Original Article

Training Newly Qualified Social Workers: Evaluation of an evidence-based training and coaching programme

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Abstract

Introduction: Child and Family Training (CFT) was commissioned by a large local authority (LA) in England to provide a comprehensive training and coaching programme designed to improve newly qualified social workers' knowledge, skills, and confidence in child and family assessments, parenting assessments, analysis and decision making in child protection and intervention approaches.

The CFT training and coaching programme formed part of the LA's Assisted and Supported Year in Employment (ASYE) programme. The content of the programme was based on the application of the Framework for Assessment of Children in Need and the Families[1] (the Assessment Framework) in practice. It comprised modules on the identification of abuse and neglect, assessment tools and approaches, analysis, and planning and delivering interventions using the Hope for Children and Families Intervention Resources supported by practice and coaching sessions.

Objective: An evaluation of the CFT pilot training and coaching programme was commissioned at the outset and was designed to understand whether ASYEs' skills, knowledge, and confidence improve following training and whether the training is integrated effectively into their practice.

Participants: Two groups of newly qualified social workers completed a CFT evidence-based training and coaching programme over twelve months between May 2015 and September 2016.

Method: The following measures were used to evaluate the training and coaching programme: the Self-Efficacy Scale for Social Workers (Pedrazza et al. 2013); the Quality of Assessments Questionnaire (Cox and Bingley Miller 2015; Roberts et al. 2016); and, a Confidence Scale (Roberts 2015).

Results: This evaluation found that practitioners improved their skills, knowledge, and confidence. There were statistically significant changes in practitioners' ability to carry out good quality assessments. Improvements were made in practitioners' ability to recognise their own limits, establish good relationships with children and families, and in finding support from other professionals when needed. There were significant improvements in practitioners' confidence in their ability to make effective high-quality assessments, their decision-making skills regarding safeguarding, and their ability to plan and carry out effective interventions with children and families.

Conclusion: These findings are similar to evaluations of CFT training programmes in other organisations and countries. The programme offers training to practitioners to enable them to use the evidence-based tools and approaches to respond to the needs of children and families from a range of cultures delivered in a variety of settings.

Keywords: Evaluations, CFT training programmes.

Introduction

The Framework for Assessment of Children in Need and the Families

In England and Wales, the Assessment Framework[1] was introduced as part of the process of enlarging the field of vision of professionals concerned with children in need of services, as well as in need of protection. This eco-systemic framework provides a conceptual map to help professionals consider the child's functioning and needs, the capacity of parents to provide for those needs, the way their needs were being met (or not), and the role of family and environmental factors on the child or the parenting capacity of their caregivers. The approach was intended to extend professional practice from a narrow focus on 'risk assessment' and protection to a broader holistic consideration of the child and their family and the context in which they lived, to raise the standard of professional understanding of needs and to focus interventions more effectively.

The Assessment Framework is underpinned by a series of principles that emphasise the centrality of the child, that an understanding of child development is critical to working with children and their families, the importance of collaboration with children and their families, placing an emphasis on identifying strengths as well as difficulties and the influence of environmental factors on parent's capacities to respond to their child's needs.

A series of tools and approaches were identified and developed to support the implementation of the Assessment Framework for use by a range of practitioners from different professional and voluntary backgrounds and with differing levels of experience and expertise.

Identification of abuse and neglect, assessment, and analysis

The assessment tools included the Family Pack of Questionnaires and Scales[4] which included tools to gather information about emotional and behavioural difficulties in both children and adults, parenting problems, recent life events, mental health difficulties, alcohol problems, and the quality of family life; the HOME Inventory UK Approach[5] which was originally developed as a research tool in the USA[6] and assesses the quality of parenting and the home environment provided for a child using a semi-structured interview schedule[7]; and which enables practitioners to assess family functioning and family relationships, including parenting, and the impact of family history.

The *Safeguarding Children Assessment and Analysis Framework* (SAAF)[8] was developed to assist practitioners to make an analysis of the information gathered using the assessment tools. The SAAF makes a systemic analysis of the strengths (protective and resilience factors) and difficulties (risk and harm factors) identified from the assessment, provides a prediction of the likely outlook for the child if nothing changes, assesses the prospects for successful intervention, and provides the evidence for the plan of intervention.

In 2013 the Department for Education (DfE) funded CFT to promote the use of DfE and other published resources on neglect including Childhood Neglect: Improving Outcomes for Children 2011.[9] comprised a series of 16 neglect courses. These courses covered: an introduction to childhood neglect; a focus on children and young people; a focus on parents; and, managing neglect.

Approaches to intervention

Finkelhor described "polyvictimization"[10] i.e., young people who described being exposed to multiple forms of maltreatment over their childhood. Responses to earlier child maltreatment (e.g. including anger and aggression) put them at risk of further victimization. Their families are more likely to be characterised by interpersonal violence, disruption, and adversity. The reality of child maltreatment is that complex overlapping forms of maltreatment are the rule, rather than the exception.[11] Herrenkohl and Herrenkohl, in their review of the frequency of multiple maltreatment across populations of identified abused children, described a range of polyvictimization between 33–94% depending on the child's social context.[12]

There are several evidence-based interventions that have been found to be effective for a single type of maltreatment. In the UK, the provide links to previous NICE guidelines dealing with associated aspects of child maltreatment.[13] The guidance on intervention invites practitioners and commissioners to consider utilising about 15 evidence-based manualised approaches for specific forms of child maltreatment from different theoretical approaches (psycho-dynamic, systemic, and cognitive-behavioural). These are to be delivered in the home or office, for a range of parenting relationships (birth, foster, or adoption) and developmental stages of children. The importance of being trained in the relevant approaches is stressed.

In general, these are well-evidenced approaches, which will be helpful to services for children aged 0-5 years, children looked after by the state, and sexually abused children and adolescents. It is recognised that

the most effective interventions working with maltreated children draw on different theoretical models and concepts. However, in practice, the implementation of such a complex set of evidence-based approaches presents a considerable challenge to planners and commissioners of services because both practitioners and their managers need training and supervision in the different approaches mentioned above and elsewhere. Moreover, multi-type maltreatment is the norm rather than single-type maltreatment. Addressing the needs of individuals who have experienced multi-type maltreatment and multiple adverse childhood experiences presents a challenge to those developing effective interventions as these experiences have a cumulative harmful impact on the developing child's mental health and wellbeing.

Marchette and Weisz[15] draw attention to the paradox that there are many focal treatment manuals in the child mental health field, which have contributed to practice but that are not used widely in everyday practice, due to a focus on single disorders rather than the reality of comorbid, co-occurring problems. Few practitioners or service providers have the time or resources to learn a different approach for each disorder or problem type. In addition, there is little in the NICE guideline on how to 'navigate' among the different approaches – psychodynamic, cognitive-behavioural, and systemic – to meet the complex needs of the child and family. This deficit raises the risk of confusion and muddle if practitioners attempt to apply a focal treatment for one type of maltreatment to another type of maltreatment that requires a different treatment approach. Attempting to use the single maltreatment type of approach described in the NICE guideline on Child abuse and neglect will pose many problems for practitioners dealing with multi-type maltreatment cases.[13]

Bentovim and Elliott[14], and Marchette and Weisz[15] have discussed this problem, described a possible solution, and made suggestions for intervention. Marchette and Weisz[15] suggest the need for:

… the development of treatment approaches (multi-focal, rather than single-focused) that can address multiple disorders and problem areas, capitalizing on the benefits of manualised treatments and their supporting evidence while affording greater flexibility to meet the complex needs of youths and their families (p. 271).

These solutions include using evidence-based Common elements approaches, which address multiple forms of psychopathology, by bringing together therapeutic procedures commonly used for each.[16] The components are identified to target disorders and problems and organised into menus of treatment procedures, which can be selected to fit the needs of the individual.

The Hope for Children and Families Intervention Resources

The Modular Approach for Children with Anxiety, Depression, Trauma, and Conduct problems[17] is a multi-disorder intervention system that incorporates treatment procedures (elements) and treatment logic (coordination) based on four successful evidence-based interventions for childhood anxiety, depression, trauma, and conduct problems, with modifications allowing the system to operate as a single protocol. The MATCH-ADTC has strong empirical support in multiple community-based randomised controlled trials.[18] This approach provided the foundation for a modular approach to work with polyvictimization and multiple adverse childhood experiences through the addition of interventions with the parenting and family factors that trigger and maintain child maltreatment and adversity.

The Hope for Children and Families Intervention Resources[19] provide an intervention approach which matches the identified needs of children, parents and family and can be adjusted to changing responses. Using the methodology developing the MATCH-ADTC, common treatment elements were distilled from across the field of interventions for individual forms of child maltreatment. Twenty-two RCTs were identified for the treatment of different forms of maltreatment.[20] The Hope for Children and Families Intervention Resources incorporated common elements-therapeutic procedures distilled from the approaches recommended by National Institute for Health and Care Excellence (NICE) guideline on Child abuse and neglect (2017) and other evidence-based approaches which have been shown to be effective.[14] These elements are targeted at parents, children, young people, and families. They aim to engage and motivate; provide psycho-education about the harmful impact of maltreatment; understand the historical and current stressful origins of abusive responses; interrupt and modify harmful abusive and neglectful processes, and their impact through establishing a trauma narrative, and promote positive parenting and the resilience of children and young people (Ibid. 2014).

The common elements have been integrated into modules, and a set of intervention guides structured around the Assessment Framework. The domains and dimensions of The Framework for the Assessment of Children in Need and their Families[1] provide the basis for organising the information into the Hope for Children and Families Intervention Resources.

There are nine intervention guides. Each guide focuses on a relevant theme. It includes briefing modules, a

step-by-step guide to delivering an evidence-based intervention, scripts, guidance notes, activities, handouts for parents, and worksheets. Practitioners can choose approaches that fit with the specific needs of the children and families with whom they are working.

The first Engagement and goal setting[21], provides a set of steps, associated scripts, and worksheets to engage children and parents, and help the practitioner to set collaborative goals in light of the analysis, establish a plan of intervention, promote a sense of hopefulness, establish how progress is to be monitored and measured, and describe the consequences of success or failure.

Four intervention guides consider work with parents in addressing different areas of parenting; Promoting positive parenting[22]; Promoting children and young people's health, development, and wellbeing[22]; Promoting attachment, attuned responsiveness, and positive emotional relationships[23]; Modifying abusive and neglectful parenting.[22]. Modules in these guides specifically focus on providing an understanding of the historical and familial stresses associated with abusive and neglectful parenting; the impact of abuse and neglect on children's health and development; and, interrupting and modifying abusive and neglectful processes, modifying negative perceptions of children, and improving the standard of care in a neglectful household.

Two intervention guides consider working with children and young people; Working with children and young people: Addressing emotional and traumatic responses[24]; and Working with children and young people: Addressing disruptive behavior.[25] These are the core guides working with children and young people who have been exposed to abusive and neglectful parenting. The traumatic responses associated with abuse, neglect, and through complex neuro-biological processes have an extensive impact on children's development, physical and mental health. An overlapping set of emotional and traumatic responses result. These need to be responded to through the use of a range of modules that help practitioners work with parents and caregivers to develop children and young people's generic skills to manage their emotions, find safety, and develop problem-solving abilities. Specific anxiety, mood, traumatic responses, and disruptive behaviour need to be addressed once basic coping skills have been mastered.

One intervention guide considers work with families: Working with the family as a group, and in various combinations is an essential skill for practitioners. The Working with families[26] guide helps practitioners to engage with parents and children together to facilitate parent-child communication, and to work to interrupt and find alternatives to conflict within the family, and between the parents, and community.

One intervention guide Working with child sexual abuse[27] considers working with children and young people who have been abused sexually and with their parents/caregivers, and with those who are responsible for or who display harmful sexual behaviour. Working with child sexual abuse is challenging for practitioners. Given the emerging burden of child sexual abuse and sexual exploitation it is essential that practitioners develop skills to support children and young people who have been exposed to sexual abuse and demonstrate sexually harmful behaviour, often in association with other forms of maltreatment and adversity, and to support their parents.

Piloting the Hope for Children and Families Intervention Resources

A multi-agency pilot of the *Hope for Children and Families Intervention Resources* in the UK demonstrated the value of the guides and the utility of the common practice elements and modular approach across different types of service provision for children and families.[28] This integrated approach is particularly valuable when working with complex, multi-type abuse, where co-morbidity in children and high-risk factors in families are the norm, not the exception.[14]

In common with other implementation projects, during the piloting of the Hope for Children and Families Intervention Resources, the importance of commitment from and sign-off by senior management was noted. This included them communicating effectively with staff throughout the implementation project, setting and monitoring regularly clear implementation targets, and identifying a range of practitioners with different needs and different parts to play in the implementation process. A project implementation group was essential to successful implementation as was having internal champion(s). Within this group, a project co-ordinator had responsibility for monitoring and updating the project plan.

Core training on each intervention guide was followed up by reflective supervision with a senior professional who had also completed the training, and regular coaching groups. These activities were essential to integrate the knowledge and skills gained during

training into the practitioner's work so that the new approach became 'practice as usual'.

The key messages from practitioners participating in the pilot project were that: the staff found using the materials enjoyable; the materials provided an efficient way of working and saved practitioner time; the voice of the child and family was evident within their work; elements of need and risk were identified, and use of the materials enabled practitioners to intervene purposefully and demonstrate outcomes as opposed to undertaking numerous home visits with no clear therapeutic purpose.

International Application

The assessment, analysis, and intervention resources have been translated into several languages including Arabic, Finnish, Portuguese, Romanian, Russian, Spanish, Turkish, and Welsh. Where necessary they have been customised for each country's legislation and linguistic and cultural context. Training programmes using some or all the tools and approaches have taken place in Egypt, Finland, Ireland, Mexico, Moldova, Oman, Turkey, Russia, and the UK. These programmes have demonstrated successfully that the resources are able to be used in different countries and transcend differences in language, culture, religion, and legislation.

Some of the approaches and associated training materials have been translated into every language of the European Union as part of the Multi-disciplinary Assessment and Participation of Children in Child Protection Proceedings[29] a European Union-funded project, developing a modularised train-the-trainer programme for qualifying practitioners in child protection.

Training Programme Content

In an English local authority, several of these tools and approaches were used in the training and coaching programme. The twelve-month ASYE pilot training programme delivered by CFT was run in two cohorts from April 2015 to September 2016. It involved: training sessions for ASYEs (15 days); practice requirements between training sessions; monitoring participants' progress; briefing sessions for supervisors (four half days); and coaching sessions for ASYEs (13 days).

The training programme comprised: Assessing parenting and the family life of children, including children with disabilities using the HOME Inventory UK Approach[5] and the Family Pack of Questionnaires and Scales[4] (3 days); the recognition of signs and symptoms of neglect in children and young people and concerns about parenting difficulties that may contribute to child neglect (Department for Education 2011, 2012; Thomas 2013) (2 days)[30] (2 days); Assessing families in complex cases using[7] (3 days); The Hope for Children and Families Intervention Resources[31] (5 days) comprising five one-day workshops on engagement with children and families (initial stages); working with parents and carers, including promoting positive parenting; working with disruptive behaviour: problems of children and young people; working with parents and carers, including promoting attachment and responsiveness; and targeting abusive and neglectful parenting.

Four half-day briefing sessions were arranged for managers and supervisors on assessing parenting and the family life of children; intervention resources; child protection decision-making using the SAAF; and, assessing families in complex cases.

Profile of the course programme participants

At the outset of the programme the course participants and their supervisors and managers completed information and consent forms consenting to data gathered for the purposes of course programme evaluation being anonymised and combined for analysis.

The newly qualified social workers participating in the Assisted and Supported Year in Employment programme (ASYEs) were asked to complete a registration form to provide information about themselves, their qualifications, education, and working experience prior to the first training sessions. Information was received from 36 practitioners. The majority had a job title of social worker (33, 92%) and 3 (8%) of youth support officer (YSO). All the latter were from Group One. Thirty-one (86%) are female and 31 (86%) describe themselves as white.

Although the mean age for the combined groups is 34 years, the range is 21–52 years (SD 9.83). This is reflected in the wide variety of experiences with some entering social work soon after university and others having a career change later in life. Ten (28%) people have professional qualifications in another field, such as teaching (5), police (1), childcare (2), and youth and community work (2), and another 20 (55%) had some relevant experience working with children and young people, families, or both in different settings prior to social work qualification training.

Half of the practitioners have a BA (18, 50%) in social work, 8 (22%) have a BSc and 10 (28%) have a master's level degree in social work. A high proportion (12,

33%) had been awarded either a first-class degree, or a merit or above for their master's degrees.

Table 1 below shows the differences and similarities between the two ASYE groups. All of the second group qualified as social workers in 2015. The first group was more mixed with over half qualifying in 2014 and the rest qualifying in 2013 or 2012 and therefore had potentially been working for longer post qualification before entering the ASYE programme.

The time practitioners had been working in their current post ranged from seven days to eight months. There was a difference between the two ASYE groups, as group one had generally been in post longer – about six weeks on average before starting the training, compared to group two who had mostly been in post for only two weeks.

Group one also had more relevant pre-training experience. Group two had more practitioners aged under 30 years and a higher percentage of practitioners with a master's level social work degree qualification.

ASYEs were asked about what they hoped to gain from the training. Practitioners commented that they hoped to gain specific tools for working with children and families and increase confidence, knowledge, and skills. Somewhat surprisingly, only one person hoped for improved analytical skills, one for better intervention skills, and two for improved assessment skills.

Table 1: Demographics by ASYE Group

Characteristic	*ASYE Group 1 n=20*	*ASYE group 2 n=16*
1. Job title		
SW	17 (85%)	16 (100%)
YSO	3 (15%)	
2. Age		
Mean	35 years	33 years
Range (SD)	22–52 (9.27)	21–51 (10.91)
Under 30	7 (35%)	9 (56.25%)
31–49	11 (55%)	6 (37.5%)
50+	2 (10%)	1 (6.25%)
3. Gender		
Female	15 (75%)	16 (100%)
Male	5 (25%)	
4. Ethnicity		
White	17 (85%)	14 (87.5%)
Black/BlackBritish	1 (5%)	1 (6.25%)
Asian/AsianBritish	2 (10%)	-
Mixed Heritage	-	1 (6.25%)
5. SW Qualification		
BA/BSc	16 (80%)	10 (62.5%)
MA/MSc	4 (20%)	6 (37.5%)
6. Year of qualification		
2012	3 (15%)	-
2013	6 (30%)	-
2014	11 (55%)	-
2015	-	16 (100%)
7. Time in post (days)		
Mean	54	13
Range	21–252	7–21
8. Other professional qualifications	5 (25%)	5 (31.25%)
9. Pre-Training Course Experience		
Children/Young People	11 (55%)	
Families	2 (10%)	
Both	6 (30%)	
None	1 (5%)	

The evaluation measures

The following evaluation measures were administered to the ASYEs prior to the training and repeated at the end of the training period.

Self-Efficacy Scale for Social Workers (SESSW)

The SESSW was designed and validated in Europe with Italian social workers.[2] The scale measures three dimensions: emotional regulation (confidence in one's ability to manage negative emotions that arise when dealing with complex cases/situations); procedural self-efficacy (ability to deal with different aspects of social work practice, such as establishing effective relationships with clients, writing and updating case reports and not giving up in the face of failure); and support request (confidence in the ability to look for and find support in others).

ASYE practitioners were asked to tick a box to indicate their level of agreement with 12 statements about work situations, leading to a score for each of between 1 ('strongly disagree') and 7 ('strongly agree').

Example questions include: *I always manage to keep my anxiety within certain levels when dealing with serious situation; I am always able to manage the powerlessness I sometimes feel when dealing with difficult situations; I always manage to find enough time to write and update case reports and When faced with failure, I am always able to redefine objectives and start again from the beginning.*

Self-efficacy is an important concept in social work as it reflects people's judgements about their capacity to exercise influence in specific situations and to achieve successful outcomes. Self-efficacy is related to resilience, perseverance, and motivation. For example,

people with high self-efficacy sustain motivation and improve skills development, increase efforts in the face of failure, more easily recover after failures, and are more likely to view difficult tasks as something to be mastered rather than avoided. Studies have revealed that self-efficacy is a significant predictor of performance at different levels of task complexity and is positively related to job satisfaction and low burnout.

In order to provide an independent measure of self-efficacy to consider whether supervisors might differ in terms of their assessments of their supervisees, a small sample from the first ASYE group were asked to score their supervisee using the same measure. It was hypothesised that newly qualified social workers may overestimate or underestimate their skills and abilities at this early stage in their careers.

Quality of Assessments Questionnaire (QAQ)

This QAQ is designed to provide information about how ASYEs approach assessments based on thinking about a specific case they have recently assessed (Roberts *et al.* 2016). The QAQ was developed from a semi-structured interview designed (Cox and Bingley Miller 2015) and based on the *Assessment Framework* domains and dimensions and the seven steps: planning assessments, gathering, and organising assessment information, analysing, predicting the outlook for the child, planning interventions, and identifying and measuring outcomes Pizzey *et al.* 2016; Bentovim *et al.* 2018).

The questionnaire and interview ask several questions designed to elicit information about the assessment process and practitioners' thinking. To try to overcome the 'demand effect' that can operate within interviews and questionnaires and avoid leading questions, participants were asked questions such as: *What guided your thinking about how to go about the assessment? Where did you get information from? What did you do with the information once you had gathered it? What guided your thinking about this step? What sense did you make of the information? What thoughts did you have about the child? Did you have any thoughts on how the child might be affected by what was going on? What did you think might happen if nothing changed?*

A small sample of nine ASYEs was also to be interviewed face-to-face to compare the validity of the self-administered questionnaire with the in-depth semi-structured interview (Cox and Bingley Miller 2015). This measure is designed to assist in understanding how far the training has been integrated into practice.

Confidence Scale

ASYEs were asked to complete a confidence scale and final feedback survey after the end of the training programme (Roberts 2015). It contained questions on their self-ratings of confidence in several key areas related to the training: assessments, decision making, and interventions, comparing their confidence a few weeks after finishing their social work training and after completing the training programme.

To aid retrospective thinking, ASYEs were also asked to rate whether their confidence in their ability a few weeks after finishing their social work training was an overestimate, about right or an underestimate.

Evaluation Results

Self-Efficacy Scale for Social Workers (SESSW)

Initial comparisons between ASYE self-evaluations and supervisors' evaluations prior to training showed that practitioners rated themselves higher (better) regarding emotional regulation than their supervisors thought them to be, but this was statistically non-significant.

There was good agreement for the support request category (confidence in the ability to look for and find support in others) but differences regarding procedural self-efficacy (establishing effective relationships with clients, writing and updating case reports, and not giving up in the face of failure), where supervisors gave significantly higher ratings than their supervisees ($p<0.00$), showing that supervisors had more confidence in their supervisees' skills in this area than they did themselves (see Table 2 below).

Table 2: Mean pre-training scores for SESSW for ASYEs and supervisors

Means	*ASYEs n=19 (SD)*	*Supervisors n=16 (SD)*	*Paired T-Tests (2-tailed)*
Total score	5.17 (0.40)	5.42 (0.62)	ns
Emotional regulation	5.03 (0.59)	4.70 (1.06)	ns
Procedural self-efficacy	5.14 (0.51)	5.9 (0.37)	p<0.00
Support request	5.40 (0.90)	5.58 (0.89)	ns

Supervisors' scales were not administered after the end of the training as the ASYEs changed supervisors sometimes twice during the training period and change scores could not be produced.

Pre- and post-training comparisons

Thirty-five ASYEs completed the pre-training questionnaire and 25 completed this after the end of the training. Interestingly, the initial scores were higher than the mean scores quoted by the developers of the measure with more experienced social workers (ER = 4.58, PSE = 4.74, SR = 5.32). Some people scored themselves as 6 or 7 across the board while others were more moderate, suggesting that ASYEs' level of confidence was generally high at the outset, and this was supported by their supervisors as shown above.

Table 3 shows the mean scores pre and post-training. The scores show small increases after training on all the scales but none of these are statistically significant.

Table 3: Mean pre- and post-training scores on the Self-Efficacy Scale for Social Workers (SESSW)

Means	Pre-training n=35 (SD)	Post training n=25 (SD)
Total score	5.13 (0.54)	5.32 (0.48)
Emotional regulation (ER)	4.82 (0.86)	5.07 (0.76)
Procedural self-efficacy (PSE)	5.22 (0.56)	5.36 (0.54)
Support request (SR)	5.40 (0.87)	5.59 (0.69)

Three of the individual questions did show a statistically significant increase after training, but all the others were not statistically significant. These are shown in Table 4.

Table 4: Scores on individual questions in the Self-Efficacy Scale for Social Workers

Question and sub-score	Pre-training n=35 (SD)	Post-training n=25 (SD)	P-Value PairedT-tests
3. When dealing with complex situations, I am always able to recognize the limits of my competencies (Emotional regulation)	5.37 (1.26)	5.84 (0.75)	0.05
8. I am always able to establish a friendly, sympathetic relationship with the user (Procedural self-efficacy)	5.74 (0.82)	6.16 (0.75)	0.02
10. I am always able to look for and find support from people in other professions (Support request)	5.09 (1.01)	5.56 (0.87)	0.03

Quality of Assessments Questionnaire (QAQ)

ASYEs were asked to fill in an electronic version of the QAQ (Roberts et al. 2016) and send it back to the evaluator. In addition to completing the questionnaire, a small sample of nine people was also interviewed using the semi-structured interview schedule (Cox and Bingley Miller 2012) to enable comparisons between the self-administered questionnaire and the more in-depth personal interview.

Comparing the interviews with the questionnaires

The nine ASYEs completing the interview schedules were also asked to complete the QAQ on the same case so that they could be compared. All nine completed both at the pre-training stage and five completed both at the post-training stage; data are missing in four cases.

During a face-to-face interview the participant can be asked, 'Can you say more about that' if their answer lacks detail, but this is not possible when a participant is completing the questionnaire on their own. In view of this, it was anticipated that the face-to-face interviews would elicit more information and therefore offer the possibility of increased scores compared with those completing the self-administered questionnaires. However, analysis suggests that this is not the case. At the pre-training stage, although there were slight differences in mean scores, with the interview generating a mean of 31.22 and the questionnaire of 28.67, this is not statistically significant.

Similarly, the mean scores at the post-training stage show less than two points difference; again this is not statistically significant (see Table 5.).

Table 5: Mean scores on QAQ compared with interviews

		Post-training	
Questionnaire n=9	Interview n=9	Questionnaire n=5	Interview n=9
28.67	31.22	40.80	42.33

Although numbers are small, this suggests that the questionnaire is a valid substitute for the interview schedule for the purposes of assessing changes in the quality of assessments and consequently the data for both have been combined for analysis.

QAQ Follow-up results

Following the training, practitioners were emailed a follow-up QAQ to complete. Many of them had moved onto other teams or services and did not

respond. Only 16 out of a possible 31 people (52%) who remained in the programme completed the follow-up QAQ.

Some ASYEs completed the QAQ but provided very little detail and may have been influenced by time constraints, whereas others gave a fluid and detailed account. Those with high scores described more complex cases; for example, social worker A described a case where she had reassessed an 18-year-old client and had not seen the family. In contrast, social worker B described a complex child protection case with a long history of multiple agency involvement and concerns.

Scores for three of the ASYE practitioners dropped after the training. All of these were due to giving very sparse information on the questionnaire – for example, one-word answers when asked to give a description. All others increased their scores.

Table 6 below shows the total scores and the sub-scores for all practitioners completing the QAQ.

Table 6: Mean pre- and post-training scores on Quality of Assessments

	n=31 (SD)	**Post-training n=16 (SD)**	**P-Value Paired T-tests (2-tailed)**
1. Planning the assessment	4.48 (2.11)	5.38 (2.41)	n.s.
2. Gathering information	5.03 (1.74)	7.31 (1.92)	0.0002
3. Organising assessment information	3.32 (2.21)	4.94 (3.29)	0.05
4. Analysis	5.94 (3.09)	9.25 (4.28)	0.0039
5. Predicting outlook for child	1.16 (0.45)	1.44 (1.15)	n.s.
6. Planning interventions	3.22 (1.18)	4.1 (1.71)	0.04
7. Measuring outcomes	2.29 (1.32)	3.31 (1.96)	0.04
Total score	25.45 (8.88)	35.75 (13.47)	0.0002

The greatest improvements in mean scores were in the areas of gathering information and analysis. This is very encouraging and suggests individuals had assimilated the learning from the specific training in these areas.

One of the weakest areas was organisation of assessment information, partly due to the difficulties of eliciting information about the assessment without using leading questions. However, surprisingly few ASYEs mentioned the Assessment Framework domains and dimensions at all, although some of the descriptions suggested they were being thought about in the background.

Confidence Scale

There were indications of improvements in practitioner perceptions of their confidence in their ability to make effective high-quality assessments, in their decision-making skills regarding safeguarding, and in their ability to plan and carry out effective interventions with children and families. All three areas were significantly improved following the training. Mean scores improved significantly for each area over the training period as shown in Table 7.

The scale ranged from 0–10 where 0 is 'not at all confident' and 10 is 'totally confident'.

Table 7: Mean Confidence Scale scores pre- and post-training n=26

	Pre-training	**SD**	**Post-training**	**SD**
Confidence in ability to make effective high-quality assessments	4.23	1.95	7.90*	1.26
Confidence in decision-making skills regarding safeguarding	4.31	2.13	7.88*	1.26
Confidence in ability to plan and carry out effective interventions with children and families	4.35	1.79	7.81*	1.27

**p<0.001*

Most training programme participants (18, 69%) thought their own assessment of their ability shortly after qualifying was about right. Five (19%) thought they had overestimated their skills and three (12%) that they had underestimated their skills.

Attendance, Ratings, and Feedback

Participant training course attendance

Participants were asked to sign an attendance sheet and to complete feedback forms rating the quality of the training at the end of each course.

Table 8 below shows the percentage of attendance and percentage of ratings of the course as 'very good' or 'good'. Not all the individual course feedback questionnaires were identical, but all had questions on whether the course fulfilled its aims and the quality of the materials provided. Some questionnaires asked whether the trainers were effective in their delivery and how far the course had contributed to practice.

The courses were offered to all 38 ASYEs. However, two dropped out of the first group halfway through the course and two joined the second group after the ASYE training had commenced. The figures have been adjusted to take these differences into account.

Course attendance for individual courses ranged from a high 89% to a moderately low 53%. Combining the two neglect courses, the overall attendance was 74%. Attendance in the earlier sessions that focussed on assessment, understanding neglect, and decision-making was higher than in the five intervention workshops (82% compared with 69%).

Training attendance reduced considerably towards the latter stages of the programme with the lowest attendance at the final three intervention workshops, perhaps reflecting the demands of increased caseloads and responsibilities being experienced by the practitioners.

Although the numbers attending training decreased over the programme the feedback on the quality of the training remained consistently high. Most individuals rated the training as 'very good' or 'good' for the aims and delivery and usefulness of the printed materials. Those that attended the intervention workshops rated them very highly. It could be argued that only those likely to consider that they would benefit from the sessions made the effort to attend but nevertheless their positive views after the end of the training session suggest that these needs were being well met.

Table 8: Attendance and quality ratings of training courses

Course title	Attendance % (n)	% Ratings of very good or good			
		Fulfilled aims	Effective trainers	Printed materials	Contribution to practice
Assessing parenting and the family life of children	86% (32)	94% n=30	93% n=29	88% n=28	91% n=29
Neglect: Focus on children and young people	87% (33)	94% n=31	94% n=16♦	94% n=31	88% n=29
Neglect: Focus on parents	82% (31)	94% n=29	100% n=17♦	94% n=29	87% n=27
Child protection decision-making using SAAF	84% (32)	100% n=32	100% n=32	100% n=32	91% n=29
Assessing families in complex cases	72% (26)	88% n=7♦	100% n=8♦	100% n=8♦	88% n=7♦
Intervention 1. Engagement and initial stages	89% (33)	91% n=30	94% n=31	91% n=30	88% n=29
Intervention 2. Working with parents and carers: Positive parenting	86% (31)	93% n=13♦	93% n=13♦	100% n=14♦	100% n=14♦
Intervention 3. Working with children and young people	53% (19)	100% n=17♦	100% n=17♦	100% n=17♦	94% n=16♦
Intervention 4. Working with parents and carers: Promoting attachment and responsiveness	60% (22)	100% n=8♦	100% n=8♦	100% n=8♦	-
Intervention 5. Targeting abusive and neglectful parenting	56% (20)	100% n=20	100% n=20	100% n=20	-

♦*missing data*

ASYE's individual attendance rates at the 15 training sessions ranged from 5 to 15 (mean 11.15, SD2.84). Unsurprisingly, participants with high levels of attendance at training sessions also attended more of

the coaching sessions and this was significantly correlated (Pearson's r=.59, p=0.00).

Effect of the ASYE training courses on professional practice

As part of the final feedback, participants were asked how the training had affected their professional practice and to rate this from 0 to 10 where 0 is 'not at all' and 10 is 'a great deal' and to give examples to explain their answers. Of the 26 ASYEs who responded 22 (85%) rated the training as 7 and over.

More than half (14, 54%) of the practitioners mentioned the practical assessment tools as particularly helpful.

ASYE practitioners were also asked, 'How likely are you to recommend the training programme to other newly qualified social workers?' on a scale of 0–10 where 0 is 'not at all' and 10 is 'definitely'. Most responses were very positive. The mean was 8.08 with the largest group commenting that they would recommend the training.

A selection of participants' comments about the training programme are set out in Table 9.

Table 9: Sample comments on the training courses

Training courses	ASYE comments
Overall comments	*The breadth of experience I have gained in the last 12 months has been second to none. Coupled with the extensive training and support I feel much more confident in my ability to provide effective assessments and interventions.*
	Brilliant resources and encouraging and supportive staff and management
	Everybody should complete it. Wish it was accredited by university
	I highly recommend the training for all newly qualified social workers. It has made a huge difference in my practice which will inspire me throughout my future practice as a social worker.
Identification of abuse and neglect, assessment, and analysis	*Useful tools, SDQ, scripts, HOME, enhanced understanding of neglect, brain development*
	I learnt a lot about neglect, especially relating it to the assessment framework triangle
	The mental health discussion was the most interesting
	HOME Inventory, a new exciting, detailed, evidence-based resource
	HOME really useful
	Questionnaires and Scales, they were quick and easy to use
	SAAF assessment used prior to case conference to help track what's changed
	Allowed me to work in structured way, mapping info, using scales and questionnaires (evidence-based decisions)
	Insight in [child protection] processes and skills and tools to undertake assessments and use appropriate tools
	I plan to be better at putting observations and what a family say before making a hypothesis
	Helped focus on process rather than jumping to analysis too early
	It will make me think clearly about the child's needs and not lose sight of the child
	Good to relate the training material to my own practice
	Lots of fabulous resources we are able to use in practice
	I hope to use some of the references to give weight to my reports and assessment recommendations.
The *Hope for Children and Families Intervention Resources*	*Helped me understand where to intervene*
	The tools in the 'Modifying abusive and neglectful parenting' book are extremely useful and solution focused and I believe it will be extremely useful in supporting parental self-awareness and better outcomes'
	Fantastic to have photocopiable worksheets
	The training allowed us to consider parental stress and interventions to support sustainable change.

Coaching

The purpose of coaching was to support the consolidation of learning from the overall programme and provide an opportunity for ASYEs to practise some of the techniques, tools, and measures being taught and to present cases from their own practice on which to try these out. The sessions provided an opportunity for participants to reflect on their experience of putting their learning into practice; further, develop and embed their knowledge and skills; and increase their confidence.

Participant attendance at coaching sessions

Overall attendance at the 13 coaching sessions provided was low at 38 percent with some people attending regularly and others not at all. ASYEs' individual attendance rates ranged widely from 0 to 10 (mean 5, SD2.80). The figure below shows the number of sessions attended by individual practitioners. The comments received about coaching suggested that some would have wished to attend more but were constrained by workloads.

Effect of the ASYE coaching sessions on professional practice

As part of the final feedback, participants were asked how the coaching had affected their professional practice and to rate this from 0 to 10 where 0 is 'not at all' and 10 is 'a great deal', and to give examples to explain their answers. Of the 26 ASYEs who responded 18 (69%) rated the coaching as 7 and over.

Benefits of coaching

Feedback on the benefits of the coaching during their ASYE course was received from 24 practitioners of whom 19 (79%) were very positive and 5 (21%) negative. Table 10 gives samples of comments divided into the main themes.

Table 10: Sample comments on coaching grouped into the main themes

Theme	ASYE comments
Knowledge	*The coaching was useful because it consolidated my knowledge of the training sessions and gave me the opportunity to ask questions and practise what I had learnt within a smaller learning environment. I was allowed to tailor questions to my own cases, and these were answered in depth*
	The coaching we received from the Children and Families training course was excellent and helped me to understand the learning better
	Vast information cumbersome
	Critical reflection, training learning and future development
Confidence	*Helped confidence and decision making*
	I have more tools to equip myself, more confidence in evidence-based practice
Reflection	*Coaching was a good space to reflect and explore alternatives*
	A good space for reflection, good source of support
	Helped wellbeing and reflecting about cases
Case discussion	*Given the chance to talk in detail about various issues surrounding families and talk through any difficulties we are facing*
	Linked classroom work to practice, space to discuss cases
	It has been really useful as coach has tailored it to our cases and what support or guidance, we need at that moment which has been really helpful
Time constraints	*It was a drain on my time*
	Some materials repeated therefore time consuming
	I did not attend many of [the] coaching sessions as I did not view them as efficient use of my time
	I've not fully understood the aim of coaching, seemed like repetition
Practice	*Unfortunately, I was only able to attend a few sessions, however, all those sessions provided me with support, informative and ways to improve my practice*
	Very useful where we analysed my completed assessments on what I have done best and what I have missed…I have gained very useful skills.
	I gained a lot from the coaching sessions. It offered me an opportunity to discuss the trainings and how they can be applied to my cases. It was an opportunity for me to tap into the wealth of experiences of the coach. It offered me an opportunity to develop my analytical skills
	Enabled practice implementing what we'd learned
	I've used the scales and questionnaires a lot of the time

Briefing/training sessions for supervisors and managers

Four half-day briefing sessions were arranged for managers and supervisors on: assessing parenting and the family life of children; child protection decision-making using the SAAF; assessing families in complex cases; and, the intervention resources.

Data are available for four of the eight briefing sessions, two of which were on child protection decision-making using the SAAF, and between three and eight people completed feedback

forms. Overall attendance was noted to be around 50 percent or less. All the managers or supervisors completing the evaluation forms rated the aims, resources and materials, and knowledge improvement as very good or good.

Managers and supervisors' comments included:

- Would have preferred a longer session on assessing families
- Great to be provided with tools
- Good training material

Following discussions between the LA and CFT arrangements were made for supervisors to attend the training courses and coaching sessions to familiarise themselves with the content and aid supervision of their ASYEs. There was a limited take up of this offer.

Discussion

The purpose of this evaluation was to help understand the benefits of the pilot ASYE training and whether this impacted on practice. Specifically, it was important to know if the training was beneficial; whether practitioners' skills, knowledge, and confidence improved following training; whether the training was integrated into practice; and what aspects were most/least helpful in the process.

Was the training beneficial and were practitioners' skills, knowledge, and confidence improved?

Evidence from the questionnaires and direct feedback from the practitioners involved demonstrates that ASYEs have benefited from the programme and improved their skills, knowledge, and confidence.

Initial scores on the Self-Efficacy Scale were generally high, giving limited scope for improvement over time. However, these were not significantly different from the ratings given by their supervisors, except for procedural self-efficacy which supervisors rated even higher, suggesting that ASYEs were reasonably realistic in their estimations of their abilities pre-training. There were few statistically significant changes on this measure pre- and post-training although mean total scores and sub-scores did increase slightly. There was an indication that improvements were made in practitioners' ability to recognise their own limits, establish good relationships with service users, and in finding support from other professionals when needed. It should be noted that this questionnaire is context specific so it would be interesting to know how this might change over time when practitioners are in new posts with different work pressures and greater experience, and perhaps with higher expectations from supervisors and managers.

There were also indications of improvements in practitioner perceptions of confidence. The confidence questionnaire focused on three specific areas directly related to the training curriculum, namely confidence in their ability to make effective high-quality assessments, confidence in their decision-making skills in regard to safeguarding, and confidence in their ability to plan and carry out effective interventions with children and families. All three areas were significantly improved following the training, and results from this related well to the Quality of Assessments measure.

Was the training integrated into practice?

Despite difficulties in obtaining post-training data from busy social workers, the Quality of Assessments measure showed very significant improvements had taken place over the training period. The results showed statistically significant changes in practitioners' ability to carry out good quality assessments. Improvements were seen in gathering and organising assessment information, analysis, planning interventions, and measuring outcomes. Small, non-significant improvements were made for assessment planning and predicting the outlook for the child. The greatest improvements were seen in the crucial areas of gathering information and analysis, although systematically organising information appeared to be one of the weaker areas and only just reached statistical significance. Nevertheless, these are very encouraging results and indicate that the practitioners both benefited from the assessment training and successfully integrated it into their practice.

There is, however, no detailed case-based material available for analysis. This has meant that there is limited evidence of the direct use of the specific skills and resources with children and families to demonstrate whether these were usefully integrated into practice.

What aspects were most/least helpful in the process?

The training overall appears to have increased practitioner knowledge, skills and confidence and has been well received by the ASYEs for the most part. ASYEs were very complimentary about the individual training courses and rated them very highly. The course materials and practical guidance on assessments and interventions were reported as particularly helpful. The overall attendance at training courses was moderately good at 74%. The earlier

courses were better attended than the later ones, possibly due to increased workloads.

The attendance at coaching was only 38 percent overall and seemed to suffer as time went on and workloads increased. However, those who attended rated the coaching as extremely helpful, even if they had only managed to attend a few sessions. It enabled some of them to catch up on training sessions missed as well as to put into practice what had been taught. ASYEs particularly appreciated the individualised approach of the coaches in adapting the sessions to their specific needs and sharing their own expertise on complex cases.

Recommendations for future training programmes

Attendance at coaching was much lower than for the training courses. Attempts should be made to increase the involvement of supervisors and managers in monitoring, supporting, and encouraging attendance at both coaching and training sessions to help improve attendance and participants' use of the tools and approaches during the period of the training programme.

As the use and impact of the training on practitioners' work with children and families could not be evaluated, organisations may wish to consider how to capture this in the future and/or what mechanisms currently exist for evidencing training outcomes. Some possibilities may include trainees evidencing learning through case descriptions; reports to child protection conferences or family or criminal courts; or case presentations at in-house supervision groups or workplace seminars.

This evaluation was a pre- and post-design with questionnaires being completed soon after training. As there is often a 'sleeper effect' following training further improvements can sometimes be seen later, as participants integrate new learning into practice. Readministering the Quality of Assessments questionnaires at a suitable time interval, for example, one year post the end of the ASYE training, would offer an opportunity to evaluate whether participants continued to use the new approaches and crucially what impact this had on the lives of children and their families.

Conclusion

This evaluation found that practitioners benefited from the programme and improved their skills, knowledge, and confidence. Improvements were made in practitioners' ability to recognise their own limits, establish good relationships with service users, and in finding support from other professionals when needed. Practitioners' confidence in their ability to make effective high-quality assessments, their decision-making skills regarding safeguarding, and their ability to plan and carry out effective interventions with children and families all showed significant improvement after the training programme. There were statistically significant changes in practitioners' ability to carry out good quality assessments. The training increased practitioner knowledge, skills, and confidence.

These findings are similar to evaluations of CFT training programmes in other organisations and countries. The programme offers training to practitioners to enable them to use the evidence-based tools and approaches to respond to the needs of children and families from a range of cultures delivered in a variety of settings.

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