Meeting needs, making changes, improving outcomes

CDI
CHILDHOOD DEVELOPMENT INITIATIVE

The Tallaght West
Childhood Development Initiative (CDI)
Process Evaluation Thematic Report No. 3:

CDI Experience Impacting on Training
and Support of Managers and Practitioners

UNESCO

United Nations
Educational, Scientific and
Cultural Organization

uni Twin

NUI Galway
OÉ Gaillimh

UNESCO Chair in
Children, Youth and Civic Engagement
Ireland
CHILD AND FAMILY RESEARCH CENTRE

The Tallaght West
Childhood Development Initiative (CDI)
Process Evaluation Thematic Report No. 3:

CDI Experience Impacting on Training and Support of Managers and Practitioners

This report has been authored by the CDI Process Evaluation Team
Child and Family Research Centre,
School of Political Science and Sociology,
NUI Galway

The team comprises
Dr. John Canavan, Mr. Liam Coen, Ms. Jessica Ozan and Prof. Chris Curtin.

The team also owes its gratitude to the project's Expert Advisor,
Prof. Rob Chaskin,
Chapin Hall,
University of Chicago.

2014

Meeting needs, making changes, improving outcomes

CDI
CHILDHOOD DEVELOPMENT INITIATIVE

The team comprises:

Dr. John Canavan, Mr. Liam Coen, Ms. Jessica Ozan and Professor Chris Curtin

The team owes its gratitude to its Expert Advisor for the project:

Professor Rob Chaskin, Chapin Hall, University of Chicago.

Any citation of this report should use the following reference:
Canavan, J., Coen, L., Ozan, J. and Curtin, C. (2014) *CDI Experience Impacting on Training and Support of Managers and Practitioners.* Dublin: Childhood Development Initiative.

DISCLAIMER
Although the author and publisher have made every effort to ensure that the information in this book was correct at press time, the author and publisher do not assume and hereby disclaim any liability to any party for any loss, damage or disruption caused by errors or omissions, whether such errors or omissions result from negligence, accident or any other cause.

Executive Summary

BACKGROUND

The Tallaght West Child Development Initiative (CDI) aims to improve outcomes for children and young people through the implementation of a ten year strategy *A Place for Children: Tallaght West*. In Winter 2008 the Child and Family Research Centre, NUI Galway (CFRC) was commissioned to undertake a process evaluation of CDI. In using the strategy as its starting point, the CFRC developed an evaluation plan underpinned by five core themes evident in the strategy. These five themes correspond to the outputs of the evaluation plan. These outputs (reports) are:

1. Review of the Origins and Strategy Development of CDI;

2. Working Together and Service Integration aspects of CDI;

3. CDI Experience Impacting on Training and Support of Managers and Practitioners;

4. CDI as a Community-Led Initiative;

5. CDI, Sustainability, and Informing Government Thinking and Policy Making.

This report relates to the third output listed above, training and support. CDI undertakes a significant amount of work in relation to progressing its strategic aims of developing and delivering quality services for families and support for practitioners. Central to this is the commissioning of a core set of training programmes for staff of its services and a wider Quality Enhancement Programme (QEP) open to all practitioners, and in some cases to community members, in Tallaght West. The QEP comprises three elements: special talks or conferences; lunchtime seminars; and workshops and short, medium and long term training courses.

AIMS AND OBJECTIVES

The overarching aim of this report is to examine the extent to which the CDI experience impacts on training and support for practitioners and managers. More specifically, the evaluation questions developed in conjunction with CDI can be grouped into three clusters of objectives:

- What are CDI's strategic aims regarding the provision of training and support to organisations in Tallaght West?
- What processes underpin the development and implementation of training and support to these organisations?
- Are there organisational and individual shifts in attitude towards training and support amongst recipient organisations in Tallaght West?

DESIGN AND METHODS

This aspect of the process evaluation was designed in conjunction with CDI. A draft evaluation plan for this theme was developed and forwarded to CDI for comment and affirmation. The plan was adjusted on foot of these comments and finalised. As with all aspects of a process evaluation, a mixed methods approach was adopted. For this report the following methods were used:

- Documentary analysis: in consultation with CDI a hierarchy of documents was developed and examined. For this report, quantitative content analysis was deployed with particular forms of support searched for and frequency quantified. Analysis of attendance data from various QEP events was also undertaken;
- Focus groups and interviews were undertaken with a number of different stakeholders. CDI staff were interviewed together and individually. A sample of organisations involved in each of the five services was taken and one-to-one semi structured interviews and focus groups were undertaken.
- A short survey was also developed and administered with the support of CDI for those who provided training;
- A small number of observations were performed of a number of training and support related activities, including managers' meetings and communities of practice (CoPs).

FINDINGS

The findings reveal that CDI provides a significant amount of training to both commissioned and non-commissioned organisations in Tallaght West. In particular, the training provided to organisations involved in delivering three of CDI's services is based on needs as identified through consultation with manual authors and other key actors. Training provided through the broader QEP programme is done so based on local needs identified in a number of different ways, including periodic surveys, observations of CDI staff and feedback/input from managers of services and frontline staff. Based on limited data, the top three attending organisations at QEP events are the HSE, Barnardos and CDI.

There is broad agreement amongst service staff on the impact of training on personal attitudes towards training. However, there is little conclusive evidence to suggest that there has been a reported shift in organisational attitudes towards training – many participating organisations already prioritise training for their staff. Nevertheless, CDI provides support in accessing free training.

CDI staff are perceived by respondents as being very supportive and accessible. This support takes a number of forms: programmatic, e.g. pertaining to the implementation of particular programmes and structural aspects of support such as CoPs; role-modelling, e.g. clarifying issues, setting up meetings; and responsive or informal support, e.g. encouraging participation, reassuring, responding to phone call queries and so on. Respondents indicated that while CDI is broadly as supportive as it was initially, they find that they do not need to depend on or source such support as often as previously. Instead, they are relying on their own sources of support in house.

Frontline staff report of a positive experience of attending and participating in CoPs. In addition to them offering an opportunity to meet up and share experiences, they are also an avenue to communicate directly with CDI and express particular needs, concerns or discuss issues which can arise from time to time. They are viewed as another useful form of support.

LIMITATIONS

The initial evaluation plan proposed to purposively sample the top five attending organisations at the third element of the QEP – short, medium and long term training courses and undertake focus groups with them. However, due to incomplete data this could not be fulfilled. The evaluation team is aware that the data collected, therefore, only informs the report in a detailed way of the views of those attending training particularly associated with commissioned services. While a number of those within the sample were not in receipt of training as a result of their involvement in commissioned services, their work did not allow them to access anything other than a small number of lunchtime seminars.

CONCLUSION AND RECOMMENDATIONS FOR CONSIDERATION

It is clear that CDI has and continues to do much to contribute to the ongoing enhancement of quality services in the locality. In both meeting the (albeit mandatory) service needs of commissioned service providers and considering additional needs which they might have, CDI seeks to underpin the implementation of evidence based programmes with significant amounts of service provision. CDI developed the QEP as an attempt to contribute to quality service development and delivery amongst the wider organisational community in Tallaght West. It should also be noted that the QEP also forms a significant support base for two of the five 'services' which CDI funds. .

However, in reviewing the findings and assessing them against the evaluation questions and the strategic aims of CDI as set out in its strategy, it is possible to consider a number of questions: What does CDI want its legacy to be in the locality in years to come with regard to quality service provision? Is it a set of evidence-based programmes alone, or these and a broader-based cohort of staff trained in these programmes and other areas of child welfare and well-being and family support and well-being? Particularly within the QEP, how is quality assessed? While meeting service needs is important can this be reconciled with quality training provision, underpinned by some independent assessment of quality, for example standards or qualifications.

Based on the discussion, experience and data collected in the course of undertaking this evaluation, the evaluation team recommends that the CDI team considers the following draft recommendations:

1. At a strategic level, consider what you want to achieve with the Quality Enhancement Programme. What strategy should be adopted to underpin the organisation's aims regarding training? Is there a balance between one-off talks held at lunchtime and more medium-term courses? Is there added value in linking in with existing fully accredited courses linked to the National Framework of Qualifications?

2. The development and current roll out of the restorative practice training is interesting. It also contains a specific, easily measurable goal – training up to 1000 individuals across the locality. It is possible to identify clear outcomes, sub – outcomes and indicators for some or all of the QEP initiatives?

3. Finally, for an organisation like CDI, information is crucial to telling its story. Being able to map the extent of CDI's reach into other organisations in the locality by way of provision of training in all its forms is crucial for accountability and evaluation purposes. Consider developing robust, centralised and digitised data collection processes for your own use. Formalise the collection of this data through the use of one excel file stored on the shared network.

Table of Contents

List of Tables

Table of Figures

Chapter 1:
Introduction

1.1   Background to the Evaluation

In Winter 2008 the Child and Family Research Centre (CFRC) was contracted for a three year period to undertake the Process Evaluation of the Childhood Development Initiative (CDI). The full details of the evaluation have been outlined in the first report and therefore will not be repeated here. This report is the third in a series of five thematic reports relating to the evaluation. The complete list of thematic reports is as follows:

1. Review of the Origins and Strategy Development of CDI;

2. Working Together and Service Integration aspects of CDI;

3. CDI Experience Impacting on Training and Support of Managers and Practitioners;

4. CDI as a Community-Led Initiative;

5. CDI, Sustainability, and Informing Government Thinking and Policy Making.

1.2   Training and Support: Clarifying the Scope of the Evaluation

In the original evaluation plan set out in early 2009, the remit of this theme of the evaluation was to examine "the extent to which the CDI experience impacts on training and support for practitioners and managers." To clarify the precise scope of this theme and re-confirm the appropriateness of the original evaluation questions, CFRC undertook a consultation process with CDI. As a result, the following overarching objectives are identifiable as key to the research for this report[1]:

• What are CDI's strategic aims regarding the provision of training and support to organisations in Tallaght West?

• What processes underpin the development and implementation of training and support to these organisations?

• Are there organisational and individual shifts in attitude towards training and support amongst recipient organisations in Tallaght West?

1.3   Methodology for Report Three

As with all reports of this evaluation, the research team adopted a mixed-methods approach. Numerous definitions of mixed method approaches abound (Johnson et al., 2007). For this report, we take Creswell and Clark's (2007, p.5) definition that mixed-methods as a method "focuses on collecting, analysing and mixing both quantitative and qualitative data in a single study or series of studies. Its central premise is that the use of quantitative and qualitative approaches in combination provides a better understanding of research problems than either approach alone." We address each particular method below:

Summary of key aspects of training provision

An overview of key aspects of training provision was undertaken, focussing on the process elements of providing quality training and support. It should be noted that, given the resources used for this report and the utility and appropriateness of such material to ground findings, the review is not as extensive as those contained in previous reports. Therefore, articles were purposively searched on undertaking training needs analysis, quality standards for training in Ireland and national qualifications frameworks. The Síolta Framework for Early Childhood Care and Education also forms part of the review. Finally, the review builds on the literature on Communities of Practice presented in report two, while also briefly examining Reflective Practice as a concept and practice tool. A short synopsis of the overview is included in the report (chapter two) with the full overview contained in the appendix.

Questionnaire

In dialogue with CDI, the evaluation team developed a short process evaluation trainer's survey to inquire into particular process aspects of training provision. This was carried out for two reasons: (a) as a mechanism to include in the research some of those commissioned by CDI to provide prolonged training courses to professionals working in Tallaght West; and (b) to inquire into particular process elements of arranging training, such as needs analysis, assessment, evaluation, linkages to the Irish National Framework of Qualifications and accreditation bodies, and to identify facilitators and barriers in providing training. The survey was developed and distributed through CDI to **16** trainers in mid-October. Eleven trainers completed the survey, representing a response rate of 69%.

---

[1] The full set of evaluation questions are set out in an appendix six.

Documentary analysis

Documentary analysis was undertaken of a range of CDI documents. Similar to the last report *Working Together and Service Integration* the evaluation team developed, in conjunction with CDI, a hierarchy of documents to examine based on the theme of the report. Specifically, this report is based on:

- Minutes of CDI Board, Implementation Support Group (ISG) Meetings and Board Reports;
- Newsletters;
- Documents contained in the CDI folder 'Quality Enhancement Programme';
- Service-Specific Folders, including minutes of meetings; and
- The Síolta Folder – those documents pertaining to the implementation of the Síolta Framework.

Documentary analysis forms the basis of much of the content of chapters three and four.

Interviews

Interviews were conducted in two phases. The first phase involved a wide ranging semi-structured interview with CDI staff on their work relating to the provision of training and support. This was also followed up with individual interviews with CDI team members.[2] These were important interviews as they permitted the team to develop a conceptual framework for support provision which was forwarded to CDI for comment. Upon receiving staff comments, the framework was finalised. The framework outlines the various forms of support which CDI staff feel they provide to commissioned organisations' management and staff, and lists examples of each form of support provided. It is presented in chapter four. An interview specific to the theme was also undertaken with the CEO of CDI. Additional team interviews were also undertaken with the quality specialists and another member of staff.

---

[2] It should be noted that a number of these interviews also formed the basis of the prefacing interviews for data collection for report two.

As agreed with CDI, a series of focus group and one-to-one interviews were undertaken with a sample of staff from across the five services. The sample is as follows:

Table 1: Sample of staff across the five services

Service	Total Eligible for Sample	Sample	Total Numbers Interviewed
ECCE	Nine service providers incorporating management and staff	Three service Sites (one of which has discontinued providing the CDI ECCE service) selected involving: • 3 managers • 1 Parent/Carer Facilitator Focus Group • 3 Staff Focus groups	10 individuals across three focus groups; 4 individual interviews = **14**
Doodle Den	Two service providers incorporating management and facilitators, as well as associated teachers from participating schools	Two Managers One Teacher Focus Group One Youth Facilitator Focus Group	Eight participants across two focus groups, plus two individual interviews = **10**
Mate- Tricks	One service provider incorporating management and facilitators	One Manager Two Focus groups, incorporating all facilitators	Six participants in one focus group, plus one individual interview = **7**
Healthy Schools	Two healthy schools coordinators working across five school sites, and the Healthy School's Steering Committee	Two Healthy Schools Coordinators Three randomly selected members of the Healthy Schools Steering Committee	Five individual interviews = **5**
CSI	A number of structures: • CDI Steering Committee • Safe and Healthy Place Committee • Youth Forum • Community Forum	Two randomly selected members of the CSI Steering Committee Two randomly selected members of the Safe and Healthy Place Committee	4 individual interviews = **4**
CDI			7 individuals in one focus group plus seven individual interviews = **7 (same people)**
TOTAL			**7 FOCUS GROUPS AND 23 INDIVIDUAL INTERVIEWS. TOTAL OF 47 PARTICIPANTS**

Limitations

In executing this research a number of issues arose. Firstly, only enough participants (six) turned up for one focus group under Mate-Tricks. Secondly, while a focus group was planned for the Parent/Carer Facilitator (PCF), only one PCF was present. It was also agreed that the evaluation team would purposively sample non-commissioned organisations whose staff attended CDI-commissioned training courses – short, medium and long term. This was with a view to trying to ascertain the extent to which CDI's Quality Enhancement Programme (QEP) is influencing organisational attitudes to training and support. However, due to significantly incomplete data (figures, names of organisations in which some training attendees are employed not recorded) this was not possible. The evaluation team is aware that this is a limitation of the report as, in essence, the sample is entirely made up of staff and managers of CDI-commissioned service providers. While some did attend QEP events, these tended to be lunchtime seminars and were in low single figures (3-5). Despite this, some data on attendance and organisational affiliation were recorded and is presented in the report. Additionally, while the evaluation team expected to receive individual evaluation sheets of QEP events, only a small number of cumulative evaluation scores were received (i.e. individual evaluation sheets were not received).

Data Analysis

Data analysis was undertaken in a number of different ways. Due to the relative small number of responses, survey data was managed and analysed using Excel. Unstructured reading of documents was initially undertaken too so as to allow the team to familiarise themselves with the breadth and content of them. Following this, each document was re-read utilising the conceptual framework of support provision developed and quantitative content analysis deployed. Observation notes were subjected to the schedule emerging from documentary analysis. Regarding interviews, a number of questions specifically relating to training and support provision – drawn loosely from the agreed evaluation questions - were asked in each interview. The interviews were semi-structured and thus it was more straightforward to thematically group the data emerging from them. Nevertheless, the transcripts were initially sifted to identify common themes across all interviews before they were coded to ensure systematic analysis. Interview data was analysed using the qualitative data management and analysis package Nvivo.

1.4   Outline of the Report

Following this introduction, chapter two provides a very short summary of the main features of the overview of main concepts pertaining to the theme of the report. Chapter three provides an overview of the findings from interviews and documentary analysis regarding the provision of training by CDI. Chapter four discusses the provision of support by CDI staff. Chapter five concludes the report with a discussion of the findings and recommendations for CDI.

Chapter 2:
Brief Account of Summary Overview of Key Aspects of Training Provision Pertinent to this Report[3]

---

[3] The full review with associated references is contained in appendix 1.

The provision of training in Ireland and internationally is underpinned by a number of processes which are perceived to contribute to good practice. The team used its knowledge of CDI as guidance in purposively selecting works for this overview. These are: needs analysis; training quality indicators and standards; communities of practice; and reflective practice. A brief account of each of these is now outlined below.

Needs Analysis

Throughout much of the published works on training and personnel development the importance of undertaking a needs analysis is emphasised. A variety of approaches and mechanisms are outlined, including:

- Supply-led approach – where the trainer or authority identify the training needs;

- Demand-led – which can be characterised by either a top-down approach underpinned by an organisational level goal or desired outcome, or more localised approach characterised by the desire to address the training needs associated with a particular aim in an efficient manner;

- Trainee-led approach – characterised by a bottom up, self-development focused emphasis where trainees themselves identify need by way of self-assessment.

Other characterisations of the needs analysis process include organisational, operation/task and person analysis which respectively map onto each of the three forms outlined here.

Training Quality Indicators and Standards

Irish training programmes are underpinned by the National Framework of Qualifications (NFQ) developed by the National Qualifications Authority of Ireland. The NFQ provides the potential for all training courses to map training outcomes onto a series of levels which are internationally recognised. For example, level one involves certification of basic literacy and numeracy, level three equates to the Junior Certificate qualification while level four involves certification of the Leaving Certificate qualification. Additionally, the NFQ also provides for information on accreditation or awarding bodies associated with each level of qualification.

Communities of Practice

Viewed as "groups whose members regularly engage in sharing and learning, based on common interests" (Lesser and Storck, 2001: 831), Communities of Practice (CoPs) are places and structures where participants can engage in supportive processes and develop working relationships built on commonality and shared experience. They are dynamic and move through various levels of development:

Table 2: Levels of Development of Communities of Practice

Stage	Description	Typical Activities
Potential	People face similar situations without the benefit of a shared practice	Finding each other, discovering commonalities
Coalescing	Members come together and recognise their potential	Exploring connectedness, defining joint enterprise, negotiating community
Active	Members engage in developing a practice	Engaging in joint activities, creating artefacts, adapting to changing circumstances, renewing interest, commitment, and relationships
Dispersed	Members no longer engaged very intensely, but the community is still alive as a force and a centre of knowledge	Staying in touch, communicating, holding reunions, calling for advice
Memorable	The community is no longer central, but people still remember it as a significant part of their identities	Telling stories, preserving artefacts, collecting memorabilia

Adapted from Wenger (1998).

In evaluating CoPs, some authors cite the relevance of listening to members' stories and examining the potential impact on service performance in a number of areas, including decreasing the learning curve of new employees, responding more rapidly to customer needs and inquiries and spawning new ideas for products and services.

Reflective Practice

At a basic level reflective practice concerns learning from experience or practice. For some (Loughran, 2002), it is bound up with problem solving and in particular the mechanisms used to frame and reframe problems so as to identify solutions. For others, particularly Kolb (1984), a model of reflective practice incorporates a number of different stages involved in the process of learning, including having an experience, reflecting on the experience, learning from the experience and applying the learning. In some ways, therefore, reflective practice is a constant process rather than a once-a-year occurrence. It involves constant questioning – of daily practice and activities, and the constraints and opportunities which frame those actions.

Ruch (2007) extends this thinking, offering something of a middle ground between outright reflection on the one hand and a prioritising of theory and research alone on the other. She argues that reflective practice can have different modes within one overarching frame:

- Practical reflection – borrowed from Schon who argues for reflection in and on action;
- Critical reflection – which links knowledge from practice with being free from any constraining interests in the activity;
- Process reflection – which stresses the unconscious and emotional dimensions of work;
- Technical reflection – drawing on formal theoretical and empirical knowledge.

As highlighted by Dolan and colleagues (2006), the challenge for practitioners is that while they are battling with service delivery, management and policy making, they have to understand what their contribution to the negotiation of useful responses to families' needs is. This contribution includes not only the skills and values but also knowledge.

Chapter 3:
Presentation of Findings Relating To Provision of Training by CDI

3.1   Introduction

This chapter is the first of two which presents findings from documentary analysis, a short survey of trainers facilitated by CDI and interviews undertaken with a number of individuals as outlined in the methodology section of chapter one. This chapter details findings relating to the provision of training commissioned by CDI, both to commissioned organisations involved in the delivery of CDI's programmes and those provided under the wider Quality Enhancement Programme (QEP). Following this introduction, the chapter outlines the commitments made in the CDI strategy towards training provision in the locality, and based on document and interview data, it details initial developments undertaken to operationalise the commitments of the strategy. The detailed third section outlines the various processes implemented by CDI in rolling out training– for both commissioned and non-commissioned service providers. Included in this section are data pertaining to attendance at various QEP training sessions, the identification of need, views of respondents on needs identification mechanisms, and trainers' and recipients' views on facilitators and barriers to providing and receiving training. The fourth and final section presents findings on the attitudes of respondents towards training as a result of CDI's work.

Key Findings

- Training is viewed by CDI as a key aspect of working towards the development of quality services in Tallaght West;

- Multiple forms of needs analysis are undertaken by CDI which underpins provision of QEP training;

- An extensive range of training is provided for both commissioned and non-commissioned organisations;

- From limited data, the top three attending organisations at QEP events are HSE, Barnardos and CDI;

- Interview respondents overall report positively about training they receive;

- CDI facilitates attendance at and provision of training in a number of ways;

- While individual attitudes towards training have reportedly shifted, it would appear that organisational attitudes have not – the view is that organisations already provide and prioritise training.

3.2   Training and the Aims of the CDI Strategy

Various CDI strategic documents identify training as a means to promote quality in the development of services in Tallaght West. The strategy speaks of developing a number of supportive fora for professionals in the area, as well as commissioning training in various aspects of service provision and community building.

The CDI strategy sets out a number of strengths and weaknesses upon which its proposed set of activities are built. It points to the value of resources in the locality, including "exceptional teachers and a wide range of outstanding professionals and voluntary supports for children" (CDI 2005a, p. 13) while also highlighting the weakness of a complexity of services in Tallaght West, specifically the "proliferation of 'thin' services - services with little technical and supervisory support and no independent evaluation of impact on child outcomes" (*ibid*). In attempting to address this weakness and build on the defined strength, the strategy sets out a number of activities to foster the continual professional development of all those in the area who work with children and families. Under the activity 'Supporting the People Who Work with Children' the strategy speaks of the desire to "focus on commissioning training in children's services for local providers according to quality standards, and on facilitating a common approach by all providers to contribute to the achievement of targeted outcomes" (CDI 2005a, p. 14).

The specific section of the strategy addressing this aim details a number of programmatic activities which will contribute to the achievement of a number of outcomes. In particular, it aims to "train local people in early years and after-school provision, establish a learning forum on Early Childhood Care and Education, and sponsor evaluation of early years and after-school services" (CDI 2005a, p. 25). The strategy speaks of the need to develop new quality training programmes, designed on proven models, as well as "facilitating a common approach by all providers to contribute to the achievement of target outcomes" (CDI 2005a, p.24). Albeit under a different activity, the strategy aims (through Integrated Services Coordinators) to develop partnership agreements between statutory, voluntary, and community providers of children and

family services. Such agreements would include policies, procedures and technical supports (CDI 2005a, p.20). Moreover, under activity five – 'advocating to reduce major stresses on children and families' – the strategy proposes to design and implement a training programme in community advocacy to promote leadership within the community of Tallaght West. Additionally, for its second three-year phase (2009 – 2012) the strategy speaks of establishing or facilitating a number of fora, specifically one on family support services and one on preventative services for 13-18 year olds.

The *CDI Report of the Stakeholder Consultation Process* (2005b) also addresses the themes of training and support. In reviewing findings from a number of consultations with providers the report found that the "technical support needs of groups were to the fore" (CDI 2005b, p. 38). These needs included: project management; staff training and development; recruitment of volunteers; and evaluation of services. CDI's compass and vision statement also contain pledges to improve the quality of services in the locality with a view to improving outcomes for children. The compass states that CDI "will support, promote and enhance quality, innovative services which will meet the needs of children and families in West Tallaght and improve outcomes for the community" while the vision statements also make reference to quality service provision, specifically in "promoting and enhancing quality, innovative services."

In response to these findings and the strategic aims set out in the strategy and other documents, the QEP was developed by CDI. The QEP has two stated objectives: to achieve integrated services for children and families; and to enhance quality through an assessment and training programme for early years and after-school practitioners (CDI, n.d). In particular, CDI documents highlight that an audit would be undertaken to assess training and professional development requirements for the region, with necessary training required to raise quality being provided (*ibid*). The target group for training aspects of the programme is identified as those working in pre-school and after-school services, while two activity components are outlined: the recruitment of two Quality Specialists and the undertaking of a needs assessment process.

Regarding underpinning the development of the training and support aspect of the strategy, CDI employed two Quality Specialists as well as a Quality and Services Officer, a post deemed "central to the QEP."[4] However, with the vacating of this latter post, some of its duties have been distributed amongst other staff, including one administrative staff member who has taken over the communication aspects of the post, along with the existing Quality Specialists who continue to provide support for commissioned and non-commissioned service providers. More recently, the Quality and Services position has been filled part-time with a particular focus on providing support to CDI quality specialist staff and working directly on the Healthy Schools programme.

In December 2007 CDI held a workshop with service providers in the locality to identify training and support needs, with "feedback from the process [leading] to the design, development and launch of a series of lunchtime seminars in January 2008" (Keogh 2008, p. 17). It also sought to build on the work of the District Approach Group – a group under the auspices of Tallaght Partnership – which had undertaken its own training needs analysis of service providers in the locality. CDI was in a position to offer help to meet some of these needs, specifically in sponsoring participation in one training event (*ibid*). More broadly, CDI documentation highlights that the QEP "gives service providers in Tallaght West opportunities to access training and networking through a comprehensive programme of events" (CDI, n.d.).

Largely manifest through one-off talks, lunchtime seminars, and workshops and short, medium and long-term training courses, the QEP is viewed as a space where common issues and objectives can be teased out. It should be viewed as training over and above that which is provided solely to the commissioned service providers. This latter training relates to the implementation of three of CDI's services – ECCE, Doodle Den and Mate-Tricks. A full outline of the training organised by CDI for commissioned service providers is contained in appendices two and four, along with an outline of all the training events under the QEP (also see below). Those who participate in service-specific training are also free to avail of broader QEP related training events.

---

[4] http://connect.southdublin.ie/cdi/index.php?option=com_content&task=view&id=47&Itemid=96

3.3   Identifying Needs and Providers

CDI identifies the training needs of organisations in a number of different ways, including periodic questionnaires, observations of practice, service provider management meetings and staff CoPs. Trainers were identified through the manual writing process, were purposively selected by CDI, approached CDI themselves or responded to requests for tender.

3.3.1 Identifying Need

Across both commissioned and non-commissioned services the emphasis on training and improving the quality of services is underpinned by needs analysis undertaken by CDI. In addition to the explicit training requirements of manual-based services (see below) the needs and desires of all service providers are identified in a number of ways:

- Identification of Needs questionnaires are intermittently sent out to managers of service providers requesting them to identify themes which they would like to see covered by the QEP lunchtime seminars, special talks and training courses. The questionnaires also request suggestions for speakers and suitable time slots (CDI interviews);

- Managers' meetings – monthly meetings with commissioned services and progress reports provide an opportunity for staff needs to be identified and discussed (CDI interviews, numerous Service Provider (SP) interviews);

- Communities of practice provide a space for, amongst other things, requests for additional training or training in relation to particular themes to be verbalised to CDI staff (CDI interviews, numerous SP interviews);

- CDI staff themselves identify needs which may not be always explicitly named but are apparent through observations of services in practice – "picking up on things" – and brainstorming and discussions amongst colleagues; and

- Evaluation sheets of various training events (completed by attendees).

CDI view its team meeting as a key part of identifying needs. Views expressed, observations and both formal and informal discussions are an influence on the potential themes to be addressed in the training events and a support to the QEP process as a whole. Observations undertaken of CDI staff meetings reveal that they provide for colleagues to update each other about activities undertaken in the services. In relation to training, brainstorming has taken place to identify key speakers. Sometimes, a staff member, not necessarily the QSO, would suggest someone they know and propose to contact them. The Implementation Support Group (ISG) has also provided some useful ideas and information on supporting the QEP process (CDI interview).

Documentary evidence further corroborates the different forms of needs analysis undertaken by CDI. In December 2007, CDI facilitated a workshop with practitioners to audit training and support needs. The needs identified during the workshop formed the basis for the lunchtime seminars that started in 2008. A questionnaire to ascertain training was circulated to anyone with managerial responsibility within schools and organisations in 2008. For instance, the management training delivered at the end of 2008 was based on needs identified through this questionnaire. CDI also informed their choice of seminars from needs identified by other organisations. Indeed, in 2009, the District Approach Group undertook an audit of training needs with results being similar to the ones identified by CDI. Furthermore, a feedback sheet is circulated after each seminar/workshop asking participants to identify if the training/seminar met their expectations, what CDI could follow up on, things they would change, and suggestions for future seminars/trainings.

Specific training needs are identified in various meetings and from different perspectives. For example, the training needs for the Doodle Den facilitators are not only discussed during managers' meetings but also directly with the facilitators during CoPs. For programmes with different structures, such as the CSI and Healthy Schools, training needs can be identified by the Steering Committees. They are also identified through reports: for example progress reports include a section where managers can identify training requirements.

In relation to training that is compulsory and specific to the services - e.g. High Scope training for ECCE - CDI staff identify the number of service staff requiring either initial or booster training for each service. When issues were raised by service staff in relation to training standards and delivery, documentary evidence indicates that CDI responded to them.

For example, in the case of High Scope training, service providers raised issues through emails and progress reports. Feedback from Doodle Den training was gathered from facilitators themselves at the end of the year, from interim service evaluation reports and from the team at CDI. Based on this information, CDI decided to change the training provider for the following year.

The QEP programme also has a number of implicit aims with regards to meeting the needs of non-commissioned services in the locality. While contributing to the shared learning of all organisations, it also serves as a capacity building opportunity for these organisations while providing a showcase opportunity for some services to publicise what they do – some of which request or offer to present and others who are asked to do so:

> *"[W]e would be conscious of needing to provide opportunities for local organisations to showcase their work [but it] is not just about showcasing their work. It makes it more helpful to the participants that this is somebody that they may actually need to pick up the phone to as opposed to somebody from Drogheda who they are never going to cross paths with. We would also – particularly in terms of the lunch time seminars – get requests from people to present at them. It's a bit of a status thing, we all like to show off what we think we do well, so we do get requests from people who want that opportunity and wherever we can, we facilitate that"*

(CDI interview)

Entry to these events is open to all. However, there would be times where, dependent on the training or event, particular groups would be targeted, followed up with and encouraged to go (CDI interview).

In relation to the trainer survey, of the 11 respondents, seven indicated that some form of training needs analysis was undertaken at some stage. Of these seven, five undertook some form of discussion with CDI staff regarding the experience and level of attainment of participants prior to delivering the training, with two undertaking needs assessment with participants prior to starting the course. Of the four who responded that no needs assessment was done, three mentioned that the course was related to service delivery or CDI service development.

3.3.2 Identifying Providers

In addition to those trainers identified before, CDI was asked to identify the processes in place for identifying trainers for non-commissioned pieces of work. For one-off events the team may brainstorm around particular speakers that they have heard of and invite them to speak. Some individuals or organisations – as highlighted above – may actually offer to present on a topic or service. If the desired topic is specialised "contacts are relied upon to point you in the right direction" (CDI interview). However, more prolonged training events such as mid and long-term courses are delivered by experts either identified by the team or in response to Requests for Tender (RFTs). Even where the proposed funding amount is below the threshold for an RFT, it is a practice which is adhered to so as to ensure transparency and ensure a competitive process (CDI interview).

Survey respondents were asked to indicate how they came to provide training for CDI. The most frequent response was that CDI contacted the individual trainer to ask them to provide a training input.

Figure 1: Trainers' process of engagement with CDI
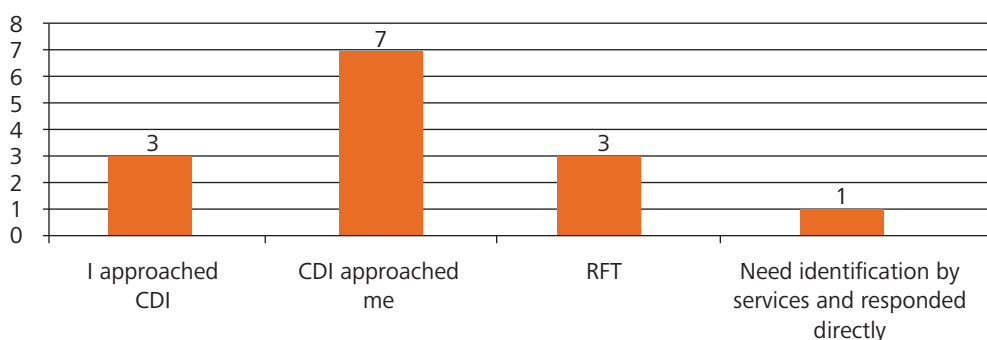
3.4   Training Provision

Training was commissioned by CDI based on the needs of each service manual in three instances (ECCE, Doodle Den and Mate-Tricks). There is no service-specific training currently for either the Healthy Schools Programme or the Community Safety Initiative. Staff across all five services are free to attend QEP programmes. The QEP emerged out of a desire to prevent two-tier provision and sought to build on previous CDI lunchtime seminars. The QEP incorporates special events, lunchtime seminars and training courses. From limited information the top three organisations attending QEP events are the HSE, Barnardos and CDI.

3.4.1 Commissioned Training Provision

Emerging from the strategy was the readily apparent need for training in Early Childhood Care and Education (ECCE) service provision. This process began in 2007 with the initiation of High/Scope Training for ECCE pilot sites. An additional emphasis on quality is illustrated by the rollout of the Síolta Quality Framework from 2009 for ECCE services in conjunction with the National Children's Nurseries Association (NCNA). Regarding the other programmes which CDI would come to develop and implement, training needs became apparent out of the process of writing manuals and discussion with the manual writers (CDI interview).

With Doodle Den, whilst in-depth discussions took place with the manual author around training requirements arising out of the programme curriculum, difficulties were encountered in identifying suitable trainers for the programme. In the end, and mirroring the delivery of the programme itself, a teacher and youth worker co-delivered Doodle Den training for the first cohort in 2008 (CDI interview and follow up email clarification). Induction training was also delivered to these participants (CDI interviews and CDI, 2009) and, on foot of the experience of it, a more streamlined induction process resulted, delivered by facilitators of the test sites.

Training for the Mate-Tricks programme was also influenced by the development of the manual, with two separate training programmes required to meet the needs of service staff (as Mate-Tricks is a combination of two separate programmes). There is no specific training associated with the implementation of the Healthy Schools Programme. In this regard, then, CDI tends to provide support more so than direct training for the provision of the service, although the Healthy Schools Coordinators did receive induction training alongside Doodle Den staff. However, members of the Healthy Schools Steering Committee did receive a form of induction through committee meetings:

"On a number of occasions [we provided] an overview of what the Healthy Schools Programme is intended to achieve while we're doing it, what its objectives are, how we think we might achieve it. That happened at least twice if not more"

(CDI interview)

More significantly, perhaps, members of the Steering Committee were provided with a one-off seminar on the programme with inputs from, amongst others, the Healthy Schools evaluation team, the National Coordinator of the Social, Personal and Health Education (SPHE) Post-Primary Support Service and a member of the Welsh Network of Healthy School Schemes. This seminar was viewed by CDI as instrumental in supporting the programme towards achieving its goals.

As outlined in the second process report *Working Together and Service Integration*, the CSI has a number of different structures to it. The Youth Forum has not received any CDI-sponsored training. The Safe and Healthy Place (SHP) Committee has also not received any specific training, but does have a work plan and terms or reference to support it. The residents association has just recently been provided with committee training as well as participating in the newly commissioned Restorative Practice training. The Community Forum members have received capacity building training while members of the CSI Steering Committee have not received any training explicitly linked with the service but do avail of training offered under the wider QEP programme.

3.4.2 Non-Commissioned Training Provision

As highlighted above and in previous reports, CDI works with and for both commissioned and non-commissioned organisations in Tallaght West. Conscious of not wanting to contribute to the development of a two-tier system of provision, the QEP was mooted in the strategy and subsequently developed as a mechanism to contribute to non-commissioned organisations' staff development in the locality:

"We had this piece of work, the QEP, which was explained […] as something that was included in the strategy because of a concern that there would be two-tiered provision in Tallaght - that you would have social services that were commissioned by CDI and had all the supports and the training and that the non-commissioned services would get left behind […]. The QEP was about offering something to everybody both to ensure that there wasn't that two tiered outcome and also to maintain good relationships"

(CDI interview)

The QEP sought to build on previous developments in the locality, in particular the work of the Integrated Services Forum– of which CDI became a member - which was attempting in 2007 to develop cross-agency training and support. The early development work of CDI itself in putting on lunchtime seminars (although then discontinued for some time) was also cited as a formative influence. To begin this work, the CDI newsletter was issued on a monthly basis and the practice of having lunchtime seminars was revived so as to begin contributing to the practice experience of people working with children and families in Tallaght West [CDI interview].

Yet, the desire to progress the extensive service commitments outlined in the strategy tended to be prioritised in the first instance over developing further the training and support elements of the strategy. Caution about the longstanding practices and procedures of existing organisations in the locality and a wariness about "treading on toes" (CDI interview) also contributed to the slow evolution of the QEP programme.

Profile of QEP Programme

As part of the QEP, CDI provided or commissioned the delivery of a wide range of events open to all practitioners in the Tallaght West area between November 2007 and September 2010. These events can be divided into three categories:
- Seminars / Conferences that take place either during the day or in the evening. They are usually one-off sessions.
- Lunchtime seminars which take place between 12noon and 2pm to facilitate the attendance of some of frontline staff from organisations in the locality. These are also usually one-off sessions.
- Workshops/ Training programmes, the provision of which can extend from day-long courses to months.[5]

It is clear that CDI are doing a significant amount under the auspices of the QEP. The extent of its focus is something which will be addressed in the discussion.

Summary of data received from CDI relating to attendance lists for seminars is outlined below:

Table 3: Data received from CDI relating to attendance lists

Category of Event	Number of events for which some data was received as against all events
Conferences, one-off talks	9/12
Lunchtime Seminars	14/23
Training courses/workshops	16/29[6]

---

[5] It should be noted that CDI is currently rolling out provision of restorative practice training in the locality with the aim of training 1000 professionals by 2011. It is also contributing to the development of a masters programme initally aimed at those working in healthy schools and in other organisations at a later date. These will be examined in a further report.

[6] Attendance lists for 5 of these events were received in late October 2010

From the information provided to the evaluation team by CDI, there are 842 attendee names for 34 events across all categories. Once duplicated names have been removed, CDI data reveals that 474 individuals attended those events. A breakdown of the figures pertaining to multiple attendances at different QEP events is graphically represented below:

Figure 2: Number of participants attending more than one event

Number of attendees

Number of seminars
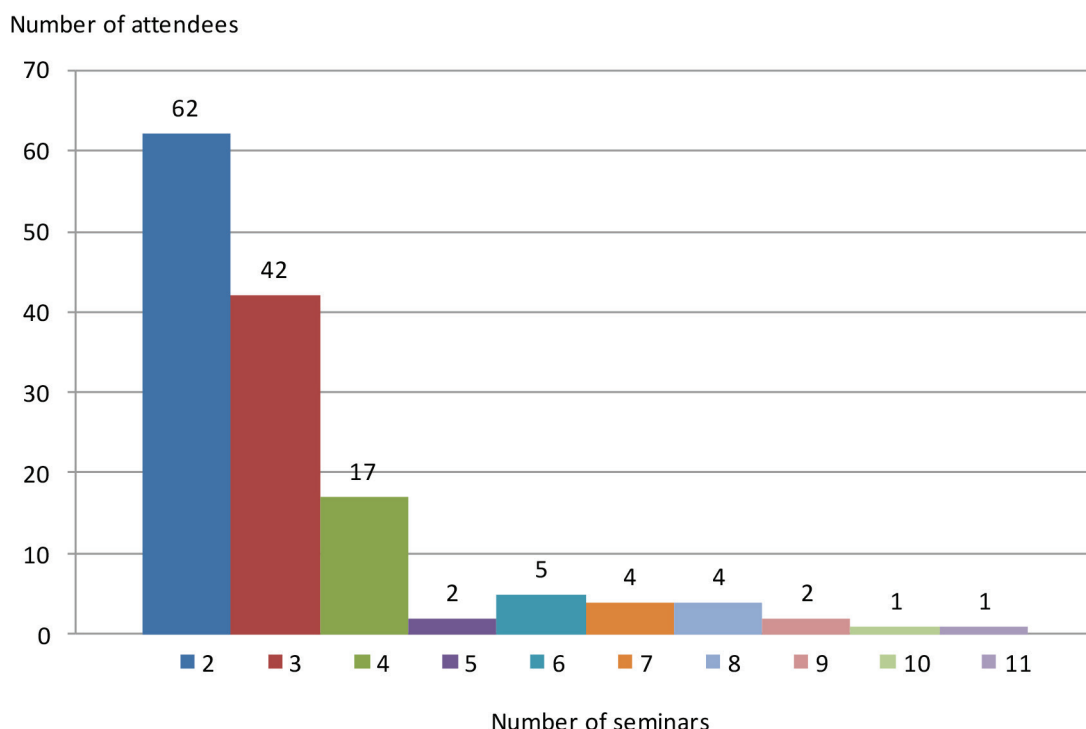
From the information provided to CDI, of the 684 participants identifiable as living and/or working in the community[7] 66 participants were residents, representing 9.6%. When duplicated names are removed, the percentage of participants rises to 13.3% (53 out 399). Other participants belong to 106 different organisations. As illustrated in the table below, the Health Service Executive (HSE) attends most frequently, with its staff attending events 133 times. Barnardos staff have attended on 41 occasions with CDI staff being the third most frequently attending organisation, accounting for 29 positions at various events. A full breakdown of these attendance figures is outlined in the appendix with the top ten attending organisations outlined below.

Table 4: Organisations' attendance frequency

	Organisation	Attendance Frequency
1.	HSE	136
2.	Barnardos	41
3.	CDI	32
4.	Fledglings Childcare	22
5.	An Cosan	18
6.	National Education Welfare Board	17
7.	An Garda	16
7.	The Little Children Centre	16
7.	Foroige	16
7.	South Dublin County Council	16

---

[7] Some attendees were not categorised as such in the data received but it was possible for the evaluation team to categorise them as a result of contact details provided. There were, however, 158 cases where organisational/community affiliation could not be identified.

Trainer survey respondents were asked to indicate whether their courses are certified and linked with the NFQ. Eleven respondents answered the question, with the vast majority (nine) indicating that their courses were not linked to the NFQ. One indicated that their course was a level six course and one other respondent indicated that their course was currently under consideration by the awarding body FETAC (Further Education and Training Awards Council). Of the nine who answered whether their course was accredited by any awarding body, five indicated that they were not. Of the other four answers, one course indicated that it was FETAC accredited, with the remaining three being accredited 'in-house' by their own organisations.

3.5   Perspectives on CDI Training

Respondents verify the various mechanisms by which they can communicate training needs to CDI and how they hear about training provision. A number of facilitators and barriers are also identified, in both attending training and providing it, including finance, access, lunch, and recruitment. The main barrier cited to attending training is work pressures.

3.5.1 Needs Identification and Promotion

Almost all of the 22 service providers interviewed confirmed some or all of the mechanisms outlined above as the main ways in which they contribute to the ongoing QEP programme (it should be noted that of those providers whose services are underpinned by manual/programme training, many indicated that it was mandatory or a requirement of the contract with CDI and necessary for the programme). Many spoke about the questionnaires (received via email) and other forms of inquiry which ask them to identify what themes or issues their staff would like to have covered. For example:

"They [CDI] will ask me if there are any training needs, we will discuss it. When I ring them and say 'one of the staff wants to do such and such,' they'll say yes or no. I have to say they are very good with the training; they're very good with the budget. There's a huge amount of training out there. It actually shocked me the amount of training that they provide"

(SPI 3)

Other respondents highlighted that they would have indicated training needs as part of the evaluation of other training events, to their managers directly, CDI staff directly, through evaluation sheets or at communities of practice (CoP) meetings:

"Yeah, well if we're given an evaluation sheet I'd fill it out alright [….] Maybe in the [particular training] I remember we requested a little bit more on [X] and I think that was responded to"

(SPI 9)

"Training doesn't just happen – it's on a needs basis so if we feel the need for more training or like booster sessions there's never a problem asking for something [….]. it comes up in these communities of practice, they're kind of like review, planning, evaluation sessions so if the need for training comes up I guess it's probably discussed with everybody there so it's CDI, [our organisation] and all of us [...]. So it comes up there, it goes from there"

(SP 6)

This last sentiment was echoed by some respondents who experienced an improvement in the training provided between years one and two. However, in a small number of cases there were dissenting views about particular needs being expressed and not being met (SPI 17), and that the process of surveying needs could be more focused on asking what level of expertise potential participants have:

> *"There was a check list form about what you were interested in and I would have filled them out in the early days when we went to the first few [events], about what your interests were, topics, but I suppose there wouldn't have been a checklist as to what the level of the training was [.....]. So I don't think I would have got to express that at any point [....]sometimes maybe in hindsight you look back as well and you see then later on 'actually that was why I didn't find it so useful.' Maybe at the time you weren't able to identify that*

(SPI 10)

A number of interviews with CDI staff indicated the importance of the newsletter as a mechanism for promoting what the organisation does and publicising CDI events. In addition, the community engagement staff liaise with members of the community about particular events which may be of interest to them. Email shots, mobile phone texts and shared calendars are also viewed as a significant mechanism in promoting events. With a database of over 800 individuals and organisations it is viewed as an effective way of publicising the events. Local press has also been used to publicise particular events. Others highlighted that the CoPs were another mechanism by which training events were publicised.

3.5.2 Facilitators of and Barriers to Uptake of Training

Both interview and survey respondents indicated a number of factors which facilitated and impeded both the delivery of, and attendance at, training. In the main, more facilitating than impeding factors are mentioned across both deliverers' and providers' responses, and both sets of responses generally align with CDI's own views on what facilitates delivery and attendance of training.

Survey respondents indicated a number of factors which both facilitated and impeded them providing training (respondents were permitted to indicate more than one factor). In relation to facilitating factors, of the eleven who responded, six indicated that CDI had recruited participants, while nine mentioned this and other ancillary support such has providing lunch, arranging the room, arranging materials and sourcing accommodation for trainers. Of the two who mentioned non-CDI related issues, one indicated the highly motivated participants while the other responded about knowledge of the local area.

In relation to impediments, two of the four respondents indicated dissatisfaction with the selection of participants, with one highlighting that they "were poorly screened" and the other highlighting that participants were "poorly chosen".

All interview participants were asked to identify factors which facilitated their attendance at training events. CDI interviews reveal that from its perspective a number of factors are instrumental in facilitating attendance at training:

> *"[T]here are some very practical things: I think the venue helps - people like coming here, everybody likes the building. Things like parking - people don't want to go somewhere where you have to spend half an hour trying to park. The fact that we provide lunch at the lunchtime seminars is a huge draw. That the networking social element is sort of built into the programme - that really works for a lot of people. I think for the lunch time seminars the regularity of them, so the fact that they are on the last Thursday of the month and everybody knows that [....]. Obviously the quality of the speakers, that's critical, so we've been very fortunate, we've had some really great people"*

(CDI interview)

Many of these factors are alluded to in interviews with other participants. However, while the mandatory nature of the programmatic training was mentioned, many comments highlighted the positive attitude towards training which other employing organisations possessed which facilitated attendance. For example:

> *"Training is essential. I think the staff themselves have more confidence in what they're delivering and in how they're delivering it and in the impact that they can make by delivering the programme so it certainly gives a much more confident approach, even seeing the seriousness of it and the importance of detail in it"*

(SPI 5)

Other factors were also readily mentioned. In particular, location was not deemed overall an obstacle to accessing training, irrespective of where the training was being held. CDI's willingness to change the location of training was also cited by a small number of respondents as being facilitative. Food, venue and training schedules were also mentioned by respondents as important facilitating factors, as was the ability of some service providers – with the support of CDI – to close for a day to attend training.

The funding aspect was a strong and important other respondents, who highlighted that the most facilitating factor was that it was free:

"Well just by providing the training, the fact that they were there, the training was there, and also the fact that […] it was free. Yes, absolutely, nobody could have afforded to do that by themselves"

(SPI 2)

"Well it was free, which made a big difference because in [our organisation] our budget has completely disappeared in terms of training, there is no training budget […]. So in this case there was no payment involved, so we gave them the time to attend"

(SPI 15)

Some respondents indicated that they have not attended any lunchtime seminars, although this was largely due to the nature of their services operating across lunchtime. Where attendance at these seminars was indicated, the numbers tended to be in the low single digits (3-5). For many, time and work pressures tended to be the main barriers to attending such events:

"It's probably work pressures, time pressure, trying to manage my time and there's only so many training courses that you can attend. A very heavy workload and we would be committed to training at [own organisation] so if I had to prioritise training it has to be specifically for the unit so"

(SPI 13)

For others it was difficult to arrange cover for staff going on training:

"Sometimes it's a challenge. It is a challenge to try and get other staff then to come in and replace staff that you're letting go to training. [The people we work with] need consistency of staff as well so it is challenging when you have to relieve staff and get different people into the rooms"

(SPI 14)

3.6 Organisational Attitudes towards Training as a result of Engaging in Service – Specific and QEP Events

Interviews reveal that individual attitudes towards training and its importance for service provision are shifting. However, organisational attitudes towards training are moving less so, with the view being offered that organisations already prioritised training.

Interview respondents were asked to indicate whether they thought their organisation's attitudes towards training had altered since they began engaging with programmatic and wider QEP training events provided by CDI. Many respondents indicated that their experience of receiving training from CDI has had a significant personal impact. Both managers and frontline staff indicated the positive motivational aspects of the training, in particular for individual staff:

"I think, well speaking for myself and I know in discussion as a team, like we really upped our game since CDI and the training. […] I mean we would have all had best practice that came before, and then all the training we received. But CDI, being accountable to them […..] you always feel that you have to be on the top, top performance and while you always would have been aware of best practice, We're doing it, we are implementing it to the best of our ability anyhow, and every new piece of information we get, it's not 'will we bother?' It's 'no, we are doing that'"

(SPI 21)

"Yes, I think so. When you're starting a new programme, I think when they (staff) were told that they have to have this, have to do x training it was, 'oh God, have we got to go to more training.' Now they really see because it's coming from them you know. They're identifying some of these, some of the training that they need to have, that they're actually more willing to go and more interested in it"

(SPI 14)

Some respondents indicated that the training also had a positive impact on their organisational processes. For example, some commented that it allowed for improved fidelity to manualised programmes generally (SPI 4) as well as a more competent staff generally (SPI 15). Others felt that it served ultimately to improve service provision for children and families. For example:

"Well I think we are providing a better quality service now because of the training whereas before, we would have had a quality service, but not as good, not as high a standard as we have now"

(SPI 3)

"Training is essential. I think the staff themselves have more confidence in what they're delivering and in how they're delivering it and in the impact that they can make by delivering the programme so it certainly gives a much more confident approach, even seeing the seriousness of it and the importance of detail of it"

(SPI 5)

"As I said, it's made it a better service, better quality, I think that I'm better on time management as well"

(SPI 3)

However, when respondents were asked did their experience of CDI training foster a change in attitude of their organisations, there was significantly less agreement. For many interviewed, while highlighting that they were grateful for the training they received and the positive impact it could have on their own practice, their 'own' organisations were already providers of 'in-house' training or have a history of sourcing training. Thus, there has not been much of a shift in attitude towards training – in the words of one person in a focus group, "it was always good." However, two individuals did comment on the complementary nature of the CDI training programme, that it dovetailed with their own organisation's training programmes and emphasis (SPI 5, SPI 1).

Albeit in the minority, there was a very small number of positive assessments of the potential implications of CDI training on organisations. In particular, one respondent indicated that their whole CDI experience has altered the way they do needs assessments and analysis:

"I think just even the process of engaging in that amount of training over the last two years has made it clearer for us how we need to approach our own training needs. So therefore how we do that is different, we're much more structured about it than we used to be. Again, the same thing, we always assessed at the beginning of the year, there was always a very high concentration on our core training needs and again, staff would kind of had vague ideas. But I think since doing the [X] Training in particular staff are able to say "well this is actually what we need further training in. We feel we've done this and it's been beneficial but what we actually need is this to back that one up""

(SPI 7)

A similar picture emerged in another service. While an emphasis on training was always present, the processes around it have been much improved with the advent of CDI services. There was a recognition that "needs were changing rapidly" (SPI 18).

3.7   Summary

This chapter has outlined documentary, survey and interview data pertaining to the topic of training provided by CDI for both its commissioned services and under the wider QEP. Overall, it details a predominantly positive picture of provision, with both structured and more intuitive forms of needs analysis underpinning this provision. Organisations report an overall positive relationship with CDI, with the latter being responsive to need and additional requests for training. Interestingly, there is a discernable shift in personal attitudes to training reported by interview respondents, although less of a shift in organisational attitudes.

Chapter 4:
Presentation of Findings relating to Support provided by CDI to commissioned services

4.1 Introduction

This chapter begins by outlining the conceptual framework of support provided by CDI staff to commissioned service providers in Tallaght West and the development process of that framework. The framework is then used to support the quantitative content analysis of CDI documents which provides additional data evidencing support provision. Following this, the chapter outlines the views of respondents to the provision of support by CDI and, in particular, examines the role of Communities of Practice (CoPs) as a source of support for service provider staff. It also examines the extent to which support in all its forms has increased or decreased, as well as the views of respondents regarding the support provision process. The chapter concludes with a brief summary of the main findings.

Key Findings

- Interviews and documentary analysis indicate a high level of support provided to commissioned organisations from across CDI, including governance structures.

- Both formal and informal supports are features of the provision process.

- Ability and willingness of CDI staff to be available, particularly to provide informal support, is viewed as important by respondents.

- Significantly, respondents overall do not necessarily view support provision as falling away, rather the need to source support is declining. Organisations are looking to their own staff and resources for support.

4.2 Developing a Support Provision Framework and Accounting for Support Provision in CDI Documents

Three main types of support are provided by CDI staff: programmatic, role modelling and responsive/informal. Discussions on, and provision of, support encompass all aspects of CDI, from the Board down to the commissioned service providers. Clarification and identifying training needs are the most frequently appearing forms of support in CDI documentation.

In Summer 2010, a series of interviews were undertaken with CDI staff regarding the activities which underpin their work. The evaluation team desired to develop a conceptual framework which would permit the exploration of the support concept and how it manifests in the day-to-day activities of CDI staff. In the interviews, CDI staff were asked to outline and discuss the interactions they have with staff of organisations across Tallaght West. Upon receiving this rich description of their work, the evaluation team developed a draft framework which was circulated to CDI staff for comment. Once feedback was received via face-to-face contact and emails, the framework was finalised. The conceptual framework outlined below illustrates the three types of support identified from a focus group and follow up interviews with CDI staff.

Table 5: Conceptual framework for support

Type of support	Example
Formal / programmatic _Characteristic:_ _On going_	• **Supportive structures:** Healthy school Steering committee, CSI Steering Committee, Implementation Support Group • **Meetings:** Monthly meetings with service providers/ coordinators etc. Individual meeting. • **Supervision** of the healthy school coordinators • **Protocols and policy** (e.g. to practitioners on how to do a home visit, community agreement) • **Co-facilitation:** Supporting the delivery / process of the service (e.g. co-facilitation of sessions) • **Community of Practice** (to discuss issues encountered in practice, share experiences, facilitate reflective practice, encourage the use of reflective tools) • **Financial** support
Role modelling _Characteristic:_ _Maintaining_	• **Mediation:** Attending interagency meetings, supporting collaboration and informal contacts, mediate negotiations between organisations • **Setting up meetings** (e.g. between the school principal and coordinator to iron out issues) • **Clarifying** referral processes around RCT, roles • **Negotiating** Memorandum of Understanding • **Linking** agencies / professionals and encouraging practitioners to maintain the link • **Integrating** professionals (e.g. healthy school coordinator) • **Home visits/site visits** (going through the forms with the practitioners) • **Feedback** subsequent to site visits • **Quality control:** Supporting managers to do their own quality check and use monitoring tools • **Answering** questions relative to day to day operational role • **Administrative support** (writing reports, finances)
Informal / responsive _Characteristic:_ _Flexible_	• **Reassuring** practitioners • **Psychological support** (encouragement, acknowledgment, greetings, Making sure coordinators feel supported • **Phone calls** (being available, sometimes 24h/day) • **Home visits** (CSI) • **Encourage participation** • **Informal meetings**, follow up conversations, providing indications, information, links • **Responding** to ongoing troubleshoot • **Requiring** suitable support (from the Guards or Council)

To assess the extent of support provided by CDI, Board, ISG, and various CDI/ commissioned services (including CoPs) minutes of meetings were examined through the framework for support produced by the evaluation team. The framework identifies three different types of support: formal/programmatic, role modelling, and informal/responsive. A number of themes were identified within each type of support. However, an initial examination of the minutes brought to light four additional themes: providing material, identifying training needs, giving feedback on training, and identifying challenges. These themes were classified as formal / programmatic support. In line with the particular form of documentary analysis employed the number of times a theme (e.g. clarification) appears in the minutes was counted. The key meetings were examined for each of the services. Additionally, minutes of the Board and ISG were examined since they are key supportive structures. A sampling process was applied to the minutes and every second minute was examined.

The table below illustrates the level of support provided by various CDI governance and service structures. At a general level, it appears the type of support provided during those meetings is more programmatic than role modelling. This is especially the case for the commissioned services. When examined cumulatively, it can be seen that the most frequently appearing form of support in documentation is clarification (98 times) followed by identifying training needs (86 times) and identifying challenges (57 times), both under programmatic/formal support. These are followed by linking (48 times), encouraging participation (44 times), mediation (40 times), feedback on training (34 times) and the provision of material (26 times).

The figures in the table also reveal that the governance structures of CDI also play a significant role in providing particular forms of support under each category. The ISG and Board appear to provide some role modelling support, whether through mediation, setting up meetings or linking agencies / professionals. For instance, the theme mediation was counted 10 times in the minutes of Board meetings while it did not appear at all in the minutes of the Doodle Den CoP,

Mate Tricks managers' meetings, ECCE managers' meetings or CoPs. Additionally, both the ISG and the Board provide some support in the identification of training needs, with the board particularly strong in the identification of support needs and challenges. It would appear that, particularly in relation to the discussions of the Board, there is a strong vertical linkage between what happens at the top of the organisation and on the ground. The linkage between CDI and other organisations in the locality through the ISG is also noteworthy. Particular issues are common to both CDI and these organisations.

Participation is encouraged in almost every setting except for the ISG, and has a higher mark in Doodle Den CoPs, Mate Tricks Managers meetings, and the SHP committee. However, given the nature of this type of support and particularly how it is provided, it is understandable that it does not appear as much in CDI documents as other forms of support.
In relation to identifying training needs, the table shows that the theme rarely appeared in the Doodle Den and Mate Tricks minutes of meetings (twice and once respectively). However, the theme is strongly present in the ECCE service, whether for the managers' meetings (17 times), the CoPs (21 times) or the PCF meetings (eight times). It appears that the theme was also more present in the Board's minutes of meetings (12 times) than in the ISG minutes (five times). The CoPs appear to provide the occasion for practitioners to give some feedback on training. This theme, which emerged through the minutes of meetings rather than from the original framework for support, appears in the ECCE CoPs (14 times) and PCF meetings (11 times) as well as in the Mate Tricks CoPs. While training needs or feedback is quite absent from Doodle Den and Mate Tricks meetings, quality control features strongly in Doodle Den minutes.

When each category of support is examined quantitatively by service, ECCE accounts for the highest amount of programmatic support. This can be explained reasonably by the number (nine) of different service providers under this programme. CSI accounts for the second highest score, with 42 different recorded incidents of support noted in the documentation. Mate-Tricks and Doodle Den are almost equal, with 23 and 26 incidents respectively. However, when role-modelling figures are examined, Doodle Den scores highest of the services, with 62 incidents recorded in the documentation, followed by ECCE as 57, Healthy Schools Steering Committee documentation accounting for 35, CSI 34 and Mate-Tricks 21.

Table 6: Level of support provided by CDI Governance and Service Structures

Type of support		Doodle Den Service providers	Doodle Den CoP	Mate Tricks Managers	Mate Tricks CoP	CSI steering committee	CSI SHP committee	ECCE Managers	ECCE CoP	ECCE PCF	Healthy Schools Steering Committee	ISG	Board	Total
Formal / programmatic	Providing material	5	6	1	3			2	6	2	2			26
	Identifying training needs	3	2	4	1	8	3	17	21	8	2	5	12	86
	feedback on training				4			3	14	11	3		10	34
	Identifying support needs						8							21
	Identifying challenges	1	1	2		2	8	6	10	2	6	1	18	57
	Supportive structures					2	3						2	11
	Meetings													
	Supervision			1							3			4
	Protocols and policy	1	1	2		5	1				1	2	1	13
	Co-facilitation			2			1							3
	Communities of Practice	5		3										9
	Financial support	2	2					1						2
Role modelling	Mediation	2	4		1	6	6	1		1	6	8	10	40
	Setting up meetings	5	4				1	1			4	3	5	24
	Clarification	6	10	5	4	9	6	4	6	9	14	9	16	98
	Negotiation	1	1		2						1	1	3	8
	Linking	10	2		1	2	4	7	4	2	2	7	5	48
	Integrating	1						2	3	1	1	1	1	14
	Home / site visits	1	1						3	3	3			8
	Quality control	7	4	2	2			3	5		1			24
	Answering		3		2								2	9
	Administrative support	2	3	1	1			1	1	1	1	1	1	8
Informal / responsive	Reassuring	1	4	1				1						6
	Psychological support	1	1		1			2	2	2				8
	Phone calls													
	Home visits													
	Encourage participation	3	8	3	1	4	7	2	3	3	4	4	6	44
	Informal meetings				1									1
	Responding	2							3	3	3			5
	Requiring													

4.3 Findings from Interviews on Support Provision by CDI

Various forms of support are provided to commissioned services in Tallaght West. Formal supports include various meetings which were deemed to be very supportive and useful, as were for the most part service structures. The programme manuals were also identified as being a support. Communities of Practice are viewed positively, and to a lesser extent, reflective practice. Both are viewed as additional forms of support by respondents.

Building on the framework outlined above which was developed from findings of interviews with CDI staff, this section outlines the views of service respondents on their experience of receiving support from CDI staff. A number of themes emerge in these findings, including forms and processes of support; CoPs as a form of support; and reflective practice. These themes are addressed in turn.

4.3.1 Forms and Processes of Support

CDI provides a number of supports to commissioned service providers in Tallaght West and do so in a number of ways. For many, CDI is always there, always on hand when needed. However, the use of such support appears to be declining, with a reported decline in need to contact CDI as much as in the past. This could be as a result of skills being enhanced through training and support and also the encouragement and persuasion a small number of respondents reported receiving from CDI staff to resolve issues 'in-house.'

4.3.1.1 Formal Support

Respondents were asked to identify the forms of support which they receive from CDI. Many responses indicated that CDI provides a range of supports right across its five services and indeed to individual staff within each service provider. Many highlighted that the meeting structure imposed by CDI is a very useful source of support. For instance, for many respondents the monthly meetings are excellent. For example:

"Progress reports and meetings [….] I'd go to [the manager's] meeting [….]. Well it just goes through all […] what's happening in the [service]. Like I sent in a progress report […] so I'll discuss now how things have progressed since the last report was sent in[[…] I'll go through all that [various identifying issues discussed] and I'll go through the finance and if they've [CDI] any questions like, what was that used for, what was this for I'll go through that with them. But it's all basically progress on how the service is doing how the [aspect of the service] went [….]. So they'll all be discussed. How [staff] are getting on, is there any training that needs to be done or any issues like that"

(SPI 3)

Respondents also cited quarterly meetings as a feature of the support structures of CDI offered to commissioned service providers. These provide an opportunity to service providers to meet formally with the CEO and finance officer and raise any issues which they may have. For example:

"Every three to four months we have a meeting and that would be a three or four month meeting on anything that has happened in the service; so that would be a more formal meeting and that would be to do with the finances and that as well"

(SPI 14)

As highlighted in the last process evaluation report, a number of service-related structures (such as the Healthy Schools Steering Committee or the various CSI committees) also serve to support commissioned service providers. Where[8] structures were a feature of particular respondents' work they were asked if such structures play a support role. In the main, respondents were positive about these structures, but issues were raised about how useful they have been. In

---

[8] Some of these quotes are not attributed in order to protect anonymity.

response to particular issues a respondent went to one of their service structures but felt the response was not what it could have been:

> "And sometimes I felt like there wasn't a resolution to issues, like you bring up something that [the structure] will discuss it but I didn't leave any the wiser after the meeting. Six months later you're talking about the same thing again."

Another respondent who also works with a number of structures highlighted the role and usefulness of one of the structures to support their work:

> "At the end of every month I would have an update and normally in the planning there, I have issues identified. And then I would bring those issues back to [the structure], not necessarily to CDI, because we, that's why we have [the structure], so the issues are brought to it and then it's up to CDI to take those issues further. It's useful."

A small number of respondents commented on the role the manual plays in delivering the service. The majority viewed it as a support, with one comment in particular making reference to the protocols and policies contained within it for ECCE providers. One respondent, however, noted the relative lack of support the manual provides.

When asked about support, many staff indicated that their line management was the first and most frequently used form of support. This meant that for some, structured contact with CDI staff was not frequent (except where CoPs were a feature (see below)). This tendency to look within their own organisation was discernable in other comments as well. For example, two respondents indicated that they look inwards to their own organisation to source support amongst colleagues (SPI 17, SPI 3). Others, particularly those linked with school, reported seeking support from school staff, principals and HSCL individuals (three interviews). In one interview, respondents indicated that CDI staff would have supported them to engage with their manager rather than turning to CDI to resolve 'in-house' issues. Two respondents felt there was no need or did not need to contact CDI. Nevertheless, when required the support provided by CDI was important for staff and was a strong feature of some respondents' views:

> "I definitely would feel [the support is] better now in that it did give some clarity where there was one person that you were dealing with all the time, […] I find with the support it's much more focused and there is more follow through and it's just more helpful"

(SPI 10)

4.3.1.2 Informal Support

Many respondents spoke about the availability of CDI staff at almost any time about a whole range of issues. This availability was apparent in many of the responses. For example, one set of respondents indicated that when they felt their manager was not resolving issues relating to a programme they went to CDI:

> "So in terms of supportive structures then at CDI, its like, it's through your manager who then approach [CDI], you sometimes approach CDI yourself […] it would be the COPs and then [CDI staff's] phone number is there if we need to chat to [them]"

(SPI 12)

For some delivering manualised programmes and developing services, the availability of this form of support was crucial in the early days in particular. For example:

> "When I started, I mean, the first year [of the programme] I didn't even know what half [the various materials were], so I was on the phone all the time"

(SPI 1)

Others felt that CDI staff are very supportive, not just in resolving issues but also in fostering connections with other organisations as a problem-solving mechanism:

> "I suppose one of the things would certainly be the quality support worker. If there is anything that needs discussing you know, […] or the respective staff had issues to be discussed, [they] are always very available, you know, they will get back to you certainly within 24 hours and if they couldn't answer the question or someone on the team - they nearly always can answer it […] I'd say 99/98% of the time it could be answered within the CDI building itself - even if it can't they would certainly put you in touch with who could answer it. So I suppose the expertise available [is a support]"

(SPI 5)

This issue of clarifying or having questions answered was a particular frequent response when asked about why they would contact CDI. Another respondent felt that CDI were very facilitative regarding availability in relation to any issue:

> "Certainly [CDI programme staff] were always available on the phone, always available by email and […] and then if we needed support in anything in relation to the funding, [CDI finance officer] was always available, or [administrative staff….] so we've never had a problem accessing them, and even if you rang and somebody wasn't there, they always rang you back. That was never a difficulty"

(SPI 9)

A further two respondents indicated that CDI offers indirect support in promoting interagency work through linking organisations to "collectively problem solve issues" (SPI 5) or to act as a signpost to other services in the locality (SPI 16) and create fora to build relationships (SPI 2). Indeed, this support to engage in interagency work resonates with the perspective of CDI itself, whose staff view its role in wider community structures such as the Children's Services Committee as, among other things, providing support to and for its various activities (CDI interview).

While the vast majority of respondents identified CDI and the support its staff provide as being very flexible or understanding that such flexibility was a feature of CDI support, a small number of respondents felt that the support was less available now than it was before. For example:

> "And I know if I've any problems I can just ring them. Even now, even though they are less available they are still available

(SPI 3)

However, others are more reserved about saying outright that support decreased, instead taking the view that the need to contact CDI decreased. A few comments reflect the majority of respondents who spoke about this issue:

> "I didn't really ring them [CDI] that much after [getting the programme up and running], you know. If there was a problem and if you did ring, it was great support you got from them. It was just, it was us, we didn't really ring that much"

(SPI 18)

> "You wouldn't be calling on them as much you know. I feel if I need anything at all I can always ring"

(SPI 14)

Others have tended to be more explicit in their evaluation of the provision of support from CDI, with support not falling away at all – they are always there. Indeed, two respondents indicated that support from CDI has stayed stable (SPI 2, SPI 9).

4.3.2 Communities of Practice and Reflective Practice

BOX 1: Illustration of CoP observation

Observations of CoPs reveal that they provide practitioners with a supportive structure where they mostly exchange information. However, CoPs also play a strong role in the informal/responsive support, whether provided by CDI or other practitioners. By sharing experiences and the challenges encountered, practitioners realise that they are not the only ones facing them.

Generally, the atmosphere during those meetings has been very relaxed. However, in one observed CoP, tension was palpable during one of the ECCE CoPs, in May 2010. Some of the services were not clear about their future employment and comments such as "it's such a pity" were made. Acknowledging the issue, CDI's CEO came into the meeting to talk with the practitioners. Since there was no direct response or further questions, the CEO proposed that private talks could be facilitated.

Observations confirmed that training needs are identified in the CoPs. For example, this was the case with Doodle Den (Observation, Small group exercise, CoP 2010). Observations also confirmed that reflective practice became an important part of the CoPs in the last year. At first, the reflective tool provided to practitioners was piloted. Feedback was received during the CoP, CDI staff acknowledge the comments and committed to incorporate the feedback into revisions of the tool (Obesrvation, Doodle Den CoP, 2009).

Communities of Practice offer staff the opportunity to meet, share ideas and practice techniques as well as offer suggestions to CDI on training needs and other issues. They are clearly viewed as a support by service staff. The experience of staff in relation to reflective practice is less definitive, with some already doing it in their own organisations. However, overall the benefits of the reflective tool are highlighted in a small number of interviews.

Staff engaged in direct service provision as well as managers were asked to identify how the CoPs contribute to their work. Many regarded them as instrumental supports for service provision. Notably, many managers recognised the knowledge that some staff were acquiring from the CoPs, which they named as another source of support. For example:

"But then I felt we were getting support through the staff going to these community practice meetings, plus the training. So a lot of questions were being answered through that"

(SPI 18)

A small number of respondents indicated what they felt the CoPs were, and what they offered. One respondent felt that they offered a sense of collective space where issues could be brought to the fore and discussed, while a second respondent felt they offered a sense of togetherness. For example:

"The community of practice meetings, they really were a shared space, I would have seen where we would have linked up with other services. And where we were there to share ideas and to support one another, for instance in terms of developing policies. Somebody would say, "we actually don't have a policy on X, how do we go about doing this, how do we put one of them together, what are you doing, is it working, is it sufficient" that sort of thing. That's what the community of practices was for, it was just about, initially about seeing the other services and just sharing of ideas really and truly"

(SPI 7)

"Again because we're all together we kind of thrash out issues or anything, maybe realise it's happening in other groups and come up with a plan and go through it and then if we need clarification on anything, and then there's the positives in all of the issues, it's working well. Just everyone being together and sharing ideas more than anything – that's what it is about"

(SPI 6)

In particular, respondents felt that CoPs offered a different set of supports, including opportunities to clarify issues with the manual, work through the manual, receive booster training, raise issues with CDI staff, offer support to each other, review how other sites are providing the same service, and have a laugh (numerous interviews). Working through the manual was a recurrent theme of the perceived functions of CoPs, as was their perceived function as being a communication channel to CDI:

"I suppose if you were having any problems, if you had anything that you wanted to ask about the manual. [….] the COPs they're good, in the sense that you go and there's an agenda, but it's a loose agenda. CDI staff plan the agenda and you come in but they notice that there are problems and something has to be dealt with, that will then get added to the agenda […]. Another good thing about the CoPs is when they do their site visits during the month they bring the feedback from the site visit and, I mean, they won't say specifically 'you did this wrong,' but what they will do is they'll say 'you have to do this, some sites need to improve this and the immediate way of doing this..'. They'll help you improve without making it personal"

(SPI 1)

Some individuals recounted difficulties in the beginning with the CoPs, in particular that they lacked some structure. For example:

"I think the Communities of Practice were probably a little bit problematic at times in the past but [X] has worked, […] in ensuring that they are minuted and that there is agendas for them [.….]. staff felt sometimes that they'd come into a Communities of Practice meeting and that something would kind of been thrown at them, that they weren't necessarily prepared [….], it wasn't intentional I wouldn't think on anyone's part, but they sometimes felt that they were being put in a position to be caught out, which I don't think was the case but so trying to give that more ownership of the Communities of Practice because it is meant to be for staff"

(SPI 4)

"Well it wasn't that difficult to engage, it was the topics that we were discussing that were all, I would've kind of got the impression that they were just sort of thrown together"

(SPI 17)

However, overall, respondents indicated that at the time of interview they were quite happy with the CoPs. While some viewed it as part of the job, others found it to be an opportunity to have issues raised (both with elements of the programme and beyond) and in some cases resolved.

Another theme which emerges is the development of reflective practice as part of the service staff's experience. While numerous participants were not fully aware of reflective practice some were willing to comment on it. For the most part, of those who did respond they found it interesting (with most having done it before), with the development of a reflective practice tool a useful addition to the CoP work:

"We would always have carried out reflective practice. CDI just introduced a different tool to us just to use, to help us with [the programme] and made it more relevant, because this is the first manualised programme that we would have run. They introduced a new one to us which we didn't completely work, it didn't suit us at the start but in our community of practice sat down, made changes, our manager made sure we had discussions about it and it came back to us again to make any more changes and now it's more, it's around actually our work and it actually very much suits the programme that we run"

(SPI 6)

Other respondents found additional benefits from using it, including the provision of positive feedback, using the journal as a tool to examine practice and support service improvement (SPI 12). There were a small number of objectors to reflective practice, finding it not particularly useful and producing a large amount of paperwork.

4.4   Summary

This chapter has outlined key findings from documentary analysis and interviews pertaining to the experience of respondents regarding the provision of support provided by CDI. What emerges here is the overall positive picture of the support provided by CDI. What is also noteworthy is the apparent willingness of organisations to draw on their own resources to resolve issues pertaining to programme operation. The identification by many respondents of the reduced need to contact CDI is a key indicator of this. Equally importantly, staff report that if they need to, CDI provides an opportunity to clarify and raise issues of concern, difficulties and problems. What all this implies for CDI's future work is to where we turn next.

Chapter 5:
Discussion of Findings

The purpose of this report is to document and assess the extent of training and support provided by CDI to both commissioned and non-commissioned organisations in Tallaght West. An aim and series of overarching objectives have guided the research for this report. The aim was to "ascertain the extent to which the CDI experience impacts on training and support for practitioners and managers." Underpinning this was three objectives which summarise the specific questions set out in the evaluation plan. These were:

- What are CDI's strategic aims regarding the provision of training and support to organisations in Tallaght West?
- What processes underpin the development and implementation of training and support to these organisations?
- Are there organisational and individual shifts in attitude towards training and support amongst recipient organisations in Tallaght West?

With these questions in mind it is the aim of this chapter to integrate all the various forms of data which have been generated, both emanating from CDI and generated for this report specifically, to begin to answer them. In drawing together this data a number of key themes emerge:

- The Strategic Intent of CDI towards training and support provision;
- Needs Analysis Processes of CDI;
- The extent of coverage by the QEP of commissioned services in the locality;
- Organisational Attitudes towards Training as a result of CDI's activities;
- The provision of Support to Commissioned organisations; and
- Communities of Practice and Reflective Practice.

These are now discussed in turn.

5.1   The Strategic Intent of CDI towards Training and Support

CDI documentation and, in particular, the CDI strategy, identifies an ambitious programme of work regarding the development of training and support infrastructure in Tallaght West. Seeking to counteract the perceived 'thin' services in the locality with little technical or supervisory support and devoid of any emphasis on evaluation, the document speaks of establishing a climate of continual professional development along with some specific service initiatives, such as training in early years and after-school provision, various fora and the implementation of community advocacy training. Moreover, the post-strategy CDI compass and vision statements reaffirm the organisation's commitment to quality through innovative services and training.

It is clear from the documentary evidence that CDI has undertaken a significant amount of work to progress these activities underpinning its strategic intent. While a focus, understandably, was initially on establishing the five services, due regard was also paid to the commitment to maintain good relationships and the desire to prevent a two-tier system of provision developing in the area. The development of the Quality Enhancement Programme (QEP) is viewed as a central part of this commitment and desire, sitting as it does alongside the specific programme of training which underpins the commissioned services. However, albeit on limited data, the top three attending organisations at QEP events are two nationally recognised organisations and CDI. Thought may be required as to how knowledge, learning and training could be fostered in other smaller organisations through the QEP. Needs analysis processes may be worth considering here. There is a wide range of activities under the QEP – one off talks, lunchtime seminars, and training courses and workshops. Could a more focused approach to developing QEP activities be adopted?

5.2   Needs Analysis Processes of CDI

The data accumulated for this report – both documentary and interview – indicates that CDI takes a serious approach to meeting the defined needs of both commissioned and non-commissioned staff in organisations in Tallaght West. A variety of methods are used to identify needs, both structured and formal, and more informal and intuitive. It would appear that while the needs analysis processes of the commissioned organisations to deliver the training were operation or task analysis influenced (as outlined in the overview in chapter two) and self-evident (in that delivering a tailor-made programme requires a tailor-made syllabus), the individuals working in each organisation were free to identify their own

training needs and request them from their supervisor who would then take the issue to CDI through progress reports. In some cases staff directly made the request through Communities of Practice. In some ways, all three forms of needs analysis – organisational, task and personal - are deployed in both analysing the need and the decision to follow through and purchase the training.

However, the needs analysis associated with the broader QEP does not appear to be so well structured. While data suggests that some form of analysis is undertaken from time to time by way of an email survey, there does not appear to be any regularity applied to assessing the needs of the wider organisational community in the locality. Evaluations of training courses – an important mechanism to identify views in particular on process elements of training and views for the future - appear to have been undertaken but these forms were not available for this research. Revisiting how frequently wider QEP needs are identified may be worth examining, particularly at a time when other training budgets are being squeezed.

5.3 The Extent of Coverage by the QEP of Commissioned and Non-Commissioned Services in the Locality

Data provided by CDI to the evaluation team indicates that the organisation provides a significant amount of training events both to commissioned and non-commissioned organisations in the locality. A significant effort has gone into recruiting suitable trainers and delivering a course to commissioned service staff to enable them to deliver the programme. Booster sessions have been arranged and Communities of Practice utilised to provide additional training from time to time. The training received by the commissioned organisations is instrumental to the delivery of the particular programmes. This is recognised by both CDI and the managers and staff of the particular services interviewed. The assessment overall of the training received by staff is positive. Staff appear motivated, managers believe that the training provides a better service and better quality, and significantly, staff are engaging fully with the service. Most spoke very positively about all the process elements which make training easy to attend: a good schedule in most cases which is open to alteration upon feedback; central location; parking facilities; the provision of food was very notable (and across the non-commissioned provision as well); and in some, although not all, the trainers were perceived to be positive overall. That training was free was also deemed a significant facilitating factor in its provision.

Additionally, staff and service management report that CDI is receptive to requests for additional training support. In particular, staff have recounted how some additional training needs are met through extra budgets being provided by CDI, or at the very least, a willingness by CDI to consider providing additional or requested training. That CDI is willing to consider and contribute to additional training needs - as well as providing part funding for a master's programme for some commissioned organisation staff to begin their studies in 2011 and is currently rolling out Restorative Practice Training to 1000 professionals in Tallaght West - is a clear indicator of the organisation's commitment to training, not just for personal professional development but also to contribute to quality service development in the locality.

The commissioned training provided via CDI for three of its services is done so by nationally and internationally recognised organisations associated with developing the services in conjunction with CDI. This is a positive characteristic and one which contributes to the ongoing provision of quality services in the locality, as is the emphasis on evidence-based programmes. However, while acknowledging the limited nature of the data arising out of the trainers' survey, at this stage NFQ-linked programmes appear not to be a strong characteristic of either service-related or wider QEP training. To contribute to the longer term service and quality development of Tallaght West and individual staff the provision of training programmes within a recognised framework of qualifications may be worth considering in the future.

5.4 Organisational Attitudes towards Training as a result of CDI's activities

Interview data from CDI was unclear about what a shift in organisational thinking regarding training would look like, what attitudinal change it would expect organisations to experience. Certainly, from the data compiled for this report a history of training and improving quality would appear to be to the forefront of many organisations' activities to support their staff's personal development. Many respondents, both managers and frontline staff, indicated that their organisations provide or stress the importance of training. In addition, the presence of longstanding organisations in the locality - both

national and local – with a defined history of good practice and training tends to corroborate this. Indeed, respondents also commented that some often source training from organisations in the locality, mainly their own or others.

However, lunchtime seminars play an important role for some organisations in the provision of albeit very short-term 'training,' while also serving to showcase other organisations and events, providing an opportunity to acquire knowledge, network and develop contacts. Indeed, we know from the last report that these events are key to fostering interagency working and service coordination. For many organisations, training budgets are drying up, travel expenses are being significantly curtailed and such events can be important in providing small but useful bursts of information for a service, or providing a connection. Yet - and acknowledging that some of the attendance data are severely limited – attendance for lunchtime seminars is populated by large organisations, particularly the Health Service Executive and Barnardos, and also by CDI itself. The former two are instrumental players in the governance of CDI and this may be one explanatory factor for why attendance is so high. While many of the facilitators outlined above also apply to attendance at wider QEP events, time constraints would appear to be the major impediment to attendance from our limited sample.

5.5   The Provision of Support to Commissioned Organisations

In reviewing the work of CDI's staff and discussing with them what exactly their roles involve, it is clear that, in trying to support the development and implementation of evidence-based programmes, a significant amount of work is involved. From trying to undertake the very tangible, direct activities such as monthly meetings with service providers to facilitating CoPs; from arranging financial support, to effectively being on call, it is clear that as a cohort of individuals CDI provides a huge amount of support to its commissioned services. This is not to undermine the wider engagement the organisation has with, and support it sometimes offers to, other non-commissioned organisations. However, delivery of its services by skilled commissioned organisational staff is a core activity of CDI and one by which it will be ultimately assessed.

It is clear from the findings of this report that the descriptions provided by CDI staff regarding the forms of support they provide are matched by the range of support respondents feel they receive from the organisation. Almost all examples of support provided are mentioned in the findings, explicitly or implicitly, and all these are warmly received by the respondents. However, there is one particularly important factor to consider when discussing support provision and its impact – sustainability. All the findings in this report are based on interviews with commissioned staff. Many reported that support was excellent, with CDI staff always on hand when they were required. Meetings, phone calls and emails were all forms of contact mentioned with the main reason for such contact being to clarify particular issues. Yet, many reported that the need to contact CDI has lessened since beginning the operation. While particular supports are still needed from time to time, or at particular times of the year (e.g. September when a programme starts), it would appear that familiarity and comfort with the programmes and the materials has set in. Organisational staff know and recognise that CDI is available should they require it, but the organisations themselves have identified that the need is not as great as it once was. This is very significant for, in hoping to leave a legacy of quality programmes in the locality, having a set of staff skilled up and comfortable with the process of delivering the programmes in a faithful way (in addition to skilling up local people to deliver programme training) is crucial to its vision and ultimately its goal of achieving improved outcomes for children and young people of the area.

5.6   Communities of Practice and Reflective Practice

As part of the process of ensuring fidelity to three of the programmes – ECCE, Doodle Den and Mate-Tricks and as an additional way of supporting practitioners in the locality, CDI established Communities of Practice. The overview of key concepts in chapter two notes that CoPs have various stages of development and undertake different activities. Regarding stages of development, a number are outlined, including potential, coalescing, active, dispersed, and memorable. They promote engagement in a number of activities, including problem solving, requesting information, seeking experience and discussing developments among others. Their success is built on the enthusiasm of participants, commitment, skills, infrastructure, and resources. While they are also an instrumental mechanism in fostering interagency working, they are also crucial to promoting good practice.

Despite the fact that only three of the five categories of interview (excluding CDI staff) have the opportunity to attend and provide feedback on CoPs, the findings indicate that they are viewed as an opportunity to engage with colleagues, either from other services operating the same programme or indeed with very close colleagues from the same service. In particular, most of the activities of the CoPs mirror those outlined in the overview in the appendix. Difficulties were encountered in the formative period of the CoPs, including a lack of structure and an absence of process focus, such as clarifying agendas and circulating minutes. These appear to have been overcome. However, more interesting perhaps is the sense of identity that they seem to foster for some (not all), the sense of shared space and togetherness that was spoken about in the interviews. This is significant as it can add to the creation of a critical mass of knowledge and self-referencing resource for future implementation of programmes. CDI has also been responsible for the introduction of reflective practice as a tool in CoPs. While the concept is not new for some participants, the introduction of a specific tool to promote its use would appear to have gained some purchase amongst the small amount who spoke about it. The introduction of reflective practice is important and maybe particularly useful to achieve some form of balance against the programmatic and manualised approach with such a strong emphasis on fidelity which has the potential to devalue the role of the practitioner.

5.7   Summary

The purpose of this report has been to document CDI's work in fostering an organisational and service climate conducive to training and support provision for practitioners and service managers in Tallaght West. Key to providing answers to the set of evaluation questions at the beginning of the report has been the views of service provider staff and management regarding their experience of training provided by CDI, both for commissioned service provision and under the wider Quality Enhancement Programme (QEP). Additionally, evidence compiled from data provided to the evaluation team has contributed to documenting the extent of provision.

CDI's strategic documents speak of promoting and enhancing quality services, of attempting to counteract the proliferation of thin, services – services with little technical and supervisory support and no independent evaluation of impact on child outcomes. It is clear that CDI has and continues to do much to contribute to the ongoing enhancement of quality services in the locality. In both meeting the (albeit mandatory) service needs of commissioned service providers and considering additional needs which they might have, CDI seeks to underpin the implementation of evidence based programmes with significant amounts of service provision. In attempting to do something for the wider organisational community, it has developed the QEP, the inputs of which are selected based on a variety of needs analysis mechanisms – observed, requested, and more formal assessment process. The QEP also forms a significant support base for two of the five 'services' which CDI funds, which should not be overlooked. Accounts of support provided by CDI staff in this report testify to the flexibility of the organisation in meeting the support needs of commissioned organisations.

Yet, there remains a key challenge for CDI – a key set of questions requiring answers - in trying to promote quality service provision in Tallaght West. What does CDI want its legacy to be in the locality in years to come with regard to *quality* service provision? Is it a set of evidence-based programmes alone, or these and a broader-based cohort of staff trained in these programmes and other areas of child welfare and well-being and family support and well-being? Particularly within the QEP, how is quality assessed? While meeting service needs is important can this be reconciled with quality training provision, underpinned by some independent assessment of quality, for example standards or qualifications.

5.8   Recommendations

Based on the discussion, experience and data collected in the course of undertaking this evaluation, the evaluation team recommends that the CDI team considers the following draft recommendations:

1. At a strategic level, consider what you want to achieve with the Quality Enhancement Programme. What strategy should be adopted to underpin the organisation's aims regarding training? Is there a balance between one-off talks held at lunchtime and more medium-term courses? Is there added value in linking in with existing fully accredited courses linked to the National Framework of Qualifications?

2. The development and current roll out of the restorative practice training is interesting. It also contains a specific, easily measurable goal – training up to 1000 individuals across the locality. It is possible to identify clear outcomes, sub – outcomes and indicators for some or all of the QEP initiatives?

3. Finally, for an organisation like CDI, information is crucial to telling its story. Being able to map the extent of CDI's reach into other organisations in the locality by way of provision of training in all its forms is crucial for accountability and evaluation purposes. Consider developing robust, centralised and digitised data collection processes for your own use. Formalise the collection of this data through the use of one excel file stored on the shared network.

Bibliography

Buckley, R. and Caple, J. (2009) *The Theory and Practice of Training*. London: Kogan Page.

CDI. (2005a) *A Place for Children: Tallaght West*. Tallaght: CDI.

CDI. (2005b) *Report of the Stakeholder Consultation Report*. Tallaght: CDI.

CDI. (n.d.) Activity seven document entitle 'enhancing quality through integration and training.' Located at http://connect.southdublin.ie/cdi/images/stories/Services/activity7cdienhancingqualityprogramme201006.pdf. Last accessed Monday 8th November 2010.

CDI (2009) Test Site Report on ECCE and Doodle Den. Unpublished Report.

Chiu, W., Thompson, D., Mak, W.-m., & Lo, K. L. (1999). Re-thinking Training Needs Analysis, A Proposed Framework for Literature Review. *Personnel Review*, 28(1), 77-90.

Dolan, P., Pinkerton, J., & Canavan, J. (2006). Family Support: From Description to Reflection. In P. Dolan, J. Canavan & J. Pinkerton (Eds.), *Family Support as Reflective Practice*. London: Jessica Kingsley Publishers.

FÁS. (2000). *FÁS Training Specification Standards NO. QA 58/01* (4th ed.). Dublin: Curriculum and Quality Assurance Department.

Frost, N. (2005). *Professionalism, Partnership and Joined-up Thinking: a Research Review of Front-line Working with Children and Families.* Devon: Research in Practice.

Garavan, T.N., Costine, P. and Heraty, N. (1997) *Training and Development in Ireland: Context, Policy and Practice.* Cork: Oak Tree Press

Garavan, T.N., HOgan, C. and Cahir-O'Donnell, A. (2003) *Making Training and Development Work: A Best Practice Guide*. Cork: Oak Tree Press

Gibbs, G. (1988). *Learning by Doing: A Guide to Teaching and Learning Methods*. Oxford: Further Education Unit, Oxford Polytechnic.

Harrison, R. (2009) *Learning & Development* (5th Ed). London: Chartered Institute of Personnel and Development.

Hodkinson, H., & Hodkinson, P. (2004). Rethinking the Concept of Community of Practice in Relation to Schoolteachers' Workplace Learning. *International Journal of Training and Development*, 8(1), 21-31.

Kokb, D. (1984). *Experimental Learning*. Englewood Cliffs: Prentice-Hall.

Keogh, K. (2008) *CDI: Documenting the Consultation Process.* Tallaght: CDI.

Lathlean, J., & Le May, A. (2002). Communities of Practice: an Opportunity for Interagency Working. *Journal of Clinical Nursing*, 11(3), 394-398.

Lesser, E. L., & Storck, J. (2001). Communities of practice and organizational performance. *IBM Systems Journal*, 40(4), 831-841.

Loughran, J. (2002). Effective Reflective Practice: In Search of Meaning in Learning about Teaching. *Journal of Teacher Education*, 53(1), 33-43.

Moore, M., & Dutton, P. (1978). Training Needs Analysis: Review and Critique. *The Academy of Management Review*, 3(3), 532-545.

Roberson, L., Kulik, C., & Pepper, M. (2003). Using Needs Assessment to Resolve Controversies in Diversity Training Design. *Group & Organization Management*, 28(1), 148-174.

Rolfe, G., Freshwater, D., & Jasper, M. (2001). *Critical Reflection in Nursing and the Helping Professions: a User's Guide*. Basingstoke: Palgrave Macmillan.

Ruch G. (2007). Reflective practice in contemporary child-care social work: the role of containment. *British Journal of Social Work*, 37, 659-680.

Russ-Eft, D. (2002). A Typology of Training Design and Work Environment Factors Affecting Workingplace Learning and Transfer. *Human Resource Development Review*, 1(1), 45-65.

Schon, D. (1983). *The Reflective Practitioner*. New York: Basic Books.

Scribner, S., & Cole, M. (1973). Cognitive Consequences of Formal and Informal Education. *Science*, 182(4112), 553-559.

Snyder, W., Wenger, E., & de Sousa Briggs, X. (2004). Communities of Practice in Government: Leveraging Knowledge for Performance. *The Public Manager*, 32(4), 17-21.

Tannenbaum, S., & Yukl, G. (1992). Training and Development in Work Organizations. *Annual Review of Psychology*, 43, 399-441.

Wenger, E. (1998). Communities of Practice, Learning as a Social System. *The Systems Thinker*, 9(5).

Wenger, E., & Snyder, W. (2000). Communities of Practice: The Organizational Frontier. *Harvard Business Review, January-February*, 139-145.

Websites:

Etienne Wenger: /www.ewenger.com/ last accessed on November, 04, 2010.

National Framework of Qualifications: www.nfq.ie last accessed on September, 28, 2010.

Síolta: www.Síolta.ie/ last accessed on September, 28, 2010.

APPENDIX ONE: Overview of Key Aspects of Training Provision

Introduction

This appendix aims to provide a contextual overview for the evaluation. It identifies and examines particular aspects and processes relevant to the topic such as training design, indicators of good practice and national standards for qualifications. The first section of the overview emphasises the process elements of training such as training needs analysis and training design. The second section provides an overview of the level of expectation on training in the Irish national policy context. Finally, the third section details specific types of training relevant to CDI such as the Síolta framework, communities of practice and reflective practice.

1. How to design training based on needs

The Training and Employment Authority (FÁS) underlines that training requires pre-programme planning that comprises the identification of training needs, rationale, and cost implications. Those elements have to be considered and agreed before designing the training intervention (FÁS, 2000). Each element is now discussed in turn.

Training needs' analysis

The importance of conducting a training needs' analysis is recognised in many works (for example, Moore and Dutton, 1978; Tannenbaum and Yulk, 1992; Chiu et al., 1999; Garavan et al 1997; Roberson et al., 2003; Garavan et al 2003; Buckley and Caple 2009). Chiu and colleagues (1999) identify three different types of approaches to training needs analysis organised around four questions: key initiator of the study; the level of interest; the methods used; and the intended outcomes. The authors propose the following categories:

- **Supply-led approach:** this approach is largely trainer-driven and authority orientated. The training needs are identified by the trainers and the scope of the assessment can cover any level of organisation.

- **Demand-led approach:** this approach can be either business-oriented or process oriented. The former approach is characterised by a top-down, finance driven process emphasising more on the business outcome than on employees' needs. Its scope focuses on the whole organisation. On the contrary, the process oriented approach focuses on localised division or department. This approach usually arises because of the introduction of a new process (e.g. quality management) and aims at ensuring that it will be introduced in an effective and efficient way.

- **Trainee-led approach:** this approach is characterised by a bottom-up, self-development driven emphasising more on the employee's needs than on the business outcome. It often relies on self-assessment as a source of information.

Chiu and colleagues (1999) study demonstrates that the supply-led approach is dominant amongst the many approaches to training needs analysis. However, other distinctions between different types of training needs analysis exist. This distinction is based on the framework proposed by McGehee and Thayer in 1961 and is used by various authors throughout the ensuing years (Tannenbaum and Yulk, 1992; Roberson et al., 2003, Garavan et al 2003):

- **Organisational analysis** provides information about when and where the training is needed in an organisation. In the late 1980s, organisational analysis was reconceptualised as an examination of system-wide components such as organisational goals, resources, and constraints on training. This involves the clarification of the organisation's goals and strategy and the examination of variables such as productivity or efficiency to determine the extent to which organisational objectives are being met. This type of analysis may also involve research of the internal environment such as the structures, policies and procedures, and climate for its similarity with the goals and the extent to which it facilitates their attainment.

- **Operation / task analysis** looks at the nature of the tasks required on a particular job and the associated knowledge, skills, and abilities needed to perform these tasks. This analysis can involve cognitive approaches to learning. However, cognitive task analyses are not considered as a traditional method and job analytic techniques are the main methods proposed for this type of analysis.

- **Person analysis** concentrates on identifying the people that should be trained and the type of training needed by an individual. Managers with different job levels, functions, and attitudes towards the utility of training can have different needs. Person analysis can also be used to assess whether employees have the prerequisite attitude,

knowledge, and motivation to benefit from training. Individuals who lack basic skills or motivation may require preparation prior to entering a specific training programme. This analysis often uses performance appraisal techniques and self-assessments.

Published works on needs assessment reveal that an emphasis on organisational analysis has led to the neglect of other types of analysis (Roberson et al., 2003). Notwithstanding this criticism, Garavan et al (2003, p. 176) have developed guidelines for good practice when undertaking a training needs analysis:

Table 7: Training needs analysis' guidelines for good practice

Dimension	Key Issues to Consider
Context and Aims	Concern with defining the gap between what is happening and what should happen? Concern with satisfying a learning and development need? Is there a clear justification for Needs Analysis? Have the costs dimensions been examined? Is there senior management support?
Levels of Analysis and Data Sources	What level of analysis? What is the timescale? Do you have the skills? What data are accessible? Does the organisation have written sources of files to rely on? Who are the key informants/stakeholders? Do you have access to them?
Methods of Data Collection (also see below)	What data collection methods have you considered? Do you have the expertise to collect and analyse data? What are the cost implications of particular methods?
Data Analysis	What timescales are available to conduct data analysis? Who will you involve? How do you intend to protect the confidentiality of the data? How will you identify training versus non-training problems? Have you considered issues as being non-training problems? How do you propose to categorise the various needs?
Publicising Findings and Securing Resources	How will you disseminate? Who will you formally present to? How will you make a case for training resources? What timescale will you plan training provision for?

In addition, Garavan et al (1997, p. 519) identify that undertaking a training needs analysis should ideally be an eight stage process:

1. determining the scope and purpose of the training;

2. Identifying data need;

3. Designing the data gathering approach;

4. Gathering the data;

5. Analysing the data;

6. Generating alternative solutions [is training always needed?];

7.   Considering all other influences;

8.   Setting training priorities

Many authors provide 'how-to' guides to collect data pertaining to needs analysis processes. Many methods such as observations, interviews, and questionnaires are often recommended. Moore and Dutton (1978) highlight that while a literature review can prove useful to compare job structures, it won't be able to take in consideration organisations' specific characteristics. They also suggest that performing the job is a way to find out about specific tasks. In extending their best practice guidelines, Garavan et al's (2003) methods on data collection for training needs analysis based on organisational, task and individual levels are outlined below:

Table 8: Techniques to obtain data (taken directly from Garavan et al., 1997, p. 525-6.)

Level	Source	Training Needs Implications
Strategic/Organisational	1. Corporate objectives 2. Manpower plans 3. Skills inventories 4. Organisational statistics (e.g. absenteeism) 5. System changes 6. Management requests 7. Exit interviews	1. Emphasis/direction training must take 2. Current capability versus future needs 3. Areas needing development 4. Identifies trends nad problem areas 5. New equipment/systems call for training 6. May apply in other areas as well 7. May identify problems like poor supervision
Operation/Job	1. Operational manpower plans 2. Job analysis/job description 3. Task analysis 4. Person specifications 5. Training surveys 6. Performing the job 7. Observe output 8. Review literature 9. Ask questions 10. Working groups 11. Analysis of operating problems	1. Profiles future requirements, indications etc 2. Indicates exact requirements of each job 3. Very detailed job analysis 4. Profiles skills/characteristics job holders need 5. Up-to-date information on needs 6. Shows trainer the needs of a new recruit 7. This may be delegated to line manager 8. Journals, guidelines, approaches of other companies 9. Of the job holder, the supervisor, the manager 10. Combine several viewpoints 11. Differentiate environmental problems
Personal/Individual	1. Appraisal and career development 2. Interview 3. Questionnaire 4. Individual job analysis 5. Attitude surveys 6. Training progress charts 7. Assessment centres 8. Manager's recommendations	1. Identifies weaknesses and development needs 2. Self-analysis involves the worker, increasing motivation 3. Give employees time to consider their needs 4. Compare with job description 5. Of knowledge, skills, achievement 6. Determining morale and motivation 7. Up-to-date records 8. Intensive assessment 9. The manager can identify individual needs

Design of training

Once the training needs' analysis is complete and training objectives have been identified, the next step is to determine how training will be accomplished. Design of training should take into account learning objectives, trainee characteristics, current knowledge about learning processes, and practical considerations such as constraints and costs in relation to benefits.

Tannenbaum & Yukl (1992) build on the literature to identify a number of useful guidelines:

- The training method and events should be consistent with the cognitive, physical, or psychomotor processes to lead to mastery.

- The training should involve active learning. This contributes to a greater retention and transfer of knowledge.

- Every feed back source available should be utilised. The authors also underline that feedback should be "accurate, credible, timely, and constructive".

- The training should increase trainee self-efficacy. It should also strengthen the trainee's expectations of the training, i.e.: successful and leading to valued outcomes. For example, the training might start with easy tasks that will become more complex when the trainee is more confident.

- Methods should be adapted to "differences in trainee aptitudes and prior knowledge".

Russ-Eft (2002) identified a number of elements to enhance transfer of training: pre-training interventions (persuasive message, realistic training previews, and voluntary versus mandatory training – the former providing better results), training design strategies, and post-training intervention. Training design strategies refer to manipulations undertaken during the training and are, therefore, not of interest in the context of this report. However, it is interesting to note that the many works outlines the benefits of post-training interventions such as self-management, goal setting, and post-training follow up.

2. National standards

Agencies provide various benchmarks for training standards. In the Irish context, three leading agencies were identified: the National Framework of Qualifications (NFQ), the Training and Employment Authority (FÁS), and the Further Education and Training Award Council (FETAC).

National Qualification Authority of Ireland, National Framework of Qualifications

The National Framework of Qualifications (NFQ) provides a way to compare qualifications, and to ensure that they are quality assured and recognised nationally and internationally. The NFQ was launched in 2003 and is the only structured mechanism for recognising all education and training in Ireland. The framework presents a system of ten levels that indicate the standards of learning in the Irish qualification system. The NFQ presents the award types and outlines the purpose, volume, and progression opportunities associated with a particular award. There are four classes of award-types:

- **Major** awards are the main class of award made at a level (e.g. Leaving Certificate, Advanced Certificate, Honours Bachelor Degree, etc.)

- **Minor** awards provide recognition for learners who achieve a range of learning outcomes but not the specific combination of learning outcomes required for a major award. This allows the learner to build up units at his own rhythm.

- **Special-purpose** awards are made for very specific purposes (e.g. Driving - Heavy Goods Rigid)

- **Supplemental** awards are for learning which is additional to a previous award.

The following diagram illustrates the levels on the NFQ. Each level is based on nationally agreed standards of knowledge, skills and competencies (NFQ website)

Figure 3: 10-Level Famework of Qualifications
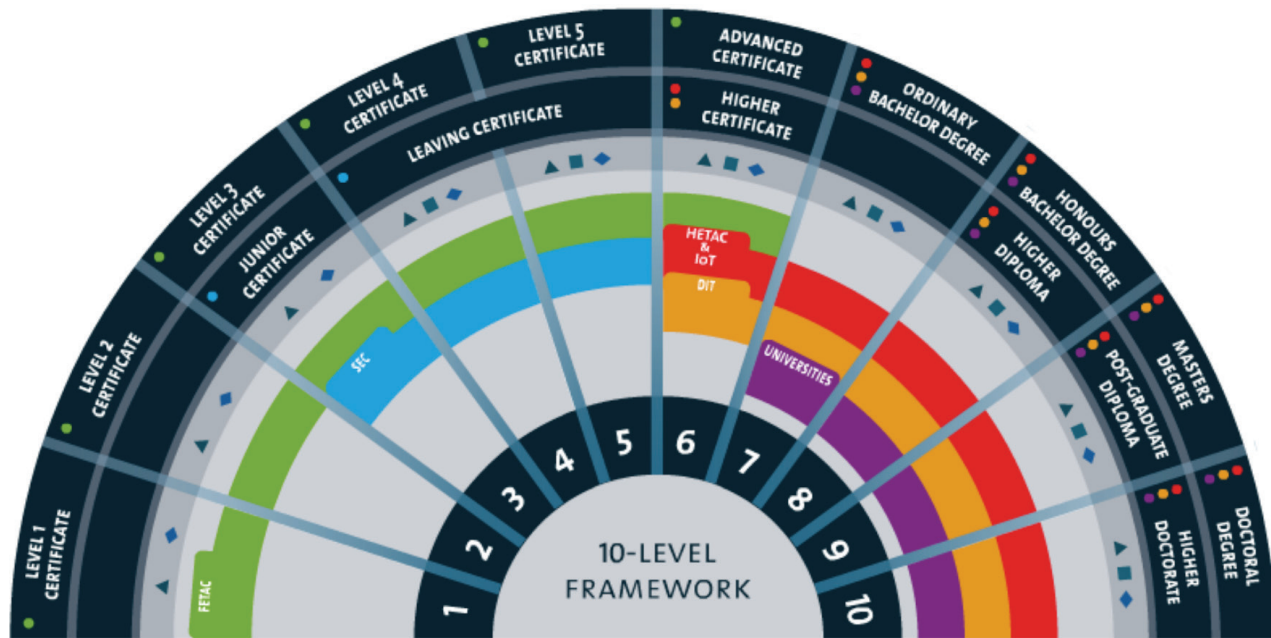
© NQAI 2009

The diagram illustrates the diverse qualifications available from Level 1 Certificate to Doctoral Degree. Those qualifications give official recognition to a range of skills from basic literacy and numeracy (Level 1) to excellent and distinguished contributions to learning (Level 10). Before Bachelor Degrees (Level 7), they are mostly awarded by FETAC (Further Education and Training Awards Council), except from the Junior Certificate and the Leaving Certificate that are awarded by the State Examinations Commission (SEC). From the Bachelor Degrees, qualifications are awarded by a number of recognised institutions: HETAC (Higher Education and Training Awards Council), DIT (Dublin Institute of Technology), Universities, and IOT (Institutes of Technology) with delegated authority. The different levels of qualifications are described in greater detail below:

Table 9: Levels of qualifications (Adapted from the NFQ website)

Level	Description	Awarding body
Level 1 Certificate	Basic literacy and numeracy e.g. Certificate in Communications	FETAC
Level 2 Certificate	Basic literacy and numeracy e.g. Certificate in General Learning	FETAC
Level 3 Certificate	Specific personal skills, practical skills and knowledge e.g. Certificate in Keyboard and Computer Skills	FETAC
Level 3 Junior Certificate	Examination from the junior cycle taken undertaken after three years of secondary education	SEC
Level 4 Certificate	Achievement of vocational and personal skills e.g: Certificate in Pharmacy Sales Possible progression to a Level 5 Certificate and employment at an introductory vocational level.	FETAC
Level 4/5 Leaving Certificate	Examination undertaken at the end of secondary school. Possible progression to a programme leading to a further education and training award at Level 5 or at a higher level or to a higher education and training award at Level 6 or higher	SEC
Level 5 Certificate	Skills which are vocational specific and require a general understanding of the subject matter e.g. Certificate in Restaurant Operations Most of the certificate holders start working but they can also enter a range of higher education programmes	FETAC
Level 6 Advanced Certificate	Skills which may be vocationally specific and /or of a general supervisory nature e.g: Advanced Certificate Craft-Electrical Most of the certificate holders start working but they can also transfer to a programme leading to the next level	FETAC
Level 7 Ordinary Bachelor Degree	Completion of a three years programme in a recognised higher education institution	HETAC, DIT, Universities, IOT with delegated authority
Level 8 Honours Bachelor Degree	Completion of three / four years programme in a recognised higher education institution. Possible progress includes transferring to programmes presented in the next levels	HETAC , DIT, Universities, IOT with delegated authority
Level 8 Higher Diploma	Completion of a one year programme in a recognised higher education institution, after a Bachelor Degree. Possible progress includes transferring to programmes presented in the next levels.	HETAC, DIT with delegated authority, Universities and IOT with delegated authority
Level 9 Masters Degree	Completion of a one to two years programme that leads to either Taught Masters Degrees or Research Masters Degrees. Masters Degrees can be entered after a Bachelors Degree. Possible progress includes transferring to programmes presented in the next levels or to another Masters Degree.	HETAC, DIT, Universities, and IOT with delegated authority
Level 9 Post-graduate Diploma	Completion of a year programme in a recognised higher education institution. Possible progress includes exemptions from a programme leading to a Masters Degree.	HETAC, DIT, Universities, and IOT with delegated authority
Level 10 Doctoral Degree	Completion of a traditional research doctorate or professional and practitioner doctoral programmes with substantial taught components. Doctoral Degree are typically entered after a year on Masters research programme	HETAC, DIT, Universities, and IOT with delegated authority
Level 10 Higher Doctorate	Excellent and distinguished contributions to learning. It may be used for career progression and is typically obtained by someone who already holds a Doctoral Degree.	HETAC, DIT, Universities, and IOT

FÁS (Training and Employment Authority)

The Training and Employment Authority (FÁS) provides a list of training specifications designed to be a working document aimed at individuals involved in developing, implementing, monitoring, and funding training programmes. The training specification covers the items to be addressed when designing a training programme. FÁS distinguishes directed training and workplace training. The former refers to training that can be delivered inside or outside the workplace. In this case, the training is planned and structured. It is also isolated from direct operational job pressures. The latter type of training is also planned and structured. However, workplace training is provided under normal operational job pressures. FÁS specify a number of standards necessary for quality training such as have a clear title and status, a stated rationale, indication of expected outcomes, indication of the time required for the training, a clear trainee profile indicating required entry level and skills, and an assessment as well as identification of certifying bodies. The complete list of standards is presented in the table below (FÁS, 2000):

Table 10: FÁS training standards (Taken from FÁS, 2000)

Training title and status	Title should clearly identify the programme, be specific to the training content, and be included on all written materials produced for the training. The status should be stated (proposal stage/approved for use), and dates set for the review(s) should be entered.
Training aim	The rationale should be stated, and a general statement describing the proposed programme and expected achievements should be included. Expected outcomes for the trainee should be clearly indicated.
Programme objectives	Expected performance to be demonstrated by the trainee should be clearly specified. The programme objectives should also reflect the aim of the programme, cover all the proposed skills, knowledge and attitudinal aspects of the training, as well as be realistic, measurable and unambiguous.
Outline training plan	A diagram should illustrate the titles of the modules, their sequence of delivery, the balance of time (in days/weeks) allocated to direct and workplace training in each module. It should also show the content of content of each module (title, level, aim, objectives)
Training duration	The total of time allocated to the training (hours per week and number of weeks), and the duration of all main elements including workspace training and directed training, and the assessment time should be indicated.
Training Approach	How the learning will be managed on the training programme, the main training methods, and instructional techniques should be identified.
Record system	The types of records to be kept for the purposes of planning and implementing, showing progress against training plans, assessment and certification, monitoring, administration should be specified. It should clearly specify the procedures to be applied to ensure records are kept up-to-date, maintained in safe-keeping, and respect the principle of confidentiality. They should also be simple and efficient to administer.
Assessment and Certification system	How the programme is to be assessed for certification purposes, should identify the certifying body, titles, levels, and codes of assessment, and any endorsements should be clearly indicated. Where appropriate, it should state credits towards other accreditation. The training standards also recommend that where locally designed, the assessment system must be in accordance with FÁS guidelines for Assessing Trainee Attainment.
Target trainee profile	Profile should be defined as accurately as possible, in accordance with the trainees' needs and abilities, with regards to their achieving maximum benefit from course objectives. It should include a precise definition of any required entry level, knowledge/personal/practical skills required before starting the programme, aptitude and trainability tests, interview requirements, and any other selection criteria to be used
Trainer/instructor/ workplace supervisor profile	Required qualifications, education and training, as well as relevant experience should be clearly stated.
Training facilities	A list of capital equipment, non capital tools and equipment, and consumables is required. The list should also include the location specifications for directed and workplace training, as appropriate, to include workshop and/or classroom requirements, as well as the special facilities appropriate to the particular training.
Review	A schedule for review of the nationally approved training specification should outline how and when the specification will be reviewed to ensure its continued conformance to industrial and commercial requirements
Copyright and acknowledgements	Reference should be made to any special copyright restrictions for materials proposed to be used and people/organisations to be acknowledge.

FETAC (Further Education and Training Award Council)

The Further Education and Training Award Council (FETAC) is a statutory awarding body for further education and training in Ireland. Its role is to make and promote awards based on the NFQ, determine standards and award requirements, validate programmes leading to awards, monitor and assure the quality of programmes and services. FETAC provides various tools and guidelines on programmes; provider registration and monitoring; quality assurance (key documents for providers; quality assurance templates and forms, self-evaluation templates since the self-evaluation of programmes and services is a requirement of registration with FETAC); assessment (e.g.: Policy on Quality Assuring Assessment); monitoring; recognition of prior learning and other awards; certification; access, transfer and progression.

3. Types of training specific to CDI

As part of the Quality Enhancement Programme, CDI is implementing the Siolta Framework - National Quality Framework for Early Childhood Education in Ireland - in a number of childcare services. This section will provide an overview of this framework and communities of practice that take place in various programmes as well as reflective practice which is a recurrent component in the community of practice meetings.

Síolta Framework

Síolta represents the edited work of a wide range of stakeholders in the early childhood care and education (ECCE) sector in Ireland. Síolta developed a quality framework for early childhood education and presents a prototype of the National Quality Framework (NQF) in early childhood education. As outlined on their website, Síolta intends to be valuable at many levels in practice situations. For example as:

• a support for individual professional practice and development;

• a focus for team work and team development;

• a tool for management, strategic planning and policy development; and

• a common base for the interactions of a varied team of professionals.

•

As a quality framework, Síolta supports assessment processes, and aims at promoting common understandings amongst the broad range of adults who have an impact on young children. Síolta is a dynamic and evolving Framework that is regularly updated. Its development was informed by national and international context for quality in ECCE. It is composed of 16 standards providing requirements in relation to the child's right, environments, parents and families, consultation, interactions, play, curriculum/programme, planning and evaluation, health and welfare, organisation, professional practice, communication, transitions, identity and belonging, legislation and regulation, community involvement. For instance, the standards advocate for a proactive partnership approach to promote parents and families participation and the establishment of networks and connections to promote community engagement. Other standards concern practical issues such as the provision of nutritious food to ensure health and welfare, or characteristics that equipment should meet (e.g. safe, varied, adapted, and accessible). The table below provides a detailed list of the standards.

Table 11: Síolta standards (Adapted from Síolta website)

Standard 1: **Rights of the child**	Children should be encouraged and enabled to participate as a partner in his/her development. This implies that the child can exercise choice and use initiative.
Standard 2: **Environments**	Materials and equipment are "maintained, safe, available, accessible, adaptable, developmentally appropriate, and offer a variety of challenging and stimulating experiences".
Standard 3: **Parents and Families**	Parents and families' participation should involve a "proactive partnership approach evidenced by a range of clearly stated, accessible and implemented processes, policies and procedures".
Standard 4: **Consultation**	Children, parents, staff, and other stakeholders when appropriate should be consulted to ensure "inclusive decision-making" and promote participation.
Standard 5: **Interactions**	Policies, procedures and practice in relation to interactions should be explicit and based on mutual respect, equal partnership and sensitivity. Those interactions can involve child/child, child/adult and adult/adult.
Standard 6: **Play**	"Each child has ample time to engage in freely available and accessible, developmentally appropriate and well-resourced opportunities for exploration, creativity and 'meaning making' in the company of other children, with participating and supportive adults and alone, where appropriate."
Standard 7: **Curriculum**	Curriculum / programme should be verifiable, broad-based, documented and flexible.
Standard 8: **Planning and Evaluation**	Regular cycles of observation, planning, action and evaluation will provide information in relation to practice.
Standard 9: **Health and Welfare**	Protection from harm, provision of healthy food, appropriate opportunities for rest, and secure relationships characterised by trust and respect.
Standard 10: **Organisation**	Policies and procedures to guide practice should be clearly communicated and support an agreed written philosophy. This will support an effective organisation and management of resources.
Standard 11: **Professional Practice**	Individuals should have skills, knowledge, values and attitudes suited to their role and responsibility. This requires regular reflection about practice.
Standard 12: **Communication**	Policies, procedures and actions that practice should promote the proactive sharing of knowledge and information among appropriate stakeholders, with respect and confidentiality. Communication should be effective and remain in the best interest of the child.
Standard 13: **Transitions**	To ensure continuity of experiences for children, policies, procedures and practice should promote sensitive management of transitions, consistency in key relationships, liaison within and between settings, the keeping and transfer of relevant information (with parental consent), and the close involvement of parents and, where appropriate, relevant professionals.
Standard 14: **Identity and Belonging**	Policies, procedures, and practice should empower every child and adult to develop a confident self and group identity, as well as have a positive understanding and respect for the identity and rights of others.
Standard 15: **Legislation and Regulation**	All relevant regulations and legislative requirements should be met or exceeded.
Standard 16: **Community Involvement**	Policies, procedures and action should show evidence of the establishment of networks and connections that extend and support adults and children's engagement in the community.

Community of practice

Communities of Practice (CoP) are defined as "groups whose members regularly engage in sharing and learning, based on common interests" (Lesser and Storck, 2001, p. 831). CoPs are deemed to have the following characteristics:

Table 12: Characteristics of communities of practice

Problem solving	"Can we work on this design and brainstorm some ideas; I'm stuck."
Requests for information	"Where can I find the code to connect to the server?"
Seeking experience	"Has anyone dealt with a customer in this situation?"
Reusing assets	"I have a proposal for a local area network I wrote for a client last year. I can send it to you and you can easily tweak it for this new client."
Coordination and synergy	"Can we combine our purchases of solvent to achieve bulk discounts?"
Discussing developments	"What do you think of the new CAD system? Does it really help?"
Documentation projects	"We have faced this problem five times now. Let us write it down once and for all."
Visits	"Can we come and see your after-school program? We need to establish one in our city."
Mapping knowledge and identifying gaps	"Who knows what, and what are we missing? What other groups should we connect with?"

(adapted from Wenger (n.d))

Report II explored the theoretical background of CoPs and their use in interagency work settings. It emphasised that Wenger's model of community of practice (1998, cited in Lathlean and le May, 2002; Frost 2005) builds on four concepts (meaning, practice, community, and identity) and two complementary processes (participation and reification). Membership, commitment, relevance, enthusiasm, infrastructure, skills, and resources were identified as key elements to success (Lathlean and Le May, 2002). Communities of practice are dynamic: they move through various stages of development characterized by different levels of interaction among the members and different types of activities (Wenger, 1998). The figure below illustrates that with time, CoPs go from being potential to memorable, with various stages such as coalescing, active, and dispersed in between.

Figure 4: CoPs' stages of development (Wenger, 1998)

Stages of Development

Potential
People face similar situations without the benefit of a shared practice

Coalescing
Members come together and recognize their potential

Active
Members engage in developing a practice

Dispersed
Members no longer engage very intensely, but the community is still alive as a force and a center of knowledge

Memorable
The community is no longer central, but people still remember it as a significant part of their identities

Typical Activities

Finding each other, discovering commonalities

Exploring connectedness, defining joint enterprise, negotiating community

Engaging in joint activities, creating artifacts, adapting to changing circumstances, renewing interest, commitment, and relationships

Staying in touch, communicating, holding reunions, calling for advice

Telling stories, preserving artifacts, collecting memorabilia

time

Wenger (1998) also provided a set of indicators that can show whether a community of practice has formed. As illustrated in the table below, the fourteen indicators identified by Wenger are linked to at least one of the three domains of community of practice (i.e.: mutual engagement, shared repertoire, and joint enterprise).

Table 13: Wenger's indicators of community of practice (1998)

Wenger indicators	CoP Domains
1. Sustained mutual relationships – harmonious or conflictual	Mutual engagement
2. Shared ways of engaging in doing things together	Mutual engagement Joint enterprise
3. The rapid flow of information and propagation of innovation	Mutual engagement
4. Absence of introductory preambles, as if conversations and interactions were merely the continuation of an ongoing process	Mutual engagement Shared repertoire
5. Very quick setup of a problem to be discussed	Mutual engagement Shared repertoire
6. Substantial overlap in participants' descriptions of who belongs	Mutual engagement
7. Knowing what others know, what they can do, and how they can contribute to an enterprise	Mutual engagement Joint enterprise Shared repertoire
8. Mutually defining identities	Mutual engagement
9. The ability to assess the appropriateness of actions and products	Shared repertoire
10. Specific tools, representations, and other artefacts	Shared repertoire
11. Local lore, shared stories, inside jokes, knowing laughter	Shared repertoire
12. Jargon and shortcuts to communication as well as the ease of producing new ones	Shared repertoire Mutual engagement
13. Certain styles recognized as displaying membership	Mutual engagement
14. A shared discourse reflecting a certain perspective on the world	Mutual engagement

Wenger and Snyder (2000: 140) highlight that communities of practice improve organisational performance: "they can drive strategy, generate new lines of business, solve problems, promote the spread of best practices, develop people's professional skills, and help companies recruit and retain talent". Snyder and colleagues (2004) add that CoPs complement the function of formal units whose purpose is to assume accountability for quality, among other objectives. They build knowledge by providing a forum for discussion. Wenger and Snyder (2000) outline that communities of practice are not easy to establish. They appear to be resistant to supervision and interference because of their organic, spontaneous, and informal nature. However, the managerial paradox is overcome by managers that bring the right people together, provide an infrastructure in which communities can flourish, and measure the CoPs' value in non traditional way. Snyder and colleagues (2004) suggest that leadership is the most critical factor in establishing successful CoPs. They identify three leadership roles that appear crucial: a community coordinator for each community, a support team for community-based initiative, and an overall executive sponsor.

The effects of CoPs are difficult to capture since they are often delayed, and appear in the work of teams, not in the communities themselves. Therefore, the best way to evaluate the value of CoP is by "listening to members' stories in a systematic way, which can clarify the complex relationship among activities, knowledge, and performance (…) in a systematic way" (Wenger and Snyder, 2000, p. 145). To evaluate the organisational value of communities of practice, Lesser and Storck (2001) decided to look at them as an engine for the development of social capital. The authors argue that the social capital present in CoPs leads to behavioural change, which has a positive impact on performance in four areas:

• Decreasing the learning curve of the new employees

• Responding more rapidly to customer needs and inquiries

• Reducing rework and preventing "reinvention of the wheel"

• Spawning new ideas for products and services

These four outcomes linked to the basic dimensions of social capital such as connections among practitioners who may or may not be collocated, relationships that build a sense of trust and mutual obligation, and common language and context can be shared by community members.

Furthermore, Hodkinson and Hodkinson (2004) demonstrate that communities of practice in collaborative settings (e.g. collaborative departments in English state secondary schools) had an additional dimension to their learning. Indeed, CoPs can form a key intermediate scale of analysis, between the individual learner and the wider organisational influences on learning. CoPs also have valuable meaning in relation to the wider influences and in situations where close-knit groupings do not exist. Snyder and colleagues (2004) demonstrate that CoPs are a tool for cross-organisational collaboration.

Reflective practice
As underlined by Loughran (2002), reflective practice is a term that has various meanings. Some understand it as "thinking about something", while for others it is a well defined practice that carries very specific meaning and associated action. Many interpretations appear in between those two understanding. Loughran outlines that the notion of a "problem" is a common element to the different interpretations. "What the problem is, the way it is framed and (hopefully) reframed, is an important aspect of understanding the nature and the value of reflective practice" (Loughran 2002, p.33). Various models provide a framework for reflective practice. Kolb's reflective model (1984) has focus on learning and illustrates the connection between concrete experience (doing / having an experience), reflective observation (reviewing / reflecting on the experience), abstract conceptualisation (concluding / learning from the experience), and active experimentation (planning / trying out what you have learned). This model emphasises the transformation of experience into knowledge. Gibb's reflective cycle (1988) is considered as one of the key framework in the area. As illustrated in the figure below, reflection forms a circle that starts with a description of the events, and goes on with expression of the feelings, evaluation of the experience, analysis of the situation, analysis of other options available, action plan for similar situations, to start with the description of the event again.

Figure 5: Gibb's Reflective Cycle
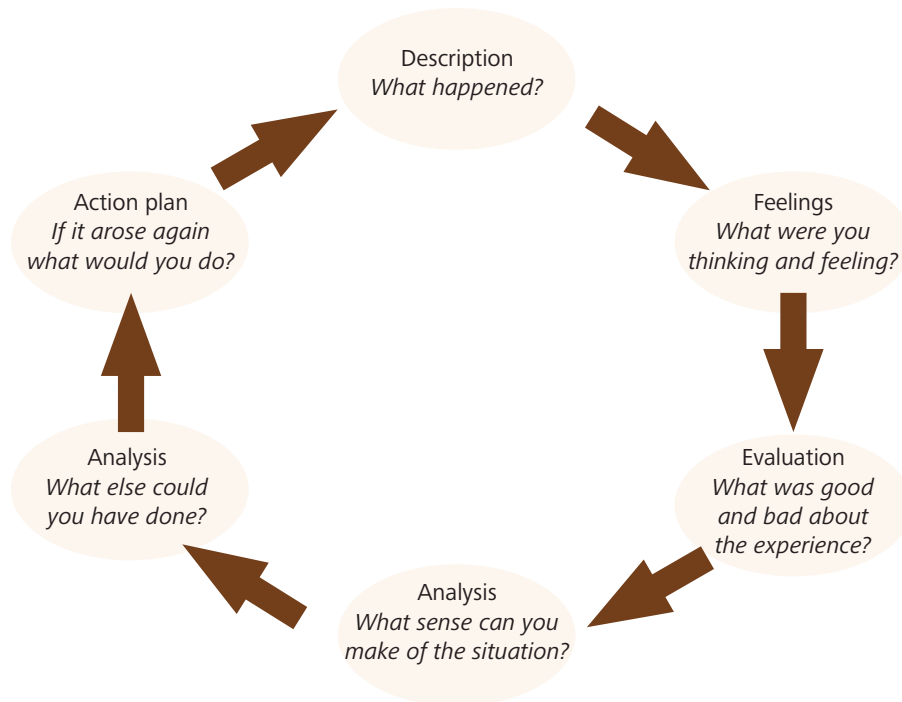
A more recent model, Rolfe's reflective model (2001) proposes a cycle composed of three simple questions: What? So what? Now what? As Dolan and colleagues (2006) emphasise, being proficient in the daily routines requires a constant questioning of individual actions and the structural constraints and opportunities that frame the action. Schön (1983) highlights that the ability to reflect on ongoing experience and learn from it is a vital attribute of all effective practitioners.

Loughran (2002) demonstrates in his article that reflective practice challenges the distinction between theory and practice. Indeed, reflective practice contributes to the development of knowledge through experience which can lead to a recognition and articulation of professional knowledge. Therefore, effective reflective practice is one of the ways that can help practitioners (teachers in the case of this study) integrate theory and practice in a meaningful way when preparing programmes. Ruch (2007) extends this thinking, offering something of a middle ground between outright reflection on the one hand and a prioritising of theory and research alone on the other. She argues that reflective practice can have different modes within one overarching frame:

*   Practical reflection – borrowed from Schon who argues for reflection in and on action;
*   Critical reflection – which links knowledge from practice with being free from any constraining interests in the activity;
*   Process reflection – which stresses the unconscious and emotional dimensions of work;
*   Technical reflection – drawing on formal theoretical and empirical knowledge.

As highlighted by Dolan and colleagues (2006), the challenge for practitioners is that while they are battling with service delivery, management and policy making, they have to understand what their contribution to the negotiation of useful responses to families' needs is. This contribution includes not only the skills and values but also knowledge.

4. Summary

Training is provided to improve organisations' outcomes. The overview shows that the training needs analysis is dominated by supply-led approaches and organisational analysis. However, the increasing interest in communities of practice and reflective practice could indicate a shift in the consideration of training. However, as Dolan and colleagues (2006, p.18) highlight: "competency-led training and narrow performance management have undermined effective developmental supervision and support, and restricted the time and opportunities for reflection".

APPENDIX TWO : List of events under the three categories of the QEP

Table 14: List of one-off talks/ Conferences

Title	Speaker	Date
RCT Seminar	Prof. Marjorie Smith	Feb-08
John Lonegan: Governor of Mountjoy Prison	John Lonegan	Jun-08
More from the Joy	John Lonegan	Jan-09
Supporting children in transition into and out of primary school	Pr. Tom Collins, Jim Mulkerrins, Mary O'Kane, Sr Liz Smith	Mar-09
Strategic Planning for Children's Services in Challenging Times: crisis or opportunity?	Brian Harvey (Social Researcher) John Sweeney (NESC Secretariat)	May-09
Developing Allegiances to improve Community Safety	Police Service of Northern Ireland and Director of Public Prosecutions	May-09
From Research to Reality: Session One: Taking evidence based programmes to the real world: The American experience and lessons for Tallaght West	Dr. John Lochman	Oct-09
Session Two: Effective interventions for children with externalising behaviours: Implementation in the real world	Dr. John Lochman	Oct-09
Child and Adolescent Mental Health: Theory, Practice, & Policy	Dr Tony Bates (CEO, Headstrong) Aleisha Clarke (NUIG)	Jan-10
Images of Reggio Emilia		Mar-10
Community engagement seminar	Mark Finnis, Hull Restorative Practices	May-10
Know Your Justice System		Jul-10

Table 15: List of lunchtime seminars

Title	Speaker	Date
Helping Children Cope with Loss and Bereavement	Val Mullaly	Jan-08
Children Living with Adult Mental Health Difficulties	Dr. Cara Prior, Lucena Clinic	Feb-08
Diversity and Equality for ECCE Services	Collette Murray, Pavee Point	Mar-08
The 40 Developmental Assets, Building on strengths a community approach	Reuben McCormack, YMCA, PACT	Apr-08
Síolta, Quality Assurance Scheme for Children from Birth to age 6 Years	Maresa Duigan, Early Childhood Development and Education	May-08
What the Research Tells us about Children's Services	Prof. Danny Perkins, Penn State University	Jun-08
All about Parents and Children: Fostering a sense of self in Parents and Children	Tony Humphries	Jul-08
Insights into Bullying Behaviour and Practical Strategies on How to Manage It	Maria Ruane, Barnardos	Sep-08
Promoting Positive Behaviour in Young Children	Olive Ring, Barnard's	Oct-08
Working with Children Through Art	Maureen Mc Cormac	Nov-08
Stress Management	Margaret Roach	Dec-08
Promoting Positive Behaviour in Young Children	Maria Ruane, Barnardos	Jan-09
Supporting the Role of Fathers in Services	John Mc Evoy, YMCA	Mar-09
Acorn Parent Coaching Programme	Acorn Parent Coach	Apr-09
The Children's Services Committee: Government Strategy for Integrating Children's Services	Maria Donohoe, CSC	May-09
Mediating Disputes in Community and Family	Maire Ni Mhaolmhichil, Mediation Bureau	Jun-09
Young Mothers Antenatal Course for Parents-to-be in Tallaght	Gavin Mulhall, HSE and Jean O'Gorman, TYS	Sep-09
Early Childhood Development	Sarah Mc Cabe, HSE	Feb-10
The Developmental Needs of Primary School-Aged Children	Sarah Mc Cabe, HSE	Mar-10
The Adolescent Years	Maurice Devlin, NUIM	Apr-10
Promoting Quality Services: The Theory, Practice and Lessons for Tallaght West (TBC)	Shivaun O'Brien, VEC Geraldine French, DIT	May-10
Safeguarding and Information Sharing: The Legislation context and Tips for getting it Right	Pat Burke, Garda Vetting Unit	Jun-10
Healthy Schools Programme	TCD evaluation team	Jun-10

Table 16: List of Training Courses/Special Workshops/Special Discussions

Title	Date
High / Scope Training	Nov-07
Training audit workshop for all service providers	Dec-07
Mentoring Training Information Sessions/Mentoring Training (and follow up)	Mar to Apr-08
Copping On Training	May -08
Developing Children's Literacy Training	Apr to May-08
Coaching Training (indicated as open to all)	Oct 08 to Jan 09
Training of Trainers Conference: Asset Building with Young People	Sep-08
Life and Community Coaching Course – Certificate level	Sep 08 to Jan 09
Training for the Parent Plus Community Course	Oct-08
Copping On Training	Nov-08
Promoting Positive Behaviour in Young Children	Nov-08
Parent Plus consultation day	Feb-09
Life and Community Coaching Course – Diploma level	Mar to Jun 09
Management and Personal Leadership Training Programme	Mar-09
Teacher Talk Training Series	Mar-09
The Child Safety Awareness Programme Training	
Parents Plus Children's Programme	May-09
Parents Plus Early Years Programme	Jun-09
Roundtable discussion on research in disadvantaged communities	Jun-09
Training for fieldworkers - CSI survey: engaging with children and families living in disadvantaged communities	Jun-09
Parents Plus Adolescent Programme	Sep-09
Working Effectively with Young Children who have Special Need in Early Years Settings	Nov-09
Advanced Group Facilitation Training	Jan to Feb-10
Training for fieldworkers – community survey	Apr 10
Training in Life and Community/ Business Coaching – Certificate level Morning session	Mar to Jun 10
Training in Life and Community/ Business Coaching – Certificate level Afternoon session	Mar to Jun 10
Governance training	Apr 10
Restorative Practice Training	From Jul 10
Training in Life and Community/ Business Coaching – Diploma level	From Sep 10

APPENDIX THREE: Frequency of attendance CDI QEP event by organisation

Organisation	Number of times
HSE	133
Barnardos	41
CDI	29
Fledglings	22
An Cosan	18
NEWB	17
Garda	16
TLLC	16
Foroige	16
SDCC	16
An Turas	15
Tallaght Partnership	15
Saoirse Womens Refuge	13
Preparing for life	12
JADD	11
Busy Bees	8
Brookview Child Care	8
Enable Ireland	8
Family Resource Centre	8
Tallaght Probation Service	8
Sophia Housing	7
St Anne's Community pre-school	7
St Elmo's	7
SDCCC	6
St Kevins	6
Tallaght Libraries	5
CES	4
Dean's Rath Family Centre	4
Drimnagh Health Centre	4
Jobstown Community College	4
Partas	4
PHN	4
TRINITY	4
YMCA	4
Drugs Task Force	3
Killinarden Community Centre	3
Parent Child Programme	3
YODA	3
AIB	2
Allocation Support Office	2
AP	2
Chaitlin Maude	2
Citywise	2
Dechas	2
DES	2
GAA	2

Headstart preschool	2
ILC	2
Naionra	2
NEPS	2
New Life Learning	2
St Mark's Community School	2
St Mark's S.N.S	2
St Thomas' Senior School	2
Suicide Action	2
The Link	2
VEC	2
Village Counselling Centre	2
Archways	1
Ard Mor Montessori	1
Base centre	1
Best Creche	1
Brookfield Health Centre	1
Childcare Centre Manager	1
Clondalkin Primary Care Team, Social Work Team Leader	1
Cumas Project (Clondalkin)	1
Deerpark Child & Family Centre	1
Educational Disadvantage Centre, St. Pat's	1
EveryMum	1
Family Development Nurse for community Mothers	1
FCYC	1
Fettercairn Centre	1
Focus Ireland	1
Home School Community Liaison Fettercain	1
HPU	1
Jobstown Community Centre	1
Jobstown Senior School	1
Killinarden SCP	1
Nass Child & Family Project	1
Naionra Rath Miontain	1
NCCA	1
NESC	1
NUIM	1
PLPS	1
Pre-School Services, LHO Dublin West	1
Project Co-ordinator Jobstown	1
Sacred Heart J.N.S.	1
School Completion Programme	1
School Development Planning Initiative	1
Scoil Chaitlin Maude	1
Scoil Cnoc Mhuire	1
St Aideans Brookfield	1
St Bridgits Jnr National School	1
St Kieran's	1
St. Patrick's College, Drumcondra	1
Tallaght Adult Mental Health Service	1
Tallaght Drugs Education Initiative	1
Tallaght Rehab project	1
Tallaght Travelers Youth Service	1
The Jobstown Family Centre	1
Together for All	1
TPP	1
Travellers	1
Unmarried and seporated fathers of Ireland	1
Young ballymun	1

APPENDIX FOUR: Training provided to commissioned services (ECCE, Doodle Den and Mate-Tricks)

Training title	Participants	Description	Length	Schedule	Qualification	No. Attending
ECCE						
High/Scope	ECCE facilitators	The High/Scope course offers a range of practical experiences for practitioners working in early years programmes (e.g. use of space in the room). The training is designed to improve staff's skills and programme quality. The implementation of the training is assessed by a site visit from the trainer.	11 sessions (A session per week for the first three weeks, then one day per month for the next 8 months)	2007-2008: Nov to Jul (55 hours) 2008-2009: Oct to Jun (55 hours)	Certificate	11 in 2007/08 17 in 2008 16 in 2009
Parent Plus Community Course		The Parent Plus Programmes are a parenting course that aims to support and empower parents to manage discipline problems. The course focuses on creating satisfying family relationships. CDI provide this course to facilitators so that they can deliver sessions to parents. To be granted with an accreditation, facilitators receive two supervisory meetings, and deliver two trainings to parents that are recorded. A summary, the video tape, goal and review forms completed by parents and facilitators are sent to PPCC for submission.	2 full days	(7h per day)	Certificate of accredited trainer	24
Mate-Tricks						
Coping Power	Mate-Tricks facilitators	Coping Power is a training programme supporting the Mate-Tricks service. Foróige staff who do not deliver Mate-Tricks were trained in Coping Power so they can act as relief staff. The Mate-Tricks manual was devised from combining elements from Coping Power and Parent Plus courses.	2 full days (7h per day)	Feb 2009 Jan 2010		9 facilitators (3 as trainers)
Strengthening Families	Mate-Tricks facilitators	Delivered by Archways, this training aims at improving family skills to increase resilience and reduce risk factors for substance misuse, depression, violence and aggression, involvement in crime, and school failure in high risk, 13-17 year old children and their parents. (Southern Regional Drug Task Force Website). CDI supports individuals to become trainers. Since mid 2010, the process of becoming a trainer has been clarified.		Booster Jan and Apr 10		9 facilitators (6 started train the trainer)

Training title	Participants	Description	Length	Schedule	Qualification	No. Attending
Doodle Den						
Doodle Den training	Teachers and youth workers	Training was provided to teachers and youth workers engaged in the Doodle Den programme. The programme was designed to reflect needs identified from previous years. This information was gathered from facilitators themselves at the end of last year, from interim service evaluations and also from the team at CDI. Based on this information, CDI decided to change the training provider.

Train the trainer: The future trainers receive three on-site days of intensive training and are observed and mentored on a regular basis. They are also asked to facilitate and present sessions before completing their training. | 2008-2009: 20 hours

2009-2010: 12 hours | Sept 2008: 5 after school sessions 1 booster at 2nd term 1 booster in 3rd term

Sept 2009: 7h in Sept 5h in Jan | | 12 in 2009

14 in 2010 |

APPENDIX FIVE: Survey Demographics

Of those who did respond, six provided training related to commissioned service provision while seven provided training which came under the broader Quality Enhancement Programme (QEP), a suite of training open to all practitioners in Tallaght West and residents where appropriate. The extent of training provided by respondents varied, as outlined below:

Length of Course	Number of Responses (n=10)
12 hrs or less	5
24 hrs or less	2
Greater than 24 hrs	3

These training courses were provided to a varied number of individuals, ranging from eight to 30. One respondent did not answer while another respondent only provided a cumulative amount. The total number of individuals trained by these respondents is 325.
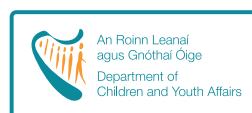
Other relevant findings from the survey are included in chapter three.

APPENDIX SIX: Full set of evaluation questions

1. What did CDI set out in its strategy regarding provision of training and support?

2. Has this changed in subsequent documents? If so, how, why?

3. What did CDI do to begin operationalising the commitments in the strategy?

4. What types of training have been provided by CDI up to end of June 2010?

   a. How often?

   b. When?

   c. For whom?

   d. By whom?

5. How were they publicised, how did people find out about them?

6. Why was training provided/how was such training identified (e.g. needs analysis)?

7. How were deliverers selected to provide training?

8. What were the views of those who attended the training regarding implementation of it?

9. What is the extent of support provided by CDI ?

10. Has there been a change in the level of provision and support? If so, how did this come about?

11. What are the views of practitioners in receipt of T&S regarding the provision process?

12. What does/did CDI do to promote a shift in thinking/attitudes towards training and support in other organisations?

13. What does it expect a 'shift in strategic thinking' to look like in different organisations? Has there been a shift in other organisations? What are their (other organisations') views on training and support?

14. Have they changed [provision] since CDI has started providing various training and support initiatives?

CDI

Meeting needs, making changes, improving outcomes

An Roinn Leanaí
agus Gnóthaí Óige
Department of
Children and Youth Affairs

The
ATLANTIC
Philanthropies