGuiggan (2021) and Shannon and Posada (2007).

Slade (2019) also found that there was a slightly different representation of the early years EP role within Flying Start services, who seemed to engage in wider ranges of work, over a longer duration, including consultation, direct work, training, multi-agency work and working with families. However, although examples of the nature of work are provided, there is an absence of greater information regarding how EPs are carrying out such functions, which is perhaps anticipated from the questionnaire data gathering method that was utilised. However, Slade (2018) offered some insight into current EP practice in Wales, suggesting that some EPs are engaged in a variety of functions to support the mental and emotional wellbeing within the pre-school period.

4.4.5. Evaluating, training and supervising specific interventions

The literature revealed five papers focusing on the EP role in evaluating specific programs and interventions. Research conducted by Rait (2012), Fitzer (2010), Barrett (2018), Butcher and Gersch (2014), and Hughes and Cline (2015) highlights EP involvement in the evaluation, development, implementation, training, and supervision of specific intervention programmes. As the literature review is aimed at exploring the role of EPs specifically and not the evaluation or efficacy of pre-school programmes or interventions themselves, it was not considered appropriate to explore the limitation of the methodologies used for evaluation. However, the studies were included within the review and are briefly discussed, as they provide some insight into how EPs are utilising their role within the pre-school period.

Fitzer (2010) evaluated an attachment-based early years intervention training package developed by EPs, for early years settings. Fitzer (2010) recommends that EPs provide ongoing opportunities for reflective practice for early years practitioners to consolidate the new practices and concepts covered in the training. This was suggested through applying psychological knowledge to support training developments, and supervision to integrate attachment principles into early years settings.

Butcher and Gersch (2014) explored parental experiences of the "time together" home-based intervention, aimed at enhancing the parent-child relationship. EPs in this intervention conducted various roles, such as conducting a family assessment and supervising the home worker. The authors propose that EPs can support home visiting practitioners by helping them reflect on the complexities of the family system, tailoring interventions to meet family needs, fostering positive relationships with families, and providing emotional support and containment for the home visiting practitioners during their visits.

Similarly, Barrett (2018) introduced video enhanced self-reflection into a Dialogic Reading (DR) training programme for teachers working within early years education, with children 3 years plus. DR

is an instructional programme to support language development in pre-school children. The research demonstrated how EPs can facilitate teacher self-reflection through incorporating video as a tool alongside a reflective framework. Barrett (2018) suggests that the role of the EP within such intervention is to support fidelity of the intervention and adult competence with the techniques used.

Rait (2012) utilised video to support the evaluation of the 'Holding Hands Project' for two to five year olds aimed at promoting parent-child interactions. Within this research, the EPs' role was to provide training of the programme, to video the play sessions at various time points, feedback observations to parents, administer questionnaires, and support the family support workers with planning sessions and providing them supervision.

Lastly, Hughes and Cline (2015) demonstrated the EPs' role in training and providing follow-up support sessions for preschool providers within the Promoting Alternative Thinking Strategies (PATHS), an early years curriculum designed to improve children's social and emotional competence.

4.5. Part 1B chapter summary

This systematic literature review has aimed to explore the current studies that are pertinent to the role of the EP within the early years. Results of the review suggests that there is limited research into the role of the EP in the context of pre-school children. Although much of the research provides *proposals* for the early years EP role, there is a lack of current literature on everyday EP practices, particularly when working within the infancy period.

From the research that has been conducted, the EP role within the early years seems to be aligned with individual assessment, relating to statutory processes within the context of early years settings (McGuiggan; 2021; Robinson and Dunsmuir, 2010; Shannon and Posada, 2007; Hussain and Woods, 2019). Action research has also been conducted within early years settings and EP services as a means of reimagining the early years EP role, with a focus on holistic and systemic support. Other papers have indicated that EPs evaluate specific programs and interventions in the early years, offering potential broader functions of EP practice such as training, supervision, program development, and working in wider contexts. However, it is unclear if the findings accurately reflect everyday EP practice beyond that of the research context. Furthermore, much of the research focussed on children who were two years plus, within educational settings, and therefore, it is possible that they do not incorporate the infancy period.

Slade (2019) presented some insight into how Flying Start EPs are currently supporting the mental and emotional wellbeing of pre-school children in Wales utilising various functions identified by Fallon et al. (2010). However, although Slade (2019) provides a general overview of the EP role, there is an absence of specific detail regarding how EPs are carrying out such functions within their practice and which aspects of this, if any, are related to the infancy period specifically. Slade (2019) suggests that further investigation is needed to explore findings in more depth and suggests that interviews might support this process.

Following this review, the subsequent questions remain: what is the role of EPs when working within the infancy period or first 1001 days of development specifically; how do EPs perceive their role when working during of this period of development, particularly given infants may not yet attend an educational setting?

4.6. Current research

The first 1001 days of development presents an opportunity for preventive support, with the potential to positively impact a child's future development. This is considered as an important rationale for EPs to contribute to practice during this period. Despite this, there is a paucity of literature that suggests the nature of this work, how it is being conducted, or whether EPs perceive this to be within their current remit. It is therefore considered important to develop understanding of the role that EPs play when working within this age group specifically, to help inform current and future practice and contribute to the knowledge base.

This research aimed to offer an expansion to Slade's (2019) research using a different methodology to consider a deeper exploration into what role EPs have within the infancy period and the factors that support this. Although Slade's (2019) research was focussed on birth to three year olds, it is unclear how much of the EP practice described relates to the first 1001 days, particularly given that children who are eligible for Flying Start have access to funded childcare from two years old. Therefore, this study aimed to build on the findings of Slade (2019), through an in-depth exploration that is afforded through qualitative approaches. It aimed to focus specifically on the infancy period, as this is a stage of development that had not yet been explored with the EP literature.

4.6.1. Research questions

The following questions that this study aimed to explore to contribute to the knowledge base within this area are:

- 1) What do EPs perceive their role to be currently, when working with 0–2 year-olds in Wales?
- 2) What would EPs wish to see implemented to support their work with 0–2 year-olds in Wales?
- 3) What factors can improve EPs work with 0–2 year-olds in Wales?

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Part 2

Empirical Paper

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6.1. Abstract

The significance of the period between conception and the first two years of life on lifelong health, development and wellbeing has received growing attention. This period has been termed the first 1001 days. It is a period of rapid brain growth where early foundations for future development are considered to be laid. The environment in which infants are exposed during this period, has been demonstrated to have lasting influence. Educational Psychologists (EPs) have a role in supporting the psychological development and emotional wellbeing of children and young people from ages birth to twenty five years (WG, 2016a, 2018; DfE,2023). Despite this, there is limited literature exploring EP practice within the first 1001 days specifically. Therefore, this research aimed to contribute to the knowledge base within this area, to inform future practice.

The current research was conducted to gain EPs' perspectives of their role when working with birth to two year olds. Five EPs, across five different Local Authorities in Wales, engaged in semi-structured interviews utilising an Appreciative Inquiry framework. The data was analysed using reflexive thematic analysis where five overarching themes were identified: *Relationships are the foundation; Building capacity for work with infants; "We can push the boundaries": Settings and beyond; It's a passion; It takes a village*. Within these themes perceptions of the EPs' role when working with infants was explored.

The analysis draws attention to what EPs are currently doing in Wales to support infants, including the context in which the work takes place and the perceived supporting factors. The analysis also illustrates what EPs hope for in the future in relation to this area of work.

Implications for EP practice are discussed at an individual, group and organisational level. The implications for how we conceptualise Educational Psychology as a profession and the systems in which practice is located, are also discussed.

6.2. Introduction

There is extensive and compelling evidence that suggests the short-term and long-term benefits of investing into early intervention and preventative support for children and their families (Leach, 2018; Allen 2011). The early years is a period of development that has gained significant attention in recent years, which has been evidenced in government policy overtime (HM Treasury, 2003; Sylva, et al., 2004). This has been observed in the Welsh Government's commitment to expand Flying Start, their flagship programme for children birth to four years and their families (WG, 2012; WG, 2022).

The Welsh Government (2013) considers the early years as the period between pre-birth and seven years old. However, research has demonstrated that there are dramatic and rapid changes during this developmental period, where certain phases are seemingly more critical for development (Leach, 2018). Organisation such as the Parent Infant Foundation specifically promote the importance of the first 1001 days, a term used to signify the period from conception to age two. They suggest that this is an "*age of opportunity*" (Parent Infant Foundation, *n.d.*, p1) as babies' development is strongly influenced by their experiences and environment.

6.2.1. The first 1001 days

Advances in neuroscience has contributed to our knowledge of the effects of positive and negative experiences on the developing brain and body, particularly within the first two years of life (for example, Schore, 2001). The first 1001 days are emphasised due to the uniquely rapid growth that occurs within the brain and body during this period, where development is proposed to be more easily malleable and impacted by environmental influences (Schore, 2001; PIF, 2021;). Therefore, the first 1001 days are considered a 'critical' or 'sensitive' period for shaping optimal foundations for healthy development, both in the here and now and in the future (Knickmeyer et al., 2008, p. 12181; Center on the Developing Child, 2016, p.9).

The development of the stress response, self-regulation skills and early learning skills have been shown to be influenced by early relationships and social interactions with caregivers during this period (Shonkoff and Garner et al., 2012). Babies require responsive, sensitive, and stable relationships, as well as language rich interactions with adults that are emotionally stimulating, to support the process of healthy brain development (Cozolino, 2014; Balbernie, 2018). Disruptions to this process, for example, stressors that preoccupy the caregiver, might interfere with the scaffolding and co-regulation processes required in the development of such capacities (Beeghly, Perry and Tronick, 2016).

There is also an extensive body of early adversity and trauma research that has concluded Adverse Childhood Experiences as potential risk factors for development. For example, research demonstrates an association between ACEs within early childhood and later mental and physical health outcomes (for example, Felitti, Anda and Nordenberg et al., 1998; Bellis, Ashton, Hughes et al., 2016). The National Scientific Council on the Developing Child (2020, p.14) have suggested three principles that should inform policy and intervention across sectors to support the buffering of these effects, These include, ensuring infants and children have supportive responsive relationships with the adults who care for them; reducing sources of stress and strengthening core life skills that enable caregivers to provide healthy regulated caregiving environments and which minimise activation of the body's stress response.

Therefore, the First 1001 Days movement (PIF, *n.d.*) aims to promote understanding and awareness of the importance of the emotional wellbeing of babies and their early relationships, as it is through the process of experiencing sensitive care that babies can flourish. They advocate for all professionals

who work with children to consider what they are doing to provide helpful and effective support during this significant period of development, to afford every child the best possible start in life (Bateson, Sercombe and Hamilton, 2021).

6.2.2. The role of Educational Psychologists

EPs are a professional group who work with children and young people who are birth to twenty five years old (WG, 2016a, 2018). Fallon et al. (2010) suggests,

“EPs are fundamentally scientist-practitioners who utilise, for the benefit of children and young people, psychological skills, knowledge and understanding through the functions of consultation, assessment, intervention, research and training, at organisational, group or individual level across educational, community and care settings, with a variety of role partners” (p. 4)

This description hints that the role of the EP is fluid and positioned between several interconnected systems and contexts, illustrating the diverse nature of work and the repertoire of skills that EPs possess. Such functions are clearly reflected and interwoven within the HCPC professional proficiency standards for practitioner psychologists (HCPC, 2015). Within the professional proficiencies, it also suggests that EPs should demonstrate a proactive and preventative approach to support the psychological wellbeing of CYP.

In addition to the description of Fallon et al. (2010), the Division of Educational and Child Psychology (DECP) suggest that the primary focus of EPs should always be on the wellbeing and needs of children and on achieving positive outcomes for them (BPS, 2002). They also suggest that EPs have a responsibility for *all* children’s development and not just those they are specifically involved (p. 4). Likewise, the Association of Educational Psychologists (AEP, *n.d.*) recommend that EPs should aim to promote *all* children’s wellbeing.

There is a clear consensus from the professional bodies of the profession that EPs have a role in supporting the development and the emotional wellbeing of *all* children, including infants, in a proactive and preventive way. Arguably, being proactive and preventative is a central aspect of practice during the infancy stage and provides a clear rationale for EPs’ work during this period. However, the development of EP services for the youngest of children has been subject to very little research, where very little is known about the EP role when working within the first 1001 days specifically. There has been *some* research conducted that explores EP practice within the early years period more widely.

6.2.3. The role of the Educational Psychologist within the early years

From the research that has been conducted, the EP role within the early years generally seems to be aligned with individual assessment, relating to statutory processes within the context of early years settings (McGuiggan; 2021; Robinson and Dunsmuir, 2010; Shannon and Posada, 2007). EPs have been shown to utilise different methods of individual assessment to support this process, such as Dynamic Assessment (Hussain and Woods, 2019) and Digital Stories (Wood-Downie et al., 2021).

Research conducted by McGuiggan (2021) found that EPs considered assessment work in the early years as their distinctive contribution, where intervention work with families with pre-school children was considered the responsibility of other education and social care agencies. Robinson and Dunsmuir (2010) found that statutory requirements to provide psychological advice, placed constraints on EPs engaging in wider practice, where there was a lack of clarity of the EPs’ role and the broader

psychological contribution they could have within the early years. Similarly, Shannon and Posada (2007) demonstrated that there was dissatisfaction with models of EP practice, where work in the early years was associated with high levels of individual assessment often related to statutory assessment processes, however found that specialist early years posts had increased opportunity for EPs to engage in more multi-agency and organisational work. Robinson and Dunsmuir (2010) argue that EPs have the potential to support pre-school children and their families with issues causing distress and concern, such as, sleeping, eating and toileting, particularly given the significant psychological contribution that informs understanding of such areas (Douglas, 2005; Herbert, 1996). However, a common barrier identified to EPs engaging in wider multi-agency and organisation development work, is considered to be a lack of time and resources.

Slade (2019) also found that statutory work was considered the most common type of EP practice for supporting the mental and emotional wellbeing in the preschool years, followed by consultation, where EPs considered themselves as gatekeepers and assessors by service users. Interestingly, some EPs indicated that they did not feel confident and competent within work with pre-school children. EPs wished for more training, multi-agency work and opportunities for wider more holistic models of practice. There was a slightly different representation of the early years EP role within Flying Start services in Wales. Such EPs seemed to engage in wider ranges of work, over a longer duration, including consultation, direct work, training, multi-agency work and work with families. Slade (2019) findings suggest that there is variance in EP practice within the pre-school period.

Action research has also been conducted by Trainee Educational Psychologists within early years settings as a means of reimagining the early years EP role, with a focus on holistic and systemic support (Douglas-Osborn, 2017; Simmonds, 2022). Other research has indicated that EPs have a role in evaluating specific programs and interventions aimed at early years children (for example, Rait, 2012; Fitzer, 2010; Barrett, 2018; Butcher and Gersch, 2014; Hughes and Cline, 2015). Within the context of such research, EPs engaged in wider aspects of practice such as, training, supervision, program development, and working in wider contexts. However, it is unclear if the findings in both the action research and programme evaluations, accurately reflect everyday EP practice beyond that of the research context.

Much of the research exploring EP practice within the early years, suggests that the role is perhaps aligned with SEN processes, including identifying needs and describing provision (Stringer, Powell & Burton, 2006). This is despite there being some consensus from EPs to engage in more holistic practice to support the pre-school years in preventative and proactive ways. In addition, much of the research focusses on children who are two years plus and within educational settings, and therefore, it is possible that they do not incorporate the infancy period. Although some of the research provides *proposals* for wider aspects of early years practice, there is a lack of current literature on the everyday practices of EPs, both within the early years and infancy period.

6.2.4. Current Research

The first 1001 days of development presents a unique opportunity for preventive support, with the potential to positively impact a child's future health, wellbeing, and development in the here and now, and future (National Scientific Council on the Developing Child, 2020). This is considered an important rationale for EPs to contribute to practice during this period. Despite this, there is a paucity of literature that suggests the nature of this work, how it is being conducted, or whether EPs perceive this to be within their current remit. The author is also aware that EP practice in Wales is varied in terms of work with infants, with some EP/LA services providing dedicated time to this, whilst others do not currently focus on this area. Therefore, the role of the EP in supporting this stage of development would benefit from further inquiry.

Slade (2018) offers some insight into the wider EP functions within Flying Start services in Wales, however, there is an absence of specific detail regarding how EPs are carrying out such functions and which aspects of these, if any, are related to the first 1001 days. This is particularly given that children who are eligible for Flying Start have access to funded childcare from two years. Therefore, this research aimed to offer an expansion to Slade's (2019) research using a different methodology to consider a deeper exploration of the EPs' role within the infancy period, and the factors perceived to support such work. It aimed to focus on the infancy period, as this is a stage of development that has not yet been explored with the EP literature specifically.

6.2.5. Welsh Context

This research was conducted within Wales, with EP participants currently working within a Welsh context. This decision was made based on two factors. Firstly, there are differences across the devolved governments within the UK in relation to early years initiatives, legislation, guidance, funding, and service commissioning structures. Secondly, in England a high proportion of LA EP services have moved towards a traded or part-traded service delivery model, influencing how work is commissioned and by whom (DfE, 2023). Consequently, it is possible that the diverse systems and structures that EPs are located, will impact on the expectations, priorities, and opportunities of the EP role. Therefore, as EP services in Wales fall under the jurisdiction of WG, it was felt that gaining a Welsh perspective as an initial starting point on this topic would enable comparison within the data to be made, with the assumption that participants were located within a similar socio-political context.

6.2.6. Research Questions

Following the review of the literature, the subsequent question remained: *what is the role of EPs when working within the infancy period or first 1001 days of development?* The research question was further refined with consideration to the first three stages of the Appreciative Inquiry model (detailed in *part 6.3.2.4.*). Therefore, the following three research questions were proposed:

- 1) What do EPs perceive their role to be currently, when working with 0–2 year-olds in Wales? (Designed to elicit answers relevant to the *discovery phase*)
- 2) What would EPs wish to see implemented to support their work with 0–2 year-olds in Wales? (Designed to elicit answers relevant to the *dream phase*)
- 3) What factors can improve EPs work with 0–2 year-olds in Wales? (Designed to elicit answers relevant to both the *dream and design phase*)

6.3. Methodology

6.3.1. Epistemological and Ontological Assumptions of the Research

To effectively address research questions, it is necessary to consider the philosophical assumptions that underpin the research, as they have implications for the methodology and approaches employed. The philosophical assumptions serve as a means of justifying the answers and claims put forth, concerning the validity and reliability of the knowledge acquired within research (Willig, 2013).

Ontology and epistemology can be considered as interconnected meta-theories that form the foundation of research practice (Braun and Clarke, 2022). Ontology concerns itself with the study of being or reality. The position adopted helps address questions pertaining to the researcher's perspective on what can be known and whether knowledge represents a truth. Epistemology on the

other hand, deals with the assumptions underlying knowledge. The epistemological position adopted helps clarify the researcher's views on what can be known and how knowledge is understood (Willig, 2013). These perspectives are important to consider since the philosophical position provides the theoretical basis for the research, and the justification for the methodology and methods employed.

This research was approached from a relativist-social constructionist orientation. This position suggests that our perceptions, understanding, and experiences are mediated by the historical and cultural contexts prevalent at the time and our social interactions within them. Language is considered a central aspect of this process (Burr, 2015). Thus, the language used to describe experiences are pivotal in constructing reality and meaning, and perceptions of reality are complex and multifaceted. According to this position, there isn't a singular truth to be discovered or objective facts to be found. Instead, there are multiple truths, where events can be described in various ways depending on how they are perceived and understood within our social interactions (Willig, 2013). Therefore, this perspective recognises that realities are products of human actions, interactions, and sense-making, where multiple socially constructed realities or truths exist (Braun and Clarke, 2022).

The aims of this study were to explore and interpret the perceptions of EPs regarding their role when working with infants, their envisioned future in relation to this work, and the factors they deemed supportive of this practice. Hence, the knowledge and concepts explored are grounded in the participants' understanding of their unique experiences and the meaning they attribute to those experiences.

The epistemological position adopted acknowledges the central role played by the researcher throughout the entire research process. Within a social constructionist orientation, it is acknowledged that the researcher cannot completely detach their subjective values, interests, experiences, and beliefs from the process (Braun and Clarke, 2022; Burr, 2015). These factors inevitably influence how the research questions were formulated, how data were gathered, analysed, and perceived (Maxwell, 2022). Willig (2013) suggests that while it is not possible to detach from this, it is important to acknowledge and reflect upon these influences throughout the research process. Rather than being viewed as problematic, the researcher's position is considered a key and contributing component as different constructions invite different possibilities for action. Additionally, maintaining a reflexive attitude towards research and being aware of the researcher's subjective preferences are considered to enhance rapport-building and enrich data analysis (Gough and Madill, 2012). Instances of researcher reflexivity within the process can be found in Part 3 of this thesis.

6.3.2. Research Design

6.3.2.1. Qualitative Approaches

Qualitative research, also known as interpretative research, tends to be concerned with exploring the meaning individuals attribute to their experiences and how they make sense of them. Rather than seeking objective causal relationships between variables or predicting outcomes, qualitative approaches emphasise detailed descriptions of subjective experiences and perspectives (Gough and Madill, 2012). Interpretative research is particularly useful for gaining insights into people's everyday practices and understanding how they interpret and navigate their experiences within broader contexts (Magnusson and Marecek, 2015). Qualitative data collection methods are typically participant-led and open-ended, encompassing approaches such as structured or semi-structured interviews, focus groups, and observations to explore phenomena in greater depth (Willig, 2013). A relativist-social constructionist orientation is therefore considered consistent with a qualitative research design.

In the context of this study, the focus was on exploring EPs' perspectives of their role when working with infants aged between birth and two years. As EPs operate within complex and dynamic open systems where various conditions interact and change in an ongoing process (Willig, 2013), it was considered important to adopt an open-ended and exploratory approach. This approach provided EPs an opportunity to freely express their experiences, views, and beliefs about their roles from their unique positions.

6.3.2.2. Appreciative Inquiry

This research employed an Appreciative Inquiry (AI) methodology (Cooperrider, Whitney and Stavros, 2008). AI is a theoretical framework which is grounded in a social constructionist perspective that assumes language plays a significant role in constructing social reality, knowledge and meaning within a system or organisation (Bushe, 1998). Given its alignment with the researcher orientations, AI was used to guide various aspects of the research process, including the formulation of research questions, interview questions, and the approach to conducting interviews.

6.3.2.3. So, what is AI?

“AI invites change agents to look into their organizations with “appreciative eyes”—scanning the system for things for which to be grateful, seeking out what is next and what is possible, and focusing on valuing those things of value worth valuing” (p. Stavros, Lindsey, Godwin, and Cooperrider, 2015, p. 112)

AI was developed as a process for fostering positive change within organisations (Macpherson, 2015) and has been considered as a “philosophy and orientation” to change (Watkins & Mohr, 2001, p.21). The AI model is based on generating new ideas, images, and theories through dialogues among members, with a focus on discovering the best in individuals, their organisations, and the opportunities that surround them (Cooperrider & Srivastva, 1987; Stavros et al., 2015). AI is grounded in the principle that to cultivate success, it is important to explore what is already working within the organisation (Hammond, 1998). Interviews are a core component of the AI process, as the knowledge gained from them form the basis for envisioning a preferred future and creating propositions for changes (Stavros et al., 2015).

AI adopts a strengths-based approach, diverging from traditional deficit-based approaches that assume problems within systems need fixing (Macpherson, 2015). Instead, it draws on the strengths inherent in the system to facilitate positive change through a process of appreciation and inquiry that highlights strengths, possibilities, and successes (Stavros, et al., 2015, p. 113). Within this context:

Appreciative: means to value the best of what is within the system and to increase or amplify them.

Inquiry: means discovering, exploring, asking questions, and engaging in dialogues about the best of what is within the system (Macpherson, 2015, p. 2).

There are five core principles of AI originally identified by Cooperrider (1986), cited in Watkins and Mohr (2001), which are described in detail in Table 3.

Constructionist	Our knowledge and future are rooted in our interactions with members of our organisation. Our actions are influenced by what we see to be true, and worlds are created through the stories and language used within our organisations in an evolving and dynamic process. Members of an organisation are continually constructing their own realities through conversations and interactions (Gergen, 2001)
Simultaneity	Inquiry and change are connected. The questions articulated create change. Inquiry is the intervention
Anticipatory	Imagination is a key resource for guiding the behaviour towards an anticipated future. An important task is to support organisations to articulate a powerful image of the ideal vision (Stavros, Lindsey, Godwin and Cooperrider, 2015)
Poetic	Image inspires action. Our stories are co-constructed within our interactions with others in our past, present and future and are part of the ongoing narrative we create. There are no limits on what we can inquire and learn about related to human experiences
Positive	Positive question and interactions lead to positive images for the future, leading to desired and long-lasting action/change

Table 3. Five core principles of AI

6.3.2.4. Overview of the AI 5-D Cycle

The typical AI model which is based around organisational change is represented within the 5-D Model (Figure 4) and provides the scaffolding upon which AI work is often structured (Stavros et al., 2015). A summary of each of the phases can be found in Table 4.

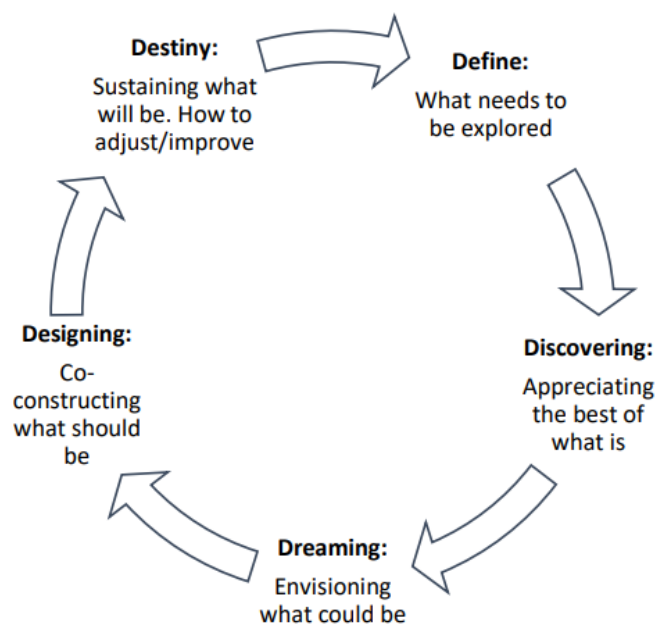


Figure 4. Appreciative Inquiry Cycle 5-D model (Cooperrider, Whitney, Stavros, 2008).

Defining Phase:	The generative topic of focus of the inquiry, including how and why AI will be used
Discovery:	To inquire, appreciate, and learn about the best of “ <i>what is</i> ” with people within the organisation via one-to-one interviews. The positive and anticipatory principle are key to this phase, as well as eliciting individuals’ stories
Dream:	To invite imagination of possibilities for the future or “ <i>what might be</i> ”. This integrates the themes uncovered during the interview process of the discovery phase
Design:	To captivate the <i>best of what is</i> as a means of moving action towards the desired future which is conveyed within the dream phase. This phase focusses on co-constructing how to make the vision a reality
Destiny:	To draw on the strengths and resources discovered within the AI to consider how the dream and design will be delivered, continue to be delivered and made into a reality

Table 4. A summary of the AI 5D cycle (Stavros et al., 2015)

6.3.2.5. Appreciative Inquiry within this research

The current research primarily focused on the *define*, *discovery*, and *dream* phases of the AI model, with some exploration of elements in the design phase. However, it did not extend into the destiny phase, limiting its research potential. Due to the diverse locations of participants and restriction of time, it was considered challenging to fully engage in the design and destiny phases of the AI model. This was in consideration to the AI methods described by Carr-Stewart and Walker (2003) in the context of previous education research undertaken.

Through the exploration of participants' stories and engagement in the inquiry process, inductive themes were derived during the data analysis process, focusing on the shared images and ideas of a preferred future for EPs work with infants.

The research and interview questions were developed based on the general principles described in the AI literature (for example, Cooperrider, Whitney, and Stavros, 2003; Stavros, et al., 2015). These principles emphasise the importance of questions evoking real personal experiences and narratives, enabling participants to reflect on their best learning from the past, considering their values, and envisioned future. Consequently, the data gathering process aimed to generate detailed accounts of real-life events that participants considered as exemplifying best EP practice in the infancy period.

6.3.2.2. Semi-structured Interviews

The chosen method for data gathering was semi-structured interviews, as this approach aligned with the overall philosophical orientation and research aims. Semi-structured interviews are particularly suitable for small-scale studies as they enable participants to provide a full account of their experiences (Magnusson and Marecek, 2015). They provide a balance between affording some structure and consistency to explore the research questions, while allowing participants the freedom to express their experiences in their own words (Magnusson and Marecek, 2015). The use of open-ended questions facilitated this process.

Given that the context of this research was within different LAs across Wales, where EPs were likely practicing within various LA structures and systems, it was anticipated that they would possibly be engaging in various roles within these systems. Therefore, semi-structured interviews were considered an appropriate data generation method to afford a safe and ethical space for participants to freely discuss their thoughts, feelings, and experiences that were most pertinent to them, minimising the influence of others.

While a focus group was considered as an alternative method, due to a lack of knowledge about the work currently being undertaken within the age group across Wales, there were concerns about potential variations in experiences among participants and how that could impact group dynamics or lead to a dominant perspective being pursued. While valuable insights can still be obtained through such a process, considering the study's aims, semi-structured interviews were deemed the most appropriate and ethical approach for data gathering so that participants could provide a full account of their experiences in a way that wouldn't cause distress. As Kidd and Parshall (2000, p.294) suggest, individuals within groups do not respond to questions in the same way as in other situations.

Additionally, an AI Framework (Cooperrider & Srivastva, 1987) emphasises interviews as a core part of the process. Through listening to individual stories, generative knowledge is discovered (Stavros, et al., 2015). Since this research followed an AI approach (justification for which can be provide in Part 3.), this provided a rationale for using semi-structured interviews.

6.3.3. Method

6.3.3.1. Sampling and Participants

The use of an AI approach requires participants to have had relevant experience on the topic being investigated (Shuayb, Sharp, Judkins and Hetherington, 2009), therefore, a purposive sampling approach was employed as this was appropriate for the aims of the research.

Approaches to analysis, such as Reflexive Thematic Analysis (Braun and Clarke, 2022), offer flexibility in handling dataset size. Braun and Clarke (2022, p.28) emphasise that there is complexity in establishing the correct dataset size, cautioning against concepts like 'sample size' which align more with positivist values and assumptions. Instead, they advocate for researchers to reflect on the 'information power' of the dataset (Malterud, Siersma and Guassora, 2016, p. 1753). This provides a frame for the researcher to consider the richness and quality of the data in relation to the research aims, requirements, and questions. Malterud, Siersma and Guassora (2016) suggest that smaller datasets will need to be information rich, or 'dense' (p. 1756). Braun and Clarke (2022) stress the importance of reflexivity in both data generation and analysis, to assess the quality and richness of the data and determine the dataset composition.

The dataset or sample size for the current research included five participants. Interviews were reviewed during the process to reflect on whether the data gathered was of suitable quality and richness, and to determine information power. As the data was gathered through in-depth, semi-structured interviews, a dense and rich data set was deemed to be achieved. Therefore, flexibility of dataset size was accommodated, and a smaller dataset was assessed to be appropriate for this research (Braun and Clarke, 2022).

6.3.3.2. Exclusion and inclusion criteria of participants

The exclusion and inclusion criteria of participants can be found in Table 5.

Inclusion:	Exclusion:
Participants were required to be practicing EPs who had at least six months experience of working with infants aged birth to two years old.	Participants who had less than six months experience of working with infants aged birth to two years old.
Participants were required to be currently working with this age group.	Participants who were <i>not</i> currently working with this age group.
Participants were required to be practicing in Wales.	Participants <i>not</i> practicing inside Wales.
Participants were also required to be registered with the HCPC, the regulating body for practitioner psychologists.	Participants who were <i>not</i> registered with the HCPC.

Table 5. Participant inclusion and exclusion criteria.

6.3.3.3. Recruitment strategy

Detail of the recruitment process is shown in Figure 5.

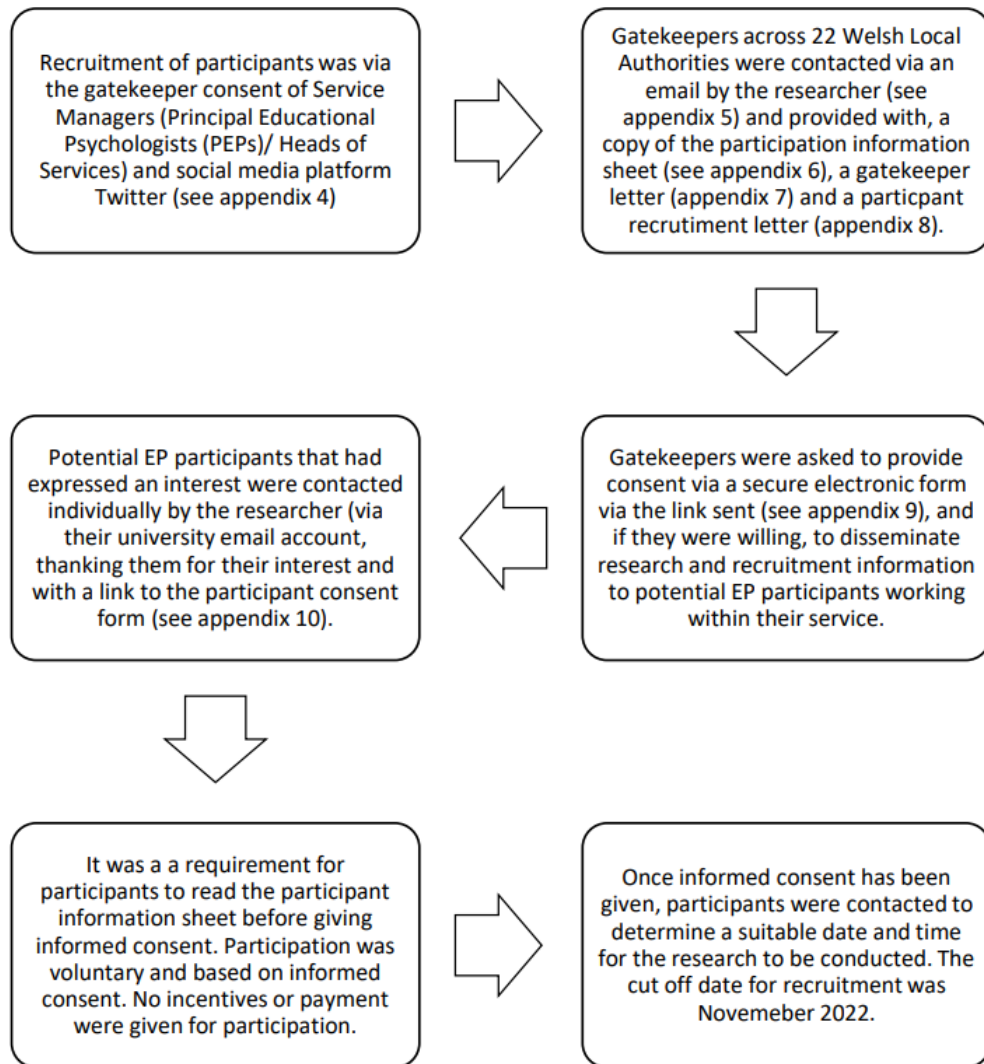


Figure 5. Recruitment strategy

Five expressions of interest, from five different LAs across Wales were received and all participants were able to take part. All participants were female and had completed their Doctoral Training in Educational Psychology. All EPs had specific time allocated for early years work within their LAs. This ranged from full-time posts which were entirely focussed on support for pre-school children, to part-time allocations where EPs engaged in other work across the age ranges. Some participants were familiar with the researcher, from various work experiences that they had engaged in together prior to the research being undertaken.

6.3.4. Data Gathering

6.3.4.1. Semi-structured interviews

Data gathering took the form of a semi-structured interview between the participant and researcher using an online communication platform. An online method was selected as it was felt to be a viable way of accessing a wider breadth of participants across Wales and reduce the possibility of logistical difficulties that could have potentially arisen if the process was conducted in person, such as, travel

difficulties, time allocation and locating various places for the research to be conducted (Hanna and Mwale, 2017).

Participants were interviewed once, and interviews lasted approximately one hour in duration. Due to the online nature, participants were asked to attend the interview on their own and to ensure that they were in a quiet space, free from distraction. During the interviews, participants were asked open-ended questions relating to the AI framework and the research questions to ensure that the data gathered was relevant (see appendix 11). Before the questions were asked, participants were provided with a brief statement about the phase of inquiry to punctuate the new focus. The open-ended nature of the questions provided an opportunity for exploration of the rich and in-depth narratives of the participants, and responses aimed to elicit an atmosphere of appreciation and positive change. To carry out a full analysis of the data, interviews were recorded and then transcribed verbatim. Participants were given the option to turn their cameras off if they wished. Each interview was allocated a pseudonym at the point of transcription and data was kept in accordance with Data Protection Procedures held by Cardiff University.

Time was given at the start of the process to establish rapport with participants. This was achieved through initial introductions and providing a brief overview of the research aims. Participants were provided the opportunity to ask questions prior to commencing the interviews. Rapport was facilitated through a sensitive and an appreciative approach to participant responses, employing active listening techniques and consideration to the conversational tone (Magnusson & Marecek, 2015). The initial question provided participants the opportunity to discuss their current role in a general sense which enabled them the freedom to direct their response how they chose.

6.3.5. Data Analysis

6.3.5.1. Reflexive Thematic Analysis

Reflexive Thematic Analysis (RTA) was selected as an appropriate approach to data analysis as its theoretical flexibility makes it compatible with the analysis of semi-structured interviews within a social constructionist orientation. RTA is an approach which encompasses the values of a Big Q qualitative paradigm and is a method for developing, analysing, and interpreting meaning across a qualitative dataset (Braun and Clarke, 2022, p. 4). The process involves the active productions of data codes and theme development, which are based on patterns of shared ideas and concepts built from the coded data. Within RTA, reflexivity is a fundamental characteristic, which involves the researcher critically reflecting on their role within the research process and practice. The flexible application of RTA means that it is suitable to analyse the subjectivity of people's experiences and perspectives relating to an issue, factors, and/or processes (Braun, Clarke and Weate, 2016). It comprises of six phases (Braun and Clarke, 2022), which are recursive and iterative in nature. The six phases and an illustration of the actions taken within each phase are outlined in Table 5. Examples of each stage of the analysis can also be found in Appendix 12.

Phase 1: Data set familiarisation	<ul style="list-style-type: none"> Data sets were listened to individually and read several times where initial thoughts and insights were briefly noted
Phase 2: Data Coding	<ul style="list-style-type: none"> Data sets were read through systematically and in their entirety, where sections of data that were of interest and relevant to the research questions and aims were highlighted Each highlighted data extract was given an analytical description (code) to reflect how the researcher was conceptualising the data Each code aimed to capture a single concept Code labels were compiled and aligned with the relevant data extract
Phase 3: Initial theme generation	<ul style="list-style-type: none"> Codes that shared similar and core concepts or ideas were compiled and clustered together to form potential candidate themes This process was based on how the researcher was constructing meaning across the datasets The candidate themes aimed to represent the broader shared meaning that was captured within the codes A visual representation of initial theme and sub-theme ideas was developed in the form of thematic maps
Phase 4: Theme development review	<ul style="list-style-type: none"> Candidate themes were then assessed against the codes and the full dataset to ensure they made sense in relation to the research questions This was through a process of re-reading the data whilst holding the candidate themes and research questions in mind Revisions were made where some candidate themes were discarded, for example "A 'look out' for patterns of need" and "Personal Qualities" Some themes were merged for example, "widening perceptions of the role" and "we can push boundaries" Additional sub-themes were developed to consider contractions in the data and particular aspects of that theme that needed to be emphasised Each candidate theme was considered for the idea or concept that unified meaning within that theme Candidate themes were considered within the existing literature and research within the field Thematic maps were revised
Phase 5: Theme refining, defining and naming	<ul style="list-style-type: none"> Analysis was refined and the core concepts of each theme were written down Theme names were tweaked and finalised Visual representation in the form of a thematic map was finalised
Phase 6: Writing up	<ul style="list-style-type: none"> Data extracts were chosen based on how strongly they evidenced key points The writing up of the analysis, continued to form part of the analysis process

Table 5. Six Phases of Reflexive Thematic Analysis

There are a range of ways that RTA can be approached (Braun and Clarke, 2022). The approach to data coding within this research was considered inductive and semantic. Within an inductive orientation, the development of codes and themes are driven by the data content. A semantic focus involves exploring meaning at a surface or explicit level. However, Braun and Clarke (2022) suggest that the process to data analysis cannot be purely inductive or semantic as the researcher will have individual subjective interpretations and existing perspectives that inevitably shape the analysis. To support the fidelity of the process, consideration was given to RTA Checklist proposed by Braun and Clarke (2022, p.269) (see Appendix 13).

6.3.6. Reflexivity

Reflexivity is an important aspect of qualitative research as it encourages the researcher to consider their unavoidable influence throughout the entire research process. Elliot, Fischer and Rennie (1999) consider reflexivity as essential in ensuring high-quality analysis, suggesting that researchers should endeavour to take ownership of their perspectives. This stands in contrast to positivist assumptions that place importance on researcher neutrality, detachment, and unbiased views in the research process (Willig, 2013). Reflexivity invites researchers to consider their situatedness and subjectivity, including how their responses and reactions to participants and the data serve as important influences on the insights and knowledge acquired. As a result, the notion of researcher bias is not problematic in RTA (Braun and Clarke, 2022). Braun and Clarke (2022) suggest that subjectivity is not viewed as a problem but rather as an asset to knowledge development.

6.3.7. Ethical considerations

Ethical approval was granted by Cardiff Universities Research Ethics Committee on 25th March 2022 (EC.22.03.08.6545). Ethical considerations for this research were guided by the British Psychological Society (BPS) (2018) and the HCPC (2016) ethical guidelines. Data was not obtained until ethical approval was received. The ethical consideration pertinent to this research and the methods used to manage these concerns, are summarised within Table 6.

Ethical consideration	Method to manage
<i>Informed consent</i>	<ul style="list-style-type: none"> • This was addressed by gaining gatekeeper consent via email/letter to service managers to gain their permission to recruit EPs within their service (see appendix 5; appendix 7). • Participants were contacted via email by the researcher and a copy of the participant information sheet and consent form was forwarded. These stated that participation was completely voluntary and explicitly provided an opportunity for participants to give their consent (see appendix 6; appendix 10). • Participants were reminded of their right to withdraw at the start and end of the interview.
<i>Confidentiality</i>	<ul style="list-style-type: none"> • Interviews cannot guarantee confidentiality due to their face-to-face nature. However, to alleviate this, participants were assured that information given would be anonymised, where individual names and locations were not included within the transcribing process. • Participants were reminded that their data would be processed in accordance with Cardiff University's Data Protection Policy (2018) and that all information collected would be kept confidential. • Personal data was only viewed by the researcher. However, within the participant information sheet (see appendix 6) participants were informed that where necessary, personal data may also need to be made available to auditors, as detailed within Cardiff University's 'Research Participants Data Protection Notice'. • Consent information was kept separately from the researcher data. • The researcher took full responsibility for destroying all collected research data and personal data in line with Cardiff University's 'Records Management Policy' (2020). • Participants were asked, where possible, to avoid disclosing identifiable information about their workplace, colleagues, clients, or self, for confidentiality purposes. • Participants were asked to not undertake the interview in a space where non-participants were present.
<i>Anonymity</i>	<ul style="list-style-type: none"> • Research data was anonymised as quickly as possible, within two weeks of the interviews taking place, so that participants could not be identified, and privacy was protected. • Participants were informed within the Participant Information Sheet (see appendix 6) that information given would be anonymised, where individual names and locations were not included within the transcribing process.
<i>Debrief</i>	<ul style="list-style-type: none"> • Participants were emailed a copy of the debrief form at the end of the interview (see appendix 14). • If participants had any questions or further comments regarding the study, they were given the contact details of the researcher, research supervisor and the ethics committee, so that they could make contact if they wished.
<i>Right to withdraw</i>	<ul style="list-style-type: none"> • Participants were reminded of their right to withdraw without giving a reason and without penalty, prior to the interview starting and when giving their consent. • Participants were reminded of their right to withdraw at any time up until the point of data anonymisation (two weeks following the completion of the interview).
<i>The process of interpretation/ representing the voices of participants</i>	<ul style="list-style-type: none"> • The researcher aimed to ensure analysis was based on a reflexive process where patterned meaning across the data was reported, rather than a single person's experience (Braun and Clarke, 2022). • The researcher aimed to use language that was used by the participants. • The researcher aimed to ensure participants understood the purpose of the research. In the participant recruitment information, a brief statement was given regarding the form of analysis. The statement read, "the data will be analysed where recurring patterns across the dataset, and their possible meaning within the wider context, will be reported" (Braun and Clarke, 2022). • Consideration was given to the wider implications for members of the community when analysing and reporting participants responses.

Table 6. Ethical considerations

6.3.8. Summary

In summary, the research methodology reflects the assumption that participants and the researcher will bring their own perception or representation of their roles which are situated in their social and cultural context. The experiences of the participants and researcher and the meaning attributed to these experiences, will influence the process of how professional roles and practice are interpreted.

6.4. Analysis

6.4.1. Overview of Analysis

The analysis will present each of the themes developed through the RTA process, with consideration to how they aim to answer the research questions proposed. A thematic map is presented to provide a visual representation of the five themes and sub-themes which were constructed. A descriptive illustration of each of the themes will be given within this section, followed by an analytic account within the discussion section. Details of the analysis will be supported by quotes from the data serving as evidence for each theme. Each theme represents a distinct entity, characterised by a central organising concept (Braun and Clarke, 2022) which is highlighted at the beginning of each section. Although distinct, there is interconnection between the themes.

First person language within some theme names is used to reflect the interpreted shared meaning between participants. Both descriptive and interpretive aspects supported the analysis process of developing codes and then themes, namely, some of the descriptions offered are based on what participants explicitly said, whilst others provide more interpretive meaning based around implicit patterns within the dataset.

6.4.2. Participant information

Information about the interviewed participants can be found within Table 8. During the interviews, it became apparent that each EP post was funded through various Government and LA budgets or grants, which differed among participants. These funding sources comprised of, the LA EPS, Flying Start, Families First (WG, 2017), LA Early Years Services and LA Community Services.

Participant name	Role	Location
Alys	Dual EP role within the Local Authority, working for the LA EPS and Family Services. This includes both a specific EP role supporting early years children and also generic EP work	LA1 Wales
Ffion	Senior EP with responsibility for Early Years within the LAs EPS	LA2 Wales
Seren	Dual EP role within the Local Authority, working as a specific early years EP and also a generic EP	LA3 Wales
Eira	Lead Specialist Early Years EP	LA4 Wales
Elin	Lead Specialist Early Years EP	LA5 Wales

Table 8. Participant information

6.4.3. Themes

Themes and subthemes are presented in a thematic map in Figure 6.

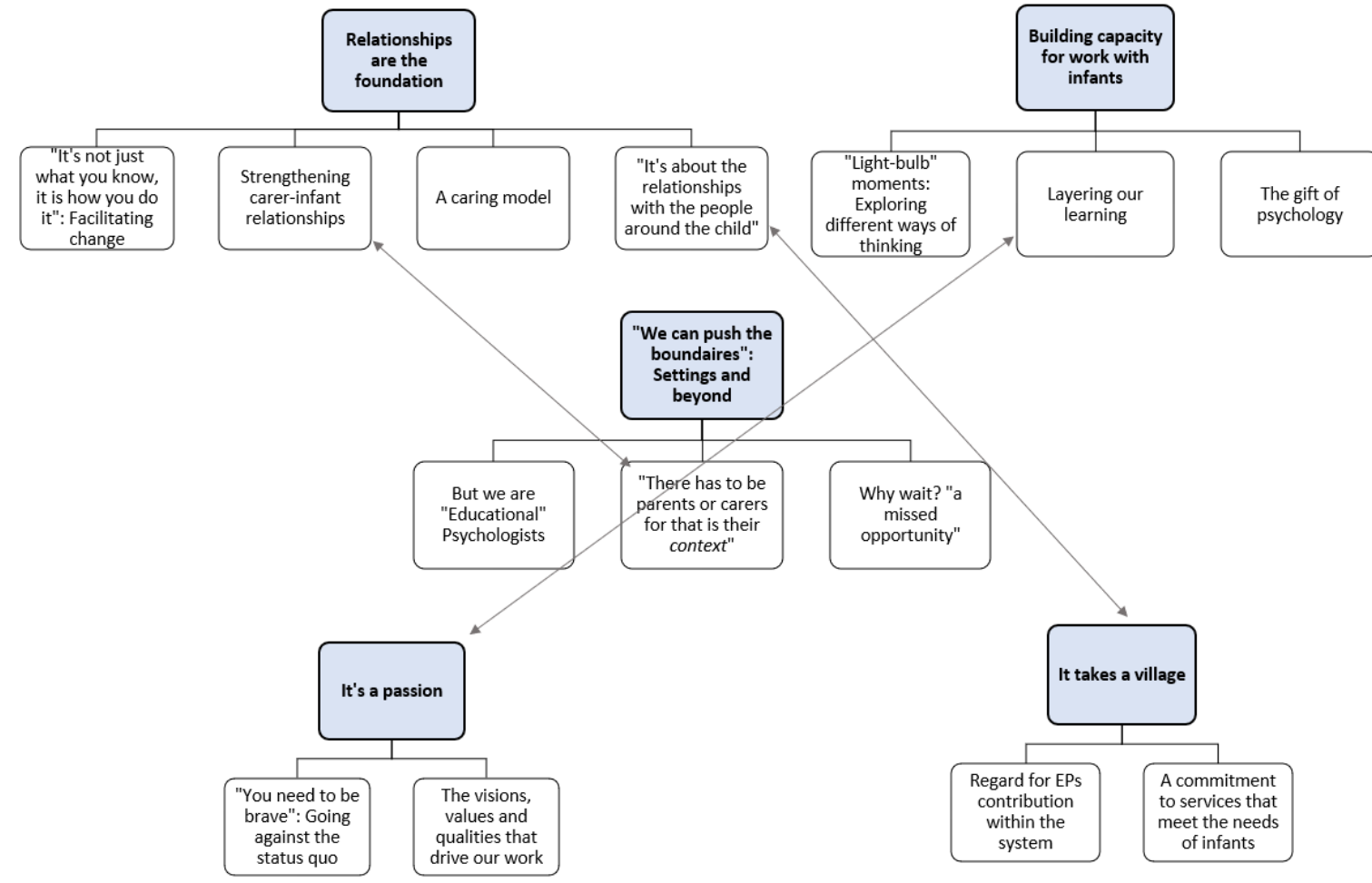
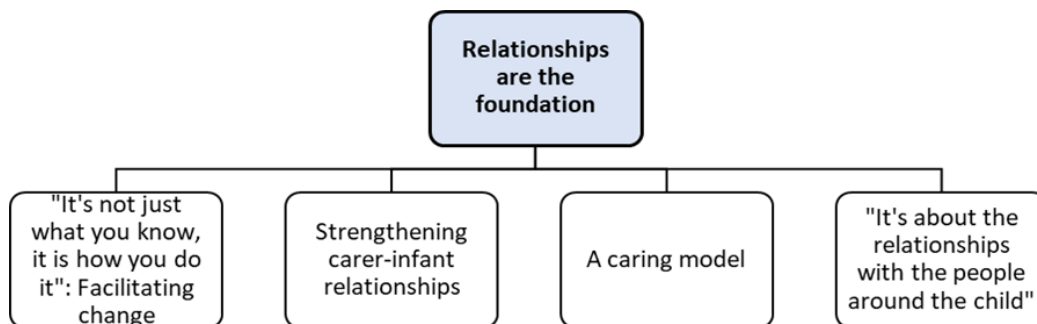


Figure 6. Thematic Map of the themes and subthemes derived from the dataset.

6.4.4. Theme 1: *Relationships are the foundation*



This theme is presented first as it encompasses what participants considered to be one of the fundamental and core aspects of their role. Relationships were considered to be foundational in all aspects of EPs' work with infants. The notion of 'relationships' was a strong recurring theme and provides a foundation for all subsequent themes.

6.4.4.1. Subtheme: *"It's not just what you know, it is how you do it": Facilitating Change*

A strong emphasis was placed on the nature and quality of the relationship that participants had with the people they support within their professional practice. Within this context, this was with infants, their families, and other professionals or practitioners involved in infant care. Developing stable and trusted connections was seen as a core factor that enabled EPs to support other people to move towards their desired changes. Participants evoked a sense that relationships were the key foundation for growth and development and certain conditions or ways of interacting with another person, played a crucial role in fostering such relationships. For example, Elin suggested:

"it's not just what you know, it is how you do it. It's the how. And so, you can have training all day long in, you know, child development and theory, but it's how you apply that. And that's all to do with relationship building and that's to do with understanding what we mean by being therapeutic. That understanding how we facilitate change the language we use. The way we are with parents, you know, being accepting and non-judgmental and trustworthy and safe" (Elin)

If relationships were absent or of poor quality, then this could impede on the quality of the outcome relating to their involvement. Again, Elin stated:

"You're not going to be able to facilitate that change if you're not building that that safe trusting relationship" (Elin)

Although the specific conditions for developing quality relationships were not explicitly explored, participants reflected on utilising their therapeutic skills and knowledge within their interactions to foster safe and trusted relationships with those that they supported. Words such as '*therapeutic*' and '*non-judgemental*' evoked feelings of safety, trust, acceptance, and care. Through fostering such an environment, participants reflected on how this has helped others to feel safe enough to express their thoughts and feelings honestly, creating opportunities for EPs to support them towards desired changes. Seren reflected this notion in her work with a childcare setting and

demonstrated that the relationship she developed with the early years practitioners was an important catalyst for change:

“And you can see it when you go back in, you can see the changes that they've made and you think, oh they really have taken this on board and because they trust you, they'll tell you things that, I'm struggling with this” (Seren)

“I think if you've established a relationship, they're more likely to go with you if you know what I mean” (Seren)

There was a sense that building trusted connections enabled others to trust in the knowledge that EPs could contribute to their situations. Without a trusted relationship, people were less likely to be receptive to such knowledge and support.

Strengths-based and person-centred approaches were perceived as core practices which enabled EPs to foster their relationships and support positive change. This evoked a sense that EPs strive to identify the existing strengths and resources in the infants, families, and the surrounding systems:

“So, using those principles (person-centred) brought everybody together and it was just absolutely fantastic” (Ffion)

“We take that very sort of person-centred, strength-based approach to that consultation” (Eira)

Relationships and communication were considered as interrelated constructs. The importance of effective communication skills was considered an essential aspect of professional practice and the relationship building process:

“Simply, you know it's about them understanding, it's about building up that rapport and getting that trust and people understanding [...] so, it is about communication again in relationships” (Ffion)

EPs were positioned as possessing the necessary skills and knowledge that enabled them to create environments conducive to fostering quality relationships. Such practices were perceived to be enhanced through their doctoral training:

“it's the how you build relationships, facilitate change, work therapeutically, where all our you know foundational skills from our doctoral training and our experience comes in” (Elin)

EPs identified the building of safe and trusted relationships as a core aspect of their professional practice. EPs draw on person-centred practice and their therapeutic skills and knowledge to facilitate this process. Through such relationships they can support others to engage in positive changes that will enhance the wellbeing and development of infants.

6.4.4.2. Subtheme 2: Strengthening carer-infant relationships

Strengthening and supporting the relationships between infants and their caregivers was perceived as a core consideration for EPs when working within this stage of development. For some participants, the parent-infant relationship was explicitly conveyed as the main focus of their

involvement with infants and their families, as this relationship was considered as foundational to healthy development. Elin strongly conveyed:

“this is my view, but really you need to be working dyadically in this period. So, you need to be working with the parents and infant together. That doesn't have to mean that the parent and infant or baby are always together [...] you can do sessions individually with parents, but the baby or the infant has to be in everyone's minds [...] or their voice needs to be brought into the room” (Elin)

Language such as ‘the infant has to be in everyone’s minds’ and ‘their voice needs to be brought into the room’ evoked infants as a forgotten group or a lost voice within practice. Elin considered a core aspect of her role was to ensure babies perspectives were considered within her own professional practice.

A specific tool or intervention that was considered helpful in facilitating EPs’ work in strengthening parent-infant relationships and interactions was Video Interaction Guidance (VIG):

“Something like video interaction guidance where you're working with the parent and infant together, to look for those lovely moments of attuned interactions, it's a really strength-based intervention [...] to help support those early interactions [...] that secure attachment” (Elin)

Alys reflected on a specific example where she had used VIG in her EP role, together with a parent and infant. Getting alongside the parent-infant dyad, videoing their interactions, reflecting on the strengths within those interactions and reframing the infant’s behaviour, was perceived to enable the parent to develop a more positive perspective and belief of her relationship with her child. This evoked that EPs utilise their skills to scaffold opportunities and space for others to reflect, observe and consider their own interactions and relationships with their infants in more empowering and helpful ways:

“I did some video interaction with that family and just helping the mum to kind of see what the child was doing and kind of what was working and trying to build her confidence to see actually, because she was quite often sort of misunderstanding what he was doing, so she would sort of feel quite rejected, you know, because he'd be looking away. Whereas actually, we could then kind of reframe that thinking, like he's taking a break. He's just a little bit overstimulated right now [...] so mum thinking, oh wow, ok, like, it's not I'm doing something wrong or it's not that kind of he doesn't love me” (Alys)

Another tool explicitly mentioned which supported a similar process was the Newborn Behavioural Observation (NBO) tool. Elin, alongside the caregiver she was supporting, utilised the NBO in conjunction with her observational skills to facilitate a reflective space to watch and notice the strengths of the infant and how they were communicating, with the hope of providing reassurance that would enhance the infant-caregiver relationship:

“I was able to have a go at the Newborn Observation Tool with mum and the baby and watching the baby and the strengths, you know, really looking at what strengths the baby was showing us... we felt it really helped to reassure mum of like all the things the baby could do” (Elin)

A focus on caregiver and infant relationships also extended into the childcare context. Ffion considered an important aspect of her role is to support early years practitioners to reflect on how they interact with the children in their care as a means of enhancing responsive interactions:

*“Thinking about themselves (childcare staff) and how they interact with their children”
(Ffion)*

Strengthening infant and caregiver relationships by attending to the interactions happening within the relationship, was considered a valuable and effective contribution that EPs make when supporting this stage of development.

6.4.4.3. Subtheme 3: A caring model

‘A caring model’ signifies the importance that participants placed on utilising their skills to act as role models for the supportive interactions and relationships that they hoped to promote:

“You have to have those skills that you'd be supporting other people to do...the ability to tune into a child, to follow their lead to expand onto their interactions” (Eira)

The relationships that EPs established with the caregivers of infants, seemed to mirror the sensitivity and safety that they were advocating. EPs modelling and providing emotional support in their relationships with the key adult(s) around the child, seemed to act as an important foundation for caregiver engagement:

“I think just hearing mums story you know really trying to connect with her and provide that reassurance. Mum was quite anxious herself and wouldn't really leave the house so just, trying to [...] build that relationship and help her to start thinking about what's useful for her, for mum [...] Trying to help mum feel more confident about the relationship that we were building. Arranging a number of visits to the house to kind of build that relationship” (Alys)

There was a shared notion that in addition to considering the needs of infants, EPs also consider the wellbeing needs of the key adults caring for infants. There was a sense that without such consideration, the ability for adults to be receptive to EP involvement or have the capacity to provide sensitive care to their infants could be impacted. Therefore, one aspect of the EP role was a caring and safe model for the adults around the infant:

*“lots of the parents we work with need that model really of a safe, trusted adult before we can sort of, you, you know, apply whatever we are going to apply, a theory, an approach”
(Elin)*

“I find it's an opportunity, as well for parents, to just to support them emotionally because that's, sometimes they've had a lot of very disturbing or kind of upsetting things that happened that, um, that just having someone listen empathetically to, to them and support them in that and in recognising those feelings. What it must have felt like and, and kind of, you know, helping them to kind of tell their story” (Alys)

EPs considered themselves to be models for the sensitive and safe interaction they were advocating, which enables emotional support to be given to the adults caring for infants.

6.4.4.4. Subtheme 4: *“It’s about the relationships with the people around the child”*

Participants reflected on the multi-agency links that they have with various individuals, groups and systems involved in infant care. Such relationships were considered important in improving outcomes for infants, as holistic and collaborative support could be provided for the infant and their family. EPs positioned themselves as well placed to facilitate and coordinate such collaborative working and considered this to be an important aspect of the role:

“it was about the relationship I had with the preschool setting, about the relationship I developed with the parents and about developing the relationships between the people within the group, you know? So, I think that was for me it was key. Relationships and communication. Those are the things really that made it work” (Ffion)

Seren considered the relationships she has established more widely with families in the community. This was considered to facilitate trust and engagement in EPs and the services they could provide:

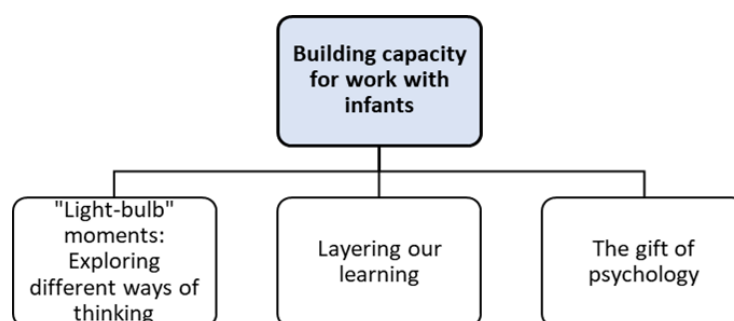
“you can really get them on board and because of that, our families tend to talk and if you do a good job by one family that gets known and so you then, they tend to trust you despite the label that we have, the title we have as a job. They overcome that because of who you are or who you’ve worked with” (Seren)

The relationships that EPs established with families seemed particularly pertinent when working within this age group. This evoked the family as being a key focal point of EPs engagement:

“I suppose particular to the early years would be the relationships that you have with families in a different way” (Eira)

EPs consider a key aspect of their role as developing relationships with adults around infants to enable holistic, collaborative support that enhances positive outcomes and engagement.

6.4.5. Theme 2: *Building capacity for work with infants*



This theme encompasses the perceived role EPs have in empowering and enhancing other people’s skills, knowledge, and capacities in their work with infants and families. Participants explicitly illustrated working with early years practitioners, social care and health professionals, childcare settings and parents. They shared examples of utilising consultation, training, workshops, multi-agency meetings and supervision, to support this process.

This theme also encapsulates EPs developing their own capacities and competence to provide ethical and psychological informed practice within the birth to two age range.

6.4.5.1. Subtheme 1: “Light-bulb moments”: Exploring different ways of thinking

Participants reflected on the power of engaging in everyday conversations and interactions with those involved in supporting infants. This afforded them the opportunity to explore perspectives of an issue and expand thinking. Language such as “light-bulb moments”, evoked EPs illuminating new and different ways of thinking about or seeing a situation. This was perceived as a powerful and impactful way of developing others understanding of infant development, which had the potential to positively influence infant and family wellbeing and development. Eira stated:

“So, I think some of the ones that excite me most are the ones where there are like those light bulb moments, or those complete game changers that sometimes you know just a 20 minute discussion has changed, a complete perception or a way of doing or being, or a reassurance. That is incredibly empowering to think that you could have provided that space and reflection with someone to just maybe change, to reframe I suppose [...] the impact of what that reframing can do on a child's development or a family's well-being is incredibly powerful” (Eira)

Reflecting on and exploring different perspectives seemed to be considered an intervention in itself. Ffion reflected that by engaging in such conversations with early years practitioners, this enabled those who she was supporting to gain new knowledge and insight, which further supported their practice with infants:

“you don't realise what people don't know. Working with children and they don't know some of the things, some of the things that you're talking to them about, you know, then you just think wow. And some of the most basic things that we understand as psychologists about child development, you can see like little light bulbs going on” (Ffion)

Similarly, Elin considered how such conversations were helpful in her work when supporting early years parenting practitioners. Elin considered this as a way of developing their confidence and competence in supporting infants:

“Seeing practitioners confidence grow and helping them unpick things and understand, and looking at things from a different lens or looking through things from a different perspective is always kind of rewarding day-to-day” (Elin)

This evoked a sense that EPs help others to explore new possibilities or alternative ways of thinking which have the potential to open different ways of approaching situations within their roles. Language such as ‘wow’, ‘excite’ and ‘rewarding’ within these extracts, gave a sense that this process was considered to have quite a profound and positive effect on practice, and was considered an effective way that EPs could contribute to work within this stage of development, across different contexts.

Ffion also reflected on EPs being a ‘non-medical voice’ within systems and teams that support infants and families, suggesting EPs contribute a psychological and holistic perspective to such support. Eira also shared a similar reflection that EPs consider the wider environmental factors on

development, as an alternative to focussing on only individual factors. This created wider perspectives and possibilities for intervention and support:

"I think as a psychologist, we very much promote the idea of you know, contexts being key and that's actually what we do as psychologists, we look at the different factors within a child's environment that could help explain what's going on for them. But I still think there's a huge misconception that we come in and do something and look at the individual child" (Eira)

6.4.5.2. Subtheme 2: Layering our learning

Participants reflected on their commitment to developing their own capacities and competencies for supporting infants and families. This was through engagement in professional development opportunities which had specific relevance to the early years period beyond that of their initial professional training:

"I feel there's something quite unique about working in this zero to two age range. We've got, although I think I had lots of transferable skills that I could bring to that age range. I've also really enjoyed sort of layering, you know, my learning [...] to really think about um that particular age range, zero to two" (Elin)

Participants considered the importance of building upon their existing skills and knowledge to stay abreast of emerging information and practices in the field of infant development. There was a sense that there was an ethical obligation to pursue their own professional growth and development:

"I'd always need more training for myself...so you can kind of feel like, I I'm kind of like up to date with you know, kind of recent evidence-based interventions" (Alys)

Participants explicitly acknowledged the relevance of certain psychological theories in their work with infants. These theories, namely, attachment theories, systems theories, resilience theories, psychotherapy, developmental psychology, and neuropsychology, were recognised as particularly influential and significant in the context of infancy work. As such, these areas were actively pursued within their professional practice:

"I started looking more into the fields of infant health than which is, you know, transdisciplinary, lots of psychology and attachment theory and systems theory and early child development, but also ideas from parent-infant psychotherapy, ideas from neuroscience. And so yes, started to do some more training, courses, research, and things around those disciplines then, I think that's what's lovely about our nought two age ranges, you can, you've got this field that brings all those different disciplines together that yeah, really helps you support nought to two year olds" (Elin)

Some participants actively sought to develop specialised skills, knowledge, and approaches to enhance their practice when working with infants. By acquiring and integrating new learnings, participants were able to access specific knowledge and modalities that enriched their understanding of infant development. This enabled them to offer therapeutic support and intervention aimed at fostering the well-being and development of infants:

"Like the NBO, like VIG, like ghosts in the nursery like, watch me play, I could go on" (Elin)

"I have undergone some training in video interaction guidance and so that's been really useful" (Alys)

"I've trained in a circle of security parenting. So, it's been, you know, with that you can kind of reach more parents in less time" (Alys)

Attending multi-disciplinary groups relating to the first 1001 days of development was also considered a means in which Elin developed her own learning and development within this specific domain:

"a special interest group, where you've got practitioners across Wales who work with the parent infant relationship in the First 1000 days. There's educational psychologist, clinical psychologist, parent, parent-infant psychotherapist, specialist health visitors" (Elin)

There was a desire for greater emphasis to be given to infant development within initial training. This was considered a valuable opportunity to broaden the perspective on early intervention and explore diverse approaches to working within this stage of development:

"I think an element of child development in the first thousand days or nought to two needs to be an integrated part of that (initial training). And yeah, and I think the more that we can help people see things through that kind of lens, the more we're able to, you know, really intervene early, it's like real early intervention" (Elin)

Within this extract, the term 'real' evoked potential variations in the understanding and perception of early intervention within the field of educational psychology and society as a whole. It hinted at the possibility that infants might be overlooked in this context. Developing knowledge and understanding of the earliest stages of development within professional practice was considered a means of communicating that preventative support and intervention could be extended to earlier periods.

6.4.5.3. Subtheme 3: *The gift of psychology*

A key theme throughout the dataset was the notion that participants had something to give in terms of their psychological perspectives and knowledge which was considered helpful in developing others understanding and competence in supporting early childhood development. Participants discussed the role they have in ensuring provision and care for infants within services is psychologically informed:

"the whole nature of those first consultations is giving someone something to go away with [...] practical advice and ideas and psychology that they can do at home" (Eira)

"I think you know in in terms of the psychology, I think we can kind of draw on, lots of kind of, you know, the strength-based practice. That's something that I kind of really like to focus in on, things like, you know, resilience frameworks, attachment theory. That's something kind of very fundamental I find, for particularly the early years work. Just trying to understand, you know, the kind of attachment or bonding process" (Alys)

Psychological knowledge was considered as a 'gift' to be given away to others. EPs were positioned as a key source for imparting such knowledge and encouraging psychologically informed practice

within the infancy years, across varying contexts. Working alongside other services who provide support for families and infants was considered an effective means to achieve this:

“We are very much focused on trying to support those that are already involved in supporting families. So, to give psychology away to those, who are probably even better placed often to work with supporting that child's development. So, whether that's a play group, health visitor, a social worker, someone working with the children and families team” (Eira)

Despite this, both Ffion and Elin reflected on there being a potential gap in the psychological knowledge and perspectives of early childhood development within current provision for infants, again positioning EPs as a well-placed profession to contribute to fulfilling such a gap:

“You think, gosh. Where would they have got this information if I, if you know if we hadn't had this project.” (Ffion)

“I think that people need to understand what we mean by the zero to two age range, the importance of it and how we intervene, how we can support parent-infant relationships in that time, at all levels” (Elin)

Elin expressed a desire for a broader awareness of human development and the various factors that shape this process within society. She suggested that EPs could play an increased role in disseminating psychological knowledge into communities emphasising the significance of this early period within development. There was hope that this could foster positive societal change, leading to improved care and consideration for infants and their families:

“Everyone and anyone who has any kind of contact with nought to two year olds would have a foundational understanding of early child development, the importance of parent-infant relationships on early child development and well-being across the lifespan (...) it could be just a basic understanding of how humans develop in a context. The importance of that parent-infant relationship and just maybe a little bit of an idea of what you would look for if things weren't quite going, you know, going to plan with that” (Elin)

Explicit ways in which participants imparted psychological knowledge to community services and settings was through training, consultation, and workshops:

“there's input from an educational psychologist who talks about kind of the theory and brain development [...] you know, how experiences shape the brain” (Ffion)

“We put these out to families, to practitioners, professionals and they are kind of like online workshops” (Eira)

Providing supervision to practitioners who engage in direct and ongoing work with infants and families, namely parenting and family support services, was considered another means in which EPs utilised, or wished to further utilise, their psychological skills and knowledge. This support seemed to have two functions. Firstly, to provide therapeutic support for practitioners working within complex family systems. Secondly, to share and reflect on psychologically informed perspectives to enhance their practice:

“Supporting the staff in terms of like supervision around how it is for them working with families because it can be really challenging for them. You know, just kind of see and hear and experience some of the stuff that the families are going through” (Alys)

“to make sure there's those psychological, theories, ideas, research, you know, that we can sort of filter that through to other people who support parents and infants as well” (Elin)

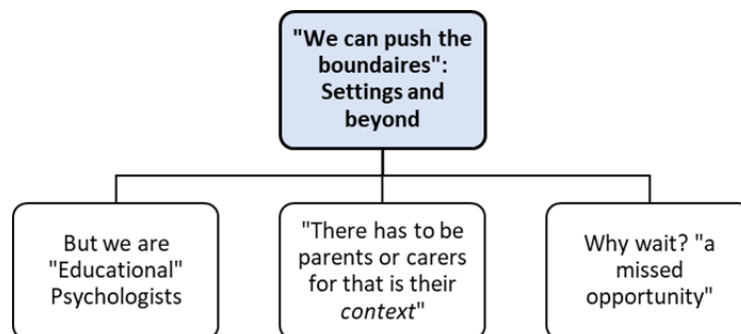
“So, people who have got the time to kind of be support workers or visiting regularly [...] they can kind of bring cases to us and we can then kind of discuss with them, and you know, give them ideas or ways of working or approaching kind of difficulties” (Alys)

There was a wish that further training and support could be provided to practitioners who work with infants and families within a community context. Explicit examples included developing various workforce’s capacity and understanding around ALN, working with families, and understanding circumstances that can impact on family wellbeing and infant development:

“So I kind of see our role as more kind of either training in terms of you know, staff development around kind of particular areas of additional learning needs so that they're kind of these kind of agencies that are working with families kind of know a bit about what they're dealing with, but also kind of training around other sort of issues around working with parents [...] or training about how, you know, our understanding of the kind of issues that these families are facing” (Alys)

Imparting psychological knowledge and providing psychologically informed support to those supporting infants and families, was considered a core contribution that EPs are and can make within the infancy period.

6.4.6. Theme 3: “We can push the boundaries”: Settings and beyond



This theme reflects how participants are utilising their core functions as psychologists to work with infants and their families across different contexts and systems. Participants reflected on how the EP role can go beyond that of an educational setting and into the community context, which was considered particularly relevant within the infancy stages of development.

6.4.6.1. Subtheme 1: But we are “Educational Psychologists”

Participants seemed to hold varying perspectives regarding the EP role when working with early years children. While there appeared to be a shared view that the early years period is significant

in development, there was a discrepancy in how EPs conceptualised their role within this period, including the specific context of their work. This subtheme aims to capture this contradiction.

Functions of the EP role explicitly described within the early years included, supporting transition into educational settings; consultation with early years professionals and parents; assessment and the identification of ALN; facilitating problem-solving spaces; delivering training or workshops towards upskilling staff; offering supervision for practitioners working within this period; delivering therapeutic interventions with parent and infant dyads; contributing to multi-agency and strategic LA meetings.

Some participants explicitly described the focus of their work being within the family and community context, while others described their work being situated or associated within educational/daycare settings. For those EPs associated with settings, the majority of children they supported were two years plus, and had been identified as having an ALN or a concern relating to their development:

“we wouldn't necessarily become involved until they have started preschool. Unless, if they're in a daycare provider and is quite clear needs [...] So, it might happen from 18 months once the child has been in there for a period of time” (Seren)

“Ideally, we want them in a setting” (Seren)

“The focus has been when a child goes into a setting, I guess” (Ffion)

For participants involved within family or community contexts, their involvement began prior to infants starting at an educational setting and at much early stages of development. EP involvement was generally in relation to supporting the family and infant together:

“I went to see a 13 week old baby with a mum who was really quite anxious and quite intrusive with the baby” (Elin)

“That's really important to us that it's all family focused, and we've worked really hard to sort of flip that from a side of where it would be very much, we used to be links for like sort of playgroups, preschool setting, whereas now we all, we've ensured that families are always the first point of contact” (Eira)

“that's part of supporting the team around the family, providing like consultation to lead workers who are involved with sort of social care cases and in families first capacity” (Alys)

These contradictions evoked differences in the boundaries, contexts, and remits of EP practice across different LAs, within the early years period.

The term “educational” within the job title itself, was suggested as a possible explanation for the different perspectives and limits of the role as it was considered synonymous with school or educational establishments. This was perceived as a potential barrier to EPs providing support within the infancy stages given that they are less likely to be within such a provision. Eira suggested that “educational” encompasses child development, learning and play, more widely:

“I think sometimes that educational part to the psychologist sometimes sets a maybe a misconception [...] it's got a big element of developmental child psychology as well as the

educational [...] it's not just about everything education. Isn't it learning, play, development" (Eira)

Working within the birth to two stage was considered unique given that children this age might not yet be within an educational system, and provided an opportunity for EPs to “*push the boundaries*” within their roles, and consider how they can utilise their skills and knowledge to work more widely within community and family contexts to reach and support the needs of infants:

“The skills that we have as psychologists, and I suppose more novel to the role of the early years, I feel like we can, we are stretching that in a little different way because obviously I think people have maybe conceptions about the role of an educational psychologist understandably being very related to school based settings. So that would shape some of the kind of typicals you might, typical things you might expect of the role, but I feel like we can push the boundaries of that a little bit more” (Eira).

There was a sense that without expanding the perspectives, boundaries, and contexts of practice, then babies and their families become a missed group within EP service provision:

“I think broadening our perspective on the role of the EP from being school based to being community based is really key [...] I think if we widened our view a little bit, you know, working in the community with communities then schools and families would be included in that. You know 0-2 year olds don't go to school [...] So where are EPs having contact with these babies and infants, if the view is still the EP support, you know, education, school” (Elin)

Eira shared how her service has moved towards creating more of an open access to EP support to facilitate increased access to infants and families within the community and enabled EPs to practice beyond the boundaries of a setting:

“What we've actually developed is an (name of online form) to request a consultation which actually any family can request” (Eira)

EPs work both in educational and community contexts to meet the needs of families and infants. Re-conceptualisation of the professional title was considered as an enabling factor that supported infants being included in practice and service provision.

6.4.6.2. Subtheme 2: “There has to be parents or carers for that is their context”

Working with parents and carers was considered a central aspect of EP practice within the infancy years:

“I think, what I also enjoy about that aspect is the working with the parents. So, the parents become really, really key. I mean not that they're not key in my main, you know, schoolwork, but you tend to link with the parents much more closely” (Ffion)

Some participants suggested that working with parents and carers during this stage of development was fundamental to the role, as it is through the context of the infants and caregiver relationship that development was viewed to occur within this period:

“I think another really important part of working in that age group is that you are working you know with the parent and infant together, because how else? How else do you? You know, how else do you work with a child, birth to two if you're not working with that parent or caregiver that's, you know, that's with that child day in, day out” (Elin)

Elin reflected on the role of EPs more generally and how they work with key adults within a system to support and enhance positive outcomes for children by considering their environment and their interactions within this. Within the infancy stage, Elin considered parents to be the key adults and the main context for EP practice. Without actively engaging the infant's caregivers, then the infant's environmental context and the interacting influence of this on their development could not be fully considered or supported:

“So, you work with the system around the child, whatever the system and the key adults around the child at that age. That's who you work with to try and facilitate change. You know we don't tend to subscribe to a within-child deficit do we and we try and change the child and plunk them back in the same context. That's not the way we think about things we think about things systemically and how all these interacting factors influence this child. So, it's the same thing. It's the same thing, just at birth to two, the context and the adults around the child are the parents and the caregivers. So, you're just applying that same theory of you know, how a child develops in a context, to birth to two. But there has to be parents and carers for that is, that is their context” (Elin)

Similarly, Eira considered *“focusing around that sort of parental well-being and expectations and roles of a parent”* as a key aspect of her early years EP practice, as these factors were reflected to have an important influence on infant development and wellbeing.

For participants who engaged in less direct work with parents, there was a clear sense that they hoped to further *“push the boundaries”* of their role to provide increased support to parents and families in the future:

“There's more that could be done for the parents and supporting that role, rather than our focus always being on settings” (Seren)

Ffion drew upon her personal experiences as a mother and expressed the need for greater universal support in understanding child development during the early stages. She felt that such support was currently lacking, particularly for new parents trying to navigate the intricacies of infant development. Ffion suggested that EPs could utilise their expertise within a multi-disciplinary team, to contribute to such support:

“And I thought to myself, you know what, nobody ever told me (...) how to play with my child or how to talk to my child or how to interact with my child” (Ffion)

“So, what would be really really good is drop in sessions for parents. So not necessarily just with educational psychologists, but educational psychologists, as part of a multidisciplinary team” (Ffion)

Supporting more direct and therapeutic work with families with infants was another area that EPs wished to develop further. Through utilising their skills and knowledge this was considered to be an area that EPs could make a valuable contribution:

"I know lots of people really value that one to one intervention work with families that we are sometimes not able to do, which I would love" (Eira)

6.4.6.3. Subtheme 3: Why wait? "a missed opportunity"

EPs valued the opportunities that they had in providing support that had the potential to be preventative in nature. Being involved in the earliest stages of development allowed EPs to engage in early intervention which evoked hope and optimism:

"I find it a really empowering place to be and a really hopeful place to be because of kind of that early intervention and support" (Eira)

"I think, we can make such a big impact in a really, you know, a truly preventative way in this age range" (Elin)

EPs experienced a sense of privilege when providing support within this age range. Elin viewed this period as a "special time," indicating that it holds a distinct and unique significance as it forms the foundation for an infant's future development. EPs recognised the contribution they can play in nurturing this period:

"I think just being able to be involved in this age range is a real privilege. It's, we know it's when the foundations of lifelong development health well-being, umm are laid. And to be able to then work in this really special time, I think in a in a child's life, but in a parent's journey as well is really special" (Elin)

There was a shared sense that EPs could be doing more to provide support during this period, implying that opportunities are currently being missed. Perceptions of EP support being reactive and not proactive were reflected, with a desire to take a more of an active approach within this period:

"We don't tend to get involved in the main until there's a difficulty that's been observed within the child. So, you know, a behaviour becomes difficult to manage for a parent or there's yeah, there's difficulties with the child transition into school or, you know, the child has got an ALN so we are asked to become involved, to kind of, you know, help make sense of those needs and what a child might need, to go into a preschool setting" (Elin)

Alys considered the early years period as encompassing a wide age range, where the youngest of children within this are rarely considered within EP provision. This evoked babies as a missed group within service provision:

"we do have an early years team, but again, that's when we say early years that kind of covers the primary ages, so, so really, they're not, they're not like tiddlies" (Alys)

Elin provided a similar reflection, suggesting that she feels that there is a gap in specialised services for babies more generally, viewing this as a "missed opportunity" to enhance early stages of development and reduce potential difficulties from evolving in the future. EPs were positioned as a profession who have foundational psychological skills, knowledge and training that could be utilised to help fill such a gap and facilitate change within services for infants:

"I think there's a missed opportunity there to actually be involved at that really preventative early, early intervention age [...] I think there is lots of gaps, you know, with regards to provision for 0-2s in general in the fields of educational psychology, clinical psychology, you know. More kind of maybe the more specialised support. So yeah, there's a massive opportunity there and I think we've got really good skills to be able to fill that gap" (Elin)

There was a shared notion that EPs could be offering more in terms of the psychological support within the earliest stage of development. The potential of the EP role was considered to expand to the antenatal period. Participants reflected on the importance of interactional and environmental influences on an infant's development, including the home-learning environment and the infant-caregiver relationship, which were considered as potential areas of intervention:

"We're kind of mainly focusing on around looking at kind of what are their needs now and how can we kind of inform that sort of transition. But you know it starts much earlier than that really [...] they've got all the kind of, you know, the infant mental health and being able to do that work with expecting mothers" (Alys)

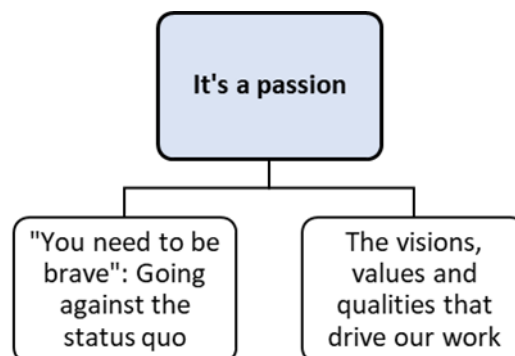
"Sometimes parents don't know the importance of getting down on the floor with their child, talking directly to their child, playing with them no matter what age they are, you know? So, from birth that eye contact, that holding them. So, I'd really like to get involved in kind of prenatal training [...] at the understanding of [...] you know how important that relationship is and that kind of that bond" (Fjion)

Participants considered how working as part of a multi-disciplinary team, alongside professionals already working with families and infants, has facilitated earlier psychological support for infants. Elin suggested that:

"EP services linking in with maybe practitioners, who do have that, who are, working in that age range, you know, with families with babies and infants' birth-two, for I don't know, joint working group, you know, supervision sessions, etc.". (Elin)

Participants placed importance on applying psychology in a range of setting not typically accessed by EPs, for example, working in the community, with parent and practitioners to support infant development.

6.4.7. Theme 4: It's a passion



"It's a passion" encompasses the personal qualities and skills that participants felt were important in driving their work with infants. There was a sense that systems and models needed to be different

when working within this period, and EPs needed a passion and desire to facilitate change within their systems. Working with infants was underpinned by values of being proactive and brave in actively seeking out, shaping opportunities, and communicating ideas.

6.4.7.1. Subtheme 1: “You need to be brave”: Going against the status quo

Providing services for infants was seen to require EPs to develop different ways of working compared to their work with school-aged populations, due to the different contexts and nature of the work. EPs demonstrated ambition and determination in seeking out various opportunities that went against the ‘status quo’ of more traditional forms of EP practice, in their attempts to continually improve and develop their services for infants and their families:

“You know, making sure that you always want to move things forward and make things better, so it's not accepting the status quo. You know, it's not good enough yet” (Eira)

“It's ever evolving. It doesn't just become stagnant because systems change. People change. You have to keep moving forward. And I guess it's a lot about being driven” (Seren)

Bravery was evoked through participants embracing the unknown, putting forward and trialling new way of working, despite their uncertainty of how this might be received or the outcomes of this. Eira suggested:

“Just having that support and belief to just sort of, give things a try...and maybe not just do things just because we've done them before, but think about ways that we can develop [...] I think we're got to be kind of be comfortable with getting rid of previous expectations of things and working with others to trial what might work” (Eira)

“You need to be brave. You need to have that belief in your vision and your values, and know that things again like I said, they don't happen smoothly” (Eira)

Seren considered the service delivery model they have developed in order to expand the reach of the services they can provide to early years children. Working more systemically with early years professionals through facilitating workshops, training, group consultations and problem-solving sessions enabled Seren to support greater numbers of early years children within the team's resources:

“We can support the needs of a large percentage of our early years population without having to have referral forms and do direct work, which the more direct work you do, it reduces the capacity to do the more strategic to help more” (Seren)

Participants considered the importance of being brave and having the confidence to share their ideas and thoughts with senior personnel who have influence over service delivery models, funding, and LA policies, in the hope that their visions could be turned into a reality. Participants emphasised the importance of clear communication and engagement with key decision-makers to advocate for the changes they proposed:

“being really clear, I think about, what, what you're asking for. It's something I've learned because you can talk to people as much as you want about the importance of the first 1000

days...but unless you then sort of formalise that into so this is what needs to happen next” (Elin)

6.4.7.2. Subtheme 2: *The visions, values and qualities that drive our work*

Participants highlighted a set of shared values and personal qualities that were perceived to be valuable when engaging in and progressing their work with infants. Participants reflected on having shared values and visions within their teams, that enabled them to work towards achieving similar goals:

“I suppose you all as a team have to sign up to the same values and vision and know where you're going as well” (Eria)

“there has to be that shared understanding what everyone's trying to shape” (Eira)

A genuine passion for working with young children and their parents was considered a crucial factor. Participants emphasised the importance of having confidence in the skills required to effectively engage in such work:

“You need a passion for enjoying and working with little children and parents” (Alys)

“Arguably parents and carers, at this stage will be working more with them than you will with the little ones [...] I got, definitely have that passion for supporting families, parents and carers” (Eira)

Having a passion for early intervention and a belief in the possible difference this can make on the life trajectories of young children was also shared within responses:

“It is amazing work. It's the best work that I've ever done as an EP and I love it because it's just that early intervention, that opportunity to work with children and their families from the very early stage in their educational career” (Seren)

“what I value is obviously being able to do things at an early stage that can have long lasting impact on development much later on in life” (Eira)

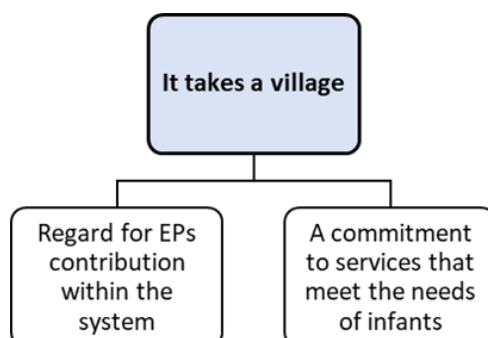
Certain personal qualities were considered to underpin EPs' drive in initiating and successfully achieving changes within their services. Participants explicitly spoke of qualities such as creativity, confidence, organisation, as well as being flexible and adaptable within their approaches. For example, Seren suggested, *“it does take a certain level of, well, initiative, confidence and obviously organisation”*, whilst Eira felt *“creativity, that flexibility, that adaptability”* were important.

Ensuring equitable services for infants was another prominent shared value among participants. They expressed a desire to offer equal access to EP services regardless of geographical location. The value placed on equity and the commitment to achieving it indicated a concern that some infants and families may currently be overlooked or underserved in terms of service provision, which evoked socio-political and ethical tensions:

“We used to only work with flying start families, but now we work with families across the LA” (Elin)

“So, there's equity for non-flying start and flying start with regards to the service that they get from an EP” (Seren)

6.4.8. Theme 5: *It takes a village*



This theme encompasses the support that EPs require from broader systems and structures to facilitate their work with infants. It reflects the key factors that participants identified as important for making their work with infants both possible and effective, acknowledging that this is not just the responsibility of one profession or team. Additionally, it acknowledges the support required to realise future visions and developments within this area of EP practice.

6.4.8.1. Subtheme 1: *Regard for EPs contribution within the system*

The EPs' role being held in high regard within wider systems and services supporting infants and families was considered an important factor in enabling change, as this afforded participants opportunities to have their ideas and input to be heard by those who could support systemic change. This evoked a sense of trust and respect for the psychological contributions EPs could make to authorities, where their expertise and suggestions were highly valued:

“I just think having the support of senior management as well is really important that your LA values that team” (Ffion)

“There's structural and systemic things in terms of support from, you know obviously like senior leadership people buying in and believing in your ideas from that outset, to even being able to do a model like this” (Eira).

“I suppose it's just having that psychology led model really embedded in the service. So, the role of the educational psychologists in this service is a very, I probably would say, a well-established and well regarded role” (Elin)

The recognition and regard for the EP role within LA systems also facilitated advocacy and dissemination of knowledge about EP services amongst wider teams. This dissemination served as a means of raising awareness about the contribution EPs could make to various situations, which was viewed as valuable in fostering positive engagement and collaboration among different stakeholders. This was achieved through establishing close relationships with individuals who have contact with infants in their day-to-day roles:

"It's about liaison with health visitors for them to recommend it. And so, you rely on all of these different people don't you, to get the word out there" (Seren).

EPs were recognised as offering a distinct perspective and valuable insights into situations and developments due to their experiences of integrating theory and practice across multiple levels of a system. This understanding highlighted that EPs possess a distinctive skill set that enables them to facilitate change and effectively address complex issues to make meaningful contributions:

"And then from the LA perspective, there's a lot of respect for Ed Psychs and they value our contribution and the way perhaps we navigate situations or try to solution focus things forward for them because they may be the money holders, but unless they're informed as to the best ways to use funding, which often we have because we're on the ground. So, a LA that is receptive to the EP's view is helpful" (Seren)

6.4.8.2. Subtheme 2: A commitment to services that meet the needs of infants

The data depicted various forms of systemic support that EPs deemed important in facilitating their work with infants. This support was recognised at various levels, ranging from the EPS to LA and Government policy level. Participants reflected on the commitment and support they required from service leaders and commissioners, particularly in terms of resources, to effectively carry out their work with infants and to enable them to explore different ways of working. Elin considered an aspect of her role was to disseminate knowledge across these different levels so that support for infants is more widely recognised in service provision:

"helping to support change at that wider level. So, like I said, staff training, consultation, but also influencing policy and practice at that all Wales level so that the importance of the nought to two age range is recognised and properly resourced and funded so that all families get that equal access really to parent-infant relationship support at whatever level they need it" (Elin)

Similarly, Eira suggested that EPs have a role in supporting policy development to effect change:

"I would love to do kind of more strategic systemic work, even kind of work around policy work (...) sometimes we need to change the wider level before we can have the impact that we would hope for on the individual level (Eira)"

Having supportive managers who were committed to early intervention and gave time and autonomy within the EP role to support developments within this, was strongly indicated to support EPs' work within infancy. Such support provided EPs a level of flexibility that afforded them dedicated time to develop areas of work that they considered important, including developing links with wider teams involved in supporting infants and families:

"So that makes a difference, like senior leadership in an EP service valuing early intervention and prioritising an Ed Psychs time to do that" (Seren)

"I'm given a pot of time for early years that are principal and deputy principal are very flexible as in they trust you to get on with what you see as the priority" (Seren)

Participants reflected on the specific early years roles that they held within their services that enable them to focus wholly on service developments relating to the pre-school population:

“I've got quite a discreet and different role to the school-based EPs” (Seren)

Roles included work at a strategic level that afforded EPs an opportunity to offer their input in relation to early years services within LAs. This enabled EPs to contribute their expertise from a psychological perspective to enhance and shape early years services offered by LAs:

“Being able to have an input strategically. So being able to, you know, uh, be involved in how things are structured and bringing in new processes. That's really supported, because you can really bring in the educational psychology bit then or the psychology bit” (Ffion)

Some EP roles sat within different services beyond the EPS, which enabled participants to utilise their skills and knowledge within wider services supporting infants. Through establishing different avenues of funding and showcasing what the EP could contribute to broader services, such as community and social care services, this enabled them to expand the possibilities of practice aimed at supporting infants:

“the way that we've been able to have a team is through, in a sense, working with other teams to secure funding, where we can work together across teams [...] But we don't all sit under the EPS as such” (Eira)

“I think I've got a bit more flexibility than most EP's (...) So sometimes the roles cross over because if I'm sort of working with a family that has been highlighted through the psychology service, but they're kind of Families First are also involved (...) I can then become involved with that, which may be an opportunity for me to do more in depth work like the video interaction guidance. So, then I can, I've got more time to do that, or the circle of security, parenting, or something. So, I've got more time than you know, most EPs to do that kind of work” (Alys)

Elin suggested that a specialist EP post relating to the first 1001 days of development would perhaps provide a means of developing psychological support within the infancy years. Having specialist roles that targeted these years was seen as beneficial, as the nature and context of work is likely to be different within the infancy stage, therefore requiring different considerations:

“Whether there does need to be kind of ring fence time or maybe a named posts kind of specialised posts...And I would say even more specific than early years EP that it's, you know, first thousand days EP...I'd say 0-2 year old or first thousand days EP is because otherwise early years. You could mean 0-7 years couldn't you and it, then you're in a different, you're working within a different system around the child then” (Elin)

Participants reflected on how they would need commitment from LAs and the Welsh Government to ensure that services for infants and families were properly funded and resourced. The need for ‘time and people and training’ were strongly presented throughout response and were considered a barrier to EPs further developing their provision specifically for the infant population:

“We would need a commitment, I think, you know from Welsh Government to really think about babies and infants in policies. You know, there is a strong commitment to support early years and I think there is a recognition that the early years are really important. But

so much of it still seems to be focused on kind of yeah, like I said, from entry into the like nursery or schools. Ohh alright, maybe early years settings but it seems to be from there on” (Elin)

“Obviously, you need staff, you need time, you need capacity, you need relationships, you need people to be able to collaborate” (Eira)

“When I think about it in the cases I've done, it has been extremely powerful (VIG). But I think you know there's only so many cases you can do that for because of the time that you've got” (Alys)

Participants expressed their wish for more integrated support across health, social care, community and educational services. There was a sense that a multi-disciplinary and holistic approach to supporting the needs of infants and families was necessary to enhance effective support and positive outcomes. Some participants expressed that their EP role sits within an integrated ecosystem of support for families within the community, where wider social and environmental factors that have the potential to impact on infant development can be considered and supported, for example, housing, finances, family wellbeing:

“I would add to that is working as part of an ecosystem, so not kind of being a separate little service or team. But being in a really integrated part of a wider support system (...) So it's really about being part of that ecosystem because if we, you know, one of the main theories we draw from is that ecosystemic theory of child development and we know that we can work on, definitely work really well on supporting parent infant interactions and relationships, but sometimes there's external stress, for example, money worries, housing issues. All these environmental factors that really can get in the way of that parent infant relationship and we need, you know, we need to sometimes get those resources and supports in place for a family” (Elin)

Integrated support was also considered as a means of making infants more visible to services. Alys suggested, *“just knowing about the child in the first place”* would enable increased support to be provided.

Participants considered the fortunate position they were in to have an element of freedom within how they practiced. There was an acknowledgement that this would be very different between different localities, where there would be varying systems, resources, and priorities. This evoked the unavoidable influence of the socio-political context of practice, and the impact this has on the services that are offered to infants and their families:

“We're lucky not to be, not to be restricted by any of that (traded services)” (Ffion).

Participants placed importance on service for infants being a collective responsibility that required time, resources, flexibility, and funding to work in new and different ways.

6.5. Discussion

6.5.1. Overview

The research set out to explore EP’s perspectives of their role when working with birth to two years olds in Wales, via semi-structured interviews. Within this section, the analysis will be discussed in relation to the three research questions and its relevance to current theory and research. Implications for EP practice in light of the new insights gained from this research will also be discussed, followed by a consideration to the limitations and areas for possible future research.

Following the completion of the thematic analysis, a summary and visual representation of the findings was created and is provided within the Figure 7. The figure aims to illustrate the current and envisioned EP role when working with infants, including perceived supporting factors.

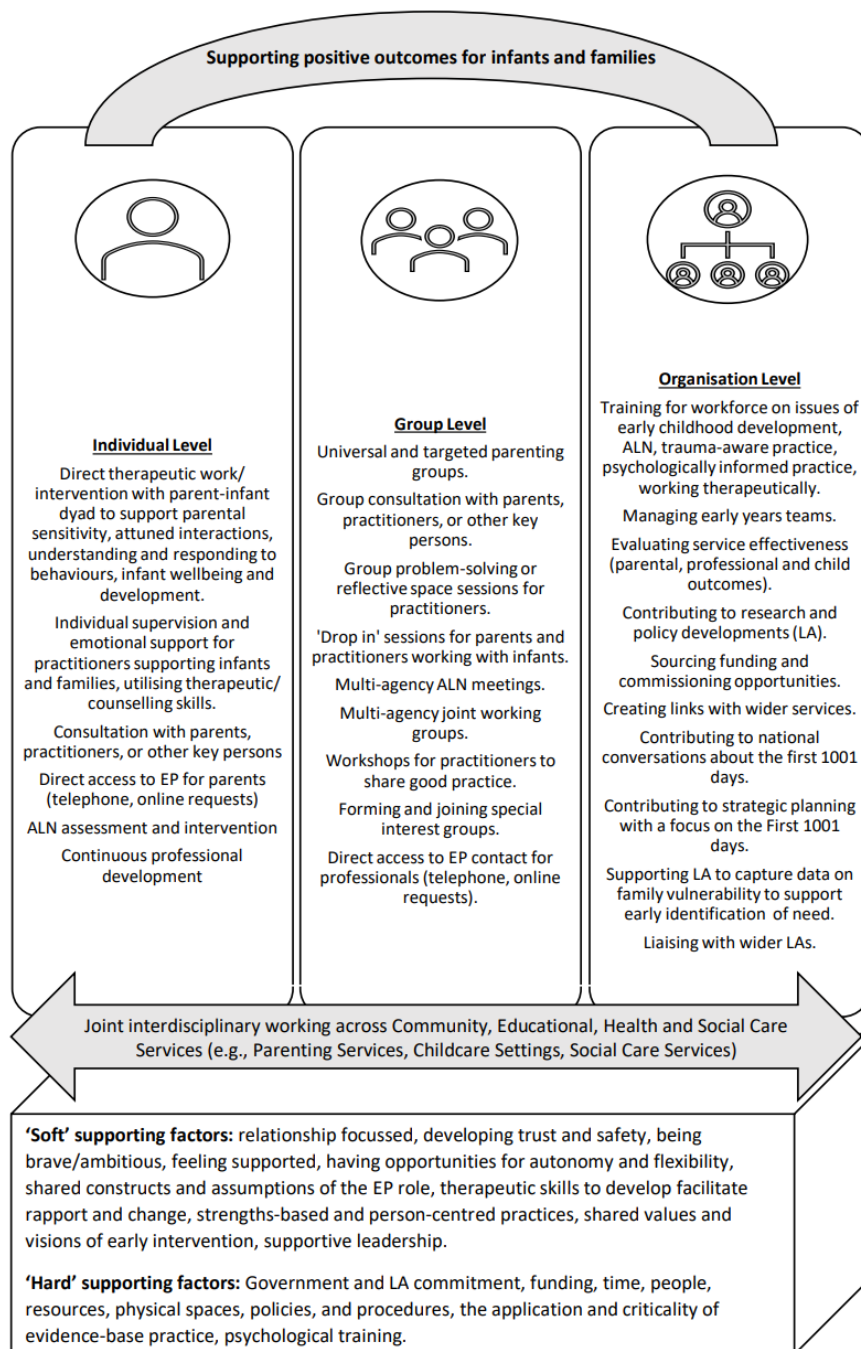


Figure 7. A visual representation depicting the role of EPs when working within the first 1001 days.

6.5.2. What do EPs perceive their role to be currently when working with birth to two year olds in Wales?

The importance of relationships was strongly communicated by participants throughout their responses. There were several ways in which relationships were reflected as a core aspect of the EPs role with infants. These will now be discussed in turn.

Participants alluded to providing certain 'therapeutic' and interpersonal conditions within their helping relationships with caregivers, professionals, and practitioners. This was supported through EPs drawing on their knowledge of therapeutic principles and skills embedded within EP practice. Participants explicitly discussed engaging in active listening; using person-centred (Rogers, 1961) and solution-focused approaches (de Shazer, 1985); validating problematic feelings; drawing on people's strengths; being non-judgmental, empathic, and accepting within their interactions. This aligns with the many therapeutic theories and modalities that emphasise the central importance of 'people factors' and relationships within professional practice (for example, Glasser, 1999; Griffin and Tyrrell, 2003; Miller and Rollnick, 2013; Rogers, 1951, 1957; Gameson and Rhydderch, 2017).

As summarised by O'Connell (2002),

"It needs to be reiterated that how we relate to clients as human beings is more significant than any techniques or theories. Technique is no substitute for a relationship built on respectful and attentive listening, reflective silences, empathy, genuineness, immediacy, and acceptance" (p. 41)

Providing such conditions, enabled safe and trusted relationship to be established with caregivers and practitioners which were considered as pivotal for effective practice and as a catalyst for change. This also aligns with the findings of Simmonds (2022) who suggests that engaging in attuned interactions and solution focussed practices with early years practitioners were key for facilitating new and different ways of working within an early years setting.

Participants also discussed the importance of establishing a secure environment in their relationships with caregivers as well as modelling the sensitive and attuned interaction they were advocating. Such conditions were considered as foundational for facilitating engagement, developing trust, and increasing caregivers' capacity to move towards desired changes. Elin referred to this as providing caregivers a 'safe base' (Bowlby, 1988). Establishing such a relationship seemed to enable others to trust and receive the knowledge and contribution that EPs could bring to their situation. The ideas presented have similarities with the concept of Epistemic Trust (Fonagy and Allison, 2014). This is the trust that one has in the authenticity and personal relevance of interpersonally transmitted knowledge, which is developed from reliable connections with another. Participants considered 'trust' and 'safety' in their relationships with others as a core foundation for their practice.

The importance of relationships was also reflected in the emotional support EPs offer to caregivers and the various practitioners they aim to support. This evoked Winnicott's concept of the 'holding environment' (1953) and Bion's idea of 'container-contained' (1962). Both theories draw on the parallels of the early caregiver and infant relationship, suggesting that the caregiver assumes a crucial role in containing the infant's difficult emotional expressions, ensuring their safety, and modifying these experiences into a more manageable or tolerable forms, which are then reflected back to the infant. It is proposed that through this process the capacity for self-regulation develops. EPs positioned themselves as providing a similar function to those who are supporting infants and their families across various contexts. Providing a containing and reflective space for practitioners or parents to talk about the different complex emotions, feelings and thoughts that potentially arise from practice and

parenthood, enabled these to feel less overwhelming and better understood. This is similar to Elfer (2012) who proposes that early years practitioners who work with young children and form emotionally available relationships or attachments should be afforded the opportunity to have supportive conversations of the potential emotional demands that come with developing such relationships. Some participants within this research reflected this to be a core aspect of their role.

For some participants, the relationships infants had with their attachment figures was considered a core focus of practice, as this relationship was considered foundational for the healthy development of infants. Reviews into the impact of parenting interventions (for example, Bakermans-Kranenburg et al., 2003; Kaminiski, Valle, Filene, & Boyle, 2008; Scott, O'Connor & Futh, 2006) have demonstrated that the most effective intervention for pre-schoolers are those that support the parent-child relationship, and which promote healthy attachments, parental sensitivity, and communication. Some participants discussed how they provide or supervise therapeutic interventions, which aim to encourage positive aspects of the caregiver-infant interaction within the home/community context, utilising approaches such as VIG (Kennedy, Landor and Todd, 2011) and 'Circles of Security' (Hoffman et al., 2006). This contrasts with the finding of McGuiggan (2021) who suggests that EPs did not view intervention work with pre-school families as part of their current role. Participants also shared more indirect systemic ways they support the importance of early relationships, for example, through training on attachment, and early childhood development.

Developing collaborative and co-working partnerships across various teams was also perceived as a core aspect of the EP role. This enabled EPs to contribute a psychological perspective to the services supporting infants and opened different opportunities for new ways of working. This aligns with the finding of Douglas-Osborn (2017) who considered relationships with early years practitioners as a key foundation for facilitating new and different ways of working within an early year setting. However, findings within the current research demonstrates how EPs were doing this across various teams and settings, via group consultations, multi-agency meetings and co-delivering training, alongside health professionals.

Another theme that was strongly communicated throughout responses was the role participants have in developing the capacity of others, to enhance their practices with infants and families. A perceived function of this support was to further develop understanding of psychological informed care for infants. Psychology was considered as something unique EPs could contribute to a situation. Participants also considered this in relation to the development of their own confidence and competence, to ensure ethical practice (BPS, 2021). Participant discussed specific interventions and tools they have trained in and are utilising to support their practice, a list of which are provided in section 6.5.5. This is in line with a government review conducted by Leadsom (2021) that emphasise the importance of a well-informed workforce about the importance of the first 1001 days and how to support infants during this stage.

Working within a multi-disciplinary capacity, enabled participants to contribute a holistic and psychological perspective to services supporting infants and was considered a key aspect of the EP role within the infancy stage. Some participants were engaged in assessment of individual children to identify potential ALN needs and learning provision, which is consistent with the findings of McGuiggan (2021), Robinson and Dunsmuir (2010), Shannon and Posada (2007) and Slade (2019) who identified this as the most common and central aspect of the early years EP role. However, participants within this research demonstrated how they are also engaged in various individual, group, and systemic level support, across different contexts and alongside various stakeholders.

Participants described how they are utilising Fallon et al's. (2010) core functions of consultation, intervention, assessment, training, and research, within their practice with infants, examples of which are highlighted in Figure 7. In addition to Fallon et al's. (2010) core functions, some participants also described providing supervision to practitioners who work with infants and their families, demonstrating difference from the findings of McGuiggan (2021), Robinson and Dunsmuir (2010), Shannon and Posanda (2007), who found that engagement in wider EP practice was prevented by the requirements to provide psychological advice as part of the statutory process. This instead aligns with the visions described by Douglas-Osborn (2017) of a more holistic and varied approach to supporting early years children.

Bertagno (2016) found that early years practitioners' approach to supporting the emotional wellbeing of children was primary based on intuition and individual experiences, rather than theoretical knowledge and understanding. Therefore, this supports participants' view that building the capacity for well-informed practices within the infancy stage is perhaps a clear and valuable contribution that EPs can make. A core way of developing capacity was through identifying, sourcing, and delivering training for early years practitioners to enhance their skills and knowledge and to develop confidence, and competence in their care for infants. This is consistent with Fukkink and Lont (2007) who conclude that training can improve the 'pedagogical competencies of caregivers in childcare, including their professional attitude, knowledge, and skills' (p.305). Rhodes and Hennessy (2000) also found the positive effects on sensitive caregiver behaviour following training of pre-school staff.

Widening perspectives of an issue or reframing, was also considered a key means in which participants aimed to develop capacity and understanding of an issue or behaviour, to promote change. Participants discussed using solution-focused questions and strengths-based language to facilitate this process, all of which Simmonds (2022) identified as useful components or skills when working systemically with an early years setting. EPs within this research considered reframing as a powerful tool for change, as this enabled parents and practitioners to consider a different perspective that would create wider possibilities for action or influence how a situation was perceived and approached.

Lastly, participants considered working with parents as a central aspect of their early years EP role. Some EPs prioritised work with families, where others worked with families via the early years setting. Participants who prioritised working with parents directly, seemed to view themselves as psychologists within the community and considered parents as the main caregivers or key adults at this stage of development. They also considered the importance of considering family wellbeing and interactions within their practice. McGuiggan's (2021) argues that EPs' work within the family system should be considered further, suggesting that psychologists' work could be more effective if they considered systemic interventions across a child's different contexts, given what is known about the importance of family factors on development. Oakes (2010) also suggests that best practice for EPs working with early years children and their families is to consider parents as the first point of contact within EP involvement. Some participants within this research seemed to hold a similar perspective within their practice.

6.5.3. What would EPs wish to see implemented to support their work with birth to two year olds in Wales?

The findings suggest that participants want to further develop and expand the areas of practice that they are currently engaging in, including, increased work with parents; engaging in increased community practice and co-working with wider teams; increased intervention within the earliest stages of development. Participants felt that they could utilise their psychological skills and knowledge to provide universal support relating to early childhood development to parents, early years

practitioners and wider professionals, as well as more specialist and specific support within the family context. Working within settings provided one area of support, however working beyond the setting was seen to provide even wider opportunities for practice.

Wolfendale and Robinson (2004) suggest that working both at an individual or micro level and at a macro or organisational level are necessary to meet the needs of children within the early years. Participants within this research described the wide ranging work they engage in, beyond that of statutory assessment work. Participants felt that they could further push the boundaries of their role to encompass work with the wider systems and key adults caring for infants. There was a sense from some participants that the role could and should be expanded beyond that of educational settings, with the acknowledgment of the importance of continuing to provide support to settings. Therefore, although EPs within this research were engaging in various ways of working, there was still a wish for greater multi-agency work and opportunities for more holistic models of practice, aligning with the finding of Slade, (2019) and Douglas-Osborn (2017).

Several frameworks and models of EP practice are underpinned by systemic thinking and interactionist beliefs that postulate that developmental outcomes and human functioning is influenced by dynamic and interactive processes between the individual and the systems surrounding them. This is largely based on the work of Bronfenbrenner's (1979, 2005) ecological theory (for examples see, Kelly, Woolfson and Boyle, 2017). Some participants demonstrated the value they place on such theories in their work and argued that EP practice within the infancy stage, needs to consider the wider spheres of influence around the infant, including the family context and community context. This was seemingly considered in several ways by participants:

- infants may not yet be within the educational context, so practice needs to be considered beyond this context.
- wider systems of influence need to be considered and supported to enact effective and long-lasting change.
- consideration to the wider systems opens wider possibilities for EP practice with infants.
- consideration to the wider systems of influence provide opportunities to engage in proactive and preventative approaches which aim to increase protective factors and enhance infant development/wellbeing in the here and now, as well as the future.

Therefore, some participants expressed their wish to see provision for infants being considered more widely within the profession, where there are increased opportunities to engage in practice within an infant's different contexts.

Participants spoke of the fundamental significance of the parents at this stage of development and although work with parents was featured heavily within responses, there was still a wish to further enhance opportunities to provide more direct support to parents at earlier stages. This was suggested through:

- further opportunities for co-working and supervision across LA teams involved with infants and families.
- providing increased therapeutic support.
- providing more direct access to EP services for parents.
- offering more universal support around early childhood development through delivering programmes or 'drop in' sessions.

This is similar, to the findings of Oakes (2010), who found that EPs within one English LA wanted to develop their services to families through, building relationships with other professionals and providing peer supervision and co-working opportunities. However, this provides both similarities and differences to the findings to McGuiggan (2021) who suggested that some EPs wanted to increase their work with the family system, however, some EPs considered their role to be school focussed. One participant within this current research explicitly held a similar view that the role should be mainly setting focussed, however still considered work with parents to be an important aspect of the role which they wished to develop.

Some participants also alluded to wanting to provide intervention at the earliest stages of development, alongside parents. This contrasts with McGuiggan's findings (2021) where some EPs felt that providing intervention work to families was the responsibility of other services, such as social care. This suggests that there is perhaps variance and contention of this view within EP practices. Participants who expressed more of a setting focus, tended to work with families in conjunction with the childcare setting, with children in the latter stages of infancy. However, those that had a community/ family focus, were able to engage with younger children who were not yet attending an educational establishment, opening access to their EP services more widely.

For some participants, a function of their day-to-day role as psychologists was to provide supervision and/or reflective spaces to practitioners who work with infants and families across social care, community, and education contexts. This was considered to further support practitioners to make sense of complex family systems and meet the needs of the children and families through offering a psychological perspective. Additionally, this provided early years practitioners with a safe and containing space to discuss their own work and any potential challenges, given the complex systems and contexts they are working within. Other participants expressed that supervision and coaching would be something they wished to introduce within their own services and was considered as a possible helpful contribution to support work within the infancy stage. This has parallels with coaching psychology models that focus on enhancing individuals or teams' standards of functioning, development, and wellbeing, through psychologically informed practices (Palmer & Whybrow, 2007; Adams, 2016). Adam (2016) suggests that coaching is a way for EPs to diversify and add to their repertoire of practice. These findings are also supported by Butcher and Gersch (2014) who through their evaluation of the "time together" home based intervention, which focussed on supporting parent-child relationships, proposed supervision, and reflection as a helpful function of an EPs' role within the early years.

Given the limits to EP time and the finite resources available, some EPs also reflected on providing training, supervision and coaching to practitioners already working within families in the first 1001days, as a more efficient and effective way of extending their reach to infants. This is similar to Rait (2012) who demonstrated how EPs were utilised to support Family Support Workers within their delivery of a parenting intervention within the home. The role of the EP within Rait (2012) research involved planning sessions, providing supervision, and evaluating the project. Although some participants illustrated that they currently engage in a similar model, this was not shared by all participants, and in agreement with Rait (2012), was an area of practice some wished to expand.

Participants suggested the importance of a multi-agency approach when working with infants and toddlers, suggesting that their contribution was one aspect within a collective effort of support. Some considered the community context as central to supporting this type of practice, which seemed to align with the psychological perspectives or paradigms in which EPs considered their applied work. As mentioned, Bronfenbrenner's (1979; 2005) bioecological perspective of development seemed to feature within some responses. Within this perspective, EPs suggested that it was necessary to

support infants across their various context to effectively enhance their development. Indeed, there has been emphasis on EPs applying their psychological skills within a community context (Stringer, Powell and Burton, 2006; Farrell et al., 2006; Fallon et al., 2010). Stringer, Powell and Burton (2006) advocate for the development of a community educational psychology orientation within practice which moves away from EPs only being associated within SEN processes, which arguably narrows the role. They argue that reconstructing the role will support the profession in communicating what it has to offer more widely. As already noted, some participants within this research demonstrated how they are supporting communities, through opening access to EP services to anyone involved in the care of early years children, including parents. However, there was an apparent wish to further expand professional practice to contribute a psychological component within the different contexts of the micro-, meso-, and eco-systems as described by Bronfenbrenner (1979; 2005). For example, some participants considered how they could contribute to developments at a LA strategic level to support the development of policies and practices within the first 1001 days, to ensure babies aren't forgotten within service provision. This aligns with the viewpoints expressed by Leach (2018) and PIF (2021), who argue that services often overlook the needs of infants and advocate for increased focus in this area.

How the EP role is conceptualised by others was considered to impact on the type of work commissioned. Reflections around the language used within the professional job title itself was considered to impact on how the role was constructed and understood by others, impacting on the ages in which EPs predominately work with, as well as the context. Therefore, some participants wish to further develop and promote understanding of the EP role, to broaden perspectives of the various functions and contributions that could be made across different systems within the infancy stage. This was considered as a way of enabling EP practice at much early stages of a child's development.

Lastly, there was a wish from the majority of participants that their work could be expanded to reach children within the prenatal period. Working within in the infancy stage was characterised by prevention and opportunities to support outcomes at the earliest chance. This aligns with Rackett and Holmes (2010) who suggests that EPs often observe the consequences of children who have experienced adversity in their early lives within their daily practice and therefore, propose that EPs are ideally placed to support assessment and interventions that facilitates secure attachments and contributes to the field of infant mental health and infant development from the prenatal period.

6.5.4. What factors can improve EPs work with birth to two year olds in Wales?

Having specialist posts focused on early years was a clear factor that facilitated EP's work within this age group, affording them with the time to focus on service developments and think creatively about widening services within their available resources. This is similar to the finding of Shannon and Posada (2007) and Slade (2019) who found that specialist pre-school EP posts reported having more opportunities for multi-agency and project work compared to those in non-specialist roles, leading to higher job satisfaction. Specialist posts within this research were both located inside and outside of the LA EP services providing opportunities for wider scopes of practice, which was considered as another enabling factor.

Given the early years encompasses a vast and rapid period of development, one participant suggested a specialist EP post specifically relating to the first 1001 days, as a potential helpful factor, given the different consideration that are needed when working within this period. The development of specialist posts within wider teams has been linked to EPs' effectiveness and their unique contribution (Farrell et al., 2006). This also aligns with the views advocated by Dennis (2003) regarding the importance of specialised roles within the EP profession. However, Oakes (2010, p.168) suggests that

specialist roles should be considered within a sustainable model of service delivery, to ensure gaps are not left when such expertise are absent from the team.

Working with a community focus was generally supported by EPs being situated within or being partially funded by wider LA community services. This provided opportunities for EPs to think creatively and trial the core EP functions, including supervision, within different contexts. Participants, alongside their managers, shared how they have explored different commissioning opportunities that has enabled community work. EPs explicitly mentioned working within Flying Start and Families First Services enabling them to develop close working relationships with early years teams and practitioners across health, education, and social services. This is similar to the propositions made by Douglas-Osborn (2017) who suggests that EPs could consider community based contexts more, including possible funding streams to improve access to wider scopes of practice. Participants acknowledge that often it was the LAs systems and structures which enabled them to engage in their current practices. Without the flexibility and autonomy within their roles, and the different avenues of funding that afforded them the opportunities to work within specialist roles, their current practices would not be possible.

There was acknowledgement within participants responses that the development of trusted relationships can take time and therefore, they aimed to do this through those who had the capacity to develop longer-term relationships in their work with infants and families. This was considered a viable way of supporting within the time and resources EPs have. In addition to this, working within a wider 'ecosystem' of support, enabled EPs to signpost to appropriate services, creating more of a supportive environment around the family with the aim of reducing other external stressors or risk factors which might impede on infants-caregiver interactions and sensitive care (Rutter, 1987). This was seen as an important aspect of facilitating change and supporting infant development. Therefore, working within a multi-agency capacity was considered as a key supporting factor for the EPs' role when working within this age group.

Supporting infants and families was not just seen as one single service or sectors responsibility, but rather multiple sectors and professions. Participants suggested that relationships and collaboration between other teams was a key factor in supporting their work and improving outcomes for infants. This afforded the opportunities to gain wider perspectives of a situation, develop their own knowledge, and also provided an important gateway into expanding their services to infants and their families. This is in line with Rackett and Holmes (2010) view that EPs work from a prenatal perspective needs to be in collaboration with midwives, health visitors, family support workers, early years staff and adult mental health services who have contact with parents. Bateson, Sercombe and Hamilton (2021) also suggest that a commonly held perception is that support for infants and caregivers is the responsibility of health visitors and argue that this needs to be challenged as wider professions can, and do, offer effective support. Wolfendale and Robinson (2004) also emphasise the importance of 'pooling' knowledge from the different professionals and agencies and the need for adapted models of practice to enable this knowledge to be used in proactive and preventative ways. This was strongly reflected in participants responses. Participants discussed requests for EP involvement came via health visitors, parents, childcare settings, and social workers. Having good professional links and relationships with wider professionals from health, education and social care services afforded participants the opportunities to engage in conversation around how the role of the EP, in collaboration with others, could contribute to various situations. This indicated that working with infants requires different models and avenues to access support that make EP services more visible and available to wider services, beyond the reliance of educational settings.

Wolfendale and Robinson (2004) suggest that EPs face the challenge in ‘having to reconcile ambitious aspirations for their professional endeavours with, often, more limited but realistic goal’ (p.21). Participants often shared that an element of bravery and drive was needed to realise some of their aspiration through sharing their ideas and visions and taking risk to trial new and different ways of working. In addition, having support from service managers or having strategic influence themselves supported this work. However, there was acknowledgement of the limits of this based on the available resources that the LA could offer, including time, staffing, and training needs. Financial, and human resources were therefore considered a crucial systemic factor in improving EPs systems for infants. This suggests that nearly twenty years on, Wolfendale and Robinson’s (2004) view remains relevant. Therefore, participants were very explicit in suggesting that services that aim to meet the needs of infants would require further commitment and funding from governments and LAs so that these could be properly resourced.

Despite this, participants demonstrated the different developments they have made within their early years practice with the resources they currently have. A core factor in supporting this was having the opportunities and support from service managers to engage in new and different way of working. Taylor (1994) suggests that when a culture of working has been established it can be hard to change, reminiscent of the concept of homeostasis from organisational psychology and systems theory. Taylor (1994) suggests that,

“Once a system has been in operation for some time, subsystems and individuals tend to become caught up in it so that conformity and with it the homeostasis of the system is preserved” (Taylor, 1994, p. 129)

Participants demonstrated how they have gone against the ‘status quo’ in their practice, to develop their early years models of practice. EPs considered the importance of senior management teams both within and beyond that of the psychology services, valuing and investing in early intervention. This was again through a process of ongoing dialogue, relationship building and through being brave in reaching out and sharing ideas about the contribution EPs could make within such an area.

Lastly, similar to Slade’s (2019) findings, participants felt that a change in the perspectives of the EP role to support work within the pre-school work was needed, so that others could understand the possible contributions EPs could make, beyond that of work related to ALN. Ways that EPs within this research were able to support this was through co-working relationships and EPs engaging in ongoing dialogue that provided opportunities to reflect, reframe and reconstruct the EP role (Gameson and Rhydderch, 2017).

6.5.5. Implications for EP practice

Participants explicitly illustrated training that they have undertaken to enhance their own knowledge, skills, and practice in supporting the infancy period. As well as the transferable EP skills that the doctoral training provides, there was a sense that continuous professional development was important in developing confidence and competence within this area. Specific training mentioned included Video Interaction Guidance (VIG) (Kennedy, Landor and Todd, 2011); the Baby Rooms Project (Goouch and Powell, 2015); Intensive Interaction (Nind and Hewitt, 1988); Curiosity Programme (Davies, *n.d.*), Newborn Behavioural Observations System (Nugent et al., 2007); Ghosts in the Nursery (Fraiberg, Adelson and Shapiro, 1975); Watch me Play (Wakelyn, 2019; Wakelyn and Katz, 2020) and Circles of Security (Hoffman et al., 2006). Therefore, it is suggested that professional training providers and EP services consider opportunities for additional training that has specific relevance to the infancy period, to support the skills development and confidence within this area of work. Training providers

might also consider placements that would enable trainees to gain experience of working within the infancy stage (the first 1001 days) specifically.

The conceptualisation of the job title was a strong theme within participant responses. Participants considered work beyond that of the setting or school context as an important aspect of the role, particularly when supporting infants. Therefore, it is proposed that training institutes consider how the professional title of the programme they offer is constructed by others and whether this reflects and acknowledges the wider functions of the EP role and the contexts in which practice is located. The author is aware that some institutions have adopted titles which encompass, for example, 'community' and 'child psychology' more widely. Although the reasons for this are unclear, the titles perhaps reflect an acknowledgement to the wider scope of the profession and the emphasis on an interactionist perspective of development, rather than just consideration to a singular context or domain. The researcher raises several questions for reflective purposes:

- How is the professional title constructed by others?
- What does it suggest about *who* EPs work with, *how* support is accessed and *where* practice is situated?
- How does the title influence commissioning structures and opportunities, and does the title itself, limit the scope of the role?

Training institutions might also want to consider how they support TEPs to be able to work with a range of professionals within the early years and engage in close working relations with families through community focused models of EP practice. Work with parents was particularly salient within the early years EP role and therefore, TEPs and EPs will need to be confident and confident in how families can be supported during this period of development, including how to enhance caregiver-infant relationships.

It is hoped that this research provides opportunity for EPs to reflect on the support that is currently offered to babies and their families within their services, and to consider whether there is more that can be done to include them within service provision. It is hoped that this research prompts further discussion within the EP community in relation to the current support being provided and for EPs to reflect on the psychological knowledge and skills that they currently possess that could contribute to proactive and preventative opportunities within the earliest stages of development. Figure 7 illustrated at the beginning of this chapter, provides an envisioned model based on the responses of EPs within this research, which could be used as a basis for such reflection. EPs could consider if there are areas of support that could be introduced or expanded within their own services.

Lastly, EP services might want to consider support systems and structures that enable teams to work through a multi-disciplinary approach that enable infants who might be more at risk from adverse outcomes, for example, preterm children (Towers, 2018) or children experiencing adversity, to have opportunities to access EP support at early stages of development.

6.5.6. Strengths, Limitations and Future Study

This was a small-scale study that focussed on current EP practice within Wales. Participants were from five different LAs across the country and therefore, working under different organisations, within different models of service delivery. Although this is considered a strength of the research as wider exploration of perspectives across different systems could be gained, this is also considered a limitation as it perhaps does not reflect the varying practices and systems across Wales or the UK more widely. Participants often alluded to how they respond to local need within their individual authorities,

and therefore, it is plausible that there will be different priorities within areas, resulting in different practices. However, although limited to the perceptions of the participants within the study, it does provide some indication and insight into how EPs are currently supporting infants in Wales within their everyday practice both within community and educational contexts. It also offers an opportunity and welcomes EPs to reflect on the similarities and differences within their own practice, in the hope that it inspires conversation within the EP community around the support that is currently being offered to infants.

Engaging in semi-structured interviews, afforded the researcher the opportunity to gain an in-depth insight in the EP role within the infancy stage. However, it is possible that participants answered in ways that might be perceived as desirable to the researcher, leading to potentially inaccurate self-reports and data. However, the nature of the AI model enables participants to discuss their own experiences, based on what they perceive to work well, therefore creating a planned bias towards focussing on positive models of practice.

The decision to approach the analysis using RTA means that it is possible that other researchers might interpret the data differently. Although this is not considered a limitation within the research paradigm, as different constructions invite different possibilities for action, it is perhaps important to acknowledge. This research does not attempt to control for researcher subjectivity or discover a singular truth.

The research was conducted using an online modality to facilitate recruitment of potential participants across Wales. Using an in-person method was less practical due to cost, time, space and travel implications. However, a key part of the interview process is developing rapport. As proximity between researcher and participant is inhibited through an online method, this has the potential to interfere in this process and impact on responses (Varma et al., 2021). In addition, participants non-verbal cues or nuanced responses might be missed, creating a loss of 'embodied care', and impacting on the data generated (Carter et al., 2021 p.174). Consequently, the researcher ensured time was afforded at the start of the interviews for introductions, to discuss the research aims, to enable participants to ask any questions they wished, and discuss ethical procedures in relation consent, anonymity, and withdrawal. This was to facilitate feelings of safety, reassurance, and rapport.

This research focussed on the EPs' role within Wales. As already discussed, this decision was made due to differences in devolved government policies relating to the early years. It would perhaps be of interest to expand understanding of the EP role when working with infants across the UK as a means of collectively considering ways that the profession could reimagine services for infants more widely.

Lastly, as this research was based on EPs' perspective of their role, the specific models of service delivery and the effectiveness of these in supporting infants remain unclear. Therefore, it might be of interest to consider in-depth research at a local service level, to gain detailed understanding of the support that is being provided for infants within an individual LA context, for example via a case study or action research model. This would also enable exploration into whether interventions that are being delivered within this age group are effective in promoting positive change. This might be from the perspectives of EPs, parents, practitioners, and professionals working with infants, or looking at infant outcomes specifically. This would enable more specific models of services delivery for infants to be shared and developed. EPs could also support services to develop methods for gathering data that enables them to understand and evaluate the impact of the services they provide to infants, families and others who support them.

6.5.7. Conclusion

The importance of the earliest stages of development are recognised, however there are considered to be gaps within services for infants and babies. This study aimed to gain an in-depth insight into EPs' perspective of their role when working with infants in Wales. Information generated from semi-structured interviews suggest that EPs are using their psychological skills and knowledge to support infants and families both within the community and educational context, however, participants suggested that there is still more that could be achieved. There was a desire to provide greater support to parent and infants including during the perinatal period, within a multi-agency capacity and community context. The study is considered to provide a unique contribution within the area of EP practice within the infancy stage, as well as community EP practice. It is hoped that this research promotes further reflection on how EPs can utilise their psychological skills and knowledge in proactive, preventative, and creative ways to facilitate and contribute to positive change within an infant's first 1001 days, with the aspiration that *all* children are afforded support that enables them to reach their full potential.

6.6. References

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Part 3

Critical Appraisal

Word count: 11273

7. Critical Appraisal

7.1. Introduction

The critical appraisal will provide a reflective and reflexive account of the research process. It will consider two main elements, firstly, the contribution to knowledge and dissemination. Secondly, a critical account of the development of the research practitioner. This section will be written in the first person to reflect my thoughts and reasons for the decisions made throughout the research process. This appraisal will consider how my own values, beliefs, experiences, and views influenced the research project from the early stages through to writing up. I will also reflect on how the research has impacted on my professional practice and what I consider to be important implications for practice. In doing so, it is hope that this will provide the reader with transparency of the research process and what I believe, to be a unique contribution.

7.2. Contribution to knowledge and dissemination

7.2.1. Inception of the research idea

This thesis was completed as part of the Doctoral Training to become an Educational Psychologist (EP) and aimed to explore EPs' perceptions of their role when working with infants, birth to two years old. The rationale for choosing this topic came from several reflections during my ongoing work with babies, children, young people, and the adults who support them. The early stage of child development has been an integral part of my thinking and practice as a TEP and my work with children, families, and society more generally. I have always been fascinated by the literature around infant development and the underpinning ideas from psychology that support our understanding of this period. This was not only a significant contributor to the inception of the research topic, but also in pursuing a career within this sector.

I have also been intrigued by the breath and variations of the EP role, and the various debates around this topic area, specifically the different contexts in which EPs can utilise their skills and knowledge. This perhaps came from my own experiences of working closely with families and the importance, I felt, in understanding a child within their different contexts. This provided me an opportunity to combine both areas of interest to explore EPs' perspectives of their role when working with infants.

7.2.2. Personal and professional interests

Prior to training on the course, I was employed by an LA as part of a Flying Start parenting support service, for early years children who were birth to four years old and their families. This position afforded me the opportunity to work with infant, toddlers, and their parents, providing support in relation to promoting learning, child development and wellbeing, as well as understanding and responding to behaviours. From my work with families and pre-school children, I often reflected on the significance of these formative years and the support that was available. The complexities and nature of some of the family systems I encountered, required me to access support and guidance from those who had knowledge and skills that could support my practice and develop my own understanding, including EPs. This is what inspired my initial interest in the research topic and subsequently, my curiosity grew around how EPs were currently supporting pre-school children and their families more widely, across different LAs. I was particularly interested in infancy, as from my experience, this was a group in which there were far fewer requests for support, despite the literature indicating it being a significant period within development (Leadsom, 2018).

Upon commencing the Doctoral Training, I was required to engage in three separate LA placements within different EP Services. Following several observations and moments of reflection during the EPS placements, I was further inspired and interested in the role EPs can play within the earliest years.

Firstly, it was noted that a high proportion of the children and families in which I had the pleasure of working alongside, had experienced some sort of challenge or adversity within their earliest years. Arguably, EPs often observe the consequences of early adversity in their day to day practice, and I wondered what was currently being offered to try and reduce the potential impacts of such experiences and how EPs were being proactive and preventative within their practice. This fuelled my interest in the prospect of offering support at an earlier stage, in a more preventative capacity.

Secondly, from speaking with several EPs who had experience of working with early years children, it was noted that there was often a common consensus for more preventative practice, particularly given the literature that suggests the significance of these initial years on future developmental and wellbeing outcomes. I was aware of the literature on the cost-benefits of early intervention, both in terms of setting positive trajectories for a child's development and wellbeing, and in terms of avoiding more costly later intervention as a result of earlier difficulties becoming more established over time (Heckman, 2006, 2008).

Thirdly, from engaging in dialogue with other TEPs and EPs, they frequently reported not having any experience of working with children who were under the age of two years, despite legislation and guidance suggesting that EPs work with children and young people from *birth* to twenty-five years of age (DfE, 2023). Owing to my previous work experience, I had been fortunate to have had experience of working with infants who were birth to two years, alongside an EP. However, since starting on the course it was an age group that I heard very little about in relation to EP practice. This further inspired a desire to explore what services were currently being offered by EPs to support this particular age group, as well as discover any future desires within the profession relating to this work.

I had wondered whether my reflections were based on my own unique experiences and engagements as a TEP or whether they reflected a wider picture across the profession. Thus, following the many reflections and questions I had, the research topic was proposed. As discussed within Part One and Part Two of this thesis, the current political context has also placed emphasis on early intervention and prevention. Therefore, this research topic was felt to not only be relevant in terms of my specific interests, but also at a policy level too. This provided a clear foundation for the research.

Importantly, on entering the research process, I was very aware that I had my own strong values, interests, and beliefs about the topic area. As a practitioner I believe that prevention is not only kinder but is also important for a more prosperous society. Consequently, it was likely that such values influenced how I approached each step of the research, including how the existing literature was discussed, the data collection, the questions asked and how the data was analysed. The impact of my values and beliefs and how I approached such tensions, will be discussed further within this reflective account.

To support my initial thoughts and ideas the Constructionist Model of Informed Reasoned Action (COMOIRA) framework (Gameson, Rhydderch, Ellis & Carroll, 2003) was used to guide reflective and reflexive questions, and the next steps within the research process. This was used to frame the above thoughts and consider what I needed to do next within the research process.

7.2.3. Exploration of the existing literature

The first step within the systematic literature review was to formulate a question I wished to answer. The aim of the literature review was to consider *the role of the EP when supporting infants, birth to two years*. I initially assumed that the literature review would provide a straightforward process to establish the literature around this topic area. However, I realised that the topic of infant development had many potential avenues to explore, where much literature existed, as did the topic of the role of the EP. Curiously, when the topics were combined, there appeared to be very little literature available. I reflected on whether this was a possible indication of the gap in knowledge in relation to EP practice with this specific age group, or perhaps a reflection of EPs not being considered within the infant development literature. It was also unclear at this stage whether the research looking more broadly at the early years or pre-school practice, encompassed infants, given that they are less likely to be within an educational context. The limited results provided some reassurance that the EPs' role when working with infants specifically, would be a unique contribution to the profession and a dimension of the early years that has not yet been covered within the literature.

Therefore, I decided to expand my search to include the 'early years' period more generally and slightly alter the aims of the systematic literature review to consider the role of the EP when working with early years children. This provided several applicable results, although again, these were limited. This provided the rationale for dividing the literature review into two separate parts. I felt that it was important to set the context of the research through exploring some of the literature pertinent to the areas of infant development, as informed by current policy and practice documents, as well as the role of the EP more generally (Part 1A). I also felt it was important to complete a systematic literature review (Part 2A), to provide a critical appraisal towards the existing literature relating to the EP role within the early years, given that infancy is encompassed within this broad period.

To support the trustworthiness, transparency and applicability of the literature review, the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidance (Page et al., 2021) was adopted to help guide this process. At the initially stages, I felt overwhelmed by where to begin. However, though utilising the University library services and accessing supervision, I felt I developed my skills and confidence in carrying out a systemic literature review, including how to search relevant databases and develop search terms and strategies that would enable me to reach as much of the available literature as possible from reliable sources. I reflected on the importance of carefully considering and establishing the search terms, something I had underestimated prior to engaging in this process.

The complexity and nuance of the EP role made it one that was difficult to describe and understand, therefore, Fallon et al.'s (2010) description of the EP role was utilised to help guide the search terms relating to the EP role. Therefore, engaging in the current literature broadly relating to the topics of study, helped me generate key terms that would support the literature review process.

7.2.4. Rationale for the inclusion and exclusion criteria

The inclusion and exclusion criteria for reviewing the literature in Part 1B was decided based on the changes in the UK political context relating to developments in legislation specific to the early years. A breakdown of the inclusion and exclusion criteria, as well as the rationale for these can be found in Table 2 (also in Part 2 of this thesis).

To support the relevance of the papers chosen to answer the literature review question, the inclusion and exclusion criteria was applied. Journal articles published from 1998 onwards were considered as this date was the year that the UK Governments Sure Start initiative for early years children was first

published. As already noted, this was arguably a policy that provided a catalyst for reform for early years children and their families within the UK, providing the rationale for including this specific date.

Inclusion Criteria	Exclusion Criteria	Rationale
Design: Empirical studies	Opinion pieces, reviews, position papers	To support the reviews aim of identifying what role educational psychologists have in supporting early years children with verifiable data
Location: Practice within the UK	Outside of the UK	Due to the different conceptualisation of the role and UK legislation. Sought research relating to UK practice
Participants: Relating to EP practice in the early years	Relating to other professional groups e.g., health visiting	The researcher was interested in EP practice specifically within the early years period
Date: 1998 onwards	Pre 1998	The relevance of these dates to early years legislation
Peer-reviewed (including unpublished thesis)	Not peer-reviewed	To support the reviews aim of identifying what role educational psychologists have in supporting early years children from credible and quality sources

Table 2. Systematic Literature Review Inclusion and Exclusion Criteria

The decision to include unpublished theses was due to the limited results gained from my initial systematic literature review search. These were considered as credible and quality sources, as they had been through a process of oral (viva voce) examination.

7.2.5. Gaps within the literature

Much of the literature regarding the EP role within the early years, seemed to be based on work within a childcare setting context. This was perhaps to be expected given the likely school contexts in which EPs generally work (DfE, 2023). There was also little indication of the ages in which the literature was referring, as the term ‘early years’ or ‘pre-school’ was used. If ages were specified, they were generally relating to children two years plus, except for (Slade, 2019) who specified birth to three year olds.

The ‘early years’ is a term often used both within practice and within the literature, however it is a wide encompassing term. For example, within Wales, the early years period is considered to include the period from pre-birth to seven years (WG, 2013). Given that most children are not eligible for free childcare until they are two or three years olds in Wales (depending on the locality in which the children live), it is expected that a high proportion of infants would not yet be attending a childcare setting, and therefore, the context of work would likely be different. Also, in view of the literature relating to the first 1001 days, which focusses on the importance of preventative intervention within the context of caregiver-infant relationships (Leadsom, 2021; Leach, 2018; PIF, 2020), I was particularly curious as to how EPs perceived their role within this period of development, how infants access EP involvement and how this work was conducted, given that they were perhaps less likely to attend a LA educational setting. I was also curious about how work is potentially commissioned and other supporting factors that enable work within this period.

Although, Slade (2019) presented some insight into how Flying Start EPs are currently supporting the mental and emotional wellbeing of pre-school children in Wales through various functions, it was

unclear how much of the EP practice described related to the first 1001 days specifically. This is particularly given that children who are eligible for Flying Start have access to funded childcare from two years. There was also an absence of the specific detail regarding *how* EPs were carrying out such functions within their practice and what they perceived to be their specific role within the described functions.

As noted, although there was some literature relating to the EP role in the early years generally, there was very little that referenced the infancy period specifically. Therefore, the literature review did not provide me with an answer to my original literature review question regarding the EPs' role when working with children, birth to two years and enabled me to conclude that there was limited empirical literature on the role of the EP when working within the first 1001 days. This indicated a gap within the literature that I considered worthy of further exploration, which led to the development of my research questions. This process was aided through reflective discussions in supervision, where COMOIRA was used to identify the key change issues.

7.2.6. Development of research questions

The significance of the first two years on a child's developmental trajectories has been well documented (for example, Leach, 2018), therefore it seemed an important avenue to explore in relation to the EP role, to help inform the profession. As already noted, it was unclear if the lack of literature reflected a lack of EP involvement with this age range, or that this topic was not prioritised within the EP literature. Thus, this became a starting point for the research. I was aware of some psychological services that provided services to infants and so I decided that it would be helpful to hear more about the experiences and perspectives from EPs who had and were currently engaging in this work. Questions therefore were in relation to what EPs perceived as their role when working with infants, what factors they felt supported this work, and possible expansions to this work. This aimed to build on the findings of Slade (2019), through consideration to a different methodology, which would enable different insights and knowledge to be generated.

7.2.7. Philosophical assumptions

Willig (2013), states that we need to identify our goals and objectives of the research and justify our choices, as well as acknowledge our position on what kind of knowledge we consider possible to discover. This will contribute to the holistic view for the choices made throughout the research process, as well as provide '*conceptual coherence*' and '*methodological integrity*' (Braun and Clarke, 2022, p.26). This is why it is important to state the philosophical assumption of the research and the general approach to studying the topic area (Willig, 2013).

As I was interested in making sense of the EP role when working with birth to two year olds and understanding EPs' perspectives of their experiences of engaging in such work, the research adopted a social constructionist epistemology (Burr, 2015; Cooperrider and Srivastva, 1987) and a qualitative methodology, as this was considered most appropriate. I felt that a positivist ontology would have limited and simplified responses based on what I was choosing to 'measure', rather than provide an opportunity for EPs to discuss freely their experiences, which to some degree, was led by them. Therefore, a positivist approach did not fit with my own assumptions and would not have been consistent with my research aims and questions.

I adopted a relativist ontology and social constructionist epistemology as I believed this to fit the research aims. This position suggests that our perceptions, understanding, and experiences are mediated by the historical and cultural contexts prevalent at the time, and our social interactions

within them. Thus, the language used to describe experiences are pivotal in constructing reality/ meaning, and perceptions of reality are complex and multifaceted (Burr, 2015). Therefore, within these philosophical assumptions, there is not one singular truth to be discovered or objective facts to be found. Instead, there are multiple truths, where events can be described in various ways depending on how they are perceived and understood within our social interactions (Willig, 2013). Consequently, I was mindful that the different and multiple constructs within the research, were grounded in the participants and my own, unique interpretation of a given situation and the meaning attributed to those experiences.

An example of difference within this research was how the term 'educational' within the professional title was seemingly being constructed in diverse ways. It seemed that one participant viewed the term as being aligned with work within 'educational' contexts, at a point where children were starting their educational journey, denoting this with a physical transition of entering a new system. Others viewed this as a process of learning and development that started from birth, beyond that of an educational setting. The term 'educational' was also referred to as a process of being informative and offering information to others that could enlighten them to psychological concepts, theory, and practices. Therefore, the diverse ways of constructing the term, opened discussion around the wider possibilities of the EP role. This is perhaps important, as how EPs are perceived might influence commissioning opportunities, the contexts, and ages in which EPs work, and how EPs are utilised to improve the outcomes of young children.

The epistemological position adopted acknowledges the central role played by the researcher throughout the entire research process. Within a social constructionist paradigm, it is acknowledged that the researcher cannot completely detach their subjective values, interests, experiences, and beliefs from the process (Braun and Clarke, 2022; Burr, 2015). I was aware that my responses to participants' answers, how questions were asked and interpreted were all unavoidably influenced by how I was constructing and responding to events, underpinned by my own interest, values and beliefs (Maxwell, 2022).

It is important to acknowledge my own positionality within the research to enhance the integrity of the study (Mosselson, 2010). Jacobson and Mustafa (2019) suggest that insider positionality occurs by aligning the research to self-interests, which can be considered to have both advantages and disadvantages. I considered myself an insider researcher who was familiar with and had knowledge of the topic area. This had important ethical considerations as positionality affects the nature of the observations and the interpretations that are made, and are acknowledged as a core aspect in the research process (Bryman, 2016). An insider positionality is considered to facilitate more nuanced perspectives, which can also build credibility with participants and rapport between the researcher and participants (Bukamal, 2022). However, this also means that another researcher conducting the research might interpret or influence the research in different ways. Supervision enabled me to consider my own positionality within the research and to consider if there were different ways of approaching the research and interpreting the data generated by verbalising my own thoughts throughout the process.

Willig (2013) suggests that while it is not possible to detach from this, it is important to acknowledge and reflect upon these influences throughout the research process. Rather than this being viewed as problematic, my position was considered as a key and contributing component, as different constructions invited different possibilities for action, enabling richer discussion during the interviews and greater possibilities to be explored. Additionally, maintaining a reflexive attitude towards the research and being aware of my own subjective preferences was considered to enhance rapport-building and enrich data analysis (Gough and Madill, 2012).

Within a social constructionist paradigm, language is considered fundamental, therefore I tried to be very explicit in how I was constructing the term infants, referring this to children who are birth to two year olds, both within the participant information sheet provided and during the interviews. This was felt to be an important distinction for this research, because participants had roles within the early years which, as already considered, expands beyond this period.

7.2.8. Qualitative methodology

The research adopted an AI framework to guide various aspects of the research process, including the formulation of research questions, interview questions, and the approach to conducting interviews (one of positivity and appreciation).

7.2.9. Rationale for an AI Framework

AI aims to draw on the existing strengths and successes of participants and aims to inspire the implementation of positive change (Shuayb, Sharp, Judkins and Hetherington, 2009). The rationale for using an AI framework was:

- I felt passionately about taking an appreciative and affirmative stance towards understanding how EPs are currently supporting infants. This was important from an ethical perspective as AI enabled participants to report on their practice in a non-harmful way due to the focus being on what is working well.
- It aligns with the philosophical position and underpinnings of the research which acknowledges that human systems contain multiple realities which are socially constructed and continually evolving (Cooperrider and Srivastva, 1987).
- It was considered as an empowering model that focusses on and inspires positive change and draws on the principles of positive psychology (Seligman & Csikszentmihalyi, 2000). This aligned with my values and axiology.
- EPs employ various frameworks and tools within their practice to harness and enhance people's strengths, qualities, and effective strategies. These approaches aim to facilitate positive change towards preferred futures and promote optimal functioning and practices (Joseph, 2017). Examples of such frameworks include Motivational Interviewing (Miller and Rollnick, 2013), solution-oriented approaches (Harker, Dean and Monsen, 2017; de Shazer, 1985), and person-centred practices rooted in humanistic psychology (Rogers, 1957). Given that AI is guided by similar principles, it was deemed a relevant model that aligned with contemporary perspectives and developments of professional EP practice and research, that deviates from deficit-focused narratives and instead emphasises hope and optimism in its approach.
- It is considered a useful model to provide a new outlook on a particular topic and to identify good practice and ways forward (Shuayb, Sharp, Judkins and Hetherington, 2009). As the aim of the study was to gain insight into EP practice when working with infants with the potential to inform future practice, this was considered an appropriate approach.
- Due to ongoing debates, discussions, and evaluations surrounding the role of EPs and their distinct contributions in an ever evolving and uncertain landscape (Fallon, et al., 2010), it was important to the researcher to choose a methodology that prioritised and recognised the positive contributions of EPs' work within this age range.
- It has been previously adopted within educational research (for example, Carr-Stewart and Walker, 2003)

The aim of the research was to capture the ‘best of what is’ from those EPs currently engaged in working with infants across Wales, providing a basis for reflection, and serving as a model for EPs seeking to expand such work within their unique LAs systems. Therefore, due to the participants’ diverse locations, it became challenging to fully engage in the design and destiny phases of the AI model. Additionally, the restriction of time also meant that these phases could not be carried out, perhaps limiting the full potential of the research. However, this research was considerate to previous research conducted by Carr-Stewart (2003) who have demonstrated various uses of the AI framework within previous education research.

7.2.10. Exclusion and inclusion criteria of participants

As cited, the use of an AI approach required participants to have relevant experience on the topic being investigated (Shuayb, Sharp, Judkins and Hetherington, 2009), therefore a purposive sampling approach was employed as this was appropriate for the aims of the research. The use of a different sampling approach, such as representative sampling would not have been suitable, given the research aims of gaining in-depth perspectives of the experiences of a particular group who had shared and relevant experience of the topic.

Aligned with Shuayb et al.’s (2009) suggestion of participants needing *relevant* experience, participants were required to be practicing EPs who had at least six months experience of working with infants between the ages of birth to two years, and who were currently working with this age group. Participants were also required to be registered with the Health and Care Professions Council (HCPC), the regulating body for practitioner psychologists. This was considered to provide some basis for ‘relevant experience’.

My exclusion and inclusion criteria for participants was based around the research aims and questions (illustrated in table 5, in section 6.3.2.9.). Perhaps, an obvious inclusion criterion was participants needed to be practicing EPs, given that I was interested in EPs’ perspectives of their own role. However, through my ongoing reflections from engaging in the research process, I feel it would be interesting to gather the views of those who are currently accessing EP services, for example, parents, early years practitioners and other LA services, to gather their perspectives of the EP role when working with infants. I think this would enable wider insight into how others are conceptualising the role of the EP. This was a thought that arose through engagement with the data, and which was captured within the theme “*We can push boundaries*”: *settings and beyond*. Therefore, I feel including those who engage with EPs would benefit from further exploration in the future.

7.2.11. Location of research: A Welsh context

A requirement to participate in this research was that EPs had to be practicing in Wales. As a trainee EP at Cardiff University, it felt important to contribute to the understanding of EP practice in Wales. Furthermore, the differing political contexts across the devolved nations in the UK, also provided rationale for this decision. This is because devolved policy relating to education, health and social care, including early years initiatives such as Flying Start, enables governments to make distinct decisions within these areas (WG, 2021), meaning that services for young children have differences in Wales compared to the wider nations in the UK. For instance, the Welsh Government has demonstrated their commitment to their early years initiative, Flying Start through continual growth of the programme (Welsh Government, 2012; 2022), in comparison to the Sure Start initiative in England, where many cuts in funding have been experienced for children under five years (DfE, 2018). I was also aware that in England a high proportion of LA EP services have transitioned to a traded or part-traded service delivery model, influencing service delivery, commissioning processes, the nature of work and the

practice opportunities available (DfE, 2023). Consequently, I felt obtaining a Welsh perspective would enable perspectives to be situated within the same overarching political context, where shared meaning could be explored within it.

7.2.12. Recruitment strategy

Principal Educational Psychologists (PEPs) across the twenty-two Welsh Local Authorities were contacted via email and asked if they would be willing to disseminate the research and recruitment information to EPs working within their services (see appendix 7). PEPs were provided with information about the study, including its aims and design and were requested to provide their consent via an electronic form for EPs within their service to be considered for this research. Several PEPs responded to the email to advise that they do not currently work with children within this age range and due to this, they were unable to participate at this stage. This initially caused some worry as to whether I would achieve a sample of eligible participants, however equally, I felt reassured, as this provided further justification for the area of study.

A poster was also shared via the social media platform Twitter from the researchers Twitter account in order to reach the wider EP community (see Appendix 4). EPs were invited to express their interest by contacting the researcher directly via email. Interested EPs were then contacted by the researcher to arrange a suitable date and time for the interviews to take place.

7.2.13. Sample size

Braun and Clarke (2022, p.28) emphasise that there is complexity in establishing the correct dataset size and that caution should be taken when considering concepts such as ‘sample size’ as it is more aligned with positivist values and assumptions. Instead, they advocate for the researcher to reflect on ‘information power’ of the dataset (Malterud et al., 2016). Within this model, consideration is given to the richness and quality of the data in relation to the research aims, requirements and questions. They propose several considerations to determine information power and suggest that smaller datasets will need to be dense, have a narrow focus and include strong dialogue. Braun and Clarke (2022) discuss the importance of being reflexive within the data collection and analysis process to access the data quality, richness, and to determine the dataset composition.

The dataset or ‘sample size’ for the current research included five participants. From ongoing review throughout the data collection process, I reflected on whether the data gathered was of suitable quality and richness to determine *information power*. I considered the information I had to be rich and relevant to the study aims and research questions, which was possibly enhanced by interviewing a very specific sample of participants about a very distinctive topic area. As the data was gathered through in-depth, semi-structured interviews where a ‘thicker’ data set could be achieved, flexibility of dataset size was accommodated, where I considered a smaller dataset to be appropriate for this research (Braun and Clarke, 2022, p.28).

7.2.14. Data gathering method

The chosen method for data gathering was semi-structured interviews, as this approach aligned with the overall philosophical orientation and research aims. The research questions were developed from the question which remained following the literature review, namely, what is the perceived role of EPs when working within the infancy period or within the first 1001 days of development. However, the research questions were further refined with consideration to the different stages within the AI model (Figure 4.). For example:

- Research question one, ‘What do EPs perceive their role to be currently, when working with 0–2 year-olds in Wales?’ was designed to elicit answers relevant to the *discovery phase*.
- Research question two, ‘What would EPs wish to see implemented to support their work with 0–2 year-olds in Wales?’ was designed to elicit answers relevant to the *dream phase*.
- Research question 3, ‘What factors can improve EPs work with 0–2 year-olds in Wales?’ was designed to elicit answers relevant to both the *dream* and *design* phase.

Therefore, the interview schedule was designed around prompting answers relevant to each of these phases and to answer the research questions (see Appendix 11 for examples).

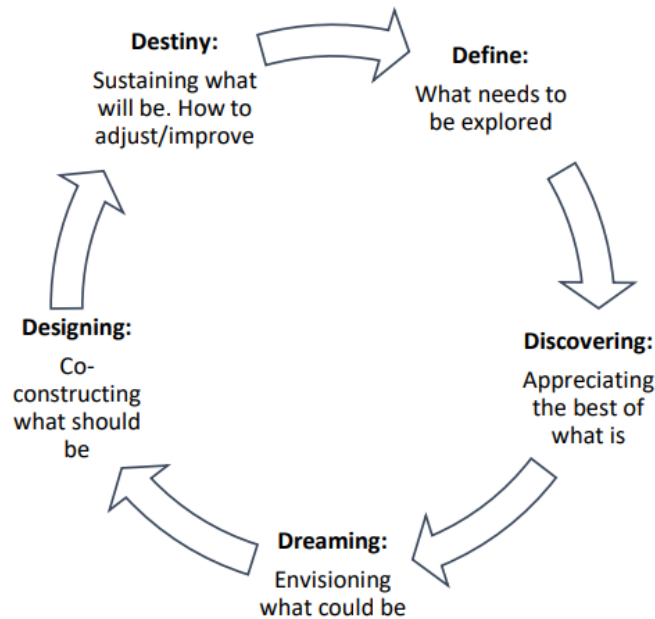


Figure 4. Appreciative Inquiry Cycle 5-D model

As the interviews were semi-structured, it is likely that my own values, beliefs, and constructs influenced my responses to participants’ answers and the questions asked during the interview process. I was aware of how my responses, including the words I used and my body language/facial expressions, might influence the interaction between myself and the participants and therefore, the answers generated. I was mindful about keeping questions open-ended, and to avoid amplified statements or dialogue that might lead the participants to answer in ways they thought were desirable, although still holding in mind the appreciative philosophy within the AI approach. Having an interview schedule to guide this process, was considered a valuable aid to support some consistency across interviews and to ensure the aims of the research were addressed. However, from a qualitative paradigm, the researcher’s subjectivity is seen as an important asset to the research process, as it is considered to enable deeper engagement into the research topic, particularly when engaged in reflexively (Elliot, Fischer and Rennie, 1999; Braun and Clarke, 2022).

As the located context of this research was within different LAs across Wales, it was anticipated that there was a possibility that EPs would be engaging in varying roles and located within different LA structures and systems. Therefore, semi-structured interviews were considered an appropriate option

for data collection to afford a safe and ethical space for participants to discuss their thoughts, feelings, and experiences individually and freely, without the influence from others. While a focus group was considered as an alternative method, due to a lack of knowledge about the work currently being undertaken within the age group across Wales, there was concern that any varying experiences between participants could potentially lead to difficult group dynamics/effects or a salient perspective being pursued, hindering the possibility of wider insights (Krueger and Casey, 2015). There was potential for distress to be caused, by participants having a sense of their practice not being good enough or judged by colleagues. Although insights could still be generated from utilising such an approach, for the purposes for this study, semi-structured interviews were deemed the most appropriate to data collection to gain the level of depth and nuance I was hoping for. From an ethical perspective, it was important to me that participants felt comfortable to share what they wanted in a safe space and to engage in an in depth discussion about their practice in an appreciative framework. As Kidd and Parshall (2000, p.294) suggest, individuals within groups do not respond to questions in the same way as in other situations.

Additionally, an Appreciative Inquiry Framework (Cooperrider & Srivastva, 1987) emphasises interviews as a core part of the process. Through listening to individual stories, generative knowledge is discovered (Stavros et al., 2015). Since this research followed an Appreciative Inquiry approach, this provided further rationale for using semi-structured interviews.

7.2.15. Advantages and disadvantages of online semi-structured interviews

From a positivist perspective, semi-structured interviews may be seen as less rigorous due to the inability to replicate the interviews exactly, due to the freedom researchers have to alter their responses based on the information generated during the process. However, given the relativist position this research assumes, this flexibility was not considered problematic.

Nevertheless, there are still limitations with using such an approach. Potter and Hepburn (2005) caution that data generated from interviews can overlook contextual factors, as the data is taken at face value. What participants say may not explicitly reflect their thoughts and feelings, as the data is generated by the interaction between the participant and the researcher. Factors such as an individual's social identity might influence attitudes and the responses to interview questions. However, through this process new and different ways of thinking about experiences can be created, possibly leading to the generation of new knowledge (Curtis and Curtis, 2011).

The nature of semi-structured interviews is to enable participants to speak freely and in a non-directive way about their experiences related to a topic. However, it is the researcher's questions and responses that steers this process according to the research questions, inevitably influencing the interview and the generated data. Willig (2013) proposes that an interview agenda can be a useful tool to achieve the right balance between affording participants the scope to think about and discuss their experiences while maintaining control over the process to answer the proposed research questions effectively.

Building rapport is considered an important aspect of the semi-structured interview (Reinharz, 1993). Since the interviews were conducted within the framework of AI, responses needed to align with the underpinning philosophies of the approach which are, appreciation and encouragement. However, Willig (2013) warns that the 'ambience' of the interview should not induce participants to disclose more than they feel comfortable sharing, stating "the semi-structured interview requires sensitive and ethical negotiation of rapport" (p.30). Therefore, careful consideration was given to the questions asked and the responses given within the conversations between the researcher and the participants.

This was supported by the use of an interview schedule, which allowed for explicit consideration of potential prompts and responses (see Appendix 11).

I decided to undertake the interviews virtually rather than in person. This was largely due to the practical logistics of reaching potential participants across Wales (Hanna and Mwale, 2017), as well as conducting research within the uncertainty of the context of the Covid-19 pandemic. Using an in-person method was less practical due to cost, time, space and travel implications. However, I do wonder how this might have affected the interactions and dynamics between the participants and myself. As proximity between researcher and participant is inhibited through an online method, this has the potential to interfere in this process and impact on responses (Varma et al., 2021). In addition, participants non-verbal cues or nuanced responses might be missed, creating a loss of 'embodied care' and impacting on the data generated (Carter et al., 2021 p.174), although Hanna and Mwale (2017) argue that the use of video has reduced this impact. Although I had no indication that this did impact negatively on participants responses or my ability to build rapport with them, in hindsight, I would have potentially provided participants with a choice of in person interviews or online, so they had the option to engage in a way that they felt most comfortable. To facilitate rapport, I ensured time was afforded at the start of the interviews for introductions, to discuss the research aims, to enable participants to ask any questions they wished, and discuss ethical procedures in relation consent, anonymity, and withdrawal, to facilitate feelings of safety and reassurance. While participants were provided with the option to turn off their cameras, all participants kept them on, supporting the rapport building process.

7.2.16. Interview Schedule

When developing the interview questions, guidance from Kvale (2007) was also considered, focusing on both thematic dimensions (the "what" of the interview) and dynamic dimensions (the "how" of the interview) (p. 9). Balancing these dimensions is considered important to ensure a natural conversational flow, enabling spontaneous and detailed responses while addressing the research questions. Consideration was therefore given to the use of a combination of the following types of questions and responses, including:

- Introductory questions ("can you tell me about a time...?")
- Follow-up questions (to extend answers through curiosity, the use of body language or repeating words)
- Probing questions ("can you tell me more about that...?")
- Direct questions ("what factors helped...?")
- Structuring questions ("I would now like to move onto the next AI phase")
- Silence (allowing pauses in conversation to provide time for reflection)
- Interpreting questions (through rephrasing and clarifying responses, "do you mean...?")

7.2.17. Data analysis

Reflexive Thematic Analysis (RTA) was selected as an appropriate approach to data analysis as its theoretical flexibility makes it compatible with the analysis of semi-structured interviews within a social constructionist paradigm. RTA is an approach which encompasses the values of a Big Q qualitative paradigm and is a method for developing, analysing, and interpreting meaning across a qualitative dataset (Braun and Clarke, 2022, p. 4). Within RTA, reflexivity is a fundamental characteristic, which as noted, involves the researcher critically reflecting on their role within the research process and practice. The flexible application of RTA meant that it was suitable to inductively

analyse the subjectivity of people's experiences and perspectives relating to an issue, factors, and/or processes (Braun, Clarke and Weate, 2016).

I had some experience of conducting thematic analysis through other projects I had engaged in as part of the DEdPsy, however, my previous experiences were based on datasets that had been very small in comparison. Although I was familiar with the different stages of Reflexive Thematic Analysis, I felt my understanding had developed the more I read around the topic with consideration to Braun and Clarke's (2022) most recent work.

Despite this, I underestimated how long the analysis would take, and at times became overwhelmed by the amount of rich data available. As well as having an analytic interest in the topic area, I also felt a personal investment and interest, and therefore the process of 'letting go' of certain thoughts or information to focus on what I perceived to be most salient to the research aims and questions, was more difficult than anticipated. Another challenge was getting to a point that I felt was "good-enough". Braun and Clarke (2022, p. 71) discuss getting to a point in your analysis that is good enough, as reflexivity is never final as there is always potential for new or different ways of understanding. This is something that I could really relate to. I wanted to stop, but also grappled with the importance of immersing myself within the process, each time noticing something different. This for me was an uncomfortable place to be, as at times I felt like this reflected my ability as a researcher, rather than the process itself. Discussing my engagement in the analysis process through supervision enabled me to verbalise my thought and make sense of them, as well as confirm whether my theme names reflected my analysis and made sense to my supervisor.

Prior to engaging in the research, I already had a passion for the topic area and had my own views and ideas on the EP role based on my own experiences as a TEP. I tried to be mindful of how this was impacting on my analysis of the data. It was helpful to be questioning of myself throughout the data analysis process and to consider which points aligned with my own positions, which data contained a new idea or concept, which data expanded my analytic insight or contradicted my position. Being curious to how I was emotionally responding to the data engagement and continually being questioning of this was also helpful in remaining reflexive to improve the quality and validity of the research, whilst also acknowledging the limitations of the insights generated (Berger, 2013). By making such distinction, I feel this enabled me to consider a more balanced view of the data and expanded insights. Talking about my analysis with my supervisor, and responding to questions asked, was invaluable during these stages as this helped to clarify my own thoughts. Supervision helped me to reflect on my analytic insights and the reasons behind them, as well as consider whether they were reflective of the group. It was also helpful to see how my ideas were being interpreted from the perspective of my supervisor (Braun and Clarke, 2022).

As Braun and Clarke (2022, p. 8) state, themes do not 'emerge', they are actively constructed by the researcher. Therefore, the themes were generated by my own thoughts, perspectives, and interpretations of how the data connected utilising the six phases of RTA identified by Braun and Clarke (2022). I found the use of the thematic map a useful tool to provide a visual and more concrete means of identifying links within the data.

As I was interested in participants perspectives, an inductive approach to data analysis was considered appropriate. However, although this approach to data coding was taken, Braun and Clarke (2022) warn that a purely inductive approach is not possible due to the researcher bringing their own perspectives to theory which shapes the process, which cannot be separated. Again, this was something I tried to consider throughout the data analysis process through my discussions within supervision.

Another consideration was coding being semantic in nature. This is coding which explores meaning at the surface of the data, staying closely to the specific language the participants used (Braun and Clarke, 2022). However, this was considered to be on a continuum throughout this research process, where some codes focussed on more latent meaning. For example, within the theme *relationships are the foundation*, participants explicitly expressed that building relationship with others was a key aspect of their roles, however a more latent approach towards this was that this provided the emotional containment considered to be a significant factor in facilitating a process of change. Relationships were not only seen as foundational for human development and therefore, something which EPs expressed that they explicitly promoted, but they were also considered to be significant to the development of trust and safety within the working relationships with others and foundational for change.

Initially, my approach to coding the analysis was focussed on capturing meaning within the dataset that had relevance to *all* three research questions at the same time. However, at times I found it overwhelming to hold each of the research questions in mind, as this resulted in me generating many codes. Instead, I broadly focussed on each research question in turn to consider what I felt to be relevant or *potentially* relevant. By revisiting and evolving my analysis using this approach, this helped me to move through my initial overwhelming feelings. I instead revisited the data several times, holding one research question in my mind at a time.

During the recursive initial stages of familiarising myself with the data and developing initial codes, I noticed that for me, there were some salient points. These were in relation to conceptualisations of the EP role, and the importance of early intervention and relationships. Although on the surface, these seemed like they could provide a basis and description to initial labels or codes for some aspects of the data, through ongoing analytic engagement, these ideas and codes were further expanded and deepened to consider more nuanced meaning. For example, conceptualisation of the EP role, seemed to relate to participants ideas around the language used within the job title itself and how this perhaps limited the boundaries or contexts of the EPs' work. There was a sense that through a process of reconstructing the EP role, the perceived boundaries and contexts of work could be pushed further (as discussed in the *Analysis* and *Discussion* section in Part 2 of this thesis). This provides one example of the different facets of meaning within a theme through a process of ongoing analytic engagement.

The final steps of data analysis continued until the point of write up. Even during this point, further connections were made within the data. Initially I had considered the subtheme '*why wait? A missed opportunity*' as a standalone theme, however, I felt that this had similar meaning to the "We can push the boundaries" theme and therefore, this became a subtheme. The recursive nature of Reflective Thematic Analysis wasn't truly anticipated until I fully engaged in this process and felt uncomfortable at times. I was indeed searching for a moment of finality for myself to relieve some of the indecisiveness and uncertainty that I sometimes felt. Willig (2013) states that the "final stage of analysis is the most interpretative one as it constitutes an attempt to both capture and account for the thematic patterns in the data" (p.63). This provided reassurance that what I was experiencing was expected and enabled me to embrace the feeling of discomfort.

7.2.18. Evaluation of validity

Yardley (2015) proposes a four principles framework for evaluating validity of qualitative studies. It is acknowledged that there will be different perspectives of what constitutes the validity of qualitative research, however Braun and Clarke (2022) suggest that given the wide applicability and generic criteria of Yardley's principles (2015), they can provide a helpful basis. Therefore, this framework was used to evaluate this research. Table 9 provides examples of the areas considered in this process.

<p>Sensitivity to context</p>	<p>Analysis was based on meaning generated by participants within the study, rather than predetermined or imposing preconceived themes.</p> <p>A literature review relevant to the topic area was carried out to consider the current context and what questions still remained following this process.</p> <p>The interviews used open-ended questions which enabled participants to talk freely about what they considered to be important to them within the topic area.</p> <p>The analysis provided demonstration of some of the contradictions in responses.</p> <p>Ethical approval was granted by Cardiff University and in accordance with BPS (2021) ethical guidelines. Ethical considerations and the action taken to manage concerns are made explicit within the research report.</p>
<p>Commitment and Rigour</p>	<p>Was demonstrated by in-depth engagement with the topic, including thorough data collection and engaging in a detailed, in-depth analysis.</p> <p>I engaged in ongoing reading around different methods and skills used in qualitative research including the data analysis processes, to support the ongoing development of my skills and knowledge.</p> <p>Ongoing reference and consideration were made to Braun and Clarke's (2022) most recent works to ensure I was engaging in a systematic process based on their most up to date developments.</p> <p>I considered a clear rationale and justification for participant selection.</p>
<p>Coherence and Transparency</p>	<p>I followed the six phases of Reflexive TA in a recursive process (Braun and Clarke, 2022)</p> <p>Detail description of the method used, and examples of interview schedules are provided within Appendix 11.</p> <p>Thorough transcription and demonstration of each stage of the TA process is given in the form of an ongoing working electronic document (Appendix 12)</p> <p>Data excerpts were provided throughout the analysis to demonstrated what my analytical 'claims' are based on.</p> <p>I acknowledge my influence within the research process and provide relevant background to the inception of the topic of study.</p> <p>I aimed to provide theoretical coherence throughout the research process by stating the theoretical underpinnings, and how this links to the research</p>

	<p>aims, questions, and methodology, interpretations and claims made about the data.</p> <p>I aimed to ensure that all methodological decisions were compatible with the theoretical assumptions of the research, for example, Appreciative Inquiry is a model underpinned by social constructionism; Reflexive Thematic Analysis has theoretical flexibility and is compatible with a Big Q paradigm (Kidder and Fine, 1987)</p> <p>The use of carefully considered language that demonstrates that ‘findings’ are not concrete, rather they ‘evoke’ ideas and suggest possible and subjective meaning.</p>
Impact and importance	<p>It is hoped that the research will generate discussion within the EP profession about services to infants or provide the opportunity for EPs to see this topic from a different perspective.</p> <p>Further implication and possible contribution to the profession can be found within the ‘Discussion’ section in Part 2 of this thesis.</p>

Table 9. Yardley's framework for evaluating validity

7.2.19. Writing up

The writing up phase of the research was perhaps the most challenging aspect. I often found myself feeling frustrated, as articulating some of the complex ideas and thoughts from the analysis, and writing these in a succinct way, was challenging. I also felt pressure to ensure that the analysis was a reflection of the participants' views. The analysis section took a lot longer than I had anticipated, which perhaps added to the pressure of writing up the project in the time frames I had. I had to remind myself that I was not trying to report everything the data was telling me, but instead my role was to report on things that I felt to be most pertinent to answer the research questions and aims of the study.

7.2.20. Contribution to the literature

The study offered some understanding and knowledge to the work that is being conducted by some EPs to support infants, their families and those that support them. This was felt to be a unique and novel contribution to the EP literature, as this was something which had not yet been explored before.

The research was based on ‘real world’ practice of EPs currently working with this age group. The findings are considered to contribute not only to the literature relating to the work of EPs within early childhood development and early intervention, but also in relation to engaging in wider community practices, including working with parents as the key adults, in a proactive and preventative capacity. The AI framework provided an opportunity to explore what EPs working within this area consider to be best practice and provided a group view of what the role could include in the future. Triangulating these views in the future might be helpful.

The research also provides some insight into what factors EPs feel has supported them in their practice. This has particular relevance for service managers and/ or commissioners who might want to develop their services in relation to supporting infants. Within current published reviews which are aimed at reviewing support within the first 1001 days (for example, Leadsom, 2021; Bateson,

Sercombe and Hamilton, 2021; Hogg and Moody, 2023), there is recommendation of increased services for infants, suggesting that there is currently a gap within service provision for this age group.

Participants within this research demonstrated:

- How they have pushed boundaries of their practice to work in different ways, across different contexts to ensure their services reach infants and families more widely
- How they have developed both community and educational orientations to their practice in order to widen the perspectives of the EP role and extend their contribution
- How they work closely with practitioners across social, health, community, and educational sectors to provide psychological support and input within these various systems.

This was supported through developing relationships with wider LA services; engaging in conversations about what the EP role can contribute to a situation or service; seeking opportunities for the EP role to be situated within wider LA services; developing and trialling new and different ways of working that enable early years practitioners and parents to access EP services more readily.

Therefore, this research invites EPs and LAs to reflect on the following:

- Do the findings apply to their services?
- Are EPs currently supporting infants and families within their services? If not, is there more that could be done to include infants and families within their service provision given the significance of this period on a child's development, both in the here and now and in the future?
- Are there different or broader ways an EPs' skills and knowledge could be utilised across LA services to support infant and families at earlier stages of development?
- How do infants and families who might benefit from psychological services access EPs currently if they are not yet attending an educational setting or have not been identified with an ALN?
- How are EPs utilising their skills and knowledge within a proactive and preventative capacity?

These findings perhaps demonstrate that EPs can effectively utilise their skills and knowledge during this period, however this will require services to adapt their current models of practice to actively consider how they can reach infants within their provision.

7.2.21 Contribution to professional practice

As Braun and Clarke (2022) argue "we should not frame the lack of statistical generalisability as a limitation of our research" (p.146). They suggest that researchers should instead reflect on the characteristics of the participant group and the context of the research. Therefore, I aimed to explicitly state the context of research, so that readers are afforded an opportunity to reflect on the similarities and differences within their own practice, with the hope that this inspires conversation within the EP community about the support that they are currently offering to infants. However, this will be determined by the reader themselves to consider whether the findings can be transferred to their contexts. If the research enables readers to reflect on their constructions of the role of EP with infants, or consider what services they currently provide, then I feel the aims of the research have been fulfilled.

It is perhaps important to note that many of the participants within this research had specialist roles or time that was specifically allocated for their early years work, and therefore, this appeared to be

an important contributing factor in developing effective EP practice within the early years period, however there was a desire from participants that their involvement could start at even earlier stages of development. Therefore, as suggested by one of the participants during the data gathering processes, services might want to develop specialist posts that specifically focus on developing the EPs role within the first 1001 days of development, given the different nature of work that is likely to be required during this stage.

On reflection of the findings, considering a child within their context of development was a key aspect of the EP role, which includes education, home and community contexts more widely. Bronfenbrenner's Ecological Systems Model (1979) proposes that each system around the child influences their development and behaviour. This includes the direct influence of the caregiver on the child (microsystem), as well as the caregiver's interactions with other surrounding influences for example, their interactions with the school (mesosystem). It is my view, that if EPs' practice is within an eco-systemic and interactionist lens of development, then to focus services within just one context without consideration to the others, is perhaps limiting. This is not only in terms of the level of change that can be effectively facilitated and sustained, but also in terms of how we can accurately hypothesise what might be going on for that child. Arguably, engaging parents provides the opportunity for change to be facilitated throughout the child's lifespan, as their interactions are perhaps more likely to be continuous and ongoing. For example, if you can engage a parent/carer and facilitate positive change in their interaction with their child, with respect to how many of these interactions happen over the lifespan, the potential for change is significant. Therefore, perhaps the biggest contribution of this research is the consideration to the potential role that EPs could play in providing infants and those around the infant with psychological informed support that has the potential to enhance interactions that facilitates healthy development.

7.2.22 Contribution to future research

As already discussed within Part two of this thesis, this research focussed on the EPs' role within Wales and therefore, it would perhaps be of benefit to expand understanding of the EP role when working with infants which includes a UK wide perspective as a means of collectively considering ways that the profession could reimagine services to infants.

As this research was based on EPs' perspective of their role and a broad exploration of services they are providing across Wales, it remains unclear how specific models look and whether the services or models of practice that are being applied, are effective in supporting infants. Therefore, it might be of interest to consider more in-depth research at a local service level, for example, a case study, to gain a more detailed understanding and view of the support that is being provided for infants within an individual local authority context. It might also be interesting to consider whether interventions that are being delivered within this age group are considered effective in promoting positive change, from perspective of EPs, parents, practitioners, and in the improved outcomes of infants. In this sense, more specific models of services delivery could be shared and developed.

7.2.23 Dissemination

Dissemination of this research was in the form of my submission of the research report for assessment. However, in order to further facilitate discussion within the EP profession and more widely, broader dissemination has been considered. I have reflected on how I hope this research will be communicated in the near future. During my interviews, I was asked by participants themselves if I would be happy to share my thesis with their team following its completion. This is an opportunity I hope to pursue when I am qualified. I also hope to disseminate my research in terms of general conversation with

colleagues, EP services, and other services more widely, with the hope of facilitating general conversations around services for infants and the EPs role within this. In year one of my training, I was asked if I would like to contribute to a blog post on the association of Infant Mental Health Welsh hub, and therefore, I have considered the possibility of disseminating various information in this form in the future. Dissemination might also include publication in a peer-reviewed journal to make the information accessible to wider audiences interested in the profession.

I have reflected on the main findings and summarised these into bullet points to aid with dissemination. The finding suggests that work with infants should be:

- Transdisciplinary to provide holistic support and to facilitate access to services across health, community, education, and social services.
- Preventative and proactive which optimises environments that support healthy development at the earliest stages.
- Relational in nature, where focus is placed on strengthening infant-caregiver relationships and interactions.
- Psychologically informed.
- Focussed on supporting the social and emotional wellbeing of infants and their families.
- Collaborative with parents and other practitioners, with a community focus.
- Focussed on supporting the infant's main context.
- Offering supervision and reflective spaces for practitioners who are engaged in working with infants and families, aiming to provide emotional support and enhance psychological perspectives of development to support positive change.
- Supported through a specialist early years community-based EP role so time can be afforded to such developments.

7.3 Development of the Research Practitioner

7.3.1 Ethics Proposal

In accordance with guidelines from the British Psychological Society (BPS) (2021) and the Health Care Professionals Council (HCPC) (2016), compiling the research proposal enabled me to consider and reflect on the practical and conceptual aspects of my research. Throughout this process I continually asked myself "why?" (Willig, 2013); why was I choosing this topic, why the proposed method of data collection, why Wales? This was not only considered a necessity to ensure ethical practice but was also a valuable exercise as it enabled me to consider the rationale and justification of my choices at each of the research stages. The ethical consideration for this research were considered within Part 2 of this thesis.

7.3.2 Development of the self as an applied psychologist and research practitioner

I often wonder why I am so passionate about supporting early years children. I am interested as to whether this is inspired by my own experiences of being a child, having early years children within my family, or perhaps my observations I have made relating to the services that make a positive difference to the lives of families and early years children. From a values perspective, I feel passionately about preventing or mitigating risks factors that have the potential to develop into later challenges. Therefore, this likely had a great influence in my decision to explore this topic area. I think it was important for me to hold this in mind throughout the process and be prepared and aware of any contradictions to my own values and beliefs, as well as my responses to these. Through the process of engaging in this research I have on many occasions reflected on my own experiences as an infant

and considered the influence this had on me across my lifespan. I am aware of the privileged position that I am in, and I hope that these reflections enable me to be an empathic practitioner and to use the knowledge gained to support others within their lives.

The research has reaffirmed my views that there is scope within the EP role to work with infants and families more widely and I hopefully look forward to seeking out possible opportunities to engage in such work as a practicing EP. It has also enabled me to reflect on the role of the psychologist across community contexts and integrated services (Stringer et al., 2006), that go beyond that of educational settings. I feel that the findings, have enabled me to reflect on my own practice and consider how I might take this forward. I think being curious with colleagues and wider LA systems about the support that is currently being offered to infants, will be something I endeavour to hold in mind throughout my own practice.

The following reflection is something that I have continued to wonder about during my time training on the DEdPsy. Within my first year I had the opportunity to engaged in a collaborative research project with fellow TEPs and therefore, have been able to reflect on my experience of conducting research as a single researcher compared to working collaboratively within a group. I feel that there is value in co-constructing research, where ideas can be shared and developed. I feel working collaboratively with others and sharing ideas, perhaps aligns more with my values as a TEP and this is where supervision, was invaluable throughout the process of this project. It was during the process of discussing my themes in supervision, that my thoughts could be clarified, which helped me to consider whether my analysis was salient and representative of what the group was telling me about their perspectives of the EP role when working with birth to two year olds. Supervision enabled me to consider what I was noticing within the data and what I was perhaps not noticing, based on my own position. Through the process of my supervisor asking questions, this enabled my thinking to be challenged and for clarity to be given as to how I arrived at certain assumptions so that they were informed by the data, ensuring such insights were analytical and inclusive of patterns across and within individual accounts. Therefore, when conducting research in the future I feel that it is important to ensure I have space to reflect and discuss my sense making with a supervisor, where I can openly discuss my thoughts in relation to the project and remain reflexive, which will help to deepen the process of data analysis. This also provides a wider reflection about the value and importance of supervision in relation to the EP role more generally, and the possible unique contribution we can offer to others within this capacity (Dunsmuir and Leadbetter, 2010).

Another important implication for myself as an applied psychologist will be to have ongoing consideration to some of the themes identified within this research. A particular salient theme for me personally was the idea of 'being brave', to not just accept the way things are. To have the courage to engage in dialogue and put forward my ideas to those who perhaps have greater influence within the system to implement changes at a service level.

Through my engagement in this research journey, I feel I have developed my skills, knowledge and understanding of what it means to conduct a thorough and rigorous piece of research. I have reflected on the 'golden thread' that feeds throughout the research and which connects everything together. I have reflected on how each stage of the process requires careful consideration and planning to ensure that the process aligns with the theoretical perspective of the research, so that each stage can be clearly justified. I hope to continue to engage in opportunities to engage in ongoing research, as through this process I hope that my 'analytic sensibility' (Braun and Clarke, 2022) continues to develop and my skills as a researcher continue to be refined. I feel with time my confidence and competence will continue to develop and grow in relation to such skills.

7.4 References

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8. Appendices

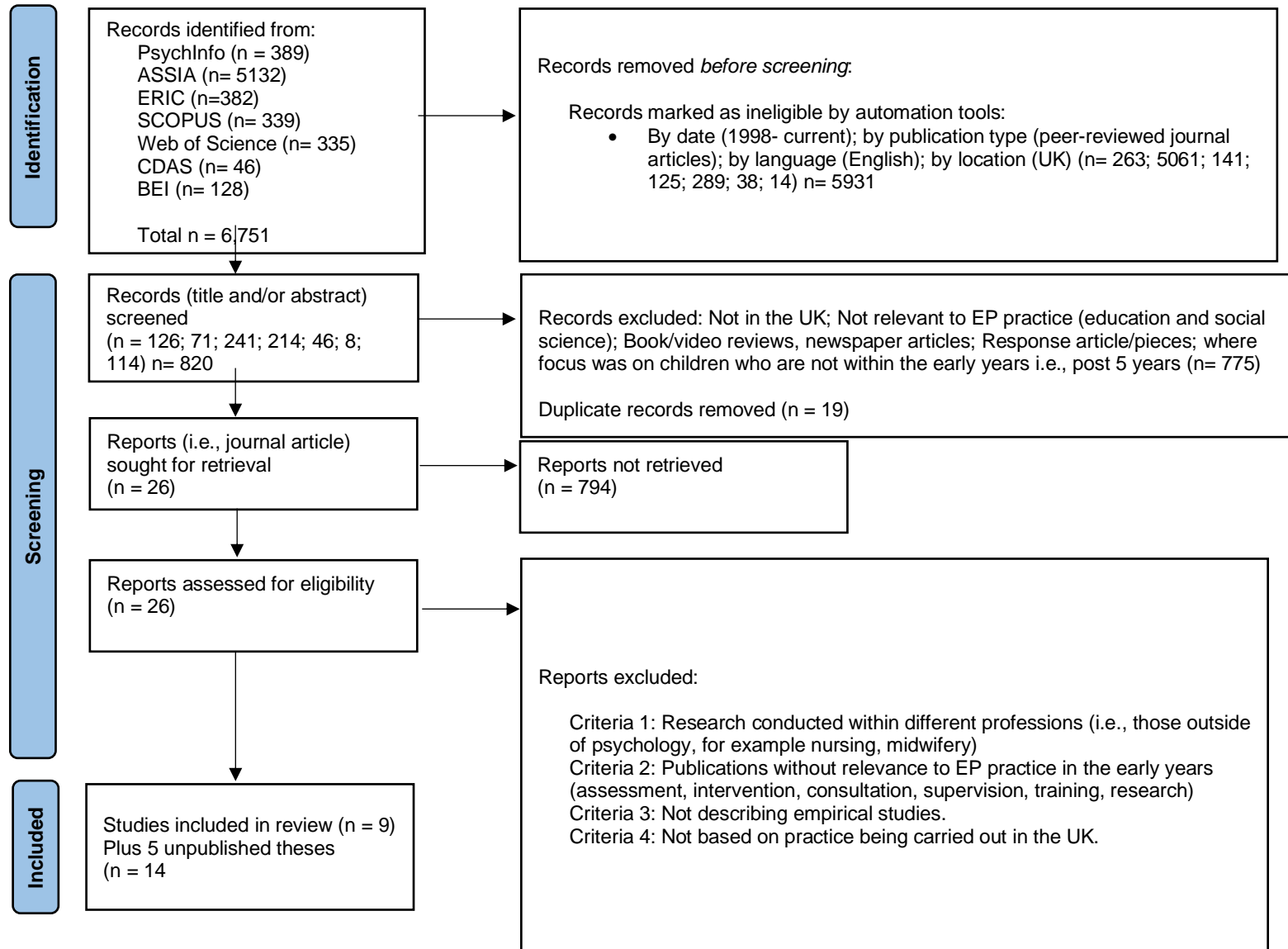
8.1. Appendix 1: Example of database search

Database	Search Terms	Results
APA PsycInfo (August 2022)	1. "0-2 years".mp. 84 2. "birth-two years".mp. 2 3. "pre school*".mp. 4130 4. "pre-school*".mp. 4130 5. Preschool*.mp. 113816 6. Babies.mp. 6844 7. baby.mp. 13175 8. infant*.mp. 126712 9. Toddler*.mp. 12643 10. "Early Years".mp. 5218 11. "1001 days".mp. 7 12. Newborn*.mp. 41563 13. "new born*".mp. 451 14. birth.mp. or Birth/ 72881 15. 1 or 2 or 3 or 4 or 5 or 6 or 7 or 8 or 9 or 10 or 11 or 12 or 13 or 14 291063 16. EPs.mp. 4941 17. "community psycholog*".mp. 3637 18. "educational psycholog*".mp. 26697 19. 16 or 17 or 18 34848 20. Role.mp. 667722 21. "EP role".mp. 18 22. involvement.mp. 124417 23. "distinct contribution".mp. 152 24. assessment.mp. 484005 25. intervention.mp. 320323 26. consultation.mp. 39572 27. supervision.mp. 31709 28. training.mp. 316307	Yielded: 389 Screened: 126 (automation tools by date; by publication type)

	29. 20 or 21 or 22 or 23 or 24 or 25 or 26 or 27 or 28 1645974 30. 15 and 19 and 29 389 31. Automation tool applied: limit 30 to (english language and "0110 peer-reviewed journal" and yr="1998 - Current") 126	
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8.2. Appendix 2: Prisma Diagram

Identification of studies via databases and registers (PRISMA, 2020)



8.3. Appendix 3: Reports included: Peer reviewed literature and Unpublished Theses

Author	Core EP function / Nature of the EP role	Detail of study	Age of children	Context of work	Location	Limitations
<p>Slade, R. (2019). Educational Psychologists' role in promoting children's mental and emotional well-being during the pre-school years: An explorative study in Wales. (Unpublished Thesis)</p>	<p>Exploration of a range of functions.</p> <p>Working within the pre-school years in varied work to promote Mental and Emotional Wellbeing.</p> <p>Unclear of the specific nature of the work and therefore a more in depth exploration might be of benefit</p>	<p>Explored the role that EPs in Wales have in promoting emotional well-being during the pre-school years by adopting a mixed-methods two part study. EPs were recruited to obtain information regarding the work they complete in this area, the facilitators and barriers to this work, and ways forward for future practice. Strand one collected data from EPs who work for Local Authorities in Wales whereas strand two collected data from EPs employed by Flying Start. An online questionnaire was distributed, and findings were presented using descriptive statistics and thematic maps.</p>	<p>0-3 years. Unclear of the specific ages in which EPs were referring to when providing examples of work.</p>	<p>Family context, Group context, Pre-school Setting context</p>	<p>Wales</p>	<p>Author acknowledges that it is possible that those who have a particular interest in Mental Emotional Wellbeing (MEWB) as a topic area were perhaps more likely to respond, possibly resulting in biases within the responses. Taking a broader perspective of the EP role which isn't specific to MEWB might provide a wider view.</p> <p>The researchers "limited involvement" (p.127) was seen as a strength of the research and research bias considered a weakness; however, this perhaps does not align with Braun and Clarke's principles of TA where the researcher is key part of the research process which is seen to contribute to the richness of the analysis.</p> <p>Method provides less of an in depth exploration, leading to actions not being fully understood (Burr, 2015).</p>
<p>Simmonds, S. (2022) How can Educational Psychologists improve their</p>	<p>Action researcher</p> <p>A variety of functions explored</p>	<p>The study took an exploratory design and an action research framework to investigate How the researcher could improve their practice of working systemically with an EY setting over an academic term. In this research, the data collected was qualitative, via feedback from participants This was analysed throughout the process in order to modify the researcher's</p>	<p>Ages of the children are unclear, although as school based likely</p>	<p>LA maintained infant and nursery school.</p>	<p>England</p>	<p>Simmonds offered an alternative way of working with EYs setting through their actions research, this was arguably enabled through their status of being a Trainee Educational Psychologist</p>

<p>practice of working systemically in Early Years settings? Evidence from Action Research in one Local Authority Nursery in the Southeast of England.</p> <p>(Unpublished thesis)</p>		<p>practice. Consequently, data collection and analysis were discussed simultaneously. The data set included a research diary, observations, audio recordings of a meeting and focus group with the EY staff and questionnaires to evaluate each systemic piece of work. Much of the data was analysed using a broadly ethnographic approach and some of the data from cycle three was also analysed using qualitative content analysis. By working systemically with an EY setting the research concluded that they were able to improve their practice in this area and created a toolbox of approaches that a Trainee Educational Psychologist or an EP new to systemic working could use when working systemically with an EY setting. This toolbox included: consultation skills, attuned interactions, participation, contracting and guiding principles</p>	<p>to be 3 years plus</p>			<p>and researcher. It is therefore unclear, if this is reflective of work that would be possible within everyday EP practice, or if it is, how this is enabled within the everyday practice of EPs.</p> <p>Use of research diary for data gathering therefore subjective and cannot be generalised. Researcher acknowledges that conclusions of the study can be regarded as reflecting one form of reality, since they are predominately based on their interpretations of the data.</p>
<p>Oakes, E. (2010) What drives us to give of our best? – An Appreciative Inquiry into how educational psychologists support early years children and their families</p> <p>(Unpublished thesis)</p>	<p>Action research using and appreciative inquiry model with on service.</p>	<p>Aim was to extend information in relation to constitutes good EP practice within the early years. The data collected by the author and other members of the EP team (who acted as co-researchers) included interview transcripts, worksheets, flipcharts, reflection/evaluation sheets and minutes of meetings. Each of these elements was analysed individually and collectively by the author according to the principles of thematic analysis, as described by Attride-Stirling (2001), Carter (2004) and Braun and Clarke (2006). At the end of the project, some of the stakeholders interviewed reported that the AI workshop had transformed their way of working from a deficit model to a strengths based model. There was also evidence that attendance at the workshop had changed participants' perceptions of the role of the EP, facilitating improved channels of communication and the development of a shared vision.</p> <p>One example given of practice at a systemic level. The other examples provide illustration of the EPs role at an individual level for children with complex needs (p.169). The author suggests that the team needs to look at the broader picture as there are emerging opportunities for early years EPs to apply their skills and knowledge at a whole system level.</p>	<p>Ages of children at the time of research ranged from 3 to 5 years</p>	<p>EPS early years services</p> <p>Focus on supporting children identified as having complex needs or specific ALN</p>	<p>England</p>	<p>Comprehensive AI conducted within one LA and was therefore very their specific needs and practices and models of practice.</p> <p>Included all four stages of the AI framework.</p> <p>EP working within the service.</p> <p>Research and manager of the team.</p>

McGuigan, C. (2021). Stepping over the boundary: an exploration of educational psychologists' work with families, Educational Psychology in Practice, 37:1, 1-18, DOI: 10.1080/02667363.2020.1830365	Exploring EP role within work with families	<p>This paper discusses a small-scale study which explored EP practice in relation to work with families. Nine EPs from four English Local Authorities (LAs) were interviewed. Interviews were then analysed using inductive thematic analysis. The findings highlight both the range of practice, and the variance between participants' perceptions of the EP role with families. The impact of a traded model of service delivery was identified as reinforcing a perception of the EP role being primary school focused rather than child and family-focused. Implications for EP practice are discussed and the findings should provoke discussion for the EP community, in considering the profession's role in the area of work with families</p> <p>The EPs' pre-school work with families was primarily, or solely, statutory assessment based work, to identify SEND provision</p>	It is unclear of the specific ages of the pre-school children EPs were referring to within the research		England	<p>The research is based on a relatively small sample of EPs given its qualitative nature, and therefore, it is possibly limited to the perceptions of the participants within the research itself and not a reflection of the wider profession or illustrative of the variance of practice.</p> <p>Broad research question perhaps impacted on depth of analysis (noted by author)</p>
Shannon, D. & Posada, S. (2007). The Educational Psychologist in the Early Years: Current practice and future directions, Educational Psychology in Practice, 23:3, 257-272, DOI: 10.1080/02667360701507343	Exploring current EP practice and attitudes within the EYs (specialist early years posts vs generic EP posts)	Following suggestions for updated models of service within the early years educational psychologist (EP) role, the study aimed to provide exploratory research evidence of current models of service delivery and EP attitudes. Questionnaires were completed by 32 EPs. Interviews were conducted with three EPs. Quantitative data obtained were analysed using descriptive statistical analysis. Qualitative data were analysed using a constant comparative method. Whilst results suggest an increasing emphasis on early years work within EP services, results suggest dissatisfaction with current working models associated with high levels of individual casework. Impacted on time to engage in wider work (for example, working with parents, or systemically). Specialist roles more involved in training and strategic planning	Unclear of specific ages EPs working with	Early years sector	England	<p>Small-scale study was conducted in one area of the UK, although spanned 28 LEAs. Perhaps not reflective of the wider picture.</p> <p>Unclear of the location of work or what is considered the criteria of "early years" in practice (i.e., age of children)</p>
Robinson, M. & Dunsmuir, S. (2010). Multi-professional assessment and intervention of children with Special	Exploring current multi-professional practice in relation to assessment and intervention within the early years Assessment and intervention	Multi-professional focus groups held in three urban local authorities were used to explore the range of assessment and intervention practices in Children's Centres, to improve the integration of early years services and the co-ordination of multi-agency support for families. Focus groups considered the range of early years assessments carried out by different professionals. Transcripts were analysed using a qualitative procedure and a range of issues identified. Themes that	Under 5s but unclear of ages specifically (early years setting)	Children centres	England	<p>Focusses only on assessment and intervention for children with special educational needs.</p> <p>Might only be representative of the views of the professionals based within similar localities.</p>

<p>Educational Needs in their early years: The contribution of educational psychology. Educational and child Psychology, 27(4), 10- 21</p>		<p>emerged included the variable nature and extent of change in practice as a result of Government initiatives, the impact on levels of general assessment activity and implications for assessment of pre-school children with special educational needs. Furthermore, themes relating to the operation of multi-agency working and the role of specialists within integrated teams in Children’s Centres were identified. The discussion explores the need to co-ordinate assessment practices across agencies, integrate these within cohesive intervention plans and routinely review outcomes using recognised evaluative frameworks. The authors consider the challenge to develop robust systems where psychology can contribute to the development of collaborative case conceptualisations between parents and other professionals.</p>				<p>Authors do not explore any limitation to their own research.</p>
<p>Douglas-Osborn, E. (2017). Early investment: the use of Action Research in developing the role of an educational psychologist in an early years setting, Educational Psychology in Practice, 33:4, 406-417, DOI: 10.1080/02667363.2017.1350939</p>	<p>Action research exploring a range of functions</p>	<p>Action research exploring the role that an EP can play within one early years setting over the course of an academic year.</p> <p>Use of a Research and Development in Organisations framework (RADIO) to support process.</p> <p>A model of practice was developed based on the needs of the setting that included being more frequently involved with casework and conducting work aimed at supporting early years practitioners and parents/carers. This research suggests there is a greater role for educational psychologists within early years, involving more than conducting casework, through providing a more holistic and intensive approach to supporting practitioners, parents/carers and children.</p> <p>early years practitioners, 1 health visitor and parents were involved in the research.</p> <p>Pre and post questionnaires for EY practitioners and parents, focus group with five early years practitioners, interview with SENCO</p>	<p>Unclear (early years setting)</p>	<p>LA early years setting</p>	<p>England</p>	<p>TA used to analysis data from questionnaire and focus group and interviews (Braun and Clarke, 2006). Use of inter-rater checking (not in line with principles described by Braun and Clarke). Aligned with positivist values.</p> <p>Research within one setting and so perhaps only representative of similar groups.</p> <p>Dual role of research and EP practitioners</p> <p>Perhaps not representative of day-to-day EP practice.</p>
<p>Wood-Downie et al. (2021). Using Digital Stories for assessments and</p>	<p>Assessment Eliciting early year autistic children’s</p>	<p>Looks at how ‘I am...’ digital stories can be used as a tool to support EPs in conducting EHC needs assessments for pre-school children (Covid-19 context). Digital stories capture 6 core elements of a child’s experiences and identity based on Froebelian Principles. Semi-structured interviews, feedback</p>	<p>3-4 year olds</p>	<p>Pre-school setting</p>	<p>England</p>	<p>Perhaps not indicative of typical EP practice within pre-school assessment.</p>



transition planning for autistic pre-school children, Educational & Child Psychology; Vol. 38 No. 3	voices using digital stories	forms and video were analysed using TA. Participants included parents, nursery practitioners, school staff, EPs. Finding suggest that EP felt this helped them represent the views of the child within reports, develop provisions and outcomes, formulate psychological perspectives, and led to more personalised questions being asked, thereby making important impacts on practice.				<p>Research based on using the Digital Stories methodology for the first time to support transition meetings and EP assessments within the COVID-19 context.</p> <p>As an exploratory qualitative study, aimed at understanding stakeholders' experiences of Digital Stories within a specific context, rather than focus on EP practice specifically.</p>
Hussain, S. & Woods, K. (2019). The use of dynamic assessment by educational psychologists in the early years foundation stage, Educational Psychology in Practice, 35:4, 424-439, DOI: 10.1080/02667363.2019.1643293	Assessment	This paper explores the nature and potential of DA when used in the Early Years Foundation Stage (EYFS) by educational psychologists (EPs). Two EPs were interviewed using semi-structured interview schedules and observed delivering DA. Interviews were analysed using TA and a content analysis was used to analyse the videoed observations. The DA approach was useful in assessing "learning how to learn" skills. Findings highlight promising evidence regarding the utility of EPs' play-based DA approach in the EYFS to elicit positive information about children's skills, learning potential and intervention strategies.	Unclear	Unclear		<p>TA used to analysis data from (Braun and Clarke, 2006). Use of inter-rater checking (not in line with principles described by Braun and Clarke). Aligned with positivist values.</p> <p>Provides only a partial picture of DA practice across the wider population of EPs</p>
Barrett, P. F. (2018). Developing Early Years Teachers' dialogic reading skills through the use of video enhanced self-reflection.	<p>Evaluating of the intervention</p> <p>Facilitator of teacher self-reflective sessions using video clips prepared by EP.</p> <p>Training staff in dialogic reading intervention</p>	<p>Mixed Method Case study introduced video enhanced self-reflection into a Dialogic Reading (DR) training programme for teachers working within early years education.</p> <p>Two participating teachers, working in different schools, delivered a 6-week DR intervention to one selected pre-school pupil from their class. Video clips of DR practice facilitated three self-reflection sessions. Qualitative analysis indicated that video supported them to engage in productive reflection and apply the theoretical underpinnings of DR. Quantitative analyses of the language used by the participating pupils</p>	3 and 4 years	Two school nursery settings	England	<p>N/A (Research related to specific programme)</p> <p>Provides information about the EPs role in relation to facilitating teacher self-reflective sessions using video clips and training of specific intervention.</p>

(Unpublished thesis)	(Whitehurst et al. 1988) to support language development.	within pre- and post-test DR sessions demonstrated a positive effect for the intervention.				
Fitzer (2010). An Evaluation of an Attachment Based, Early-Years Training Package: A Multiple Case Study. (Unpublished thesis)	Evaluation of training programme Intervention designed by Educational Psychologists focusing on preventative primary intervention rather than reactive intervention.	An evaluation of the “building stronger foundations intervention” which focusses on social and emotional development, early communication of babies and young children, reflective practice. It aims to increase awareness of attachment principles, the importance of creating nurturing environments. Multiple case study design, qualitative and quantitative data collected through observation, semi-structure interviews and scaling questions. Found improved practitioners understanding of behaviour as a form of communication, confidence in responding to challenging behaviour, understanding of nurturing environments, concepts of ‘containment’ and ‘attunement’ and reflective practice. Implications included further support and development following training.	Various ages within early years setting	4 Early years setting (3 settings trained) with various ages	England	N/A (Research related to specific intervention) Provides information about the EP role in relation to delivering training to early years setting
Rait, S. (2012). The Holding Hands Project: effectiveness in promoting positive parent-child interactions, Educational Psychology in Practice, 28:4, 353-371, DOI: 10.1080/02667363.2012.712916	Evaluation of programme. The EPs were involved in carrying out three evaluation visits. During these visits they videoed the play sessions and feedback observations to the parent as well as administering the questionnaires. Following the visit, the EPs supported FSWs with their planning of sessions and offered - one-one face-to-face fortnightly supervision.	This study evaluated the effectiveness of a significantly modified version of the standard clinic based Parent-Child Interaction Therapy (S-PCIT) programme, referred to as the Holding Hands Project. Thirty parents and their children were assessed at pre- and post-intervention, and of these a total of 25 parents were also assessed at two month follow-up. A significant trend towards a positive development in all of the areas explored was found. Furthermore, an overall significant change in observed children’s behaviour was found between pre-intervention to follow-up. This study adds to the growing evidence that a well-established clinical programme such as S-PCIT can produce positive outcomes even when it has been significantly modified and “transported” to a UK community setting	Average age 35.8 (Programme for 2-5 year olds)	Community setting		N/A (Research related to specific intervention) Provides information about the EP role in relation to delivering a specific intervention to improve parent-infant interactions

	The EPs were also involved in coding observational videos and providing training					
Butcher, R. L & Gersch, I. S. (2014). Parental experiences of the “Time Together” home visiting intervention: an Attachment Theory perspective, <i>Educational Psychology in Practice</i> , 30:1, 1-18, DOI: 10.1080/02667363.2013.867254	The researcher, in her role as educational psychologist (EP) and supervisor of Time Together home visitors, decided to explore further impact of Time Together.	This paper reports the results of research into parental experiences of the Somerset (UK) “Time Together” home visiting intervention, with regards to its impact on the parent-child relationship. The research was carried out using an Attachment Theory lens in order to understand the qualitative experiences of seven parents of children in the early years who were identified as being socially isolated and/or having difficulties relating to their child. The key findings were that parents experienced a change within their notion of self, seeing their child as a separate self and seeing the world more through their child’s eyes. They experienced a wider range of play activities which brought about greater levels of attunement and enjoyment. The parent and home visitor relationship served to empower parents. A flow diagram was created to illustrate the processes of the research interactions and outcomes. This provides a model of how parents can be supported to experience greater enjoyment within their relationship with their child and increase their level of social engagement.	Under 5s	Community context (home)	England Somerset	N/A (Research related to specific intervention) Provides information about the EP role in relation to delivering a specific home-visiting intervention to improve parent-infant relationships
Hughes, C. & Cline, T. (2015). An evaluation of the preschool PATHS curriculum on the development of preschool children, <i>Educational Psychology in Practice</i> , 31:1, 73-85, DOI: 10.1080/02667363.2014.988327	Evaluation of programme EPs putting together a comprehensive training package on preschool PATHS with follow-up support sessions for preschool providers in areas of high deprivation	This study evaluated the efficacy of preschool Promoting Alternative Thinking Strategies (PATHS), an early years curriculum designed to improve children’s social and emotional competence, and reduce problem behaviour. Fifty-seven children aged three to four years took part in the study over one academic year. The control group (Group 1) received no preschool PATHS curriculum, Group 2 received an adapted version, and Group 3 received the full preschool PATHS curriculum. Relevant vocabulary and perspective-taking skills were assessed before and after the intervention alongside behavioural questionnaires completed by preschool staff and parents. Staff views were investigated. Group 3 significantly improved on some measures, but Groups 1 and 2 showed no significant improvements. Children who received the full version of the preschool PATHS curriculum exhibited less problem behaviour, showed better emotional knowledge,	3 to 4 year olds	three different preschool settings	England	N/A (Research related to specific programme) Provides information about the EP role in relation to delivering training and providing follow-support sessions for preschool providers

		better attentional skills, and better prosocial behaviour. The contribution of the local Educational Psychology Service to the initiative is discussed.				
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8.4. Appendix 4: Recruitment Poster via Twitter



Participants wanted for Doctoral Research Study

An Appreciative Inquiry: Educational Psychologists perceptions of their role when working with 0-2 year olds.

Research aims:

- To provide an opportunity for Educational Psychologists to share their thoughts and experiences of their work with infants/children 0-2 years (i.e., what works well and what they feel would be important for future practice).
- To share best practice approaches when working with 0-2s in Wales.


Can you participate? Inclusion criteria:

- I am a qualified Educational Psychologist registered with the HCPC.
- I have at least 6 months experience working with children aged between 0-2.
- I currently work with children aged between 0-2.
- I currently work in Wales.

What does it involve? An online interview via Microsoft Teams, no more than 1 hour, answering questions regarding your experiences of working with 0-2years olds within your practice.

For more information or to express your interest in participating please contact the researcher, Adele Page via email:

Billinal@cardiff.ac.uk



This research is conducted within the requirements of the School of Psychology Research Ethics Committee at Cardiff University and in accordance with both the British Psychological Society's Ethical Code of Conduct (BPS, 2009) and the Health and Care Professions Council (HCPC, 2016). This project is supervised by Dr Victoria Biu, School of Psychology, Cardiff University (biuvl@cardiff.ac.uk)

8.5. Appendix 5: Covering Email to Gatekeepers (Principal Educational Psychologists for Local Authority/ Service managers)

Dear xxxx,

I am writing to inform you about a research project being undertaken by a trainee educational psychologist from Cardiff University. The research title is as follows:

An Appreciative Inquiry: Educational Psychologists' perceptions of their role when working with 0-2 year olds.

Please find attached a gatekeeper letter, participant recruitment letter and participant information sheet, which provide more detailed information about the rationale and aims of the research project.

If you are happy for EPs within your service to be considered for this research, please complete the consent form hyperlinked within the gatekeeper letter. I would be happy to discuss my research proposal further if wished.

If possible and you are willing, I would really appreciate your support with disseminating the attached research and recruitment information to EPs within your service.

Many thanks and kind regards,

Adele Page

Researcher:

Adele Page
Trainee Educational Psychologist
School of Psychology
Cardiff University
Billungal@cardiff.ac.uk

63 Park Place,
School of Psychology,
Cardiff University,
Cardiff,
CF10 3AS

Research Supervisors:

Dr Victoria Biu,
Research Supervisor
School of Psychology
Cardiff University
biuv1@cardiff.ac.uk

63 Park Place,
School of Psychology,
Cardiff University,
Cardiff,
CF10 3AS

8.6. Appendix 6: Participant Information Sheet

Participant Information Sheet

An Appreciative Inquiry: Educational Psychologists' perceptions of their role when working with 0-2 year olds.

You are being invited to take part in some research. Before you decide whether to participate (participation is entirely voluntary), it is important for you to understand why the research is being conducted and what it will involve. Please read the following information carefully.

Who is carrying out the research?

The researcher for this project is Adele Page, a student on the Doctorate in Educational Psychology at Cardiff University. The research is being supervised by Dr Victoria Biu who is a university tutor on this programme. It has been approved by Cardiff Universities ethics board to ensure the rights, safety and wellbeing of participants are protected.

Why is the research important?

There is an abundance of research which focusses on the importance of promoting children's early social and emotional development within their first years of life. Building these early foundations has been shown to have a positive impact on children's future development, in relation to their health, wellbeing, learning and resilience.

Research that focusses on Educational Psychologists' work within pre-school/early years, generally focusses on children who are two years plus and who are attending early years settings. However, research suggests that there is benefit in providing earlier intervention to promote what children need to thrive, as they continue to develop.

As there is currently very little research that explores the role of the Educational Psychologists' work with infants who are 0-2 years specifically, it is hoped that this will contribute to the knowledge base within this area, help to inform future practice and provide a model for envisioned possibility when working with this age group.

What is the aim of the research?

The purpose of this research is to seek Educational Psychologists' (EPs') perceptions of their role when working with birth-two year olds.

At present, there is limited literature exploring the EPs role when working with infants within this age range, specifically. Therefore, this research aims to provide an opportunity for Educational Psychologists to share their thoughts and experiences of their work with this age group (i.e., what works well and what they feel would be important for the future).

What will taking part involve?

If you provide informed consent to participate in this research, the first ten participants will be contacted and be asked to attend an online interview for no more than 1 hour via Microsoft Teams. This will be at a time and date that is suitable for you. If ten participants have already come forward, then an email will be sent you, thanking you for your interest in the study and explaining that you will

be kept up to date if a space becomes available to participate.

Your participation is entirely voluntary, and you do not have to participate if you do not want to. If you decide to participate, but then wish to withdraw from the study, then you are free to withdraw at any time up until the point of data anonymisation (two weeks following the completion of the interview). You can withdraw up until this point without giving a reason and without penalty. If you do not wish to participate, this will not disadvantage you in any way.

What will happen to the information that I give?

The data will be analysed, where recurring patterns across the data and their possible meaning within the wider context, will form part of my thesis.

Your personal details (name, contact details, workplace or other identifiable information) will remain confidential, with your anonymity ensured throughout the publication of this research. Upon completion of the thesis, it will be made available to members of the University institution and possibly members of the public, via the library service. The report may be presented to interested parties and published in scientific journals and related media. All participants will be provided with a copy of the report if they so wish. Please note that all information presented in any reports or publications will be anonymous and unidentifiable.

Your data will be processed in accordance with the Data Protection Act 2018; the General Data Protection Regulation 2016 (GDPR) and Cardiff University's Data Protection Policy (2018). All information collected about you will be kept confidential, unless there is reason for concern, for example, for reasons of safeguarding, requirements of the law, and public protection. However, I would aim to discuss this with you first when possible. Your personal data will only be viewed by the researcher and possibly their supervisor.

Both personal and research data will be stored on a password encrypted computer file via the researchers' Cardiff University online, intranet portal. Research data will be anonymised as quickly as possible after data collection, within two weeks, so that you cannot be identified, and your privacy is protected. You will not be able to withdraw your data after this point of anonymisation. Therefore, if at the end of the interview you decide to have your data withdrawn, please let the researcher know as soon as possible (within two weeks of the interview).

The researcher will take full responsibility for destroying all collected research data and personal data in line with Cardiff University's 'Records Management Policy' (2020). The research data will be held until March 31st, 2028, which is in line with Cardiff University's 'Research Record Retention Schedules'.

How can I find out more information?

If you have further questions about this study, please do not hesitate to contact us on the details below:

Researcher:

Adele Page
Trainee Educational Psychologist
School of Psychology
Cardiff University
Billinal@cardiff.ac.uk

63 Park Place,
School of Psychology,
Cardiff University,
Cardiff,
CF10 3AS

Research Supervisors:

Dr Victoria Biu,
Research Supervisor
School of Psychology
Cardiff University
biuv1@cardiff.ac.uk

63 Park Place,
School of Psychology,
Cardiff University,
Cardiff,
CF10 3AS

What do I do next?

If you are interested in participating in this research, please contact the researcher, Adele Page via email: Billinal@cardiff.ac.uk

Please note that the cut of date for recruitment will be November 2022.

If you are unhappy with the way in which your personal data has been processed, or you wish to make a complaint about the research, you can contact the secretary of the Ethics Committee within the school of Psychology via the details below: -

Cardiff University's Research Ethics Committee:

School of Psychology,

Cardiff University,

Tower Building,

30 Park Place,

Cardiff,

CF10 3AT.

Tel: +44 (0)29 2087 0360

Email: psychethics@cardiff.ac.uk

8.7. Appendix 7: Letter for Gatekeepers

63 Park Place
School of Psychology
Cardiff University
Cardiff
CF10 3AS
Date:

Dear name (PEP/Head of Service),

I am a post-graduate student on the Doctoral programme in Educational Psychology at Cardiff University. As part of my training, I am carrying out a research project exploring:

Educational Psychologists' perceptions of their role when working with 0-2 year olds.

The research is being supervised by my tutor on the training programme, Dr Victoria Biu.

I am writing to ask for your permission to recruit Educational Psychologists within your service for participation in the research. Educational Psychologists have been chosen due to the limited literature that is currently available exploring their role when working with this age group specifically. The key research questions are as follows:

- 1) What do EPs perceive their role to be currently, when working with 0–2 year-olds in Wales?
- 2) What would EPs wish to see implemented to support their work with 0–2 year-olds in Wales?
- 3) What factors can improve EPs work with 0–2 year-olds in Wales?

I hope to gain Educational Psychologists' perspectives via one-to-one online interviews which should take no longer than 1 hour to complete.

If you are happy for me to recruit potential participants within your service, please can you read the participant information sheet attached and provide consent by responding via this link:

<https://forms.office.com/Pages/ResponsePage.aspx?id=MEu3vWiVVki9vwZ1I3j8vMCHkqRxd81CsT-kGgCykixUNUtPOTZKNINTOVhWM1I0SEhXUTRFOUFOOC4u>

Please note that potential participants that do not participate will not be disadvantaged in any way.

Upon completion of the research report, participants will be provided with an electronic copy if they so wish.

Many thanks in advance for your consideration of this project. Please let me know if you require any further information.

With kind regards,

Adele Page

Researcher:

Adele Page
Trainee Educational Psychologist
School of Psychology
Cardiff University
Billingal@cardiff.ac.uk

63 Park Place,
School of Psychology,
Cardiff University,
Cardiff,
CF10 3AS

Cardiff University's Research**Ethics Committee:**

School of Psychology,
Cardiff University,
Tower Building,
30 Park Place,
Cardiff,
CF10 3AT
Email: psychethics@cardiff.ac.uk

Research Supervisor:

Dr Victoria Biu,
Research Supervisor
School of Psychology
Cardiff University
biuv1@cardiff.ac.uk

63 Park Place,
School of Psychology,
Cardiff University,
Cardiff,
CF10 3AS

8.8. Appendix 8: Participant Recruitment Letter

Dear xxxx,

My name is Adele Page, and I am a post-graduate student on the Doctoral programme in Educational Psychology at Cardiff University. As part of my training, I am carrying out a study exploring *Educational Psychologists' perceptions of their role when working with 0-2 year olds*.

With the agreement of your Service Manager, I am writing to enquire whether you would be interested in participating in this research.

Aim of the research:

To provide an opportunity for Educational Psychologists to share their thoughts and experiences of their work with infants/children 0-2 years (i.e., what works well and what they feel would be important for future practice).

Time Required: maximum of 1 hour.

When: Interested participants will be contacted between April '22 and November '22, to decide on a date and time that will be suitable for them.

Who can take part?

Educational Psychologists who have 6 months experience working with 0-2 year olds and are currently working with this age group.

What does it involve?

You will be invited to attend a one-to-one online interview. You will be asked open-ended questions in relation to your perspectives of the Educational Psychologists role when working with 0-2 year olds.

What happens to all the information?

The interview will be video recorded using the Microsoft Team function and then transcribed. The data will be analysed to form part of my thesis. Individual names and locations will not be included within the transcribing process to ensure anonymity.

How can you take part?

If you are interested in participating, please can you read the 'Participant Information Sheet' which provides more detail of the research project. Following this, please contact the researcher, Adele Page expressing your interest via email: Billingsal@cardiff.ac.uk

Please note that participation is completely voluntary and that the cut of date for recruitment will be November 2022.

If you would like any further information, please do not hesitate to contact me on the email address below. I will tell you more about the project and answer any questions you may have.

With kind regards,

Adele Page

Researcher:

Adele Page
Trainee Educational Psychologist
School of Psychology
Cardiff University
Billingal@cardiff.ac.uk

63 Park Place,
School of Psychology,
Cardiff University,
Cardiff,
CF10 3AS

Research Supervisors:

Dr Victoria Biu,
Research Supervisor
School of Psychology
Cardiff University
biuv1@cardiff.ac.uk

63 Park Place,
School of Psychology,
Cardiff University,
Cardiff,
CF10 3AS

8.9. Appendix 9: Gatekeeper Consent Form

Link to consent form:

<https://forms.office.com/Pages/ResponsePage.aspx?id=MEu3vWiVVki9vwZ1I3j8vMCHkqRxd81CsT-kGgCykixUNUtPOTZKNINTOVhWM1I0SEhXUTRFOUFOOC4u>

Consent Form (Gatekeepers)

Your informed consent needs to be obtained before your staff are able to be contacted by the researcher to ask their permission for participation in this study. Please read the Participant Information Sheet which has been sent to you via email, before answering the statements below.

Contact information:

Researcher:

Adele Page
Trainee Educational
Psychologist
School of Psychology
Cardiff University
Billingal@cardiff.ac.uk

Research Supervisor:

Dr Victoria Biu
Research Supervisor
School of Psychology
Cardiff University
biuv1@cardiff.ac.uk

Cardiff University's Research**Ethics Committee:**

School of Psychology,
Cardiff University,
Tower Building,
30 Park Place,
Cardiff,
CF10 3AT
Email:
psychethics@cardiff.ac.uk

1. Name of organisation?

2. I have understood the terms of the Information Participation Sheet.

- yes
 no

3. I understand that I can contact the researcher at any time via email accounts following expression of interest to participate in the study.

- yes
 no

4. I understand and consent for Adele Page (School of Psychology, Cardiff University), supervised by Dr Victoria Biu, to contact the relevant staff in my organisation via their professional email accounts for their consideration to participate in this research.

- yes
 no

8.10. Appendix 10: Participant Consent Form

Link to consent form:

<https://forms.office.com/Pages/ResponsePage.aspx?id=MEu3vWiVVki9vwZ1I3j8vMCHkqRxd81CsT-kGgCykixUMzhiWUpESUEwTUMzUkiYRUlFUzIZTUkwWS4u>

Consent Form (Participants)

Informed consent needs to be obtained for your participation in the research. Please read the participant information sheet which has been sent to you, before carefully answering the statements below.

Contact information:

Researcher:

Adele Page
Trainee Educational
Psychologist
School of Psychology
Cardiff University
Billingal@cardiff.ac.uk

Research Supervisor:

Dr Victoria Biu
Research Supervisor
School of Psychology
Cardiff University
biuv1@cardiff.ac.uk

**Cardiff University's Research
Ethics Committee:**

School of Psychology,
Cardiff University,
Tower Building,
30 Park Place,
Cardiff,
CF10 3AT
Email:
psychethics@cardiff.ac.uk

1. Name

2. Are you a registered Educational Psychologist?

- yes
 no

3. I have read and understand the terms of the participant information sheet.

- yes
 no

4. I understand that my participation in this project will involve attending an online interview (max. 1 hour).

- yes
 no

5. I understand and consent to the following:

- For confidentiality purposes, please avoid disclosing identifiable information about your workplace, colleagues, children, or self. You can however say if you work in a school, community or other organisation, as well as mention the age range of children you work with.

To ensure privacy, you must not undertake this interview in a space where non-participants are present.

Please ensure that you are in a quiet space when undertaking the interview.

6. I understand and consent to the interview being video recorded on Microsoft Teams, however I understand I can turn off my camera if I wish.

yes

no

7. I understand that what is said in the interview is confidential and identifiable information will not be shared unless there is reason for concern, for example, for reasons of safeguarding, requirements of the law, and public protection.

yes

no

8. I understand that my participation is entirely voluntary and that I have the right to withdraw from the research up until the point when the data has been transcribed (2 weeks after the interview).

yes

no

9. I understand that my personal data will not be included in the transcription of the data to protect my anonymity.

yes

no

10. I understand and give consent for the data to be held in line with data protection procedures held by Cardiff University as outlined in the participant information sheet.

yes

no

11. I understand that I can contact the researcher at any time via email accounts following expression of interest to participate in the study.

yes

no

12. I understand and consent to my participation in the research conducted by Adele Page, School of Psychology, Cardiff University, supervised by Dr Victoria Biu.

yes

no

8.11. Appendix 11: Proposed Interview Schedule

Welcome

Participant will be thanked for participating in the research and will be asked if they have fully understood the research aims and questions, as detailed within the 'Participant Information Sheet' (see appendix 5). They will be reminded of their right to use a pseudonym and to withdraw (without reason or penalty) from the research at any point by simply stating they do not wish to continue. They will be assured that their line managers will not know if they have participated in the study. The participant will also be given the opportunity to ask any questions prior to starting the interview.

Overview of the topic

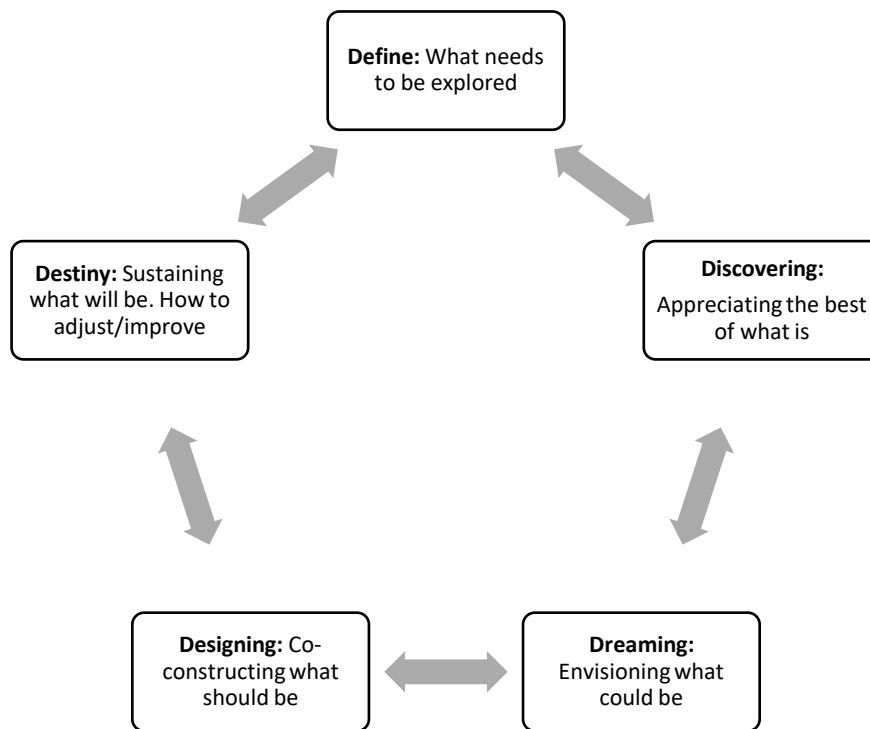
The participant will once again be reminded of the research questions and rationale, as detailed within the 'Participant Information Sheet'. Participants will be provided with an explanation of the format of the interview, i.e., that an appreciative inquiry model will be used that focusses on what they feel is currently working well in their practice and what they feel would be important for future development within the profession. They will be reminded that the general aim is to understand more about how EPs can best work with the 0-2 year age group.

Reminders

Participant will be reminded of the following (as indicated when they gave consent):

- For confidentiality purposes, where possible, to avoid disclosing identifiable information about their workplace, colleagues, children, or self. They can however say if they work in a school, community or other organisations, as well as mention the age range of children they work with.
- To ensure privacy, they will be asked to not undertake this interview in a space where non-participants are present.
- To ensure that they are in a quiet space when undertaking the interview.

Proposed Interview Questions



Discovery:

(These questions will focus on *“the best of what is”*)

- What inspires your work with pre-school children?
Prompts:
 - In what ways have you felt your role is valued or important?
 - What are the things you value most about your work with 0-2 year olds?
 - What does a typical good day look like within your role supporting 0-2s?

- Can you tell me about a time you worked with a 0-2 year old and felt most excited about your contribution/involvement?
Prompts:
 - Can you give some examples, e.g., what experience, story or image comes to mind?
 - What helped? What worked? How so, tell me more?
 - Who was involved and how did their involvement contribute to your feelings of excitement?

- What do you feel works well when working with this age group and why?
Prompts:
 - What skills do you draw on?
 - What knowledge helps you?
 - What personal qualities contribute to your work?
 - What previous experiences help to facilitate your work?

Dreaming:

(These questions will focus on *“envisioning what could be”* focussing on strengths and opportunities)

- What has supported you in conducting your work with 0-2 year olds?

Prompts:

- What were the conditions that made this work possible (e.g., training, supervision, organisation structure etc.)?
 - What training have you been offered that supports you in this area? In what context did you receive this training (for example, during your training within the university, post-training for CPD or as part of your employment?)
- Do you think there could be areas of expansion for working with this age group?

Prompts:

- What do you feel EPs could do differently when working with this age group? How would they be working?
 - Could you think of an even better way of facilitating the work you are currently doing?
- Imagine you woke up one morning to your best possible future and what you have always hoped for in relation to your work with 0-2 year olds was a reality. What would this look like?

Prompts:

- What would you be doing more of?
- Who would notice a difference?
- What would you be doing differently?
- What would other people be doing differently?
- Who would you be working with?
- What resources would be using?
- What would you know/use or have e.g., funding, knowledge, skills and/or personal strengths?

Designing:

(These questions will focus on “**What should be**”, moving from where you are currently to where you would like to be)

- How could the preferred future you described be made into a reality?

Prompts:

- What support do you need to make changes at an individual or organisational level?
- What three things could you do?
- What three things could others do?

Closing questions

- Do you have anything else you would like to say, any final thoughts you would like to share, or anything you would like to bring up that I haven't asked about?

Responses to interviewee

In line with an AI approach, appreciation and encouragement to responses will be given e.g., “*that sounds very inspiring, can you tell me more?*”, to facilitate the interview and AI process.

Closing Statement

Participant will be thanked for their participation in the research and will be given the opportunity to ask any questions that they might have. Participant will then be provided with a copy of the debrief sheet to read. This will be emailed to participant immediately after the interview ends.

8.12. Appendix 12: Examples of phases of analysis

Data Familiarisation with Initial thoughts (Phase 1)	
<ul style="list-style-type: none"> • Work within early years settings and wider context • Reflect, reframe and reconstruct to support understanding of child development (COMORIA) • Normalising what is typical and not typical development • Who is the key person we work with at this age group • The importance of parent-infant relationships • New ALN code with focus on anticipating needs • Early intervention: what is it? • Constructs of role • Constructs of “Educational” • Theories of influence: attachment theory; Maslow’s hierarchy; Systems theory: considering the child within the wider context • Divergent views of where children should be supported 	
Initial Codes and Candidate Themes (Phase 2 -3)	
RQ1: What do EPs perceive their role to be currently, when working with 0–2 year-olds in Wales?	
<p>(Relationships are the foundation)</p> <p>Building safe relationships with those we support to facilitate change</p> <ul style="list-style-type: none"> • Empowering key people in the system • Building collaborative relationships with professional linked closely with Early Years • Forming links with the people around the child • Building trust and rapport with key people around the child • Building safety within relationships • Valuing relationships 	<p><i>It's not just what you know is how you do it. It's the how. And so, you can have training all day long in, you know, child development and theory, but it's how you apply that. And that's all to do with relationship building and that's to do with understanding what we mean by being therapeutic. That understanding how we facilitate change the language we use. The way we are with parents, you know, being accepting and non-judgmental and. And, trustworthy and safe.</i></p> <p><i>We're very clear on that there's an element of applying psychology to inform our interventions. But there's a big part of the model is engaging families in the change, in change, you know, and that's the building relationship, working therapeutically.</i></p> <p><i>Lots of the parents we work with need that model really of a safe, trusted adult before we can sort of, you, you know, apply whatever we are going to apply, a theory, an approach.</i></p> <p><i>You're not going to be able to facilitate that change if you're not building that that safe trusting relationship.</i></p> <p><i>So, parent-infant interventions, something like video interaction guidance where you're working with the parent and infant together, to look for those lovely moments of attuned interactions, it's a really strength based, strength based intervention... to help support those early interactions...that secure attachment.</i></p>

<ul style="list-style-type: none"> • A process of building trust • We are the first contact in education • Providing reassurance in the relationship • Utilising person-centred principles • Utilising strengths-based approaches • Relationships support engagement • Time to establish relationships • The language we use to support our relationships • Working through trusted and safe relationships to support the application of theory • Opportunities for co-construction • A nurturing approach <p>Providing emotional containment</p> <ul style="list-style-type: none"> • The EP as a model for others • EPs as the “container” • EPs provide emotional support • Providing a safe base for parents <p>Supporting the Parent-Infant relationship</p> <ul style="list-style-type: none"> • Working therapeutically with parent and infant • Advocating for the importance of parent-infant relationships • Supporting attuned interactions through video feedback • Promoting the carer-infant relationship 	<p><i>So, using those principles (person-centred) brought everybody together and it was just absolutely fantastic.</i></p> <p><i>It's about the relationships with the people around the child.</i></p> <p><i>Simply, you know it's about them understanding, it's about building up that rapport and getting that trust and people understanding what your role is and what your role isn't as well. So, it is about communication again in relationships.</i></p> <p><i>It was about the relationship I had with the preschool setting about the relationship I developed with the parents and about and developing the relationships between the people within the group, you know? So, I think that was for me it was key. Relationships and communication. Those are the things really that made it work.</i></p> <p><i>We know people, we are very much embedded within services and teams really.</i></p> <p><i>you can really get them on board and because of that, our families tend to talk and if you do a good job by one family that gets known and so you then, they tend to trust you despite the label that we have, the title we have as a job. They overcome that because of who you are or who you've worked with</i></p> <p><i>Relationships are the key, aren't they in everything but in the preschool role, you really get that opportunity because some settings you will dip in and out of a lot more.</i></p> <p><i>And you can see it when you go back in, you can see the changes that they've made and you think, oh they really have taken this on board and because they trust you, they'll tell you things that I'm struggling with this. What do you think we should do; is there any ideas you've got? And it's very collaborative with them.</i></p> <p><i>That's very much used to try and empower parents from the outset, and so the intention is that it helps to empower parents.</i></p> <p><i>Suddenly thinking about, you know, someone else is going to be looking after my little baby kind of, you know, how's that all going to go? You know? So, it's providing that reassurance to parents.</i></p> <p><i>We got really good, excellent sort of collaboration with all teams across the inclusion service, and I suppose that's even more developed around the school systems just historically because it's been that way.</i></p> <p><i>I suppose particular to the early years would be the relationships that you have with families in a different way.</i></p> <p><i>We take that very sort of person centred, strength based approach to that consultation.</i></p> <p><i>You have to start with that building, that therapeutic relationship.</i></p>
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The two things that are important is like the building therapeutic relationships to facilitate change. So, I think with that I had, I was really confident in my skills with that, I think from my doctoral training and my previous experience of working in schools and then I suppose it was just the applying psychology bit.

I think just hearing mums story you know really trying to connect with her and provide that reassurance. Mum was quite anxious herself and wouldn't really leave the house so just, trying to kind of you know build that relationship and help her to start thinking about what's useful for this, for her, for mum [...] Trying to help mum feel more confident about the relationship that we were building. Arranging kind of a number of visits to the house to kind of build that relationship.

The social worker was asking for a piece of work to be done around, you know, rebuilding that relationship and those interactions and I was able to do a piece of video interaction guidance work with that family.

I find it's an opportunity, as well for parents, to just to support them emotionally because that's sometimes they've had a lot of very disturbing or kind of upsetting things that happened that, um, that just having someone listen empathetically to, to them and support them in that and in recognising those feelings. What it must have felt like and, and kind of, you know, helping them to kind of tell their story.

In that situation it was just about bringing all of the different agencies together like parents were really kind of talking to that person talking to that person talking to this. You know, millions of different people saying different things to them at different times as well. So, I felt like part of my role was going to be right to bring everything together.

We bring together all key partners across education, social services and health to help be that team around the child team, around the professionals to support the development and well-being and play of those young children and their families.

Thinking about themselves (childcare staff) and how they interact with their children.

Our role is trying to obviously support other people to be able to do that as well (empowering).

So, it just becomes a normal thing to ask about and wonder about and opens up an opportunity for parents to be able to say, hmm, yeah, it's not really, it's not really what I thought. I am struggling a bit (talking about parent-infant relationships).

The other aspect of it I think is working with health visitors and paediatricians and trying to also use the opportunity at that early stage for them to understand our role a little bit more as well.

Having that flexibility to kind of, you know, meet them where they're at...having time to to just kind of just be with mum.

You have to have those skills that you'd be supporting other people to do...the ability to tune into a child, to follow their lead to expand onto their interactions.

Creating opportunities for better liaison between health visitors (...) so creating, you know, putting more time into that as well and creating that really smooth transition for children between kind of preschool, into preschool.

So, you need, you do need that knowledge and the theory I think, but it's the application.

Delivering a lot of training to the early years sector and getting to know them and understand their different roles, that's been very supportive in terms of how I do my work.

I think if you've established a relationship, they're more likely to go with you if you know what I mean.

The longer you work in an area doing the same sort of role, the more you create relationships and then it's easier just to say. Can I just call you for 10 minutes later on to talk about XYZ.

Those person-centred practices and approaches, the strength based, working for sort of resilience models of flipping the narrative, flipping the script and moving away from like sort of deficit models.

One of the biggest things in terms of enabling that work is is probably that, is trying to think of things in that more flexible solution focus, person centred way, strengths based ways, rather than thinking of things as you know pure, you know assessment, going out and doing something but also doing with, that co-production

They've got a really good solid foundation of training to build on with maybe some of those more specific interventions and approaches from that field of infant health, but it's the how you build relationships, facilitate change, work therapeutically, where all our you know foundational skills from our doctoral training and our experience comes in.

That was an opportunity again to build a relationship with the paediatrician, for them to understand roles and responsibilities as well. And what we do and what we don't do, you know, because you often get that, don't you, EP to assess.

It's just it's about those relationships as well. It's about people trusting the local authority.

Developing those relationships and that trust between different, at different levels, I guess.

I think, um quite a softly softly nurturing type of approach to practitioners, to families makes the difference.

I guess the relationships and the trust that the staff have in the Ed Psychs. And probably because of the numbers of children they've had, they've seen more of us than some of the other settings who may just have one child. So that over time

when you're working in the early years, you have to be mindful of the parents perspective and different parents are at different stages in understanding their two year old, 3 year old or younger and you have to be able to judge where that parent is at.

	<p><i>if you don't get the parents on board, then that could switch families off from education, and it's really key you get that, right.</i></p> <p><i>I think in the early years EP role, you have to be able to work with different agencies. Perhaps a lot more than school based EPing, because there's such, you have to have good relationships with your speech and language therapy team, OTs, physio, medical nurse and so be able to bring them all together to get the best understanding of the child. Because once they're in school, that's all been done generally for most children.</i></p> <p><i>I guess the relationship that you have with your early years colleagues has enabled that.</i></p> <p><i>We've gone along to kind of a lot of health visitors, team meetings to kind of understand how they function and understand a little bit of their difficulties and their struggles and like taking on any questions.</i></p> <p><i>I did some video interaction with that family and just helping the mum to kind of see what the child was doing and kind of what was working and trying to build her confidence to see actually, because she was quite often sort of misunderstanding what he was doing, so she would sort of feel quite rejected, you know, because he'd be looking away. Whereas actually, we could then kind of reframe that thinking, like he's taking a break. He's just a little bit overstimulated right now [...] so mum thinking, oh wow, ok, like, it's not I'm doing something wrong or it's not that kind of he doesn't love me.</i></p> <p><i>This is my view, but really you need to be working dyadically in this period. So, you need to be working with the parents and infant together. That doesn't have to mean that the parent and infant or baby are always together, but you have to, you know you can do sessions individually with parents, but the baby or the infant has to be in everyone's minds when you're doing that, or their voice needs to be brought into the room.</i></p> <p><i>I was able to have a go at the newborn observation tool with mum and the baby and watching the baby and the strength, you know, really looking at what strengths the baby was showing us... we felt it really helped to reassure mum of like all the things the baby could do.</i></p>
<p>(Building Capacity for work with infants)</p> <p>Reframing and reconstructing perspectives</p> <ul style="list-style-type: none"> • Changing people's perspectives at an early stage • Widening the lens in which we see • Developing understanding and different response to behaviour • Illuminating new ways of seeing • The power of reframing 	<p><i>Seeing practitioners' confidence grow and helping them unpick things and understand, and looking at things from a different lens or looking through things from a different perspective is always kind of rewarding day-to-day.</i></p> <p><i>Like the NBO, like VIG, like ghosts in the nursery like, watch me play, I could go on.</i></p> <p><i>So yeah, so the baby room project at the moment is about working with settings, but there is a parent one as well.</i></p> <p><i>To help the practitioners in the team formulate a personalised psychology informed intervention.</i></p> <p><i>My role would be to kind of quality assure those pieces of work. Make sure they're informed by really relevant and up-to-date psychological theories and evidence.</i></p>

<ul style="list-style-type: none"> • We are the non-medical voice <p>Relevant paradigms and theories for the Early Years</p> <ul style="list-style-type: none"> • Influential theories underpinning practice • Interactive factors influencing the child's development • Play • Professional development relevant to infants <p>Professional Development (Layering learning)</p> <ul style="list-style-type: none"> • Using our core skills and knowledge • Development to expand our foundational skills and training • Development through training • Specific knowledge and understanding of a unique time <p>The gift of psychology: Empowering those who support infants</p> <ul style="list-style-type: none"> • Building confidence and competence within the system • Supporting those who support birth to twos • Supporting others to be psychological informed • Capacity building through psychological support and input • Indirect work through early years practitioners • Opportunities to support wider early years professionals • Nurturing professional development 	<p><i>There's an element of kind of project work or research work.</i></p> <p><i>Within my team that includes, assessment, formulation, clinical supervision.</i></p> <p><i>We offer a strategic element of the EP role, so the training group, consultation, Elsa training, Elsa supervision and training for both Flying start and non-flying start.</i></p> <p><i>Help practitioners to write reports at the end of that intervention and sort of just, you know, quality assure and countersign those.</i></p> <p><i>About supporting and influencing other practitioners understanding and supporting them with regards to any work around, parent infant relationships or parent infant interactions, they might be doing.</i></p> <p><i>And then I also, carry out individual, you know, individual pieces of casework.</i></p> <p><i>to make sure there's those psychological, theories, ideas, research, you know, that we can sort of filter that through to other people who support parents and infants as well.</i></p> <p><i>It's always about what would help the practitioners in their role. What would help the work with parents and infants, particularly in that birth to two age range.</i></p> <p><i>I don't always get to see that piece of work in action, you know, and how it's going week in, week out and it's such a lovely glimpse into the actual work that's going on within the family home and how I don't know, how skilled I think the practitioners are at interacting and being with parents.</i></p> <p><i>There's the direct work, and then there's sort of the supporting other people in the team to do to do that work.</i></p> <p><i>And seeing their confidence grow with regards to supporting parents and infants.</i></p> <p><i>Delivering training for the workforce around that (talking about parent-infant relationships and interactions).</i></p> <p><i>I think it's really good way of, you know, kind of getting our role out there as well. So, parents understanding what educational psychologists do.</i></p> <p><i>I think in terms of why I do it, it's about changing the system and making it better. And just improving liaison with those early years professionals and making sure we're getting that that idea of earlier identification that that's right that it's not early diagnosis, it's early intervention really, and early kind of you know helping parents to understand, helping health visitors to understand, how to help the children rather than medicalising it. I think, that for me, that's the big thing.</i></p> <p><i>For me it's about them understanding our roles. That's the important thing really.</i></p>
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- Empowering those involved with early years children
- Upskilling early years practitioners
- Developing confidence within the system
- There is a gap of knowledge

Typical core function of EP within the Early Years (assessment, consultation, intervention, formulation, supervision, training)

- Providing training to develop understanding
- Specific intervention aimed at the earliest stages
- Typical function of an EP
- Using observation as a tool
- A facilitator of change
- Influencing change at different levels within the system
- Working directly and indirectly with people
- Assessment tools aimed at infants
- Supporting Additional Learning Needs
- Using models of supervision

So, you are kind of the only, you feel like you are the only non-medical voice in the in the equation you know.

But through this process there was that acknowledgement that, yes, it is difficult, and we do struggle sometimes, but we are doing our best and we're trying and we're liaising with people and we're taking on board everything (early years professionals liaising with EP)

That's what psychologists do. You know, they change people's perceptions.

Sometimes those changes are what the parent consciously asks for, and sometimes we might have a hypothesis that there's some other changes that might need to happen.

So, I think some of the ones that excite me most are the ones where there are like those light bulb moments, or those complete game changers that sometimes you know just a 20 minute discussion has changed, a complete perception or a way of doing or being or a reassurance, that is incredibly empowering to think that you could have provided that space and reflection with someone to just maybe change, to reframe I suppose.

the impact of what that reframing can do on a child's development or a family's well-being is incredibly powerful.

You don't realise what people don't know. Working with children and they don't know some of the things, some of the things that you're talking to them about, you know, then you just think, wow and some of the most basic things that we understand as psychologists about child development, you can see like little light bulbs going on.

You think, gosh. Where would they have got this information if I if you know if we hadn't had this project.

there's input from an educational psychologist who talks about kind of the theory and brain development [...] you know, how experiences shape the brain

The session is then the practical application of those of those ideas really. So, talking about, you know these are um different colours to have in preschool setting. Thinking about what's on the floor for the babies. Thinking about different toys that they might like. How thinking about noises and environments, smells.

The child development officer...goes out to the setting and kind of supports them in implementing some of the strategies and ideas and interventions that we've that we've kind of talked about.

We've really heavily invested in training.

A lot of the EP role has been about delivering Elsa training, so it's been adapted to a preschool age.

We also offer a good practice workshop once a term where practitioners can share ideas and be as a support for each other and we facilitate it.

We've also now invested in the Curiosity training, which is the precursor to attention autism.

There's been a real strategic drive from the Educational Psychology Service to scale up our practitioners.

So, settings are taking more ownership for ALN. And again, that's been enabled because of the huge thrust with training over the last couple of years.

We use solution circles in order to move situations forward. There's also an opportunity for them to bring resources they've developed or found helpful in their practice. So as a sharing opportunity, and sometimes there's a little bit of CPD where we'll go through extra ideas.

This is where anyone within the early years world (...) anyone within the early years, can come along to group consultation (...) So that person goes away with some ideas really as what to do next for that child, that situation, that family. So, it's very much heavily multi agency. So, we're getting different perspectives, but it's EP facilitated and organised.

The purpose of this discussion is for a key worker, a setting leader, ALNCo, health visitor, whoever, to say I've got concerns about child A, this is what the presenting issues are, this is what works well for the child. Is there anything else we can be thinking about. So, it's a very brief initial consultation but without information about personal details about that child.

Then there is a training calendar that goes out each year, so the training is based on the themes that emerged in the early years.

Led by myself and speech and language therapy and occupational therapy about supporting children's early communication and sensory needs.

They've also taken on um the curiosity approach, which is, I don't know if you've seen it in practice. It is amazing. It's where, the environment is considered.

We put these out to families, to practitioners, professionals and they are kind of like online workshop.

So, we do bring psychological theory and some visuals to support, but we really want the kind of beauty of them to develop in that everyone is creating the content as they're going along by sharing those ideas etcetera.

Sometimes it's around sort of specific behaviours or communications that people would like to unpick, sort of more of a specific need and we can give some one-off advice. So, we might plan some further actions, or it might be part of a much wider picture.

The whole nature of those first consultations is giving someone something to go away with [...] practical advice and ideas and psychology that they can do at home.

We are seeing [...] just general questions and queries around general development, as a whole.

Working with someone from like the children and families team who comes out and does some more sort off weekly visits with the family that have more focused, more widely on what's going on at home and then supporting that professional with psychology.

So, maybe there's been some difficulties in terms of transitioning for a little one. As a couple of sorts of examples, I can think of this and then we, that consultation might have led to, you know, just sharing some psychology about transition, based on attachment theory.

I feel there's something quite unique about working in this zero to two age range. We've got, although I think I had lots of transferable skills that I could bring to that age range. I've also really enjoyed sort of layering. You know. My learning. Say over the past five years to really think about um that particular age range, zero to two.

Part of my role would also be to clinically supervise those interventions.

I suppose I quickly learned that there was some stuff I needed to learn on top of what I already, my you know my existing experience.

Loads of those skills are transferable from you know whether you're working with a young person, a school age child, a young person.

I do think, you know, we need that understanding of the whole lifespan. Regardless of where we end up working, I think we really need that.

I was really interested in attachment theory and early child development and child development in general. But there was some of that applying psychology bit that I felt there was gaps there with regards to the zero to two.

I started looking more into the fields of infant health then which is, you know, transdisciplinary, lots of psychology and attachment theory and systems theory and early child development, but also ideas from parent-infant psychotherapy, ideas from neuroscience. And so yes, started to do some more training, courses, research, and things around those disciplines then, I think that's what's lovely about our nought two age ranges, you can, you've got this field that brings all those different disciplines together that yeah, really helps you support nought to two year olds

we are very much focused on trying to support those that are already involved in supporting families. So, to give psychology away to those, who are probably even better placed often to work with supporting that child's development. So, whether that's a play group, health visitor, a social worker, someone working with the children and families team.

I think that's, that's a big part of what I do, is get the kind of the developmental history and the family story, really, to find out, you know, how we've got to where we've got to now, and then trying to understand what is the situation now.

So, the baby room project is going to be like we're going to do that now year on year on year.

If we were working in those outer levels of the circle, which I tend to refer to, then it could be through kind of like training workshops and resource leaflets. Everything that we use psychology and that kind of more generic non direct.

We primarily work through consultation. And so, I I'd usually arrange to see the child wherever they are at, if they're at home or if they are in a setting already, some kind of childcare setting and do an observation and play-based assessment.

We're seeing that they're key needs and I supposed particularly relevant to the early years is kind of across the social communication and interaction and speech and language and communication.

Some health input about sleep, toileting, sensory needs, early communication, and education systems. Lots of bringing information together to make quite a bespoke program for our parents.

You do need knowledge, understanding and of the zero to two age range, what is unique about that time.

I have undergone some training in video interaction guidance and so that's been really useful.

I think it's really powerful when parents can see that for themselves when you show them a clip and they can see themselves doing something that's really working well.

I've trained in a circle of security parenting. So, it's been, you know, with that you can kind of reach more parents in less time.

I'd always need more training for myself...so you can kind of feel like, I I'm kind of like up to date with you know kind of recent evidence based interventions.

I'm kind of very much sort of more drawing on more general like you said, my general psychology skills.

We have a training directory that goes out to all of the preschool settings. So, all private preschool settings, childminders, you know, childcare settings across the board, private, maintained, whatever, and we send out training directory which is open to everybody.

I'm really passionate about the whole team having training the same time in the same type of training...so by the whole team training together, we're all, you know, we all understand the language we using. We understand the approach. We can talk about it, we can bring it into our casework. We can reflect on it. We can decide where it's for us or not, or which bits are we are going Incorporate into our model.

People in the team who are able to provide psychology informed interventions because the EP's leading that and supervising those piece of casework.

I think having those, that foundation in, our educational psychology training, to understand that change process and you know and knowledge of psychological theories and early child development, but also as I mentioned, layering on top of that some more kind of specialised or therapeutic interventions that really support that 0 to 2 age range.

	<p><i>I think you know in in terms of the psychology (...) I think we can kind of draw on, lots of kind of, you know, the strength based practice. That's something that, I kind of really like to focus in on and things like, you know, resilience frameworks, attachment theory. Um that's something kind of very fundamental I find, for particularly for the early years work. Just trying to understand, you know, the kind of attachment or bonding process, kind of how has that has all been going and because they may have some developmental needs, but they may also have kind of more kind of emotional needs.</i></p> <p><i>Looking inward to, you know, developing the skills within the team, supporting the team.</i></p> <p><i>a special interest group, where you've got practitioners across Wales who work with the parent infant relationship in the First 1000 days. There's educational psychologist, clinical psychologist, parent, parent infant psychotherapist, specialist health visitors.</i></p> <p><i>I think as psychologist, we very much promote the idea of you know, contexts being key and that's actually what we do as psychologists, we look at the different factors within a child's environment that could help explain what's going on for them. But I still think there's a huge misconception that we come in and do something and look at the individual child.</i></p>
<p>("We can push the boundaries")</p> <p>Working with wider systems: Early Years settings and beyond</p> <ul style="list-style-type: none"> • Looking at things holistically • Working with early years settings • Working with the family system • Working within wider contexts • Working with key persons within the system • Working at the different levels around the child • Working across the child's different contexts • Working jointly with early year's professionals • Developing understanding of the infants different contexts • Preferences for working in a setting (heterogeneity) <p>Parents and infants at the centre</p> <ul style="list-style-type: none"> • Supporting parents' emotional needs 	<p><i>My role as an educational psychologist in the team my role is to go into the family home with the practitioners in the team.</i></p> <p><i>Direct casework, it would be going into the family home to deliver kind of therapeutic interventions.</i></p> <p><i>To observe and make an assessment of the family's needs, what their strengths, what changes they might like to make, to observe the parent infant interaction, to ask the parent about their goals and wishes for the future.</i></p> <p><i>In this age range mostly health visitors would go through that central line as well. But as I mentioned, we have started getting some requests from social workers (talking about requests for involvement).</i></p> <p><i>I worked directly with families as well, and in the main that looks like delivering video interaction guidance interventions.</i></p> <p><i>The focus has been when a child goes into a setting, I guess.</i></p> <p><i>I think another really important part of working in that age group is that you are working you know with the parent and infant together, because how else? How else do you? You know, how else do you work with a child, 0 to 2 if you're not working with that parent or caregiver that's, you know, that's with that child day in, day out.</i></p> <p><i>So yeah, I suppose in the same way as if you were working in a school system, you'd be working with school staff and you know that system around the child there and the nought to two you'd be working with parents, caregivers in that those really early months in the early years.</i></p> <p><i>To try and really help to facilitate those changes that the parent wants to see.</i></p> <p><i>There's another piece of work to be done now with mum around responding to that and being able to cope with those tricky behaviours.</i></p>

- Parents as the key adult
- Parents/carers are the child's context
- Bringing key people together within the child's system
- Supporting family wellbeing
- Building support around families
- Opening access for families

A lot of the role is about kind of thinking about transition into kind of a setting, so quite a lot of the time I'm seeing some families where their children haven't been going anywhere and so it's a big step for them, particularly if they've got additional needs and they haven't sort of experienced any childcare or anything.

What does that mean for you and how have you kind of coped or managed or how are you coping and kind of what's, what's important for you and your family, what do you want and how can we help you with that?

To observe and make an assessment of the family's needs, what their strengths, what changes they might like to make, to observe the parent infant interaction, to ask the parent about their goals and wishes for the future.

So, just trying to build a team around that kind of that family, really thinking about who else needs to be involved, linking in with the settings to talk about a kind of transition process.

I'm quite big on sort of you know trying to understand the context really kind of the child's experiences.

I really kind of want to get that context. What has this child experienced, you know... what does that meant to the family? You know, how they coped? What have they, how have they managed? So, I kind of try and get more of those kind of like discussions and factors ...it's kind of what's the story behind it? What's kind of happened? What have you, how have you experienced that, and kind of trying to look at their kind of resilience and the family's resilience

I think, what I also enjoy about that aspect is the working with the parents. So, the parents become really, really key. I mean not that they're not key in my main, you know, schoolwork, but you tend to link with the parents much more closely.

It's about empowering parents, working with parents and saying, you know, you can do these things. These are things low level things that you can do that that kind of getting down at that level.

So, the cousins were then playing with him, and you could see what he could do, and you know some, I think some staff wouldn't have seen that before because in a creche situation, they weren't necessarily putting him in those situations. But his cousins were like, I don't know a really simple game of rolling the ball back and forth and everybody who's like, wow, I didn't know he could do that. And his cousins were like oh yeah, we do this all the time.

That would be where the main people involved with the child's, their parents, their careers, their keyworker, potentially their health visitor, potentially, and (?) worker, whoever's been involved with that child and can contribute as to what works well, what they like and admire, and what needs to be thought about with regards to their needs going forward.

Ideally, we want them in a setting.

Through the home based involvement, which is never as robust as them being in preschool.

There are a lot of parents who are in need of support and their children are in the neurodevelopment pathway assessment.

That's really important to us that it's all family focused, and we've worked really hard to sort of flip that from a side of where it would be very much, we used to be links for like sort of playgroups, pre group, preschool setting, whereas now we all, we've ensured that families are always the first point of contact.

We've kind of got that individual focus, which always starts with the families and that's really important to us.

what we've actually developed is an (name) to request a consultation which actually any family can request.

You know it could be that health visitors, a key partner who actually is like a really strong support for that family and they would be involved in either completing that request or even in the consultation itself where appropriate as well.

So, the intention is that anyone at the moment who needs it can access that initial consultation.

To help clarify what those key change issues are and think about what next steps are within that circle of their community as well.

A bit like what you might do in schools as like a planning consultation, but it's with the family itself.

If it's any professionals or practitioners or anyone already working with a family, that they actually think as part of their work, there might be a role for an EP or some help that could be of use...so that we actually can sort of help understanding if their expectations about our role match up to actually what we can offer.

So, part of my role is then being a link for one specific community.

We're more and more thinking about as well what other services are/could be involved or could we work with.

I think that this is a really golden opportunity to kind of develop that partnership working with families and empower families as the people that know their children best to support their development.

Other things then you generally do is sort of visit settings for the children that you might know or places or people that are involved or home visit, to find out some more information about that child and have a good play with them at home, and chat with their parents.

It's kind of just focusing around that sort of parental well-being and expectations and roles of a parent

I'm really interested in kind of systems theory, around locating things outside of children and families that are going on that have huge and even sometimes worrying impact when it's through no fault of their own or that there are huge challenges in an environment

	<p><i>In the main, health visitors for the zero - two, as they get a bit older, sometimes we get childcare settings, some parents refer themselves in, especially if you know they know someone else who's been involved with our service previously.</i></p> <p><i>So, that's part of supporting the team around the family, providing like consultation to lead workers who are involved with sort of social care cases and in families first capacity.</i></p> <p><i>So, sometimes you know, the families just haven't accessed anywhere or anyone because they don't know, they don't really know what they're supposed to be accessing.</i></p> <p><i>I went to see a 13 week old baby with a mum who was really quite anxious and quite intrusive with the baby</i></p> <p><i>we wouldn't necessarily become involved until they have started preschool. Unless, if they're in a daycare provider and is quite clear needs [...] So, it might happen from 18 months once the child has been in there for a period of time</i></p>
<p>(Why wait?)</p> <p>Early intervention</p> <ul style="list-style-type: none"> • The impact of early intervention and prevention • A focus on anticipating needs (legislation) • It's a privilege to work preventatively • Majority of work is at two years plus • Children are seen when they start preschool <p>Supporting ALN at the earliest point</p> <ul style="list-style-type: none"> • Developments in legislation • Supporting ALN • Planning for the child's future education • Only children with complex needs are seen under two years <p>Seeing babies as active agents</p> <ul style="list-style-type: none"> • Infants are included • Making infants visible 	<p><i>I think, we can make such a big impact in a really, you know, a truly preventative way in this age range.</i></p> <p><i>You know the research shows doesn't it, you can make a bigger difference to a child's outcomes for, you know, less money with less intensive intervention within this age group.</i></p> <p><i>To kind of start unpicking things before they become kind of too complex and provide that reassurance and that early intervention and reassurance.</i></p> <p><i>Helping them (parents) to know what is out there. What level of support kind of their child's entitled to, and kind of sign posting.</i></p> <p><i>I like being involved in early stage to try and kind of just support families as they're going through kind of the early stages of trying to understand what's happening in their family situation.</i></p> <p><i>Then have a chat to their parents to try and get that kind of background story about you know, go right back to the kind of early development. You know, their pregnancy. What was going on in their family situation, who's important in their family? Just getting all that kind of background and then kind of the developmental kind of history, around how was the pregnancy, how was the birth, was there any kind of thing traumatic that happened? How was there early development? Did they need any medical intervention, or did you have any concerns at any point and who raised those concerns?</i></p> <p><i>It might be kind of, you know, quite evident early on that they may require something more specialist. And so, having those conversations with parents, about you know what? What is it they'd hoped for their children, you know, not to kind of overwhelm them. It's you know, when they're kind of still so little but just to start them thinking about kind of their, their future and talking about the various different options.</i></p> <p><i>It's a start really for their kind of educational journey.</i></p>

Telling the child's story right from the start

- At the start of their journey

Supporting the earliest stages of development

- We are supporting a lifelong development
- Support for general development
- Sharing psychology that supports early development
- Involvement at a significant stage

I think for me, it's getting a clear picture of yeah, of the family situation and where the child is at developmentally, so that we've got that kind of good information to kind of go with them wherever it is they're going to go. So, we've kind of, you know, started kind of documenting that story.

It might be that this was a kind of a developmental kind of sort of concern, or it might be something, you know, a sudden kind of change or it could be something more kind of traumatic that's happened in terms of like disrupting that kind of attachment, so looking at more kind of like trauma informed practice.

I work very closely with the new Early Years ALN lead officer.

Obviously, there's that early intervention

I think it's, for me it is about making things better in that process. The whole thing about, you know. What is early identification? What does that look like actually, and what does that mean? How does that help? It's all those kinds of things. So, it's more about kind of trying to create a really good system.

The boy attended those meetings as well. So, lots of people were like, ohh early years children can't attend these meetings and they don't, but he did attend the meetings.

That goes right back to birth. So, it's about those really early, you know, those babies.

The early years panel where all children who have been flagged up as having potential ALN or requiring enhanced support are discussed, and again that's multi agency. And that provides the opportunity for those initial discussions or ongoing discussions regarding children.

If they're in a daycare provider and is quite clear needs, then that graduated response and that pathway model could happen earlier. So, it might happen from 18 months once the child has been in there for a period of time.

The majority of our children both flying start and non-flying start, they're starting at age 2.

So sometimes if a child is very complex, so is likely to need, definitely an IDP going forward. They've got profound, multiple difficulties, complex health issues. At the 15 month point, if not even before.

It would only be the health visitor at 27 months that would then flag up this child needs some support on entry to school. Then we do that.

So yeah, the vast majority is two, but we can offer before 2.

It's very privileged because you don't get that opportunity with your school based work because already some behaviours have become entrenched.

So, we work with children, um usually around the ages of two. Umm, so we would be on that sort of later side of your 0-2.

We're all about trying to support children at the earliest stage possible.

There is value or perceived value from parents actually speaking and getting some access to a psychologist straight away.

I find it a really empowering place to be and a really hopeful place to be because of kind of that early intervention and support.

Sometimes there are sort of more complex needs across the board that we look to have more in depth on going involvement.

Maybe a more discrete piece of work to try and understand, you know, where, where they're at and kind of inform sort of transition process.

There are also some ones where they've come through and they've been extremely complex or yeah...emerge to be kind of safeguarding needs that you feel that without that channel there we might not have known about.

I think just being able to be involved in this age range is a real privilege. It's, we know it's when the foundations of lifelong development health well-being are laid. And to be able to then work in this really special time. I think in a in a child's life, but in a parent's journey as well is really special.

RQ 2: What would EPs wish to see implemented to support their work with 0–2 year-olds in Wales?

<p>(“We can push the boundaries”)</p> <p>Expansion to work with parents and communities</p> <ul style="list-style-type: none"> • Parents as a focus • Working closely with parent • Close work with families • Working dyadically with Parents • Working with the family system • Reaching more parents • Supporting links around the family • Supporting families at the earliest stages • Closer links with teams supporting parents • Consideration to wider community systems • EPs having links within the community • Families have ownership to access <p>Widening people’s perception of the EP role.</p> <ul style="list-style-type: none"> • Widening people’s perception of the EP role • Changing perceptions of “educational” • EPs are not being utilised enough in this age range • A new and evolving role • Creating a more integrated approach (eco-systemic) • Supporting the wider layers around the child • A role beyond ALN 	<p><i>So, when we say we work 0 to 25. Really thinking as a service what that means 0 to 2. Rather than just saying, yeah, we work 0 to 25. Do you, though? You know, do you actually, you know, it’s that espoused theory and theory in practice, isn’t it? We say we do, but what are we actually doing? And I think what happens then is once you go on that journey and go like what are we going to do 0 to 2 that leads you down a little bit of a rabbit hole, first of all, because you think, well, there’s all this world.</i></p> <p><i>Something we want to do in developing the psychology services is drop ins and those drop ins are for parents and also for sort of childcare settings. But I think it would be nice to be able to provide drop ins for anyone really working with children with additional needs that they have concerns about.</i></p> <p><i>So, that’s the other aspect of, I’d like to be able to see us doing that with parents. Umm, so I guess more work with parents.</i></p> <p><i>What I’d really like to see um is closer work with parents.</i></p> <p><i>So, what would be really really good is... drop in sessions for parents so. Not necessarily just with educational psychologists, but educational psychologists, as part of a multidisciplinary team. And so regular drop in sessions for parents.</i></p> <p><i>I know I’ve been talking to (LA names), who I know have that direct link with parents, which is fantastic. Scares me because I just think, oh my gosh, you open the floodgates, don’t you...So that would for me something for us to aspire to that direct contact.</i></p> <p><i>I think there is a role for that anonymous phone call to be put out to parents.</i></p> <p><i>there’s more that could be done for the parents and supporting that role, rather than our focus always being on settings.</i></p> <p><i>There is opportunity to extend the support line, maybe have drop in sessions for parents and carers with concerns.</i></p> <p><i>I’m hoping that different agencies will come together, for group consultations so that there’s more joined up thinking and community nursery nurses sharing information with our preschool practitioners and likewise and, that is not EP led, it’s just we are there as part of the team. And to be perceived that way</i></p> <p><i>The skills that we have as psychologists, and I suppose more novel to the role of the early years, I feel like we can, we are stretching that in a little different way because obviously I think people have maybe conceptions about the role of an educational psychologist understandably being very related to school based settings. So that would shape some of the kind of typicals you might, typical things you might expect of the role, but I feel like we can push the boundaries of that a little bit more.</i></p> <p><i>It’s a really good demonstration of how wide our skills can be in different settings and beyond the school and into the community, which I think lots of EPS would love to see develop in the future.</i></p>
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<p>Increase access to EPs for the youngest children: A new world of possibilities</p> <ul style="list-style-type: none"> • Supporting Infant Mental Health • Closer links between early years professionals • Creating different means of accessing support and EP services 	<p><i>I think sometimes that educational part to the psychologist sometimes sets a maybe a misconception...it's got a big element of developmental child psychology as well as the educational (...) it's not just about everything education. Isn't it learning, play, development so it's kind of trying to change that.</i></p> <p><i>I know lots of people really value that one to one intervention work with families that we are sometimes not able to do, which I would love to do if we were.</i></p> <p><i>In my opinion it has to be support for the family, the parent and infant or the parent carer or the infant and their immediate family.</i></p> <p><i>I think broadening our perspective on the role of the EP from being school based to being community based is, is really key... I think if we widened our view a little bit, you know, working in the community with communities then schools and families would be included in that. You know birth to two year olds don't go to school...so where are EPs having contact with these babies and infants, if the view is still the EP support, you know, education, school?</i></p> <p><i>The new Code of practice is zero to 18/25 and I think sometimes where there's a lot of thought has gone into the post 16 stuff, how are we as EPs supporting post 16? I don't know if the same level of thought or investment has gone into the birth to twos.</i></p> <p><i>In my best hopes there would be more involvement with the parenting team...I think we've worked quite separately from them, whereas I'm not saying that we need to take on all the courses, but at least have a contribution to some of the courses taking place.</i></p> <p><i>So, you work with the system around the child, whatever the system and the key adults around the child at that age, that's who you work with to try and facilitate change. You know we don't tend to subscribe to a within child deficit do we and we try and change the child and plunk them back in the same context. That's not the way we think about things we think about things systemically and how all these interacting factors influence this child. So, it's the same thing. It's the same thing, just at birth to two, the context and the adults around the child are the parents and the caregivers. So, you're just applying that same theory of you know, how a child develops in a context, to birth to two. But there has to be parents and carers for that is, that is their context.</i></p> <p><i>So, I remember when I had my children, I went to a workshop where they (midwives) were telling me, you know, this is what the different colour poo means. And this is how you wind them. And this is how they cry and all of this. And I thought to myself, you know what nobody ever told me...how to play with my child or how to talk to my child or how to interact with my child.</i></p>
<p>(Why wait?)</p> <p>Even earlier intervention</p> <ul style="list-style-type: none"> • Time points of early intervention • Early intervention within early years setting 	<p><i>I think there's kind of, there's so much room for like I said expansion, particularly with the kind of nought to twos and thinking about, you know, intervening even kind of earlier.</i></p> <p><i>So, we're kind of mainly focusing on around looking at kind of what are their needs now and how can we kind of inform that sort of transition. But you know it starts much earlier than that really and, like with sort of, flying start and they've got all the kind of, you know, the infant mental health and being able to do that work with, you know with expecting mothers.</i></p>

- Early intervention prior to early years setting
- Widening our perspectives of what is considered the Early Years within the profession
- Constructs on early intervention
- It's a unique time to support
- Room for expansion
- Closing the gaps of support available for infants
- Using EP skills to support prenatally
- Earlier intervention before things become embedded
- Involvement before a problem has emerged
- Making infants more visible
- There are different stages within the early years to consider
- Widening links for this age group
- An important time when early foundations are being built
- Preventing later difficulties
- Impacts that have the potential to last a lifetime
- Early intervention is hopeful
- A new world of possibilities
- Helping to fill in a provision gap

yeah, do pieces of work with, parents on their kind of journey around, kind of, you know, when they start parenting and kind of, you know, what to expect.

sometimes parents don't know the importance of getting down on the floor with their child, talking directly to their child, playing with them no matter what age they are, you know? So, from birth that eye contact, that holding them. So, I'd really like to get involved in kind of prenatal training...at the understanding of...you know how important that relationship is and that kind of that bond.

I think what would be high on the agenda, more work with health visitors and midwives and just more work in that kind of very early stages, so like you say zero to two, more work there and you know the prenatal stuff as well.

Well, I'd love to be even earlier on, but I just think that, you know, there is a growing kind of realisation now around the importance of the early years. And I still think we need to promote that even wider, particularly for those that are working every day with our little ones (...) they are building future generations, aren't they.

I think that the role can be you know go much younger, prenatally even and working with families before children are even born.

I see the possibilities of as early on as possible.

I think closer work with health visitors and midwives. So, extending it down right to midwives.

I think EPs have got a lot to offer. I think they're quite an under tapped resource with regards to zero to two

We've got a real deficit or gap, I think in Wales and across the UK, I think with regards to the support we offer to infant, babies and infants in the in the first two years of life (...) where do these children get their intervention and support?

We don't tend to get involved in the main until there's a difficulty that's been observed within the child. So, you know, a behaviour becomes difficult to manage for a parent or there's yeah, there's difficulties with the child transition into school or, you know, the child has got an additional learning need so we are asked to become involved, to kind of, you know, help make sense of those needs and what a child might need, to go into a preschool setting.

I think there's a missed opportunity there to actually be involved at that really preventative early, early intervention age...I think there's lots of gaps, you know, with regards to provision for 0-2s in general in the fields of educational psychology, clinical psychology, you know. More kind of maybe the more specialized support. So yeah, there's a massive opportunity there and I think we've got really good skills to be able to fill that gap.

EP services linking in with maybe practitioners who do have that, who are, working in that age range, you know, with families with babies and infants 0-2, for I don't know, joint working group sort of, you know, supervision sessions, etcetera

	<p><i>There's, there's an appetite out there for support in 0-2, and people do understand, lots of people do understand how important it is and that it is worth investing in, but they don't necessarily know what that looks like and how to do it.</i></p> <p><i>What I think would be absolutely amazing would be if we could be involved in before the children are born... prenatal.</i></p> <p><i>We do have an early years team, but again, that's when we say early years that kind of covers the primary ages, so, so really, they're not, they're not like tiddlies.</i></p> <p><i>Background wise I didn't have much hands on experience of working in the early years prior to doing my training as an EP and when I think of kind of the work I was engaged with during my, you know, placements on training and when I became a main grade EP for a local authority, I did no work with the under twos, you know it was, like nursery or preschool or that transition from preschool into nursery</i></p> <p><i>EP's do have a lot to offer this age range because, like I said, we've got that training in attachment theory, child development, therapeutic approaches to working with families, facilitating change. We've got all that. And I think that is a really great solid foundation of skills, knowledge and training to bring to this age range.</i></p>
<p>(Building capacity for work with infants)</p> <ul style="list-style-type: none"> • Specific interventions to support infants • Early intervention through education • Developing understanding of the importance of parent-infant relationships • Supporting links between people around the child • Supporting others who support the earliest of years • Providing more support to those who support infants • Psychological support • Working with key adults within the system • Developing understanding of terms relating to parents and infants • Developing wider understanding of developmental trauma and wider stressors on development 	<p><i>I think that people need to understand what we mean by the nought to two age range, the importance of it and how we intervene, how we can support parent infant relationships in that time, at all levels. You know, we're talking universal stuff, targeted stuff and specialist levels.</i></p> <p><i>I think probably it wouldn't necessarily be kind of us as an educational psychologist doing that piece of work, but we would be supporting other agencies as they're doing it. So, people who have got the time to kind of be support workers or visiting regularly... they can kind of bring cases to us and we can then kind of discuss with them, and you know. Give them ideas or ways of working or approaching kind of difficulties.</i></p> <p><i>So I kind of see our role as more kind of either training in terms of you know, staff development around kind of particular areas of additional learning needs so that they're kind of these kind of agencies that are working with families kind of know a bit about what they're dealing with, but also kind of training around other sort of issues around working with parents [...] or training about how, you know, our understanding of the kind of issues that these families are facing.</i></p> <p><i>supporting the staff in terms of like supervision around how it is for them working with families because it can be really challenging for them. You know, just kind of see and hear and experience some of the stuff that the families are going through.</i></p> <p><i>It's about, you know, either kind of like their training their skills and then kind of personally how this work affects you and kind of what's going on for you in your life.</i></p>

<ul style="list-style-type: none"> • Developments to initial training for wider professionals • Developing awareness of the importance of the first 1000 days • Helping people to see from a different lens 	<p><i>There could be kind of particular agencies or something that might be more kind of specialist in one area but not sure about something else, then kind of just helping them say providing that kind of drop in service or, um consultation or any advice or something for other agencies, volunteer organisations.</i></p> <p><i>Supervision of the parenting team as well, because it's no easy task is it working for us all, to work with parents and how they ask questions about ALN.</i></p> <p><i>Settings feel more empowered to not think they need the EP like in every term for that child that they could just ring up or ask a brief question and get on with things more themselves and do the TAC themselves so that there's more independent and confidence.</i></p> <p><i>It's something I would love to develop if we ever increase more capacity in the team is maybe more of like a more formal coaching, supervision model for certain teams and staff.</i></p> <p><i>I hope for the future that it's it's going to get more systemic around how we can support and enable those who already best place to support the child because you have to kind of reflect on the value of how much we can achieve or accurately hypothesise or collect information on when you know the, in the grand scheme of things, we wouldn't have time that we might have done when I was on training to go and build those relationships and rapport and when we've already got people there to do that. I would see our role becoming more around facilitator and enabler through sort of supporting each other through psychology going forward.</i></p> <p><i>I do think as well then maybe that needs to be built in more to things like initial training.</i></p> <p><i>Just any kind of initial training course where you're thinking about working with parents, children, families, humans, other humans? I think an element of child development in the first thousand days or nought to two needs to be an integrated part of that... I think the more that we can help people see things through that kind of lens, the more we're able to, you know, really intervene early, it's like real early intervention.</i></p> <p><i>Everyone and anyone who has any kind of contact with nought to two year olds would have a foundational understanding of early child development, the importance of parent-infant relationships on early child development and well-being across the lifespan so, it doesn't matter if you're working with a one year old, a 10 year old, or a, you know, an adult, you understand how humans develop. You'd have a, you know, a really basic, it could be just a basic understanding of how humans develop in a context. The importance of that parent infant relationship and just maybe a little bit of an idea of what you would look for if things weren't quite going, you know, going to plan with that.</i></p>
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RQ3: What factors can improve EPs work with 0–2 year-olds in Wales?	
(It takes a village)	<i>Making sure that there's a really robust way, framework of practice that the team follow when they deliver interventions to make sure we provide an equitable service for families, to make sure that the, you know there's you know, it's good quality interventions.</i>

<ul style="list-style-type: none"> • Strategic influence • Strategic support and structures • Collaboration with other Local Authorities • Flexibility to create new systems for Early Years • Bringing agencies together • Time and capacity as enabling factors • Containment in the system • A commitment to the early years • Value in the services that are offered • Value in the EP role • Removing barriers to access • Roles that have been negotiated • Having autonomy and flexibility • Guided by the codes of practice • Systemic barriers • Specialist early years roles • Others having belief in your ideas • A supportive team • “Buy in” from others • Robust models of practice • Developing early years policies • Working across services within the Local Authority • Widening access for requests for involvement • A commitment to prioritising this work • Creating equitable services • Time to engage in more preventative work • Commitment to services for the Early Years • Working as part of a multiagency team • Being in an ecosystem of support 	<p><i>I suppose it's just having that psychology led model really embedded in the service. So, the role of the educational psychologists in this service is a very, I probably would say, a well-established and well regarded role.</i></p> <p><i>I would kind of often attend to sort of more strategic stuff across the inclusion service, but also you know the directorate in terms of that focus on early years as well.</i></p> <p><i>I think people feel proud of being part of psychology led team and value the input of the educational psychologist with regards to formulation and supervision and training.</i></p> <p><i>Having a really supportive, line manager and working in a system where there is funding for training, um you know that's not the same everywhere.</i></p> <p><i>I think that's what's lovely about our nought to two ranges you can, you've got this field (infant mental health) that brings all those different disciplines together that yeah, really helps you support nought to two year olds.</i></p> <p><i>There are still ongoing concerns and there's a question mark of ALN, then the early years EP would contribute advice to that process and be part of the IDP meeting and process for that.</i></p> <p><i>People seeing us I suppose, sometimes as key reassurers.</i></p> <p><i>I think there's value in that they like to get that advice specifically that that they have spoken to a psychologist, and this is what they've advised.</i></p> <p><i>In terms of valuing our role, I think I think they do value our role, but I don't think they know why. I don't think they really know what we do.</i></p> <p><i>I feel really fortunate that I'm working in a context where you know, we do have access to really good quality training, and I have my own budget for my team so I can research really good quality training and bring that into the team.</i></p> <p><i>I'd say they are the things that facilitate support. The system, you know, systems support, funding, training. All those things.</i></p> <p><i>People understanding the importance that it is part of policy and practice, that there's an investment in training.</i></p> <p><i>Having like I mentioned a really robust sort of model and systems to keep everyone, to keep everyone safe.</i></p> <p><i>Psychologist role within the early years team at a very basic level, that's got to be, that's got to be in place.</i></p> <p><i>Obviously, there's limits isn't there to what we can do in terms of funding, resources and people and other priorities as well.</i></p>
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We would need a commitment, I think, you know from Welsh Government to really think about babies and infants in policies. You know, there is a strong commitment to support early years and I think there is a recognition that the early years are really important. But so much of it still seems to be focused on kind of yeah, like I said, from entry into the like nursery or schools. Oh alright, maybe early years settings but it seems to be from there on.

I think just knowing about the child in the first place.

I have (time allocation) of my time dedicated to early years. So, the way that that works here is it's funded by flying start.

When I think about it in the cases I've done, it has been extremely powerful (VIG). But I think you know there's only so many cases you can do that for because of the time that you've got.

I think I've got a bit more flexibility than most EP's (...) So sometimes the roles cross over because if I'm sort of working with a family that has been highlighted through the psychology service, but they're kind of Families First are also involved (...) I can then become involved with that, which may be an opportunity for me to do more in depth work like the video interaction guidance. So, then I can, I've got more time to do that, or the circle of security, parenting or something. So, I've got more time than you know, most EP's to do that kind of work.

I think that's and then being able to have time to be able to link with all the people that are involved and join, do that kind of joined up piece of work in a case of who, who's doing what and kind of how can we kind of pull this all together.

So yeah, I guess in ideal world, you know people would kind of be providing us with really good quality information and there will be clarity about, you know, who's involved. I'd have to spend my time kind of chasing people around, kind of like, you know, what's your involvement and what have you done and kind of where you at with this. And then we'd be able to put it all together and then we'd have a really sort of clear kind of idea about who's supporting the family to do what and what else is kind of needed. And then we could think more creatively about kind of actually sort of delivering these interventions and perhaps, you know, we may even be involved in doing more kind of like psychological interventions or more kind of direct work.

I think having time to kind of do them, you know, trying to think about how our time is spent. Is it spent kind of on, you know more systemically or more kind of on casework, because you know kind of how do you manage that kind of that balance between making those systemic changes but still being involved where needed in kind of like case by case.

We've been in awful kind of low capacity situation, so last year, last couple of years, it's just been me doing early years work, but it became just too much.

I dedicated a lot of time to that, so you know that's always, that's always a factor.

Being able to have an input strategically. So being able to, you know, uh, be involved in how things are structured and bringing in new processes. That's really supported because you can really bring in the educational psychology bit then or the psychology bit.

Being able to be involved in that (strategic level), but also alongside and I suppose that wouldn't have been as helpful had I not been on the operational level as well. So, because I was doing the casework as well and kind of on the shop floor, so to speak, you know, um, I have that understanding of what it was like at that level as well. And I suppose again, with the background and experience you get, I suppose I had a bit of a picture of how it was at all different levels.

I mean what I find most helpful is when I link in with other local authorities. So, I do that on quite a regular basis. So, I either join a regional. So we've got like a regional meeting between (LA names) and we meet regularly, we as EPS and ALN lead officers and that's really helpful in terms of understanding how other people are functioning and what they're doing and that supports my role because it gives me more kind of confidence in what I'm doing.

You got the wider regional meetings. You know where you talk about the more kind of strategic things and you keep up to date with all the new legislation, all of that and the interpretation of the new legislation and all that sort of thing you know.

Time and people... and training.

We kind of don't really have capacity.

I just think having the support of senior management as well is really important that your local authority values that team.

So anyway, they've got systems and as you say resources in terms of time and people behind it.

So yeah, just finding spaces anywhere really that's accessible for parents.

I think it's ensuring that as psychology service, we can offer that time to link in with the early years team and to be involved at that strategic level... but also to be involved at the operational level as well so we've got that understanding of what's happening at that level to then inform what we do in terms of processes and what we prioritise and what we work on.

So being able to have somebody...who can bend the ears of that senior management team and get funding you know.

I've got quite a discreet and different role to the school based EPs

It's just at the moment we haven't yet because it's a capacity issue.

There is more finances backing these things which makes a difference.

I'm given a pot of time for early years that are principal and deputy principal are very flexible as in they trust you to get on with what you see as the priority.

So that makes a difference, like senior leadership in an educational psychology service valuing early intervention and prioritising an Ed Psychs time to do that.

And then from the local authority perspective, there's a lot of respect for Ed Psychs and they value our contribution and the way perhaps we navigate situations or try to solution focus things forward for them because they may be the money holders, but unless they're informed as to the best ways to use funding, which often we have because we're on the ground. So a local authority that is receptive to the EP's view is helpful.

I have the opportunity to do whatever is needed, so if I see a need, my service will just support me if they can.

I think we've got a really robust model.

So Senior leadership trust in your judgment.

We're very flexible in trying to think about what are the child or the family's needs at this time, who is part of that system around them, who might be best placed to do certain actions at a specific time.

There's structural and systemic things in terms of support from, you know obviously like senior leadership people buying in and believing in your ideas from that outset, to even being able to do a model like this.

So, you've got that element of that more structural support that you need and you definitely need support from other people.

Obviously, the classic things around having the capacity and the time.

Obviously you need staff, you need time, you need capacity, you need relationships, you need people to be able to collaborate.

The way that we've been able to have a team is through, in a sense, working with other teams to secure funding, where we can work together across teams...but we don't all sit under their EPS as such.

The biggest thing is having those systems and support structures in place.

I would add to that is working as part of an ecosystem, so not kind of being a separate little service or team. But being in a really integrated part of a wider support system...

So, it's really about being part of that ecosystem because if we, you know, one of the main theories we draw from is that eco-systemic theory of child development and we know that we can work on, definitely work really well on supporting parent infant interactions and relationships, but sometimes there's external stress, for example, money worries, housing issues. All these environmental factors that really can get in the way of that parent infant relationship and we need, you know we need to sometimes get those resources and supports in place for a family.

There are lots of other factors that impact on the parent-infant relationship and mental health (...) such as the parents, own experiences of aces and developmental trauma and the stresses that they may be under in their environment, like poverty and racism and housing issues.

It's having the autonomy and having, like I said, some of the money and budget.

I think continuing to operate a psychology led model is really effective as well because it allows psychology to umm, reach a wider range of families.

Helping to support change at that wider level. So, like I said, staff training, consultation, but also influencing policy and practice at that all Wales level so that the importance of the 0 to 2 age range is recognised and properly resourced and funded so that all families get that equal access really to parent infant relationship support at whatever level they need it.

Whether there does need to be kind of ring fence time or maybe a named posts kind of specialised posts...And I would say even more specific than early years EP that it's, you know, first thousand days EP...I'd say 0-2 year old or first thousand days EP is because otherwise early years. You could mean 0-7 years couldn't you and it, then you're in a different, you're working within a different system around the child then.

Part of my role then I link with other local authorities...So I get really get ideas of what, how other people are doing it basically.

It's about liaison with health visitors for them to recommend it. And so, you rely on all of these different people don't you, to get the word out there.

We're lucky not to be, not to be restricted by any of that (traded services).

Being involved in a kind of wider way at this level with things like that, so thinking about policy and practice across Wales when it comes to parents and infants in the First 1000 days.

I do the kind of strategic links with the early years professionals... So, I consult with people and we agree and collaborate and say, prioritise, you know with these are ones that will be helpful to have EP... those bits of casework are more generic, so they're the ones that are kind of low level early intervention. And whereas my role focuses more on the specialist intervention. So, the higher level complex needs children.

If we just say early years, there's lots more early years EP posts, like Flying Start, EP posts, etcetera.

I would love to do kind of more strategic systemic work, even kind of work around policy work, because I think ultimately there if there are things in place, even if we're doing things on the ground, if there's wider systems in place that could be barriers for a large group of

	<p><i>children or families, then there's only so much that we're going to be able to do as well. And sometimes we need to change the wider level before we can have the impact that we would hope for on the individual level.</i></p> <p><i>There's this tension between doing something that can meet a lot of needs all at once, but knowing that children are extremely individual with very individual contexts.</i></p> <p><i>I think being part of that ecosystem of support around families is really important.</i></p> <p><i>I know that in (LA name) we've got a really strong lead in the early years who's you know, she's got really good relationships to the senior management. So, I think it's really important that you have that. That that team is valued within the local authority.</i></p>
<p>(It's a passion)</p> <ul style="list-style-type: none"> • Juggling differing and Multiple Roles • Dividing time • Specialist Early Years post and main grade post • Multiple roles that are interlinked • Early Years work as a separate and distinct role • A need to juggle different demands • Gaining feedback to evaluate work • Shaping the service for the early years • Creating a more equitable service • Working within a different system • We need to challenge the status quo <p>Personal Qualities</p> <ul style="list-style-type: none"> • Raising awareness • Continuously reflecting and evolving practice • Measuring outcomes • Developing psychological models that strengthen practice 	<p><i>I lead the team. So that includes, managing budgets, managing staff development, training, and, leading, you know, deciding on the way we work, the way we operationalize our service, and the model that we use, the ethos of the team, all those kinds of things.</i></p> <p><i>I see myself as having those 3 distinctive but it interlinked roles (...) it's yeah, tricky to find the right balance between those three different roles sometimes.</i></p> <p><i>Most of my time is spent with the early years.</i></p> <p><i>The other half of the time... is for families first.</i></p> <p><i>reading the lovely feedback the parents give, I collate that at the end of every month and it's so lovely to read all the wonderful feedback.</i></p> <p><i>So, lot of my responsibility is strategic as well in terms of trying to get a good system up and running.</i></p> <p><i>A large percentage of my time allocation is for early years work.</i></p> <p><i>Some of my role is early years, but then I also have a main grade element to, my role where I cover the schools.</i></p> <p><i>So, with my role, it's split into half.</i></p> <p><i>The other part (of role) is kind of the more strategic.</i></p> <p><i>Purely early years (...) like I said, the majority underage three, so some will be up to five if they're not yet in a nursery school place.</i></p> <p><i>My role would be a lot around the planning and sort of allocation of initial consultations, the looking at kind of our how we're shaping the service delivery and evaluating our impact around that as well.</i></p> <p><i>It's such an infant model... So, there's a lot of that development work.</i></p>

- Looking for opportunities for this work
- Creating a network of people
- Clear communication about what is needed
- **Challenging the status quo**
- Creative ways of securing funding
- Sitting with uncertainty
- Intention to make changes
- Moving with the times
- Give it a go
- Moving from homeostasis
- Engaging in creative working
- Shared values and visions
- Developing passion for the early year's
- A sense of privilege of being involved at an important time
- Playing and having fun
- Our inner child
- Having the energy
- It's a way of being
- Passion for the role
- Belief in self and values
- A belief in early intervention
- Passion for working with families
- Utilising skills to support multi-agency work

What we try and do is make it more equitable and I think that's probably one of the things that that you know we're working towards is that these flying start areas get a lot more than other areas and it's a bit like a postcode lottery, isn't it so, although I'm funded by flying start, I do try and do it so it's more equitable, but that's essentially how my role is funded.

I've always had a very good relationship with (EP colleague), and so that's helped to provide an equitable because flying start isn't equitable, and we know there are children in severe deprivation and families who should get flying start and they don't.

We work together in order to ensure that everybody is getting the same Ed psych service from a strategic level.

So, there's equity for non-flying start and flying start with regards to the service that they get from an educational psychologist.

We used to only work with flying start families, but now we work with families across the LA.

We also have that wider, less direct work, so things we've actually developed kind of a model and a way of working which meets the needs at all those different levels of work.

What I value is obviously being able to do things at an early stage that can have long lasting impact on development much later on in life.

I really value that really privileged opportunity to be part of someone's journey as early on as possible.

What is different about the early years are the very different systems and different teams compared to schools. So, you're trying to bridge your understanding of the school systems into the early years and how that's important for transition linking with the local authority so that they know who's coming into the schools, what sort of level of support they're going to need, what training needs that school's going to require.

Play is a really important part of learning. So, it brings the opportunity to be creative in a different sense to what you might work later on in the ages and stages.

It's the clinical case work and the other stuff that is also really exciting, and you know it is, I don't know, keeps me really passionate and motivated about the work, it's the clinical casework.

Being able to create a little bit of space for myself as a practitioner to be able to do some of that ongoing work with families as well. It's been a really lovely, added bonus I think to my role that, that I've carved out for myself, and I think it's really important.

That EP's have confidence in the role they can play with regards to that 0 to 2 age range. And actually, you know, try and proactively seek out casework sometimes that where there is a difficulty, but you might not be working in a context where you are directly going into homes, for example, but how would you know if you are working with a parent who has an older child who says that they are

also struggling with their 18 month old, you know, would there be able to be a conversation there about an opportunity to do some of that work in the Community in the home that would help the whole family system.

You know, just do it.

And then just, you know, making sure that you always want to move things forward and make things better so it's not accepting the status quo. You know, it's not good enough yet.

We can support the needs of a large percentage of our early years population without having to have referral forms and do direct work, which the more direct work you do, it reduces the capacity to do the more strategic to help more.

How do people balance that against all the other, maybe the things that have been well established and really need to continue. And that is a challenge.

It is amazing work. It's the best work that I've ever done as an EP and I love it because it's just that early intervention, that opportunity to work with children and their families from the very early stage in their educational career.

It's a real privilege to work with families.

You do it because you care, you're interested, you enjoy it and you'd keep developing as an individual, so you try out different things.

It's ever evolving. It doesn't just become stagnant because systems change. People change. You have to keep moving forward. And I guess it's a lot about being driven.

It does take a certain level of, well, initiative, confidence and obviously organisation.

We know what we need to do. It's just a matter of doing it.

There's lots of lots of things we want to do. I think we're getting there. You know, I think we've changed a lot in the last 3-4 years. And particularly with the new code of Practice now, we've kind of capitalised on that saying yes, you know early identification and transition are really key.

Just having that support and belief to just sort of, give things a try...and maybe not just do things just because we've done them before, but think about ways that we can develop... I think we're got to be kind of, be comfortable with getting rid of previous expectations or things and working with others to trial what might work.

You need to be brave. You need to have that belief in your vision and your values, and know that things again like I said, they don't happen smoothly.

I think sometimes there is a temptation to do things because they're easier and you have to kind of be the opposite of that sometimes, which again, if you haven't got time or capacity, that's where things outweigh.

The things that have enabled really, are trying to move away from thinking of things in sort of more standardised ways.

I think that you need a huge element of creativity and, it sounds silly, but an ability to be silly as well.

You have to have that level of creativity, that flexibility, that adaptability

You've got to be kind of a really good listener and an observer. There's always a temptation to jump in too soon with things.

I think you've got to be very energetic. You got to be driven. You've got to have the ability to think very sensitively and seriously on one hand to support, but the ability not to take yourself too seriously as well in terms of that play and interaction.

You've got to really value early relationships and attachments, and I think you've, yeah, in terms of your knowledge and experience, I think that so much of what we draw on is around attachment theory.

I think what I became fascinated about was, what often seemed to best support these children, were kind of working at those early stages of communication.

You need a passion for that. You need a passion for enjoying and working with little children and parents.

Arguably parents and carers, at this stage will be working more with them than you will with the little ones on occasion and um I got, definitely got that passion for supporting families, parents and carers.

I think that particular passion for early relationships, working with families and play, fun, being a child yourself.

I think generally quite solution focussed and an optimistic person, who is maybe comfortable with being uncomfortable.

I think we can do a lot more to be bold as psychologists to kind of shape how our children grow up in the future.

Instead of waiting for, you know, someone to ask, you just set up one of these groups. Just set one up. And then just carry on and keep going, keep going and then other people become interested. And then someone says, oh, you should come to this meeting and oh you should talk about this.

Being really clear, I think about, what, what you're asking for. It's something, I've learned because you can talk to people as much as you want about the importance of the first 1000 days...but unless you then sort of formalise that into so this is what needs to happen next.

I think it's having people around you who you feel you can talk to and can support you and you know, help you on the journey.

So, experience is one of them I guess, having had that kind of background in early years.

I became fascinated with communication, which then looks at how that develops really early on, which then led to kind of even being fascinated with babies development.

I think continuing to work at those 3 levels is really important so, doing the therapeutic work so you keep those skills. And you understand the case, you know, when your supervising practitioners, you understand all the amount of you know the emotional investment you have in families and whole stressors around that, so keep that going.

I suppose you all as a team have to sign up to the same values and vision and know where you're going as well.

There has to be that shared understanding what everyone's trying to shape.

Developing and Reviewing Themes (Phase 4)

but also you know the directorate in the LA Factors

ings that that you know we're working e a postcode lottery, isn't it so, essentially how my role is funded. Factors

aining, Elsa supervision and training

vice from a strategic level Factors

hey get from an educational Factors

ng all day long in, you know, child ship building and that's to do with litate change the language we use. The trustworthy and safe

ventions. But there's a big part of the y relationship, working therapeutically

ve can sort of, you, you know, apply

usting relationship

working with the parent and infant esed, strength based intervention...

by coping and kind of what's, what's (pushing boundaries)

solutely fantastic

hem understanding, it's about and what your role isn't as well.

Relationships support engagement

- It's a different type of relationship when working with parents-
- Providing reassurance in the relationship
- Utilising person-centred principles
- Utilising strengths-based approaches as tools

Providing containment

- Facilitating a containing environment-
- The EP as a model for others
- EPs as the "container"
- EPs as an emotional support
- Providing a safe base for parents
- Containing the caregiver by identifying strengths

Support the Parent-Infant relationships

- Developing understanding around parent-infant relationships.
- Working therapeutically with parent and infant
- Use of specific interventions to support parent-infant relationship
- Advocating for the importance of parent-infant relationships
- Supporting attuned interactions through video feedback
- Changing interactions between infant and parent

you can really get them on board and because of that area families tend to talk and if you do a good job by one family that gets known and so you tend, they tend to trust you despite the label that we have the title we have as a job. They overcome that because of who you are or who you've worked with or that sort of approach.

Relationships are the key, aren't they in everything but in the preschool role, you really get that opportunity because some settings you will dip in and out of a lot more.

And you can see it when you go back in, you can see the changes that they've made and you think, oh they really have taken this on board and because they trust you, they'll tell you things that I'm struggling with this. What do you think we should do, is there any ideas you've got? And it's very collaborative with them.

we're very, use that kind of solution focused model to consultation factors (values)

That's very much used to try and empower parents from the outset, and so the intention is that that helps to empower parents by giving some advice where possible

We got really good, excellent sort of collaboration with all teams across the inclusion service and I suppose that's even more developed around the school systems just historically because it's been that way factors (systemic)

that's something that I really value within my role as a psychologist. I suppose particular to the early years would be the relationships that you have with families in a different way

we take that very sort of person centred, strength based approach to that consultation factors (values)

You have to start with that building, that therapeutic relationship

the two things are important is like the building therapeutic relationships to facilitate change. So I think with that I had, I was really confident in my skills with that, I think from my doctoral training and my previous experience of working in schools and then I suppose it was just the applying psychology bit.

I think just hearing mums story you know really trying to connect with her and provide that reassurance. Mum was quite anxious herself and wouldn't really leave the house so just, trying to kind of you know build that relationship and help her to start thinking about what's useful for this, for her, for mum

Mum felt really kind of reassured that we really knew and understood this, this child and what their needs were. Trying to help mum feel more confident about the relationship that we were building. Arranging kind of a number of visits to the house to kind of build that relationship

("We can push the boundaries")

Working with wider systems: Early Years settings and beyond

my role as an educational psychologist in the team my role is to go into the family home with the practitioners in the team direct casework, it would be going into the family home to deliver kind of therapeutic interventions

opening access for families of EYs professionals

- Supporting family wellbeing
- Keeping parents' perspectives in mind
- Providing reassurance to parents
- Providing knowledge to parents
- Building support around families

Typical core function of EP within the Early Years (assessment, consultation, intervention, formulation, supervision, training)

- Providing training to develop understanding
- Specific intervention aimed at the earliest stages
- Typical function of an EP
- Using observation as a tool
- Identifying needs and hopes
- A facilitator of change
- Influencing change at different levels within the system
- Engaging in clinical casework
- Working directly and indirectly with people
- Assessment tools aimed at infants
- Applying Psychology with children and families. *AN*
- Supporting the statutory process
- Using models of supervision
- Adapting graduated response models used in schools to early years systems

→ Developing understanding of the infants different contexts

part of my role would also be to clinically supervise those interventions. (Building capacity)

we primarily work through consultation. And so I'd usually arrange to see the child in wherever there at if they're at home or if they are in a setting already, some kind of childcare setting and do an observation and play-based assessment

I find it's an opportunity, as well for parents, to just to support them emotionally because that's sometimes they've had a lot of very disturbing or kind of upsetting things that happened that, um, that just having someone listen empathetically to, to them and support them in that and in recognizing those feelings. What it must have felt like and, and kind of, you know, helping them to kind of tell their story (relationships)

I think that's, that's a big part of what I do, is get the kind of the developmental history and the family story, really, to find out, you know, how we've got to where we've got to now, and then trying to understand what is the situation now (Building capacity)

maybe a more discrete piece of work to try and understand, you know, where they're at and kind of inform sort of transition process (Building capacity)

so just trying to build a team around that kind of that family, really thinking about who else needs to be involved, linking in with the settings to talk about a kind of transition process

I'm quite big on sort of you know trying to understand the context really kind of the child's experiences (Building capacity)

I really kind of want to get that context. What has this child experienced, you know... what does that mean to the family? You know, how they coped? What have they, how have they managed? So, I kind of try and get more of those kind of like discussions and factors... it's kind of what's the story behind it? What's kind of happened? What have you, how have you experienced that, and kind of trying to look at their kind of resilience and the family's resilience (Building capacity)

I do the kind of strategic links with the early years professionals... So, I consult with people and we agree and collaborate and say, prioritise, you know with these are ones that will be helpful to have EP... those bits of casework are more generic, so they're the ones that are kind of low level early intervention. And whereas my role focuses more on the specialist intervention. So the higher level complex needs children. (systemic)

I think, what I also enjoy about that aspect is the working with the parents. So, the parents become really, really key. I mean not that they're not key in my main, you know, schoolwork, but you tend to link with the parents much more closely.

it's about empowering parents, working with parents and saying, you know, you can do these things. These are things low level things that you can do that that kind of getting down at that level

in that situation it was just about bringing all of the different agencies together like parents were really kind of talking to that person talking to that person talking to this. You know, millions of different people saying different things to them at different times as well. So I felt like part of my role was going to be right to bring everything together. (systemic)

So the cousins were then playing with him and you could see what he could do and you know some, I think some staff wouldn't have seen that before because in a creche situation, they weren't necessarily putting him in those situations. But

- We are the non-medical voice ~~within the system - consideration to wider factors~~
- Clarifying expectations of the EP role
- The EP as a model for others

Reframing and reconstructing perspectives

- Changing people's perspectives at an early stage
- Exploring underneath the surface of a behaviour
- Widening the lens in which we see
- Widening perspectives of behaviour
- Developing understanding and different response to behaviour
- Illuminating new ways of seeing
- The power of reframing

Relevant paradigms and theories for the Early Years

- Influential theories underpinning practice
- Influences from infant mental health and wider disciplines
- Considering the interactive factors influencing the child's development
- Giving the gift of psychology
- Drawing on eco-systemic theory
- An attachment and trauma informed lens
- Supporting parent-infant relationships underpinned by attachment theory
- Play is at the heart

Play & Learning

- Empowering those who support others
- Supporting those who support birth to twos

infants

Theories: Play, attachment theory, trauma-informed, infant-mental health of development. neuroscience, early communication, eco-systems

The focus has been when a child goes into a setting, I guess. So yeah, so the baby room project at the moment is about working with settings, but there is a parent one as well.

to help the practitioners in the team formulate a personalised psychology informed intervention

my role would be to kind of quality assure those pieces of work. Make sure they're informed by really relevant and up-to-date psychological theories and evidence.

Help practitioners to write reports at the end of that intervention and sort of just, you know, quality assure and counter-say those

about supporting and influencing other practitioners understanding and supporting them with regards to any work around parent infant relationships or parent infant interactions, they might be doing

how to make sure there's those psychological, theories, ideas, research, you know, that we can sort of filter that through other people who support parents and infants as well

that's the bit of the role that is, it always comes back to with regards to any kind of training we are doing, any changes we making within the team any, any reflections we have about the way we do things or the way things need to be, you know it's always about what would help the practitioners in their role? What would help the work with parents and infants, particularly in that 0- two age range

I don't always get to see that piece of work in action, you know, and how it how it's going week in, week out and it's such a lovely glimpse into the actual work that's going on within the family home and how I don't know, how skilled I think the practitioners are at interacting and being with parents

there's the direct work, and then there's sort of the supporting other people in the team to do to do that work

And seeing their confidence grow with regards to supporting parents and infants

delivering training for the workforce around that (talking about parent-infant relationships and interactions)

I think it's really good way of, you know, kind of getting our role out there as well. So, parents understanding what educational psychologists do

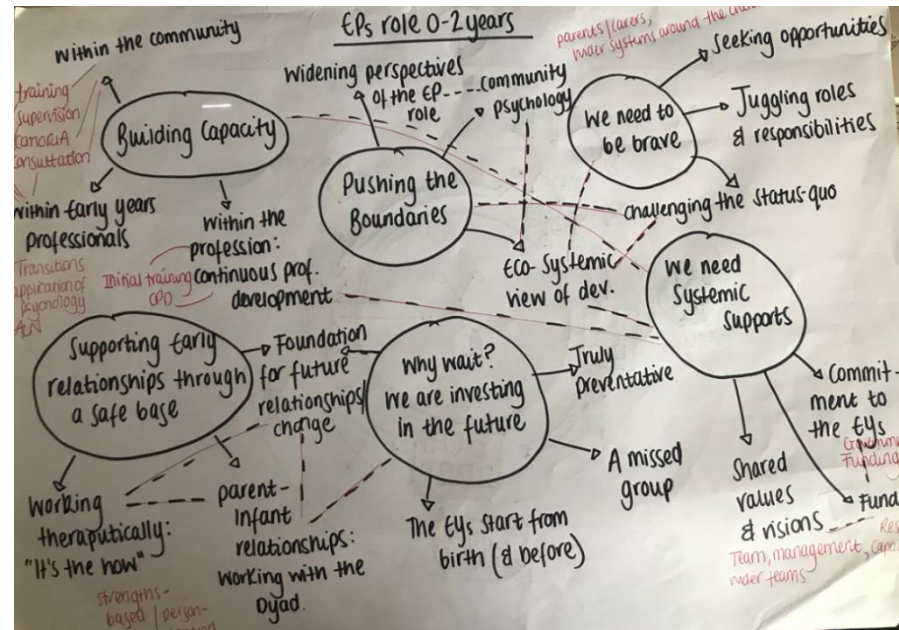
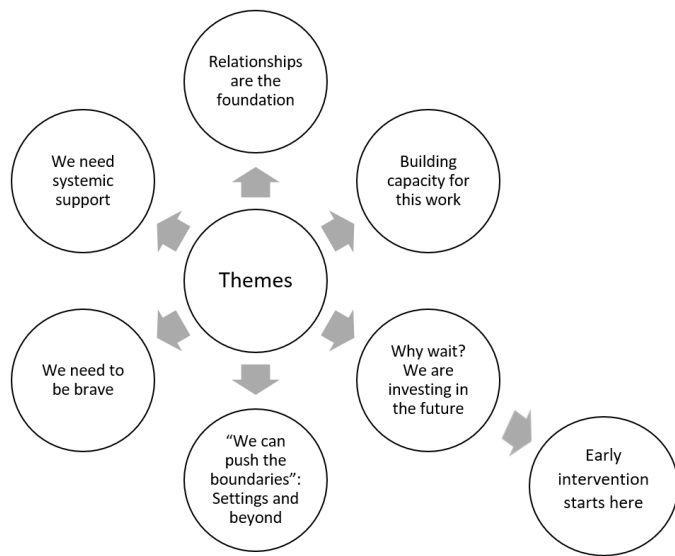
the other aspect of it I think is working with health visitors and paediatricians, and trying to also use the opportunity at this early stage for them to understand our role a little bit more as well

I think in terms of why I do it, it's about changing the system and making it better. And just improving liaison with those early years professionals and making sure we're getting that that idea of earlier identification that that's right that it's not early diagnosis, it's early intervention really, and early kind of you know helping parents to understand, helping health visitors understand, how to help the children rather than medicalising it. I think, that for me, that's the big thing.

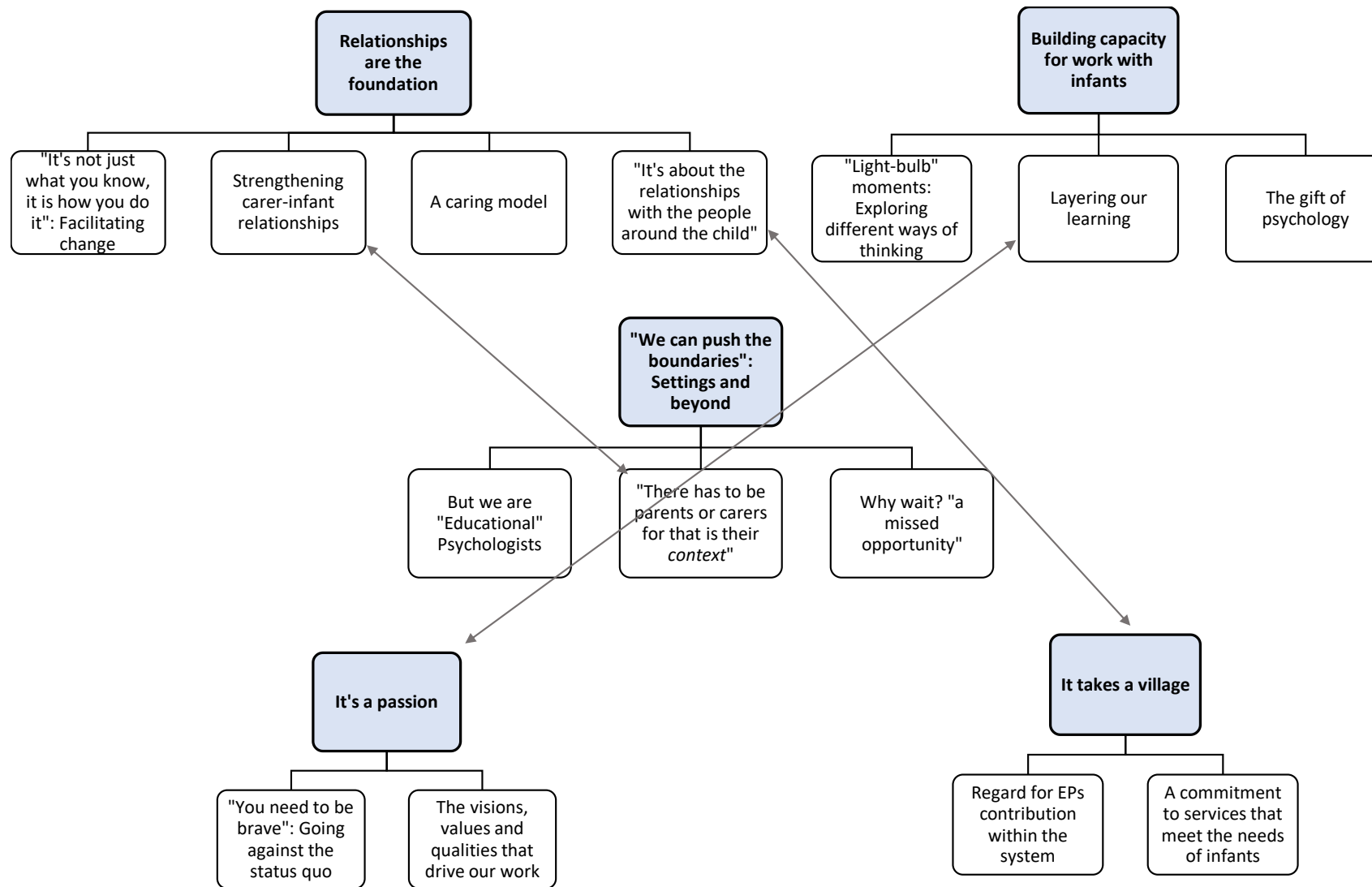
In terms of valuing our role I think I think they do value our role, but I don't think they know why. I don't think they really know what we do.

- Supporting other psychological inf
- Capacity building psychological su
- Indirect work thn practitioners
- Opportunities to early years prof
- Nurturing profes development
- Non-direct supp widely
- Psychology-led
- Empowering the early years chil
- Upskilling early developing coo system
- Supporting the to support the

There is a gap



Theme refining, defining and naming: Final Thematic Map (Stage 5)



8.13. Appendix 13: Checklist for Reflexive Thematic Analysis

(As proposed by Braun and Clarke, 2022, p.269)

Transcription	The data have been transcribed to an appropriate level of detail; all transcripts have been checked against original recordings for 'accuracy'
Coding and theme development	Each data item has been given thorough and repeated attention in the coding process
	The coding process has been thorough, inclusive and comprehensive; themes have not been developed from a few vivid examples
	All relevant extracts for each theme have been collated
	Candidate themes have been checked against coded data and back to the original dataset
	Themes are internally coherent, consistent, and distinctive; each theme contains a well-defined central organising concept; any subthemes share the central organising concept of the theme.
Analysis and interpretation – in the written report	Data have been analysed – interpreted, made sense of – rather than just summarised, described, or paraphrased
	Analysis and data match each other – the extracts evidence the analytic claims
	Analysis tells a convincing and well-organised story about the data and topic; analysis addresses the research question
	An appropriate balance between analytic narrative and data extracts is provided
Overall	Enough time has been allocated to complete all phases of the analysis adequately, without rushing a phase, or giving it a once-over-lightly
Written report	The specific approach to thematic analysis, and the particulars of the approach, including theoretical positions and assumption, are clearly explicated
	There is a good fit between what is claimed, and what was done
	The language and concepts used in the report are consistent with the ontological and epistemological positions of the analysis
	The researcher is positioned as active in the research process; themes do not just 'emerge'

8.14. Appendix 14: Debriefing Form

Debriefing Form

Educational Psychologists' perceptions of their role when working with 0-2 year olds.

Thank you for participating in this research, I really appreciated the time that you have given.

The present study was conducted to gain *Educational Psychologists' perceptions of their role when working with 0-2 year olds*. Whilst there is some research centred on Educational Psychologists work with pre-schoolers, to date, there is very limited research exploring the 0-2 year old age group specifically. It is hoped that this research will contribute to the literature surrounding this topic and help to inform future practice.

The data was collected via interview, which will be analysed by the researcher to help identify any themes within the data.

An Appreciative Inquiry model was used in order to take a positive stance towards change where possibilities for the future practice could be envisioned.

Please note that you have the right to withdraw your information from the research without explanations, up until the point of data transcription. At this point, all data will be anonymised. Data will be kept in accordance with Data Protection Procedures held by Cardiff University.

I would again like to thank you for your participation. If you have any questions or further comments regarding this study, please do not hesitate to get in contact via the details below:

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Should you wish to make a complaint about the research, this can be done via the information below:

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