

An evaluation of safeguarding training across Hertfordshire and West Essex ICS: The SafeTE study

Final report

**An evaluation study commissioned by Hertfordshire Safeguarding
Adult Board and Safeguarding Children Partnership, Hertfordshire
and West Essex Integrated Care System [ICS]**

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1. All the participants who took part in this study and who shared their experiences, views and suggestions.
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Executive Summary

Safeguarding training has always underpinned health and social care practices and has been mandatory for those working with at risk people in all health, care, and education environments (Skills for Health, 2022). The safeguarding of children is a legal requirement (section 11, Children Act, 2004). Safeguarding training aims to develop a workforce who feel empowered to take the appropriate action when concerns are raised so that at risk people, across the life course, are protected and receive the support that they need. Safeguarding training is offered at different levels to reflect the diversity of the health and social care workforce as well as their differing roles and responsibilities.

Recent changes to the organisation and commissioning of services meant it was timely to evaluate previous safeguarding training in order to inform the design and delivery of future educational approaches. In addition, lessons from safeguarding Training Evaluation and Analysis Frameworks suggest that improving knowledge and skills across workforces should evaluate the quality and effectiveness of training delivery, the impact of working together and test the short- and longer-term benefits of training outcomes (childandfamilytraining.org, n.d). Between 01.04.2021 and 31.03.2022 over 190 safeguarding adult and safeguarding children training sessions were accessed by 5,271 delegates from statutory and non-statutory agencies in the Hertfordshire and West Essex geographical area. The training sessions comprised of 54 safeguarding adults and safeguarding children generic and bespoke sessions, delivered via an online platform and face to face methods.

The evaluation was led by the Department of Nursing Health and Wellbeing in the School of Health and Social Work, University of Hertfordshire. An expert reference group of safeguarding practice experts from Hertfordshire Safeguarding Children Partnership and the Hertfordshire Safeguarding Adults Board worked with the project team in an advisory and supportive capacity.

Aim: To evaluate safeguarding training that was delivered to a range of frontline staff working within the Hertfordshire and West Essex area between 01.04.2021 and 31.03.2022.

Objectives:

1. To ascertain the experiences and perceptions of a range of frontline staff (working within the Hertfordshire and West Essex area) in terms of the safeguarding training that they have received.
2. To ascertain whether a range of frontline staff (working within the Hertfordshire and West Essex area) perceived that there was an impact on their practice as a result of undertaking safeguarding training.

Information in this report is derived from data collected via:

- Training evaluation surveys collected from staff who had undertaken safeguarding training within the Hertfordshire and West Essex area between 01.04.2021 and 31.03.2022.
- Interviews and focus groups with professionals working within Hertfordshire and West Essex area during the evaluation period of April 2021 – April 2022.

Methodological approach: A mixed method evaluative approach, incorporating quantitative and qualitative data collection strategies was employed.

Evaluation surveys: Quantitative data from 2415 retrospectively collected evaluation surveys were analysed using descriptive statistics. Thematic analysis was used to analyse the qualitative data collected in response to open-ended questions that were included in the same evaluation surveys.

Interviews and focus groups: Qualitative data was then collected by undertaking semi-structured interviews and mini focus groups with a total of 13 participants who were employees working within the Hertfordshire and West Essex Integrated Care System geographical area who had undertaken safeguarding training between the period April 1st 2021 – April 30th 2022. This was primarily to add depth to the findings from the survey data, in particular, the efficacy, quality, training, content, style and delivery of training and its impact on safeguarding practice.

Key findings

Quantitative survey data

- The training events successfully achieved their aim.
- Training facilitators demonstrated a comprehensive understanding of their subjects.
- Facilitators effectively responded well to queries during training events.
- Trainees reported that they felt able to contribute during the majority of training sessions.
- Trainees reported a better understanding of the subject matter across almost all 29 various training events.
- Trainees reported that the course would positively influence their future practice.
- The training mostly enhanced trainees' understanding of their roles in inter-agency collaboration.
- The training sessions bolstered the trainees' confidence in terms of inter-agency collaborations.
- The majority of training sessions were perceived as being of appropriate length.
- Statistical analysis suggested that as the number of trainees per session increased, the ability for each trainee to contribute slightly decreased.

Qualitative survey data

Thematic analysis of the qualitative survey data identified 5 key themes.

1. **Knowledge acquisition:** For the most part, training was successful at providing new knowledge in specific subject areas that were useful for trainees. However, some trainees felt that the training was not always relevant to their professional role.
2. **Attitudinal change:** Trainees reported a number of positive attitudinal changes resulting from training, including increased confidence in their practice, feeling of empowerment, greater preparedness to deal with safeguarding issues and to act as advocates for at risk clients / service users. Shifts in thinking, such as heightened self-awareness and sensitivity towards vulnerable and at risk populations, were also reported.

3. **Consequences of training:** Trainees identified several potential consequences of training for service users, staff, professional practice and future training. For clients, benefits related to trainees sharing and using new information and resources, and greater sensitivity and understandings of contexts and risk.
4. **Training delivery:** There was a preference for online rather than in person training delivery, with the main advantage being convenience to attend. However, this resulted in missed opportunities for networking and discussion. Break out rooms offered potential for cross disciplinary group work but were not always well managed. Creative use of technology to enhance learning was highly valued.
5. **Gaps in training / course content:** Gaps highlighted related to individual training events. Overall, trainees wanted more context and population specific content and knowledge about particular procedures and processes that would enhance the transfer of learning to their professional role. Use of case studies from practice was a suggestion to remedy this. Trainees reported a willingness to address perceived gaps in knowledge independently following the training.

Interview and focus group qualitative data

Interviews and focus groups were carried out with 13 staff who were working across Hertfordshire and West Essex ICS and who had received training during the target time period; this data collection focused on topics that had arisen from the evaluation survey data and was of particular interest to the commissioners of this study. This included the impact of safeguarding training on practice, training delivery and the switch from in person to online. Thematic analysis identified 3 main themes:

1. Value of training
2. Facilitation of training
3. Support

1. **Value of training:** This theme relates to the value added to safeguarding in practice as a result of the training and was made of 3 subthemes: Value added to professional roles; skills and knowledge development and dissemination of knowledge. Participants spoke positively about the value that training had added to enable them to carry out their professional role more effectively, providing illustrative examples where training had made a direct impact on their practice.

2. **Facilitation of training:** This theme concerns the delivery and organisation of training and was made up of the following subthemes: Qualities and skills of the trainer; delivery methods and balance of online versus face to face delivery. The delivery style of the trainer was key to effective training; tools used to facilitate engagement were highly valued, such as the use of case studies and examples from practice. On balance, online delivery was preferred because of convenience and time saving suggestions were offered for mitigating the loss of networking opportunities in the switch away from in person to online training.

3. **Support:** Overall, support provided by management for staff to attend and disseminate information about training was mostly positive. However, well-being support during the training was not always well managed and suggestions were given in terms of how to better manage this for trainees.

The Report

This report summarises the findings of the evaluation of safeguarding training across Hertfordshire and West Essex ICS: The SafeTE study, commissioned by the Safeguarding Adults Board and Safeguarding Children Partnership, Hertfordshire and West Essex ICS and carried out by the University of Hertfordshire between April 1st 2023 and January 31st 2024.

Safeguarding training has always underpinned health and social care practices and has been mandatory for those working with at risk people in all health, care, and education environments (Skills for Health, 2022). The Care Act (2014) highlights six areas of focus in relation to the safeguarding of adults: Empowerment, prevention, proportionality, protection, partnership and accountability. The safeguarding of children is a legal requirement (section 11, Children Act, 2004) with government guidance (HM Government, 2023) further supporting this.

Safeguarding training aims to develop a workforce who feel empowered to take the appropriate action when concerns are raised so that at risk people, across the life course, are protected and receive the support that they need. Safeguarding training is offered at different levels to reflect the diversity of the health and social care workforce as well as their differing roles and responsibilities. Clinical Commissioning Groups [CCGs] were implemented in 2013 as a result of the Health and Social Care Act (2012), replacing Primary Care Trusts. CCGs were responsible for the maintenance of high-quality service delivery across all the provider services. This responsibility embraced safeguarding and the need to protect at risk children, young people, and adults from harm. From 1st July 2022, because of the Health and Care Act (2022), CCGs ceased to exist, and ICSs were established. The ICSs facilitate the working together of health and care organisations in a particular locality. Each ICS has two constitutional components: An Integrated Care Partnership [ICP] and an Integrated Care Board [ICB]. ICBs have responsibility for planning services, including those previously undertaken by CCGs; the ICP works as a statutory committee and comprises of partner organisations (including those from the voluntary, community and social enterprise sectors) from across the local area.

Recent changes to the organisation and commissioning of services meant it was timely to evaluate previous safeguarding training in order to inform the design and delivery of future educational approaches. In addition, lessons from safeguarding Training Evaluation and Analysis Frameworks suggest that improving knowledge and skills across workforces should evaluate the quality and effectiveness of training delivery, the impact of working together and test the short- and longer-term benefits of training outcomes (childandfamilytraining.org, n.d). Between 01.04.2021 and 31.03.2022 over 190 safeguarding adult and safeguarding children training sessions were accessed by 5,271 delegates from statutory and non-statutory agencies in the Hertfordshire and West Essex geographical area. The training comprised of 54 safeguarding adults and safeguarding children generic and bespoke sessions, delivered via an online platform and face to face methods.

The evaluation was been led by the Department of Nursing Health and Wellbeing in the School of Health and Social Work, University of Hertfordshire. An expert reference group of safeguarding practice experts from Hertfordshire Safeguarding Children Partnership and the Hertfordshire Safeguarding Adults Board worked with the project team in an advisory and supportive capacity.

Aim: To evaluate safeguarding training that was delivered between 01.04.2021 and 31.03.2022 to a range of frontline staff working within the Hertfordshire and West Essex area.

Objectives:

1. To ascertain the experiences and perceptions of a range of frontline staff (working within the Hertfordshire and West Essex area) in terms of the safeguarding training that they received.
2. To ascertain whether a range of frontline staff (working within the Hertfordshire and West Essex area) perceived that there was an impact on their practice as a result of undertaking safeguarding training.

Information in this report is derived from data collected via:

- Training evaluation surveys collected from staff who had undertaken safeguarding training within the Hertfordshire and West Essex area between 01.04.2021 and 31.03.2022.
- Interviews and focus groups with professionals working within Hertfordshire and West Essex area during the evaluation period of April 2021 – April 2022.

All aspects of the project, including the writing of this report, were undertaken by the research team: Rosemary Godbold (Project Lead) [RG], Lisa Whiting (Co-project lead) [LW], Honey-Anne Greco [HG] and Anthony Herbland [AH].

Methodological approach: A mixed method evaluative approach, incorporating quantitative and qualitative data collection strategies was employed.

Evaluation surveys: Quantitative data from 2415 retrospectively collected evaluation surveys were analysed using descriptive statistics. Thematic analysis was used to analyse the qualitative data collected in response to open-ended questions that were included in the same evaluation surveys.

Interviews and focus groups: Qualitative data was then collected by undertaking semi-structured interviews and mini focus groups with a total of 13 participants who were employees working within the Hertfordshire and West Essex Integrated Care System geographical area and who had undertaken safeguarding training between April 1st 2021 – April 30th 2022. This was primarily to add depth to the findings from the survey data, in particular, the efficacy, quality, training, content, style and delivery of training and its impact on safeguarding practice.

This report presents the findings of this study in 3 main sections, incorporating further detail about the methodological approach used at each stage.

1. Quantitative analysis of training evaluation surveys.
2. Thematic analysis of qualitative data derived from the open-ended questions in the training evaluation survey.
3. Interviews and focus groups with 13 staff working within Hertfordshire and West Essex ICS who had undertaken safeguarding training during April 1st 2021 – April 30th 2022

The report concludes by summarising the findings across the data sets and providing recommendations.

1. Quantitative analysis of training evaluation surveys

Introduction

This section of the report presents a comprehensive evaluation of 135 training sessions covering 29 different events conducted between April 1st 2021 and March 22nd 2022 and is based on 2415 individual feedback submissions collected from trainees immediately after their training. These responses were gathered from a diverse range of participants across each session; they provided a robust dataset for understanding the effectiveness, impact, and areas for improvement in the training sessions conducted.

The main objective of the evaluation was to analyse the feedback so as to identify key patterns and trends, draw meaningful conclusions, and ultimately inform future staff development. The feedback was dissected through various lenses, including the quality of content, the effectiveness of delivery, and its capacity to guide and shape future practices. We highlighted areas of success, where training evaluation survey responses indicated that training sessions met or exceeded expectations. We also explored areas requiring further development or adjustment with the goal of providing data-driven insights that can guide future decision-making. This part of the report is divided into sections, each focusing on a specific aspect of the training sessions. Graphs, tables, and other visual aids supplement the text.

Summary

The quantitative data is overwhelmingly positive and what follows are key highlights from the analysis of the survey data.

- The training events successfully achieved their aim.
- Training facilitators demonstrated a comprehensive understanding of their subject.
- Facilitators effectively responded well to queries during training events.
- Trainees reported that they felt able to contribute during the majority of the sessions.
- Trainees reported a better understanding of the subject matter across almost all 29 various training events.
- Trainees reported that the course would positively influence their future practice.
- The training mostly enhanced trainees' understanding of their roles in inter-agency collaboration (this was from all sessions).
- The training sessions bolstered the trainees' confidence in terms of inter-agency collaboration.
- The majority of training sessions were perceived as being of appropriate length.
- Statistical analysis suggested that as the number of trainees per session increased, the ability for each trainee to contribute slightly decreased.

1.1 Descriptive analysis

A total of 1595 trainees were affiliated with the Hertfordshire Safeguarding Children Partnership [HSCP] group, while 235 trainees were affiliated with the Hertfordshire Safeguarding Adults Board [HSAB]. Additionally, 585 trainees participated in a joint initiative that involved both the HSCP and HSAB groups. The attendance summary for the training sessions is depicted in Table 1.

Table 1: Attendance for the different training sessions

Events	Number of trainees	Number of sessions	Trainees / session
Child Protection Conference Training	58	5	11.6
Child Sexual Exploitation Prevention, Protection and Investigation	50	4	12.5
Disguised Compliance & Avoidant Families	48	3	16
Emotional Wellbeing and Coping Strategies	94	6	15.7
Graded Care Profile Lite Bite - A tool to be used when on-going Neglect is of concern	55	6	9.2
How to have Conversations with Adolescents about Mental Health	70	5	14
HSAB Multi-Agency Safeguarding Adults Awareness training	100	5	20
Introduction To Mental Health	73	6	12.2
Physical Abuse in Children, (training includes Suspicious Marks/Bruising in Infants under Six Months)	112	4	28
Safeguarding and Child Protection Multi Agency course	295	12	24.6
Safeguarding Vulnerable Groups	31	2	15.5
Spot the Signs (Youth Suicide Prevention Course)	72	6	12
The Trio of Risk (Domestic Abuse, Mental Health and Substance Misuse).	100	4	25
Understanding and Identifying Neglect with a focus on Early Help	71	4	17.8
Voice of the Child	42	4	10.5
Working with Mothers with Emotionally Unstable Personality Disorder	108	4	27
Contextual Safeguarding Jan 2022	49	3	16.3
Learning Hub - Safeguarding ADHD/Autism Nov 21	105	5	21
Learning Hub - The Impact and Dynamics of Domestic Abuse 2022	126	5	25.2
Lunch & Learn - Bruising Policy 21	85	5	17
Lunch & Learn - Domestic Abuse 21	43	2	21.5
Lunch & Learn: Prevent: Misogyny & Violence Against Women and Girls in the context of Extremism	58	4	14.5
Mental Health Awareness-HSAB 21	59	5	11.8
Motivational Interviewing 20/21	63	4	15.8
Spot the Signs Suicide Prevention Training for Adult Practitioners	76	5	15.2
Supervision; An Introduction	37	4	9.3
Trauma Informed Practice - Warren Larkin Associates	67	3	22.3
Trauma Insight Training - For Baby's Sake	171	7	24.4
Twilight Sessions- Everyone's Invited Feb 2022	97	3	32.3

The training sessions most attended were the 'Safeguarding and Child Protection Multi Agency course', 'Trauma Insight Training - For Baby's Sake', and 'The Impact and Dynamics of Domestic Abuse'. These sessions saw a higher number of participants, with attendance figures standing at 295, 171, and 126 respectively. All the training sessions were all delivered online either via Microsoft Teams (n=121) or via Zoom (n=14).

1.2 Did the course meet its aim?

The training events achieved their aim. Among the 29 events, 17 received full agreement from the participants that the course effectively met its aims. The event with the lowest agreement percentage was 'Motivational Interviewing' where 95.2% of respondents affirmed that the course met its intended aim. Table 2 summaries the analysis of the respondents' perception of how the courses were aligned with their aims.

Table 2: Summary statistics on the courses fulfilling their aim.

Event	Strongly disagree	Disagree	Agree	Strongly agree	Overall agree
Child Sexual Exploitation Prevention, Protection and Investigation	0 (0%)	0 (0%)	12 (24%)	38 (76%)	100%
Lunch & Learn: Prevent: Misogyny & Violence Against Women and Girls in the context of Extremism	0 (0%)	0 (0%)	18 (31.6%)	39 (68.4%)	100%
Spot the Signs (Youth Suicide Prevention Course)	0 (0%)	0 (0%)	23 (32.4%)	48 (67.6%)	100%
Contextual Safeguarding Jan 2022	0 (0%)	0 (0%)	16 (32.7%)	33 (67.3%)	100%
Child Protection Conference Training	0 (0%)	0 (0%)	19 (32.8%)	39 (67.2%)	100%
Mental Health Awareness-HSAB 21	0 (0%)	0 (0%)	20 (34.5%)	38 (65.5%)	100%
Understanding and Identifying Neglect with a focus on Early Help	0 (0%)	0 (0%)	24 (34.8%)	45 (65.2%)	100%
Working with Mothers with Emotionally Unstable Personality Disorder	0 (0%)	0 (0%)	39 (36.4%)	68 (63.6%)	100%
Emotional Wellbeing and Coping Strategies	0 (0%)	0 (0%)	36 (39.1%)	56 (60.9%)	100%
Introduction To Mental Health	0 (0%)	0 (0%)	29 (39.7%)	44 (60.3%)	100%
Voice of the Child	0 (0%)	0 (0%)	17 (40.5%)	25 (59.5%)	100%
Disguised Compliance & Avoidant Families	0 (0%)	0 (0%)	21 (43.7%)	27 (56.3%)	100%
Lunch & Learn - Bruising Policy 21	0 (0%)	0 (0%)	37 (44%)	47 (56%)	100%
Safeguarding Vulnerable Groups.	0 (0%)	0 (0%)	15 (48.4%)	16 (51.6%)	100%
Lunch & Learn - Domestic Abuse 21	0 (0%)	0 (0%)	22 (51.2%)	21 (48.8%)	100%
Twilight Sessions- Everyone's Invited Feb 2022	0 (0%)	0 (0%)	59 (60.8%)	38 (39.2%)	100%
Supervision; An Introduction	0 (0%)	0 (0%)	23 (62.2%)	14 (37.8%)	100%
Safeguarding and Child Protection Multi Agency course	1 (0.3%)	1 (0.3%)	131 (44.6%)	161 (54.8%)	99.4%
Learning Hub - The Impact and Dynamics of Domestic Abuse 2022	1 (0.8%)	0 (0%)	28 (22.4%)	96 (76.8%)	99.2%
Physical Abuse in Children, (training includes Suspicious Marks/Bruising in Infants under Six Months)	1 (0.9%)	0 (0%)	47 (42%)	64 (57.1%)	99.1%
Learning Hub - Safeguarding ADHD/Autism Nov 21	1 (1%)	0 (0%)	35 (33.3%)	69 (65.7%)	99%
HSAB Multi-Agency Safeguarding Adults Awareness training	0 (0%)	1 (1%)	50 (50.5%)	48 (48.5%)	99%

Spot the Signs Suicide Prevention Training for Adult Practitioners	1 (1.3%)	0 (0%)	25 (32.9%)	50 (65.8%)	98.7%
Trauma Informed Practice - Warren Larkin Associates	0 (0%)	1 (1.5%)	24 (35.8%)	42 (62.7%)	98.5%
Graded Care Profile Lite Bite - A tool to be used when on-going Neglect is of concern	1 (1.8%)	0 (0%)	14 (25.5%)	40 (72.7%)	98.2%
The Trio of Risk (Domestic Abuse, Mental Health and Substance Misuse).	1 (1%)	2 (2%)	44 (44%)	53 (53%)	97%
Trauma Insight Training - For Baby's Sake	2 (1.2%)	3 (1.8%)	98 (57.6%)	67 (39.4%)	97%
How to have Conversations with Adolescents about Mental Health	0 (0%)	3 (4.4%)	35 (51.5%)	30 (44.1%)	95.6%
Motivational Interviewing 20/21	1 (1.6%)	2 (3.2%)	30 (47.6%)	30 (47.6%)	95.2%

1.3 Were the facilitators well informed?

The facilitators for the events demonstrated a comprehensive understanding of their respective subjects. Out of the 29 events conducted, 19 had unanimous approval from the participants; this reflects the facilitators' effective delivery and successful communication of the information. Table 3 summarises the respondents' perception on how well their facilitators were informed.

Table 3: Trainee-perceived knowledge of the facilitators in their respective subjects

Events	Strongly disagree	Disagree	Agree	Strongly agree	Overall agree
Mental Health Awareness-HSAB 21	0 (0%)	0 (0%)	11 (19.6%)	45 (80.4%)	100%
Lunch & Learn: Prevent: Misogyny & Violence Against Women and Girls in the context of Extremism	0 (0%)	0 (0%)	11 (20%)	44 (80%)	100%
Child Sexual Exploitation Prevention, Protection and Investigation	0 (0%)	0 (0%)	10 (21.3%)	37 (78.7%)	100%
Contextual Safeguarding Jan 2022	0 (0%)	0 (0%)	10 (21.3%)	37 (78.7%)	100%
Voice of the Child	0 (0%)	0 (0%)	9 (22%)	32 (78%)	100%
Child Protection Conference Training	0 (0%)	0 (0%)	13 (22.4%)	45 (77.6%)	100%
Understanding and Identifying Neglect with a focus on Early Help	0 (0%)	0 (0%)	17 (24.6%)	52 (75.4%)	100%
Working with Mothers with Emotionally Unstable Personality Disorder	0 (0%)	0 (0%)	27 (25.2%)	80 (74.8%)	100%
Spot the Signs (Youth Suicide Prevention Course)	0 (0%)	0 (0%)	20 (28.6%)	50 (71.4%)	100%
Trauma Informed Practice - Warren Larkin Associates	0 (0%)	0 (0%)	20 (30.3%)	46 (69.7%)	100%

Disguised Compliance & Avoidant Families	0 (0%)	0 (0%)	15 (31.9%)	32 (68.1%)	100%
Lunch & Learn - Bruising Policy 21	0 (0%)	0 (0%)	28 (34.1%)	54 (65.9%)	100%
Emotional Wellbeing and Coping Strategies	0 (0%)	0 (0%)	32 (35.6%)	58 (64.4%)	100%
HSAB Multi-Agency Safeguarding Adults Awareness training	0 (0%)	0 (0%)	35 (35.7%)	63 (64.3%)	100%
Safeguarding Vulnerable Groups.	0 (0%)	0 (0%)	11 (36.7%)	19 (63.3%)	100%
Lunch & Learn - Domestic Abuse 21	0 (0%)	0 (0%)	17 (40.5%)	25 (59.5%)	100%
Twilight Sessions- Everyone's Invited Feb 2022	0 (0%)	0 (0%)	43 (44.8%)	53 (55.2%)	100%
Supervision; An Introduction	0 (0%)	0 (0%)	19 (51.4%)	18 (48.6%)	100%
Introduction To Mental Health	0 (0%)	0 (0%)	24 (33.3%)	48 (66.7%)	100%
Safeguarding and Child Protection Multi Agency course	1 (0.3%)	0 (0%)	85 (29.4%)	203 (70.2%)	99.7%
Learning Hub - The Impact and Dynamics of Domestic Abuse 2022	1 (0.8%)	0 (0%)	18 (14.5%)	105 (84.7%)	99.2%
Physical Abuse in Children, (training includes Suspicious Marks/Bruising in Infants under Six Months)	1 (0.9%)	0 (0%)	40 (35.7%)	71 (63.4%)	99.1%
Learning Hub - Safeguarding ADHD/Autism Nov 21	1 (1%)	0 (0%)	20 (19.4%)	82 (79.6%)	99%
The Trio of Risk (Domestic Abuse, Mental Health and Substance Misuse).	1 (1%)	0 (0%)	32 (32.3%)	66 (66.7%)	99%
Spot the Signs Suicide Prevention Training for Adult Practitioners	1 (1.3%)	0 (0%)	17 (22.4%)	58 (76.3%)	98.7%
How to have Conversations with Adolescents about Mental Health	0 (0%)	1 (1.4%)	23 (32.9%)	46 (65.7%)	98.6%
Motivational Interviewing 20/21	1 (1.6%)	0 (0%)	19 (30.6%)	42 (67.7%)	98.4%
Graded Care Profile Lite Bite - A tool to be used when on-going Neglect is of concern	1 (1.8%)	0 (0%)	4 (7.3%)	50 (90.9%)	98.2%
Trauma Insight Training - For Baby's Sake	2 (1.2%)	1 (0.6%)	73 (43.5%)	92 (54.8%)	98.2%

1.4 Did the facilitators respond well to questions?

The facilitators demonstrated adeptness in addressing queries during the sessions. From the 29 different events, 14 achieved full consensus from the participants, serving as a testament to the facilitators' expertise and understanding of their respective subject. Table 4 summarises the respondents' perception on how well their facilitators responded to questions.

Table 4: Trainee-perceived efficacy of facilitators in responding to subject-specific questions

Events	Strongly disagree	Disagree	Agree	Strongly agree	Overall agree
Mental Health Awareness-HSAB 21	0 (0%)	0 (0%)	12 (20.7%)	46 (79.3%)	100%
Child Sexual Exploitation Prevention, Protection and Investigation	0 (0%)	0 (0%)	13 (27.1%)	35 (72.9%)	100%
Contextual Safeguarding Jan 2022	0 (0%)	0 (0%)	14 (29.2%)	34 (70.8%)	100%
Spot the Signs (Youth Suicide Prevention Course)	0 (0%)	0 (0%)	23 (32.4%)	48 (67.6%)	100%
Understanding and Identifying Neglect with a focus on Early Help	0 (0%)	0 (0%)	24 (35.3%)	44 (64.7%)	100%
Child Protection Conference Training	0 (0%)	0 (0%)	20 (35.7%)	36 (64.3%)	100%
Voice of the Child	0 (0%)	0 (0%)	15 (35.7%)	27 (64.3%)	100%
Lunch & Learn: Prevent: Misogyny & Violence Against Women and Girls in the context of Extremism	0 (0%)	0 (0%)	22 (39.3%)	34 (60.7%)	100%
Lunch & Learn - Bruising Policy 21	0 (0%)	0 (0%)	32 (39.5%)	49 (60.5%)	100%
Disguised Compliance & Avoidant Families	0 (0%)	0 (0%)	19 (40.4%)	28 (59.6%)	100%
Trauma Informed Practice - Warren Larkin Associates	0 (0%)	0 (0%)	27 (40.9%)	39 (59.1%)	100%
Supervision; An Introduction	0 (0%)	0 (0%)	17 (45.9%)	20 (54.1%)	100%
Safeguarding Vulnerable Groups.	0 (0%)	0 (0%)	15 (48.4%)	16 (51.6%)	100%
Lunch & Learn - Domestic Abuse 21	0 (0%)	0 (0%)	23 (54.8%)	19 (45.2%)	100%
Physical Abuse in Children, (training includes Suspicious Marks/Bruising in Infants under Six Months)	0 (0%)	1 (0.9%)	43 (38.7%)	67 (60.4%)	99.1%
Safeguarding and Child Protection Multi Agency course	1 (0.3%)	2 (0.7%)	98 (33.6%)	191 (65.4%)	99%
The Trio of Risk (Domestic Abuse, Mental Health and Substance Misuse).	1 (1%)	0 (0%)	42 (42%)	57 (57%)	99%
HSAB Multi-Agency Safeguarding Adults Awareness training	0 (0%)	1 (1%)	43 (44.3%)	53 (54.6%)	98.9%
Emotional Wellbeing and Coping Strategies	0 (0%)	1 (1.1%)	43 (47.8%)	46 (51.1%)	98.9%
Spot the Signs Suicide Prevention Training for Adult Practitioners	1 (1.4%)	0 (0%)	18 (25%)	53 (73.6%)	98.6%
Introduction To Mental Health	0 (0%)	1 (1.4%)	25 (34.7%)	46 (63.9%)	98.6%
How to have Conversations with Adolescents about Mental Health	0 (0%)	1 (1.4%)	33 (47.1%)	36 (51.4%)	98.5%
Motivational Interviewing 20/21	1 (1.6%)	0 (0%)	17 (27.9%)	43 (70.5%)	98.4%
Learning Hub - The Impact and Dynamics of Domestic Abuse 2022	1 (0.8%)	1 (0.8%)	40 (32.3%)	82 (66.1%)	98.4%
Graded Care Profile Lite Bite - A tool to be used when on-going Neglect is of concern	1 (1.8%)	0 (0%)	10 (18.2%)	44 (80%)	98.2%
Learning Hub - Safeguarding ADHD/Autism Nov 21	1 (1%)	1 (1%)	24 (22.9%)	79 (75.2%)	98.1%
Twilight Sessions- Everyone's Invited Feb 2022	0 (0%)	3 (3.3%)	59 (64.1%)	30 (32.6%)	96.7%

Trauma Insight Training - For Baby's Sake	2 (1.2%)	4 (2.4%)	85 (51.5%)	74 (44.8%)	96.3%
Working with Mothers with Emotionally Unstable Personality Disorder	1 (0.9%)	4 (3.7%)	43 (39.8%)	60 (55.6%)	95.4%

1.5 Did you feel you were you able to fully contribute to the training session?

The trainees reported that they were able to contribute during the training sessions. Out of the 29 events, three had unanimous agreement from the participants, indicating that a high level of engagement was fostered by the facilitators. However, the session titled 'Working with Mothers with Emotionally Unstable Personality Disorder' received the lowest rating, with 13.1% of trainees expressing their inability to actively contribute. Table 5 illustrates the trainees' perceptions regarding their ability to contribute to the training sessions.

Table 5: Trainee-perceived level of contribution in training sessions

Events	Strongly disagree	Disagree	Agree	Strongly agree	Overall agree
Mental Health Awareness-HSAB 21	0 (0%)	0 (0%)	22 (39.3%)	34 (60.7%)	100%
Child Protection Conference Training	0 (0%)	0 (0%)	25 (43.9%)	32 (56.1%)	100%
Supervision; An Introduction	0 (0%)	0 (0%)	22 (59.5%)	15 (40.5%)	100%
Understanding and Identifying Neglect with a focus on Early Help	0 (0%)	1 (1.4%)	31 (44.9%)	37 (53.6%)	98.5%
Trauma Informed Practice - Warren Larkin Associates	0 (0%)	1 (1.5%)	38 (58.5%)	26 (40%)	98.5%
Physical Abuse in Children, (training includes Suspicious Marks/Bruising in Infants under Six Months)	0 (0%)	2 (1.8%)	63 (57.3%)	45 (40.9%)	98.2%
Contextual Safeguarding Jan 2022	0 (0%)	1 (2.1%)	17 (35.4%)	30 (62.5%)	97.9%
Spot the Signs Suicide Prevention Training for Adult Practitioners	1 (1.4%)	1 (1.4%)	30 (41.7%)	40 (55.6%)	97.3%
How to have Conversations with Adolescents about Mental Health	0 (0%)	2 (2.9%)	38 (55.1%)	29 (42%)	97.1%
Motivational Interviewing 20/21	1 (1.6%)	1 (1.6%)	32 (50.8%)	29 (46%)	96.8%
Safeguarding Vulnerable Groups.	0 (0%)	1 (3.2%)	18 (58.1%)	12 (38.7%)	96.8%
Graded Care Profile Lite Bite - A tool to be used when on-going Neglect is of concern	1 (1.9%)	1 (1.9%)	15 (27.8%)	37 (68.5%)	96.3%
Lunch & Learn - Bruising Policy 21	0 (0%)	3 (3.6%)	49 (59%)	31 (37.3%)	96.3%
HSAB Multi-Agency Safeguarding Adults Awareness training	0 (0%)	4 (4.1%)	58 (59.8%)	35 (36.1%)	95.9%
Disguised Compliance & Avoidant Families	0 (0%)	2 (4.2%)	23 (47.9%)	23 (47.9%)	95.8%
Introduction To Mental Health	0 (0%)	3 (4.2%)	36 (50%)	33 (45.8%)	95.8%
Twilight Sessions- Everyone's Invited Feb 2022	0 (0%)	4 (4.2%)	72 (75.8%)	19 (20%)	95.8%
Spot the Signs (Youth Suicide Prevention Course)	0 (0%)	3 (4.3%)	31 (44.9%)	35 (50.7%)	95.6%
Safeguarding and Child Protection Multi Agency course	2 (0.7%)	11 (3.7%)	143 (48.6%)	138 (46.9%)	95.5%

Learning Hub - Safeguarding ADHD/Autism Nov 21	1 (1%)	4 (3.9%)	36 (35%)	62 (60.2%)	95.2%
The Trio of Risk (Domestic Abuse, Mental Health and Substance Misuse).	1 (1%)	4 (4%)	42 (42.4%)	52 (52.5%)	94.9%
Lunch & Learn: Prevent: Misogyny & Violence Against Women and Girls in the context of Extremism	0 (0%)	3 (5.6%)	27 (50%)	24 (44.4%)	94.4%
Emotional Wellbeing and Coping Strategies	0 (0%)	5 (5.6%)	46 (51.1%)	39 (43.3%)	94.4%
Child Sexual Exploitation Prevention, Protection and Investigation	0 (0%)	3 (6.3%)	19 (39.6%)	26 (54.2%)	93.8%
Learning Hub - The Impact and Dynamics of Domestic Abuse 2022	2 (1.6%)	7 (5.6%)	62 (50%)	53 (42.7%)	92.7%
Voice of the Child	0 (0%)	4 (9.5%)	23 (54.8%)	15 (35.7%)	90.5%
Lunch & Learn - Domestic Abuse 21	0 (0%)	4 (9.8%)	22 (53.7%)	15 (36.6%)	90.3%
Trauma Insight Training - For Baby's Sake	2 (1.2%)	16 (9.4%)	99 (57.9%)	54 (31.6%)	89.5%
Working with Mothers with Emotionally Unstable Personality Disorder	3 (2.8%)	11 (10.3%)	52 (48.6%)	41 (38.3%)	86.9%

1.6 Did the course give you a better understanding of the subject?

Trainees reported high levels of comprehension of the subject matter across the 29 events. In 12 instances, there was unanimous consensus amongst the participants, reflecting a notable enhancement in their subject understanding. Table 6 provides a detailed visualisation of the trainees' self-reported comprehension of the subject post-training.

Table 6: Trainee-perceived improvement in trainees' subject understanding

Events	Strongly disagree	Disagree	Agree	Strongly agree	Overall agree
Mental Health Awareness-HSAB 21	0 (0%)	0 (0%)	14 (24.6%)	43 (75.4%)	100%
Child Sexual Exploitation Prevention, Protection and Investigation	0 (0%)	0 (0%)	17 (34.7%)	32 (65.3%)	100%
Working with Mothers with Emotionally Unstable Personality Disorder	0 (0%)	0 (0%)	38 (35.5%)	69 (64.5%)	100%
Child Protection Conference Training	0 (0%)	0 (0%)	20 (36.4%)	35 (63.6%)	100%
Contextual Safeguarding Jan 2022	0 (0%)	0 (0%)	18 (37.5%)	30 (62.5%)	100%
Understanding and Identifying Neglect with a focus on Early Help	0 (0%)	0 (0%)	28 (40.6%)	41 (59.4%)	100%
Physical Abuse in Children, (training includes Suspicious Marks/Bruising in Infants under Six Months)	0 (0%)	0 (0%)	48 (43.6%)	62 (56.4%)	100%
Voice of the Child	0 (0%)	0 (0%)	20 (47.6%)	22 (52.4%)	100%
Supervision; An Introduction	0 (0%)	0 (0%)	18 (48.6%)	19 (51.4%)	100%
Lunch & Learn - Bruising Policy 21	0 (0%)	0 (0%)	41 (49.4%)	42 (50.6%)	100%
Twilight Sessions- Everyone's Invited Feb 2022	0 (0%)	0 (0%)	57 (60.6%)	37 (39.4%)	100%
Safeguarding Vulnerable Groups.	0 (0%)	0 (0%)	17 (54.8%)	14 (45.2%)	100%

Learning Hub - The Impact and Dynamics of Domestic Abuse 2022	1 (0.8%)	0 (0%)	29 (23.2%)	95 (76%)	99.2%
Emotional Wellbeing and Coping Strategies	0 (0%)	1 (1.1%)	43 (47.3%)	47 (51.6%)	98.9%
Spot the Signs Suicide Prevention Training for Adult Practitioners	0 (0%)	1 (1.4%)	22 (30.1%)	50 (68.5%)	98.6%
Introduction To Mental Health	0 (0%)	1 (1.4%)	38 (52.1%)	34 (46.6%)	98.6%
Lunch & Learn: Prevent: Misogyny & Violence Against Women and Girls in the context of Extremism	1 (1.8%)	0 (0%)	13 (23.6%)	41 (74.5%)	98.2%
Graded Care Profile Lite Bite - A tool to be used when on-going Neglect is of concern	1 (1.9%)	0 (0%)	11 (20.4%)	42 (77.8%)	98.1%
Learning Hub - Safeguarding ADHD/Autism Nov 21	1 (1%)	1 (1%)	32 (31.7%)	67 (66.3%)	98%
HSAB Multi-Agency Safeguarding Adults Awareness training	0 (0%)	2 (2.1%)	48 (50.5%)	45 (47.4%)	97.9%
Disguised Compliance & Avoidant Families	0 (0%)	1 (2.1%)	22 (46.8%)	24 (51.1%)	97.9%
Lunch & Learn - Domestic Abuse 21	0 (0%)	1 (2.4%)	25 (59.5%)	16 (38.1%)	97.6%
Spot the Signs (Youth Suicide Prevention Course)	0 (0%)	2 (2.8%)	23 (32.4%)	46 (64.8%)	97.2%
Trauma Informed Practice - Warren Larkin Associates	0 (0%)	2 (3.1%)	24 (36.9%)	39 (60%)	96.9%
Safeguarding and Child Protection Multi Agency course	1 (0.3%)	9 (3.1%)	133 (45.4%)	150 (51.2%)	96.6%
Trauma Insight Training - For Baby's Sake	3 (1.8%)	4 (2.4%)	97 (57.1%)	66 (38.8%)	95.9%
The Trio of Risk (Domestic Abuse, Mental Health and Substance Misuse).	2 (2.1%)	2 (2.1%)	44 (46.3%)	47 (49.5%)	95.8%
How to have Conversations with Adolescents about Mental Health	0 (0%)	3 (4.5%)	35 (53%)	28 (42.4%)	95.5%
Motivational Interviewing 20/21	2 (3.3%)	1 (1.6%)	27 (44.3%)	31 (50.8%)	95.1%

1.7 Will the course inform your future practice?

Trainees overwhelmingly reported that the course would significantly influence their future practice. Among the 29 events, there was unanimous consensus from participants in 12 instances, underscoring the relevance of the course for their forthcoming professional activities. Table 7 presents the trainees' perception of how the course informed their future practice.

Table 7: Trainee-perceived impact of the course to inform their future practice

Events	Strongly disagree	Disagree	Agree	Strongly agree	Overall agree
Child Protection Conference Training	0 (0%)	0 (0%)	20 (35.1%)	37 (64.9%)	100%
Contextual Safeguarding Jan 2022	0 (0%)	0 (0%)	17 (35.4%)	31 (64.6%)	100%
Mental Health Awareness-HSAB 21	0 (0%)	0 (0%)	21 (35.6%)	38 (64.4%)	100%
Child Sexual Exploitation Prevention, Protection and Investigation	0 (0%)	0 (0%)	18 (36%)	32 (64%)	100%

Spot the Signs (Youth Suicide Prevention Course)	0 (0%)	0 (0%)	29 (40.8%)	42 (59.2%)	100%
Physical Abuse in Children, (training includes Suspicious Marks/Bruising in Infants under Six Months)	0 (0%)	0 (0%)	50 (44.6%)	62 (55.4%)	100%
Understanding and Identifying Neglect with a focus on Early Help	0 (0%)	0 (0%)	31 (44.9%)	38 (55.1%)	100%
Lunch & Learn - Bruising Policy 21	0 (0%)	0 (0%)	37 (45.1%)	45 (54.9%)	100%
Voice of the Child	0 (0%)	0 (0%)	21 (51.2%)	20 (48.8%)	100%
Supervision; An Introduction	0 (0%)	0 (0%)	20 (54.1%)	17 (45.9%)	100%
Safeguarding Vulnerable Groups.	0 (0%)	0 (0%)	18 (58.1%)	13 (41.9%)	100%
Twilight Sessions- Everyone's Invited Feb 2022	0 (0%)	0 (0%)	64 (66.7%)	32 (33.3%)	100%
Learning Hub - The Impact and Dynamics of Domestic Abuse 2022	1 (0.8%)	0 (0%)	31 (24.8%)	93 (74.4%)	99.2%
Learning Hub - Safeguarding ADHD/Autism Nov 21	1 (1%)	0 (0%)	42 (40.4%)	61 (58.7%)	99.1%
Working with Mothers with Emotionally Unstable Personality Disorder	0 (0%)	1 (0.9%)	41 (38.3%)	65 (60.7%)	99%
Safeguarding and Child Protection Multi Agency course	1 (0.3%)	2 (0.7%)	153 (52.2%)	137 (46.8%)	99%
HSAB Multi-Agency Safeguarding Adults Awareness training	0 (0%)	1 (1%)	59 (61.5%)	36 (37.5%)	99%
Emotional Wellbeing and Coping Strategies	0 (0%)	1 (1.1%)	47 (51.6%)	43 (47.3%)	98.9%
Introduction To Mental Health	0 (0%)	1 (1.4%)	39 (54.2%)	32 (44.4%)	98.6%
Graded Care Profile Lite Bite - A tool to be used when on-going Neglect is of concern	1 (1.8%)	0 (0%)	16 (29.1%)	38 (69.1%)	98.2%
Disguised Compliance & Avoidant Families	0 (0%)	1 (2.1%)	22 (45.8%)	25 (52.1%)	97.9%
Lunch & Learn - Domestic Abuse 21	0 (0%)	1 (2.5%)	27 (67.5%)	12 (30%)	97.5%
Spot the Signs Suicide Prevention Training for Adult Practitioners	1 (1.3%)	1 (1.3%)	28 (36.8%)	46 (60.5%)	97.3%
How to have Conversations with Adolescents about Mental Health	0 (0%)	2 (2.9%)	37 (52.9%)	31 (44.3%)	97.2%
The Trio of Risk (Domestic Abuse, Mental Health and Substance Misuse).	2 (2%)	1 (1%)	49 (49%)	48 (48%)	97%
Trauma Informed Practice - Warren Larkin Associates	0 (0%)	2 (3.1%)	29 (44.6%)	34 (52.3%)	96.9%
Lunch & Learn: Prevent: Misogyny & Violence Against Women and Girls in the context of Extremism	1 (1.8%)	1 (1.8%)	24 (42.9%)	30 (53.6%)	96.5%
Motivational Interviewing 20/21	2 (3.2%)	1 (1.6%)	33 (52.4%)	27 (42.9%)	95.3%
Trauma Insight Training - For Baby's Sake	1 (0.6%)	7 (4.1%)	103 (60.2%)	60 (35.1%)	95.3%

1.8 Having attended the training do you have a better understanding of your role within inter-agency working?

The training has enhanced the trainees' understanding of their roles in inter-agency collaboration across all events; in three instances, participants reached a unanimous consensus on this improvement. It is worth noting that the lowest recorded agreement score still stood at 83.9%. The influence of the course on enhancing trainees' understanding of their role in inter-agency collaboration is detailed in Table 8.

Table 8: Trainee-perceived impact of the course on understanding their role in inter-agency collaboration.

Events	Strongly disagree	Disagree	Agree	Strongly agree	Overall agree
Child Protection Conference Training	0 (0%)	0 (0%)	20 (37%)	34 (63%)	100%
Child Sexual Exploitation Prevention, Protection and Investigation	0 (0%)	0 (0%)	25 (50%)	25 (50%)	100%
Safeguarding Vulnerable Groups.	0 (0%)	0 (0%)	22 (71%)	9 (29%)	100%
Spot the Signs (Youth Suicide Prevention Course)	0 (0%)	1 (1.4%)	41 (58.6%)	28 (40%)	98.6%
Mental Health Awareness-HSAB 21	0 (0%)	1 (1.8%)	27 (49.1%)	27 (49.1%)	98.2%
Lunch & Learn: Prevent: Misogyny & Violence Against Women and Girls in the context of Extremism	0 (0%)	1 (1.8%)	34 (61.8%)	20 (36.4%)	98.2%
Lunch & Learn - Bruising Policy 21	1 (1.2%)	1 (1.2%)	49 (59.8%)	31 (37.8%)	97.6%
Supervision; An Introduction	0 (0%)	1 (2.7%)	28 (75.7%)	8 (21.6%)	97.3%
Learning Hub - Safeguarding ADHD/Autism Nov 21	1 (1%)	2 (1.9%)	57 (54.8%)	44 (42.3%)	97.1%
Understanding and Identifying Neglect with a focus on Early Help	0 (0%)	2 (2.9%)	41 (60.3%)	25 (36.8%)	97.1%
Graded Care Profile Lite Bite - A tool to be used when on-going Neglect is of concern	0 (0%)	2 (3.7%)	25 (46.3%)	27 (50%)	96.3%
Learning Hub - The Impact and Dynamics of Domestic Abuse 2022	1 (0.8%)	4 (3.2%)	68 (54.8%)	51 (41.1%)	95.9%
Disguised Compliance & Avoidant Families	0 (0%)	2 (4.3%)	30 (65.2%)	14 (30.4%)	95.6%
Physical Abuse in Children, (training includes Suspicious Marks/Bruising in Infants under Six Months)	0 (0%)	5 (4.5%)	62 (56.4%)	43 (39.1%)	95.5%
Lunch & Learn - Domestic Abuse 21	0 (0%)	2 (4.9%)	26 (63.4%)	13 (31.7%)	95.1%
Introduction To Mental Health	0 (0%)	4 (5.5%)	45 (61.6%)	24 (32.9%)	94.5%
Emotional Wellbeing and Coping Strategies	0 (0%)	5 (5.6%)	56 (62.2%)	29 (32.2%)	94.4%
Safeguarding and Child Protection Multi Agency course	1 (0.3%)	17 (5.8%)	165 (56.7%)	108 (37.1%)	93.8%
HSAB Multi-Agency Safeguarding Adults Awareness training	0 (0%)	6 (6.3%)	57 (59.4%)	33 (34.4%)	93.8%
Spot the Signs Suicide Prevention Training for Adult Practitioners	1 (1.4%)	4 (5.6%)	40 (55.6%)	27 (37.5%)	93.1%
The Trio of Risk (Domestic Abuse, Mental Health and Substance Misuse).	1 (1%)	6 (6.1%)	54 (55.1%)	37 (37.8%)	92.9%

Twilight Sessions- Everyone's Invited Feb 2022	0 (0%)	7 (7.4%)	71 (74.7%)	17 (17.9%)	92.6%
Trauma Informed Practice - Warren Larkin Associates	0 (0%)	5 (7.8%)	37 (57.8%)	22 (34.4%)	92.2%
Contextual Safeguarding Jan 2022	0 (0%)	4 (8.5%)	28 (59.6%)	15 (31.9%)	91.5%
Voice of the Child	0 (0%)	5 (12.2%)	20 (48.8%)	16 (39%)	87.8%
Working with Mothers with Emotionally Unstable Personality Disorder	1 (0.9%)	12 (11.3%)	53 (50%)	40 (37.7%)	87.7%
How to have Conversations with Adolescents about Mental Health	0 (0%)	9 (13.4%)	39 (58.2%)	19 (28.4%)	86.6%
Trauma Insight Training - For Baby's Sake	1 (0.6%)	22 (13.6%)	92 (56.8%)	47 (29%)	85.8%
Motivational Interviewing 20/21	1 (1.6%)	9 (14.5%)	35 (56.5%)	17 (27.4%)	83.9%

1.9 Having attended this training do you feel more confident working on an inter-agency basis?

The training sessions bolstered the trainees' confidence in inter-agency collaboration. In two distinct instances, a unanimous agreement about their elevated confidence was observed among the participants. Of note, even the lowest agreement score was 85.2%, illustrating the efficacy of the training. Table 9 illustrates the boost in trainees' confidence in inter-agency collaboration as a result of the course they attended.

Table 9: Trainee-perceived increased confidence on inter-agency collaboration

Events	Strongly disagree	Disagree	Agree	Strongly agree	Overall agree
Child Protection Conference Training	0 (0.0%)	0 (0.0%)	23 (41.8%)	32 (58.2%)	100.0%
Safeguarding Vulnerable Groups.	0 (0.0%)	0 (0.0%)	24 (77.4%)	7 (22.6%)	100.0%
Spot the Signs (Youth Suicide Prevention Course)	0 (0.0%)	1 (1.4%)	40 (58.0%)	28 (40.6%)	98.6%
Graded Care Profile Lite Bite - A tool to be used when on-going Neglect is of concern	0 (0.0%)	1 (1.8%)	26 (47.3%)	28 (50.9%)	98.2%
Mental Health Awareness-HSAB 21	0 (0.0%)	1 (1.8%)	28 (50.0%)	27 (48.2%)	98.2%
Lunch & Learn: Prevent: Misogyny & Violence Against Women and Girls in the context of Extremism	0 (0.0%)	1 (2.0%)	32 (62.7%)	18 (35.3%)	98.0%
Lunch & Learn - Bruising Policy 21	1 (1.2%)	2 (2.4%)	49 (59.0%)	31 (37.3%)	96.4%
Learning Hub - The Impact and Dynamics of Domestic Abuse 2022	1 (0.8%)	4 (3.2%)	68 (54.8%)	51 (41.1%)	96.0%
Learning Hub - Safeguarding ADHD/Autism Nov 21	1 (1.0%)	3 (3.0%)	57 (57.6%)	38 (38.4%)	96.0%
Child Sexual Exploitation Prevention, Protection and Investigation	0 (0.0%)	2 (4.2%)	21 (43.8%)	25 (52.1%)	95.8%
Introduction To Mental Health	0 (0.0%)	3 (4.2%)	45 (62.5%)	24 (33.3%)	95.8%
Disguised Compliance & Avoidant Families	0 (0.0%)	2 (4.5%)	30 (68.2%)	12 (27.3%)	95.5%

Understanding and Identifying Neglect with a focus on Early Help	0 (0.0%)	3 (4.6%)	41 (63.1%)	21 (32.3%)	95.4%
The Trio of Risk (Domestic Abuse, Mental Health and Substance Misuse).	1 (1.0%)	4 (4.1%)	55 (56.7%)	37 (38.1%)	94.8%
Safeguarding and Child Protection Multi Agency course	0 (0.0%)	15 (5.3%)	162 (57.2%)	106 (37.5%)	94.7%
Physical Abuse in Children, (training includes Suspicious Marks/Bruising in Infants under Six Months)	0 (0.0%)	6 (5.4%)	60 (54.1%)	45 (40.5%)	94.6%
Emotional Wellbeing and Coping Strategies	0 (0.0%)	6 (6.7%)	53 (59.6%)	30 (33.7%)	93.3%
HSAB Multi-Agency Safeguarding Adults Awareness training	0 (0.0%)	7 (7.7%)	53 (58.2%)	31 (34.1%)	92.3%
Trauma Informed Practice - Warren Larkin Associates	0 (0.0%)	5 (7.7%)	39 (60.0%)	21 (32.3%)	92.3%
Lunch & Learn - Domestic Abuse 21	0 (0.0%)	3 (7.7%)	25 (64.1%)	11 (28.2%)	92.3%
Twilight Sessions- Everyone's Invited Feb 2022	0 (0.0%)	7 (7.9%)	68 (76.4%)	14 (15.7%)	92.1%
Spot the Signs Suicide Prevention Training for Adult Practitioners	1 (1.3%)	5 (6.7%)	46 (61.3%)	23 (30.7%)	92.0%
Supervision; An Introduction	0 (0.0%)	3 (8.3%)	26 (72.2%)	7 (19.4%)	91.7%
Contextual Safeguarding Jan 2022	0 (0.0%)	5 (10.6%)	27 (57.4%)	15 (31.9%)	89.4%
How to have Conversations with Adolescents about Mental Health	0 (0.0%)	9 (13.6%)	38 (57.6%)	19 (28.8%)	86.4%
Working with Mothers with Emotionally Unstable Personality Disorder	1 (1.0%)	13 (12.7%)	51 (50.0%)	37 (36.3%)	86.3%
Trauma Insight Training - For Baby's Sake	2 (1.2%)	22 (13.3%)	102 (61.4%)	40 (24.1%)	85.5%
Voice of the Child	0 (0.0%)	6 (14.6%)	21 (51.2%)	14 (34.1%)	85.4%
Motivational Interviewing 20/21	1 (1.6%)	8 (13.1%)	34 (55.7%)	18 (29.5%)	85.2%

1.10 Findings about the course

For the remaining survey questions, the trainees were asked to rate statements where 1 was high and 5 was low. It is noted that using a 1 to 5 scale where 1 is high and 5 is low to rate a statement may be confusing for these reasons:

- Contradiction with common understanding: In most rating scales, a higher number typically represents a higher value or better quality. However, in this case, the scale is reversed, which contradicts the common understanding and may have led to confusion.
- This inverted scale could cause cognitive dissonance because people are accustomed to associating higher numbers with higher rankings. This inversion may lead to misinterpretation or unintended errors when rating a statement.
- Communicating ratings using the reversed scale may result in miscommunication or misinterpretation. The readers of this report may have different expectations of how the scale should be interpreted,

leading to confusion and inaccuracies – to minimise this risk, each table indicates the low and high numerical value.

1.11 Administration of the course

As illustrated in Table 10, the promotion across all the courses was perceived ‘high’, with a dominant mode of 38.9%. The booking procedure across all the courses was perceived ‘high’, with a dominant mode of 52.3%.

Table 10: Summary of the ratings about the administration of the course

	1- High	2	3	4	5 - Low
Promotion of course	923 (38.9%)	579 (24.4%)	394 (16.6%)	232 (9.8%)	246 (10.4%)
Booking procedure	1241 (52.3%)	447 (18.8%)	144 (6.1%)	178 (7.5%)	365 (15.4%)

1.12 Relevance of the course

As shown in Table 11, the relevance of course to their role was perceived ‘high’, with a dominant mode of 50.5%.

Table 11: Summary of the ratings about the relevance of the course

	1- High	2	3	4	5 - Low
Relevance of course to your role	1198 (50.5%)	459 (19.4%)	171 (7.2%)	199 (8.4%)	343 (14.5%)

The trainees' role was particularly influenced by three training sessions:

- Graded Care Profile Lite Bite - A tool to be used when on-going Neglect is of concern: 62.3% (high)
- Understanding and Identifying Neglect with a focus on Early Help: 62.30% (high)
- Child Protection Conference Training: 58.60% (high)

The role of the trainees was minimally impacted by three events:

- Contextual Safeguarding Jan 2022: 40.4% (high)
- Trauma Insight Training - For Baby's Sake: 41.5% (high)
- HSAB Multi-Agency Safeguarding Adults Awareness training: 43.8% (high)

1.13 Increased knowledge of the trainees

The trainees perceived increased in knowledge had a dominant mode of 44.5% (high).

Table 12: Summary of the ratings of the perception of acquiring knowledge.

	1- High	2	3	4	5 - Low
Increased Knowledge	1049 (44.5%)	586 (24.8%)	180 (7.6%)	243 (10.3%)	301 (12.8%)

These three events played the most pivotal role in fostering the trainees' knowledge growth:

- Graded Care Profile Lite Bite - A tool to be used when on-going Neglect is of concern: 61.1% (high)
- Lunch & Learn: Prevent: Misogyny & Violence Against Women and Girls in the context of Extremism: 59.3% (high)
- Learning Hub - The Impact and Dynamics of Domestic Abuse 2022: 55.3% (high)

These three events had the least impact on fostering the trainees' knowledge growth:

- Safeguarding Vulnerable Groups: 30%
- Twilight Sessions- Everyone's Invited Feb 2022: 30.9%
- Trauma Insight Training - For Baby's Sake: 34.9%

1.14 Other findings

Since all the training sessions were online, the following ratings are of mixed relevance to trainees. Poor ratings for networking opportunities and information sharing warranted further exploration – please see the interview and focus group section of this report.

Table 13: Opportunities for networking and information sharing

	1- High	2	3	4	5 - Low
Location	1289 (55.7%)	298 (12.9%)	198 (8.6%)	142 (6.1%)	386 (16.7%)
Facilities	1078 (49.8%)	323 (14.9%)	293 (13.5%)	149 (6.9%)	320 (14.8%)
Networking opportunity	582 (25.0%)	481 (20.7%)	696 (29.9%)	310 (13.3%)	259 (11.1%)
Information sharing	824 (35.9%)	605 (26.4%)	375 (16.3%)	249 (10.8%)	242 (10.5%)

1.15 Views on the length of the training session

The majority of the training sessions (84.2%, n=2034) were perceived as being of appropriate length. However, for a small portion (7.2%, n=174) the sessions were considered too short, while in 6.4% of the cases (n=155), they were deemed too long.

Table 14: The top three sessions where the trainees felt that the duration was too long:

Event	1 - High
Safeguarding Vulnerable Groups.	9 (29.0%)
HSAB Multi-Agency Safeguarding Adults Awareness training	24 (25.0%)
Spot the Signs (Youth Suicide Prevention Course)	12 (16.9%)

Table 15: The top three sessions where the trainees felt that the duration was too short:

Event	1 - High
Lunch & Learn: Prevent: Misogyny & Violence Against Women and Girls in the context of Extremism	25 (44.6%)
Trauma Insight Training - For Baby's Sake	43 (25.4%)
Supervision; An Introduction	8 (23.5%)

1.16 Further statistical analysis

There is no statistically significant association between the groups and how the courses informed their future practice; that is, the trainees from the HSCP, HSAB and joint HSAB/HSCP groups equally benefited from the course, gaining relevant knowledge for their future practice, irrespective of their group affiliation ($\chi(6)=4.25$, $p=0.618$).

A Spearman's rank-order correlation analysis was conducted to ascertain the relationship between the trainees' ability to contribute fully to the training sessions and the number of trainees present per session. The analysis revealed a weak, yet statistically significant, negative correlation ($r_s(2413) = -0.103$, $p < 0.001$), suggesting that as the number of trainees per session increases, the ability for each trainee to contribute fully may slightly decrease. According to the insights gained from the Classification and Regression [C&R] Tree node analysis, we recommend a maximum of 26 trainees per training session to optimally enhance individual contribution. This limit aims to maintain the quality of interaction and ensure that each trainee has the opportunity for active engagement.

2. Thematic analysis of qualitative survey data

Preparing the data:

The qualitative data was extracted from the safeguarding training evaluation survey data of 135 training sessions covering 29 different events conducted between April 1st 2021 and March 22nd 2022, and put into separate word files by research assistant [HG]. This resulted in 29 files of qualitative data, ranging from 2 -12 pages; the open-ended questions on the survey were:

- Will the course inform your future practice? How?
- Training need identified from today's course?
- Any further comments?

Thematic analysis

The data was analysed by HG and RG using Braun and Clarke's 6 phase thematic analysis (Braun & Clarke, 2023, p. 35):

Phase 1: Familiarising yourself with the data set. Both researchers read through a sample of the individual word files to get a sense of the data. HG also familiarised herself with the data during the extraction phase.

Phase 2: Coding. HG began coding the files individually. HG then cross checked the coding and began coding separate individual files using the initial codes. These were inputted into an excel spreadsheet. Where the data matched an existing code, the data was coded accordingly. New codes were added as they were identified. RG carried out coding of 9 of the files to ensure consistency across the analysis.

Phase 3: Generating initial themes. RG looked for patterns in the codes as they were developing and clustered them into groupings of similar codes; this was an iterative process discussed with HG which resulted in candidate themes and subthemes.

Phase 4: Developing and reviewing themes. RG tested the candidate themes and subthemes with the codes identified across the survey data. All codes were placed in subthemes and cross checked by HG.

Phase 5: Refining, defining and naming themes. As subthemes and themes were developed, they were integrated where they were similar or duplicates. Final allocation of codes to themes was then re-checked against the refined candidates (RG) and the allocation of codes to themes and subthemes were cross checked and agreed by HG.

Phase 6: Write up. The report follows here. The data sets, coding and process of thematic analysis are all available in the supplemental files.

2.1 Findings

5 themes were identified:

1. Knowledge acquisition
2. Attitudinal change
3. Consequence of training

4. Training delivery
5. Gaps in training knowledge / course content

2.1.1 Knowledge acquisition

The qualitative survey responses indicated that, for the most part, the training was successful at providing new knowledge in the specific subject area which was useful for trainees. This included subject specific, evidence-based knowledge, resources (such as toolkits and information on local services), spotting signs of abuse, awareness of risk factors, and when to act and how to report, including knowledge about relevant processes and legislation. Trainees widely reported that with the knowledge acquired through training events they had gained an enhanced ability to carry out their job. However, some trainees felt that the training was not relevant to their professional role. A possible solution to this would be to provide a more in-depth overview of the training and who it would be useful for prior to staff signing up to it.



Figure 1. Qualitative survey data theme 1: Knowledge

2.1.2 Attitudinal change

Within the qualitative data trainees reported positive attitudinal changes that had resulted from their training. They mentioned an increased confidence in their practice, feelings of empowerment from greater preparedness to deal with safeguarding issues and an ability to act as advocates for at risk clients / service users. Trainees also described shifts in their thinking, including an increased self-awareness and sensitivity towards vulnerable and at risk populations. For these trainees, the workshops acted as a catalyst for critical self-reflection. Importantly, trainees also reported that the training led to increased professional curiosity.



Figure 2. Qualitative survey data theme 2: Attitudinal change

2.1.3 Consequences of training

Perceived consequences of training were all positive and were categorised into 4 particular areas: For clients, for staff, changes to practice and further training. For clients, benefits related to staff sharing and using new information and resources, and greater sensitivity and understanding of context and risk. Staff saw potential enhancement in their practice which would benefit service users. Training also prompted some to make changes in and / or review current working practices and to do further research and / or training in specific subject areas. It was recommended that the impact of training in practice be further explored in the interviews and focus groups



Figure 3. Qualitative survey data theme 3: Consequences of training

2.1.4 Training delivery

The 4th theme identified relates to how the training was delivered. This included trainees' perceptions of the length and organisation of the training, the knowledge and passion of the trainer, the resources used to facilitate training (before, during and after the workshops), opportunities for networking and input during the training, as well as trainees preferences for either in person or online delivery. The comments were both positive and negative. (Perceived gaps in training are outlined in the next theme.)

There was a greater preference for online delivery, with the main advantage being cited as convenience to attend. However, trainees missed the opportunities for networking and discussion with colleagues that was lost through online delivery. Technical issues were also cited as problematic and may have been symptomatic of the rapid switch from in person to novel, online delivery in response to the pandemic. It was noticed that these issues diminished, presumably as both trainers and trainees became more familiar with using new online delivery technologies. Some trainers were creative in their use of a variety of technologies which enhanced trainee engagement and experience, particularly quizzes, Kahoot!, break out rooms and PowerPoint slides. These efforts were well received, and it is recommended that this kind of content is increased across future training, not only to increase engagement but to also consolidate knowledge and peer learning. The use of breakout rooms was not always successful with trainees describing colleagues turning off their cameras and not participating in discussions. Break out rooms offer the opportunity for



Figure 4. Qualitative survey data theme 4: Training delivery

much needed peer contact, discussion and networking; methods for their positive management are recommended. Overall, trainees want more interaction with their colleagues and the ability to contribute during sessions. Consideration of how these gaps can be addressed was recommended with further exploration in the trainee focus groups and interviews.

The content of training events was largely seen to be easy to understand, relevant, appropriate and fitted well with other training. Views about the length of training was mixed, but if the training was felt to be too short or inadequate, some wanted further training or do their own research on the topic. On the whole, trainers were perceived to be well informed and those seen to be highly knowledgeable and passionate about their subject were particularly positively evaluated. Currency and evidence-based knowledge were also highly regarded, as was the use of case studies to provide practice based examples. The distribution of pre-workshop resources was seen as useful, and this may be a strategy which could be widened to counter some of the perceived problems with training being too short or having insufficient content.

2.1.5 Training gaps

This theme provides an overview of specific training gaps identified by trainees across all training events. Specific gaps identified from individual events have been shared with the commissioners of this study.

Overall, there was an identified need for access to training. Analysis of attendance data is needed to establish how many of those that register for the training actually undertake it. A mechanism for ensuring only those that have an identified need for the training and for ensuring those that sign up attend is recommended. This would also address the issue of relevance and level of training to job role.

Trainees reported an intent to individually address perceived gaps in knowledge content with further reading or accessing other resources, such as more in-depth courses or online training resources. Some wanted more context and population specific content and knowledge about particular procedures and processes which would enhance the transfer of their learning more directly to carrying out their professional role. One strategy for achieving this is the use of case studies which would further illuminate when to act and how to report. More opportunities for professional discussion whereby trainees could share their experiences was also seen as a method for achieving application of learning to practice and clarifying relevance of training to their role.

For many, the resources provided by the training were useful, particularly learning about specific tool kits. However, a gap identified across much of the training was self-management, indicating a need for content which



Figure 5. Qualitative survey data theme 5: Training gaps

For many, the resources provided by the training were useful, particularly learning about specific tool kits. However, a gap identified across much of the training was self-management, indicating a need for content which

addresses how staff can manage their own responses to what can be highly stressful and difficult situations through self-help strategies. Opportunities for interaction during training were very well received. As identified in theme 4, it was recommended that methods for achieving further interaction and networking to address those lost through the switch from face to face to online delivery be explored in the interviews and focus groups.

3. Interviews and focus groups: Methods and findings

This section of the report presents the methods and findings of the qualitative arm of the SafeTE project, including recommendations for future training, some representative examples of good practice and suggestions for improving training received from participants.

3.1 Methods

Between October 17th and November 23rd 2023, 5 individual interviews and 4 'mini' focus groups each with 2 participants (a total of 13 participants), were carried out with various employees of Hertfordshire and West Essex ICS who had undertaken safeguarding training between the period April 1st 2021 – April 30th 2022. The time period was important given the transfer of training from face to face to online resulting from the restrictions imposed by the Covid-19 pandemic. The aim of this qualitative arm of the SafeTE study was to obtain a more in-depth understanding of the impact of safeguarding training on professional practice, the switch from in person to online delivery, and other areas of interest highlighted by the trainee evaluation survey findings.

Recruitment: Administrative staff and managers sent an invitation email to staff who had undertaken a variety of safeguarding training within the specified time frame. Those interested in participating emailed the study team directly who then sent out further information and booked those who agreed to participate into a focus group or interview. All participants signed consent forms which were returned to the research team beforehand.

Data collection: The interview / focus group schedule was developed from the findings of the analysis of the 2,415 training evaluation surveys in consultation with the project's reference group. Of particular interest was the impact of training on practice and participants experiences of training following the switch from in person to online delivery.

The interviews and focus groups took place online via MS Teams. We offered focus groups with 2 participants and individual interviews because of challenges with recruitment and the time constraints for project completion. 2 researchers (RG and HG) facilitated the focus groups and the interviews were carried out by one researcher (either RG or HG) and recorded using the facility on MS Teams with a digital recorder as back up. They ranged between 30 – 60 minutes in length. The transcripts were transcribed verbatim by a professional transcription service.

Ethics approval was granted by The University of Hertfordshire Health, Science, Engineering and Technology Ethics Committee with Delegated Authority (study protocol number HSK/SF/UH/05377). Participants were sent an information sheet outlining the project's goals and what their involvement would entail. Participants all provided signed consent, and were assured that their participation was voluntary, that they could withdraw at any time, and that their involvement in the study would remain confidential.

Data analysis: The interview and focus group data was analysed using Braun and Clarke's 6 step process of thematic analysis which provides a method for 'developing, analysing and interpreting patterns across a qualitative data set' using systematic processes of data coding and theme development (2022, p. 4). Analysis was undertaken jointly by RG and HG using NVIVO qualitative data management software between 7th December and January 19th 2024. See appendix 1 for a full outline of the process of data analysis.

Participants: The participants were from a variety of professions working with both adults and children, including police, community nurses, safeguarding specialists, community protection officers, safety coordinators, accommodation managers, employment, training and education advisors, victim liaison and community protection officers. Participants' exact professional roles have been altered slightly to more generic terms in cases where identifying roles might break the confidentiality of participants. Each participant had attended at least one safeguarding training within the target period, some more. The training events attended included:

- Trauma informed care
- Emotional wellbeing and coping strategies
- Disguised compliance & avoidant families
- Working with homeless adults
- Lunch & learn: Prevent: Misogyny & violence against women and girls in the context of extremism
- Spot the signs youth suicide prevention
- Conversations with adolescents about mental health
- Introduction to mental health
- Mental health & hoarding
- Physical abuse in children.

3.2 Findings

Thematic analysis identified the following 3 themes.

1. Value of training
2. Facilitation of training
3. Support

Themes 1, 2 and 3 have associated subthemes which are summarised in figure 1. What follows is a presentation of the findings, organised by themes and subthemes using representative quotes to illustrate each. Occasionally quotes have been de-identified to avoid breaking confidentiality of participants. For example, where it was possible to identify a specific role or context from a quote, this has been replaced with more general terminology. In addition, participants offered a number of suggestions to improve training events and tips for staff undergoing training which are provided in appendix 2. One of the goals of this project was to identify the impact of training for safeguarding practice and we have extracted specific examples which illustrate substantive impact on practice particularly well; these are included in appendix 3.



Figure 6. Qualitative interview and focus group data: Themes and subthemes.

3.2.1 Theme 1: Value of training

A primary aim of this study was to ascertain the impact of training on the safeguarding practice of those professionals who attended. While time had passed since the training, what follows demonstrates how changes in practice, resulting from what trainees learnt had become embedded in their day-to-day work. This theme was made of three subthemes: **Value added to professional roles, skill and knowledge development and dissemination of knowledge.**

Overall, participants felt that the safeguarding training they had undertaken was relevant to their roles and covered the content they needed.

“Definitely, it is relevant to my role... I need to kind of know what's going on out there.... anything to do with safeguarding, Prevent, anything to do with that, I have to keep my knowledge of that up.” P1

3.2.1.1 Subtheme 1: Value added to role

Participants spoke positively about the value that training had added to enable them to more effectively carry out their professional role. For example, the training had enabled one participant to identify any preconceived ideas they had about the situations they encounter in their job role.

“Teaching us not to use our own unconscious bias in certain situations. Yes. That’s what I’ve taken away, certainly.” P6

Participants identified how very practical learning from training led to greater understanding of what they need to be observant about in relation to safeguarding in their day-to-day work, with an increased ability to identify risks and escalate issues effectively.

“Such a really useful training session... brings to life all the different areas and what to be looking out for when you’re going into a family’s home and how to score them... and then where to escalate it. And then what you can put in place.” P13

“It's given me more knowledge so I'm more aware of what I'm looking for and I guess it makes me look at many things different, when I'm listening to people.” P1

As well as increased awareness about which areas to be observant in, the importance of looking beyond surface level was an outcome of training.

“Sometimes you've got to dig a little deeper, and look at who you're dealing with, or the family units, so be a bit slower paced and unpick things.” P6

Participants explained how increased understanding from training led them to essential insights which directly impacted on how they then carried out their professional role.

“It certainly changed my perceptions... I knew there was mental health elements to people to why... or the reasons behind it, but I didn't know that it was an actual registered mental health condition.” P5

“On one of the courses they spoke quite a lot about early childhood trauma and how that might manifest in a child, or potentially a young adult. That's really helpful to us.” P6

For some, these essential insights also led to greater empathy and critical self-reflection, positively influencing their professional practice.

“It opens your eyes how can I ever know how that person feels? So, for someone to give me an idea of how that feels for that person makes a huge difference on how I approach them, how I deal with them.” P4

“One of the things that I picked up is getting the perspective of families and hearing their voice. And that had come up in various courses. I sort of thought, ‘Well, how do I do that?’ you know, how do I gather that with my work.” P11

These insights have, for some, also led to changes in the processes used resulting in direct, positive impact for safeguarding in practice.

“We've started to communicate with families in different ways, by text, by email initially, using language that isn't formal, that's very welcoming and really trying to be on their level... that's really proved successful from the outset.” P11

Importantly, increased awareness, meaningful observation and increased understanding was thought to lead to more timely and accurate referrals.

“So, we're looking out for those signs so we can then refer on to the people that can actually, put things in place or work with those people.” P1

In addition, participants reported an increased confidence in their safeguarding action and decisions in their practice as a direct result of their training. This was through strengthened knowledge, using new skills developed in the training and reinforcement of existing work practices.

“I learnt that I was definitely on the right path with my judgement calls for the situations that I've been faced with so far, and I need not worry... to have it reaffirmed that yes, you're doing the right thing, these are the procedure and these are the things to look out for.” P3

“It’s about confidence, isn’t it, just to be able to say, well, this is something that I’ve seen, this is something that I don’t think is right, so I’m going to be the one that reports it.” P2

3.2.1.2 Subtheme 2: Skill development

The previous subtheme outlined the perceived value added to professional roles through undertaking the safeguarding training. This subtheme relates to particular skills and knowledge that participants had learnt / developed during the training and were using in practice.

Participants discussed the usefulness of learning current jargon and buzzwords associated with their safeguarding practice.

“Some of the jargon that was said in the strat meeting that I knew what they were talking about just from that training course.” P7

Training which taught communication techniques and language use for dealing with service users was reported as having lasting, direct positive impact on safeguarding practice.

“How do we go around questioning that young person and I would now feel confident using some of the techniques that we were told about and the terminology we were told to use in conversations to chatting with that young person, whereas before I would avoid anything about their mental health and not brought the subject up.” P3

Learning about relevant resources was highly valued and participants explained how they were using them to enable safeguarding practices.

“Now I’d actually be able to bring it up in the conversation and really use those signposting tools to allow them to be able to make informed decisions about how they reach out for further assistance if they need to.” P3

We were specifically asked to establish whether the training sessions had influenced professionals’ potential for respectful challenge. Participants gave examples of how, after training, they had used their knowledge and skills to respectfully challenge both colleagues and service users.

“I’ve had to challenge people if they’ve had opinions about, “Everybody’s traumatised now. Everybody has mental health...” You get these comments sometimes, and it’s very much you have to challenge it at the time, because if you don’t, those people may not even realise that what they’re saying is not appropriate, or not caring, or empathetic, or actually could be damaging if they’re saying that in front of that young person who is traumatised. So, you’re having to challenge them, and, “What evidence have you got for that?” Ask them about what do they know about trauma informed care?” P9

“It’s having that confidence to say, ‘Well, hang on a minute’. Because you can then challenge because you’ve got the knowledge and you’ve got the skills, you can challenge things.” P13

One participant also highlighted how the training had prompted professional curiosity in their work.

“It’s really good to refresh your memory and actually to get you being curious as a professional.” P8

3.2.1.3 Subtheme 3: Dissemination of knowledge

The participants talked about how they had shared their learning with both colleagues and

service users. In this way, the training had had considerable knock-on benefits beyond those immediate to the person attending the training.

“For me, I obviously added to the current safeguarding training that I deliver just to kind of talk about the things that I've learned. I'd also recommended the course to my wider team.” P1

“You would signpost them... or suggest that they come to training. Because a lot of people, their eyes are wide open when they hear about things. Some people still haven't heard about human trafficking and modern slavery, how that can be impactful on any person.” P10

Some participants gave examples of learning they had acquired in training and then passed onto colleagues, even embedding that learning into institutional processes such as at induction for new staff and team meetings.

“We do it in our face-to-face, we touch on it with induction of new [team members] to the organisation. I've done 'Train the Trainer', so the Brook tool, traffic light tool. That's around identifying sexual behaviours in children... And how do you identify that?” P10

“As part of our process in the organisation we work for, we complete something called a ten-point feedback once we've attended training.... I then take it to my team meeting and go over it with my team.” P13

One participant explained how sharing of learning from training has led to policy changes.

“I do remember writing a paper for our safeguarding panel.... On the recommendations of that paper, which was quite powerful, is that all [staff] and lead [staff].... should do specialised training.... That highlighted that for me, which spurs me on to want to talk about that in training, that they should seek that training. So, that's how it was powerful to attend last year.” P10

In addition to sharing training with others, some participants explained how it had acted as a catalyst for them to undertake more or to do some self-led learning beyond what they had received in the initial training.

“I did some further self-study. So I actually brought a couple of books about incels and incel movement just because I was kind of interested to know more.” P1

“I'm really keen when I'm given links and that, and signposted to reading that I look stuff up, or even TED talks and things like that sometimes that are signposted, and things like that.” P9

3.2.2 Theme 2: Facilitation of training

A second aim of this project was to ascertain trainees' experiences of the delivery of safeguarding training, with particular consideration of in person versus online delivery. This theme comprises of three specific subthemes identified through analysis of the interview / focus group data: **qualities and skills of the trainer, delivery methods and balance of online versus face to delivery**. We have extracted specific suggestions provided by participants for improving the delivery, facilitation and advertising of training in a separate section at the end of this report.

3.2.2.1 Subtheme 1: Trainer qualities and skills

Participants described how the level of knowledge, ability to communicate key ideas, use of resources and responsiveness to questions and discussion were key to successful training.

"I think that the person who was doing the training was very knowledgeable and actually explained things..... elaborated on the... slides... to ensure that everybody have that same understanding of.... what they should be looking out for." P8

The experience and knowledge of the trainer in their subject and how this enhanced their delivery was crucial to facilitating engaging training.

"I just remembered the trainer being very, very good, really excellent, and really inspiring. You wanted to go and read up on stuff that she'd referenced and things like that afterwards. Very thought-provoking." P9

"I think the person delivering it was very engaging, so you kept listening to her. You didn't switch off." P3

Use of resources by the trainer, such as PowerPoint slides, was also seen as key to successful delivery, as was being responsive to trainee questions.

"The slides we used for the information was used, she was having a chat on the side as well. So I think people posted questions as well which was useful." P3

"The minute I see death by PowerPoint I just switch off. Yeah, I don't learn anything. I'm much better where.....they mention something, and they build on that bullet point". P12

Participants also valued the use of evidence to support the training.

"When you see the impact of some of those sorts of traumas, it is clearly good to be able to say, "Actually, evidence shows X, Y, and Z." So, I think evidence and scientific-based data is really, really important." P9

3.2.2.2 Subtheme 2: Delivery methods

Participants reported how trainers used a variety of strategies to support effective delivery. Interaction with other trainees and sharing of experiences enriched the training; learning about how professionals in other contexts managed safeguarding issues was of particular value.

"I felt that there was a lot of group interactions, a lot of thought-provoking experiences shared, which I thought was good. Because there was a lot of different agencies at the training as well, so you got a greater insight from other organisations and how they manage trauma, but within their organisation. That was quite beneficial." P10

Facilitation of active interaction with the trainer and other trainees was seen as a crucial element of successful safeguarding training.

"I could sit for a whole training session and not taking in any of it, but still get a certificate to say that I've completed it" P1

Activities that reinforced learning and applied knowledge and skills to practice helped participants meaningfully engage with the training. Examples included a quiz, group discussions and applying tools to trainees' professional practice.

"There was a really good interactive quiz... with percentages which I thought was really valuable." P3

"Give you like a description of you go to a home visit and this is what you see... And you literally sort of triage one of them to say, 'Well, actually no, I think that is, there's this concern or that concern'. And I think they're really good because it really brings it to life... puts you in that role as if you're walking into the home visit doing it yourself and what you would be doing ." P13

Use of specific examples during the training, which participants could then apply to their own practice, was particularly effective for achieving understanding and bringing the training to life.

"The case studies were so relevant to the subject you could actually think, 'Oh.. if a [team] came up against that, these are the questions that you would need to ask'. And certainly, the conversations with young people training was very, very relevant." P12

"I remember there were case studies which were real, obviously anonymised, and they were so relevant to the work that we do. They were brilliant." P11

"I like it when they link it to an example as well, so you can actually see it working in practice." P12

Participants felt that the trainees had a wealth of experience and that their own examples from practice could be harnessed to facilitate further applied learning, suggesting that training could be lengthened to include this important aspect.

"Everybody's got really good examples of where they've had these situations and I find that really useful to see how other people have dealt with them in case I was to then ever be faced with that.... 15 minutes of sharing examples." P3

One participant felt the length of 'lunch and learn' sessions should be longer to allow time for further interaction and questions.

"There wasn't really loads of time to ask questions because obviously trainer had so much to get on within that hour... maybe if the training had been a little bit longer, there would have been more time to have conversations and stuff." P1

Experiences of group work were not always positive, particularly when using breakout rooms in online training which participants sometimes awkward and for one, particularly daunting.

"Sometimes it's a bit awkward... you've got the people that won't speak, that won't participate, which is up to them, but if were in face to face, they probably would." P4

"I think some of the courses that I've done, they've done the breakout room thing....I thought, 'Oh, no, this is awful. Oh, this is really scary. Going to have to go into a room with people that I don't know'. And when it's online, I don't know, there's something different about it." P11

The trainer's ability to successfully facilitate group learning was crucial to a positive learning experience.

“There were two leaders... and they would bounce through the groups... if you were stalling for something, they would generate the conversation... to make sure it was going”. P7

We received a number of suggestions from participants about facilitating group work and the management of breakout rooms which are detailed in appendix 2 of this report.

3.2.2.3 Subtheme 3: Balance of online and F2F

One of the aims of this study was to evaluate trainees’ experiences following the switch from face to face to online delivery of safeguarding training during the pandemic. Participants views on this were mixed, with some preferring face to face, others online.

The reasons given for preferring online were mainly related to the convenience, time and the lack of travel required.

“There's no travel, there's no parking to worry about, you can access it from anywhere.” P1

“I can nip into a side office here and attend the training for an hour or two hours, and it doesn't massively impact my day.” P6

“I love it because it's so efficient.... I'm doing my work, the course starts, I do the course, have a little think and a break, and then I can go back to my work.” P11

It was seen as far more accessible, creating efficiencies in terms of both cost and time, which for some meant they were much more likely to attend the training.

“It's time efficient, cost efficient which is great. So I can actually do more training than I would previously.” P4

One of the main disadvantages of online delivery was the lack of face to face interaction, which related to the benefits of meeting with people in person, and also for ensuring trainee engagement in essential training.

“You get a sense of the room, you get a sense of people, and you do better networking face-to-face which you don't tend to do on Teams.” P10

“Critical stuff like safeguarding needs to be done face to face so people can see that you're actually participating.... [online] you could just get signed off saying that you completed it, but actually you've taken nothing away because you've done nothing but sit there in the background with your camera off.” P1

One participant explained the discipline required to focus on online training.

“You can access a lot more, but you have to be kind of strong with yourself and switch everything else off, otherwise you just don't engage with it.” P4

Loss of networking opportunities was seen by the majority of participants as a disadvantage of online delivery.

“One of the things I miss about face-to-face training is... you maybe have lunch all sitting together and having a coffee and talking about each other's roles and that sort of thing.” P11

However, this view wasn't shared by all; one participant explained how face to face interaction can actually detract focus from training.

“Sometimes think when you're face to face, it can be... it can take over, all the interaction it can take over from the actual learning workshop.” P3

For others, the online environment created more opportunities for learning and networking with a broader range of professionals.

“It was really nice to actually see such a diverse section of professionals doing the training... when it's been face to face, there's been predominantly health visitors or nursery nurses and then a couple of other professions.” P8

“I actually find it much better because I'm continually scanning the virtual room thinking, 'Ah, yeah, they've got that nugget I've been looking for. I'm going to instant message them.” P12

3.2.3 Theme 3: Support

We were specifically asked to explore whether participants felt they were supported from a well-being perspective during the training and participants provided mixed responses; some positive, some negative.

“It's always covered... they say at the end as well, “That was hard going, so if you need to speak to anybody about it, then please feel free.” So, that's always covered.” P6

They acknowledged that the training can be triggering for some and spoke about the support they can access via their own organisations.

“Even though some of it can be tough and gruelling and hard to listen to, or hard to engage with... it triggers past experiences... But we have that safe space to be able to talk to each other, and we know that we can get external help if it's needed.” P9

However, this was not always well managed within training. When asked about support for those attending, one respondent explained they felt well-being concerns were all focussed on clients rather than the professionals that were dealing with safeguarding issues.

“I don't think they think about the impact of professionals on you know the work that they do so yeah, that would be my honest feeling is not... It's all about the people we are dealing with and not about us.” P3.

We were also asked to establish whether trainees were aware of the costs of training and whether any of the participants had ever missed any that they were booked onto. A couple of participants were unable to attend due to sickness and one reported that a training event had been cancelled. Most participants were aware that if they did not cancel the training within a certain time, their place would still have to be paid for.

“I know there is a cost, and we get charged if we don't attend, or don't give 14 days' notice.” P6

Participants commented positively about the dissemination of information about training and said that managers were supportive, encouraging them to attend.

“Our managers are quite happy to support us to increase our knowledge... yeah, we're fully supported in any training that we want to do.” P1

3.3 Summary and limitations of interviews and focus groups

In keeping with the findings from analysis of the evaluation survey data, the staff who shared their experiences, overall, had positive experiences of training. Importantly, examples of direct impact for safeguarding practice were provided by all participants and the switch to online delivery has had positive ongoing effects for work efficiency and convenience of attendance. In summary, the findings of from this qualitative arm of the project demonstrate:

- Safeguarding training can have a lasting impact for professional practice with substantive ongoing benefits in a variety of settings across the Hertfordshire and West Essex ICS geographical area.
- The switch from face to face to online delivery took some re-adjustment; however, overall, the advantages of online delivery, such as time and convenience, outweighed the loss of networking and social opportunities from in person workshops.

Stand out examples of application of safeguarding training to professional practice are provided in appendix 3 of this report; suggestions are also offered for enhancing training, including facilitation of effective group interaction and networking in online training, along with tips offered by participants for those undergoing training.

Limitations: Recruitment was challenging and those that came forward had mostly had positive experiences of training. The mix of interviews and mini focus groups was a pragmatic decision and may have led to very slightly different data sets (to if just one data collection method had been used); this was mitigated by close communication between the researchers in relation to conducting the interviews and focus groups, including reflective discussions, the taking of notes, and close consideration of any differences during analysis across the data.

4. Study conclusions and recommendations

The aim of this study was to evaluate safeguarding training that has been delivered to a range of frontline staff working within the Hertfordshire and West Essex area between 01.04.2021 and 31.03.2022 with the following objectives.

1. To ascertain the experiences and perceptions of a range of frontline staff (working within the Hertfordshire and West Essex area) in terms of the safeguarding training that they have received.
2. To ascertain whether a range of frontline staff (working within the Hertfordshire and West Essex area) perceive that there has been an impact on their practice as a result of undertaking safeguarding training.

Analysis of the evaluation surveys was largely positive, however, key areas for further exploration were identified. In particular, facilitation of trainee contributions during training sessions (1.5), whether the course did go onto influence future practice (1.7), networking opportunities and information sharing during training (1.14), methods to enhance engagement and discussion (2.1.5) and self management and well being during training (2.1.5). Interviews and focus groups with frontline staff gave an opportunity to gain further in depth understanding in these areas. Participants provided multiple examples of how training had direct, on-going positive impacts on many areas of safeguarding practice, including an enhanced ability to connect with at risk and vulnerable individuals, importance of accurate and timely observation of physical signs of potential abuse, policy change and sharing of new knowledge across teams and with service users. For standout examples, see appendix 3.

It was also hoped this evaluation would provide suggestions for potential modifications to improve future learning experiences and inform the commissioning of future training and learning activities. On balance, trainees preferred online to in person delivery with resulting gains for convenience and efficiency. However, this was balanced with a loss of networking opportunities. We received a number of very specific suggestions from interview and focus group participants relating to enhanced online delivery, use of breakout rooms to facilitate professional discussions, networking and interdisciplinary working, and tips for staff undertaking online training. These are detailed in appendix 2 of this report.

What follows are recommendations from both the evaluation survey and the interviews and focus groups.

- This study has examined a range of training offered. Further investigation relating to individual training events may be warranted.
- This study had cross-disciplinary participation. Research with specific professional groups working at different levels across organisations would illuminate whether safeguarding training requirements for particular professional roles / levels are being met.
- Research into the views of training commissioners and the experience of trainers would add to this study.
- Time had passed since the training for interview and focus group participants and this demonstrated an ongoing positive impact in terms of their practice. We recommend further research into the long-lasting impact of safeguarding training for professional practice and with staff who have attended more recently. It is recommended that this includes exploration of whether attending several relevant training events has a more substantive impact on practice.

- It is suggested that participant ideas for improving facilitation of training be forwarded to the trainers (see appendix 2).
- Service user input and consideration of trainee well being are both highly recommended as aspects to be incorporated into future training.
- It is suggested that participant tips for staff planning to attend training be made available (see appendix 2).
- It is recommended that the numerical scales used in the evaluation survey be reviewed to avoid confusion and facilitate collection of consistent and accurate views about training. For further details, see section 1.10 of this report.
- Training should be relevant to all those enrolled, we recommend that advertising is clear and detailed.
- It would be beneficial to limit the numbers enrolled on training events to ensure optimal potential for trainees to contribute (see section 1.16 for details).
- Analysis of attendance data is recommended to establish how many of those that register for the training actually undertake it.
- While adding theoretical perspectives has been beyond the scope of this study, we recommend mapping the findings from both the evaluation surveys, and interviews and focus groups, to the 8 stages of Thalheimer's Learning-Transfer Evaluation Model which explores efficacy of training, most importantly stage 8: outcomes of learning on outcomes affecting (a) learners, (b) coworkers / family / friends, (c) organization, (d) community, (e) society, and (f) the environs (Thalheimer, 2018).

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Appendix 1: Thematic analysis of interview and focus group data

The interview and focus group data was analysed using Braun and Clarke’s 6 step process of thematic analysis which provides a method for ‘developing, analysing and interpreting patterns across a qualitative data set’ using systematic processes of data coding and theme development (2022p. 4). Analysis was undertaken jointly by Rosemary Godbold and Honey-Anne Greco between 7th December 2023 and January 19th 2024. Report writing was carried out by Rosemary Godbold and Lisa Whiting and confirmed by all contributors.

1. Familiarising yourself with the dataset.	2. Coding; carried out using Nvivo qualitative data analysis software.	3. Generating initial themes	4. Developing and reviewing themes	5. Refining, defining and naming themes.	6. Writing up
R1 and R2 each carried out some of the interviews and both were present at each mini-focus group.	The transcripts were anonymised and uploaded to Nvivo .	R2 began clustering codes into themes and subthemes.	R1 and R2 both reviewed the codes included under each of 5 themes and subthemes	The theme and subtheme names were refined and agreed.	R1 wrote up the process of data analysis. R2 began write up the themes.
Notes were taken by R1 and R2 during data collection and initial ‘noticings’ were discussed.	R2 began the coding process with 2 initial transcripts, developing initial codes.	R1 reviewed the initial code clustering into themes and subthemes.	R1 and R2 met to discuss the code clustering and initial naming of themes and subthemes.	Codes included under each theme / subtheme reviewed again independently by R1 and R2.	R2 looking for representative quotes.
The transcripts were read in full by both R1 and R2.	R1 then went through R2’s initial code development and coding of the first transcripts.	Where there was ambiguity about which codes should be allocated to which theme / sub-theme, R1 and R2 jointly examined the section of data which had been coded within the broader context of the transcript.		R2 went back regularly to the code book to ensure that all coding matched the codes and themes as they were being refined.	R2 looking for stand out examples of where the training had lasting and significant impacts for practice.
	R1 then coded a third transcript using the initial codes developed by R2, adding 5 further codes.			One further meeting with R1 and R2 to change one theme into a subtheme (Balance)	R2 identifying specific suggestions from participants .
	R2 then checked through R1’s coding. R1 and R2 met to discuss and refine initial codes and further 5 codes added by R1 during her coding of a third transcript.				R1 and R2 met up regularly during the write up phase to discuss all elements, such as choice of representative quotes and retaining confidentiality of participants
	The remainder of the transcripts were coded.				Report shared and agreed by all contributors [LW, RG, HAG & AH].

Appendix 2: Suggestions

Participants of this part of the study offered a number of useful suggestions to enhance training which have been organised into 3 specific groupings. The following sets these out using illustrative graphics from suggestions extracted directly from the interview and focus group data.

1. Suggestions to enhance training (Figure 2).
2. Suggestions to enhance facilitation of breakout rooms during training (Figure 3).
3. Tips for trainees (Figure 4).

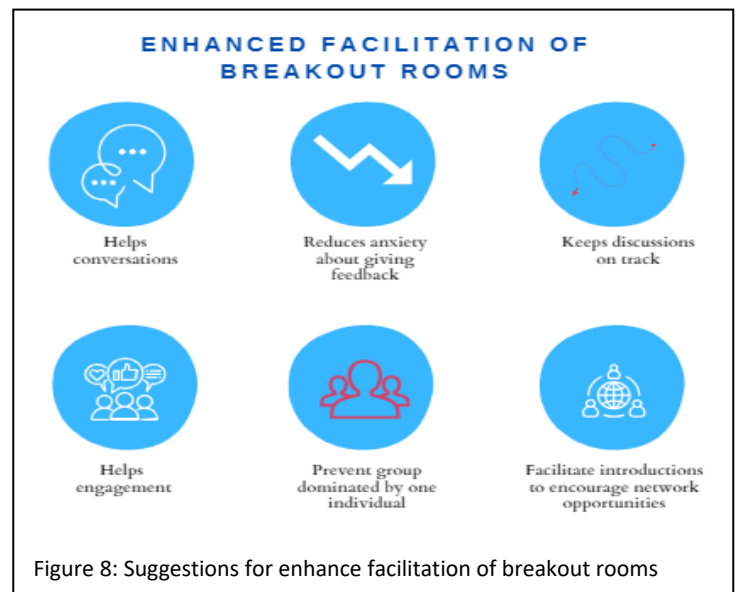
1. Suggestions to enhance training.

There was a wide variety of participant suggestions for improving training which related to its delivery, the number and professional diversity of attendees, and mechanisms to support attendance by managers. We particularly recommend the input of service users and consideration of well-being support for those attending training.



2. Suggestions to enhance facilitation of breakout rooms

Breakout rooms were seen by participants as a particularly useful device which offered potential for networking opportunities, sharing examples from practice, and professional discussions, all of which were missed in the switch of training from in person to online delivery. However, this potential could only be realised if breakout rooms were closely managed by trainers.



3. Tips for those participating in training

Participants were asked to offer suggestions for those taking part in training. These included being ready to share ideas and get involved in discussions, take at least one message away and to switch off all other work applications which may be distracting, such as emails.



Figure 9: Tips for trainees.

Appendix 3: Examples of training having significant impact on safeguarding practice

One of the goals of this project was to identify the impact of training for safeguarding practice and what follows are specific examples which illustrate the impact for service users, the professionals and the organisations.

Understanding of mental illness

One participant shared how understanding that an anti-social behaviour was a mental illness (from training) changed their approach to the needs of individuals with that behaviour. This greater understanding led to a change in referral behaviour.

“Interviewer: So in terms of the training, did it change your perceptions about [behaviour] and mental health?”

Respondent: It certainly changed my perceptions around the ... that mental health element of it and [behaviour] actually being a mental health condition, because I, you know, I knew there was mental health elements to people to why... or the reasons behind it, but I didn't know that it was an actual registered mental health condition.

Interviewer: So that change has made it in perhaps in the way that you deal with those sorts of clients?”

Respondent: Yeah. So, it we'll do once we get cases through, it definitely will do because we'll make sure that the, you know that they get that support straightaway if they're not already in that system.” P5

Listening to those most vulnerable

One participant shared how they used the training to influence how they could incorporate the inclusion of hearing the 'child voice' in their practice.

“One of the things that I picked up is getting the perspective of families and hearing their voice. And that had come up in various courses. And I sort of thought, ‘Well, how do I do that?’ you know, how do I gather that with my work. And it's still difficult because we have no rights of access to the child.

But leading on from [training], I looked to see if there was anything about voice and gathering it... think it was called The Child's Voice or, yeah, something like that, which was really interesting. And, yeah, I found it on iLearn. I just did a Google on the course website and that came up.

And so, on our form that goes out initially to parents, we've now got a little box for the child's voice. And we've had some lovely things. Some heartbreaking things in, but some really lovely things in. And when you haven't actually got access to the child, just having their parent say, ‘What do you think about this?’ and then just, you know, add it to the form is really, really useful. So, yeah, it definitely linked to the course for that.” P11

Importance of being observant

A participant shared how the training made them more aware of the importance of being observant to keep babies safe and keeping accurate records. The training had given them the confidence to respectfully challenge what they observe for the safety of the child and to have up to date knowledge and understanding of the current policies.

“It brings all your knowledge that you've previously trained and learned back into the forefront of your memory.... It gives you that much more up to date information so that informs your practice and then it just helps you feel more confident in dealing with what you're dealing with. If you see these things, these

marks that are curious as to why they happened and when, if they're in an unusual spot, it gives you that confidence to have those questions and say, oh how did that happen? And know that you are right in doing it for the right reasons, because it can be quite difficult if you have to have that conversation with parents.

I have had it once and our Trust policy is if you have the Mongolian blue spot and it's not being identified at birth and then you've noticed that on a child when you've seen them, you weigh and measure them and or in another context that you have to raise it with safeguarding... If that looks like Mongolian blue spot, but it also looks like a bruise. So we have to follow protocol for that, but it gives you that confidence to do that when you've had that training so you know your knowledge is right.....

.....But I make sure that I'm really observant when I'm looking at children, when we have them in the 10 month check and the two year, three months' check, make sure that you're really, really observant of marks on their bodies and note down any marks on the body map and discuss it with parents and with nonmobile babies, we always go down the safeguarding route because it shouldn't be there and you have to cover yourself and make sure the child is protected. If it is an incidental, accidental finding that was just one of those things that can happen, that's fine but you always have to think it could be abuse and so I always make sure that I'm very, very observant and anywhere else I notice on the baby or toddler, I discuss it with the parents.

So if they've got any red marks or any bruises, it doesn't have to be just be bruises. You are always thinking. How did that happen? Why is that there? Because that's our job. We've got to be the children's eyes and ears because if there is abuse going on we need to identify it and get it to stop... We have to look at thinking about safeguarding.” P8

Confidence in how to approach and talk with suicidal individuals

A participant shared that the training increased their confidence in the language they used when dealing with young people who are expressing suicidal thoughts.

“I learnt that I was definitely on the right path with my judgement calls for the situations that I've been faced with so far, and I need not worry, but it was also nice to have it reaffirmed that yes, you're doing the right thing, these are the procedure and these are the things to look out for. I mean the one thing I took upon was the way they look and appear - a young person would ... might appear compared to how they appeared the last time you interacted with that young person. So I found that really, really useful and also all the sort of procedures that you follow if you have any concerns and how to follow up and the answering and not being afraid to talk about taking your own life rather than just thinking, we don't want to say it because it might spur it on, actually it reaffirmed in the training that you can talk about it in a roundabout way and not to shy away from it... They said people shouldn't be afraid to talk about it or hide away from mentioning it, which I found really encouraging..... we have young people who we do have concerns about and we engage with weekly and that person has gone off the radar. We're not having direct contact with them and then they suddenly do agree to meet three weeks later where they're showing concerns with... the way they speak how they look, their behaviour. Then I would think back to the workshop and I think, yeah, there's a little bit of a worry here. How do we go around questioning that young person and I would now feel confident using some of the techniques that we were told about and the terminology we were told to use in conversations to chatting with that young

person, whereas before I would really avoided anything about their mental health and not brought the subject up, whereas now I'd actually be able to bring it up in the conversation and again really use those signposting tools to allow them to be able to make informed decisions about how they reach out for further assistance if they need to.....I use what I've learned to have the confidence to perhaps step outside the box, my safety little zone in my head to think, well actually it's okay to mention this or it's okay to bring that up because we've had the training session on it and that's what they've really encouraged, whereas before I would have avoided difficult conversations because I wasn't sure how to manage them in a professional enough manner and it's very much reinforced that we can talk about it, but do it this way and have backup suggestions on how to reply and respond to that." P3