



Reaching out to families

An impact evaluation of Families Going Forward training course for outreach practitioners

Full report

Table of contents

Executive summary	5
Key findings	6
1 The impact evaluation methodology	8
1.1 The focus of the training.....	8
1.2 The scope of the training.....	8
1.3 The focus of the evaluation	9
1.4 The evaluation methodology	9
2 The core indicators for assessment	13
2.1 Practitioners' behaviour generally	13
2.2 Core principles of effective practice	14
2.3 Moderating factors - enablers and barriers for improving practice and sustaining positive change.....	14
2.4 The core indicators for assessment	15
3 The profile of outreach practitioners and employers involved in the evaluation	19
3.1 Profile.....	19
3.2 Role within the children's centre– home visiting and multi-disciplinary teams	24
3.3 Information about the children's centre	26
3.4 Summary observations about the profile of outreach practitioners and employers involved in the evaluation	29
4 Motivations for undertaking the training	31
4.1 Quantitative research	31
4.2 Case study interviews	32
4.3 Summary observations about the motivations of outreach practitioners for accessing Families Going Forward.....	34
5 Practitioner perspectives of outreach practice and behaviour prior to training	35
5.1 Approach.....	35
5.2 Quantitative research results	35
5.3 Qualitative research results.....	38
5.4 Summary observations about practitioners perceptions of their outreach practice and behaviour prior to accessing the training.....	40
6 Impacts for practitioners in participating in Families Going Forward	41
6.1 Approach.....	41

6.2	Quantitative research (post-training).....	41
6.3	Quantitative research (post-training compared with pre-training)	44
6.4	Qualitative research results (case studies)	54
6.5	Qualitative research results (focus groups).....	57
6.6	Qualitative research results (employer interviews)	61
6.7	Correlating the quantitative and qualitative research about intermediate impacts.....	65
6.8	Summary observations about the overall impacts associated with the Families Going Forward training	69
7	Support to embed the learning outcomes	75
8	Behind the headlines: analysing sub population differences	78
8.1	Employment status – full-time or part-time.....	80
8.2	Highest level of qualification.....	80
8.3	Length of time working in children’s centre outreach	81
8.4	Home visits.....	83
8.5	Multi-agency team in a single setting	84
8.6	BME Groups.....	84
8.7	Levels of deprivation in children’s centre areas	85
8.8	Location.....	86
8.9	Regional differences	87
	Appendix 1 – Statistically significant findings	88
	Employment status	88
	Highest qualification level (National Qualification Framework)	89
	Length of time working in children’s centre outreach	90
	Home visits	91
	Multi-disciplinary team in a single setting.....	92
	BME Group	93
	Levels of deprivation	94
	Location	95
	Region.....	96
	Appendix 2 - Good practice and behaviour	97
8.10	General practice and behaviour	97
	Appendix 3 - Core principles and standards	100
8.11	How the training can impact on the core principles and standards	101
8.12	Focus on outcomes.....	104
8.13	Know your community	104
8.14	Build relationships with families	105
8.15	Engage in sensitive and proactive practice.....	105

8.16	Commit to partnership working	106
8.17	Know where to go for advice.....	107
8.18	Share information.....	107
8.19	Safeguard and promote the welfare of children	107
	Appendix 4 Case studies	110

Executive summary

“Self-reflection is a very important part of the course. I think more about how I leave families and how I follow up with them. I think more about working in partnership with them, and empowering families. I think differently about success. I feel I’m acting more professional, whereas previously I was more relaxed about that sort of thing. Now, I’m behaving more professional and being recognised as such.”

Volunteer outreach practitioner, urban children’s centre, a month after completing Families Going Forward training course

The Children’s Workforce Development Council (CWDC), working with partners, developed a bespoke training course to meet the development needs of outreach practitioners, based in or linked to Sure Start children’s centres.

The training course, called Families Going Forward, was designed to enhance and develop the skills and capacity of outreach practitioners in delivering an effective and comprehensive outreach service to all families and communities, including disadvantaged families. The training course was based on an accredited unit from the Work with Parents QCF Level 3 qualification, Build and Maintain Relationships in Work with Parents. The training was funded by the Department for Education (DfE) between April 2010 and March 2011, and more than 1200 outreach practitioners accessed this training.

CWDC commissioned Cordis Bright to evaluate the impact on outreach practitioners’ behaviours and practice as a result of the training. The evaluation ran concurrently with the delivery of the training programme. As a result, CWDC sought to evaluate the intermediate impacts on children’s centre outreach practitioners’ behaviours and practice as a result of this training based on evidence about what makes a difference to children and families.

The evaluation aimed to address the following high level indicators:

- How practitioners’ behaviour and practice have changed generally as a result of the training.
- How practitioners’ behaviours and practice have changed specifically in relation to outreach principles and standards
- The extent to which the environment in which the children’s centre outreach practitioner works with families contributes to the sustaining of positive change to behaviour and practice.

This final report sets out the results of the mixed method intermediate impact evaluation. The final report was able to meaningfully explore

impacts from practitioners' participation in Families Going Forward for different populations and so also offers some potentially useful information for programme design and development.

Key findings

Motivations and expectations in undertaking the training

1. Most staff accessing the Families Going Forward training appear motivated by the desire to improve their understanding of their role as an outreach practitioner and to improve ways of working with families.
2. For more than one in five outreach practitioners, a primary motivator for accessing the training was that the training offer related specifically to children's centre outreach.
3. For close to one in ten practitioners, the primary motivator for accessing the training is because their manager requested this.
4. For just over one in twenty practitioners, the offer of accreditation for existing knowledge, understanding and skills was the primary motivator for accessing the training.

Intermediate impacts on outreach practice and behaviour following completion of Families Going Forward

Practitioners derived significant benefit from participating in Families Going Forward according to the results of the post-training evaluation.

1. Every participant at the Families Going Forward training could identify likely positive impacts on their outreach practice and behaviour as a result of the training. This is an excellent outcome and suggests that the Families Going Forward training offers the potential of contributing to improvements to children's centre outreach practice and behaviour.
2. The areas practitioners identified as potentially having the greatest positive impact were in relation to an increase in their:
 - Confidence about reflecting on their own efforts in engaging with families to improve their practice.
 - Confidence that the skills and knowledge they have developed will help families to move forward.
 - Belief that they have developed skills and knowledge of how to provide support to families.
 - Confidence about how to work alongside families, including vulnerable families.
 - Confidence that they will have good relationships with families.
 - Confidence about what support they can provide to families.
 - Clarity about what support they can provide to families.

- Belief they will see more positive changes in the families they work with.
 - Clarity about what their role is within the children's centre.
3. Most practitioners felt much more confident about working alongside families and believed they would undertake more reflective practice. Moreover, more than four in five practitioners were likely to be more satisfied in their roles and thought they would see more positive change in the families they work with.
 4. Most employers validate the practitioners' perspectives about improved outreach practice and behaviour. Most employers also recognise the contribution of Families Going Forward in supporting these improvements.
 5. Over 90 per cent of learners chose to seek accreditation for their learning.

1 The impact evaluation methodology

In May 2010, CWDC commissioned Cordis Bright to undertake an impact evaluation of the Families Going Forward training programme. This chapter sets out the focus of the evaluation and the processes used in designing and implementing the evaluation methodology.

1.1 The focus of the training

Families Going Forward training course was designed to develop and enhance the existing skills and capacity of outreach practitioners to address the varied needs of all families and communities, including families that are experiencing greater disadvantage.

The training course was designed around an accredited unit from the Work with Parents QCF Level 3 qualification, 'Build and Maintain Relationships in Work with Parents' and included the draft principles and standards developed for outreach practitioners by the Department for Children, Schools and Families, now the Department for Education. These are:

- Focus on outcomes.
- Know your community.
- Build relationships with families.
- Engage in sensitive and pro-active practice.
- Commit to partnership working.
- Know where to go for advice.
- Share information.
- Safeguard and promote the welfare of children.
- Evaluate and improve practice.

The training course consists of five hours pre-course reading and a taught element of thirty hours. Course delivery was varied, in some instances there were block courses of five days, in other situations the course was delivered for three hours a week over ten weeks, depending on the needs of local learners.

1.2 The scope of the training

In March 2010, CWDC commissioned five training providers to deliver the outreach practitioner training courses.

They were:

- ARISE Development Ltd was commissioned to deliver training places in inner and outer London.
- Family Matters Institute was commissioned to deliver training places in the East of England.

- National Children's Bureau was commissioned to deliver training places in West Midlands, North West, East of England, South West, North East and East Midlands.
- Sunlight Social Enterprise was commissioned to deliver training places in the South East, South West, North East and North West.
- Surrey Parenting and Education Services were commissioned to deliver training places in the South East.

In total, 1214 candidates were trained between 1st April 2010 and 31st March 2011.

1.3 The focus of the evaluation

Given that the evaluation took place concurrently with training delivery, CWDC determined that Cordis Bright focus on intermediate impacts for outreach practitioners' behavior and practice rather than identifying anticipated benefits from the training for families into the medium term.

The evaluation sought to answer the following high-level indicators suggested by CWDC and based on the Training and Development Agency's (TDA) Impact Evaluation model (section Intermediate Outcomes):

- a. How practitioners' behaviour and practice changed generally as a result of the training.
- b. How practitioners' behaviours and practice changed in relation to outreach principles and standards, with regards to the content of Unit 300 of the Level 3 Work with Parents qualification and based on the knowledge and understanding gained.

In addition, Cordis Bright assessed the impact of:

- a. How environmental factors moderate the impact of the outreach training. For example, the extent to which the outreach practitioners are supported by the Sure Start children's centre performance management systems and processes to embed positive changes to their practice.

1.4 The evaluation methodology

The impact evaluation methodology comprised two phases:

- a. A design phase with the end output being an evaluation framework agreed with CWDC.
- b. An implementation phase, with the end output being a final impact evaluation of the training programme.

1.4.1 The design phase - the evaluation framework

The key inputs to the evaluation framework were:

- a. A literature review involving a review of good outreach practice, the draft outreach practice principles and standards, relevant strategies relating to Sure Start children's centres and the children's workforce and a review of the Families Going Forward training manuals
- b. Interviews with key experts in May and June 2010:
 - Sue Gates, Locality Coordinator, Dartford Children's centres.
 - Juliet Neill-Hall, Resource Developer.
 - Maria Waters, Sunlight Social Enterprise (Training Provider).
 - Sue Finch - Head of Consultancy at 4Children.
 - Bekah Little, Head of Programme, CWDC.
 - Christophe Gutierrez, Policy Adviser, Extended Services, Department for Education.

In July 2010, an evaluation framework was agreed with CWDC that set out the core indicators for assessment and approaches to addressing these indicators. These are detailed in Chapter 2.

1.4.2 The implementation phase

Following the agreement of the evaluation framework with CWDC, Cordis Bright used a mixed-methodological approach to carry out the impact evaluation.

The qualitative and quantitative components of the evaluation were:

- Analysis of 547 questionnaires by practitioners (completed pre-training and immediately post-training and anonymously distributed and collected by training providers).
- Detailed case studies of outreach practitioners involving in-depth pre-training interviews and interviews at one month after the training and three to four months after the training:
 - Prior to the training: 29 interviews.
 - One month after the training: 17 interviews.
 - Three months after the training: 11 interviews.
- These case studies were designed to animate the impacts of participating in the Families Going Forward training for different types of practitioners working in different children's centre settings throughout the country.
- Interviews of 20 children's centre strategic managers and outreach managers to triangulate practitioners' perspectives about how behaviour and practice has changed (and their influencing of wider practice within the setting)¹

¹ The total number of managers has not been calculated from the total of 1214 practitioners who attended the training

- Three focus groups with fifteen outreach practitioners soon after they had completed their training.

Quantitative methods

Training providers were exceptional in their distribution and collection efforts with 547 pre and post questionnaires completed by outreach practitioners between 1st September 2010 and 31st January 2011. This enabled significantly more detailed conclusions to be drawn about the impacts associated with the training for outreach practitioners based in or linked to Sure Start children's centres. Moreover, this enabled analysis that looked 'behind the headlines' about the impacts associated with the Families Going Forward training for different sub-populations within the overall cohort. This significantly added to the quantitative dimension of the evaluation.

In the analysis of the questionnaires statistical significance testing was undertaken for the following:

- Employment status.
- Highest level of qualification.
- Length of time working in children's centre outreach.
- Home visits undertaken.
- Multi-agency team in a single setting.
- BME group.
- Levels of deprivation of children's centre area.
- Type of location.
- Region.

An interesting comparison would have been to explore the findings of the following groups. However the numbers of practitioners in the above for each category were too small for statistical analysis:

- Those who have voluntary employment status compared with those who are employed.
- Practitioners with a disability or learning difficulty compared with those who do not have a disability or learning disability.

In looking at differences between groups, we undertook statistical significance² testing. A significance level of 0.05 was used. This means that where we report differences, there is only a five per cent chance that any differences found occurred by chance. Only statistically significant findings are reported when looking at the differences between groups.

² When a finding is shown to be statistically significant, it means that we can be very sure that the finding is reliable. It is unlikely to have occurred by chance. Significance is a statistical term that tells us how sure we are that a relationship or difference exists between variables. If findings are statistically significant, the finding is likely to be true, not just in the sample but also in the population

Tables showing findings can be seen in the appendix. Missing values have been treated as missing throughout and excluded from the questionnaire analyses. The number of people that completed the pre-training questionnaire but not the post-training questionnaire was 45. Their post-training answers were treated as missing.

Qualitative methods

With the case study work with outreach practitioners, drop-out rates proved high notwithstanding initial interviews with 29 outreach practitioners.³ The reasons were varied for example; the practitioner postponed take up of training, discontinued training or stopped working in an outreach role. At the subsequent interviews, 17 follow up interviews were conducted one month after the end of the training and 11 follow up interviews were conducted three to four months after the end of the training.

To address this, CWDC identified that focus groups could draw out some of the richness of practitioner experiences in applying learning to their outreach practice and behaviour in the period after completing the training. CWDC agreed with Cordis Bright to supplement the case studies with three focus groups that involved fifteen outreach practitioners that had completed the training: seven at Leyton House, Kensington and six at Chelsea and Brent Children's centre, as well as two in Dartford. The location and make up of these focus groups were chosen because the practitioners were concluding their training in January 2011. The focus groups took place on the last day of the training when the practitioners handed in their portfolios of evidence for Unit 300 of the Level 3 Work with Parents qualification. .

A random selection of 20 employers was chosen to triangulate practitioners' perspectives about how behaviour and practice has changed (and their influencing of wider practice within the setting). We undertook interviews with 20 employers in January/February 2011, as the employers were chosen from a random sample; they were not cross referenced or linked to the practitioner case studies.

³ Practitioners discontinuing the Families Going Forward training are an opportunity cost to the programme. Moreover, as noted in Table Two dropping out of the course is an indicator of the programme having a limited impact on the practitioner's behaviour.

2 The core indicators for assessment

The review of literature and the interviews with expert stakeholders provided the basis for exploring more specifically the particular indicators for assessment within the higher level indicators of:

- How practitioners' behaviour and practice have changed generally.
- How practitioners' behaviours and practice have changed specifically in relation to outreach principles and standards.
- The extent to which the environment in which the children's centre outreach practitioner works with families contributes to the sustaining of positive change to behaviour and practice.

2.1 Practitioners' behaviour generally

The literature review and interviews of expert stakeholders emphasised that impact should be measured in terms of:

- The skills the practitioners had before and after the training.
- Any new tools that the practitioners used after the training that they had not used before.
- The attributes and beliefs of the practitioner.

The literature review and the expert stakeholders' interviews highlighted that the core of good outreach and home visiting is persistence and enthusing parents about the potential of their children:

The core of good outreach and home visiting

Persistence: The persistence of particular individuals – community practitioners, teachers, interpreters, nurses, volunteers etc – who listen, make relationships and persuade parents to try something new can make small but significant improvements in family well-being.

Potential of the children: Outreach services need to enthuse parents about their own children's potential and help them see beyond their own difficulties. The usual motivation for families to respond is that their children will benefit: the usual invitation that works is "Do you want your child to do well?"

For more detail please see Appendix 1.

2.2 Core principles of effective practice

Expert stakeholders identified that the impacts of the training on outreach practitioner behaviour and practice would be significantly more demonstrable in some areas more than others.

The areas where all expert stakeholders agreed that impacts would be made in relation to the draft outreach practitioner standards and principles were:

- Focus on outcomes.
- Build relationships with families.
- Engage in sensitive and proactive practice.
- Commit to partnership working.
- Evaluate and improve practice.

The areas where most expert stakeholders regarded that this particular training was less likely to directly impact were:

- Know where to go for advice.
- Share information.
- Safeguard and promote the welfare of children.
- Know your community.

For more detail please see Appendix 2.

2.3 Moderating factors - enablers and barriers for improving practice and sustaining positive change

The interviews and literature review drew out many different factors that might influence whether or not positive impacts associated with the training could be sustained and strengthened.

2.3.1 The outreach practitioner

Background

- What formal qualifications the practitioner has.
- Whether the practitioner works part-time or full-time.
- The length of experience the practitioner has in outreach.
- Whether they are employed or volunteering.

Motivation

- The motivation for the practitioner undertaking the training (for example, wanting accreditation for existing knowledge, understanding and skills, to improve practice or their manager recommending that they undertake the training).
- The perceived relevance of the training to their role.

Work Context

- Whether they undertake home visits.
- If they are co-located with other disciplines (and which disciplines).

2.3.2 The children's centre and area

Children's centre profile

- The children's centre area (rural vis-à-vis urban vis-à-vis suburban).
- The children's centre area (population and demographics in terms of ethnicity).
- What phase the children's centre is in (as a measure of the degree of disadvantage).

Children's centre context

- What degree of integrated practice exists within the children's centre (particularly where health teams are co-located with children's centre outreach practitioners)?
- The number of people undertaking the training from each area. Would it make a difference if groups from one area go through the training together, for example?
- How the outreach practitioner is managed (including their performance management) arrangements.
- How performance management is implemented in the organisation.
- Children's centre's service plans, targets, strategic objectives of the Local Authority's (LA's) services.

2.4 The core indicators for assessment

The synthesis of the results set out at 2.1 - 2.3 provided the basis for agreeing with CWDC the specific indicators in relation to each of the research questions. These are set out at Figure 1.

Figure 1: Core indicators

Research questions	Subject	Impact indicators
1. How practitioners' behaviour and practice have changed generally as a result of the training.	The outreach practitioner's changing skills, attributes, and attitudes and beliefs (about changing behaviours).	Skills and tools.
		Attributes and beliefs.
2. How practitioners' behaviours and practice have changed in relation to outreach principles and standards.	The outreach practitioners changing practice and behaviours.	Focus on outcomes.
		Know your community.
		Build relationships with families.
		Engage in sensitive and proactive practice.
		Commit to partnership working.
		Know where to go for advice.
		Share information.
		Safeguard and promote the welfare of children.
3. How environmental factors moderate the impact of the outreach training.	The outreach practitioner.	Evaluate and improve practice.
		Background.
		Motivation.
	The children's centre.	Work context.
		Profile.
		Area context.
		Performance management.
		Where and how outreach practitioners are located within the children's centre team.

In assessing the outcomes of the quantitative and qualitative research, we agreed with CWDC to seek demonstrable evidence of success or less impact in terms of the core indicators figure 2 illustrates what success looks like or where there is less likely to be a positive impact and figure 3 illustrates the types of factors that would evidence whether the outreach practitioner is enabled or challenged to sustain and strengthen positive impacts from participating in Families Going Forward.

Figure 2: The types of behaviours and practice changes that demonstrate the extent of impact

	Success – Practitioners are:	Less impact – Practitioners
General feelings and Behaviour	Completing the course.	Not completing the course.
	Seeking accreditation.	Not seeking accreditation.
	More confident.	Not feeling more confident.
	Working with more vulnerable parents.	Only working with parents who are easy to reach.
	Feeling they can challenge poor leadership and poor integration as they understand the bigger picture.	Not feeling able to challenge poor leadership.
	Experiencing greater job satisfaction, and enthusiasm. Feeling able to make a difference. Achieving this and therefore job satisfaction.	Not feeling able to make a difference and are dissatisfied in their job. Not seeing themselves as agents of change.
	Growing in self-awareness and seeking out additional information and support for themselves to develop.	Not reflecting or seeking additional information.
Core principles of effective practice	Demonstrating ‘unconditional positive regard’ for families. Moving away from a cluster of attitudes that are ‘judgemental, linked to a sense of I’m a better parent’.	Being judgmental of families and not demonstrating the qualities associated with positive attachment such as dependability, clarity in communication and consistency.
	Vocalising their understanding of their relationships with parents and families.	Struggling to understand their relationships with parents and families.
	Working with parents as partners rather than being directive or trying to do too much for them.	Not seeing parents as partners and being directive.
	Working in a strength based way that builds on the strengths in the family, their internal resources and takes account of the environment in which the family lives.	Working in a way that prescribes services to families or alternatively being overly involved.
	Seeing change happen more readily in the families.	Not seeing change happen within a family.
	Evaluating the impact of working with the family.	Not evaluate their work with families.
	Self-reflecting on their practice.	Not reflecting on their practice.
	Moving families on to other services that meet their needs.	Not having managed to move families on.
	Having developed knowledge of the community and seeking assistance from relevant professionals and para-professionals.	Not having developed knowledge of the community or where to seek assistance when required.

Figure 3: Evidence of moderating factors to effectively applying positive change

	Enablers	Barriers
Type of outreach model	Having enough time to spend with families.	Not working out of a children's centre.
	Having tools, games, questionnaires and activities to help identify the key issues.	Having high case loads of families with specific and complex needs.
	Home visiting forms part of the outreach practice.	Only signposting rather than home-visiting.
	Working as part of a multi-disciplinary and/or multi-agency team.	Working in isolation.
	Having experience of using strength based models.	Not understanding or using strength based models.
The children's centre/ voluntary sector area	Working in a disadvantaged area allows the practitioner to more readily put their training into practice.	Working in an area with low numbers of parents with high levels of need.
The children's centre/ voluntary sector agency	Committed to improving outreach practice.	Not committed to improving outreach practice.
	Providing supervision by someone based in the children's centre who supports the model (i.e. someone who understands reflective practice and recognises that outreach practitioners need to model behaviours that are consistent with attachment theory).	Not providing suitable supervision.
	Providing supervision with good knowledge and accountability, a clear remit as to what they expect from an outreach practitioners delivery using action plans, allowing time to reflect, and providing access to training.	Providing supervision without knowledge or accountability and not providing the support or training required.
	Having an ethos of integration.	Not supporting integrated working.
	Having a highly skilled leadership team.	Having a leadership team with limited skills.
	Ensuring that individual staff members know what the expectations of their particular role is.	Not clarifying to staff members the expectations of their role.
	Encouraging reflective practice.	Not supporting reflective practice.
	Successfully managing practitioners' case loads.	Unsuccessfully managing practitioners' case loads .

3 The profile of outreach practitioners and employers involved in the evaluation

3.1 Profile

3.1.1 Job title

In the questionnaire responses, case study interviews and focus groups, the majority of practitioners had titles such as; outreach worker, family or parent support worker or community officer. Less than ten per cent of practitioners who responded to the questionnaire and participants in the case studies had job titles which did not fall into these categories.

With the employers, all employers interviewed were involved in children's centre management. Two managers were responsible for the social care teams within the children's centre and one interviewee was a children and families strategic manager, while all other interviewees were children's centre coordinator/ manager or head of centre.

3.1.2 Qualifications

Practitioners responding to the survey were asked to provide information on their highest qualification. 485 of 547 practitioners provided responses. The most common qualification was other QFC Level 3, which might include A Levels or a National Nursery Examination Board (NNEB) (41 per cent of all practitioners).

Figure 4: Highest level of qualification

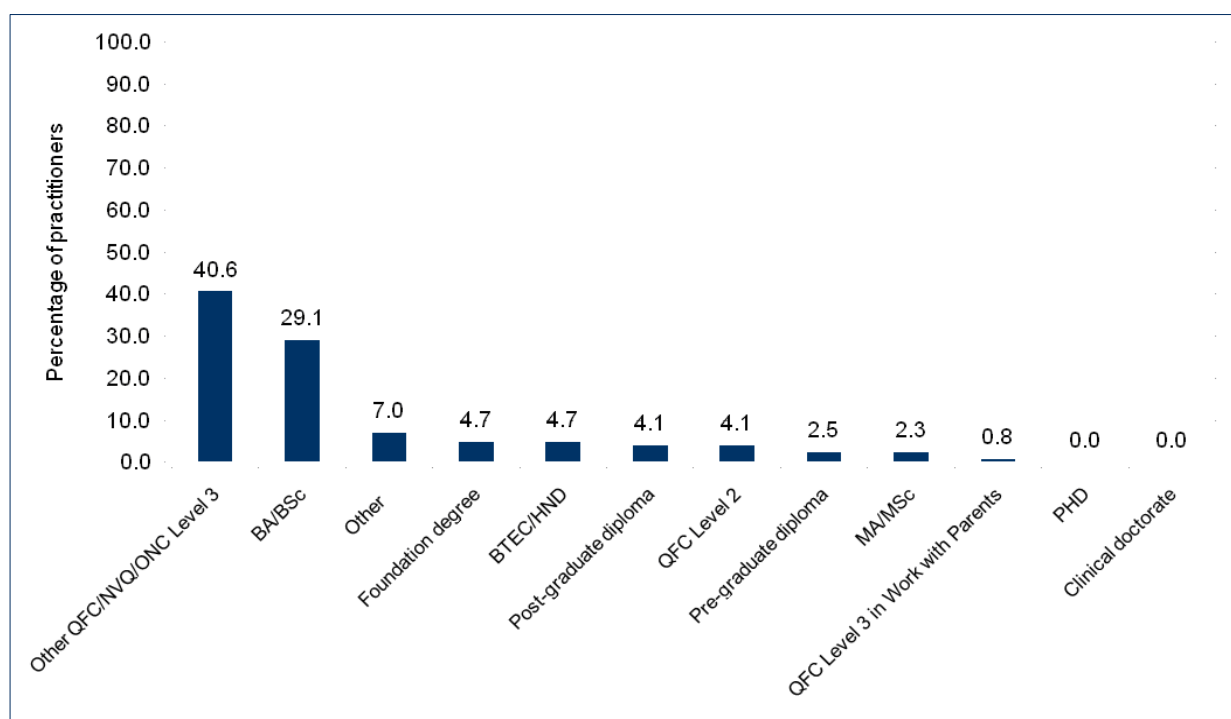
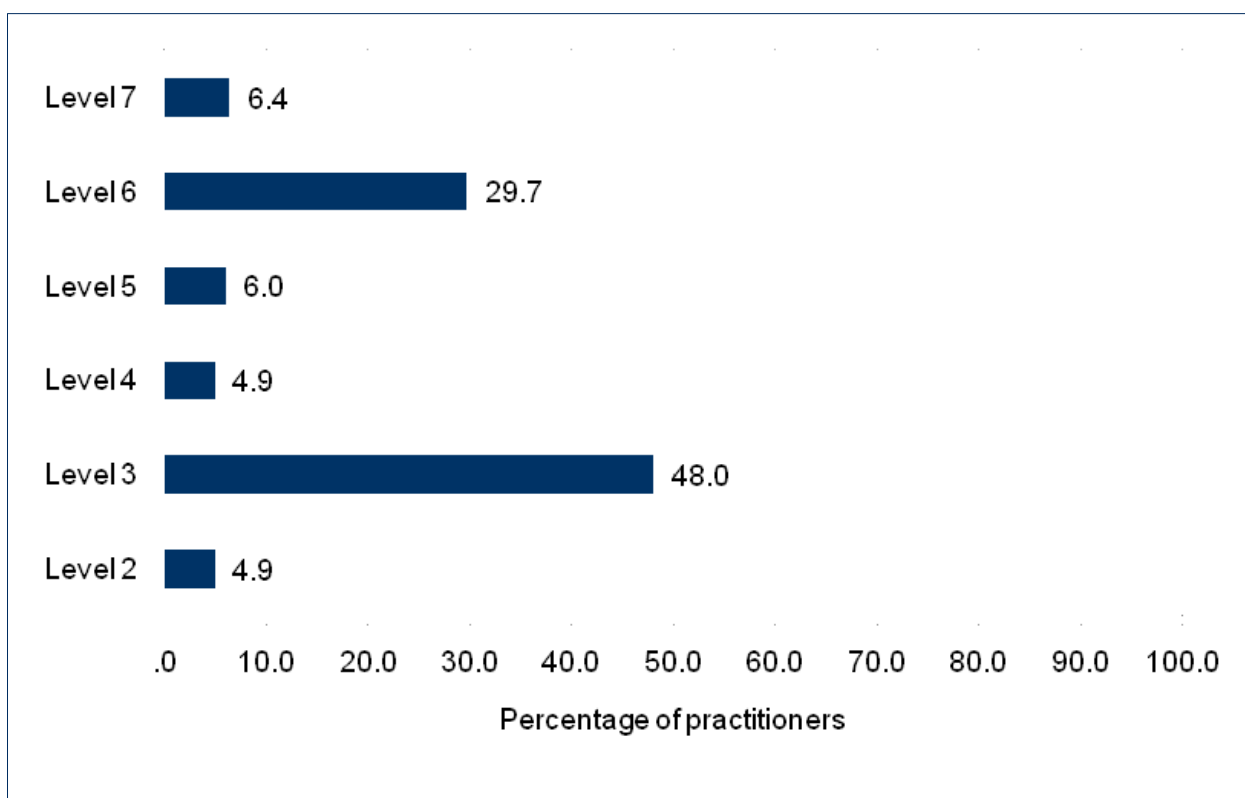


Figure 5 draws the different qualifications into the National Qualification Framework⁴ levels, using the practitioner's highest qualification. This revealed:

- More than 50 per cent had a level two or three qualification.
- 29.8 per cent had a level six qualification.

Figure 5: Highest level of qualification by National Qualification Framework



No practitioners said that they had a PhD or Clinical Doctorate (level 8 qualification).

3.1.3 Length of time working in children's centre outreach

Practitioners completing the questionnaire were asked to indicate how many years that they had been working in outreach. 523 practitioners provided answers and percentages have been calculated using this total.

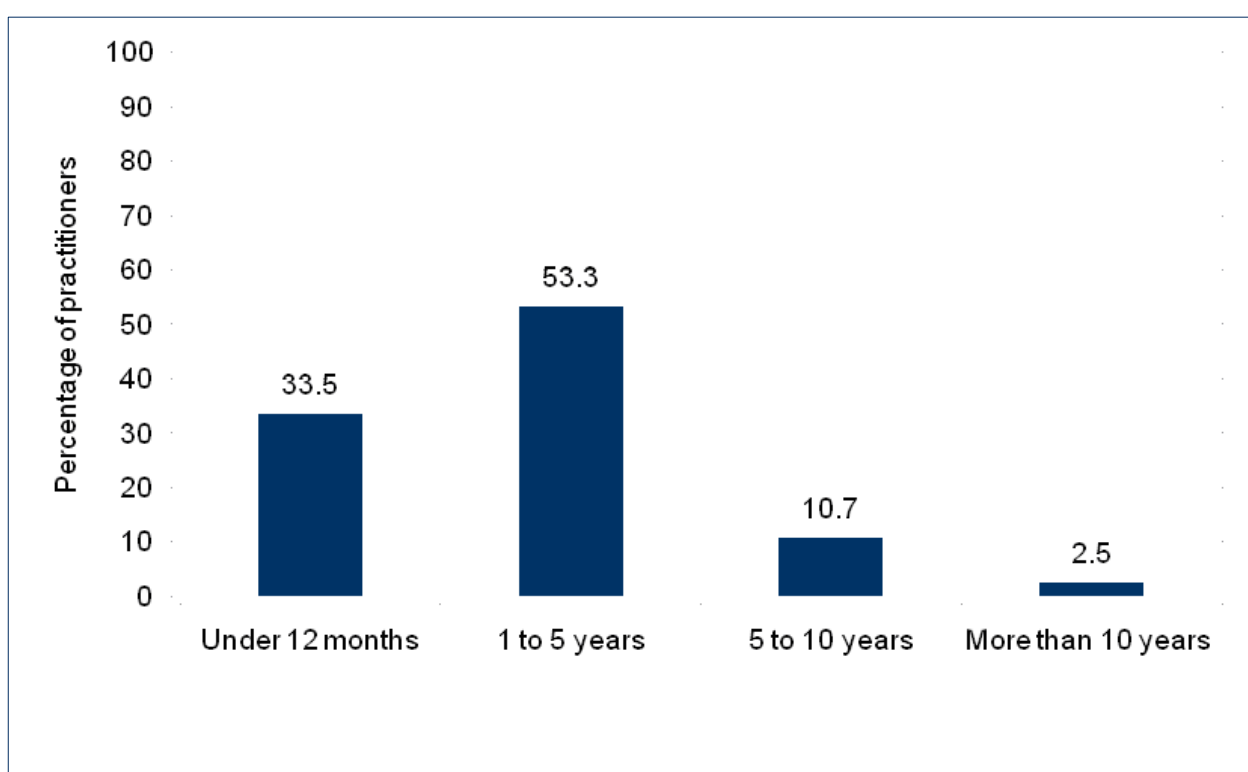
Figure 6 illustrates that the majority of practitioners have been working in outreach for one to five years (53.3 per cent). This is followed by practitioners who have been in an outreach role for less than 12 months

⁴ www.direct.gov.uk/en/EducationAndLearning/QualificationsExplained/DG_10039017

(33.5 per cent). Just over one in ten practitioners who accessed Families Going Forward have been working in children's centre outreach for more than five years.

These findings are similar for the case study practitioners, where, prior to the training, 55 per cent (16 of 29) of practitioners had been working in the field for between one and five years and 37 per cent of practitioners had been working in outreach for less than 12 months (11 of 29). These proportions were similar at the final stages of the interviews, three months after the training, with 64 per cent (seven out of eleven) having worked in outreach for one to five years and 36 per cent (four out of eleven) having worked in outreach for less than 12 months.

Figure 6: Period of time working in children's centre outreach (questionnaire)



3.1.4 Employment arrangements

Practitioners completing the questionnaire were asked to indicate whether they were employed or volunteering and whether their role is part-time or full-time. Figure 8 shows the responses⁵ and illustrates that the majority of practitioners are employed (97.6 per cent) and just over two thirds (66.9 per cent) work full-time. At all stages of the case studies, one practitioner said that they were a volunteer, while all others said they were employed.

⁵ 490 practitioners stated whether they were voluntary or employed and 483 practitioners stated whether they work full or part-time

Figure 7: Employment arrangements 1 (questionnaire)

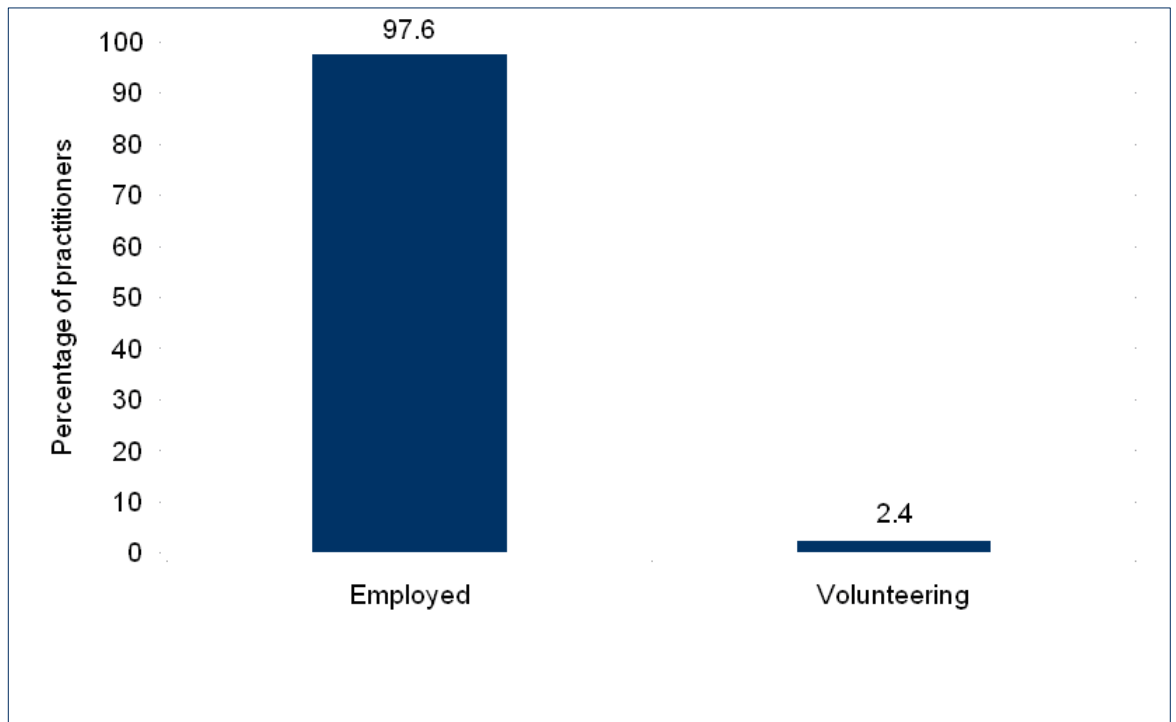
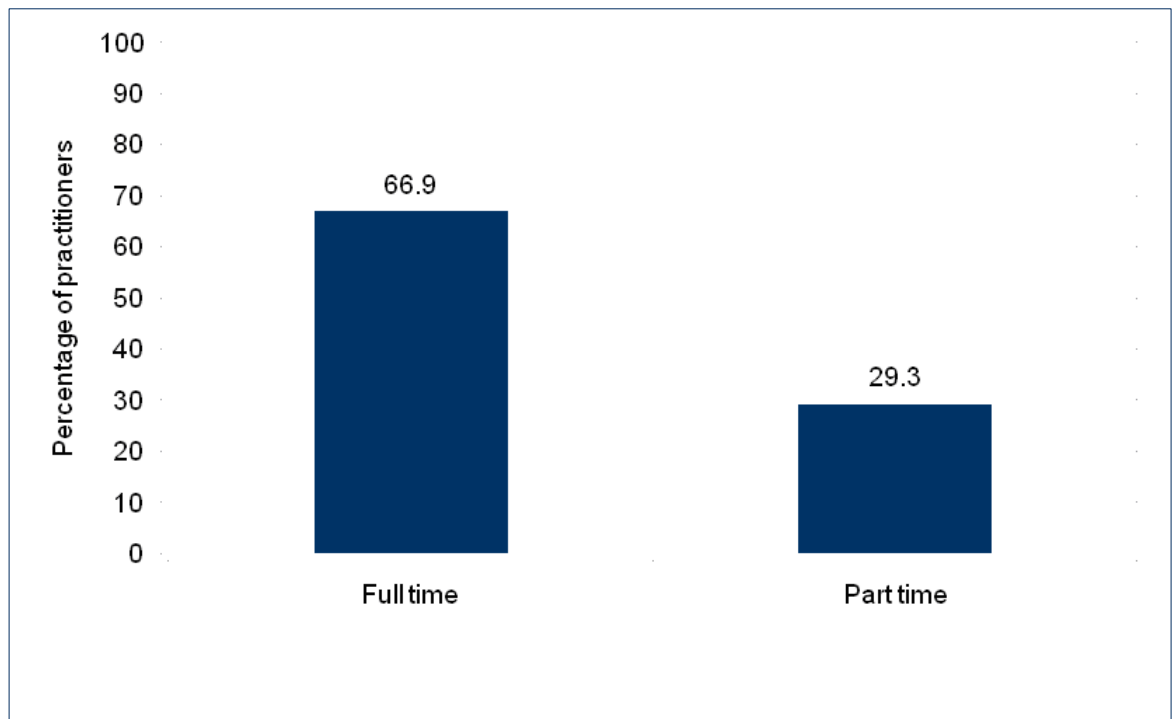


Figure 8: Employment arrangements 2 (questionnaire)



3.1.5 Other demographic characteristics

Practitioners who responded to the questionnaire were asked whether they identified themselves as being from a Black or Minority Ethnic (BME) community. Of the 524 practitioners who answered this question:

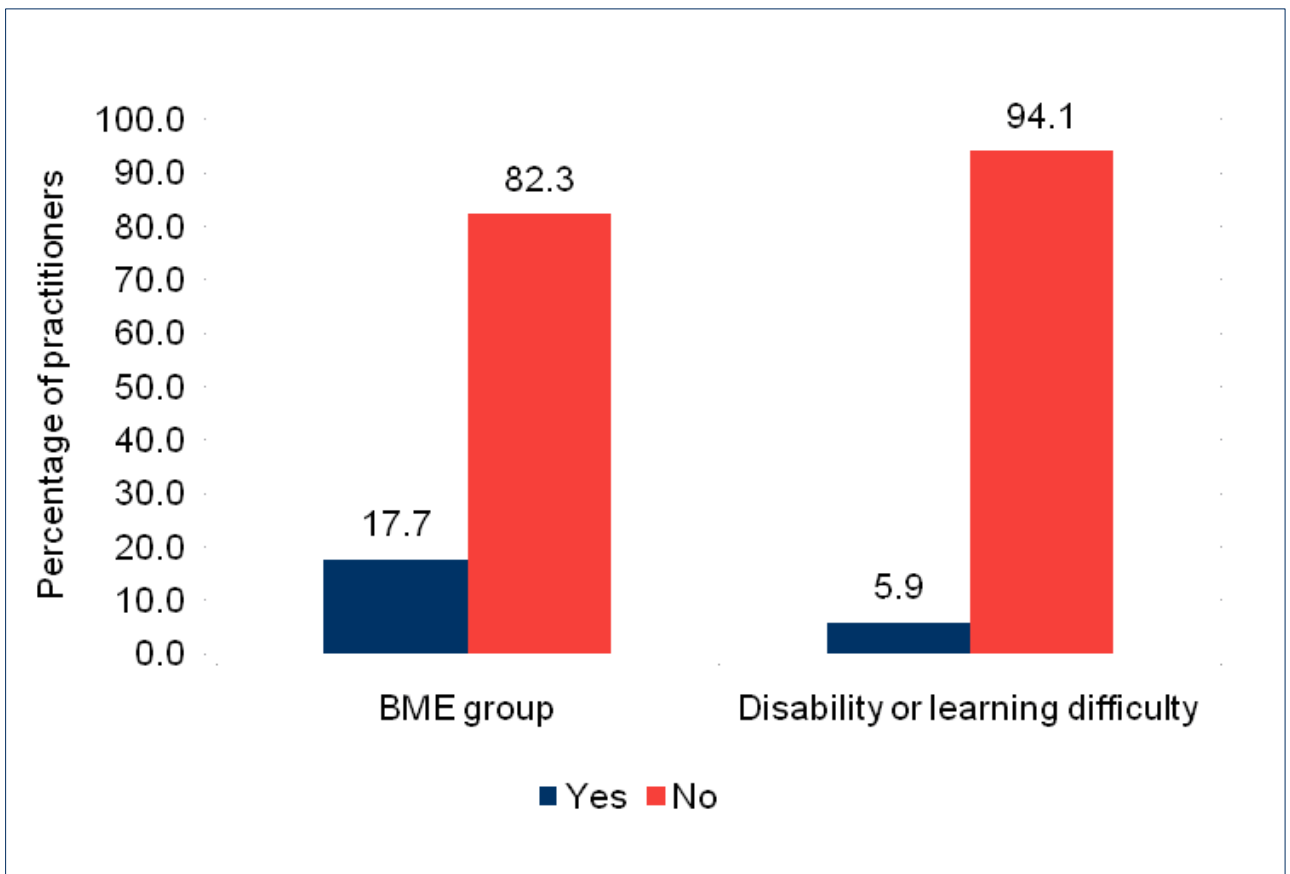
- 17.1 per cent stated that they would identify themselves as being from a BME community.
- 82.3 per cent stated that they would not identify themselves as being from a BME community.

In addition, practitioners responding to the questionnaire were asked whether they would identify themselves as having a disability or learning difficulty. Of the 528 practitioners that answered this question:

- 5.9 per cent said that they would identify themselves as having a disability or a learning difficulty.
- 94.1 per cent said that they would not identify themselves as having a disability or a learning difficulty.

These findings are illustrated in figure 9.

Figure 9: Practitioners further demographic information (questionnaire)



3.1.6 Line management

Practitioners responding to the questionnaire were asked to outline the job title that best describes their line manager. 514 practitioners provided responses and their answers are shown in Figure 10⁶. The majority of practitioners (56.4 per cent) described their manager as a children’s centre leader.

Figure 10: Job title of manager (questionnaire)

Job title	Percentage of practitioners
Children’s centre leader	56.4
Family support manager	14.2
Other	11.7
Outreach team leader	7.8
Head teacher	4.1
Senior practitioner	1.9
Deputy children’s centre leader	1.4
Operations manager	1.0
Health service manager	0.8
Services manager	0.8

This corresponds with the practitioners that were interviewed as part of the case study interviews. 16 of 29 case study practitioners identified their line manager as the children’s centre leader at the initial interview. At the final interview, seven out of 11 case study practitioners described their line manager as the children’s centre leader.

3.2 Role within the children’s centre – home visiting and multi-disciplinary teams

Practitioners responding to the questionnaire were asked to provide more information about the nature of their role. 527 practitioners provided information about home visiting and 514 about whether they worked as part of a multi-disciplinary team.

⁶ “Other” responses were coded where possible – children’s centre manager and co-ordinator were treated as children’s centre leader. In addition, three extra categories were created – assistant / deputy children’s centre leader, operations manager and services manager

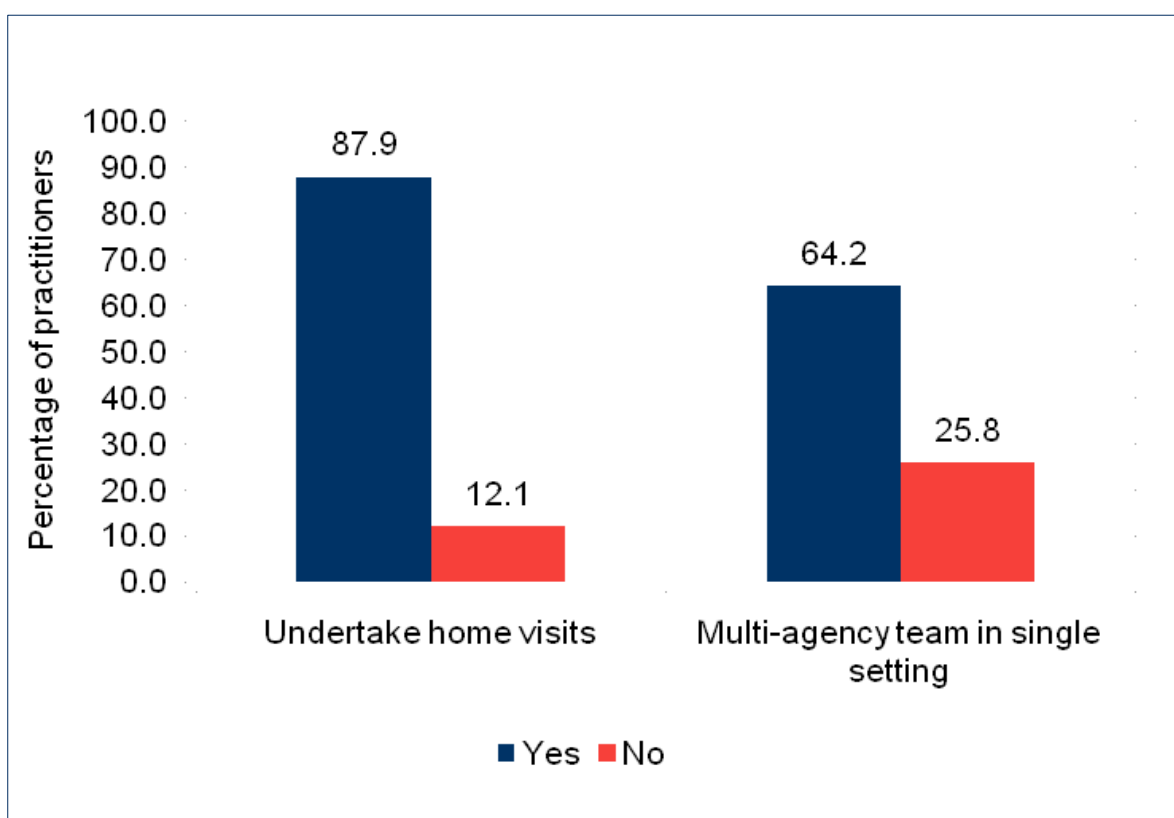
Figure 11 illustrates that, nearly all practitioners responding to the questionnaire, undertake home visits (87.9 per cent). This concurs with the findings from employer interviews which showed that 19 of 23 practitioners they manage that attended the Families Going Forward training undertake home visits. The 15 outreach practitioners that attended focus groups all undertake home visits as part of their role.

These findings contrast with the case study practitioners where a lower proportion undertakes home visiting. At the first stage of interviews, 19 of 29 practitioners noted that they do home visits. A similar proportion reported this at the final interviews, with seven of 11 practitioners indicating that they home visit. One of the four practitioners that did not undertake home visits did indicate, however, that there were plans in place for this to happen.

Figure 11 also reveals that nearly two thirds of outreach practitioners reported that they work within a multi-agency team in a single setting (64.2 per cent). Conversely, 12 of 29 practitioners that were interviewed as part of the case studies prior to the training course identified working as part of a multi-disciplinary team at a single setting. At the final interview stage, five of 11 practitioners reported working as part of a multi-disciplinary team.⁷

⁷ It is possible that the case study practitioners cannot be seen as representative of the overall sample of practitioners because fewer are in multi-agency teams. Therefore it could be suggested that the case study findings underplay the impact of the training. However it is not possible to assert this categorically.

Figure 11: Home visiting and multi-disciplinary teams



3.3 Information about the children's centre

3.3.1 Location

491 practitioners in the questionnaire and the interviews with the case study participants showed similarities that in terms of their children's centre location⁸:

- 47.3 per cent of practitioners who answered the questionnaire and 16 practitioners in the case studies (55 per cent) were based in an urban setting.
- 35.6 per cent of practitioners who answered the questionnaire and two practitioners work from suburban settings (seven per cent) were based in a suburban setting showing differences in make up. However six practitioners from the case studies noted that they worked from mixed urban/rural or urban/suburban settings (21 per cent).

⁸ 40 practitioners did not provide a response and 16 practitioners provided more than one answer and so have been excluded from the breakdown

- 17.1 per cent of practitioners who answered the questionnaire and 5 practitioners in the case studies (17 per cent) were based in predominantly rural settings.

At the final stage of the interviews, the majority also said they were based in urban areas (six of 11). Four practitioners said they were based in rural areas and one said they were based in a mixed urban/suburban setting.

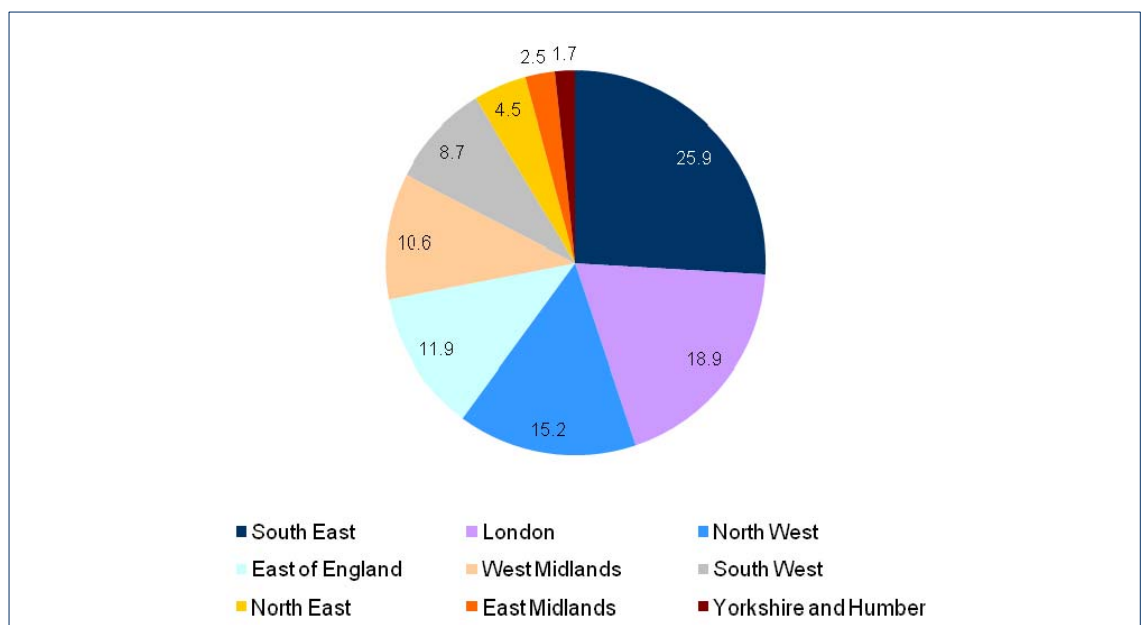
3.3.2 Region

There were more practitioners accessing training in the southern regions, with the total geographical spread as follows:

- 58 attended training courses in the North East region.
- 84 attended training courses in the West Midlands region.
- 121 attended training courses in the South West region.
- 18 attended training courses in the East Midlands region.
- 363 attended training courses in the South East region.
- 281 attended training courses in the inner and outer London area.
- 139 attended training courses in the North West region.
- 150 attended training courses in the East of England region.

This distribution was reflected in the geographical composition of the questionnaire respondents. The results are shown in Figure 12. It reveals that the largest group of practitioners that responded, work in the South East (26 per cent), followed by London (19 per cent) and the North West (15 per cent). The regions with fewest responses were for practitioners based in Yorkshire and The Humber (two per cent) and East Midlands (2.5 per cent).

Figure 12: Region percentage of practitioners who responded to the question (questionnaire)



This broadly corresponds with the profile of case study practitioners before the training commenced. Practitioners were based in London, the East of England, the Midlands, the South East and the South West. At the final stage of interviews, practitioners were based in the East of England, London, West Midlands and South West.

Employers that were interviewed were based in the South West, South East, North West, West Midlands, London and the East of England.

3.3.3 Degree of deprivation

Questionnaire respondents were asked to provide information about the level of deprivation in the area in which their children’s centre is located. Respondents were predominantly from children’s centres that had at least some deprivation. 527 practitioners provided details⁹. Figure 13 illustrates that the majority of practitioners reported that they had at least some deprivation in the area of their children’s centre (46.5 per cent reporting some and 45.2 per cent reporting most).

Figure 13: Levels of deprivation near the Children’s centre- percentage of practitioners who responded to the question (questionnaire)

Overall deprivation	Percentage of practitioners
Some of the area is deprived.	46.5 per cent
Most of the area is deprived.	45.2 per cent
Some of the area is affluent.	12.0 per cent
Most of the area is affluent.	4.7 per cent

Similarly, case study practitioners who were interviewed prior to the training largely rated the area they work in as being mainly deprived (21 of 29). Similarly eight of eleven practitioners at the final case study interviews said that the area they work in is an area of significant disadvantage.

These findings were mainly reinforced by employers. Excluding the two managers that are not involved in the day to day management of children’s centres, six managers noted their centre is ‘phase one’ (most deprived), seven managers noted their centre is ‘phase two’ (some or most of the area is deprived) and five managers noted their centre is ‘phase three’ (at least some of the area is affluent).

⁹ Some practitioners selected more than one response to the type of location (ie selection of both ‘some of the area is affluent’ and ‘some of the area is deprived’). Therefore, percentages have been calculated based on the total number of practitioners who responded to this question (527) and responses do not total 100 per cent.

3.4 Summary observations about the profile of outreach practitioners and employers involved in the evaluation

In summary, the case study sample of practitioners was reflective of the survey sample in relation to length of role, levels of deprivation and geographical area. However, there were fewer similarities between the sample in relation to home visits and multi-disciplinary teams with questionnaire respondents reporting higher levels of both. Whilst less profile information was collected about practitioners who attended focus groups, it was clear that they undertake a similar level of home visits as those who responded to the questionnaire.

The following points provide further summary in relation to the profile of practitioners and employers involved in this evaluation:

1. At least 90 per cent of practitioners who accessed the Families Going Forward training courses have job titles such as family support worker, outreach worker and community development worker. This suggests that mainly the training was targeted at the right types of roles within children's centres.
2. For just over 50 per cent of practitioners that accessed the Families Going Forward training, they accessed a course that aligned to their highest qualification.
3. Families Going Forward training was mainly being accessed by practitioners with at least one year's experience of providing outreach with families. However, approximately 20 per cent of practitioners who accessed the training had less than one year's experience of providing outreach with families.
4. At least 65 per cent of children's centre staff who accessed the training were in full-time paid employment and managed by a children's centre leader.
5. 17 per cent of children's centre staff who accessed the training identified themselves as BME and six per cent identified themselves as having a disability.
6. Just under 90 per cent of practitioners who accessed the training were undertaking home visits and around 65 per cent of practitioners were working in a multi-agency team within a single setting. This suggests that mainly the training was being targeted at practitioners where there was a better capacity for implementing learning and sustaining positive impacts.
7. The cohort of case study participants shared some characteristics with the profile of questionnaire respondents as it concerned their job titles, length of experience working with families and being managed by the children's centre manager/leader. In contrast, however:

- a. Only two thirds conducted home visits.
- b. Most participants did not work in multi-agency teams within single settings.

These factors suggest the positive impacts for case study participants in undertaking the training may potentially be more challenging to sustain.

- 8. Nearly 50 per cent of outreach practitioners worked in children's centres that are in urban areas, with close to 20 per cent of practitioners working in rural settings and just over 35 per cent of practitioners in suburban settings.
- 9. Although relatively few outreach practitioners that provided feedback about the impacts associated with accessing Families Going Forward training were from Yorkshire and The Humber and the East Midlands, there is an excellent spread of respondents from across the North and South of England. This is reflective of the geographic distribution of the training courses.
- 10. Overwhelmingly, most practitioners who participated in the case studies or completed pre and post training questionnaires and interviews, identified that their children's centre is located in an area that is mainly deprived or has some deprivation. While it is not possible to relate this perspective to national deprivation indices, it does suggest that children's centre staff who accessed the training could readily identify the vulnerability of families that they work with.

4 Motivations for undertaking the training

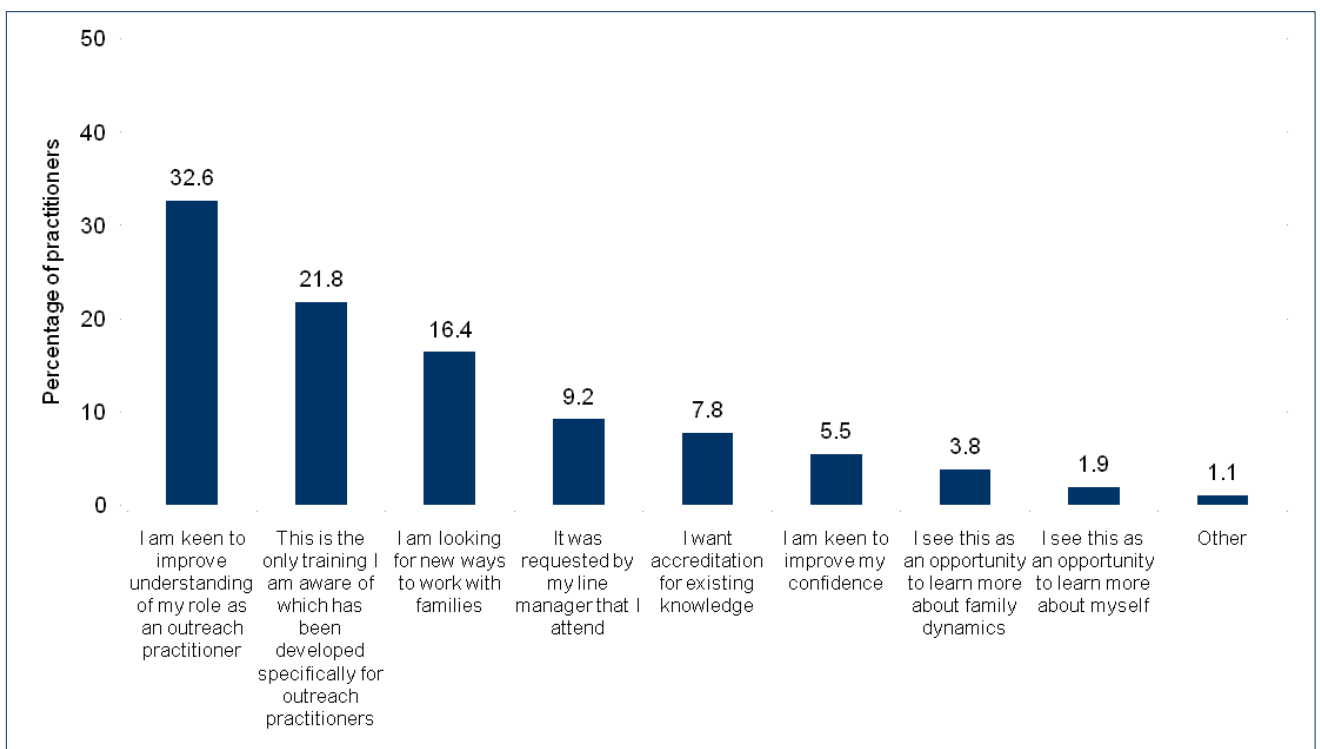
Questionnaire respondents and children's centre staff interviewed as part of the case studies were asked to outline their main motivation for attending the training.

4.1 Quantitative research

524 practitioners provided feedback¹⁰. It shows that the most popular reasons for attending the training were:

- An eagerness to improve their understanding of the role of an outreach practitioner (32.6 per cent).
- Families Going Forward being the only training of which they were aware had been developed specifically for outreach practitioners (21.8 per cent).

Figure 14: Main motivations for attending the training (questionnaire)



¹⁰ However, of these, 48 practitioners selected more than one response. These have been excluded from Figure 14 which shows practitioners' primary motivations. .

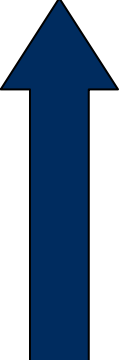



4.2 Case study interviews

These results were reinforced by the interviews with 29 case study practitioners prior to undertaking the training. Most of the practitioners identified choosing to access this training as a way of learning new skills to support them in their role within the children's centre. Only a few practitioners noted that the training offered some recognition for the long experiences they had working with families, or that they were undertaking this training as a requirement of their role, or more specifically, that their manager had advised them to participate.

Through the interviews prior to, and one month after the training, we explored hopes and expectations of attendance. The most common hopes and expectations concerned meeting and learning from others and an improved confidence in the role and acquisition of new skills.

At the interviews one month after the training, we explored whether these hopes and expectations had been met. The majority of hopes and expectations were met for practitioners at this point in time. For example 12 of 17 practitioners felt that the training had met their expectations. Of the five practitioners that reported that their expectations were not met, one referred to the training generally, one referred to a lack of increased confidence, one referred to not having more knowledge about signposting and two said they felt misled about accreditation processes. These are explored more closely in Figure 15.

Figure 15: Case study practitioners' hope and expectations of the training

	How often noted	Hopes and expectations of participating in training	Examples: before the training	Examples: following the training (approximately one month after the interviews)
Hopes	Most common 	Meeting and learning from other practitioners.	"To get other outreach practitioners views."	"Sharing experiences with group members was so reassuring." "There were practitioners from other children's centres at the training that was coming out as outstanding and we hope to visit and learn from them."
		Improving confidence and acquiring new skills.	"Make me feel more comfortable so I can make sure I am doing things right."	"I am definitely going to use two models of reflection used on the course."
	Least common 	Ensuring that what they are doing in their role is 'right'.	"I hoped to have a clearer understanding of what family support workers were supposed to be doing." "The ground rules of outreach!"	"I already suspected that we weren't doing what a lot of outreach workers were doing – other people were shocked at what we do." "It confirmed I knew everything."
		Pursuing the accreditation option offered through Families Going Forward.	"I hoped to get recognition for what I was doing."	"We thought the training would cover outreach work in more detail....we found out that you only get six credits towards the qualification."
Expectations	Most common 	Gaining more knowledge about how and when to link/signpost families to appropriate services.	"I initially took part for accreditation but as time went on my interest grew and I was more interested in signposting and knowledge sharing."	"I had high standards and they were met."
		Developing more confidence and skills to engage with all families, even those who are often harder to reach.	"To pick up new tools and learn things."	"I feel more confident in my role when speaking to families." "It made me more aware that something additional can always be offered." "I thought I would learn something, not realise something."
	Least common 	Improving outcomes for families	"It was the monitoring I wanted help with." "Any way I can develop skills and techniques is going to help families. If I can be more effective it will help me resolve family's problems more quickly. I'll be able to help in a more efficient way"	"I've already gone to see a family re-reviewed the challenges and been a bit sterner about things."

4.3 Summary observations about the motivations of outreach practitioners for accessing Families Going Forward

1. Most outreach practitioners who accessed the Families Going Forward training appeared to be motivated by the desire to improve their understanding of their role as an outreach practitioner and to improve ways of working with families.
2. For 20 per cent of practitioners, the offer of training that was specific to outreach practice was a primary motivator for accessing the training.
3. It was much less common, but close to ten per cent of practitioners accessed the training because their manager requested this.
4. For just under eight per cent or twenty practitioners, the offer of accreditation of existing knowledge was a primary motivator for accessing the training.

5 Practitioner perspectives of outreach practice and behaviour prior to training

5.1 Approach

Participants in Families Going Forward training course were asked to complete a questionnaire prior to the training. This questionnaire sought to identify practitioner perspectives of their outreach practice and behaviour prior to accessing the training. The interviews with 29 case study practitioners prior to the training augment this quantitative research and illustrate more fully these practitioner perspectives.

The areas covered were:

- Feeling clear and confident in what support they can provide to families.
- Being able to identify lot of positive changes with families they work with.
- Having good relationships with the families they work with.
- Being clear about their role.
- Having confidence and knowledge about when and how to involve other practitioners.
- Knowing how to access other services that are relevant for families.
- Having confidence to challenge practices that they do not regard as helpful to meeting the needs of families.
- Having knowledge about the needs of the local community.
- The levels of job satisfaction.
- The extent to which the workplace encourages reflective practice.
- The extent to which practitioners will undertake reflective practice and feels more confident to do so after the training.
- Having confidence and improved knowledge to support families with their needs and to help move families forward.

5.2 Quantitative research results

Figure 16 suggests that most practitioners rated their own outreach practice and behaviour as largely consistent with the core indicators of good outreach practice and behaviour prior to accessing Families Going Forward training courses. In particular:

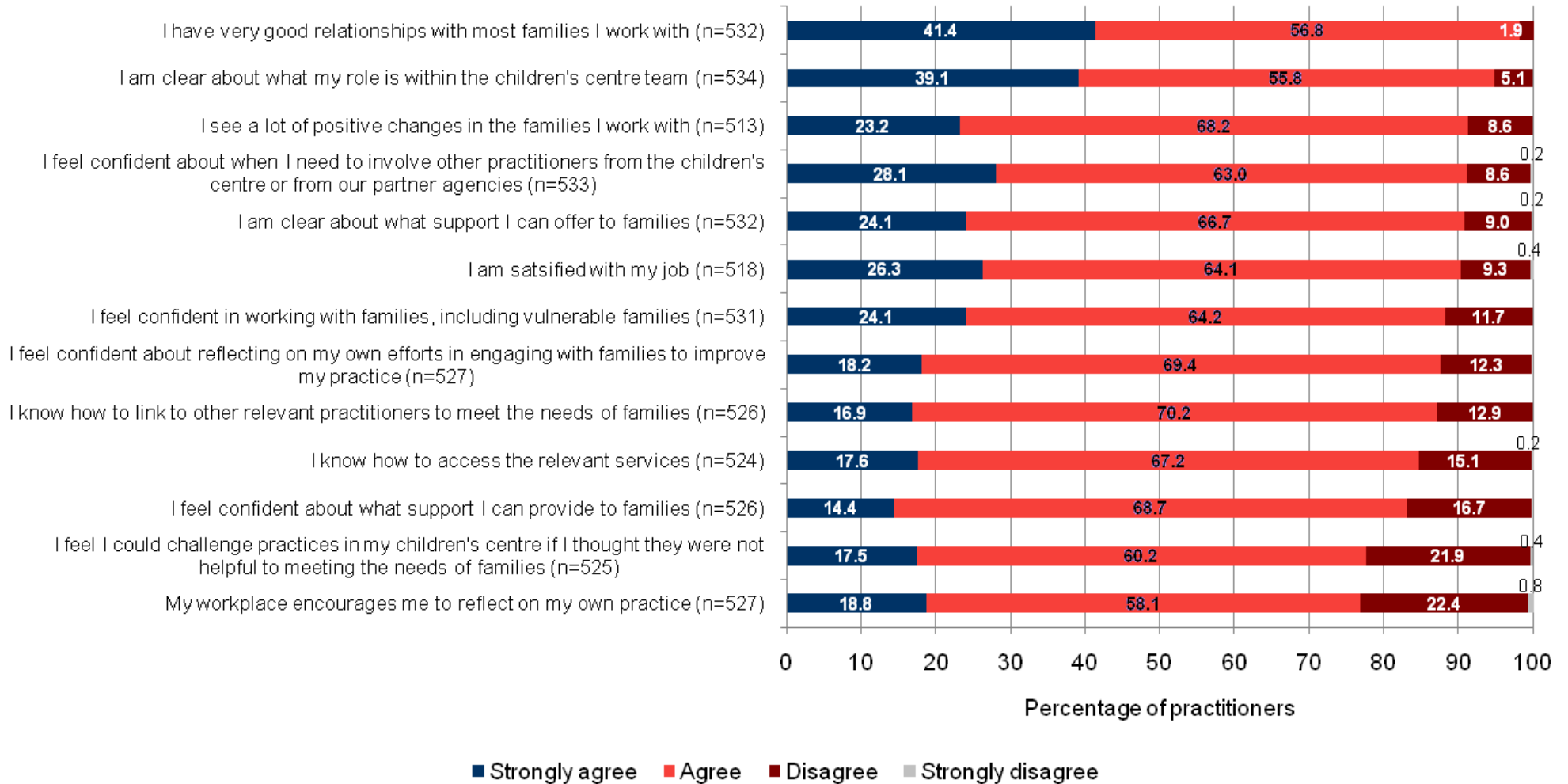
- 98 per cent of practitioners either strongly agreed or agreed that they have very good relationships with most families they work with. Only two per cent disagreed and none strongly disagreed.
- 95 per cent strongly agreed or agreed that they are clear about what their role is. Only five per cent disagreed and none strongly disagreed.

However, there were two areas where more than 20 per cent of practitioners did not rate their own outreach practice and behaviour well in

relation to the core indicators of good outreach practice and behaviour. These are listed below:

- While 80 per cent of practitioners strongly agreed or agreed that they felt they could challenge practices in their children's centre if they thought they were not helpful to meeting the needs of families, 22 per cent disagreed or strongly disagreed with this statement.
- While 77 per cent strongly agreed or agreed that their workplace encouraged them to reflect their own practice, 23 per cent of practitioners disagreed or strongly disagreed with this statement.

Figure 16: Perceptions of outreach practice and behaviour prior to the training (questionnaire – percentage of respondents per question – shown by “n”)



5.3 Qualitative research results

Broadly speaking, many of these findings correlate with the results of the initial case study interviews with practitioners. Nonetheless, the generally positive findings were significantly more nuanced.

Role boundaries

While most staff were clear about the boundaries of their role (25 of 29), two practitioners found this more challenging. For example:

- “There have been so many transitions and changes that it is not always entirely clear what our role is.” (An outreach worker who has worked for one year across five children’s centres).
- “Something I always struggled with. There was no training and we are in at the deep end...okay now, but struggled first.” (A family support worker who has worked for three years in a suburban children’s centre).

Involving other practitioners and partners

All practitioners found they could access other professionals to assist with supporting families. However, nine out of twenty nine practitioners reported that this was not straightforward for varied reasons. For one practitioner, this concerned the complexity of seeking to access services at the border of two local authorities. More commonly however, difficulties concerned a lack of clarity about which agency is responsible for what services, a lack of confidence and workload pressures for these other practitioners. For example:

- “Very hard as other agencies don’t know what other agencies are doing or what the remit is. People slip through the net. My voice isn’t loud enough and they don’t listen to me. It’s very tricky”. (An outreach worker who has worked for three years in an urban children’s centre).
- “Challenging as everyone is so busy. They have no time to say what they do.” (A family support worker who has worked for eight months in a rural children’s centre).
- “When you have to rely on someone else. Waiting for the phone call can be very frustrating”. (A family support worker who has worked for 15 months in an urban children’s centre).

Reflective practice

While most practitioners indicate that they reflect on what works with the families they work with, seven of 29 practitioners said they did not. Moreover, six of these seven practitioners did not have performance

targets associated with their work at their children's centre to support reflective practice.

Being able to identify a lot of positive changes with the families they work with

Overwhelmingly, practitioners that work directly with families reported that they recognise success and positive changes within families, and that these look different for each family. Practitioners provided many different examples of families they had successfully worked alongside to deliver positive outcomes. These include:

- “The parents were struggling with domestic violence. With a visit to discuss the child, managed to talk to parents and the mother realised she needed to act. Now they have moved and not experiencing domestic violence.” (A community family worker who has worked for ten years in an urban children's centre).
- “A young mum new to the area, with partner in the forces and not keen to leave the house. With support she now, out of the blue, turns up herself.” (A family support worker who has worked for 15 months in an urban children's centre).
- “One time we knocked on a young mum's door and walked her down to the baby club. She was very young and shy but she came and now she's always coming.” (A data services coordinator who has worked for two years in a mixed urban/suburban children's centre).

However, most practitioners also identified frustrations, observing that some families are hostile to engagement and that families with complex needs don't always understand the need for support. For example:

- “Hardest thing is when they are in denial and don't recognise there is a problem”. (Extended services manager who has worked for two years in an urban children's centre).
- “Some of the younger aggressive families. Not sure how to approach. There's a fine line between softly, softly and doing any good”. (Project worker who has worked for four months in an urban/rural children's centre).
- “Sometimes gets frustrated at families when whinging but these are personal feelings and need to put them to one side and recognise their need and reality.” (Outreach worker who has worked for one year in a mixed urban/suburban children's centre).

5.4 Summary observations about practitioners perceptions of their outreach practice and behaviour prior to accessing the training

1. The majority of outreach practitioners described their own outreach practice and behaviour as largely consistent with the core indicators of good outreach practice and behaviour in the pre-course questionnaire.
2. This was especially true of being able to see positive change with families they work with, feeling that they have good relationships with families, feeling clear about their role in the children's centre, being clear about what support they can offer families and having job satisfaction.
3. However, more than one in ten practitioners did not feel confident about:
 - Working with vulnerable families.
 - The support they can provide families.
 - Reflecting on their own efforts to improve their practice.
 - How to link to other relevant practitioners to meet the needs of families.
 - How to access other services to address the needs of families they work with.
4. In addition, more than one in five practitioners did not feel they could challenge practices if they thought they were unhelpful to meeting the needs of families. They also did not feel their workplace encouraged engagement in reflective practice.
5. The interviews with 29 case study practitioners contextualise these results. For example:
 - a. While practitioners were generally clear about their role within the children's centre team, this was likely to be less true within children's centres that are undergoing transition or change.
 - b. Generally, practitioners saw positive changes with families they worked with and felt confident about working with all types of families, including more vulnerable families. However, when families are less receptive to engagement, some outreach practitioners reported that this is more challenging.

6 Impacts for practitioners in participating in Families Going Forward

6.1 Approach

Participants in Families Going Forward training courses were asked to complete a questionnaire at the conclusion of the training to identify the expected impacts of the training on their outreach practice and behaviour. To corroborate the quantitative research results we conducted:

- Interviews with 17 case study practitioners one month after the training, and of these a further eleven interviews were conducted three to four months after the training.
- Focus groups involving 15 outreach practitioners who had completed the training.

In addition, the interviews with 20 employers aimed to triangulate the practitioner perspectives about the impacts associated with their participation in Families Going Forward training courses.

6.2 Quantitative research (post-training)

As Figure 17 sets out, generally speaking, outreach practitioners rated the Families Going Forward training course very positively in terms of the differences they anticipated in their outreach practice and behaviour. Figure 16 shows that in particular:

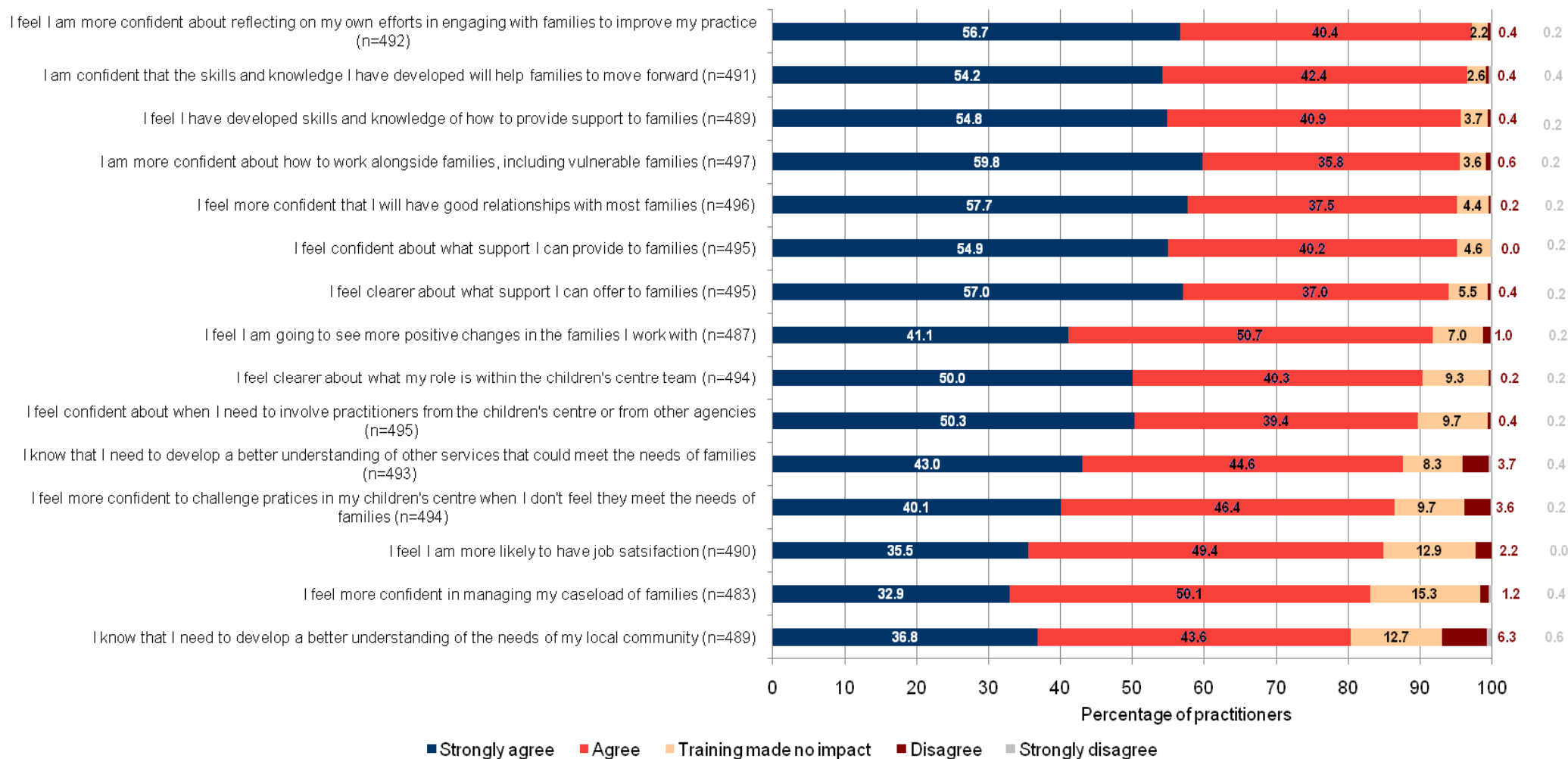
- 97 per cent of practitioners strongly agreed or agreed that they were more confident about reflecting on their own efforts in engaging with families to improve their practice.
- Similarly, 97 per cent of practitioners strongly agreed or agreed that they were confident that the skills and knowledge they developed will help families to move forward.

In addition, more than 95 per cent of practitioners agreed that they have developed skills and knowledge in supporting families, were more confident about how to work alongside and what support they can provide them with. They were also more confident that they would have good relationships with them.

However, there were several areas in which less than 90 per cent of practitioners did not rate the training as likely to positively impact their outreach practice and behaviour. Furthermore, ten per cent or more said the training had no impact in these areas. These were:

- Feeling confident about when they need to involve practitioners from the children's centre or other agencies.
- Knowing they need to develop a better understanding of other services that could meet the needs of families.
- Feeling they were more likely to have job satisfaction.
- Feeling more confident to challenge practices within their workplace when they do not feel they are helpful to the needs of families.
- Feeling more confident in managing their caseload of families.
- Knowing they need to develop a better understanding of the needs of their local community.

Figure 17: Perceptions of outreach practice and behaviour following the training (questionnaire – percentage of respondents per question – shown by “n”)



6.3 Quantitative research – post-training compared with pre-training

Figure 18 analyses the aggregated difference between pre-training and post-training questionnaire results for individual practitioners. This analysis provides a basis for identifying where there has been most difference in practitioners' perspectives about their outreach practice and behaviours.

Interrogation of the data suggests there has been substantial positive movement in several key areas. 6.3.1 - 6.3.11 provides detail for each relevant indicator. Key results include:

- All practitioners, irrespective of how confident they were prior to the training, reported more confidence about working alongside families and more than 85 per cent of all practitioners felt that they would have more job satisfaction following the training.
- More than 80 per cent of practitioners identified that they would see more positive change in the families they work with.
- 96 per cent of those who disagreed that they understand their local community prior to the training agreed or strongly agreed following the training, the need to understand their local community.
- 95 per cent of those who disagreed that they were clear about what support they could offer to families prior to the training, agreed or strongly agreed that they were clearer about what support they could offer families following the training.
- 90 per cent of those who disagreed that they were clear about their role prior to the training, agreed or strongly agreed that this was clearer as a result of the training.
- Overwhelmingly, the majority of those who disagreed or strongly disagreed that they had confidence in the support that could be provided to families prior to the training, agreed or strongly agreed that this had increased since the training.
- Of those who disagreed that they felt able to challenge practice prior to the training, 82 per cent said that agreed or strongly agreed they felt more confident as a result of the training.

6.3.1 Role clarity

- Of those who strongly agreed that they were clear about their role prior to the training, the majority strongly agreed they were clearer following the training. 26 per cent also said that the training had made no impact.
- 92 per cent of those who had agreed they were clear about their role prior to the training, said that they strongly agreed or agreed they were clearer following the training.

- Over 90 per cent of those who disagreed that they were clear about their role prior to the training, agreed or strongly agreed that they were clearer after the training. However nine per cent said that the training had no impact upon this.

6.3.2 Clarity in support offered to families

- Of those who strongly agreed that they were clear about what support they could offer to families prior to the training, the overwhelming majority strongly agreed or agreed that they were clearer following the training (over 80 per cent). Furthermore, 12 per cent said this had not changed since the training.
- Of those who agreed that they were clear about what support they could offer families prior to the training, over half said that they strongly agreed this was clearer following the training.
- Over 95 per cent of those who disagreed that they were clear about what support they could offer to families prior to the training, agreed or strongly agreed that this was clearer following the training. However, four per cent said the training had no impact upon this.

6.3.3 Confidence in working alongside families, including vulnerable families

- Of those who strongly agreed that they were confident in working with families, including vulnerable families, prior to the training, the overwhelming majority strongly agreed or agreed that this was more so following the training.
- Of those who agreed that they were confident in this area prior to the training, over half said that they strongly agreed they were more confident following the training.
- Of those who disagreed that they were confident in this area prior to the training, the overwhelming majority of practitioners said that they strongly agreed or agreed they were now more confident since the training. Only two per cent who said the training had no impact in this area and two per cent who said they disagreed they were more confident.

6.3.4 Relationships with families

- All but six per cent of those who strongly agreed that they had good relationships with most of the families they work with prior to the training, agreed or strongly agreed that they felt more confident they would have a good relationship with most families following the training. However, 0.5 per cent said they disagreed with this statement and six per cent said the training had no impact.

- Of those who agreed with this statement prior to the training, 52 per cent strongly agreed that they feel more confident in this area as a result of the training.
- Of those who disagreed that they had good relationships with most families they work with prior to the training, 13 per cent said that the training had no impact in this area for them. However, all other practitioners agreed or strongly agreed that they were more confident with this following the training.

6.3.5 Confidence in the support that can be provided to families

- Of those who strongly agreed that they were confident in the support that can be provided to families prior to the training, two per cent disagreed this was the case post-training. 14 per cent said the training had no impact in this area and all other practitioners agreed or strongly agreed that this was more so since the training.
- The overwhelming majority of those who disagreed or strongly disagreed that they had confidence in the support that could be provided to families prior to the training, agreed or strongly agreed that this had increased since the training.

6.3.6 Confidence in involving other practitioners

- Of those who strongly agreed that they felt confident about when they need to involve other practitioners from the children's centre or other partner agencies prior to the training, 85 per cent strongly agreed or agreed that they felt more confident following the training. However, 15 per cent said that the training had no impact in this area.
- Of those who agreed that they felt confident in this area prior to the training, 46 per cent strongly agreed and 45 per cent agreed that this had increased following the training. Nine per cent reported no impact.
- Of those who disagreed with this statement prior to the training, the overwhelming majority agreed or strongly agreed that they felt more confident after the training. However, seven per cent said that the training had no impact and five per cent said that they disagreed with this statement following the training.
- One person who strongly disagreed that they felt confident about when they need to involve other practitioners from the children's centre or partner agency prior to the training, agreed that they felt more confident after the training.

6.3.7 Accessing relevant services

- The majority of those who strongly agreed that they know how to access the relevant services prior to the training, agreed or strongly agreed that they know they need to develop a better understanding of

other services that could meet the needs of families after the training (81 per cent).

- Of those who agreed with the statement that they know how to access relevant services prior to the training, the majority agreed or strongly agreed post-training that they know they need to develop a better understanding in this area (87 per cent).
- The overwhelming majority who disagreed with this statement prior to the training, agreed or strongly agreed that following the training they know they need to develop a better understanding of services that could meet the needs of families (96 per cent). Only one per cent disagreed and three per cent said the training had no impact.
- One person who strongly disagreed that they knew how to access relevant services prior to the training said that they agreed with the post-training statement.

6.3.8 Challenging practice

- Of those who strongly agreed that they felt confident to challenge practices in their children's centre if they thought they were unhelpful to meeting the needs of families, the majority agreed or strongly agreed that they felt more confident following the training (85 per cent). However, one per cent said they disagreed that they felt more confident and 14 per cent said the training had not led to any change in this area.
- Of those who agreed with this statement prior to the training, 89 per cent agreed or strongly agreed that they felt more confident post-training. However three per cent said they disagreed that they felt more confident and eight per cent said that they had not seen a change in their confidence in this area since the training.
- Of those who disagreed that they felt they could challenge practice prior to the training, 83 per cent said that agreed or strongly agreed they felt more confident following the training. However, five per cent disagreed that they felt more confident and 13 per cent said the training had no impact.
- Two people strongly disagreed that they felt they could challenge practice within their children's centre, prior to the training. Following the training, one of these practitioners said they disagreed they were more confident and one said they strongly disagreed they were more confident to challenge practice within their workplace.

6.3.9 Confidence in reflecting on own efforts in engaging with families to improve practice

- For those who strongly agreed that they were confident about reflecting on their own efforts in engaging with families to improve their practice prior to the training, the majority agreed or strongly agreed that they felt more confident to do so following the training (94 per cent). However, one per cent said they strongly disagree that they feel more confident since the training and five per cent said the training had no impact.
- Those who agreed they felt confident to reflect on their own efforts in engaging with families to improve their practice, prior to the training, were most likely to strongly agree or agree that they felt more so after the training (98 per cent). A minority of 0.6 per cent said they disagreed they were more confident and two per cent said the training had no impact in this area.
- Those who disagreed that they felt confident about reflecting on their own efforts in engaging with families to improve their practice prior to the training, all agreed or strongly agreed that they felt more confident to do so following the training.

6.3.10 Job satisfaction

- Of those who strongly agreed that they were satisfied with their job prior to the training, the majority strongly agreed or agreed that they feel more likely to have job satisfaction following the training (82 per cent). However, three per cent disagreed they feel they are more likely to have job satisfaction and 15 per cent said that the training had made no impact.
- Similarly, of those who agreed that they were satisfied with their job prior to the training, the majority strongly agreed or agreed that they felt more likely to have job satisfaction following the training (87 per cent). Two per cent said they disagreed with the post-training statement and 12 per cent said that the training had no impact upon their job satisfaction.
- While the majority of those who disagreed that they were satisfied with their job prior to the training, agreed or strongly agreed that they are more likely to have job satisfaction as a result of the training (80 per cent), two per cent still disagreed and 17 per cent said the training had no impact.
- One person who strongly disagreed that they had job satisfaction prior to the training, agreed that they were more likely to have job satisfaction following the training.

6.3.11 Positive changes in the lives of families

- Of those who strongly agreed prior to the training that they see a lot of positive changes in the families they work with, the majority agreed or strongly agreed that they would see more positive changes following the training (88 per cent). However, three per cent disagreed with the post-training statement, one per cent strongly disagreed and eight per cent said the training had no impact on making positive changes with the families they work with.
- Of those who agreed prior to the training that they see a lot of positive changes in the families they work with, the majority agreed or strongly agreed that they would see more positive changes following the training (80 per cent). Only 0.3 per cent disagreed with this statement. However, seven per cent did say that they felt the training had made no impact in this area.
- Of those who disagreed prior to the training that they see a lot of positive changes in the families they work with, the majority agreed or strongly agreed that they would see more positive changes as a result of the training (92 per cent). However eight per cent also said that the training had made no impact in this area.

Figure 18: Ratings from after the training, organised by those before the training

Pre-training statement	Pre-training rating	Post-training rating (percentages of ratings pre-training)				
		Strongly agree	Agree	Disagree	Strongly disagree	No impact
		Post-training: I feel clearer about what my role is within the Children's centre team				
I am clear about what my role is	Strongly agree	60.0	27.6	0.5	0.0	25.9
	Agree	42.5	49.1	0.0	0.4	8.0
	Disagree	40.9	50.0	0.0per cent	0.0per cent	9.1
		Post-training: I feel clearer about what support I can offer to families				
I am clear about what support I can offer to families	Strongly agree	60.7	26.8	0.9	0.0	11.6
	Agree	56.3	39.3	0.3	0.3	3.7
	Disagree	50.0	45.7	0.0	0.0	4.3
		Post training: I feel more confident about how to work alongside families, including vulnerable families				
I feel confident in working with families, including vulnerable families	Strongly agree	67.8	24.3	0.9	0.9	6.1
	Agree	60.5	36.0	0.3	0.0	3.2
	Disagree	36.8	59.6	1.8	0.0	1.8
		I feel more confident that I will have good relationships with most families				

Pre-training statement	Pre-training rating	Post-training rating (percentages of ratings pre-training)				
		Strongly agree	Agree	Disagree	Strongly disagree	No impact
I have very good relationships with most families I work with	Strongly agree	66.0	27.9	0.0	0.5	5.6
	Agree	51.6	44.8	0.4	0.0	3.2
	Disagree	62.5	25.0	0.0	0.0	12.5
		Post-training: I feel more confident about what support I can provide to families				
I feel confident about what support I can provide to families	Strongly agree	67.2	17.9	1.5	0.0	13.4
	Agree	55.0	41.0	0.0	0.0	4.0
	Disagree	38.0	60.8	0.0	0.0	1.3
	Strongly disagree	0.0	100.0 (1 person)	0.0	0.0	0.0
		Post-training: I feel more confident about when I need to involve practitioners from the Children's centre or other agencies				
I feel confident about when I need to involve other practitioners from the children's centre or from our partner agencies	Strongly agree	60.3	24.4	0.0	0.8	14.5
	Agree	46.4	45.1	0.0	0.0	8.5
	Disagree	47.7	40.9	4.5	0.0	6.8
	Strongly disagree	0.0	100.0 (1 person)	0.0	0.0	0.0
		Post-training: I know I need to develop a better understanding of other services that could meet the needs of families				

Pre-training statement	Pre-training rating	Post-training rating (percentages of ratings pre-training)				
		Strongly agree	Agree	Disagree	Strongly disagree	No impact
I know how to access the relevant services	Strongly agree	45.1	35.4	4.9	1.2	13.4
	Agree	39.1	47.6	4.1	0.3	8.8
	Disagree	54.1	41.9	1.4	0.0	2.7
	Strongly disagree	0.0	100.0 (1 person)	0.0	0.0	0.0
Post-training: I feel more confident to challenge practices in my Children's centre when I don't feel they meet the needs of families						
I feel I could challenge practices in my children's centre if I thought they were not helpful to meeting the needs of families	Strongly agree	52.6	32.1	1.3	0.0	14.1
	Agree	41.6	47.4	3.1	0.0	7.9
	Disagree	27.5	54.9	4.9	0.0	12.7
	Strongly disagree	0.0	0.0	50.0	50.0	0.0
Post-training: I feel I am more confident about reflecting on my own efforts in engaging with families to improve my practice						
I feel confident about reflecting on my own efforts in engaging with families to improve my practice	Strongly agree	67.9	26.2	0.0	1.2	4.8
	Agree	53.8	43.7	0.6	0.0	1.8
	Disagree	56.5	43.5	0.0	0.0	0.0
Post-training: I feel I am more likely to have job satisfaction						

Pre-training statement	Pre-training rating	Post-training rating (percentages of ratings pre-training)				
		Strongly agree	Agree	Disagree	Strongly disagree	No impact
I am satisfied with my job	Strongly agree	43.3	38.3	3.3	0.0	15.0
	Agree	34.8	51.7	2.0	0.0	11.5
	Disagree	23.9	56.5	2.2	0.0	17.4
	Strongly disagree	0.0	100.0 (1 person)	0.0	0.0	0.0
		Post-training: I feel I am going to see more positive changes in the families I work with				
I see a lot of positive changes in the families I work with	Strongly agree	45.4	42.6	2.8	0.9	8.3
	Agree	41.4	51.5	0.3	0.0	6.8
	Disagree	21.1	71.1	0.0	0.0	7.9

6.4 Qualitative research results (case studies)

Broadly speaking, many of these findings correlate with the results of the interviews with practitioners one month after the training and three to four months after the training.

In Appendix 3, the 11 completed case studies are set out and demonstrate the different levels of impact associated with accessing the Families Going Forward training. Through the interview process, outreach practitioners were able to more fully explain the areas of the training that made the most difference to them. The practitioners were also able to detail how the context in which they work was crucial to their capacity to sustain the changes arising from the learning.

Most practitioners identified positive impacts arising from the training and identified that these were sustained three to four months after training concluded. Nonetheless, four of 17 practitioners interviewed a month after the training ended said that the training had no impact upon them. The reasons they provided for this were that they were doing it anyway and in two cases the practitioners explained that they had not had sufficient time to process the learning. Furthermore, at the final stage of interviews, four of 11 practitioners said that it had not impacted on their attitudes and beliefs and two of eleven practitioners said it had not changed their practice.

The following outlines some of the key findings in relation to the interviews with practitioners.

Working with all families, including vulnerable families

Most practitioners identified at the initial interview after the training that they felt more confident in working with all families. Three of 17 practitioners identified at these interviews that they recognised they need more support to work with vulnerable families.

- “Has made it easier to reach out to vulnerable families.” (Outreach Worker in their role for seven months in an urban children’s centre.)

Five of 11 practitioners at the final stage of the interviews, identified skills and knowledge they have developed for providing support to families, including communication skills and identifying need.

Reflective practice

During the second interviews in the month after the training was concluded, 10 of 17 practitioners highlighted that reflective practice was a key impact arising from the training.

- “Self reflection is a very important part of the course. I think more about how I will leave families and how I follow up with them.” (Outreach Volunteer Assistant who has worked for five months in an urban children’s centre.)

In the interviews three to four months after the training concluded, seven of 11 practitioners reinforced that they had been able to sustain gains associated with reflective practice.

- “It has made me much more reflective in attitudes.” (Support and Outreach Worker who has worked for nine months in an urban children’s centre).

Recognising lots of positive achievement with families and supporting families moving forward

During the second interviews in the month after the training ended, four of 17 practitioners identified that they now celebrate achievements with families in order to support them to move forward:

- “It’s about celebrating achievements which is quite important because you often skip that bit.” (Family Support Worker, working for ten months in a children’s centre in a rural setting).
- “To realise that the client must make their own goals. It’s very much a helping role but it’s up to them to work out their own goals....– empowerment I think it’s called” (Outreach Practitioner working for a year across five children’s centres in a mixed urban/suburban community)

In the interviews three to four months after the training concluded, four of 11 practitioners reinforced the importance of building on strengths in families to support positive change.

- “...how important it is to use those strengths to help them progress in their goals.” (Support and Outreach Worker working for over nine months in a children’s centre in an urban area).

Role boundaries and clarity and confidence about what support the outreach practitioner can offer

During the second interviews in the month after the training concluded, ten of 17 practitioners said that they were more confident and/or clearer about the boundaries of their role and their boundaries with families:

- "When you're working with families, to make sure they know you are a professional and not a friend – and be more confident about the boundaries that you can set." (Family Support Worker, having worked in a children's centre for ten months, in a rural area).

Four of 11 practitioners reiterated that this change was sustained three to four months after the training concluded.

- "...she wanted my personal mobile number...I put firm boundaries in place and said no to personal number but did arrange for support." (Community Development and Outreach Worker who has been in role for three years and works in an urban area.)
- "It's explaining how we see our role and setting out boundaries and guidelines. I can recognise that I wasn't doing that very effectively before. When you're meeting families for the first time and trying to start out a relationship you don't want to lay out boundaries when you first meet them. But it is better to lay these out at the beginning and be clearer so they know your role – they don't necessarily know where your role begins and ends. (Parent Outreach Worker has worked for 16 months in an urban children's centre).

Working with colleagues and partners

During the interviews that took place three to four months after the training, practitioners identified that they generally work well with colleagues, however this had strengthened.

- "I think it's really changed how I work with my colleagues. I've been able to share aspects of the training with my team which helps me to explain my role. Sometimes it's difficult in a big team to know what other people are doing so it's helped with that. I already felt confident with other partners – if I had any concerns about a family then I would talk to my colleagues – we have a family action team because that's who we are employed by and that hasn't changed for me." (Parent outreach worker has worked for 16 months, urban children's centre,)

In terms of working with other agencies, practitioners generally described this as working as much as it had prior to accessing the training. The

general perspective was that the training reinforced the importance of linking with delivery partners.

- “Partnership work has slipped a little bit. We’ve had links with youth offending teams (YOTs), police, social care are a bit harder to engage with – they tend not to respond.....but from the training it’s reinforced how important it is and how we need to be working with them” (Outreach worker who has worked for one year in a mixed urban/suburban children’s centre).

Challenging practice

At the second interview in the month after the training was concluded, two of 17 practitioners said that they felt more confident to challenge practice within their children’s centre or with partners.

- “Yes, when I was dealing with a social worker in core group, I felt quite confident in challenging and putting my point across. Before I would have been quite doubtful”. (Family support community outreach worker who has worked for seven years in an urban children’s centre).
- “Awareness of the way things should happen and of other people’s roles and responsibilities. Without a deeper knowledge of procedures, I would have erred on the side of not rocking the boat”. (A volunteer who has worked for three months in a children’s centre operated by a local authority in a rural setting.)

The volunteer at the children’s centre who identified a greater confidence to challenge as a result of Families Going Forward training course reported during the final interview that this impact had been sustained.

6.5 Qualitative research results (focus groups)

Fifteen outreach practitioners participated in focus groups after their training courses concluded. The purpose of this qualitative research was to complement and cross-validate the findings in case study interviews and the quantitative research.

Practitioners were asked to rate change on scales of one to ten, together with wider discussions about the experience of accessing the training and the expected and realised impacts associated with the training. In all areas, practitioners identified positive impacts associated with the training and that they were starting to implement learning. The results are set out at Figure 19.

Key impacts include:

- 13 of 15 outreach practitioners identified that their skills and knowledge had improved as a result of completing Families Going Forward training course.
- There were significant improvements in practitioners' confidence to work with families with multiple risk factors.
- 12 of 15 practitioners identified that their capacity to set boundaries in their engagement with families had improved as a result of the training and that they were implementing this learning.

The focus groups felt there was value in having more than one practitioner from a children's centre access the training. This enabled positive impacts to be sustained through processes of peer support and encouragement.

The focus groups also revealed that practitioners were generally more confident in working with families, but not all families. For several practitioners, they did not feel especially confident in working alongside families with children with additional needs, families from Roma communities, families that are less interested in engaging with the children's centre, families where there is current domestic abuse and families with mental health and/or substance misuse problems.

Figure 19: Focus group outcomes in relation to impacts associated with the training

Area of impact	Score		Comments
	Pre	Post	
Overall skills and knowledge	6	7.4	As noted 13 of 15 outreach practitioners identified positive improvements, although one of the two that did not identify an overall improvement did note that their confidence had improved as a result of the training. A key skill acquired was reflective practice.
How practitioner works with colleagues	6.2	7.3	<p>There was benefit when staff from a single setting attended the training together as they could support different ways of working at their children's centre.</p> <p>Two practitioners identified the ability to use tools in their work with colleagues that previously they didn't have.</p> <p>Two practitioners identified that they felt more confident in working with colleagues and soliciting feedback. At least half of all practitioners felt reasonably confident in their day to day relationships with colleagues and involving them to support families and their own practice development as necessary.</p>
How practitioners involve partners	6	7	<p>In one focus group, a participant that works a lot with the Roma community and partners such as health, welfare officers, police and child protection teams felt that she was more confident in asking for referrals now, especially with health professionals and that she worked better with them. A few other participants agreed with this and had similar experiences.</p> <p>In another focus group, practitioners worked as part of an integrated team that included health professionals, speech and language therapists and a social worker from children's services. As a result, they didn't feel any more or less confident in involving partners.</p> <p>In the other focus group, one practitioner felt that she was enlightened by the awareness that there were other delivery partners that she should involve in working with families. This was supported by other practitioners, one of whom described her increased confidence to involve delivery partners.</p>

Area of impact	Score		Comments
	Pre	Post	
Ability to challenge practice	7.5	8.6	<p>Across the focus groups, practitioners said they felt able to challenge practice.</p> <p>One practitioner has applied more challenge to her work: “I was able to challenge other practitioners who were being forceful with mum and saying “switch off the TV while we work with you”. I was able to say “let’s listen to mum”. As a result a compromise was agreed so that the TV was on quietly while they worked with her”.</p> <p>The practitioners in a single setting that trained together felt that it was too early to demonstrate this impact, but that they could support each other in challenging practice.</p> <p>One practitioner felt that unless the children’s centre manager agreed, it was unlikely that other practitioners would accept different perspectives.</p>
General confidence	6.9	7.6	<p>14 of 15 outreach practitioners identified that their confidence had improved in different ways. This included being clearer about boundaries, about reflective practice and about being clear and confident about the support they can offer families.</p>
Perception of their own role in supporting families	7	7.7	<p>Across two focus groups, the recurrent themes were that outreach practitioners understood their own role in working alongside families much more. There was particular benefit to 9C’s¹¹ as a more structured engagement strategy with families, the value of planning the ending through the 9C’s and discussing follow up achievements and goal setting from the family’s perspective and the partnership model, particularly given how easy it can be to fall into the befriending model. “It is both of you working together. If it’s not working you can end it.”</p>
Boundaries in working with families	6.8	7.7	<p>12 of 15 practitioners identified that their capacity to set boundaries in their engagement with families had improved as a result of the training and that they were implementing this learning.</p> <p>One practitioner noted: “With some families you can get carried along with them for ages and you forget the goals and objectives. Different things come up. Now I’m more confident in sticking to the plan.”</p>

¹¹ The Nine C’s of Support is the family support framework used in the Families Going Forward course, to connect, contract, consider, clarify, construct, convey, coach, celebrate and conclude.

Area of impact	Score		Comments
	Pre	Post	
Boundaries in working with families	6.8	7.7	Notwithstanding these improvements, four practitioners identified that with families with children with additional needs they were not especially clear what the boundaries were and individual practitioners identified particular families they felt less confident in setting clear boundaries with. These include Roma families, families who are suspicious of working with outreach practitioners and families affected by domestic abuse where the perpetrator lives in the household.
How practitioner engages with families with multiple risk factors	5.8	7.8	Practitioners across the focus groups identified families with multiple risk factors as families with child protection/children in need concerns. Practitioners felt that given the increased clarity with boundaries and understanding the importance of involving relevant professionals, that they were much more confident in being able to support families.
How success is defined in working with the family	<p>Most practitioners identified that families are setting their goals and they are working alongside them to achieve these goals. Practitioners noted that this offers the opportunity to make milestones 'bite size chunks' and so there is the ability to celebrate success on an ongoing basis.</p> <p>Broadly, practitioners did not feel that they necessarily are defining success differently to before.</p>		
Any families the practitioner doesn't feel confident working with	Several practitioners identified that families with mental health problems, personality disorders and substance misuse were more challenging to work with and that they would need additional support to successfully engage these families.		
Managing caseloads	<p>Practitioners generally identified that they were able to manage their caseloads, albeit that there was limited time to do all that they would like to do.</p> <p>There were concerns raised about the spectre of reduced budgets for children's centres increasing caseloads.</p>		

6.6 Qualitative research results (employer interviews)

20 employers with responsibility for staff that completed the Families Going Forward training course were interviewed. The purpose of this qualitative research was to triangulate the findings in the practitioner-led qualitative and quantitative research.

Have outreach practitioners attitudes and beliefs changed since participating in Families Going Forward?

17 of 20 employers identified that practitioners' attitudes and beliefs had changed since accessing Families Going Forward training. This was

especially so for practitioners with less experience. More than half of all employers pointed to improved confidence and understanding of the role and boundaries of an outreach practitioner.

- “The dads’ worker and young parents’ worker really did as they were least experienced. For the dads’ worker, this gave him an insight into what the professional boundaries were and the wider role around family support, realising you can’t be someone’s friend for example.....For the young parents’ worker, training gave her a context for how to develop her role and how to work within the home; the whole professionalism of the work in a home environment. For the most experienced worker it was just reassurance that she was on the right track” (a children’s centre coordinator, phase one children’s centre, London).
- “I would say though that <the worker has> become a lot more reflective on her practice and digs a bit deeper than what she did before, and is focusing on the work she’s doing with the families and looking at what the end goal is. She is also allowing herself to have time to reflect as well.” (A children’s centre manager, phase one children’s centre, South West England).
- “Is more hands on and wants to do more one to one; and is more assertive in her role. Clearer and more confident about the support that she can offer and good link work with other professionals. She is also more reflective in her practice. In supervision, she tells more about the cases and has more insight into her role.” (A team manager for social care across locality children’s centres, East of England)

Do you think these changes are the result of the practitioner participating in Families Going Forward?

14 of the 17 employers, who identified that practitioners’ attitudes and beliefs had changed, attributed this to Families Going Forward training. However four of these noted that there were additional enabling factors that supported the positive change. Nevertheless, two thirds of employers attributed some positive changes in outreach practitioner attitudes and skill after participating in the Families Going Forward training course.

- “Difficult to say, as she was new to role and time has helped. She has more confidence to actually speak and put herself forward with new ideas from training.” (Acting children’s centre manager, phase one children’s centre, London).
- “I would say yes, because it gives them time to reflect to complete the modules they are working on. They don’t feel guilty doing it. Because of the fast paced environment <at the children’s centre> they didn’t allow themselves the time but now they put this into the practice.” (A

children's centre manager, phase one children's centre, South West England).

- “Yes and No as this is already well embedded in the children's centre.” (A children's centre manager, phase one children's centre, North West England).

What is different in the outreach practitioners' actual practice since the training?

13 of the 20 employers identified changes in the outreach practice of their practitioners since completing the training. The types of changes identified were highly varied with four employers identifying improved confidence and enthusiasm in the work with families; three employers identifying greater reflective practice; and three employers observing that record keeping had improved as a result of the training.

- “She is asking the right questions now to get the information that is needed. Assessments are more thorough and the ability to write up case work has improved. Therefore more beneficial outcomes for families....<the practitioner> is not more challenging but does demonstrate more behaviours akin to positive attachment theory.” (Acting children's centre manager, phase one children's centre, London).
- I would say there is more confidence and certainly the knowledge of being able to make those contacts. Just knowledge about the role and what's expected.” (A children's centre manager, phase two children's centre, West Midlands).
- “She is building on and celebrating what the family has. She is more competent in dealing with the issues that families bring up. Is getting to beneficial outcomes with the families.....She has more confidence speaking up with other professionals because of the new knowledge base.” (A children's centre manager, phase three children's centre, South East of England).

Do you attribute these changes in actual practice to the outreach practitioners' participation in Families Going Forward?

The 13 employers that identified practitioner changes in outreach practice did acknowledge that this change was, at least partly, as a result of the training. Eight of 13 employers expressly attributed the changes to the training, while the other five employers pointed to a mix of enabling factors in the workplace and the practitioners' participation in Families Going Forward training.

- “Yes, but also had another short course that had an impact (including NVQ3 childcare).” (A children’s centre manager, phase three children’s centre, South East of England).
- “Yes. Definitely the training. People aren’t good at celebrating their own strengths and it’s given her a real boost because she’s writing down what she’s doing with families and seeing that change and she’s got more confident as she goes on.” (A head of centre, phase one children’s centre, South West England).
- “Not directly. The recognition of her abilities was from the training but a lot of it was there to begin with.” (Acting children’s centre manager, phase three children’s centre, London).

Has the offer to families at the children’s centre changed as a result of the practitioners’ participation in Families Going Forward training?

Six of 20 employers identified that the offering to families at the children’s centre has changed as a result of the training. Most employers noted that the changes related to the practitioner and how the practitioner engaged with families.

- “Perhaps around the hard to reach families and getting them into groups – she’s been working with families and moving them forward and she’s having a good success rate doing that.” (A head of centre, phase one children’s centre, South West England).
- “Biggest change has been recording and evidencing of practice. The offer has not changed.” (Children and families strategic manager, phase three children’s centre, South East of England).
- “It’s slightly more structured and more evaluative. The training allowed her to do more of a needs analysis and it was much more reflective. It promoted reflective practice.” (A head of centre, phase two children’s centre, London).

How have ways of working at the children’s centre changed?

Nine of 20 employers who were interviewed identified changes within the centre as a result of practitioners having attended the training. These included:

- Promotion of reflective practice.
- Integration of hard to reach families into groups.
- Improved recording and evidencing.
- Less passive attitude.
- Increased networks.
- Improved information sharing amongst the team.
- Improved prioritisation.
- Increased confidence in knowledge base.

- “She’s been able to share her information that she has gained with her colleagues.” (A head of centre, phase one children’s centre, South West England).
- “Some of the tools that were in the training. Breaking <the tools> apart so that they can be used with families and shared within the team.” (Children and families strategic manager, phase three children’s centre, South East of England).

6.7 Correlating the quantitative and qualitative research about intermediate impacts

Figure 20 seeks to correlate the quantitative and qualitative research about intermediate impacts taking account of the findings in the post-training questionnaire with relevant findings from the interviews with outreach practitioners and employers and from the focus groups. This was only undertaken where there were broadly comparable areas to correlate.¹²

They show that, the most frequently identified impacts were around reflective practice, more confidence and better tools to support families. There was less reported impact on knowing that there is a need to improve knowledge of community needs and confidence in challenging practice within the children’s centre.

¹² 95.2 per cent of practitioners strongly agree or agree that they feel more confident that they will have good relationships with families and 86.7 per cent of practitioners strongly agree or agree that they know they need to develop a better understanding of other services that could meet the needs of families This was touched on in the qualitative research, but information is limited to meaningfully correlate.

Figure 20: Impacts of the training where the majority of questionnaire respondents agreed with statements

	Questionnaire findings	Practitioner interviews	Focus groups	Employer interviews
More reflective practice	97 per cent of practitioners strongly agreed or agreed that they were more confident about reflecting on their own efforts in engaging with families to improve their practice.	10 of 17 practitioners interviewed one month after the training stated that they were undertaking more reflective practice as a result of the training. Seven of 11 practitioners interviewed three months after the training stated that they were undertaking more reflective practice as a result of the training.	Most practitioners identified through focus groups that they undertook greater reflective practice as a result of knowledge they acquired through Families Going Forward training.	More than half of all employers pointed to improved confidence and understanding of the role and boundaries of an outreach practitioner.
More skills and knowledge	97 per cent of practitioners strongly agreed or agreed that they were confident that the skills and knowledge they had developed would help families to move forward. 96 per cent of practitioners strongly agreed or agreed that they felt they had developed skills and knowledge of how to provide support to families.	At the final interview, five of 11 practitioners identified that their skills and knowledge had developed to more effectively support families. Five of 11 practitioners at the final stage of the case study interviews, identified skills and knowledge they had developed for providing support to families; these included communication skills and identifying needs.	13 of 15 practitioners identify improvements to their skills and knowledge.	17 of 20 employers identified that practitioners' attitudes and beliefs had changed as a result of accessing Families Going Forward. Just over half noted improved confidence in the outreach practitioner. 70 per cent of employers attributed some positive changes in outreach practitioner attitudes and skills to their participation in Families Going Forward training.

	Questionnaire findings	Practitioner interviews	Focus groups	Employer interviews
More confidence in themselves	96 per cent of practitioners strongly agreed or agreed that they were more confident about how to work alongside families, including vulnerable families.	Most practitioners identified that they had more confidence in working alongside families, including vulnerable families. Although three of 17 practitioners said they needed more support in working with vulnerable families at the second interview.		Approximately half of the employers interviewed identified ways in which the training had impacted on work with families. This included more vulnerable families.
More confidence in what they can provide for families	95 per cent of practitioners strongly agreed or agreed that they felt confident about what support they could provide to families. 94 per cent of practitioners strongly agreed or agreed that they felt clearer about what support they could provide to families.	10 of 17 practitioners identified during the second interviews that they were more confident and/or clearer about the boundaries of their role and professional boundaries with families. At the final interview, four of 11 practitioners reiterated that the impact had been sustained.	12 of 15 practitioners identified that their capacity to set boundaries in their engagement with families had improved as a result of the training and that they were implementing this learning.	Five of 20 employers commented that the practitioners had an increased understanding and/or adherence to boundaries since the training. “She got better at where to draw boundaries.” (Employer in an urban setting.)
More positive changes in the families they work with	92 per cent of practitioners strongly agreed or agreed that they were going to see more positive changes in the families they work with.	Four of 17 practitioners at stage two of the case study interviews, said that they now celebrate achievements of families. This was reinforced in the subsequent interviews where four of eleven practitioners identified celebrating achievement.	Practitioners indicated that they were applying tools in goal setting that enabled more regular identifiable positive change.	One employer indicated that their outreach practitioner celebrated success.
More clarity about their role in the children’s centre	90 per cent of practitioners strongly agreed or agreed that they were clearer about what their role was.	Seven of 17 practitioners commented that they had increased clarity about their role. “I have a much clearer idea of what I’m trying	Across two focus groups, the recurrent themes were that outreach practitioners understood their own role in working alongside	Eight of 20 employers said that the practitioners had an increased clarity and confidence about their role.

	Questionnaire findings	Practitioner interviews	Focus groups	Employer interviews
		to achieve.”	families much more.	
More clarity about when to involve other practitioners	90 per cent of practitioners strongly agreed or agreed that they felt confident about when they need to involve practitioners from the children’s centre or other agencies.	Practitioners generally identified that they felt confident in their interactions with colleagues and other agencies. The challenge largely related to other agencies not being responsive.	Like the interviews, practitioners generally identified that they felt confident in their interactions with colleagues and other agencies.	At least six employers indicated that the outreach practitioner had demonstrated more confidence in seeking out the involvement of other practitioners as necessary.
More job satisfaction	85 per cent strongly agreed or agreed that they were more likely to have job satisfaction.	At the second stage of case study interviews, practitioners were asked about their job satisfaction. While eight out of 17 practitioners said this had improved since the training, six said that this had not changed. One practitioner said they were less satisfied because they wanted to do more training but were unable to do so. Two practitioners said that the training had no impact upon their job satisfaction.	14 of 15 practitioners stated that they had more job satisfaction as a result of the training.	This was not discussed in the interviews with employers.
More confidence to challenge poor practice	87 per cent strongly agreed or agreed that they were more confident to challenge practice within their work place.	Two of 17 practitioners at the second stage of the research said they were more confident in challenging other practitioners. Generally, practitioners said they were already reasonably confident to challenge practice. At the final interview, only one of the two practitioners was interviewed. He	Most practitioners identified that they were willing and able to challenge practice in their children’s centre.	Four of 20 employers commented that the practitioners who they line managed were more confident in challenging others since the training: “More challenging with centre managers about how she is used.” (Employer in a rural

	Questionnaire findings	Practitioner interviews	Focus groups	Employer interviews
		confirmed that the change had been sustained.		setting.)
More confidence managing their caseload	83 per cent strongly agreed or agreed that they felt more confident in managing their caseload of families.	At the second stage of the interviews, practitioners were asked how they are coping with their caseload: 11 of 17 practitioners said that this was fine, and three commented that there is not enough time to do everything.	Generally, practitioners identified that they could manage their caseload. Practitioners noted, however, that this was challenging.	At least four employers had noticed that outreach practitioners were demonstrating better prioritisation skills and spending less time with individual families by supporting them to move forward.
Feel they need to know more about the needs of their local community	80 per cent strongly agreed or agreed that they need to develop a better understanding of the needs of their local community.	At the second stage of the interviews, one practitioner said that she had a better understanding of the community as a result of the training, and attributed this to an increased cultural awareness.	This was not discussed in the focus groups.	Two employers described ways in which outreach practitioners demonstrated taking actions to develop a better understanding of their local community.

6.8 Summary observations about the overall impacts associated with the Families Going Forward training

6.8.1 Quantitative research (post-course questionnaire analysis)

1. Every participant in the Families Going Forward training could identify likely positive impacts on their outreach practice and behaviour as a result of the training. This is an excellent outcome and suggests that the Families Going Forward training offers the potential of contributing to improvements to children's centre outreach practice and behaviour.
2. The areas identified as having the greatest likely impact concerned practitioners':
 - a. Confidence about reflecting on their own efforts in engaging with families to improve their practice (97 per cent).
 - b. Confidence that the skills and knowledge they had developed would help families to move forward (97 per cent).

- c. Belief that they had developed skills and knowledge of how to provide support to families (96 per cent).
 - d. Confidence about how to work alongside families, including vulnerable families (96 per cent).
 - e. Confidence that they will have good relationships with families (95 per cent)
 - f. Confidence about what support they can provide to families (95 per cent).
 - g. Clarity about what support they can provide to families (94 per cent).
 - h. Belief they would see more positive changes in the families they work with (92 per cent).
 - i. Clarity about their role within the work place (90 per cent).
3. There were several areas, where more than one in ten practitioners did not rate the training as likely to positively impact on their outreach practice and behaviour. These were practitioners’:
- a. Confidence about when they need to involve practitioners from the children’s centre or other agencies (ten per cent did not think the training would impact).
 - b. Belief that they need to develop a better understanding of other services that could meet the needs of families (ten per cent did not think the training would impact and four per cent disagreed that the training would impact).
 - c. Belief they were more likely to have job satisfaction (13 per cent said the training had no impact in this area and two per cent disagreed that the training would impact).
 - d. Confidence to challenge practices within their work place when they are unhelpful to the needs of families (ten per cent said the training had no impact in this area and four per cent said that they disagreed the training would impact).
 - e. Confidence in managing their caseload of families (15 per cent said the training had no impact in this area and two per cent disagreed that the training would impact on this).
 - f. Belief that they needed to develop a better understanding of the needs of their local community (13 per cent said the training had no impact in this area and seven per cent disagreed that the training would impact).

6.8.2 Quantitative research (pre-course and post-course questionnaire comparative analysis)

4. For all practitioners, irrespective of how confident they were prior to the training, they are much more confident about working alongside all families and more than four in five of all practitioners felt they would have more job satisfaction.
5. For more than four in five practitioners they identify that they will see more positive change in the families they work with, with this increasing to more than nine in ten practitioners that disagreed prior to the training that they saw a lot of positive change in the families they work alongside.
6. 96 per cent of those who disagreed that they understand their local community prior to the training agreed or strongly agreed that they understand the need to understand their local community as a result of the training.
7. 95 per cent of those who disagreed that they were clear about what support they could offer to families prior to the training, agreed or strongly agreed that they were clearer about what support they could offer families following the training.
8. Nine in ten practitioners who disagreed that they were clear about their role prior to the training, agreed or strongly agreed that this was clearer since the training.
9. The overwhelming majority of those who disagreed or strongly disagreed that they had confidence in the support that could be provided to families prior to the training, agreed or strongly agreed that this had increased since the training.
10. Of those who disagreed that they felt they could challenge practice prior to the training, more than four in five practitioners said that agreed or strongly agreed they felt more confident since the training.

6.8.3 Qualitative research findings

11. Through case study interviews, most practitioners identified positive impacts arising from the training and identified that these were sustained three to four months after training concluded.

Nonetheless, four of 17 practitioners interviewed a month after the training ended said that the training had no impact upon them. The reasons they provided for this were that they were “*doing it anyway*”

and in two cases the practitioners explained that they had not had sufficient time to process the learning. Further, at the final stage of interviews, four of 11 practitioners said that it had not impacted upon their attitudes and beliefs and two of eleven practitioners said it had not changed their practice.

12. The three indicators in which a majority of case study participants identified primary impacts related to undertaking more reflective practice, having greater confidence and having greater clarity about role boundaries.
13. Outreach practitioners that participated in focus groups were generally more enthusiastic about the extent of the positive impacts arising from the training and their capacity and experience in implementing learning.
14. In the focus groups, 14 of 15 outreach practitioners identified that in different ways their confidence had improved, 13 of 15 outreach practitioners identified that their skills and knowledge had improved including in terms of reflective practice and 12 of 15 outreach practitioners identified that their capacity to set clear boundaries had improved.
15. Most practitioners identified that families were setting their own goals and they were working alongside them to achieve these goals. Practitioners also highlighted that they feel confident in working with all families, including vulnerable families.
16. Exploring deeper the issue of confidence, however, reveals that not all practitioners were necessarily so confident in working with all families. Families with mental health and substance misuse problems and families with children with additional needs were highlighted by several practitioners each as families where the practitioner would require additional support to provide an effective outreach service.
17. Employers corroborate much of the perspectives of the outreach practitioners about the impacts of Families Going Forward training. 17 of 20 employers identified that practitioners' attitudes and beliefs have changed since the training and 14 employers attribute this to the outreach practitioner's participation in Families Going Forward courses. This was especially so for practitioners with less experience.
18. More than half of all employers pointed to improved confidence and understanding of the role and boundaries of an outreach practitioner.

19. 13 of 20 employers identified practitioner changes in outreach practice and acknowledge that this change was, at least partly, the result of the practitioners' participation in training. Eight of 13 employers expressly attribute the changes in outreach practice to the training, while the other five employers pointed to a mix of enabling factors in the workplace and the practitioners' participation in Families Going Forward training.
20. The types of changes were varied, although increasingly reflective practice, clarity in boundaries, confidence and a more proactive quality in working with families and colleagues were amongst the more common behavioural changes.
21. Whilst most employers do not identify that the children's centre was necessarily offering families a different service than previously, nearly half of all employers suggest that the ways of working within the children's centre have changed as a result of practitioners' participation in Families Going Forward training.
22. These types of changes were varied and included the sharing of knowledge and tools with colleagues and building relationships with delivery partners.

6.8.4 Corroborating the quantitative and qualitative research

23. The results of the post-training evaluation from practitioners suggest that practitioners derived significant benefit from participating in Families Going Forward training.
24. The shifts in pre-training and post-training questionnaires for individual practitioners suggest that overwhelmingly most practitioners were much more confident about working alongside families and would undertake more reflective practice. Moreover, more than four in five practitioners were more satisfied in their roles and will see more positive change in the families they work with.
25. While there remain significantly positive conclusions to be drawn, the qualitative research moderates this conclusion. The interviews with outreach practitioners and employers suggest that the areas of greatest intermediate impact relate to the practitioners' confidence, skills in undertaking reflective practice, skills and knowledge about how to work with families, being clearer about the role of an outreach practitioner and the boundaries of such a role.

26. It was especially encouraging that most employers validate practitioners' perspectives about improved outreach practice and behaviour. Most employers also recognise the contribution of Families Going Forward in supporting these improvements.

7 Support to embed the learning outcomes

Children's centre outreach practitioners require support to apply the positive expected changes in their outreach behaviour and practice following their participation in Families Going Forward training course.

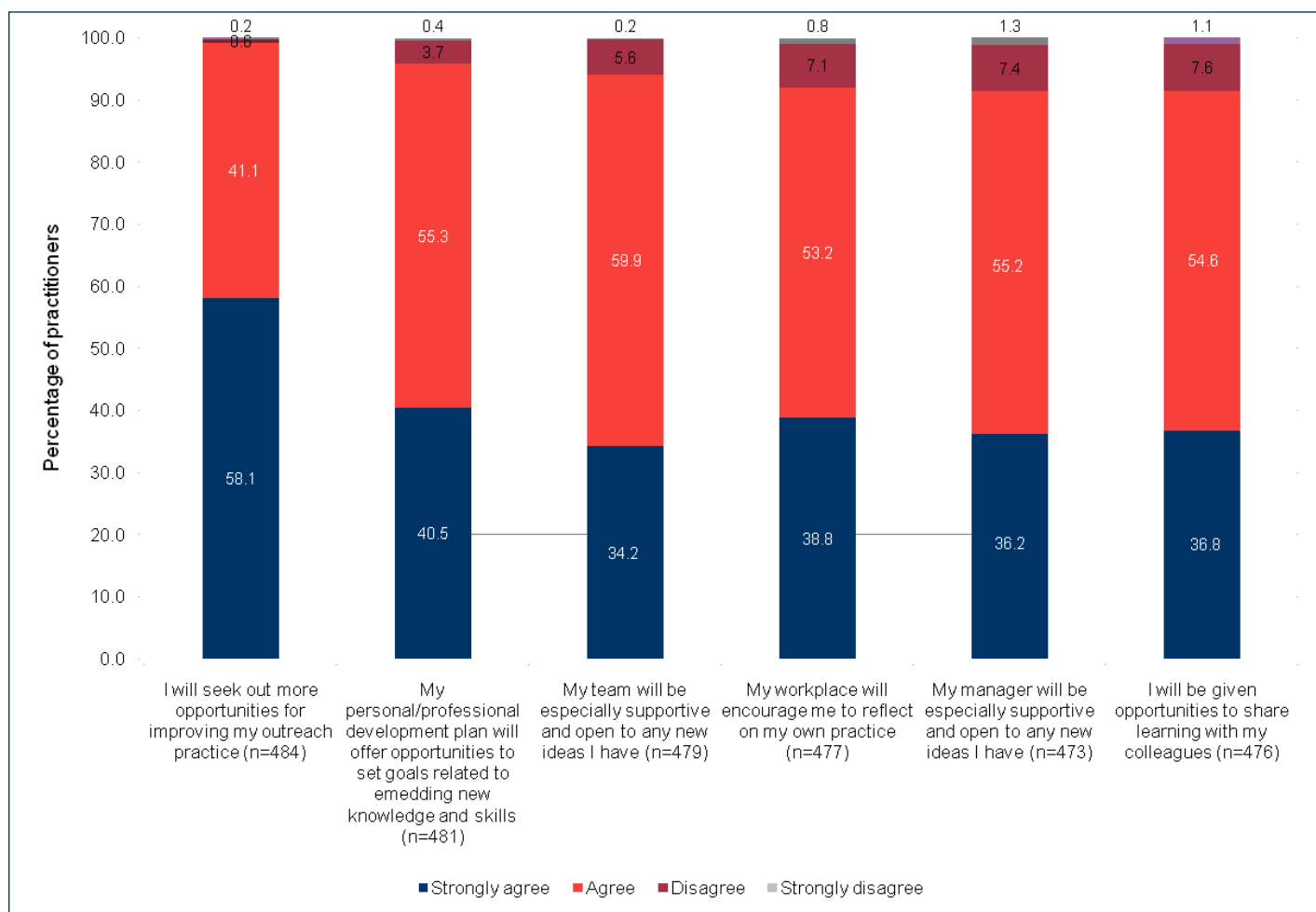
Figure 21 identifies how practitioners who responded to the questionnaires will embed the learning outcomes arising from participation in the Families Going Forward training. It highlights largely positive views in the implementation of these learning outcomes, particularly in the following areas:

- They will seek out more opportunities for improving their outreach practice (99 per cent agreed or strongly agreed).
- Their personal/professional development plan will offer opportunities to set goals related to embedding new knowledge and skills (96 per cent agreed or strongly agreed).
- Their team will be especially supportive and open to any new ideas they have (94 per cent agreed or strongly agreed).

While the majority of practitioners agreed or strongly agreed with the following statements, approximately eight per cent or more disagreed with the embedding of the following types of support:

- Their workplace will encourage them to reflect on their own practice (8 per cent disagreed or strongly disagreed).
- Their manager will be especially supportive and open to any new ideas they have (9 per cent disagreed or strongly disagreed).
- They will be given opportunities to share learning with their colleagues (9 per cent disagreed or strongly disagreed).

Figure 21: Support to embed learning outcomes (questionnaire – ‘n’ represents number of respondents per question)



7.1.1 Support implement changes and strategies

At the second stage of case study interviews, practitioners were asked about strategies they had implemented since the training. Common responses included an increase in supervisions and meetings in order to share information. Similarly, two practitioners referred to the use of the nine C's in their interactions with families. Other responses included the use of 'pigeon holing' to reach families and continued planning and team working. Communication strategies and the use of guidelines and contracts were also referred to as useful.

All managers referred to opportunities with supervision and one to ones to discuss learning and practice and thus help to sustain positive gains from the training. In addition, the majority referred to team meetings as a useful resource to share good practice and knowledge and as a result sustain positive gains.

Furthermore, two employers referred to sharing information with other centres, one through working with the other eight children's centres in their cluster, and one who referred to presenting to other centres on the key learning from the training.

7.1.2 Difficulties in sustaining and implementing change

A recurring issue for practitioners was that there "are not enough hours in the day" to do all they would like to with families.

In addition, at the second stage of the research, three practitioners said that they had not had enough time yet to implement changes and they would hope these would develop with time.

Practitioners were asked about barriers which had prevented the sustainability of strategies they had implemented and difficulties in implementing changes.

Three practitioners identified ways in which it had been difficult to sustain changes implemented. These included involvement of inter-agency team, ability to do more training to sustain learning, and "not being listened to."

Furthermore, six practitioners said they have faced challenges in implementing new changes. These include securing agreement from agencies, "being let down" when relying on other parties, and uncertainty of the future in relation to role and children's centre (largely attributable to funding). Furthermore, one practitioner said she is constantly "told no" to changes that she wants to make and another said that difficulties arise because of his gender and some females are resistant to talk to him.

8 Behind the headlines: analysing sub-population differences

In order to explore findings more closely, statistical significance testing was undertaken for the following groups:

- Employment status.
- Highest level of qualification.
- Length of time working in children's centre outreach.
- Home visits undertaken.
- Multi-agency team in a single setting.
- BME group.
- Levels of deprivation of Children's centre area.
- Type of location.
- Region.

Figure 22 provides further information about the categories and groups used for analysis.

In addition, an interesting comparison would have been to explore the findings of the following groups. However the former groups in each category were too small for statistical analysis:

- Those who had voluntary employment status compared with those who were employed.
- Practitioners with a disability or learning difficulty compared with those who did not have a disability or learning disability.

In looking at differences between groups we have undertaken statistical significance¹³ testing, using chi-square tests. A significance level of 0.05 was used. This means that where we report differences there is only a five per cent chance that any differences found occurred by chance. Only these statistically significant findings are reported when looking at the differences between groups.

Tables showing findings can be seen in the appendix.

¹³ When a finding is shown to be statistically significant, it means that we can be very sure that the finding is reliable. It is unlikely to have occurred by chance. Significance is a statistical term that tells us how sure we are that a relationship or difference exists between variables. If findings are statistically significant, the finding is likely to be true, not just in the sample but also in the population

Figure 22: Groups and categories used for analysis

Category	Groups
Employment status.	<ul style="list-style-type: none"> • Full-time. • Part-time.
Highest level of qualification.	<ul style="list-style-type: none"> • National Qualification Framework Level 3 and below. • National Qualification Framework Level 4 and above.
Length of time working in children's centre outreach.	<ul style="list-style-type: none"> • Under 12 months. • One to five years. • Five to ten years. <p>Please note: those working more than 10 years were excluded from this analysis (only 2.5 per cent).</p>
Home visits undertaken.	<ul style="list-style-type: none"> • Yes. • No.
Multi-agency team in a single setting.	<ul style="list-style-type: none"> • Yes. • No.
BME Group.	<ul style="list-style-type: none"> • Practitioner identifies themselves as being from a black or minority ethnic group. • Practitioner does not identify themselves as being from a black or minority ethnic group.
Levels of deprivation of children's centre area.	<ul style="list-style-type: none"> • Most of area is deprived. • Most of area is not deprived. • Some of area is deprived. • Some of area is not deprived. • Most of area is affluent. • Most of area is not affluent. • Some of area is affluent. • Some of area is not affluent. <p>It was necessary to run the analyses in this way because many practitioners selected multiple responses.</p>
Type of location of children's centre.	<ul style="list-style-type: none"> • Urban. • Suburban. • Rural.
Region of children's centre.	<ul style="list-style-type: none"> • East of England. • East Midlands. • London. • North East. • North West. • South East. • South West. • West Midlands. • Yorkshire and the Humber.

8.1 Employment status – full-time or part-time

As outlined in Section 3, just over two thirds of practitioners completing the survey reported that they work full-time.

Statistically significant differences were found between these practitioners for the ratings of their role prior to the training. Overall, they were more likely to agree or strongly agree with statements than those working part-time. For instance, practitioners working full-time were more likely to report that they:

- Were clear about what support they could offer to families (93 per cent compared with 86 per cent).
- Felt confident about what support they could provide to families (86 per cent compared with 78 per cent).
- Felt confident about when they need to involve other practitioners from the Children's centre or other partner agencies (94 per cent compared with 86 per cent).
- Knew how to access relevant services (87 per cent compared with 79 per cent).
- Knew how to link to other relevant practitioners to meet the needs of families (91 per cent compared with 81 per cent).

However, a comparison of ratings after the training shows that:

- Practitioners working part-time were more likely to report that they felt more confident about what support they could provide to families (98 per cent compared with 93 per cent).

8.2 Highest level of qualification

As outlined in Section 3, just over half the practitioners who completed the questionnaires, reported a highest level of qualification consistent with National Qualification Framework Level 3 or below.

Statistically significant differences were found in the following responses:

- Practitioners with qualifications of level 4 or above were more likely to say that their main motivation for attending the training was that they were looking for new ways of working with families (22 per cent compared with 14 per cent).
- Following the training, practitioners with qualifications of level 3 or below were slightly more likely to say that they felt more confident about reflecting on their own efforts in engaging with families to improve their practice (99 per cent compared with 95 per cent).

- Practitioners with qualifications of level 3 or below were more likely to report that they would be given opportunities to share learning from the training with their colleagues (94 per cent compared with 88 per cent) and that their personal/professional development plan would offer opportunities to set goals related to embedding new knowledge and skills (98 per cent compared with 93 per cent).

8.3 Length of time working in children's centre outreach

Of the practitioners that filled in the questionnaires, 34 per cent reported that they had been working in children's centre outreach for less than 12 months, 11 per cent reported one to five years and 53 per cent reported five to ten years. Those with less time in the role had different motivations for attending the training, to those with more experience, and were less confident in most areas prior to the training.

Analysis found that:

- Practitioners who had been working in children's centre outreach roles for longer periods of time were more likely to say that their main motivation for attending the training was that this was the only training which they were aware of which was developed specifically for outreach practitioner (11 per cent of those under 12 months, compared with 29 of those in outreach for one to five years and 42 per cent of those in outreach for five to ten years).
- In contrast, practitioners with less time in children's centre outreach roles were more likely to say their main motivation for attending the training was that they are keen to improve their understanding of their role as an outreach practitioner (47 per cent of those in children's centre outreach for under 12 months, compared with 28 per cent of those for one to five years and 19 per cent of those for five to ten years).
- Those practitioners who had been in role for less than 12 months were less likely to agree or strongly agree with the following statements, prior to the training. The table shows the percentage of practitioners that agreed with the following statements.

Figure 23: Statistically significant differences of statements prior to training

Statement	Percentage that agreed with the statements		
	Less than 12 months	One to five years	Five to ten years
Clear about what their role is.	91 per cent	97 per cent	100 per cent
Clear about what support they can offer to families.	81 per cent	95 per cent	93 per cent
Confident in working with families including vulnerable families.	80 per cent	95 per cent	93 per cent
Confident about what support they can provide to families.	71 per cent	89 per cent	91 per cent
Confident about when they need to involve other practitioners.	85 per cent	95 per cent	91 per cent
Know how to access relevant services.	74 per cent	90 per cent	83 per cent
Know how to link to other relevant practitioners to meet the needs of families.	77 per cent	92 per cent	89 per cent
Feel they could challenge practices in their workplace if they are unhelpful to meeting the needs of families.	71 per cent	80 per cent	87 per cent
See positive changes in the families they work with.	85 per cent	95 per cent	96 per cent

- Furthermore, following the training, those who had been working in children’s centre outreach roles for the least amount of time were more likely to agree or strongly agree in the following areas, after the training:
 - They know they need to develop a better understanding of other services that could meet the needs of families (94 per cent).
 - They know they need to develop a better understanding of the needs of their community (88 per cent).
- However, those in children’s centre outreach for the longest period of time (five to ten years) were more likely than those with one to five years experience to agree that:

- They know they need to develop a better understanding of other services that could meet the needs of families (92 per cent compared with 83 per cent).
- They know they need to develop a better understanding of the needs of their community (79 per cent compared with 75 per cent).

8.4 Home visits

As per the demographics section of this report, the overwhelming majority undertook home visits as part of their role. In comparing those who did undertake home visits with those who did not, the following statistically significant differences were found:

- Those who undertook home visits as part of their role are more likely to say that their main motivation for attending the training is that it is the only course they were aware of that had been developed specifically for outreach practitioners (27 per cent compared with 12 per cent).
- Those who did not undertake home visits were generally less confident in their role prior to the training. For instance they were less likely to say that they agreed or strongly agreed with the following statements before the training:
 - They were confident in working with families, including vulnerable families (77 per cent compared with 90 per cent).
 - They felt confident about when they needed to involve other practitioners or partner agencies (83 per cent compared with 92 per cent).
 - They knew how to access relevant services (74 per cent compared 83 per cent).
 - They knew how to link to other relevant practitioners to meet the needs of families (74 per cent compared with 89 per cent).
 - They felt they could challenge practices in their workplace if they thought they were unhelpful to meeting the needs of the families (53 per cent compared with 81 per cent).
 - They were confident about reflecting on their own efforts in engaging with their families to improve their own practice (79 per cent compared with 89 per cent).
- Furthermore, those who did not undertake home visits were less likely to agree or strongly agree that after the training, they feel clearer about what their role is in the children's centre team (79.6 per cent compared with 91.5 per cent).

8.5 Multi-agency team in a single setting

As per the demographics section of the report, just under two thirds of practitioners who completed the questionnaires said that they were part of a multi-disciplinary team in a single setting.

Comparison of responses from those who were in a multi-disciplinary team and those who were not, showed that:

- Prior to the training, those in multi-agency teams were more likely to say that they were satisfied with their job (94 per cent compared with 83 per cent).
- After the training, those in multi-agency teams were more likely to agree or strongly agree with the following impacts:
 - They felt more confident about how to work alongside families, including vulnerable families (97 per cent compared with 93 per cent).
 - They felt more confident that they would have good relationships with most families (97 per cent compared with 92 per cent).
 - They felt more confident about what support they could provide to families (97 per cent compared with 92 per cent).
 - They knew that they needed to develop a better understanding of the needs of their community (84 per cent compared with 74 per cent).
 - They felt they had developed skills and knowledge of how to provide support to families (97 per cent compared with 93 per cent).

8.6 BME Groups

Just over 17 per cent of practitioners who completed the questionnaires identified themselves as being from a BME group.

Statistical analysis highlighted the following differences between the questionnaire responses of those who reported they were from a BME group and those who reported that they were not:

- Those practitioners from a BME group were more likely to agree or strongly agree with statements prior to the training, indicating more confidence in their role. For instance:
 - They were clear about what support they could offer to families (98 per cent compared with 89 per cent).
 - They were confident in working with families including vulnerable families (95 per cent compared with 87 per cent).

- They were confident about what support they could provide to families (86 per cent compared with 76 per cent).
- They felt they could challenge practices in their workplace if they thought they were unhelpful to meeting the needs of families (86 per cent compared with 76 per cent).
- Their workplace encouraged them to reflect on their own practice (91 per cent compared with 74 per cent).
- Practitioners from BME groups were more likely to agree or strongly agree that they would receive support in embedding their learning outcomes from the training in the following ways:
 - Their manager would be especially supportive and open to any new ideas they have (97 per cent compared with 90 per cent).
 - Their team would be especially supportive and open to any new ideas they have (97 per cent compared with 90 per cent).

There were no statistically significant differences between ratings of statements following the training.

8.7 Levels of deprivation in children's centre area

As per the demographics section of the report, just under half the practitioners who completed the questionnaires said that some of the area is deprived and just under half said that most of the area is deprived.

Statistical analysis illustrated that:

- Those practitioners who reported that their children's centre was based in a mostly deprived area were more likely to say that:
 - Their main motivation for attending the training was that it was the only training they were aware of which has been developed specifically for outreach practitioners (30 per cent compared with 20 per cent).
 - Following the training:
 - They knew that they needed to develop a better understanding of other services that could meet the needs of families (92 per cent compared 84 per cent).
 - They knew that they needed to develop a better understanding of the needs of their community (85 per cent compared with 77 per cent).
- Where practitioners reported that some of the areas around their children's centre were affluent, they were less likely to agree or strongly agree that they knew how to access relevant services (74 per cent compared with 86 per cent).

- Where practitioners reported that some of the areas around their children's centre were deprived, they were less likely to report that, following the training:
 - They knew they needed to develop a better understanding of other services that could meet the needs of families (84 per cent compared with 91 per cent).
 - They knew they needed to develop a better understanding of the needs of their community (75 per cent compared with 85 per cent).
 - They were more likely to have job satisfaction (81 per cent compared with 89 per cent).

8.8 Location

As per the demographic section of this report, the majority of practitioners who responded to the questionnaire were from children's centres predominantly based in an urban setting (47 per cent), just over a third in a suburban setting (36 per cent) and 17 per cent in a rural setting.

Statistically significant findings showed that:

- Practitioners in children's centres based in urban areas (22 per cent) and suburban areas (16 per cent) were more likely to report their main motivation for attending the training was that they were looking for new ways of working with families (compared with 9 per cent of those in rural areas).
- Practitioners in children's centres based in suburban (14 per cent) and rural (15 per cent) areas were more likely to say their main motivation for attending was that it was requested by their line manager (compared to four per cent of those in urban areas).
- Prior to the training, practitioners from children's centres in urban areas were more likely to agree or strongly agree that:
 - They knew how to access relevant services (91 per cent compared to 82 per cent of suburban and 71 per cent of rural).
 - They knew how to link to other relevant practitioners to meet the needs of families (91 per cent compared with 83 per cent of suburban and 81 per cent of rural).
 - Their workplace encouraged them to reflect on their own practice (83 per cent compared with 75 per cent of suburban and 67 per cent of rural).
- However, those in urban areas were the least likely to agree or strongly agree that they were clear about what their role was in the children's centre team, prior to the training (91 per cent compared with 98 per cent suburban and 98 per cent rural).

- Those practitioners in children’s centres in rural areas were the least likely to agree or strongly agree with the following impacts from the training:
 - They knew they needed to develop a better understanding of the needs of their community (70 per cent compared to 82 per cent of urban and 84 per cent of suburban).
 - They felt more confident in managing their caseload of families (73 per cent compared with 82 per cent of urban and 88 per cent of suburban).

8.9 Regional differences

Analysis of practitioners based in different regions indicates that:

- Practitioners based in the West Midlands were the most likely to say that their main motivation for attending the training was that it was the only training they were aware of which has been developed specifically for outreach practitioners (43 per cent).
- Practitioners from the North East (32 per cent) and the North West (32 per cent) were the most likely to say that their main motivation for attending the training was that they were looking for new ways of working with families. Those from the East Midlands were the least likely to provide this motivation (eight per cent).
- Practitioners from the East of England (75 per cent) and the North East (75 per cent) were the least likely to say that they were confident in working with families including vulnerable families, prior to the training.
- Practitioners from the East of England (68 per cent) were the least likely to say that they were confident about what support they can provide to families, prior to the training. Those from the North West were the most likely to agree or strongly agree with this statement (94 per cent).
- Practitioners from Yorkshire and Humber (100 per cent) and West Midlands (90 per cent) were the most likely to agree or strongly agree that, prior to the training, their workplace encouraged them to reflect on their own practice.
- Practitioners from the East Midlands were the least likely to agree or strongly agree that they feel clearer about what their role is in the children’s centre team, following the training (54 per cent).

Appendix 1 – Statistically significant findings

Employment status

	Percentage of those who work full-time	Percentage of those who work part-time
Pre-training ratings: agree or strongly agree		
I am clear about what support I can offer to families.	92.2	86.0
I am confident about what support I can provide to families.	85.6	85.6
I feel confident about when I need to involve other practitioners or partner agencies.	93.5	93.5
I know how to access relevant services.	87.4	87.4
I know how to link to other relevant practitioners to meet the needs of families.	90.6	90.6
Post-training ratings: agree or strongly agree		
I feel more confident about what support I can provide to families.	93.4	98.0

Highest qualification level (National Qualification Framework)

	Percentage of those with level 3 and below	Percentage of those with level 4 and above
Motivations for attending training		
I am looking for new ways of working with families.	14.3	22.2
Post-training ratings: agree or strongly agree		
I feel I am more confident about reflecting on my own efforts in engaging with families to improve my practice.	98.8	95.0
Workplace support to embed new knowledge / skills from the training		
I will be given opportunities to share learning with my colleagues.	93.9	88.4
My personal / professional development plan will offer opportunities to set goals related to embedding new knowledge and skills.	97.9	93.4

Length of time working in children's centre outreach

	Percentage of practitioners in children's centre outreach for under 12 months	Percentage of practitioners in children's centre outreach for one to five years	Percentage of practitioners in children's centre outreach for five to ten years
Motivations for attending training			
This is the only training I am aware of which has been developed specifically for outreach practitioners.	11.2	29.3	41.7
I am keen to improve my understanding of my role as an outreach practitioner.	47.2	27.7	18.8
Pre-training ratings: agree or strongly agree			
I am clear about what my role is within the children's centre team.	90.8	96.8	100.0
I am clear about what support I can offer to families.	81.2	95.3	92.8
I am confident in working with families including vulnerable families.	80.5	90.9	96.4
I am confident about what support I can provide to families.	70.8	89.1	91.1
I feel confident about when I need to involve other practitioners from the children's centre or from partner agencies.	85.0	95.0	91.1
I know how to access relevant services.	73.8	89.9	82.7
I know how to link to other relevant practitioners to meet the needs of families.	77.2	92.3	89.3
I feel I can challenge practices in my workplace if I thought they were unhelpful to meeting the needs of the families.	71.3	79.9	87.3
I see positive changes in the families I work with.	84.8	95.2	96.2
Post-training ratings: agree or strongly agree			
I know that I need to develop a better understanding of other services that could meet the needs of families.	93.7	82.9	91.5
I know that I need to develop a better understanding of the needs of my community.	88.1	74.8	78.7

Home visits

	Percentage of practitioners who undertake home visits	Percentage of practitioners who do not undertake home visits
Motivations for attending training		
This is the only training I am aware of which has been developed specifically for outreach practitioners.	26.5	11.7
Pre-training ratings: agree or strongly agree		
I am confident in working with families including vulnerable families.	90.0	76.6
I feel confident about when I need to involve other practitioners from the children's centre or from partner agencies	92.4	82.5
I know how to access relevant services	86.1	74.2
I know how to link to other relevant practitioners to meet the needs of families	88.8	74.2
I feel I can challenge practices in my workplace if I thought they were unhelpful to meeting the needs of the families.	80.9	52.5
I am confident about reflecting on my own efforts in engaging with families to improve my own practice.	88.6	78.7
Post-training ratings: agree or strongly agree		
I feel clearer about what my role is in the children's centre team.	91.5	79.6

Multi-disciplinary team in a single setting

	Percentage of practitioners who are in a multi-disciplinary team in a single setting	Percentage of practitioners who are not in a multi-disciplinary team in a single setting
Pre-training ratings: agree or strongly agree		
I am satisfied with my job.	94.1	83.1
Post-training ratings: agree or strongly agree		
I feel more confident about how to work alongside families, including vulnerable families.	97.0	92.9
I feel more confident that they will have good relationships with most families.	96.7	91.7
I feel more confident about what support I can provide to families.	96.6	92.4
I know that I need to develop a better understanding of the needs of my community.	83.5	74.1
I feel I have developed skills and knowledge of how to provide support to families.	97.3	92.8

BME Group

	Percentage of practitioners who identify themselves as from a BME group	Percentage of practitioners who do not identify themselves as from a BME group
Pre-training ratings: agree or strongly agree		
I am clear about what support I can offer to families.	97.8	89.3
I am confident in working with families including vulnerable families.	94.5	86.7
I am confident about what support I can provide to families.	94.6	80.4
I feel I can challenge practices in my workplace if I thought they were unhelpful to meeting the needs of families.	85.6	75.9
My workplace encourages me to reflect on my own practice.	91.2	73.8
Workplace support: agree or strongly agree		
My manager will be especially supportive and open to any new ideas I have.	97.3	89.8
My team will be especially supportive and open to any new ideas I have.	97.2	90.2

Levels of deprivation

	Percentage of practitioners who said that most of the children's centre area is deprived	Percentage of practitioners who did not say that most of the children's centre area is deprived
Motivations for attending training		
This is the only training I am aware of which has been developed specially for outreach practitioners.	29.8	19.9
Post-training ratings: agree or strongly agree		
I know that I need to develop a better understanding of other services that could meet the needs of families.	91.9	84.4
I know that I need to develop a better understanding of the needs of my community.	85.2	76.8
	Percentage of practitioners who said that some of the children's centre area is affluent	Percentage of practitioners who did not say that some of the children's centre area is affluent
Pre-training ratings: agree or strongly agree		
I know how to access relevant services.	74.2	86.1
	Percentage of practitioners who said that some of the children's centre area is deprived	Percentage of practitioners who did not say that some of the children's centre area is deprived
Post-training ratings: agree or strongly agree		
I know that I need to develop a better understanding of other services that could meet the needs of families.	83.8	90.9
I know that I need to develop a better understanding of the needs of my community.	75.2	84.8
I feel I am more likely to have job satisfaction.	80.5	88.6

Location

	Percentage of those based in urban areas	Percentage of those based in suburban areas	Percentage of those based in rural areas
Motivations for attending training			
I am looking for new ways of working with families.	22.3	16.0	9.3
It was requested by my line manager that I attend.	4.4	14.2	14.7
Pre-training ratings: agree or strongly agree			
I am clear about what my role is within the children's centre team.	91.3	97.7	97.6
I know how to access relevant services.	91.2	82.2	71.4
I know how to link to other relevant practitioners to meet the needs of families.	90.7	83.0	81.0
My workplace encourages me to reflect on my own practice.	82.5	75.0	66.7
Post-training ratings: agree or strongly agree			
I know that I need to develop a better understanding of the needs of my community.	82.3	84.2	70.1
I feel more confident in managing my caseload of families.	81.6	87.6	73.1

Region

	Percentage of those practitioners based in:								
	East of England	East Midlands	London	North East	North West	South East	South West	West Midlands	Yorkshire and Humber
Motivations for attending training									
This is the only training I am aware of which has been developed specifically for outreach practitioners.	20.3	33.3	25.3	31.8	14.5	21.5	33.3	42.6	0.0
I am looking for new ways of working with families.	13.6	8.3	22.8	31.8	31.9	9.2	20.0	12.8	28.6
Pre-training ratings: agree or strongly agree									
I am confident in working with families including vulnerable families.	74.6	92.3	90.8	75.0	96.3	86.7	91.3	92.7	100.0
I am confident about what support I can provide to families.	67.7	76.9	84.8	75.0	93.8	81.1	84.4	91.1	87.5
My workplace encourages me to reflect on my own practice.	77.4	66.7	79.8	72.0	79.7	68.4	72.7	90.0	100.0
Post-training ratings: agree or strongly agree									
I feel clearer about what my role is in the children's centre team.	85.5	53.8	89.8	95.2	94.3	89.2	93.2	94.0	100.0

Appendix 2 - Good practice and behaviour

This section details the outcomes of the literature review and the expert stakeholder interviews in relation to the first research question: How practitioners' behaviour and practice have changed generally as a result of the training.

8.10 General practice and behaviour

Among professionals, there is a consensus that effective outreach requires particular skills, commitment and experience and that it works best where it is supported by good multi-agency partnerships and in particular, by data-sharing.¹⁴ There is also agreement that effective outreach needs to be underpinned by clear aims and measurable outcomes.¹⁵

8.10.1 Skills of the workforce

In the opinion of children's centre managers and outreach practitioners the general skills of outreach practitioners were considered to be:

- Excellent communication skills.
- Listening.
- Counselling.
- Advocacy.
- Coaching.
- Signposting.
- Flexibility.

It was also considered important to be:

- Non-judgmental.
- Empathic.
- Approachable.
- Robust.
- Warm.
- Persistent.
- Consistent.¹⁶

¹⁴ DCSF (2009) Outreach to Children and Families – A scoping study

¹⁵ DCSF (2009) Outreach to Children and Families – A scoping study

¹⁶ DCSF (2009) Outreach to Children and Families – A scoping study

Important qualities of people who deliver outreach included:

- Tenacity.
- The ability to form good relationships.
- Having clear boundaries and priorities.
- Having clear expectations of the role of outreach practitioners.¹⁷

This is consistent with the outcome of the expert stakeholder interviews. A number of experts emphasised the importance of demonstrating positive attachment with families, so that they can work with families as partners. Expert stakeholders felt that learning to demonstrate unconditional positive regard (a blanket acceptance and support of a person regardless of what the person says or does) is a core component of this.

8.10.2 Evidenced based approaches

Best practice is often shaped by trial and error so outreach practitioners may work by instincts and intuition, as distinct from empirical evidence or a conceptual model of empowerment.¹⁸

Children's centres have tended to focus on process, as distinct from outcomes. Individual action planning is undertaken with some parents, particularly those who have been the subject of referrals, but these may be relatively short-term or relate to specific issues. A lack of tools for measuring outcomes is a factor in the relative absence of systems for tracking progression.¹⁹ Some local authorities are adopting data management systems such as Soft Smart, which are capable of providing robust data across multiple settings, but focused mainly on outputs rather than outcomes.²⁰

The National Evaluation of Sure Start found that it was essential that health services, including midwifery and health visiting, were integrated into outreach and had accommodated themselves to the Sure Start approaches.²¹ It is essential that health services are integrated into the outreach and home visiting programme. Where health services were semi-detached from SSLPs, it took longer for the programme to get going and it was less likely that the programme of services would reach families.²²

¹⁷ Department of Children Schools and families (DCSF) (2009) Outreach to Children and Families – A scoping study

¹⁸ Outreach to Children and Families – A scoping study (DCSF 2009)

¹⁹ Outreach to Children and Families – A scoping study (DCSF 2009)

²⁰ Outreach to Children and Families – A scoping study (DCSF 2009)

²¹ National Evaluation of Sure Start (2006) Outreach and Home Visiting Services in Sure start Local Programmes

²² National Evaluation of Sure Start (2006) Outreach and Home Visiting Services in Sure start Local Programmes

One expert stakeholder felt that the training “gives legitimacy to the outreach practitioners’ roles. They feel more confident and they act more confident”. This person leads children centre teams including outreach practitioners working across eight children’s centres, who attended the pilot training course and noted that “I can palpably see a difference in their confidence.”

Appendix 3 - Core principles and standards

This section details the outcomes of the literature review and the expert stakeholder interviews in relation to the second research question: How practitioners' behaviours and practice have changed in relation to outreach principles and standards, with regards to the content of Unit 300 of the Work with Parents qualification and based on the knowledge and understanding gained.

There are nine core principles and standards²³ of effective outreach practice:

1. Focus on outcomes	Outreach activity from Sure Start children's centres should increase the awareness and engagement of families with children's centre services, especially those families in greatest need who are not accessing these services.
2. Know your community	Those engaged in outreach should have a sound knowledge of the local community and those people in the community who are not accessing children's centre services and services available in the wider community.
3. Build relationships with families	Those engaged in outreach should consider the whole family - looking at all the family's needs while keeping the child at the centre.
4. Engage in sensitive and proactive practice	Where families are not engaging with services likely to be helpful in improving outcomes for their young children, there is a need to be sensitive, proactive and sometimes persistent in promoting these services, to the extent that this is consistent with the practitioner's competence.
5. Commit to partnership working	Every children's centre should have access to a named health visitor. Health visitors should meet regularly with the children's centre team to share local knowledge, coordinate health campaigns and provide training and guidance for practitioners. For children and families with the most complex needs, in consultation with his/her line manager, those engaged in outreach may need to refer a family to other agencies (such as social care services, specialist health services or a Family Intervention Project).
6. Know where to go for advice	There should be clearly defined management and accountability structures which enable those engaged in outreach to obtain clear advice on such concerns as confidentiality and information sharing, and on the pathways for making referrals to other agencies.

²³ In the Children's Plan, the DCSF committed to establishing a set of core principles and standards for an effective and comprehensive children's centre outreach service. Following discussions with a number of children's centre leaders and organisations, a draft set of core principles, standards and skills was developed. The principles, standards and skills were intended to support much of the excellent practice which already happens with children's centre outreach. The work on the core principles and standards was not completed before the Coalition Government took office in May 2010.

7. Share information	Practitioners need to be confident and clear on what data can be shared and in what circumstances, and must also be able to articulate this to other practitioners, as well as to the families they are working with.
8. Safeguard and promote the welfare of children	All staff and volunteers involved in outreach work in the community must be have undertaken the necessary checks by the Criminal Records Bureau, be trained and know their centre's policy on safeguarding.
9. Evaluate and improve practice	Those engaged in outreach are responsible for ensuring they review their practice through regular and frequent supervision with their manager and managers have a reciprocal responsibility to ensure that appropriate supervision and support is in place for all staff, including volunteers.

8.11 How the training can impact on the core principles and standards

The majority of expert stakeholders felt that the training could impact on the majority of principles. However two out of six expert stakeholders felt that measuring the impact on some of the core standards of effective practice is likely to be long term rather than immediate. For example they both stated that they were less likely to see immediate impacts (in the first three to four months) on the outreach practitioners having developed strategies for knowing more about their community or knowing where to go for advice.

The following table outlines the opinions of the six expert stakeholders consulted.

	Training can impact on it	Training cannot impact on it
Focus on outcomes	Training helps them to see outreach as a process – it has a beginning, middle and end so highlights planning for the end.	The self evaluation form for children's centres is most important in learning about outcomes.
Five out of six thought the training could impact.	Training helps the outreach practitioner to identify the outcomes for the children and then communicate these to the family – so that the barriers stopping for example the child reading are recognised and worked upon.	The practitioners need to have basic skills of engaging with families.
Know your community	The training helps the outreach practitioner to develop a portfolio of local contact numbers and website about what they can offer to families, in terms of services. They brainstorm about particular people and how they would signpost these people to services.	The practitioner needs to find out a certain amount of information themselves. For example they need to know where to find local deprivation data etc. Then they could measure the data against what is happening i.e. If the population in the area is 80 per cent Turkish, they should be working with 80 per cent Turkish families.
Two out of six felt the training could impact.	Shows the practitioner what is there and what can be accessed. Also to help the family build up their own supports outside of outreach.	The training is not a localised training it is generalised and national so it can't help to answer all these questions.

	Training can impact on it	Training cannot impact on it
Build relationships with families Six out of six felt the training could impact.	The training teaches the contracting of the family – outlining roles, responsibilities and boundaries and ending it and moving the family on.	
	The training is fundamentally about how you connect with the families. They are taught emotional literacy, communication skills and unconditional positive regard. The practitioner needs to understand these things to understand what is important in connection and engagement and how you build a relationship with a family.	
Engage with sensitive and proactive practice Six out of six thought the training could impact	They learn the non-judgemental approach – leaving their own issues and judgements at the door – unconditional personal regard. The proactive is part of that because they are taking the step towards the family – a problem solving approach – working with them through goal setting – through prompts rather than solutions – letting it come from the family rather than imposing it.	The difficulty is that when outreach practitioners get back into the workforce they are in organisations that want to help families whether they like it or not. Having done the training they may find that all their enthusiasm in terms of changing their practice is taken away from them if their organisation is not on the same wavelength and they are not about empowering.
	“Staff who have undertaken the training are being more proactive and asking the appropriate questions at case work discussions” in multi-disciplinary case-work meetings	
	The whole programme is based on being proactive and empathetic to families. It is about helping the family not to be dependent. Practitioners learn to work with families in a way that enables them and empowers them.	
Commit to partnership working Five out of six felt the training could impact	In the signposting and referral section sharing information is highlighted. It is not a particular focus of the training but there is in the family resource handbook there is a chapter on partnership working.	“I would expect them to do some other partnership working as well. There is an assumption that they will also do a programme on multi-agency working etc. “
	The training courses examines three different models: 1. Befriending/helper model 2. Partnership model 3. Expert model. The partnership model is used in this training course to identify family goals and how they will achieve them.	
	The training makes you feel a part of the multi-agency team as you feel more self worth and know you have something to offer the multi-agency team.	

<p>Know where to go for advice</p> <p>Three out of six felt the training could impact</p>	<p>The training can impact on it because the training will make them realise that they need it – so the training will bring about awareness.</p>	<p>One of the 9 Cs is contracting and we talk to them about taking to the family. We tell them what to do if a child is being abused. It was felt that practitioners would have training as part of their induction around procedures etc</p>
<p>Share information</p> <p>Three out of six felt the training could impact</p>	<p>As the practitioners come on the course they are doing so much self reflection – and they will come away feeling quite moved and they may end up asking for something more than they are getting.</p>	<p>The training can go through all the sources – but they need to work out what the people are and what their phone numbers are and how to get through to them.</p>
<p>Share information</p> <p>Three out of six felt the training could impact</p>	<p>The training addresses boundaries – what to share with who – comes into the CAF and stuff like that. It is about whether their current processes are working for them, and they realise what is working well and not well.</p>	
<p>Safeguard and promote the welfare of children</p> <p>Two out of six felt the training could impact</p>	<p>The training could give them an idea of what they should be looking for and what they can share information on.</p>	
<p>Safeguard and promote the welfare of children</p> <p>Two out of six felt the training could impact</p>	<p>It covers weighing up strengths and protective factors and in a sheet using a traffic light system. The more red lights you have the more alert you should be that the family is at risk and that the children may be at risk.</p>	<p>One would expect to see reinforcement through the training of this most fundamental of principles to all working within a children's centre.</p>
<p>Evaluate and improve practice</p> <p>Five out of six felt the training could impact</p>	<p>At the heart of the course It's about building trust – it's about what should be shared at what level – it should clear up the process – in terms of contracting – it should help to clarify procedures for the family.</p>	<p>They need separate safeguarding training but they could pick up ways of good practice from each other</p>
<p>Evaluate and improve practice</p> <p>Five out of six felt the training could impact</p>	<p>Safeguarding is already strongly embedded in the understanding of how practitioners work and issues about knowing your community are based on wider contextual considerations for individual reach areas.</p>	<p>They should be consulting with parents and children about their practice.</p>
<p>Evaluate and improve practice</p> <p>Five out of six felt the training could impact</p>	<p>The training can introduce them to the outcomes of the self evaluation framework.</p> <p>There is a big emphasis on self aware and reflective practice. Also they are taught about evaluating and reviewing a piece of work with a family.</p> <p>They should be in the habit by the end of this training of reflective practice – helping them to realise what they did and how they made that change happen. Looking at goals and where they are in reaching those goals – helping them to identify the goals the family has. They would have an idea at the end of the outcomes that they have with the family - to know what the tasks where that they did to help the outcome and what didn't work so well.</p>	

8.12 Focus on outcomes

Sure Start outreach strategy²⁴ emphasised that ‘being clear about why outreach is being undertaken, and how it will improve outcomes for young children and their families.’ Similarly the National Quality Improvement Network Quality Improvement Network (2008) recommends focusing on the five Every Child Matters outcomes and their sixth suggested outcome, ‘be equal – feel you belong.’²⁵ They emphasise the importance of mapping quality improvement standards, outcomes or benefits on to key frameworks and gathering feedback from children, young people and families on what they want to achieve and what they have gained.²⁶

In turn, the Think Family approach encouraged children’s services to identify targets and activities and be clear about how outreach activity will improve outcomes for families.²⁷ The Every Parent Matters Guidance suggests that local authorities should agree with all their centre managers a range of common measures for each excluded group so that progress in engaging them can be tracked across the whole local authority area.²⁸

8.13 Know your community

The NQIN (2008) recommended that outreach practitioners should become more aware of the inclusion issues facing the children and families in their areas by a range of means. Settings should be encouraged to draw on local community knowledge of cultural, religious and social issues facing children and families.²⁹ What works in Parenting Support? (2009) also identifies the importance of targeted interventions, aimed at specific populations or individuals deemed to be at risk for parenting difficulties and to tackle more complex parenting difficulties. In accordance with this, the Sure Start outreach strategy advocates a ‘personalised and tailored’ approach to the local community as well as individual families, being sensitive to different cultural values.³⁰

²⁴ The DfES SureStart Children’s Centres Practice Guidance (2006)

²⁵ National Quality Improvement Network (2008) Quality Improvement Principles

²⁶ National Quality Improvement Network (2008) Quality Improvement Principles

²⁷ DCSF (2009) Think Family Toolkit

²⁸ DCSF (2007) Every Parent Matters

²⁹ National Quality Improvement Network (2008) Quality Improvement Principles

³⁰ Moran et al. (2009) What works in Parenting Support? A Review of the International Evidence

8.14 Build relationships with families

Building relationships with parents is at the very core of the National Occupational Standards.³¹

Practitioners are encouraged to:

- Listen and respond to parents.
- Actively help parents to use parenting services (for example aiding them with communication materials).
- Negotiate and agree the basis/ boundaries of relationships with parents.
- Listen to parents and acknowledge their feelings and diverse experiences.

In respect to families, practitioners are encouraged to recognise the barriers that individual families may face and identify the support they need. This was reinforced by the views of the expert stakeholders.

Home visiting can be an opportunity to engage with both parents together, but takes skill and confidence to negotiate the relationship between the adult couple on the part of the professional.³²

Think Family emphasised:

‘.....a focus on meeting the full range of needs within each family they are supporting or working with; Sure Start outreach practitioners are actively encouraged to use assessments to establish how the needs of other family members affect their client and whether meeting those needs might benefit their client.³³ As well as the involvement, potential contribution and (when appropriate) the risks associated with all of the adults who have a significant influence on a family, even if they are not living in the same house, or are not formally a family member’.³⁴

8.15 Engage in sensitive and proactive practice

Think Family encouraged outreach to develop services that could respond effectively to the most challenging families; adopting a holistic attitude whilst keeping the child at the centre.³⁵ The practitioner needs to be able to offer practical help and support, to encourage parents’ own strengths and abilities to build their confidence in how best to support their children’s

³¹ “WWP 201 Contribute to building relationships in work with parents”, “WWP 301 Build and maintain relationships in work with parents”, “WWP 312 Deliver services that value and respect parents” National Occupational Standards for Work with Parents Units and Elements (2005)

³² Department for Education and Skills (DfES) (2006) “SureStart Children’s centres Practice Guidance”,

³³ DCSF (2009) Think Family Toolkit,

³⁴ DCSF (2009) Think Family Toolkit

³⁵ DCSF (2009) Think Family Toolkit

learning and development, which should be evidenced-based³⁶. Moran et al. (2009) recommend that individual work, where problems are severe or parents are not ready/ able to work in a group, often including an element of home visiting as part of a multi-component service providing one-to-one, tailored support. The review highlights effective parenting support is often a 'cognitive' intervention for changing beliefs, attitudes and self-perceptions about parenting; therefore as Sure Start Outreach Strategy emphasises, practitioners attitudes and behaviours should be respectful and non-judgmental, recognising that parents are experts in their own lives.³⁷ This was reinforced by the views of the expert stakeholders.

Sure Start children's centres guidance encourages outreach practitioners to be persistent and often dynamic in the way they engage hard to reach families.³⁸ National Occupational Standards encourage practitioners working with parents to provide environments that are sensitive to the culture, religion, gender or disability of the parents so that they comfortable and confident; as well as physical equipment/ resources that meet parents' needs around these areas³⁹

8.16 Commit to partnership working

Children's centres should work in close partnership with health visitors, midwives and family support workers to co-ordinate support and ensure that families are involved in the development of services.⁴⁰ Think Family guidance, similarly to Sure Start core principles around partnership working, encouraged outreach practitioners to work with other local agencies to identify, refer and plan how the needs of wider family members can be met alongside their client, for example referring a parent to drug or alcohol services, or helping them claim financial support they are entitled to.

National Occupational Standards for working with parents emphasise developing and undertaking inter-agency, cross-sector working to actively promote integration and cross-sector strategies⁴¹.

³⁶ "DfES (2006) Sure Start Children's centres Practice Guidance",

³⁷ Moran et al. (2009) What works in Parenting Support? A Review of the International Evidence

³⁸ DCSF (2010)

³⁹ "WWP 316 (2005) Provide environments that are sensitive to the culture, religion, gender or disability of the parents", National Occupational Standards for Work with Parents Units and Elements

⁴⁰ DfES (2006) "Sure Start Children's centres Practice Guidance",

⁴¹ "WWP 401 Develop and undertake inter-agency, cross-sector working", National Occupational Standards for Work with Parents Units and Elements (2005)

8.17 Know where to go for advice

In responding to the needs of a whole family, outreach practitioners are encouraged to seek out specialist advice and support when multiple or complex needs are identified, for example multi-agency whole family support; this aligns well with Sure Start core principles around reaching out for advice and expertise from management and other agencies.⁴² The Sure Start Outreach Strategy highly recommends that inexperienced practitioners should seek advice from seasoned professionals and supervision should provide an opportunity to reflect critically on work and areas for improvement.⁴³ National Occupational Standards for Work with Parents stress developing and identifying training sessions for practitioners⁴⁴ as well as sharing difficult issues and problems with colleagues and partners in order to allow for collective learning and problem solving⁴⁵.

8.18 Share information

Think Family⁴⁶ highlighted the importance of agreeing how information can be shared to identify those in need or at risk of poor outcomes and plan the most appropriate support; practitioners would want to have a mutual understanding and be clear of what information and how it should be shared.⁴⁷ National Occupational Standards for Work with Parents encourage the development of systems and procedures for sharing information in relation to child protection in particular⁴⁸.

8.19 Safeguard and promote the welfare of children

The National Occupational Standards for Work with Parents emphasise the importance of complying with legal, regulatory, ethical and social requirements and practitioners following procedures in relation to security and safety by recognising threats and following emergency procedures; not just in relation to children but to take responsibility for the safety and security of parents, staff and environments⁴⁹. Think Family strongly

⁴² DCSF (2009) Think Family Toolkit,

⁴³ Moran et al. What works in Parenting Support? A Review of the International Evidence

⁴⁴ "WWP 318 Develop training sessions", National Occupational Standards for Work with Parents Units and Elements (2005)

⁴⁵ "WWP 402 Support others in developing their practice", National Occupational Standards for Work with Parents Units and Elements (2005)

⁴⁶ Note: some of the policies and approaches mentioned above may not reflect current government policy

⁴⁷ DCSF (2009) Think Family Toolkit,

⁴⁸ WWP 405.3, National Occupational Standards for Work with Parents Units and Elements (2005)

⁴⁹ "WWP 204 Help to keep parents safe and secure", "WWP 315 Meet requirements for the protection and safety of parents", "WWP 405 Take responsibility for the safety and security of parents, staff and environments", National Occupational Standards for Work with Parents Units and Elements (2005)

advocated outreach practitioners to prioritise the safety and welfare of children within the family, involve the child's social worker and follow Local Safeguarding Children Board procedures when children may be at risk of suffering from harm (when domestic violence is suspected or a child appears to be neglected for example)⁵⁰; Similarly the Sure Start Outreach Strategy emphasised that safeguarding children is paramount and that all practitioners are adequately trained.

Safeguarding is one of the key priorities for Sure Start children's centres. Everyone in the workforce should be safe to work with children and young people, understand their responsibilities for safeguarding children and young people and know what to do if they are concerned. Practitioners on Families Going Forward training courses have been made aware of the publication 'what to do if you're worried a child is being abused' (2006).⁵¹

8.20 Evaluate and improve practice

The National Occupational Standards for practitioners working with parents stress the importance of continuous evaluation, not just within the effectiveness of own knowledge and practice but on monitoring and evaluating the impact of trends and developments in parenting more widely.⁵² They state that practitioners who work with parents should continually reflect and evaluate on the effectiveness of their own practice through identifying and making use of opportunities to develop and update practice and learn from experience of others as well as incorporating new knowledge, the experience of others and current thinking into own practice⁵³. It is recommended that Think Family practice is championed through joint staff training and recruitment and that information is actively disseminated to service users as well as the wider public; outreach practitioners are already actively encouraged to regularly review their practice and this could be an area for potential training and development.

Some strategies offered in National Quality Improvement Network (NQIN)⁵⁴ (2008) included:

- A judgment as to how well settings have achieved outcomes for children.

⁵⁰ DCSF (2009) Think Family Toolkit, Page 10

⁵¹ www.education.gov.uk/publications/standard/publicationDetail/Page1/DFES-04320-2006

⁵² "WWP 407,, "WWP 310 Reflect on and update own knowledge and practice", National Occupational Standards for Work with Parents Units and Elements (2005)

⁵³"WWP 310 Reflect on and update own knowledge and practice", National Occupational Standards for Work with Parents Units and Elements (2005)

⁵⁴ www.ncb.org.uk/ecu_network/ngin/ngin_home.aspx

- Appropriate tools for keeping records of children's development and achievements.
- Guidance on developing and sharing good practice and learning with others.
- Advice on monitoring the field for new developments in practice and new evidence of effective practice, in order to promote it appropriately within the area of sector.
- Advice on promoting reflective practice through; case studies, diaries, audio/video recordings, discussions, child reviews and action learning.
- Guidance on self evaluation and peer support.
- Guidance on developing networks where providers can share good practice and discuss practice issues.
- Advice on making more complex self-assessment judgements, such as "how well am I/are we communicating with children?"

Appendix 4 Case studies

Case study A:

This outreach worker had been practicing for nine months in an urban children's centre setting with significant disadvantage, when the first interview was undertaken. Prior to this role, this worker had never worked in outreach practice. She rated her outreach practice and behaviour largely consistent with the core indicators of good outreach practice and worked in a very supportive environment with a manager that encouraged reflective practice, shadowing opportunities and working as part of a multi-disciplinary, multi-agency approach.

In seeking to access the training, the support and outreach worker was keen for an opportunity to work with other practitioners and to find out new ways of working with families.

In completing the training, the worker said "It was very good – very useful. It was quite hard at times – they stretched us a bit which is good I guess. I learned lots and lots of new things and new strategies and I certainly feel more confident about the role than I did before I went."

The support and outreach worker observed significant improvement in skills in reflective practice, approaches to working with colleagues, approaches to working with families, including in terms of clarity about boundaries and seeing more positive change in the work with families, and in an overall sense, was more confident about the role and the support that could be offered to families: "I have a much clearer idea of what I'm trying to achieve." However, the worker was yet to apply these new skills and knowledge in direct work with families.

In the final interview, several months after completing the training, the support and outreach worker reported: "I'm more confident, got my own caseload now so had the opportunity to put 9 C's into practice. My manager was supportive, she thinks in same way as course and it is easier to talk to her now. Colleagues are supportive and open to change and are responding to my confidence, slowly and subtly encouraged them to make some of the changes too."

The support and outreach worker pointed to improved outreach practice and behaviour across all aspects of the core indicators, albeit recognising that engaging partner agencies can remain especially challenging. The support and outreach worker applied this practice with families. For example, "one baby born with a congenital condition was referred to me by the health visitor. I went to visit her using a gentle and slow process and got her to come into the children's centre, walked her here, stayed with her and walked her home. So now doing a CAF assessment, she's relaxed and will come <to the centre> herself. I am looking at how to get her wider agency support to help with her son's care".

Case study B:

Having worked as a parent support worker for sixteen months in a children's centre in an urban setting with significant disadvantage, this parent support worker had a background in outreach to young people and limited formal training. She rated her outreach practice and behaviour largely consistent with the core indicators of good outreach practice, although noted that there was sometimes a lack of clarity about her role and it could be difficult to find time to undertake reflective practice.

The parent support worker was motivated to undertake Families Going Forward training course as part of wanting to have recognition for her role and to have better knowledge and skills in working with families, including in taking a more systematic approach to working with families and taking time for reflection.

The parent support worker was extremely pleased with the training: "I thought it was very informative and relevant to me. Very useful – it gives a really thorough framework and I didn't have that before when I started. I think it enhances practice. It reminds you about the things that are important when doing outreach work. There are things you do that you don't have a name for them, you feel more like a professional, whereas outreach workers you don't feel you work to a plan, but the training gives a plan. For me it was the monitoring and evaluation, because we weren't given guidelines so we were doing it our own way – this gave us a template."

A month after the training, the parent support worker felt that the training was impacting her confidence in relating to colleagues, how she sees her role, how she works with families, her ability to reflect, her ability to tailor support to the specific needs of families and support their change: "Striking up a relationship is quite easy for me, but I think the thing is that in order to go to the next level you have to use these techniques to help parents to be more open with us to find out how they are feeling. You can get talking to someone quite easily and get to know them a little bit, however you need to get people to trust you and get them to the resources that are right for them and their situation". This approach was starting to be applied in direct work with families, although the parent support worker noted that within her role she was encouraged to work for a short time with a family and refer families to typically family support workers within the locality if longer term engagement was necessary.

At the time of the third interview, the parent support worker had continued to apply reflective practice, had developed a directory of local services and seen real change in how she works with families. She described persevering with a family to establish their needs.

In terms of sustaining the changes into the future, the parent support worker observed that, "at an individual level I can sustain it but externally it's been difficult. Its also very hard as there's so much uncertainty in the air in terms of the future of outreach and children's centres. With the help of my manager I am able to share learning and knowledge with other staff. The hope was that the wider inter-agency team would benefit from the training I had undertaken."

Case study C:

Having worked as an outreach practitioner across five children's centres for one year, this outreach practitioner rated her outreach practice and behaviour as largely consistent with the core indicators of good outreach practice, although observed "it is not always entirely clear what our role is <in outreach>, let alone what we offer" as a result of a lot of change within the voluntary sector managed children's centre that she works.

With a background in counselling, the outreach practitioner was motivated to undertake Families Going Forward training course as it 'would be wonderful to meet some other outreach workers' as well as to improve clarity about the outreach practitioner role.

Following the training, the outreach practitioner observed that the training had:

- Given her confidence in her role.
- Reinforced the importance of working with delivery partners.
- Improved her views of the families: "It's definitely had an impact on how I see it, I will now start using that knowledge and skill base".

The practitioner observed that there are pressures that impact the ability to work alongside families: "On a day to day basis it will make an impact but my hands are tied as to how long I work with families because we only spend a certain amount of time in it. If we feel that the family needs more support then the family should be referred on. I think it would be better if we do the work rather than being referred on – I don't think that change will happen'. Taken together with a head of service that is particularly directive, the outreach practitioner was not especially confident about the ability to fully implement learning.

At the time of the third interview, the outreach practitioner did not feel that she had been able to implement learning and this was a source of frustration for her: "I felt so hopeful. The other two in the team also feel stifled and restricted. But we are also at a point where none of us are making too many waves because we are waiting to hear next Tuesday if we've still got jobs. So that makes it very difficult because you aren't meeting your family's needs".

Case study D:

Having worked as a family support worker for six months in a children's centre in a rural setting of relative affluence, this family support worker had professional qualifications and experiences in nursing and health visiting. She rated her outreach practice and behaviour largely consistent with the core indicators of good outreach practice, although noted that working within a local authority structure can sometimes be restrictive in terms of processes of engaging with families and working with partners.

The family support worker was motivated to undertake the Families Going Forward training course as part of wanting to stay abreast of the most current information. That said, with more than 18 years experience delivering outreach, the family support worker did not find the training especially useful for her. Nonetheless, "I think the content of the course is good as it is but needs to aimed at those who are new in post or have less experience" and did note that the 9 C's framework for engaging families provided a useful basis for describing how she engages with families.

At the time of the third interview, the outreach practitioner reiterated that nothing had changed in terms of how she approached working with families, colleagues and delivery partners.

Case study E:

Having worked as an outreach worker for four months in a children's centre in a multi-cultural urban setting of significant disadvantage, this outreach practitioner had more than twenty years of experience working with families. She does not undertake home visits and facilitates groups at the children's centre. She rated her outreach practice and behaviour largely consistent with the core indicators of good outreach practice, although felt that there were no role boundaries.

The outreach worker was motivated to undertake Families Going Forward training course as part of wanting to gain information, accreditation and to "gain acknowledgement that I'm doing it right."

Having undertaken the training, the outreach worker rated Families Going Forward as "brilliant" and identified a significantly improved pro-active approach to engaging families and working more with family strengths to support positive change. The outreach worker noted a positive working environment that supports the sustaining of the positive impacts and encouragement for reflective practice. The outreach worker had also built new relationships with other children's centres and local authorities. While the outreach worker had not had the opportunity to do as much as she had hoped because of time constraints, she also observed that she was "absolutely satisfied <with her job> but hungry for more."

At the time of the third interview, the outreach worker said, "this has helped me in supporting families going through transition" and "highlighted for me all of my own abilities, skills and experience that I've gained". The outreach worker remained hungry to do more in working with families and in sharing learning with other children's centre practitioners, although reiterated that, "time constraints limit all that one hopes to do."

Case study F:

Having worked as an outreach worker for three years in a children's centre governed by school governors in an urban setting of significant disadvantage, this outreach worker had a background in childcare. She undertakes home visits and rated her outreach practice and behaviour largely consistent with the core indicators of good outreach practice. She did note that working with partners can be especially challenging: "My voice isn't loud enough, they don't listen to me! It's very tricky to get referrals out."

The outreach worker was motivated to undertake Families Going Forward training course as part of wanting to gain a qualification and to learn new strategies to achieve outcomes for families.

Having undertaken the training, the outreach worker observed that Families Going Forward course was particularly effective at encouraging "me <to> reflect on my own working practices. I just need to balance out my models a bit more. It's made me aware of what I'm doing in a positive way. There's things we do which we don't mean to do. This one time the mum was frazzled so I made the phone call for her." and went onto say, that the mum is now making her own phone calls.

In addition, the outreach worker said 'I've always felt a bit of the underdog and now I don't' feel like the underdog. I have as much right to raise things as anyone else. If I think a family is in need of social care, rather than just listening to social care, I say in writing what the family needs. And I've found that when I ask them in writing they look at it in more in depth and they change their mind."

At the time of the third interview, the outreach worker said that Families Going Forward, "Definitely impacted, clarified to me what the role is and given me confidence that I'm doing it right. It made me think a bit more about the ripple effect in empowering families. This was three years too late!

The outreach worker felt that, with a supportive manager, she had been encouraged to sustain the positive changes and take a significantly more systematic approach to working with families, reflecting on her own practice, challenging practice that she doesn't agree with and being clear and confident about what support she can offer to families.

Case study G:

This community development and outreach worker has worked for three years in a children's centre operated by a voluntary organisation in a multi-cultural urban setting of significant disadvantage. She undertakes home visits and rates her outreach practice and behaviour largely consistent with the core indicators of good outreach practice. She has especially supportive children's centre team and manager and identifies that working with partners is generally straightforward.

The outreach worker was motivated to undertake Families Going Forward training course as "despite having training for safeguarding and child protection there was nothing specific to outreach practitioners and no piece of paper."

Having undertaken the training, the community development and outreach worker found that meeting with other practitioners was useful, but did feel that the training was delivered too quickly and didn't particularly impact. The only area of substantive impact related to encouraging more reflective practice.

At the time of the third interview, the community development and outreach worker felt that she had processed the learning and pointed to a range of different benefits this had delivered. These included:

- Engaging local fathers, "I was doing a good job but did not recognise it. The training helped to quantify our achievements."
- Doing more follow-up with colleagues, delivery partners and families to support the attainment of goals.
- Being much clearer about role boundaries.

Case study H:

This volunteer has worked for three months in a children's centre operated by the local authority in a rural setting of significant disadvantage. The volunteer did not undertake home visits and did not rate his outreach practice and behaviour. He noted that the children's centre team was supportive and encouraging of his taking up training opportunities and developing a fathers' group at the children's centre.

The volunteer was motivated to undertake Families Going Forward training course because the children's centre manager suggested this would be useful and that it would potentially be useful for seeking other work.

Having undertaken the training, the volunteer found that "my expectations weren't met though. I thought I would learn something rather than realise something." Nonetheless, the volunteer emphasised that he was made more aware of role boundaries and the importance of reflective practice and felt that his confidence had improved. He has been able to apply to new learning. For example, he found that in working with a particular family, he pro-actively raised the issue of benefit entitlements so these could be resolved.

At the time of the third interview, the volunteer described that having undertaken the training, he felt that he was "more professional in my dealings with people, not just families but all contacts and external agencies. It has made my work a lot more professional. Maybe before I would keep stuff in my head, whereas now I will actually document everything, absolutely everything." He also emphasised that he has built new relationships with other agencies and strengthened his own working relationships with children's centre staff.

Case study I:

This parent support worker works in a children's centre an urban setting with pockets of significant disadvantage. The parent support worker rated her outreach practice and behaviour as consistent with the core indicators of good outreach practice. In discussing the working environment and willingness to challenge practice in the workplace, she noted that "We have a brilliant team – we don't have a cross word between us. I wouldn't say challenge but I could put my view across confidently."

The parent support worker was motivated to undertake Families Going Forward training course to improve skills and knowledge in working with families.

Having undertaken the training, the parent support worker found Families Going Forward course 'Brilliant. Everything was relevant, every single subject. This makes a pleasant change.'

In terms of the specific impacts, the parent support worker observed that she had "more confidence in my role – cos once you're trained to do something it's always nice. Even though you were doing it before, you feel more professional and more confident." Moreover, the parent support worker was being much clearer and confident about what support she could offer families, the boundaries of her role and in ensuring that she works alongside families so that set their own goals.

At the time of the third interview, the parent support worker said that she was still applying the learning and that the course was "brilliant". In particular, she observed that her outreach practice is "more professional" and that she is "able to look at it from an objective point of view and able to step back and think about what is being achieved. In particular, goal setting and understanding that you have done your best and that it's not your fault if it doesn't work." In addition, the parent support worker had been developing resources for the children's centre and families she works with and feels more confident in her ability to support families through positive change.

Case study J:

This outreach worker has worked for four months in a children's centre located in a rural setting with some disadvantage. The outreach worker rated some of her outreach practice and behaviour as consistent with the core indicators of good outreach practice, but was not especially clear on the boundaries of her role, the support she can offer to families and wasn't sure that there was much that could be done working alongside vulnerable families that are not interested in engaging with the children's centre.

The outreach worker was motivated to undertake Families Going Forward training course to improve her skills in connecting with all types of families.

Having undertaken the training, the outreach worker found Families Going Forward course changed her perception of her role: "The job was originally one thing, and now I perceive it to be something else. Things like a contract with a family I didn't know about. Now I can use this and sign it, so everyone knows where they stand. I think this has made a real difference. I was a bit in the dark until I went into the training and I think that's because my employer didn't really know about the role and how I was going to have an impact."

At the time of the third interview, the outreach worker reiterated that "The thing that did change is the type of work and the amount that we carry out and this was good". In addition, the outreach worker discussed the more systematic approaches that she now applies in engaging with families and having families identify and agree goals.

The outreach worker has been assisted by a supportive manager: "I came back and told her what I've learned and what I wanted to do and she was supportive of this. I already had a log sheet that I used and now I've extended it so others can log things and I don't miss them. We've always had supervision and one to ones. If I've got a home visit I will put in time to make sure I can do that."

Case study K:

This senior outreach worker has worked for three years in a children's centre located in a rural setting that serves five villages. The senior outreach worker had qualifications and was very experienced as an early years professional, nursery nurse and adult educator. She rated her outreach practice and behaviour as consistent with the core indicators of good outreach practice and works in a supportive children's centre team.

The outreach worker was motivated to undertake Families Going Forward training course to understand the perception of outreach in other children's centres and to learn new strategies that could benefit her work with families.

The senior outreach worker found the Families Going Forward course very useful. She found the reflective models of practice and the goal setting work, including how to end work with a family, especially useful in how she approaches her work with families. She also found that the training was a useful reinforcement of her own practice, particularly in terms of role boundaries.

The senior outreach worker had been able to sustain change and influence change within her children's centre. This included:

- "The strategies – we are having more team meetings and far more supervision than we've had at any time before so that's working very well. It was a model that they used on the training and I brought it back to my team."
- "I give myself more time to actually write up what I've done; so more time for reflection."

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SP211/0311

