A Grounded Theory of Educational Psychology Practice at 'Edge of Care'

Doctorate in Educational Psychology (DEdPsy)

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Contents

List of Figures and Tables

Abbreviations

BPS	British Psychological Society
CAMHS	Child and Adolescent Mental Health
CGT	Constructivist Grounded Theory
CLA	Children Looked After
CYP	Children and Young People
DDP	Dyadic Developmental Psychotherapy
EP	Educational Psychologist
EPS	Educational Psychology Service
HCPC	Health and Care Professions Council
LA	Local Authority
TEP	Trainee Educational Psychologist
TRM	Trauma Recovery Model
VIG	Video Interactive Guidance

Thesis Summary

Part One: Literature Review

Part One of this thesis is divided into two parts. Part A offers a narrative review of the background of the context of 'edge of care' in Wales, exploring policy, practice, and theoretical frameworks. Part B offers a scoping review, synthesising qualitative research exploring the use of psychologically informed practice to support families at the 'edge of care'. The summary of this literature review leads to the rationale for the following empirical study.

Part Two: Empirical Paper

Part Two is an empirical study which explores psychologically informed practices used by Educational Psychologists (EPs) to support families who have experienced adversity and exclusion, who are considered on the 'edge of care'. This chapter begins with a brief overview of the relevant literature and how this informed the research question. Following this is an outline of the research paradigms and methodology, followed by the findings, using a Constructivist Grounded Theory approach. A critical discussion follows which discusses the findings within the presented grounded theory and situates the theory within existing literature. This chapter ends with a discussion of the implications for educational psychology practice and policy, an outline of the strengths and weaknesses and suggested areas for future research.

Part Three: Critical Appraisal

Part Three is a critical appraisal, offering the researcher's reflections on the research process, from conception to data collection and analysis. It offers a reflexive stance on their own development as a researcher and outlines the unique contributions to knowledge offered by this thesis. This chapter ends with a description of the researchers plans for dissemination.

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Abstract

The aim of this thesis was to explore a theoretical framework of psychologically informed practices used by Educational Psychologists (EPs) to support families who have experienced adversity and exclusion, who are considered on the 'edge of care'. This study adopted a qualitative methodology using a Constructivist Grounded Theory approach (Charmaz, 2006). The researcher interviewed six EPs from local authorities in Wales. The research involved an iterative approach, oscillating between data collection and data analysis, to develop a grounded theory, termed 'BRSH', which elucidates the processes in which EPs application of psychologically informed practice can facilitate meaningful change for families at the 'edge of care'. The grounded theory posits that four interrelated psychological processes are essential in the EP role, belonging, resilience, safety and healing. This theory positions EPs as agents of systemic change, working across the home, school, and community contexts to empower families. The empirical findings underpinning this theory are presented in theoretical categories*; 1) psychologically informed practices used by Educational Psychologists, 2) empowered family systems, 3) The EP role at the 'edge of care'*. Findings highlight the significant contribution that psychologically informed EP practice can make in supporting families at the 'edge of care'. The research presents implications for policy and practice, highlighting a need for more integrative multidisciplinary working which is psychologically informed and is focused on early intervention to support families with complex needs. The current thesis calls attention to the complexity of the construct of 'edge of care' and the need for careful reflection and reconsideration of the language used when supporting families who have experienced adversity and exclusion.

Part One: Literature Review

Word Count: 11,930

Introduction

Background and Rationale

Research indicates that children who are care-experienced or on the ‘‘edge of care’’ face significant challenges, including low educational attainment and increased risk of social exclusion. Various evidence-informed interventions have been explored in research to support vulnerable families who experience a wide range of needs, including entrenched social, psychological, and systemic difficulties, aiming to improve family outcomes and family relationships. Examples of interventions include short-term residential stays (Dixon et al., 2015), multisystemic therapy (Fox & Ashmore, 2015), Video Interaction Guidance (VIG) (Dodsworth et al., 2021), Dyadic Developmental Psychotherapy (DDP) (Fletcher et al., 2023), social pedagogical approaches (Allain et al., 2023), and integrative therapeutic services (Forrester et al., 2008; McPherson et al., 2018).

The growing number of children in care and concerns for their outcomes form part of the larger context in the UK (Welbourne, 2008). Specifically, Wales has seen an increase of numbers of children in care and children being supported by the social care system (Elliott, 2017, 2020; Hodges & Bristow, 2019), with higher rates than the rest of the UK (Hodges & Scourfield, 2023; Wood & Forrester, 2023). Research has highlighted that there is a ‘social gradient’ in socioeconomic deprivation that may be driving this trend, with children in the most deprived areas of Wales nearly twelve times more likely to enter care than those in the least deprived areas (Elliott, 2020). Additional risk factors highlighted in the research include parental mental health issues, substance abuse, and intergenerational patterns of disadvantage (Melis et al., 2023). Furthermore, there is considerable variation in rates of ‘children looked after’ (CLA) across Welsh local authorities, beyond the variation led by this social gradient. Possible causal factors include variations in professional practice and values (Hodges &

Scourfield, 2023), with workers in local authorities with reduced rates more likely to hold pro-family values, respond less risk-aversely to cases, have greater confidence in decisions made by the local authority, and feel supported in practice (Wood & Forrester, 2023). Findings from Wood and Forrester (2023) suggest that consistent use of practice frameworks, including evidence-based psychological frameworks, across local authorities may support reduction of rates of children in care. The literature reflects a complex landscape of child protection, education, and family support systems in Wales.

There is a need for more peer reviewed, theoretically grounded research, to inform policy and practice in supporting children who are care experienced (Sebba & Luke, 2019). Sebba and Luke (2019) argue that there is a need for research to broaden the focus beyond children in care, as there are patterns of children who go in and out of care and children who are at risk of entering care. This research suggests that children in need, such as those on the 'edge of care', may receive less attention in research and policy than children in care, despite having similar outcomes (Sebba & Luke, 2019). Furthermore, research that is more preventative in nature, which explores interventions to support vulnerable children and families to avoid care in the first instance is crucial (Bainton, 2022; Rees et al., 2017). Sebba and Luke (2019) emphasise that successful outcomes for at risk children and young people are linked to early intervention, improving resilience, and multi-system support. Therefore, the current thesis argues that psychologically informed practice, underpinned by research, is important to help prevent children and young people becoming care experienced.

The rationale for this thesis arose from observations that there is a growing evidence base for psychologically informed interventions to support families who experience adversity and exclusion, such as those on the 'edge of care' (Cox et al., 2020; Forrester et al., 2008; McPherson et al., 2018). Literature describes the role of psychologists, including disciplines like clinical psychology, in supporting families in this context (McPherson et al., 2018;

Smith, 2016). However, this thesis will demonstrate there is currently a lack of evidence supporting the role of the Educational Psychologist (EP) in this context and how EPs use psychologically informed practice to support families at the 'edge of care'. Despite EPs engaging in work with families with complex needs, and within children's services contexts (Abraham, 2024; Allen & Bond, 2020; Carr-Jones & Ellis, 2024; Fallon et al., 2010; McGuiggan, 2021; Warwick, 2021; Wolfendale, 1997). Furthermore, UK policy and legislation highlights the importance of integrative systems that support children and families, involving multi-agency collaboration (Department for Education and Skills, 2004; MacAlister, 2022; UK Government, 2023; Welsh Government, 2016a). Educational psychology can provide a unique contribution to such collaboration (Fallon et al., 2010; Farrell et al., 2006; Warwick, 2021). Finally, practice which is informed by evidence is key in the role of EPs (Fox, 2003). Therefore, this thesis responds to the need for more research into EP practices for supporting families on the 'edge of care'.

Objectives of the Literature Review

The aims of this literature review are to scope and synthesise existing research on psychologically informed practices that support families at the 'edge of care' and support the understanding of the role of the EP in this context. The review will highlight gaps in the literature and propose directions for future research. A summary of this literature leads to the rationale for the following empirical study, exploring a grounded theory of educational psychologists practice at the 'edge of care'.

Literature Review Summary

This literature review is structured in two sections, drawing on different review methodologies to achieve a comprehensive review of the literature. Part A of this literature review employs a narrative review which will set the scene of the literature in the context of

'edge of care', exploring policy, practice, and theoretical frameworks. Part B of this literature review builds a focused rational for the empirical study of this thesis using a scoping review. The scoping review aims to synthesise qualitative research exploring the use of psychologically informed practice to support families at the 'edge of care', hoping to capture or connect findings to the role of psychologists and Educational Psychologists (EP). Table 1 presents definitions of key terms used in this review.

Table 1: Definition of Key Terms

Psychologically Informed Practice
This thesis uses the term 'psychologically informed practice' to describe a range of practices and frameworks informed by psychology (Dekker et al., 2023; Meyrick, 2021). Research argues that psychologically informed practice ranges from direct psychological intervention to indirect support through collaboration with other professionals (Dekker et al., 2023). Psychologically informed practice has been shown to be beneficial in children's social care (Meyrick, 2021), particularly in the form of psychological consultations, assessments, formulations, interventions and reflective practices (Clare & Jackson-Blott, 2023). Research conducted by Beadle et al. (2023) describes the impact of a psychology-led service within children's services in a local authority in the UK. Beadle et al.'s (2023) research highlights the unique contribution of psychologists, who disseminate psychological knowledge through methods such as consultation, reflective practice, joint working with families, delivering training, and multi-agency collaboration, to encourage curiosity throughout systems.

Applying psychological theory in practice promotes multi-agency collaboration and professional development across various settings and systems (Craddock et al., 2006), offering a promising approach to addressing complex needs and navigating barriers present in complex systems (Clare & Jackson-Blott, 2023).

Families at the 'Edge of Care'

This thesis uses the term 'edge of care' to apply to children and families who are experiencing adversity or exclusion, and who may be receiving support aimed at keeping families together safely. According to research, families at the 'edge of care' have needs that exist along a continuum, from crisis point to more early intervention (Dixon et al., 2015). A brief prepared by CASCADE (Children's Social Care Research and Development Centre) for Social Care Wales (Lyttleton-Smith et al., 2018) reports a definition of 'edge of care' that includes children and young people who have been looked after but are at risk of re-entering care, families with escalating needs that could result in a child entering care, families receiving interventions or support to prevent care placements, and families with serious child protection concerns. The literature review will explore in more detail how 'edge of care' is defined in the literature.

Part A: Narrative Review

This narrative review draws on a diverse range of sources including peer-reviewed research, grey literature, government and third-sector policy documents, practitioner reports, and key academic texts. This methodology was utilised and selected sources included to build a conceptual understanding, highlight theoretical foundations and explore real-world applications relevant to the topic of psychologically informed practice supporting families at the 'edge of care' (Adams et al., 2017; Greenhalgh & Peacock, 2005; Sukhera, 2022). Literature was identified through searches of academic databases, such as PsychINFO and Elicit, and search engine Google Scholar, using a combination of keywords including 'edge

of care', 'psychologically informed practice' and 'educational psychology'. Additional sources were identified through citation searches and professional knowledge of key texts in the field. Inclusion decisions were based on relevance to the literature review aims and contribution to knowledge, frameworks or practices related to supporting families at 'edge of care'. A reflective stance was maintained throughout, acknowledging the interpretive nature of the review and the author's own positioning within the field of educational psychology (Sukhera, 2022) (see Part Three for critical appraisal of researcher positionality and evidence of reflexivity).

The Welsh Context

Wales is reported to have the highest rates of children looked after of all the UK nations, with differences recorded between local authorities (Hodges & Bristow, 2019; Social Care Wales, 2022). Barnardo's Cymru highlighted that as of March 2022, 7,270 children were in local authority care, and in 2020/21, 3,868 children were placed on the Child Protection Register (Bainton, 2022). A briefing paper analysed the factors contributing to these high rates and found that factors such as deprivation, domestic abuse, parental substance misuse, parental mental ill health, differences in policy and practice between local authorities, and decisions in family courts were contributing to these trends (Hodges & Bristow, 2019). In addition, the number of children with involvement from social services in Wales has also increased (Elliott, 2020; Elliott et al., 2024). Further systemic factors were identified in research which found that there appears to be a 'social gradient' where children from the most deprived areas of Wales are twelve times more likely to enter out-of-home care than those from least deprived (Elliott, 2020; Elliott et al., 2024).

The evidence base indicates that there is an increasing and complex demand for 'edge of care' support for families which is earlier and more targeted to prevent escalation to care (Bainton, 2022; Elliott, 2020; Rees et al., 2017). 'Edge of care' and preventative support has

been highlighted within policy and practice throughout recent decades. Examples include the 'Every Child Matters' agenda (Department for Education and Skills, 2004), the Social Services and Well-being (Wales) Act (2014), governmental reports (UK Government, 2011), and practice reports (Bainton, 2022; Ofsted, 2011). The Green Paper 'Care Matters' agenda also emphasised the importance of supporting families to avoid the need for care, with the exception of those who truly need its support (Cabinet Office, 2006). The agenda highlights the need for early identification of difficulties and preventative support, driven by multi-disciplinary, child-centred and evidence-based interventions (Cabinet Office, 2006). According to research and policy, over the years, attention to preventive support has waxed and waned (Dixon et al., 2015). In the recent decade, developments in policy have introduced terms such as 'early help', 'family help', and 'family support' (MacAlister, 2022; UK Government, 2023). A major independent review led by Josh MacAlister highlighted that the UK care system is too crisis driven and requires a major shift towards early intervention and integrative services (MacAlister, 2022). The following UK government response was the 'Stable Homes, Built on Love' strategy to reform children's social care, with a focus on prioritising a system build on love and stability for children and families, through integrative multidisciplinary support systems, named the 'Family Help' model (UK Government, 2023). With Wales being a devolved nation, it has its own strategies for reforming children's social care. Focusing on early, community-based, help for families and transitioning to not-for-profit care models (Welsh Government, 2023a, 2023b, 2023c). Central to the Welsh reforms are system changes based on children's rights and voices of young people and families (Welsh Government, 2023a). Both nations aiming to reduce the rates of children in care and better support for families.

The current reforms in Wales are governed by the existing legal framework, the Social Services and Well-being (Wales) Act 2014, which emphasises supporting families to stay

together, where this is safe and in the best interest of the child, while recognising care may sometimes be necessary (Welsh Government, 2016b, 2019). It highlights early identification of need, empowering families to use community resources to support reunification where possible (Bainton, 2022; Social Care Wales, 2022). However, the report by Barnardo's argues that provision across Wales is inconsistent, and stresses that families should be able to access specialist, early support no matter where they live (Bainton, 2022).

The CASCADE report for Social Care Wales (Lyttleton-Smith et al., 2018) aimed to highlight the ongoing improvement and innovative practices in children's social care in Wales, focusing on services for looked after children and those on the 'edge of care'. In this report they address concerns about the growing numbers of children who are looked after, and state that Wales's approach to managing the rising number of children who are looked after is impacted by financial constraints. The report depicts Wales as a system that too readily removes children from homes, with finite resources spent on out-of-home care instead of supporting families to stay together safely. In response to these challenges, local authorities are prioritising interventions and strategies that prevent children from going into care (Lyttleton-Smith et al., 2018). Such early intervention involves identifying and addressing needs within families before they have a chance to escalate to crisis point. The aims of these early intervention and preventative measures are to improve cost effectiveness and better outcomes for children and their families (Lyttleton-Smith et al., 2018). The CASCADE report identified that these innovative services are using models of practice and therapeutic approaches focussed on resolving trauma, being person-centred, strengths-based, systemic and relational. Furthermore, they report some authorities are using a 'magpie approach', drawing on elements of various models of practice to provide flexible and holistic support. However, the CASCADE report cautions that this approach is difficult to monitor and evaluate. The report draws on longstanding 'edge of care' services in Wales as well as

new developments in the area. For example, the Gwent 'Reflect' service is highlighted as a preventative initiative aimed at supporting parents to break negative cycles of care. An evaluation of the Reflect initiative notes positive outcomes across health, housing, finances, education, relationships and wellbeing (Roberts et al., 2018).

'Edge of Care': Definitions and Scope

One difficulty is, there is no clear, consistent definition of 'edge of care' across different local authorities and services (Dixon et al., 2015; Lyttleton-Smith et al., 2018; Rees et al., 2017). Although target population and thresholds differ, it is typically linked to services designed to support families and prevent the need for care (Dixon et al., 2015). Dixon et al. (2015) outline a definition of 'edge of care' as 'children and families with a high level of need, such that an immediate or potential risk of family breakdown is present and entry to care is imminent' (Dixon et al., 2015, p. 18). However, Dixon et al. also suggest that the construct of 'edge of care' can encompass families dealing with significant, yet less apparent difficulties, not just those in immediate crisis. While families in imminent crisis are easier to identify, many other families face significant difficulties which are not as immediately visible (Dixon et al., 2015). This complexity reflects the difficulty of defining roles and responsibilities of 'edge of care' services and their target populations (Dixon et al., 2015).

Rees et al. (2017), warns that overly broad definitions of 'edge of care' can pose risks, as practitioners and services will have different constructions of what 'edge of care' means, leading to inconsistent practice which extends across and within local authorities (Rees et al., 2017). However, Rees et al., (2017) also discuss the variability in practice and emphasise the importance of flexible services and provisions to address the diverse needs of families at 'edge of care'.

For the purposes of this thesis, the author accepts a more liberal definition of 'edge of care', which can be applied to children and families who are receiving support aimed at

preventing a permanent care placement, which recognises the spectrum of need within this context and the continuum of needs ranging from early intervention to crisis support (Dixon et al., 2015). A wider definition allows for the inclusion of practices that are not limited to families at imminent risk, enabling the exploration of more early intervention approaches. Similarly, Social Care Wales highlight integrative 'edge of care' services that help families to stay together, reflecting service provisions which take a more inclusive approach(Lyttleton-Smith et al., 2018). The CASCADE report provides a broad definition of 'edge of care' (Lyttleton-Smith et al., 2018) which includes families facing significant child protection concerns that could result in out of home care if issues are not resolved, children and young people who have been looked after but are at risk of re-entry to care, families with escalating needs likely to result in a child entering care within weeks or months, and children who would otherwise enter care but are safeguarded through alternative intervention or support (Lyttleton-Smith et al., 2018). Therefore, it was decided that by keeping the scope broad, this thesis can contribute to developing more comprehensive evidence about the EP role at 'edge of care' and interventions across varying levels of need, and in doing so have a deeper inquiry into the construct of 'edge of care'.

Families at the 'edge of care' face a wide range of challenges, including social, psychological and systemic difficulties. Many have long histories of adversity and exclusion and poor outcomes reflecting significant entrenched difficulties in the family (Dixon et al., 2015). Family stress, dysfunction, mental health, educational difficulties, and substance abuse issues further compound these difficulties (Rees et al., 2017). Furthermore, factors such as child exploitation risks, domestic abuse, family relationship difficulties, and socioeconomic factors such as poverty, housing instability and limited access to resources add to need (Lyttleton-Smith et al., 2018). Research shows that these factors escalate as the young person

gets older, with adolescents at the ‘edge of care’ having poorer outcomes compared to younger children (Hampshire County Council, 2015).

Families at the ‘edge of care’ also often find it challenging to build effective therapeutic relationships with statutory services, due to perceived feelings of mistrust or threat from social services (Rees et al., 2017). Therefore, focussing on enabling trusting relationships with professionals are crucial to support families in need. Professionals such as social workers, clinical and educational psychologists, family support workers, youth justice workers, education workers, and police officers collaborate to provide support to families (Rees et al., 2017). The CASCADE report emphasises a comprehensive multi-agency approach involving social services (child protection assessment, family support services), psychology (mental health support, assessment of learning needs, emotional wellbeing support, school engagement), mental health services (therapeutic interventions, crisis support, family therapy), and education (school attendance, alternative provisions) (Lyttleton-Smith et al., 2018). Research shows that multi-agency collaboration can increase professional competence and confidence in managing safeguarding risks and highlight the importance of coordinated strategies to address the complex, interconnected needs of families at the ‘edge of care’ (Dixon et al., 2015; Lyttleton-Smith et al., 2018).

The Role of the Educational Psychologist within Social Care

Educational psychologists support the learning, development and wellbeing of children and young people (Welsh Government, 2016a). EPs in Wales work alongside social services to bridge the gap between educational and social care systems, ensuring holistic support for children and young people (Welsh Government, 2016a). Within social care contexts, EPs can offer consultation, assessment, intervention and training, conducive to providing psychological support to children and families with complex needs (Bernardo,

2019). EPs are well placed to occupy these roles due to their psychological knowledge and expertise of child development, trauma and attachment, as well as their training in systemic practice (Bernardo, 2019).

Research argues that the potential role for psychologists, especially EPs, in providing support to vulnerable families, has expanded through the Social Services and Well-being (Wales) Act (2014) (Welsh Government, 2016a) and the introduction of the Assessment Framework (Welsh Government, 2015b) for the assessment and care planning for children and their families (Warwick, 2021). The framework of assessing needs of children and their families (Welsh Government, 2015b) outlines the requirement of a thorough understanding of child developmental needs, parenting capacity and family and environmental factors to safeguard and promote the welfare of young people. EPs, equipped with their psychological skills, are able to contribute to such work, particularly through collaborative efforts in multi-agency working with other professionals within social care (Warwick, 2021).

However, the EP role in ‘edge of care’ is an under-researched area of practice. While the literature explores the wider EP role in child protection and social care, and their work with families facing a varied degrees of difficulties and needs (Bernardo, 2019), there is much to learn about their specific contributions in ‘edge of care’ contexts.

Child Protection and Safeguarding in EP Practice. Allen and Bond (2020) conducted a systematic literature review exploring the role of the EP in child protection and safeguarding, suggesting that a changing legislative and socio-political climate have resulted in a shift from a focus on reactive child protection approaches toward a greater focus on proactive safeguarding approaches. Practically for EPs, this has meant a move away from focus on reactive actions, to a greater emphasis on reflective, proactive approaches to safeguarding. When describing the role of the EP in child protection and safeguarding, Allen and Bond's (2020) literature review revealed contributions such as capacity building, specialist knowledge, advocacy and supporting relationships (Allen & Bond, 2020). Allen and Bond (2020) highlighted that the unique contribution of the EP role in this context is to support professional expertise and the development of safe systems via the application of psychologically informed practice and knowledge (Allen & Bond, 2020). However, the authors highlight a disconnect between the potential scope of the EP role and the reality of practice. Specifically, they note that traded ways of working, whereby EPs are commissioned by schools, could limit the scope of the work that EPs can do. While traded services are common in educational psychology services in England, in Welsh local authorities EP services are typically provided as part of their core educational support (Welsh Government, 2016a). Although Allen and Bond (2020) outline the potential of the EP role, they argue that what is being done in practice does not align with this potential, as the EP role continues to be centred on individual casework in school settings, and narrowly aligned with additional learning needs processes, rather than actively engaged in family systems (Allen & Bond, 2020).

Family Work in EP Practice. However, working with families is argued as central to good practice in the EP role (McGuiggan, 2021). Research conducted by McGuiggan (2021) explores EP's experiences and perceptions of working with families, using an ecological systems theory framework. The study found a wide range of practice and variance in EPs' perceptions of their role in working with families. They found that in general EP practice EPs involve families in school-based work through assessments but have limited opportunities for family-based interventions. Adding to the discourse that EP work is primarily school focused (Allen & Bond, 2020). McGuiggan's (2021) findings suggest the EP community needs to reflect on its role and consider how to better integrate family work into its practice.

Further research has examined examples of EP practice that extends beyond the school context. Warwick (2021) completed a doctoral thesis exploring the perspectives of EPs and social workers on the role of EPs in multi-agency teams (MATs) supporting care-experienced children in Wales, using a cultural-historical activity theory (CHAT) framework. Warwick's literature review found that EPs have adapted to multi-agency working through diversification of their role, taking on specialisms and negotiating role boundaries. EP's perceived contributions and professional values encompassed collaboration, relational and strengths-based approaches. Warwick's empirical research found that EPs make unique contributions to MATs supporting care experienced children, working at multiple levels with different stakeholders. However, Warwick's' research identified tensions, including a lack of clarity of the EP role in children's services, compared to other psychologist disciplines, and conflicting professional identities, values and world views that needed to be navigated within the MATs (but when done so effectively, had a positive impact on problem-solving). The distinct contribution, claimed in this research, of EP practice included an expertise in child development, trauma and attachment, and on serving as a bridge between systems of education and social care (Warwick, 2021). Warwick found that in social care MATs, EPs

were seen to offer new perspectives, unpicking needs to provide tailored support to complex difficulties at multiple levels, finding that EPs are skilled at integrating multiple psychological theories, methodologies and frameworks to facilitate change. However, it remains important for EP practice that the roles, boundaries, and functions of the EP role should be clearly defined when working in social care teams, and EPs should ensure that their use of psychology is explicit and visible (Warwick, 2021).

The integration of family work into EP practice and the unique contributions EPs make in multi-agency collaboration highlights the importance of applying psychological principles to support families effectively. This leads to a consideration of how psychologically informed practice can enhance support for families at the 'edge of care'.

Psychologically Informed Practice and Support at 'Edge of Care'

Psychologically informed practice in the context of 'edge of care' might look like applying psychological principles, theories and methods to improve outcomes for families (Clare & Jackson-Blott, 2023). For example, through comprehensive assessment of family needs and providing tailored interventions (Clare & Jackson-Blott, 2023). Support and interventions in the context of 'edge of care' often address entrenched and complex needs, including mental health issues, substance misuse, parental relationship issues and domestic violence, and family dynamic difficulties experienced by both children and their parents (Smith, 2016). Therefore, 'edge of care' interventions have been found to be most effective when they take into account multiple levels of support (Smith, 2016).

Bacon et al. (2023) conducted a systematic review of parent and practitioner experiences of support for parents of families who were at the 'edge of care'. They found that support for these families needed to include a comprehensive, empathetic and collaborative approach that addressed the psychological, practical and relational needs of parents. From a psychological perspective, trauma-informed practice was emphasised as key, recognising the

impact of traumatic experiences on parents and the subsequent impact on the family. In addition, strengths-based approaches were highlighted to empower parents and form holistic support plans that address the interconnected needs of families. However, this systematic review also found that service involvement could worsen family difficulties, creating a downward spiral of stress and leading to families becoming more marginalised, criticised and retraumatised. Therefore, they highlighted that facilitating positive, trusting and open therapeutic relationships between families and practitioners is essential. Furthermore, practitioners identified barriers to collaborative and holistic working including services being underfunded, crisis-driven and inflexible. The review offers an insightful synthesis of lived experiences from parents and practitioners from a wide range of studies, offering areas for improvement. However, it excludes papers from wider diverse contexts outside of WEIRD (western, educated, industrialised, rich, democratic) (Henrich et al., 2010) countries and would benefit from analysis of how factors like race, ethnicity and socioeconomic status impact experiences. Despite this, the systematic review offers important contributions for policy and practice, including systemic changes to services enabling trauma-informed ways of working and focus on prevention and early intervention.

Psychologically informed practice can involve developing holistic formulations, which are key to drawing on psychological theories and frameworks to understand the needs of families at ‘edge of care’ and inform appropriate intervention (Smith, 2016). Formulations should be ongoing and cross multiple levels and co-constructed with stakeholders (Smith, 2016). Research has shown that involving collaborative and reflective meetings aimed at creating holistic formulations help professionals shift from deficit-based views to those of understanding and empathy (Fletcher et al., 2023). This allows professionals to truly hear the family narrative, build an understanding of their experience, and shifts narratives from ‘what is wrong with you’ to a ‘what has happened to you’ (Fletcher et al., 2023, p. 82), ultimately

supporting outcomes for families (Fletcher et al., 2023). However, there are tensions in practice between balancing thorough case formulation processes and therapeutic approaches with managing immediate risks to children (Smith, 2016). These tensions are highlighted and explored throughout the current thesis.

To summarise, psychologically informed practice in the context of 'edge of care' involves applying psychological principles and theories to improve family outcomes through methods such as formulation, assessment, tailored intervention planning, and developing therapeutic relationships (Smith, 2016). The next section outlines some of the foundational theories that underpin practice at 'edge of care'.

Theoretical Frameworks

This section outlines the key underlying theoretical frameworks underpinning this thesis, and which the presented grounded theory in Part Two is established in. Exploration and rationale behind the chosen frameworks are critically appraised in Part Three.

Systemic Practice. Systemic practices refer to the application of approaches grounded in systems thinking, which views individual behaviour in the context of which it occurs (Dowling & Osborne, 2003). According to systemic theories, the parts of the system are interconnected e.g. people interact with the system they are in and vice versa (Dowling & Osborne, 2003). Systemic practice is developed from seminal works on General Systems Theory by von Bertalanffy (Von Bertalanffy, 1950), which theorised concepts such as system wholeness (systems are greater than the sum of its parts), circular causality (actions within a system are reciprocal and form cycles), equifinality (outcomes reached through multiple pathways), and homeostasis (systems maintain stability through feedback and self-regulating mechanisms).

In practice, professionals using systemic practice might use tools such as genograms, circular questioning or reflective practice to explore relationships within a system, with a strong focus on identifying patterns of repetitive interaction (Dowling & Osborne, 2003). In essence, systemic practice is helpful for practitioners who are working with children and families to place them in the context of the wider systems, including education and community systems, to understand the multidirectional interactions which might contribute to challenges, and lead to facilitating longer lasting change (Dowling & Osborne, 2003).

Ecological Systems Theory. Bronfenbrenner and Morris's (1979; 2007) ecological systems theory posits that the child's environment is nested in a set of interrelated systems. It provides a comprehensive framework for understanding how layers of environmental factors, including family, school, neighbourhoods, cultural and social values, influence human development. Specifically, these systems range from direct relationships (microsystem), more indirect environments (exosystem), the connections between these systems (mesosystem), to broader societal influence (macrosystem), evolving over time (chronosystem).

Multiple ecological system levels and factors will play a key role in the development of children who have experienced developmental trauma, and this can be seen in the context of children who are care experienced (Abraham, 2024), or who are at the 'edge of care' (Redgate et al., 2024). As development is influenced by interconnected, bidirectional systems, this means that the child's behaviour will affect the response of parents, and vice versa. Therefore, it is essential in supporting families at the 'edge of care' to acknowledge these family dynamics (Redgate et al., 2024). Research suggests that according to ecological systems theory, effective change at 'edge of care' requires addressing the holistic needs of the entire family system, considering all members and their roles, rather than focusing on one individual (Redgate et al., 2024).

Family Systems Theory. Another systemic theory underpinning this thesis comes from Murray Bowen's Family Systems Theory (Bowen, 2012), which emphasises the interconnectedness of family members and how these relationships influence individual functioning (Gilbert, 2006). Bowen's family systems theory emphasises that within families, there are patterns of interactions that are influenced by family dynamics and transgenerational patterns of behaviours and beliefs (Bowen, 2012).

Bowen's theory attempts to explain individual behaviour in the context of the family system, rather than in isolation. However, the theory has been open to criticism, with some concepts, such as assertions made about sibling position, lacking empirical support (Miller et al., 2004). Interestingly, although there is substantial research that supports family processes being transmitted from generation to generation (Isobel et al., 2019), Bowen's explanation for transmission is less evidenced in research (Miller et al., 2004). Nevertheless, it remains influential in the fields of social care and systemic practice (Thompson et al., 2019).

Attachment Theory. Attachment theory has been developed over many decades of research and is based on the pioneering work of John Bowlby (1979) and Mary Ainsworth (Bowlby & Ainsworth, 2013). It is a theory about the affectional bond that develops between a child and a caregiver within which the child experiences security and comfort. It forms the basis of our belief systems about ourselves and relationships that we develop. Attachment theory posits that our attachment styles vary from secure attachment to insecure attachment and these shape our expectations from relationships (Worrall et al., 2012). Neglect and abuse during childhood interfere with the formation of our attachment relationships and belief systems (Redgate et al., 2024). Research shows that children who experience adverse childhood experiences and social care involvement during development are more likely to be involved with social care services as parents (Redgate et al., 2024), due to cycles of disrupted attachment experiences. This may indicate the processes which contribute to the idea of transgenerational patterns of behaviour mentioned in the previous section (Isobel et al., 2019).

Attachment theory, while influential in social care and psychology, has faced criticisms and debate throughout research. The traditional categorical model of attachment-secure, anxious, avoidant and disorganised is still cited throughout literature, and used in practice (Harlow, 2021). However, some research has suggested that attachment is better conceptualised as existing across a dimension rather than distinct categories (Fraley et al., 2015). A dimensional approach recognises individual differences in attachment and recognises that people might display different levels of attachment anxiety and avoidance within different relationships and contexts, making attachment more fluid (Fraley et al., 2015). Furthermore, some research has suggested that this traditional categorical version of attachment theory may not be culturally sensitive (Patel et al., 2023). Critics argue that the theory does not consider the diversity of parenting practices and values across the world,

challenging the universality of the theory (Keller, 2013). Research argues that a culturally sensitive lens to attachment theory must be applied by practitioners when meeting the needs of children and young people (Patel et al., 2023). Harlow (2021) refers to practical applications of attachment theory in education and social care, including supporting schools to create a secure base for pupils through whole-school approaches, teacher training and emotional coaching. However, Harlow warns against using attachment theory as a method of diagnosing attachment related difficulties and argues that attachment focused interventions should be integrated as part of a wider ecological support, considering wider systemic factors (Harlow, 2021).

Patricia Crittenden's theory of attachment, the Dynamic Maturational Model (DDM) offers that attachment patterns are developmentally dynamic and change as the young person develops (Crittenden, 2006; Crittenden & Dallos, 2009). The model integrates attachment and family systems theories, emphasising the importance of understanding family dynamics and interconnected relationships. Furthermore, it emphasises the interaction between biological factors, individual differences and experiences in shaping attachment patterns. The DMM (Crittenden, 2006) applies attachment theory to experiences of individuals in high-risk contexts, such as abuse and neglect and highlights adaptation to danger, suggesting that attachment behaviours are self-protective and shaped by our environment and context (Crittenden & Dallos, 2009). Individuals develop attachment strategies to protect themselves from threat and build safety in attachment relationships (Crittenden, 2006). Therefore, understanding children and families' behaviours in terms of their attachment strategies, developed in response to unmet needs, helps to establish empathy and non-judgmental curiosity (Crittenden & Dallos, 2009).

Research argues that the rigidity of early attachment theory and its categorical nature makes it reductionist in nature and risks a deficit view of human behaviour (Harlow, 2021).

Research offers newer perspectives, such as mentalisation, which have expanded on attachment theory. Mentalisation is a theory developed by Peter Fonagy (Fonagy & Allison, 2013) which refers to our ability to understand ourselves and others by recognising and reflecting on mental states (Harlow, 2021). In other words, it is the ability to think about each other's point of view, feelings and needs. Sensitive caregivers facilitate the development of mentalisation by responding to the child's emotional and subjective experiences. This mentalisation supports the development of the child's self-identity, emotional regulation, and social interaction. Research links mentalisation to attachment by proposing that secure attachments create space for mentalisation to occur (Harlow, 2021). In practice, supporting children, and caregivers, with mentalisation facilitates better management of difficult emotions and supports healthy relationships (Harlow, 2021; Witkon, 2012).

Trauma-Informed Practice. Trauma-informed practice is an approach that recognises the impact of trauma on the development and functioning of individuals (Boag, 2020). Research has shown that trauma-informed practices are critical to support relational safety for children with disruptions in family care, however challenges include lack of clear guidelines and consistency in the application of trauma-informed practice (Collings et al., 2022). A number of evidence-based trauma-informed models have been developed, including Dyadic Developmental Psychotherapy (Hughes, 2017), and the Trauma Recovery Model (Skuse & Matthew, 2015).

Research on the effectiveness of a trauma-informed service for families at the 'edge of care' highlights key intervention principles, including recognising that challenging behaviours stem from past experiences, helping parents to understand their own experiences and emotions to better support their children, facilitating mentalisation, empowering parents to set boundaries, and understanding family projections onto professional services (Witkon, 2012). Witkon's (2012) intervention model integrates approaches such as individual, family

and systemic approaches and highlights the importance of multi-agency collaboration. The paper identifies significant risk factors which contribute to family crisis, including, crisis during adolescence, earlier loss of a parent, family separation or relocation and cultural conflicts. Furthermore, Witkon (2012) highlights the role of intergenerational trauma, referring to the trauma experienced and passed through multiple generations. They report that often, parents experience traumatic childhood experiences which, when left unresolved, can be reenacted in the relationships with their children. Furthermore, they highlight the importance of supporting families through holistic and reflective practices to address the complex family needs (Witkon, 2012).

Polyvagal Theory. Stephen Porges' (2009) Polyvagal theory proposes an explanation for the biological underpinning of social engagement, emotional regulation and the body's response to perceived threat (Porges, 2009, 2022). Polyvagal theory emphasises the role of our autonomic nervous system in regulating our emotions and social interaction (Porges, 2009). Research conducted by Harlow (2021) has highlighted how such contemporary theories can integrate biological concepts with attachment (Harlow, 2021). According to Harlow (2021), an infant's neuroception (the ability to assess safety and manage risk in the environment) may be compromised if the primary caregiver fails to communicate a secure base and attachment, resulting in heightened fear responses (Harlow, 2021). By providing a perspective on human behaviour that is underlined by adaptive stress reactions (Bailey et al., 2020), polyvagal theory offers a helpful approach for practitioners supporting families at the 'edge of care', and encourages a shift away from deficit-based views around pathology. It emphasises the importance of safety, security, and social connectedness in fostering meaningful change (Sanders & Hall, 2018).

Narrative Practices. Narrative practice is based on the idea that humans make sense of the world through stories (White & Epston, 1990; White & Morgan, 2006). Psychologically informed approaches such as narrative therapy supports individuals to reframe negative experiences and reauthor their narratives to highlight strength, resilience and hope (Carr, 1998). Narrative therapy has theoretical roots in social constructionism (Burr, 2015). Narrative therapy aims to reduce deficit-based conversations by helping individuals to reflect on their own narratives and make sense of their experiences and difficulties (Farooq et al., 2021). It highlights the influence of powerful discourses on how we listen to and respond to children and young people, focusing on dominant narratives in society (Farooq et al., 2021). Professionals use narrative approaches to address the harmful impacts of dominant single-story narratives which disempower people (Farooq et al., 2021). Narrative therapy therefore offers a powerful approach for supporting families facing adversity and challenges to externalise difficulties and envision hopeful futures (Fraenkel et al., 2009; McQueen & Hobbs, 2014; Rowley et al., 2020). Hobbs et al. (2012) highlight that EPs can implement narrative practices to better understand and support the identities of those they work with.

Identifying Gaps in the Literature

Limited Research on the EP Role

This narrative review has revealed that there is limited research within the discipline of educational psychology research, exploring the role of the EP in 'edge of care' contexts. The aim of the remaining sections of this literature review will therefore explore the broad use of psychologically informed practice supporting families at the 'edge of care' by psychologists and related disciplines. This will form the foundation for this thesis's original empirical research, which is explored in Part Two.

Narrative Review Summary

In summary, this narrative review has explored the context of families at the 'edge of care' in Wales, highlighting significant challenges, with Wales reporting the highest rates of children in care across the UK nations. Part A has also explored key theoretical frameworks and evidence-based models that underlie practice in 'edge of care' contexts. Gaps in the literature have been identified, particularly regarding the role of the EP in 'edge of care' contexts. This presents an opportunity to explore how EPs can effectively use psychological knowledge and evidence-based practices to support families at the 'edge of care'. Building on the contextual and theoretical foundation established in the first part of this review, the following Part B offers a scoping literature review to systematically map the qualitative literature on psychologically informed practice in supporting families at the 'edge of care', drawing on literature from a wider range of psychology disciplines to inform future research and practice.

Part B: Scoping Review

Aims and Objectives

The aim of this scoping review is to map the breadth of the literature in this context and synthesise the literature, to identify gaps and therefore direct future research. This scoping review will synthesise qualitative research exploring psychologically informed practice to support families at 'edge of care', drawing on a wider range of psychology-based disciplines. The researcher was interested in exploring the available evidence in this context, clarifying key definitions in the literature and identifying and analysing knowledge gaps, therefore a scoping review was chosen as an appropriate methodology (Munn et al., 2018).

Specifically, the researcher was interested in exploring the qualitative research base, as this is important for understanding the nuanced roles of psychologically informed practice

in ‘edge of care’ contexts. Part A of this literature review highlighted that the literature employs both quantitative and qualitative methodologies, specifically some studies using mixed methodologies to explore the context of ‘edge of care’ (Clare & Jackson-Blott, 2023; Dixon et al., 2015; Lyttleton-Smith et al., 2018; Rees et al., 2017). The quantitative aspects often focused on evaluating intervention effectiveness and feasibility, and systematic reviews primarily focused on quantitative studies including randomised control trials (RCTs) to review the effectiveness and cost effectiveness of family preservation services (Bezeczky et al., 2020; Clare & Jackson-Blott, 2023; Elliott, 2020; Witkon, 2012). Quantitative research aims to explore specific hypotheses and identify patterns, with the aim to find generalisability (Goodwin & Goodwin, 2016). It may be argued that quantitative findings may risk being reductionist, especially for multifaceted complex contexts such as families at the ‘edge of care’.

The current research argues that by focusing on qualitative research, it will allow a more focused exploration of people’s perspectives and constructs of psychologically informed practice to support families at ‘edge of care’. Qualitative research captures the complexities and subjective experiences and can provide rich, contextualised insights (Goodwin & Goodwin, 2016), such as the interactions between families, schools and social care systems. Moreover, qualitative studies allow us to explore the specific impact of culture and context, such as those unique to Wales, and how it shapes the roles and practices of EPs in this context. While quantitative research provides detailed outcome data, qualitative research can explore the processes and meanings that explore the ‘how’ and ‘why’ behind people’s behaviour, lending to create helpful insights for policy and practice (Fossey et al., 2002; Maxwell, 2020). This approach aligns with the researcher’s ontological and epistemological position of critical realist social constructionism (see Part 3 for more detail),

which acknowledges and suggests a real, knowable world which interacts with the subjective and socially constructed knowledge a researcher can access (Braun & Clarke, 2013).

Scoping Review Methods

This scoping review was conducted following the Preferred Reporting Items for Systematic Reviews and Meta-Analysis Extension for Scoping Reviews (PRISMA-ScR) framework (Tricco et al., 2018) (Appendix A), which provides a framework for a systematic approach to searching the literature. The literature will be synthesised in accordance with Arksey and O'Malley's methodological guidance for conducting scoping reviews (Arksey & O'Malley, 2005) and Levac et al.'s (2010) methodological enhancement (Levac et al., 2010). The framework consists of six composite stages: (1) identifying the research question(s), (2) identifying relevant studies, (3) study selection, (4) data charting, (5) data analysis and reporting the results and (6) consultation.

Stage 1: Identifying the Research Questions. Building on the foundations addressed in Part A, the following scoping review research question was developed.

Literature Review Question: What psychologically informed practices are described in the literature to support families at the 'edge of care', what mechanisms underpin these practices, and how might these inform the role of the Educational Psychologist?

Stage 2: Identifying Relevant Studies. Levac et al. (2010) suggest setting clear inclusion and exclusion criteria to maintain transparency and consistency. The selection of studies in the review were made in accordance with the SPIDER (Sample, Phenomenon of Interest, Design, Evaluation and Research type) framework, outlined by Cooke et al. (2012) (Table 2).

Table 2: Inclusion Criteria and Rationale

Criteria	**Inclusion**	**Rationale**
Sample	• Families at the 'edge of care'; families with significant child protection concerns, children at risk of entering care, families with escalating needs, and cases where interventions prevent children from being taken into care. Papers may include interventions which promote family preservation and relationships in response to assessed need. • Papers which include an outcome of reducing family crisis, improving family functioning and keeping children safely living at home. • Psychological and related disciplines using psychologically informed practice in this context.	A broad definition was adopted due to the inconsistent definition and use of ''edge of care'' in research. Given the limited literature on educational psychologists, it was believed that insights from other psychological and related disciplines could be valuable and applicable to the field. Where relevant to the aims of the review, papers which gave representation of other stakeholders such as parents, caregivers, foster carers were included.

	• Papers which include data from stakeholders including parents, caregivers, education staff or interdisciplinary professionals.	
Phenomenon of Interest	• Psychologically informed practices used by psychologists or other practitioners with families at the 'edge of care'.	To understand how psychology can be applied to facilitate change for families at the 'edge of care', and through which approaches or practices is it applied.
Design	• Qualitative papers (e.g. interviews, focus groups, case studies or ethnography). • Mixed method studies which have a qualitative and quantitative component. • Papers published in the last 20 years.	It was decided to focus on qualitative papers, as there was identified in Part A a gap in the literature for synthesising qualitative studies that explore the nuances of the context of 'edge of care' and psychologically informed practice. The introduction and use of the term ''edge of care'' gained attention in policy over the last two decades (Ofsted, 2011). Therefore, this literature review focuses on papers within the last

		20 years to focus on contemporary research that reflect current professional practices and policies.
Evaluation	• Descriptions of how practitioners use psychologically informed practices with families at 'edge of care'. • Exploration of the mechanisms through which psychologically informed practice facilitates positive change. • Perceptions and lived experiences of families or professionals.	It is hoped that insights on how professionals across psychological disciplines use and apply psychologically informed practice can be valuable to apply to the role of the educational psychologist in this context in facilitating change.
Research type	• Qualitative studies • Mixed methods with a qualitative component.	Qualitative research provides rich insights into the interactions between psychologists, families, schools and social care systems.

Search strategy

To identify relevant studies, a systematic search of the literature was used using search terms (Table 3), aligned with the SPIDER framework (Cooke et al., 2012). Searches were conducted using relevant databases to the education, psychology and social care fields, APA PsycINFO, ERIC, Scopus, and ASSIA. Furthermore, a search was conducted on the research database Elicit. These sources were selected as they allowed the researcher to conduct a review of the literature from across disciplines that work with children and young people, and

their families, including education, psychology and social care, all of which are relevant to the field of Educational Psychology (Welsh Government, 2016a). Searches were conducted between November 2024 and December 2024.

Table 3: Search Terms

Key word	Search terms
Educational Psychology (And related fields)	"educational psycholog*" OR "school psycholog*" OR "educational intervention*" OR "Psychological support in education" OR "clinical psychology" OR psychologist*
Psychologically informed practice	"psychologically informed practice" OR "therapeutic intervention" OR "evidence based practice" OR theory OR theories OR framework OR model OR "trauma informed care" OR "trauma informed practice" OR "strengths based approach" OR "positive psychology" OR "reflective practice" OR "systemic practice" OR "systems theory"

‘edge of care’	"‘edge of care’" or "families at risk" or "vulnerable families" or "care proceedings" or "child protection" or "child safeguarding" or "high risk families" or "family adversity" or "families in crisis" or "disadvantaged families" or "marginalized families" or "at risk children" or "family instability" or "preventative care" or "early intervention" or "family preservation" or "preventing out of home placement" or "family reunification" or "at risk families" or "child welfare" or “transitional families” or “threshold of care” or “family support services” or “preventing family breakdown” or “placement prevention” or “family resilience”

Stage 3: Study Selection. A spreadsheet file was created to record the search results, including the search date, terms used, and number of retrieved articles (Appendix B). The retrieved articles were exported into Endnote, with duplicate articles removed. Following this, all titles and abstract were screened by the researcher and clear irrelevant studies were excluded. Included articles were screened at full text by the researcher, in line with the inclusion criteria. Although not required for most scoping reviews (Grant & Booth, 2009), the author conducted critical appraisal of the included source using The Critical Appraisals Skills Programme (CASP) checklists (Appendix D).

Stage 4: Data Charting. Levac et al. (2010) recommend creating a standardised data extraction form to ensure systematic and consistent data collection. To enhance rigor, they propose including both descriptive and analytical data in the charting process.

Stage 5: Data Analysis and Reporting the Results. Data extraction sheets were completed for each included study and presented as a summary of author and year of publication; publication type, study population; methods including analytical approach; key findings (including knowledge contribution and gaps) (Appendix C). The data from the literature was synthesised in line with Arksey and O'Malley (2005) and Levac et al. (2010) frameworks using the Thomas and Harden (2008) guidance for thematic synthesis.

Stage 6: Consultation. The researcher sought consultation via research supervision with the supervisor of this thesis to ensure methodological rigor and refine the research questions and inclusion and exclusion criteria. Feedback from the supervisor encouraged reflexivity around how the researcher might organise and structure the review, and how the researcher might improve transparency in the review process.

Scoping Review Results

Nine studies were included for review. Included studies were generally from social care fields with related topics and subject headings to psychology (Allain et al., 2023; Baxter et al., 2023; Cox et al., 2020; Dagenais et al., 2009; Forrester et al., 2008; Percy-Smith & Dalrymple, 2018; Sen, 2016). However, there were 2 papers which were related to the field of clinical psychology (McPherson et al., 2018; O'Connor et al., 2024). Key characteristics of each included study can be found in Table 4. Through thematic synthesis of the included studies, seven themes were developed in response to the literature research question: 1) application of psychological theory and frameworks, 2) reflective practice and new perspectives, 3) balancing safeguarding and therapeutic support, 4) multi-agency collaboration, 5) systemic interventions, 6) addressing trauma, intergenerational trauma, and mistrust, and 7) family empowerment.

Table 4: Summary of Included Studies

- Studies included in the review consisted of primary research, with a mix of qualitative and mixed methodology. Qualitative methodologies included interviews, case studies, and focus groups and utilised thematic analysis, narrative approaches or grounded theory to analyse their data.
- Research articles involved a range of stakeholders, including psychologists, social workers, practitioners, parents and young people.
- No studies specifically looked at the role of the Educational Psychologists, but two looked at the role of a related discipline, Clinical Psychologists (McPherson et al., 2018; O'Connor et al., 2024).
- All studies conducted within a WEIRD context (Western, Educated, Industrialised, Rich, Democratic).

The scoping review revealed that, within the parameters of the systematic search, no existing studies explicitly referred to EPs in relation to their role in supporting families at the 'edge of care'. However, the existing literature described findings from related fields, including clinical psychology, social care and other mental health practitioners. These studies offer insight into psychologically informed practice in this context. While not specific to EPs, such practices are highly relevant and can be adapted to educational psychology, as demonstrated through Part A of this literature review.

Application of Psychological Theory and Frameworks. Across the reviewed papers, psychologists and other practitioners frequently drew on established psychological theory and frameworks to inform their work. In particular, clinical psychologists were referred to as 'sense makers' (O'Connor et al., 2024), in that they develop formulations informed by psychological knowledge in order to create a shared understanding about a family's needs to inform evidence-based interventions. Attachment theory was prominent in the reviewed studies, providing a basis for understanding the child and parental relationships (Baxter et al., 2023; Cox et al., 2020; McPherson et al., 2018). Additionally, systemic approaches were used to create systemic interventions to address difficulties at multiple levels and facilitate meaningful change (Allain et al., 2023; McPherson et al., 2018). In line with this systemic approach, psychologists promoted collaborative working (O'Connor et al., 2024). In working collaboratively, psychologists shared psychology with other professionals, which was important for developing a deeper understanding of family needs, informing interventions, and upskilling professionals (McPherson et al., 2018).

Forrester et al. (2008) evaluated an intensive family preservation service in Wales for families affected by parental substance misuse. The study used a quasi-experimental design, collecting quantitative data of family care entries in both intervention and comparison groups as well as cost saving data. Furthermore, the researchers collected qualitative data from

parents and young people who received the service. Forrester et al. (2008) found families had positive experiences with the service, sharing that the support they received was underpinned by a relational and systemic approach. Forrester et al.'s (2008) research highlighted specific psychology informed approaches underpinning the service, namely Motivational Interviewing (Miller & Rollnick, 2012) and Solution Focused (Corcoran & Pillai, 2009) approaches, emphasising the benefit of these for facilitating meaningful change. In line with the aims of the current literature review, the qualitative element of Forrester et al. (2008) investigated how the families experienced the service and offered a more nuanced understanding for why the intervention was successful, contextualising the quantitative data. The research was exploratory, and authors used grounded theory to develop a conceptual model grounded in participants experiences. Although the authors did not explicitly mention a theoretical framework underpinning the research, their inclusion of the qualitative methodology, which focusses on family experiences, and their use of grounded theory (Glaser & Strauss, 1967) implied an orientation towards social constructionism (Burr, 2015). The use of both quantitative and qualitative methods allowed them to give a more comprehensive understanding of the interventions impact by integrating the qualitative insights to the quantitative outcomes. However, this was a challenge when the quantitative data was limited to care entry outcomes, missing out broader family context or impacts of the intervention. The authors however were aware of these limitations and recommended a more holistic approach to future evaluations. Forrester et al.'s (2008) study, funded by the Welsh Government, aimed to evaluate the service model which had received government investment. This study is particularly relevant to the current thesis, particularly as Part Two is nested in the Welsh context. Forrester et al. (2008) remains balanced and critical throughout the evaluation, critically analysing the intervention and highlighting its strengths and weaknesses. The authors maintain a neutral stance towards the intervention evaluation,

highlighting its cost effectiveness and early potential, and reflecting on the challenges with the intervention, particularly for families with complex and longstanding difficulties. These challenges suggested that families on the 'edge of care' require tailored intervention which should extend beyond initial crisis periods. While it is important to acknowledge the potential for bias due to the funding source, the author maintains a balanced approach by comparing the intervention results to comparative studies, some of which present contrasting findings. The authors use the qualitative data to unpick this further, arguing that the success of the intervention came down to the application of psychologically informed evidence-based methods, implemented by skilled practitioners, and support post-intervention for families.

Reflective Practice and New Perspectives. The scoping review highlighted the role of psychologists in encouraging reflective practice for both professionals and families (McPherson et al., 2018; O'Connor et al., 2024). Reflective practice encouraged new and different perspectives. Through this reflection, families can make sense of their past experiences and circumstances that shape their present situations, while professionals can gain insights into the underlying reasons behind family behaviours and dynamics. The literature highlighted that reflective practice is important in contexts of child protection and risk (O'Connor et al., 2024), which is explored in the theme *balancing safeguarding and therapeutic support*.

McPherson et al. (2018) evaluated an attachment-based intervention in the East of England for families at the 'edge of care', with strong collaboration between psychologists and social workers. This paper is particularly relevant for the investigation of this current thesis as it explores how positive family outcomes can be achieved in integrative services, including professionals from psychology disciplines. The authors claim that in creating reflective safe spaces, professionals were enabled to work therapeutically whilst managing the high levels of risk often associated with the context of 'edge of care' (McPherson et al.,

2018). In environments where risk management is a priority, having time to slow down and reflect on cases is often not a luxury, however within a psychologically informed way of working, reflective practice was seen as a valuable tool in McPherson et al.'s (2018) research. Reflective practice enabled professionals to view each family as unique, with their own level of risk and needs, enabling effective interventions and enhancing outcomes for families (McPherson et al., 2018).

Multi-Agency Collaboration. Multi-agency collaboration was highlighted across the literature as a vehicle in which professionals can support families through psychological informed practice (Baxter et al., 2023; Dagenais et al., 2009; McPherson et al., 2018)

McPherson et al., (2018) claimed that integrative working helped to break down the barriers cited in the research, including defensive practices or silo working. When professionals across disciplines worked together to support families, this provided an opportunity to learn from one another, demystify each other's roles, and facilitate better outcomes for families. However, sometimes this joined up thinking could have its challenges, due to professionals' different training backgrounds, statutory processes and expectations. Professional differences occurred when defining the key change issue (Gameson & Rhydderch, 2008). Social services often focus on the child, while therapeutic or psychological services tended to be family-centred (McPherson et al., 2018). In McPherson's (2018) study this led to conflicting objectives and time frames, impacting how change for families was constructed and measured (McPherson et al., 2018). While challenges to collaboration were highlighted by McPherson's (2018) study, the research presents a compelling argument for the promotion of multi-agency collaboration through integrative psychologically informed services to support families at the 'edge of care'. Their claims were backed by a comprehensive mixed methodology, including family outcome data and qualitative insights from professionals into the experiences and challenges of working in the

service. The research was grounded in attachment and systemic theories, and its findings offer helpful insights for policy and practice in mental health and social care, building on the theoretical foundations and advocating for the adoption of attachment based therapeutically led interventions. The study offers real world insights into the complexities of safeguarding, which is explored further in the theme *balancing safeguarding and therapeutic support*. The authors approach the evaluation with a positive stance, emphasising the benefits of the pilot intervention, while acknowledging the challenges in multi-agency collaboration.

Furthermore, Baxter et al. (2023) evaluated the effectiveness of a multi-disciplinary team for families on the 'edge of care' (Baxter et al., 2023). The study emphasised the importance of psychologically informed approaches, including trauma-informed approaches, to build positive trusting relationships with families (Baxter et al., 2023). Baxter et al. (2023) argued that the success of multi-agency teams comes from the value placed on constructive collaborative relationships within the team, and with other services, the sharing of skills, and wrap-around support for families. This included 'clear roles and responsibilities for each professional, saving time and resources' (Baxter et al., 2023, p. 315). While financial and professional constraints posed challenges to collaborative working (McPherson et al., 2018), when dealt with effectively, Baxter et al. (2023) argues collaborative working presented significant cost efficiency for local authorities. Literature suggests that this may be because it enables professionals to have appreciation for the decision-making role of services and wider systemic factors impacting different services, and sparks more reflective discussions (Allain et al., 2023; McPherson et al., 2018), which helped to address the multifaceted needs of families to ensure they received the appropriate resources and services (Baxter et al., 2023; Dagenais et al., 2009). The study by Baxter et al. (2023) also used mixed method methodology, highlighting quantitative data from service data, to cost savings, however it is the qualitative data from focus groups of multi-agency team members, which adds depth to

the authors claims of the benefits of multi-agency collaboration and trauma informed practice. However, the qualitative findings of both Baxter et al. (2023) and McPherson et al. (2018) come from professional participants, and their claims could have had stronger backing from more diversity in perspectives, including families and young people.

Systemic Interventions. The scoping review demonstrated that families at the 'edge of care' face complex and multifaceted difficulties (Forrester et al., 2008; Percy-Smith & Dalrymple, 2018; Sen, 2016). Sen (2016) presented a detailed case study of one family at the 'edge of care', who were experiencing long-term and systemic difficulties affecting family functioning and parenting (Sen, 2016). The study presents rich qualitative insights into the family's experience of a service intervention that offered the family practical support for home improvements, emotional support, and wider systemic difficulties, such as financial pressures. However, as acknowledged by the author, the case study design does present difficulties generalising the findings wider. Nevertheless, Sen (2016) demonstrated that when developing interventions to support families at the 'edge of care', they may be most effective when they consider and address the systemic pressures that families face, which is supported by findings from other papers in the review (Allain et al., 2023; Cox et al., 2020; McPherson et al., 2018).

Research highlighted that without interventions that address systemic issues such as poverty and social exclusion, then the effectiveness of interventions fall short to support meaningful change (Allain et al., 2023; Forrester et al., 2008; O'Connor et al., 2024). Indeed, one study aimed to evaluate a family support programme aimed at preventing emergency care placements (Dagenais et al., 2009), where the intervention was brief and intensive and designed to support families in temporary crisis. This model of intervention echoes that of similar crisis-driven interventions outlined in the review (Allain et al., 2023; Cox et al., 2020; Forrester et al., 2008), however contrasts the other interventions in the review, which focuses

on longer-term support for families (Cox et al., 2020; McPherson et al., 2018; Sen, 2016). However, Dagenais et al. (2009) found that the evaluated brief family intervention did not facilitate significantly improved outcomes for families. Their qualitative exploration suggested that the programmes crisis model was not effective in tackling deeper systemic difficulties that the families faced. Practitioners felt that the time that the intervention was implemented was not enough to facilitate change. Furthermore, they suggested that practitioners needed improved mechanism for collaboration and case management to address systemic difficulties. This highlights a similar theme across the reviewed papers that, even when the papers included brief and intensive intervention models, findings indicated challenges with reactive short-term intervention, suggesting that focus is required on prevention and early intervention, or long-term interventions aimed at sustaining change (Allain et al., 2023; Cox et al., 2020; Dagenais et al., 2009; Forrester et al., 2008) .

Percy-Smith and Dalrymple (2018) explored the experiences of children and families on their journeys to the 'edge of care' and highlighted that early intervention can help to address the multi-faceted difficulties that families face to prevent the escalation of risk and ensuring that children can remain safely with their families (Percy-Smith & Dalrymple, 2018). In doing so, it highlighted the need for a more responsive, holistic and relational approach to supporting families at the 'edge of care'. However, it also found a gap between the statutory responsibilities outlined in policy and practice within children's services and the lived experiences of children and parents, with some support being driven by service agendas rather than taking holistic and strength-based approaches that are bespoke to families. While early intervention and family centred efforts are highlighted in policy, Percy-Smith and Dalrymple (2018) share lived experiences of children and young people which suggests that children can be left with negative experiences when decisions are made for them, and not with them. Their claims are situated in the narratives of case study children and families,

using a qualitative paradigm exploring participant narratives through the 'river of experience' approach, which enabled them to make context specific claims on a specific local authority in the UK. While context specific, the authors helpfully contextualised the participant narratives within salient policy and legislation around child protection in the UK at the time, including the Munro review of child protection (Munro, 2011).

Balancing Safeguarding and Therapeutic Support. Across the reviewed papers were tensions between balancing and ensuring the safety of individual children and young people, with the therapeutic outcomes of whole families, often seen as competing priorities between social services and therapeutic practitioners, such as psychologists (Allain et al., 2023; McPherson et al., 2018; O'Connor et al., 2024; Percy-Smith & Dalrymple, 2018). Professionals faced significant challenges in reaching shared understandings of risk and safety, particularly between disciplines. Conflicts could sometimes arise when services held different views around risk and had different priorities for support (risk management vs psychological support). However, working through these conflicts within multi-agency settings offered opportunities to enable dialogue, reflections and create shared constructions, rather than retreating into defensive positions (McPherson et al., 2018). Reviewed studies cited psychological models to support with reflections on family risk and safety, including the 'Signs of Safety' model (McPherson et al., 2018).

The literature also suggests that both physical safety and psychological safety are interconnected, and support that addresses both can be very effective. An intervention evaluated by Allain et al. (2023) explored a residential family intervention programme using social pedagogic and systemic approaches, which they highlighted supported families by meeting immediate physical and safety needs i.e. a spacious, clean and safe home environment. When families' physical environment was safe, they were able to engage in further interventions and activities together to improve family dynamics. However,

importantly, Allain et al. (2023) emphasised that while positive changes were seen during the intervention, if families left the residential home to return to unsafe environments and ongoing social and economic difficulties, then maintaining these changes became a significant challenge. This suggests that safety and stability was necessary to make a foundation for psychological support and facilitate meaningful change. However, there appeared persistent differences in opinion in the reviewed papers about the level of stability needed to sequence intervention, between professionals (O'Connor et al., 2024). These disparities over safety and risk, combined with funding constraints lead to inconsistent practices (O'Connor et al., 2024).

O'Connor et al. (2024) aimed to explore how psychologists responded to child safeguarding cases by carrying out a qualitative analysis of interviews with clinical psychologists who were given a series of safeguarding vignettes. The authors found that clinical psychologists saw their role as threefold in offering psychological formulation of family situations, providing therapeutic input to address family mental health needs, and managing change. O'Connor et al. (2024) delineates risk as a multidimensional term, and psychologists looked at family risk across dimensions of physical or emotional risk, and/or short and long-term risk. Although the use of vignettes in the study may have potential for hypothetical bias or oversimplification of safeguarding cases, the authors claims are substantiated by their robust data collection and framework analysis. Nevertheless, it would have been helpful to have seen how their findings on safety and risk relate to broader theoretical frameworks, which would have strengthened their claims.

Addressing Trauma, Intergenerational Trauma, and Mistrust. The scoping review revealed that a key mechanism to supporting families at the 'edge of care' involved understanding and addressing the impact of trauma (Baxter et al., 2023; Cox et al., 2020), and building trust and relationships between professionals and families (Baxter et al., 2023; Sen, 2016). Importantly, professionals must avoid actions that might re-traumatise young people and their families (Cox et al., 2020). Healing from trauma requires a safe and a supportive environment to allow children and parents to process their past traumatic experiences (Cox et al., 2020). Research showed that addressing the intergenerational traumas of parents is important, as well as supporting the child through trauma-informed practice (Baxter et al., 2023; McPherson et al., 2018; O'Connor et al., 2024). Many mothers who were involved in recurring care proceedings had experienced trauma themselves which impacted their adult lives and relationships (Cox et al., 2020). Psychologists who work in this context highlight the need for 'provision of preventative services for parents to stop intergenerational cycles of trauma, and towards early intervention services for families in order to avoid escalation to crisis point' (O'Connor et al., 2024, p. 5).

However, Baxter et al. (2023) reported that working in a trauma-informed way only works if there is a trusting relationship between professionals and families, where families feel able to share their experiences. Relationship based practices was effective to build meaningful relationships with families to facilitate change (Baxter et al., 2023). The research highlights that past traumatic experiences with services can contribute to a mistrust of professional services in families (Cox et al., 2020; Sen, 2016). Lived experience research showed that parents and young people find it hard to build trusting relationships with service professionals (Percy-Smith & Dalrymple, 2018; Sen, 2016). However consistent, practical, and flexible support helped develop these relationships. Sen (2016) emphasised the importance of empathetic approaches, where professionals show genuine care and curiosity

for the family. Research found that respecting the families' narratives and supporting their goals are key mechanisms for facilitating change (Percy-Smith & Dalrymple, 2018; Sen, 2016). These findings suggest that creating supportive environments where families feel valued and heard helps to contradict their previous experiences of mistrust in services and agencies.

Family Empowerment. The literature suggests taking a strengths-based approach to support families on the 'edge of care' to build on their strengths, harness parents' agency for change, enable them to make more positive changes, and promote their ability to change (Baxter et al., 2023; Cox et al., 2020; McPherson et al., 2018; Sen, 2016). This empowerment provides parents with the opportunity to maintain a positive view and self-efficacy about their parenting while promoting positive changes in family dynamics and practices (Sen, 2016). The review indicated interventions, such as the residential programmes (Allain et al., 2023) , and intensive family services (Forrester et al., 2008; Sen, 2016), empowered families by creating the mechanisms that fostered family connectedness and improved relationships.

Cox et al. (2020) analysed the core values and practices of three different local authority services in England which worked with birth parents to reduce the risk of recurrent care proceedings, without requiring women to use long-term reversable contraception as prerequisite to accessing the service. Their evaluation involved a mixed methodology using a combination of case data, psychological measures, and parent interviews. Cox et al. (2020) highlighted the importance of developing professional trust with parents and supporting their connection and belonging within their communities through group activities and peer support, which developed mothers' confidence and self-esteem. This was key to enabling mothers to feel in control and empowered to make positive changes. The authors use of triangulation across multiple data sources strengthens the robustness of these claims. They take a critical realist paradigm, providing hard outcome data of what works for interventions, while in

addition included a qualitative element which explored what matters to parents with regards to their support. This is significant because it allowed the authors to deeply explore parental experiences and understandings of the individual and systemic factors which impact families who are involved in recurrent care proceedings, such as socio-economic factors, experiences of trauma and abuse, and access to mental health support. This was crucial to build their argument that the effectiveness of the evaluated services did not rely on mandatory contraception use, challenging national service models at the time.

Summary and Conclusions

This summary draws together and summarises the findings of both the narrative and scoping review, identifies limitations, and establishes the rationale for the present study. The systematic search in the scoping review found no primary studies explicitly focused on EP practice within 'edge of care' contexts. However, it did give insight into psychologically informed practice supporting families on the 'edge of care', including related discipline clinical psychology (McPherson et al., 2018; O'Connor et al., 2024). Multi-agency collaboration proved important to enable professionals to share skills and provide holistic support, despite challenges in constructing key change issues and coordinating different perspectives (Baxter et al., 2023; Dagenais et al., 2009; McPherson et al., 2018). The scoping review highlighted the benefit of integrative services (McPherson et al., 2018), with the inclusion of psychologists. The narrative review demonstrated that EPs make important contributions to multi-agency teams in social care contexts (Warwick, 2021). The scoping review also found that interventions are most effective when they address both immediate family needs and broader systemic issues, such as poverty and social exclusion (Allain et al., 2023; Cox et al., 2020; Sen, 2016), which substantiate the theoretical foundations in systems theory described in the narrative review.

The literature highlights tensions between balancing safeguarding and therapeutic support (Allain et al., 2023; McPherson et al., 2018; O'Connor et al., 2024; Percy-Smith & Dalrymple, 2018). The scoping review saw Clinical Psychologist's role in safeguarding as 'sense-makers', offering psychological formulation of family situations, providing therapeutic input to address family mental health needs, and being agents of change (O'Connor et al., 2024). Similarly, the narrative review found that EPs are also well placed to conduct these psychological skills (Allen & Bond, 2020). The literature review emphasised the importance of reflective practice as fundamental practice to view each family as unique, with their own level of risk and needs, enabling effective interventions and enhancing outcomes for families (McPherson et al., 2018; O'Connor et al., 2024). Trauma-informed approaches, especially those that address intergenerational trauma and build trust between professionals and families, is also key (Bacon et al., 2023; Baxter et al., 2023; Cox et al., 2020; O'Connor et al., 2024). Outside the scope of the scoping review, emerging research has highlighted the trauma informed practices of EPs in wider contexts (Abraham, 2024; Sinclaire-Harding, 2023). Finally, family empowerment through strengths-based approaches, fostering connectedness and belonging plays a role in creating lasting change (Bacon et al., 2023; Baxter et al., 2023; Cox et al., 2020; McPherson et al., 2018; Sen, 2016). The success of these mechanisms, however, relies on taking a holistic approach to supporting families at the 'edge of care', which considers safety and psychological wellbeing (Allain et al., 2023).

While the scoping review did not identify the EP role specifically, the narrative review finds EPs training in systemic thinking and psychological models positions them well to support young people and families who have experienced adversity and exclusion potentially helping to bridge the gap between different professional perspectives (especially between education and social care) and supporting reflective practice across agencies (Abraham, 2024; Carr-Jones & Ellis, 2024; McGuiggan, 2021). Therefore, the literature

review has shown that EPs work with families with complex needs and their training equips them to integrate psychologically informed practices into family focused work, making 'edge of care' an unexplored but relevant area of EP practice.

Limitations of the review include limited cross-cultural perspectives and consideration of diverse family structures and cultural contexts, with the focus on the Welsh and UK context.

The Present Study

While the literature review revealed important mechanisms for supporting families at the 'edge of care', there is a notable gap in the research looking into the role of the EP in this context. EPs training in delivering consultation, assessment and intervention (Bernardo, 2019) could offer valuable contributions to 'edge of care' support. Furthermore, EPs work across multiple systems, including education and social care (Fallon et al., 2010), and in Wales there is a growing evidence base around EPs supporting complex family needs (Abraham, 2024; Carr-Jones & Ellis, 2024; Fallon et al., 2010; Warwick, 2021). Their foundations in psychology and reflective practice could support professionals in making difficult decisions around safeguarding, promote reflective practice and incorporating it into decision making (Allen & Bond, 2020).

Given the high rates of children in care in Wales (Wood & Forrester, 2023), and the complex needs of families at the 'edge of care' (Dixon et al., 2015; Lyttleton-Smith et al., 2018; Rees et al., 2017), understanding how EPs can contribute is important. It may be that EPs, are well positioned to bridge some of the challenges highlighted in the literature review in 'edge of care' contexts, including tensions with safety and risk, by developing a shared understanding between professionals and acting as sense-makers. The empirical study outlined in Part Two of this thesis aims to explore the current and potential role of the EP in

supporting families at the ‘edge of care’ and exploring their unique contribution to the context.

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Part Two: Empirical Paper

Word Count: 13,700

Introduction

Children and young people on the 'edge of care' face significant challenges in their educational attainment and are at risk of social exclusion (Bacon et al., 2023; Dixon et al., 2015; Mannay et al., 2017; Sebba & Luke, 2019). In Wales, this is significant, with a growing number of children entering care and being supported by the social care systems (Elliott, 2017, 2020; Hodges & Bristow, 2019), reportedly higher than other UK nations (Hodges & Scourfield, 2023; Wood & Forrester, 2023). Research has highlighted that there is a 'social gradient' in socioeconomic deprivation that may be driving this trend, with children in the most deprived areas of Wales nearly twelve time more likely to enter care than those in the least deprives areas (Elliott, 2020).

Furthermore, there is considerable variation in rates of 'children looked after' (CLA) across Welsh local authorities. As well as the negative outcomes experienced by children and young people, local authorities face significant financial costs associated with care proceedings, placement costs and residential care (Baxter et al., 2023), making a strong case for the exploration of preventative services and early intervention. Such interventions aim to prevent children from entering care while also addressing the potential risks of them remaining with their birth families (Baxter et al., 2023).

However, supporting these vulnerable families requires addressing complex, interconnected needs spanning across social, psychological and systemic factors (Bacon et al., 2023; Dixon et al., 2015; Rees et al., 2017). Efforts to prevent families from entering care plays an increasing role in practice in Wales (Lyttleton-Smith et al., 2018), including Families First Programmes, Integrated Family Support Services (IFSS), and the Reflect Programme (Social Care Wales, 2022). A variety of intervention models have been developed and implemented to support family preservation, reunification, and relationships, through

therapeutic approaches (Allain et al., 2023; Dixon et al., 2015; Fletcher et al., 2023; Fox & Ashmore, 2015; McPherson et al., 2018). Furthermore, evidence-based interventions within the context of 'edge of care' have been identified and evaluated in recent literature reviews (Bacon et al., 2023; Bezeczky et al., 2020). In Wales, these interventions are delivered through multi-agency collaboration (Lyttleton-Smith et al., 2018). However, services in Wales face barriers including underfunding, crisis driven approaches and inflexibility (Lyttleton-Smith et al., 2018).

The role of the Educational Psychologist (EPs) in Wales has evolved, particularly in their work alongside education and social care services to provide systemic support (Fallon et al., 2010; Welsh Government, 2016). Welsh EPs operate within a distinct national context, guided by policies such as the Additional Learning Needs (ALN) reform (Welsh Government, 2018). They offer knowledge in child development, trauma and attachment, and are trained in systems theory and practice (Bernardo, 2019). However, the research indicates a disparity between the potential scope of the EP role and the reality of practice (Allen & Bond, 2020; McGuiggan, 2021). While EPs are well positioned to provide holistic support to families, their work is often constrained by service delivery models and considered to be school based (Allen & Bond, 2020; McGuiggan, 2021). Despite this, an evidence base is developing which demonstrates the EP role is widening to broader contexts in Wales supporting at-risk children and families (Abraham, 2024; Carr-Jones & Ellis, 2024; Warwick, 2021). Nevertheless, there is a need for reflection within the EP community on how to integrate wider systemic work with families into practice (McGuiggan, 2021), particularly where there is an emphasis on integrative working and early intervention (Lyttleton-Smith et al., 2018).

Psychologically informed practice in 'edge of care' contexts involves applying psychological principles to improve family outcomes through comprehensive assessment, formulation and interventions (Clare & Jackson-Blott, 2023). Key mechanisms evidenced in

the literature include multi-agency collaboration (McPherson et al., 2018), trauma-informed practice (Baxter et al., 2023; Cox et al., 2020), strengths based approaches (Forrester et al., 2008), understanding family narratives through reflective practice (McPherson et al., 2018), building relationships (Sen, 2016), ensuring safety and stability (Allain et al., 2023), and systemic interventions (Cox et al., 2020). The literature emphasises a shift from deficit views to more empathetic, psychologically informed understanding (Fletcher et al., 2023). From asking 'what is wrong with you' to 'what has happened to you' (Fletcher et al., 2023). Though the literature highlights tensions that practitioners must balance this deeper understanding, reflective practice, and therapeutic approach with managing immediate safety and risks to children and young people (O'Connor et al., 2024; Percy-Smith & Dalrymple, 2018; Smith, 2016). Working with parents through relationship building to develop trusting and collaborative relationships is posited to enhance the efficacy of engaging families and reducing negative outcomes (Bacon et al., 2023).

There is evidence that research should broaden the focus beyond children in care, as there are patterns of children who go in and out of care and children at risk (Sebba & Luke, 2019). Compared to children in care, those on the 'edge of care' have received less attention in research and policy, despite having similar outcomes (Sebba & Luke, 2019). Research which is more preventative in nature and looks at early interventions to support families to avoid care is crucial for improving outcomes of vulnerable children and families (Bainton, 2022; Rees et al., 2017). The literature review in Part One of this thesis reveals important mechanisms for supporting families at the 'edge of care', including an understanding of psychologically informed practice. However, there is a notable gap in the research looking into the role of the EP in this context, despite EPs engaging in work with families with complex needs, and within children's services contexts (Abraham, 2024; Allen & Bond, 2020; Fallon et al., 2010; McGuiggan, 2021; Warwick, 2021). EPs training in delivering

consultation, assessment and intervention, and expertise of child development, trauma, attachment and systemic practice could offer valuable contributions to 'edge of care' support (Bernardo, 2019; Carr-Jones & Ellis, 2024).

Research Aim and Questions

The research aims to develop a theoretical framework of psychologically informed practice, by EPs, to support families at the 'edge of care'. Therefore, the following research question has been developed:

Research Question: How are EPs using psychologically informed practice to support families at the 'edge of care'?

Research Significance

The study has potential contributions in enhancing the understanding of the EP role in 'edge of care' contexts, informing professional development for EPs on a wider scale, informing policy and practice, and possibly inspiring or initiating the use of EPs in this context.

Current challenges in practice and policy include engaging families in services, due to engrained mistrust developed over transgenerational patterns of relationships and experiences (Baxter et al., 2023; Cox et al., 2020; Rees et al., 2017). Furthermore, there exists challenges in multi-agency working, especially with added pressures of balancing safeguarding needs with therapeutic outcomes and reflective practices (Allain et al., 2023; McPherson et al., 2018). EPs work across multiple systems, including education, health and social care (Farrell et al., 2006; Fox, 2009; Gaskell & Leadbetter, 2009). Therefore, there is scope for the profession to support some of the inter professional challenges identified in the literature (McPherson et al., 2018; Paterson & Rodden, 2023). Their foundations in psychology and

reflective practice (Ohara, 2021) could support professionals in making difficult decisions and supporting the complex needs of families at the 'edge of care'. Whilst their backgrounds in trauma-informed, relational approaches (Carter, 2023; Shaw et al., 2021) could support to break down the barriers of mistrust and engagement with 'edge of care' services.

Research Paradigm

Ontology and Epistemology

Ontology and epistemology refer to philosophical concepts of reality and knowledge (Howell, 2012). Ontology describes the nature of existence and reality, specifically the extent to which reality can exist independently of human understanding (Braun & Clarke, 2013). Epistemology concerns the nature of knowledge and the methods of obtaining it (Braun & Clarke, 2013; Burr, 2015). Researcher's philosophical positionings are vital as they influence the progression of the research, including choice of theoretical frameworks, methodologies, the approach to data analysis, interactions with participants, and the level of reflexivity within the research (Braun & Clarke, 2013).

Conducting research ethically in accordance with the British Psychological Society (BPS) and Health and Care Professions Council (HCPC) requires an understanding of axiology, or how values influence research (Piantanida et al., 2004). In acknowledging the authors values, they may reflect on how these influenced the research process, from the chosen methodology to the analysis of the data. It is the author's belief that EPs are well placed to work within the family context (McGuiggan, 2021). The current research aims to contribute to the research around EP practice with families with complex needs. In addition, the research has emerged from the belief that, although EPs are encouraged to think systemically, the role of the EP is often perceived as being limited to the school context and system due to processes which have defined the EP role (Farrell et al., 2006; Lee & Woods,

2017). The authors experiences as a trainee educational psychologist have shaped these beliefs. This reflects the author's belief that there is an opportunity to widen our understanding of the scope of the EP role and consider how EPs can work in a wider systems context, e.g. within social care. This reflexivity around axiology is vital in the chosen methodology, Constructivist Grounded Theory, and detailed research memos and reflective logs were utilised throughout this thesis (Charmaz, 2014; Mills et al., 2006; Piantanida et al., 2004) (See Appendix J and Appendix K, respectively).

Critical Realism

Based on seminal works by Bhaskar (2020), critical realism (CR) suggests a real, knowable world which interacts with the subjective and socially constructed knowledge a researcher can access (Archer et al., 2013; Bhaskar, 2020; Braun & Clarke, 2013; Fletcher, 2017). In this thesis, a critical realist position acknowledges that some authentic 'pillars' of reality exist (Braun & Clarke, 2013), whereby, 'edge of care' represents a diverse group of vulnerable families. In particular, the experiences which might comprise this group, including, but not limited to, trauma, neglect, disability, discrimination, and poverty, are considered real and significant for producing knowledge that can inform and improve support and intervention. However, each participating EP will have constructed their own interpretation of their role and psychologically informed practice. Adopting a critical realist lens in this research felt most appropriate, as it acknowledges the values and beliefs of the participants, while accepting that some external reality does exist (Clarke & Braun, 2013). Given that critical realism recognises the existence of an external reality and that our understandings of said realities are mediated by social constructions, Charmaz's (2014) Constructivist Grounded Theory (CGT) becomes highly compatible (Charmaz, 2014; Clarke & Braun, 2013). CGT emphasises the joint meaning making process between the researcher and the participants, acknowledging the interdependence of reality and social construction

(Oliver, 2012). Research has shown the potential for grounded theory to be used within a critical realist paradigm (Oliver, 2012). In CGT, researchers engage in constant comparison and iterative data analysis until theoretical categories are refined, aligning with the CR position that knowledge is evolving (Oliver, 2012).

Social Constructionism

This research takes the epistemological stance of social constructionism, consistent with the idea that the participants construct their own knowledge of psychologically informed practice at 'edge of care', based on their own experiences (Burr, 2015). Social constructionism emphasises the social nature of knowledge construction; created by individuals in a cultural and historical context (Burr, 2015). This was significant for the research positionality as it aligns with CGT and highlights the subjective relationship between researcher and participant in the co-construction of meaning (Charmaz, 2014). Furthermore, this research is interested in how EPs practice within a wider social and systemic context, and so it felt a natural fit for the research, due to Charmaz's (2014) CGT being sensitive to how participant experiences are shaped by social and historical factors (Charmaz, 2008). A social constructionist approach to grounded theory allows researchers to address *why* questions, which recognises the complex social processes at play (Charmaz, 2008). According to Charmaz (2014), CGT views the research process itself as a social construction, whereby the aim is to construct theories through interactions between the researcher and participants and therefore the researchers positionality and theoretical background influences the theory development (Charmaz, 2008). As such, maintaining reflexivity throughout the research process is key. Considering this, the author maintained a reflective diary throughout the research process, to ensure transparency and remain open about their experiences and values, and how they influenced the research (Appendix K). Part Three of this thesis will go into more detail about the authors role in co-constructing meaning

with participants and reflect on how their own experiences and assumptions may have influenced the research process.

Methodology

Ethics

Ethical approval was gained from the Cardiff University School of Psychology Research Ethics Committee. Professional standards, including the HCPC Standards of Conduct, Performance and Ethics (2016) and the BPS Code of Conduct and Ethics (2021) were carefully adhered to. Before the study began, participants received consent forms and information sheets. A debrief form with the contact information for the researcher, research supervisor, and the Cardiff University School of Psychology Ethics Committee was given to participants after the interviews. This was in case any participant needed more information or clarification or wanted to make a complaint. The use of participant IDs were used to protect participant confidentiality.

Research Design

The current study adopted a qualitative research design, using CGT (Charmaz, 2014). The research involved an iterative approach, oscillating between data collection and theoretical interpretation. Knowledge is constructed in an interaction between the researcher, participants and data (Charmaz, 2014).

Constructivist Grounded Theory (CGT). The choice of research methodology was Charmaz's (2014) Constructivist Grounded Theory. This research aimed to develop a theory of how EPs can use psychologically informed practice to support families at the 'edge of care'. The researcher aimed to gather perspectives on this with EPs to contribute to the existing literature.

Reflexive thematic analysis (Braun & Clarke, 2006, 2023) and Interpretative Phenomenological Analysis (Smith et al., 2021) were also considered as alternative research methodologies. Such methodologies provide flexibility to collect and examine participants perspectives; however, grounded theory was favoured because of the explanatory capabilities of the methodology. This research was interested in exploring the 'how' EPs are using psychologically informed practices to support families at the 'edge of care', but it was also interested in the 'why', or the mechanisms through which said practices facilitate positive outcomes for families at the 'edge of care', in order to develop a grounded theory of EP practice. Furthermore, due to its emphasis on theory development, CGT was chosen to fit the aims of creating a helpful framework or model of educational psychology practice to support families at the 'edge of care'. Figure 1 outlines the iterative and recursive process of grounded theory, and the key processes involved in the generation of a grounded theory.

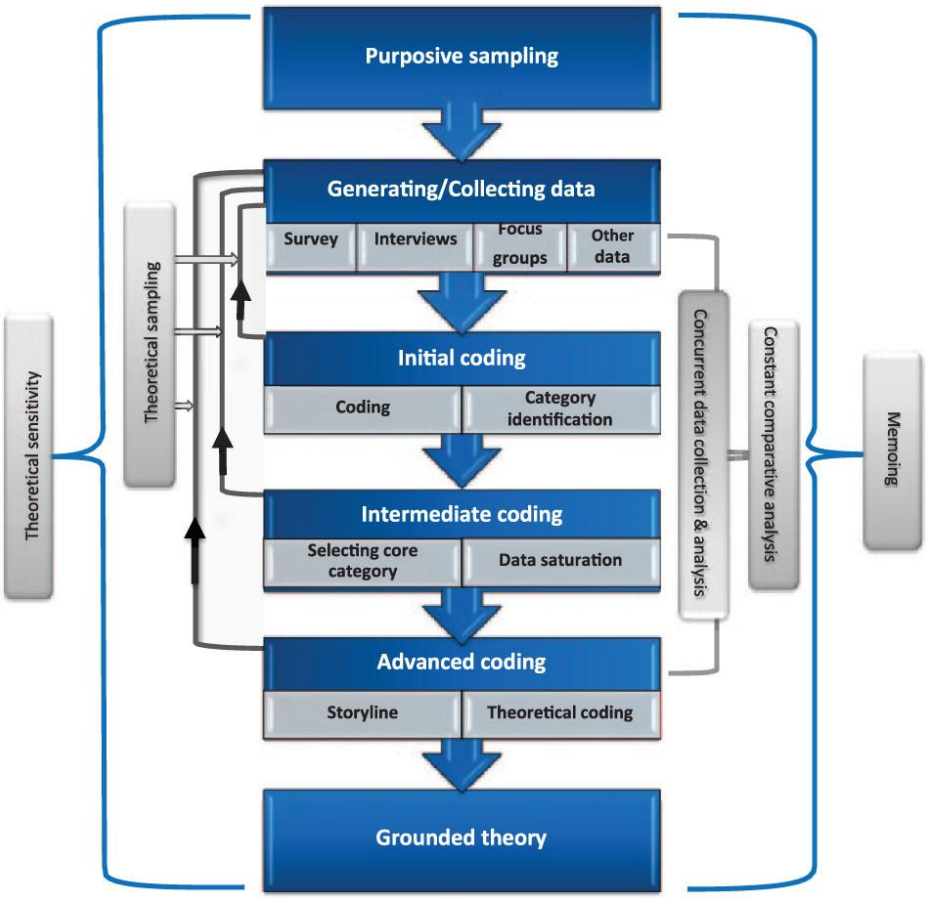

Figure 1: GT a visual representation of the essential grounded theory methods and processes. Reprinted from Chun Tie et al. (2019). Grounded theory research: A design framework for novice researchers

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Reflexivity

As an educational psychologist in training, the authors professional identity has shaped the positionality within this thesis, which in turn has influenced how the research was designed and conducted. A fuller exploration of the researcher's positionality can be found in Part Three. Throughout the research, the processes of the CGT approach were followed, including constant comparison, open coding and research memos to analyse emerging assumptions and interpretations of the data, to support transparency in the construction of the

grounded theory. Examples of research memos can be found in Appendix J, reflective diary entries in Appendix K, and the coding process in Appendix L.

Data Collection

As recommended by Charmaz for CGT, data was collected via intensive interviews (Charmaz, 2014). Intensive interviewing involves facilitating an interactive space with the participants, for ideas and issues to arise, in order to explore their substantial experience with the research topic (Charmaz, 2014). Intensive interviews place emphasis on understanding participant's perspectives, experiences and meanings (Charmaz, 2014). To facilitate this approach, interview schedules were created which included open questions following lines of inquiry and some possible questions and prompts to use (Appendix G). In line with the intensive interview approach, interviews were allowed to be led by the participants experiences and stories, using prompts to encourage more detail where necessary. As such, the participants were encouraged to consider the interview as a conversation between them and the researcher, allowing for the possibility for immediate follow-up on unexpected lines of inquiry, ideas, views and actions. Therefore, the intensive interview method supported the CGT methodology as it was semi-structured and allowed the researcher to consider certain lines of inquiry prior to the interviews. This offered flexibility to be responsive to each participant's ideas, to gather a deeper understanding of the actions and mechanisms underlying psychologically informed practice supporting families at 'edge of care'. Furthermore, intensive interviews allowed for the possibility that the participants may not have interpreted the questions as the researcher meant them and so allowed the opportunity for the researcher and participant to clarify questions and co-construct meanings, and offer probes where needed (Charmaz, 2014).

In short, the intensive interviewing technique is described by Charmaz (2014) as a helpful tool for CGT as it provides a flexible, emergent technique that "results from

interviewers and interview participants' co-construction of the interview conversation" (Charmaz, 2014, p. 59). Therefore, intensive interviewing was chosen to complement the epistemological stance of social constructionism, to recognise the co-construction of meaning between the researcher and the participant.

Participants

A total of 6 EPs participated in this study. All EPs worked for local authorities in Wales and considered themselves as engaging in work with families at 'edge of care', within the last four years (See Appendix E for further details).

Potential participants were approached from educational psychology services across Wales via purposive sampling. Initial purposive sampling directs the collection and generation of the data (Chun Tie et al., 2019). Participants were asked to take part in a semi-structured interview lasting approximately 50 minutes. Interviews were recorded, and the researcher kept notes during the interview process to facilitate conversation. Concurrent data collection and data analysis is fundamental to the grounded theory method (Chun Tie et al., 2019). The goal of purposive sampling was to provide the initial data to generate initial theoretical categories. After two initial interviews, the researcher began initial coding of the data and developed early conceptual and theoretical ideas. Theoretical sampling (Charmaz, 2014) was then used as the analysis progressed, in order to follow new lines of enquiry and gather additional data based on the early categories (see Appendix G). Meaning that additional participants were purposefully selected to develop and refine the emerging grounded theory. This process supported theoretical sufficiency (Hadley & Hadley, 2024) of the emerging grounded theory.

Data Analysis

Data analysis followed the guidance of Constructivist Grounded Theory (Charmaz, 2014). Grounded theory data analysis involves iterative cycles of systematic methods of coding at different levels of data generation (Charmaz, 2014). In CGT, coding is the pivotal link between gathering the data and creating an emergent theory to describe what is occurring in the data. Codes consist of short labels that the researchers construct as they interact with the data set. Throughout grounded theory variations, there are different coding terminologies. Traditional grounded theory talks of open, axial and selective coding, while CGT discusses initial, focused and theoretical coding (Charmaz, 2014). Conducting CGT coding begins with an initial phase of coding individual lines or small segments of data. This is followed by a more focused phase that builds on most significant initial codes to sort, synthesise and integrate larger volumes of data (See Appendix L for description of the coding process). Memoing was used to track the authors reflections, assumptions and evolving interpretations throughout the research process (Table 5).

Table 5 CGT Memo Example

1. Memo title: Initial coding; my taken for granted knowledge. Date: 29/09/2023 Reflecting on the terminology I am using, what does narratives mean? Do narratives mean the same thing as perspectives or constructions? Is my way of understanding narratives grounded in what the participants are saying? I've listened back to all the interviews and feel that this idea of narratives comes from the role of the EPs in making sure everyone's narratives/perspectives/ constructions are being voiced. The participants refer to this different terminology, but they seem to encompass the same idea; that EPs can take a meta-

perspective and actively support exploration and reframing, to explore multiple perspectives of a family's situation and avoid a single-story narrative. I acknowledge that this choice of language comes from my previous research experience, in particular Chimamanda Adichie's popular TED Talk 'the danger of a single story', where she talks about single stories as originating from peoples lack knowledge of each other, and the danger that a single-story narrative of one's identity changes the way that we view and interact with others. She says, 'to create a single story, show a people as one thing, as only one thing, over and over again, and that is what they become'. Here I construct the important role the EP has in facilitating diverse narratives of families at the 'edge of care', by collaborating with families and multiple professionals to avoid the dangers of single-story narratives by making sure everyone's voices are being heard. I also acknowledge that this line of analysis is heavily influenced by the COMOIRA framework of EP practice, particularly in the decision point 'reflect, reframe, and reconstruct', and my experiences of the framework that the Cardiff doctorate course is based on. Furthermore, as I am speaking to EPs in Wales, most (but not all!) participants were also trained in COMOIRA. It also aligns with the idea of social constructionism, the epistemological framework that underlies this research. I can see here the influences of my epistemological stance might have on the research process, particularly the data analysis.

Findings

This section presents the constructed grounded theory, developed using a constant comparative analysis and informed by the critical realist ontology and social constructionist epistemology. Findings include three theoretical categories made up of theoretical codes. Figure 2 presents a visual of the emergent grounded theory categories, namely, 1)

Psychologically Informed Practices used by Educational Psychologists, 2) Empowered Family Systems, and 3) The EP role at 'Edge of Care'. The substantive grounded theory constructed in this research offers a way of understanding the processes by which EPs application of psychologically informed practices promotes positive change for families at the 'edge of care'. How the grounded theory sits within existing literature and theoretical frameworks is explored in the Discussion.

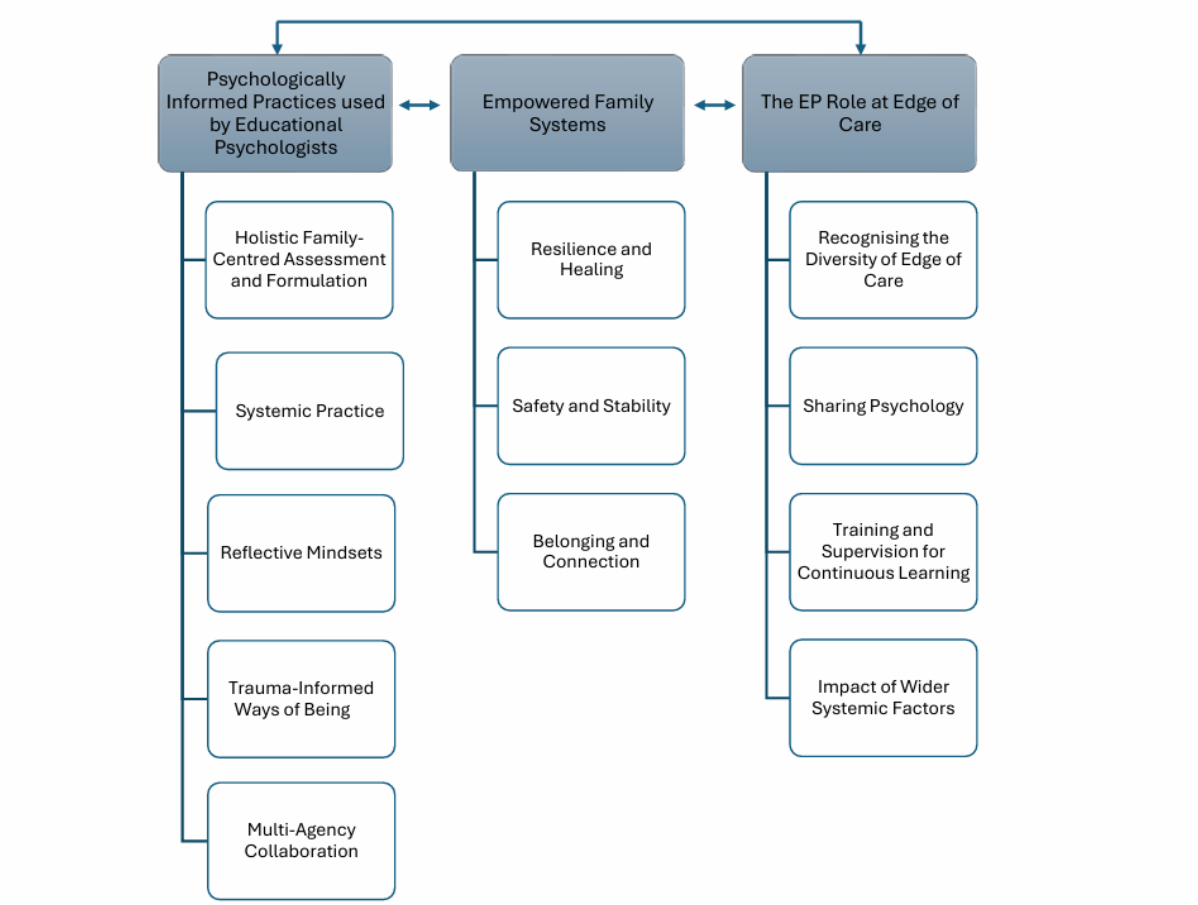

Figure 2 : Theoretical Categories and Codes

Psychologically Informed Practices used by Educational Psychologists

This category reflects how participant EPs described how they used psychological theories and applied them to their practice to support families at 'edge of care'.

Holistic Family-Centred Assessment and Formulation. EPs apply psychology to create holistic assessment that is centred around the young person and the family, which leads to good quality formulation, often co-constructed with families and multiple professionals to create a shared understanding of the family's needs. EP5 shared '*We're not just homing in on a particular part of the child's life. We're always trying to sort of open things up and see it as a whole...'* (EP5, p.7). Participants spoke of using assessment and formulation as mechanisms to apply psychological frameworks such as systems theory, positive psychology, trauma-informed practice, or attachment theory. Participants highlighted the importance of this holistic view to avoid deficit-based models and focus on the empowerment, growth, and resilience of families.

So just a kind of broader holistic assessment with a trauma lens usually to help the adults around that child think about, what are their strengths? What their needs? Where are we at kind of developmentally? What is going to be helpful for them in the classroom? What might be helpful for them at home? (EP1, p.6).

EP2 explained that EPs '*cross the kind of Rubicon, don't we, between social, emotional mental health needs and how they can start in school and end up at home or start at home and end up in school.' (EP2, p.4)*

However, EP2 shared the complexities involved in formulation. They contrast the straightforward aspects of using standardised psychometric tools and the more challenging aspects of addressing complex needs, such as trauma and family systems. They emphasise the importance of creating tentative hypotheses and exploring avenues for support.

I've got a hypothesis about a need that's impacting this child at home and school. I think it's something to do with neurodevelopment; I think it's something to do with learning or attachment. So, I'll do some consultation, I'll do some assessments, and I'll make some

tentative hypothesis and then we'll try some intervention and we'll kind of see what the response is to that… (EP2, p.11)

A key theme identified throughout the data was the way EPs use psychology to highlight families' stories and narratives. And how these stories have been transmitted across multiple generations. Understanding not only the story of the young person, but those of the parents, and grandparents also; understanding their *transgenerational stories.* These stories explain how belief systems and behaviours are transmitted across generations. This understanding is key for a full holistic assessment and formulation of the family's needs, which in turn informs appropriate interventions.

Because there's a narrative that goes through. So, if you look at repeating repetitive patterns; and what you get with parents is- you either get a replicative script or a restorative script. So the replicative is that they always do what they've always seen, and the restorative script is where they turn around and they go 'God, that happened to me. I'm not doing it again. And if you know, I'm not doing that to my child' (EP4, p.17).

EPs explore family histories using frameworks such as systemic or narrative approaches, recognising that the experiences and challenges faced by previous generations, such as poverty or negative interpersonal relationships, can profoundly impact the current generation. By exploring these transgenerational stories, EPs can identify patterns and influences that shape the young person's development. This approach ensures that intervention plans are not only targeted at the individual child level, but also consider broader family context, leading to more sustainable change. Importantly in the context of 'edge of care', on a preventative level, EPs might work with expecting parents around their previous experiences and developing support networks.

Let's look back at the experiences of these families, not just the children, but the parents' own experiences of being parented… you try and get them and the social workers to see sort of patterns, I guess, you know, transgenerational patterns and just connections and behaviours (EP5, p.3).

Systemic Practice informed by Systems Theory. Participants described using systemic practice as a mechanism to apply systems theories to promote change within family systems. Notably, systems theories which were mentioned by participants included ecological systems theories and family systems theories. EPs use systems theory to identify pathways for change and embed systemic practices, such as genograms and circular questioning, to facilitate these changes and achieve that '*light bulb* moment' (EP4, p.18). Some participants described change as encompassing both '*first order changes'* (behavioural*) (EP4, p. 9)* and '*second order changes'* (beliefs and attitudes) (*EP4, p. 9)*. For example, the unique role of the EPs was to facilitate understanding and shift beliefs to meet the needs of children and young people. Achieving second order change leads to lasting transformations and considered '*the Holy Grail of what you're trying to get' (EP5, p.4).*

EP4 described having further training in systemic practice, being qualified as a systemic family therapist as well as an educational psychologist. They explained that they '*find it hard to separate the theories of systemic psychotherapy and psychology' (EP4, p.11)* as there are overlaps in the disciplines and the psychologically informed practices underpinning them both go hand-in-hand, especially in contexts such as working with families.

Furthermore, participants highlighted how the unique contribution of the EP is bridging the home and educational systems, facilitating communication and creating empathy between school staff and parents, which recognises the interconnectedness of different

contexts within the child system. The presented framework recognises this interconnectedness and suggests that changes in one part of the system creates a '*chain reaction'* in other parts of the system. EP2 elaborated '*we've got quite a unique perspective because we've got kind of one foot in both camps…We're a bit of a bridge, I guess. (EP2, p.2).*

Moreover, important in systemic practice is understanding relational dynamics within families. EP5 discusses the application of systems theory and systemic practice, using circular questions to explore relational dynamics. They share, *'circular questions are when you try and make it a bit more relational. So, it would be sort of saying, 'so when your husband says that what do you notice happens with your son?' or 'when you said that what were you intending him to hear?' It's trying to make a question tap into the impact it might have on somebody else … it's all relational. There's a connection between everything that these families do (EP5, p.9).'*

These quotes highlight the significance of understanding relationships and connections within the family system. By exploring relational dynamics, EPs can facilitate meaningful and sustained change.

Cultivating Reflective and Reflexive Mindsets. Participants were talking about the importance of reflections. Including their own reflective mindsets, promoting reflection in other professionals, and promoting reflection in families. EP3 elaborates 'o*pening up a space that's safe. So, people can say some of the things that are really challenging, some of the things that are really difficult and have that time to reflect on what impact that's having for them' (EP3, p.4).* Participants shared that the value of reflective mindset comes in slowing down processes and emphasising that reflection is not about finding quick fixes but encouraging learning from past experiences and applying those insights moving forward.

We're hoping that some of the conversations we have stop people going into that doing automatic pilot mode... I mean it might not stop it, but it might help people just slow down a little bit and think and do something slightly differently… It's worth it. (EP3, p.7)

Participants explain that they facilitate these reflective and reflexive mindsets through supervision with social care and education staff ,'*it's providing reflective spaces for children services staff ... a lot of the work that they do, that is their best work and they recognise this- it's just turning up to families, homes and being a friend to them…there's so much you know therapeutic support in just turning up.' (EP3, p. 6)*

However, one EP did highlight that it can be a challenge to cultivate reflective mindsets in others.

Sometimes it can be harder to kind of facilitate reflective spaces in families for lots of reasons, they don't have time, or it can be a bit uncomfortable. So, I think reflective practice working with the 'edge of care' is about my own reflective practice. (EP2, p.7).

Participants highlighted that by using self-reflection and reflexive practice, and team support as a practitioner helps to manage vicarious trauma, recognise personal biases to be able to maintain a non-judgmental, helping role.

'You do have to use reflective practise to check in with what's triggering you and what is informing your decisions… You have to use reflective practice to just be aware of your potential prejudices, potential biases' (EP2, p.8)

Moreover, it was co-constructed between the author and the participants that language could be viewed as a tool for meaning, to shift perspectives and understandings. The EPs talked about their role in reframing language to be more inclusive and positive and the benefits of this in facilitating positive change for families in this context by helping to reduce stigma and promote more collaboration and empathy. EPs use psychologically informed practice to facilitate reflection, co-construct language and meaning and '*bringing different perspectives, or sometimes bringing some bit of hope.' (EP1, p.4)*.

EP6 emphasises the transformative impact of reframing language and perspectives. They highlight how it shifts the mindsets of professionals to view families in terms of vulnerability and need, including reasons behind families' behaviours. This promotes empathy and understanding. '*I think EPs have got a really a really skilful in reframing language, bringing in psychology and supporting that understanding of maybe why things are going wrong for those families.' (EP6, p.3).* EPs use psychological insights and practices to support this shift in perspectives and improve understanding of families' complex situations.

Additionally, they discuss the role of the EP in bringing psychological perspectives within systems which are not used to such psychological approaches and therefore facilitating more reflective and inclusive environments. EP1 emphasises using psychology to broaden professional insights, to avoid focus on reductive single-story narratives, '*my role was probably to be a bringer of psychology and sometimes a bringer of a different perspective into some of those systems, which aren't so used to working with psychologists, so within children's services.' (EP1, p.2)*

Important to this reflective practice, participants discuss theory of mentalisation as the ability to understand others' mental states and intentions, foster empathy and self-awareness within social and therapeutic contexts.

All that mentalising or that you know what we do as psychologists that are, we're seeing this behaviour, but what's the need beneath it? (EP1, p.7)

This reflective practice is seen as crucial for personal and professional growth, as well as fostering meaningful change within families.

Trauma-Informed Ways of Being. Presented in this framework is the importance of trauma-informed psychological thinking. Participants discuss trauma as a foundational factor in human behaviour and share relational approaches that integrate trauma awareness into holistic support.

the biggest thing that we use and actually throughout all my training really would be trauma informed models, trauma informed practice, so, so important. So, helping schools and parents and the whole system around the child look at needs through a trauma lens rather than seeing behaviour and responding in a kind of behaviourist manner like never works (EP2, p.4)

When asked to explain why trauma-informed approaches work best in this context, rather than behavioural approaches for example, EP2 elaborated '*If you're just looking at behaviour, you're just trying to change what a child does... I think, if you just try to change behaviour and you don't try to understand and meet needs that are influencing behaviour, you might get short term change, you might get pushback, you might drive disconnection. I think that trauma informed approaches work, because ultimately, they're about connection. Connecting with what a child needs, what a family needs, what a school need.' (EP2, p.5)*

Many of the EPs gave concrete examples of how they use trauma-informed theories within their practice. Commonly cited frameworks across participants were the Trauma Recovery Model (TRM), Dyadic Developmental Psychotherapy (DDP), and Circles of Understanding. Some use these through metaphors or visuals, EP2 gave an example a metaphor of an iceberg '*what we can see on the surface …but then we've got under the water line the bit of the iceberg that we can't see are the feelings, the needs, the trauma. And we need to we need to see what's under that waterline. Those are the things that we need to be addressing and then we'll see that change … And that's quite a nice metaphor that seems to feel kind of safe (EP2, p.5).*

Some psychologically informed models, like the TRM, are also used to helpfully decide upon appropriate intervention by sequencing interventions based on the child and family's readiness and safety. '*Sequencing and readiness for therapeutic intervention or readiness for processing trauma, it's really helpful' (EP1, p.10).*

However, EPs highlighted ethical considerations within the context of 'edge of care', which include making sure that the work does not retraumatise families or cause harm. EP2 shared 's*ometimes it's harder with children on the 'edge of care' than children who have already gone into care because it's a very personal timelined analysis of a child's life. And when you're doing that with parents, that's quite invasive and it can be quite traumatic. And you know, you've got to be very careful to help parents know that you're coming from a position of non-judgement. This isn't about blame.' (EP2, p.6)*

Related to this idea about avoiding traumatisation and integrating trauma-informed approaches with systemic practice, the code 'systems trauma' was developed. This code addresses the quite salient experiences of families at 'edge of care', highlighting the intergenerational trauma that families experience via the systems they are surrounded by. This

concept extends beyond individual trauma and behaviour. EP6 refers to this mistrust as '*epistemic mistrust' (EP6, p.5).*

I think the biggest barrier is probably underlying trauma, and I don't necessarily mean trauma individual's trauma. I mean, how traumatic children services involvement has been for families because again, I know we're here to help, but being involved with children's services can be really traumatic for families... So I think if families have had poor experiences with professionals, if they don't trust the system, if they don't trust schools, if they don't trust social workers, if they don't trust healthcare CAMHS, then you're on a bit of a back foot and it'll be a real barrier to them to being open to working with you. (EP2, p.14)

Reiterating the earlier point regarding ethical considerations, EP1 shares '*there's always that ethical dilemma of is this really fair for me to like waltz in, create a relationship with this child or young person who's had multiple experiences of being let down by adults and then just walks out again because that is adding trauma and that isn't trauma informed' (EP1, p.10).*

Participants stressed the need for children's and educational services to be trauma-informed and avoid being trauma-reinforcing.

This is about, you know, intergenerational trauma. This is about the systems and the way that the communities around this family are around this parent have supported them or not supported them. This is this is a wider systemic stuff about how we as children services kind of treat people and whether we are kind of trauma informed or whether we are trauma reinforcing or re traumatising some of the adult. (EP1, p.9).

EP6 brings it all together and highlights how an integrated framework for EP practice which includes reflective, systemic and trauma-informed practice acts as mechanism for change. *'I think it helps us break that cycle of trauma and actually looking at the patterns and*

the reasons why the parents are behaving in the same ways…. So actually, models like using an attachment lens, like mentalising, looking at the parents' skills of their own reflective functioning, considering things I've mentioned before, like epistemic trust, can really help us understand the why of the behaviours and then we can actually address the root of the problem and not just trying to like stick a plaster over a behaviour that's going to probably recur because we haven't actually addressed the need beneath the behaviour. (EP6, p.13)

The Need for Multi-agency Collaborative Approaches. Participant EPs placed large value on multi-agency collaboration to facilitate change for families at 'edge of care'. The role of the EP involves using psychologically informed practice to enable dialogue between multiple agencies to facilitate communication and co-construction of goals and develop a wraparound support for families. This was often framed as an important part of working systemically and engaging multiple perspectives. EP3 explained that in their role '*there's a lot of collaboration, a lot of liaising between different professionals, a lot of holding difficult emotions'. (EP3, p.1).*

I guess there's something about collaborative working… I think the most effective pieces of work are where all the professionals around the family are on the same page and are singing from the same hymn sheet. (EP1, p.15).

Some of the EPs work indirectly with families via consultation with professionals, therefore working in this collaborative way is a key mechanism of applying psychologically informed practice. EP5 for example, supports families at 'edge of care' through indirect work with social worker 'pods', a small team with shared caseloads. *'I do think that EPS working in like that pod way is a really good way of sharing as much of the psychology as possible and then reflecting. Obviously, I would love to be able to do it first hand as well, but there's*

the second-best option is that you can work through others who have got that role to be more connected to the families.' (EP5, p.2)

Where EPs do work with families, participants highlighted it is key for EPs to work collaboratively with families, as well as with professionals supporting families.

Empowered Family Systems

This category was developed to represent within the grounded theory and framework the positive outcomes experienced by families as a result of the change facilitated by psychologically informed practice of EPs. It illustrates the positive outcomes, characterised by families which are resilient, safe, and connected. Central to this category is empowering families through building on their strengths and resources. EPs support families, and often other professionals, to recognise the family's own strengths and resilience, fostering belonging, a sense of agency and confidence in their ability to change and heal from past generational wounds.

Resilience and Healing. This framework focuses on resilience as an adaptive process within family systems, highlighting how familial resilience can mediate stress, foster growth and healing. EP6 went further saying that '*we need to understand the quality of resilience factors. So not just looking out for resilience factors as we know them from the research, but also exploring them with more curiosity, how family resilience looks for each individual family' (EP6, p.10).*

So, I'd say we definitely look at them in the context of Maslow's hierarchy of needs as well, just to think about where those areas of resilience are and within the wider system and within their own history of themselves... It's exploring that a bit more depth of actually is that experienced as a resilience factor by that person or are we just making an assumption… (EP6, p.10).

Safety and Stability. Participants referred to constructions of safety and their implications for supporting families at the 'edge of care'. EPs play a role in fostering a shared and nuanced understanding of safety and wellbeing, between professionals.

'if the school bit can feel safe and settled, that can also help the home situation and vice versa. So that's what we as educational psychologists can bring as quite a strong offer… from children's services point of view, they have a whole legal system and duty of care and the whole emphasis, just like we have an emphasis on inclusion, their emphasis is on keeping children at home where at all possible because research shows that is often, not always, often the best place for them to be.' (EP3, p.3)

Across participants, the EPs highlighted the complexities of decision-making when supporting families at the 'edge of care'. There is a balance to strike between preventing family breakdowns and ensuring children's safety. Decisions made about whether a child should remain home or go into care placements are complex and multifaceted. EP5 explains '*you know, when you're trying to keep families together. You're trying to do as safely as possible and making sure that you have tried to consider as many of the things you should be.' (EP5, p.2).* The decision to remove a child from their home should be evaluated contextually, with the prioritisation of their safety and wellbeing.

Capacity for change was considered a key factor in assessing safety. EP4 explains '*I think the first thing is you have to think why is that child on the 'edge of care'? Because if it's about safety and security, that child needs to be in care, and that could be about sexual abuse, and that could be about physical abuse and neglect and emotional abuse. But if those parents have the capacity to change…. First of all, you need to gauge the parents in their capacity and willingness to change... I think that's the best way that psychologists could support.'* (*EP4, p.12).* Furthermore, EP6 shared how they use psychologically informed

practice to assess this capacity for change when working with expecting parents '*sometimes if we try to use kind of a lot of like psychological models like the cycle of change to think about where in the change process the parent is and whether they're contemplating changes. So, if they're contemplating changes, how can we get them into the action phase? … or if they're making some changes that they're struggling to maintain, then there's always something we can do at those stages.' (EP6, p.2).*

Safety, as a construct, was described as multifaceted by participants. Participants referred to different types of safety e.g. psychological safety and physical safety. There is often a disconnect between the definitions of safety used by EPs and those used in children's services, and therefore the role of the EP is to create a shared language through sharing theories of safety.

There's an interesting thing about collaborative working on multi-agency working and the use of the word safety. And that I think when I think about and talk about safety, I'll talk about what I mean, it's psychological safety. And often within a children's services context, what they mean is like physical safety like are they actually physically safe from harm. (EP1, p.18).

Belonging and Connection. Participants highlighted meeting families' basic needs of belonging and connection. Akin to psychological theory Maslow's Hierarchy of Needs, participating EPs focus on fulfilling a hierarchy of fundamental human needs, 'we u*se the Maslow's hierarchy of needs as well to look at like the different levels. So actually, have they got their basic safety and physical needs met? (EP6, p.10).*

And it's like we're meeting ordinary needs, really basic needs of love, belonging, you know, something really straightforward needs of all these things we have to meet in the ordinary ways because they've not been met in the past… But what we're trying to do is really

simple and I think we could bring it back to the simplicity of it. It may feel more doable and achievable and manageable, but because of everything else that gets in the way, you know all the different legalities, which obviously have to happen to safeguard kids and ensure that they're kept safe, I think it becomes really tricky. (EP3, p.18)

Many EPs spoke about encouraging families to develop positive connections, including secure intrafamilial relationships, supportive community networks and trusting professional and therapeutic relationships. This creates a sense of belonging and enhances resilience for families at the 'edge of care'. EPs cited psychologically informed models such as dyadic work, often using DDP, to work on the relationship between the child and the parent. EP's work with families is grounded in psychological theories such as attachment theory. 'E*verything I do is very much based on Pat Crittenden's work around attachment and that is my kind of foundation for everything that I'm doing with families. (EP6, p.11)'.*

I think that's the EPs really kind of best tool in that situation because invariably sometimes you will work with a family where relationships have broken down between parents and young people and they will have very different perspectives…A lot of the work that we do is about helping parents be more cohesive in their parenting. (EP2, p.9)

EP5 highlighted the importance that professionals develop trusting relationships with families at the 'edge of care', underlined by PACE (playfulness, acceptance, curiosity and empathy). *'I guess it's the relationship is key, isn't it? It really is. They don't want to feel things being done to them. It's along with them, isn't it? You're there at their most difficult time in their life and you need to feel that you need to show empathy. You know, we need to be PACEful' (EP5, p.14).*

Building trust and offering a supportive relational space was seen as valuable contributions by EPs. The framework presented recognises the importance of trust and

containment for both children and their families. EP1 shared '*unless this parent feels OK and feels contained and feels safe, then then they themselves can't contain and can't support that child to feel safe'. (EP1, p.13).* Moreover, EP3 explains that when reflecting on the value of EP intervention, '*the value is relational. The value is this person trusts you because you've built up that trust.' (EP3, p.7).* However, they also highlight that this type of relational work can present challenges to measure '*this person values sort of that space and time that you hear and that's very difficult to keep in mind because it's hard to evaluate the impact.' (EP3, p.7).*

The EP Role at the 'Edge of Care'

This category pays attention to the contextual factors that influences the role of the EP at the 'edge of care'.

Recognising the Diversity of 'Edge of Care'. An important factor raised by the participants was the diversity of needs and challenges for families at the 'edge of care', meaning their roles were difficult to define. The roles and practices of the EPs varied with some engaging in more direct work with families, and others in more indirect methods. EP3 explained that '*it's very different in each situation. So, you know that 'edge of care' is a big thing to describe and to discuss and that's what we find when we put ourselves out there to say to explain what we do. It's very hard because each situation is based on the individual circumstances.' (EP3, p.2).*

Participants were asked about how they constructed their role supporting families at the 'edge of care', and they shared nuanced constructions that reflected the varying contexts of 'edge of care'. EP2 shares *'I would consider 'edge of care' to be families who are mainly on a care and support plan. That's what we call it. So to families that where children are at home, sometimes they're living with extended family, maybe, but not under a formal*

agreement. So they might have gone to live with Nan or whatever or auntie. And also, placement with parents as well. So some children who have there is a care order in place, it's not voluntary so the local authority also have parental responsibility, but they're placed with their parents. There's a lot of work done there to try and make sure that that's where they stay.' (EP2, p.1).

And working directly with birth parents can be unusual…We tend to work with foster carers, but again, you know, children in care can also then have a change of placement, and that's just as traumatic as well. So, I don't know if that's part of the scope of, you know, they're already in care, but they can be placement with parents, which also includes they are in care, but they're actually living with parents and then that can dissolve and they then go to foster care….That includes all of those different types of situations. (EP3, p.1).

Sharing Psychology. Working in this context, participants described applying psychological theory and practice through a range of activities, including consultation, therapeutic work, supervision, training, formulation. There appears to be a link to higher job satisfaction, possibly due to the wider potential of applying psychological skills in this context, as EP5 *explains 'EPs working in this way probably get more job satisfaction than I can say... I feel invested in these families and it's that return that you're hoping you're building on sort of some of your hypothesis then they do something, you get feedback, you know, does that alter your sort of formulation? ... you just feel you're doing something more positive that's having more of an effect.' (EP5, p.18).*

When comparing their role to work within education context, compared to embedding psychology in wider contexts, such as social care, EP4 shares '*I'm just using this little weeny part of it [psychology] because I'm looking at learning. I'm looking at development, I'm looking at I don't know diverse neurological conditions. I'm not looking at the bigger picture.*

The minute that I came out of schools and started to work with other agencies it freed me to look at the whole of psychology… it freed me to look at psychology as a discipline with a whole range of theories and research behind it and to use them and to call on them and to refresh them. In my head and I found that educational psychology was incredibly restrictive.' (EP4, p.24).

EP5 explains that the unique contribution of the EP in this context not only means sharing psychology but also making psychology accessible to people that we work with, '*I feel that you can really share a lot of theory but make it then very practical as well. But then you bring it down to something that's accessible.' (EP5, p.16).*

Training and Supervision for Continuous Learning. The participants emphasised the importance of ongoing training and continuous learning to be able to support families at 'edge of care', including systemic and trauma-informed practices.

And my training could have had more in it about other systems. Working in children's services systems, working with trauma informed practise, I think there probably is more now because we've come so far in the last few years, but you know, if I could, if there was something that would help. It would be for it to be slightly more emphasised in training and maybe change our title so that people are more aware that we do more than school-based support. (EP2, p.18).

Furthermore, emotional supervision, especially peer supervision between EPs was seen as vital for managing the demands of the role and promoting reflective practice. EP4 shares '*having peer supervision is invaluable…You don't necessarily need case supervision. You need emotional supervision for this sort of work.' (EP4, p.27).*

This framework therefore highlights that strong relationships and effective peer supervision within teams, as well as strong continuous professional development fosters motivation and

resilience for EPs working in this context and enables better collaboration with other agencies.

Impact of Wider Systemic Factors. EPs indicated some wider systemic factors which influence their role with families at the 'edge of care'. For example, collaboration was seen as both a significant facilitator and barrier. When multi-agency working is effective, it has a positive impact. However, logistical challenges where highlighted, such as arranging people's diaries and time pressures, which can be a frustrating experience.

I feel like I don't know. I guess there's like, I guess there's something about the working with others that is both a facilitator and a barrier that that when it works well, it works really well. It could be hugely effective and yet to make it work well sometimes requires so much work like that, you can spend more time. Well, you know what it's like if you're trying to get a multi-agency meeting together, you can spend more time chasing professionals and trying to get everyone on the same page … the time and the logistical and the practical barriers, if you're getting everyone together or to having conversations with everyone can be a huge barrier (EP1, p.19).

Furthermore, the participants acknowledge the emotional toll of working with complex needs such as in families at the 'edge of care', and so defensive behaviours arise to help practitioners to manage. For example, relying on single narrative taking or solution focused decisions. These system defences might shield practitioners from confronting difficult realities, but potentially at the cost of deeper engagement in reflective or collaborative practices.

W*hen you work in social care you have to make those decisions about do we or do we not remove this child from their parents, you have to sit in, I guess certainty, you have to sit in a 'I am 100% certain that this is the right decision' because otherwise…how can you how*

can you hold that. You know what? I might have made a mistake and removed a child when they didn't need removing. So, you have to have a kind of defence mechanism of kind of that, that certainty, that almost, that single narrative (EP1, p.4).

Discussion

This research explored the role of the EP in working with families at the 'edge of care.' Figure 3 illustrates the developed theoretical framework of EP practice at the 'edge of care'. The discussion will place the framework and grounded theory within the context of the existing literature.

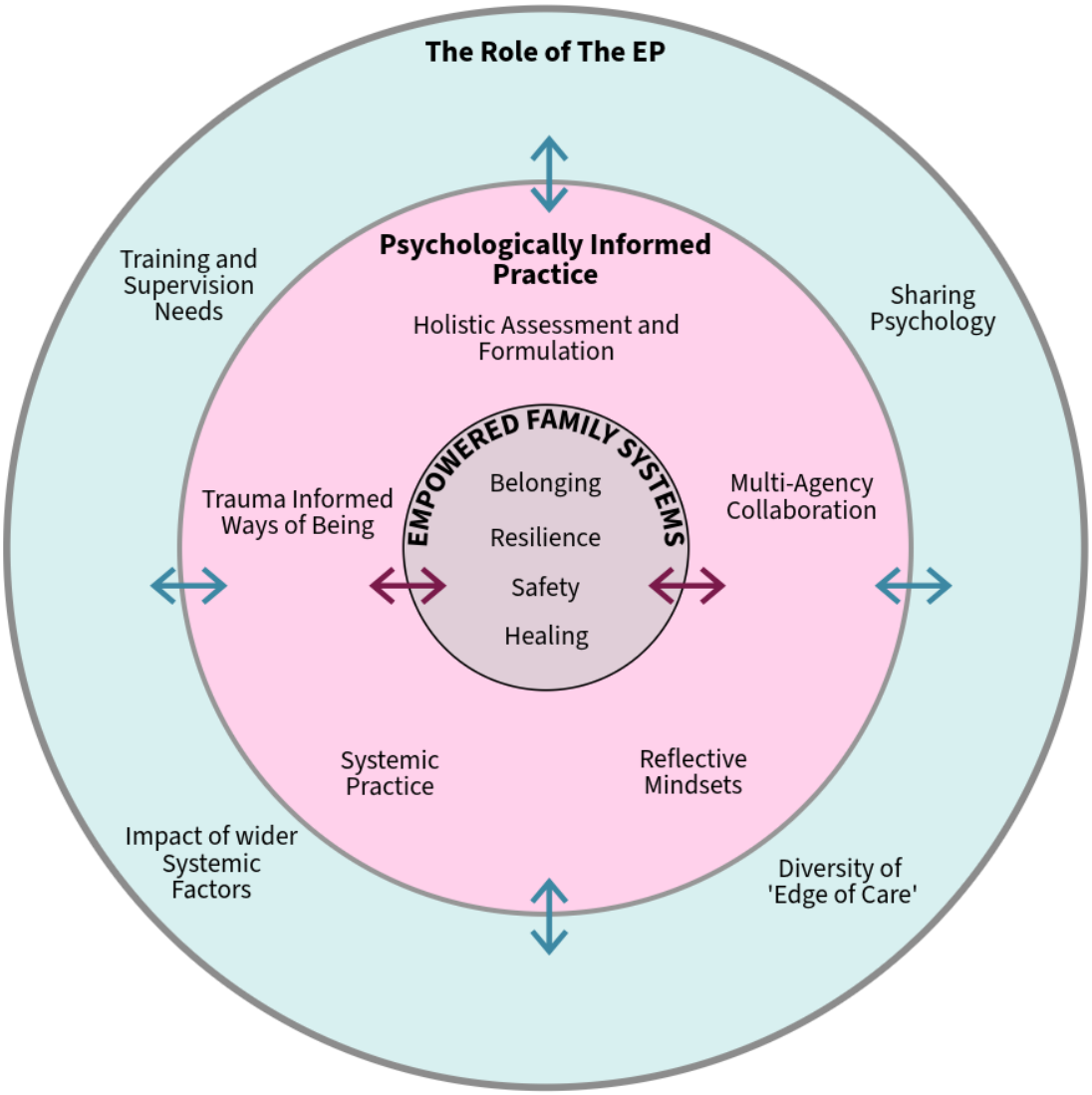

Figure 3: A Framework of Educational Psychology Practice to Support Families at 'Edge of Care'.

The Grounded Theory

Belonging, Resilience, Safety and Healing (BRSH). Underlying the framework presented in this thesis is the constructed grounded theory. The framework describes *how* EPs apply psychologically informed practice to support families at the 'edge of care.' Core to the framework, the constructed grounded theory offers a theoretical explanation of the processes through which EPs application of psychologically informed practice facilitates positive change for families.

Core to the theory are four psychological pillars which represent the key processes that EPs are facilitating when working with families who have experienced adversity or exclusion, explored in the context of 'edge of care'. These pillars are supported by the foundation of the theory, psychologically informed *reflective practice*. The four pillars, *Belonging, Resilience, Safety* and *Healing,* are collectively referred to as '*BRSH*', evoking the image of a paintbrush, metaphorically painting, or authoring new stories and narratives through therapeutic and relational ways. The theory is presented visually in Figure 4.

When applying psychologically informed practice, EPs are promoting change in these four areas, creating a system where families are empowered and resilient. These components are essential for EPs to effectively support families at the 'edge of care'. The theory speaks to the containing role of the EP, as underlined by theories of containment, such as Bion's container-contained theory (Bion, 1985) and Winnicott's (2014) theory of emotional holding (Winnicott, 2014). The unique contribution of EPs lies in their ability to create safe spaces for families to explore difficulties, using reflective practises, to empower families and foster safety, resilience, belonging and healing from intergenerational trauma. Through these psychological processes, EPs can support families to reauthor challenging or disempowering narratives. This theory positions the EP as a systemic agent of change within family, school,

and community contexts. The findings here suggest that these processes of containment are not just helpful for supporting families, but also in supporting the professionals who work with families.

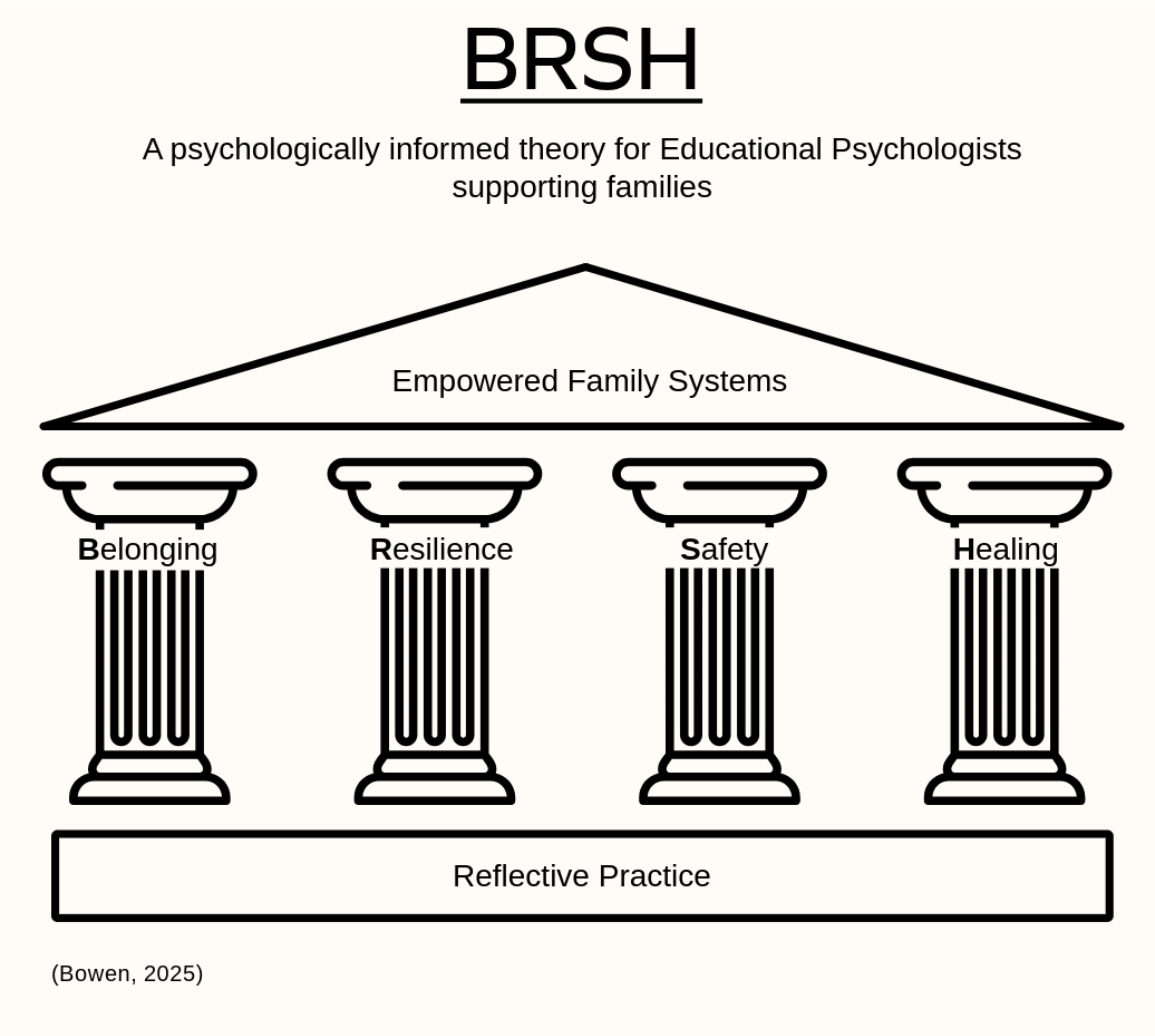

Figure 4: 'BRSH' Grounded theory.

The first core pillar of this theory is *belonging*. Rooted in theories such as Maslow's Hierarchy of Needs (Maslow & Lewis, 1987) and Attachment Theory (Bowlby, 1979), this theory positions belonging as essential for families to thrive and be empowered. This includes within-family connection, connection to communities, school and cultural identity (Allen et al., 2021). This aligns with literature by Baumeister and Leary (1995) which emphasises belonging as a fundamental and universal human need. In the presented

empirical data, participating EPs spoke about meeting a hierarchy of basic needs, one of which was belonging, met by driving connection. Participants spoke about connection on the family level, community level, and therapeutic level. Participants highlighted that when belonging is met, families are more resilient. As one EP notably described, the value is relational. This perspective is reinforced by the work of Lisa Cherry (Cherry, 2024), who explored in their doctoral research how care experienced adults who also were excluded from school make sense of belonging. Cherry's (2024) research offers a deeply reflective, trauma-informed and participatory study that places the lived experiences of participants at the heart of its findings. Cherry (2024) reported that participants felt a lifelong search for belonging in safe relationships, safe environments and meaningful contexts and concluded that belonging must be a central focus of systems where children are supported, including education, social care, health and justice. Cherry (2024) notably describes belonging as 'the antidote of trauma', where participants felt a sense of belonging was a part of recovery and growth in the aftermath of trauma (Cherry, 2024), a concept which was resonant in the participating EPs experiences. Empirical evidence by Riggs et al. (2009) supports the notion that family belonging is associated with better outcomes for children who have experiences of abuse or neglect. The scoping review in Part One of this thesis supports the importance of developing parents connection and belonging within their communities to promote their self-esteem and empower mothers to make positive changes (Cox et al., 2020). Allen et al. (2022) examines how EPs can use theoretical frameworks such as Bronfenbrenner's bioecological model (Bronfenbrenner & Morris, 2007) to enhance belonging (Allen et al., 2022), one of the many theoretical frameworks highlighted by participants in the current study. Allen et al. emphasise that effective interventions should consider individuals' interacting contexts and enhancing belonging at multiple levels (Allen et al., 2022). The BRSH theory posits belonging as a core component of EP work with families at the 'edge of care' and is essential for healing trauma

and fostering resilience. Grounded in the experiences of the participants of the current study, who described how EPs use psychologically informed practice to facilitate belonging by using approaches such as relational or therapeutic work (such as DDP or narrative therapy), facilitating reflection and mentalisation, and reframing perspectives.

Secondly, a core process of EPs work includes celebrating and building family *resilience*. EPs are skilled at taking strengths-based approaches (Chatzinikolaou, 2015; Wilding & Griffey, 2015). The current research shows that, in EPs work with families at the 'edge of care', this can look like focusing on family strengths, which are cultivated through connection, reflection and empowerment. Participants in this study report using tools such as reframing language and challenging single-story narratives to achieve this. Findings of a systematic review conducted by Bacon et al. (2023) support this as it found that professionals often fall into the trap of focussing too strongly on families' deficits and risk assessments, which undermine parental confidence (Bacon et al., 2023). However, Bacon et al. (2023) presents evidence that where practitioners use strengths focused practice and recognise family resilience, this leads to better outcomes and family engagement (Bacon et al., 2023). According to a case study report of one family at the 'edge of care', conducted by Sen (2016), when practitioners focus on family strengths, it harnesses parents' agency for change and enables them to make more positive changes and promote their ability to change (Sen, 2016). According to Walsh's (2003) theory of family resilience, resilience is a dynamic process (Walsh, 2003), a concept echoed by the participants in the current study. The findings from participating EPs are consistent with Walsh's theory, as they emphasise how families make sense of their adversity through their family belief systems. EPs utilise psychologically informed practices, such as systemic practice or narrative tools, to help families make sense of their belief systems and foster hope. The importance of supporting families to tap into support networks as a form of resilience is highlighted. For example, the participating EPs

talked about working systemically to help school and children's services to understand the family needs and strengths. One EP talks particularly about the importance of the quality of resilience factors, noting that families benefit from fewer stronger, supportive protective factors rather than numerous weaker protective factors. Finally, the participants describe how EPs also support family resilience by promoting more curious, safe, emotionally attuned conversations within families.

Thirdly, fundamentally important to the BRSH theory is the pillar of *safety*. The theory presents safety as a multifaceted concept which is integral to the EP role for supporting families at the 'edge of care'. The construct of safety relates to a felt sense of physical, emotional, and relational safety within the family system. Participating EPs were seen to be holding space for difficult stories and conversations, by creating safe environments and co-regulation. This idea is in-line with contemporary theories, such as Stephen Porges' Polyvagal Theory (Porges, 2022), which says that safety, as a construct, is not just the absence of threat or danger, it is the presence of connection, calm physiological states, social engagement and predictable environments. Safety, including psychological and emotional safety as well as physical safety, are biologically embedded, detected through our automatic nervous system, and we need all forms of safety to function (Porges, 2022). Indeed Kim Golding (2020) emphasises that the very first need that should be met when supporting young people with trauma is their sense of safety (Golding, 2020). This is further validated by Skuse and Mathew's (2015) Trauma Recovery Model (Skuse & Matthew, 2015), which states that safety is the foundational condition for trauma recovery. The BRSH theory presents a theory of safety which is multifaceted and layered to encompass both physical safety and psychological safety. This aligns with previous research highlighting the importance of safe and containing environments for families at the 'edge of care' (Dixon et al., 2015). The importance of understanding and addressing safety and stability was a significant finding

highlighted by the participating EPs. The distinction between different kinds of safety e.g. physical and psychological was particularly relevant for the EPs when working with different professionals, suggesting a need for a shared understanding and language around safety in multi-agency contexts. It echoes a tension found across the literature of balancing safeguarding with therapeutic support (Allain et al., 2023; O'Connor et al., 2024). O'Connor et al. (2024) examined how clinical psychologists responded to child safeguarding cases by conducting psychological formulation of family situations, providing therapeutic input to address family mental health needs, and managing change. O'Connor et al. (2024) delineates risk as a multidimensional term across dimensions of physical or emotional risk, and/or short and long-term risk. The current findings demonstrate how EPs take up similar roles in this context and builds on this by integrating the idea of psychological safety into the current grounded theory. One of the unique contributions of the EPs identified in the data is their ability to reflect on the complex and multifaceted nature of safety. We might consider this balance as the ying and yang of safety; wherein both the mind and body need to feel safe for families to flourish. When assessing safety, the presented framework also draws on the importance of change. Participants used explicit psychological models to understand change, including the Cycles of Change (Prochaska & DiClemente, 2005). This is a well-established approach with evidence to support its use in therapeutic and health promotion settings (Lyttleton-Smith et al., 2018). However, like other therapeutic approaches, its success depends on the individual's intention and ability to change (Gameson & Rhydderch, 2008). Other models mentioned in the literature and in the data include the Signs of Safety model (Lyttleton-Smith et al., 2018; McPherson et al., 2018). Notably, participating EPs highlighted that when families feel psychologically unsafe, this is a barrier towards their intention and ability to change.

The final core pillar of the presented grounded theory is *healing*. This component describes recognising and addressing cycles of trauma, unmet needs, and transgenerational patterns of behaviour and beliefs within family systems to heal previous generational wounds. Established in theories of attachment, narrative practice, polyvagal theory, and systems theory, interventions should be trauma-informed, attachment-based, and target multiple systems. This is supported by the literature around healing intergenerational trauma, including research conducted by Isobel et al. which examines how preventing the perpetuating cycle of trauma requires two key processes; resolving parental trauma and actively supporting the parental-infant attachment (Isobel et al., 2019). Fletcher et al.'s (2023) concept of 'ghosts in the nursery' further illustrates this point, describing how when parents struggle to break free from their own transgenerational trauma and patterns of behaviour, it can lead to replicative scripts that are played out in their own family dynamics, a concept also featured in the empirical data. Participating EPs all spoke about the importance of working with parents on their own trauma and belief systems, as well as supporting the young person in trauma informed ways. Findings demonstrated that the EPs could facilitate this by promoting understanding of family's histories and transgenerational patterns of beliefs or behaviours, to create safe spaces for families and professionals to reflect and identify family needs. This understanding becomes a part of EPs good quality family-centred formulation and informs a part of holistic intervention and support. Notably, it is not just the case of healing past wounds that EPs facilitate but creating hopeful paths forward as well. The data calls attention to the idea that such transgenerational trauma can lead to epistemic mistrust, making it difficult for young people and parents to build trusting relationships with service professionals. Participating EPs emphasised that approaches underlined by the concepts of Dan Hughes' PACE (playfulness, acceptance, curiosity and empathy) (Hughes & Golding, 2012) were crucial in building trusting therapeutic relationships with families. Consistent

with the findings of the literature review in Part One (Percy-Smith & Dalrymple, 2018; Sen, 2016), the empirical findings demonstrate that respecting the families' narratives and addressing the impact of trauma are key mechanisms for facilitating change.

A Psychological Framework of Practice at 'Edge of Care'

The current thesis demonstrates how EPs apply psychological theory and practice to support families at the 'edge of care'. It offers a practical application of the grounded theory through a structured framework of practice. EPs application of psychologically informed practice, depicted in the framework's middle circle (Figure 3), enabled EPs to promote positive change by empowering family systems (represented in the centre circle of the framework). Additionally, the outer circle of the framework addresses the wider factors that are barriers and facilitators, influencing the role of the EP.

Participating EPs demonstrated the use of various theoretical frameworks, including attachment theory, systems theory, and trauma-informed practice and discussed the implementation of evidence-based approaches such as Video Interaction Guidance (VIG), Dyadic Developmental Psychotherapy (DDP), and the Trauma Recovery Model (TRM), to name a few.

Building on this, participants in the current research emphasised the importance of the EP role in making psychology accessible and practical through holistic and family centred assessment and formulation. This is supported by lived experience research of young people and their families on the 'edge of care', which emphasises the importance of family-centred, holistic and relational approaches to responding to families facing difficulties (Percy-Smith & Dalrymple, 2018). Furthermore, the framework highlights the importance of taking a strengths-based approach to build on family resilience and empower families to make positive changes, which aligns with the existing literature (Forrester et al., 2008; Sen, 2016).

In addition, reflective practice is highly valued by EPs (Ohara, 2021). EPs in the present research highlighted reflective practice as important in promoting positive outcomes for families. The EP role contributes to creating safe reflective spaces to support families and professionals to feel contained. And in doing so, they allow families and professionals to explore different perspectives and reauthor more positive narratives. This has a transformative power to shift mindsets to view families in terms of individual strengths and needs, understanding the reasons behind presenting behaviour, creating more empathy and compassion. These findings are supported by the literature in Part One of this thesis, namely McPherson et al. (2018) which highlighted how psychologists can make useful contributions to integrative services for families at 'edge of care' by facilitating reflective practice.

Integral to the presented framework is trauma-informed practice. The EPs in this research described adopting a trauma-informed lens to recognise the psychological and physiological impact of trauma and intergenerational trauma on individuals. This approach allowed them to contextualise challenges in interpersonal relationships, managing emotions, establishing safety, and creating developmentally appropriate interventions. The participants experiences echo the work carried out by Beadle et al. (2023), who talk about embedding psychological thinking within a local authority children and young people's services. Beadle highlighted the importance of creating trauma-informed systems and workforces, from the ground up. Beadle's research substantiates the role of psychological consultation, reflective groups and joint work with families and practitioners to meet the needs of young people who have experienced trauma. Beadle emphasises the importance of embedding psychological thinking within wider systems such as children's services and education to enhance practitioner wellbeing and improve outcomes for children and families. This is consistent with the current findings of EP practice as participants describe the importance of modelling

trauma-informed, and trauma-responsive environments within systems such as education and social care.

Finally, participants in this study described applying systemic practice at multiple levels, from individual therapeutic work to systemic consultation, supervision and training. EPs in this research highlighted that the unique contribution of the EP in this context lies in their ability to work systemically across multiple systems around the young person and family, acting almost as a bridge between school, home and social care contexts.

Implications for Policy and Practice

Implications for Practice. The participants highlighted that the construct of 'edge of care' is diverse and does not fit into a neat definition. This ambiguity makes it challenging to establish consistent practice for EPs, with the scopes of participating EPs being diverse, some holding more direct therapeutic work with families, and others working more indirectly through consultation with other professionals. Nevertheless, one uniqueness of the EP profession lies in the diversity of practice and adaptability to individual situations (Fox, 2003). This adaptability is crucial in the commitment to inclusion and social justice, ensuring that all families receive equitable support, recognising and addressing the unique challenges each family faces (Chu, 2025; Embeita & Birch, 2024). This might therefore involve tailoring interventions to meet individual needs and recognising the systemic issues that contribute to family vulnerabilities (Chu, 2025). Nevertheless, it reflects ongoing tensions in the literature around the difficulties defining 'edge of care' complicating research and policy, especially for developing consistent practice and interventions (Dixon et al., 2015; Rees et al., 2017).

Furthermore, there is extensive research indicating that care experiences are not linear or homogenous (Elliott, 2017; Mannay et al., 2017; Roberts, 2021; Roberts et al., 2019), raising questions about when to intervene. Should intervention occur at point of crisis,

as a preventive measure or even earlier intervention? In addition, how do we identify which families need support? These uncertainties add to difficulties in consistent provision and evaluation (Dixon et al., 2015). Research shows that professionals expressed the view that intervention often comes too late, after families have reached a crisis point that necessitates statutory involvement (Elliott et al., 2024). This reflects a reactive rather than preventative system (Elliott et al., 2024). There is a case here for strengthening EP involvement in early intervention for families experiencing adversity and exclusion. The current research suggests that EP involvement in 'edge of care' contexts could support preventative, strengths-based approaches and reduce family breakdown and escalation into crisis.

Several implications emerge regarding the application of psychologically informed practice in 'edge of care' contexts (summarised in Table 6). For EPs, it seemed that across participants, even though the EP doctorate training positions them well to do this work, there is a benefit of having continued professional development to engage in this specialist work. Training in trauma-informed practice and systemic approaches, combined with regular supervision, enabled EPs to maintain effective psychological practice in challenging contexts.

There also appears to be a value in developing clearer frameworks for translating psychological theory into practical and systemic interventions. This grounded theory contributes to knowledge by offering a comprehensive theoretical framework that aligns with established frameworks for EP practice, including the Constructivist Model of Informed and Reasoned Action (COMOIRA) (Gameson & Rhydderch, 2008). The COMOIRA model serves as a heuristic model, promoting an adaptable and iterative approach to problem solving and decision making. Allowing flexibility to adapt methods to the unique context of each case is crucial to facilitate more sustainable change. Integrating this grounded theory into the COMOIRA framework would support its applicability by providing greater structure and help EPs in navigating complex systems and bridging theory and practice.

Table 6: Implications of the grounded theory for EP practice

Implications for EPs operationalising the presented grounded theory
• Creating safe relational spaces through consultation, assessment and collaborative formulation. • Co-constructing narratives of resilience, healing and growth. • Modelling and facilitating reflective practice. • Empowering families, professionals and educators through strengths-based conversations. • Being curious about generational patterns, bringing them into compassionate awareness.

Implications for Policy. This thesis highlights the need for ongoing discourse in Wales around effective support for families at the 'edge of care' and the role of EPs within these contexts. Currently, there is inconsistency in practice and definitions in 'edge of care' contexts, and limited evidence regarding the role of the EP. This research offers a novel exploration of how EPs can contribute to 'edge of care' contexts through multi-agency working, bridging the gap between school, home, and social care contexts and applying psychologically informed practice to facilitate positive change.

To address role ambiguity, policy might support clearer definitions of the EP role in multi-agency teams and encourage collaboration between EPs, social care workers and educators. Embedding psychologically informed thinking into systems that support families at the 'edge of care' is essential. This includes strengthening the trauma-informed systems through enhanced professional training, creating guidelines for practice, encouraging reflective practice, and establishing safe environments. Multi-agency collaboration is central

to the framework presented in this thesis. However, challenges such as inconsistent definitions, coordination difficulties, and differing thresholds for intervention are barriers towards effective collaboration. Research suggests that successful outcomes can be blocked by a lack of integrated multi-agency collaboration and defensive practices (Bernardo, 2019). Policy could support the implementation of psychologically informed practice in multi-agency systems by embedding EPs, ensuring psychological support is used before crisis points are reached. However, allocated funding is needed for EP services to engage in early intervention programs, particularly in multi-agency contexts. Moreover, reviewing current EP service models and exploring ways of working that allow EPs to work beyond school-based models would further enhance their impact and embed psychology into wider systems.

The focus on early intervention and prevention has implications for how 'edge of care' is conceptualised and addressed within policy, practice and research. Rather than a fixed threshold, 'edge of care' may be better understood as a continuum of need (Dixon et al., 2015). This aligns with research suggesting that family trajectories and care experiences are non-linear, varied and complex (Elliott, 2017; Mannay et al., 2017; Roberts, 2021; Roberts et al., 2019). A broader, more inclusive approach could open support to families with emerging vulnerabilities earlier.

Preventative models might encourage early, strengths-based support that builds family resilience and promotes long-term wellbeing. However, adopting a more preventative model would require policy and funding shifts towards integrated, community-based services which intervene earlier and more holistically. Crucially, the findings of this thesis support the legislative changes seen in Welsh and UK policy in recent years. For example, in the Independent Review of Children's Social Care in England, which recommends a shift from reactive child protection models into a 'Family Help' system, focusing on early intervention which is community based and multi-agency (MacAlister, 2022), which was embraced in the

UK Governments ‘Stable Homes, Built on Love’ strategy (UK Government, 2023). Within the devolved nation of Wales, strategies for reforming children’s social care are also currently focused on early intervention and community-based help for families (Welsh Government, 2023a, 2023b, 2023c). This thesis provides further evidence base for the implementation of early intervention and promotion of multi-agency collaboration through integrative psychologically informed services to support families at the ‘edge of care’.

However, it is acknowledged that these shifts may blur existing service boundaries and could lead to further resource strains, without effective implementation support. Furthermore, broader definitions could lead to potential stigmatisation of families with emerging difficulties, reinforcing social barriers rather than empowering. Therefore, this thesis emphasises that language is important and can be a powerful tool for meaning and change. As Cherry (2024) argues, language in systems like education and social care is not neutral. Terms like ‘LAC’ (Looked After Child) and ‘NEET’ (Not in Education, Employment or Training) can alienate and stigmatise, creating a barrier toward belonging. Similarly, we should consider whether the term ‘edge of care’ has similar implications for families, suggesting a linear trajectory into care and reinforcing deficit-based narratives. This research suggests the need to reflect on whether such terminology supports or hinders early, voluntary engagement with services. It highlights the importance of co-produced language, developed with families, to more accurately reflect lived experiences and foster connection over stigma. While ‘edge of care’ may still appear in policy discourse in the UK, some local authorities are adopting alternative language such as ‘family help’, ‘intensive family support’, ‘early help’, or ‘contextual safeguarding’ (Firmin, 2020; Lyttleton-Smith et al., 2018; MacAlister, 2022; Wales Safeguarding Procedures, 2021).

Ultimately, we should have clear ethical guidelines for professional practice in this context. EP training and professional guidance should encourage critical reflection on how

language shapes their role, identity and practice within 'edge of care' contexts. Participants in this study did not view 'edge of care' with a strict definition, instead aligning with the continuum-based understanding of needs. Many reflected on the barriers created by reactive, deficit-led systems, suggesting that a more flexible, needs-led framework is necessary to capture the full extent of the EP role.

Finally, the findings indicate that psychologically informed practice in 'edge of care' should not only focus on risk reduction, but on building family resilience, healing and safety, supporting belonging and relationships and systemic support. Some EPs mentioned that families were hesitant to engage with services when framed within statutory, high-risk language, due to epistemic mistrust. This mirrors broader research supporting that families might avoid services they perceive to be involved in child protection (Rees et al., 2017). The relational, trauma-informed emphasis of this thesis reinforces the importance of non-stigmatising, relational language for family engagement in services.

Strengths and Limitations

Please see Table 7 for the researcher's breakdown of the study's strengths and limitations. Please also see Appendix I for an illustration of how this study met Yardley (2000)'s criteria for trustworthy qualitative research, from the researcher's perspective.

Table 7 Strengths and Limitations

Strengths	Limitation
• Adopting CGT (Charmaz, 2006) from research conception through to design, data collection and analysis, enabled the development of the BRSH grounded theory, offering a	• The sample size was relatively small and focused on the context in Wales, limiting its generalisability. However, this paper uses a 'Big Q' (Braun & Clarke, 2024) paradigm,

theoretical exploration of EP practice rather than a descriptive exploration, all grounded in the data from EPs themselves. Furthermore, the methodology equipped and liberated the researcher to fully immerse themselves in the data, limiting the impact of prior knowledge of the literature seeping into the analysis. • Offering online interviews was helpful to enable EPs across Wales to access participation in this study. However, it is important to note that participation of EPs was geographically biased towards the south of Wales. • The use of intensive interviews, guided by the CGT approach, helped balance open-ended exploration with a more structured direction. This enabled the researcher to uncover unexpected discourses and pursue emerging ideas, which was essential	emphasising the iterative process of theory generation, the importance of reflexivity, and the co-construction of meaning, therefore positivist values such as generalisability was not necessarily a significant aim that the research wanted to achieve. • The research relies solely on the EP perspective, despite its assertions of the importance of the voice of the family. Unfortunately, given the scope of this thesis, the researcher was not able to gain the voices of families themselves. However, there was a strong rationale for focusing on the perspective of EPs given the focus of this thesis on psychologically informed practice. The presented grounded theory may provide a foundation for future research to further test the theory in empirical research, exploring the perspectives of families or young people themselves.

to develop the presented grounded theory. • As far as the researcher is aware, this study is unique in its contribution of a developed theory of EP practice for families at 'edge of care'. It provides a good foundation in developing understanding and practice in this area and shape the role of the EP. Further research could also focus on extending the theories utility for families in other contexts, who have experienced adversity and exclusion.	

Suggestions for Future Research

While the presented grounded theory offers a novel way of understanding the role of the EP in 'edge of care' contexts, there is a need to further test and validate the grounded theory in practical applications or within different contexts to see if it has any utility in supporting families with diverse needs. Further research suggestions are presented as follows.

The research suggests that the term 'edge of care' may need to be reconsidered to fully capture the diversity and complexity of family's experiences. Future research could unpick this in discourse or narrative based methodological approaches to unpack meaning and implications of this term. Further research would benefit from gaining the voice of families'

themselves, particularly regarding their experiences of EP support. This could offer valuable insights into the accessibility and impact of EP involvement from a service-user perspective.

Further empirical research could also include mixed methods approach to evaluate psychologically informed practice by EPs e.g. the effectiveness of EP consultation at 'edge of care' or investigating the impact of different service delivery models on outcomes for families at the 'edge of care'. Building on the current theory, further research might explore how to translate theory into practice, including developing practical guidelines or tools for EPs to support effective implementation. This might include an exploration of how EPS work this into their service delivery. And finally, further exploration of how EPs collaborate with professionals from multiple disciplines when supporting families at the 'edge of care' would be beneficial to illuminate the barriers, facilitators and identifying good practice.

Conclusion

The present study adopted a constructivist grounded theory (CGT) approach to develop a theoretical framework of EP practice supporting families at the 'edge of care'. The research demonstrates the significant contribution that psychologically informed EP practice can make in supporting families at the 'edge of care'. EPs psychological knowledge and skills enables them to bridge the gap between systems, including education and social care, though continuous professional development and reflective practice are essential for EPs to effectively navigate these contexts and is necessary to maximise this potential. The presented 'BRSH' theory offers a theoretical explanation of the processes in which EPs application of psychologically informed practice can facilitate meaningful change for families at the 'edge of care'. Underlying the practical framework, the theory posits that four interrelated psychological processes are essential in the EP role, belonging, resilience, safety and healing. This theory positions EPs as agents of systemic change, working across the home, school,

and community contexts to empower families. The research presents implications for policy and practice, highlighting a need for more multidisciplinary working which is psychologically informed and focused on early intervention. Finally, this thesis calls attention to the complexity of the construct of ‘edge of care’ and the need for careful reflection and reconsideration of the language used when supporting families who have experienced adversity and exclusion.

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Part Three: Critical Appraisal

Word Count: 7625

Overview

The final chapter of this thesis provides a reflective and reflexive account of the research process through the lens of two distinct elements; firstly, a reflection of the development of the research practitioner; and secondly, a critical account of the contribution to knowledge. Due to the reflective nature, this chapter is written in the first person. Where relevant, excerpts of my research diaries and data analysis memos are included to illustrate reflexivity in the research process. My research explored the psychological underpinnings of Educational Psychology (EP) practice with families who have experienced adversity or exclusion, who are considered on the 'edge of care'. The thesis looks at this context which might include children and families who are receiving support aimed at promoting family stability or preventing a permanent care placement, recognising the spectrum of need within this context ranging from early intervention to crisis support. The literature review in Part One illustrated that EP practice at 'edge of care' is a relatively unexplored area of the research, however, it did give insight into psychologically informed practice in supporting families on the 'edge of care'. The empirical study in Part Two explored the current and potential role of the EP in supporting families at the 'edge of care' through analysis of their psychologically informed practice. The empirical findings are presented as a theoretical framework for EP practice at 'edge of care' which is underlined by the developed 'BRSH' grounded theory. My grounded theory aims to elucidate the processes in which EPs application of psychologically informed practice can facilitate meaningful change for families at the 'edge of care'.

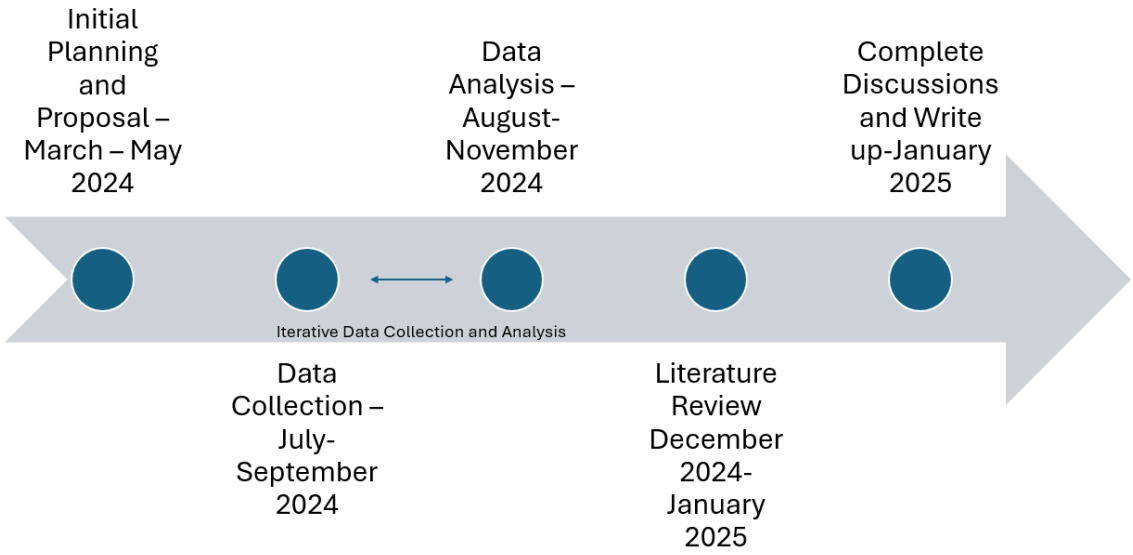

Figure 5: Thesis Timeline

Development of the Research Practitioner

Origins of the Research

This thesis was completed in partial fulfilment of Cardiff University's Doctorate in Educational Psychology (DEdPsy). The motivation for this research came from my own professional interest in trauma and family dynamics. Early on in my professional career I worked within social care settings applying my psychological background and training. I felt that at the time, bringing psychologically informed practice into work with families was so beneficial. When I joined the doctorate and became a trainee, I was keen to hear about how EPs were working in contexts outside of the school system. On the doctorate course, it is required to engage in three separate local authority (LA) placements within different Educational Psychology Services (EPS) in Wales. During my first-year placement, I had the opportunity to shadow EPs working within children's services, conducting psychological

supervision in multi-agency meetings with social workers. I found it an interesting way of looking at the EP role, something I did not know that EPs could do. At these supervisions they discussed families with varied needs, including safeguarding and child protection. This sparked an interest in the role of the EP outside of the typical school-based setting, particularly working with families who have experienced difficulties such as trauma or exclusion. Then, during second year placement, I shadowed EPs working in a specialised team within children's services that provides intensive support to families at 'edge of care', aiming to prevent children from entering the care system by addressing complex issues within the family unit and strengthening parenting capabilities. Their work involved supporting families on an early intervention basis, to prevent further escalation of child protection services, and to keep children safely at home. And finally in my third-year placement I was able to connect with EPs who worked in psychology-led teams supporting parents in the community, through an early intervention model. They apply their psychological skills to support families by strengthening parent-child relationships, supporting child development and well-being, and promoting positive parenting approaches to understanding and responding to behaviour.

I was witnessing anecdotally that EPs were filling spaces in these incredibly interesting roles outside of the typical EP role in schools, however, I was not seeing research exploring the role of the EP in these contexts. I noticed how literature was emerging for the role of the EP in supporting children who are already in care and was curious as to why there appeared a lack of research looking at more preventative and early intervention EP practice. As I was writing my thesis proposal, I was coming across data indicating that Wales has a significant number of children going into care. This highlighted that this is an area of high need in the Welsh context, and so I felt that there was potential to explore the role of the EP in this context.

When I was deciding on a research topic for my thesis, I wanted to explore the role of the EP within the family context, particularly through a trauma-informed lens. An online blog by an EP reflecting on their role within a multi-disciplinary 'edge of care' team placed within Children's Services (Birch, 2023), sparked an interest and resonated with me. The blog explored the professional need for the certainty of a single clear narrative and the importance of empathy and understanding multiple perspectives in family work. It takes a social constructionist lens, highlighting the importance of considering the subjective experiences of individuals and form an understanding of social processes to construct knowledge of a phenomena (Burr, 2015). It argues the importance of exploring different viewpoints and considering social and cultural contexts to understand what is going on for children and their families, avoiding the limitation of a single narrative. Inspired by the principles of trauma-informed care (such as empathy, safety, resilience, and empowering families) I decided broadly to research this area. The context of 'edge of care' seemed a good place to start to explore these concepts, as I believed this was terminology being used in policy and practice. However, I needed to understand the construct more deeply, and I had some initial questions, including what does 'edge of care' mean? What does it mean for a family to be on the 'edge of care'? What are the experiences of families on the 'edge of care'? What does change look like for these families? And what is the role of EPs in facilitating this change? So, I believed that this research could be helpful to shine a light on this specific area of practice and explore the constructions of EPs who practice in this context, and to unpick the term 'edge of care' itself.

Ontology and Epistemology

In conceptualising my research, I made deliberate decisions regarding epistemology and ontology. I chose to use Critical Realism (CR) and Social Constructionism (SC) to guide my thinking and underpin my research paradigm. CR allowed me to view 'edge of care' as a

real and existing construct, acknowledging the tangible impact on families and professional roles. Simultaneously, SC enabled me to understand that this construct is shaped by people's subjective experiences, social and cultural contexts. This dual framework provided a comprehensive approach to exploring 'edge of care' situated as both real difficulties families face, and socially constructed phenomenon. It allowed me to appreciate the complexities of the construct, which, I did not fully realise until later in the development of the theses, when I was exploring the research and policy. This evolved to be something that would be critical to explore. Now, as I am reflecting on the thesis process, I believe that this perspective ensured a nuanced and comprehensive understanding of the role of the EP in this context.

I did also consider whether I should take a more traditional approach to ontology in Big Q qualitative research (Braun & Clarke, 2024), using relativism, however, I resonated more with the ideas of CR (Archer et al., 2013; Fryer, 2020), and wanted to integrate these into the thesis. The reasoning for this I discuss further in the section *Personal Growth: Researcher Practitioner Role*. CR, argued as a middle ground between positivism and constructivism, is a philosophical approach developed by Roy Bhaskar (Bhaskar, 2020), recognising that there is a reality, however the way individuals experience and construct this varies (Fryer, 2020). CR was integrated to explore the deeper processes and mechanisms that influence individual realities (Fryer, 2020), which I felt enabled the analysis to move beyond the surface level descriptions of participant EPs experiences in 'edge of care' contexts, and uncover how these experiences are interconnected with wider contextual, social, and cultural influences. By using CR, I hoped to achieve a layered approach to explore the subjective experiences and socially constructed realities of my participants, while also seeking to understand broader systemic factors. Importantly, CR acknowledges that knowledge is theory-laden and interpreted through our own theoretical framework (Fryer, 2020). Which is why, throughout this section of the thesis, there is a critical appraisal of the findings considering my own

theoretical foundations (in particular, see *Theoretical Foundations*). I felt that this approach was the best in enabling me to go beyond a descriptive analysis and to reach the achieved grounded theory.

Methodological Considerations

When deciding on the research methodology, I considered several different methodologies to ensure alignment with my research paradigm and aims. I was interested in Big Q qualitative research, as described by Braun and Clarke, embracing a qualitative paradigm, rather than incorporating qualitative techniques within a predominantly positivist framework (referred as 'small q' qualitative research) (Braun & Clarke, 2024). Before the doctorate, I had mostly been familiar with quantitative paradigms and positivist frameworks. However, the social constructionist background of the doctorate course had shifted my own feelings towards research. While I may have previously leaned toward small q approaches, for this thesis, I wanted to commit to a qualitative paradigm that emphasised meaning making, reflexivity and subjective experiences. Initially, I was concerned that CR might contradict this approach, because of its acknowledgement of an object reality and nods to positivism or post-positivism. However, as I explored in the previous section, I came to understand that CR argues that we cannot rely on positivist reasoning alone to understand reality. When integrated with SC, I felt CR allowed me to meaningfully engage with Big Q qualitative research, ensuring my study remained reflexive and contextually grounded.

In considering specific methodologies, I considered thematic analysis as a potential approach. While thematic analysis would have been helpful to create rich themes in a flexible approach which I was more familiar with, I was intrigued by the grounded theory approach and its potential for theory development and construction of meaning with my participants. The iterative process of grounded theory, involving constant comparison and theory generation, seemed better suited to exploring the construct of 'edge of care' and the role of

the EP in this context. Unlike thematic analysis, which focuses on identifying themes, grounded theory, and specifically Constructivist Grounded Theory (CGT) supports a more explanatory exploration (Charmaz, 2006). My research was also not primarily focused on power, lived experiences, discourses or narratives, which might have led me towards a narrative, phenomenological, or discourse analysis approach.

On reading about the different grounded theory approaches, Charmaz's (2014) CGT resonated the most with me. Unlike classic grounded theory (Glaser & Strauss, 1967), which takes a more objectivist stance, or grounded theory which emphasises symbolic interactionism (Strauss & Corbin, 1990), Charmaz' (2014) CGT explicitly acknowledges the researcher's role in shaping the research process and findings (Charmaz, 2014). Charmaz's (2014) approach aligns well with both Big Q and CR, emphasising the iterative process of theory generation, the importance of reflexivity, and the co-construction of meaning. Rather than seeing theory as something that emerges from the data, CGT looks at the role of the researcher and their interactions with the participants actively *constructing* the grounded theory. Therefore, CGT was not just a methodological choice, but it felt like a natural methodological foundation for this thesis. It provided me with an explanatory lens to explore the complexities of EP practice in 'edge of care' contexts, allowing me to construct a theory that remains grounded in the experiences of my participants, while acknowledging the context and social constructions impacting (in this case specifically the Welsh context become pertinent).

Reflexivity and Researcher Positionality

As a trainee EP, I entered this research with some pre-existing knowledge and perspectives on the psychological needs of families with complex needs. As I mentioned, I also had a professional interest in trauma, family dynamics and systems theory, which inevitably shaped my initial assumptions about the role of EPs supporting families at the

‘edge of care’. Specifically, some influential frameworks which guide my thinking include ecological systems theory (Bronfenbrenner, 1979; Bronfenbrenner & Morris, 2007), attachment (Bowlby, 1979) trauma-informed practice (Boag, 2020; Carter, 2023). Being aware of the risk of confirmation bias however, and the risk that my interpretation of the data might be limited to my existing knowledge and prevent me from being open to new insights from the participants experiences, I needed to be careful to manage my researcher subjectivity through consistent reflexivity. I engaged in ongoing reflexivity through research diaries, memo-writing, peer discussions and research supervision, which helped me to critically examine how my own positionality might affect how I was analysing the data. In addition, I kept to the tradition of a grounded theory approach and engaged in the extensive literature review after completing the data analysis, so that my grounded theory could be supported by the literature, and not vice versa. I delayed this literature review and purposefully stopped myself checking on theoretical evidence to ensure that my initial coding and theme development was not skewed too closely to my preexisting knowledge. For example, in my early initial coding, I was drawn to the idea about narratives and single-story narratives, and I almost named a category after this. This may have reflected my earlier engagement with the EP blog (Birch, 2023). However, when I compared it across participants, I did not feel like there was enough data there for it to be representative of the whole data set, and participants were referring to different terminology to describe similar experiences. I acknowledged that my choice of language was influenced by my prior knowledge. I also acknowledge the influence of the Constructivist Model of Informed and Reasoned Action (COMOIRA) (Gameson & Rhydderch, 2008) on my final grounded theory, being the framework taught on the course and having strong theoretical roots in social constructionism and systems thinking.

An example of where I remained close to the data and open to new ideas was when I noticed codes describing the psychological idea of mentalisation. This concept I was not familiar with before. This was a new idea, and I wanted to remain open to this perspective, despite never looking at the literature around it. When I developed the grounded theory, mentalisation became important within the category *Cultivating Reflective and Reflexive Mindsets.* It was then of course when I was doing the literature review, that I considered the literature around mentalisation, and its utility in the 'BRSH' grounded theory as a process that EPs facilitate through reflective practice and belonging, resilience, safety and healing, to achieve positive outcomes for families.

It also happened that the ideas of belonging and safety were purely constructed from my engagement with the data and reflections at supervision. I had not anticipated belonging and safety to have such a clear role in the developed grounded theory, and it was not until after the analysis that my engagement with the literature really brought this theory to life.

Furthermore, I ensured not to avoid codes which were coming up which did not align with my own experiences, to make sure that the theory developed was grounded in my participants experiences, instead of my own professional lens. For example, when a participant described their experiences of using behaviourist lens in their work, I paid attention to this and reflected on how that differed to my own psychological perspectives. For evidence of these reflexivity, see Table 8. Additional memo examples not cited in the main body of the theses can be found in Appendix J.

Table 8: Reflective Grounded Theory Memo

Memo Title: First intensive interview Date: July 22, 2024 Initial impressions and observations:

- Participant frequently referred to the importance of a 'relational approach' to EP work with families at 'edge of care', and linked to this, the importance of relationships (including the relationship between the EP and other professionals/ the relationship between other professionals).
- Quotes like 'the value is relational' and 'I see them as helpful conversations that structure a way of just being opening a space that's safe. So, people can say some of the things that are really challenging, some of the things that are really difficult and have that time to reflect on' stand out to me as I engage with the data.
- Participant spoke about the importance of having supervision and reflective spaces with other EPs, because this way of EP working is not the usual work, and it is not timebound or easy to measure, so it can be a challenge for the EP to define or place evaluation on their work. This feels important with regards to the research question around how EPs perceive their role in working with families at risk of going into care.
- Wider systems influences had come up which will need to be explored further in iterative cycles and in the literature. For example, having a top-down message which values psychology, in particular a relational approach, was described by this participant as a facilitator, as in this case the participant talks about a manager across children's services who advocates for the EP role in this context. Is this going to be the same for all EPs across Wales?
- There's something about changing the narrative or thinking about 'what happened to you'→ But perhaps I am imposing this onto the data too much at this point? I need to see if we can compare this to more data.

Methodological reflection:

- I need to carefully consider how I am defining and constructing ‘edge of care’ in the research, as it seems to encompass lots of complex situations and isn’t always as clear cut in practice, and often other factors are at play e.g. school breakdown.

Memo Title: Interview Reflections

Date: 26/07/2024

Initial impressions and observations:

- I was curious at some of the psychological perspectives the participant drew on, particularly the links with behaviourist approaches. I attribute this to their earlier role of being a teacher and a behaviour EP seeming to have heavy influences in behaviourism. It surprised me as it is a marked difference to some of the other EPs I have spoken with, who tend to shy away from behaviourism all together. Although, this EPs practice seemed to integrate behaviourist perspectives with other perspectives such as systemic approaches. I can see how this influenced my questioning in the interview, as I chose to ask further about the role of formulation in their role, perhaps because I wanted to see how these different psychological ‘lenses’ may come through and was managed in their practice.

A key theme throughout the research was navigating the complexity and variability in how my participants experienced the needs of families at the ‘edge of care’, highlighting the non-homogenous nature of the context, with different interpretations impacted by their professional role and local authority policies. Then going into the literature review, I realised I had underestimated the extent to which this variability in conceptualising ‘edge of care’ would emerge as a central theme in the literature. I was curious if, had I leaned more into the critical realist approach during data collection and analysis, I might have prompted

participants further on the underlying systemic influences shaping their experiences, such as policy, resources, and professional power dynamics. While it was still clear through my analysis that these themes came to light, I do wonder, if I was to do the interviews again, would I want to unpick them further.

Development of the Research Questions

The development of my research question was an iterative process, shaped by both analytical and theoretical engagement and practical considerations. To develop the research questions, I needed to first be clear about the constructs I was interested in, namely EP psychologically informed practice, and 'edge of care' contexts. When I was looking at examples of other doctorate theses, I encountered a thesis which used the term 'psychologically informed practice' to encompass all aspects of the approaches to applying psychology in the context of residential childcare (Meyrick, 2021). I found this better captured the breadth of EP practice and as a result, I decided to adopt it into my own research question.

Through discussions with my research supervisor, I came to identify traits of a 'good' grounded theory question might allude to social processes and be explanatory in nature, rather than descriptive. Some of my earlier research questions focused more on answering the 'what' questions, and my research supervisor pushed me to think more about this because they highlighted that I might not get rich explanatory data from them, as they focused on descriptive aspects of EP practice. She encouraged me to think about the 'how?' and 'why?' questions, which would allow for richer exploration of how EPs construct and apply psychologically informed practice. As I prepared for the proposal, I could see that the EP role might be quite underexplored in the literature, which I later confirm in the literature review. This gap solidified my core question: *How are EPs constructing and using psychologically informed practice in 'edge of care' contexts?* Once I had this, I developed open-ended

interview questions, consistent with the CGT approach, allowing for theory to be constructed from the data rather than having rigid questions. I did initially develop a second research question which was ‘what are the mechanisms through which EPs use of psychologically informed practice supports families at the ‘edge of care’?’ However, I felt that this inquiry aligned more closely with my literature review rather than the empirical study.

Reflecting on my approach, I recognise a key difference between this research and my previous projects. In previous research I engaged in existing literature and theory prior to research, to conclude a research question and hypotheses, leading to a more deductive approach. In this thesis, I purposefully delayed engaging deeply with the literature until the later stages, lending to a more inductive approach.

Data Collection

My epistemological stance of SC shaped my data collection process, particularly my decision to use the interview approach, intensive interviews (Charmaz, 2014). Intensive interviews provided a balance between open ended exploration and structured direction. It is flexible and allows researchers to discover discourses and to pursue ideas that emerge in the interviews. The CGT approach emphasises eliciting participants definitions of terms, situations and events and try to tap into their assumptions, implicit meanings or rules (Charmaz, 2014). Intensive interviewing facilitated this as it led to a more interactive process where I could follow emerging ideas in real time, probe deeper discourses, or contextual influences. This dialogue allowed me to clarify responses and explore unexpected areas when needed. There are some arguments for challenges to subjectivity with an approach like this, but I found intensive interviews helped me to really delve deeper into the contexts of each participant. Furthermore, Braun and Clarke (2021) argue that researcher subjectivity is a resource, enabling deeper engagement and enhancing reflexivity, not something that necessary must be avoided (Braun & Clarke, 2021). Instead of being a fly on the wall,

detached from the participant, I actively reflected on my own positioning and subjective response in the research, and viewed myself as an active participator in the research process.

A key process in CGT is its interactive and iterative approach to data collection, where analysis and data collection occur simultaneously (Charmaz, 2014). I went through three stages of interviews, using theoretical sampling, selecting new participants and refining interview questions based on the themes that I was pulling out from the previous participant data. As I developed the initial codes, I identified some gaps in my understanding and the developing theory, so attempted to build on these in later interviews to reach what is known as theoretical sufficiency (Dey, 2007; Hadley & Hadley, 2024). Table 9 shows an example of what this looked like in this thesis. More traditional forms of grounded theory refer to data saturation (Glaser & Strauss, 1967), however there is a distinction between data saturation and data sufficiency made here. Rather than attempting to have data saturation, which indicates that there is a final point of collecting all the possible data, theoretical sufficiency occurs when there is enough data to provide rich theoretical insights (Dey, 2007; Hadley & Hadley, 2024).

Table 9 Grounded Theory Memo: Theoretical Sampling

Memo title: Possible theoretical sampling avenue Date: 10/10/2024 At this stage I have completed one round of theoretical sampling, following some initial analysis of the first two interviews. In the first round of theoretical sampling, I decided to explore lines of enquiry around the role of reflective and reflexive practice, formulation and the role of narratives, as these were patterns, I noticed in the first couple of interviews, and I wanted to reach theoretical sufficiency here. By the fifth participant, I felt that I had

reached sufficiency on these points, but I started to notice some more categories which needed more enrichment via data; exploring the gaps in research and practice for support at 'edge of care', and the role of assessing and supporting family resilience. My aim is to do one more round of theoretical sampling, hopefully with two more psychologists to reach sufficiency. Note: I was only able to recruit one more psychologist [20/10/2024].

Data Analysis: The Grounded Theory

I placed a great emphasis on avoiding my pre-existing frameworks to overly shape my analysis, and to construct the theory from the participant experiences. To do this I engaged in multiple levels of analyses and constant comparison, going back to the original transcripts to ensure I stayed close to the data. In the initial stages of analysis, I used analytical techniques outlined by Charmaz (2014), including initial coding in gerunds (verbs ending with '-ing' that functions as a noun), a heuristic device to bring the researcher into the data and interact closely to them. For me, this technique helped to minimise the influence of my preexisting knowledge and imposing my own theoretical frameworks. This took some practice. Early on in my initial coding I reflected on whether I was being open enough or keeping close to the data, as my initial codes across the participants were similar. I reflected on this and returned to the dataset, ensuring that I captured codes which were describing the individual data from each participant.

On the other hand, I also acknowledge that remaining completely detached from my prior knowledge was not realistic or appropriate within my ontological and epistemological framework. While my professional background in trauma-informed practice and systemic theory would have influenced the lens through which I carried out the analysis, including how I interacted with the participants and interpreted their experiences, I ensured that the analysis was grounded in participants experiences and the data by remaining open to new

ideas and making theoretical refinements based on iterative data collection. Furthermore, there were opportunities in the analysis, where I found myself wanting to explore the literature out of excitement and wanting to understand what the participants talked about, for example, Crittenden's (2009) Dynamic Maturational Model (DDM) of attachment theory (Crittenden & Dallos, 2009). However, I refrained from any deeper engagement in the literature until after the analysis.

I also acknowledge however, my CR ontology was particularly valuable to be able to explore EPs experiences in the context of wider systemic factors that influence them. Having this position in mind, when I was analysing the data, it provided a framework to explore the systemic pressures influencing the EP role, such as policy limitations in defining 'edge of care', and balancing child protection with more therapeutic outcomes. This approach ensured that my findings could be grounded within broader contexts. For example, while participants emphasised preventative and holistic approaches, they also highlighted systemic barriers that restricted their work. CR encouraged me to reflect deeper on why these barriers exist and persist in the Welsh context, which I bring together in the *Discussion* during Part Two. CR pushed me to identify both the real and systemic factors influencing families (e.g. socioeconomic deprivation and policy gaps) and how these barriers were perceived by the EPs who participated in my study.

I was particularly motivated to develop a theory and framework for practice, which I think came from the hope that the thesis transcended into something more practical and useful. I believe that the iterative nature of data collection and analysis was a key strength to achieve this contribution to knowledge. It allowed me to fill conceptual gaps, refine categories and explore differences in meaning making between participants. I completed several different levels of coding, from initial coding to focused coding to theoretical coding in iterative cycles of data collection and analysis (see Table 10 for my reflections on this). I

do reflect on the overlap between some of conceptual ideas presented in the grounded theory, and in some cases, there weren't perfectly discreet categories. However, rather than viewing this as a limitation, I believe this represents the complexity of working within 'edge of care' context. It demonstrates the fluid and interconnected nature of psychologically informed practice in this context, reinforcing the importance of a flexible and holistic approach. Nonetheless, I reflect that all grounded theories are provisional (Charmaz, 2014), and future research may refine the framework and test the utility of the theory in wider contexts.

Table 10 Grounded Theory Memo: Theoretical Development

2. Memo Title: Focused coding into theory development Date: 31/10/2024 To date, I have been going through focused coding by hand, re-analysing and re-coding the transcripts using the codes I refined from the initial codes into the focused codes. As I have been doing so, I have been comparing the codes with the initial coding transcripts. A lot of my data in the initial coding is fitting into my focused codes, however I am noticing some instances of data which seem to be qualitatively different from my focused codes. For example, the idea that participants are getting across about the importance of relationships, and 'everything is relational'; interventions needed to be at a relational level and not the individual level. This could fit into a couple of my focused codes including systems thinking, trauma-informed practice, and developing support networks and relationships. I need to ask myself what this data is telling me about the emergent theory? In addition, as I did with the mindmap clustering activity, I am starting to draw relationships between focused codes and see overlaps in the coding. For example, there are many overlaps between reflectivity and reflexivity and instances where participants talk about shifting perspectives and reauthoring narratives. Here I am moving towards a theoretical analysis

whereby I am hypothesising whether the mechanisms in which EPs cause perspective shifts and challenge negative narratives, is through cultivating environments for reflective and reflexive practice. Coding the data transcript by transcript has been useful so far, in understanding the connections within participant data. I am though noticing that it is harder to compare between participant data. This is making me wonder whether using a tool like NVIVO would be helpful to ensure that constant comparative method and development of my theoretical analysis. A paper by Hutchinson (2009) outlines how NVIVO can be used to support ongoing conceptual and theoretical development. Up until this point, I have purposefully not used NVIVO, owing to the iterative nature of grounded theory, I wanted to make sure that my analytic process so far has been visible, clear and transparent. However, I think that my emergent theory still needs to be developed, and that there are some data which needs to be given codes and developed into theoretical categories. The paper outlines how NVIVO can support theory development by linking emergent categories and enable comparisons across the data set through tools like coding queries, set, and matrix coding. These tools allow researchers to ask questions of the data (like exploring the relationships between codes), which Charmaz (2014) describes as an essential part of theoretical analysis to move from descriptive codes onto a more developed explanatory model. Now that I have both initial and focused codes, and have recorded my earlier analysis, I will now try to advance the analysis by using NVIVO to track my focused codes and develop these relationships. I will also use the memo functions on NVIVO to document the theoretical insights and analysis reflections as I develop my grounded theory.

The Literature Review

The approach to the literature review took some thinking and refining, through a combination of research supervision and exploration of different literature review approaches. As illustrated in Figure 5, the literature review was completed after data collection and analysis, in line with the CGT approach. I decided to conduct the literature review in two parts to get a complete picture of the available literature. The first part offers context setting and explores grey literature, policy and theoretical frameworks. The second part builds a focused rational for the empirical study of this thesis using a scoping review.

Unlike systematic reviews, which typically address precise questions, such as the effectiveness of an intervention assessed using a predefined set of outcomes, scoping reviews can be used to map the key concepts that underpin a field of research, clarify working definitions, and conceptual areas of a topic (Arksey & O'Malley, 2005). Munn et al. (2018) argues that scoping reviews are ideal for broad exploration. Therefore, I decided to conduct a scoping review for the second part of the literature review, as I wanted to capture all available literature in the emerging area of EP practice, without limiting it to very specific research questions. I kept the research question, inclusion criteria, and search terms broader to align with this goal.

The JBI Manual for Evidence Synthesis (2024) argues that researchers deciding between the systematic review or scoping review approach should carefully consider the questions they are asking and the purpose of their review. They argue the most important consideration is whether researchers wish to use the results of their review as the basis for a trustworthy clinical guideline, to answer a clinically meaningful question, or provide evidence to inform practice or policy. If so, then a systematic review would be more appropriate (Munn et al., 2018). I felt that a systematic review was one step ahead the scope of this thesis, but I still felt that this literature review would have benefited from a structured

and systematic search, which I was still able to achieve from a scoping review. My chosen literature review questions- *What psychologically informed practices are described in the literature to support families at 'edge of care', and how might these be relevant to the role of the Educational Psychologist?* And *What does the existing literature suggest are the mechanisms through which psychologically informed practice supports families at 'edge of care'?* - are both examples of effective scoping review questions as they are broad and exploratory, aiming to map out the range of psychologically informed practices and mechanisms of these practices. It seeks to identify what is being done in this area without focusing on evaluating the specific and narrow questions. For example, "w*hat is the effectiveness of an EP intervention in improving outcomes for children in 'edge of care' contexts?"* might be an effective systematic review question. Future research could address this kind of question, with the presented scoping review serving as a precursor. Additionally, a complete and full systematic review usually takes place within a team of researchers and requires resources, over several months, which was not going to be feasible in a project such as this individual thesis. A scoping review allowed me as individual researcher to explore a topic in a systematic way and achieve valuable insights for the thesis. Once I had decided on the type of review, I followed a predefined framework for conducing scoping reviews by Arksey and O'Malley (2005), with Levac et al. (2010) methodological enhancement. Although not required for most scoping reviews (Grant & Booth, 2009), the author conducted critical appraisal of the included source using The Critical Appraisals Skills Programme (CASP) checklists. This decision was made to ensure a level of critical analysis appropriate for a doctoral-level thesis, providing a deeper engagement and critical awareness of the reviewed papers.

In designing my scoping review, I made the deliberate decision to focus on qualitative or mixed method papers, as I wanted to explore the nuanced, contextual and experiential

aspects of how psychologists engage in psychologically informed practice at the 'edge of care'. This I felt aligned with the social constructionist epistemology. Key factors I considered were the pros and cons of also exploring quantitative research. A lot of the research, including the policy papers, which were looked at in Part A of the literature review particularly looked at evaluations of programme effectiveness, statistical measures and cost-benefit analysis. While this data is still valuable, I felt that it might reduce the complex social and psychological processes I was trying to examine in my thesis, which would not have aligned with the constructionist and exploratory nature of my thesis. Therefore, looking at a synthesis of qualitative papers would have drawn out a rich in-depth exploration of experiences and constructions of practice, professional knowledge, and psychological processes which were central to my research aim. It made more sense to focus on qualitative studies in Part B of the review to ensure that consistency in epistemological alignment with the empirical study of this thesis. I was able to synthesise a more comprehensive understanding of psychologically informed practice and therefore complete my grounded theory by grounding the findings in the literature. However, I do recognise that excluding quantitative studies may have limited the breadth of evidence in the literature review. Nonetheless, I believe that prioritising the lived experiences and contextual data was the most appropriate choice for my literature review.

The biggest challenge with the literature review was delineating the role of the EP and the overlap with other professional disciplines, particularly as there was no explicit evidence on the EP role highlighted in the reviewed studies. Much of the research outlined multi-agency collaboration and systemic interventions. Given that the 'edge of care' context involved psychologists, social workers and other practitioners, there was a risk of conflating EP specific conclusions with broader professional contexts. After completing the search, I had to make the decision whether to open the scope of the review to include psychologically

informed practice across disciplines, or whether to still ask the question of the research about the EP role. I decided to continue to look at psychologically informed practices described in the literature and consider what the reviewed literature might implicate for the role of the EP and highlight the gap in understanding. Furthermore, I engaged critically with the terminology used in the studies, where psychological practice was described without mention of the role of psychologists. I examined and maintained reflexivity of how these psychological practices were described in the studies and considered how they might align or diverge to the EP role.

Personal Growth: Research Practitioner Role

Reflecting on my journey as a researcher, I can see how my decisions have been shaped by the philosophical standpoints of those who have taught me. As an undergraduate, I was immersed in scientific tradition of methodological rigor, reliability, and objectivity, which was considered to be the gold standard for 'good science'. One of the first texts I ever read as a psychology student was *Bad Science* by Goldacre and Farley (2009), which reinforced this idea of critical thinking, controlled experiments, replication and statistical validity- principles rooted in positivist philosophical stances.

Then I came onto this course- where the philosophical foundation was almost entirely different. Instead of realist, positivist approaches, I was introduced to relativist and social constructionist ontologies. This juxtaposition at first really challenged me, and I struggled to situate myself in one philosophy. I questioned where my power was in making decisions for my own research. Was I meant to abandon the thinking of my previous training, or could I integrate these different ways of thinking?

Engaging in practice as an applied psychologist and conducting research has helped me to bridge this divide. I have come to appreciate that data and controlled testing are

valuable tools in evidence-based practice, simultaneously, understanding individual realities and lived experiences also hold immense value. It is acceptable and helpful to consider and acknowledge both perspectives. Ultimately, I took comfort as a researcher in CR; in the idea that we can have both or a place in between. Now, as I continue to learn and grow as a researcher, I can think more critically about the decisions I make throughout the research process and make them the most helpful and pragmatic for the research at hand. However, ultimately there are still boundaries and processes that I acknowledge that take away my power to make decisions as a researcher. For instance, the thesis processes required a proposal to ensure that our topic was relevant, which meant that I had to engage with some form of literature review to show that the research was worth doing, making a pure grounded theory approach quite challenging. Luckily, Charmaz (2014) offers a constructivist take on grounded theory that accommodates these constraints.

I have learned in this process that research is important to me as a practitioner, and I would like to be more research-active in my professional practice. I feel that engaging in research not only enhances my effectiveness as a psychologist, but it can also help to maintain curiosity, critical thinking, and enthusiasm in my work. Equally important is this idea that practitioners bridge the gap between theory and applied psychology through 'practice based evidence' (Fox, 2003). This ensures that research conducted remains grounded in the lived experiences and the needs of families we work with. I hope that this is what has been achieved in this thesis. Moving forward, I aim to advocate for more opportunities to embed research into my practice.

Theoretical Foundations

I attempted to maintain open and critical awareness of the theoretical foundations of the research. For instance, attachment theory, particularly in its traditional form isn't very culturally a specific. This prompted critical reflection on how attachment is culturally

constructed. A dimensional approach might align more with cultural diversity present in the Welsh context, considering diverse ethnic and socioeconomic backgrounds. As mentioned, newer models like the DDM (Crittenden & Dallos, 2009), which extends attachment to consider attachment strategies, were also considered. Furthermore, while a trauma-informed lens could have easily focused on individual level trauma and relational approaches, I also examined more systemic factors, including intergenerational trauma and epistemic mistrust. I have also included reflections on how the principles of trauma-informed practice might need to be adapted for families, for example, where there are tensions between trauma-informed practices and risk management- often a key priority for statutory services. Systemic approaches emphasise multi-agency collaboration, but it can also expose conflicts in professional priorities and epistemologies. I observed some tensions between different disciplines through the literature review and data collections i.e. safeguarding and therapeutic outcomes. Navigating these tensions was crucial. Each framework offered their valuable insights, and this thesis does not solely focus on one and instead explored how they interact, their contradictions or compatibility.

Ethical Considerations

I initially wanted to conduct this research with families and young people, particularly because their voices are often not voiced in research. After reflection and discussion with my supervisor, I considered factors such as timeframe, recruitment strategies, and the ethical sensitivity of speaking to parents and young people. It did not seem ethical to recruit parents or young people and ask them to share their vulnerable experiences for this research without considering the impact on their wellbeing and the implications of this one-off experience.

However, I recognise the importance and value of gathering these voices for the outcomes of the research. It would have provided insights into families' perceptions of support from EPs and how they experience psychologically informed intervention. Future

research would need to ensure the ethical considerations are addressed and that strong, trusted relationships with participants are established. Nevertheless, I felt that speaking to EPs was helpful to be able to explore their construction of psychologically informed practice and their role in the context of 'edge of care'. This research serves as a good starting point for developing the research in this area.

Contributions to knowledge

The research offers an exploration of the psychological underpinnings of EP practice with families who have experienced adversity or exclusion, who are considered on the 'edge of care', an area which has been underexplored in existing research. Through a CGT methodology, I have developed a grounded theory, which I have termed 'BRSH' (an acronym of the four main components of the theory; belonging, resilience, safety and healing). Through this theory, my aim was to illuminate the psychological processes that occur when supporting families at the 'edge of care', and specifically how this is unique to the role of the EP. To me, it speaks to the containing role of the psychologist, unique to the role of the EP, and explains how EPs can create safe spaces for families to explore difficulties, using reflective practices, to empower families along the dimensions of belonging, safety, resilience and healing. Through these psychological processes, EPs can support families to reauthor challenging or disempowering narratives and foster hope. The findings here suggest that these processes of containment are not just helpful for supporting families, but also in supporting the professionals who are engaging with work with families. While the theory that I have developed is specific to the context of 'edge of care', I believe that there is utility in the theory in describing EP work with a broad range of family difficulties, and I feel there is scope to develop and refine the theory in ongoing future research.

The literature review offered the opportunity to link research on trauma, systems theory, and attachment with the outcomes of families at the 'edge of care', focusing on the evidence base around psychologically informed interventions. The themes produced in the literature review were related to the grounded theory findings, enhancing the utility of the presented grounded theory and framework for EP practice. The use of intensive, semi-structured, interviews in the empirical study allowed me to conduct an in-depth exploration of how EPs construct and use psychologically informed practices in the context of 'edge of care'. Combined with the literature review, the presented grounded theory offers nuanced insight into the contextual understanding of the 'edge of care' context in Wales, and how it relates to the EP role.

Utility and Applications of the Findings

The thesis has practical implications for EPs, local authorities and policymakers, particularly in strengthening the role of psychologically informed interventions in early intervention and prevention work with families. These implications are explored in the *Discussion* section (Part Two). Reflecting on the impact of my epistemology, SC made sure to explore participants constructions and insights, while my critical realist lens pushed me to draw practical, actionable insights for policy or practice -i.e. improving multi-agency collaboration, training for EPs, balancing safety and therapeutic outcomes, understanding the complexity of the construct 'edge of care'. In the *Discussion* I propose potential considerations for systemic issues, implicating practices and policy across local authorities in Wales.

Looking back on the research process, something that I found extremely valuable was seeking out the advice of an academic researcher in the field of 'edge of care'. I had the opportunity to meet with a researcher at Cardiff University, whose expertise in social care and social science research helped me to critically engage with the construct of 'edge of care'.

During the meeting, we discussed the construct of ‘edge of care’ using the metaphor of a river. If we imagine families facing difficulties as individuals floating down a river, with professionals helping them to safety on land, important questions arise; At what point do we try to intervene? Should we focus our energy rescuing families when they reach treacherous waters (a crisis point), Or should we intervene much earlier, when the waters are calmer, preventing escalation all together? While this metaphor isn’t perfect, because we know that there is no linear trajectory towards care and some families move in and out of statutory intervention, it prompts important questions about how we conceptualise ‘edge of care’ and intervention. It challenges the idea that there is a clear entry point into care and supports intervention at multiple levels. Reflecting on this discussion. I was prompted to reconsider how ‘edge of care’ is defined in my research, and as a result, made sure to be clear on how I defined it in the literature review, spending some time exploring the different definitions in policy and practice. These reflections ultimately shaped my final grounded theory, reinforcing the importance of examining ‘edge of care’ as a flexible dynamic process rather than a distinct category, and acknowledging the wide range of family needs and difficulties. See Table 11 for an excerpt of my research diary following this meeting.

Table 11: Research Diary: Meeting with Researcher

Research Diary entry: Meeting with Researcher; Comparing the analysis with current research. Date: 31/10/2024 I met with a current researcher in the field of social sciences who has specifically looked at ‘edge of care’ research. We had interesting conversations about the term and construct of ‘edge of care’. He shared that there is a risk that the phrase ‘edge of care’ is used to describe too broad a group. Different practitioners will have diverse views on what

constitutes the ‘edge of care’, and the term may be used inconsistently by local authorities, or even within different services in the same authority. He shared that the research does not suggest that the care processes is as linear as ‘they are not at the edge of care’ → ‘edge of care’ → ‘in care’ and shared that families go in and out of the social services and care system. We reflected on whether ‘edge of care’ reflects a point in the families lives which reflects a point of crisis, or early prevention? While the research talks about the importance of early intervention, it seems that in practice, people who are working with families considered ‘edge of care’ are at the point of crisis. He got me to critically think about how we identify these families who are at ‘edge of care’ and what this means about my participants and data. Do EPs become involved at the point of crisis or early intervention? One of my participants works in a more preventative way within their team, working with families as young as pregnancy. These may not be considered ‘edge of care’ in some contexts, but there is something about working in the early preventative way that stops the family’s needs escalating to the point of being at ‘edge of care’. Or in other words, some of the participants work were focussed on preventing cases escalating to the point where care was necessary, rather than diversion from care at the point the decision was imminent (i.e. before the senior social worker care decision was made). Some of my data discusses intervention with children and young people who could be described as ‘edging towards care’ rather than being on the precipitous ‘edge of care’. I will need to be aware of this too when writing my thesis. He also drew my attention to the variety of risk and resilience factors within the population of ‘edge of care’, whereby young children and teenagers show different factors. I will need to be aware of this when writing my literature review. This has been reflected in my analyses and grounded theory through the code: ‘*recognising the diversity of ‘edge of care”*.

I believe the key take-aways of my research highlights the importance of increased investment in embedding psychological thinking within children's services and education systems to enhance practitioner wellbeing and improve outcomes for children and families who experience adversity and exclusion, where there are risks of family breakdown and care proceedings. Focus on preventative and early intervention would be more effective in reducing rates of families going into care, by stopping needs from escalating in the first place. Enhancing multi-agency collaboration and helping EPs to define their roles more clearly within social care and education systems is crucial. The research offers insights into key competencies and challenges for EPs working in 'edge of care' contexts. This is valuable for informing training and professional development. For families and young people, the grounded theory and framework for EP practice emphasises the importance of holistic, relational and systemic approaches. The thesis evidences that EPs can play a more active role in family support, bridging the gap between home, school, and social care systems.

However, as psychologists, we know that language is important and holds power. And I reflect on whether the term 'edge of care' is appropriate. Throughout the thesis it has been highlighted that the term 'edge of care' is complex and difficult to define. Participating EPs described their work with families with heterogenous needs and difficulties and were unsure themselves where the line was that defines 'edge of care'. In addition, the findings suggests that the term 'edge of care' may reinforce deficit-based narratives and contribute to epistemic mistrust in families, impacting engagement and service accessibility. Future research should explore these concepts further, ensuring clear ethical guidelines and consideration of language. Unknowingly to me when I first started this thesis, I feel like I have opened a complex and multifaceted issue, which goes beyond the distinct role of the EP and has wider systemic and policy implications. A key implication of this research is the challenge it poses to crisis-driven models of service. Through emphasising the importance of early intervention

and prevention, it suggests a continuum of support rather than fixed thresholds. This shift requires integrative and proactive services and has important potential implications for the terminology used in policy and practice. This thesis challenges the language of the construct of 'edge of care' and suggests that reframing language might be crucial to encourage easier accessibility to services, facilitating earlier intervention and better therapeutic outcomes.

Directions of Future Research

The grounded theory offered here is by no means a complete product. Future research should evaluate its utility in wider family contexts and EP practices. The presented theory would benefit from further testing and validation in wider contexts, to see if it has any utility in supporting families with diverse needs. There is also a need for further research which explores practical guidelines for EPs, translating the theory into tools or guidance to support effective implementation of theory into practice. Including further exploration of how EPs collaborate with multiple disciplines and how EPs work this into their service delivery. Taking a more discursive or phenomenological approach, research could unpick the implications of language and terminology of 'edge of care'.

Dissemination Strategy

I hope to disseminate findings through various channels, share my research with other Educational Psychologists through my practice, and engage with interdisciplinary researchers in this context. I plan on presenting my findings at academic and professional conferences, such as the Cardiff University Doctorate in Educational Psychology conference in the summer of 2025. To engage a broader audience, I will utilise social media platforms, blogs and podcasts. Going forward, I hope to practice as a research practitioner and take forward the presented grounded theory and continue to refine it in wider family contexts.

Furthermore, I hope to move forward with research publications based on the current thesis in relevant academic journals.

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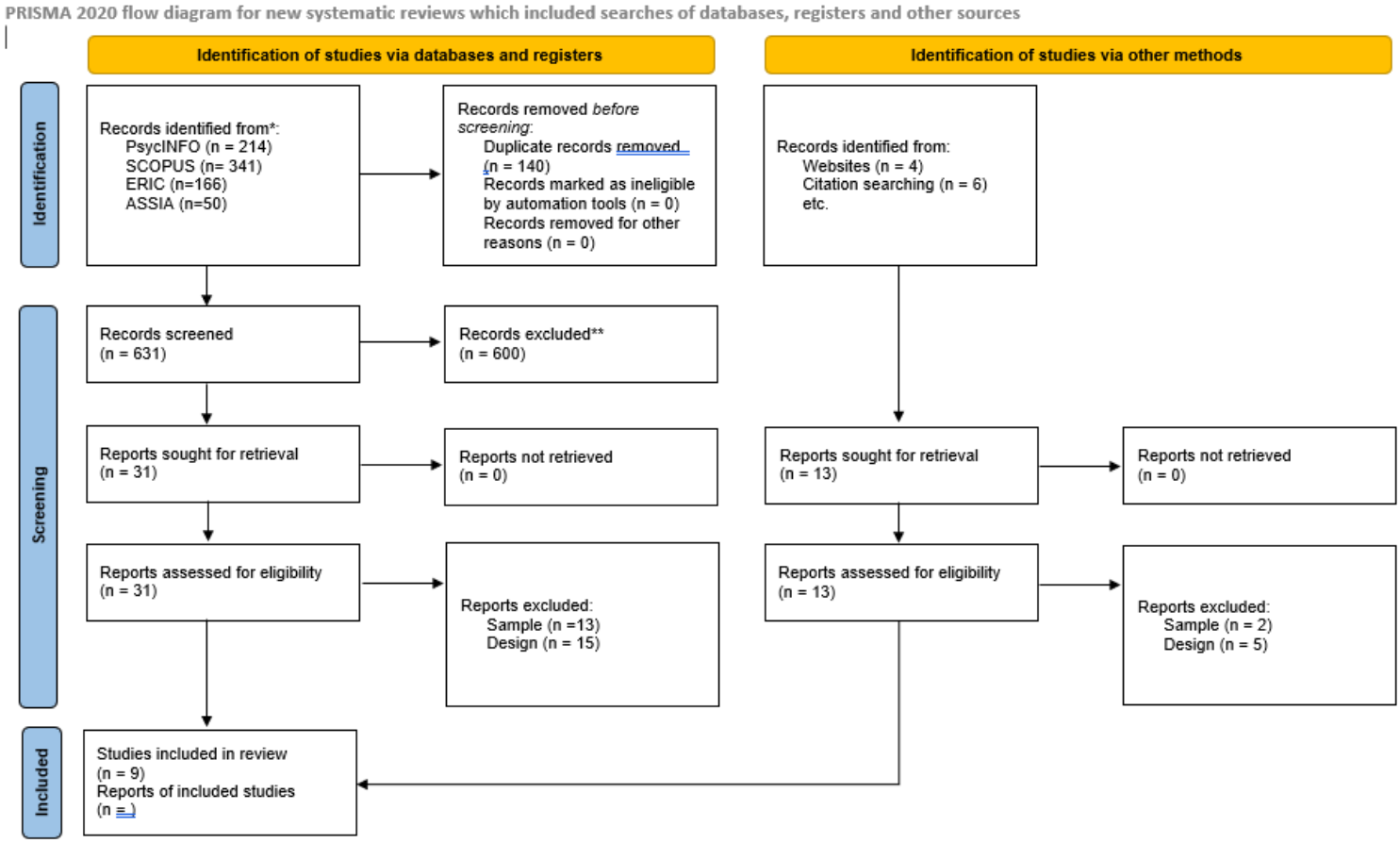
Appendices

Appendix A: PRISMA- ScR Flow Diagram (Part One)



*Consider, if feasible to do so, reporting the number of records identified from each database or register searched (rather than the total number across all databases/registers).
**If automation tools were used, indicate how many records were excluded by a human and how many were excluded by automation tools.

Source: Page MJ, et al. BMJ 2021;372:n71. doi: 10.1136/bmj.n71.

Appendix B: Database Searches

Search Date	Database/Website	Terms used	Retrieved articles
10/12/2024	PsycINFO	“educational psycholog*” OR “school psycholog*” OR “educational intervention*” OR “Psychological support in education” OR “clinical psychology” OR psychologist* AND “psychologically informed practice” OR “therapeutic intervention” OR “evidence based practice” OR theory OR theories OR framework OR model OR “trauma informed care” OR “trauma informed practice” OR “strengths based approach” OR “positive psychology” OR “reflective practice” OR “systemic practice” OR “systems theory” AND"‘edge of care’" or "families at risk" or "vulnerable families" or "care proceedings" or "child protection" or "child safeguarding" or "high risk families" or "family adversity" or "families in crisis" or "disadvantaged families" or "marginalized families" or "at risk children" or "family instability" or "preventative care" or "early intervention" or "family preservation" or "preventing out of home placement" or "family reunification" or "at risk families" or "child welfare" or “transitional families” or “threshold of care” or “family support services” or “preventing family breakdown” or “placement prevention” or “family resilience”	214

30/12/2024	ERIC	“educational psycholog*” OR “school psycholog*” OR “educational intervention*” OR “Psychological support in education” OR “clinical psychology” OR psychologist* AND “psychologically informed practice” OR “therapeutic intervention” OR “evidence based practice” OR theory OR theories OR framework OR model OR “trauma informed care” OR “trauma informed practice” OR “strengths based approach” OR “positive psychology” OR “reflective practice” OR “systemic practice” OR “systems theory” AND"‘edge of care’" or "families at risk" or "vulnerable families" or "care proceedings" or "child protection" or "child safeguarding" or "high risk families" or "family adversity" or "families in crisis" or "disadvantaged families" or "marginalized families" or "at risk children" or "family instability" or "preventative care" or "early intervention" or "family preservation" or "preventing out of home placement" or "family reunification" or "at risk families" or "child welfare" or “transitional families” or “threshold of care” or “family support services” or “preventing family breakdown” or “placement prevention” or “family resilience”	166

10/12/2024	SCOPUS	“educational psycholog*” OR “school psycholog*” OR “educational intervention*” OR “Psychological support in education” OR “clinical psychology” OR psychologist* AND “psychologically informed practice” OR “therapeutic intervention” OR “evidence based practice” OR theory OR theories OR framework OR model OR “trauma informed care” OR “trauma informed practice” OR “strengths based approach” OR “positive psychology” OR “reflective practice” OR “systemic practice” OR “systems theory” AND"‘edge of care’" or "families at risk" or "vulnerable families" or "care proceedings" or "child protection" or "child safeguarding" or "high risk families" or "family adversity" or "families in crisis" or "disadvantaged families" or "marginalized families" or "at risk children" or "family instability" or "preventative care" or "early intervention" or "family preservation" or "preventing out of home placement" or "family reunification" or "at risk families" or "child welfare" or “transitional families” or “threshold of care” or “family support services” or “preventing family breakdown” or “placement prevention” or “family resilience”	341

11/12/2024	ASSIA (ABSTRACTS ONLY)	“educational psycholog*” OR “school psycholog*” OR “educational intervention*” OR “Psychological support in education” OR “clinical psychology” OR psychologist* AND “psychologically informed practice” OR “therapeutic intervention” OR “evidence based practice” OR theory OR theories OR framework OR model OR “trauma informed care” OR “trauma informed practice” OR “strengths based approach” OR “positive psychology” OR “reflective practice” OR “systemic practice” OR “systems theory” AND"‘edge of care’" or "families at risk" or "vulnerable families" or "care proceedings" or "child protection" or "child safeguarding" or "high risk families" or "family adversity" or "families in crisis" or "disadvantaged families" or "marginalized families" or "at risk children" or "family instability" or "preventative care" or "early intervention" or "family preservation" or "preventing out of home placement" or "family reunification" or "at risk families" or "child welfare" or “transitional families” or “threshold of care” or “family support services” or “preventing family breakdown” or “placement prevention” or “family resilience”	50

11/12/2024	Elicit	“educational psycholog*” OR “school psycholog*” OR “educational intervention*” OR “Psychological support in education” OR “clinical psychology” OR psychologist* AND “psychologically informed practice” OR “therapeutic intervention” OR “evidence based practice” OR theory OR theories OR framework OR model OR “trauma informed care” OR “trauma informed practice” OR “strengths based approach” OR “positive psychology” OR “reflective practice” OR “systemic practice” OR “systems theory” AND"‘edge of care’" or "families at risk" or "vulnerable families" or "care proceedings" or "child protection" or "child safeguarding" or "high risk families" or "family adversity" or "families in crisis" or "disadvantaged families" or "marginalized families" or "at risk children" or "family instability" or "preventative care" or "early intervention" or "family preservation" or "preventing out of home placement" or "family reunification" or "at risk families" or "child welfare" or “transitional families” or “threshold of care” or “family support services” or “preventing family breakdown” or “placement prevention” or “family resilience”	3

Appendix C: Data Extraction Table (Part One)

Reference	Publication type	Study aims	Participant Information	Design and Methodology	Key Findings
O'Connor, M., Wilson, C., Coughlan, B., Duschinsky, R., & Foster, S. (2024). How clinical psychologists respond to child safeguarding dilemmas: A qualitative study. *Child abuse review*, *33*(1), e2850.	Qualitative Study	The study aims to explore how clinical psychologists respond to child safeguarding dilemmas, focusing on their role in child welfare. It examines the decision-making processes and challenges faced by psychologists in Child and Adolescent Mental Health Services (CAMHS) in England.	20 Clinical Psychologists	Interviews and Framework analysis	The study emphasises multi-agency collaboration to pool information and provide comprehensive support. Findings support prioritising safety. immediate safeguarding and stability for the child before providing therapeutic support. Findings highlight a disparity between ideal support and the reality of working within an under-resourced system. The study highlights the role of psychologists as sense-makers, helping families make sense of their difficulties and providing a coherent narrative to facilitate change. Psychologists supporting navigating feelings of guilt

					and shame in parents to build a trusting therapeutic relationship. Risk was conceptualised multidimensionally. Differentiating between immediate physical risks and long-term emotional risks. There were tensions between services regarding who holds responsibility for managing risk. There were disparities in risk assessment thresholds between psychologists and social service.
McPherson, S., Andrews, L., Taggart, D., Cox, P., Pratt, R., Smith, V., & Thandi, J. (2018). Evaluating integrative services in edge-of-care work. *Journal of Social Welfare and Family Law*, *40*(3), 299-320.	Mixed methods study	The study aimed to evaluate the Norfolk Parent Infant Mental Health Attachment Project (PIMHAP), a therapeutic intervention for families at the 'edge of care'.	55 Families and 24 professionals	Quantitative data on family histories, interventions and changes to safeguarding status. Descriptive analysis of safeguarding outcomes and psychological measures.	The program potentially saved £350,000 based on avoided care proceeding costs. Four main themes emerged from analysis of the practitioner interview data offering valuable insight into the experience of working within PIMHAP's new therapeutically oriented service configuration: a safe place to leave professional defences behind; working within financial and professional

				Qualitative focus groups and interviews with 24 members of staff to capture professional experiences. Thematic analysis used to analyse qualitative data.	constraints, creating solutions to long-standing dilemmas, and holding really tough stuff without switching off.
Cox, P., McPherson, S., Mason, C., Ryan, M., & Baxter, V. (2020). Reducing recurrent care proceedings: Building a local evidence base in England. *Societies*, *10*(4), 88.	Mixed methods study	The article aims to analyse the core values, practices, and impact of three local services in northwest England working with birth parents to reduce the risk of recurrent care proceedings (RCP). It explores how these services operate without requiring women to use long-acting reversible contraception (LARC) as a condition of accessing the service.	182 Women across three local authority services.	Mixed methods design, including quantitative case data collected at referral, initial engagement, 6 and 12 month follow up (5 for service C). Included details on housing, relationships, mental health, alcohol use, contraception, pregnancy, and child safeguarding outcomes.	The three services are based in high-deprivation urban areas and accept referrals of women who have had at least one child removed. They offer person-centred support focusing on individual needs and existing relationships. Services provide support in areas such as parenting, health, wellbeing, financial resilience, and housing. At referral, many mothers faced multiple disadvantages, including unstable accommodation, unemployment, mental health issues, and substance abuse. After engagement with the services, there were improvements in stable accommodation, reduced partner abuse, and decreased substance abuse.

				Outcome measures completed by parents at initial engagement and 6-month intervals- Measures included the Rosenberg self-esteem scale, Adult Attitude to Grief scale, CORE, PTSD Checklist (PCL) civilian version, and Quality of Life Enjoyment and Satisfaction Questionnaire (QLESQ) short form. Conducted interviews with 13 mothers to gather their experiences. Thematic analysis used to analyse into themes.	Measures indicated high levels of psychological distress among mothers, similar to those receiving formal mental health care. Some mothers showed significant improvement in psychological wellbeing after six months of service engagement. Three main themes emerged from qualitative interviews: developing trust in the context of past trauma, building confidence, and taking control of the future. Mothers valued the regularity, consistency, and flexibility of support, which helped them develop social skills and confidence.

Baxter, V., Boydell, V., & McPherson, S. (2023). Multi-disciplinary support for families with complex needs and children on the 'edge of care' in the UK: a mixed methods evaluation. *Journal of Social Welfare and Family Law*, *45*(4), 307-325.	Mixed methods study	The aims were to evaluate the effectiveness of a multi-disciplinary team (MDT) pilot program implemented by Essex County Council.	Focus group of 9 MDT members. Interviews with 13 social care professionals. Survey of 25 responses.	Quantitative data came from MDT service data (including demographics, safeguarding status, risk behaviours, and reasons for case closure) and cost savings data. Qualitative data came from in depth interviews with social care staff, focus group discussions with MDT staff, and online survey of social care staff.	89% of families engaged with the service. Quantitative data showed reduced involvement with police or criminal justice system, improved school attendance, decreased number of missing episodes, reduced substance misuse and domestic abuse, and improved stability within the home environment and increased family wellbeing. Qualitative findings found the following themes: Valuing constructive, collaborative, professional relationships with social care, creating positive and trusting relationships with families, using an innovative mode of delivery. The study found key successful mechanisms including building trust and relationships with families, providing immediate and consistent

				Analysed via thematic analysis.	support, and offering a holistic, person-centred approach.
Allain, L., Hingley-Jones, H., McQuarrie, T., Gleeson, H., Apeah-Kubi, D., Ogunnaike, B., & Lewis-Brooke, S. (2023). Young people on the ‘‘edge of care’’: perspectives regarding a residential family intervention programme using social pedagogic and systemic approaches-striving for ‘humane practice’. *Journal of Social Work Practice*, *37*(2), 247-261.	Exploratory qualitative study.	The study explores a residential family intervention program aimed at supporting families on the ''edge of care'' using social pedagogic and systemic approaches. The program, known as the Family Learning Intervention Project (FLIP), involves families and professionals living together for a short period to work on mutually agreed goals.	17 Participants Parents/Carers: 7 participants (5 mothers and 2 foster carers) Young People: 3 participants (2 siblings aged 13 and a 17-year-old) Professionals: 7 participants (5 social workers and 2 social pedagogues)	In depth interviews analysed with thematic analysis	The FLIP house provided a spacious and supportive environment, allowing families to reflect and improve relationships. Families appreciated the space, time, and support, which contrasted with their usual cramped and deprived living conditions. Many families faced significant social and systemic challenges. The physical environment of the FLIP house highlighted issues of poverty and deprivation, which were significant stressors in their usual living conditions. The intervention allowed families to engage in simple activities together, fostering better communication and understanding.

					Activities like cooking, playing games, and spending uninterrupted time together had therapeutic effects. Families and professionals often saw each other in a new light, leading to improved relationships and a sense of family bonding. While positive changes were noted during the intervention, sustaining these changes post-intervention was challenging. Families often struggled to maintain improvements due to ongoing social and economic pressures.
Sen, R. (2016). Building relationships in a cold climate: A case study of family engagement within an ‘‘edge of care’’family support service. *Social Policy and Society*, *15*(2), 289-302.	Case study report	The aims of the study were to investigate how engagement between one family and an ‘‘edge of care’’ intensive family support service was built and sustained.	**Family**: The Hughes family, consisting of parents Sally (37) and Richard (40), and their children Luke (15), Susan (14), Steve (8), and Will (4). **Professionals**: Involvement of a	Qualitative case study design using multi-modal data collection. Analysed using thematic analysis.	Key factors in positive engagement included harnessing parents' agency for change, establishing shared goals, and respecting parents' perspectives. The FSS provided intensive support, including budgeting work, practical support for home improvements, emotional and psychological support, tailored parenting support, and monitoring of children's attendance and home environment. The service also facilitated better communication and problem-solving within the family. Outcomes:

			key worker (Lesley), the FSS manager, and other child welfare agencies.		By June 2013, the children remained within the family, their names were removed from the Child Protection Register, and the social work team planned to end their involvement. Improvements included better parenting, improved home environment, and positive feedback from schools regarding the children's progress.
Forrester, D., Copello, A., Waissbein, C., & Pokhrel, S. (2008). Evaluation of an intensive family preservation service for families affected by parental substance misuse. *Child Abuse Review: Journal of the British Association for the Study and Prevention of Child Abuse and* ***Neglect, 17*****(6), 410-426.**	Mixed methods evaluation	The aims of this study were to evaluate an intensive family preservation service for families affected by parental substance misuse.	Quantitative intervention group- 279 families and a comparison group of 89 families. Qualitative Study: Interviews with 11 parents and 7 children from 8 families who received the Option 2 service.	Quantitative Component: Quasi-experimental study comparing care-related outcomes between the Option 2 group and a comparison group. Qualitative Component: Semi-structured interviews with parents and children who received the Option 2 service.	Families had overwhelmingly positive experiences with the Option 2 service, describing it as supportive, non-judgmental, and helpful. Key mechanisms of support were a non-judgmental and understanding approach, good communication between workers and families, high availability and frequency of contact, practical support and helpful strategies. Support with substance misuse and family relationships. Children reported increased confidence and improved relationships with parents and peers. Some families achieved lasting change, while others with

				Quantitative Analysis: Statistical tests (Chi square, t-tests) to compare outcomes between the Option 2 and comparison groups. Qualitative Analysis: Grounded theory methods to analyse interview data and identify key themes.	more complex issues struggled to maintain improvements after the intervention ended.
Dagenais, C., Brière, F. N., Gratton, G., & Dupont, D. (2009). Brief and intensive family support program to prevent emergency placements: Lessons learned from a process evaluation. *Children and Youth Services Review*, *31*(5), 594-600.	Mixed methods evaluation	The aim of the study was to evaluate a family support programme to prevent emergency placements.	160 families and seven practitioners.	Quantitative: Data from existing databases at the Montreal Youth Center (MYC) and the Youth Protection Department (YPD), and forms filled out by BII staff members.	Quantitative results evaluated the effectiveness of the intervention. More than half of the cases required further services post-intervention, indicating that the program did not significantly reduce the need for emergency placements. Successful outcomes were associated with more flexible and family-centred interventions but less intensive and collaborative ones.

				Qualitative: Semi-structured interviews with BII youth workers. Data Analysis: Quantitative: Descriptive statistics, paired-sample t-tests, ANOVAs, and Chi-Square tests. Qualitative: Grounded theory methods to analyse interview data and identify key themes.	Qualitative results reported on obstacles to programme implementation. The program was generally well implemented, but two core principles—intervention briefness and concrete support—were poorly executed. BII youth workers were aware of and agreed with the principle of brief interventions. However, they often found it challenging to keep interventions within a short period. Delays were often due to the limited availability of families and partners. Workers faced difficulties in coordinating with partners and reaching families promptly.
Percy-Smith, B., & Dalrymple, J. (2018). Stories from journeys to the 'edge of care': Challenges for children and family services. *Children and Youth Services Review*, *94*, 216-224.	Qualitative research	This study aimed to explore the experiences of children and families on their journeys to the 'edge of care'.	8 young people (ages 14–18; 4 girls and 4 boys) and 6 parents, 4 of whom were parents of the	Qualitative methodology using a 'river of experience' visual to map participants life journeys. Interviews	Young people and families often felt unheard by professionals. Emotional and psychological needs were insufficiently addressed. Early intervention and consistent support were lacking.

		young people in the study.	conducted. Analysis involved participatory reflective inquiry with practitioners and grounded theory.	The care system sometimes exacerbated challenges due to systemic inadequacies. .	

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Appendix D: Critical Appraisal with CASP Guidelines (Part One)

CASP										
	Section A: Was there a clear statement of the aims of the research?	Is a qualitative methodology appropriate?	Was the research design appropriate to address the aims of the research?	Was the recruitment strategy appropriate to the aims of the research?	Was the data collected in a way that addressed the research issue?	Has the relationship between researcher and participants been adequately considered?	Section B: Have ethical issues been taken into consideration?	Was the data analysis sufficiently rigorous?	Is there a clear statement of findings?	Section C: How valuable is the research? (Will the results help locally?)

Cox et al. (2020)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Dagenais et al. (2009)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
OConnor et al. (2022)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
McPherson et al. (2018)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Baxter et al. (2018)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Allain et al. (2023)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Sen (2016)	Yes	Yes	Yes	Yes	Yes	Not reported	Yes	Yes	Yes	Yes
Forrester et al. (2008)	Yes	Yes	Yes	Yes	Yes	Not reported	Yes	Yes	Yes	Yes

Percy-Smith et al. (2018)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Appendix E: Recruitment Process (Part Two)

A total of 6 EPs participated in this study. All EPs worked for local authorities in Wales and considered themselves as engaging in work with families at 'edge of care', within the last four years. This timeline ensured participants' experiences were recent while allowing for a sufficient sample size. This was particularly relevant as one participant had only recently concluded their role in this context, while their insights remained highly valuable to current practices.

Potential participants were approached from educational psychology services across Wales via purposive sampling. The researcher emailed potential participants directly, who was known to the researcher to have an interest in the research topic. These participants were initially sent information sheets pertaining to the details of the study, then self-selecting participants who responded to this email were sent consent forms. The researcher also advertised the thesis via the recruitment poster in Appendix F.vi on social media platforms LinkedIn and X. Five out of the six participants were recruited by response from direct email, while one participant was recruited by response to the recruitment poster. Initial lines of enquiry were sent to all participating EPs prior to their interview, briefly outlining topics of the interview, so that the EPs may have the opportunity for reflection before the interview.

Appendix F: Ethical considerations and front-facing documentation (Part Two)

Appendix F.i: Ethical Considerations and Approval

This project received ethical approval from Cardiff University School of Psychology Research Ethics Committee (Project number: EC.24.03.12.6991A).

Confidentiality and anonymity

Interviews were conducted via Microsoft Teams and video recordings were made of these interviews. At the start of each interview the participants were reminded that these recordings will be made and

that the contents discussed would be anonymised when transcripts are completed. Participants were asked again if they consented to these recordings. Names, locations and any identifiable information of the participants or other persons mentioned in the interviews were redacted from the transcripts, and each participant was assigned an anonymised participant number. The video recordings were then destroyed following transcription. Participants individual role titles and teams were not disclosed, and an overview of the different roles held by the participants were used. Participants date of births was also not recorded.

Right to withdraw

Participants were made aware through the information sheets and at the interview that they may withdraw their participation at any time without having to give reason, up until the point that their data had been anonymised and transcribed. Should participants have withdrawn, their data and recordings would have been destroyed.

Risk of harm and debrief.

Given the sensitive nature of the research topic, it was important that participants wellbeing was prioritised, and efforts were made to minimise harm wherever possible. Rapport was established between the researcher and participants by adopting a conversational approach and questions were asked with a curious approach rather being invasive. Participants were reminded verbally at the start of the interview that they can stop at any time. Throughout the interviews, the researcher made sure to check on the participants' emotional well-being and be prepared to offer comfort breaks, reminding participants of their right to withdraw, and to check in if they feel emotionally able to continue. If they chose not to, the researcher was prepared to stay with each participant for a short period of time following each interview, to ensure that they are feeling emotionally regulated and in a similar state to the beginning of the interview. Participants received the researcher's, supervisors, and ethical committee's contact information. All participants will be made aware that their data will only be used to help the understanding of ‘edge of care’ support across Wales.

Debriefing

All participants received appropriate debriefing, including a debrief statement (Appendix F.v), where the aims of the research were stated again, and participants were given the opportunity to share any thoughts, reflections, or concerns from their participation. They were signposted to the research supervisor should individuals wished to further discuss the research.

Data storage and security

All Personal data was be stored and processed according to the General Data Protection Regulation (GDPR). Initialled and signed consent forms were stored securely and, as per the Research Records and Retention Schedule, data will be retained for a minimum period of 5 years after the end of the project or after publication of any findings based upon the data (whichever is later). Personal data within the recording was stored confidentially in an online, encrypted and password protected storage (University provided OneDrive) to which only the researchers will have access. After a 2-week period, data was transcribed and subsequently anonymised using pseudonyms. Any names, locations or identifiable personal information was removed from the interview transcriptions. All participants were informed of this process prior to the interviews and reminded of this in debriefing. Transcripts again were stored on the online, encrypted and password protected storage. Interview recordings were deleted when transcripts are completed. As per the Research Records and Retention Schedule, the transcript data will be retained for a minimum period of 5 years after the end of the project or after publication of any findings based upon the data (whichever is later).

Appendix F.ii: Information sheets for Educational Psychologists

CARDIFF UNIVERSITY
PRIFYSGOL CAERDYDD

School of Psychology

School of Psychology, Cardiff University

Working title: How do Educational Psychologist's use psychologically informed practice to facilitate positive change for families at risk of care? A Grounded Theory approach.

You are being invited to take part in a doctoral research project. Before you decide whether or not to take part, it is important for you to understand why the research is being undertaken and what it will

involve. Please take time to read the following information carefully and discuss it with others, if you wish.

1. What is the purpose of this research project?

The purpose of this research will be to explore educational psychology intervention for families at risk of going into care.

2. Why have I been invited to take part?

You have been invited to participate in this study because you are an Educational Psychologist who engages in work supporting families who are at risk of going into care, or who has worked in this area within the past four years.

3. Do I have to take part?

No, your participation in this research project is entirely voluntary and it is up to you to decide whether or not to take part. If you decide to take part, we will discuss the research project with you and ask you to sign a consent form. If you decide not to take part, you do not have to explain your reasons and it will not affect your legal rights.

You are free to withdraw your consent to participate in the research project at any time, without giving a reason, even after signing the consent form. If you wish to do so you can contact the lead researcher or research supervisor through the contact information at the end of the information sheet

4. What will taking part involve?

If you do decide to take part, you will be expected to participate in an interview with the researcher. The interview should last no more than 50 minutes and will be offered in person or via Microsoft Teams (whichever is preferred). This will be voice recorded via a password protected device for data analysis purposes. If conducted online, the interview will also be recorded via Microsoft Teams and stored on the secure university OneDrive. You have the right to not answer a question if you do not wish to do so.

5. Will I be paid for taking part?

No. You should understand that any data you give will be as a gift and you will not benefit financially in the future should this research project lead to the development of a new treatment/method/test/assessment/policy.

6. What are the possible benefits of taking part?

There will be no direct advantages or benefits to you from taking part, but your contribution will help us understand the impact of EP intervention in the context of families at risk of going care, how EPs utilise psychologically informed practice in this context, and help build an understanding of barriers and facilitators to EP intervention for families at risk of going into care.

7. What are the possible risks of taking part?

No foreseeable discomforts, risks or disadvantages should be experienced. However, if at any time you feel uncomfortable, please let a researcher know.

8. Will my taking part in this research project be kept confidential?

Please note that you will be identified by a pseudonym (and not by name) and any data will be kept in a locked file on a password protected computer. The recording will be stored securely in the researchers' password protected electronic files. Information will be shared only with the researchers and research supervisors. After we have analysed the information, the recordings will be destroyed.

The consent form is the only form that will have your name on it. It will be kept in a password protected file. Your interview will be typed up within 2 weeks and then the recording will be deleted. All of the information from the interview, including the typed-up transcript will contain pseudonyms (made up

names) to ensure anonymity. All computer files will be password protected and only accessible by the researcher and research supervisor. You can ask for your personal data to be withdrawn from the research up until the audio file has been deleted, as the interview transcription will not contain your name.

If you take part in the interview, all of the information that you give us will be kept confidential, that is, private from other people who are not listed researchers. In exceptional cases, the research team may be legally and/or professionally required to over-ride confidentiality and to disclose information obtained from (or about) you to statutory bodies or relevant agencies. For example, this might arise where the research team has reason to believe that there is a risk to your safety, or the safety of others. Where appropriate, the research team will aim to notify you of the need to break confidentiality (but this may not be appropriate in all cases).

9. What will happen to my Personal Data?

All Personal data will be stored and processed according to the General Data Protection Regulation (GDPR). Your initialled and signed Consent form will be stored securely and, as per the Research Records and Retention Schedule, data will be retained for a **minimum period** of 5 years after the end of the project or after publication of any findings based upon the data (whichever is later).

Personal data within the recording will be stored confidentially in an online, encrypted and password protected storage (University provided OneDrive) to which only the researchers will have access. After a 2-week period, this will be transcribed and subsequently anonymised using pseudonyms for your name and the names of any other people/the school used within the recording. Once anonymised, you will no longer be able to withdraw from the research project. This again will be stored on the online, encrypted and password protected storage. As per the Research Records and Retention Schedule, the transcript data will be retained for a **minimum period** of 5 years after the end of the project or after publication of any findings based upon the data (whichever is later).

Cardiff University is the Data Controller and is committed to respecting and protecting your personal data in accordance with your expectations and Data Protection legislation. Further information about Data Protection, including:

- your rights
- the legal basis under which Cardiff University processes your personal data for research.
- Cardiff University's Data Protection Policy
- how to contact the Cardiff University Data Protection Officer
- how to contact the Information Commissioner's Office

may be found at https://www.cardiff.ac.uk/public-information/policies-and-procedures/data-protection however, printed copies of the above-mentioned documentation and privacy notices are readily available should you wish.

10. What happens to the data at the end of the research project?

Once the data collected during the project is transcribed and anonymised (see point 9), it will be analysed by the researcher. At this point, the transcript may be shared with academic/research supervisor Rachael Hayes for academic supervision. Data will be shared between the researchers on the online, encrypted and password protected storage facility. No data sharing will occur via email prior to anonymisation. If you wish to withdraw your recordings at any time please contact the researcher or research supervisor through the contact details at the bottom of the information sheet.

11. What will happen to the results of the research project?

Analysis of the data will inform the research question that aims to explore educational psychology intervention for families at the 'edge of care'. As part of their academic requirements, the researcher will write a thesis noting these themes and select, anonymised verbatim quotes may be used in support of their findings/conclusions. This thesis will be presented and shared with academic tutors, peers and possibly the wider public through presentation or publication in an academic journal. Participants will not be identified in any report, publication, or presentation. Should you wish to obtain a copy of the report, please let the researcher know.

12. What if there is a problem?

If there is a problem during the interview, or at any time you feel uncomfortable, please let the researcher know immediately and they will strive to help you.

If you wish to complain or have grounds for concerns about any aspect of the manner in which you have been approached or treated during the course of this research, please contact Brianna Bowen. If your complaint is not managed to your satisfaction, please contact the Secretary of the School Research Ethics Committee as they are independent from the research team.

13. Who is organising and funding this research project?

The research is organised by student, Brianna Bowen and academic supervisor Rachael Hayes.

14. Who has reviewed this research project?

This research project has been reviewed and given a favourable opinion by The School of Psychology Research Ethics Committee (SREC), Cardiff University.

15. Further information and contact details.

Should you have any questions relating to this research project, you may contact us during normal working hours:

Brianna Bowen
Trainee Educational Psychologist
School of Psychology
Cardiff University
Tower Building
Park Place
Cardiff
CF10 3EU
Tel: 029 2087 4007
BowenNB1@cardiff.ac.uk

Dr Rachael Hayes
Research Supervisor
School of Psychology
Cardiff University
Tower Building
Park Place
Cardiff
CF10 3EU
029 2087 0366
HayesR4@cardiff.ac.uk

Any complaints may be made to:

Secretary of the Ethics Committee
School of Psychology
Cardiff University
Tower Building
Park Place
Cardiff
CF10 3AT.

Tel: 029 2087 0707

Email: psychethics@cardiff.ac.uk

Thank you for considering taking part in this research project. If you decide to participate, you will be given a copy of the Participant Information Sheet and a signed consent form to keep for your records.

Appendix F.iii: Consent Form

Working title: How do Educational Psychologist's use psychologically informed practice to facilitate positive change for families at risk of care? A Grounded Theory approach

SREC reference and committee: EC.24.03.12.6991

Name of Chief/Principal Investigator: Brianna Bowen

	Please initial box
I confirm that I have read the information sheet dated for the above research project.	
I confirm that I have understood the information sheet for the above research project and that I have had the opportunity to ask questions and that these have been answered satisfactorily.	
I understand that my participation is voluntary, and I am free to withdraw at any time without giving a reason and without any adverse consequences (e.g. to medical care or legal rights, if relevant), up until the point of data anonymisation (2 weeks post interview).	
I understand that data collected during the research project may be looked at by individuals from Cardiff University or from regulatory authorities, where it is relevant to my taking part in the research project. I give permission for these individuals to have access to my data.	
I consent to the processing of my personal information (consent form) for the purposes explained to me. I understand that such information will be held in accordance with all applicable data protection legislation and in strict confidence, unless disclosure is required by law or professional obligation.	
I understand who access to personal information will have provided, how the data will be stored and what will happen to the data at the end of the research project.	
I consent to being audio recorded for the purposes of the research project and I understand how it will be used in the research.	
If conducted on Microsoft Teams, I consent to being video recorded for the purposes of the research project and I understand how it will be used in the research.	
I understand that my interview will be transcribed and anonymised, and the original recording then deleted.	
I understand that anonymised excerpts and/or verbatim quotes from my interview may be used as part of the research publication.	
I understand that the anonymised data will be uploaded to a data repository	
I understand how the findings and results of the research project will be written up and published.	
I agree to take part in this research project.	

_____	_____	_____
Name of participant (print)	Date	Signature

_____	_____	_____
Name of person taking consent (print)	Date	Signature

_____
Role of person taking consent (print)

THANK YOU FOR PARTICIPATING IN OUR RESEARCH

YOU WILL BE GIVEN A COPY OF THIS CONSENT FORM TO KEEP

Appendix F.v: Debrief form.

School of Psychology, Cardiff University

Working title: How do Educational Psychologist's use psychologically informed practice to facilitate positive change for families at risk of care? A Grounded Theory approach.

Participant Debrief

Many thanks for taking part in the research. Your contribution has been greatly appreciated.

What was the purpose of this study?

The purpose of this research will be to explore educational psychology intervention for families at risk of going into care, in order to understand the processes underlying educational psychologists work with these families and facilitators and barriers to practice in this context.

What will happen to my information?

The recording collected via the interview will be stored securely in the researchers' electronic password protected, encrypted files. After a 2-week period, the recording will be transcribed and anonymised using pseudonyms for your own personal details but also any names of people/schools that are used. The recordings of the interview will be destroyed. This transcribed information will be shared only with the researcher and research supervisor. However, anonymous verbatim quotes may be used in a research report.

Should you feel you no longer want to be part of this research, please contact one of the researchers on the details below within two weeks of the date and time of your interview. If you have any questions relating to the research, please contact Brianna Bowen.

Should you wish to complain or have grounds for concerns about any aspect of the manner in which you have been approached or treated during the course of this research, please contact Dr Rachael Hayes. If, however, you feel your complaint has not been handled to your satisfaction, please contact the Secretary of the Ethics Committee who are independent from the research team.

Brianna Bowen

Trainee Educational Psychologist

School of Psychology

Cardiff University

Dr Rachael Hayes

Research Supervisor

School of Psychology

Cardiff University

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Park Place

Cardiff

CF10 3EU

029 2087 0366

RachaelR4@cardiff.ac.uk

Any complaints may be made to:
Secretary of the Ethics Committee
School of Psychology
Cardiff University
Tower Building
Park Place
Cardiff
CF10 3AT.

Tel: 029 2087 0707

Email: psychethics@cardiff.ac.uk

Cardiff University is the Data Controller and is committed to respecting and protecting your personal data in accordance with your expectations and Data Protection legislation. The University has a Data. Protection Officer who can be contacted at inforequest@cardiff.ac.uk. Further information about Data Protection, including your rights and details about how to contact the Information Commissioner's Office should you wish to complain, can be found at the following: https://intranet.cardiff.ac.uk/staff/supporting-your-work/manage-use-and-protect-data/data-protection

Appendix F.vi: Study advertisement poster

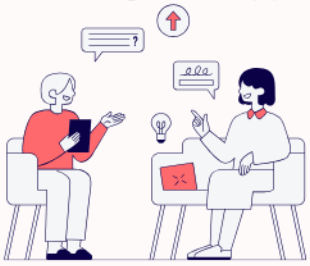
Research Opportunity

Seeking Educational Psychologists

CARDIFF UNIVERSITY
PRIFYSGOL CAERDYDD

- Are you an Educational Psychologist in Wales who engages in work where the focus is on supporting families at risk of going into care?
- Can you share insights into how Educational Psychologists may be working with vulnerable families as part of their work?
- I am seeking participants for an exciting research study exploring how Educational Psychologists use psychology to facilitate change for families at risk of going into care, as part of a doctoral thesis.
- Participation will involve interviews with the researcher (no more than 50 minutes per interview) on Microsoft Teams or in-person.
- Your participation is confidential, voluntary and greatly appreciated!

For more information, please contact:
Brianna Bowen (TEP)
BowenNB1@cardiff.ac.uk



Appendix G: Interview Schedules (Part Two)

Appendix G.i: Initial Sampling

Lines of Inquiry	Questions	Additional probes/prompts:
Introduction	• Welcome and rapport-building. • Go over the information sheet, stating the reasons for the interview and research. • Ask if they have any questions before we begin.	
The role of the EP…	1. Can you tell me about your role as an Educational Psychologist supporting families at risk of going into care? 2. How did you come to supporting families at risk of going into care through your practice? 3. What does your practice look like as an Educational Psychologist supporting families at risk of going into care? 4. How would you describe how you viewed the role of the EP before you engaged in this context? How if at all, has your view of the EP role in supporting families changed since working in this context?	What takes up most of their practice, e.g. consultation, training, supervision or direct work?
Psychologically informed practice…	5. Can you share an example of how you have used psychology to facilitate positive change for families at risk of going into care? 6. Can you discuss the psychological theories or models that you find most relevant to your work with families at risk of going into care? 7. How do these theories or models influence your practice?	Why are these theories important? Why do these theories influence your work?
Influencing factors	1. What factors facilitate successful educational psychology intervention for families at the 'edge of care'? 2. What are the barriers to successful educational psychology	Can you explain…

	intervention for families at the 'edge of care'? 3. Is there anything you think Educational Psychologists should take into consideration when supporting families at risk of going into care, to stay together? 4. How do you approach ethical consideration, especially when faced with complex family situations?	
Reflections	5. How do you reflect on your experiences and learnings from working with families at risk of going into care? 6. How has working in this context changed the way you construct the EP role/the type of EP you want to be?	What helps you to manage? What problems might you encounter? What is most helpful?
Conclusions	Is there anything else you would like to share about educational psychology intervention for families at the 'edge of care', that I have not covered in this interview? Is there something else you think I should know to understand how EPs use psychologically informed practice to facilitate change for families at risk of going into care? Is there anything you would like to ask me? Closing remarks and thanks.	

Appendix G.ii: Theoretical Sampling Round 1

Interview Schedule Theoretical Sampling Round 1

New lines of inquiry: the unique role of the EP, the role of reflective and reflexive practice, formulation, narratives.

Lines of Inquiry	Questions	Additional probes/prompts:
Introduction	• Welcome and rapport-building. • Go over the information sheet, stating the reasons for the interview and research. • Ask if they have any questions before we begin.	

The role of the EP…	8. Can you tell me about your role as an Educational Psychologist supporting families at risk of going into care? 9. What do you think is the unique role of the EP supporting families at 'edge of care'? 10. How do you make use of supervision in this role? What impact, if any, does supervision have when doing this work?	
Psychologically informed practice…	1. Can you discuss the psychological theories or models that you find most relevant to your work with families at risk of going into care? 2. How can EPS encourage and facilitate reflective and reflexive practices among professionals involved with families at the 'edge of care'? 3. What role do you think family and professional narratives have on facilitating change at 'edge of care'? 4. How do you perceive the value of families and professionals being able to hold multiple perspectives or narratives in their work with children and families at the 'edge of care'? 5. How do you perceive formulation in this role? 6. What role does reflective and reflexive practice have on your work in this context?	Why are these theories important? Why do these theories influence your work? How do you encourage families and professionals to take different perspectives and multiple narratives?
Influencing factors	7. What factors facilitate successful educational psychology intervention for families at the 'edge of care'? 8. What are the barriers to successful educational psychology intervention for families at the 'edge of care'? 9. Are there any systemic factors influencing psychology led practice at 'edge of care'?	Can you explain…

Reflections	1. How do you reflect on your experiences of working with families at risk of going into care? 2. How has working in this context changed the way you construct the EP role/the type of EP you want to be?	What helps you to manage? What problems might you encounter? What is most helpful?
Conclusions	Is there anything else you would like to share about educational psychology intervention for families at the 'edge of care', that I have not covered in this interview? Is there something else you think I should know to understand how EPs use psychologically informed practice to facilitate change for families at risk of going into care? Is there anything you would like to ask me? Closing remarks and thanks.	

Appendix G.iii: Theoretical Sampling Round 2

Interview Schedule Theoretical Sampling Round 2

New lines of enquiry; family resilience (assessment and intervention), gaps in research and practice

Lines of Inquiry	Questions	Additional probes/prompts:
Introduction	• Welcome and rapport-building. • Go over the information sheet, stating the reasons for the interview and research. • Ask if they have any questions before we begin.	

The role of the EP…	11. Can you tell me about your role as an Educational Psychologist supporting families at risk of going into care? 12. What do you think is the unique role of the EP supporting families at 'edge of care'? 13. From your perspective, what are some of the key challenges that families who are at risk of care experience? 14. How do EPs assess or identify resilience in families at the 'edge of care'?	
Psychologically informed practice…	7. What psychologically informed practices do you use to meet the needs of families and promote family resilience and prevent breakdowns? 8. Why are these practices important? Through what mechanisms do they support family resilience and prevent families from entering care? 9. What role does reflective and reflexive practice have on your work in this context?	
Influencing factors	10. What factors facilitate successful educational psychology intervention for families at the 'edge of care'? 11. What are the barriers to successful educational psychology intervention for families at the 'edge of care'? 12. What role does wider systems play in promoting family resilience or preventing children from entering care, in your experience?	Can you explain…
Reflections	3. From your experience, what are the biggest gaps in research and practice for support for families at the 'edge of care'? 4. How has working in this context changed the way you construct the EP role/the type of EP you want to be?	Are there any areas you feel are under-researched related to supporting families at 'edge of care'? From your experiences, are there specific populations or needs that you think are overlooked in research on family resilience?

		Where do you think current systems fall short in supporting families at the 'edge of care'?
Conclusions	Is there anything else you would like to share about educational psychology intervention for families at the 'edge of care', that I have not covered in this interview? Is there something else you think I should know to understand how EPs use psychologically informed practice to facilitate change for families at risk of going into care? Is there anything you would like to ask me? Closing remarks and thanks.	

Appendix H: Illustrative data extracts for themes

Psychologically Informed Practice used by Educational Psychologists	
Holistic Family-Centred Assessment and Formulation	*We do assessment and consultation with the families themselves… that work is about finding out what the family's strengths are initially, that's super important how resilient they are. Where are they getting that resilient that resiliency from? (EP 2- page 2).* *We try and help them actually unpick the parent's past as well. So, through kind of an attachment lens, we look at what the parents' experiences have been. We try and look at Mum and Dad, if Dad's going to be involved as well. And we try and look back at, we get a bit of a timeline of what's happened to the parents , who are parents to be, to see what's happened in their history and how they might have developed coping strategies and what kind of support they might need in order to be the best possible parent, so rather than just saying they need to, a parenting course, actually unpicking why they might not be able to put that into practise or where the issues might come around, kind of their blueprint, their internal working model for parenting. (EP6- page 1).* *Let's look back at the experiences of these families, not just the children, but the parents' own experiences of being parented. So a big thing that it's key in part working in systemic working and I love it. And I do bring this into day-to-day EP working schools as well, are genograms. … you can do it with families or with young people just to get a sense of who's who in the family. But then you build up and you try and get them and the social workers to see sort of patterns, I guess, you know, transgenerational patterns and just connections and behaviours (EP5- page 3).*
Systemic Practice informed by Systems Theory	*this is where I think psychologists can help, or help the social workers to help, is to really focus on what that child needs, what that child is thinking, what that child is going to experience if mum lets them down, and if something does go wrong. How important it is to be able to turn around*

	and say 'I screwed up. I'm really sorry. You know, I realised I've upset you. I you know, I can't promise I'll be perfect. But I'll do my best to make it up to you'. (EP4- page 14) *'if school breaks down or school's not going well, that puts real pressure on families who've already got needs…if the kids are at home or parents are really struggling to get the kids to school or children aren't in school and therefore, they're out doing other things that are causing problems within families, that's a really difficult one. During that initial assessment, we'll think about school, we might get in touch with schools, we might invite schools to consultations as well. And think about 'how can we support this school placement to be more consistent for a child to be happier?' (EP2- page 2)*
Cultivating Reflective and Reflexive Mindsets to Facilitate Growth and Perspective Shifts	*Because what's happened to us in the past can influence our thoughts, views, judgments. You know, our ability to be open and available. And to maybe particular behaviour. So we do, we run a parenting with pace course for foster carers, but we've had kinship SGO carers. We've not had parents come on there, but we've had another range of of professionals and in that we do sort of an exploration of you know how they were parented and what were the things that. But then press their buttons with their people who are caring. So it could be spitting, could be swearing, it could be, and it's usually around something that they were told or experienced themselves. And so it's that sort of just opening up an understanding for themselves, a time to reflect that. Oh yeah, maybe, you know, this is my thing, maybe it's me that needs to notice when somebody swears I like, go up here and my shoulders go up and I respond in a in maybe a different way rather than be curious about what that's wearing's about. I go into an emotional reaction. Rather than sit and think about, OK, what is the child trying to communicate? It's like I hate swearing. I don't know. "You've got to stop it now. I don't want that." Is that sort of response and they try and shut it down. So it's all impactful and it's the same with our ability to to keep going. A lot of what you know these relationships when when they they wobble and it's it's around that sort of perseverance that capacity to keep going, it's not that people don't want to make change. It's not that people don't want to provide safe care and good enough care, is that they don't have the resources at that point. So one of the things we also, I don't know if this is going off piece to bit and I apologise if it is. (EP3- page 5)* *And so, something about that language and working with other professionals around, what do we mean by these different terms I think became really, really useful. And again, there's something about that I will talk about psychological safety and about safety within, like a team to reflect on our own stuff or to think about, you know, what if this should look different or what if I did make the wrong decision and that's not a concept that was that had the same meaning within a kind of more children services context. (EP1- page 19)* *So that the work informed by DDP where the parent and the child and I guess trying to help trying to support that parent to co regulate and to mentalize for that child, but making it really kind of explicit… I guess for me there's something really important about supporting that parents and mentalize the child to put themselves in that in the place of that child. And to put themselves in a place where that child's behaviour is understandable or is reasonable and to kind of take a step back and go, yes, they were*

	kicking off. But why were they kicking off? Can I put myself in a place where I and myself have been really frustrated, but also can the professionals around the adult mentalized that adult, if that makes sense? Can we put ourselves in the position of this mum, who's just got really upset and screamed at someone in a meeting? Actually, maybe. Maybe we've had times where we are kind of our own triggers have been pressed so hard that we can't quite contain ourselves. And actually, if we think about the amount of trauma that this mum has been through, maybe it isn't that, that surprising that she's kind of got upset. So again, whether you think about that it's mentalising or it's like looking at an alternative narrative, I guess that's there's something there that I think it's been quite helpful. (EP1- page 11) *I think the biggest thing we're trying to do is give space for people to have the opportunity to reflect a bit really and not just being a constant thing of let's do, let's fix. There is no fixing. You know, there's looking back and learning and then applying going forward.' (EP5- page 3)* *I think that's one thing that I've really found really powerful working with social workers is that one of the things they used to when they talked about these families on the edge of care, some of the language they used about them being kind of lazy or lying or kind of quite accusatory language, has now really changed. And I've noticed that because we've been reframing it wondering why they might not be able to come forward or be open about everything. They're now coming back and seeing them as more vulnerable and actually being able to see kind of they're saying things like they didn't feel safe enough to share that with me yet or something like that. And I'm like, yes (EP6- page 3)* *And actually, when we were doing those reflecting teams, we were kind of playing around with broadening those perspectives and broadening those narratives and saying, you know, here, here are sort of four or five different narratives and we had to do a lot of contracting around this meet the point of this meeting is not to resolve on a on an end solution or a, you know, a single narrative, the point is just a broad like to get more heads, then to get more kind of reflections and thinking about it. And that I think was quite a culture shock.' (EP1-page 4)*
Trauma-Informed Ways of Being	That's a lovely piece of work to do, and sometimes it's just kind of helping families reflect on how she did, you know what, like, things are tough and, you know, we've had some trauma, but actually we've got all these other things and we've got all these other support networks, and I love it when that happens. It's really nice thing to be involved in… the biggest thing that we use and actually throughout all my training really would be trauma-informed models, trauma, informed practise, so, so important. So helping schools and parents and the whole system around the child look at needs through a trauma lens rather than seeing behaviour and responding in a kind of behaviourist manner like never works. In my experience. It's got to be trauma informed. You know, I think there's this theme that because we work in children's services and I work with families all who have a social worker inevitably, there will be trauma there. (EP2- page 4) Another thing is you don't want to traumatise them with something like life journey work because you've got a child who's come from a God-awful situation and the court's decision is that child needs to do life journey,

	work. They need to understand where they come from. And you've got a child who probably got where they come from might not understand all the reasoning behind it or how it came about that they're in foster care. But I think for me again, this is the psychological element of it. If you want to take a child back through trauma, you don't just dump them in it and leave them. You have to make sure that they're in a safe place because doing any sort of therapeutic life journey type work can be triggering so. And if you're going to do that with them, you always need to ground them back in the present. Now, this isn't. This isn't family therapy. This is psychology to me, you know. (EP4-page 11) 'I think that that's a really huge thing that I've really noticed and again kind of the concept of like epistemic trust as well. So actually, if they've not had experiences of people being trustworthy in their lives and they've not had experiences of people mentalising them and feeling like they get them, how do they know who to trust as an adult? So they might, they might sit through a kind of parenting intervention or something like that or sit through and say yes to everything. The social work is saying to them, but they have not actually been able to trust that information and they end up kind of going with their gut because people haven't been trustworthy in their lives in the past, so why should they trust you? (EP6- page 5)
The Need for Multi-agency Collaborative Approaches	It can be absolutely key… You know the strength of other professionals is really important, so a good social worker, a good ALNCo that communicates really well that gives you and the information that you need. That takes the time to kind of open those doors and give you those insights really facilitates our role. That comes, you know that we can get everybody in a room together. Multi agency working is really, really important. I think that really facilitates our role (EP2- page 13).
Empowered Family Systems	
Resilience and Healing	*…we visually put risk factors in red and resilience factors in green. So we're trying to kind of look at the balance of that as well… if it's a wall full of red, there's not going to be much resilience. The risk probably outweighs the resilience. But if there's some green on there, it's looking at, it's looking at how much green there is, but also the weight of that green as well. So kind of and the timing of that green. So if there's lots of red in their childhood, but actually in the most recent years, they've really been accessing support, they've turned their life around, they've got themselves a job, they've got themselves a … we use the Maslow's hierarchy of needs as well to look at like the different levels. So actually have they got their basic safety, safety and physical needs met because that's going to be a huge risk factor. If not, and actually that's a resilience factor, if they're actually in a financially stable position, they've got us a steady home, they've got that stability, then that could be something to go, OK, that's actually a resilience factor. If they started to develop new co-regulation strategies, maybe they previously used drugs or something to regulate their emotions, but now they've got strategies, and they can identify those strategies. They go out for walks, or they work or they have a routine. So, kind of looking at those. So, I'd say we definitely look at them in the context of Maslow's hierarchy of needs as well, just to think about where those areas of resilience are and within the wider system and within their own history of themselves and just kind of how … those things we call resilience factors are actually impacting on how they're acting. So, if they've got a nice wide*

	support network around them, but they're not actually using them or they're still like engaging in really unsafe behaviours or stuff like that, are they as supportive as we think they are?... It's exploring that a bit more depth of actually is that experienced as a resilience factor by that person or is that are we just making an assumption… (EP6- page 9)
Safety and Stability	*But that can support schools in a better understanding of some of presenting behaviours that children might be showing if they're not managing or not having safe care outside of school. … But if the school bit can feel safe and settled, that can also help the home situation and vice versa. So that's what we as educational psychologists can bring as quite a strong offer… to social workers, because social workers do their best to work within school system, but not all school systems…What's developed since we've been working closely with them and we can support schools not to finger point and blame and just to say that, you know, understand the difficulties and it's quite hard when you get a very strong opinion from school that this child should be in care and that the parent hasn't, you know, is not good enough, because from children's services point of view they have a whole legal system and duty of care and the whole emphasis, just like we have an emphasis on inclusion, their emphasis is on keeping children at home where at all possible because research shows that is often, not always, often the best place for them to be. (EP3-page 3)* '*Obviously, in an ideal situation we can identify some support that we can put in place during pregnancy that will hopefully prevent the child from then having to end up in care. However, sometimes the situations are also so complex that the safest outcome is for that baby to go straight into the care system. Obviously it's not ideal, but at the same time we have got to have that line of safeguarding of keeping the baby safe, and that is that is one of the big challenges is that she sometimes if we try to use kind of a lot of like psychological models like the cycle of change to think about where in the in the change process the parent is and whether they're contemplating changes. So if they're contemplating changes, how can we get them into the action phase? How can we move them forward into the action phase, or if they're making some changes that they're struggling to maintain, then there's always something we can do at those stages.' (EP6-page 1)*
Belonging and Connection	*So everything I do is very much based on Pat Crittenden's work around attachment and that is my kind of foundation for everything that I'm doing with families. So I will use that at all different levels. So I will think about the way she expresses. How you develop attachment, she calls, talks more about attachment strategies rather than kind of like, and she talks about like type A, type B, type C and how you can kind of flip between the two of like, how these ones different develop in different contexts so. I will use a lot of her theory to help my understanding of the family in the 1st place. So for kind from kind of an understanding perspective, I find it really helpful. I also find it helpful to kind of reframe behaviours as coping strategies and attachment strategies that people have had to use to keep them safe. She talks a lot about kind of four key attachment needs of safety, comfort, proximity and predictability, and I find that a really helpful way of both unpicking behaviours of are they trying to seek one of those things, but also actually helping parents to see how they meet their own needs for safety, comfort, proximity and predictability. How maybe those needs haven't been met for them in the past and how they can meet those needs for their*

	children. So we use that a lot to build on those kind of things. We also use a lot of Karen Treisman's resources. So doctor Karen Treisman's, clinical psychologist. And she has produced treasure decks of cards. So there's one called a patchwork parenting treasure deck. And that's so she's a psychologist herself. So it's all from a psychological background and basically the patchwork parenting treasure deck is cards that show I'm looking next there right there glues them all the time, but they talk about kind of the different things that a child needs from their parent in their relationship so they can use bees at any age. But she talks about like using them to kind of build a patchwork around a child and then also to reflect on the patchwork that they had and maybe which ones of them were missing for them and things like that. So again, I find that a really helpful tool to kind of look at with families kind of. And then yeah, like I said, we look a lot of Maslow's hierarchy of needs. We look a lot of the change cycle. Yeah, I can't. I can't think oh, Crittenden also has a danger scale, so she looks at kind of levels of danger and how, like different types of danger can be more threatening than others. So we use that again in part of our formulation. That's another model that we use to try and understand what kind of the parents been experienced to and what the risks are for the baby to be experienced to. (EP6-page 11) *So that's been powerful. It's this relationships. It's like, yeah, it's relationships, relationships, relationships is everything working with the families, but the relationships that you have, if that's safe space that we have important that we can share all these sort of concerns and show vulnerabilities or questions that just you can be vulnerable there, I guess, which makes you a better worker because you should always be reflecting, you know, and you don't need to know that you nobody can know everything and nobody should think they know everything definitely about families. You know that's the whole point of this is there is no as we say the one truth there is there are multiple truths and we're trying to work out which one fits with the family best. So that will enable a better working relationship. So we can, yeah, best support them. So they'll let us, I guess, support them to to, to keep them all together. (EP5- page 15)*
The EP Role at 'edge of care'	
Sharing Psychology	*Probably EPs working in this way probably get more job satisfaction than I can say. Yeah, I can. I can feel I'm part of a. It's a really kind of weekly sort of team and you feel you get to know your families. You do. Even though I wouldn't recognise any of them. I feel I know. Quite a quite a bit. And so then you sort of. Yeah, it's an investment, isn't it? I feel invested in these families and it's that return that return, that return that you're hoping you're building on sort of some of your hypothesis. Then they do something, you get feedback, you know, does that alter your sort of formulation? OK, let's try a little bit cheer. Yeah. It's far more long term, isn't it? Yeah. It you just feel you're doing something more positive that's having more of an effect?' (EP5-page 18)* *'I think it's just broadened my thinking really in schools… Just lots of the learning that I've had to do to be able to sit there and feel I can sort of know a bit more about the social care system has really helped me…I think the way I'd write reports has changed as well. I thought you know, I'm trying not to be as process driven… I can see I'm trying to write them more from a sort of trauma-informed lens. Can I see more from the family's point of view? I think I've always tried to be not so education sort of focused, but*

	it is about looking at the sort of what's going on at home. It's just widening that lens and being far more aware in all the cases of what's going on in the family. I guess it's given me that wider sort of scope.' (EP5)
Training and Supervision for Continuous Learning	*So we have a small group supervision, but we have supervision with each other, but like peer supervision, but we have supervision with [named psychologist] from the DDPUK and she's every time, you know, it's only an hour every few months. But it just inspires you and reminds you of what you know the importance of doing this work is and she's just great the way her language, the way she uses her language. It just. It's really nice to hear how she says things and how she responds. So that's inspiring. What else do we do? We do a lot of reading and training, which I think helps us then with our own CPD. So we never stagnate in terms of oh we know this stuff therefore we are OK, we don't need to learn it. We're always sort of moving on and the reflective sessions that we offer for children's services. That is really, surprisingly supported a better understanding of what children services do and a better collaboration and relationship with those key agents. And within this this work. So I think building relationships, collaborating helps supporting each other. Being genuinely liking the people I work with, that doesn't always happen, but you know, generally liking the group of EPs that are there is really helpful and helps us go. So I trust them. You know, I can go and say to any of them how I'm feeling and I know that they want they won't abuse that they will see that for what it is and they accept that vulnerability and they're there if they need it. And I hope they feel that that's a two way thing. It's the same sort of process. (EP3-page 8)*

Appendix I: Application of Yardley (2000)'s criteria for good qualitative research to the present study

	Application of criterion to the present study
Sensitivity to context	Through the application of the methodological approach of constructivist grounded theory, the analysis and interpretation which has led to the grounded theory is grounded in the participants experiences and social context, with a commitment towards staying close to the data. Throughout the analysis the researcher reflected on the construction of the grounded theory which occurred between the researcher and participants. The resulting grounded theory moves past descriptive and offers a theoretical exploration, supported by the existing literature. Therefore, the research evidences a good sensitivity to context and understanding of the relevant literature.
Commitment and rigour	The author engaged in in-depth engagement with the topic, creating the grounded theory which is well established in the existing literature. Relevant literature received thorough critical appraisal. The author fully immersed themselves in the data, moving through iterative cycles of data collection and analysis in line with the constructivist grounded theory approach, and using different stages and approaches to coding.
Transparency and coherence	The researcher has maintained a transparent and open account of the whole research process undertaken to arrive at the presented grounded theory. Methodological choices undertaken in both sections of the literature review and explained and justified and illustrated in Appendices A-D. The author includes transparent description of the data collection and analysis processes in Appendices E-H. Furthermore, the author maintains reflexivity throughout the thesis which is illustrated in Appendices J-K. The author stays true to their philosophical foundations and research paradigm through the research process.

Impact and importance	From the researcher's perspective, the current thesis offers useful applications to policy and practice derived from the contributions to knowledge.

Appendix J: Grounded Theory Memos (Part Three)

Memo title- Reflections on my Educational Psychology training
Date: 30/08/2024
As I analyse EP4s data, I reflect on my preconceived ideas. My thoughts aren't aligning with the participant, who shares that in their experience, standard EP training is not adequate for developing systemic thinkers. However, in my experience the training has become more in depth to cover this systemic thinking. This could be a defensive response though. As an insider researcher, I share common identity with the group of people I am interviewing, and so I am bringing in my own experience on the doctorate here which could be colouring how I am making sense of this participants experiences.
Memo title; Reflecting on my taken for granted knowledge prior to focused and theoretical coding
Date: 23/10/2024
My ontological standpoint, critical realism may allow me to see resilience as a 'pillar of reality', i.e. a trait that can be seen and observed in families, and shaped by real world factors like poverty, illness, inequalities. However, my social constructionist epistemology may lend to consider *how* we the construct resilience as something socially constructed within interactions between my participants. I am mindful then about my assumptions about resilience; there is no one way to describe resilience, and it is a dynamic process influenced by interactions between individuals, families and their environment and systems around them. Understanding how families, and professionals, such as EPs, perceive resilience will be important to consider for the data analysis and subsequent implications of the analysis to practice. Perhaps this is something that can be explored in the literature review. I should be mindful of what my biases are around the 'typical' family dynamics should be. Not all families follow traditional structures, and family dynamics may vary with different cultural norms. I should be aware of this when exploring what EPs consider to be the positive change for families at 'edge of care'. For example, parental roles; I should be careful not to impose gendered stereotypes of what is best for families, i.e. a child might well be safer staying with their father, and that might be the most positive change, if that is the safest environment for the to be in. In addition, there is an excerpt from one of the interviews where this becomes pertinent; *'Or like, I was doing a consultation with the social worker yesterday and just listening to this family, this lovely family of 3, three siblings who all live with their grandparents. Just had, like, the worst run of luck. Just trauma after trauma after trauma that you know wasn't is no one's fault. It's just happened and you know, you just sort of sometimes think, gosh, the odds are really stacked against some families' [EP2].* Which challenged my assumption, that for some families at the 'edge of care', there may be more diverse family structures where grandparents are primary carers. Related to the previous point, I need to be mindful of how ''edge of care'' is conceptualised in my research. The diversity of families and circumstances described by the participants really puts into perspective that the construct of this thesis ''edge of care'' is complex and not heterogenous. This is something I need to be constantly aware of when completing this thesis.
Memo title: Initial Coding of Participant
Date: 25/10/2024

I think there's a lot of systemic challenges. Yes, I think there's a lot of cycles of trauma, I think is a huge, huge challenge. So parents, from my experience of looking at the parents and kind of going back and looking at their own history, they weren't supported to deal with the traumatic experiences they went through as a child and they have not got that internal working model. And that blueprint of what a safe relationship should look like, they've got not got a model of what a good enough parent should look like. So I think that that's one of the one of the biggest challenges that we come across. That's why maybe just saying, do some parenting support isn't enough for these parents because they can sit through a programme, but actually if they can't then put it into practise because they're own coping strategies are coming up their own, maybe their emotional, their own well-being, kind of they're having, they're maybe getting triggered by a behaviour that their child's showing and they know that their response should be this, this and this, but in the moment they're too overwhelmed by the behaviour because of their kind of their own kind of 'ghosts in the nursery', their own kind of traumatic experiences that they've got are coming up for them. So I think that that's a really huge thing that I've really really noticed and again kind of the concept of like epistemic trust as well. So actually, if they've not had experiences of people being trustworthy in their lives and they've not had experiences of people mentalising them and feeling like they get them, how do they know who to trust as an adult? So they might, they might sit through a kind of parenting intervention or something like that, or sit through and say yes to everything. The social work is saying to them, but they have not actually been able to trust that information and they end up kind of going with their gut because people haven't been trustworthy in their lives in the past, so why should they trust you?

In this extract above, the EP describes an important factor that influences their work and the challenges to supporting families at 'edge of care'. They, like many other participants, take a trauma lens when describing families and their needs. Here the EP reflects on how the experiences of the parents in their own childhood, and the experiences they have had from within social care systems, impacts their propensity for change and how this impacts intervention. The concept of systemic trauma is woven throughout this EP's narrative. They consider how systems and environments can cause, maintain and impact trauma. In this extract, the way this is reflected is through their description of intergenerational transmission of trauma. The parents through their own experiences, have not had access to safe parenting and do not have the 'blueprint' to establish safe relationships themselves, and so do not have their own positive coping strategies. I think that this speaks to the complexity of factors that impact families at 'edge of care', who often face multiple adversities and intersectionality's including poverty, discrimination, mental illness, which themselves are effects of systemic trauma and perpetuate family difficulties, leading to breakdown and instability. It seems that what this EP is saying is, that when systemic trauma is not addressed, it can perpetuate cycles of disruption, create epistemic mistrust and make it difficult for families to break the cycles of trauma. This can make engaging with support systems and interventions more difficult. Here, giving parents an intervention of parenting support only works at a surface level, but when mistrust is left to take root, they are less likely to integrate changes into their lives. Addressing systemic trauma appears to be crucial to support families at the 'edge of care' to reduce risk of family separation and create safer environments by promoting family resilience.

Memo title: Axial coding memo: comparative analysis

Date: 28/10/2024

To approach axial coding, I began to compile all of my initial codes together across the six participants, and drew them out on a mind map, creating links between similar and related themes. This technique is outlined by Charmaz as 'clustering'. Clustering gives a non-linear, visual technique to organise your material. As I have been creating this mind map, I am noticing that many of the initial codes are related and interlinked. I have begun to group the similar codes together through axial coding in order to create core categories, which will become the basis for my grounded theory. For example, I have noticed that there is a wider core category that is answering my research question (Q: How can EPs use psychologically informed practice to support families at 'edge of care'), which describes mechanisms through which psychological practice facilitates change. Within this are many similar initial codes that describe the importance of using a trauma-informed approach, promoting family resilience via a strengths-based approach, understanding behaviour and underlying needs. I think that the data is getting at something which is describing how educational psychologists can use trauma-informed approaches to stabilise family environments, create safety, by developing resilience and shifting perspectives from deficit focused to strengths focused, while considering factors across ecological systems.
Comparing subcategories with general categories for fit example- where does 'changing hearts and minds' go? Should this go under the category of shifting perspectives?
Comparing subcategories within a category- Clustered together are 'reframing language', 'shifting perspectives', 'bringing different perspectives together', and 'challenging single story narratives'. How do these all fit together? Is there a core category which could be developed that describes them all? If I change the wording of the categories, does it change the meaning? i.e. the meaning of perspectives and narratives are two different constructs; ones describing the perspectives of people involved while the other describes the stories that we tell of ourselves and others. They are both related but should be kept distinct.

Memo title: Comparative analysis of category (the role of the EP in 'edge of care')

Date: 28/10/2024

I have developed this category to describe how the participating EPs describe and perceive their role within 'edge of care'. I am not sure on the naming of the category just yet, but this is a tentative name. It was interesting to see how each individual participant all had different experiences and ways of practicing within the context of 'edge of care'. Some participants worked as part of a small team of EPs within social care services (EP 1, 2, 3), some held more isolated role to work with families within social services (EP4), some sit within specific family services (EP5), and one held a position as a school-based EP who also had responsibilities working within social services (EP5). Therefore, the way that each EP described their role with families at 'edge of care' was different. Some did a mix of direct and indirect work, some worked more through consultation, some worked therapeutically with families, and some worked in more preventative ways. While all the EPs have unique and different ways of working, most of them shared the same sentiment; that working within family systems has widened their use of psychology and psychological practice, empowered them as psychologists and improved their job satisfaction, comparing their current roles to the more restrictive practices within school systems (due to time constraints, processes and needs of schools). To quote participants *'I feel like a psychologist now rather than a school tick box person.'(EP4), ' I think I'm applying far more psychology. (EP5)', It's sort of ignites a passion for the psychology (EP5)'.*
Reflecting on why this data sticks out to me, as a trainee educational psychologist, I am looking forward to my own future as an educational psychologist and as the participants are describing their experiences, I am wondering what the future of the EP role could and should look like. I think my hope for my own future practice is making this element of the data more salient.

Memo Title: Refining Focused Codes

Date: 29/10/2024

Promoting family resilience, balancing safety and preventing breakdowns- when answering the RQ (How can EPs use psychologically informed practice to support families at 'edge of care'?), I am constructing these codes to describe the 'outcome' of psychologically informed intervention. What we see happens because of psychologically informed intervention. They relate together because in order to create safe environments and prevent breakdown, we need to improve family resilience. Reframing language, perspective shifts, reauthoring narratives- I see the following themes as describing the mechanisms in which psychologically informed practice can improve safety and family resilience. So by reframing language, looking at multiple perspectives and reauthoring negative narratives, we can support more inclusivity and foster empathy and empower individuals (families and professionals). I am beginning to form links between all of these focused codes. As I am going through focused coding, going back through the data and comparing the focused codes to my initial codes, I can see that the focused codes 'barriers' and 'facilitators' been to be refined further.
Memo Title: Theoretical analysis
Date: 01/11/2024
After continuing my coding in NVIVO, it has helped me see that some of my focused codes are not seen in the data as much as I previously thought. For example, the code "promoting family resilience" is not as strong across all participants. However, Charmaz does argue that a code does not have to occur repeatedly for it to be meaningful. I think in terms of my theory development, there might be something emerging which speaks to the way family resilience is fostered through the psychologically informed practices that the EPs use. The NVIVO coding was helpful to visualise which of my focused codes had strong similarities and relationships. Codes such as 'reframing language' relates to 'reflectivity and reflexivity' and 'systems thinking in context' relates to 'holistic family centred assessment and formulation'. I need to reflect upon what these relationships mean for the development of my theory.
3. Memo Title: Theoretical analysis
Date: 08/11/2024

I have been constructing my focused codes into theoretical categories. I've noticed a story in the focused codes that presents a theory that answers the questions (How can Educational Psychologists use psychologically informed practice to support families at 'edge of care'?). The participants in the interviews drew upon lots of different types of evidence and psychological theories that they drew upon, so I have created a theoretical category that reflects this. I also started to see the pattern that participants were talking about these theories never in isolation, they would always talk about the ways in which the theories brought about change. For example, the use of systemic practices, created more holistic formulation and assessment, leading to intervention plans that promoted family stability or creating positive relational connection, leading to create the separate, but related theoretical category describing the positive family outcomes. This left a few codes left that were related to the first two categories but didn't directly come under them. For example, recognising the diversity of families at 'edge of care' is something that is present across the data set. I am theorising that these are influencing factors that relate directly to the EP role.
Transgenerational Stories – I initially had this under trauma-informed ways of working, but I felt that the participants were talking about more than just how trauma is transmitted across generations, but beliefs and behaviours also. Looking at my NVIVO analysis I saw lots of cross overs with the transgenerational patterns and the family narratives. So, I have created a theory that talks about the process of how EPs explore family narratives as a key process of holistic and family-centred assessment and formulation. I also initially thought of this as its own focused code, however when I did the theoretical analysis, I noticed that it had so many conceptual overlaps with other codes and it wasn't a standalone code.
Language as a tool for meaning- how language shapes perception and understanding. Changing language to be more inclusive and positive. Previously these initial codes were 'shifting perspectives' and 'reframing language'. There was a lot of overlap I noticed in my theoretical analysis on NVIVO. I have developed this theoretical code that talks about the processes of how EPs use language, and shift language to promote reflective and reflexive mindsets.
Mentalisation theory discusses mentalisation as the ability to understand others' mental states and intentions, foster empathy and self-awareness within social and therapeutic contexts. -Again, in my NVIVO coding there was a lot of overlap with mentalisation as a psychological theory and the codes around reflective practice, perspectives and language. This led me to understand that mentalisation is an important pathway to cultivating reflective and reflexive mindsets to facilitate growth and perspective shifts.

Memo Title: Grounded theory finalisation
Date: 16/12/2024
As I am finalising and writing up the grounded theory, I feel that my category of 'positive psychology and strengths-based approach' is not theoretically saturated enough to be its own section. The quotes are woolly, and it has too much cross over with other themes. I think it would be better to scrap it but to keep in the importance of working in a strength based way but incorporating it into the section about holistic assessment and formulation.

Appendix K: Reflective Diary Entries

Diary entry 01/02/2024
Why am I choosing GT? The research I am proposing firstly is interested in processes, in particular social interaction. I am interested in professional practice and decision making of EPs in this context. How I conceptualised the research problem is not an objective thing but is a process of making sense of interaction. GT chooses itself. I am not interested in power, or lived experiences, and I want something more explanatory than thematic analysis. Grounded theories iterative process of data collection and analysis aligns perfectly with my research goals. It enables me to be open to new insights and adapt my approach as the thesis progresses. CGT constant comparison and theoretical sampling will make sure that the grounded theory I construct is grounded in the experiences of the participants.

Diary entry 02/02/2024
These questions have been on my mind as I figure out my ontology and epistemology. Should I be placing social constructionism and critical realism as overlapping concepts? While the two are separate, I feel that they share common ground, especially in recognising the importance of social processes and the construction of meaning. Critical realism is a middle ground between positivism and constructivism. I can integrate CR to explore the deeper structures and mechanisms that influence individual realities, which I hope will enable the analysis to move beyond the surface level descriptions of participant EPs experiences in 'edge of care' contexts and uncover how these experiences are interconnected with wider contextual, social, and cultural influences. By using CR, I hope to achieve a layered approach to explore the subjective experiences and socially constructed realities of my participants, while also seeking to understand broader systemic factors. Importantly, I feel that CR combines well with a social constructionist epistemology, which emphasises how knowledge is created through social interactions. Is it feasible to take a CR approach when my focus is on social processes and meaning making? It seems feasible to adopt a CR approach. It provides a paradigm for understanding how social experiences are constructed while acknowledging some 'pillars of reality'. Should I be taking a relativist ontology instead? This is also an option. A relativist ontology would fit more into this idea of 'Big Q research' by Braun and Clarke. However, I resonate more with the ideas of Critical Realism.

Diary entry 10/12/2024
As I have been carrying out my searches and after conducting my narrative review there seems to be very limited papers referring to the role of the EP and 'edge of care' contexts! I may need to change my approach to the scoping review and open up the focus to psychologically informed practice more broadly, with the aim of linking it to the role of the EP. This would be helpful as it demonstrates the gap in the research.

Appendix L: Coding Process

Initial coding

Initial coding of the data is the first step in creating a grounded theory. The purpose of initial coding is to start line-by-line coding, coding in gerunds, as close to the data as possible. While engaging in initial coding, the researcher explores the early data for analytic ideas to pursue further data collection and analysis. To facilitate this, line-by-line coding was conducted, systematically going through the transcripts by hand and creating codes based on gerunds, or verbal nouns ('-ing words', a heuristic devise outlined by Charmaz, to bring the researcher closer to the data and interact with the data).

Using genograms to explore family relationships and dynamics. Assessing risk and resilience; within context. Exploring parental experiences; intergenerational patterns and behaviours. Highlighting risk and resilience and the balance between them. Focusing on the resilience factors; intervention. Using Maslows hierarchy of needs. Assessing safety and coping strategies. All within context of the family and their wider systems. Reflecting on our own assumptions and biases of what is resilience.	Participant 20:43 So we tend to. So we do like quite practically we've got some practical tools that we actually used to do this. So we'll do a genogram. So we'll explore the family system around so and explore the relationships within that. So actually looking at what's the wider support network like, so are there any resilience factors there because we know that actually wider support network and other like other safe adults in the in the baby's life are going to be a real resilience factor. So we'll look, we start by looking at the support network and then what we do is we do a timeline. The parents lives so far, and what's happened in their lives, so we start with what happened to them as children and then if they've had previous children removed or if they've previously had children on the child protection register or stuff like that, exploring what happened in those things, looking at So what we'll be looking at is we we tend to, we tend to quite like visually put risk factors in red and resilience factors in green. So we're trying to kind of look at the balance of that as well. So there's always going to be a bit of both. You can see by we tend to go. Just get the social worker, just talk through this history with us and give us as much information as possible and ask questions. And then you can look and see if it's a wall full of red. There's not going to be much resilience. That is, the risk probably outweighs the resilience. But if there's some green on there, it's looking at, it's looking at how much green there is, but also the weight of that green as well. So kind of and the timing of that green. So if there's lots of red in their childhood, but actually in the most recent years, they've really been accessing support, they've turned their life around, they've got themselves a job, they've got themselves a house like we're looking at kind of we use the Maslow's hierarchy of needs as well to look at like the different levels. So actually have they got their basic safety, safety and physical needs met. So is this like because that's going to be a huge risk factor? If not, and actually that's a resilience factor if they're actually in a financially stable position, they've got us a steady home, they've got that stability, then that could be something to go, OK, that's actually a resilience factor. If they started to develop new co-regulation strategies, maybe they previously used drugs or something to regulate their emotions, but now they've got strategies and they can identify those strategies. They go out for walks or they work or they have a routine. So kind of looking at those. So I'd say we definitely look at them in the context. Maslow's hierarchy of needs as well, just to think about where those areas of resilience are and within the wider system and within their own history of themselves and just kind of how those I think looking at resilience in the sense of as well, how those things we call resilience factors are actually impacting on how they're acting. So if they've got a nice wide support network around them, but they're not actually using them or they're still like engaging in really unsafe behaviours or stuff like that, are they as supportive as we think they are? So sometimes we're told all this person lives with her parents and they're really supportive, but actually when we unpick it a little bit, the parents are they that supportive because actually they're trying to kick her out and they don't want her living in their house and there's actually the what's been seen as what would count as a resilience factor. It's exploring that a bit more depth of actually is that experienced as a resilience factor by that person or is that are we just making an assumption that because they have parents?

This screenshot illustrates example of initial coding of participant 6.

Focused coding

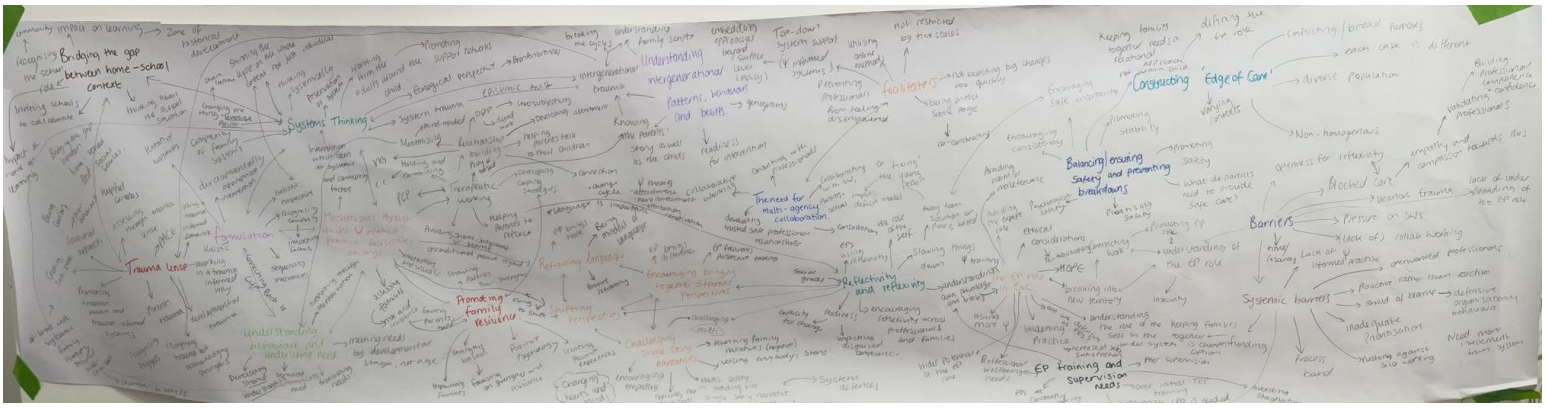
Focused coding involves synthesising and organising the most significant or frequent initial codes and grouping them into categories. Here the analysis becomes more conceptual in nature and moves towards interpretation.

The role of the EP Consultation Multi-agency collaboration Strength based practice Family resilience Reframing language Trauma-informed practice Bridging the gap between home and school context; multi-agency Perspective shifts	Interviewer Can you tell me a little bit about your role supporting families at risk of care? Participant 3:02 Yes, yes. So what do we do? So I guess what we do with the edge of care , I said I'm talking about. Yeah, children who are living with their parents or relatives. We do consultation to the social workers first. It's always a social worker that gets in contact with us because that's how we get our referrals and we have a little chat about what the strengths and needs are in the family and what the social workers view is on the help that they need to stay together. We do assessment and consultation with the families themselves, so sort of finding out that that is really important because that work is about finding out what what the family's strengths are initially, that's super important how resilient they are. Where are they getting that resilient that resiliency from? Sometimes that can be the work itself, like sometimes just having a more positive conversation about like guys. This is really hard and you've been through a lot of trauma, but you're doing really well. Like, why is that that? That's a lovely piece of work to do, and sometimes it's just kind of helping families reflect on how she did, you know what, like, things are tough and, you know, we've had some trauma, but actually we've got all these other things and we've got all these other support networks, and I love it when that happens. It's it's really nice thing to be involved in. So assessment consultation, right? So write down a lot of the work then we do will be with school as well. Because you know, as as I know that you're already aware if school breaks down or school's not going well, that puts real pressure on families who've already got needs. So you know, if the kids are at home or parents are really struggling to get the kids to school or children aren't in school and therefore they're out doing other things that are causing problems within families, that's a really difficult one. So during that initial assessment, we'll think about school, we might get in touch with schools, we might invite schools to consultations as well. And think about how can we support this school placement to be more consistent for a child to be happier. There. A lot of our work, a lot, a lot of parents will will identify that things are going wrong in school for a child. They're not happy, they're stressed, they're anxious, they're not getting on with peers, they're not doing well. We're learning and then masking a lot of their needs, and then they're coming home and that's then parents will often say that word meltdown. They're having meltdowns and that's putting a lot of pressure on on parents. So the work can can be about schools and making that those kind of more positive experiences.

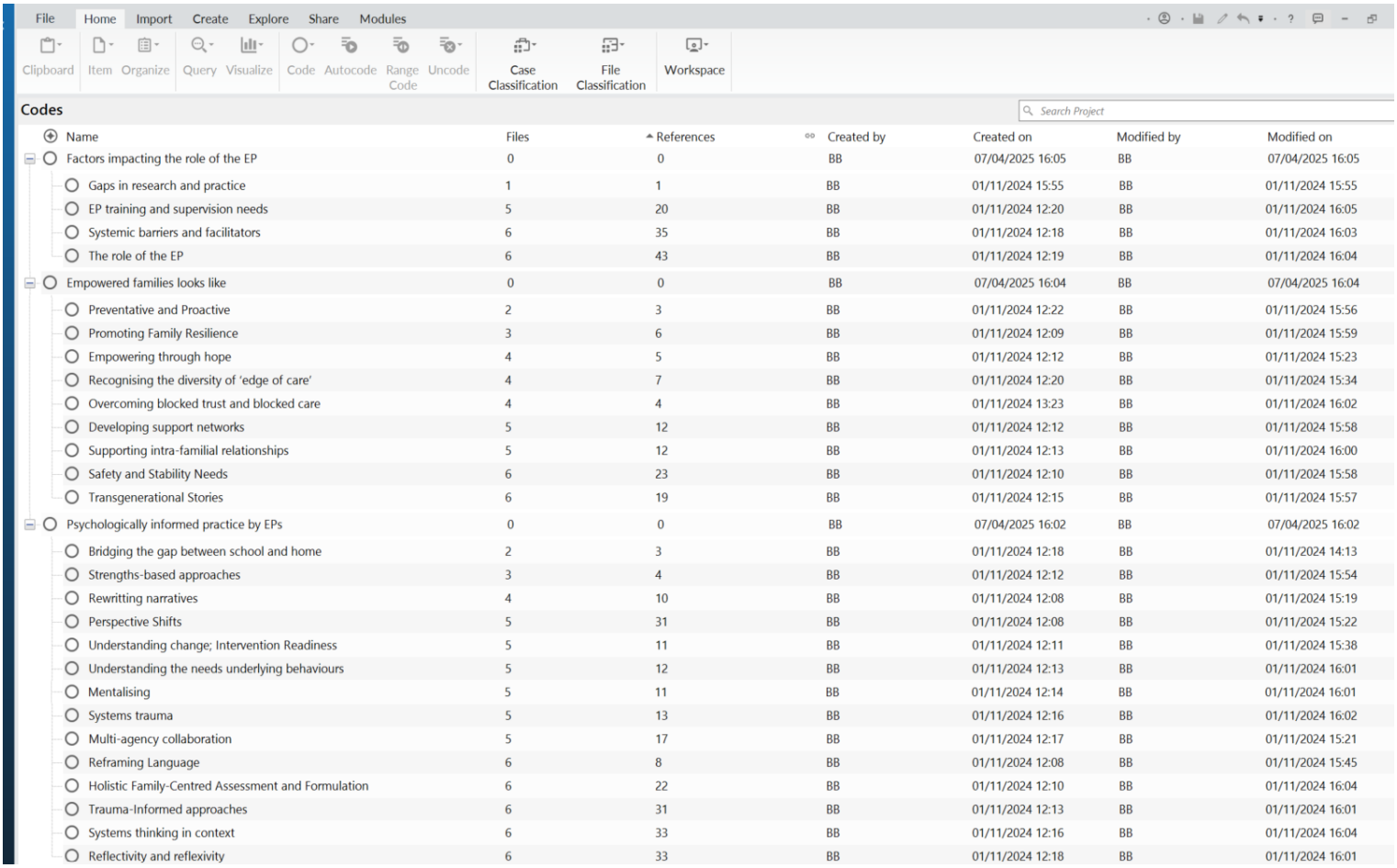
This screenshot illustrates examples of focused coding of Participant 2.

Theoretical coding

Theoretical sampling focuses on integrating the categories to generate a grounded theory that explains participants experiences. For this step analytical tools such as mind maps and NVIVO helped.



This image explores how mind maps were used to find relationships between codes and categories.



Name	Files	References	Created by	Created on	Modified by	Modified on
Factors impacting the role of the EP	0	0	BB	07/04/2025 16:05	BB	07/04/2025 16:05
Gaps in research and practice	1	1	BB	01/11/2024 15:55	BB	01/11/2024 15:55
EP training and supervision needs	5	20	BB	01/11/2024 12:20	BB	01/11/2024 16:05
Systemic barriers and facilitators	6	35	BB	01/11/2024 12:18	BB	01/11/2024 16:03
The role of the EP	6	43	BB	01/11/2024 12:19	BB	01/11/2024 16:04
Empowered families looks like	0	0	BB	07/04/2025 16:04	BB	07/04/2025 16:04
Preventative and Proactive	2	3	BB	01/11/2024 12:22	BB	01/11/2024 15:56
Promoting Family Resilience	3	6	BB	01/11/2024 12:09	BB	01/11/2024 15:59
Empowering through hope	4	5	BB	01/11/2024 12:12	BB	01/11/2024 15:23
Recognising the diversity of 'edge of care'	4	7	BB	01/11/2024 12:20	BB	01/11/2024 15:34
Overcoming blocked trust and blocked care	4	4	BB	01/11/2024 13:23	BB	01/11/2024 16:02
Developing support networks	5	12	BB	01/11/2024 12:12	BB	01/11/2024 15:58
Supporting intra-familial relationships	5	12	BB	01/11/2024 12:13	BB	01/11/2024 16:00
Safety and Stability Needs	6	23	BB	01/11/2024 12:10	BB	01/11/2024 15:58
Transgenerational Stories	6	19	BB	01/11/2024 12:15	BB	01/11/2024 15:57
Psychologically informed practice by EPs	0	0	BB	07/04/2025 16:02	BB	07/04/2025 16:02
Bridging the gap between school and home	2	3	BB	01/11/2024 12:18	BB	01/11/2024 14:13
Strengths-based approaches	3	4	BB	01/11/2024 12:12	BB	01/11/2024 15:54
Rewritting narratives	4	10	BB	01/11/2024 12:08	BB	01/11/2024 15:19
Perspective Shifts	5	31	BB	01/11/2024 12:08	BB	01/11/2024 15:22
Understanding change; Intervention Readiness	5	11	BB	01/11/2024 12:11	BB	01/11/2024 15:38
Understanding the needs underlying behaviours	5	12	BB	01/11/2024 12:13	BB	01/11/2024 16:01
Mentalising	5	11	BB	01/11/2024 12:14	BB	01/11/2024 16:01
Systems trauma	5	13	BB	01/11/2024 12:16	BB	01/11/2024 16:02
Multi-agency collaboration	5	17	BB	01/11/2024 12:17	BB	01/11/2024 15:21
Reframing Language	6	8	BB	01/11/2024 12:08	BB	01/11/2024 15:45
Holistic Family-Centred Assessment and Formulation	6	22	BB	01/11/2024 12:10	BB	01/11/2024 16:04
Trauma-Informed approaches	6	31	BB	01/11/2024 12:13	BB	01/11/2024 16:01
Systems thinking in context	6	33	BB	01/11/2024 12:16	BB	01/11/2024 16:04
Reflectivity and reflexivity	6	33	BB	01/11/2024 12:18	BB	01/11/2024 16:01

This screenshot illustrates the development of the theoretical codes and categories.