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To: Kent Child Protection Committee, 26th April 2004

Subject: Training Need Analysis

Classification: Unrestricted

Summary: This report outlines the results from the KCPC Training Needs Analysis (TNA).

The TNA was an extensive exercise which sought to:

- Obtain as wide a sense as possible of perceived priorities for inter-agency Child Protection training
- Seek views and opinions on what might make Multi-Agency Training more attractive
- Identify if there is a consensus about the **essential** purposes of *Multi-Agency* Child Protection Training
- Gain as wide a view as possible of the way training opportunities are communicated/advertised within member agencies.

The results of the TNA are contained in tabular form in the body of the report.

Recommendation:

Members are requested to **note** the contents of this report and **approve** the general direction of inter-agency training as outlined in the body of the report.

Introduction:

This report is divided into three sections:

1. Overall results of the TNA (p2)
2. Analysis (p24)
3. Summary and Recommendations (p30)

The TNA has been a valuable exercise in assessing a broad range of views about the content, purposes and structure of multi-agency training. I would like to thank all those who took the time to complete the questionnaire, and those who agreed to be interviewed.

1. Overall Results:

A total of 311 questionnaires were returned. It is not possible to say what proportion of questionnaires sent out this figure represents – the methodology chosen was to deliver questionnaires both electronically and in hard copy via representative from all key agencies. However, 311 is clearly an excellent rate of return, and represents the largest multi-agency return for such an exercise.

Table 1a – Total Questionnaires Returned

Health	Police	SSD	Education	Probation	Spoiled/ Unidentifiable
159	14	61	47	14	16

Table 2a – Breakdown of Disciplines

a)Health Returns

School Nurses	GPs	Ward Staff	Sp. Nurse Advisors	Practice Nurses	Paed Physios	Sexual Health	Paediatricians	CAMHs	
42	21	23	8	4	14	4	5	2	4
Paediatric OTs	Older People's Services	Paediatric Speech & Language Therapy	Comm Paediatric Nurses	'F' Grade	Respite Care Co-ordinators	'Nurses'	Midwives		
3	2	2	2	1	1	15	6		

2b) Police Returns

DCs	DSs	DVLO
10	3	1

2c) Social Services & Allied

C&F SWs	SPS/T &Dvp	District Managers	Family Support	YOS	NCSC	LAC Reviewing Officers	CAFCA SS	Asylum/ Unacc. Minors
18	5	4	15	6	2	4	3	4

2d) Education

Teachers	Peer Mentoring	Welfare Co-ordinators	'Office Manager'	Psychologists	
30	1	2	1	1	
Family Worker	Care Standards	Specialist Teaching Service	Youth & Community	FLOs	Policy Officer
1	1	2	3	4	1

(In some instances it is likely that there is a cross over of job – E.G. 'Welfare Co-ordinators' may also be 'Teachers' etc. The results indicated are taken from the job-title given by the respondent)

2e) Probation

Probation Service Officers
14

The geographical spread of returns was noted as it gives clues to patterns and effectiveness of distribution of information across the County.

Table 3a – Returns by Geographical (SSD Area) Location & Agency

	West-Kent	Mid-Kent	East-Kent	County
Health	24	88	47	
Social Services	1	13	33	14
Police (incl Medway)	1	6	4	(Medway) 3
Education	12	23	9	3
Probation**	1	8	6	
Total	39	138	99	20

**Figures do not accurately represent geographical area covered (E.G. 'Mid-Kent' is based on 'nearest town' to office, rather than area covered)

KCPC Training Opportunities are communicated by a very wide variety of means. I have collated all (identifiable) returns under the following approximate headings:

Table 4a – Communication of KCPC Training Opportunities

	Health	SSD	Education	Police	Probation	Total
Word of Mouth	21	4	4	1		30
Notice Boards – in Staff Rooms, Kitchens Corridors	29		6	1	1	37
Internal Memos Circulars/Mail-Drops	29	4	6	3		42
E mail	8	14	3	1		26
Website/Internet	1	1		1		3
Staff/Team Meetings	2	10	5			17
Via specialist/ designated Staff	1		6	1		8
Training Manuals	2	1				3
Professional Journals	6					6
Development/Improvement Plans (Schools)			4			10
CP Newsletter (Education)			6			
KNET (SSD)		7				7

In addition, respondents were asked how their own training needs were identified. These were only variably completed as follows:

Table 4b – Individual Training needs

	Health	SSD	Education	Police	Probation
Appraisals	63	15	23	11	7
Supervision	42	32	10	9	5
Individual Development Plans	38	17	13	5	3
Ad Hoc	41	11	11	2	3
Other	1				

Purpose of Multi-Agency Training: one of the intentions of the TNA was to find out whether there is a consensus about what the *essential* purposes of multi-agency child protection are. This section of the questionnaire asked four questions:

1. Are there particular difficulties encountered when working together which could be addressed through multi-agency training?
2. What Would make multi-agency training more attractive?
3. What *two* aims do you think multi-agency training should try to achieve?
4. "I would like to attend multi-agency child protection training because" (with a choice of 5 possible responses – see below **table 5c**)

I have collated and tabulated the responses by agency. For the first three questions the responses have been approximated – ie since these questions asked for written responses I have collated responses which approximate to one another. This was done partially by a frequency count of key words – such as “communication” (need for); “procedures” (better understanding of); “liaison”/“networking” and so on. Not all responses answered this section of the questionnaire.

Table 5a ‘Purpose of Multi-agency Training’ Summary responses collated by agency

	Health	SSD	Education	Police	Probation	Total
1 Difficulties						
Info Sharing	23	3	4	2	2	34
Confidentiality						
Communication	59	11	5		2	77
Differing Thresholds	19	8	4			31
Roles & Responsibilities	59	19	15	10	12	115
Eligibility Criteria			1			1
Procedures/understanding Protocols	59		11	3	3	76
Increasing Respect for Expertise	5				2	7
2 More Attractive						
Priorities of own management	7	2			6	15
Location						
Local	22	7	3	1		33
Venue	11	2				13
Lunch	5	2				7
More Time	20			1		21
Less Time						
‘Decent Trainers’	2	2				4
Relevance	5			3	2	10

	Health	SSD	Education	Police	Probation	Total
Levels of Training/ Pitching	3	1			1	5
Fine As It Is!	7	2	3	1		13
Greater Frequency	4		2	1	1	8
Child Care Facilities	1					1
Certificated	1				1	2
More Places	1	1			1	3
Better Information/ Admin	9	1	1		1	12
Protecting Specific Groups (Eg SWs)		4		1		5
More Experiential	1	2	2		1	6
Better balance of participants	20		3	2	2	27
3 Aims of Training						
Understanding Families		3				3
Promoting Consistency	6	3	2			11
Developing Confidence	11		3			14
Achieving Ownership/ Corporate Responsibility	2	13			1	16
Addressing Unrealistic Expectations	2	4				6
Networking	26		4	1	2	33
Causes (of Child Abuse)		4			1	5
Research Up-dates	2	1				3
Achieving a 'seamless service'	1	1				2
Understanding Risk	3	5	2		3	13
Building Assessment Skills	4	3	1	2	1	11
Broaden Views'				1		1
Coping with personal feelings	7		2			9
Legislation	10		3	1		14
Achieving 'Best Practice'	3	1		1		5
Understanding jargon	7		1			8

Because of the large number of responses from health disciplines, the following table shows a frequency count by Health Discipline. As previously, where the response did not distinguish between 'Community Nursing', Health Visiting or School Nursing (or by Adults/Children's services) etc I have *separately* collated responses under the heading of 'Community Nursing'.

Table 5b - Purpose of Multi-agency Training' Summary responses collated by Health Discipline
(See P 9.7)

Table 5b - Health

	HV	SN	GP	Ho St	Adv Nur	Pra Nur	Pea Phy	Old Peo	Sex Hea	'Nu'	Pea diat	Mid Wif	CA MH	Pea OTs	SP& Lan	Res Car	com	'F' Gra	Tot
1 Difficulties																			
Info Sharing/ Confidentiality	6	4	3	2	1	1			2				2				2		23
Communication	25	6	9	2	1	3	2				1	2	2	2		1	3		59
Differing Thresholds	5	4	2		1		2		1			1	3						19
Roles & Responsibilities	33	3	5		1		1	1	2		2	3	2	2			4		59
Eligibility Criteria																			
Procedures/understa nding Protocols	16	5	14	2	2	7	2	1	4				2	1			2	1	59
Increasing Respect for Expertise	1	1	2			1													5
2 More Attractive																			
Priorities of own management	4	1											2						7
Location																			
Local	6	4	2	1		1	1				1	1		1			3	1	22
Venue	4	1	1	1	1	2	1												11
Lunch	2	1															2		5
More Time Less Time	5		8	1		1						1	1	1			1	1	20
Decent Trainers'	1						1												2
International Perspective													1						1
Levels of Training/Pitching	1		1											1					3
Fine As It Is!	4	1			1		1												7
Greater Frequency	1	2											1						4
Child Care Facilities		1																	1
Certificates					1														1

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	HV	SN	GP	Ho St	Adv Nur	Pra Nur	Pea Phy	Old Peo	Sex Hea	'Nu '	Pea diat	Mid Wif	CA MH	Pea OTs	SP& Lan	Res Car	com	'F' Gra	Tot
More Places						1													1
Better Information/Admin	5			1									2					1	9
Protecting Specific Groups (Eg SWs)																			
More Experiential													1						1
Better balance of participants	10	2							2			1	2		1		2		20
Relevance	4								5										
3 Aims of Training																			
Understanding Families																			
Promoting Consistency	2	2										1	1						6
Developing Confidence	2		2			1	1				1	1	1		1		1		11
Achieving Ownership/Corporate Responsibility													2						2
Addressing Unrealistic Expectations			1										1						2
Networking	11	6	3				1					2		1		2			26
Causes (of Child Abuse)																			
Research Up-dates	2																		2
Achieving a 'seamless service'	1																		1
Understanding Risk	1		1									1							3
Building Assessment Skills			1									2	1						4
Broaden Views'	3			1			1					1					1		7
Legislation	2	3	1		1		1		1								1		10
Achieving 'Best Practice'	3																		3
Understanding jargon	4						2						1						7

Table 5c – Responses by Agency. This section asked for a ‘tick box’ response to one or more of the following sentences -

“I would like to attend multi-agency child protection training because

- A ..I’m interested in CP work and need to keep up with what’s going on”
- B .. I want to develop personally and/or professionally”
- C .. my manager/supervisor tells me I have to”
- D .. it’s a good way of meeting people from other agencies”
- E .. training is linked to career progression and/or pay”
- F .. None of the above

Table 5c – Responses by Agency to the sentence “I would like to attend multi-agency training because

	Health**		SSD	Education	Police	Probation	Total
	GPs	Others					
A	24	71	33	30	15	14	187
B	14	56	26	16	9	8	129
C		4				2	6
D	8	35	14	12	4	5	78
E	1	5	2			?	8
F	9	12		2			23

**I have separated out responses by GPs/Practice nurses in order to see if there are particular issues/needs affecting GPs/Practice Nurses which preclude them participating in multi-agency Child Protection Training.

Finally, respondents were asked to make choices from lists of **potential training courses/needs**, loosely grouped around 5 **relevant** themes as follows:

1. Identification
2. Intervening
3. Tools & Techniques
4. Deepening/extending Knowledge
5. Managing

The following tables have been broken down by agency & discipline (or rank etc).

Tables 6a – 6e – Potential Training Courses/Needs by agency and discipline

Table 6a – Health

Identification		HVs	SNs	GPs	Hos Sta	Adv Nur	Pr Nur	Pea Phy	Old Peo	Sex Hea	Nur	Pea diatr	Mid wife	CA MH S	Pea OTs	Sp & L	Res Care Co-ord	Co nurs	'F' grad
1	Signs & symptoms of child abuse & neglect	27	7	14	4	1	13	2	1		3		1		2	1		10	
2	Child protection process & procedures	21	11	15	5	1	11	1	1	2	1		2			1	1	8	1
3	Framework for the Assessment of Children in Need and their Families	13	3	2	1	1	2					1	2					3	
4	Anti-racist/oppressive practise in child protection work	6	1			1							1					2	
5	Thresholds of intervention	28	12	17	3	3	3	2	1	2		2	2		2		1	5	1
6	Consultation, referral & enquiries (up to & including strategy discussions)	20	9	8	4	3	4	3		2	1				2		1	7	1
7	None of the above									1									

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Intervening		HVs	SNs	GPs	Hos Sta	Adv Nur	Pr Nur	Pea Phy	Old Peo	Sex Hea	Nur	Pea diatr	Mid wife	CA MHS	Pea OTs	Sp & L	Res Care Co-ord	Co nurs	'F' grad	
8	Making enquiries and undertaking investigations in child protection work	13	10	4	1	0	4									1	1	5		
9	Working across agency boundaries ('Working together')	21	10	15	5	1	6	4	1	1	2	1	3		1	1	1	7	1	
10	Participating in child protection conferences	8	6	5		2	1	1		1			1		1			3	1	
11	Operating in core groups	7	1		2	1		1		1			1		1					
12	Undertaking multi-agency child protection assessments	25	6	4	1	2	3		1	1		2						6		
13	Developing good child protection plans	25	5	7	2	1	8	2	1	1	3	1	1	1	2	1	1	7	1	
14	None of the above		1	5	1		3	1		1					1			1		
Tools & Techniques																				
15	Using scales and checklists	22	7	4	3	2	6	2	1		1		2					1	6	1
16	'Dangerous Care' – Bridge Alert schedule	20	5	7	3	2	3			1	1	1	2		1			4		

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		HVs	SNs	GPs	Hos Sta	Adv Nur	Pr Nur	Pea Phy	Old Peo	Sex Hea	Nur	Pea diatr	Mid wife	CA MHS	Pea OTs	Sp & L	Res Care Co-ord	Co nurs	'F' grad
17	Direct work with children and their carers	25	10	4	1	2	6	4		1	2		1		2		1	5	1
18	Writing reports for conferences and courts	23	12	8	1	3	1	3				1	3	1		1	1	2	
19	None of the above		12	8	2		3	1		1					1			3	
Deepening/extending knowledge																			
20	Domestic Violence & the needs of children	34	16	16	5	2	10	3	1	1	3	1	2		1	1	1	5	1
21	Adult mental health & the needs of children	31	10	14	2	2	10	2		1	2		3		2		1	6	1
22	Problem drug & alcohol use & the needs of children	35	10	16	4		11			1	1	1	1		1		4		
23	Child protection work with children with disabilities	11	4	3	4	3	3	3				1	1		2	1	1	7	1
24	Child prostitution	4		4		1	3			1		1						2	
25	Asylum seeking children and families	4	5	5	2	1	5			1		1	2	1		1		2	
26	Child protection and the internet	8		6	1	1	6		1	3		2						6	
27	None of the above			1			1			1									

Managing		HVs	SNs	GPs	Hos Sta	Adv Nur	Pr Nur	Pea Phy	Old Peo	Sex Hea	Nur	Pea diatr	Mid wife	CA MHS	Pea OTs	Sp & L	Res Care Co-ord	Co nurs	'F' grad
28	Supervising practitioners	7	2	3	3	3	1	1	1	1			2		2			3	
29	Child protection Conference Chairing	3	1	1															
30	Participating in 'Serious Case Reviews'	12	4	7	1	1	2				1	1	2		1			4	1
31	Evaluating the effectiveness of interventions	17	11	4	3	2	2	1			1	2	1		2		1	5	
32	Participating in Multi-Agency Audits	3	1	2	1				1				1	1		1	1	2	1
33	Providing child protection advice/consultation	9	5	5	3	2	6	2		1		1	1					2	1
34	Developing child protection policies /procedures	7	4		3		5			2				1			1	3	
35	None of the above	8	2	10	1		4			1	11				1			3	

Table 6b – SSD

Identification		LAC Rev	C&F SW	SPS/T&D	Dis Man	Fam Supp	YOS	NCSC	CAFCASS	Asylum
1	Signs & symptoms of child abuse & neglect		5			8	2	2	1	1
2	Child protection process & procedures		5	2		6	2	1	1	2
3	Framework for the Assessment of Children in Need and their Families		2			4	1	1		1
4	Anti-racist/oppressive practise in child protection work	1	5	4		2		5		4
5	Thresholds of intervention	1	12	3		8		2	2	3
6	Consultation, referral & enquiries (up to & including strategy discussions)		2				1			
7	None of the above	2	2		2					
Intervening										
8	Making enquiries and undertaking investigations in child protection work		5			4	3	1	2	
9	Working across agency boundaries ('Working Together')	2	8	4		8	3	3	1	4
10	Participating in child protection conferences					5				
11	Operating in core groups		4							
12	Undertaking multi-agency child protection assessments	1	6	1		4	2		1	3
13	Developing good child protection plans		9	2		6		2	2	1
14	None of the above	2	1		2					
Tools & Techniques										
15	Using scales and checklists		10			3	2	3	1	
16	'Dangerous Care' – Bridge Alert schedule	1	6	1		2	1	4	3	

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		LAC Rev	C&F SW	SPS/T&D	Dis Man	Fam Supp	YOS	NCSC	CAFCASS	Asylum
17	Direct work with children and their carers	1	6			7				3
18	Writing reports for conferences and courts		5			7	1		1	1
19	None of the above	2	2	4	2					
Deepening/ext. knowledge										
20	Domestic Violence & the needs of children		8	5	1	8	1	1	1	
21	Adult mental health & the needs of children	1	7	3	1	8	1		1	
22	Problem drug & alcohol use & the needs of children		8	2	1	4	1		1	
23	Child protection work with children with disabilities		2	1				2		
24	Child prostitution	1	5	1		3		1		2
25	Asylum seeking children and families	3	1	2				3	1	
26	Child Protection and the internet		4	1		6	1			2
27	None of the above		1		1					
Managing										
28	Supervising practitioners		4	1			2			
29	Child Protection Conference Chairing		3		1					
30	Participating in 'Serious Case Reviews'	1	6	1	1		1			
31	Evaluating the effectiveness of interventions		6	3	1	1	1	1		2
32	Participating in Multi-Agency Audits	1	5	2	1					1
33	Providing child protection advice/consultation		6	2		1				
34	Developing child protection policies/procedures		3	3	1					2
35	None of the above	2	1			2		2	1	1

Table 6c – Education

Identification		Care Standards	Family Worker	FLO	Teacher	Peer Mentoring	Welfare Co-ord	Office mgr	Psych. Service	Specialist Teacher	Policy Officer	Youth & Comm.
1	Signs & symptoms of child abuse & neglect		1	3	8	1	1			1		1
2	Child protection process & procedures			4	14	1	1	1	1	1		2
3	Framework for the Assessment of Children in Need and their Families	1		4	9				1	1	1	
4	Anti-racist/oppressive practise in child protection work	1		2	3		2			1		1
5	Thresholds of intervention		1	2	14			1		1	1	
6	Consultation, referral & enquiries (up to & including strategy discussions)		1		6		2	1		1	1	2
7	None of the above											
Intervening												
8	Making enquiries and undertaking investigations in child protection work	1			5		1					
9	Working across agency boundaries ('Working Together')	1	1		16	1	1	1	1	1	1	2
10	Participating in child protection conferences			2	8					1		
11	Operating in core groups			1	4		1					
12	Undertaking multi-agency child protection assessments		1	1	10				1	1		2

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		Care Standards	Family Worker	FLO	Teacher	Peer Mentoring	Welfare Co-ord	Office mgr	Psych. Service	Specialist Teacher	Policy Officer	Youth & Comm.
13	Developing good child protection plans		1		12	1	2	1	1	1	1	2
14	None of the above			1								
Tools & Techniques												
15	Using scales and checklists	1			6		1	1	1			2
16	'Dangerous Care' – Bridge Alert schedule	1	1	3	5						/	/
17	Direct work with children and their carers		1	3	9		1			1	1	1
18	Writing reports for conferences and courts				14		1	1	1			
19	None of the above				3		1					
Deepening/extending knowledge												
20	Domestic Violence & the needs of children		1	2	17		1		1			2
21	Adult mental health & the needs of children		1	2	15	1		1	1		1	2
22	Problem drug & alcohol use & the needs of children			2	13	1	1	1	1			1
23	Child protection work with children with disabilities	1		1	4	1	1		1	1	1	1
24	Child prostitution	1	1		4	1					1	2
25	Asylum seeking children and families				7	1				2		2
26	Child Protection and the internet			3	10	1	2	1				1
27	None of the above											

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Managing		Care Standards	Family Worker	FLO	Teacher	Peer Mentoring	Welfare Co-ord	Office mgr	Psych. Service	Specialist Teacher	Policy Officer	Youth & Comm.
28	Supervising practitioners				4							1
29	Child Protection Conference Chairing				2							
30	Participating in 'Serious Case Reviews'				6					2		1
31	Evaluating the effectiveness of interventions		1		6		1	1	1	1	1	1
32	Participating in Multi-Agency Audits				4		1			1		1
33	Providing child protection advice/consultation	1	1		7	1	1					1
34	Developing child protection policies/procedures	1	1		14	1	1	1		1		1
35	None of the above			2	2							

Table 6d – Police

Identification		DCs	DSs	DVLO	Total
1	Signs & symptoms of child abuse & neglect	6		1	7
2	Child protection process & procedures	6	1		7
3	Framework for the Assessment of Children in Need and their Families				
4	Anti-racist/oppressive practise in child protection work	2	1		3
5	Thresholds of intervention	4	2	1	7
6	Consultation, referral & enquiries (up to & including strategy discussions)	5	2		7
7	None of the above	1			1
Intervening					
8	Making enquiries and undertaking investigations in child protection work	4	2		6
9	Working across agency boundaries ('Working Together')	7	2	1	9
10	Participating in child protection conferences	2	1		3
11	Operating in core groups				
12	Undertaking multi-agency child protection assessments	3			3
13	Developing good child protection plans	3		1	4
14	None of the above	1			1
Tools & Techniques					
15	Using scales and checklists	3	2		5
16	'Dangerous Care' – Bridge Alert schedule	4	2		6
17	Direct work with children and their carers	3			3
18	Writing reports for conferences and courts	2		1	3
19	None of the above	3			3
Deepening/extending knowledge					
20	Domestic Violence & the needs of children	3	2		5
21	Adult mental health & the needs of children	4	1	1	6
22	Problem drug & alcohol use & the needs of children	3	1		
23	Child protection work with children with disabilities	2		1	3
24	Child prostitution	5	2		7
25	Asylum seeking children and families	3		1	5
26	Child Protection and the internet	7	2		9
27	None of the above				
Managing					
28	Supervising practitioners	1	3		4
29	Child Protection Conference Chairing				
30	Participating in 'Serious Case Reviews'	2		1	3
31	Evaluating the effectiveness of interventions	1	1	1	3
32	Participating in Multi-Agency Audits		2		2
33	Providing child protection advice/consultation	2	1		3
34	Developing child protection policies/procedures	3		1	4
35	None of the above	4			4

Table 6e – Probation

Identification		Total
1	Signs & symptoms of child abuse & neglect	8
2	Child protection process & procedures	11
3	Framework for the Assessment of Children in Need and their Families	2
4	Anti-racist/oppressive practise in child protection work	4
5	Thresholds of intervention	9
6	Consultation, referral & enquiries (up to & including strategy discussions)	4
7	None of the above	
Intervening		Total
8	Making enquiries and undertaking investigations in child protection work	3
9	Working across agency boundaries ('Working Together')	12
10	Participating in child protection conferences	8
11	Operating in core groups	5
12	Undertaking multi-agency child protection assessments	3
13	Developing good child protection plans	2
14	None of the above	
Tools & Techniques		Total
15	Using scales and checklists	8
16	'Dangerous Care' – Bridge Alert schedule	4
17	Direct work with children and their carers	2
18	Writing reports for conferences and courts	6
19	None of the above	1
Deepening/extending knowledge		Total
20	Domestic Violence & the needs of children	13
21	Adult mental health & the needs of children	7
22	Problem drug & alcohol use & the needs of children	9
23	Child protection work with children with disabilities	2
24	Child prostitution	5
25	Asylum seeking children and families	9
26	Child Protection and the internet	2
27	None of the above	
Managing		Total
28	Supervising practitioners	2
29	Child Protection Conference Chairing	
30	Participating in 'Serious Case Reviews'	5
31	Evaluating the effectiveness of interventions	2
32	Participating in Multi-Agency Audits	5
33	Providing child protection advice/consultation	2
34	Developing child protection policies/procedures	
35	None of the above	1

Some respondents from each agency indicated other courses/training needs which tended to be specific to the discipline/agency. For example several police officers mentioned the need for training on evidential/criminal aspects of child protection and

related work. Asylum and refugee workers suggested the need for child protection training with an international perspective.

Table 6f - Summary of Potential Training Courses/Needs

Identification		Total
1	Signs & symptoms of child abuse & neglect	135
2	Child protection process & procedures	144
3	Framework for the Assessment of Children in Need and their Families	56
4	Anti-racist/oppressive practise in child protection work	49
5	Thresholds of intervention	151
6	Consultation, referral & enquiries (up to & including strategy discussions)	93
7	None of the above	8
Intervening		Total
8	Making enquiries and undertaking investigations in child protection work	70
9	Working across agency boundaries ('Working Together')	161
10	Participating in child protection conferences	57
11	Operating in core groups	30
12	Undertaking multi-agency child protection assessments	91
13	Developing good child protection plans	120
14	None of the above	21
Tools & Techniques		Total
15	Using scales and checklists	102
16	'Dangerous Care' – Bridge Alert schedule	95
17	Direct work with children and their carers	124
18	Writing reports for conferences and courts	101
19	None of the above	47
Deepening/extending knowledge		Total
20	Domestic Violence & the needs of children	170
21	Adult mental health & the needs of children	146
22	Problem drug & alcohol use & the needs of children	135
23	Child protection work with children with disabilities	67
24	Child prostitution	51
25	Asylum seeking children and families	74
26	Child Protection and the internet	77
27	None of the above	5
Managing		Total
28	Supervising practitioners	47
29	Child Protection Conference Chairing	11
30	Participating in 'Serious Case Reviews'	64
31	Evaluating the effectiveness of interventions	85
32	Participating in Multi-Agency Audits	39
33	Providing child protection advice/consultation	64
34	Developing child protection policies/procedures	60
35	None of the above	59

2. Analysis:

“It matters and I ought to know more” (GP)

The TNA asked a number of questions designed to ‘get at’ how training information is distributed; how training needs are identified and how practitioners and their managers understand the essential purposes of multi-agency training. What seems to have emerged from the exercise are a number of positive messages – with only three exceptions (2 GPs and one Health Visitor) most respondents who commented were clear that ‘multi-agency’ training in the field of child protection was essential.

“It’s the best way of training in this particular area. Probably the best example of multi-disciplinary learning potential I can think of”. (GP).

However, as this quote demonstrates, it is also the case that there appears to be some confusion about what ‘multi-agency’ training is. Several respondents confused multi-disciplinary type training with training across agency boundaries, so that while the message may be positive some clarification is needed on the use of terminology. For the purposes of the KCPC Child Protection Training **all** training is assumed to be across agency boundaries, and involving at least three agencies in any given event. In-house training is either single-agency, multi-disciplinary or ‘joint training’ (an example of the latter being Achieving Best Evidence – a course run jointly between the police and Social Services).

Context of TNA

The potential for confusion is compounded by the nature of attempting to capture the complexity and number of variables. The range of disciplines, roles and responsibilities within agencies, combined with different types of needs (for example, clerical through to strategic), overlaid by geographical and structural differences between (and occasionally within) agencies, and finally by the geographical/demographic nature of Kent and the kinds of loyalties the workforce has – to agency, to district, to area, profession and so on – make easy analysis impossible.

Advertising/distribution of training information

It is evident that responses were not equally distributed across either agency or County – the highest number of responses are from Health but represent a comparatively poor response as a proportion of potential respondents to that of SSD, but a ‘good’ response compared to Education. Geographically, however, the area roughly covered by Mid Kent (as a SSD/Education area) was high compared to the two larger areas of West and East. The response rate from West Kent in general was significantly poorer than the rest of the County, and within this the response from Social Workers is particularly disappointing. Reasons for a poorer response from West Kent when compared to Mid and East (across the five agencies) are unclear. It may indicate a less effective distribution system, or for example higher workloads with less time to complete and return questionnaires!

There appears to be no evidence to show that Training Events/courses are advertised or circulated any differently in particular areas. Although 'Word of Mouth' (30) and Flyers displayed on notice boards etc (37) indicates a considerable number of people become aware of multi-agency training apparently more by chance than design, numerically at least, significantly more are made intentionally aware of such training via a variety of means (**see table 4a**). Comments made by some respondents do clearly indicate that they rarely receive information about multi-agency training events (or for that matter *any* out-of-house training events). From written comments this seemed to be an issue for probation staff and some police officers. The former in particular complained that they rarely received information about training unless it came directly from the Probation Service Training Unit.

Similarly, most respondents who completed the relevant section (question 9 Section 1) indicated, (**table 4b**) that individual training needs were identified predominantly through their staff appraisal system or supervision or a combination of the two. Social Workers were the exception amongst the key agencies in indicating Supervision as the predominant mode of thinking about training needs. 65 responses indicated an 'ad-hoc' approach to identifying individual training needs – but these were usually in combination with a more formal system; the exception here was GPs who predominantly indicated 'ad-hoc' with no other boxes ticked in this section.

Other KCPC activities give some support to the impression that the distribution of information in general either fails to reach many intended recipients, or does so only when the need for specific information or KCPC guidance is necessary (for example, supplementary procedural information in relation to specific cases). The TNA also tended to support this impression by the frequency of suggestions for training courses which are already in fact running and had/have been (widely) advertised. Also, a number of responses indicated that the respondent had simply not heard of or didn't understand what the title of a potential training course meant (Section 4, 1 – 35). For example, The Framework for the Assessment of Children in Need, Operating in Core Groups and (in particular) 'Dangerous Care' – The Bridge Alert. Given the centrality of certainly the first two subjects, the absence of knowledge about them (indicated either by a '?' in the relevant box or a written comment next to it) is surprising and gives some idea both of the perceived marginal nature of much children's services work for some professionals, and implicitly, the problems of ensuring they receive appropriate information in a timely manner.

Purpose of Multi-Agency Training

It was a central aim of the TNA to explore whether there is any consensus about the purposes of Multi-Agency Child Protection training. Many practitioners and managers across all agencies comment that multi-agency training is important, and this is reinforced by several DoH and DoEdS publications. However, as implied above, there is both confusion as to what constitutes multi-agency training, and many completed questionnaires commented on the 'relevance' of courses when the content was not role/agency specific. Hence some returned questionnaires commented that the needs of the police were essentially different from those of other agencies because of the need for criminal/evidential based training. Similarly, several comments from some health based services indicated a need for more role specific training (for example – contraceptive and sexual health services, District Nursing and so on).

Another complicating factor in trying to determine whether there is any consensus is (again as indicated above) the range of variables encountered – particularly those of ‘experience/years’ in ‘the job’, role and responsibility in terms of profession *and* role within the organisation (as practitioner, manager, supervisor etc) and finally what previous child protection or related training has already been undertaken. It is not surprising therefore that when asked ‘what multi-agency training is intended to achieve’ the answers will tend to reflect the role, responsibility and experience of the respondent, as well as the centrality of the issue both professionally and personally. It seems clear, nevertheless, from the frequency counts (**table 5a**) that multi-agency training should try to address the following:

1. Roles and responsibilities within child protection of own and other agencies
2. A shared understanding of procedures and protocols
3. Communication between agencies both on day to day matters – ie how to get a response from a particular agency (usually but not exclusively the SSD), - as well as generally improved communication through a better shared understanding of 1. & 2. above.
4. Difficulties in understanding different thresholds (especially the threshold between a child in need and a child in need of protection).
5. Confusion around the issue of ‘consent’ and information sharing.
6. A perception (possibly related to the perceived marginal nature of child protection for some practitioners) that their skills and knowledge simply aren’t ‘respected’ by others. This may of course also relate to a lack of understanding about the roles and responsibilities of agencies within the child in need – child protection process.

Difficulties of reaching some groups of practitioners

The TNA appears to have reached some practitioners (especially within the Health economy) who have rarely if ever come across child protection as an issue. Thus, District Nurses and some hospital staff, from their written comments, indicated that they had **never** received any child protection (or related) training either in-house or within a multi-agency arena. It is worth commenting on a questionnaire from a District Nurse in this respect, since it highlights in a particularly stark way the need for such training, perhaps implicitly demonstrating what the *essential* purpose of multi-agency child protection training might be. Having indicated that she has never received any child protection training, she writes (in answer to the question ‘What two aims do you think such training should try to achieve?’):

“Do not know as [don’t] have the skills or knowledge to answer”.

And in Section 4 (‘other points or comments’):

“As a District Nurse of many years experience I have not come across a child needing protection. I do not have the knowledge to deal with any problems”.

Although this response is exceptional it was not unique. It suggests that whilst some progress is being made in engaging the interest of traditionally hard to reach groups (the response from GPs to the TNA was in this respect particularly pleasing), there are nevertheless considerable numbers of practitioners who lack even basic knowledge, and appear not to be part of the multi-agency children's network.

What would make Multi-Agency training more attractive?

Of those who answered the question 'what would make multi-agency training more attractive'? the most frequent response centred on issues related to 'venue' either in terms of distance from work/home base (33), or in relation to comfort/ambience (13) or the quality of lunch (7). From other feedback at (for example LCPCCs and informal discussions) I was expecting a far larger number of questionnaires to be returned indicating the need for venues to be 'local', on the basis of 'work together-train together' or as it was put to me on one occasion:

"The centre can only get it right when the periphery provides the vision!"

Some written comments (included in the above figures) reinforced this as a need, as did the relatively high number of responses which mentioned the words 'networking' or 'liaison' in relation to one of the aims of multi-agency training. The figures however do not suggest that there is a great need to concentrate on purely district training (however see following paragraph), but rather to adopt a more creative, mixed approach which combines the advantages of both County-wide, Area (SSD) as well as District based multi-agency training.

One of the keys to successful multi-agency training is that those participating represent a good cross-section of agencies and disciplines. It has proved problematic to achieve this in practice, and several respondents commented that a consistently better balance of agencies would make applying for such training more attractive. The overwhelming numbers of health personnel relative to other agencies (Probation and Police in particular) inevitably makes achieving a requisite balance across the County (or even across an Area) extremely difficult, which suggests that one advantage of a more district based approach would be a better mix of participants. It is notable though that 15 responses suggested that multi-agency child protection training was not regarded as a priority by the respondents' own management, and further that the perception amongst social workers who commented, reinforced the view that such training was neither a priority for **other** agencies; that they felt attacked by other participants on multi-agency training (and hence felt the need for greater protection by those delivering training); and finally that one of the purposes of multi-agency training should be explicitly to achieve a 'corporate ownership' of the child protection process (as opposed to the perception of it as a social services function).

Priority given to Multi-Agency Training

Allied to the kind of priority given to multi-agency training by managers, it should be mentioned that many questionnaires showed (in written comments) that such training was not a priority for some practitioners either. Hence, shortage of time, staff, other work pressures and priorities, emergencies (such as court, or a child protection conference) were all quoted as reasons why applicants could not attend training or had cancelled their places in the past. In addition, comments such as:

"It's a good way to keep up but I'm not interested in it" (GP)

"because I would rather the post of lead in this field was delegated to our health visitor – for her to teach us" (GP)

"It needs to be simple – too many agencies, too many opinions, nothing gets done, keep it in-house" (Health Visitor)

"I'm sure that this [lack of take up] isn't just a problem for schools but most school DCPCs are very busy with a huge number of responsibilities" (Teacher)

- are a reasonable representation of some of the reasons why people fail to apply or take up places. It is probably impossible to generalise from the range of comments made, but there is a tendency to *assume* that everybody should be keen to participate in child protection training if they work with children. This is clearly not the case, and the TNA in some instances revealed a surprising reluctance to attend any such training which may mean that it has a low priority. In other words there may be a lot of practitioners and managers who regard it as something they **have to do** as the following comment from a Health Visitor shows:

"I am not particularly 'interested' in child protection – I am much much more 'interested' in the health promotion side of my job – but I acknowledge I have to attend CP training to keep practice safe and current. The multi-agency factor is crucial because I like to know where other agencies pitch their agendas".

Personal Issues of Respondents

For some people, child protection as a subject was clearly personally painful. 7 completed questionnaires stated directly or by implication that one of the aims of child protection training (in-house or multi-agency) should be to help practitioners manage their own feelings and anxieties. In answer to the question "are there particular difficultieswhich could be addressed through multi-agency training"? comments such as

"Can hit home too much"(Community Staff Nurse)

"To be aware that for staff training, issues arise that may affect trainees personally. To have in place advice for the trainees to access post or pre-training sessions" ('Children's Sister')

"Actually I find the subject distasteful and don't enjoy child protection conferences or courses but feel I need to be up-to-date" (GP)

show an expected but often overlooked child protection dynamic when planning or evaluating the impact of child protection training.

Administration

Mention was made by 9 responses of the need for better/more effective administration of KCPC training. It is important to note that whilst administration can always be more efficient and effective, it is certainly the case that as mentioned

above, there are problems of distribution of KCPC information which are not in the control of any central admin. system. Nevertheless it is intended that use of an electronic/e-mail based administration system will become the primary means of advertising and distributing all multi-agency training information.

Networking

Of the essential aims of multi-agency child protection training, significant mention (33) was made of its 'networking' function. In addition, 78 (**table 5c**) responses indicated that they would like to attend multi-agency child protection training because 'it is a good way of meeting people from other agencies'. I have already alluded to the relationship between local/district based training and the importance of building networks. However, some care should be exercised in analysing this and assuming that one (local training) leads to the other (stronger networks). It is also for instance an important training function to promote consistency across the County and several respondents (11) made comments to that effect. Similarly, the notion of networking, judging from some of the written comments, is clearly understood in several different ways affected by role, agency and so on, which although not necessarily mutually exclusive, certainly mitigate against 'local' training as some sort of panacea for local problems. For example GP practices tended to want a face to put to a (Social Services) name – and clearly wanted to deal with the same name each time! Others commented simply that:

"We often work collaboratively with staff from other agencies, we would have a better understanding of their roles as a result of joint training" (Specialist Teacher)

The tenor of most comments implied networking (or liaison) as an important function but one which competes with other needs and functions as well.

Developing Confidence

Responses also frequently (14) mentioned that an aim of multi-agency child protection training is to 'develop confidence'. A supplementary question should ask what 'confidence' consists of in child protection terms. However, combined with other responses such as 'understanding risk' (13), 'building assessment skills' (11), 'understanding jargon' (8) and 'legislation' (14), as well as 'improving communication' (77) and 'roles and responsibilities' (of other agencies - 115) all of which could be understood as elements of developing confidence, it seems that multi-agency training is quite widely regarded as a means by which participants can practice various skills, develop clarity about their role in legislative and procedural terms, and 'develop confidence' in their knowledge of and relationships with other agencies and disciplines. The importance of understanding multi-agency training in this way is that it reinforces the multi-agency element in all child protection type work as a separate and crucial dynamic which simply is not replicable within a single-agency (or even multi-*disciplinary*) environment.

Further, all but a few respondents (4) who made comments, suggested that multi-agency training is really "*very valuable. the only way to teach child protection*" (Named Nurse) and regretted what is perceived as an opportunity lost when training is delivered to a single agency. This sentiment is best summed by the following

comment made by a Specialist Nurse in response to the question ‘what would make multi-agency training more attractive?’:

“Training offered to all agencies initially, not SS first and health and police and education later and expecting them to feel equally responsible for a plan where they may be uncertain of lots of the issues eg Framework Training and I suspect FGCs [Family Group Conferences]”

Which Needs?

In the end though, it may be that multi-agency training tries to meet (or is expected to meet) too many needs. Whilst there are patterns which have emerged by agency, role and so on, there are also commonalities and a general acknowledgement that though some may be reluctant for a variety of reasons, child protection **is** important, and that ‘teaching’ it is probably best done on a multi-agency basis. And it is the great problem of ‘working together’ – ‘working across agency boundaries’ – that (other than Domestic Violence and the Needs of Children) attracted the biggest total of potential training needs (**table 6f**). As a physiotherapist commented:

“Staff get confused and ‘bogged down’ by the complexities of multi-agency working”.

Finally therefore, it may be that there is a consensus that only multi-agency training will ultimately develop confident and informed practitioners.

3. Summary and Recommendations:

The TNA has shown that whilst there may in general be a consensus that multi-agency training is important, and further that for some it is the *only* way to ‘teach’ child protection (and presumably other fields), the priority it receives in relation to operational and other matters, as well as other training contexts remains limited. The reasons cluster around the following:

1. Staff shortages and lack of time combined with the non-routine nature of most ‘human services’ type work.
2. The perceived marginality of child protection and children’s services work for some agencies and disciplines.
3. The lack of specific relevance for some practitioners both in relation to their work and their position within organisations (Eg the needs of managers are different from those of practitioners)
 - (a) Further the needs of ‘practitioner managers’ such as Detective Inspectors, Consultant Paediatricians, Head Teachers and so on complicates the picture still more).
 - (b) Allied to this is the need to achieve a good mix of agencies and experience if maximum benefit is to obtain from multi-agency training.

4. The emotional content and anxiety -provoking nature of the subject.
5. Some confusion as to what constitutes multi-agency (as opposed to multi-*disciplinary* or single agency training).

There also appears to be a general agreement that multi-agency training should aim to achieve:

1. An understanding of the roles and responsibilities of different agencies – and different disciplines within agencies, such that,
2. Practitioners build up confidence and skills in *how to 'work together' across agency boundaries*. In turn this helps practitioners in particular understand -
3. Differences in thresholds and agendas.
4. There was reasonably widespread support for the idea that 1) – 3) are best achieved by locally based multi-agency training mainly on the **assumption** that people who work together should train together and that:
 - (a) An essential aim of multi-agency training is that it helps put faces to names and thus aids communication through building up (local) networks.
 - (b) For some, proximity of venue and hours of work/child care etc are an issue.
 - (c) For others however promoting consistency in practice and coherence in application and implementation of policy and procedures across the county is also an aim of multi-agency training.

Overall the TNA shows that currently the aims of multi-agency training and the target groups requires greater clarity and that it attempts to meet too many differing needs.

Additionally, the TNA broadly highlights how problematic it is to identify *and equate* individual training needs across agencies, with the necessary degree of sophistication to enable multi-agency training to be both an attractive **and** necessary route for individual practitioners.

Finally, the TNA suggests that the distribution of training information and the subsequent administration of training and are related, with lack of effectiveness in one leading to problems in the other.

The **Recommendations** of the TNA are that the direction of multi-agency training should be as follows:

1. A greater mix of locally based (District) training with Area & County based events.

- In addition, most locally based training should be short (either lunchtime talks, or half-day 'workshops').
 - Area based events should concentrate on **basic** child protection induction to include
 - Signs & Symptoms
 - Procedures
 - Who's Who
 - Roles and Responsibilities
- And should be **compulsory** for **all** new staff, (managers and practitioners) in **all** the key agencies – SSD, Education, Police, Health & Probation.
2. Area based training should seek to provide consistency in various aspects of child protection work across the Area – for example in CP Conferences, Core Groups and in working collaboratively in relation to the Assessment Framework.
 3. County based events should be fewer in number than currently and focus more narrowly on specialist training or training on particular issues. – for example, Mental Health & Parenting, Working with Interpreters, Child Protection with Children with Disabilities, Child Prostitution and so on.
 - This should include agency -specific training using KCPC training money/admin which has clear implications for other agencies; for example, the issues around contraceptive and sexual health advice for young people; some 'evidence'/criminal based training etc.
 4. Membership of the KCPC Training Sub-group should be reviewed and invigorated by new members who understand the need for/purpose of multi-agency training, are willing to attend and can effectively link in the training needs of their agency/organisation with those of others.
 - Additionally, membership needs to include those who are able to identify potential trainees and distribute and collate information effectively.
 5. The TNA needs to be refined and re-done such that it becomes an ongoing part of the work of the KCPC and forms the basis for continuous evaluation of both the quality of training, and its impact on practice.