Multi-Agency Work to Support Children in Care in Ireland:

An Activity Theory Analysis of Psychologists' and Social Workers' Perceptions

By

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In partial fulfilment of the requirements for the degree of
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Abstract

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Background. In order to enable children in care to experience success, multi-agency work has been highlighted as a transformational goal of the *Better Outcomes, Brighter Futures* policy framework (Department of Children and Youth Affairs [DCYA], 2014). However, a lack of research has focused on multi-agency work to support children in care within an Irish context.

Aims. This research firstly aimed to explore the role of psychologists during multi-agency work to support children in care to inform the evolving role of educational psychologists in Ireland (Health Service Executive [HSE], 2016a). Secondly, the role of allocated social workers was investigated as they are key professionals within the Irish child care system (Gilligan, 2019). Thirdly, the research aimed to delineate factors which influence how roles and responsibilities are shared between professionals. Finally, facilitators and barriers to such work specific to an Irish context were examined.

Method. The research adopted a qualitative design. Fifteen psychologists and five social workers participated in the study. Psychologists spanned a range of settings including Child and Adolescent Mental Health Services, primary care, disability and school psychology services. All social workers were working within the Child and Family Agency. Semi-structured interviews were conducted, with questions based on second-generation activity theory (Engeström, 2001). A two-phase approach to data analysis was employed, comprising inductive and deductive analysis.

Findings. Key themes that emerged regarding the role of the psychologist included that they are *skilled consultants, ethical practitioners,* and *supportive professionals*. Findings also revealed that social workers are *a 'bridge' between services, negotiate with others to overcome challenges or issues* and *keep the child in mind in the long-term.* Factors which influence role demarcation between professionals as well as facilitators and barriers to multi-agency work concerning children in care are also discussed.

Conclusions. Implications for policy and practice regarding multi-agency work to support children in care are presented. Furthermore, future research opportunities are outlined, with the aim of supporting professional and organisational development.

Declaration

I hereby declare that this thesis represents my own work and has not been submitted for the purpose of obtaining any other qualification. This thesis was submitted in partial fulfilment of the requirements for the degree of Doctorate in Educational and Child Psychology, Mary Immaculate College, Limerick.

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List of Abbreviations

Acronym	Definition
AON	Assessment of Need
AT	Activity Theory
BPS	British Psychological Society
CAMHS	Child and Adolescent Mental Health Services
CFA	Child and Family Agency
CYP	Children and Young People
DCYA	Department of Children and Youth Affairs
DDP	Dyadic Developmental Psychotherapy
DECPsy	Doctorate in Educational and Child Psychology
DES	Department of Education and Skills
DfES	Department for Education and Skills (UK)
DfCSF	Department for Children, Schools and Families (UK)
DOH	Department of Health
DWR	Developmental Work Research
ECE	Early Childhood Education
EIS	Early Intervention Services
EP	Educational Psychologist
EPSEN	Education for Persons with Special Educational Needs
EWO	Educational Welfare Officer
GOI	Government of Ireland
HIQA	Health Information and Quality Authority
HSE	Health Service Executive
LAC	Looked After Children

Acronym	Definition
NHSCT	Northern Health and Social Care Trust (Northern Ireland)
NICE	National Institute for Health and Care Excellence
PSI	Psychological Society of Ireland
Psy	Psychologist
SENCos	Special Educational Needs Coordinators
SENO	Special Education Needs Organiser
SDQ	Strengths and Difficulties Questionnaire
SW	Social Worker
UK	United Kingdom
WHO	World Health Organisation

1.0 Introduction

> If psychologists work with the same social workers, you develop a good rapport and relationship [with them] and you don't have to keep clarifying what your respective roles are (Quote from Psychologist 3).

This chapter provides an introduction to the research area, namely engagement in multi-agency work to support children in care. Key terms used throughout the thesis are explicitly defined. The researcher's interest in the topic is provided, with reference to applied work as a trainee Educational Psychologist (EP). Finally, an overview of the thesis structure is outlined.

1.1 Research Area

Research highlights that children in care are at a significantly greater risk of presenting with social, emotional, behavioural and/or learning needs than the general population (Darmody, McMahon, Banks, & Gilligan, 2013; Hare & Bullock, 2006). Therefore, children in care are more likely to be accessing multiple services across health, community and education sectors (Rees, 2013; Rocco-Briggs, 2008). As a result, it is critical for such services to engage in multi-agency work to ensure that optimal support is provided to children in care and their families (Atkinson, Jones, & Lamont, 2007). Multi-agency work involves professionals from more than one agency working together to support individuals' needs (Cheminais, 2009).

Multi-agency work between services has been highlighted as an area for improvement within policy both nationally (DCYA, 2014) and internationally (Department for Education and Skills [DfES], 2004). However, a lack of multi-agency work concerning children and young people (CYP) has previously been reported (Atkinson et al., 2007; Sloper, 2004). It is argued within the Better Outcomes Brighter

Futures Policy Framework (DCYA, 2014) that "active involvement of professionals themselves, working across professional boundaries, is essential to addressing improvements in systems, processes and decision-making" (DCYA, 2014, p. 38). A range of professionals may engage in multi-agency work to support children in care, including social workers, psychologists, psychiatrists, speech and language therapists, occupational therapists, physiotherapists and other personnel (McElvaney & Tatlow-Golden, 2016). Notably, two key stakeholders in this regard include social workers and psychologists (Gilligan, 2019; McElvaney & Tatlow-Golden, 2016).

Allocated social workers are considered key agents in assisting professionals from different agencies to navigate the complexities of the Irish child care system (Gilligan, 2019). Furthermore, social workers elicit the voice of children in care when making decisions that affect their lives (Brady et al., 2019). Changes to the eligibility criteria for recruitment of psychologists to the HSE means that EPs are now eligible to work across a broad range of services (HSE, 2016a). Such services include Child and Adolescent Mental Health Services (CAMHS), primary care, disability and school psychology services (HSE, 2016a). As a result, it is likely that EPs may engage in increased multi-agency work with allocated social workers to support children in care (HSE, 2016a). Therefore, exploration of the evolving role of the EP as well as the role of the social worker during multi-agency work to support children in care is warranted (Tusla, 2019b). Furthermore, investigating factors which influence how roles and responsibilities are shared between professionals as well as facilitators and barriers specific to an Irish context is justified (Coulter, 2015).

1.2 Key Terms

1.2.1 Children in care. Within an Irish context, the term *children in care* is utilised to refer to CYP, under the age of 18 years, who are taken into the care of the

state under the Child Care Act (Government of Ireland [GOI], 1991). This may occur either voluntarily, with the consent of their parents, or may be directed by the courts (Coulter, 2015). Alternative care placements are subsequently provided to CYP in residential, general foster care or relative care settings (Gilligan, 2019). Different terms that may be utilised to refer to children in care within other jurisdictions include looked after children (LAC) or foster children (Children Act, UK Government, 1989).

1.2.2 Multi-agency work. According to Cheminais (2009), *multi-agency work* is where practitioners from more than one agency work together to support individuals accessing more than one service. It occurs on a continuum from informally sharing information to collaborating in a planned manner to achieve shared goals (Percy-Smith, 2005). The term multi-agency work is often considered to be synonymous with other terms, including interagency, interprofessional, partnership or joint working (Atkinson et al., 2007). However, Percy-Smith (2005) differentiated between multi-agency and interagency working in terms of defining interagency work as more than one agency working together in a planned and formal way. In contrast, multi-agency work more broadly constitutes work that is either planned or unplanned or is conducted in an informal or formal manner (Percy-Smith, 2005).

1.3 Researcher's Positionality

My interest in supporting the psychological needs of children in care initially came about during my teaching career and was subsequently strengthened when undertaking the Doctorate in Educational and Child Psychology (DECPsy) programme at Mary Immaculate College, Limerick. In particular, my interest in this area came to the fore during my first professional placement in Early Intervention Services (EIS). During this placement, I was fortunate to work with a child in care and an adopted child, both of whom had a physical disability. I was particularly interested in the

development of each child's relationship with their foster/adoptive parents and the loss of their relationship with their biological parents. Across subsequent placements, I gained experience of working with children in care as part of group interventions and consulted with schools to support such children's needs. During this process, I gained experience of working alongside professionals from other services which posed an array of benefits and challenges. In particular, I became more aware of ambiguities surrounding how professionals share roles and responsibilities when engaging in multi-agency work to support children in care. This experience led me to explore existing research in the field and culminated in the identification of the current research topic.

1.4 Overview of Thesis Layout

The current thesis is structured in line with recommendations from Mary Immaculate College and consists of three components including a Review Paper, Empirical Paper, and Critical Review and Impact Statement. The Review Paper consists of an overview of the current context in Ireland relating to supporting children in care, including a critical review of the child in care system, relevant policies and legislation and related service provision. A systematic review of the literature pertaining to multi-agency work to support children in care, which provides a clear rationale for the current research, is also presented. The Empirical Paper aligns with the traditional structure of a research article in the form of introduction, methodology, results and discussion. This forms a detailed account of the applied research carried out by the researcher. The Critical Review provides scope to critically reflect on all aspects of the research. Finally, the significance of the current research within the field of educational psychology is outlined in the Impact Statement.

2.0 Literature Review

This chapter provides an overview of policies and legislation related to supporting children in care within an Irish context. In addition, a critical analysis of research pertaining to the psychological needs of children in care and theoretical frameworks applied by practitioners is presented. Thereafter, service provision for children in care within an Irish context is outlined. Finally, a systematic review of the literature regarding multi-agency work to support children in care is provided, leading to a clear rationale for the current research.

2.1 Children in Care in Ireland

At the end of December 2019, there were 5,985 children in the care of the Irish State, according to Tusla - The Child and Family Agency (CFA) (Tusla, 2019a). Children may be taken into care if their biological parents are not in a position to provide adequate care and protection for them, which may impact adversely on the child's physical, social, emotional and/or cognitive development (Darmody et al., 2013). Reasons for same may include, but are not limited to, parental illness or death, mental health difficulties, domestic violence or drug abuse (McAuley & Young, 2006). The state may also provide alternative care placements for children with disabilities or complex needs, children seeking asylum or children who have committed an offence (Rocco-Briggs, 2008). Children in care are allocated a social worker by the CFA to advocate for their needs in terms of organising assessments, care plans and reviews and ensuring that decisions made concerning the child are acted upon (Tusla, 2019b). In addition, professionals, qualified in a variety of other disciplines, may provide support to children in care depending on their needs (Tusla, 2019b).

2.2 Legislation Relevant to Supporting Children in Care in Ireland

The primary piece of legislation regarding children in care is the Child Care Act (GOI, 1991), along with its subsequent amendments (e.g. Child Care Amendment Act, GOI, 2015). Under the Child Care Act (GOI, 1991), children may enter the care system either with parental consent or through the legal ruling of the courts (Coulter, 2015). Different types of care order, including emergency, interim or full, may be granted depending on the circumstances of the child (Darmody et al., 2013). Historically in Ireland, the majority of children in care were placed in residential or institutional settings (Gilligan, 2009, 2019). However, in more recent years, there has been a shift towards placing children in foster care, including general or kinship/relative placements (Gilligan, 2019).

In the recent past, the Health Boards and the HSE were responsible for enacting the Child Care Act (GOI, 1991; HSE, 2007). However, the introduction of the Child and Family Agency Act (GOI, 2013) transferred statutory responsibility to the CFA in January 2014, under the auspices of the DCYA (Tusla, 2019b). As the CFA is now a separate agency to the HSE, it is likely that increased multi-agency work between both agencies is required to support the needs of children in care (Tusla, 2019b). Furthermore, the Children First Act (GOI, 2015) places statutory obligations on mandated professionals to report child protection and/or welfare concerns directly to the CFA. Therefore, increased multi-agency work across services may also be required in this regard. Nonetheless, the CFA is at the core of the children in care system in Ireland (Gilligan, 2019). In line with this, the CFA has day-to-day control in making decisions to promote the welfare and development of a child "in loco parentis" (Revised Child Care Act, GOI, 1991, p. 30). However, the relevant courts "retain overall control" of decision-making regarding children in care (Gibbons, 2006, as cited in Gilligan, 2019, p. 223).

It is noteworthy that the Child Care Act (GOI, 1991) is subordinate to the Constitution (GOI, 1937) which guarantees the rights of the family and the more general rights of all citizens to "fair procedure" (Coulter, 2015, p. 3). Since the enactment of the Children's Amendment to the Constitution, the rights of children during child protection proceedings are also maintained (Brady et al., 2019; Coulter, 2015). This contrasts with the legislative context in England and Wales, as there is no constitutional protection for the family within this jurisdiction (Coulter, 2015). The Child and Family Agency Act (GOI, 2013) reflects the constitutional rights of families in terms of stipulating that the role of the CFA not only involves providing for children in the care of the state but also includes providing "preventative family support services aimed at protecting the welfare of children" (GOI, 2013, p. 12). This highlights that the legislative context in Ireland is unique from other jurisdictions (Coulter, 2015). Moreover, professionals engaged in multi-agency work to support children in care are informed by such legislation. In particular, allocated social workers have a statutory responsibility towards children in care, as outlined within the Child Care Act (GOI, 1991).

In addition to the Child Care Act (GOI, 1991), further legislation is adopted across health, education and/or social care services to support the needs of children in care. This legislation includes the Health Act (GOI, 2007), the Disability Act (GOI, 2005), the Education Act (GOI, 1998), the Education (Welfare) Act (GOI, 2000) and the Education for Persons with Special Educational Needs (EPSEN) Act (GOI, 2004). The enactment of the Health Act (GOI, 2007) allowed for the establishment of the Health Information and Quality Authority (HIQA), which is an independent agency responsible for inspecting health and social care services (Darmody et al., 2013). Amongst its duties include monitoring the CFA's compliance with national standards for foster care (Department of Health and Children, 2003), residential care (HIQA,

2018) and/or special care units (HIQA, 2014). Regarding the individual health needs of children in care, the Disability Act (GOI, 2005) entitles legal guardians, namely allocated social workers, to apply for an assessment of need (AON) on behalf of a child. The AON process allows for the identification of a child's health needs and if necessary, identification of appropriate services that may be required to meet those needs (Disability Act, GOI, 2005).

With regards to the educational needs of children in care, the Education Act (GOI, 1998) provides for the rights of all individuals to receive an education. It also outlines key principles which underpin the Irish education system, including inclusivity and equality of access and respect for diversity. The Education (Welfare) Act (GOI, 2000) has a more specific aim in terms of ensuring that all children, including children in care, receive a minimum education. In addition, the rights of individuals with special education needs to access education within an inclusive environment, where possible, are specified within the EPSEN Act (GOI, 2004). When engaged in multi-agency work to support children in care, professionals working across health, education and/or social care services may be informed to a greater or lesser degree by the aforementioned legislation (Coulter, 2015). However, the extent to which this facilitates or constrains engagement in multi-agency work in Ireland has not been examined.

2.3 Policy Initiatives Relevant to Supporting Children in Care in Ireland

The introduction of the Better Outcomes, Brighter Futures policy initiative (DCYA, 2014) provides a framework to promote positive outcomes for all CYP, including children in care. Outcomes outlined as part of the framework include 'being active and healthy', 'achieving one's full potential in all areas of learning and development', 'being safe and protected from harm', 'having economic security and opportunity' and 'being connected, respected and contributing members of society'

(DCYA, 2014, p. 4). It is noteworthy that these outcomes mirror those specified within Every Child Matters - Change for Children policy framework (DfES, 2004) adopted in the UK. To ensure that all children achieve these outcomes and that “no young person falls through the cracks because of fragmented services”, six transformational goals have been identified (DCYA, 2014, p. xi). These transformational goals are depicted in Figure 1.

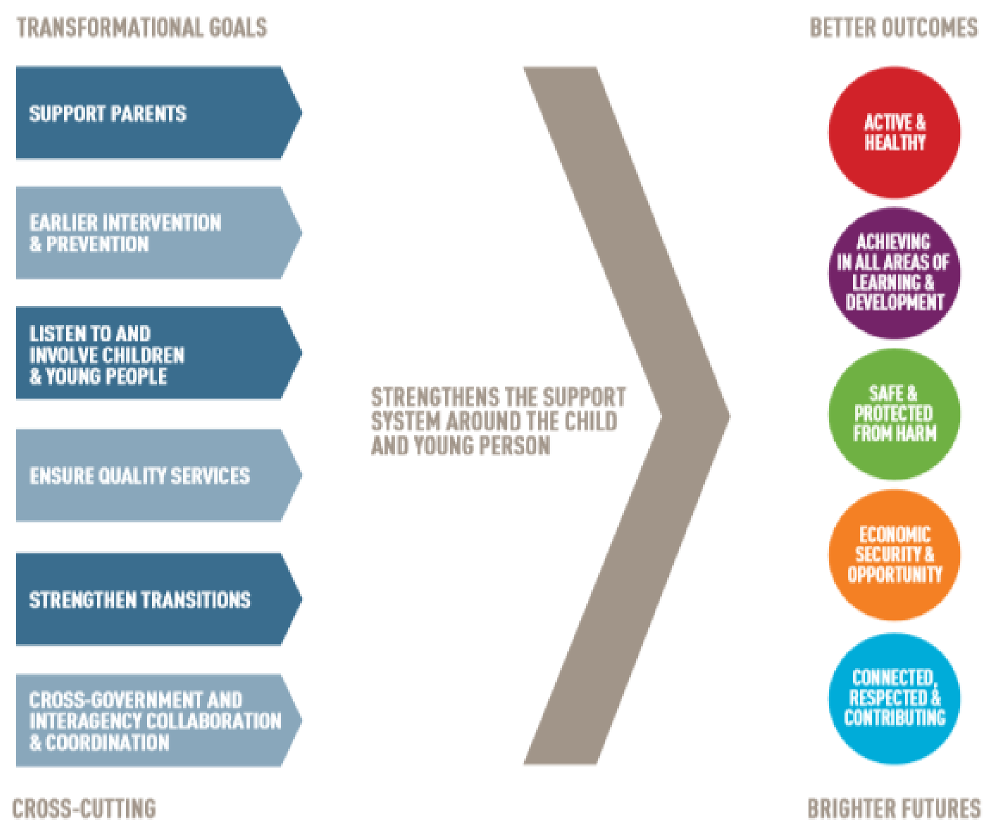

Figure 1. Transformational goals of Better Outcomes, Brighter Futures (DCYA, 2014, p. 7).

Amongst these goals are ‘ensuring quality services’ and promoting ‘cross-government and interagency collaboration and coordination’ (DCYA, 2014, p. 5). As previously mentioned, the terms interagency and multi-agency work are often used interchangeably in the literature (Atkinson et al., 2007). With regards to enhancing multi-agency work, the government recognises that high-quality leadership, a motivated and skilled workforce, information sharing, national tracking of outcomes and effective utilisation of available resources is required (DCYA, 2014). It argues that obtaining the

views of professionals directly involved in multi-agency work is warranted in order to bring about improvements in decision-making, processes and systems (DCYA, 2014).

The National Youth Strategy (DCYA, 2015), which has its basis in the Better Outcomes, Brighter Futures Policy Framework (DCYA, 2014), also highlights the importance of strong collaboration between agencies and non-governmental organisations to bring about better outcomes for CYP aged between 10 and 24 years. It recognises that CYP benefit most when professionals across relevant agencies ensure that their work complements the work of others (DCYA, 2015). It posits that implementation of the strategy is the responsibility of all government departments (DCYA, 2015). This includes the Department of Health (DOH), the Department of Education and Skills (DES), the Department of Children and Youth Affairs (DCYA) and various other state agencies (DCYA, 2015). A joint working protocol between Tusla and the HSE has been devised to provide guidance to professionals within both organisations to ensure that high levels of care and intervention are provided to CYP (HSE & Tusla, 2017). Nonetheless, the degree to which this joint working protocol has been enacted is not yet known. Establishment of strong links between schools and a range of services and agencies has also been highlighted as a key factor in promoting the mental health and wellbeing of vulnerable students in the Wellbeing Guidelines for Primary and Post-Primary Schools (DES, HSE, & DOH, 2013, 2015). However, whether it is feasible to adhere to these guidelines in practice is not clear.

2.4 Psychological Needs of Children in Care

Multi-agency work between services may be adopted to support the psychological needs of children in care. This is particularly pertinent as research highlights that the majority of children who enter care have experienced abuse or neglect (Rocco-Briggs, 2008). As a result of these adverse experiences, children in care

have been identified as one of the most disadvantaged and vulnerable groups in society and are more likely to present with additional needs (McNicholas, O'Connor, & Bandyopadhyay, 2011). However, it is important to emphasise that children in care are not a homogenous group (Darmody et al., 2013; Hare & Bullock, 2006). Nonetheless, a greater proportion of children in care may struggle to achieve the five outcomes of the Better Outcomes Brighter Futures Policy Framework (DCYA, 2014). Specifically, children in care are more likely to experience difficulties in social and emotional wellbeing, behaviour, cognitive abilities and/or educational attainment (Rees, 2013). Each of these domains will be explored in turn, with reference to the literature.

2.4.1 Social and emotional wellbeing. Few studies have explored the social and emotional needs of children in care within an Irish context. Notably, McNicholas et al. (2011) found that children in residential care were significantly more likely to require support from mental health services (83.3%) in comparison to children in general foster care (46.7%) or those living with a relative (44.4%). Furthermore, Tatlow-Golden and McElvaney (2015) obtained the views of CYP, aged 18-23 years, regarding mental health challenges associated with their experiences of the care system in Ireland and their involvement with mental health services. Amongst the key findings within the domain of emotional well-being included young peoples' experiences of a lack of continuity in their lives, ways of coping with difficult emotions and a lack of understanding of professionals (Tatlow-Golden & McElvaney, 2015).

Although research has not reported on the prevalence of mental health difficulties amongst children in care in Ireland compared to the general population, a higher prevalence has consistently been reported in international literature (Tarren-Sweeney, 2008). However, these prevalence rates vary considerably. For instance, Ford, Vostanais, Meltzer and Goodman (2007) found prevalence rates of 17% to 89% when reviewing literature on the mental health needs of children in care in the UK. More

recently, Rees (2013) found that between 33% and 47% of a group of children in care (*n* = 193), aged seven to 15 years, were identified as having mental health difficulties in a local authority in the UK. Notably, such prevalence rates were ascertained through child, parent and teacher report on the Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997; Goodman, Meltzer, & Bailey, 1998). These findings are in line with previous research conducted by Meltzer, Lader, Corbin, Goodman and Ford (2003), who interviewed a total of 1039 foster carers from 134 local authorities in England. Forty-five percent of children in care, aged five to 17 years, were reported to meet ICD-10 criteria for a mental disorder (World Health Organisation [WHO], 1992). In addition, 12% were reported to meet the criteria for an emotional disorder, such as anxiety or depression (Meltzer et al., 2003).

Routine screening for mental health needs amongst children entering care is not conducted in the UK or Ireland (Hardy et al., 2015). Therefore, difficulties tend to become entrenched before support is sought (Whyte & Campbell, 2008). The Department for Children, Schools and Families (DCSF) in the UK has called for the SDQ to be used to screen for difficulties amongst children, aged between four and 16 years, who have been in care for more than one year (Whyte & Campbell, 2008). A pilot project, conducted by Whyte and Campbell (2008), found that use of SDQs in review meetings was perceived to be beneficial by relevant stakeholders, in terms of informing decision-making and target-setting. However, uncertainty surrounding referring children for further assessment was expressed, as managers were concerned about “flooding the system” (Whyte & Campbell, 2008, p. 201). Hardy et al. (2015) conducted a 12-month pilot study, in an inner London borough, involving assessing the mental health needs and developing relationships of children in care, under five years of age. Findings revealed that a significantly higher proportion of babies and children (67%) were identified as having significant socio-emotional needs compared to the

previous year (10%) when a routine paediatric assessment was conducted (Hardy et al., 2015). Therefore, this suggests that higher levels of screening and collaboration between professionals across agencies may be required to support the socio-emotional and mental health needs of children in care (Hardy et al., 2015). Despite this, research has not investigated how professionals share roles and responsibilities to support the mental health and emotional wellbeing of children in care within an Irish context.

2.4.2 Behavioural difficulties. A lack of research has investigated behavioural difficulties experienced by children in care within an Irish context. However, international research highlights that children in care are at a significantly greater risk of exhibiting behavioural difficulties in comparison with the general population (Fernandez, 2008; Tarren-Sweeney, 2008). Externalising difficulties may include aggressive behaviours, delinquent behaviours and/or rule-breaking (Tarren-Sweeney, Hazell, & Carr, 2004). Additional behaviours that children in care may exhibit include bed-wetting, soiling, smearing, self-harm, substance abuse, lying, stealing and inappropriate sexual behaviour (Meltzer, Gatward, Goodman, & Ford, 2000; Sempik, Ward, & Darker, 2008). Furthermore, children in care are at a greater risk of being the victim of and/or perpetrator of bullying and are more likely to be permanently excluded from school (Darmody et al., 2013). It is acknowledged that providing support for children in care exhibiting behavioural difficulties can be particularly challenging for adults (Edwards, 2016; Rocco-Briggs, 2008). For example, foster parents and teachers have reported experiencing a range of emotions when supporting children in care with behavioural difficulties, including shock, sadness, frustration, anger, ambivalence, rejection and helplessness (Edwards, 2016; Rocco-Briggs, 2008). Therefore, this suggests that key adults require training and support to bring about positive outcomes for CYP (Edwards, 2016; Solomon, Niec, & Schoonover, 2017). In this regard, professionals from more than one agency may work together to provide such support.

However, the extent to which this occurs in practice has not been examined, particularly within an Irish context.

2.4.3 Cognitive ability and educational attainment. Very little research has reported descriptive statistics regarding the educational needs of children in care within an Irish context (Darmody et al., 2013). However, international research has highlighted significantly lower levels of educational attainment of children in care when compared to the general population (O'Sullivan & Westerman, 2007). For example, Rees (2013) reported that the average reading and spelling performance of children in care, aged seven to sixteen years, within a local authority in the UK was almost one standard deviation below the performance of the general population. A higher incidence of learning disability amongst children in care was also reported by Rees (2013). A total of 17% of children in care obtained General Conceptual Ability Standard Scores of less than 70 on the British Ability Scales-II (BAS-II; Elliot, 1997) in comparison with 2% of the general population (Rees, 2013). Many factors have been shown to significantly impact on cognitive development and educational attainment of children in care including pre-care experiences and age at entry into care (Berridge, 2007; Sinclair, Luke, & Berridge, 2019). In addition, in-care experiences such as placement disruptions have also been shown to have a negative impact on educational progress of children in care (Thomson, 2007).

While a minority of children in care are successful in achieving positive educational outcomes and pursue further education, research shows that this is not the norm (Jackson & Ajayi, 2007). This is especially problematic as educational engagement and attainment have been associated with an individual's sense of psychological well-being and physical health (Hammond & Feinstein, 2006). Furthermore, education has been identified as a key factor in predicting the achievement of positive outcomes for many children in care over the life course (Jackson &

Cameron, 2011). A preliminary literature review conducted by Brady (2017) highlights that amongst the factors which promote the educational attainment of children in care includes information sharing, interagency collaboration and receiving support from key adults such as foster carers, teachers, social workers and other professionals. Accordingly, investigating how professionals engage in multi-agency work to support the educational attainment of children in care is warranted.

2.5 Psychological Theory Relevant to Supporting Children in Care

In order to support the psychological needs of children in care, practitioners working across services may adopt a range of theoretical approaches to frame their thinking. The following theoretical frameworks are the most pertinent within the literature, including attachment theory (Bowlby, 1969, 1973, 1980), resilience theory (Rutter, 1987, 1999) and ecological systems theory (Bronfenbrenner, 1979).

2.5.1 Attachment theory. Attachment theory (Bowlby, 1969, 1973, 1980) emphasises the importance of early relationships between an infant and his/her primary caregiver on the child's social, emotional, cognitive and physiological development (Geddes, 2006). During the first two years of life, the majority of children develop a secure attachment relationship with their primary caregiver (Siegel, 2003). This is characterised by psychobiological attunement between the child and caregiver, whereby the caregiver responds sensitively and consistently to the child's needs (Siegel, 2003). At the behavioural level, a secure attachment relationship promotes feelings of safety and security for the child (Siegel, 2003). Therefore, this allows the child to explore his/her surroundings, develop a capacity to self-regulate his/her behaviour or emotions and return to an adult for comfort if needed (British Psychological Society [BPS], 2007). At the physiological level, having a secure attachment style promotes neural integration (Siegel, 2003). Specifically, this means that it supports the establishment of

connections between mental processes, such as thoughts, bodily sensations and feelings (Siegel, 2003). These positive early experiences lead to the development of an internal working model which presupposes that oneself and others are worthy of love and are trustworthy, unless disproven by later relationships (BPS, 2007).

For children who have experienced dismissive, neglecting or rejecting parenting, they are likely to develop an insecure attachment style (BPS, 2007). Ainsworth, Blehar, Waters, and Wall (1978) developed the Strange Situation Test to distinguish between the attachment styles of infants, including secure attachment, insecure-avoidant and insecure-ambivalent/resistant attachment. In contrast to secure attachment, avoidant attachment is characterised by a reduced tendency of children to seek comfort from carers who are emotionally unavailable (BPS, 2007). Instead, the child displays little emotional distress and presents as withdrawn or passive to maintain proximity with their caregiver (BPS, 2007). Conversely, children with an ambivalent-resistant attachment style present as demanding and clingy (BPS, 2007). They are not easily comforted by their inconsistent caregivers (BPS, 2007). An additional pattern, insecure-disorganised attachment, was later discovered by Main and Solomon to describe children’s responses when their attachment figure is both a source of fear and comfort (Main & Solomon, 1986). Children with a disorganised attachment style alternate between displaying avoidant and ambivalent behaviours (BPS, 2007). Notably, children who have experienced parental violence or abuse are at an increased risk of developing a disorganised attachment style (Dozier & Rutter, 2008).

The risk that children who enter the care system will display an insecure attachment style is twofold (Atwool, 2006). Firstly, this may occur due to adverse experiences they were exposed to prior to coming into care. Secondly, it may occur as a result of being separated from their primary attachment figures (Atwool, 2006). Nonetheless, while children entering the care system are at an increased risk of having

an insecure attachment style, it is possible to change the child's negative internal working model (BPS, 2007). Stovall and Dozier (2000) studied the developing attachment relationships of children who had been placed in a new foster home. Findings revealed that the majority of children placed in care before the age of one developed a consistent pattern of responding to their caregivers within one or two weeks. In contrast, children older than one year at the time of entering care were shown to take consistently longer to develop stable patterns of attachment behaviour (Stovall & Dozier, 2000).

In accordance with the National Institute for Health and Care Excellence (NICE) Guidelines (2015), attachment needs of children in care may be targeted by offering an individual video feedback programme to foster carers of younger children in care. Contrastingly, group-based training and education programmes are recommended for foster carers of children in care attending primary or post-primary school. In addition, therapeutic play sessions may also be offered (NICE, 2015). Programmes that may be adopted include Theraplay, Dyadic Developmental Psychotherapy (DDP), Circle of Security or Attachment Aware Schools Programmes (NICE, 2015). Notably, a multi-agency review is recommended if improvements to the parents' sensitivity or the child's attachment are not observed following intervention (NICE, 2015). However, it is unclear whether practitioners adopt attachment theory or other conceptual frameworks to frame their thinking during such multi-agency reviews. Therefore, exploration of conceptual tools adopted by professionals during multi-agency work is justified.

2.5.2 Resilience theory. According to Schofield (2001), there is a conceptual overlap between attachment and resilience theory insofar as both theories adopt a developmental approach and recognise that the child is an active agent in his/her own life. While there is no universal definition for resilience, it is defined by Rutter (1999) as pertaining to "relative resistance to psychosocial risk experiences" (p. 120). It is

conceptualised as being on a continuum, with vulnerability being at one end of the continuum and resilience at the opposite end (Daniel & Wassall, 2002). It is argued that quality of an individual's attachment is influential in the development of key areas associated with resilience. These key areas include individual characteristics such as competence, sense of self-esteem and self-efficacy, access to consistent family support and access to external emotional support from adults and/or peers in the community (Atwool, 2006). Similarly, Gilligan (2004) argues that protective factors that may strengthen resilience develop within the context of supportive relationships, including parent-child relationships, relationships with a trusted teacher or mentor or in the context of a therapeutic relationship with a professional.

It is essential to gain a greater understanding of how resilience of children in care may be fostered, given their previous or current experiences of traumatic events (Schofield, 2001). According to Rutter (1987), it is recommended to consider processes, such as interactions between factors, as opposed to identifying potential risk and protective factors in isolation. For instance, for a child who has been in long-term foster care, contact with his/her birth family may act as either a protective or risk factor (Schofield & Beek, 2005). If access to the child's birth family is consistent and managed effectively, it can help to strengthen the child's sense of belonging, identity and esteem (Schofield & Beek, 2005). However, if it is inconsistent or poorly managed, it can contribute to feelings of anxiety, low self-esteem and worthlessness (Schofield & Beck, 2005). Having an in-depth understanding of resilience processes can facilitate the development of individualised, targeted interventions for children in care so as to bring about "turning points" in their lives (Rutter, 1999, as cited in Schofield, 2001, p. 7). Furthermore, promoting resilience during an individual's childhood can be conducive to achievement of positive long-term outcomes (Gilligan, 2002). Accordingly, it is necessary to investigate how professionals work together to foster the resilience of

children in care. Additionally, examining whether professionals adopt resilience theory as a conceptual lens during multi-agency work to support children in care is also justified.

2.5.3 Ecological systems theory. Bronfenbrenner's Ecological Systems Theory (1979) is useful in terms of identifying contextually relevant, environmental factors at different levels of the ecological system which interact to impact on a child's development. The framework has been adapted for children in care to incorporate two intertwined systems at the microsystem level: the child's biological family and the child's foster family as shown in Figure 2 (Roarty, Leinster, McGregor, Devaney, & Moran, 2018).

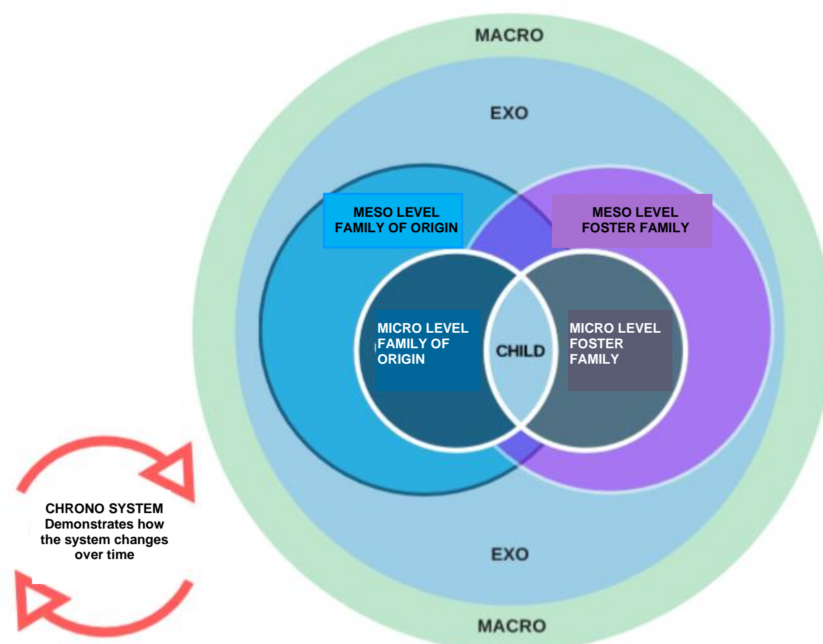

Figure 2. Ecological systems theory, as shown in Roarty et al. (2018, p. 20).

At the mesosystem level, interactions between the child's biological and foster parents, as well as development of relationships with key adults such as teaching staff, may directly impact on a child's development (Roarty et al., 2018). At the exosystem level, children in care may indirectly benefit from community services that support individuals at the microsystem level, such as services that support biological or foster parents (Hong, Algood, Chiu, & Lee, 2011). For instance, allocated social workers and

psychologists working across a range of services within the exosystem may be involved in supporting children in care and their families (Roarty et al., 2018). Additionally, multi-agency work between professionals occurs within the exosystem and may be impacted by the policy initiatives, legislation and wider societal attitudes towards children in care at the macrosystem level (Roarty et al., 2018). An additional layer, the chronosystem, was later added to the ecological framework (Bronfenbrenner & Morris, 2006). This layer depicts the extent to which systems remain the same or change over time and allows for consideration of how such changes can impact on a child's developmental progress (Bronfenbrenner & Morris, 2006). For instance, changes to personnel working within an agency may impact on a child's development and sense of wellbeing over the life course (Hong et al., 2011). Additionally, changes in multi-agency work between professionals over time may also impact on outcomes for children in care (Bronfenbrenner & Morris, 2006). Consequently, it is necessary to investigate how such work has changed over time with a specific focus on whether changes have acted as facilitators or barriers.

2.6 Service Provision for Children in Care in Ireland

As children in care are at greater risk of experiencing learning, social-emotional and behavioural difficulties and oftentimes present with complex needs, they are more likely to be accessing a range of services across health, community and education settings (Rees, 2013; Rocco-Briggs, 2008). As previously outlined, EPs are now eligible to work across a broad range of these services within an Irish context, including CAMHS, primary care, disability and school psychology services (HSE, 2016a). While social workers are eligible to work across all of the aforementioned services, it is noteworthy that social workers allocated to children in care are employed by the CFA (Tusla, 2019b). An overview of the composition of each service will be provided.

2.6.1 The Child and Family Agency (Tusla). The primary agency involved in supporting children in care is the CFA (Tusla, 2019b). The majority of professionals working within the CFA are qualified social workers (Gilligan, 2019). Other professionals working within the CFA who may be involved in supporting children in care include psychologists or counsellors (Tusla, 2019b). However, the likelihood of receiving direct support from such professionals is limited due to the low numbers of psychologists and counsellors ($N = 28.59$) that are currently employed by the CFA nationwide (Tusla, 2019b). As an alternative, a social worker assigned to a child in care may refer the child to receive psychological support from another agency (Tusla, 2019b). This decision is made in consultation with the allocated social worker's team leader and/or the principal social worker (Tusla, 2019b).

2.6.2 Primary care services. Children in care presenting with non-complex difficulties in functional skills, daily living and/or learning skills, and/or mild to moderate mental health difficulties may be referred to primary care services within the community (HSE, 2015). Primary care networks, which include psychology services for CYP, along with other specialist professionals such as speech and language therapists, aim to support the work of multidisciplinary primary care teams (McDaid, 2013). However, the work of primary care psychologists is unidisciplinary, meaning they do not work directly as part of a wider multidisciplinary team within primary care services (HSE, 2015). Nonetheless, primary care psychologists may engage in multi-agency work with professionals from other agencies (HSE, 2015).

2.6.3 Child and Adolescent Mental Health Services. Children in care presenting with moderate to severe mental health difficulties may be referred to child and adolescent mental health services (CAMHS) (HSE, 2015). CAMHS adopts a three-tier model of service: primary services are provided by professionals within the community, such as by general practitioners or primary care psychology services;

second tier services are provided by a specialist, multi-disciplinary, community CAMHS team; and tertiary services are provided within in-patient CAMHS units (HSE, 2015). As there is a higher incidence of mental health difficulties amongst children in care, it would be reasonable to assume that a disproportionate number of children in care are accessing support from CAMHS (McAuley & Young, 2006). However, if there are custody, access and/or legal proceedings in progress regarding a child in care's family situation, this does not automatically entitle them to support (HSE, 2015). Rather, evidence of a severe or complex mental health disorder must be also present (HSE, 2015).

2.6.4 Disability services. Children in care who present with complex needs in functional skills, daily living skills, learning skills and/or social communication and interaction skills may be referred to their local disability network team (HSE, 2016b). A local disability network team is multidisciplinary, meaning that it includes professionals trained in a range of disciplines such as psychology, speech and language therapy, occupational therapy, physiotherapy and nursing (HSE, 2016b). Depending on the age of the child, he/she may access early intervention services (ages 0-6 years) or school age services (ages 6-18 years). In the past, there has been a wide variation in the types and level of disability services offered in different geographical locations across Ireland (HSE, 2016b). However, more recently a national programme, entitled 'Progressing Disability Services for Child and Young People', has led to the commencement of service reconfiguration (HSE, 2016b). The aims of this programme include establishing a clear pathway to services, developing partnerships between teams, parents and service users, utilising resources effectively for the benefit of all children and families and

promoting the development of partnerships between education and health to support children to achieve their potential (HSE, 2016b).

2.6.5 School psychology services. Children in care presenting with emotional, behavioural, social and/or learning needs within the school context may be referred to school psychology services, such as the National Educational Psychological Service (NEPS). The continuum of support framework adopted by NEPS (DES, 2007) highlights that different levels of support are required depending on the severity and longevity of presenting concerns. Levels of support range from universal, class-based interventions to targeted, individualised supports, as depicted in Figure 3 (DES, 2007).

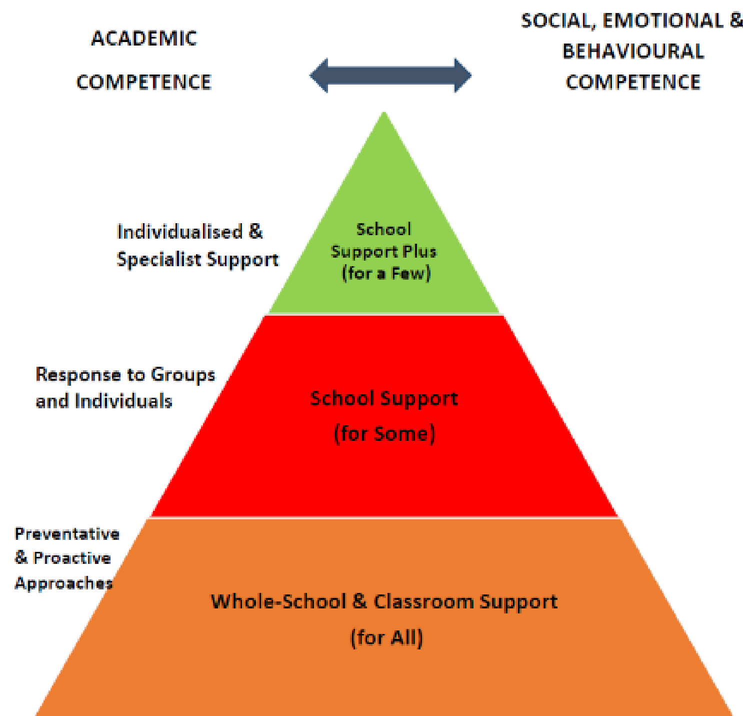

Figure 3. Continuum of support framework (DES, 2007).

According to the NEPS consultative model of service, involvement of a school psychologist may be requested by the school (DES, 2007). Although schools are considered best placed to identify children who require individual psychological support, it is questionable as to whether school staff are aware of the difficulties that children in care may experience (Peake, 2011). As a result, this may lead to late access to school-based supports for this cohort of students (Peake, 2011). Within the UK,

designated teachers in schools are responsible for supporting the educational needs of children in care and promoting greater understanding amongst staff (Department for Children, Schools and Families [DfCSF], 2009). In addition, a virtual school headteacher, employed within the local authority, acts as an advocate for the educational achievement of children in care (DfCSF, 2010). In contrast, no such supports are provided for children in care within an Irish context (Darmody et al., 2013). Therefore, this suggests that it may be more important for EPs to engage in multi-agency work with schools and other services to support this vulnerable group.

2.7 Multi-Agency Work to Support Children in Care

In spite of the fact that multi-agency work has been highlighted as a transformational goal within policy in Ireland (DCYA, 2014) and the UK (DfES, 2004), a lack of multi-agency work has previously been reported internationally (Atkinson et al., 2007; Sloper, 2004). Nonetheless, research has highlighted that when multi-agency work does occur between services, it is valued by professionals. For instance, Ashton and Roberts (2006) found that both Special Educational Needs Coordinators (SENCos) and EPs value multi-agency work conducted by EPs. In addition, Gaskell and Leadbetter (2009) delineated five key themes regarding the distinctive contribution of EPs to multi-agency teams in the UK. These themes included ‘use of psychology’, ‘developing a holistic view’, ‘interpersonal skills’, ‘evidence-based practice’ and ‘having experience of working with within the education system’ (Gaskell & Leadbetter, 2009, p. 104). More recently, Ambrose-Miller and Ashcroft (2016) found that the social worker’s role consists of 1) contributing a broader perspective than the traditional medical model, and 2) advocating for clients’ needs when working as part of health care teams. In addition, findings revealed that the flexible nature of a social worker’s role is beneficial in terms of allowing for gaps in service provision to be filled and for complex cases to be managed effectively. However, it can also lead to

ambiguities when sharing roles with other professionals (Ambrose-Miller & Ashcroft, 2016). Although the findings of the aforementioned studies illuminate the contributions of EPs and social workers to multi-agency work, they did not focus specifically on multi-agency work to support children in care. As children in care are more likely to be accessing a number of services, further investigation of research that has focused specifically on multi-agency work to support this vulnerable cohort was deemed necessary. Therefore, a systematic review of literature regarding engaging in multi-agency work to support children in care was conducted.

2.7.1 Systematic review of literature regarding engaging in multi-agency work to support children in care. The aim of the current review was to critique research which focused upon multi-agency work to support children in care. In this regard, the review question included: What do we know about multi-agency work to support children in care? A systematic search for previous research of relevance was initially conducted on the 11th and 26th of July 2019, utilising the Mary Immaculate College, University of Limerick e-library services. This search was subsequently updated on the 13th March 2020. Databases utilised included ERIC, PsycInfo, PsycArticles and Web of Science. The year of publication was set from 2000 onwards to capture the most up-to-date research. Additional refinements were made to the search to include peer-reviewed articles in the English language. Table 1 outlines the search terms that were used. Ancestral searches of study references were also conducted.

Table 1

Search Terms utilised and No. of Relevant Articles obtained in Databases

Search Terms	**PsycINFO or PsycARTICLES**	**ERIC**	**Web of Science**
(“multi agency” OR “inter agency” OR interprofessional OR partnership OR “joint working”) AND (“children in care” OR “looked after children” OR “foster children”)	68	14	23

2.7.1.1 Inclusion and exclusion criteria. As outlined in Table 1, a total of 105 studies were obtained within the original search. Following the removal of duplicates (*N* = 12), a total of 93 studies remained. The titles and abstracts of articles were then screened: 89 titles were excluded based on not meeting the inclusion criteria outlined in Table 2. Reasons for exclusion of research papers are outlined in Appendix A.

Table 2

Inclusion and Exclusion Criteria and Rationale

Title of Criteria	Inclusion Criteria	Exclusion Criteria	Rationale
1. Type of Publication	Peer-reviewed journal article.	Non-peer reviewed journal article.	To ensure that the methodology adopted is rigorous and trustworthy.
2. Year of Publication	Published from the year 2000 onwards.	Published before the year 2000.	To ensure that the research is up-to-date and relevant.
3. Focus of Study (multi-agency work)	Based upon multi-agency work between professionals.	Not based upon on multi-agency work between professionals.	Area of interest of this review is on multi-agency work between professionals working across different services.
4. Focus of Study (children in care)	Based upon supporting the needs of children in care.	Not based upon supporting the needs of children in care.	Area of interest for this review is on engaging in multi-agency work to support children in care.
5. Language of Study	Written in the English Language	Written in a language other than English.	To ensure that the reviewer can read and critique the article.
6. Type of Study	Empirical study that involves the collection and analysis of primary data.	The research is not an empirical study and instead reports on secondary data, e.g. commentaries, reviews.	Allows the reviewer to examine empirical findings regarding multi-agency work to support children in care.

Following the screening phase, a total of four studies remained. Thereafter, ancestral searches of these studies were conducted, and nine additional studies were identified (see Appendix B). Therefore, a total of 13 studies are included within this systematic review which are listed in Table 3. A more detailed description of the sample, methods, analysis and findings of included studies is provided in Appendix C.

Table 3

References of Included Studies

Acri, M. C., Palinkas, L., Hoagwood, K. E., Shen, S., Schoonover, D., Reutz, J. R., & Landsverk, J. (2014). Interorganizational relationships among family support organizations and child mental health agencies. *Administration and Policy in Mental Health and Mental Health Services Research*, *41*(4), 447-454.

Darlington, Y., & Feeney, J. A. (2008). Collaboration between mental health and child protection services: Professionals' perceptions of best practice. *Children and Youth Services Review*, *30*(2), 187-198.

Darlington, Y., Feeney, J. A., & Rixon, K. (2004). Complexity, conflict and uncertainty: Issues in collaboration between child protection and mental health services. *Children and Youth Services Review*, *26*(12), 1175-1192.

Davidson, G., Duffy, J., Barry, L., Curry, P., Darragh, E., & Lees, J. (2012). Championing the interface between mental health and child protection: evaluation of a service initiative to improve joint working in Northern Ireland. *Child Abuse Review*, *21*(3), 157-172. doi:10.1002/car.1164

Farrell, P., Woods, K., Lewis, S., Rooney, S., Squires, G., & O'Conner, M. (2006). *Function and contribution of educational psychologists in light of the 'Every Child Matters: Change for Children' agenda.* London: DfES.

Garstka, T. A., Lieberman, A., Biggs, J., Thompson, B., & Levy, M. M. (2014). Barriers to cross-systems collaboration in child welfare, education, and the courts: Supporting educational well-being of youth in care through systems change. *Journal of Public Child Welfare*, *8*(2), 190-211.

Harker, R. M., Dobel-Ober, D., Berridge, D., & Sinclair, R. (2004). More than the sum of its parts? inter-professional working in the education of looked after children. *Children & Society, 18*(3), 179-193.

Janssens, A., Peremans, L., & Deboutte, D. (2010). Conceptualizing collaboration between children's services and child and adolescent psychiatry: A bottom—up process based on a qualitative needs assessment among the professionals. *Clinical child psychology and psychiatry*, *15*(2), 251-266.

Lee, S. Y., Benson, S. M., Klein, S. M., & Franke, T. M. (2015). Accessing quality early care and education for children in child welfare: Stakeholders' perspectives on barriers and opportunities for interagency collaboration. *Children and Youth Services Review, 55*, 170-181.

McLean, S. (2012). Barriers to collaboration on behalf of children with challenging behaviours: a large qualitative study of five constituent groups. *Child & Family Social Work*, *17*(4), 478-486. doi:10.1111/j.1365-2206.2011.00805.x

Norwich, B., Richards, A., & Nash, T. (2010). Educational psychologists and children in care: Practices and issues. *Educational Psychology in Practice*, 26(4), 375–390.

Timonen-Kallio, E., Hämäläinen, J., & Laukkanen, E. (2017). Interprofessional collaboration in Finnish residential child care: Challenges in incorporating and sharing expertise between the child protection and health care systems. *Child Care in Practice, 23*(4), 389–403.

Ziviani, J., Darlington, Y., Feeney, R., Meredith, P., & Head, B. (2013). Children with disabilities in out-of-home care: Perspectives on organisational collaborations. *Children and Youth Services Review*, *35*(5), 797-805.

2.7.1.2 Critical appraisal of studies for quality and relevance. The Weight of Evidence (WoE) framework (Gough, 2007) was firstly used to critique the methodological quality of studies under review (WoE A). Thereafter, it was utilised to assess the relevance of methodologies adopted (WoE B) and the relevance of the research findings specific to the focus of the review (WoE C). A combined score for WoE A, B and C was generated to judge the extent to which the overall study contributes to answering the review question (WoE D). Qualitative and quantitative frameworks previously utilised by Schulze, Winter, Woods and Tyldesley (2017) were adopted to appraise the methodological quality of included studies (WoE A). For studies that adopted a mixed methods design, both the qualitative and quantitative frameworks were applied, with the highest assigned score being utilised for WoE A. A more detailed description of the qualitative frameworks and a synopsis of the values assigned for WoE A are provided in Appendices D-G. In addition, the criteria for WoE B, C and D are outlined in Appendix H. An overview of the ratings each study received for WoE A, B, C and D is provided in Table 4.

Table 4

Weight of Evidence (WoE) for Included Studies (Gough, 2007)

Studies	**WoE A Quality of Methodology**	**WoE B Relevance of Methodology**	**WoE C Relevance of Evidence**	**WoE D Overall Weight of Evidence**
Acri et al. (2014)	1.75 (Medium)	2 (Medium)	2 (Medium)	1.92 (Medium)
Darlington & Feeney (2008)	1.75 (Medium)	2 (Medium)	2 (Medium)	1.92 (Medium)
Darlington et al. (2004)	2.08 (Medium)	3 (High)	2.5 (Medium-High)	2.53 (High)
Davidson et al. (2012)	2 (Medium)	3 (High)	2 (Medium)	2.33 (Medium)
Farrell et al. (2006)	2 (Medium)	3 (High)	2 (Medium)	2.33 (Medium)
Garstka et al. (2014)	2.33 (Medium)	1 (Low)	2.5 (Medium-High)	1.94 (Medium)
Harker et al. (2004)	1.25 (Low)	2 (Medium)	2.5 (Medium-High)	1.92 (Medium)
Janssens et al. (2010)	2 (Medium)	3 (High)	2 (Medium)	2.33 (Medium)
Lee et al. (2015)	2.08 (Medium)	3 (High)	2.5 (Medium-High)	2.53 (High)
McLean (2012)	1.75 (Medium)	2 (Medium)	3 (High)	2.25 (Medium)
Norwich et al. (2010)	2.00 (Medium)	2.33 (Medium)	2 (Medium)	2.11 (Medium)
Timonen-Kallio et al. (2017)	1.75 (Medium)	2 (Medium)	2.5 (Medium-High)	2.08 (Medium)
Ziviani et al. (2013)	2.33 (Medium)	3 (High)	3 (High)	2.78 (High)

2.7.1.3 Quality and relevance of methods adopted by studies under review. As shown in Table 5, studies either incorporated qualitative or mixed methods. For WoE A, qualitative methods were appraised under the following headings: *research design, sample, data collection, researcher-participant negotiation and ethical issues* (Schulze et al., 2017). In addition, quantitative aspects of studies, which incorporated mixed methods, were also appraised on specific criteria within the domain of *data gathering* (Schulze et al., 2017). Furthermore, the relevance of methods adopted (WoE B) specific to the focus of the review were also considered.

Table 5

Summary of Methods adopted by Studies under Review

Studies	**Country**	**Design**	**Methods**	**Participants**
Acri et al. (2014)	USA	Qualitative	Semi-structured interviews	Directors of family support services.
Darlington & Feeney (2008)	Queens-land, Australia	Qualitative	Open-ended questions in questionnaire (focus on supportive factors)	Statutory child protection workers and child mental health workers.
Darlington et al. (2004)	Queens-land, Australia	Mixed Methods	Questionnaire with multiple-choice and open-ended questions (focus on case examples)	Statutory child protection workers, adult mental health workers and child mental health workers.
Davidson et al. (2012)	Northern Ireland	Mixed Methods	Questionnaire with multiple-choice and open-ended questions	Mental health workers and child care workers.
Farrell et al. (2006)	England and Wales	Mixed Methods	Questionnaires, telephone and face to face interviews, site visits.	Parents and young people, Headteachers in PRUs, nursery, primary, secondary and special schools, EPs, Principal EPs, local authority officers and other professionals who work with EPs.

Studies	Country	Design	Methods	Participants
Garstka et al. (2014)	Kansas, USA	Mixed Methods	Questionnaire with multiple-choice and open-ended questions	Child welfare professionals, school personnel, educational advocates, judicial personnel, CASA volunteers, juvenile detention workers, clerical officers, parents and mental health workers.
Harker et al. (2004)	England	Qualitative	Semi-structured interviews	Senior and middle management from education and social services, elected members, designated teachers and health service representatives.
Janssens et al. (2010)	Antwerp, Belgium	Qualitative	Focus groups	Professionals from children's services and child and adolescent psychiatry.
Lee et al. (2015)	USA	Qualitative	Focus groups	Child welfare caseworkers, parents/caregivers, early childhood education (ECE) providers.
McLean (2012)	South Australia	Qualitative	Semi-structured interviews	Child protection and mental health workers, teachers, foster parents.
Norwich et al. (2010)	England	Mixed Methods	Questionnaire including open-ended questions	Educational psychologists working in school psychology services.
Timonen-Kallio et al. (2017)	Finland	Qualitative	Focus groups	Residential child care workers, social workers and psychiatric nurses.
Ziviani et al. (2013)	Queens-land, Australia	Qualitative	Semi-structured interviews	Psychologists, speech and language pathologists, team leaders, central office staff and senior regional managers.

2.7.1.3.1 Research design. The majority of studies adopted a qualitative design, with the exception of five studies which also employed quantitative methods (Darlington et al., 2004; Davidson et al., 2012; Farrell et al., 2006; Garstka et al., 2014; Norwich et al., 2010). Therefore, such studies were classified as adopting mixed methods and received a higher score for methods used in WoE B. Moreover, the majority of studies gained data from multiple sources. For instance, McLean (2012) conducted semi-structured interviews with child protection workers, child and adolescent mental health workers, teachers and foster parents. A total of two studies collected data from one professional group only. Namely, Acri et al. (2014) conducted interviews with family support workers, whereas Norwich et al. (2010) invited EPs to complete questionnaires. As a result, such studies received a lower scoring for WoE B.

2.7.1.3.2 Sample. Purposive sampling was employed within a number of studies under review. Different rationales for employing this sampling strategy included ensuring that participating services were representative of the region's demographic characteristics (Janssens et al., 2010), that participating professionals were experienced in engaging in multi-agency work (Timonen-Kallio et al., 2017), or that teams with more experienced team leaders were selected to participate (Ziviani et al., 2013). In addition, Acri et al. (2014) utilised stratified purposeful sampling to identify 40 directors of family support services who had self-identified as having a close working relationship with mental health services. Purposive sampling was also employed by McLean (2012) in terms of approaching foster parents within schools with a high proportion of children in care and inviting them to participate. Studies which provided a strategic rationale for the sampling strategy adopted, received a higher weighting for *sample* in WoE A.

Convenience sampling was used in a number of studies in order to overcome difficulties in accessing participants (Mertens, 2015). For example, Norwich et al.

(2010) had previously established links with the five educational psychology services which participated in their research. As a result, findings may not be representative of the perspectives of EPs across England (Norwich et al., 2010). Similarly, Farrell et al. (2006) acknowledged that findings for parents' data may not be representative as participating parents were chosen by EPs as opposed to being randomly selected. Lee et al. (2015) firstly chose a specific location, due to its size, diversity and high rates of families with young children involved in the child welfare system. Thereafter, Lee et al. (2015) recruited participants within the specified location through use of convenience sampling. Garstka et al. (2014) utilised a snowball sampling method, which involved identifying professionals who were in a position to forward an invitation email to their colleagues or respective professional groups. While it is recognised that adoption of convenience or snowball sampling approaches may be necessary to overcome recruitment difficulties, studies which adopted such approaches received a lower weighting for this criterion within the *sample* domain in WoE A. In addition, a lower weighting for *sample* in WoE A was assigned to studies which did not explicitly outline how participants were recruited (e.g. Harker et al., 2004).

2.7.1.3.3 Researcher-participant negotiation. Henwood and Pidgeon (1992) argue that for qualitative research, researchers are actively involved in the process through seeking to construct a negotiated reality with participants. This is achieved by summarising participants' views in their own language and seeking clarifications where necessary during the interview process. In addition, participants may be afforded the opportunity to validate whether themes identified represent their views or perspectives at a later stage (Henwood & Pidgeon, 1992). The majority of studies under review did not report on how a negotiated reality was established between the researcher and the participant and accordingly a lower weighting was assigned to such studies for *researcher-participant negotiation* in WoE A. Notably, Ziviani et al. (2013) received a

higher weighting for *researcher-participant negotiation* in WoE A because participants were invited to add additional comments at the end of the interview. In addition, they were also sent a copy of transcribed interview notes to clarify whether the content of the notes was accurate or whether amendments were required. The validity or credibility of research findings was also taken into consideration when assigning weightings for WoE B. Specifically, studies which reported that interviews or focus groups were facilitated by a trained professional (e.g. Janssens et al., 2010; Lee et al. 2015) or that questionnaires were piloted prior to data collection received a higher weighting for these criteria (e.g. Darlington et al., 2004; Farrell et al., 2006).

2.7.1.3.4 Ethical issues. A total of five included studies explicitly reported on the procedures involved in receiving ethical approval to undertake their research study (Acri et al., 2014; Davidson et al., 2012; McLean, 2012; Timonen-Kallio et al., 2017; Ziviani et al., 2013). For example, Timonen-Kallio et al. (2017) reported that approval for the study protocol was granted by the Varsinais-Suomi hospital district's ethics committee. Davidson et al. (2012) highlighted that it was not necessary to receive ethical approval from an institutional ethic's committee as the study was a service evaluation. Instead, permission was sought from the Northern Health and Social Care Trust (NHSCT) in Northern Ireland. Additionally, the manner in which ethical considerations were addressed during the research process was outlined within some of studies under review. For example, Janssens et al. (2010) reported that the moderator of the focus groups distributed consent forms to participants and answered clarifying questions if necessary. Furthermore, the moderator proactively addressed potential issues regarding confidentiality through discussing ground rules prior to commencing focus groups with participants (Janssens et al., 2010). Therefore, Janssens et al. (2010) were given credit for this for *ethical considerations* in WoE A. Despite this however procedures adopted to minimise risks to participants and to ensure that the anonymity of

participants was maintained were not explicitly outlined by Janssens et al. (2010). Accordingly, the overall score received by Janssens et al. (2010) was reduced for *ethical considerations* in WoE A.

2.7.1.3.5 Data gathering (quantitative aspects of studies). Davidson et al. (2012) circulated baseline questionnaires to all team members within services partaking in the Champions Initiative, yielding a response rate of 54%. All champions, members of mental health and child protection teams who were tasked with promoting joint work, participated in pre and post measures. Accordingly, Davidson et al. (2012) received a higher weighting for *data gathering* in WoE A. Similarly, Darlington et al. (2004) disseminated questionnaires to all statutory child protection professionals and state employed mental health professionals within a territory in Australia, with a response rate of 21%. Notably, the weighting assigned for *data gathering* was lower for Darlington et al. (2004) than for Davidson et al. (2012), as clear research questions or hypotheses were not explicitly outlined. Farrell et al. (2006) distributed questionnaires to a wide variety of stakeholders whereas Norwich et al. (2010) (2010) distributed questionnaires to EPs only. Accordingly, Farrell et al. (2006) received a higher weighting for this criterion within the *data gathering* domain for WoE A.

2.7.1.4 Quality and relevance of findings obtained by studies under review. For WoE A, qualitative findings of included studies were appraised under the following headings: *analysis, emergent themes and theory, reflexivity, negative case analysis and transferability* (Schulze et al., 2017). Quantitative findings were appraised under the headings of *data analysis and data interpretation* (Schulze et al., 2017). The relevance of research findings was also appraised for WoE C.

2.7.1.4.1 Data analysis (qual and quant aspects of studies). Several studies, incorporating qualitative methods, utilised Braun and Clarke's (2006) thematic framework to inductively analyse participants' perceptions (e.g., Darlington & Feeney,

2008; Darlington et al., 2004; McLean, 2012). Ensuring authenticity during the analysis of data proves a difficult task as the researcher has an active role in identifying and selecting themes (Braun & Clarke, 2006). Moreover, in order to ensure internal consistency, a record of decision-making may be maintained. In addition, to control for inter-rater reliability, the primary researcher and an independent coder may code themes separately and disagreements may be resolved through discussion (Braun & Clarke, 2006). For instance, Lee et al. (2015) and Ziviani et al. (2013) ensured that two independent coders conducted the analysis process to overcome bias. Accordingly, both studies were credited for this during scoring for *analysis* in WoE A. Some studies also reported on use of software tools to systematically manage data in order to reduce potential bias. For instance, NVivo software was utilised by Darlington and Feeney (2008) and Ziviani et al. (2013).

As opposed to adopting Braun and Clarke's framework (2006), a thematic analysis approach, informed by Miles and Huberman (1994), was utilised by Davidson et al. (2012). In addition, content analysis, involving analysing the content of transcribed verbal expressions, was employed by two studies (Timonen-Kallio et al., 2017; Ziviani et al., 2013). Furthermore, Norwich et al. (2010) utilised a constant comparison method (Robson, 2011) whereby continual comparisons were made between data in order to develop substantive theory. Such studies were credited for explicitly outlining the analysis approach adopted for *analysis* in WoE A.

A grounded theory approach (Strauss & Corbin, 1990) was employed by both Acri et al. (2014) and Janssens et al. (2010). This involves conducting inductive analysis to develop theory grounded in the data itself as opposed to being based on pre-existing theory or research. While a rationale was provided for adopting a grounded theory approach in the aforementioned studies, few studies provided a rationale for utilising other frameworks. Moreover, Farrell et al. (2006) and Harker et al. (2004)

failed to specify the framework used to derive themes from qualitative data. Consequently, both studies received a lower score for *analysis* in WoE A.

For studies incorporating quantitative methods, descriptive statistics were primarily reported (Darlington et al., 2004; Davidson et al., 2012; Farrell et al., 2006; Garstka et al., 2014; Norwich et al., 2010). For example, Norwich et al. (2010) reported descriptive statistics regarding whether EPs were members of a multi-agency team involved in supporting children in care. A small number of included studies incorporated inferential statistics (Darlington et al. 2004; Garstka et al., 2014). For instance, ANOVA analyses were conducted by Garstka et al. (2014) to identify whether there were statistically significant differences between stakeholders' perceptions of supports and barriers. Darlington et al. (2004) examined the relationship between the level of ambiguity involved within a particular stage of child protection intervention such as child protection case closure and difficulties in collaborating with other professionals. Therefore, both studies were credited for adopting appropriate statistical analyses in the *data analysis* domain, in accordance with the quantitative framework for WoE A. No studies which adopted quantitative methods reported on how missing responses were managed and consequently the validity of analysis may have been undermined. Accordingly, lower values were assigned for this area of *data analysis* in WoE A (Schulze et al., 2017).

2.7.1.4.2 Emergent themes and theory (qual aspects of studies). Braun and Clarke (2006) describe a theme as "something important about the data in relation to the research question and represents some level of patterned response or meaning within the data set" (p. 82). Studies which clearly identified new areas for investigation and subsequently provided a clear discussion of how findings contributed to knowledge and

understanding of policy, theory or practice received a higher weighting for *emergent themes and theory* in WoE A (e.g. Darlington & Feeney, 2008; Garstka et al., 2014).

A number of studies reported on facilitators to engaging in multi-agency work concerning children in care (Acri et al., 2014; Darlington & Feeney, 2008; Davidson et al., 2012; Harker et al., 2004; Timonen-Kallio et al., 2017). For instance, Davidson et al. (2012) outlined that the following themes emerged regarding stakeholders' perceptions of what would facilitate improvements to multi-agency work between child protection services and mental health services, including 'getting to know each other', 'communication', 'joint training', 'knowledge' and 'increased resources' (p. 166). In addition, Darlington and Feeney (2008) found that three main themes emerged within their research, including 'effective communication', 'professional knowledge and skills' and 'appropriate allocation of adequate resources' (p. 190). Furthermore, Acri et al. (2014) reported that the following themes emerged regarding the quality of relationships between family support organisations and mental health services including 'interactional factors', 'internal contextual factors' and 'outer contextual factors' (p. 447). Specifically, 'interactional factors' pertained to shared trust, communication and collaboration between services (Acri et al., 2014). As such findings were similar to those previously reported in the literature, Acri et al. (2014) received a lower weighting for *emergent themes and theory* in WoE A. Nonetheless, such findings provided an insight into the quality of relationships between both services.

Professionals involved in the Taking Care of Education Project reported that the project contributed to perceived improvements to supportive structures through the development of policy frameworks (Harker et al., 2004). In addition, perceived enhancements to information sharing came about due to the development of information sharing protocols and perceived improvements in understanding arose following joint training sessions and having a highly skilled lead professional facilitated improvements

in joint working (Harker et al., 2004). Notwithstanding the fact that Timonen-Kallio et al. (2017) did not identify themes inherent in the data per se, a number of factors were identified as facilitators to improved collaboration between professionals working in child protection and health care services. Specifically, adopting a shared conceptual framework and developing interprofessional skills were identified by residential workers as facilitators to improved collaboration. As Timonen-Kallio et al. (2017) did not analyse data in a systematic manner, this was reflected in the lower scoring received for *analysis* in WoE A.

Constraints to multi-agency work concerning children in care were also reported in some studies under review (e.g. Lee et al., 2015; McLean et al., 2012). For example, Lee et al. (2015) found that five themes emerged regarding organisational and systemic barriers to early childhood education (ECE) utilisation amongst children in child welfare. These themes included ‘organisational policies’, ‘inter-organisational collaboration and communication’, ‘organisational climate’, ‘child placement’ and ‘child care versus quality early education programmes’ (Lee et al., 2015, p. 173). In addition, ‘disparate knowledge and attitudes of professionals towards frameworks adopted by others’, ‘issues regarding allocation of resources’, and ‘overcoming systemic triangulation and power imbalances’ emerged as the main themes within McLean’s research (2012, p. 480). Notably, ‘systemic triangulation and power imbalances’ pertained to feelings of powerlessness and being subject to ‘top-down’ decisions (McLean, 2012). Such findings were deemed to contribute to knowledge and understanding of the practice of professionals and therefore a higher weighting was assigned for *emergent themes and theory* in WoE A.

Norwich et al. (2010) adopted a deductive approach to analyse qualitative findings pertaining to multi-agency work. This consisted of classifying perceived reasons for issues during multi-agency work as either expertise issues, control issues or

role issues. Approximately one in five EPs reported experiencing issues either sometimes or often, with the majority of perceived issues occurring within the domains of control and expertise rather than role issues. Specifically, control issues pertained to whether EPs felt that their perspectives and/or expertise were overruled, dismissed or not treated seriously by other professionals (Norwich et al., 2010). In contrast, expertise issues regarded whether they felt that other professionals were employing knowledge and skills in an area of their expertise or whether they did not get an opportunity to apply their own knowledge and skills as much as they would have liked to (Norwich et al., 2010). Notably, Norwich et al. (2010) received a lower weighting for WoE C as the study focused primarily on EPs involvement in supporting children in care within their own service.

Farrell et al. (2006) found that EPs offer a distinct contribution to multi-agency work concerning children in care in terms of providing early intervention and in some instances, taking on a leadership role when working with other professionals. However, such findings were not the primary aim of the research and therefore, a lower score was assigned for this criterion in WoE C. Amongst the primary aims included investigating how multi-agency work carried out by EPs impacted on the attainment of Every Child Matters Outcomes for all CYP. In this regard, EPs were reported to 1) provide support to parents and carers, 2) coordinate and chair multi-agency work to support CYP with emotional, behavioural and/or social difficulties, 3) support CYP who have offended to reengage with the education system, 4) support transitions, behaviour management and placements for CYP with additional needs, and 5) contribute to the development of joint assessments, training, interventions and care pathways (Farrell et al., 2006).

Timonen-Kallio et al. (2017) found that social workers were perceived to act as mediators between child protection and health care services to support children in residential care in Finland. However, in spite of this, tensions between professionals

regarding who were responsible for care plans were also highlighted. In particular, both residential workers and mental health workers emphasised that the child's key worker should have greater involvement in care planning meetings (Timonen-Kallio et al., 2017). Similarly, Janssens et al. (2010) found that professionals may not be aware of the job responsibilities of other involved agencies. Moreover, all professionals recognised that 'getting to know each other', in terms of learning about the duties, strengths and restrictions of the other service, was required in order to enhance multi-agency work between Children's Services and Child and Adolescent Psychiatry (Janssens et al., 2010). Notably, both Timonen-Kallio et al. (2017) and Janssens et al. (2010) received a higher weighting for *emergent themes and theory* in WoE A as the findings contributed to a greater understanding of multi-agency work between both services.

2.7.1.4.3 Data interpretation (quant aspects of studies). Norwich et al. (2010) reported descriptive statistics regarding EPs' role when supporting children in care. Specifically, 80% of EPs reported that they had undertaken work related to children in care, 18% had a specialist child in care role, almost a quarter (24%) reported that they were a member of a multi-agency team related to work with children in care. Davidson et al. (2012) also reported descriptive statistics regarding the average caseload in mental health services (37) and child care services (13). As previously mentioned, two studies employed inferential statistics (Darlington et al., 2004; Garstka et al., 2014). Darlington et al. (2004) found that a greater level of difficulty in collaboration was reported for cases involving high levels of uncertainty (50.6%) than for cases involving lower levels of uncertainty (38.2%). However, this difference was not statistically significant (p = 0.088). Garstka et al. (2014) reported that there was a statistically significant difference between educators' and child welfare workers' perceptions of whether five out of 15 factors acted as barriers to the educational progress of children in care (all values were p <0.01). These five factors included lack of the child's involvement in educational

planning, court orders, transfer credits between schools, poor information sharing between professionals and lack of information sharing regarding the child's needs. Garstka et al. (2014) identified that relying on use of self-report measures as the primary data collection method may mean that findings are not generalisable. Therefore, a lower score was assigned to this criterion in data interpretation for WoE A.

2.7.1.4.4 Reflexivity. According to Henwood and Pidgeon (1992), the role of researcher should be revealed in the documentation of qualitative studies. Additionally, their values should be labelled and discussed through keeping a "reflexive journal" (Henwood & Pidgeon, 1992, p. 106). The majority of studies included within this review did not explicitly discuss researchers' values and ideological perspectives or reflect on how these may bias findings. Nonetheless, Davidson et al. (2012) did acknowledge that participants may have been subject to desirability bias when providing responses as the evaluation team had also been involved in implementing the initiative. Procedures were implemented to minimise potential effects as two researchers, who were blind to the initiative, conducted data analyses. Similarly, Janssens et al. (2010) reported that the moderator of focus groups was not a member of the research team to prevent bias. Accordingly, Janssens et al. (2010) received a higher weighting for reflexivity in WoE A.

2.7.1.4.5 Negative case analysis. Guba and Lincoln (1989) argue that when a reasonable number of cases fit the data, conducting negative case analysis affords the researcher the opportunity to develop a greater sense of confidence in the proposed hypothesis. During the process of analysing negative cases, initial assumptions and categories may be challenged and consequently emerging theory may be adapted or expanded where necessary (Henwood & Pidgeon, 1992). Despite this clear rationale for actively seeking participation of potentially divergent cases, no studies actively sought to include the perceptions of negative cases to add to more rich, in-depth and

contextually grounded theory. Acri et al. (2014) noted that a limitation of their research was that participating family support organisation directors were a homogenous group and as a result, their views may not reflect the wider cohort of professionals within family support services. Similarly, Davidson et al. (2012) did not seek feedback from other team members at follow-up, and instead only gained the views of champions and team leaders. While some studies did gain the views of a variety of stakeholders (e.g. Farrell et al, 2006; Harker et al., 2004; Lee et al., 2015; McLean, 2012; Timonen-Kallio et al., 2017; Ziviani et al., 2013), it is unclear as to whether such stakeholders were from varying backgrounds and as a result may have held different viewpoints. Therefore, higher weightings for *negative case analysis* could not be attributed for such studies in WoE A.

2.7.1.4.6 Transferability. Transferability is the qualitative parallel to external validity in terms of enabling generalisation of findings to other contexts which are similar to the context in which the findings first emerged (Guba & Lincoln, 1989). Hence, it is essential that a detailed description of contextual features of the data is provided. In spite of this, the extent to which researchers described the context(s) in which included studies were conducted varied greatly. Notably, Acri et al. (2014) identified a limitation of their research was a lack of descriptive information about the family support organisation and their ongoing relationship with mental health services. Therefore, this made it difficult to identify whether results obtained may be transferable to other family support and mental health settings. As a result, a lower weighting was attributed for this criterion within the area of *transferable conclusions* for WoE A.

2.8 Conclusions

This systematic review aimed to critique previous research which investigated multi-agency work to support children in care. It was recognised that multi-agency work

is a broad concept that can be used interchangeably with other terms including interagency, interprofessional, partnership or joint working (Atkinson et al., 2007). Although all studies under review received a medium to high weighting for overall WoE D, limitations regarding the methods adopted and the transferability of findings to an Irish context were noted. For instance, an inductive approach to data collection and analysis was employed within the majority of studies under review (e.g. Acri et al., 2014; Janssens et al., 2010). In doing so, however, most studies failed to outline the epistemological position of the researcher(s) (Henwood & Pidgeon, 1992). Alternatively, the epistemological stance of the researcher is more transparent when a deductive approach is adopted (Braun & Clarke, 2006). For example, Norwich et al. (2010) adopted a deductive approach when classifying perceived reasons for tensions in multi-agency work as falling within either of the following categories: control issues, expertise issues or role issues. However, it is argued that adopting a two-stage approach to data analysis, comprising inductive and deductive analyses, provides greater scope for findings obtained to reflect the raw data while also ensuring greater transparency regarding the epistemological stance of the researcher (Bryman, 2012).

Studies under review predominantly gained the perspectives of social workers, family support workers, foster parents and mental health workers (e.g. Darlington et al., 2004, McLean, 2012). However, the majority of studies did not focus specifically on the role of such professionals. Instead, their perceptions regarding facilitators and barriers to such work were obtained. Notably, Norwich et al. (2010) reported descriptive statistics regarding whether EPs working within school psychology services were a member of a multi-agency team related to supporting children in care. In addition, Farrell et al. (2006) found that EPs provide early intervention and sometimes take on a leadership role during multi-agency work concerning children in care. However, these findings pertained specifically to EPs working within school psychology services.

Due to the evolving role of the EP in Ireland (HSE, 2016a), exploration of the perspectives of psychologists working across a broad range of services is justified. This is particularly important given that children in care are more likely to be accessing a range of services (Darmody et al., 2013). Additionally, gaining the perspectives of allocated social workers is warranted for two reasons. Firstly, allocated social workers are instrumental to assisting professionals from different agencies to navigate the complexities of the Irish child care system (Gilligan, 2019). Secondly, allocated social workers elicit the voice of children in care when making decisions that impact on their lives (Brady et al., 2019). In addition, the focus of included studies did not elucidate factors that may influence how roles and responsibilities are shared between professionals. Instead, studies reported on whether there were tensions between professionals or whether there were significant differences between professionals' perspectives (Garstka et al., 2014; McLean, 2012; Timonen-Kallio et al., 2017).

Included studies reported primarily on facilitators and constraints to engaging in multi-agency work to support children in care. Amongst the perceived facilitators were effective communication, development of professional knowledge, allocation of additional resources and adopting use of a shared conceptual framework (e.g., Darlington & Feeney, 2008; Timonen-Kallio et al., 2017). While gaining an insight into factors which facilitate or constrain engaging in multi-agency work within other jurisdictions is useful, Coulter (2015) highlights that caution should be taken when applying the findings of such research to an Irish context. This may prove particularly problematic as many of the legislative and political frameworks that are adopted within Ireland are distinct from other jurisdictions (Coulter, 2015). Janssens et al. (2010) highlight the importance of adopting bottom-up processes to bring about increased collaboration between agencies. This may be achieved through involving stakeholders in the developmental process (Janssens et al., 2010). This was further emphasised

within the Better Outcomes, Brighter Futures policy framework (DCYA, 2014), in terms of recognising that affording professionals the opportunity to voice their perspectives may contribute to improvements in processes, systems and decision-making (DCYA, 2014).

In summary, exploration of the evolving role of the EP when engaging in multi-agency work to support children in care is warranted (HSE, 2016a). In addition, gaining the perspectives of social workers is warranted to inform the evolving role of the EP as they are key professionals within the Irish child care system and elicit the voice of the children in care (Gilligan, 2019; Tusla, 2019b). Furthermore, exploration of factors which influence how roles and responsibilities are shared between professionals as well as examining facilitating and constraining factors specific to an Irish context is necessary as legislation and policies adopted within Ireland are distinct from other jurisdictions (Coulter, 2015).

3.0 Empirical Paper

This chapter follows the traditional format of a research article in terms of including introduction, methodology, results and discussion sections. Further detail is provided within the appendices, where necessary.

3.1 Introduction

Research highlights that children in care are at a significantly greater risk of experiencing behavioural, social, emotional and/or learning difficulties than the majority of the population (Rees, 2013; Rocco-Briggs, 2008). As a result, children in care are more likely to be accessing a range of services across health, community, social care and education sectors (Soan, 2006). It is therefore critical for services to engage in multi-agency work to provide supports that are complementary in nature for this vulnerable cohort (Atkinson et al., 2007). The concept of multi-agency work involves professionals from more than one agency working together to support CYP's needs (Cheminais, 2009). This may comprise informally sharing information at one end of the continuum to collaborating in a coordinated way to achieve shared objectives at the opposite end (Percy-Smith, 2005). The term multi-agency work is used interchangeably in the literature with interagency, interprofessional collaboration, joint working and partnership (Atkinson et al., 2007).

3.1.1 Irish context of multi-agency work to support children in care. Data from the CFA highlighted that there were 5,985 children in the care of the Irish State at the end of December 2019 (Tusla, 2019a). Specifically, 7% of children in care were in residential care settings and 91% were in general foster placements or in kinship care with their relatives (Tusla, 2019a).

Key legislation regarding children in care within an Irish context includes the Child Care Act (GOI, 1991), as well as its subsequent amendments (e.g. Child Care Amendment Act, GOI, 2015). However, the Child Care Act (GOI, 1991) is superseded by the Constitution (GOI, 1937), which stipulates that the child's biological family has a right to "fair procedure" (Coulter, 2015, p. 3). Contrastingly, no constitutional protection for the family exists within other jurisdictions, such as England and Wales (Coulter, 2015). Therefore, this reduces the generalisability of research conducted within other jurisdictions to an Irish context. Additional Irish legislation that may be adopted across services to support the needs of children in care includes the Health Act (GOI, 2007), the Disability Act (GOI, 2005), the Education Act (GOI, 1998), the Education (Welfare) Act (GOI, 2000) and the EPSEN Act (GOI, 2004). Professionals working across social care, health and/or education services may be informed to a greater or lesser extent by the aforementioned legislation during multi-agency work to support children in care (Coulter, 2015). However, whether such legislation supports or constrains multi-agency work has not been investigated within an Irish context.

Better Outcomes, Brighter Futures (DCYA, 2014) is the national policy framework for all CYP in Ireland and is therefore applicable across all services involved in supporting children in care. Outcomes for CYP outlined within the framework include 'being active and healthy', 'achieving one's full potential in all areas of learning and development', 'being safe and protected from harm', 'having economic security and opportunity' and 'being connected, respected and contributing members of society' (DCYA, 2014, p. 4). Notably, these outcomes reflect those outlined within Every Child Matters policy framework adopted in the UK (DfES, 2004). Amongst six transformational goals to enable CYP to achieve these outcomes includes multi-agency work between professionals (DCYA, 2014). Additionally, multi-agency work between schools and a range of services has been outlined as a key factor in promoting the

mental health and wellbeing of students within the Wellbeing Guidelines for Irish primary and post-primary schools (DES, HSE, & DOH, 2013, 2015). Furthermore, a joint working protocol has been devised between Tusla and the HSE to promote collaboration between both services (HSE & Tusla, 2017). However, the degree to whether the recommendations outlined within such policies or protocols are enacted in practice is not clear. Furthermore, it is argued within the Better Outcomes Brighter Futures policy document that gaining the perspectives of professionals who undertake multi-agency work is warranted to bring about improvements to decision-making, processes and systems (DCYA, 2014).

Prior to the establishment of the CFA, social care services for children in care were provided by the Health Boards and the HSE (HSE, 2007). Statutory responsibility for children in care was subsequently transferred to the CFA in January 2014, under the auspices of the DCYA (Tusla, 2019b). As the CFA is now a separate agency to the HSE, it is likely that increased multi-agency work between both agencies is required to support the needs of children in care (Tusla, 2019b). Moreover, the likelihood that children in care receive direct support from psychologists or counsellors employed by the CFA is limited as a low number of such professionals ($N = 28.59$) are currently employed by the agency nationwide (Tusla, 2019b). Consequently, increased multi-agency work between allocated social workers and psychologists working across other agencies may be required to support the psychological needs of children in care (Rees, 2013; Rocco-Briggs, 2008).

Since 2016, EPs are now eligible to work across a broad range of services that provide psychological support to children in care (HSE, 2016a). Such services include CAMHS, primary care, disability, and school psychology services (HSE, 2016a). School psychology and primary care psychology services are generally unidisciplinary, whereas disability and CAMHS services incorporate multidisciplinary teams (HSE,

2015, 2016a). Professionals trained in a variety of disciplines, such as speech and language therapy, occupational therapy, physiotherapy, and psychiatry, play an important role in multidisciplinary teams (McElvaney & Tatlow-Golden, 2016). In such teams, psychologists present as key professionals in supporting the social, emotional, behavioural and/or learning needs of children in care (McElvaney & Tatlow-Golden, 2016). Furthermore, allocated social workers, employed by the CFA, are considered key agents in assisting professionals from different agencies to navigate the complexities of the Irish child care system and also elicit the voice of children in care (Gilligan, 2019; Tusla, 2019b).

In order to support the psychological needs of children in care, professionals may adopt a range of theoretical perspectives. The most pertinent theories cited in the literature include attachment theory (Bowlby, 1969, 1973, 1980), resilience theory (Rutter, 1987, 1999) and ecological systems theory (Bronfenbrenner, 1979). Attachment theory (Bowlby, 1969, 1973, 1980) posits that children develop a secure or insecure attachment style based on their early relationships with their primary caregivers (BPS, 2007; Geddes, 2006). Atwool (2006) argues that children who enter the care system are at higher risk of displaying an insecure attachment style. Nonetheless, Stovall and Dozier (2000) found that it is possible for children in care to develop a stable attachment pattern with their foster carers. Programmes that aim to support the development of stable attachment patterns include Theraplay, DDP, Circle of Security or Attachment Aware Schools Programmes (NICE, 2015). Moreover, if participation in such programmes does not lead to improvements in the parents' sensitivity or the child's attachment, a multi-agency review between involved services is recommended (NICE, 2015). However, whether professionals adopt attachment theory as a conceptual lens during such multi-agency work is not known.

Whilst there is no universal definition for resilience, it is defined by Rutter (1999, p. 120) as pertaining to “relative resistance to psychosocial risk experiences”. Atwool (2006) argues that the quality of an individual’s attachment influences the development of important areas associated with resilience, such as an individual’s sense of competence or esteem or whether they have access to emotional support from a trusted adult or peer (Atwool, 2006). Having a comprehensive understanding of resilience processes can support the development of targeted interventions for children in care and consequently engender “turning points” in their lives (Rutter, 1999, as cited in Schofield, 2001, p. 7). Accordingly, it is necessary to investigate whether professionals adopt resilience theory as a conceptual lens during multi-agency work to support children in care.

Bronfenbrenner’s Ecological Systems framework (1979), shown in Figure 4, has been adapted for children in care. Specifically, it incorporates two intertwined systems at the microsystem level comprising the child’s biological family and foster family (Roarty et al., 2018). Professionals working across a range of services within the exosystem may be involved in supporting children in care and their families (Roarty et al., 2018). Additionally, multi-agency work between professionals may be impacted by the policy initiatives, legislation and wider societal attitudes towards children in care at the macrosystem level (Roarty et al., 2018). Furthermore, changes in multi-agency work over time may also impact on outcomes for children in care (Bronfenbrenner & Morris, 2006). As a result, it is necessary to examine how such work has changed over time to delineate whether changes have acted as facilitators or barriers.

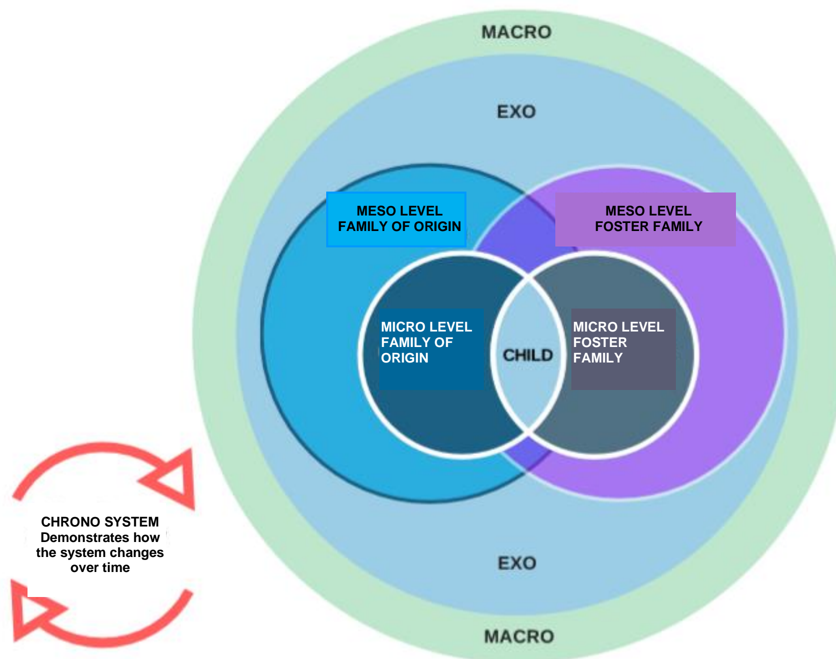

Figure 4. Ecological systems theory, as shown in Roarty et al. (2018, p. 20).

3.1.2 Previous research on multi-agency work to support children in care.

Although multi-agency work has been highlighted as a transformational goal within policy in Ireland (DCYA, 2014), a lack of research has focused on multi-agency work to support children in care within an Irish context. Previous research conducted internationally has highlighted the challenges involved in multi-agency work (Atkinson et al., 2007; Sloper, 2004). Nonetheless, Shea (2015) argued that social workers who provide attachment-based support to children in care require further engagement in multi-agency work with other professionals. Furthermore, Ashton and Roberts (2006) found that SENCos and EPs value multi-agency work carried out by EPs. Additionally, five key themes emerged regarding the distinctive contribution of EPs to multi-agency teams in a study conducted by Gaskell and Leadbetter (2009) in the UK. Such themes included ‘use of psychology’, ‘developing a holistic view’, ‘interpersonal skills’, ‘evidence-based practice’ and ‘having experience of working in the education system’ (p. 104). In relation to the social worker’s role during multi-agency work, Ambrose-Miller and Ashcroft (2016) found that it comprises of 1) offering an alternative

perspective to the traditional medical model and 2) acting as advocates for clients' needs when working as part of health care teams. Additionally, findings indicated that flexibility surrounding the social worker's role allows for tasks that are not assigned to other personnel to be completed and for complex cases to be supported as required (Ambrose-Miller & Ashcroft, 2016). Notwithstanding the fact that such studies elucidated the role of EPs and social workers during multi-agency work, both studies did not focus specifically on multi-agency work to support children in care.

Few studies have focused on the role of EPs during multi-agency work to support children in care. Notably, Norwich et al. (2010) provided descriptive statistics regarding EPs involvement in multi-agency teams that support children in care. In addition, Farrell et al. (2006) found that EPs offer a distinct contribution to multi-agency work to support children in care in England and Wales, in terms of providing early intervention and taking the lead on some cases when working with other professionals. However, such findings pertained to EPs working in school psychology services alone and did not refer to EPs working across other services involved in supporting children in care. Moreover, such findings were subsidiary to the primary aims of investigation (Farrell et al., 2006). Amongst these aims included investigating how multi-agency work carried out by EPs impacted on the attainment of Every Child Matters Outcomes for all CYP.

In relation to the role of social workers during multi-agency work concerning children in care, Timonen-Kallio et al. (2017) found that social workers can mediate between involved services to support children in residential care in Finland. However, in spite of this, tensions between professionals were also reported, particularly regarding who was responsible for the care plans of CYP (Timonen-Kallio et al., 2017). Specifically, residential workers and mental health workers expressed that increased engagement of the child's key worker in the care plan meetings was desirable. Research

has also highlighted that professionals may not necessarily know the job responsibilities of other involved agencies (Janssens, et al., 2010). Notably, little is known about what factors influence how roles and responsibilities are shared between professionals during multi-agency work within an Irish context.

Previous research has found that several factors facilitate multi-agency work to support children in care. Specifically, these key factors include a) effective communication at an organisational and individual level (Darlington & Feeney, 2008; Davidson et al., 2012), b) development of professional knowledge and interprofessional skills (Darlington & Feeney, 2008; Timonen-Kallio et al., 2017), c) adoption of a common conceptual framework (Timonen-Kallio et al., 2017), d) strong leadership from a highly trained professional (Harker et al., 2004) and e) allocation of additional resources (Darlington & Feeney, 2008; Davidson et al., 2012). Conversely, McLean (2012) reported that 'differing knowledge and attitudes of stakeholders towards others' frameworks', 'issues surrounding allocation of resources', and 'negotiating power imbalances' all serve to constrain multi-agency work to support children in care.

Quantitative research findings emphasise the way in which professionals working across different sectors may hold differing perspectives, which may in turn act as a barrier to multi-agency work (McLean, 2012). For instance, Garstka et al. (2014) found that there was a statistically significant difference in the extent to which educators and child welfare workers perceived five out of fifteen factors as being barriers to educational progression of children in care. Furthermore, Darlington et al. (2004) reported that the proportion of cases involving difficulties in collaboration was somewhat greater for cases with high uncertainty (50.6%) than those with lower levels of uncertainty (38.2%). However, the difference was not statistically significant. While previous research has delineated facilitators and barriers to multi-agency work to support children in care, Coulter (2015) argues that such findings are not necessarily

transferable to an Irish context. Reasons for this include that legislation, policies and service provision for children in care in Ireland are different from other jurisdictions.

3.1.3 Rationale for the current study. Despite the focus placed on engagement in multi-agency work within Irish policy (DCYA, 2014), a lack of research has focused specifically on multi-agency work to support children in care within an Irish context (Brady, 2017). Therefore, this provides an overall rationale for the current study. Moreover, a number of specific aims of this research were informed by gaps in previous research and the current political and legislative context in Ireland. Firstly, the current research aimed to inform the evolving role of the EP when engaging in multi-agency work to support children in care, in light of changes to EPs' eligibility to work across a broad range of services since 2016 (HSE, 2016a). In doing so, the perspectives of psychologists working across a broad range of services were obtained. Secondly, the role of the social worker was investigated as they are key agents within the Irish child care system and also elicit the voice of children in care (Gilligan, 2019; Tusla, 2019b). Accordingly, the primary aim of delineating the social worker's role was to inform the evolving role of the EP. Thirdly, the research sought to investigate factors which influence how roles are demarcated between professionals. Finally, facilitators and barriers specific to an Irish context (Coulter, 2015) were examined. The research questions comprised of the following:

- What do psychologists/social workers perceive is their professional role when engaging in multi-agency work to support children in care?
- What factors influence how roles and responsibilities are shared between professionals during multi-agency work to support children in care?
- What do psychologists/social workers perceive facilitates and constrains engaging in multi-agency work to support children in care?

3.2 Methodology

3.2.1 Research design and paradigm. In order to gain an in-depth insight into the selected research questions, a qualitative design was employed within the current research (Bryman, 2012). The research also adopted a social constructionist epistemological position (Burr, 2003). Social constructionism aligns with the interpretivist philosophy that individuals' thoughts and perceptions cannot explain reality in objective terms (Crotty, 1998). It also expands on social constructivism in terms of acknowledging that "development, responses and outcomes are a product of a complex system of interactions and transactions" between individuals (Kelly, 2017, p. 19). The current research assumed that knowledge was co-constructed between participants and the researcher through engagement in interactive dialogue (Ponterotto, 2005). Social constructionism is often criticised for not having a universal definition (Alvesson & Sköldberg, 2009). Therefore, the assumptions of social constructionism which were adopted by the current research are outlined in Table 6.

Table 6

Assumptions of Social Constructionism, adapted from Burr (2003, pp. 3-5)

Assumption	Description
A critical stance towards taken for-granted knowledge	Social constructionism posits that all individuals should question their assumptions about how they perceive the world to be.
Historical and cultural specificity	The categories and concepts we use to interpret the world are "historically and culturally specific and relative" (pp. 3-5).
Knowledge is sustained by social processes	Individuals' versions of knowledge are constructed and reconstructed through engaging in daily interactions with others.
Knowledge and social interaction go together	Constructions of the world "sustain some patterns of social action and exclude others" (p. 5).

3.2.2 Research framework. In recent times, activity theory has been increasingly utilised as a framework to explore concepts within education and psychology (Leadbetter, 2017). There are three generations of activity theory, including first, second and third generation. With specific focus on the current study, an overview of first- and second-generation activity theory will be provided (Leadbetter, 2017). First-generation activity theory, which was originally espoused by Vygotsky (1978), depicts human activity carried out by an individual subject as being mediated by tools or artefacts in order to achieve an outcome (Leadbetter, 2017). Tools or artefacts may be concrete, such as an assessment tool, or abstract, such as frameworks or models (Leadbetter, 2017). In addition, elements of the activity system, including the subject, object, outcome and tools, are referred to as nodes (Leadbetter, 2017). Such nodes are depicted in Figure 5.

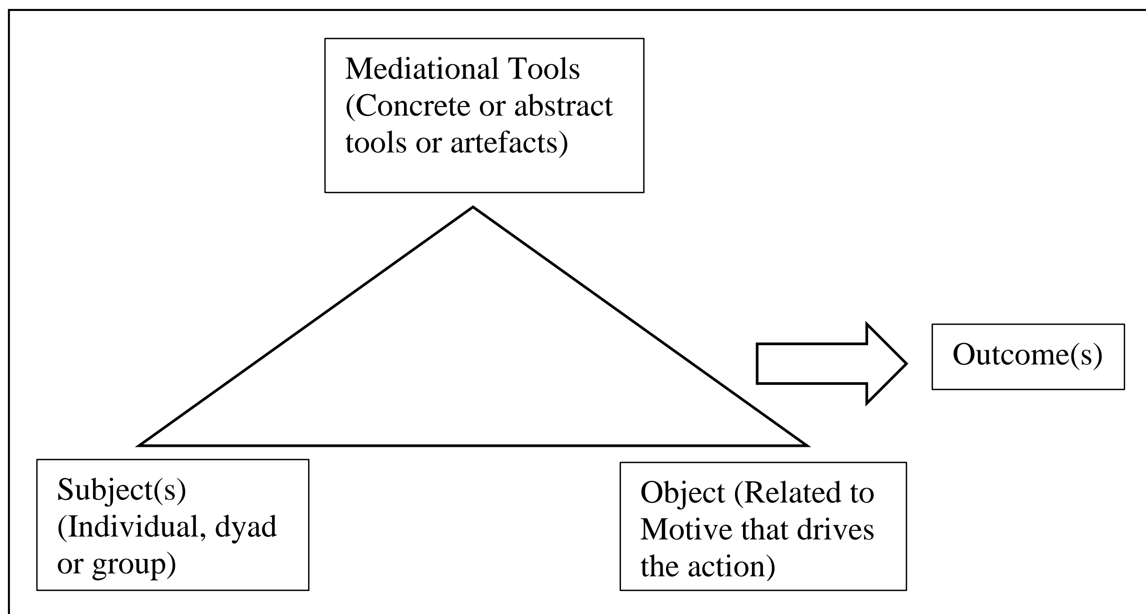

Figure 5. First-generation activity theory model (Daniels, 2001, p. 86).

While Engeström (1999a) agreed with Vygotsky's emphasis on the process of mediation, he criticised the way in which first-generation activity theory did not allow for consideration of the joint nature of activity, such that a range of other factors, including social, cultural and historical factors, are central to achieving an outcome

(Leadbetter, 2017). Therefore, Engeström (1999a) extended the activity system to include three additional nodes: rules, community and division of labour (Engeström, 1987). Rules refer to factors which facilitate or constrain the object of activity, such as multi-agency work (Leadbetter, 2017). The community includes all the individuals involved in the activity (Leadbetter, 2017). Division of labour refers to how those involved in the activity share roles and responsibilities between them (Leadbetter, 2017). The adapted activity system, known as second-generation activity theory, is depicted in Figure 6.

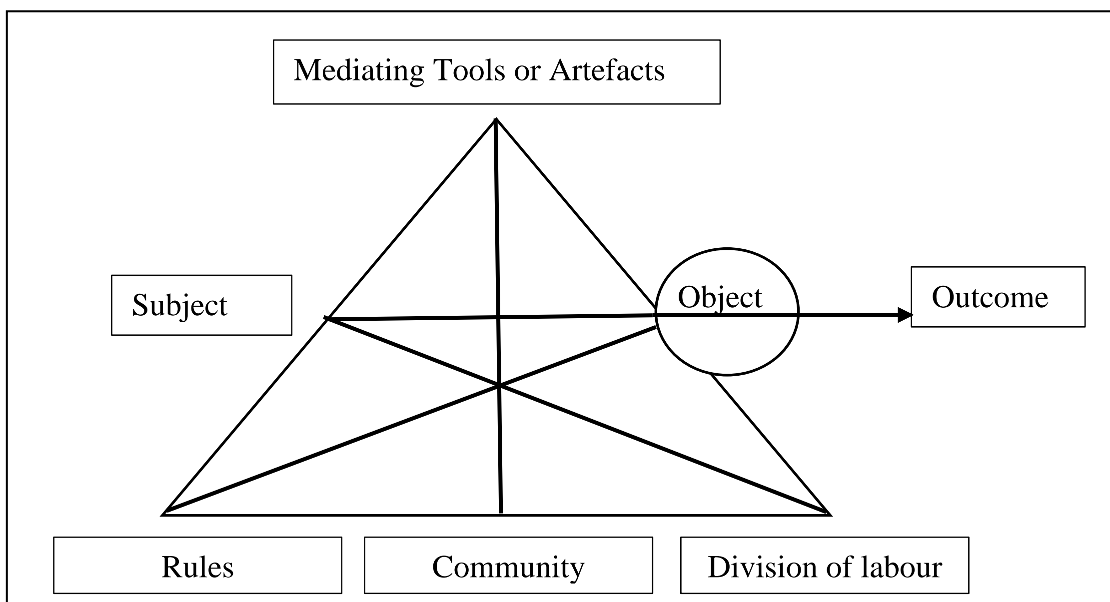

Figure 6. Second-generation activity theory model (Engeström, 1987, p. 87).

3.2.2.1 Key principles of activity theory. Five principles of activity theory, proposed by Engeström (1999c), and outlined in Leadbetter (2017, pp. 201-202), are presented within Table 7. Such principles are adopted within the current research. For example, in line with the second principle, the current research acknowledges that multiple stakeholders are involved within the child care system in Ireland and such stakeholders may hold differing perspectives and viewpoints (Gilligan, 2019; McElvaney & Tatlow-Golden, 2016).

Table 7

Principles of Activity Theory, adapted from Leadbetter (2017, pp. 201-202)

Principle	**Description**
Principle 1	The main concept of activity theory which is under analysis is “a collective, artefact mediated and object-oriented activity system” which is related to other activity systems (Daniels, 2001, p. 93).
Principle 2	Activity systems include the perspectives of multiple stakeholders with differing viewpoints and roles.
Principle 3	Exploration of historical factors pertaining to the activity system is important in order to bring about new understandings.
Principle 4	Contradictions, which includes sources of tension which ultimately may bring about change and development, are an essential element of activity theory.
Principle 5	The transformative capacity of activity theory to enable participants to reflect on established patterns of working and develop new objectives and practices was also highlighted by Engeström (1999b).

3.2.2.2 Contradictions. Leadbetter (2017) outlines that when activity theory is utilised as an analytic tool, it allows for the exploration of tensions or contradictions within an activity system (Leadbetter, 2017). Therefore, identification of contractions can facilitate learning and ultimately, bring about change (Leadbetter, 2017). Two different levels of contradictions, including primary and secondary contradictions, were explored within the current research. As shown in Table 8, primary contradictions occur within a node of the activity system(s) and secondary contradictions occur between the nodes of the activity system(s) (Edwards, 2017).

Table 8

Contradictions within and between Systems, adapted from Edwards (2017)

	Within One Activity System	Between Two Activity Systems
Primary Contradictions (Occur within one node)	For example, within the rules node of psychologists' activity system.	For instance, within the rules nodes of psychologists' and social workers' activity systems.
Secondary Contradictions (Occur between two nodes)	For example, between the subject and rules node of psychologists' activity system.	For instance, between the rules node of psychologists' activity system and the division of labour node of social workers' activity system.

3.2.2.1 Second-generation activity theory and the current research. A review of previous research shows the application of activity theory across a range of studies. Examples include adopting second-generation activity theory as an analytic framework to investigate cross-school partnerships. In particular, a range of partnerships have been explored including that between teachers and professionals within the creative arts (Daniels, Leadbetter, Soares, & MacNab, 2007a), between EPs and parents, with a specific focus on the role of the EP (C.A. Soan, 2012), and between teachers and EPs, focusing on how consultative conversations are mediated by artefacts (Leadbetter, 2004). All studies highlighted that adopting activity theory as a conceptual framework was advantageous as it highlights themes related to each of the nodes and also allows for exploration of contradictions within and between nodes (C.A. Soan, 2012).

Activity Theory has also been used as an organisational development approach to promote engagement in multi-agency working as part of the Learning in and for Interagency Working Project in England (Daniels et al., 2007b; Leadbetter et al., 2007; Leadbetter, 2008). Furthermore, Gaskell and Leadbetter (2009) adopted activity theory as a conceptual framework in order to compare EPs' roles as part of educational psychology services and multi-agency teams. In addition, Gaskell and Leadbetter

(2009) highlighted that activity theory affords consideration to the association between individual professionals and the organisation or service in which they work.

Second-generation activity theory was employed as an analytic tool within the current research for a variety of reasons. Firstly, the research questions specifically related to three nodes of activity theory including *subject, rules and division of labour* (Engeström, 1987). Secondly, it was envisioned that adoption of second-generation activity theory would allow for exploration of contradictions within and between activity systems (Leadbetter, 2017). Thirdly, it was aimed that identification of contradictions would lead to the development of recommendations for policy and practice (Greenhouse, 2013). A visual representation of the application of second-generation activity theory within the current study is presented in Figure 7, with reference to the research questions.

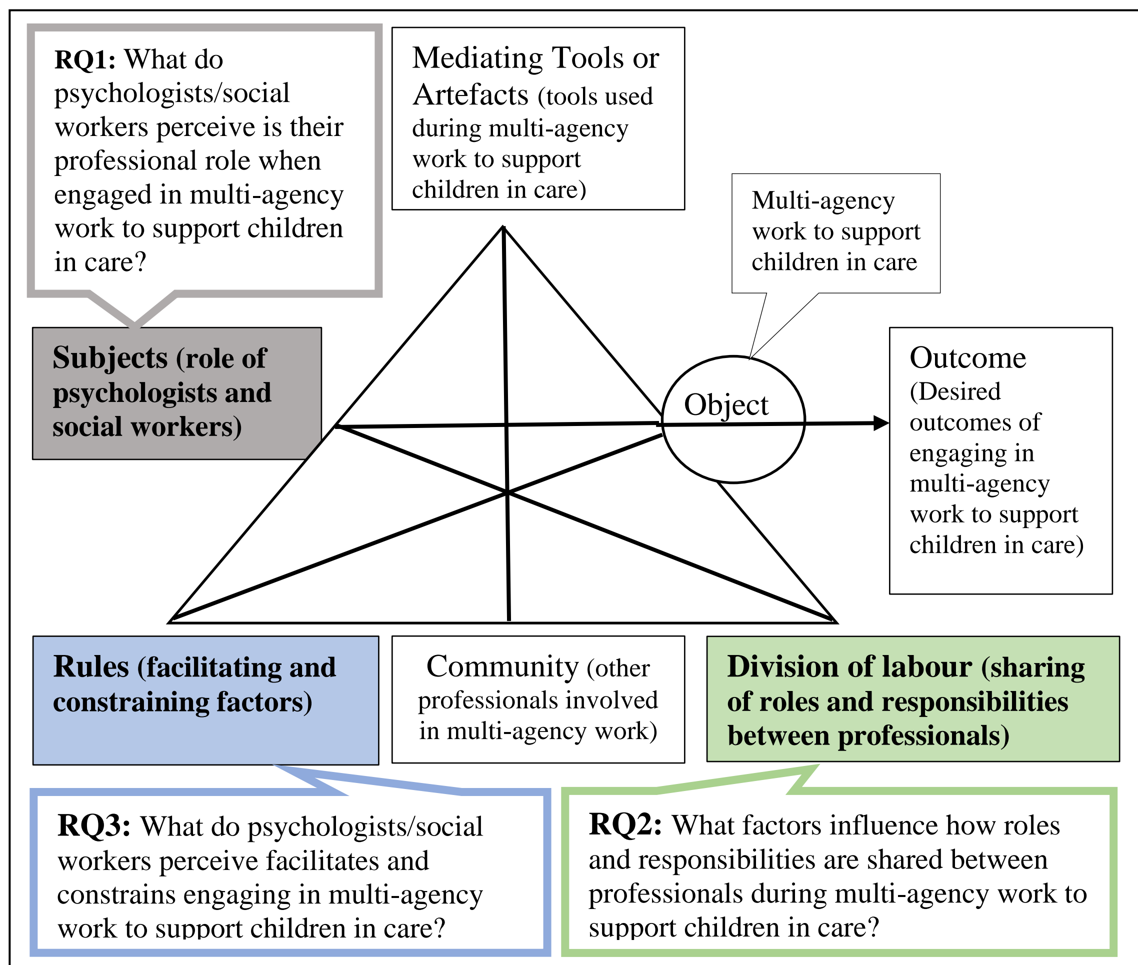

Figure 7. Activity theory model applied to the current research (Engeström, 1987).

3.2.3 Ethical considerations. Ethical approval was obtained from Mary Immaculate Research Ethics Committee (MIREC) prior to commencing data collection (see Appendix I). The current research adhered to the Data Protection Act (GOI, 2018) and the Psychological Society of Ireland Code of Ethics (Psychological Society of Ireland [PSI], 2010).

3.2.4 Participants. A total of 20 participants agreed to partake in the research study. These comprised of 15 psychologists and five social workers. As children in care may access psychological support from a broad range of services, a larger sample of psychologists was recruited (McElvaney & Tatlow-Golden, 2016). Specifically, psychologists spanned a range of work settings including CAMHS ($n = 2$), primary care ($n = 3$), disability services ($n = 5$) and school psychology services ($n = 5$), In contrast, all social workers were working within the Child and Family Agency ($n = 5$). Additional demographic information is provided in the results section.

3.2.4.1 Context and sampling. Non-probabilistic purposive sampling was utilised in order to recruit psychologists and social workers working in the South or West of Ireland (Bryman, 2012). A gold standard random sample was rejected as it was recognised that all professionals may not have direct experience of working with children in care (Cohen, Manion, & Morrison, 2011). Instead, purposive sampling was adopted so that participants would be in a position to provide in-depth insights into factors that may impact upon engagement in multi-agency work to support this cohort, based upon their prior experiences and expertise (Bryman, 2012; Robson, 2011). Furthermore, participants were recruited in the South or West of Ireland in order to ensure that the researcher would be in a position to conduct face-to-face interviews if preferable for participants (Robson, 2011). Psychologists who were eligible to participate met two predetermined inclusion criteria, including 1) being fully qualified psychologists working in primary care, CAMHS, school psychology or disability

services in the South or West of Ireland and 2) having experience of engaging in multi-agency work with other professional(s) to support a child or children in care. Social Workers who were eligible to participate also met two predetermined inclusion criteria, including, 1) being fully qualified social workers working in the CFA in the South or West of the country, and 2) having experience of engaging in multi-agency work with other professional(s) to support a child or children in care.

3.2.4.2 Recruitment of participants. In order to recruit participants, the researcher emailed the managers of services in the South or West of Ireland, whose email addresses were publicly accessible. This email provided an overview of the research project and requested for service managers to disseminate an attached invitation email and background information letter to psychologists and/or social workers within their service. Where individual psychologists/social workers email addresses were accessible, such professionals were also invited to participate. If psychologists or social workers consented to participate, the researcher clarified whether they met the aforementioned inclusion criteria. If so, data collection was scheduled to take place at a date, time and location that suited individual participants. While face-to-face interviews were preferable, telephone interviews were also employed if preferable for participants (Carr & Worth, 2001).

3.2.5 Data collection procedure. During data collection, participants firstly read the information sheet and signed the consent form (see Appendices J and K respectively). The researcher reminded participants that their participation was voluntary and that they could withdraw from the study at any stage. Thereafter, participants completed a demographic questionnaire (see Appendices L and M). Finally, semi-structured interviews were conducted with individual participants (see Appendices N and O). At the end of the interview, participants were thanked for their participation and assured that the information that they had provided would remain anonymous.

3.2.6 Data collection methods. The following data collection methods were employed within the current research, including a demographic questionnaire and semi-structured interview schedule (Bryman, 2012).

3.2.6.1 Demographic questionnaire. A demographic questionnaire, containing multiple-choice questions, was given to participants to complete (see Appendices L and M). Questions were adapted from previous research, in light of the focus of the current study (Norwich et al., 2010; Osborne, Norgate & Traill, 2009). Specifically, questions pertained to professionals' qualification levels, years' experience, role within their service and experience of engaging in research or training relevant to supporting children in care.

3.2.6.2 Semi-structured interviews. Data was collected from participants using semi-structured interviews. Questions within the interview schedule (see Appendices N and O) were based upon the nodes of second-generation activity theory. As the current research aimed to gain an insight into participants' personal experiences and perceptions of multi-agency work, data was collected at a single point in time (Bryman, 2012). A total of 13 face-to-face interviews and seven telephone interviews were conducted (Carr & Worth, 2001). Interviews varied in length from 20 to 50 minutes; the mean time was 30 minutes 43 seconds (*SD* = 7 minutes 49 seconds). Interviews were audio-recorded using a dictaphone and transcribed verbatim (Bryman, 2012).

3.2.6.3 Validity and reliability of measures. In order to establish the truth value and credibility of the current study, the demographic questionnaire and semi-structured interview schedule were based on previous research in the area (Gaskell & Leadbetter, 2009; Norwich et al., 2010; Osborne et al., 2009). In addition, both measures were piloted with a private psychologist and social worker, both of whom had previous experience working within different services types (Bryman, 2012). Changes made to the interview schedule following the pilot included splitting the interview schedule into

two separate sections, re-ordering some questions to enhance flow, and phrasing some questions more sensitively, where required (Bryman, 2012). As an additional way of ensuring the truth value of the research, working definitions for ‘children in care’ and ‘multi-agency work’ were added to the start of the interview schedule (Bryman, 2012). Furthermore, a scripted introduction and question cues were included (Noble & Smith, 2015).

3.2.7 Data analysis. In line with previous research, a two-stage sequential approach to data analysis was employed (e.g. Krause, 2018). The initial inductive stage involved using an iterative six phase approach to thematic analysis, which is described further in Table 9 (Braun & Clarke, 2006). NVivo 12 software was employed to support this process. Guest, MacQueen and Namey (2012) argue that thematic analysis is amongst the most useful methods of qualitative analysis as it focuses upon both the explicit and underlying ideas within the data. Within the current study, psychologists' and social workers' data were coded separately. A sample of the initial coding and more detailed description of how the six phases of thematic analysis were conducted is presented in Appendix P. In order to reduce researcher bias, a sample of the data was also coded by an independent coder (Braun & Clarke, 2006). Where disparities arose between coder 1 and 2, these were discussed and amendments were made where necessary (Guest et al., 2012). Examples of final codes, subthemes and themes are provided in Appendix Q. In addition, thematic maps for themes related to the research questions are provided in Appendices R and S.

Table 9

The Six Phases of Thematic Analysis (Braun & Clarke, 2006, p. 87)

Phase No.	Phase Title	Phase Description
Phase 1:	Familiarisation with the data	Transcribing the data, checking for accuracy, re-reading through the data and writing down initial ideas.
Phase 2:	Generating initial codes	Developing initial codes systematically, for each individual within each activity system.
Phase 3:	Searching for themes	Organising codes into initial themes; gathering all data relevant to each potential theme.
Phase 4:	Reviewing themes	Reviewing initial themes and grouping themes into thematic maps relevant to the research questions.
Phase 5:	Defining and naming themes	Refining the definitions for themes and ensuring that a consistent account of the data is provided.
Phase 6:	Producing the report	Documenting of rich, descriptive extracts within the report.

Following the initial inductive phase, themes, subthemes and codes were deductively mapped onto the seven nodes of Activity Theory. As shown in the results section (Figures 8 and 9), two distinct activity systems were devised for themes derived from psychologists' and social workers' data (Leadbetter, 2017). While some themes from the inductive analysis mapped directly onto the activity theory framework, some inductive themes had to be subdivided. For example, when mapping the theme 'relationships are essential to multi-agency work' onto the *rules* node of activity theory, this was subdivided into its original subthemes. Specifically, the subtheme 'developing and maintaining positive working relationships' was classified as a facilitating factor, whereas the subtheme 'lack of relationship building or relationship breakdown' was classified as a constraining factor. Although it is argued that deductive analysis reduces the depth of data, the adoption of a two-phase approach to analysis served to ensure that a detailed description of the information relating to each node was maintained throughout (Braun & Clarke, 2006).

3.2.8 Researcher reflexivity. Alvesson & Sköldberg (2009) argue that engaging in critical reflection is a key aspect of qualitative research. It was acknowledged that the researcher was an active participant in the research process, yet the researcher's own thoughts, feelings and opinions were separate from participants' perspectives (Henwood & Pidgeon, 1992). Accordingly, the researcher recorded her decisions, thoughts, subjective views and feelings in a research journal during the research process (Braun & Clarke, 2006). This was undertaken to minimise potential bias and to establish transparency (Braun & Clarke, 2006). An extract from this journal is provided in Appendix T.

3.3 Research Findings

3.3.1 Demographics. Table 10 depicts demographic information yielded from completed questionnaires (*N* = 20). Findings showed that participants had varying levels of professional training and experience.

Table 10

Demographic Information for Participants

	Psychologists (Psy)	Social Workers (SW)
Gender:	1 male 14 females	1 male 4 females
Highest Education Level:	Prof Doctorate/ PHD (*n* = 6) Master's Degree (*n* = 7) Professional Diploma (*n* = 2)	Master's Degree (*n* = 4) Bachelor's Degree (*n* = 1)
Branch of Psychology/ CFA Team:	Educational & Child Psy (*n* = 7) Clinical Psy (*n* = 7) Counselling Psy (*n* = 1)	Children in Care Team (*n* = 5)
Current Role:	Senior Psy (*n* = 8) Basic Grade Psy (*n* = 7)	Senior SW (*n* = 2) Basic Grade SW (*n* = 3)
Time in Current Post:	1-5 years (*n* = 6) 6-10 years (*n* = 3) 11-15 years (*n* = 4) 15+ years (*n* = 2)	1-5 years (*n* = 3) 6-10 years (*n* = 0) 11-15 years (*n* = 1) 15+ years (*n* = 1)

A total of two participants reported that they had conducted research related to supporting children in care. Specifically, Psychologist 5 (Psy5) conducted research on attachment-aware schools as part of her work within school psychology services, while Psy13 completed an evaluation of the effectiveness of a therapeutic support group for foster parents within a primary care service. Half of the total sample (*n* = 10) reported that they had attended training and development workshops relevant to supporting children in care. The most common training and development programmes cited by psychologists included DDP (*n* = 4), the Circle of Security programme (*n* = 3) and Theraplay (*n* = 2). Notably, the majority of psychologists working in school psychology

or disability services reported that they had not received specific training related to children in care (n = 8). All social workers had attended workshops in the areas of attachment, trauma, and adverse childhood experiences. Social Worker 5 (SW5) reported that training in the PersonBrain Model™ (Baker, 2020) had influenced her work with children in care.

3.3.2 Qualitative results. An overview of the research findings for psychologists' and social workers' data is depicted on the activity theory framework in Figures 8 and 9 respectively. Activity theory nodes that relate specifically to the research questions, including the *subject, rules* and *division of labour* nodes, are shaded in both figures. Thereafter, these three nodes are explored in greater detail in Figures 10 to 18, with reference to themes, subthemes and underlying codes. Notably, when mapping inductive themes onto the activity theory framework, data was also mapped onto the *tools/artefacts, object, outcomes* and *community* nodes. However, as these findings do not specifically relate to the research questions, information pertaining to these nodes is provided in Appendix U. Finally, key contradictions within and between activity systems are outlined in Tables 11 to 14.

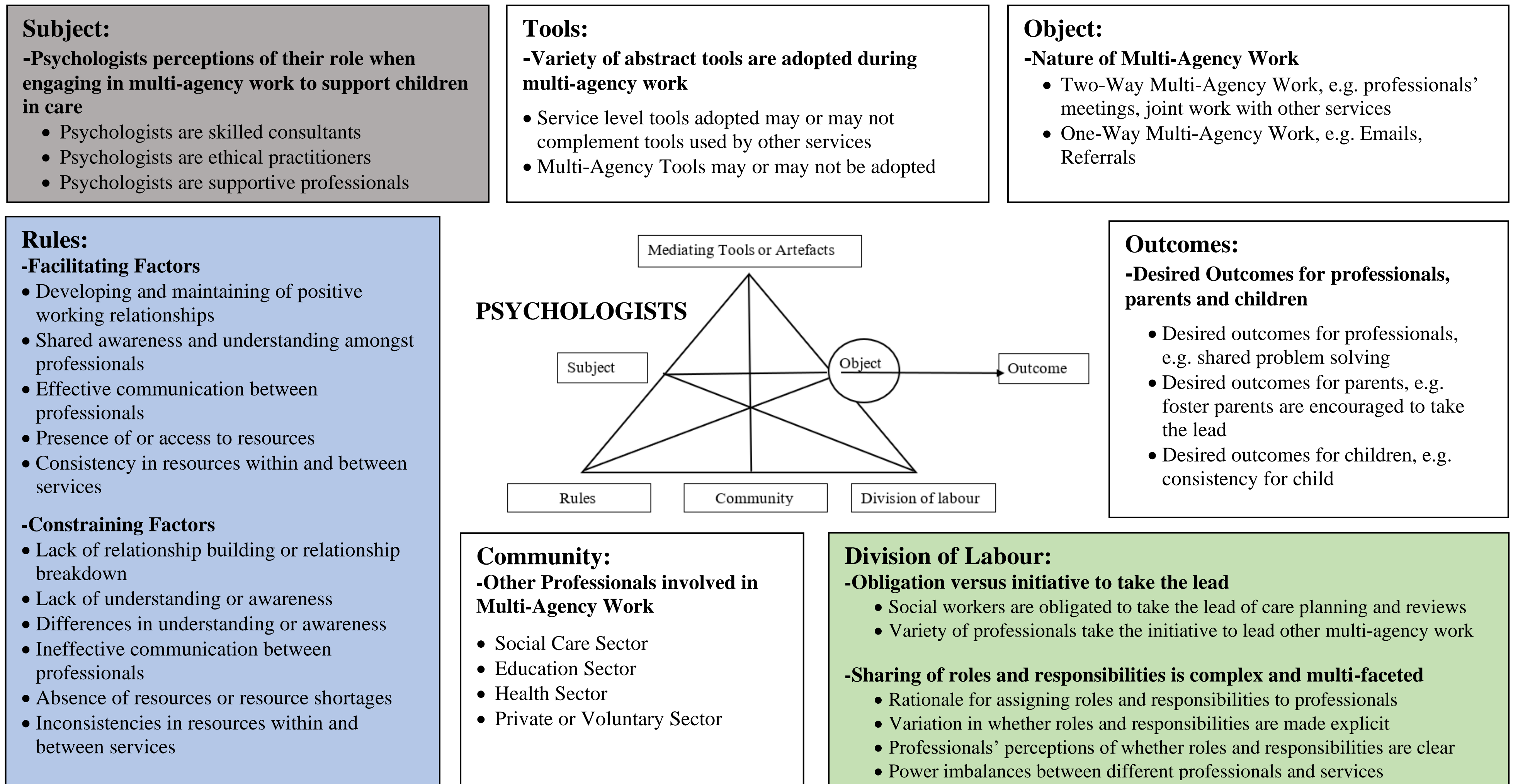

Figure 8. Activity system depicting psychologists' perceptions.

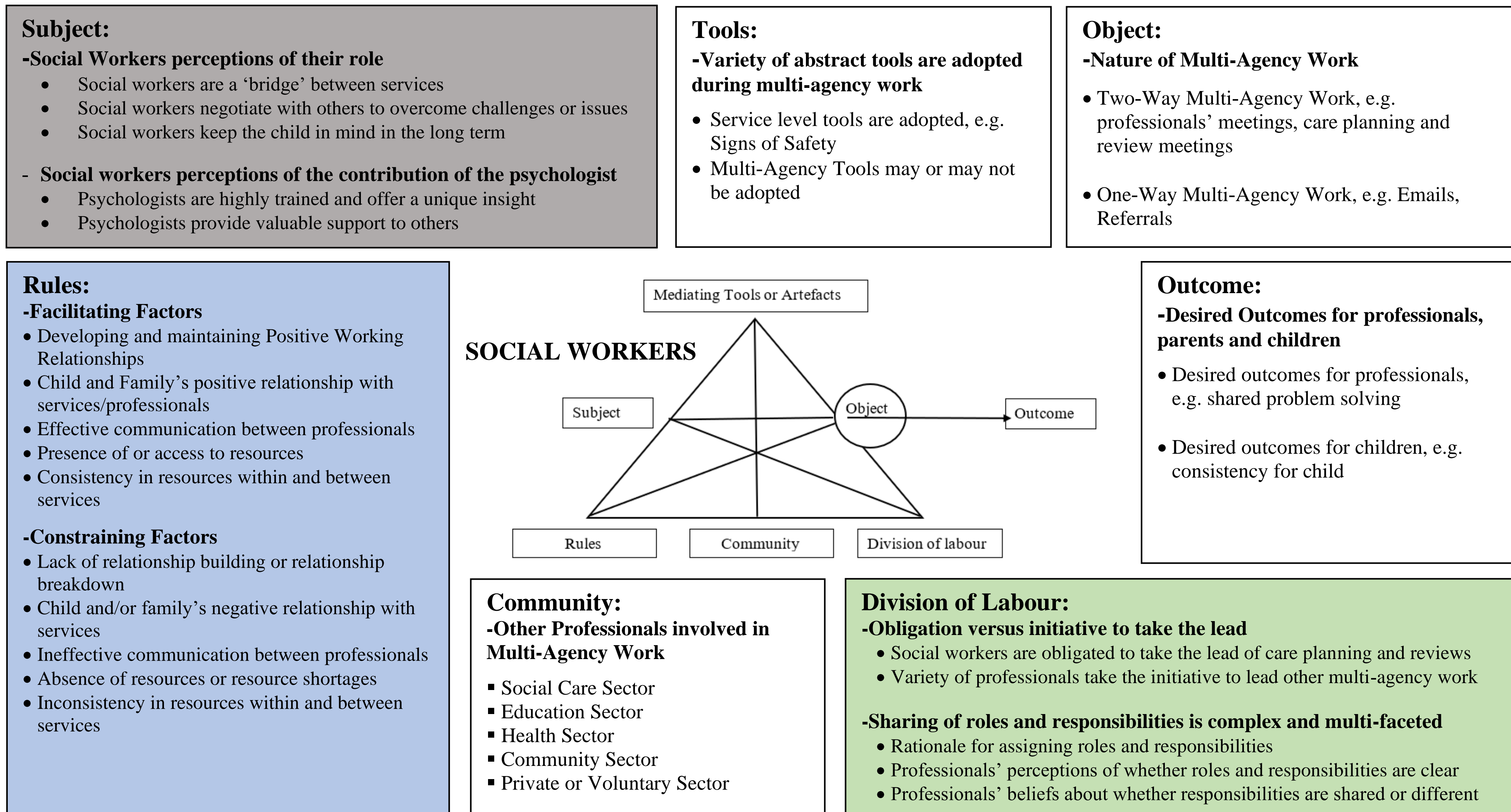

Figure 9. Activity system depicting social workers' perceptions.

3.3.3 Subject. Themes, subthemes and underlying codes for psychologists' and social workers' data are depicted separately in Figures 10, 11 and 12.

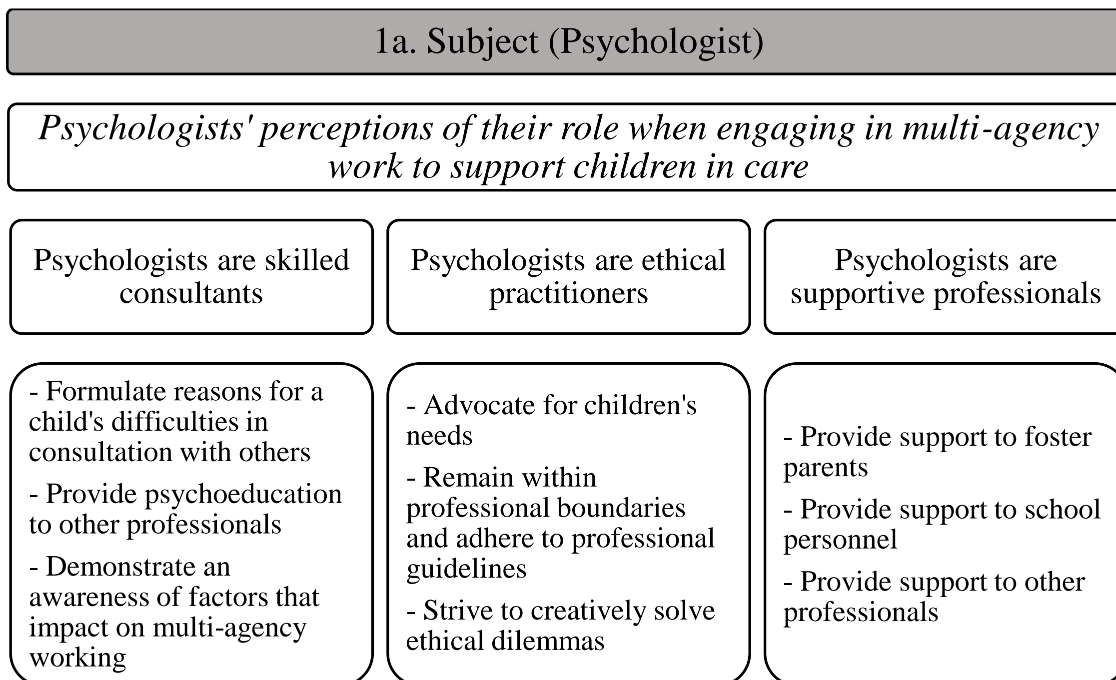

Figure 10. Subject node depicting psychologists' perceptions of their role.

3.3.3.1 Psychologists perceptions of their role. Three subthemes emerged regarding psychologists' perceptions of their role, including that they are *skilled consultants, ethical practitioners* and *supportive professionals.*

3.3.3.1.1 Psychologists are skilled consultants. Psychologists perceived themselves to adopt a range of consultative skills during multi-agency work concerning children in care. Such consultative skills, as perceived by psychologists, included "formulating and looking at what the struggles were for the child" (Psy13) and providing psychoeducation to other professionals. In addition, Psy12 emphasised how psychologists demonstrate an awareness of factors that may impact on multi-agency work, such as the "different perspectives that we all bring". Moreover, Psy12 suggested that the psychologist's role involves sharing these insights with other professionals "as a way of making sense of the challenges involved in the work".

3.3.3.1.2 Psychologists are ethical practitioners. Psychologists also perceived themselves to act as ethical practitioners during multi-agency work concerning children in care. In particular, several psychologists reported that their role involves remaining within professional and service boundaries and adhering to professional guidelines, such as the PSI Code of Ethics (PSI, 2010). For example, Psy9 stated “We have set criteria around our service here and what our service role is. That would dictate then whether we would accept that we are the agency to work with the child”. In contrast, some psychologists reported that their role involves striving to solve ethical dilemmas arising from service restrictions or legal rulings. Specifically, this may involve discussing how best to manage access visits with social workers in order to reduce the emotional impact on children in care. For instance, Psy11 indicated that “We have good relationships. We might have a discussion about it and we usually would find some way of compromising”.

3.3.3.1.3 Psychologists are supportive professionals. This subtheme encapsulates psychologists’ perceptions regarding their involvement in supporting a range of stakeholders during multi-agency work. Such stakeholders include foster parents, school personnel and other professionals. Psy10 highlighted that “supporting the foster parents to support the children in care is huge”. In addition, several psychologists outlined that they often are involved in supporting other professionals to understand and navigate complex systems. In this regard, Psy5 explained that she was involved in “helping the CAMHS side and the community psychology side liaise with or fight their way through the Department of Education bureaucracy because an SNA hadn’t been sanctioned [for a child in care] by the SENO”. This highlights that psychologists, working across different services, may support one another in the best interests of children in care.

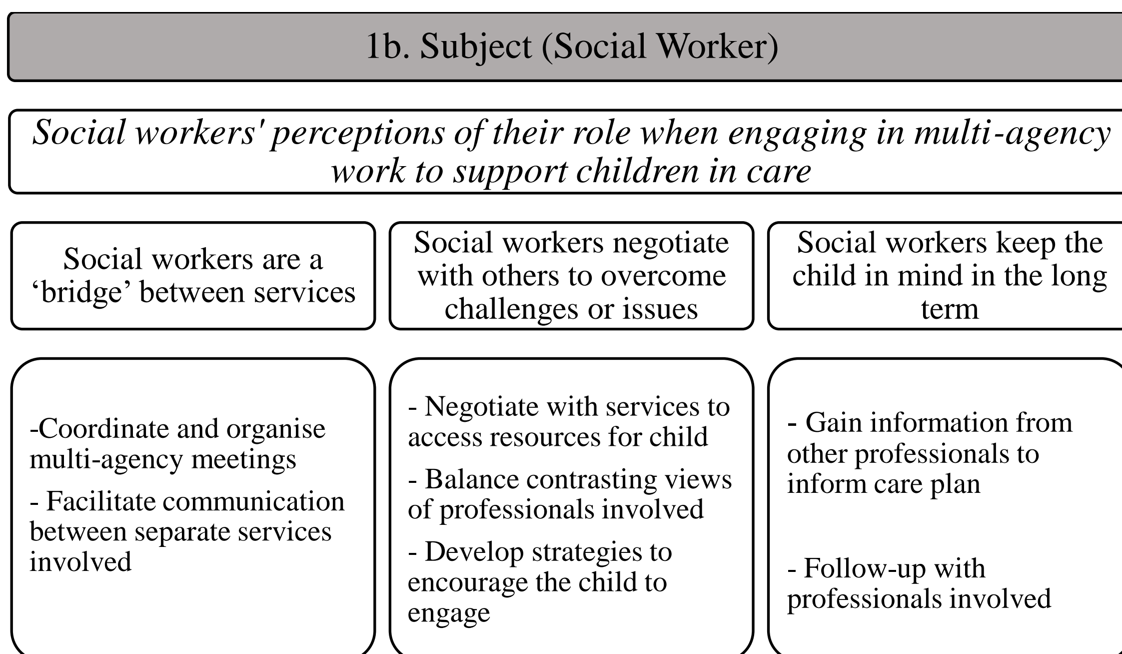

Figure 11. Subject node illustrating social workers' perceptions of their role.

3.3.3.2 Social workers' perceptions of their role. Subthemes relating to social workers' perceptions of their role include that they are a *'bridge' between services, negotiate with others to overcome challenges or issues* and *keep the child in mind in the long term.*

3.3.3.2.1 Social workers are a 'bridge' between services. Social workers highlighted that an important part of their role involves acting as a 'bridge' between services during multi-agency work to support children in care. This perceived element of their role applies to their involvement in "organising and co-ordinating, liaising with different team members on an individual basis and then co-ordinating professional meetings" (SW3).

3.3.3.2.2 Social workers negotiate with others to overcome challenges or issues. The majority of social workers reported that their role involves having to negotiate with others to overcome challenges or issues during multi-agency work. Specifically, social workers described negotiating with other services to access additional resources for children in care in terms of "seeing if they are capable or willing to take on that role" (SW2). Furthermore, when additional input for children in

care is acquired, social workers oftentimes have to develop strategies to encourage children and their families to engage with services.

3.3.3.2.3 Social workers keep the child in mind in the long term. Several social workers highlighted that their role involves ensuring that children in care are kept in mind by professionals in the long term. This is achieved through keeping "in contact with whatever agencies that are involved on an ongoing basis" to inform care planning and reviews (SW2). In addition, social workers "follow up" with professionals following multi-agency meetings to ascertain whether agreed actions have been carried out (SW1).

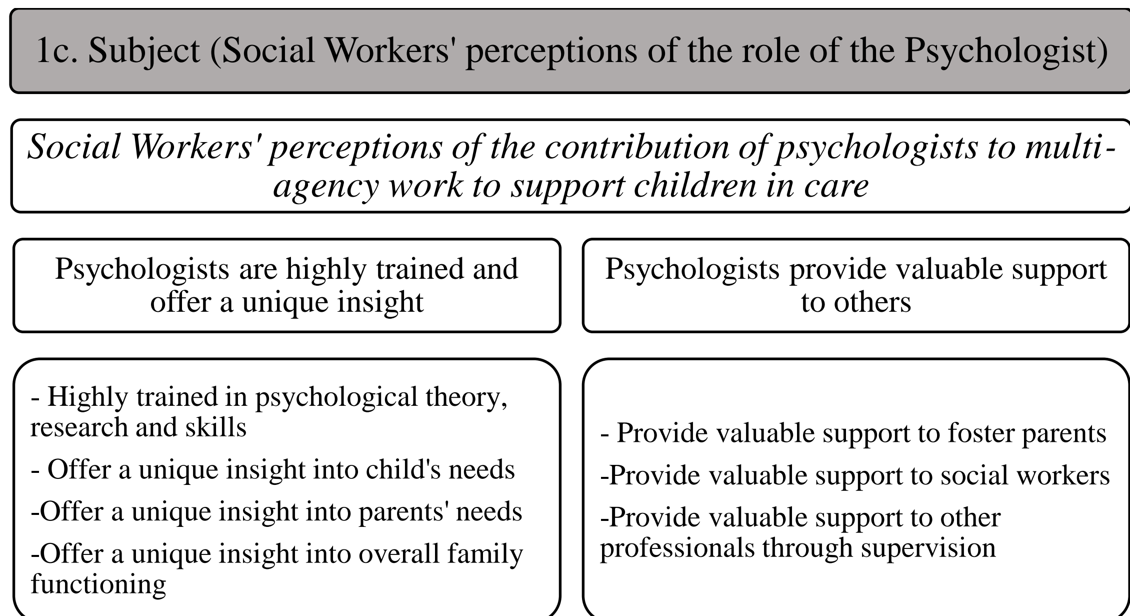

Figure 12. The psychologist's role, as perceived by SWs, depicted on the subject node.

3.3.3.3 Social workers' perceptions of the contribution of psychologists. Two subthemes emerged regarding social workers' perceptions of the contribution of psychologists to multi-agency work concerning children in care. These subthemes included that *psychologists are highly trained and offer a unique insight* and that they also *provide valuable support to others.*

3.3.3.3.1 Psychologists are highly trained and offer a unique insight. This subtheme regards social workers' view that psychologists are highly trained and apply psychological skills to "get a snapshot of a child" (SW5). In addition, social workers deemed psychologists to be skilled in offering a unique insight into the needs of children in care. For instance, SW2 highlighted that "sometimes you are leaning on psychology to give you a specific insight into how that child is seeing the world and the impact of what they have experienced and how it is going to impact on them going forward". In addition, social workers indicated that psychologists are skilled at providing an "overview holistically of the family functioning" (SW3).

3.3.3.3.2 Psychologists provide valuable support to others. Social workers regarded psychologists as offering valuable support to biological or foster parents in terms of "allaying their fears" (SW1). Moreover, SW3 outlined that psychologists provide support to other professionals involved in supporting children in care. For instance, SW3 reported that a psychologist who had previously been involved with the child in care's family was "engaged as a clinical supervisor to an external psychotherapist" directly supporting the child in care. Such findings indicate that although psychologists may not provide direct support to children in care, they do so indirectly through providing support to professionals and their biological or foster parents.

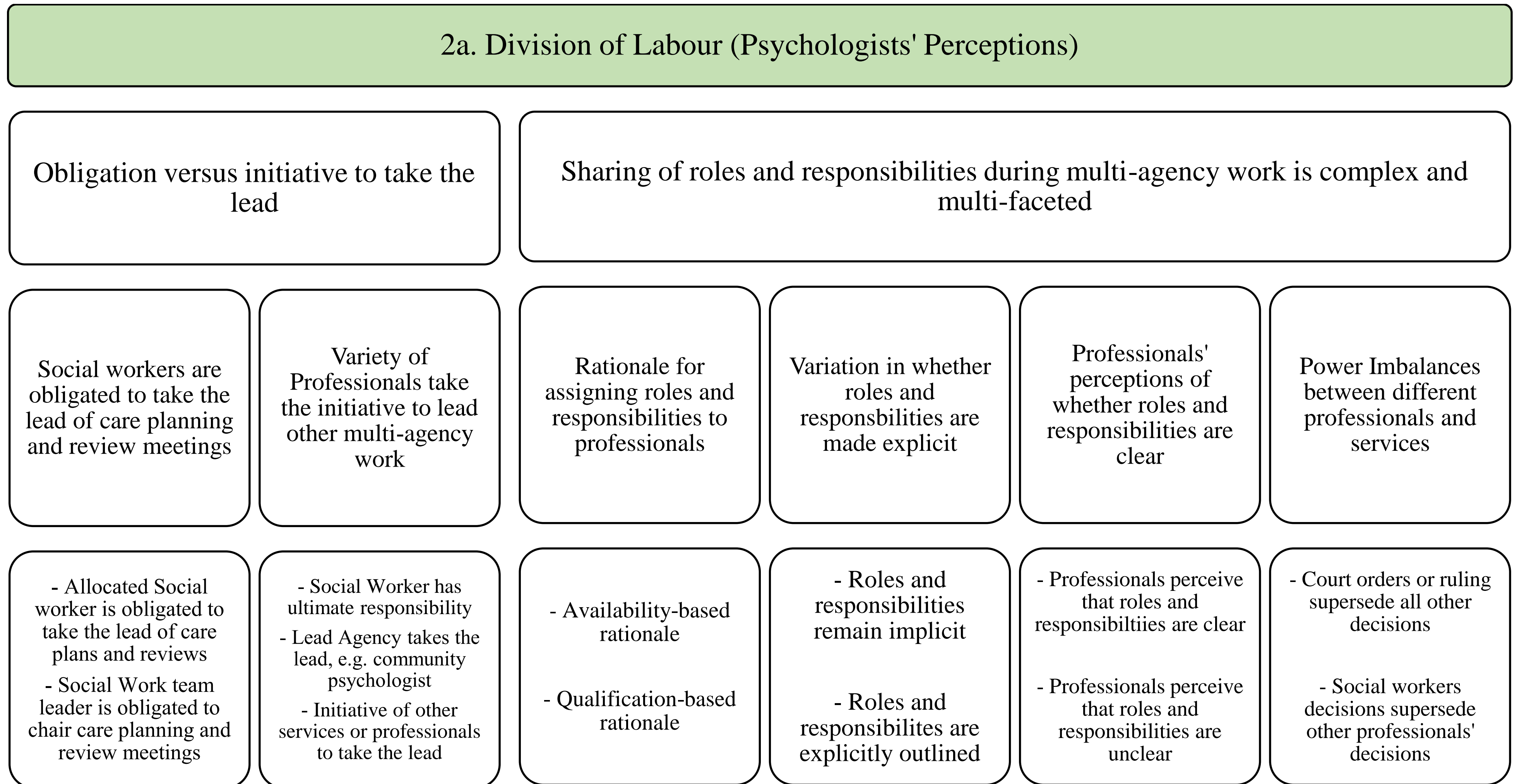

Figure 13. Division of labour node (psychologists' perceptions).

3.3.4 Division of labour (psychologists' perceptions). Two main themes, shown in Figure 13, were drawn from psychologists' data regarding role demarcation. These themes included *obligation versus initiative to take the lead* and *sharing of roles and responsibilities during multi-agency work is complex and multi-faceted.*

3.3.4.1 Obligation versus initiative to take the lead. This theme encapsulates psychologists' perceptions regarding social workers' obligation to take the lead of case planning and review meetings concerning children in care. Contrastingly, Psy14 highlighted that other professionals, such as psychologists, can "take the initiative" to lead other multi-agency work, suggesting that "generally it would be the social worker or the psychologist who would make contact". Nonetheless, psychologists perceived the allocated social worker to be the "key person" involved (Psy6).

3.3.4.2 Sharing of roles and responsibilities is complex and multi-faceted. Psychologists perceived a variety of factors to influence how roles and responsibilities are shared between professionals. Namely, some psychologists suggested that roles and responsibilities may not be made explicit if everyone is regarded to "know their own territory" (Psy6). However, Psy8 emphasised that the roles of some professionals are "counter to what I would have thought their role is". Therefore, this suggests that some professionals' roles may be more ambiguous than others perceive them to be.

Some psychologists highlighted that different rationales for assigning roles and responsibilities to professionals may be adopted. For instance, Psy5 reported that roles and responsibilities may be assigned due to "availability" and/or "expertise" of professionals. Psy5 also highlighted that "If the person who is contacting you is a psychologist and they are working on a team. If they say well ok my colleague X will do this and my colleague Y will do that, I'm not going to argue with that".

An additional factor which influences how roles and responsibilities are shared, as perceived by psychologists, included power imbalances between professionals. Psy11 indicated that “ultimately social workers make the decisions” and that psychologists “can only inform them and make our position known but if they decide to override it, they have the right to do that I think due to the legal implications”. Furthermore, Psy11 highlighted that “emotionally, it’s quite distressing work” and that professionals can “get burnt out for just being in the middle of such an un-functioning system” with children in care. Such findings illuminate the complexities and potential stress involved in sharing roles and responsibilities with other professionals in the child care system.

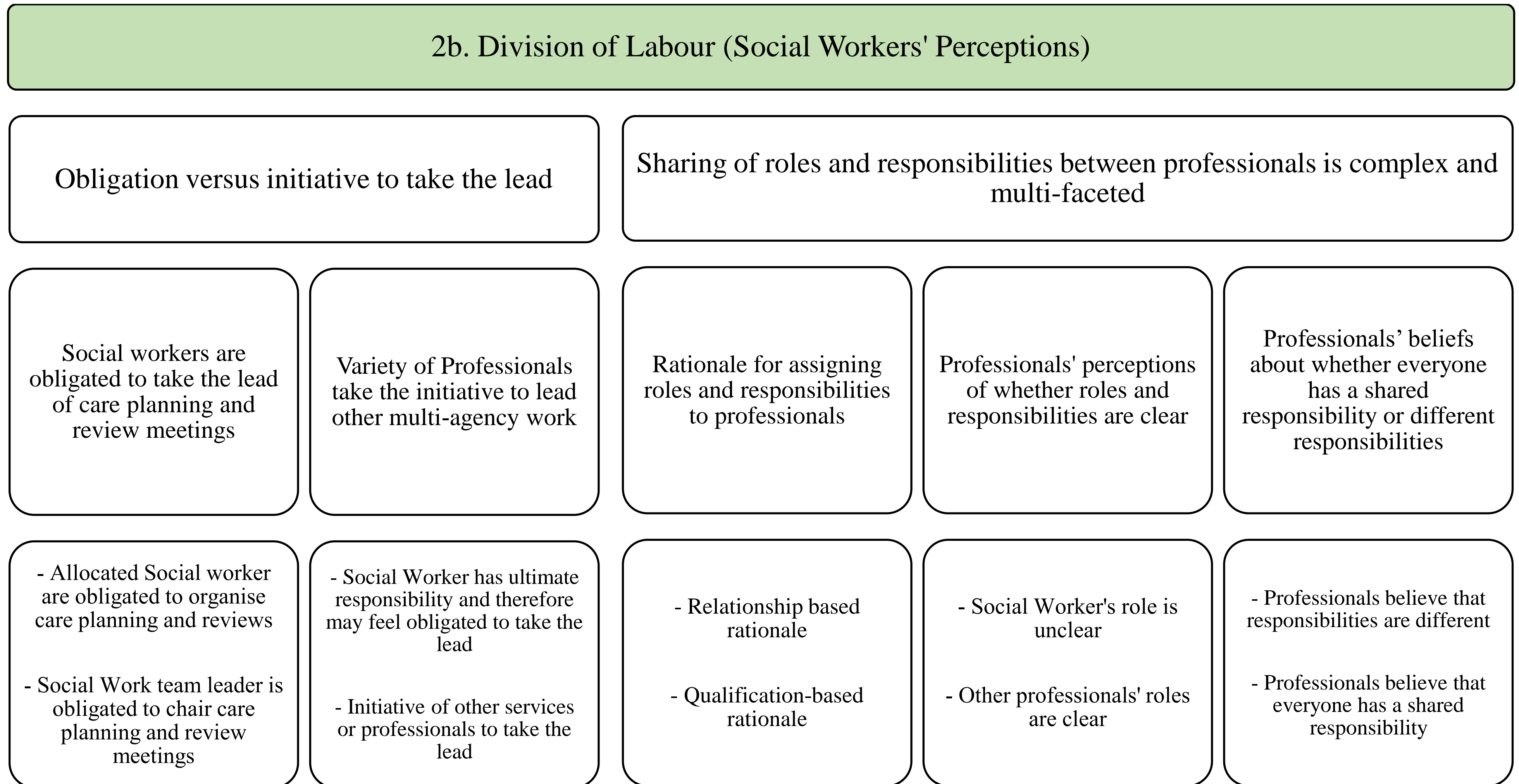

Figure 14. Division of labour node (social workers' perceptions).

3.3.5 Division of labour (social workers' perceptions). As shown in Figure 14, similar themes emerged for social workers in relation to their perceptions of factors which influence role demarcation. Despite this, there were nuanced differences regarding codes that were assigned to social workers' data than that of psychologists' data.

3.3.5.1 Obligation versus initiative to take the lead. This theme illustrates social workers' perceptions of being obligated to take the lead of care planning and review meetings as part of their statutory role. Specifically, SW2 stated, care planning meetings "are generally chaired by a team leader". Social workers also highlighted that other professionals can take the lead of other multi-agency work and that this is "not an issue" (SW1). Nonetheless, it can at times conflict with feelings of responsibility and duty towards a child in care and "can be a little bit where it should be our meeting" (SW1) due to the statutory nature of their role. SW1 also highlighted that it can be a "sensitive topic" to discuss with other professionals.

3.3.5.2 Sharing of roles and responsibilities is complex and multi-faceted. Social Workers also perceived a variety of factors to influence how roles and responsibilities are shared. Namely, SW1 highlighted that "child protection is everyone's responsibility" and that "the child is in the care of the state, not just in care of Tusla". Several social workers recognised that they work with "lots of professionals, who are of course are on the same level" (SW3). However, the fact that social workers are "fundamentally the case manager" (SW3) may pose problems to ensuring that everyone is "stepping up" to provide for the needs of a child in care (SW5).

Furthermore, some social workers indicated that the social worker's role may not be as clear as the role(s) of other professionals. Namely, SW1 outlined that "our role is very broad, in that we have to kind of coordinate the whole thing so if something isn't getting done, we do it". Additionally, SW1 highlighted that tasks carried out by social

workers “are probably never seen”. Notably, SW2 suggested that difficulties can arise from “other professionals’ misunderstanding of our role and the constraints we have to work within particularly with children in care”.

Some social workers indicated that different rationales for assigning roles and responsibilities may be adopted in different contexts. Moreover, roles and responsibilities may not necessarily be assigned based on a professional’s qualifications or “ability to carry out a specific duty” (SW2). Instead, roles may be assigned based on a professional’s relationship with the child in care, as outlined by SW3.

> It may not necessarily be the right job title …we often find if there is a member of staff or a particular professional who has a really good working relationship with the child then we will try to capitalise on that and harness that.

3a. Rules (Psychologists' Perceptions)

Facilitating Factors to engaging in Multi-Agency Work to Support Children in Care

Developing and maintaining of positive working relationships	Shared awareness and understanding amongst professionals	Effective communication between professionals	Presence of or access to Resources	Consistency in resources within and between services
- Commitment to engaging in multi-agency work - Appreciate other professionals' positions -Flexibility of Professionals - Openness to engaging in multi-agency work - Trust and mutual respect between professionals	- Awareness and understanding of child's individual needs - Awareness and understanding of the roles of different professionals - Awareness of attachment needs generally	- Clarifying information when necessary -Clarity of purpose and aims of meeting -Sharing and receiving of information	- Foster Parent or School level, e.g. foster parents are strong advocates for the child in care - Professional Level, e.g. previous experience, specialist supervision and training - Service Level, preventative work prior to entering care, strong leadership	- Continued involvement of professionals -Use of shared frameworks across services - Adoption of a strengths based approach across services

Figure 15. Rules node depicting psychologists’ perceptions (facilitating factors).

3a. Rules (Psychologists' Perceptions)

Constraining Factors to engaging in Multi-Agency Work to Support Children in Care

Lack of relationship building or relationship breakdown	Lack of Understanding or Awareness	Differences in Understanding or Awareness	Ineffective communication between professionals	Absence of Resources or Resource Shortages	Inconsistencies in Resources within and between services
-Lack of commitment to engage in multi-agency work - Lack of appreciation for other professionals' positions -Inflexibility of Professionals - Lack of openness to engaging in multi-agency work - Lack of trust and mutual respect between professionals	-Lack of understanding of child's needs -Lack of understanding of legislation or abstract tools -Lack of understanding of the roles of different services	- Differences in understanding of child's needs -Differences in understanding of professional roles	-Lack of clarity of purpose or aims of meeting -Lack of sharing or receiving of information	- *Foster Parent or School Level,* e.g. Lack of foster placements, foster parents experience difficulties being emotionally available for child -*Professionals' Level,* e.g. staffing shortages, time constraints -*Service Level,* e.g. lack of specialist service for CinC, lack of service support to work with child in the long-term	Examples: -Lack of continued involvement of professionals -Separate agencies have separate agendas - Lack of joint training across services

Figure 16. Rules node depicting psychologists' perceptions (constraining factors).

3.3.6 Rules. Figures 15 and 16 depict facilitating and constraining factors as perceived by psychologists. Factors relating to social workers' perceptions are shown in Figures 17 and 18 respectively.

3.3.6.1 Facilitating factors (psychologists' perceptions). Factors perceived by psychologists to support multi-agency work included *developing and maintaining positive working relationships*, *shared awareness and understanding of professionals*, *effective communication between professionals*, *presence of or access to resources* and *consistency in resources within and between services.*

3.3.6.1.1 Developing and maintaining positive working relationships. The majority of psychologists emphasised the importance of "having relationships with other professionals and keeping and building [these] relationships" (Psy2). Key characteristics identified by psychologists to promote relationship development and maintenance included "having flexibility around these cases" (Psy2), ensuring to keep things "quite respectful and see things from other's point of view" (Psy11) and being able to "understand that everyone is really busy" (Psy10).

3.3.6.1.2 Shared awareness and understanding of professionals. A number of psychologists highlighted that having a "shared understanding of the child" (Psy12), and a "shared appreciation of the dynamics involved in the attachment relationship" (Psy12) facilitates multi-agency work to support children in care. In addition, Psy4 indicated that when other professionals "know what my role is, what I can do and they are happy to accept that, we tend to work very well together".

3.3.6.1.3 Effective communication between professionals. Several psychologists highlighted that sharing and receiving information with social workers is particularly worthwhile as they "have information that I don't have access to, so they bring their own kind of insight" (Psy13). Furthermore, Psy15 reported that clarifying information

with social workers about “legal frameworks” can be helpful as there are “boundaries to who knows what”.

3.3.6.1.4 Presence of or access to resources. Psychologists perceived that the presence of or access to resources at family, school, professional and/or service levels supports multi-agency work. At the professional level, Psy11 highlighted that having access to specialist supervision and training ensures that psychologists are supported to “know that what we are doing is ok”. Psy5 also outlined that “a huge focus in training as a psychologist” within the college she attended was on “working with children in care” and that this has subsequently supported her work with other professionals.

3.3.6.1.5 Consistency in resources within and between services. Several psychologists indicated that consistency in resources within services, such as continuity of involvement of professionals, supports multi-agency work concerning children in care. Psy11 highlighted that psychology services are generally a “very stable department” as psychologists “tend not to go anywhere”. Conversely, Psy3 indicated that it is “very rare for you to be working with the same social worker”. Psy11 also outlined that consistency in adoption of “the same models” (Psy11), such as the Circle of Security model, across different service types also supports multi-agency work insofar as it creates a sense of “looking at it from the same lens” (Psy11).

3.3.6.2 Constraining factors to engaging in multi-agency work to support children in care. Constraining factors, as perceived by psychologists, included: *lack of relationship building or relationship breakdown*, *lack of understanding or awareness*, *differences in understanding or awareness*, *ineffective communication between professionals*, *absence of resources or resource shortages* and *inconsistencies in resources within and between agencies*. Examples of codes assigned to each subtheme are illustrated in Figure 16.

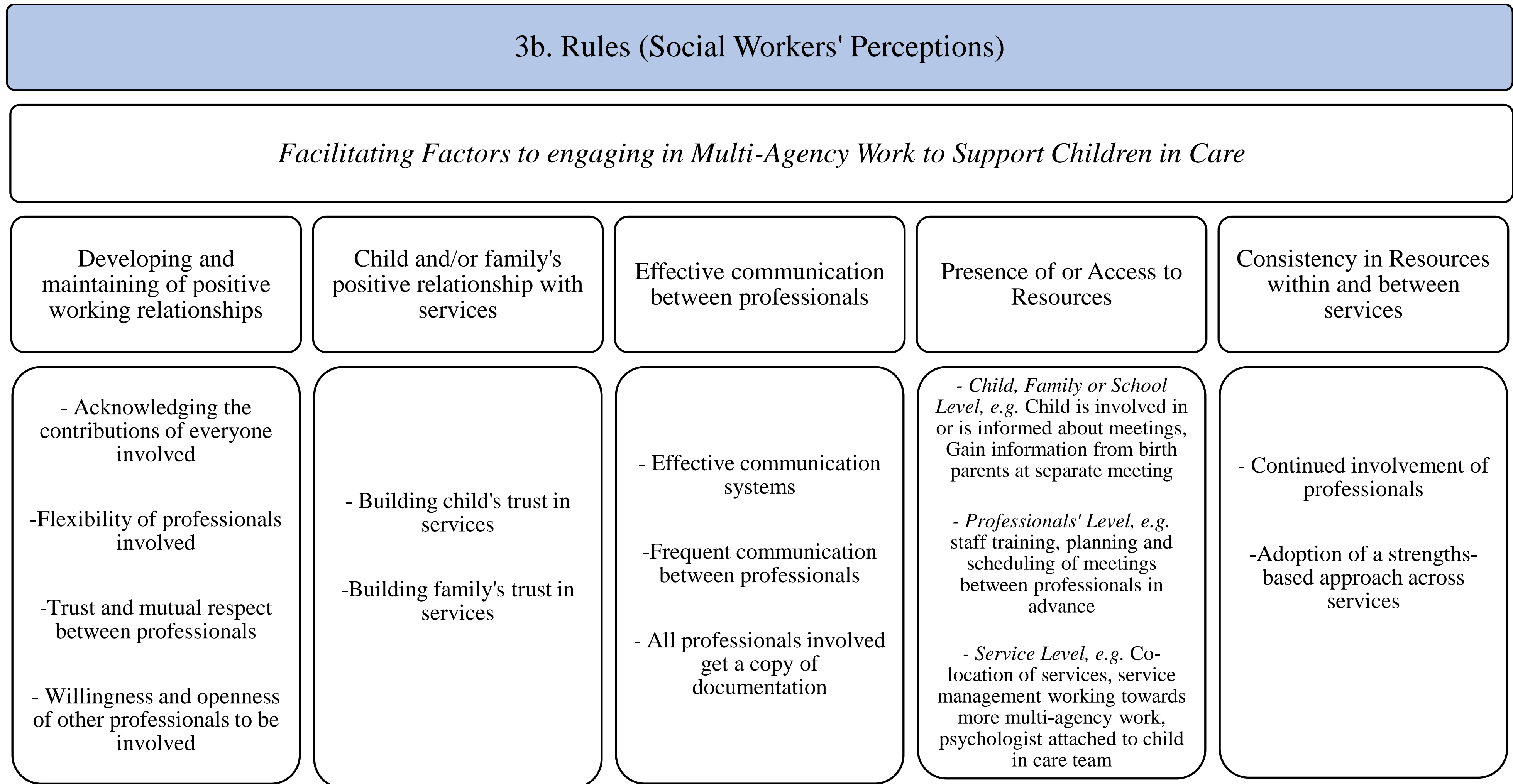

Figure 17. Rules node depicting social workers’ perceptions (facilitating factors).

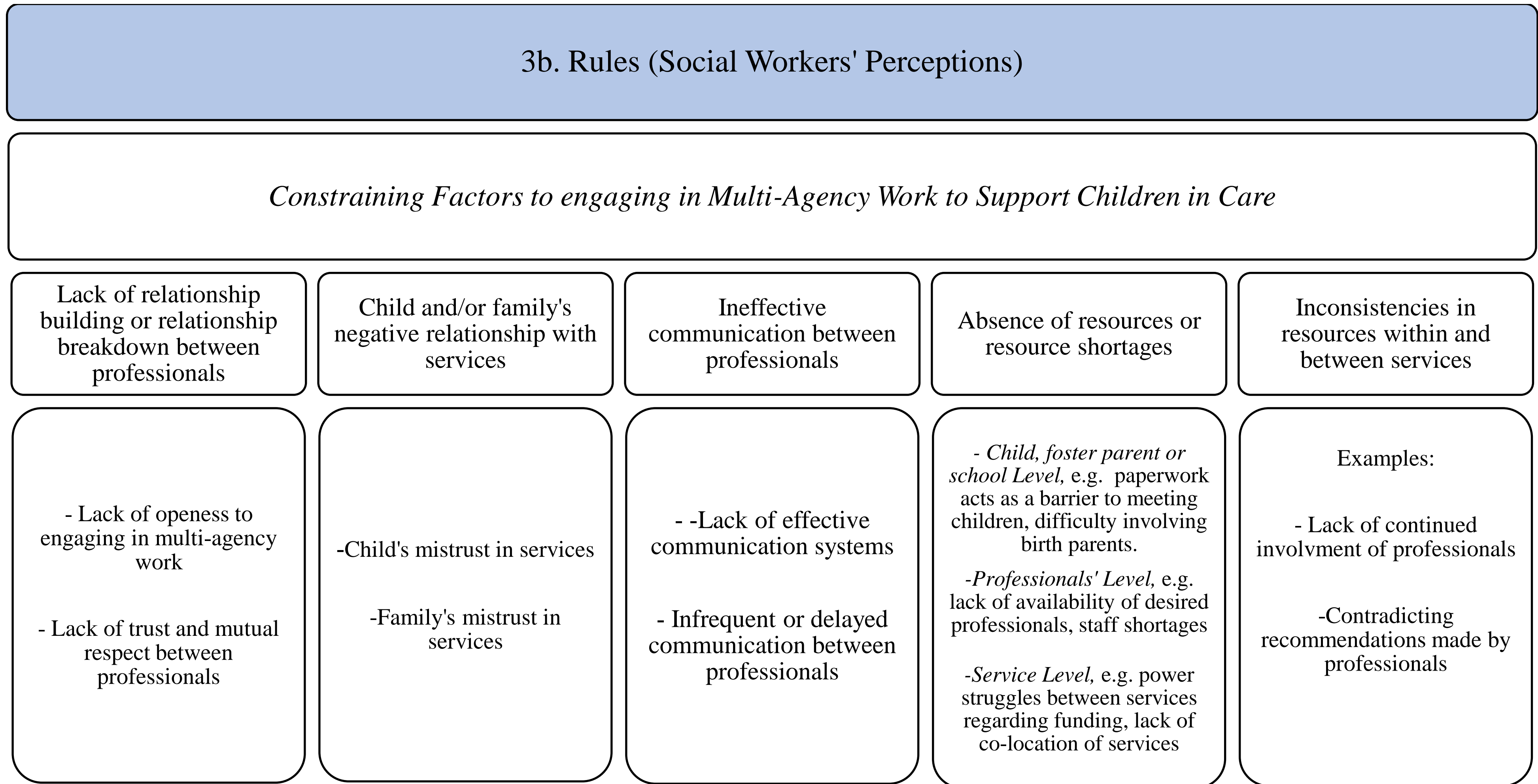

Figure 18. Rules node depicting social workers’ perceptions (constraining factors).

3.3.6.1 Facilitating factors (social workers' perceptions). Data revealed a range factors that facilitate multi-agency work to support children in care, as perceived by social workers. These included: *developing and maintaining positive working relationships*, *child/family's positive relationship with services*, *effective communication between professionals*, *presence of or access to resources and consistency in resources within and between services.*

3.3.6.1.1 Developing and maintaining positive working relationships. Several social workers highlighted that "being willing to come together" (SW2) and "acknowledging that people are working together" (SW1) promotes relationship development and maintenance amongst professionals. In addition, SW4 reported that flexibility of other professionals, in terms of offering their support and providing "different advice and direction on some cases that [they] wouldn't be involved with" (SW4) supports relationships amongst professionals.

3.3.6.1.2 Child and/or family's positive relationship with services. Some social workers outlined that a child or family's positive relationship with a service can inadvertently facilitate multi-agency work between professionals. Specifically, SW4 suggested that although building "trust in the service and developing relationships with professionals" can be challenging for children in care and their families, this is a necessary prerequisite to support multi-agency work between involved services.

3.3.6.1.3 Effective communication between professionals. Social workers reported that "good communication" (SW5) between professionals facilitates multi-agency work. Moreover, frequent communication in terms of keeping "in contact with whatever agencies that were involved on an ongoing basis" (SW2) ensures that a "clear line of communication" (SW5) is achieved. Therefore, information can be clarified where required.

3.3.6.1.4 Presence of or access to resources. The presence of or access to resources was perceived by social workers to facilitate multi-agency work concerning children in care. For instance, SW5 highlighted that having access to “training from other areas [outside of the CFA], like the PersonBrain Model” supports multi-agency work between professionals. Moreover, SW1 highlighted that having a psychologist “attached to the [child in care] team” also acts as a facilitator due to the long “waiting lists” in other services.

3.3.6.1.5 Consistency in resources within and between services. Some social workers emphasised that consistency in resources supports multi-agency work concerning children in care. For instance, a “lack of turnover of staff in all areas not just in social work” (SW1) within certain regions may facilitate multi-agency work between professionals. Furthermore, getting children involved with services “so they are there for them long term” was also outlined as a facilitating factor by SW1.

3.3.6.2 Constraining factors (social workers' perceptions). Several subthemes were categorised as constraining factors to engagement in multi-agency work to support children in care, as perceived by social workers. Subthemes included *lack of relationship building or relationship breakdown*, *child and/or family's negative relationship with services, ineffective communication between professionals, absence of resources or resource shortages* and *inconsistencies in resources within and between agencies.* Codes assigned to each subtheme are shown in Figure 18.

3.3.7 Key contradictions. Data analysis revealed a range of primary and secondary contradictions. Primary contradictions within the nodes of psychologists' and social workers' activity systems are shown in Tables 11 and 12. Thereafter, primary contradictions within the nodes, but between both activity systems, are presented in Table 13. Finally, secondary contradictions between nodes are presented in Table 14.

Table 11

Primary Contradictions Within the Nodes of Psychologists' Activity System

No.	Location	Contradiction	Direct Quotation
1.	**Subject Node**	Psychologists are ethical practitioners. However, their recommendations can be overridden by others as their role is consultative in nature. Therefore, ethical issues may remain regarding what is in the best interests of the child.	"I mean ultimately social workers make the decisions. We can only inform them and make our position known but if they decide to override it, they have the right to do that" (Psy11). "It would have been called by social work but I would be there to represent I suppose my own sense of what was happening for the child and what they needed" (Psy13).
2.	**Division of Labour Node**	If psychologists take the initiative to lead multi-agency work concerning children in care, this may lead to a greater burden of responsibility being placed on psychologists.	"I just think that you know that a lot of the responsibility to try to meet the need is kind of falling back onto professionals to upskill themselves to meet the complex needs and often that can be quite tricky" (Psy13). "I suppose whoever calls the meeting, you know sometimes we are calling meetings and sometimes it's them that are calling the meetings. So, it's really whoever has decided that needs to happen and organises it" (Psy8).
3.	**Rules Node**	Although presence of or access to resources is a facilitating factor, there are resource shortages in the areas of staffing, supervision and training to support psychologists.	"You can kind of get burnt out from just being in the middle of such an un-functioning system with them as well" (Psy11). "It is because we are understaffed and under-resourced and everyone is trying to guard their own caseload and their own ground and have our boundaries" (Psy10). "I find that they can be the most emotionally or mentally difficult cases for me as a person and I suppose our support for working with children in care probably needs to be more" (Psy4).

Table 12

Primary Contradictions Within the Nodes of Social Workers' Activity System

No.	Location	Contradiction	Direct Quotation
1.	**Subject Node**	Social workers are a 'bridge' between services, yet also have to negotiate with other services to overcome challenges or issues.	"There can be tension between both when a child is in care that it's well you need to pay for this. So, it's about really referring and getting them involved as soon and you know as early as possible" (SW1). "Yeah, and you are kind of conscious of people's remits and you have long discussions with them and see if they are capable or willing to take on that role" (SW2).
2.	**Division of Labour Node**	It is preferable for responsibilities to be shared amongst professionals, yet social workers have ultimate responsibility.	"We work alongside our colleagues from different professionals, different agencies, and we undertake different pieces of work in parallel with those people. But I suppose fundamentally, yeah, we are the case manager" (SW3).
3.	**Rules Node**	Continuity of involvement of professionals is a facilitating factor. However, oftentimes there can be inconsistencies regarding who is involved.	"Sometimes too [it] would be finding the correct, or the right, or available service provider. I mean there are people who have to undertake the psychoeducational assessments who can be full. So, you know, it is a case of scrambling to try and find different services, agencies, who work with young people" (SW3). "Well, you would often hear the story from children who have been in the care system that they have seen X amount of Social Workers and this is the fiftieth professional they have been engaged with" (SW3).

Table 13

Primary Contradictions Within the Nodes but Between Both Activity Systems

No.	Location	Contradictions	Direct Quotation
1.	**Subject Node** Psychologists' vs Social Workers' Perceptions of their Roles	SWs perceive psychologists to be highly trained and agree with their recommendations, yet SWs are bound by court decisions and legislation.	"I suppose it's not that they might not agree with what we are saying but that their hands are tied and I think particularly when kids are still in the legal system" (Psy11). "We all have very individual ways of working and we have individual legislation and we have roles and defined regulations" (SW3).
2.	**Rules Nodes** Psychologists' vs Social Workers' Perceptions of Facilitating Factors	Having a shared understanding was considered a facilitating factor by psychologists but was not highlighted by social workers. Conversely, social workers highlighted that the child's relationship with the service can inadvertently act a facilitator to multi-agency work.	"But it's also good for the social worker to kind of understand how the various agencies work. Sometimes there might be an expectation from the social worker that the NEPS psychologist would be undertaking an assessment of autism for example but in that meeting we would be able to clarify that and signpost them to the right area" (Psy3). "And there wasn't really a consent for her to attend [she was in a relative placement]. So basically, we worked with the services and looked at different ways of possibly assisting that" (SW4).
3.	**Division of Labour Nodes** Psychologists' vs Social Workers' Perceptions of factors which influence role demarcation	Different rationales for assigning roles may be adopted by psychologists or social workers, e.g. relationship-based, qualifications-based or availability-based rationales.	"It is good to have an overview of people and their relationships first, rather than it being particularly job titles that may do the job. Of course, that doesn't go without saying, of course, you know, the clinical psychologists are best placed doing these piece of work, but I think we try to recognise where relationships lie in often very tenuous situations and often in situations where young people and all their families refuse to engage" (SW3).
4.	**Tools or Artefacts Nodes** Psychologists' vs Social Workers' Perceptions of Tools adopted during multi-agency work	Different tools or frameworks are adopted by psychologists and social workers during multi-agency work to support children in care.	"So, we are all working together with different frameworks, coming together with different frameworks in order to do…am we've completely different ideas about how things should be done so that would be… There's no joined-up thinking. And we are all in different services, different departments with different remits" (Psy8).

Table 14

Secondary Contradictions that Occur Between Two Nodes

No.	Location	Contradictions	Direct Quotation
1.	***Psychologists' Activity System*** Division of Labour Node vs Rules Node	Psychologists are willing to take the lead but children in care may not have access to psychology services due to a lack of resources.	"Psychology waiting lists are a definite barrier towards it, so when the social worker is in a crisis and needs some multi-agency work, they have made a referral to psychology, but the child hasn't been seen yet" (Psy12).
2.	***Psychologists' Activity System*** Subject Node vs Tools/Artefacts Node	Psychologists are ethical practitioners, yet they are bound by legislation, policies and frameworks that may not necessarily be in the child's best interests.	"As a psychologist I have a role which often goes beyond what I would be allowed to do if I was working for another department. Whereas I would interpret my role differently, I would see that I am in charge of making recommendations around what I would see as being the needs [of the child] and that that's my job no matter what that entails. I don't care about the guidelines because that's my job whereas other people would have to stay within their frameworks" (Psy8).
3.	***Social Workers' Activity System*** Division of Labour vs Rules Node	All professionals are considered to have equal responsibility, yet inconsistencies in recommendations made by services means that the SW may have to choose the best option or a potential alternative.	"Psychology were saying that it is not in the younger child's best interests. The Gardai who were acting for the older brother were saying in court that [both brothers] should be having access. So, you had the social work department, myself, in the middle who was allocated to both children and had to balance the needs of both children, and balance the opinions [of both professionals] (SW2).
4.	***Social Workers' Activity System*** Subject Node vs Tools/Artefacts Node	Allocated social worker are a 'bridge' between services, yet multi-agency tools are agreed at management levels.	"There are joint working protocols but they are agreed at a Senior Management Level. With regards to the meeting we are the frontline workers" (SW1). "I don't think there are any other like protocols or frameworks. I suppose the tools are the same really" (SW5).
5.	***Psychologists' and Social Workers' Activity Systems*** Division of Labour Node vs Tools/Artefacts Nodes	Psychologists and social workers adopt different frameworks yet are expected to work together and come to a shared understanding.	"I think the AON process has put a lot of strain on the disability teams. There would be possibly more time given to [children in care] and to their needs if the AON framework wasn't in place" (Psy9). "There's no commitment to joint training, there's no commitment to service development. They are all referring the children into us from the different branches of Tusla" (Psy11).

3.4 Discussion of Findings

The aims of the study were to explore the role of psychologists during multi-agency work to support children in care in order to inform the evolving role of the EP (HSE, 2016a). In addition, the social worker's role was examined as they present as key professionals within the Irish child care system and obtain the voice of children in care during their work (Gilligan, 2019; Tusla, 2019b). Moreover, the social worker's role was primarily delineated to inform the evolving role of the EP (HSE, 2016a). In addition to examining facilitating and constraining factors specific to an Irish context (Coulter, 2015), factors which influence how roles and responsibilities are demarcated were also investigated. To support the discussion, each research question will be presented in turn and discussed thereafter, in light of this study's results and previous research.

3.4.1 What do psychologists/social workers perceive is their professional role when engaging in multi-agency work to support children in care? Key findings that emerged concerning the role of psychologists included that they *are skilled consultants, ethical practitioners* and *supportive professionals*. Such findings, namely that psychologists' act as supportive professionals and skilled consultants, are in line with previous research (Farrell et al., 2006; Gaskell & Leadbetter, 2009). Within the current study, several psychologists highlighted that their role involves having to adhere to professional guidelines (PSI, 2010) and remain within the remit of their service. Conversely, some psychologists described having to creatively overcome ethical dilemmas that emerge from being constrained by service protocols. This finding illustrates that legal and political frameworks within the macrosystem can constrain the role of the psychologist during multi-agency work concerning children in care (Roarty et al., 2018). Moreover, a primary contradiction emerged regarding the roles adopted by psychologists. Although psychologists do their utmost to adhere to ethical guidelines,

this may not always be possible due to the consultative nature of their role. In this regard, some psychologists reported that collaborating with other professionals to minimise the emotional impact of access visits can be challenging. Similar challenges have previously been reported by McElvaney and Tatlow-Golden (2016).

Key findings that emerged regarding social worker's perceptions of their role included that they act as a *'bridge' between services, negotiate with others to overcome challenges or issues* and *keep the child in mind in the long-term*. While Farrell et al. (2006) highlighted that EPs in the UK sometimes take on a leadership role, allocated social workers take the lead within an Irish context when acting as a 'bridge' between services. This subtheme also relates to Gilligan's (2019) assumption that social workers support other professionals to navigate the intricacies of the child care system. Moreover, Timonen-Kallio et al. (2017) found that social workers acted as intermediaries between child protection and mental health services. An additional subtheme concerning the social worker's role related to having to negotiate with others to overcome challenges or issues. This finding relates to previous research conducted by Ambrose-Miller and Ashcroft (2016) who found that social workers view themselves as advocates for clients in health care services. However, primary contradictions emerged regarding having to act as a 'bridge' between services while also negotiating with other professionals to access psychological support for children in care. This may be compounded by the fact that there are limited numbers of psychologists and counsellors currently employed by the CFA (Tusla, 2019b). In addition, secondary contradictions emerged between the subject and tools nodes within the social workers' activity system. Although social workers act as a 'bridge' between services, findings indicated that the joint working protocol between the HSE and Tusla has been agreed at management levels (HSE & Tusla, 2017). Therefore, allocated social workers may not be aware of

and/or agree to adopting such protocols when engaging in multi-agency work concerning children in care.

Social workers' perceptions regarding the contribution of psychologists were also gleaned within interviews to inform the evolving role of the EP. Subthemes derived from social workers' data included that *psychologists are highly trained and offer a unique insight* and *provide valuable support to others*. It is notable that the role of psychologists, in terms of offering an insight into the child's needs, was perceived by social workers to be a unique aspect of their role. This is in line with previous research which found that applying psychological knowledge and skills were perceived to be distinctive features of the role of the psychologist (Farrell et al., 2006; Gaskell & Leadbetter, 2009). The finding that psychologists provide valuable support to others is promising as previous research recommended that social workers would benefit from increased multi-agency work with other clinicians (Shea, 2015). Nonetheless, as outlined by participating social workers, this often occurs on an ad hoc basis as opposed to being formally arranged or scheduled.

3.4.2 What factors influence how roles and responsibilities are shared between professionals during multi-agency work to support children in care?

Psychologists' and social workers' perceptions regarding factors which influence role demarcation were investigated to inform implications for policy and practice. Findings revealed two key themes including *obligation versus initiative to take the lead* and *sharing of roles and responsibilities is complex and multi-faceted.* These themes will be discussed in turn, with reference to the literature.

Both psychologists and social workers highlighted that professionals may take the lead of multi-agency work to support children in care due to a sense of obligation or through utilising their own initiative. In line with the Child Care Act (GOI, 1991), both

professional groups emphasised that social workers have a statutory responsibility to lead care planning and reviews for children in care. Nonetheless, professionals from other agencies can provide information to inform care plans and reviews. In contrast, Timonen-Kallio (2017) found that there were tensions regarding who was responsible for the care plans of children in residential services in Finland, highlighting that the child's key worker should play a greater role.

Whilst both professional groups highlighted that a variety of professionals can take the initiative to lead other multi-agency work, contradictions between psychologists' and social workers' perceptions emerged. Notably, some social workers highlighted that difficulties may arise when other professionals take the lead and that instead, they feel a sense of responsibility to do so. This relates to the previous finding from Norwich et al. (2010) that EPs experienced control issues when working with other professionals to support children in care. Although, some psychologists suggested that social workers have ultimate responsibility, it is questionable as to whether this may impact on effective collaboration between services.

The complex and multi-faceted nature of sharing roles and responsibilities was highlighted by both psychologists and social workers. Nonetheless, contradictions emerged between psychologists' and social workers' perceptions in relation to the rationale adopted for assigning roles and responsibilities. Psychologists suggested that roles are assigned based on professionals' qualifications or availability. Contrastingly, social workers outlined that roles may be allocated based on an individual's relationships with a child, rather than their qualifications per se. Accordingly, social workers indicated that support and/or peer supervision may be provided by psychologists who have the necessary skills and expertise. This finding expands on the consultative and supportive nature of the psychologist's role (Farrell et al., 2006;

Gaskell & Leadbetter, 2009). Furthermore, adopting a relationship-based rationale is in line with the principles of attachment theory (Bowlby, 1969, 1973, 1980).

Participants indicated that professionals' perceptions about whether roles and responsibilities are clear may also influence role demarcation. Although some psychologists indicated that roles are clear, others indicated that roles may be more ambiguous than previously anticipated. This reflects previous research findings which highlighted that professionals may not be aware of the responsibilities of involved agencies (Janssens, et al., 2010). In contrast, social workers indicated that the roles and responsibilities of other professionals are clear, yet their own role may be unclear. Moreover, one social worker highlighted that their role often involves completing tasks that are not necessarily seen by others. Similarly, Ambrose-Miller and Ashcroft (2016) previously reported that the fluid nature of a social worker's role can be problematic when sharing roles with other professionals.

Psychologists highlighted that power imbalances exist between professionals as their decisions can be superseded by social workers' decisions. Moreover, court orders or rulings supersede all decisions made by professionals (Gibbons, 2006, as cited in Gilligan, 2019). Therefore, this has the potential to impact on how roles and responsibilities are shared, as suggested by one psychologist. Contrastingly, social workers highlighted that professionals' beliefs about whether roles and responsibilities are shared or different can influence role demarcation. Moreover, one social worker referred to the fact that "the child is in the care of the state" and not just in the care of the CFA. Therefore, the child's welfare is everyone's responsibility. However, although the Children First Act (GOI, 2015) stipulates that all mandated professionals are obligated to report child welfare and protection concerns to the CFA, the Child Care Act (GOI, 1991) outlines that allocated social workers in particular have a key role regarding children in care.

3.4.3 What do psychologists/social workers perceive facilitates or constrains engaging in multi-agency work to support children in care? Several factors were perceived to act as supportive and constraining factors by psychologists and social workers. In order to inform implications for policy and practice, supportive factors will be discussed in turn, with reference to constraints, where required. Supportive factors, as perceived by psychologists and social workers, included *developing and maintaining positive working relationships*, *child/family's positive relationship with services*, *effective communication between professionals*, *presence of or access to resources and consistency in resources within and between services.*

Both psychologists and social workers emphasised the importance of developing and maintaining positive working relationships with other professionals to facilitate multi-agency work. Characteristics of professionals, which were perceived to support relationship building, included being open and committed, remaining flexible, having mutual respect for others and showing understanding of other professionals' positions. Acri et al. (2014) also highlighted that shared trust between professionals facilitates multi-agency work. Whilst Davidson et al. (2012) also found that getting to know others facilitates multi-agency work, one psychologist within the current study suggested that this may be even more important within the Irish context, as multi-agency work is not a statutory requirement as is the case in other jurisdictions (Fallon et al., 2010).

The importance of effective communication between professionals was identified as a facilitating factor by both psychologists and social workers. Findings from previous research have also emphasised the importance of effective communication (Darlington & Feeney, 2008; Ziviani et al., 2013). Nonetheless, the current study delineated that clarifying information regarding ambiguities or gaps in knowledge was particularly important due to the complex nature of the Irish child care system (McElvaney & Tatlow-Golden, 2016). In addition, several participants

suggested that having pre-existing relationships with other professionals may promote more effective communication.

A range of resources, at the level of the individual child, family, professional or service, were identified as facilitating factors (Hong et al., 2011). This finding is comparable with previous research which found that allocation of sufficient resources facilitates multi-agency work to support this vulnerable cohort (Davidson et al., 2012). However, resources that support multi-agency work within an Irish context were identified within the current study. For instance, having a psychologist as part of the Child in Care team in the CFA was considered to support multi-agency work concerning children in care. Notably, at the professional level, both psychologists and social workers reported that receiving specialist supervision and training in therapeutic approaches, such as Theraplay, Circle of Security or DDP, supports their work with children in care, their extended families and other professionals. However, a key contradiction highlighted that there is no commitment to joint training between services. This is problematic as Harker et al. (2004) found that joint training facilitates the development of a shared understanding between professionals.

Psychologists and social workers emphasised that consistency in resources within and between services also acts as a facilitator to multi-agency work. In particular, continuity of involvement of professionals was perceived to not only facilitate relationship-building between professionals but was considered important to support the child's and family's relationship with services. Notably, social workers highlighted that this may be particularly important for children and families who have experienced trauma and/or present with attachment difficulties, which is in line with previous research (Tatlow-Golden & McElvaney, 2015). Additionally, some psychologists highlighted that adoption of a shared framework, such as the Circle of Security model, across all services for CYP and adults was a facilitating factor to engaging in multi-

agency work. Similarly, adoption of a shared conceptual framework was also identified as a facilitating factor in previous research (Timonen-Kallio et al., 2017). Nonetheless, the way in which the Circle of Security model uses simplistic language to explain the parent-child relationship was perceived by participating psychologists to support parents or carers to take more of a lead. In contrast, adoption of different frameworks across services was identified as a constraining factor. Notably, one psychologist highlighted that the AON framework places considerable strain on some services (Disability Act, GOI, 2005). Therefore, multi-agency work between services may not be prioritised within an Irish context.

Psychologists perceived that a shared awareness and understanding of the individual child's needs, including awareness and understanding of attachment needs more generally, facilitates multi-agency work to support this vulnerable cohort. Contrastingly, McLean (2012) found that disparate knowledge and attitudes of professionals acted as a barrier to collaboration to support children in care with behavioural difficulties. Previous research has outlined that a shared understanding may be fostered through the engagement in joint training across services (Harker et al., 2004). Data from interviews with social workers revealed that a child in care, and/or their family's positive relationship with involved services or professionals, can facilitate work between professionals. More specifically, if children in care and/or their family agree to engage with services, this can inadvertently facilitate continued engagement of such services in multi-agency work over time. In line with previous research, potential challenges involved in engaging CYP with a history of trauma and/or attachment difficulties were highlighted (Atwool, 2006).

3.4.4 Methodological considerations. It is important to consider the strengths and limitations of the methods adopted within the current study to provide an overall context for the findings discussed above.

3.4.4.1 Strengths. A strength of the current study was that the perceptions of psychologists working across a range of services were obtained in order to inform the evolving role of the EP (HSE, 2016a). Additionally, adoption of activity theory as a conceptual framework was a strength of the current study as it allowed for the identification of primary and secondary contradictions (Engeström, 2001). Furthermore, conducting inductive thematic analysis and subsequently mapping themes and subthemes onto the activity theory framework ensured that findings obtained were strongly linked to the raw data (Braun & Clarke, 2006).

3.4.4.2 Limitations. A limitation of the current study is that non-probabilistic purposive sampling was adopted (Robson, 2011). Therefore, findings obtained may not be representative of the views of the entire population (Thomas, 2013). An additional limitation is that a relatively small sample size of social workers participated in the current study. Nonetheless, previous research has reported ambiguities surrounding what constitutes an optimal sample size for qualitative research (Bryman, 2012).

3.5 Conclusions and Implications for Policy, Practice and Future Research

The current study contributes the empirical literature on multi-agency work to support children in care, particularly within the Irish context, where research is limited. Research findings, as informed by key contradictions within activity theory, pose a number of implications for policy, practice and future research. These are outlined in Table 15.

Table 15

Implications for Policy, Practice and Future Research

Implications for Policy, Practice and Future Research
Implications for Initial Professional Training of EPs
1. It is recommended that EPs in training are informed about the role of social workers, specifically their role in supporting children in care and engaging in multi-agency work with other professionals, during the taught component of the DECPsy Programme. In addition, EPs in training should gain an insight into the complexities of Irish Child Care System and the needs of children in care during the taught component of the programme. 2. It is advisable that educational psychologists in training gain experience of collaborating with social workers to support the needs of a child in care during their professional training. This may be facilitated through engaging in joint problem-based tutorial sessions with social workers in training or through gaining experience of collaborating with social workers to support a child in care during one of their professional placements.
Implications for the Practice of Qualified EPs and Other Professionals
3. It is recommended that qualified EPs explicitly outline the rationale adopted when assigning roles and responsibilities to professionals during multi-agency work. Where possible, adopting a relationship-based rationale may support children in care's engagement. 4. Qualified EPs need to be aware that social workers' are legally obligated to organise care plans and reviews (Child Care Act, 1991) whereas other professionals can take the initiative to lead other multi-agency work despite not being legally obligated to do so. 5. It is advisable that qualified EPs set aside protected time to get to know and meet with professionals from other organisations within the locality in order to develop and maintain positive working relationships with others which are essential to multi-agency work. 6. It is advisable that qualified EPs clarify information with social workers regarding ambiguities or gaps in knowledge that arise due to the complex nature of the Irish Child Care System.
Implications for Policy and the Continual Professional Training of Qualified EPs
7. It is recommended that front line workers, including EPs, should be involved in the process of establishing multi-agency tools where feasible at a local or regional level. Alternatively, it is recommended that training is provided on existing tools such as the Joint Working Protocol between Tusla and the HSE (HSE & Tusla, 2017). 8. It is recommended that a shared conceptual framework, e.g. the Circle of Security model, is adopted by all involved services, to not only support a shared understanding amongst professionals but also support foster parents to take more of a lead. • Training in the Circle of Security framework is therefore necessary. • A commitment to joint training amongst services is required. 9. As engaging in multi-agency work to support children in care poses a number of ethical issues, increased levels of supervision and support are required for qualified EPs and other professionals engaging in such work.

Implications for Future Research on Multi-Agency Work to Support Children in Care
10. It is recommended that further research is conducted to ascertain the perspectives of children in care, their foster parents and biological parents regarding multi-agency work to support children in care.   11. The findings of the current research may be presented at team meetings to stimulate dialogue amongst professionals. Thereafter, Third Generation Activity Theory may be employed through facilitation of Developmental Work Research Workshops to support professional and organisational development.

In light of the changes within the Irish child care system and EPs eligibility to work across a broad range of services, the current study is considered timely (HSE, 2016a; Tusla, 2019b). In particular, it informs the evolving role of the EP and also other professionals who engage in multi-agency work to support children in care (HSE, 2016a). Future research opportunities may involve adopting third generation activity theory to support professional and organisational development (Engeström, 2001). Nonetheless, this research opens up the conversation regarding multi-agency work to support children in care in an Irish context. In accordance with activity theory (Engeström, 1999a), investigating current practice and analysing contradictions is a necessary first step in bringing about change.

4.0 Critical Review

A critical review of the research process, design and methodology adopted within the current research is provided within this chapter. Specifically, a rationale is presented for the research design and methodologies employed. Strengths and limitations of the research, along with ethical considerations adopted during the process are also discussed. Finally, implications for understanding of the research area, policy, practice and future research are outlined.

4.1 Reflections on the Research Process

During the research process and throughout my professional training, my interest in the area of attachment and trauma has steadily grown. As previously mentioned, engaging with relevant literature has informed my practice as an EP in training. Nonetheless, conducting research in this area was challenging at times. For instance, I initially aimed to evaluate the Circle of Security intervention (Cooper, Hoffman, Powell, & Marvin, 2005), which is an attachment-based intervention facilitated by trained personnel in some clinical and community services in Ireland. However, due to challenges incurred in recruiting a service to evaluate the intervention, this research could not proceed. Following this, I returned to the literature and focused on critiquing research pertaining to attachment difficulties experienced by children in care. A clear rationale for focusing more specifically on multi-agency work to support the psychological needs of children in care subsequently emerged. In particular, the current research is considered timely due to recent changes that have occurred within an Irish context. Such changes include the potential need for increased multi-agency work since the establishment of the CFA in 2014 (Tusla, 2019b). In addition, EPs may engage in increased multi-agency work concerning children in care as they are now eligible to work across a broad range of services (HSE, 2016a).

During the course of this research project, my beliefs and attitudes towards supporting children in care have changed considerably. Prior to conducting this research, I considered psychologists to be best placed to support the psychological needs of children in care. However, during the research process, I was intrigued to learn about the innovative ways that roles and responsibilities can be shared between professionals. For example, in lieu of psychologists being directly involved in supporting children in care, they may instead provide support and/or peer supervision to other professionals who have developed positive relationships with children in care and their families. In addition, I previously believed that accessing a parenting support group which focuses on developing the parent-child relationship may be more beneficial than offering alternative services. However, I am now more aware that the types of supports offered to children in care and their families must be based on their readiness. As a result of undertaking this research, I am also more aware of facilitators and barriers to multi-agency work concerning children in care. For instance, I did not previously realise how inconsistencies across services can lead to difficulties in reaching a shared understanding between professionals. Overall, undertaking research on the current topic has been an invaluable learning experience which will undoubtedly inform my future practice as an EP (Fenge, 2009).

4.2 Reflections on the Epistemological Position

4.2.1 Social constructionist epistemological position. Social constructionism was adopted within the current research as it agrees with the interpretivist belief that there is no objective truth, insofar as individuals' thoughts, perceptions and language cannot explain reality in objective terms (Crotty, 1998). This complements the researcher's own worldview that it is not possible to measure reality in objective terms, as suggested by the positivist philosophy (Creswell, 2013). Social constructionism

expands on social constructivism in terms of acknowledging that individuals do not necessarily create their own meaning from experiences but that instead, knowledge is co-constructed between individuals (Kelly, 2017).

4.2.1.1 Strengths of the social constructionist epistemology. Adoption of a social constructionist epistemological position aligns with the notion that the term multi-agency work is not clearly definable. Instead, multi-agency work is a social construction between professionals engaged in the process (Cohen et al., 2011). In line with this, Burr (2003) highlights that social constructionism is underpinned by the assumption that "each person perceives the world differently and creates their own meanings from events" (p. 201). The current research acknowledges that participating psychologists and social workers held various constructs of what multi-agency work entails based on their own unique experiences (Cohen et al. 2011). By adopting a social constructionist epistemological position, it was implied that the researcher was as an active agent in the research process, in terms of engaging in interactive dialogue with participants (Ponterotto, 2005). An additional strength of employing social constructionism is that it aligns with activity theory which was adopted as the conceptual framework within the current study (Burr, 2003).

4.2.1.2 Critique of social constructionist epistemology. A notable criticism of social construction is that it does not have a universal definition (Alvesson & Sköldberg, 2009). Therefore, the assumptions of social constructionism adopted within the current research were explicitly outlined in the methodology section. A further criticism of social constructionism is that it purportedly rejects the notion of realism (Andrews, 2012). Realism and relativism are opposing ontological perspectives, existing on a continuum between objective truth and multiple realities (Andrews, 2012). Social constructionism is criticised by some researchers for denying that there is an objective truth which can be measured (Andrews, 2012). Instead, it asserts that nothing

can ever be fully known and that there are multiple realities (Burr 2003; Bury 1986). In addition, Hansen (2004) contended that if reality is conceptualised as "a social interpretation, and there is no conception of true reality against which to judge these interpretations, we have no criteria to evaluate various constructions" (p. 134).

4.2.1.3 Alternative epistemological position that may have been adopted. An alternative epistemological position that may have been adopted within the current research is the critical realist perspective (Bhaskar, 1975, 1989). Critical realism posits that the world itself is a true entity that is separate from our subjective perceptions about it (Zachariadis, Scott, & Barrett, 2010). It acknowledges that it is not possible to observe the world in its true form as our individual interpretations of it are flawed (Guba, 1990, as cited in Robson, 2011). However, it argues that exploration of the "structures that generate events and discourses" is necessary and that in-depth investigation is required as "these structures are not spontaneously apparent in the observable pattern of events" (Bhaskar, 1989, p. 2). In spite of the fact that critical realism directly addresses concerns regarding the nature of reality, critical realists are often criticised for not affording due consideration to relativism, particularly within the field of management and organisation studies (Al-Amoudi, & Willmott, 2011; Newton, Deetz, & Reed, 2011). Alternatively, social constructionism was chosen as the researcher's epistemological position for several reasons. In particular, it was adopted as it focuses on how knowledge is co-constructed between individuals to better understand the significance of human experience (Steedman, 2000). Moreover, as outlined by Berger and Luckmann (1991), social constructionism focuses on the nature of knowledge (epistemology), as opposed to making assumptions about the nature of reality (ontology) (Berger & Luckmann, 1991). Therefore, it does not necessarily deny that there is an objective truth as has been suggested by Andrews (2012).

4.3 Reflections on the Research Framework

4.3.1 Activity theory. As previously outlined, second-generation activity theory was employed as the conceptual framework within the current research (Engeström, 1987). An underlying assumption of second-generation activity theory is that it focuses upon the collective nature of activity (Engeström,1999a). It was therefore employed within the current research as multi-agency work involves joint working between professionals (Leadbetter, 2017). In addition, activity theory was utilised as an analytic tool to examine contradictions within and between activity systems (Leadbetter, 2017).

4.3.1.1 Strengths of adopting activity theory as a conceptual framework. A notable strength of adopting activity theory as a conceptual framework is that it assumes that the individual is embedded within cultural, social and historical contexts that comprise organisations (Sellman, Bedward, Cole, & Daniels, 2002). Furthermore, the expansive learning cycle not only focuses upon examining internalised aspects of the activity system but also, allows for externalisation of new ways of working in the form of recommendations or development of agreed actions between professionals (Engeström, 1999b). An additional strength of activity theory is that it does not consider participants as being passive but instead, considers them to be actively involved in developing and enacting change (Engeström, 2001).

4.3.1.2 Critique of adopting activity theory as a conceptual framework. Activity theory is often criticised for not specifying what methods or procedures to adopt when investigating complex processes or concepts (Murphy & Rodriguez-Manzanares, 2008). In addition, it is challenging to situate activity theory within one epistemological position as generations of activity theory adopt differing assumptions (Edwards, 2017; Murphy & Rodriguez-Manzanares, 2008). While second-generation activity theory accounts for the joint nature of activity, it does not fully account for the way in which systems interact with one another (Leadbetter, 2017). Nonetheless, it

allows for exploration of contradictions within and between activity systems which can prove beneficial to informing changes to practice and policy (Leadbetter, 2017).

Adoption of third-generation activity theory may have alternatively been employed within the current research. This model expands on second-generation activity theory through asserting that activity systems are not mutually exclusive, even though they can be explored and depicted separately (Engeström, 2001). In addition, third-generation activity theory highlights that two systems may operate with different and sometimes conflicting objects (Leadbetter, 2017). For instance, different professionals may have conflicting views on what the object of activity should consist of (Leadbetter, 2017). Therefore, new objects may need to be negotiated between systems (Leadbetter, 2017). This can be achieved through engaging professionals in developmental work research (DWR) to enable them to reconceptualise the object of activity. The third-generation activity theory model is illustrated in Figure 19.

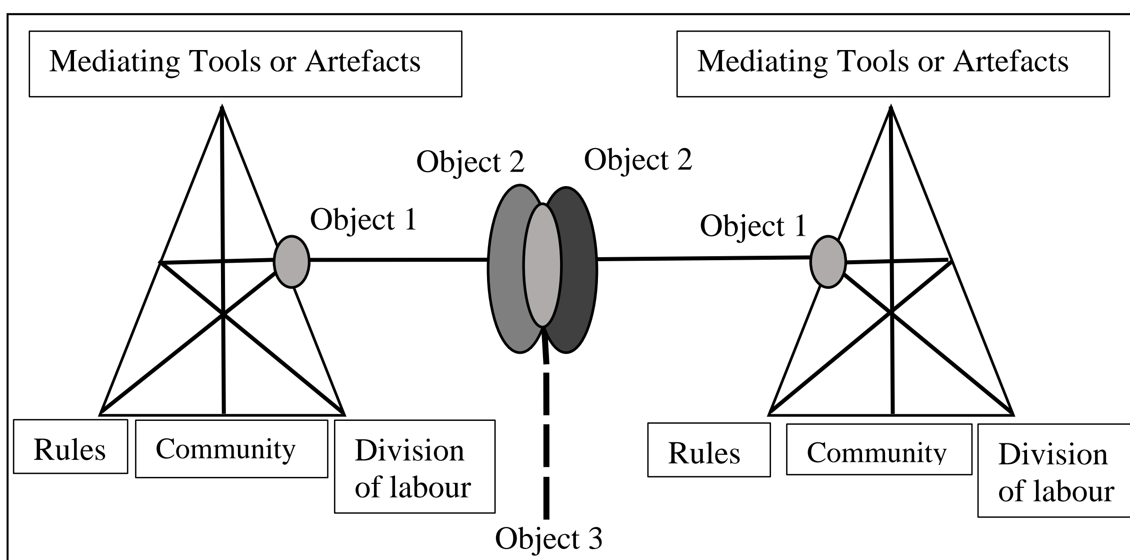

Figure 19. Third-generation activity theory model (Engeström, 1999b).

Although it is recognised that third-generation activity theory could have alternatively been adopted within the current research, this was not possible due to time and logistical constraints in bringing professionals from separate and geographically distant agencies together for DWR workshops (Bryman, 2012). Therefore, the current

study aimed to delineate contradictions within and between activity systems for psychologists and social workers as opposed to facilitating professional and organisational development (Engeström, 2001).

4.3.1.3 Alternative conceptual frameworks that may have been adopted. A range of alternative conceptual frameworks were considered when deciding upon which research framework to adopt. Amongst these frameworks included ecological systems theory (Bronfenbrenner, 2001). Furthermore, it was recognised that soft systems methodology (Checkland & Scholes, 1990; Frederickson, 1990) or appreciative inquiry (Cooperrider & Whitney, 2005) could have been employed when working with organisations (Brooks & Kakabadse, 2014, as cited in Richards, 2017). Additional research in the field of educational psychology has also adopted solution-focused approaches (Morgan, 2016) or systems psychodynamics (Neumann, 1999) to support organisational development.

Previous literature cited in chapter one adopted Bronfenbrenner's ecological framework (Bronfenbrenner, 2001) to further describe the complexities of the child in care system (e.g. Roarty et al., 2018). This framework can be used to portray the interconnected nature of systems which support children in care (Roarty et al, 2018). However, a lack of focus is placed on factors which support or constrain interactions between stakeholders across interconnected systems or historical influences which have shaped the process (Edwards, 2017). Therefore, adopting ecological systems theory (Bronfenbrenner, 2001) within the current research was rejected.

Soft systems methodology, as was originally espoused by Checkland (1972), is "an iterative learning process" which involves seven sequential steps (Islam, 2013, p. 56). The seven steps involved in the process, as depicted in Figure 20, include drawing rich pictures of the problem situation, summarising the most pertinent aspects of the rich picture into root definitions, developing a conceptual model of the ideal situation,

comparing the conceptual model with the rich picture in order to devise realistic goals and subsequently implement feasible changes (Richards, 2017). A CATWOE analysis is conducted as part of the process which involves explicitly stating the *C*ustomers (problem owners), *A*ctors (problem solvers), *T*ransformation (aims/objectives), *W*eltanschauung (world view), *O*wner (power holder) and *E*nvironmental constraints involved (Richards, 2017).

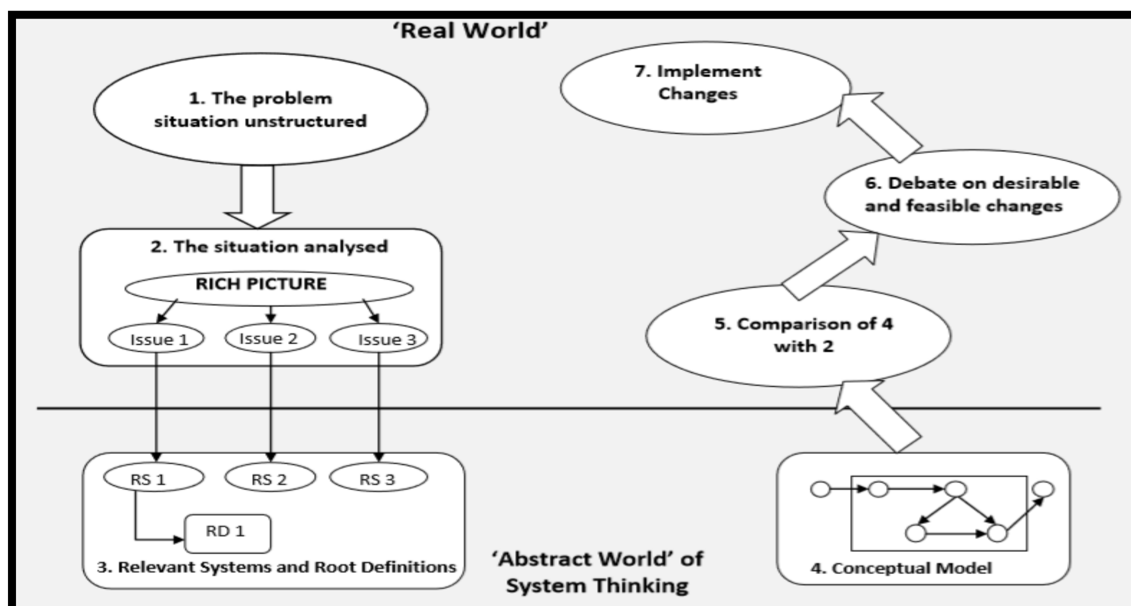

Figure 20. Seven steps of soft systems methodology (Frederickson, 1990, p. 3).

Similarities between soft systems methodology and activity theory include that aspects of the CATWOE analysis are similar to nodes within the activity system (Checkland & Scholes, 1990; Engeström, 1987). For instance, while constraints are explored within the *rules* node of activity theory, the *E* in the CATWOE analysis stands for environmental constraints (Checkland & Scholes, 1990). In addition, the steps of the soft systems methodology process are similar to the expansive learning cycle of activity theory, such as stages three and four of the expansive learning cycle involve developing a new model (Engeström, 1999b). Potential advantages of adopting soft systems methodology as opposed to activity theory include that it allows for comparison between the conceptual model and the rich picture to devise realistic goals (Richards,

2017). Furthermore, use of a rich picture to depict the problem situation allows for the disparate views of those involved to be shown in a way that would not necessarily be possible using words (Checkland, 1972; Frederickson, 1990). However, a notable reason for deciding against adopting soft systems methodology included that it focuses on the problem situation and does not capture the extent to which contradictions occur within or between activity systems (Engeström, 1987; Frederickson, 1990).

Appreciative inquiry is a solution-focused approach which involves moving through the 5D appreciative inquiry cycle as shown in Figure 21. Firstly, it involves collaboratively defining the focus for inquiry (Cooperrider, Whitney, & Stavros, 2008). Subsequent phases involve identifying and understanding the system's strengths and potential opportunities for development, prioritising the best opportunities and developing and implementing an action plan (Cooperrider & Whitney, 2005).

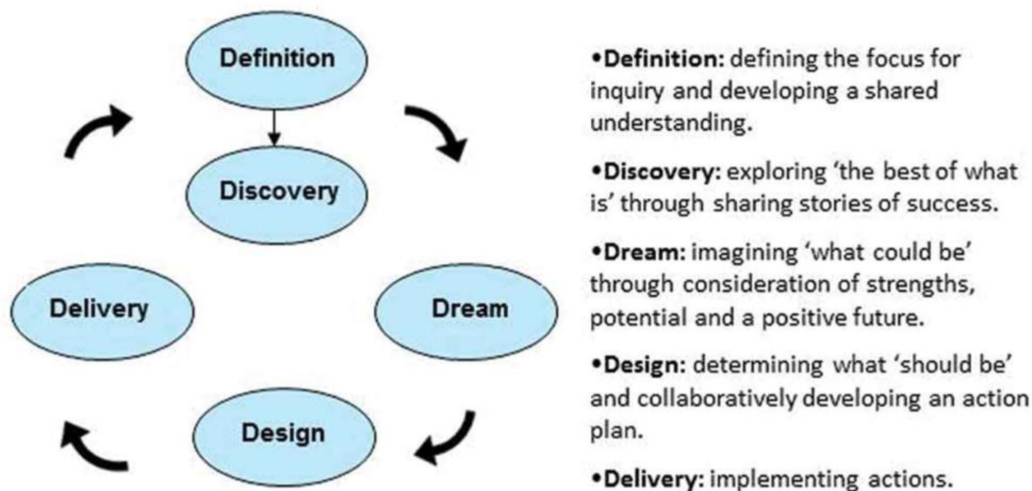

Figure 21. 5D AI cycle (Cooperrider et al., 2008, as shown in Morris & Atkinson, 2018).

The *P*lanning *A*lternative *T*omorrows with *H*ope (PATH) intervention model (Pearpoint, O'Brien, & Forest, 1995) is akin to appreciative inquiry insofar as the aim of the process is to achieve a more favourable future, such that the group facilitator utilises solution-focused questions (Morgan, 2016). At the beginning of the process, participants are asked to imagine that the organisation has achieved a desired target

exactly one year onwards and reflect on hypothetical key events that have occurred (Morgan, 2016). Following this, participants are encouraged to discuss the current situation, including positive and negative aspects of the organisation or events at the present time. In addition, key personnel are identified and more immediate goals are set to achieve the desired outcome (Pearpoint et al., 1995).

The most apparent advantage of adopting appreciative inquiry or the PATHS intervention model, as opposed to utilising activity theory, is that such approaches focus upon the organisation’s strengths (Cooperrider et al., 2008; Pearpoint et al., 1995). It allows organisations to “build upon their strengths and take ownership of change” (Doggett & Lewis, 2013, p. 132). This may be particularly appropriate for complex situations or for situations where the topic under investigation is sensitive in nature (Giles & Alderson, 2008). However, important topics may not be addressed as participants are afforded more autonomy in choosing the topic under investigation (Morgan, 2016). In this regard, adoption of appreciative inquiry was deemed to be inappropriate within the current research. Furthermore, exploration of negative as well as positive aspects of multi-agency work was deemed necessary to inform implications for policy and practice (Grant & Humphries, 2006).

Fraher (2004) defines systems psychodynamics as an interdisciplinary conceptual model that combines three core perspectives including the practice of psychoanalysis, group relations perspectives, and open systems theory. Additionally, systems psychodynamics concerns “the collective psychological behaviour” within and between groups and organisations (Neuman, 1999, p. 57). An advantage of adopting systems psychodynamics instead of activity theory is that it focuses on exploring unconscious processes, such as group or organisational defence mechanisms which are utilised to reduce the anxiety evoked by the task (Eloquin, 2016). For example, Eloquin (2016) found that individual and groups of professionals showed signs of chronic

projection and splitting when supporting children with social, emotional and behavioural difficulties in a residential school. Eloquin (2016) suggests that systems psychodynamics may be particularly beneficial for situations that are complex or multifaceted. Therefore, use of systems psychodynamics may have proved beneficial as multi-agency work to support children in care is inherently complicated (Fraher, 2004). Nonetheless, activity theory was employed as it was deemed to be a more appropriate framework to adopt than systems psychodynamics when exploring a sensitive and emotive topic such as multi-agency work. In addition, exploring contradictions within and between systems was considered important to inform implications for policy and practice (Leadbetter, 2017).

4.4 Reflections on the Research Design, Data Collection and Sample

4.4.1 Research design. The current research adopted a qualitative design as it aligns with the social constructionist epistemological position (Bryman, 2012). It was recognised within the current research that the construct of multi-agency work is complex and therefore, quantifying it in objective terms was not considered appropriate (Edwards, 2017). Moreover, the majority of previous research cited within the systematic review adopted a qualitative design (e.g. Harker et al., 2004).

4.4.1.1 Strengths of the research design. Adoption of a qualitative design allowed for the varying perspectives of psychologists and social workers to be obtained based on their own unique experiences (Bryman, 2012). This was further strengthened through use of activity theory as a framework for data collection and analysis (Leadbetter, 2017). More specifically, it ensured that a range of factors which comprise multi-agency work were investigated, including how roles and responsibilities are shared, facilitators and constraints, the involvement of other professionals, the role of professionals engaged in the activity and use of mediating tools to achieve outcomes

(Leadbetter, 2017). In addition, as the researcher was an active participant within the research process, the researcher maintained a journal detailing her own thoughts, feelings and decisions (Alvesson & Sköldberg, 2009). This contrasts with quantitative research which does not recognise that the researcher is actively involved within the research process itself (Bryman, 2012).

4.4.1.2 Critique of the research design. Limited generalisability or transferability of findings is often a criticism of qualitative research (Guba & Lincoln, 1989). While it was aimed to provide a detailed description of the context of the current research, this was problematic as participants were recruited within a region rather than within a specific local authority (Guba & Lincoln, 1989). Although recruiting professionals working within a local authority was preferable, it was considered necessary to conduct the research at a regional level in order to obtain a sufficient sample size (Bryman, 2012). It is acknowledged that if the research was conducted at a local level, a case study design could have been employed (Yin, 2018). This may have allowed for tentative comparisons to be made between the research findings and similar contexts (Yin, 2018). Furthermore, if participants were recruited within a specific local authority, it would have been more feasible for such participants to engage in DWR (Engeström, 1999b). As part of such DWR, action points on how to overcome key contradictions could have been discussed and agreed upon (Engeström, 1999b).

An additional limitation of the research design may have included that the demographic questionnaire was only completed by those partaking in semi-structured interviews (Mertens, 2015). Instead, it may have been considered worthwhile to distribute a national quantitative survey to psychologists and social workers to enhance generalisability of findings (Bryman, 2012). However, it was recognised that many professionals may not have relevant experience in the area of investigation, as children in care are a minority group (Darmody et al., 2013). Furthermore, adoption of

quantitative methods on a national scale was contradictory to the aims of the study which was to gain a more in-depth understanding of the area of investigation based upon professionals' experiences and expertise (Bryman, 2012; Robson, 2011).

4.4.2 Data collection methods. Semi-structured interviews were employed as the primary method of data collection within the present research (Bryman, 2012). A demographic questionnaire was also completed by participants to elicit information about their professional backgrounds, current roles and length of experience (Mertens, 2015). In addition, questions pertaining to participants' engagement in training or research relevant to supporting children in care within the demographic questionnaire were adapted from previous research (Norwich et al., 2010; Osborne et al., 2009).

4.4.2.1 Strengths of the data collection methods employed. It was considered most appropriate to employ semi-structured interviews as the method of data collection due to the sensitive and confidential nature of the information obtained regarding children in care (Thomas, 2013). This method of data collection also allowed for flexibility of the researcher to probe participants further to elicit more in-depth responses (Robson, 2011). In addition, semi-structured interviews afforded participants the opportunity to reveal their authentic perspectives in a one-to-one situation (Robson & McCartan, 2016). In-depth, authentic responses may not have been as forthcoming within the context of a focus group, due to fears of negative judgements from, or potential conflict with, fellow professionals (Robson & McCartan, 2016).

4.4.2.2 Critique of the data collection methods employed. Utilising semi-structured interviews is considerably more time-consuming than other data collection methods such as questionnaires or focus groups (Mertens, 2015). Within the current study, additional time was not only required to organise and conduct interviews, but also, to transcribe and code participants' responses (Robson & McCartan, 2016). The presence of the interviewer during face-to-face interviews may have inadvertently

affected participants' responses within the present study (Robson & McCartan, 2016). More specifically, research outlines that during semi-structured interviews, participants may be susceptible to experiencing social desirability bias in terms of under-reporting perspectives that are perceived to be less socially acceptable and over-reporting perspectives perceived to be more desirable (Bryman, 2012). It is unknown whether participating psychologists and social workers were subject to social desirability bias as feedback was not obtained regarding participants' motives to represent their profession in a particular light or details of feelings experienced by professionals during the interview process (Bryman, 2012). Nonetheless, questions were phrased sensitively and asked utilising a neutral tone in order to minimise social desirability effects (Krumpal, 2013). Moreover, participants were assured that the responses they provided would remain confidential. This has been shown to reduce social desirability bias in previous research (Singer, Von Thurn, & Miller 1995).

A further limitation of the data collection methods adopted was that semi-structured interviews, along with demographic questionnaires, were the only data sources employed (Patton, 1990). Consequently, triangulation of findings across multiple data sources was not possible (Bryman, 2012). Therefore, a lack of internal validity of the data obtained is recognised as a shortcoming of the current study (Patton, 1990). This may have been overcome through carrying out site visits and taking field notes, as conducted by Farrell et al. (2006). Nonetheless, this was not feasible due to the time constraints inherent within the DECPsy programme. Although multiple sources of data were not utilised, the perspectives of multiple stakeholders were obtained (Bryman, 2012). However, it is recognised that demonstrating consistency across sources contradicts the assumption that multiple realities are experienced by professionals from different backgrounds (Guba & Lincoln, 1989). Instead, gaining information from

multiple stakeholders allowed for comparisons to be made between psychologists' and social workers' perspectives (Guba & Lincoln, 1989).

4.4.3 Research sample. Psychologists working across a variety of services and social workers employed by the CFA agreed to partake in the current research. Non-probabilistic purposive sampling was adopted to recruit participants with experience of engaging in multi-agency work to support children in care (Bryman, 2012).

4.4.3.1 Strengths of the sampling approach adopted. Use of non-probabilistic purposive sampling ensured that participants could provide in-depth insights into factors that may impact upon engagement in multi-agency work to support children in care, based on their experiences and expertise (Bryman, 2012; Robson, 2011). Although a random sample was not employed, participating psychologists and social workers came from a variety of professional backgrounds and had varying levels of experience (Robson, 2011). In addition, recruitment of social workers was a strength of the current study as they are involved in supporting children in care in the long-term (Tusla, 2019b). Moreover, social workers elicit the voices of children in care when making decisions that will impact on their lives (Brady et al., 2019). Therefore, social workers' perspectives may have inadvertently reflected the voices of children in care in the present study.

4.4.3.2 Critique of the sampling approach adopted. When designing the research project, I was advised against including the voices of children in care or their biological and/or foster parents by members of the Mary Immaculate College DECPsy team. This recommendation was made based upon the challenges in obtaining ethical approval for conducting research with this vulnerable cohort and the time constraints of conducting research as part of the doctoral programme (Holland, 2009). I recognise that this is a weakness of the current study as CYP should be involved in decision-making that affects their lives, as outlined in the Child and Youth Participation Strategy 2019-

2023 (Tusla, 2019c). This strategy is based upon the Lundy model of participation (Lundy, 2007). The model outlines that four key elements should be afforded to CYP, including space, voice, audience and influence (Lundy, 2007). These elements are further described in Figure 22. Nonetheless, as previously outlined, gaining social workers' perspectives may have reflected the voices of children in their care (Brady et al., 2019).

Figure 22. Lundy model, as shown in the CYP participation strategy (Tusla, 2019c, p. 12).

An additional limitation of the current research was that a small sample of social workers was obtained due to difficulties in the recruitment process (Mertens, 2015). As highlighted by one social work team leader, this may have occurred because social workers have a high volume of other work commitments (Brady, 2014). Nonetheless, the literature regarding how to establish a sufficient sample size in qualitative research is inconsistent, with different studies reporting a sufficient sample of between five and 50 cases (Baker & Edwards, 2012; Guest, Bunce, & Johnson, 2006). In accordance with this, obtaining a sample size of five social workers was considered satisfactory within the current study.

While varying levels of experience were reported by participating professionals, the percentage of males within the study (10%) was not reflective of the percentage of males working within the profession more generally (20%) (Morison, Trigeorgis, & John, 2014). Adoption of stratified purposive sampling may have allowed for a more representative sample to be obtained in this regard (Mertens, 2015). Nonetheless, the sample obtained was considered relatively representative insofar as participants of both genders were included, held varying qualification levels and had different levels of experience working within their current service and working with children in care (Bryman, 2012).

4.5 Reflections on Data Analysis

4.5.1 Methods of data analysis. The present research adopted a two-phase approach to data analysis (Robson, 2011). The initial inductive stage involved extracting themes from the raw data through employing the six phases of thematic analysis (Braun & Clarke, 2006; Patton, 1990). This inductive method of analysis was adopted as it can be used interchangeably with a range of theoretical frameworks, including activity theory (Braun & Clarke, 2006). Consequently, the second phase of data analysis involved deductively mapping the themes derived during phase one onto the seven nodes of activity theory (Engeström, 2001).

4.5.1.1 Strengths of the data analysis methods employed. A notable strength of the current study was that a systematic approach to data analysis was employed which involved two stages. Firstly, conducting thematic analysis allowed for the abstraction of themes that were closely linked to the data without being constrained by pre-existing theory (Patton, 1990). In addition, it also captured both apparent and more complex nuances of meaning within the textual information obtained (Guest et al., 2012). During the coding phase of the current research, use of NVivo 12 software facilitated the

effective organisation and management of raw data to support the analysis process (Woods, Paulus, Atkins, & Macklin, 2016). In line with this, Nowell, Norris, White and Moules (2017) previously outlined that using qualitative data analysis software, such as NVivo, can assist the researcher to analyse the data in a rigorous and trustworthy manner. The second stage of data analysis involved mapping inductive themes onto a pre-existing theoretical framework (Braun & Clarke, 2006). Although it is argued that use of a deductive approach to data analysis may lead to a reduction in the depth and complexity of data, a detailed description of the data pertaining to each node of activity theory was maintained (Braun & Clarke, 2006). This was achieved through mapping the inductive themes onto the nodes of activity theory (Braun & Clarke, 2006).

4.5.1.2 Critique of the data analysis methods employed. It is recognised that it would have been preferable for all transcripts to be coded by an independent coder (Nowell et al., 2017). However, this was not possible as the researcher was not part of a wider research team which could have allowed for greater discussion and consensus coding (Nowell et al., 2017). Instead, the data was both collected and analysed by the researcher (Robson, 2011). In order to reduce researcher bias, a sample of the data was coded by an independent coder who was also a doctoral student on the DECPsy programme. Differences in codes assigned to the research were discussed and amended where necessary (Braun & Clarke, 2006). Furthermore, data analysis and research findings were discussed and refined during supervision in order to further reduce researcher bias (Braun & Clarke, 2006).

4.6 Reflections on Ethical Considerations

4.6.1 Ethical considerations. Ethical approval was received from the Mary Immaculate College Research Ethics Committee (MIREC) prior to commencement of data collection. In addition, a range of procedures were adopted throughout the research

process, in line with the PSI Code of Ethics (PSI, 2010) and the BPS Code of Ethics and Conduct (BPS, 2009).

4.6.1.1 Strengths of ethical considerations employed. A strength of the current study was that a pilot study was conducted prior to data collection to ensure that questions within the interview schedule were sensitively phrased (Bryman, 2012). This was important to ensure that participants did not feel as though they were being judged or criticised and instead, could share their authentic perspectives (Robson & McCartan, 2016). Furthermore, the researcher strived to maintain a non-judgemental, open stance throughout the process in order to uphold the principle of respect for the rights and dignity of the person within the PSI Code of Ethics (PSI, 2010). An additional strength of the ethical procedures adopted included that care was taken to ensure that information obtained was appropriately anonymised (PSI, 2010). When anonymising data, the researcher was cognisant of doing so in accordance with the recommendations outlined within the PSI Code of Ethics (PSI, 2010) and the BPS Code of Human Research Ethics (BPS, 2014). In particular, when writing up the research findings, high levels of care were taken to ensure quotations were not traceable to a particular psychologist, social worker or service or most importantly, to an individual child in care (BPS, 2014; PSI, 2010). In addition, names of specific organisations or services were removed from transcripts (BPS, 2014; PSI, 2010).

4.6.1.2 Critique of ethical considerations employed. In spite of receiving ethical approval for the research study, some subsequent ethical dilemmas emerged which the researcher had to overcome during the research process (Bryman, 2012). For instance, it transpired that some participating professionals were known to the researcher. As a result, it was necessary to emphasise particular ethical parameters to ensure valid consent was acquired (BPS, 2014). Specifically, when inviting individuals known to the researcher to participate, they were assured that their participation was entirely optional

and that they were free to decline the invitation without providing a reason for doing so (BPS, 2014). During interviews, participants known to the researcher were also assured that they were free to abstain from answering particular questions or withdraw from the interview at any stage (BPS, 2014).

An additional ethical issue pertained to the sensitive and emotive nature of the research topic (Bride, 2007; Diehm, Mankowitz, & King, 2019). Accordingly, greater emphasis was afforded to minimising potential risks to participants during the research process, in line with the PSI Code of Ethics (PSI, 2010) and the BPS Code of Human Research Ethics (BPS, 2014). This was achieved through devising a planned procedure which outlined steps that would be taken in the event that participants became upset during the interview process. In this instance, the interview would be discontinued and professionals would be signposted to a range of support services, such as the Samaritans or the HSE national counselling service (BPS, 2014). Notably, such plans did not need to be enacted during any interview.

4.7 Implications for Practice, Policy and Future Research

As this project was small-scale in nature and is not without its limitations, tentative recommendations and implications can be drawn from the research findings. Such implications pertain to the understanding of the research topic, alongside implications for policy, practice and future research.

4.7.1 Implications for understanding of the research topic. This study's findings contribute to the research base on multi-agency work to support children in care, particularly within an Irish context where the research base is limited. Specifically, the research explored the perspectives of psychologists and social workers employed within a range of settings in order to inform the evolving role of the EP (HSE, 2016a). Furthermore, the research delineated factors that may contribute to how roles and

responsibilities are shared between professionals, as perceived by participating psychologists and social workers. In addition, facilitators and barriers to engaging in multi-agency work to support children in care specific to an Irish context were examined (Coulter, 2015).

4.7.2 Implications for policy. In particular, the findings of the present study outline potential barriers to implementing existing policy frameworks pertaining to multi-agency work in Ireland, such as the joint working protocol between Tusla and the HSE (HSE & Tusla, 2017). For example, a key contradiction the emerged within the present study related to the way in which such protocols are developed and agreed at management levels and that frontline workers are not consulted during the process. This suggests that a potential implication for policy development includes involving all stakeholders in the process which mirrors recommendations outlined within the Better Outcomes Brighter Futures policy framework (DCYA, 2014).

4.7.3 Implications for practice. The primary aim of exploring contradictions within and between activity systems is to elucidate potential areas for change or development (Leadbetter, 2017). Accordingly, a number of implications for practice emerged regarding the role of psychologists and social workers, factors that influence role demarcation and facilitators to multi-agency work to support children in care.

4.7.3.1 Role of the psychologist. The findings of the current research revealed that psychologists perceive themselves to be skilled consultants, ethical practitioners and supportive professionals when engaging in multi-agency work to support children in care. While these findings pertain to the role of the psychologist more generally, such findings inform the evolving role of the EP as they are now eligible to work across a broad range of services for CYP (HSE, 2016a). Although psychologists are guided by the principles outlined within the PSI Code of Ethics (2010), the findings of the current study indicated that engaging in ethical decision-making during multi-agency work to

support children in care can be challenging for a variety of reasons. For instance, psychologists highlighted that ethical decision-making is constrained by legal rulings and by the remit of services. As a result, psychologists negotiate with other professionals, namely the child's allocated social worker, to overcome ethical dilemmas that arise. Although the findings revealed that psychologists may not directly work with children in care, they may support and provide peer supervision to other professionals who have built a positive relationship with a child. Notably, this alternative role may be advantageous in order to establish greater consistency for the child and to support their attachment needs (Atwool, 2006).

4.7.3.2 Facilitators. A prominent theme that emerged within the current study was that developing and maintaining positive working relationships acts as a facilitator to engaging in multi-agency work to support children in care. Therefore, this suggests that it is worthwhile for professionals to invest time in building relationships with professionals working within other services or agencies in the local area. Notably, social workers also reported that establishment of a positive relationship between involved services, children in care and their biological and/or foster families may play a role in facilitating multi-agency work. In addition, social workers highlighted that it may take time for families and children in care to trust professionals within services.

An additional facilitator to multi-agency work, as perceived by participants, included having a shared understanding of the needs of the child in care in terms of adopting shared conceptual frameworks. Contrastingly, a lack of, or differences in understanding between professionals, can act as a constraining factor. Tensions were noted regarding inconsistencies in resources within and between services, such as having access to specialist supervision and training. This may in turn lead to difficulties in reaching a shared understanding as professionals within certain services. Accordingly, professionals require access to increased levels of training and supervision

which complement approaches adopted in other services. Notably, adopting consistent resources across services, such as the Circle of Security model (Cooper et al., 2005), was perceived to facilitate multi-agency work. Moreover, this model may be adopted to encourage foster parents to take more of a lead.

4.7.3.3 Sharing of roles and responsibilities. Findings of the current study delineated factors which influence how roles and responsibilities are shared between professionals, as perceived by participants. In particular, contradictions emerged regarding psychologists' and social workers' perspectives. Therefore, this suggests that it is necessary for professionals to explicitly outline a clear rationale for assigning roles to professionals during multi-agency work. In addition, it is necessary for professionals engaged in multi-agency work to negotiate potential power imbalances so that all professionals feel as though their contributions are valued. Furthermore, it is essential for professionals to become aware of factors which could potentially influence role demarcation.

4.7.4 Implications for future research. The current research investigated psychologists' and social workers' perceptions of engaging in multi-agency work to support children in care within an Irish context. It is acknowledged that other studies have previously incorporated the voices of biological parents, foster parents and teachers within their participant sample (e.g. Garstka et al., 2014; McLean, 2012). Therefore, further research is warranted to gain more in-depth insights into their perspectives within an Irish context. Interestingly, few research studies have included the voices of children in care. It is therefore recommended for future research to gain their perspectives, in accordance with recommendations outlined within the Child and Youth Participation Strategy 2019-2023 (Tusla, 2019c). Exploring the views of children in care regarding their involvement with professionals from different services may

provide valuable insights into potential improvements to sharing of roles and responsibilities between professionals.

Future research may employ alternative methods of data collection and analysis to further delineate facilitators and barriers to engage in multi-agency work to support children in care and/or to explore the role of psychologists during this process. For instance, grounded theory may be adopted as an alternative approach, with the aim of inductively generating theory regarding the role of the psychologist (Guest et al., 2012). Whilst use of focus group methodology was rejected within the current study, it may be beneficial to adopt this method of data collection in future research. More specifically, focus groups, incorporating a range of professionals, may be facilitated by moderators with experience of managing potential conflicts or differences of opinion that may emerge between participants. This would be necessary in order to minimise potential risks involved in adopting such an approach and maximise the potential benefits of open discussions between professionals.

Adoption of a case study design may also provide additional insights into facilitators and barriers to engaging in multi-agency work to support children in care at a local level (Yin, 2018). This may be particularly advantageous as a barrier that was derived from the current research included that there were inconsistencies in resources within and between agencies. More specifically, adoption of a case study approach may allow for the exploration of differing perceptions and activities of professionals involved in multi-agency work to support an individual child in care. This in turn would also allow for a more detailed description of the context of the research to be provided (Guba & Lincoln, 1989). Furthermore, as discussed previously, adoption of a case study design may provide greater scope for adopting third-generation activity theory and consequently, undertaking DWR workshops within a specific local authority (Engeström, 1999b). While there was insufficient scope to undertake DWR during the

time allotted to research within the DECPsy programme, it may prove worthwhile for researchers, or indeed service managers within local authorities, to consider in future.

4.8 Conclusions

Although engaging in research as part of the DECPsy programme was challenging at times, it has enabled me to develop skills that will undoubtedly benefit my future career as an EP. In particular, the research process has afforded me the opportunity to develop both my reflective and reflexive skills (Fenge, 2009), as well as my skills as a researcher. As aforementioned, engaging in research on the current topic will be invaluable in terms of enabling me to work with other professionals from other agencies in the future (Fenge, 2009). Moreover, I now have a greater appreciation and understanding of the challenges faced by children in care, their respective biological and foster families, and indeed professionals in navigating through the complexities of the Irish child care system. It is hoped that the findings of the current research will support professionals, including psychologists and social workers, when engaging in multi-agency work concerning children in care in the future.

5.0 Impact Statement

The national policy framework for CYP in Ireland, entitled Better Outcomes, Brighter Futures (DCYA, 2014), highlights that obtaining the perspectives of professionals is warranted to inform improvements to multi-agency work. Accordingly, the perspectives of psychologists and social workers were obtained within this thesis, with a specific focus on multi-agency work to support children in care.

A notable strength of this research is recognised in terms of contributing to the empirical literature on multi-agency work to support children in care, particularly within the Irish context where research is limited. In addition, adoption of second-generation activity theory (Engeström, 1987) as a conceptual framework allowed for the exploration of contradictions between psychologists' and social workers' perceptions, thus serving to inform implications for practice and policy.

The greatest impact of this study is acknowledged in terms of providing implications for the practice of professionals during multi-agency work to support children in care. As EPs are now eligible to work across a broad range of services (HSE, 2016a), additional guidance regarding their evolving role is required. By eliciting the perspectives of experienced psychologists working across a range of settings, this served to elucidate the potential contribution EPs can make to multi-agency work concerning children in care.

Additionally, the findings of the current research are of relevance to a broader range of professionals involved in multi-agency work concerning children in care. In particular, factors which impact on role demarcation as well as facilitating and constraining factors specific to an Irish context were highlighted (Coulter, 2015).

Eodanable and Lauchlan (2009) emphasised that research conducted by applied EPs may inform changes to policy or legislation. The findings of the current study suggest that involvement of frontline workers in the development of multi-agency policies or protocols is necessary to support the implementation of such policies and protocols in practice. Alternatively, training may be provided to professionals regarding existing policies and protocols, such as the joint working protocol between Tusla and the HSE (2017).

Findings of the current study also highlighted that input on engagement in multi-agency work and the needs of children in care should be provided to EPs during their professional training. This is essential to support their engagement in such work post-qualification. Additionally, this is considered pertinent, as navigating the complexities of the Irish child care system is challenging for professionals (Gilligan, 2019). Moreover, children in care have been identified as one of the most disadvantaged and vulnerable groups in Irish society (McNicholas et al., 2011).

It is envisaged that this study may inspire future research within services to bring about professional and organisational development. For example, the means by which third-generation-activity theory (Engeström, 1999b) may be adopted to bring about service and organisational change has been outlined within this work. Notably, the researcher has already commenced dissemination through a national conference presentation at the Annual PSI Conference 2019. It is intended that this is extended further to applied settings through presenting the findings at team meetings within local services, as well as at further conferences. Finally, the researcher aims to "give psychology away" to a wider audience through the publication of the findings in a peer-reviewed journal (Miller, 1969, p. 1074).

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7.0 Appendices

Appendix A. Articles Excluded (*n* = 89) and Included (*n* = 4) at Screening Stage

Article	Exclusion criteria number(s)
Ambroz, H. J. D. (2007). Legal professionals as teachers of foster youth: Changing expectations and demanding the best. *Family Court Review, 45*(3), 438–443. doi:10.1111/j.1744-1617.2007.00158.x	3 (not based on multi-agency work)
Askew, J., Rodgers, P., & West, A. (2016). Who cares for care leavers? *New Directions for Higher Education, (175),* 49-56. doi:10.1002/he.20198	1 (Book chapter), 3 (not based on multi-agency work)
Benjamin-Neelon, S. E. (2018). Position of the Academy of Nutrition and Dietetics: Benchmarks for nutrition in child care. *Journal of the Academy of Nutrition and Dietetics*, *118*(7), 1291-1300. doi:10.1016/j.jand.2018.05.001	3, 4 (not based on multi-agency work or children in care)
Bilson, A., Price, J., & Stanley, N. (2011). Developing employment opportunities for care leavers. *Children & Society*, *25*(5), 382-393. doi:10.1111/j.1099-0860.2009.00287.x	3 (not based on multi-agency work)
Bobino, J. F. (2015). Fostering resilience in foster youth: Developing a school-based support program. *Dissertation Abstracts International Section A: Humanities and Social Sciences. ProQuest Information & Learning.*	3 (not based on multi-agency work)
Bonfield, S., Collins, S., Guishard-Pine, J., & Langdon, P. E. (2010). Help-seeking by foster-carers for their “looked after” children: The role of mental health literacy and treatment attitudes. *British Journal of Social Work, 40*(5), 1335–1352. https://doi-org.libraryproxy.mic.ul.ie/10.1093/bjsw/bcp050	3 (not based on multi-agency work)
Brewin, M., & Statham, J. (2011). Supporting the transition from primary school to secondary school for children who are looked after. *Educational Psychology in Practice, 27*(4), 365–381. doi:10.1080/02667363.2011.624301	3 (not based on multi-agency work)

Briggs, A. (2015). *Towards belonging: Negotiating new relationships for adopted children and those in care.* (A. Briggs, Ed.). London: Karnac Books.	1 (Book), 3 (not based on multi-agency work)
Briggs, A. (2015). Towards belonging: Conceptual definitions. In A. Briggs (Ed.), *Towards belonging: Negotiating new relationships for adopted children and those in care.* (pp. 19–40). London: Karnac Books.	1 (Book chapter), 3 (not based on multi-agency work)
Briggs, A. (2012). *Waiting to be found: Papers on children in care.* (A. Briggs, Ed.). London: Karnac Books.	1 (Book), 3 (not based on multi-agency work)
Briggs, A. (2012). Focusing on the relationship with the child. In A. Briggs (Ed.), *Waiting to be found: Papers on children in care.* (pp. 25–41). London: Karnac Books.	1 (Book Chapter), 3 (not based on multi-agency work).
Burnside, L., Fuchs, D., Marchenski, S., Mudry, A., De Riviere, L., Brownell, M., & Dahl, M. (2011). The impact of FASD: Children with FASD involved with the Manitoba Child Welfare System. In E. P. Riley, S. Clarren, J. Weinberg, & E. Jonsson (Eds.), *Fetal alcohol spectrum disorder: Management and policy perspectives of FASD*. (pp. 275–295). New York: Wiley-Blackwell.	3 (not based on multi-agency work), 4 (not focused on children in care)
Callaghan, J., Young, B., Pace, F., & Vostanis, P. (2004). Evaluation of a New Mental Health Service for Looked After Children. *Clinical Child Psychology and Psychiatry, 9*(1), 130–148. doi:10.1177/1359104504039177	3 (focused upon one service as opposed to multi-agency work between services)
Callaghan, J., & Vostanis, P. (2004). Prevention of Mental Health Problems in Socially Excluded Children and Young People: A model for mental health service provision. In K. N. Dwivedi & P. B. Harper (Eds.*), Promoting the emotional well-being of children and adolescents and preventing their mental ill health: A handbook.* (pp. 219–233). London: Jessica Kingsley Publishers.	1 (Book chapter), 3 (not focused on multi-agency work)
Cao, E., & Gowda, D. (2018). Collaborative songwriting for health sciences interprofessional service learning. *Medical Education, 52*(5), 550. doi:10.1111/medu.13555	3, 4 (not based on multi-agency work or children in care)
Clare, M., Anderson, B., Bodenham, M., & Clare, B. (2017). Leaving Care and at Risk of Homelessness: The Lift Project. *Children Australia, 42*(1), 9-17. doi:10.1017/cha.2017.2	3 (not based on multi-agency work)

Reference	Reason
Coulling, N. (2000). Definitions of successful education for the "looked after" child: A multi-agency perspective. *Support for Learning, 15*(1), 30–35. doi:10.1111/1467-9604.00139 does not look at factors that impact on multi agency work per se and also contains secondary data-report on study	6 (not an empirical study- reports on secondary data instead)
D'Arcy, K., & Brodie, I. (2015). Roma children and young people in Bulgaria: Patterns of risk and effective protection in relation to child sexual exploitation. *Social Inclusion, 3*(4), 1-9. doi:10.17645/si.v3i4.224	3 (not focused on multi-agency work)
Datta, J., Macdonald, G., Barlow, J., Barnes, J., & Elbourne, D. (2017). Challenges faced by young mothers with a care history and views of stakeholders about the potential for group family nurse partnership to support their needs. *Children & Society, 31*(6), 463-474. doi:10.1111/chso.12233	3 (not focused on multi-agency work)
Didden, K. A. (2007). Child care decision making among parents of young children: A constructivist inquiry. *Dissertation Abstracts International Section A: Humanities and Social Sciences. ProQuest Information & Learning.*	3, 4 (not focused on multi-agency work or children in care)
Eydal, G. B., & Gíslason, I. V. (2014). *Family policies: The case of Iceland. In M. Robila (Ed.), Handbook of family policies across the globe.* (pp. 109–124). New York, NY: Springer Science + Business Media. https://doi-org.libraryproxy.mic.ul.ie/10.1007/978-1-4614-6771-7_8	1 (Book chapter), 3, 4 (not focused on multi-agency work or children in care)
Fleming, P., Bamford, D. R., & McCaughley, N. (2005). An exploration of the health and social wellbeing needs of looked after young people--a multi-method approach. *Journal of Interprofessional Care, 19*(1), 35–49. doi:10.1080/13561820400021775	3 (not focused on multi-agency work)
Francis, Y. J., Bennion, K., & Humrich, S. (2017). Evaluating the outcomes of a school based Theraplay® project for looked after children. *Educational Psychology in Practice, 33*(3), 308-322. doi:10.1080/02667363.2017.1324405	3 (not focused on multi-agency work)
Freundlich, M., Heffernan, M., & Jacobs, J. (2004). Interjurisdictional Placement of Children in Foster Care. Child Welfare: *Journal of Policy, Practice, and Program, 83*(1), 5–26.	3 (not focused on multi-agency work)

Friedman, B. D., Reifel, B., Reed, A., & Cloud, D. (2015). Overcoming barriers to mental health services for foster children. In J. Merrick (Ed.), *Child health and human development yearbook 2014*. (pp. 75–83). Hauppauge, NY: Nova Science Publishers. Retrieved from bfriedman@csub.edu	1 (Book chapter), 3 (not focused on multi-agency work)
Gallagher, B., Brannan, C., Jones, R., & Westwood, S. (2004). Good practice in the education of children in residential care. *British Journal of Social Work, 34*(8), 1133-1160. doi:10.1093/bjsw/bch133	3 (not focused on multi-agency work)
Golding, K. S. (2010). Multi-agency and specialist working to meet the mental health needs of children in care and adopted. *Clinical Child Psychology and Psychiatry, 15*(4), 573–587. doi:10.1177/1359104510375933	6 (not an empirical study-reports on secondary data instead)
Hardy, C., Hackett, E., Murphy, E., Cooper, B., Ford, T., & Conroy, S. (2015). Mental health screening and early intervention: Clinical research study for under 5-year-old Children in Care in an inner London borough. *Clinical child psychology and psychiatry, 20*(2), 261-275. doi:10.1177/1359104513514066	3 (not focused on multi-agency work)
Harker, R. M., Dobel-Ober, D., Berridge, D., & Sinclair, R. (2004). More than the sum of its parts? inter-professional working in the education of looked after children. *Children & Society, 18*(3), 179-193. doi:10.1002/chi.787	Included
Harris, R., & Ayo, Y. (2011). The role of a child & adolescent mental health service with looked-after children in an educational context. In R. Harris, S. Rendall, & S. Nashat (Eds.), Engaging with complexity: *Child and adolescent mental health and education.* (pp. 151–166). London: Karnac Books.	1 (Book chapter), 3 (not focused on multi-agency work)
Havlicek, J., Curry, A., & Villalpando, F. (2018). Youth participation in foster youth advisory boards: Perspectives of facilitators. *Children and Youth Services Review, 84*, 255–270. doi:10.1016/j.childyouth.2017.12.016	3 (not focused on multi-agency work)
Heckford, E., & Beringer, A. J. (2014). Advance care planning: Challenges and approaches for paediatricians. *Journal of Palliative Medicine, 17*(9), 1049–1053.	3, 4 (not focused on multi-agency work or children in care)

Herrman, H., Humphreys, C., Halperin, S., Monson, K., Harvey, C., Mihalopoulos, C., Cotton, S., Mitchell, P., Glynn, T., Magnus, A., Murray, L., Szwarc, J., Davis, E., Havighurst, S., McGorry, P., Tyano, S., Kaplan, I., Rice, S., & Moeller-Saxone, K (2016). A controlled trial of implementing a complex mental health intervention for carers of vulnerable young people living in out-of-home care: The Ripple Project. *BMC Psychiatry, 16*(1), 436. doi:10.1186/s12888-016-1145-6	3 (not focused on multi-agency work)
Hodges, N., Watchravesringkan, K., Yurchisin, J., Hegland, J., Karpova, E., Marcketti, S., & Yan, R. (2015). Assessing curriculum designed to foster students' entrepreneurial knowledge and small business skills from a global perspective. *Family and Consumer Sciences Research Journal, 43*(4), 313–327.	3, 4 (not focused on multi-agency work or children in care)
Hooper, C. A., & Gunn, R. (2014). Recognition as a framework for ethical participatory research: Developing a methodology with looked after young people. *International Journal of Social Research Methodology: Theory & Practice, 17*(5), 475–488. doi:10.1080/13645579.2012.753980	3 (not focused on multi-agency work)
Huebner, R. A., Jones, B. L., Miller, V. P., Custer, M., & Critchfield, B. (2006). Comprehensive Family Services and Customer Satisfaction Outcomes. *Child Welfare: Journal of Policy, Practice, and Program, 85*(4), 691–714.	3 (not focused on multi-agency work)
Ina-Egbe, E. F. (2018). Counselors' experience of providing services to looked-after children in the United Kingdom: A generic qualitative inquiry. *Dissertation Abstracts International: Section B: The Sciences and Engineering. ProQuest Information & Learning.*	3 (not focused on multi-agency work)
Ishitsuka, K., Nakayama, S. F., Kishi, R., Mori, C., Yamagata, Z., Ohya, Y., Kawamoto, T., & Kamijima, M. (2017). Japan Environment and Children's Study: backgrounds, activities, and future directions in global perspectives. *Environmental health and preventive medicine, 22*(1), 61.	3, 4 (not focused on multi-agency work or children in care)
Kelly, C., Allan, S., Roscoe, P., & Herrick, E. (2003). The Mental Health Needs of Looked After Children: An Integrated Multi-Agency Model of Care. *Clinical Child Psychology and Psychiatry, 8*(3), 323–335. doi:10.1177/1359104503008003004	6 (not an empirical study- reports on secondary data instead)

Klein, B., Damiani, T. G., Koster, A., Campbell, J., & Scholz, C. (2015). Diagnosing attention-deficit hyperactivity disorder (ADHD) in children involved with child protection services: Are current diagnostic guidelines acceptable for vulnerable populations? *Child: Care, Health and Development, 41*(2), 178–185. doi:10.1111/cch.12168	3 (not focused on multi-agency work)
Lee, S. Y., Benson, S. M., Klein, S. M., & Franke, T. M. (2015). Accessing quality early care and education for children in child welfare: Stakeholders' perspectives on barriers and opportunities for interagency collaboration. *Children and Youth Services Review, 55*, 170-181. doi:10.1016/j.childyouth.2015.06.003	Included
Leeds, I. L., Engel, P. M., Derby, K. S., Kapadia, S. M., Chery, M. P., & Bhatt, A. (2010). Two cases of Restavek-related illness: Clinical implications of foster neglect in Haiti. *The American journal of tropical medicine and hygiene, 83*(5), 1098-1099.	3 (not focused on multi-agency work)
MacDonald, M., & McLoughlin, P. (2016). Paramountcy, family rights and contested adoption: Does contact with birth relatives balance the scales? *Child Care in Practice, 22*(4), 401–407. doi:10.1080/13575279.2016.1208147	3 (not focused on multi-agency work)
MacIntyre, G., Stewart, A., & McGregor, S. (2019). The double-edged sword of vulnerability: Explaining the persistent challenges for practitioners in supporting parents with intellectual disabilities. *Journal of Applied Research in Intellectual Disabilities, 32*(6), 1523-1534. doi:10.1111/jar.12647	4 (not focused on children in care)
MacMillan, H. L., Wathen, C. N., Barlow, J., Fergusson, D. M., Leventhal, J. M., & Taussig, H. N. (2009). Interventions to prevent child maltreatment and associated impairment. *The Lancet, 373*(9659), 250–266.	3 (not focused on multi-agency work)
Maddock, M., Drummond, M. J., Koralek, B., & Nathan, I. (2007). Doing school differently: Creative practitioners at work. *Education 3-13, 35*(1), 47–58. doi:10.1080/03004270601103319	3 (not focused on multi-agency work)
Magee, C., Guhn, M., Schonert-Reichl, K. A., & Oberle, E. (2019). Mental well-being among children in foster care: The role of supportive adults. *Children and Youth Services Review, 102*, 128–134. doi:10.1016/j.childyouth.2019.05.005	3 (not focused on multi-agency work)

Mai, Q. D., Hill, T. D., Vila, H. L., & Grandner, M. A. (2019). Employment insecurity and sleep disturbance: Evidence from 31 European countries. *Journal of Sleep Research, 28*(1), 1–8. doi:10.1111/jsr.12763	3, 4 (not focused on multi-agency work or children in care)
Marsh, P. (2006). Promoting Children's Welfare by Interprofessional Practice and Learning in Social Work and Primary Care. *Social Work Education, 25*(2), 148–160. doi:10.1080/02615470500487622	6 (not an empirical study-reports on secondary data instead)
Murphy, D., & Jenkinson, H. (2012). The mutual benefits of listening to young people in care, with a particular focus on grief and loss: An Irish foster carer's perspective. *Child Care in Practice, 18*(3), 243–253. doi:10.1080/13575279.2012.683772	3 (not focused on multi-agency work)
Nathanson, D., Lee, G., & Tzioumi, D. (2009). Children in out-of-home care: Does routine health screening improve outcomes? *Journal of Paediatrics and Child Health, 45*(11), 665–669. doi:10.1111/j.1440-1754.2009.01592.x	3 (not focused on multi-agency work)
Neumann, J. E. (2010). How integrating organizational theory with systems psychodynamics can matter in practice: A commentary on critical challenges and dynamics in multiparty collaboration. *Journal of Applied Behavioral Science, 46*(3), 313–321. doi:10.1177/0021886310373464	1 (commentary on article), 4 (not focused on children in care)
Norris, V., & Maher, M. (2009). The trap: Self-harm and young people in foster care and residential settings. In A. Motz (Ed.), *Managing self-harm: Psychological perspectives.* (pp. 82–96). New York, NY: Routledge/Taylor & Francis Group.	3 (not focused on multi-agency work)
Norwich, B., Richards, A., & Nash, T. (2010). Educational psychologists and children in care: Practices and issues. *Educational Psychology in Practice, 26*(4), 375–390. doi:10.1080/02667363.2010.521310	Included
Paylor, I. (2015). Review of Looked after children and offending: Reducing risk and promoting resilience. *Journal of Social Work, 15*(2), 231–232.	1 (Book review), 3 (not focused on multi-agency work)
Pinto, C., & Woolgar, M. (2015). Introduction: Looked-after children. *Child and Adolescent Mental Health, 20*(4), e1–e3. doi:10.1111/camh.12125	3 (not focused on multi-agency work)

Pinto, C., & Woolgar, M. (2015). Editorial: Looked-after children—A perspective into a more resilient future. *Child and Adolescent Mental Health, 20*(4), 181. doi:10.1111/camh.12127	3 (not focused on multi-agency work)
Puddy, R. W., & Jackson, Y. (2003). The Development of Parenting Skills in Foster Parent Training. *Children and Youth Services Review, 25*(12), 987–1013. doi:10.1016/S0190-7409(03)00106-3	3 (not focused on multi-agency work)
Reed, C. S., & Brown, R. E. (2001). Outcome–asset impact model: Linking outcomes and assets. *Evaluation and Program Planning, 24*(3), 287-295. doi:10.1016/S0149-7189(01)00024-6	3, 4 (not focused on multi-agency work or children in care)
Richardson, G. A. (2001, February). Examination of a foster parent training manual in light of attachment theory. *Dissertation Abstracts International: Section B: The Sciences and Engineering. ProQuest Information & Learning.*	3 (not focused on multi-agency work)
Richardson, M., & Edge, A. (2008). Foster family change and transition for a looked-after child. In P. Appleton (ed.), *Children's anxiety: A contextual approach.* (pp. 81–97). New York, NY: Routledge.	1 (Book chapter), 3 (not focused on multi-agency work)
Rockhill, A., Green, B. L., & Furrer, C. (2007). Is the Adoption and Safe Families Act Influencing Child Welfare Outcomes for Families with Substance Abuse Issues? *Child Maltreatment, 12*(1), 7–19. doi:10.1177/1077559506296139	3 (not focused on multi-agency work)
Rosenthal, M. S., Crowley, A. A., & Curry, L. (2008). Family child care providers' experience in health promotion. *Family & Community Health: The Journal of Health Promotion & Maintenance, 31*(4), 326–334.	3, 4 (not focused on multi-agency work or children in care)
Rosenwald, M., & Bronstein, L. (2008). Foster parents speak: Preferred characteristics of foster children and experiences in the role of foster parent. *Journal of Family Social Work, 11*(3), 287-302. doi:10.1080/10522150802292376	3 (not focused on multi-agency work)
Rostill-Brookes, H., Larkin, M., Toms, A., & Churchman, C. (2011). A shared experience of fragmentation: Making sense of foster placement breakdown. *Clinical Child Psychology and Psychiatry, 16*(1), 103–127.	3 (not focused on multi-agency work)

Reference	Reason for exclusion
Sage, M. D. (2011). Child welfare workforce turnover: Frontline workers' experiences with organizational culture and climate, and implications for organizational practice. *Dissertation Abstracts International Section A: Humanities and Social Sciences. ProQuest Information & Learning.*	3 (not focused on multi-agency work)
Salveron, M., Lewig, K., & Arney, F. (2010). Supporting parents whose children are in out-of-home care. In F. Arney & D. Scott (Eds.), *Working with vulnerable families: A partnership approach.* (pp. 227–245). New York, NY: Cambridge University Press. https://doi-org.libraryproxy.mic.ul.ie/10.1017/CBO9780511845376.013	1 (Book chapter), 3 (not focused on multi-agency work)
Selwyn, J., & Sempik, J. (2011). Recruiting adoptive families: The costs of family finding and the failure of the inter-agency fee. *The British Journal of Social Work, 41*(3), 415-431. doi:10.1093/bjsw/bcq075	4 (not focused on children in care)
Simkiss, D. (2005). An integrated care pathway for looked after children can facilitate multi-agency coordination. *Archives of disease in childhood, 90*(9), 987-987. doi:10.1136/adc.2005.072645	6 (not an empirical study-reports on secondary data instead)
Simkiss, D. E., Stallard, N., & Thorogood, M. (2013). A systematic literature review of the risk factors associated with children entering public care. *Child care, health and development, 39*(5), 628-642. doi:10.1111/cch.12010	3 (not focused on multi-agency work)
Slettebø, T. (2013). Partnership with parents of children in care: A study of collective user participation in child protection services. *British Journal of Social Work, 43*(3), 579–595. doi:10.1093/bjsw/bcr188	3 (not focused on multi-agency work)
Soan, S. (2006). Are the needs of children and young people with social, emotional and behavioural needs being served within a multi-agency framework? *Support for Learning, 21*(4), 210–215. doi:10.1111/j.1467-9604.2006.00434.x	6 (not an empirical study-reports on secondary data instead)
Steele, L. (2000). The day fostering scheme: A service for children in need and their parents. *Child & Family Social Work, 5*(4), 317–325. doi:10.1046/j.1365-2206.2000.00173.x	3 (not focused on multi-agency work)
Strickler, A. (2016). Assessing the efficacy of pre-service trainings for treatment foster parents. *Dissertation Abstracts International: Section B: The Sciences and Engineering. ProQuest Information & Learning.*	3 (not focused on multi-agency work)

Sullivan, A. D., Breslend, N. L., Strolin-Goltzman, J., Bielawski-Branch, A., Jorgenson, J., Deaver, A. H., Forehand, G., & Forehand, R. (2019). Feasibility investigation: Leveraging smartphone technology in a trauma and behavior management-informed training for foster caregivers. *Children and Youth Services Review, 101,* 363–371. doi:10.1016/j.childyouth.2019.03.051	3 (not focused on multi-agency work)
Swann, R. C., & York, A. (2011). THINKSPACE—The creation of a multi-agency consultation group for Looked After Children. *Clinical Child Psychology and Psychiatry, 16*(1), 65–71. doi:10.1177/1359104509355018	6 (not an empirical study-reports on secondary data instead)
Swartz, M. I., & Easterbrooks, M. A. (2014). The role of parent, provider, and child characteristics in parent–provider relationships in infant and toddler classrooms. *Early Education and Development, 25*(4), 573–598. doi:10.1080/10409289.2013.822229	3 (not focused on multi-agency work)
Taylor, C., & Broadhurst, K. (2008). Review of Understanding looked after children: An introduction to psychology for foster care. *Child & Family Social Work, 13*(3), 357–358.	1 (Book review), 3 (not focused on multi-agency work)
Timonen-Kallio, E., Hämäläinen, J., & Laukkanen, E. (2017). Interprofessional collaboration in Finnish residential child care: Challenges in incorporating and sharing expertise between the child protection and health care systems. *Child Care in Practice, 23*(4), 389–403. doi:10.1080/13575279.2016.1158153	Included
Vulin-Reynolds, M., Lever, N., Stephan, S., & Ghunney, A. (2008). School mental health and foster care: A logical partnership. *Advances in School Mental Health Promotion, 1*(2), 29–40.	6 (not an empirical study-reports on secondary data instead)
Weinberg, L. (2007). *The systematic mistreatment of children in the foster care system: Through the cracks*. New York, NY: Haworth Press.	1 (Book), 3 (not focused on multi-agency work)
Wendt, B., Zappe, J. G., Scott, J. B., Siqueira, A. C., & Dell'Aglio, D. D. (2017). Social images of children in care, their families, and residential care institutions. In D. D. Dell'Aglio & S. H. Koller (Eds.), *Vulnerable children and youth in Brazil: Innovative approaches from the psychology of social development.* (pp. 229–243). Cham: Springer International Publishing.	1 (Book chapter), 3 (not focused on multi-agency work)

Whittaker, J. K., Holmes, L., del Valle, J. F., Ainsworth, F., Andreassen, T., Anglin, J., Bellonci, C., Berridge, D., Bravo, A., Canali, C., & Courtney, M. (2016). Therapeutic residential care for children and youth: A consensus statement of the international work group on therapeutic residential care. *Residential Treatment for Children & Youth, 33*(2), 89-106. doi:10.1080/0886571X.2016.1215755	3 (not focused on multi-agency work)
Wigley, V., Preston-Shoot, M., McMurray, I., & Connolly, H. (2012). Researching young people's outcomes in children's services: Findings from a longitudinal study. *Journal of Social Work, 12*(6), 573-594.	3 (not focused on multi-agency work)
Williams, K.S. (2017). *In care, out of trouble- a policy perspective.* Yorkshire, England: Merald Group Publishing Ltd.	1 (Book), 3 (not focused on multi-agency work)
Wotherspoon, E., O'Neill-Laberge, M., & Pirie, J. (2008). Meeting the emotional needs of infants and toddlers in foster care: The collaborative mental health care experience. *Infant Mental Health Journal: Official Publication of The World Association for Infant Mental Health, 29*(4), 377-397.	6 (not an empirical study-reports on secondary data instead)
Zago, G. (2017). Il contributo di Anna Maria Bernardinis (1932-2017) alla pedagogia della letteratura per l'infanzia. History of Education & Children's Literature, *12*(2).	3 (not focused on multi-agency work), 5 (not in English)
Zetlin, A. (2006). The experiences of foster children and youth in special education. *Journal of Intellectual and Developmental Disability, 31(*3), 161–165. https://doi-org.libraryproxy.mic.ul.ie/10.1080/13668250600847039	3 (not focused on multi-agency work)
This Issue, in Brief April-June 2004. (2004). *Families in Society, 85*(2), 155–156.	1 (not a research article), 3, 4 (not focused on multi-agency work or children in care)

Appendix B. Studies of Relevance Gleaned from Ancestral Searches (*n* =8)

No.	Full References of Studies of Relevance from Ancestral Searches
1.	Acri, M. C., Palinkas, L., Hoagwood, K. E., Shen, S., Schoonover, D., Reutz, J. R., & Landsverk, J. (2014). Interorganizational relationships among family support organizations and child mental health agencies. *Administration and Policy in Mental Health and Mental Health Services Research*, *41*(4), 447-454. doi:10.1007/s10488-012-0434-8
2.	Davidson, G., Duffy, J., Barry, L., Curry, P., Darragh, E., & Lees, J. (2012). Championing the interface between mental health and child protection: evaluation of a service initiative to improve joint working in Northern Ireland. *Child Abuse Review*, *21*(3), 157-172. doi:10.1002/car.1164
3.	Darlington, Y., & Feeney, J. A. (2008). Collaboration between mental health and child protection services: Professionals' perceptions of best practice. *Children and Youth Services Review*, *30*(2), 187-198. doi:10.1016/j.childyouth.2007.09.005
4.	Darlington, Y., Feeney, J. A., & Rixon, K. (2004). Complexity, conflict and uncertainty: Issues in collaboration between child protection and mental health services. *Children and Youth Services Review*, *26*(12), 1175-1192. doi:10.1016/j.childyouth.2004.08.009
5.	Farrell, P., Woods, K., Lewis, S., Rooney, S., Squires, G., & O'Conner, M. (2006). *Function and contribution of educational psychologists in light of the 'Every Child Matters: Change for Children' agenda.* London: DfES.
6.	Garstka, T. A., Lieberman, A., Biggs, J., Thompson, B., & Levy, M. M. (2014). Barriers to cross-systems collaboration in child welfare, education, and the courts: Supporting educational well-being of youth in care through systems change. *Journal of Public Child Welfare*, *8*(2), 190-211. doi:10.1080/15548732.2014.888697
7.	Janssens, A., Peremans, L., & Deboutte, D. (2010). Conceptualizing collaboration between children's services and child and adolescent psychiatry: A bottom—up process based on a qualitative needs assessment among the professionals. *Clinical child psychology and psychiatry*, *15*(2), 251-266. doi:10.1177/1359104509340651
8.	McLean, S. (2012). Barriers to collaboration on behalf of children with challenging behaviours: a large qualitative study of five constituent groups. *Child & Family Social Work*, *17*(4), 478-486. doi:10.1111/j.1365-2206.2011.00805.x
9.	Ziviani, J., Darlington, Y., Feeney, R., Meredith, P., & Head, B. (2013). Children with disabilities in out-of-home care: Perspectives on organisational collaborations. *Children and Youth Services Review*, *35*(5), 797-805. doi:10.1016/j.childyouth.2013.02.003

Appendix C. Summary of Sample, Methods, Analysis and Findings of Included Studies

Included Study 1	**Country**	**Sample**	**Research Questions/Aims and Methodology**	**Data Analysis**	**Findings**
Acri et al. (2014)	USA	Forty directors of family support services who were characterised as having a close working relationship with a mental health service participated in this study.	The aim of this study was to explore the following: 1) the effective and ineffective aspects of the relationships between family support organisations and mental health organisations, 2) the aspects of the relationship that the family support organisation would change, and 3) the perceived impact of this working relationship from the viewpoint of family support services. Telephone interviews were conducted with the directors of family support organisations. The duration of these interviews took no longer than one hour.	A thematic content analysis of the data was conducted. Data analysis methods were based in grounded theory and interview notes were analysed as follows. Firstly, all data were scrutinised to get an overarching understanding of the data. Secondly, transcripts were coded based on a priori (from interview guide) or emergent themes. Thirdly, codes were assigned to illustrate relationships between categories. In the final stages, codes were grouped to form themes.	Responses regarding the effective and ineffective aspects of the partnership and aspects of the partnership that directors would change were organised into the following themes: (1) ‘interactional factors’, including shared trust, communication, collaboration and service coordination, (2) ‘internal contextual factors’, i.e. internal aspects of the family support service and/or mental health agency; and (3) ‘outer contextual factors’, outside of organisations. Responses to the perceived impact of the relationship was divided into two themes: ‘positive impacts’ (e.g. gained visibility, respect and influence), and ‘negative impacts’ (e.g. lack of trust).

Included Study 2	Country	Sample	Research Questions/Aims and Methodology	Data Analysis	Findings
Darlington & Feeney (2008)	Queens-land, Australia	232 (42% statutory child protection and 55% mental health) professionals completed the questionnaire. For the purposes of this study qualitative responses to open-ended questions within the survey were analysed.	The survey included questions relating to practices and attitudes towards interagency collaboration. The data reported within this study focused on participants' perspectives on ways to improve and achieve best practice in interagency collaboration.	Responses to open-ended questions were transcribed verbatim and inputted into NVivo software. Thematic analysis was conducted and three themes were identified: 1) 'effective communication', 2) 'professional knowledge and skills', and 3) 'appropriate allocation of adequate resources'.	1) 'Effective Communication' - Three subthemes were identified including a) strategies required at organisational level (e.g. confidentiality procedures, joint working protocols) 2) strategies that professionals can implement in casework (e.g. shared goal setting) and c) attitude of respect towards collaboration (e.g. compromising). 2) 'Professional knowledge and skills' - Three different subthemes were identified a) types of knowledge required (e.g. procedural and substantive knowledge), b) means of acquiring knowledge and skills (e.g. training requirements) and c) what optimal collaboration would involve. 3) 'Appropriate allocation of adequate resources' - Two themes were identified a) the need for more staff and b) the need for more services. Furthermore, participants from rural and remote areas reported having greater difficulty in engaging in interagency collaboration.

Included Study 3	Country	Sample	Research Questions/Aims and Methodology	Data Analysis	Findings
Darlington et al. (2004)	Queens-land, Australia	232 professionals completed a cross-sectional questionnaire. Of the 232 completed questionnaires, 122 respondents reported on 300 cases. Consequently, there was a mean of 2.48 amongst respondents that provided responses regarding at least one case. The current paper reports on data drawn from a section of the questionnaire that examined case details reported by professionals.	The aim of gathering information from professionals regarding cases was to examine collaborative relationships in the context of supporting these cases and explore professionals' perceptions about whether engagement in interagency work is beneficial or not. A total of 1105 emails containing a link to the questionnaire were sent to statutory child protection workers and Suspected Child Abuse and Neglect (SCAN) Team medical officers and distributed through mental health workers' supervisors. Follow-up, in the form of emails, telephone calls, and personalised letters, were sent to encourage participation.	Firstly, descriptive statistics regarding the nature of the child protection intervention and parental mental health difficulties were reported. Secondly, descriptive statistics were reported regarding the extent of collaboration between services. Third, inferential statistics examining the relationship between ambiguity and difficulties when collaborating with other professionals were reported. Fourth, the results of a qualitative analysis of positive and negative experiences of engaging in collaboration were reported.	1) Reported reasons for child protection's involvement included evidence of harm (48%), parental mental illness (39%), other parent factors (23%), child factors (16%), homelessness (1%). In 73% of cases a parent had a diagnosed mental illness. 2) Participants reported that between 0 to 8 additional services were involved with each case (M = 2.46). A total of 100 different agencies were reported. 3) The proportion of cases involving difficulties was greater for cases with high uncertainty (50.6%) than cases with low uncertainty (38.2%), χ^2 (1, N = 189) = 2.903, p=0.088. 4) Three themes emerged relating to positive experiences of collaboration including 'no issues', 'a positive collaborative process' and 'an improved outcome for clients'. 'Need for communication', 'role clarity', 'competing focus', 'contested parent mental health/child protection needs' and 'resources' were reported as difficulties.

Included Study 4	Country	Sample	Research Questions/Aims and Methodology	Data Analysis	Findings
Davidson et al. (2012)	Northern Ireland	A baseline questionnaire, designed by the evaluation team, was completed by 24 'Champions' (12 in mental health and 12 in child care) and team members (59 in mental health and 26 in child care). A 'Champion' in a mental health team or care team had the responsibility of providing information to the other team, promoting joint working and identifying barriers to improved cooperation. A six-month follow-up qualitative questionnaire was completed by the Champions and their Team Leaders.	The aims of the research included answering the following research questions: - What are the baseline levels of experience, training, working and confidence in this area of practice and therefore, what are the training needs? - What are the baseline difficulties? - Over the six months' timeframe, what did the Champions do in their role? - What difficulties or barriers did Champions face in their role? - What was the impact of the Champions' role?	SPSS was adopted to analyse quantitative data. Qualitative data was analysed using thematic analysis (Miles & Huberman, 1994). A systematic approach to thematic analysis was utilised including reading, re-reading, coding, refinement of codes and identifying common themes.	At baseline, difficulties reported by staff regarding engaging in interface working were organised into the following themes: 'communication', 'confidentiality', 'differing priorities', 'continuity' and 'confidence'. The following themes emerged from staff regarding developments that would improve joint work between mental health and child care: 'getting to know each other', 'communication', 'training', 'knowledge' and 'resources'. At six-month follow-up, Champions reported that their role had comprised of the following: attendance at trainings, circulating information to the team, increasing communication between both services. Proposals for how the initiative could be developed included protection of time when undertaking the role and development of joint training initiatives. Team Leaders reported that the initiative had led to 'better communication', 'greater awareness and understanding', 'increased support for the team', 'more consideration of issues'.

Included Study 5	Country	Sample	Research Questions/Aims and Methodology	Data Analysis	Findings
Farrell et al. (2006)	England and Wales	276 questionnaires were completed by EPs and 101 were completed by PEPs working in school psychology services. A wide range of other professionals, including school personnel, with experience of working with EPs also completed questionnaires. In addition, a total of 91 parent questionnaires were returned. A total of 12 child interviews were carried out. 27 interviews were also carried out with professionals from a range of statutory and voluntary organisations. Site visits were conducted in eight local authorities.	The overall aims were to explore the contribution that EPs can make to enabling children to reach the outcomes specified within the Every Child Matters (DfES, 2004) policy framework. In addition, the research aimed to delineate the degree to which EPs make a distinctive contribution when working alongside professionals from other services. The research adopted a mixed methods approach. Specifically, a range of data collection methods were adopted including disseminating questionnaires to parents, EPs and other professionals, conducting site visits and face-to-face or telephone interviews.	Quantitative data from the questionnaire was entered into SPSS and descriptive statistics were reported regarding the distinctive role of the EP and the extent their work contributes to meeting the ECM outcomes. Qualitative data from the questionnaire and from interviews were entered into an Excel file. Analysis of such data was informed by the objectives of the research. Thus, in order to enhance the trustworthiness of the analysis and reduce bias, the data was analysed by at least two members of the research team.	Findings revealed that EPs offer a distinct contribution to multi-agency work to support children in care in terms of 1) providing early intervention and 2) occasionally taking on a leadership role when working with other professionals. EPs' involvement in multi-agency work was perceived to impact on the achievement of Every Child Matters outcomes for children and young people in terms: 1) providing support to parents/carers 2) organising and chairing multi-agency work to support CYP with emotional, behavioural and/or social difficulties, 3) supporting CYP who have offended to reengage with the education system 4) supporting transitions, positive behaviour and placements for CYP with additional needs, 5) contributing to the development of joint assessments, training, interventions and care pathways.

Included Study 6	Country	Sample	Research Questions/Aims and Methodology	Data Analysis	Findings
Garstka et al. (2014)	Kansas, USA	Participants included 1,603 stakeholders from a range of professional backgrounds, such as case workers, child welfare service providers, school teachers, counsellors, and administrators, investigators and managers educational advocates, judicial personnel, CASA volunteers, juvenile detention workers, clerical workers, biological, foster, and adoptive parents, as well as mental health workers.	This study sought to explore professionals' perceptions, across the education, child welfare, and the court systems, about system challenges and their beliefs about educational needs and barriers for foster children. A large sample of participants was recruited to complete a quantitative survey. In addition to making a contribution to the literature, results were used to inform the work of the 'Kansas Partnership for Educating Kids in Care'. This is a cross-systems collaboration between policy makers and professionals who aim to develop shared goals for effective policy development and implementation at the systems level.	All data were entered into SPSS. Firstly, descriptive statistics were reported. Secondly, rank ordering of barrier significance indicated whether there was professional agreement regarding barriers that are problematic when engaging in cross-systems collaboration. Thirdly, ANOVA analyses were conducted to identify whether there were statistically significant differences between stakeholders' (e.g., educators, child welfare workers, or court personal) perceptions of supports and barriers.	Barriers that all stakeholders perceived to have the most significantly negative impact on foster children's progress in education were stability issues within the home or school placement (M= 4.82), absconding or other behavioural issues (M= 4.64), and a lack of appropriate resources (M = 4.33). Professionals within education and child welfare and court personnel agreed on the significance of 10 of the 15 barriers (all values were $p > .08$). Educators and child welfare workers perceptions significantly differed on five barriers: 'court orders', 'transfer credits between schools', 'lack of youth participation in educational planning', 'inadequate information/record sharing' and 'lack of specific information about the needs of individual children'. Stakeholders perceived 'interagency collaboration' (M = 4.05), 'state child welfare policies' (M = 3.79), 'child welfare contractor processes' (M = 3.55), and 'data tracking systems' (M = 3.51) as the most significant barriers.

Included Study 7	Country	Sample	Research Questions/Aims and Methodology	Data Analysis	Findings
Harker et al. (2004)	England	Twenty-nine key stakeholders involved in the 'Taking Care of Education Project' across three authorities, were interviewed on different occasions which were six months apart. 'The Taking Care of Education Project' aims to promote a whole authority approach to supporting the educational needs of children in care. Interview participants included senior and middle management from education and social services sectors, elected members, designated teachers for children in care and representatives of health services.	This research paper aimed to discuss commendable examples of interagency practice between services engaged in the 'Taking Care of Education Project' and delineate barriers to interagency work around education of children in care, as perceived by participating professionals.	Preliminary findings regarding professionals' perceptions of engagement in interagency work as part of the 'Taking Care of Education Project' are reported within this research paper. Preliminary findings are discussed in the context of factors that have been found to impact on interagency work in previous research, including 1) 'Commitment', 2) 'Structures', 3) 'Working Relationships', 4) 'Information Sharing', 5) 'Strong Leadership' and 6) 'Adequate Resources'.	1) Commitment to Joint Working: - Joint working was reported to have improved as a result of the project. 2) Structures to Support Joint Working: - The project was seen to support the development of policy statements and frameworks. 3) Effective Working Relationships: - Interagency training sessions and work-shadowing were seen to have contributed to further understanding of other professionals' roles. 4) Information Sharing: - Information Sharing protocols and database systems developed during the project led to perceived improvements. 5) Strong Leadership: - The lead officer's capability to promote joint working depended on their interpersonal skills and position. 6) Adequate Resources: - Despite initial strain on time to engage in interagency working, over time, joint working practice was perceived to become an integral part of practice.

Included Study 8	Country	Sample	Research Questions/Aims and Methodology	Data Analysis	Findings
Janssens et al. (2010)	Antwerp, Belgium	A purposive sample of sixteen children's services and one child and adolescent psychiatric centre were included in the project. Professionals within participating services were sent a letter to inform them about the project. Additionally, announcements were made about the project at team meetings. A total of eight focus groups were conducted and comprised of 30 professionals from children's services and 26 professionals from child and adolescent psychiatry.	The aim of this study was to examine the extent to which professionals perceive it as being necessary to engage with external agencies regarding children's care or mental health needs, whether they perceive interagency collaboration between services as a possible model of mental health provision for children in care, and if so, their perceptions regarding how this collaboration should be organised. Focus groups were facilitated by a trained moderator who guided the discussion with a series of open-ended questions, and an observer took notes during sessions. Focus groups were audio recorded.	Audio recordings were transcribed verbatim. Field notes taken by the observer were also discussed and a consensus was reached by the observer and moderator. Transcripts and field notes were analysed using a Grounded Theory approach. Focus group data for children's services and child and adolescent psychiatry services were analysed separately. After open coding, codes were refined and grouped into themes. Thereafter, relationships were established between themes and categories to form a coherent model.	Four core themes emerged from analyses of the data: 1) 'Themselves', 2) 'The Other', 3) 'Collaboration', 4) 'Context'. The predominant topic that was discussed during focus groups was 'Collaboration'. This may have been due to the fact there was no structural collaboration between both services. The following findings emerged: - All professionals were against the idea to integrate both services into an entirely new service. - Many of the professionals in children's services reported that their expertise were undervalued. - Many professionals in child and adolescent psychiatry felt that clients with complex needs were often passed amongst services. - Professionals reported not knowing the job responsibilities and organisation of the other agency. - Children's services practitioners tended to act as case manager whereas child and adolescent psychiatry acted as the expert.

Included Study 9	Country	Sample	Research Questions/Aims and Methodology	Data Analysis	Findings
Lee et al. (2015)	USA	A series of ten focus groups were conducted with child welfare caseworkers (*n*=34), parents and caregivers of children aged less than five years in the child welfare system (*n*=22) and early childhood education (ECE) providers (*n*=22). Focus group participants were recruited by convenience sampling from a study site, selected due to its size, diversity and high rates of families with infants involved in the child welfare system.	The aims of the research were to explore organisational and system-level barriers to interagency collaboration and service coordination specific to child welfare and ECE service systems. Focus groups were conducted with child welfare caseworkers, parents and caregivers of infants accessing the child welfare system and ECE providers. The duration of focus group discussions ranged from 63 to 96 minutes. All focus groups were facilitated by a trained doctoral level researcher and a second researcher took detailed notes on the discussion.	Audio recordings were transcribed and inputted to Atlas TI software for analysis. At first, two researchers reviewed transcripts and developed specific codes independently in Atlas TI. They later came together to devise unique codes to use for subsequent analysis of transcripts. After all focus group data was coded, both researchers collapsed the codes into 52 themes. These were further grouped into four major areas. This paper focuses on one area; organisational and systemic level barriers.	The area of organisational and systemic level barriers was broken down into the following domains: 1) organisational policies 2) inter-organisational communication and collaboration 3) Organisational Climate 4) Child Placement 5) Child Care versus Quality early education programmes For the domain of inter-organisational communication and collaboration the following subthemes emerged: - information sharing between CW agency and ECE providers was reported to be limited due to confidentiality concerns on the part of CW workers - transfer of individualised education plans was reported to be difficult to obtain and as a result of delayed referrals to additional services, e.g. speech and language therapy -visitation policies of ECE providers were reported to be restrictive in nature

Included Study 10	Country	Sample	Research Questions/Aims and Methodology	Data Analysis	Findings
McLean (2012)	South Australia	Participants included 36 statutory child protection workers (19 case managers and 17 community residential care workers), 12 child and adolescent mental health workers, 18 teachers and 26 foster parents. Team managers from participating statutory child protection and child mental health agencies disseminated information regarding the research to potential participants. Emails were sent to foster parents to invite them to participate.	The research aimed to gain an insight into the perspectives and experiences of a range of key stakeholders regarding to how they work together to support children in care with challenging behaviour. Semi-structured interviews were conducted with participants. The majority of interviews with foster parents were conducted in their home whilst professionals were interviewed in the place of work. On average, semi-structured interviews lasted between 45 and 50 minutes.	Data was analysed utilising thematic analysis and was subject to the steps outlined by Braun and Clarke (2006). Three broad themes emerged from the data, following use of an inductive approach, including: 1) 'Knowledge and attitudes of stakeholders towards one another's practice frameworks and collaboration' 2) 'Negotiating systemic triangulation and power imbalances' 3) 'Issues related to the allocation of resources and how these impact on collaboration'	1) 'Knowledge and attitudes of stakeholders towards others' frameworks' - Participants reported stakeholders often have different views about the reasons for challenging behaviour, adopting diverging frameworks. - Those caring for children on a daily basis reported feelings of frustration at having to follow recommendations made by transient professionals who do not know the child. 2) 'Negotiating systemic triangulation and power imbalances' - Participants reported feeling powerless being subject to 'top-down' decisions -Systemic issues also led to children themselves sometimes having the power, e.g. making false allegations 3) 'Issues about allocation of resources' - Insufficient staff resources, pressure on services, high staff turnover and administrative demands were reported to impact on time spent with the child

Included Study 11	Country	Sample	Research Questions/Aims and Methodology	Data Analysis	Findings
Norwich et al. (2010)	United Kingdom	Of a total of 124 educational psychologists across five local authorities in the South West of England, 107 psychologists completed the online questionnaire (response rate=86%). The five services were considered to be representative in terms of spanning urban and rural areas, county and unitary local authorities. Each service was given a small amount of funding as a token for participating in the research.	The research questions included the following: (1) What types of involvement do EPs have in direct and indirect services for children in care? (2) What training have they had that is of relevance to such roles? (3) What does the role of EPs with specialist positions and positions in EP services? (4) What types of multi-agency teams do EPs participate in and what do their roles and contributions comprise of? (5) What difficulties do EPs experience in their working relationships with other professionals and children's services workers?	Quantitative data from the online questionnaire was inputted to SPSS for descriptive, statistical and crosstabulation analyses. Qualitative data gleaned from open ended questions were analysed thematically, using a constant comparison method (Robson, 2002).	(4) In what range of multi-agency teams do EPs participate? 25, of the 107, EPs reported being a member of a multi-agency team related to work with children in care. Examples of such teams included a multi-agency attachment and resilience group, support group of carers (with social workers) and a local authority children in care development plan group. (5) What tensions do EPs experience when engaging in multi-agency work with other professionals and children's services workers? One in five psychologists who answered the questions relating to tensions in collaborative work reported that they experienced tensions sometimes or often. This was more for control and expertise issues rather than role issues.

Included Study 12	Country	Sample	Research Questions/Aims and Methodology	Data Analysis	Findings
Timonen-Kallio et al. (2017)	Finland	Focus group interviews were conducted with professionals from the following backgrounds: <u>1) Child Protection</u> - Residential Child Care Workers (*n* = 6) - Manager of residential centre (*n* = 1) <u>2) Health Care</u> - Psychiatric Nurses in Outpatient Clinics and Inpatient Hospitals (*n*=7) <u>3) Social Work</u> - Social Workers assigned to Child (*n*=1) - Social Worker in Child and Adolescent Psychiatric Outpatient Clinic (*n*=2)	Participants partook in a total of four two-hour sessions every other week at two different stages (Phase one in 2012 and phase two in 2013). The main aim of the study was to investigate how practitioners in two different systems (child protection and mental health care) identify positive practices in interprofessional multi-agency work. Themes for the group discussions included: - 'Main concern about collaboration with the other sector' - 'How do practitioners perceive their own role and the role of others?' - 'Crossover work between sectors'. - 'Examples of good collaboration'.	Two forms of analysis were used including: 1) Frame Analysis- a multi-disciplinary method used to analyse how participants understand situations and activities. 2) Content Analysis- involving analysing the content of verbal expressions made by participants during focus group discussions	Main findings included the following: - There is a need for greater involvement of the child's keyworker. - Some tension was experienced with regards to who was responsible for the completing the care plan. - Collaboration for emergency cases is most challenging. - Most critical barrier was identified as being unrealistic expectations and perceptions about the other professional grouping. - For residential practitioners, a commonly understood conceptual base in addition to interprofessional networking skills are crucial for better collaboration. - Social workers can act as mediators between the two systems, i.e. child protection and mental health. - There was a desire from mental health staff to take more responsibility over social protection and social work due to a lack of permanent social workers.

Included Study 13	Country	Sample	Research Questions/Aims and Methodology	Data Analysis	Findings
Ziviani et al. (2013)	Queens-land, Australia	A total of 21 participants from five Evolve Behaviour Support Services (EBBS) teams participated in the study. The 21 participants came from the following professional backgrounds: eleven clinicians (nine psychologists and two speech and language pathologists), five team leaders, three central office staff and two senior regional managers. Thirteen staff were from regional areas and eight staff were from urban areas.	The study is part of a larger piece of longitudinal research. The current paper aimed to investigate the staffs' perceptions of joint work with other interagency services and stakeholders as well as factors that facilitate or constrain effective collaboration. A mixed-methods approach was adopted. Participants initially completed the Community Capacity Building Index (CCBI). Thereafter, semi-structured interviews were conducted with participants (67% over the telephone and 33% face-to-face). For each interview, two members of the research team were present. Interviews were audio-recorded.	Interview notes were read by two independent members of the research team and revised until consensus was established. In addition, interview notes were analysed using content analysis. Once again, two researchers were involved in conducting the content analysis.	Within the CCBI, participants identified that they collaborate with the following stakeholders: Child safety, education stakeholders (e.g. principals, guidance counsellors and teachers), funded non-government service providers, Evolve therapeutic services, carers and disability services. Two major themes emerged from analysis of findings: 1) 'General and Agency/Stakeholder specific issues and barriers' - reduced stakeholder engagement - differences in perspectives, frameworks and backgrounds - focuses/approaches of stakeholders -unequal initiation of contact and follow-up 2) 'Benefits of Collaboration' -child is at the centre -facilitates shared understanding and aims between stakeholders -increased engagement and participation of CYP

Appendix D. Appraisal Framework for Qualitative Methods (Schulze et al., 2017)

1. Research Design

Weighting	Criteria
How defensible is the research design?	1. Discussion of how overall research strategy was designed to meet aims of study. 2. Discussion of rationale for study design. 3. Convincing argument for different features of research design (e.g. reasons given for different components or stages of research; purpose of methods or data sources, multiple methods, time frames etc.) 4. Use of different features of design/data sources evident in findings presented. 5. Discussion of limitations of research design and their implications for the study evidence.
High-Strong evidence (3)	4-5 of the above criteria.
Medium-Promising evidence (2)	2-3 of the above criteria.
Low-Weak evidence (1)	0-1 of the above criteria.

2. Sample

Weighting	Criteria
How well defended is the sample design/ target selection of cases/documents? Sample composition/case inclusion – how well is the eventual coverage described?	1. Description of study locations/areas and how and why chosen 2. Description of population of interest and how sample selection relates to it (e.g. typical, extreme case, diverse constituencies etc.) 3. Rationale for basis of selection of target sample/settings/documents (e.g. characteristics/features of target sample/settings/documents, basis for inclusions and exclusions, discussion of sample size/number of cases/setting selected etc.) 4. Discussion of how sample/selections allowed required comparisons to be made 5. Detailed profile of achieved sample/case coverage 6. Maximising inclusion (e.g. language matching or translation; specialised recruitment; organised transport for group attendance) 7. Discussion of any missing coverage in achieved samples/cases and implications for study evidence (e.g. through comparison of target and

	achieved samples, comparison with population etc.) 8. Documentation of reasons for non-participation among sample approached/non-inclusion of selected cases/documents 9. Discussion of access and methods of approach and how these might have affected participation/coverage
High-Strong evidence (3)	7-9 of the above criteria.
Medium-Promising evidence (2)	4-6 of the above criteria.
Low-Weak evidence (1)	0-3 of the above criteria.

3. Data Collection

Weighting	Criteria
How well was the data collection carried out?	1. Discussion of who conducted data collection and whether they had expertise in conducting interviews for example 2. Discussion of procedures used for collecting data such as whether structured/semi-structured questions were asked, and reasons were given for same 3. Audio or video recording of interviews/ discussions/conversations (if not recorded, were justifiable reasons given?) 4. Discussion of how settings may have influenced data collected 5. Demonstration, through portrayal and use of data, that depth, detail and richness were achieved in collection
High-Strong evidence (3)	4-5 of the above criteria.
Medium-Promising evidence (2)	2-3 of the above criteria.
Low-Weak evidence (1)	0-1 of the above criteria.

4. Analysis

Weighting	Criteria
How well has the approach to, and formulation of, the analysis been conveyed?	1. Description of form of original data (e.g. use of verbatim transcripts, observation or interview notes, documents, etc.) 2. Clear rationale for choice of data management method/tool/package 3. Evidence of how descriptive analytic categories, classes, labels etc. have been generated and used (i.e. either through explicit discussion or portrayal in the commentary) 4. Discussion, with examples, of how any constructed analytic concepts/typologies etc. have been devised and applied
Contexts of data sources – how well are they retained and portrayed?	5. Description of background or historical developments and social/organisational characteristics of study sites or settings 6. Participants' perspectives placed in personal context (e.g. use of case studies/vignettes/ individual profiles) 7. Use of data management methods that preserve context (i.e. facilitate within case description and analysis)
How well has detail, depth and complexity (i.e. richness) of the data been conveyed?	8. Use and exploration of contributors' terms, concepts and meanings 9. Unpacking and portrayal of nuance/ subtlety/intricacy within data 10. Discussion of explicit and implicit explanations 11. Detection of underlying factors/influences 12. Identification and discussion of patterns of association/conceptual linkages within data
High-Strong evidence (3)	9-12 of the above criteria.
Medium-Promising evidence (2)	5-8 of the above criteria.
Low-Weak evidence (1)	0-4 of the above criteria.

5. Emergent Themes and Theory

Weighting	Criteria
How has knowledge/ understanding been extended by the research?	1. Literature review (where appropriate) summarising knowledge to date/key issues raised by previous research 2. Aims and design of study set in the context of existing knowledge/ understanding; identifies new areas for investigation (for example, in relation to policy/practice/substantive theory) 3. Credible/clear discussion of how findings have contributed to knowledge and understanding (e.g. of the policy, programme or theory being reviewed); might be applied to new policy developments, practice or theory 4. Findings presented or conceptualised in a way that offers new insights/alternative ways of thinking 5. Discussion of limitations of evidence and what remains unknown/unclear or what further information/research is needed
High-Strong evidence (3)	4-5 of the above criteria.
Medium-Promising evidence (2)	2-3 of the above criteria.
Low-Weak evidence (1)	0-1 of the above criteria.

6. Reflexivity

Weighting	Criteria
How clear are the assumptions/theoretical perspectives/values that have shaped the form and output of the evaluation?	1. Discussion/evidence of the main assumptions/ hypotheses/theoretical ideas on which the evaluation was based and how these affected the form, coverage or output of the evaluation (the assumption here is that no research is undertaken without some underlying assumptions or theoretical ideas) 2. Discussion/evidence of the ideological perspectives/values/philosophies of research team and their impact on the methodological or substantive content of the evaluation (again, may not be explicitly stated) 3. Evidence of openness to new/alternative ways of viewing subject/theories/assumptions (e.g. discussion of learning/concepts/ constructions that have emerged from the data; refinement restatement of hypotheses/theories in light of emergent findings; evidence that alternative claims have been examined) 4. Discussion of how error or bias may have arisen in design/data collection/analysis and how addressed, if at all 5. Reflections on the impact of the researcher on the research process
High-Strong evidence (3)	4-5 of the above criteria.
Medium-Promising evidence (2)	2-3 of the above criteria.
Low-Weak evidence (1)	0-1 of the above criteria.

7. Comprehensiveness of Documentation

Weighting	Criteria
How adequately has the research process been documented?	1. Discussion of strengths and weaknesses of data sources and methods 2. Documentation of changes made to design and reasons; implications for study coverage 3. Documentation and reasons for changes in sample coverage/data collection/analytic approach; implications 4. Reproduction of main study documents (e.g. letters of approach, topic guides, observation templates, data management frameworks etc.)
High-Strong evidence (3)	3-4 of the above criteria.
Medium-Promising evidence (2)	2 of the above criteria.
Low-Weak evidence (1)	0-1 of the above criteria.

8. Negative Case Analysis

Weighting	Criteria
How well has diversity of perspective and content been explored?	1. Discussion of contribution of sample design/ case selection in generating diversity 2. Description and illumination of diversity/multiple perspectives/alternative positions in the evidence displayed 3. Evidence of attention to negative cases, outliers or exceptions 4. Typologies/models of variation derived and discussed 5. Examination of origins/influences on opposing or differing positions 6. Identification of patterns of association/linkages with divergent positions/groups
High-Strong evidence (3)	5-6 of the above criteria.
Medium-Promising evidence (2)	3-4 of the above criteria.
Low-Weak evidence (1)	0-2 of the above criteria.

9. Clarity and Coherence of Reporting

Weighting	Criteria
How clear and coherent is the reporting?	1. Demonstrates link to aims of study/research questions 2. Provides a narrative/story or clearly constructed thematic account 3. Has structure and signposting that usefully guide reader through the commentary 4. Provides accessible information for intended target audience(s) 5. Key messages highlighted or summarised
High-Strong evidence (3)	4-5 of the above criteria.
Medium-Promising evidence (2)	2-3 of the above criteria.
Low-Weak evidence (1)	0-1 of the above criteria.

10. Evidence of Researcher-Participant Negotiation

Weighting	Criteria
High-Strong evidence (3)	Researchers seek to construct a negotiated reality with participants during the research/interview process in terms of summarising what participants have said in the language they used and seeking clarifications where necessary.
Medium-Promising evidence (2)	Researchers seek to construct a negotiated reality with participants after the interview process through gaining their feedback on whether the research paper is accurate in describing their perceptions/experiences and making amendments if necessary.
Low-Weak evidence (1)	Researchers do not seek to construct a negotiated reality with participants during or after the research/interview process.

11. Transferable Conclusions

Weighting	Criteria
Scope for drawing wider inference – how well is this explained?	1. Discussion of what can be generalised to wider population from which sample is drawn/case selection has been made 2. Detailed description of the contexts in which the study was conducted to allow applicability to other settings/contextual generalities to be assessed 3. Discussion of how hypotheses/ propositions/findings may relate to wider theory; consideration of rival explanations 4. Evidence supplied to support claims for wider inference (either from study or from corroborating sources) 5. Discussion of limitations on drawing wider inference (e.g. re-examination of sample and any missing constituencies: analysis of restrictions of study settings for drawing wider inference)
High- Strong evidence (3)	4-5 of the above criteria.
Medium-Promising evidence (2)	2-3 of the above criteria.
Low-Weak evidence (1)	0-1 of the above criteria.

12. Ethical Issues

Weighting	Criteria
What evidence is there of attention to ethical issues?	1. Evidence of thoughtfulness/sensitivity about research contexts and participants 2. Documentation of how research was presented in study settings/to participants (including, where relevant, any possible consequences of taking part) 3. Documentation of consent procedures and information provided to participants 4. Discussion of confidentiality of data and procedures for protecting 5. Discussion of how anonymity of participants/sources was protected 6. Discussion of any measures to offer information/advice/services etc. at end of study (i.e. where participation exposed the need for these) 7. Discussion of potential harm or difficulty through participation, and how avoided
High-Strong evidence (3)	6-7 of the above criteria.
Medium-Promising evidence (2)	3-5 of the above criteria.
Low-Weak evidence (1)	0-2 of the above criteria.

Appendix E. Appraisal Framework for Quantitative Methods (Schulze et al., 2017)

1. Data Gathering

Criterion	Score (Total = 7)			Comment
Clear research question or hypothesis	1	0.5	0	
Appropriate process for participant/item identification	1	0.5	0	
Appropriate data gathering method used	1	0.5	0	
Comprehensive data gathering method	1	0.5	0	
Reduction of bias within participant recruitment/item selection	1	0.5	0	
Response rate/item elicitation maximised	1	0.5	0	
Population subgroup data collected (e.g.: participant gender; item context)	1	0.5	0	

High-Strong evidence (3)	Overall score of 5-7.
Medium-Promising evidence (2)	Overall score of 3-4
Low-Weak evidence (1)	Overall score of 0-2

2. Data Analysis

Criterion	Score (Total = 5)			Comment
Missing data analysis	1	0.5	0	
Time trends identified	1	0.5	0	
Geographic considerations	1	0.5	0	
Appropriate statistical analyses (descriptive or inferential)	1	0.5	0	
Multi-level or inter-group analyses present	1	0.5	0	

High-Strong evidence (3)	Overall score of 4-5
Medium-Promising evidence (2)	Overall score of 2-3
Low-Weak evidence (1)	Overall score of 0-1

3. Data Interpretation

Criterion	Score (Total=3)			Comment
Clear criteria for rating of findings	1	0.5	0	
Limitations of the research considered in relation to initial aims	1	0.5	0	
Implications of findings linked to rationale of research question	1	0.5	0	

High-Strong evidence (3)	Overall score of 3
Medium-Promising evidence (2)	Overall score of 2
Low-Weak evidence (1)	Overall score of 0-1

Appendix F. Weight of Evidence A (WoE A) for Qualitative Methods

Name of Study	Research Design	Sample	Data Collection	Analysis	Emergent Theory	Reflexivity	Comprehen-siveness of Document-ation	Negative Case Analysis	Clarity of Reporting	Researcher-Participant Negotiation	Transferable Conclusions	Ethical Issues	Average
Acri et al. (2014)	2	2	2	1	2	2	2	1	3	1	2	1	1.75
Darlington & Feeney (2008)	1	2	3	2	2	1	1	1	3	1	2	2	1.75
Darlington et al. (2004)	3	2	3	2	3	2	1	1	3	1	2	2	2.08
Davidson et al. (2012)	3	2	2	2	3	2	1	1	3	1	2	1	1.92
Farrell et al. (2006)	3	2	2	1	2	1	3	1	3	1	2	3	2.00
Garstka et al. (2014)	2	2	2	2	3	1	2	1	3	1	2	1	1.83
Harker et al. (2004)	2	1	1	1	2	1	1	1	2	1	1	1	1.25
Janssens et al. (2010)	3	2	3	2	3	2	1	1	2	2	2	1	2.00
Lee et al. (2015)	3	3	3	2	3	1	1	1	3	1	2	2	2.08
McLean (2012)	2	2	2	2	3	1	1	1	3	1	2	1	1.75
Norwich et al. (2010)	3	2	3	2	2	2	1	1	3	1	2	2	2.00
Timonen-Kallio et al. (2017)	2	2	2	2	2	1	1	2	3	1	1	2	1.75
Ziviani et al. (2013)	3	2	3	2	3	2	3	1	3	2	2	2	2.33

Appendix G. Weight of Evidence A (WoE A) for Quantitative Methods

Name of Study	Data Gathering	Data Analysis	Data Interpretation	Average
Darlington et al. (2004)	2	1	2	1.67
Davidson et al. (2012)	3	1	2	2
Farrell et al. (2006)	2	1	2	1.67
Garstka et al. (2014)	2	2	3	2.33
Norwich et al. (2010)	2	1	1	1.33

Appendix H. Criteria for Weight of Evidence B, C and D (Gough, 2007)

Weight of Evidence B (WoE B)

In order to determine the methodological relevance of the studies to answer the research question, Weight of Evidence B (WoE B) was calculated. For this review, Weight of Evidence B evaluated the design of the methodology in terms of its effectiveness in gaining an insight into the factors that impact upon engagement in multi-agency work to support children in care. A 'high' rating was given to mixed methods research as Larney (2003) points out, "Neither the quantitative techniques nor the qualitative techniques are sufficient on their own for the evaluation of consultation" (p. 13). Data triangulation in the form of collecting viewpoints from multiple stakeholders was also given a higher weighting. According to Tindall (1994, p. 145) "triangulation allows illumination from multiple standpoints" and facilitates "richer and potentially more valid interpretations".

Weighting	Criteria
High	• Mixed Methods (qualitative and quantitative techniques are used). • The focus group/interview is facilitated by professionals (e.g. psychologists) who have received additional training and/or the survey is devised by experts/based on previous research and has been piloted. • Viewpoints from three or more stakeholders were obtained (e.g. psychologists/social workers/foster carers/teachers).
Medium	• Qualitative techniques (e.g. semi-structured interviews, focus groups) were used to gain in-depth insight into perceptions of stakeholders. • The focus group/interview is facilitated by professionals (e.g. psychologists) who have not received training/the survey has been devised by experts/based on previous research or has been piloted. • Viewpoints from two stakeholders were obtained (e.g. psychologists/social workers/foster carers/teachers).
Low	• Quantitative techniques (e.g. questionnaires) were utilised. • The focus/group is delivered by non-professionals, who received training, or the survey has not been devised by experts or piloted. • Viewpoints from one stakeholder was obtained.

Weight of Evidence C (WoE C)

Weight of Evidence C details the focus of the evidence produced in addressing the aims of the review and also takes into account whether the study's findings contribute to the knowledge based regarding multi-agency work to support children in care.

Weighting	Criteria
High	• Questions in the measures used (e.g. interview schedule, questionnaire questions, focus group schedule) primarily focus on engagement in multi-agency work to support children in care. • Research findings extend on previous research and offer new insights into engaging in multi-agency work to support children in care.
Medium	• Questions in the measures used (e.g. interview schedule, questionnaire questions, focus group schedule) include gaining an insight into engagement in multi-agency work to support children in care but also include additional questions regarding other areas of interest. • Research findings are in line with previous research but do not offer new unique insights into engaging in multi-agency work to support children in care.
Low	• Questions in the measures used (e.g. interview schedule, questionnaire questions, focus group schedule) refer to engagement in multi-agency work to support children in care but predominantly focus on another topic of interest. • Research findings contradict previous research and do not offer new insights into engaging in multi-agency work to support children in care.

Weight of Evidence D (WoE D): Overall Weight of Evidence

Weight of Evidence D (WoE D) is an overall weighting for a study and thus provides an overall critical appraisal of the study's quality and relevance. It is calculated as an average score of WoE A, B and C and is reported as being high (>2.5), medium (1.5-2.4) or low (<1.4).

Appendix I. Evidence of Ethical Approval from MIREC

Mary Immaculate College Research Ethics Committee

MIREC-4: MIREC Chair Decision Form

APPLICATION NO. A19-022 FINAL

1. PROJECT TITLE

An Exploration of Psychologists' Perspectives on Current Practices and Multi-Agency Collaboration with other professionals when supporting Children in Care in Ireland

2. APPLICANT

Name:	Caitríona (Katie) Curtin
Department / Centre / Other:	EPISE
Position:	Postgraduate Researcher

3. DECISION OF MIREC CHAIR

☐	Ethical clearance through MIREC is required.
☐	Ethical clearance through MIREC is not required and therefore the researcher need take no further action in this regard.
✓	Ethical clearance is required and granted. Referral to MIREC is not necessary.
☐	Ethical clearance is required but the full MIREC process is not. Ethical clearance is therefore granted if required for external funding applications and the researcher need take no further action in this regard.
☐	Insufficient information provided by applicant / Amendments required.

4. REASON(S) FOR DECISION

A19-022 – Caitríona (Katie) Curtin - *An Exploration of Psychologists' Perspectives on Current Practices and Multi-Agency Collaboration with other professionals when supporting Children in Care in Ireland*

I have reviewed this application and I believe it satisfies MIREC requirements. It is therefore approved.

5. DECLARATION (MIREC CHAIR)

Name (Print):	Dr Áine Lawlor
Signature:	Áine Lawlor
Date:	23rd April 2019

MIREC-4 Rev 3 Page 1 of 1

Mary Immaculate College Research Ethics Committee

MIREC-4: MIREC Chair Decision Form

APPLICATION NO.	A19-022 Amendment No. 3 – October 2019

1. PROJECT TITLE

Psychologists' and Social Workers' Perspectives on Past, Present and Future Practices and Multi-Agency Collaboration in supporting Children in Care in Ireland: A Socio-Cultural Activity Theory Analysis.

2. APPLICANT

Name:	Caitriona (Katie) Curtin
Department / Centre / Other:	EPISE
Position:	Postgraduate Researcher

3. DECISION OF MIREC CHAIR

☐	Ethical clearance through MIREC is required.
☐	Ethical clearance through MIREC is not required and therefore the researcher need take no further action in this regard.
✓	Ethical clearance is required and granted. Referral to MIREC is not necessary.
☐	Ethical clearance is required but the full MIREC process is not. Ethical clearance is therefore granted if required for external funding applications and the researcher need take no further action in this regard.
☐	Insufficient information provided by applicant / Amendments required.

4. REASON(S) FOR DECISION

A19-022 - ***Psychologists' and Social Workers' Perspectives on Past, Present and Future Practices and Multi-Agency Collaboration in supporting Children in Care in Ireland: A Socio-Cultural Activity Theory Analysis.***

Approved – the inclusion of Social Workers satisfies MIREC requirements.

5. DECLARATION (MIREC CHAIR)

Name (Print):	Dr Áine Lawlor
Signature:	Áine Lawlor
Date:	10th October 2019

Appendix J. Participant Information Sheet

Psychologists' and Social Workers' Perspectives on engaging in Multi-Agency work to support Children in Care in Ireland: A Socio-Cultural Activity Theory Analysis

Participant Information Sheet

What is the project about?

Children in Care may receive support from a range of psychological services within Ireland, e.g. Primary Care, School Psychology, the Child and Family Agency, Child and Adolescent Mental Health Services and/or Disability Services. In addition, the majority of children in care have been allocated a social worker by the Child and Family Agency to advocate for their needs (Tusla, 2018). Little is known, however, about psychologists' and social workers' engagement in multi-agency work to support children in care within an Irish context. The purpose of the current study is to explore psychologists' and social workers' perspectives on engaging in multi-agency work to support Children in Care in Ireland.

Who is undertaking it?

My name is Catríona (Katie) Curtin and I am a postgraduate student attending Mary Immaculate College. I am presently completing a Doctorate in Educational and Child Psychology in the Department of Educational Psychology, Inclusive and Special Education under the supervision of Dr. Claire Griffin-O'Brien. The current study will form part of my thesis.

Why is it being undertaken?

The study is being undertaken to explore psychologists' and social workers' perspectives on engagement in multi-agency work to support the needs of children in care. The study aims to identify barriers and facilitators to engaging in multi-agency work to support children in care so as to inform future practice and policy. Engagement in this research provides an opportunity for participants to contribute to improved service delivery with the aim of promoting better outcomes for young people in care.

What are the risks and benefits of this research?

The risks associated with this research are minimal. However, discussing aspects of your practice may cause some distress if you have experienced, or are currently experiencing, interpersonal difficulties in the workplace. If you do not wish to answer a question or wish to stop the interview at any point, you are free to do so. Should you become distressed at any point during the interview process, the interview will be paused. At this point, the researcher will check in with you to ascertain whether you feel comfortable finishing the interview or not. Information regarding employee support can be provided, if required.

It is hoped that the benefits of your engagement will include (a) an enhanced understanding of the roles of psychologists and social workers within an Irish context in supporting children in care; (b) recognition of potential facilitators and barriers to effective multi-agency work with the aim of supporting children in care; (c) a proposed working model for effective multi-agency work in supporting children in care.

Exactly what is involved for the participant (time, location, etc.?)

Initially, I will provide a brief demographic questionnaire that will take no longer than five minutes for you to complete. Following this, I invite you to participate in a semi-structured interview which should take no longer than 50-55 minutes. The content of this interview will consist of answering questions about your experience of engaging in casework involving

supporting children in care and engaging in multi-agency collaboration. The interview will be situated in a location that suits you. If you so wish, the researcher will organise an independent space for the interview to be conducted. If you wish to participate in this study, yet do not wish to be interviewed face to face, alternative arrangements can be made to gather your data, e.g. via telephone interview. Interviews will be audio recorded using a Dictaphone.

Right to withdraw

You are free to withdraw from completing the demographic questionnaire and/or interview at any time without giving a reason and without consequence. However, once questionnaires and interviews are completed and submitted, your data cannot be deleted as there will be no way to match the data to an individual.

How will the information be used/disseminated?

The information gathered within the demographic questionnaire will be used to provide contextual information regarding the discipline of psychologists/social workers partaking in the study, experience of psychologists/social workers and their engagement in continual professional development relating to Children in Care. Descriptive statistics will be used primarily. All data from the interview will be coded and anonymised so that any individual participants will not be identifiable. Anonymised quotations from individual participants may be used in the thesis or publications arising from the research.

How will confidentiality be kept?

Electronic and written information will be kept strictly confidential, subject to the limitations of the law, and will be available only to the researcher and supervisors. Anonymity will be maintained throughout the data collection process. Each participant will be assigned a unique code and no identifiable details will be used at any stage in the study (e.g. names, regional locations, etc.). Data collected for the research will be stored securely on an encrypted hard drive and in a locked cabinet. In accordance with Mary Immaculate College's Record Retention Schedule all anonymised research data will be retained indefinitely. Data may be used in an anonymous form in any publications that arise from this research.

If you provide consent to be involved in the research project, I would be grateful if you would sign the attached consent form.

Contact Details:

If at any time you have any queries / issues with regard to this study, my contact details are as follows:

- Name: Catríona (Katie) Curtin
- Email address: 09004135@micstudent.mic.ul.ie
- Mobile No.: 0852835624

If you wish to contact my supervisor in relation to concerns/queries, you may contact:

- Supervisor's Name: Dr. Claire Griffin-O'Brien
- Email Address: claire.griffin@mic.ul.ie
- Phone No.: 061-774701

If you have concerns about this study and wish to contact someone independent, you may contact:

MIREC Administrator,
Research and Graduate School,
Mary Immaculate College,
South Circular Road,
Limerick.
Telephone: 061-204980 / E-mail: mirec@mic.ul.ie

Thank you for taking the time to read this information letter.

Appendix K. Informed Consent Form

Psychologists' and Social Workers' Perspectives on engaging in Multi-Agency work to support Children in Care in Ireland: A Socio-Cultural Activity Theory Analysis

<u>Informed Consent Form</u>

Dear Participant,

As outlined in the participant information sheet, the current study will investigate psychologists' and social workers' perspectives of engaging in multi-agency work to support children in care.

The participant information sheet outlines what will be involved in this project. This should be read fully and carefully before consenting to take part in the study.

Your anonymity is assured, and you are free to withdraw from the study at any time. All information gathered will remain confidential and will not be released to any third party. In accordance with the MIC Record Retention Schedule, all anonymised participant data will be stored indefinitely.

Please tick that you have read the following statements before signing the consent form.

- I am over 18 years of age. ☐
- I have read and understood the participant information letter.☐
- I understand what the project is about, and what the data will be used for.☐
- I am fully aware of all of the procedures involved, and of any risks and benefits associated with the study.☐
- I know that my participation is voluntary and that I am free to withdraw from the study at any time.☐
- I am aware that the data will be kept confidential. Participants names will not be included. The data will be used for publications and presentations related to the research topic. ☐
- I understand that I can contact the researcher if I have any questions. I can also contact the researcher for a summary of the findings arising from the research.☐
- I have read the above statements carefully and I consent to partake in this study.☐

Name (PRINTED): ____

Name (Signature): ____

Date: ________________________________

Appendix L. Demographic Questionnaire for Psychologists

Psychologists' and Social Workers' Perspectives on engaging in Multi-Agency work to support Children in Care in Ireland: A Socio-Cultural Activity Theory Analysis

Part I: Background Information

1) What is the highest level of education you have completed?

a) Bachelor's Degree ☐
b) Postgraduate Diploma ☐
c) Master's Degree ☐
d) Professional Doctorate/PHD ☐
e) Other (Please specify): ____________________________ ☐

2) In which country did you complete your psychology/social work training?

f) Ireland ☐
g) The United Kingdom ☐
h) Other (Please specify): ____________________________ ☐

3) What branch of psychology are you trained in?

a) Clinical Psychology ☐
b) Counselling Psychology ☐
c) Educational Psychology ☐
d) Other (Please specify): ____________________________ ☐

4) How many years' experience do you have working as a psychologist?

a) Less than one year ☐
b) 1-5 years ☐
c) 6-10 years ☐
d) 11-15 years ☐
e) 15+ years ☐

5) What service are you currently employed in as a psychologist?

f) Child and Adolescent Mental Health ☐
g) Child and Family ☐
h) Disability ☐
i) Primary Care ☐
j) Private ☐
k) School Psychology (e.g. NEPS) ☐
l) Other (Please specify): ☐
____

6) How long have you been working within this service?

m) Less than one year ☐
n) 1-5 years ☐
o) 6-10 years ☐
p) 11-15 years ☐
q) 15+ years ☐

7) What is your current role within the service?

a) Principal Psychologist ☐
b) Assistant/Deputy Principal Psychologist ☐
c) Senior Psychologist ☐
d) Basic Grade Psychologist ☐
e) Trainee Psychologist ☐
f) Other (Please specify): ____________________________ ☐

8) What is the age range of children you most frequently provide psychological services to? You may select more than one answer.

g) 0-3 years ☐
h) 4-6 years ☐
i) 7-12 years ☐
j) 13-18 years ☐

9) Have you worked in a different service in the past? (Tick all that apply)

k) Child and Adolescent Mental Health ☐
l) Child and Family ☐
m) Disability ☐
n) Primary Care ☐
o) Private ☐
p) School Psychology (e.g. NEPS) ☐
q) Other (Please specify): ______________ ☐

Part II: Knowledge and Training in Theory & Research relevant to Children in Care

8) Please indicate which of the following theories influence your work in supporting Children in Care:

a) Ecological Systems Theory ☐
b) Attachment Theory ☐
c) Social Learning Theory ☐
d) Maslow's Hierarchy of Needs ☐
e) Behaviourism ☐
f) Self-Determination Theory ☐
g) Piaget's Theory of Cognitive Dev. ☐
h) Vygotsky's Sociocultural Theory ☐
i) Other (please specify): ______________
____
____
____

12) Have you conducted research relating to supporting Children in Care? If so, please provide details of research you have conducted.

a) Yes ☐ ____
____
____

b) No ☐

13) Have you completed any post-graduate or CPD training relevant to supporting Children in Care? If so, please provide details of training.

c) Yes ☐ ____
____
____

d) No ☐

References:

Norwich, B., Richards, A., & Nash, T. (2010). Educational psychologists and children in care: practices and issues. *Educational Psychology in Practice*, *26*(4), 375-390.

Osborne, C., Norgate, R., & Traill, M. (2009). The role of the educational psychologist in multidisciplinary work relating to fostering and adoption. *Adoption & Fostering*, *33*(2), 13-25.

Appendix M. Demographic Questionnaire for Social Workers

Psychologists' and Social Workers' Perspectives on engaging in Multi-Agency work to support Children in Care in Ireland: A Socio-Cultural Activity Theory Analysis

Part I: Background Information

3) What is the highest level of education you have completed?

g) Bachelor's Degree ☐
h) Postgraduate Diploma ☐
i) Master's Degree ☐
j) Professional Doctorate/PHD ☐
k) Other (Please specify): ______________________ ☐

4) In which country did you complete your social work training?

l) Ireland ☐
m) The United Kingdom ☐
n) Other (Please specify): ______________________ ☐

9) How many years' experience do you have working as a social worker?

a) Less than one year ☐
b) 1-5 years ☐
c) 6-10 years ☐
d) 11-15 years ☐
e) 15+ years ☐

10) What service are you currently employed in as a social worker?

a) Child and Adolescent Mental Health ☐
b) Child and Family Agency ☐
c) Disability ☐
d) Primary Care ☐
e) Private ☐
f) School Psychology (e.g. NEPS) ☐
g) Other (Please specify): ______________________ ☐

11) How long have you been working within this service?

a) Less than one year ☐
b) 1-5 years ☐
c) 6-10 years ☐
d) 11-15 years ☐
e) 15+ years ☐

12) What is your current role within the service?

a) Principal Social Worker ☐
b) Assistant/Deputy Principal Social Worker ☐
c) Senior Social Worker ☐
d) Basic Grade Social Worker ☐
e) Fostering Link Social Worker ☐
f) Trainee Social Worker ☐
g) Other (Please specify): ________________________________ ☐

13) What is the age range of children you most frequently provide services to? You may select more than one answer.

a) 0-3 years ☐
b) 4-6 years ☐
c) 7-12 years ☐
d) 13-18 years ☐

14) Have you worked in a different service in the past? (Tick all that apply)

a) Child and Adolescent Mental Health ☐
b) Child and Family ☐
c) Disability ☐
d) Primary Care ☐
e) Private ☐
f) School Psychology (e.g. NEPS) ☐
g) Other (Please specify): __________________ ☐

Part II: Knowledge and Training in Theory & Research relevant to Children in Care

15) Please indicate which of the following theories influence your work in supporting Children in Care:

a) Ecological Systems Theory ☐
b) Attachment Theory ☐
c) Social Learning Theory ☐
d) Maslow's Hierarchy of Needs ☐
e) Behaviourism ☐
f) Self-Determination Theory ☐
j) Piaget's Theory of Cognitive Dev. ☐
k) Vygotsky's Sociocultural Theory ☐
l) Other (please specify): _______________
____
____
____

13) Have you conducted research relating to supporting Children in Care? If so, please provide details of research you have conducted.

e) Yes ☐ ____
____
____

f) No ☐

14) Have you completed any post-graduate or CPD training relevant to supporting Children in Care? If so, please provide details of training.

g) Yes ☐ ____
____
____

h) No ☐

References:

Norwich, B., Richards, A., & Nash, T. (2010). Educational psychologists and children in care: practices and issues. *Educational Psychology in Practice*, *26*(4), 375-390.

Osborne, C., Norgate, R., & Traill, M. (2009). The role of the educational psychologist in multidisciplinary work relating to fostering and adoption. *Adoption & Fostering*, *33*(2), 13-25.

Appendix N. Interview Schedule for Psychologists

Psychologists' and Social Workers' Perspectives on engaging in Multi-Agency work to support Children in Care in Ireland: A Socio-Cultural Activity Theory Analysis

A) Service Provision for Children in Care

A child is placed 'in care' by the Child and Family Agency, when their parents are not able to care for them. This means that the child leaves their home and lives in a new home with people who can care for them. At the end of September 2018, there were 6,072 children in care in Ireland according to Tusla – the Child and Family Agency (Tusla, 2018). Of these, 92% were in foster care (this includes relative or general foster care), with the remainder in residential care or other care placements, e.g. detention centres (Tusla, 2018).

1. **Does your service work with many Children in Care**? Can you give an example?
2. What is **your role** in supporting Children in Care **in your service**?
3. What **psychological difficulties are experienced by Children in Care**, who are referred to your service?
4. Are the **psychological difficulties** experienced by Children in Care **distinct from those experienced by other children** referred to your service?
5. What are the **desired outcomes of your service's involvement** in supporting Children in Care?
6. What **'tools'** guide psychologists' work with Children in Care **within your service**? (e.g. assessment frameworks, skills, legislation and/or professional guidelines)
7. What **other professionals** (e.g. another psychologist, social worker, speech and language therapist), ***if any***, can be involved in supporting Children in Care **within your service**?
8. When working with other professionals to support children in care **within your service**, how are roles and responsibilities shared between you? What factors influence which professional undertakes what role?
9. Which professional generally **takes the lead** in supporting a child in care **within your service**?
10. What are the **facilitators** to working with Children in Care **in your service?**
11. What are the **barriers** to working with Children in Care **in your service?**

B) Engaging in Multi-Agency Work to Support Children in Care

Multi-agency working is where professionals from more than one agency work together to prevent problems arising, where possible, and/or to respond to children's needs (Cheminais, 2009, as cited in Erasmus, 2013). This may occur on a continuum from informally sharing information to collaborating in a planned manner to achieve shared goals (Percy-Smith, 2005, as cited in Atkinson, Jones & Lamont, 2007).

1. **Does your service engage in Multi-Agency Work** to Support Children in Care? If so, can you give an example?
2. What **does your role involve in terms of engaging in multi-agency work** to support Children in Care?
3. What are the **desired outcomes of engaging in multi-agency work** to support Children in Care?
4. What **'tools'** guide psychologists' **engagement in multi-agency work** to support Children in Care? (e.g. protocols, frameworks, skills, legislation and/or professional guidelines)
5. What other professionals (e.g. social worker, speech and language therapist) **from other services/agencies** does your service engage with to support Children in Care?
6. When working with other professionals **from different services/agencies,** how are roles and responsibilities shared between you? What factors influence which professional undertakes what role?
7. Who generally takes the lead in supporting a child in care, **when engaging in multi-agency work**?
8. What are the **facilitators** to engaging in **multi-agency work** to support Children in Care?
9. What are the **barriers** to engaging in **multi-agency work** to support Children in Care?

C) Additional Questions

1. Do you foresee that your service's involvement in supporting children in care will be different in future? If so, how will it differ?
2. Are there any further points that you would like to add, in relation to supporting children in care, that you haven't had an opportunity to mention?

Appendix O. Interview Schedule for Social Workers

A) Service Provision for Children in Care

A child is placed 'in care' by the Child and Family Agency, when their parents are not able to care for them. This means that the child leaves their home and lives in a new home with people who can care for them. At the end of September 2018, there were 6,072 children in care in Ireland according to Tusla – the Child and Family Agency (Tusla, 2018). Of these, 92% were in foster care (this includes relative or general foster care), with the remainder in residential care or other care placements, e.g. detention centres (Tusla, 2018).

1. **Does your service work with many Children in Care**? Can you give an example?
2. What is **your role** in supporting Children in Care **in your service**?
3. What **psychological difficulties, *if any*, are experienced by children** who are **in your care/the care of your service**?
4. What **factors** influence whether a **Child in Care** is **referred to psychology services?** What does this **referral process involve/look like?**
5. What are the **desired outcomes of your service's involvement** in supporting Children in Care?
6. What **'tools'** guide **social workers'** work with Children in Care **within your service**? (e.g. assessment frameworks, skills, legislation and/or professional guidelines)
7. What **other professionals** (e.g. another social worker, social worker, speech and language therapist), ***if any***, can be involved in supporting Children in Care **within your service**?
8. When working with other professionals to support children in care **within your service**, how are roles and responsibilities shared between you? What factors influence which professional undertakes what role?
9. Which professional generally **takes the lead** in supporting a child in care **within your service**?
10. What are the **facilitators** to working with Children in Care **in your service?**
11. What are the **barriers** to working with Children in Care **in your service?**

B) Engaging in Multi-Agency Work to Support Children in Care

Multi-agency working is where professionals from more than one agency work together to prevent problems arising, where possible, and/or to respond to children's needs (Cheminais, 2009, as cited in Erasmus, 2013). This may occur on a continuum from informally sharing information to collaborating in a planned manner to achieve shared goals (Percy-Smith, 2005, as cited in Atkinson, Jones & Lamont, 2007).

1. **Does your service engage in Multi-Agency Work** to Support Children in Care? If so, can you give an example?
2. What **does your role involve in terms of engaging in multi-agency work** to support Children in Care?
3. What are the **desired outcomes of engaging in multi-agency work** to support Children in Care?
4. What **'tools'** guide **social workers' engagement in multi-agency work** to support Children in Care? (e.g. protocols, frameworks, skills, legislation and/or professional guidelines)
5. What other professionals (e.g. psychologist, speech and language therapist) **from other services/agencies** does your service engage with to support Children in Care? *Does your service engage in multi-agency work with psychologists? Can you give an example?*
6. When working with other professionals **from different services/agencies,** how are roles and responsibilities shared between you? What factors influence which professional undertakes what role?
7. Who generally takes the lead in supporting a child in care, **when engaging in multi-agency work**?
8. What are the **facilitators** to engaging in **multi-agency work** to support Children in Care?
9. What are the **barriers** to engaging in **multi-agency work** to support Children in Care?

C) Additional Questions

1. Do you foresee that your service's involvement in supporting children in care will be different in future? If so, how will it differ?
2. Are there any further points that you would like to add, in relation to supporting children in care, that you haven't had an opportunity to mention?

Appendix P. Stages of Thematic Analysis and Sample of Initial Coding

Phase 1: Familiarisation with the data

As interviews were carried out and transcribed by the researcher, this allowed the researcher to become more familiar with the content of the data before the analysis stage. The researcher ensured to listen to original audio recordings to check that transcriptions accurately reflected what participants' responses to interview questions. The researcher also read through all data prior to beginning the initial coding phase and recorded initial ideas for codes in a notebook.

Phase 2: Generating initial codes

The second phase of thematic analysis involved re-reading through interview data and developing initial codes for the data. NVivo 12 software was used for coding to allow for extracts related to an initial code to be grouped together. During this phase the researcher ensured to pay equal attention to all data items and where deemed appropriate coded extracts several times, as advised by Braun and Clarke (2006). Please see Table P1. below for a sample of initial coding for psychologists' data.

Data	**Initial Codes**
Interviewer (I) Does your service engage in multi-agency work to support children in care? If so, can you give an example?	
Participant (P) Yes, our service does engage in lots of multi-agency work. For example, at the moment I'm working on a joint case with CAMHS. So, at the moment the boy is at risk of being expelled from primary school. And am the principal and the community psychology services are working very hard to keep him in. So, difficulty really is that he is ticking all those boxes in terms of the behaviour policy that mean the next steps are going to be exclusion from school. So, what I have been doing has been effectively supporting the	Service is committed to engage in multi-agency work Joint consultation with other service Preventing placement breakdowns School policy does not complement child's needs

principal…am…we've had conversations with the Board of Management and conversations with staff around why we need to have a more flexible approach for this child. So that's part of it. It's also around helping the CAMHS side and the community psychology side am liaise with…or fight their way through the Department of Education bureaucracy because this child doesn't actually have an SNA, or an SNA hasn't been sanctioned by the SENO. She has said no to sanctioning a SNA for him.	Providing support to the principal Providing support to the Board of Management Providing support to other psychologists Lack of understanding of child's needs Service-level policies contradict tools used by other services
I: Okay…	
P: So, part of what I have been doing is writing supporting documents to basically help them…you know…access an SNA…and access that person that can be his key adult in school. What's been interesting is the reason that the SNA request was turned down was because he didn't have a cognitive assessment done and "wants to see numbers".	Writing letters to advocate for child Provide support to other psychologists Service-level policies contradict tools used by other services
I: Okay…	
P: And the community psychologist has said if there is any cognitive work to be done, I will do it. I don't want you to do that piece. That's not what I want you to do I want you to do is kind of pull it all together and kind of find a way through it so that we can get an SNA. So, we have been kind of work around a joint application for an SNA. And also supporting the teacher, kind of just helping her and just telling her that you are doing a good job basically. You know and actually you….he's kicking off but it's not about you and you know actually you have to put aside your normal behaviour management strategies aren't going to work and you have to put them to one side and really you know follow his lead and follow the strategies that we are suggesting.	Flexibility of other professionals Optimising use of resources available Joint application with other service Provide support to teacher Flexibility of other professionals

Phase 3: Searching for themes

During this phase of the analysis, codes were sorted into potential themes. Accordingly, codes were grouped together or collapsed to represent meaningful patterns in the data. For example, the codes 'provide support to school principal', 'provide support to the Board of management' and 'provide support to teachers' were combined to form 'provide support to school personnel'. In addition, the codes of 'joint training with other services', 'joint intervention with other services' 'joint application with other services', and 'joint consultation with other services' were collapsed into 'joint work with other services.' Another example of collapsing codes included that 'specialist supervision' and 'specialist training' were collapsed into 'specialist supervision or training'. During this phase, some initial codes were broken up to describe the data in more detail. For example, the code 'rationale for assigning roles and responsibilities to professionals' was expanded to 'expertise-based rationale' and 'availability-based rationale'. Additionally, the initial code 'social work sector' was expanded to include 'family support workers' 'allocated social workers' and 'fostering link workers.' Codes with similar characteristics were subsequently grouped into themes. For instance, the codes 'lack of clarity of purpose or aims of meeting', 'lack of sharing or receiving of information', 'clarifying information when necessary' and 'clarity of purpose and aims of meeting', 'sharing and receiving of information' were grouped into the theme 'Communication between professionals'. Two subthemes, including 'clear communication between professionals' and 'unclear communication between professionals' also emerged.

Phase 4: Reviewing themes

The fourth phase of thematic analysis involved adopting a two-stage approach to reviewing and refining themes (Braun & Clarke, 2006). The first step involved reading through collated data extracts for each theme in NVivo 12. This step was necessary to establish whether the extracts formed a coherent narrative for each specific theme. If the data and theme did not sufficiently correspond, the theme was either changed or else the data extract was moved to another theme. For example, the original theme 'resources within and between services' was broken down into the following subthemes including 'presence of or access to resources', 'absence of resources or resource shortages', 'consistency in resources within and between services' and 'inconsistency in resources within and between services' in order to more accurately reflect the data. The second stage of reviewing and refining themes involved re-reading through the data as a whole set to ensure that themes accurately reflected the meanings found across the complete data set. During this phase, the need to separate the theme 'resources within and between services' into the aforementioned subthemes became particularly salient as inconsistencies and consistency in resources was reflected across the data set. For the final phase of quality checking, the data was re-read with the research questions in mind to ensure that any data that disproved or disconfirmed the themes was included.

Phases 5 and 6: Defining and naming themes and producing the report

This phase of the analysis involved defining and refining the titles of themes to ensure that such titles accurately represent the data content. For example, the theme title 'resources to engage in multi-agency work' was refined to 'resource availability and consistency during multi-agency work'. Additionally, the title 'communication between professionals during multi-agency work' was refined to 'effectiveness of communication between professionals during multi-agency work'. In order to aid this

process and to increase the validity of the findings, a peer psychologist in training reviewed the themes and subthemes and offered suggestions as to how they could be refined further. In particular, a discussion occurred regarding whether ‘lack of understanding or awareness’ and ‘differences in understanding or awareness’ were conceptually distinct. Following reviewing both quotations for both subthemes, a decision was made for both subthemes to remain. Finally, the themes and subthemes were organised to tell the ‘story’ of the data, a report of findings was developed and thematic maps for research questions were created to represent the findings visually (Braun & Clarke, 2006).

Appendix Q. Sample of Final Codes, Subthemes and Themes

Direct Quotes from Participants	**Codes**	**Subtheme**	**Theme**
Psy11: "I suppose, like we have good relationships…we might have a discussion about it and we usually would find some way of compromising." Psy10: "I mean we all understand that everyone is really busy but having that relationship with them I think is really helpful." Psy2: "Well, I think that having relationships with other professionals, and I think keeping and building relationships to me is the most important thing." Psy14: "If you develop good open networks and open relationships with colleagues in other services really is what gets things done a lot faster." Psy2: "…I think it has put something on individual psychologists as well and their comfort and flexibility around these cases." Psy11: "I mean we might disagree with each other but actually it's quite respectful and I think we can both see each other's point of view."	Commitment to engaging in multi-agency work Appreciate other professionals' positions Flexibility of professionals Openness to engaging in multi-agency work Trust and mutual respect between professionals	Developing and maintaining positive working relationships	Relationships are essential to multi-agency work

Direct Quotes from Participants	Codes	Subtheme	Theme
Psy12: "I guess the desired outcomes would be that there would be a shared understanding of the child, a shared understanding or an increased awareness about them and the impact of developmental trauma on their presentation, a shared appreciation of their dynamic involved in the attachment relationship, probably a shared understanding." Psy5: "They may be the one to contact me and generally because they would have a knowledge of NEPS and they would say I think this is a NEPS thing or I think NEPS involvement would be useful." Psy4: "Am, and then, I suppose, when they understand who I am and what I can do, that can be a big facilitator or a barrier if they don't. So when they know what my role is what I can do and they are happy to accept that that's what I am going to do..we tend to work very well together."	Awareness and understanding of child's individual needs Awareness and understanding of the roles of different professionals Awareness of attachment needs generally	Shared awareness and understanding amongst professionals	Awareness and understanding of child's needs, theory and roles of professionals involved

Direct Quotes from Participants	Codes	Subtheme	Theme
Psy12: "In the interaction, if I am having an initial meeting with the social worker before seeing a child, the way I would identify what the roles might be is I might ask them what they are hoping to gain from the child meeting with us and it identifies their frustrations and I suppose you can clarify roles then as well..." Psy20: "…when I didn't have that knowledge that I could ring them, and they were really supportive there. So, I suppose there are kind of boundaries of who knows what and yeah like there was legal frameworks I wouldn't be so au fait with." Psy9: "So we would be communicating with that team, I suppose what our objectives are currently, so how we are meeting those, and I suppose how the parents are responding, how the child is responding to different therapeutic interventions." Psy13: "It was always helpful to hear the social workers perspectives on it as well. They obviously would have information that I don't...that I don't have access to as well. So, they bring their own kind of insight."	Clarifying information when necessary Clarity of purpose and aims of meeting Sharing and receiving of information	Effective communication between professionals	Effectiveness of communication between professionals during multi-agency work

Direct Quotes from Participants	Codes	Subtheme	Theme
Psy15: "Am…I think how experienced the foster mother is or the foster father. I think some foster parents have had a lot of different foster kids and they really know the systems. They know what they are entitled to and what they need." Psy5: "….I did my Doctorate at the [name of University in the UK]. There is a huge, huge focus in training as a psychologist in that particular college is very much working with children in care… if you go to the [name of university] you are going to know a lot about policy and a lot about children who are looked after." Psy6: "I was involved with one family and it did really look like it was going to be a child protection for neglect and the Meitheal support system and multi-agency approach seemed to really get in there before that happened."	*Foster Parent or School level*, e.g. foster parents are strong advocates for the child in care *Professional Level*, e.g. previous experience, specialist supervision and training *Service Level,* preventative work prior to entering care, strong leadership	Presence of or access to Resources	Resource availability and consistency during multi-agency work

Direct Quotes from Participants	Codes	Subtheme	Theme
Psy11: "….and I suppose you can really see that in some ways we are a very stable department…like there has been…once people are here they tend not to go anywhere…like we have got a longevity even with the cases."	Continued involvement of professionals Use of the same framework across services	Consistency in resources within and between services	Resource availability and consistency during multi-agency work
Psy11: "….all the services are using the Circle of Security so if you're child has a disability, if your child is with CAMHS, if your child is here, if you are in Adult Mental Health we are beginning to use the same models so that it really means that say you have a kid who is in child protection, the birth parents will have the opportunity to come, the foster parents will have the opportunity to come. You've got a sense of you know we are looking at it from the same lens so I think…and the fact that that model is so easy to present…like the complexities of attachment really simply that I think it's really good cos it means that families then can get the same model of support."	Adoption of a strengths-based approach by services		
Psy7: "Yeah, so I think if Tusla has moved to a more strength-based, more balanced approach, I think would be good. So, they are rolling out a new assessment model currently."			

Direct Quotes from Participants	Codes	Subthemes	Themes
SW1: "But you just want to acknowledge that there is work going on there and that people are working together I suppose." SW2: "And really I suppose that's what everything comes from then be it multiagency relationships or relationships with foster carers or relationships with children or whatever like…you know." SW2: "But because both parties with their interests wanted what they thought was the best for each child, they were more willing to come together to have that discussion." SW4: "We would have regular phone calls. Kind of, we could pop down and meet with them. Kind of different advice and direction as well on some cases that wouldn't be involved with…"	- Acknowledging the contributions of everyone involved -Flexibility of professionals involved -Trust and mutual respect between professionals -Willingness and openness of other professionals to be involved	Developing and maintaining positive working relationships	Relationships are essential to multi-agency work

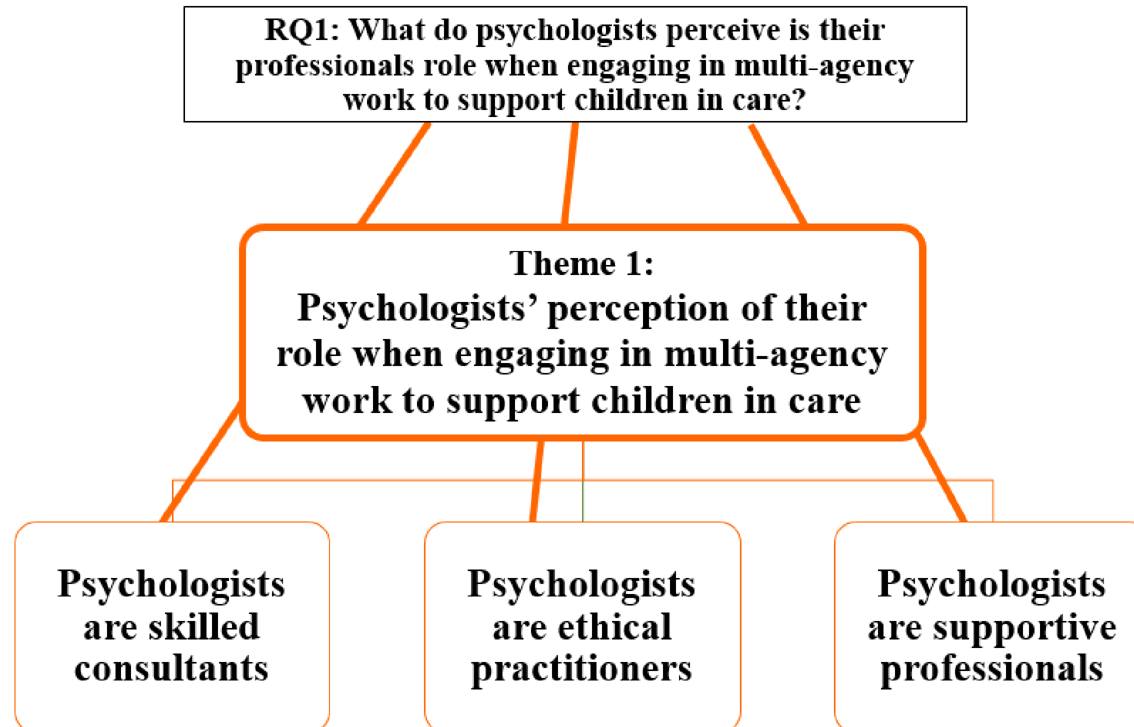
Direct Quotes from Participants	Codes	Subtheme	Theme
SW3: "Of course, that doesn't go without saying, of course, you know, the clinical psychologists are best placed doing these piece of work, but I think we try to recognise where relationships lie in often very tenuous situations and often in situations where young people and all their families refuse to engage. We have to try and capitalise on any relationship we have in order to move it forward and to enhance their wellbeing and their own full functioning and their chances to have a family." SW4: "So, the carer was invited in to do training. So that assisted in gaining trust in the service and developing some relationships with the psychologists. So, from there then there was more consent for the carer to be given, now they should be giving it anyway, but it was a relative placement. So, there was an overlap of trust there. But she did support the child and the child is now doing really well."	- Building child's trust in services -Building family's trust in services	Child and/or Family's positive relationship with services	Relationships are essential to multi-agency work

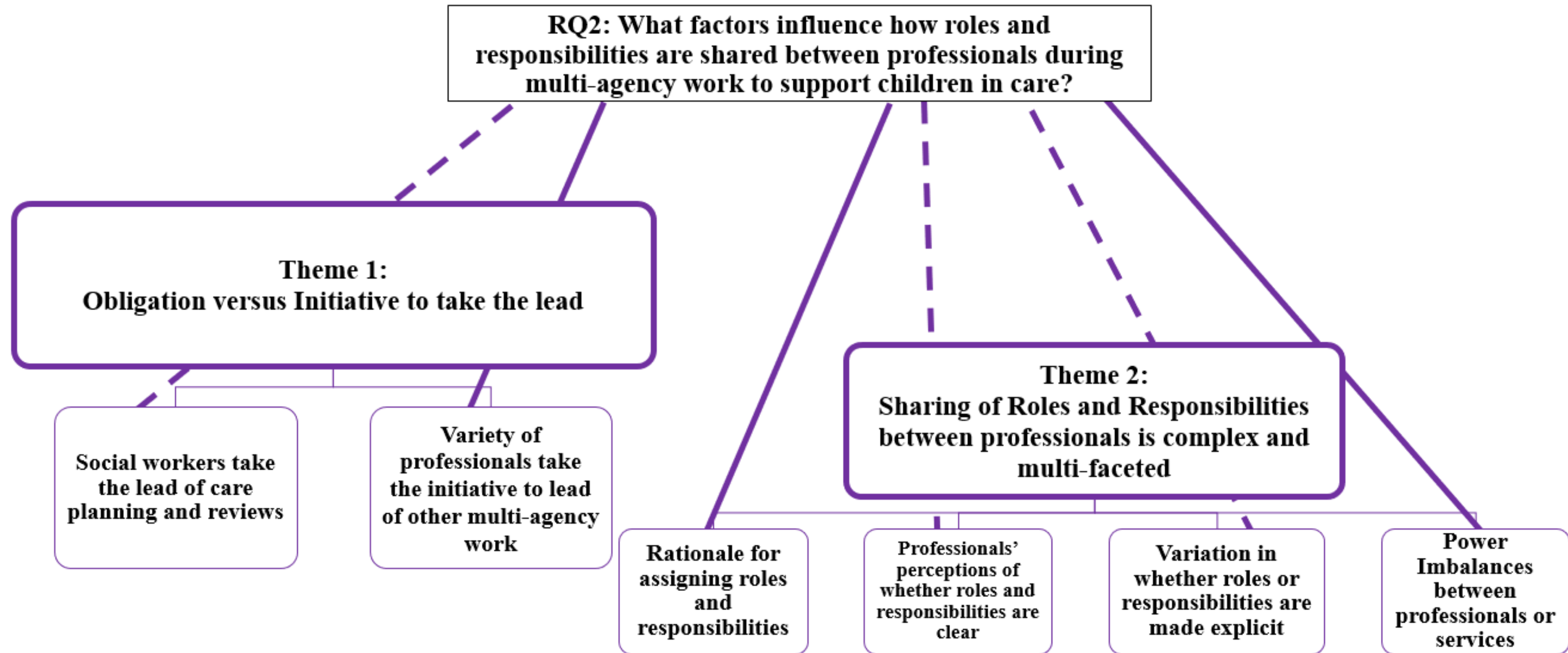
Direct Quotes from Participants	Codes	Subtheme	Theme
SW5: "I think again like really it is just good communication. Just having really...well having a clear line of communication first is the most important thing." SW2: "The following year you would have been in contact with whatever agencies that were involved in an ongoing basis, be it by phone, email or various different planning meetings." SW4: "And they would often ring us to say what do you think about a child, we are kind of stuck, what do you think, is there anything that you could give us some direction on." SW4: "It is better to have a scheduled kind of meeting, regular meetings or some mechanism for updates and sharing of information because we are all working depending on what side you are working in relation to."	- Effective communication systems - Frequent communication between professionals - All professionals involved get a copy of documentation	Effective communication between professionals	Effectiveness of communication between professionals during multi-agency work

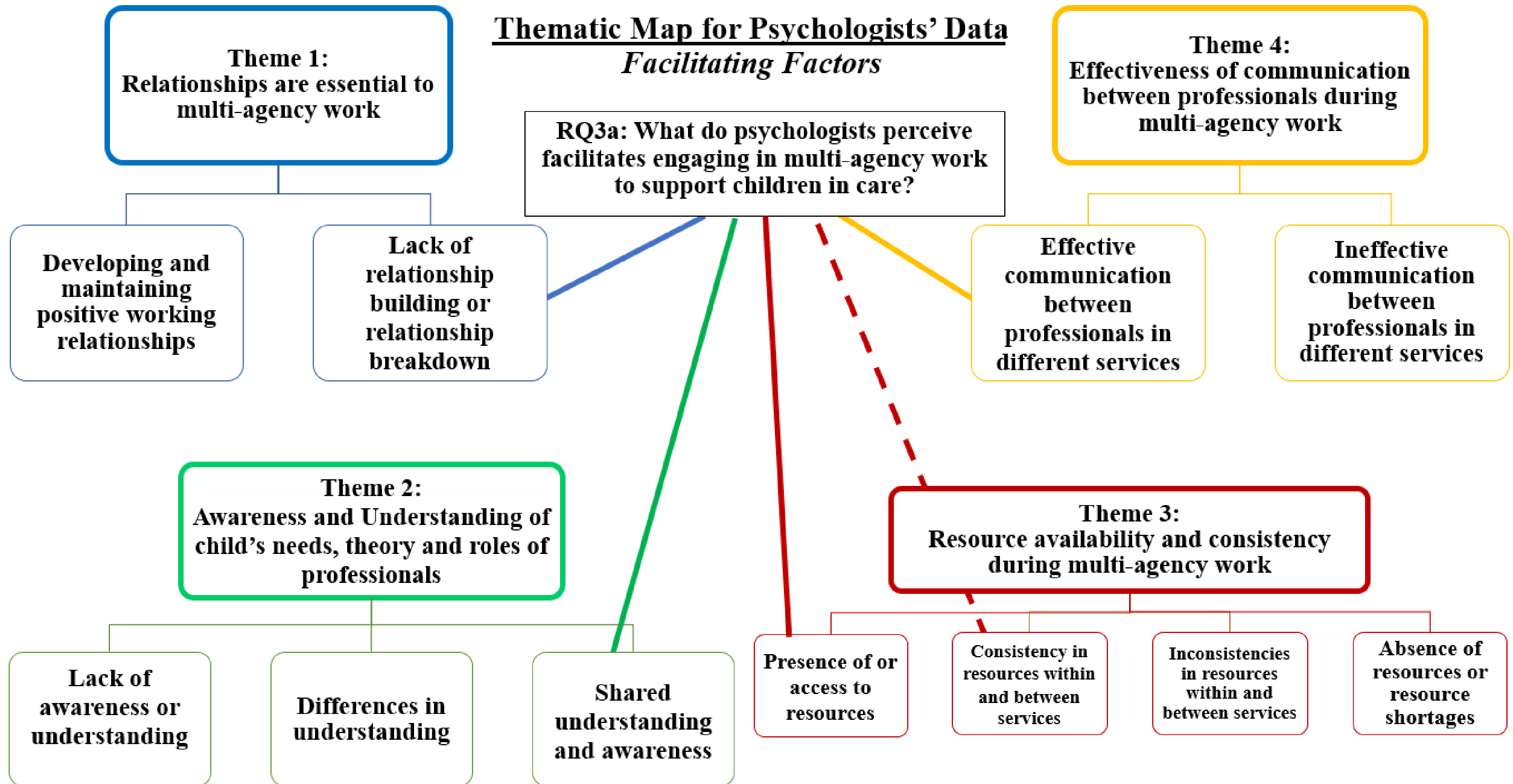
Direct Quotes from Participants	Codes	Subtheme	Theme
SW3: “Absolutely. I think, you know, we very much have an approach of trying to explain why, being very open, being very honest, being very clear, about why we think the young person needs x, y and z and about why we are having the Child in Care Reviews and about why we are asking them to engage or why access is happening or not happening.” SW1: “I mean birth parents bring their own issues to it. And have, you know, their legitimate concerns as well. So, sometimes we do separate meetings. SW5: “You know, the agency are gone quite good at bringing in training from other areas, like the Person Brain Model. [It’s a] neuroscience model basically around working with what are called troubled individuals… So, a neuroscientist in the US, Paul Baker, and that was so interesting, that research and that work, and it's new like.” SW1: “Do you know they are working at a more senior management level to kind of look at that we are all involved in this child’s care Ah you know that there is a certain amount that we can do but you also have to do this bit so that’s good. It’s kind of what you know…more work going on above us I suppose.”	- *Child, Family or School Level,* e.g. Child is involved in or is informed about meetings, Gain information from birth parents at separate meeting - *Professionals' Level,* e.g. staff training, planning and scheduling of meetings between professionals in advance - *Service Level, e.g.* Co-location of services, service management working towards more multi-agency work, psychologist attached to child in care team	Presence of or access to Resources	Resource availability and consistency during multi-agency work

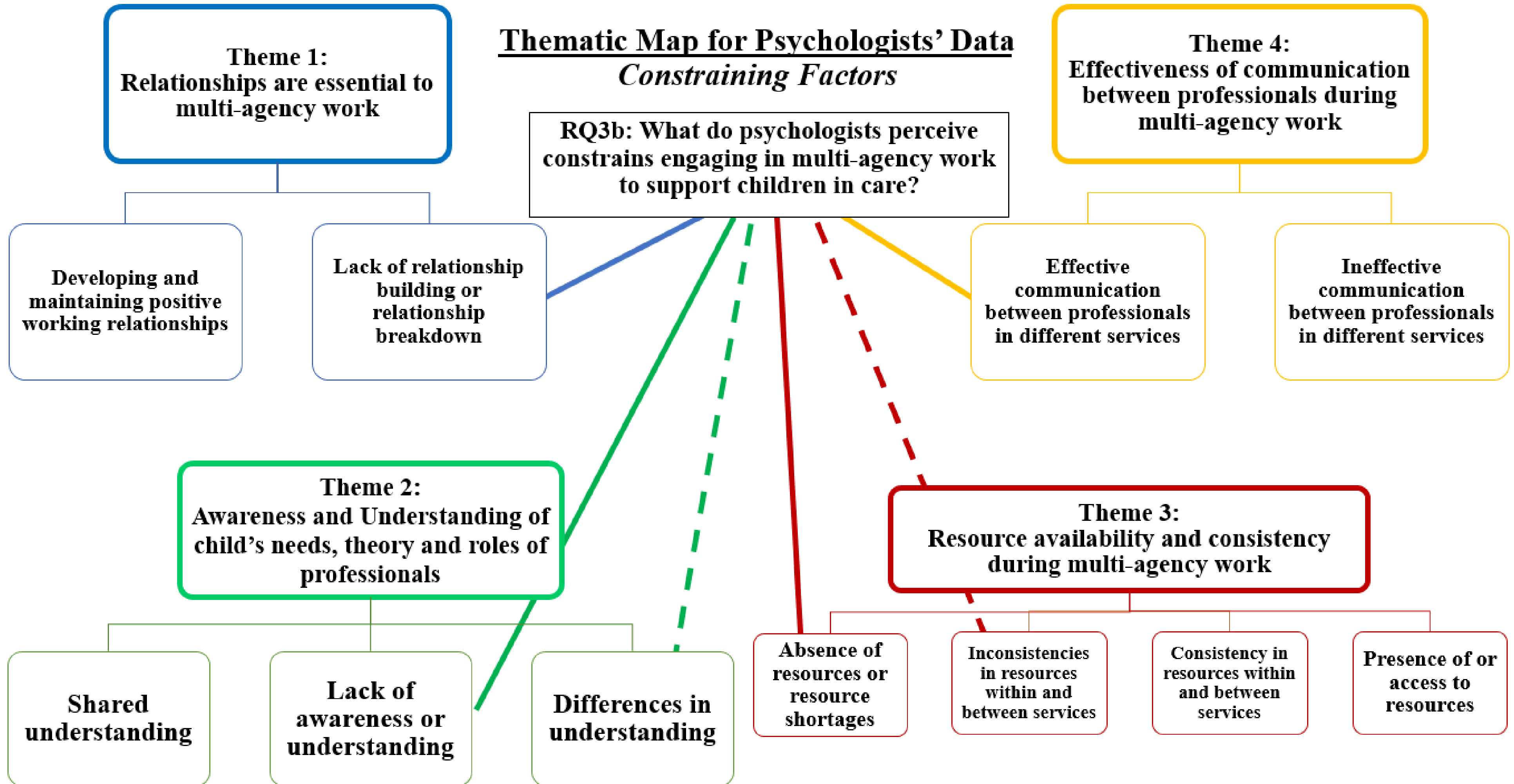
Direct Quotes from Participants	Codes	Subtheme	Theme
SW1: “So it’s about really referring and getting them involved as soon and you know as early as possible. Because once the child is eighteen, you know, we have an aftercare responsibility alright. But I suppose we need to get them into those services, so they are there for them long term.” SW1: “And the lack of turnover of staff in all areas not just in social work but in all areas. People stay around for a lot longer so you can develop relationships and that…am. SW1: “Well over the years yeah there has been and I think that’s the key to it that people have been here a long time and they know people in other services and I know that doesn’t solve the problem all the time...am…but it does help.”	Examples: -Continued involvement of professionals - Adoption of a strengths-based approach across services	Consistency in resources within and between services	Resource availability and consistency during multi-agency work

Appendix R. Thematic Maps for Psychologists' Data

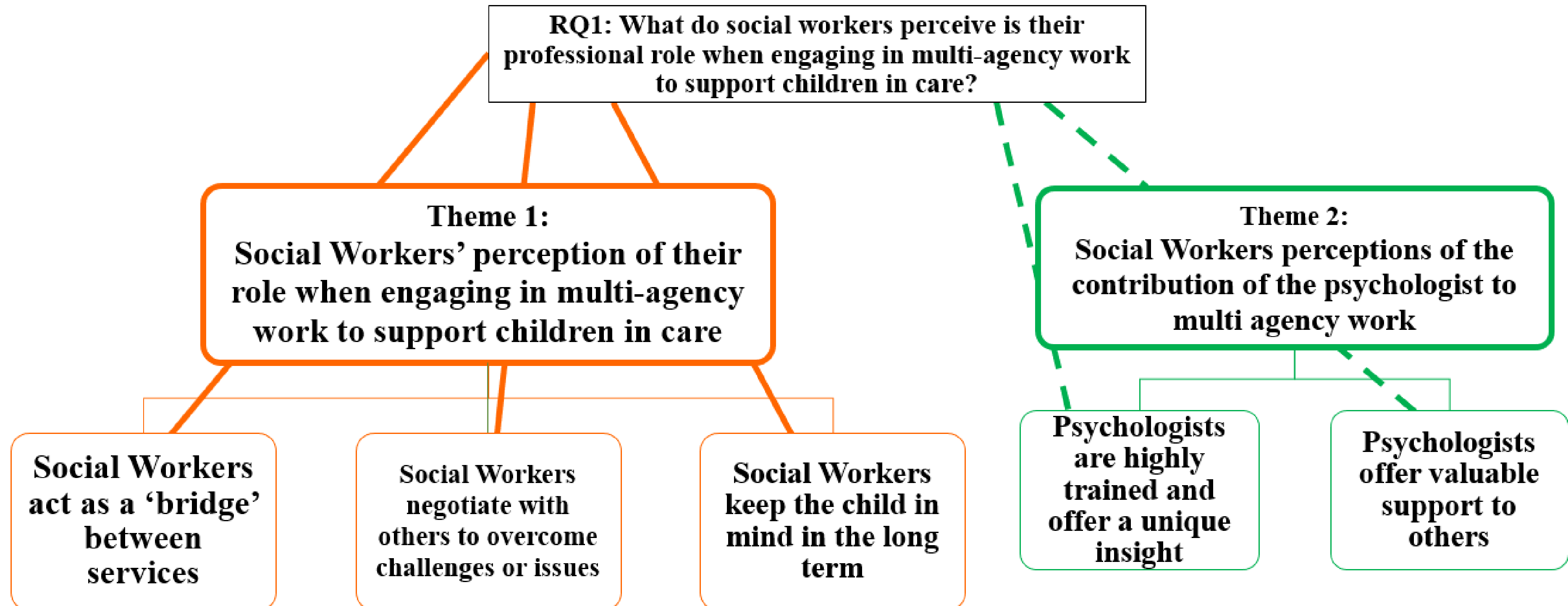



Thematic Map for Psychologists' Data
Demarcating Roles and Responsibilities
RQ2: What factors influence how roles and responsibilities are shared between professionals during multi-agency work to support children in care?
Theme 1:
Obligation versus Initiative to take the lead
Social workers take the lead of care planning and reviews
Variety of professionals take the initiative to lead of other multi-agency work
Theme 2:
Sharing of Roles and Responsibilities between professionals is complex and multi-faceted
Rationale for assigning roles and responsibilities
Professionals' perceptions of whether roles and responsibilities are clear
Variation in whether roles or responsibilities are made explicit
Power Imbalances between professionals or services


Thematic Map for Psychologists' Data
Facilitating Factors
RQ3a: What do psychologists perceive facilitates engaging in multi-agency work to support children in care?
Theme 1:
Relationships are essential to multi-agency work
Developing and maintaining positive working relationships
Lack of relationship building or relationship breakdown
Theme 4:
Effectiveness of communication between professionals during multi-agency work
Effective communication between professionals in different services
Ineffective communication between professionals in different services
Theme 2:
Awareness and Understanding of child's needs, theory and roles of professionals
Lack of awareness or understanding
Differences in understanding
Shared understanding and awareness
Theme 3:
Resource availability and consistency during multi-agency work
Presence of or access to resources
Consistency in resources within and between services
Inconsistencies in resources within and between services
Absence of resources or resource shortages

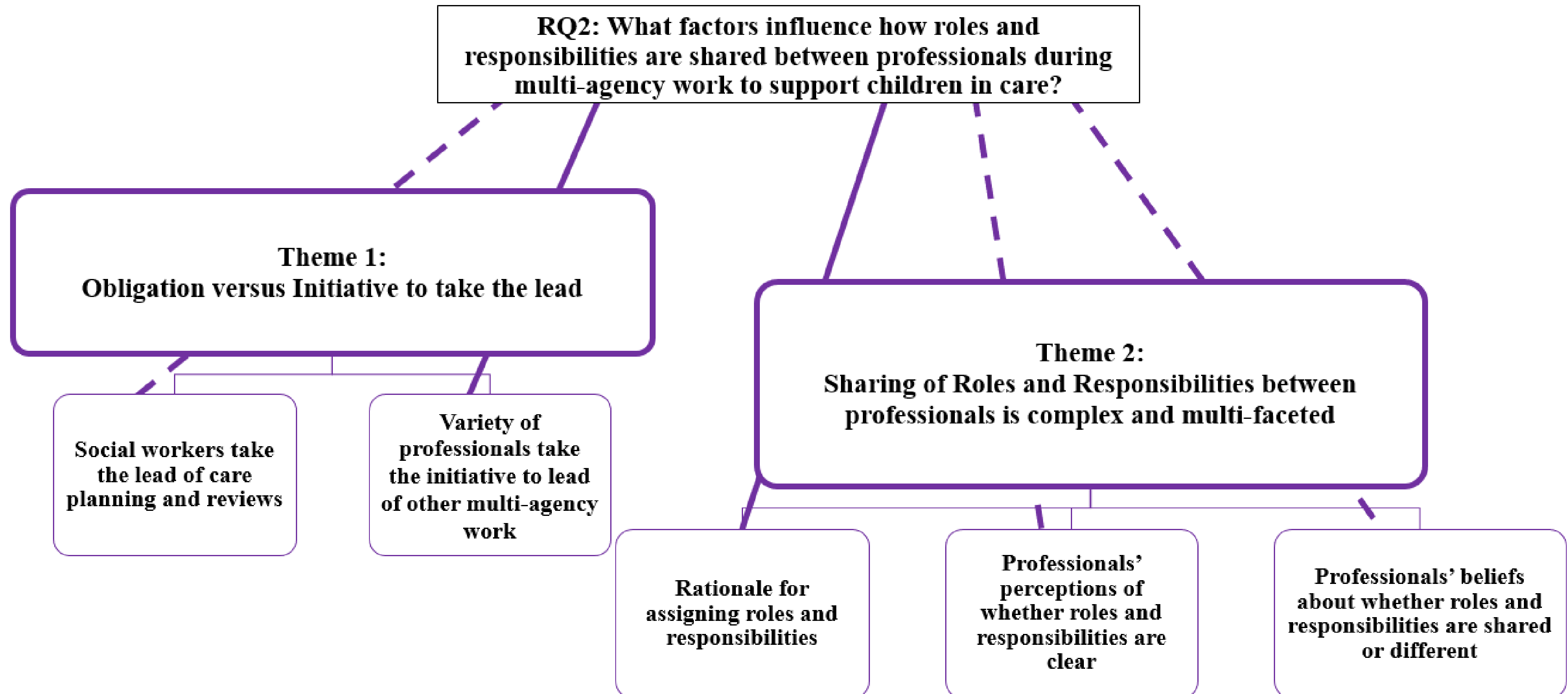

Thematic Map for Psychologists' Data
Constraining Factors
RQ3b: What do psychologists perceive constrains engaging in multi-agency work to support children in care?
Theme 1:
Relationships are essential to multi-agency work
Developing and maintaining positive working relationships
Lack of relationship building or relationship breakdown
Theme 4:
Effectiveness of communication between professionals during multi-agency work
Effective communication between professionals in different services
Ineffective communication between professionals in different services
Theme 2:
Awareness and Understanding of child's needs, theory and roles of professionals
Shared understanding
Lack of awareness or understanding
Differences in understanding
Theme 3:
Resource availability and consistency during multi-agency work
Absence of resources or resource shortages
Inconsistencies in resources within and between services
Consistency in resources within and between services
Presence of or access to resources

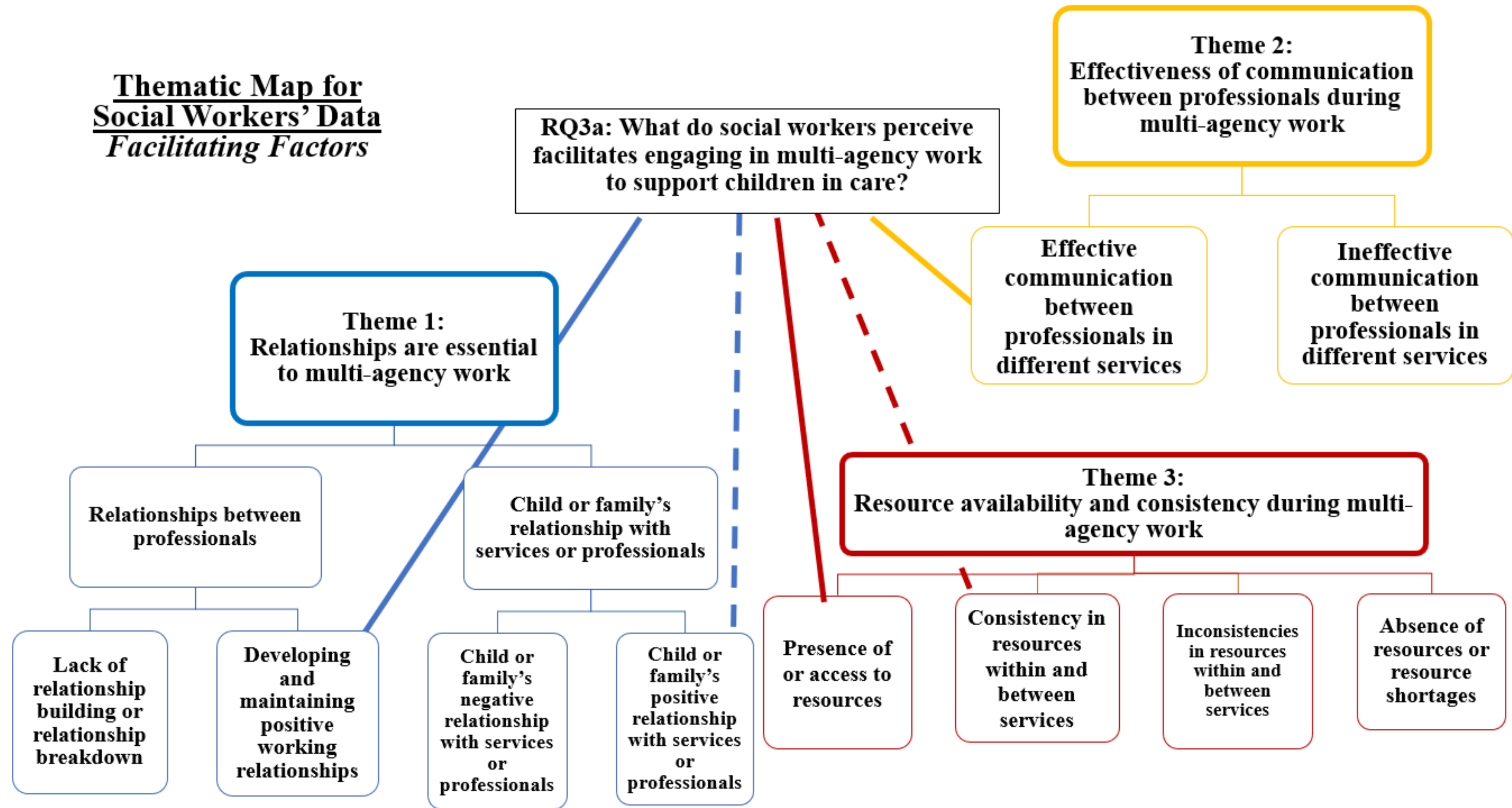
Appendix S. Thematic Maps for Social Workers' Data

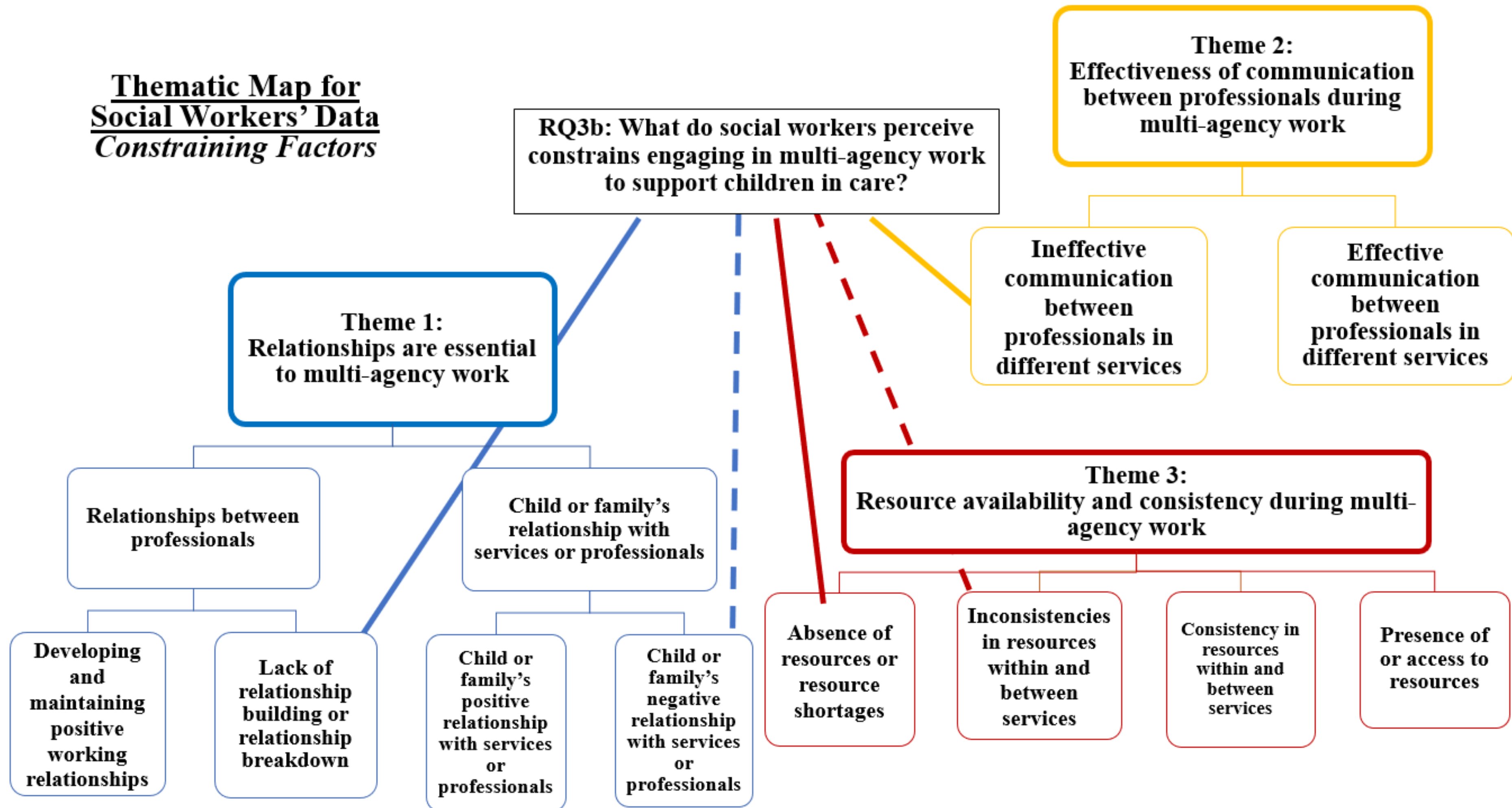


Thematic Map for Social Workers' Data

Demarcating Roles and Responsibilities




Thematic Map for
Social Workers' Data
Facilitating Factors
RQ3a: What do social workers perceive facilitates engaging in multi-agency work to support children in care?
Theme 1:
Relationships are essential to multi-agency work
Relationships between professionals
Child or family's relationship with services or professionals
Lack of relationship building or relationship breakdown
Developing and maintaining positive working relationships
Child or family's negative relationship with services or professionals
Child or family's positive relationship with services or professionals
Theme 2:
Effectiveness of communication between professionals during multi-agency work
Effective communication between professionals in different services
Ineffective communication between professionals in different services
Theme 3:
Resource availability and consistency during multi-agency work
Presence of or access to resources
Consistency in resources within and between services
Inconsistencies in resources within and between services
Absence of resources or resource shortages


Thematic Map for
Social Workers' Data
Constraining Factors
RQ3b: What do social workers perceive constrains engaging in multi-agency work to support children in care?
Theme 1:
Relationships are essential to multi-agency work
Relationships between professionals
Child or family's relationship with services or professionals
Developing and maintaining positive working relationships
Lack of relationship building or relationship breakdown
Child or family's positive relationship with services or professionals
Child or family's negative relationship with services or professionals
Theme 2:
Effectiveness of communication between professionals during multi-agency work
Ineffective communication between professionals in different services
Effective communication between professionals in different services
Theme 3:
Resource availability and consistency during multi-agency work
Absence of resources or resource shortages
Inconsistencies in resources within and between services
Consistency in resources within and between services
Presence of or access to resources

Appendix T. Sample Extract from Researcher's Journal

19/6/19

coded thereafter as Syll

Reflections on Interview with Participant One

Upon reflection the following comes to mind regarding this interview —

1) Highlighted that HSE & CFA are separate agencies and that both services operate separately.

2) Indicated that establishing Working Relationships is very important
↳ this can help with overcoming challenges that emerge from ~~(of)~~ child being in care; emphasised the importance of negotiating and also maintaining respect for one another.

3) Some of the constraints outlined included not having or sharing the same perspective → differences in frameworks / theories adopted??

4) High levels of Collaboration in terms of co facilitating Joint Workshops with other services — especially CFA (fostering link workers + allocated social workers) + with NEPS.

↳ importance of Relationships??

5) Facilitator is that COS framework is used across services + that this may help foster ~~patients~~ parents take more of a lead.

attachment + relationship based.

6) Another very important facilitator is investment in training & supervision in programmes such as Theraplay + COS.

↳ Support for Professionals is V. Important

Appendix U. Findings Not Specifically Related to the Research Questions

Object Node of Activity Theory

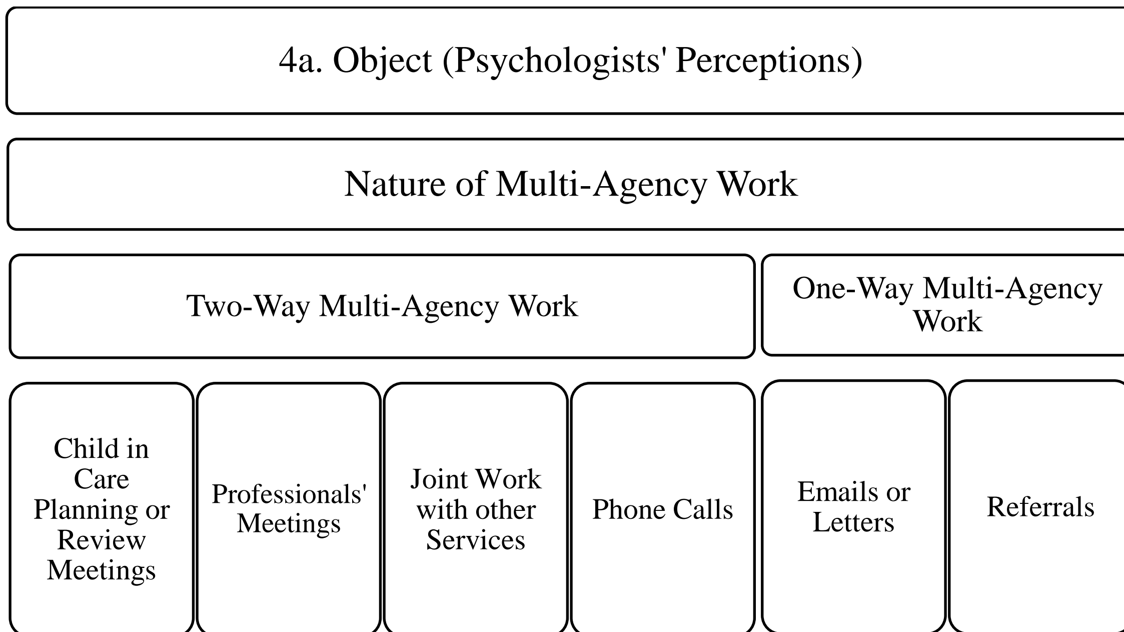


Figure T1. The object node of activity theory for psychologists' data.

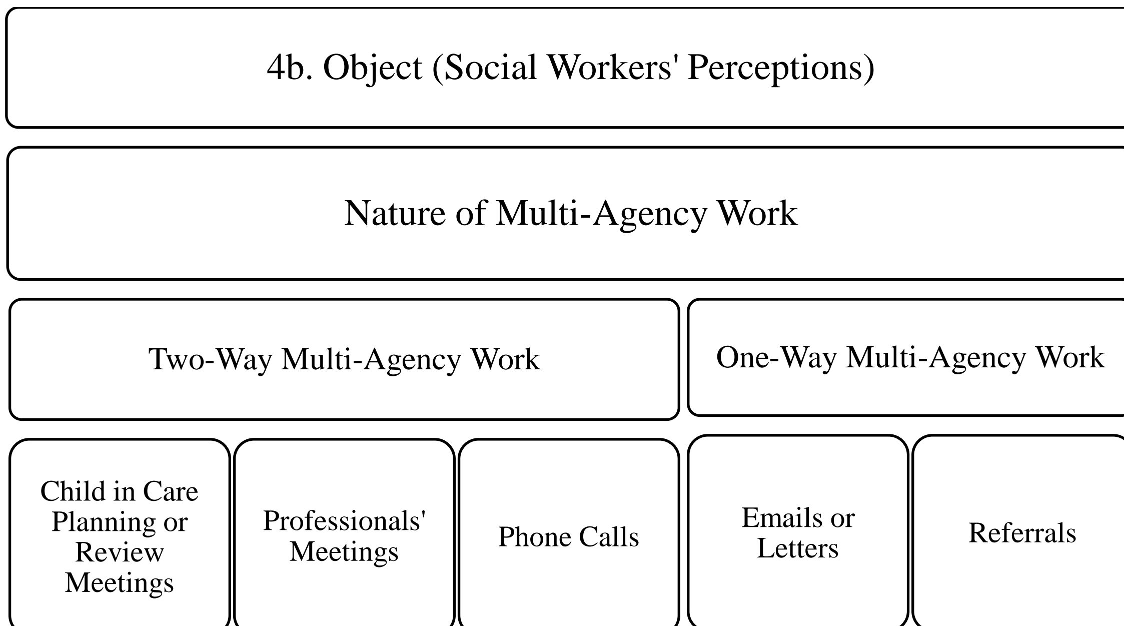


Figure T2. The object node of activity theory for social workers' data.

Outcomes Node of Activity Theory

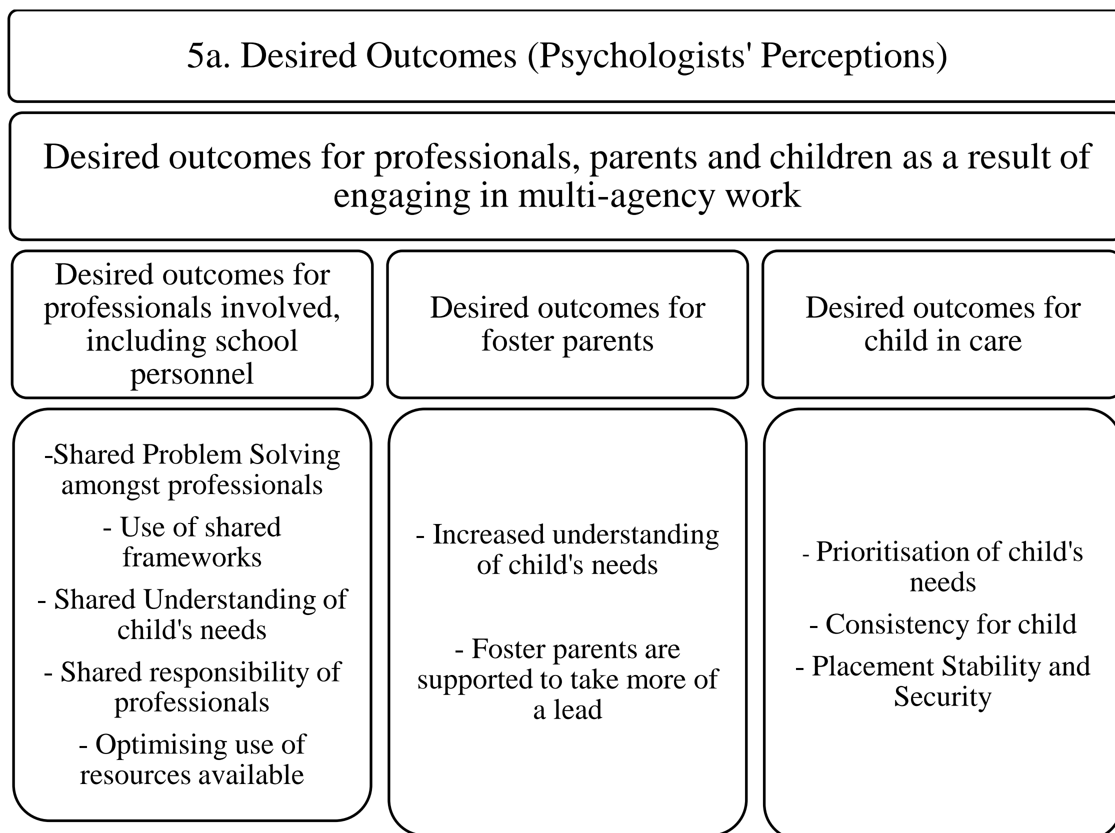


Figure T3. The outcomes node of activity theory for psychologists' data.

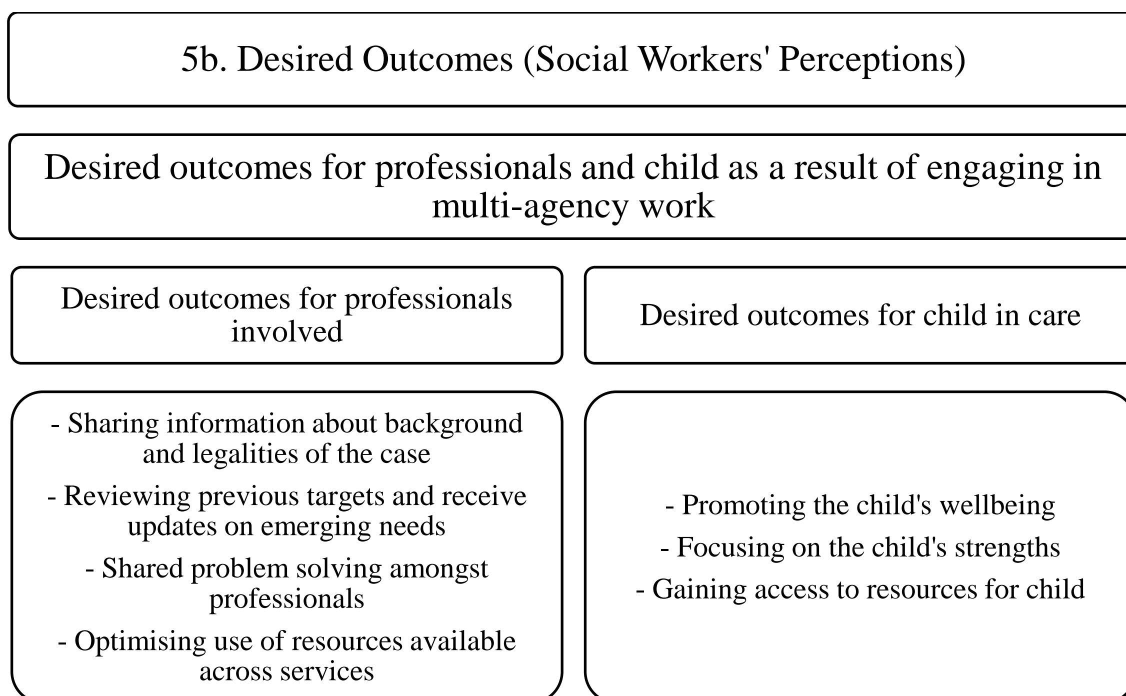


Figure T4. The outcomes node of activity theory for social workers' data.

Tools and Artefacts Node for Activity Theory

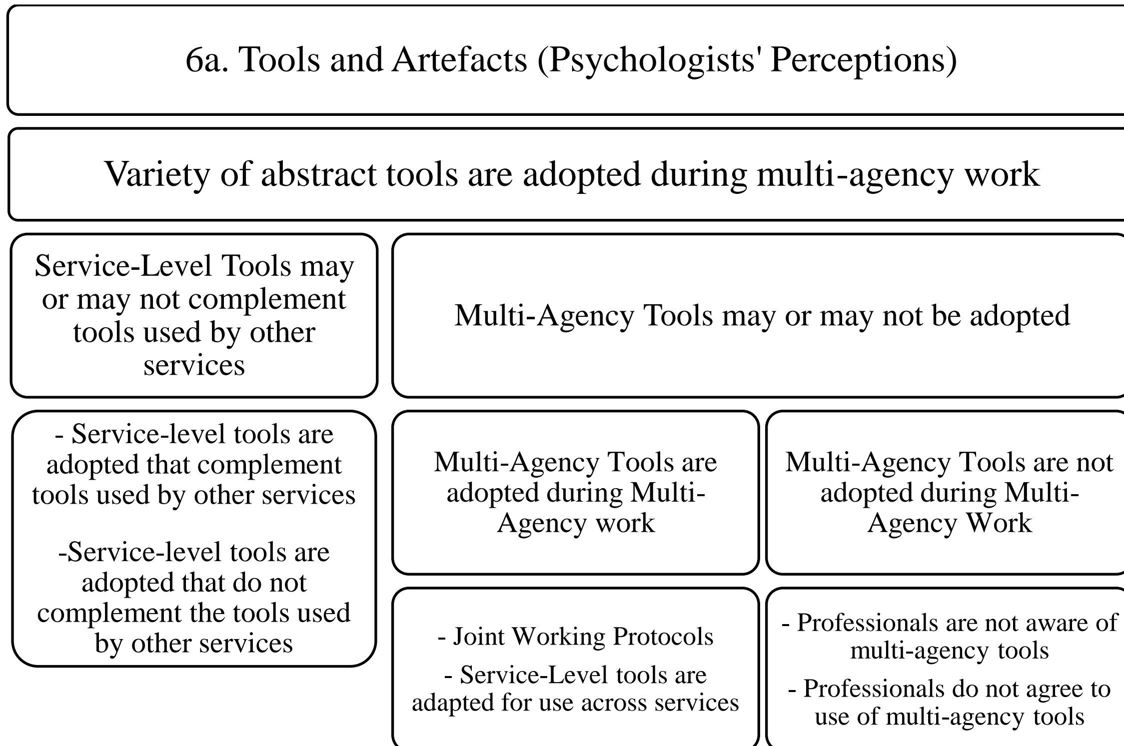


Figure T5. The tools and artefacts node of activity theory (psychologists).

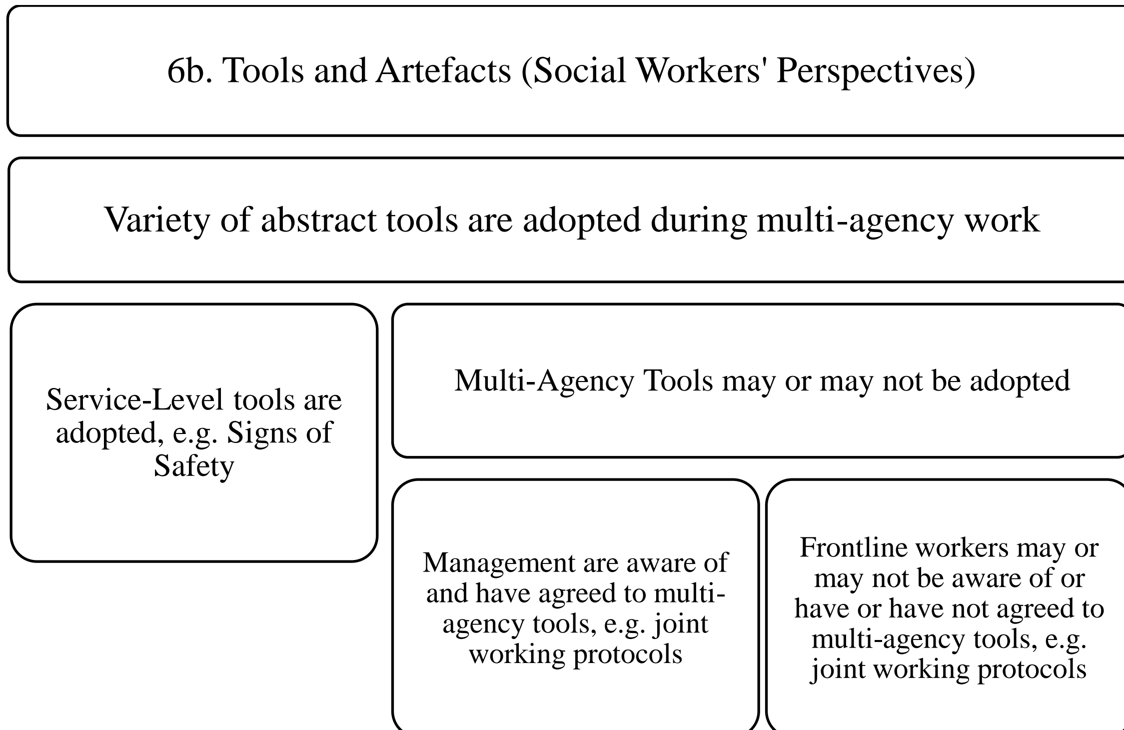


Figure T6. The tools and artefacts node of activity theory (social workers).

Community Node for Activity Theory

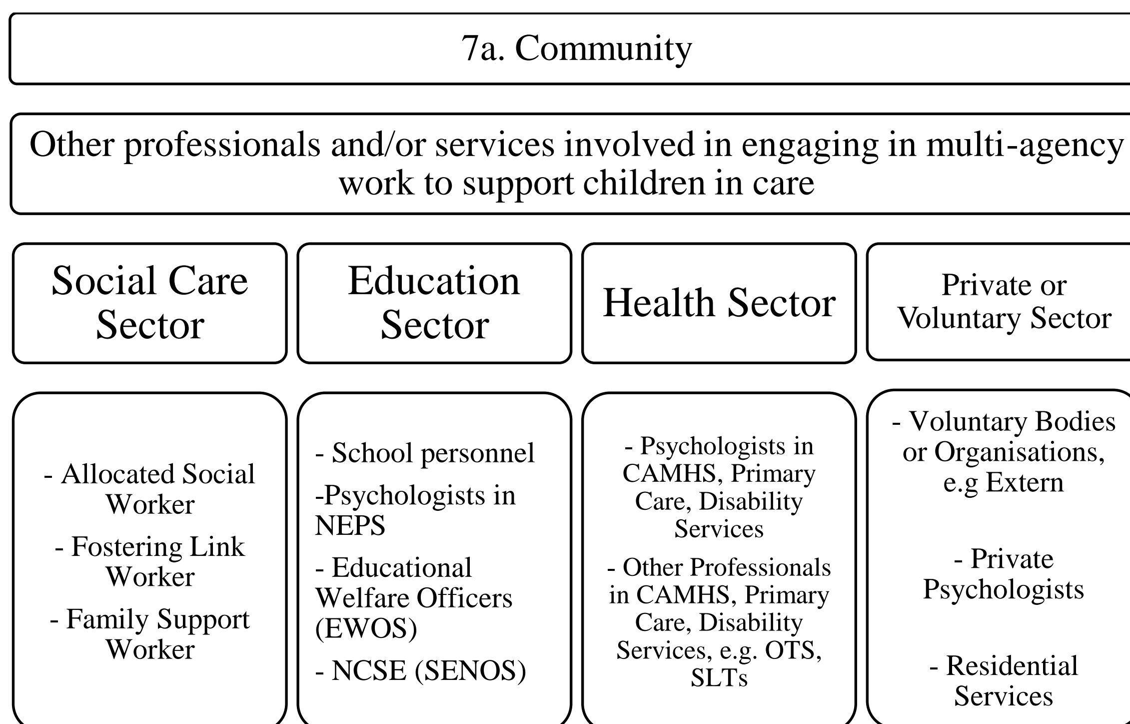


Figure T7. The community node of activity theory (psychologists).

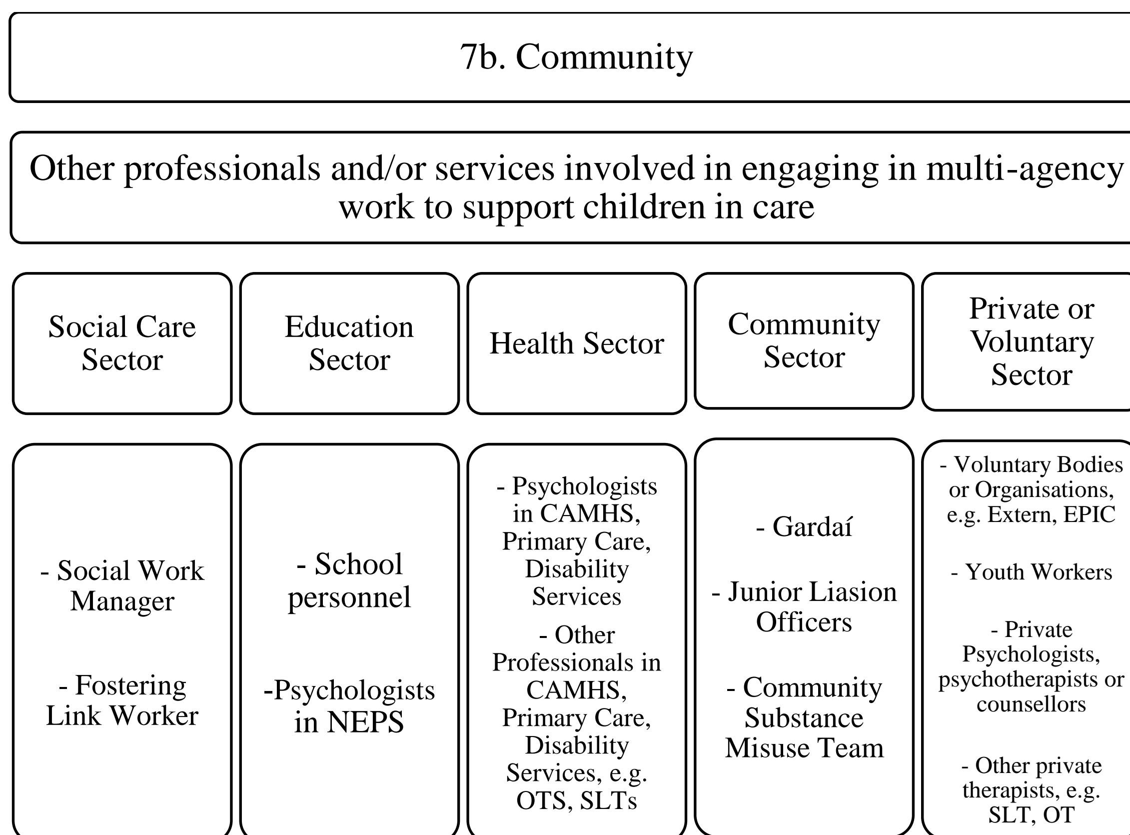


Figure T8. The community node of activity theory (social workers).

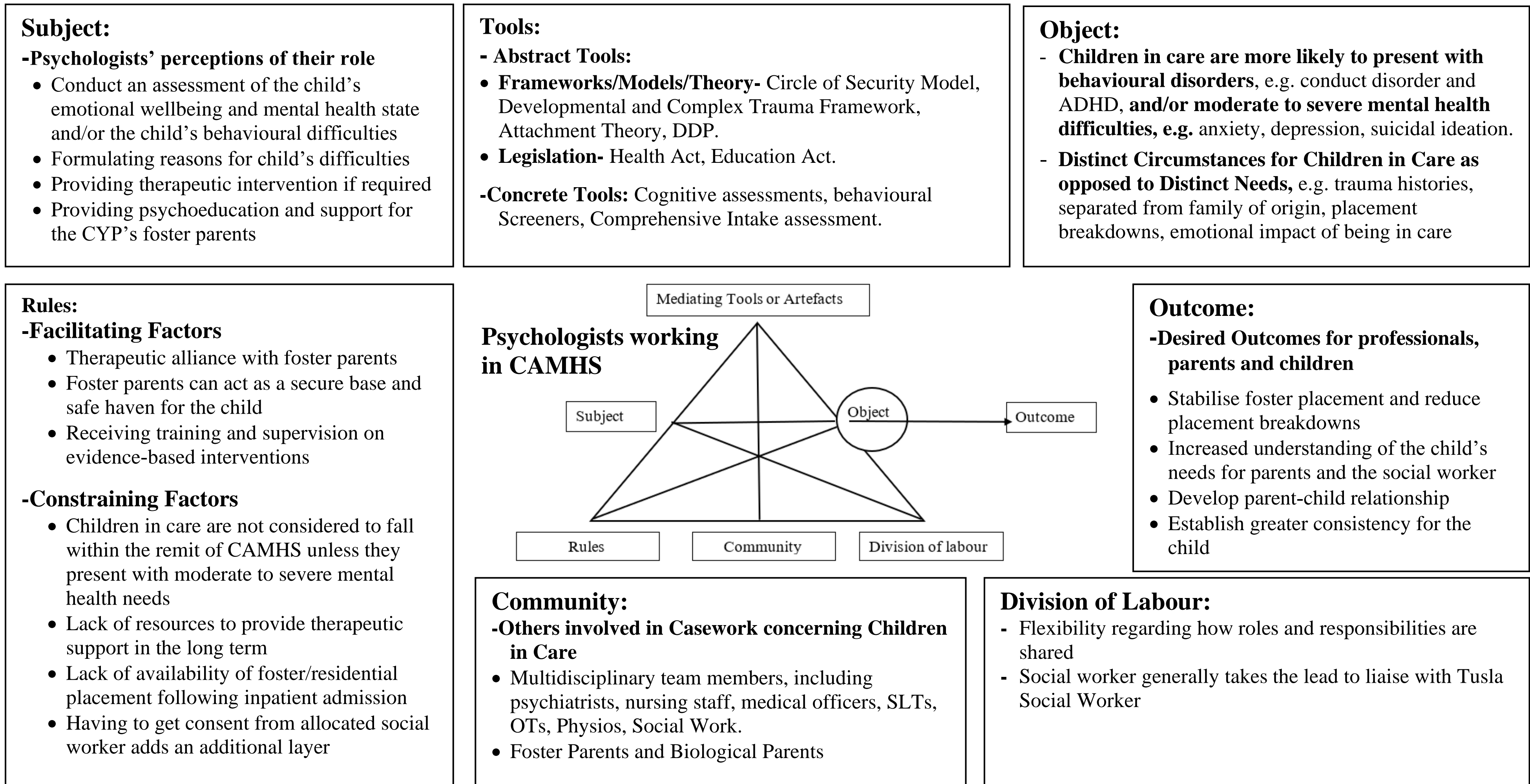


Figure T9. Activity system depicting perceptions of psychologists working in CAMHS (n = 2).

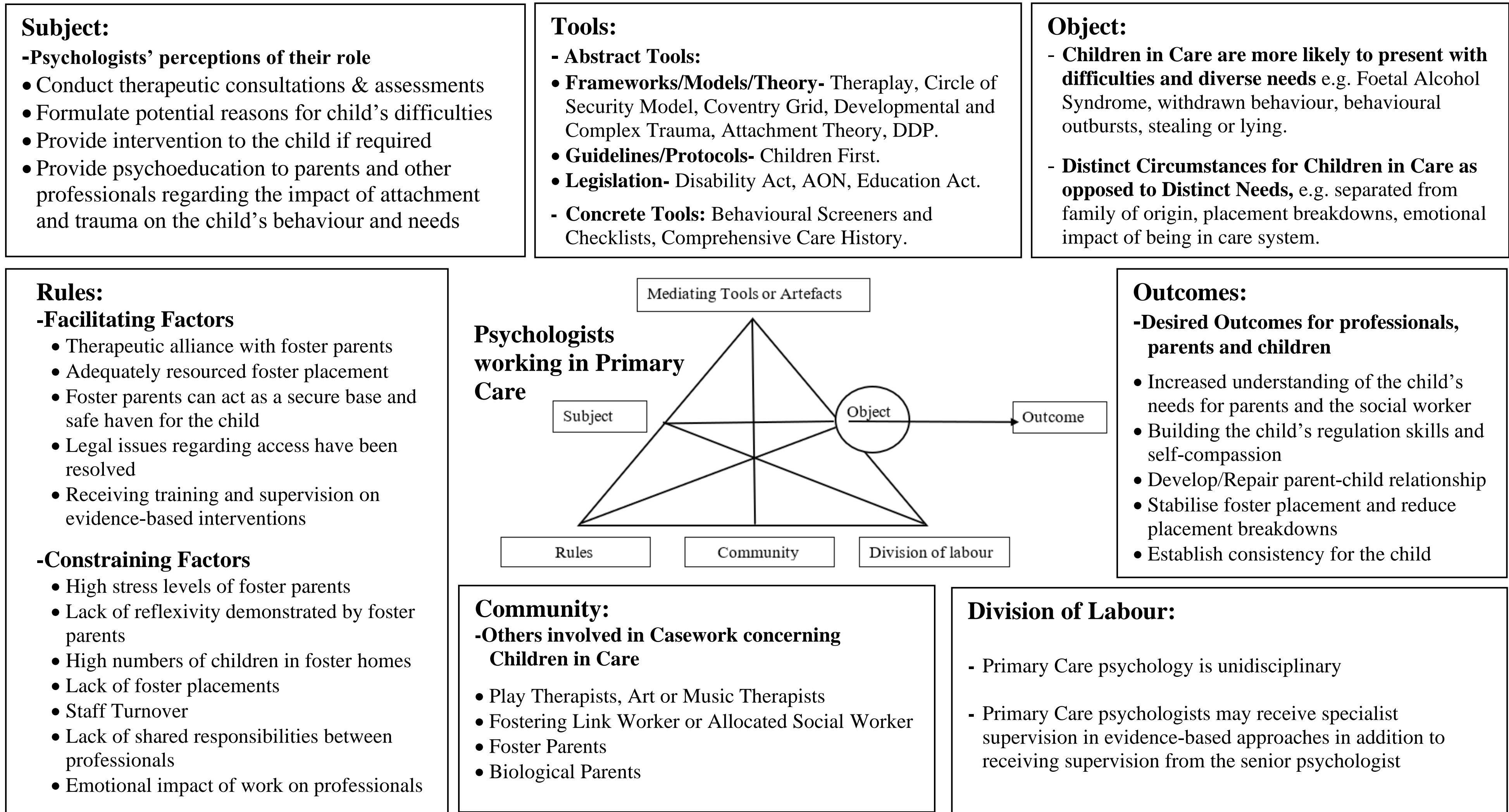


Figure T10. Activity system depicting perceptions of psychologists working in primary care (n = 3).

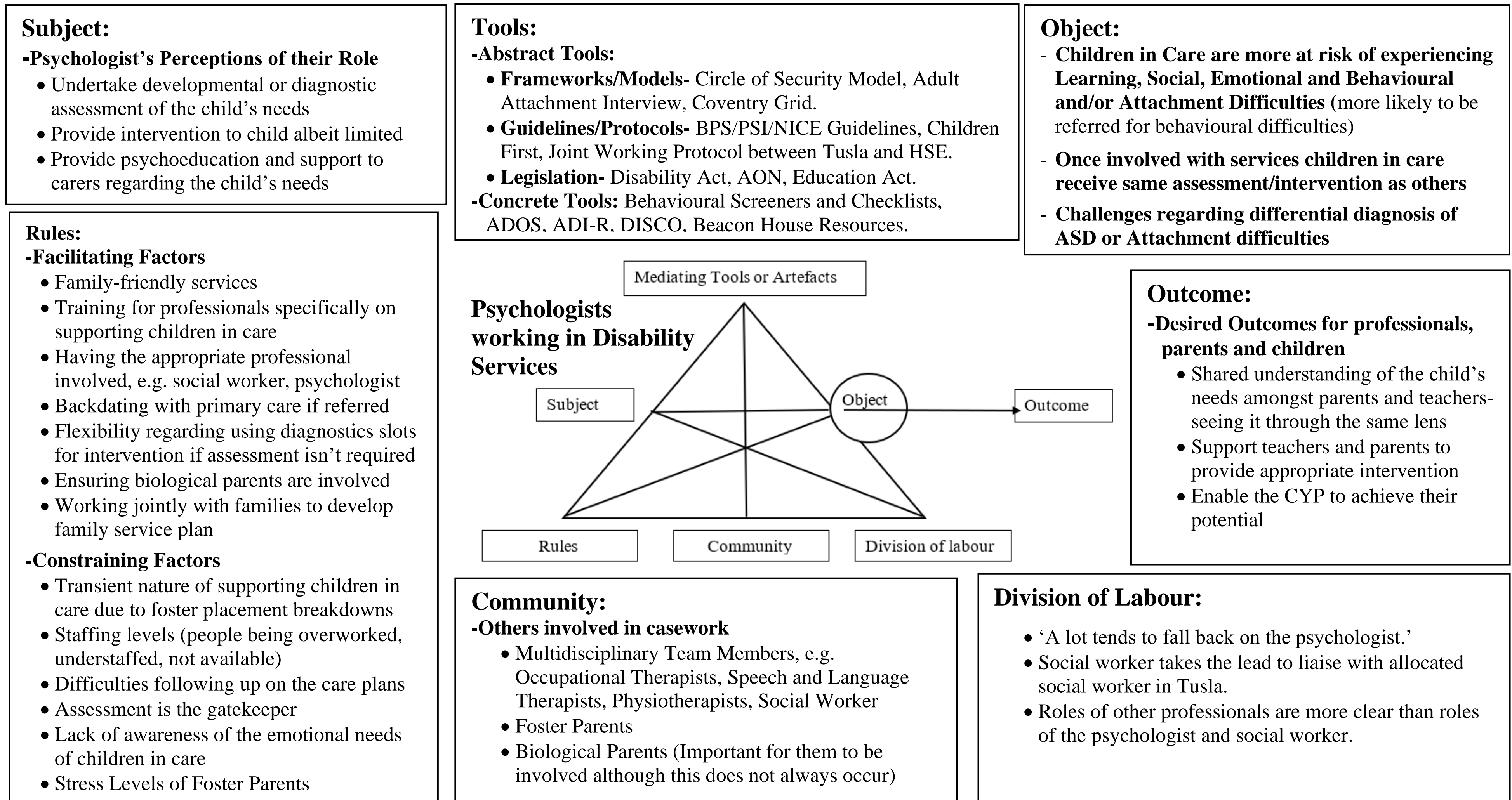


Figure T11. Activity system depicting perceptions of psychologists working in disability services (*n* = 5).

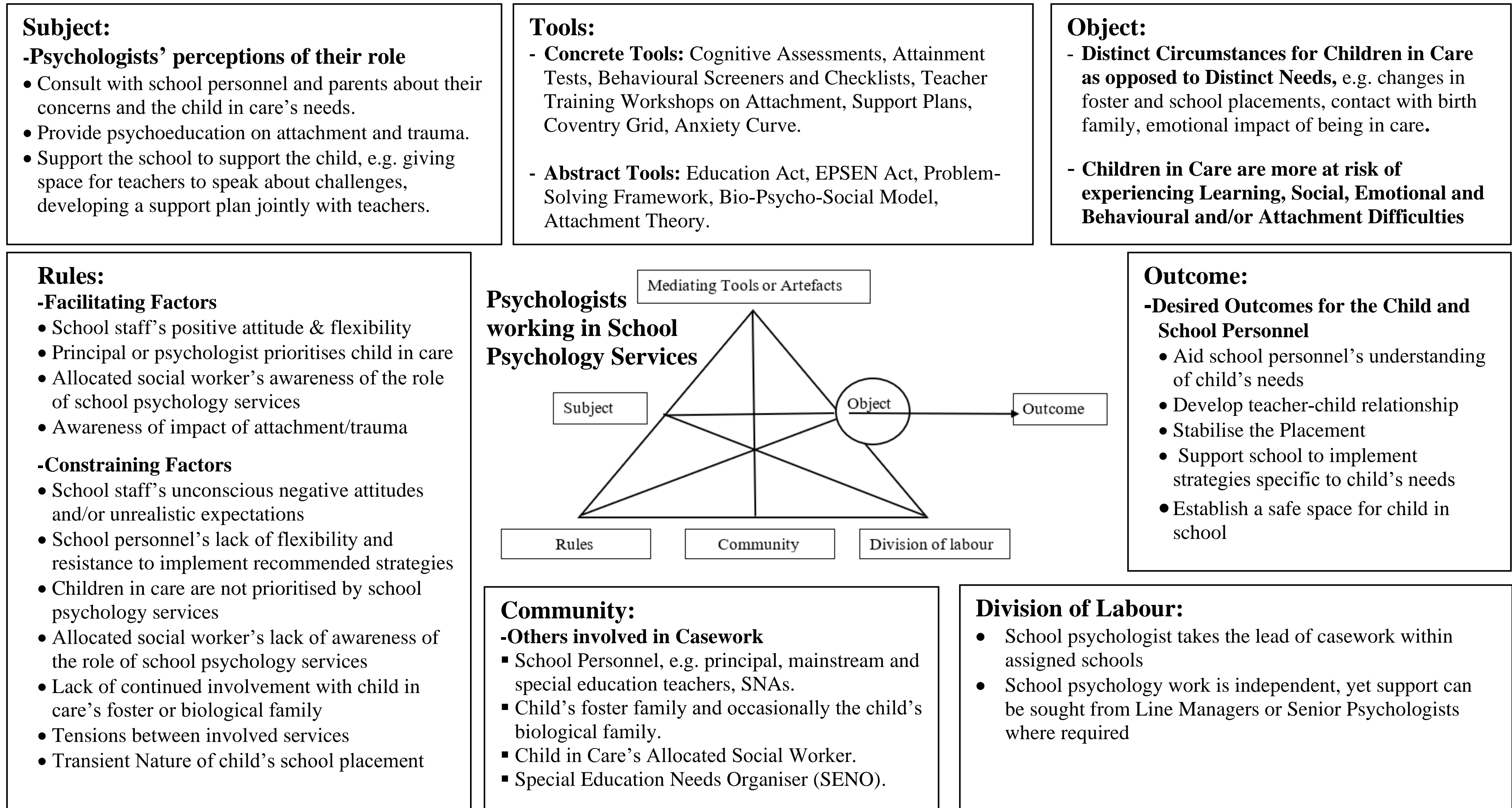


Figure T12. Activity system depicting the perceptions of psychologists working in school psychology services (n = 5).

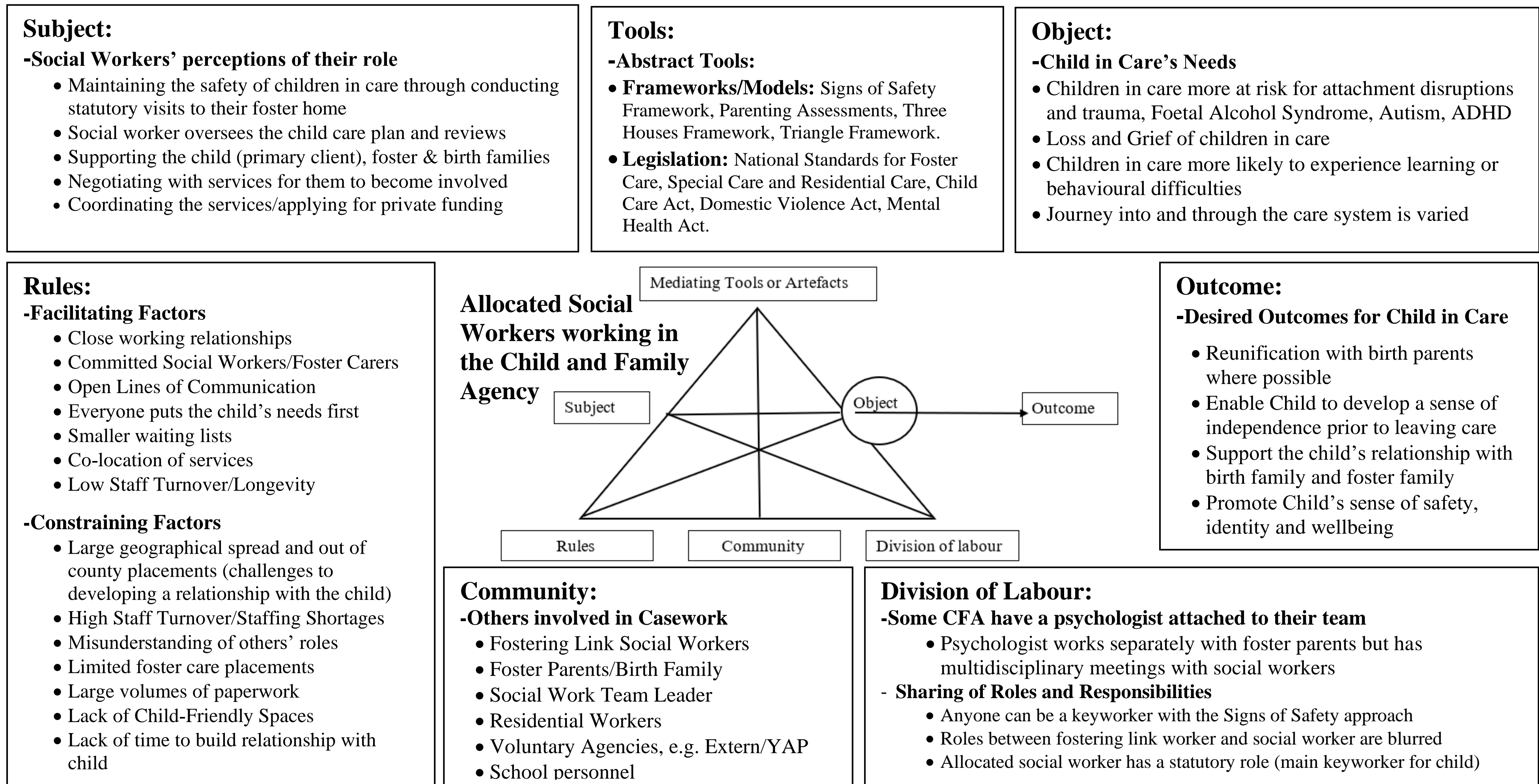


Figure T13. Activity system depicting the perceptions of social workers working in the CFA ($n = 5$).