

Maximising Life Chances for Children and Young People in Public Care: A multi-agency approach to planning and delivering joint training

In the current climate of multi-agency working arising from the Every Child Matters: Change for Children (DfES 2003) agenda and the integration of Children's Services across the country there is an increasing interest in how working together can be achieved in order to promote children's welfare and protect them from abuse and neglect.

This article provides one example of how four agencies work together to provide an integrated training programme aimed at promoting and meeting the educational, mental and physical health needs of children and young people in public care to improve outcomes. Nottingham City social services, education, physical and mental health professionals moved from providing completely separate training programmes on health and education to jointly planning and delivering a combined course to the whole range of people who support this vulnerable group of children and young people (e.g. residential care workers, foster carers, social workers, teaching staff, nurses etc.).

Background

In 2000 there was an air of optimism that the opportunities and outcomes for children and young people in public care would improve in response to the increased government recognition of the high level of underachievement, social exclusion and health problems associated with this vulnerable group of young people (Education of Children and Young People in Public Care DfES 2000, Quality Protects, Department of Health 1998, Consultation Document, Promoting the Health of Looked After Children, Department of Health 1999). There was also increased emphasis on agencies working together (Working Together to Safeguard Children, Department of Health 1999). Additional funding was being made available to local authorities and in Nottingham City dedicated health and education teams for children and young people in public care were being created and a review of mental health services also led to the establishment of a dedicated Child and Adolescent Mental Health (CAMHS) team.

By 2001 additional services were being delivered and informal discussions between the clinical psychologist who provided time to the CAMHS team and the educational psychologist who provided time to the education team led to the exploration of what joint training could consist of. Initially the focus was on how the mental and physical health training (which had been delivered to residential social workers and foster carers) could be combined with training on education (which had been delivered to designated teachers and residential social workers and field social workers).

Meetings with providers from social services training departments were arranged and it became clear that any new training opportunities had to be directly linked with the National Vocational Qualification (NVQ) Level 3 Caring for Children and Young People if it was going to be funded and promoted by the social services department. Draft outlines of potential courses linked to the NVQ Level 3 with specific aims and learning outcomes were produced for the physical and mental health and education components. It was anticipated that the overall course would last four and a half days. Each discipline would have an equal share of the time with one day being allocated to physical health, one day for mental health, one day for education and one and a half days combined input. The social services training department secured agreement from service managers to advertise the first course with the

understanding that they would fund the venue, refreshments and cost of materials/handouts if there were enough people applying to attend. There was no cost for the presenters who were all employed by the local authority and had a remit to develop and deliver appropriate training to adults working with children and young people in public care.

The first delivery of this training occurred in the autumn of 2002 to 18 participants including residential social workers, foster carers and family support workers.

How the content and delivery of the course was agreed

Each agency drew up their own contents based on the NVQ requirements and their views about what residential care staff and foster carers needed.

The physical health providers (two nurses and one doctor) included approximately twelve wide-ranging health subjects ranging from basic life support, skin conditions, sexual health and current legislation.

The mental health provider (clinical psychologist) included key areas such as resilience, attachment and loss/separation.

The education team (educational psychologist, teacher, teaching assistant and achievement mentor from a care background) included an overview of policy and provision and how young people learn.

The combined input was provided by representatives from each area (educational psychologist, clinical psychologist and nurse). The first jointly delivered session covered who we were, what we did and a brief overview of national and local policy and practice. The final two sessions brought together the key messages from the different areas and focused on how participants could implement what they had learnt in their workplace.

The evaluation feedback indicated that participants rated the course very highly but comments were made about there being too much information provided over too short a space of time. This posed a dilemma because social service managers were adamant that if the course was to be repeated it needed to be shorter due to difficulties in releasing staff (particularly residential social workers) for four and a half days. It was suggested that the course be reduced to three days with each area providing half a day with one day being jointly delivered. Additional half-day sessions on advanced/specialised topics could be developed to supplement the initial three-day course if participants identified the need for this to happen.

A three-day course was therefore developed. The health input resulted in a concise session that covered drug awareness, sexual health, nutrition and child development. The mental health input focused on attachment, loss and trauma. The education input emphasised the importance of understanding how children learn. The jointly delivered sessions covered national and local policy and practice and action planning on how to promote healthy learning environments and resilience. The overall content along with a comprehensive information pack was aimed at wetting the participants' appetites for further training and indeed the evaluation from the second course indicated that whilst the participants continued to rate the course highly they wanted additional input on certain areas. This resulted in the development of a series of advanced/specialist half-day monthly workshops including creative reviewing, substance misuse, self-harm and suicide, bullying, autism, ADHD, special educational needs

and challenging behaviour. These have evolved over time in response to feedback from participants and focus group interviews with foster carers.

The current course three-day course has essentially stayed the same apart from annual updates to reflect changes in policy and practice locally and nationally (e.g. the course is now linked to the Every Child Matters five outcomes, Being Healthy, Staying Safe, Making a Positive Contribution, Achieving Economic Well Being, Enjoying and Achieving); revising links to changes in the NVQs (the course is now linked to the NVQ in Health and Social Care: Children and Young People Pathway) and the introduction of social services policy and practice into the first jointly delivered session. This occurred due to social services managers requesting that this course be merged with a parenting course to reduce duplication. The course now begins with an information sharing and discussion session on how Nottingham City compares with other local authorities on key performance assessment indicators for health, education and social services in relation to children and young people in public care. Information is also provided on key policy documents and where these can be accessed. This provides a focus and context for the whole course and has led to social services colleagues also contributing to the other jointly delivered sessions.

The participants have changed over time and the course is now open to anyone who works to support children and young people in public care (residential social workers, foster carers, family support workers, field social workers, senior practitioners, education liaison managers, designated teachers, learning mentors, family mentors, youth offending team workers, school nurses etc.). It runs twice a year and typically involves between 15 – 20 participants and 8 – 10 providers from health, education and social care backgrounds including specialist speakers (e.g. the Prostitute Outreach Worker presents the session on sexual health).

A range of delivery approaches was used to accommodate diversity in the participants' knowledge, experience and learning styles. Typically participants are involved in listening, watching videos, discussions, quizzes, role-play, action planning and creative problem solving processes. Participants are encouraged to complete activity and review sheets in order to provide evidence of their learning. Follow up activities are also provided to support those wishing to pursue NVQ accreditation.

What course participants say

Participants overall rating of the three-day course on a scale from 5 (very good) to 1 (very poor) over the last two years has consistently been positive with 69% rating it as very good, 24% as good and 7% as average. No participants have rated the course as below average. The following selection of quotes illustrates the generally positive comments participants made on the evaluation forms completed at the end of the three-day course.

- I have found this course very interesting and have particularly like the learning styles used
- This has been the most effective and relevant course that I have attended.
- The issues covered relate directly to my day to day work and have been both practical and thought provoking
- It has broadened my knowledge of what help is available for young people and carers
- Very well organised and informative
- Trainers had excellent working knowledge

- I liked the mix of subjects and people attending from different agencies
- It was interesting to see a range of professionals working together to organise this course

Key factors in developing and maintaining multi-agency training programmes

The following factors have been identified by members of the training group as being important in developing and maintaining multi-agency training programmes:

- Collaborative joint planning and delivery with trainers from all the agencies having a good working relationship and meeting regularly to review and revise the training programme in light of what had been learnt from each other, the participants feedback, consultation with potential participants and the introduction of new policies/procedures
- One person to lead and coordinate the planning and implementation of the training
- A lead person from each agency to be involved over time and a willingness from each agency to commit time and energy to ongoing reflective practice
- Facilitating the creation of an active learning environment by, for example, ensuring that all participants and providers are welcomed, valued and respected as equal learners with agreed ground rules (e.g. confidentiality, listening, OK to disagree etc.)
- Jointly delivered sessions that begin and end the course and facilitate a holistic approach and consistent messages
- Use of a wide range of teaching styles including having fun and welcoming the use of humour

References

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**Jackie Dearden and Adi Baugh Rigby
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