

What Impact has the Training and Conference had on Practice?

Thresholds and Pathways / Early Assessments Training

The following report provides an analysis of responses by practitioners who attended the Thresholds and Pathways / Early Assessments training in August (1 course), September (2 courses) and October (1 course) 2015 delivered by Barnardo's – three months after they had attend the conference.

1.0 Background

The training course offered spaces for 30 practitioners to attend each course and has the following description of its contents for practitioners when booking. The course is offered as part of NSCB training delivered by Barnardo's as a half day course.

A half day course looking at the to Early Help Assessment process approach to service provision, looking at thresholds for services and pathways to service provision for different levels of needs. The course will look at assessment, action planning and when to refer for support regarding complex cases. The course will also raise considerations of consent, use of the vulnerability matrix, and highlight the different tools and documents that are available to support the to Early Help Assessment process. This course is suitable for anyone who is looking to undertake Early Help Assessments as part of their role.

Target Audience

For the multi-agency workforce working with children and young people and their families.

The initial post course evaluations conducted by Barnardo's following the training course can be found under Appendix 1.

2.0 Methodology

This analysis looked at the difference that the conference and training made to individual's practice in applying Thresholds and confidence in carrying out Early Help Assessments.

The research was conducted by way of a questionnaire accessed via Survey Monkey by participants who attended the training in the specified timescales. The survey remained open for a period of 1 month (4th – 29th January 2016) with 2 reminder requests to complete sent during that period. Participants were asked to respond to statements with the following options - strongly agree / agree / neither agree or disagree / disagree and strongly disagree. Participants were then asked to comment on why they had chosen that option and evidence what had been done / changed as a result. See Appendix 2 for the questionnaire.

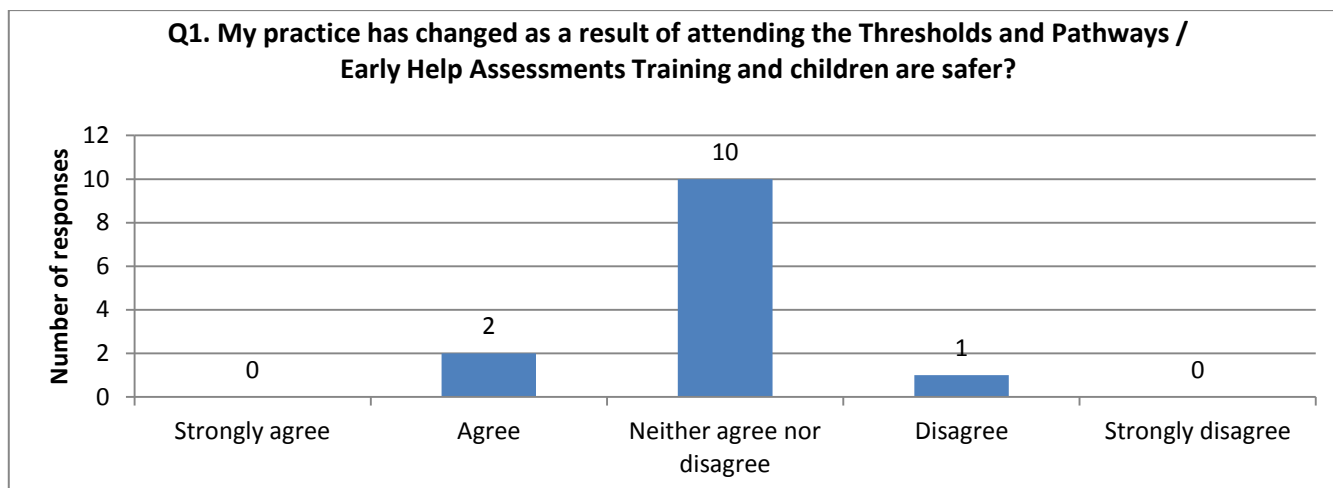
3.0 Response Rate

In total, 85 e-mails requesting delegates complete the questionnaire were sent out (26 August attendees, 37 September attendees and 22 October attendees). Of the 85 questionnaires sent out 13 (15%) practitioners responded which is a slightly disappointing return rate. As detailed above, questionnaires were sent on several occasions with reminders in order for an accurate report based on a significant number of returns to be obtained.

4.0 Results

4.1 Questionnaire (Full data tables, graphs and responses can be found in Appendix 3)

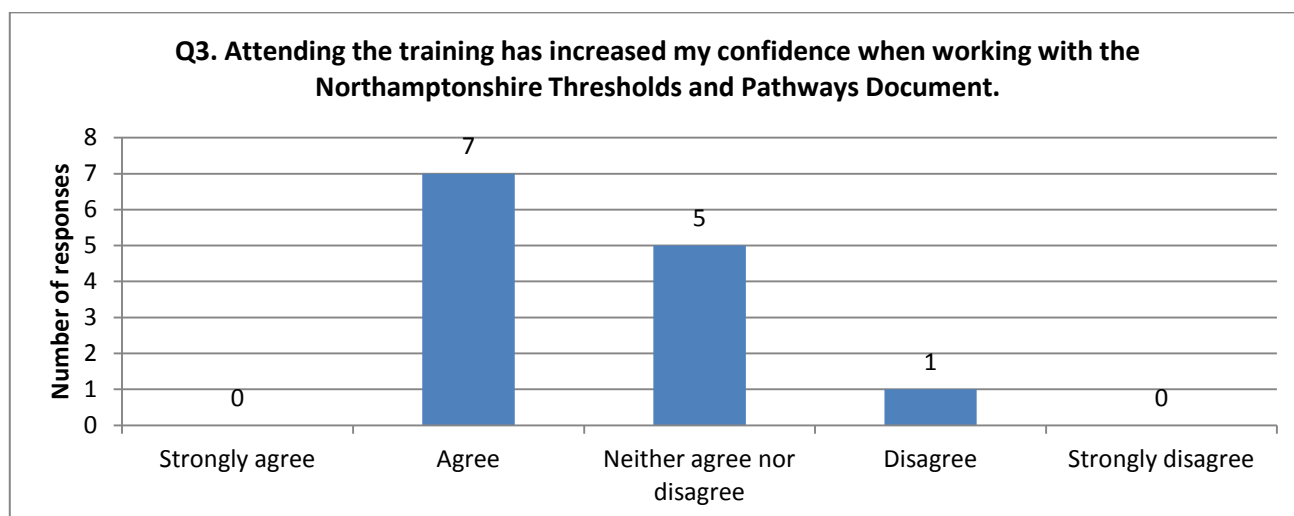
Q1. My practice has changed as a result of attending the Thresholds and Pathways / Early Help Assessments Training and children are safer?



Q2. Please give details on how your practice has changed or what has prevented you from making changes.

- Has made me aware of referral process and also services available.
- I felt I had a good knowledge of Thresholds and Pathways prior to training. I think it was my mistake booking onto course, as I thought it would be more in depth rather than cases that you then had to decide where they fitted into what level. Best part of course was networking with other people.
- I know feel much confident being able to submit on line. But at present we do not have any children who we are concerned about or on an EHA.
- More aware of EHA.
- I work as part of a team where there are members of staff who hold a great deal of experience in this area and as of yet I have not been assigned an EHA candidate.
- I ran a session with my team to reinforce understanding of thresholds and pathways and complex case processes although had already planned to do this prior to training.
- Being aware of changes and how to access these changes.

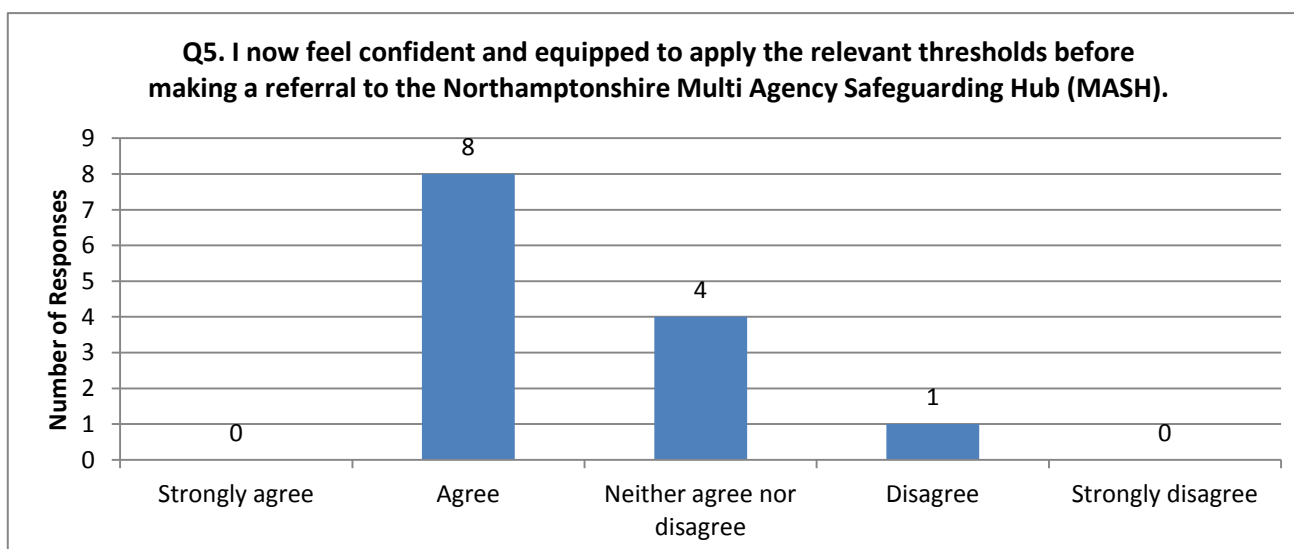
Q3. Attending the training has increased my confidence when working with the Northamptonshire Thresholds and Pathways Document.



Q4. Please explain how your confidence has increased as a result of the training or what has prevented your confidence from increasing.

- I have identified Early Help and still waiting for Children Centres to action with me.
- Feel I will be more confident to make a referral as will know how to complete the forms.
- My confidence has increased as I am now more familiar with the terminology and the EHA process.
- More familiar.
- Making sure that my knowledge is current and up to date.

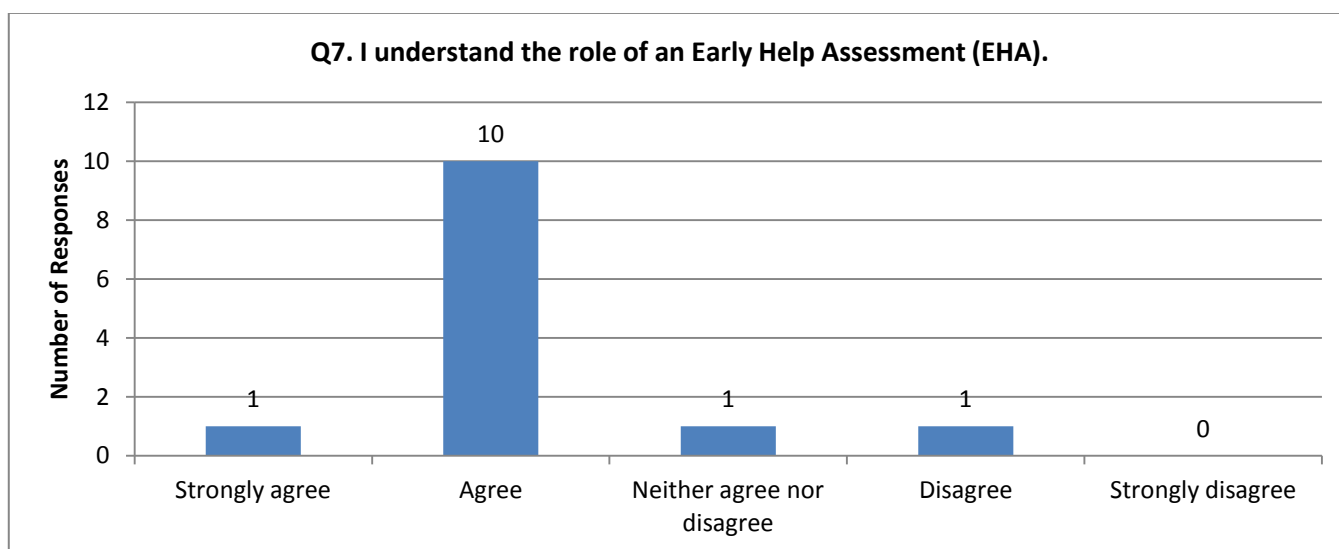
Q5. I now feel confident and equipped to apply the relevant thresholds before making a referral to the Northamptonshire Multi Agency Safeguarding Hub (MASH).



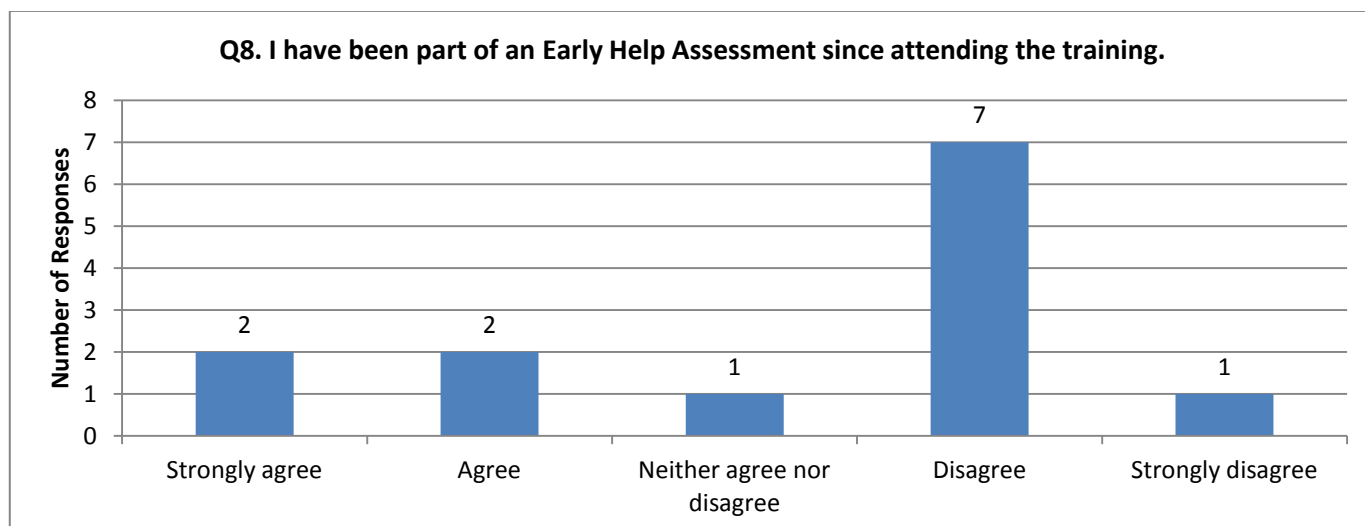
Q6. Please explain how you feel more confident or how you do not feel confident.

- Know that MASH will not pick up.
- Now I fully understand what warrants a referral I will have more confidence knowing which route to take depending on individual circumstances.
- I understand the process better.

Q7. I understand the role of an Early Help Assessment (EHA).



Q8. I have been part of an Early Help Assessment since attending the training.

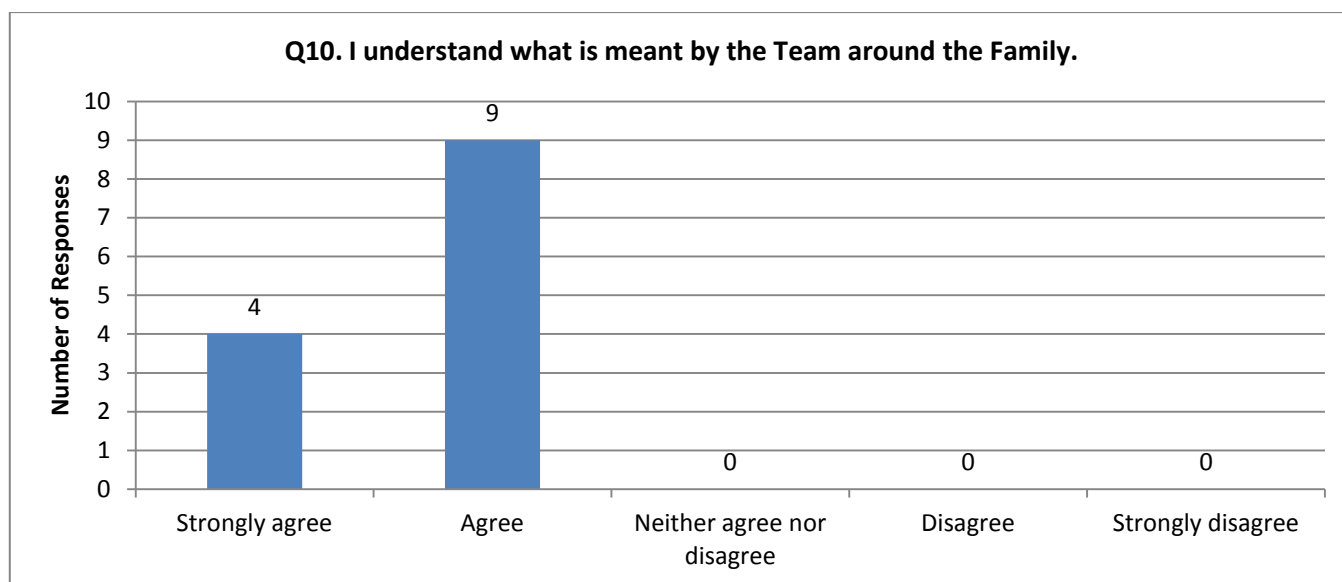


Q9. Please explain what role you have played or why you may have not been involved.

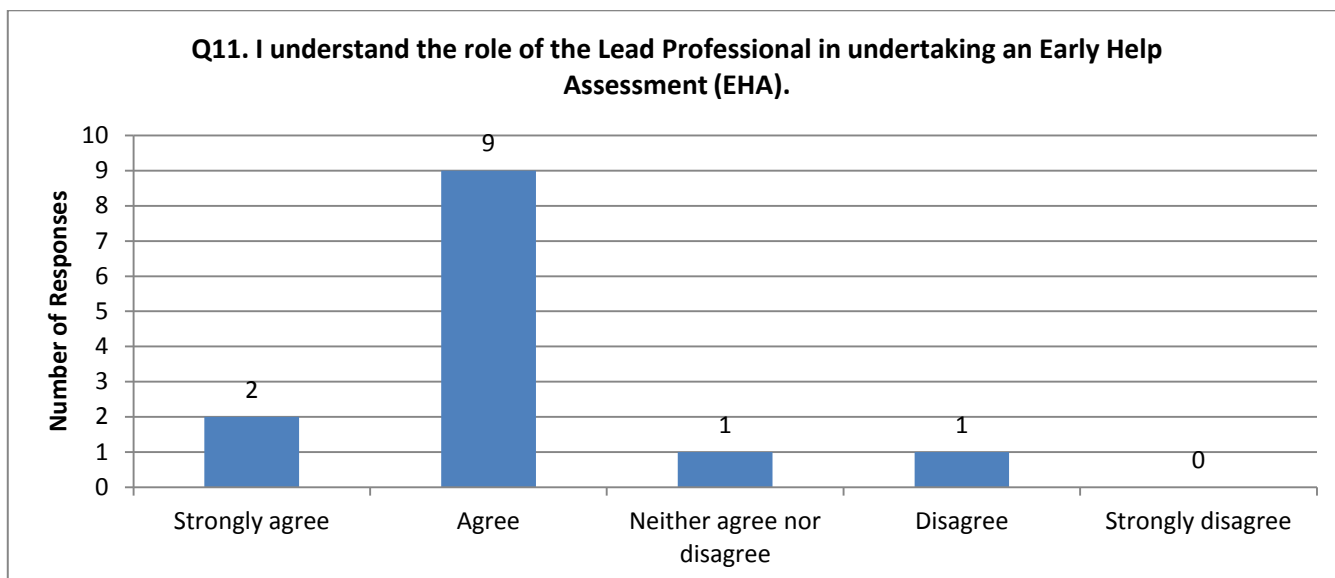
- Identification.

- Has not been the need for me to do one. Our safeguarding lead at the college usually does ones that come through if she is available.
- Was involved before training, training has not made a difference. I have been lead professional, and a member of team around the family.
- Not part of my role I work in MASH.
- I work as part of a team where there are members of staff who hold a great deal of experience in this area and as of yet I have not been assigned an EHA candidate.
- I do not carry a caseload but manage a team who do.
- A professional offering to support to a family. Referred to via EHA process. Attended meetings and actively engaged from then on.
- In have not had any families requiring EHA or the families that have attend the setting that are already on a EHA have a different Key Worker.

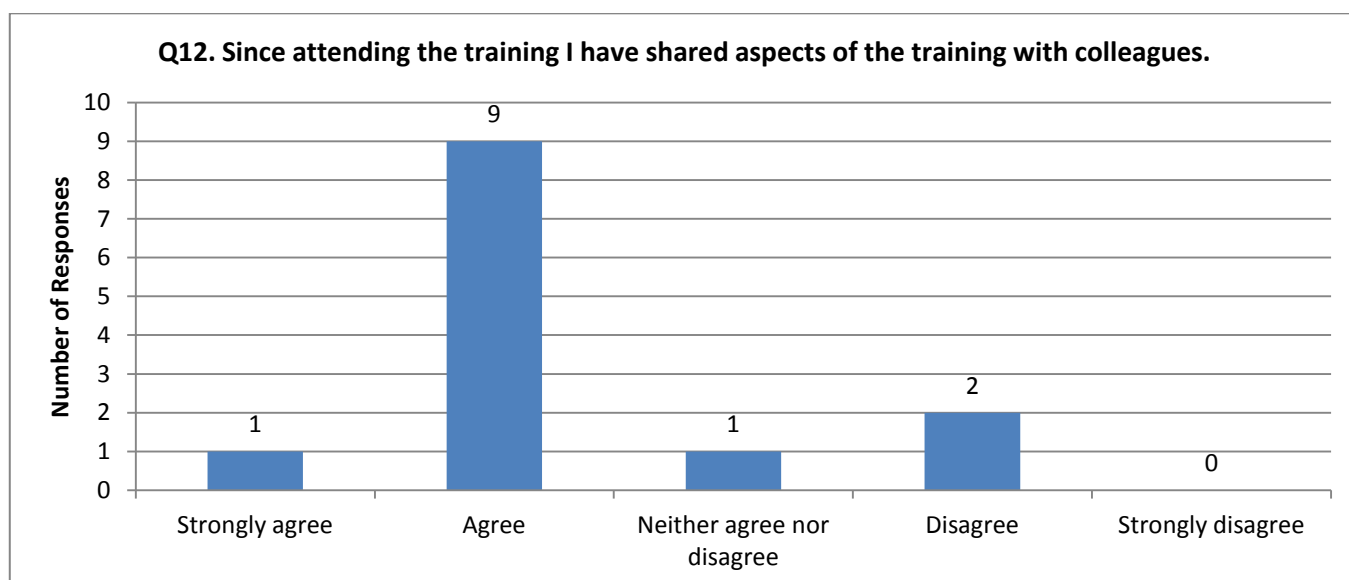
Q10. I understand what is meant by the Team Around the Family.



Q11. I understand the role of the Lead Professional in undertaking an Early Help Assessment (EHA).



Q12. Since attending the training I have shared aspects of the training with colleagues.



Q13. Please explain how you have shared aspects of the training with staff or what has prevented you from doing so.

- Discussion with staff.
- Have not needed to share as my other team members have attended the training as well.
- Advised staff what the training includes.
- I gave feed back to staff at a staff meeting.
- Know when to complete EHA.
- We have had discussion in regard to train that I attended at our weekly staff meeting.

Q14. The aspect of the training I remember most is...

- None
- That the term Lead Professional does not indicate seniority or a professional qualification.

- That it should be simple.
- Understanding the relevant thresholds.
- Networking with other colleagues, learning how different practitioners work.
- The need for a Lead Professional to drive the EHA.
- You must not feel worried about referring someone, that is why we have a team out there to work together.
- EHA can be single agency which is different to CAF.
- I cannot recall.
- Scenarios where there was group discussion in regards to what level each case study and how to determine the difference.
- Role of Lead Professional.
- More info about EHA.
- That we are all there for the benefit of the children and this should be remembered by all professions. Also not to use professional jargon as this can mean different things to different professionals.

Q15. I feel the training could have been in the following way(s).

- Did not warm to the venue.
- Training was as stated in Question One was perhaps too basic for my needs.

5.0 Conclusion

Overall, it can be said that the Thresholds and Pathways / Early Assessments Training have had a positive impact on practitioners working in Northamptonshire. It is however, important to note that the response rate of 13 (15%) is not a great return which leaves us unaware of the impact the training has had on 72 (85%) of practitioners.

The response to Question 1 shows that the respondents were non-committal on answering the question 'my practice has changed as a result of attending the Thresholds and Pathways / Early Help Assessment training and children are safer' as 10 respondents answered neither agree nor disagree. This could be that they are unsure or feel they are unable to specifically state that children are safer as a result of the training. Responses to the following questions would appear to indicate that practice has changed as a result of the training quotes such as "aware of referral process", "much confident about being able to submit online" and "more aware of EHA" would all support this.

The data shows that 7 (54%) respondents have increased confidence when working with the Thresholds and Pathways documents. This is reiterated in the following question where 8 (62%) of respondents now feel confident to apply thresholds before making a referral to MASH. The comment "now fully understand what warrants a referral" shows that practitioners attending the training understand how to apply thresholds and actively do this before submitting a referral. To further evidence the impact some cross referencing with those agencies attending the training and the number of referrals being received into the MASH and not meeting the Threshold would be required.

Key objectives of the course are to understand what is meant by the Team around the Family, the role of an EHA and the role of the Lead Professional all received positive responses with almost all participants stating they strongly agreed or agreed with the statements that they understood the terms and roles. The follow on question about being part of an EHA shows that 7 (54%) of respondents have not been a part of an EHA since attending the training, comments following the question however this is most likely because it has not been needed yet rather than because the training is not needed.

10 (77%) of respondents have stated they have shared aspects of the training with colleagues showing that the training has had a much further reach than just the people attending in the room. Further comments show that this has been done in a variety of ways including informal discussions with staff, presentations at team meetings and encouraging other staff to attend the training. This allows us to draw the conclusion that the training is offering the NSCB value for money in meeting its objectives and reaching a wide part of the workforce. Responses to the question around the aspect of training they remember most are also positive as they all detail aspects of the training that have had an impact, there was just one response that states “I cannot recall” which indicates 3 months on from the training its impact on that particular practitioners cannot be measured or effectively evaluated if they cannot remember any aspect of the training. In the final question that asks how the training could be improved only 2 responses were recorded 1 regarding the room for training and the other stating it was too basic for professionals needs. This would suggest that for 12 (92%) of respondents the training was fit for purpose and met the aims and objectives as advertised.

6.0 Recommendations

1. This report is made available on the NSCB website for dissemination in agency newsletters.
2. The Learning and Development Sub Group member linked to the course attends and evaluates course material to ensure this is still fit for purpose and meeting the NSCB’s objectives for the course.
3. The findings of this report are cross referenced and shared with the Quality Assurance Sub Group to analyse whether the number of referrals being received into the MASH reflects the results found in this report that practitioners attending are more confident at applying thresholds.

7.0 Process Lessons Learnt

Following the previous Impact of Learning Evaluation conducted on the CSE Conference there was some discussion around the benefit of practitioner interviews, and whether or not they added much to the overall evaluation. While this can be said to be true for large scale impact evaluations such as those for events and conferences, interviews should be included for smaller scale Impact Evaluations of training courses to give some more in depth data from practitioners who do not complete the online questionnaire.

Kevin Johnson

NSCB Project Officer – February 2016