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Understanding the initial impact of Early Support and Key Working training through the voices of trainers, training participants and families

Ana Teresa Brito and Geoff Lindsay

Abstract

An exploratory study is reported of the delivery of the Early Support and Key Working (ES&KW) training program in England for multi-agency professionals and parents. This qualitative study examined how ES&KW training principles and content relate to contemporary pillars in Early Childhood Intervention; how this training is structured to meet the program's principles and desired outcomes; and its impact on training participants' competences to fulfill the key working functions in partnership with parents/carers, and families they work with. The study involved, throughout its different phases, 42 participants, comprising trainers, training participants, mostly working with small children (0 to 8), and families. Based on document analysis, training observations, focus groups, reflective practice and semi-structured interviews, results show that overwhelmingly participants found ES&KW training very significant to their work with children, families, and other professionals, but some gaps between the program's intentions and reality emerged. We explore the reasons for the program's success and the implications for its further development.

Key words: *Professional development, Key working, Family centered intervention, Team collaboration and partnership*

A set of fundamental principles underpins current concepts and best practices in early childhood intervention (ECI) and early childhood special education (ECSE). These are founded on research and scientific evidence, namely a family-centered orientation based on a collaborative team process, held in inclusive, natural learning environments (Bruder, 2010), embedding "intervention strategies into everyday activities and routines to provide maximum child learning opportunities" (Sawyer, & Campbell, 2012, p.122). Family-centered practices treat families with respect and dignity, offer family members the information they need to make knowledgeable decisions and choices, and actively involve families in accessing resources and support (Dunst, 2002). They involve both relational and participatory components, relying on a collaborative process, enhancing integration and coordination at all levels of the ECI system; potentially reducing redundancy, improving service efficiency, and making those services more functional for the child and family (Dunst, 2002; Guralnick, 2008). Family- centered practices are well established in the ECI literature. McWilliam (2010) underlines the work of Dunst, Trivette, and Bailey as strong contributors to this approach, both in research and practice. Moore (2008) outlined trends in ECI which were becoming established. These include developments from professionally-directed to family-centred practice, from simple linear causal models to complex transactional models, and from a deficit model of disability to a social construction model. Moore also identified emergent ECI trends including the shift from fragmented services to seamless service integration, from a professional skill-based approach to a relationship-based approach, and from interdisciplinary to transdisciplinary teamwork and key worker models.

In the U.S. the primary service provider (PSP) model is closely connected to transdisciplinary team work (McWilliam, p119). In this kind of approach, "one professional (the PSP) has ongoing contact with the family, with other members providing consultation to the family and

the PSP" (McWilliam, 2010, p.107). Alternatively, in the U.S., there is an early intervention service coordination approach mandated under Part C of IDEA. There are two basic models of service coordination: dedicated and combined. Dedicated service coordinators "conduct intakes, organize evaluations, and complete individualized family service plans, but they do not provide ongoing services beyond service coordination" (McWilliam, 2010, p.12). Combined service coordinators associate these service coordination activities with "ongoing services such a special instruction, family counselling, or whatever they are qualified for" (McWilliam, 2010, p.12). In England key working functions are particularly comparable to the U.S. dedicated and combined service approach.

Within this framework, training and professional development are critical elements for the success of both the well-established and emergent trends, demanding a development of ECI professionals' knowledge, skills, and attitudes towards the new intervention requirements (Bruder, & Dunst, 2005; Klein, & Gilkerson, 2000; Lindsay et al. 2011; Snyder, Hemmeter, & McLaughlin, 2011). These involve not only technical quality - regarding knowledge, expertise, and competence held by the professional in this field - but also the practical and reflective expression of this competence, founded in empathic qualities of collaborative involvement, leading to a transdisciplinary provision of services, focusing on family and their natural context (Brazelton, & Sparrow, 2003; Dunst, 2002; Klein, & Gilkerson, 2000; Snyder et al., 2011). Emphasizing these fundamental ECI and ECSE pillars, the Division for Early Childhood (DEC) launched recommended practices (Sandall, Hemmeter, McLean, & Smith, 2005; Miller, & Stayton, 2005), updated in 2014, including personnel preparation with emphasis on the delivery process of pre-service and in-service education programs. These recommended practices aim to ensure that: families are involved in learning activities; learning activities are interdisciplinary

and interagency, systematically designed and sequenced, and include study of cultural and linguistic diversity; faculty and other personnel trainers are qualified and well prepared for their role in personnel preparation; and that professional development activities are systematically designed and implemented.

In England issues related to ECI and ECSE are included in the wider domain of special educational needs (SEN), which was recently subject to Government review (Department for Education, 2011; 2012) and legislation, the Children and Families Act 2014, with guidance provided by the revised SEN Code of Practice (Department for Education and Department of Health, 2014). This socio-political framework constitutes a challenge and opportunity to promote high quality services to a diverse group of children with SEN and their families.

Early Support

Considering this new frame of action, the Department for Education (DfE) Green Paper on SEN, which preceded the legislation, recognized Early Support as a fundamental approach to meeting the needs of children, young people, and families (Department for Education, 2011). Early Support was originally developed during 2003-2009 as a national program for children with SEN under five, with over a 10,000 families having used this service by 2009 (Department for Education, 2011). It was the central government mechanism to achieve better-coordinated, multiagency assignment and service delivery comprising resources designed to assist families and professionals move away from crisis to planned, early childhood intervention (Carpenter, 2008). In England there is no specific University or College training for professionals in ECI (Brito & Lindsay, 2015). Thus, this training program is central to inspire and guide professionals' intervention with young children and their families'. The DfE recognises Early Support as "highly regarded by parents and professionals alike and has been proven to make a

significant difference to families" (Department for Education, 2011, p.43). The Early Support

Trust Consortium comprising more than 50 voluntary, community, and private sector

organizations was created, with the remit to develop, deliver, and sustain Early Support

materials, resources, and training across the age range, from birth to adulthood (0 to 25). Thus,

Early Support became a core delivery partner supporting the implementation of the proposals set

out in the Government's Green Paper.

Early Support aims to ensure that services are well-coordinated, with a key working

practitioner offering "a single point of contact, coordination and support where families need it

ensuring that service delivery is child, young person, and family centered and that services and

practitioners work in partnership with children, young people, and their families." (Early

Support, 2012a). The DfE (2011) underlined the importance of this approach to families, funding

the voluntary and community sector to offer free training of key working to diverse practitioners

(Department for Education, 2011). This led to the national Early Support and Key Working

(ES&KW) training - two days training, free at point of delivery - and capacity building model for

trainers.

The Early Support and Key Working training model and approach

Theoretical base, principles, and learning outcomes

The training model combines the concepts of its constituents to produce the Early Support and

Key Working training model. Early Support is presented as *a way of working*, underpinned by

ten principles (Table 1), aiming to improve the way services are delivered. These principles

focus on ensuring a person-centered approach (i.e., child, young person, and family-centered

service delivery) and that practitioners work in partnership with children, young people, and their families.

Table 1

The learning outcomes are closely connected to the perspective of key working as a set of functions (Table 2), rather than as a key worker role. Hence it is stressed that this set of functions can be carried out by an extensive range of practitioners or by parent carers or young people themselves (Early Support, 2012b). The ES&KW training uses the family partnership model, developed by Davis, Day, and Bidmead (2002), as a theoretical base. The relationship between parents and those helping them is based on partnership, defined by "mutual participation shared power, involving the expertise of both partners, agreement about aims and process, negotiation, mutual respect, and trust, and open and honest communication" (Davis, & Meltzer, 2007, p.23). Based on the family partnership model, the ES&KW training specifies that "the qualities, values, principles, ethos and skills of trainers needed to facilitate learning in this course are very much the same as those needed by parent carers/young people and practitioners to work effectively in partnership" (Early Support, 2013a, p.5).

Table 2

Learning outcomes therefore include understanding key working functions and how the principles of Early Support influence the use relevant skills and knowledge to implement key working; identifying why it is important for practitioners to understand the experiences of children with SEN and their families; explaining partnership working with children with SEN and their families and with other agencies; and how to use reflection to improve their own key working practice (Early Support, 2013c, p.3).

ES&KW training organization and approach

These theoretical bases, principles, and learning outcomes inform the ES&KW training organization and approach, namely in what concerns participant recruitment and involvement, families' involvement, training sequence, and content, and training delivery. It is emphasised that the aims of the training can only be successfully achieved if it has the right mix of participants, including representatives from health, social services, education, voluntary sector organisations, parent carers, other family members, and advocates if required. It is stressed that in order to reach the ultimate aim of improving services for families, sharing experiences, values, principles, and approaches amongst a mixed training group is essential. Training documents highlight the fundamental value of families' involvement as training participants and as trainers and co-trainers. Guidance is provided to inform this approach to ensure that parent carers have equal access to training and that all aspects of their participation are addressed: from the planning stage to the support after the event has ended. Pre-reading is required prior to Day1, covering major areas of policy and legislation, an overview of ES&KW, and an introduction to Early Support resources, supported by questions to check and enhance learning. Day 1 comprises content about Early Support principles, the aims and process of helping and working in partnership. Interim reading is also required covering elements such as communication skills and ensuring that links are made between the two days of training and that participants take the opportunity to reflect on Day 1 and plan for Day 2. Day 2 comprises content about Key Working – its functions and application in times of transition and change – multi-agency meetings, management, and supervision considerations (Early Support, 2013b).

Training delivery involves a cycle of attentive preparation, delivery, and reflection over the two days. Since it should be conducted in the spirit of partnership, trainers need to be doing what they are facilitating or teaching. This requires demonstrating respect and empathy, using

active listening and observation of nonverbal responses, communicating clearly, and highlighting the abilities of training participants, thereby enabling them to develop their own self-efficacy, self-esteem, and self-understanding (Early Support, 2013a). Because it is intended to be participant led it should build on participants' existing knowledge and strengths, encouraging open discussion and providing constructive feedback at all training stages. Methods are experiential and interactive, relating discussions to the specific aims and tasks of the course.

Early Support and Key Working trainers are urged to be actively involved in delivering and monitoring pre-course information to training participants and that they should involve families, keep to time, and maintain momentum; supervise participant numbers, organize physical space and seating arrangements; capture participants' views and feedback; use local materials; advocate for anti-discrimination, diversity, and inclusion; and master terminology used and avoid jargon. These fundamental organization and approach requirements provide the framework to examine the impact of the training.

The research, conducted over the period June 2012 to July 2013, aimed to enhance the understanding of the initial impact of ES&KW training on different providers, especially in the way they work together and with families with young children. Although ES&KW training is now available across the age range, we particularly wanted to understand if the fundamental principles that underpinned Early Support from its beginning - which were centered on children aged 0 to 5 and their families - remained as core elements of the new, combined Early Support and Key Working training. This is important as Early Support still remains the program in England that supports children 0 to 5 and their families: ES&KW training is intended to be an enhancement of Early Support, inspiring and guiding professionals in an ECI approach. Our

study examines the early stage of the development of the combined ES&KW training, examining

its relationship with the principles of Early Support and practical aspects of its implication.

Four research questions (RQ) guided our work:

RQ1. How do ES&KW training principles and content relate to the contemporary body of

knowledge regarding ECI and ECSE? (i.e., family-centered orientation based on a

collaborative team process, held in inclusive, natural learning environments)

RQ2. How are ES&KW training content and delivery processes structured to meet its

principles and desired outcomes?

RQ3. What impact does ES&KW training have on the motivation and competence of

practitioners working with children aged 0-8 years to fulfill the key working functions in

partnership with parents/carers?

RQ4. What impact does key working have on the well-being and quality of life of

families served by the training participants, in view of their individual needs and

strengths?

Methodology

The research design followed the chronological structure of the new ES&KW training program.

Thus, it began by the analysis of training content, from drafts to final documentation, followed

by observations of two pilot trainings and of a training for trainers (T4T), before the final

ES&KW training version took place. The study of the ES&KW final program then involved

observation of three ES&KW training courses, focus groups with training participants, and semi-

structured interviews with trainers. The post-training follow-up included ongoing reflective

practice and follow up semi-structured interviews with training participants, and semi-structured

interviews with families with whom these training participants were working. This gave us the possibility of progressively 'zooming in', in order to create "well grounded, rich descriptions and explanations in identifiable local contexts" (Miles, & Huberman, 1994, p.1), where words intend to translate the concrete world of participants with different roles in connection to ES&KW training.

Participants

The research sample comprised a total of 42 participants: three trainers, 33 ES&KW training participants, most working with small children aged 0 to 8 years ($n = 29$), and six family members. A purposive sample plan began by inviting ES&KW trainers undertaking T4T to be involved in the research. Seven trainers agreed to participate, from whom three were selected to provide a diverse sample and because their ES&KW training deliveries did not occur simultaneously. Although these three trainers had the same ethnicity (White British), their working and training experience was different: one was an experienced Early Support trainer who also coordinated a team of practitioners working with children and families 0 to 5 with diverse cultural and social background; the second likewise had a seven year experience of training in early childhood and health programs, supporting different types of organizations, cultures, and organizational structures, but was starting as an Early Support trainer; and finally, the third was a parent of two young adults with special needs and a parental involvement coordinator, with some experience in training with and for parents, but none in Early Support training.

All 33 ES&KW training participants (31 female, 2 male) accepted being part of the research; 14 were working in education or community areas; six in the voluntary sector; six were working in the health service in roles that included engagement with education, community, and

social care; four in social care exclusively; and three in the independent sector. Ethnicity was predominantly White/White British (n = 23) followed by Black/Black British (n = 8) and Asian/Asian British and Mixed, White & Black Caribbean (one each). Nine had *substantial* experience in Early Support or in key working, 12 had *some* experience, nine had *little* experience and three had *none*. Seven were also family members of a child or young person with SEN. Twelve of these 33 training participants then agreed to participate in one of three focus groups, of whom nine actually participated (three per group) (Table 3); three were unable to take part due to family or professional reasons. From these nine focus group participants, six completed an ongoing reflective practice and were individually interviewed approximately four months after the training took place. Participants from the last focus group did not contribute at this point of the research since the last training observation occurred just before the summer holiday break when the research study ended.

Table 3

Interviews were also held with five families, chosen by participants from groups 1 and 2 who were each supporting one family as key workers. Participants selected families that were particularly challenging for them, namely considering the complexity of their child's condition (all children had complex additional needs, aged one to seven years); their diverse cultural backgrounds (three families were of Somalian, Russian, and Nigerian heritage) and their family characteristics (single parent families, blended families, and one family in which both parents had learning disabilities). Although mothers were the main interviewees, several family members (i.e., siblings, grandparents, and fathers) were at times present, with occasional contributions to the dialogue; in one interview both the child's mother and grandmother contributed to the conversation; in another interview the family chose to have the key worker present.

Measures and procedures

Training materials, including ES&KW trainers' and participants' guides and distance learning readings were analyzed to gather information about ES&KW training ethos, proposed content and delivery processes, always bearing in mind the research questions, in which ECI and ECSE principles and their expression in training were central. A comprehensive content analysis was completed with reference to these principles (Bogdan, & Biklen, 2003). Two days of observations were undertaken of each of three different training deliveries, in different regions: North London, South London and South East England. These non-participant observations enabled direct understanding of the impact of three of the first examples of the ES&KW training program. Detailed descriptive and reflective field notes (Bogdan, & Biklen, 2003) were taken, considering each training activity aims, content, and delivery process. Particular attention was also given to what trainers and all training participants in each training delivery said and did, the way they worked together, and what that involved. With respect to program delivery, the ES&KW training manual specifies that trainers should "endeavour to fulfil all the aims and learning outcomes of the training" (Early Support, 2013a, p.3) but that program delivery should be adapted as appropriate: the aims and learning outcomes do not necessarily have to be fulfilled exactly in the way suggested in the trainer guides. It is underlined that trainers should bring both skills and experience to the training process and should use these to adapt the training, ensuring that it meets the needs of the training group and of the local area in the most appropriate way (Early Support, 2013a).

Focus groups were conducted immediately after each of the three ES&KW trainings by the lead researcher; they presented "a more natural environment than that of an individual interview because participants are influencing and influenced by others – just as they are in life"

(Krueger, & Casey, 2009, p. 7). The size of the focus group was intentionally small with the purpose of having an in-depth insight of ES&KW training impact on training participants (Krueger, & Casey, 2009). A consistent set of questions and probes were used to explore aspects that did not arise spontaneously from the broad themes. These comprised asking what was particularly helpful to fulfill the key working functions: training content, the process inherent to this training, training methodology and training delivery.

Participants were asked to conduct reflective practice activities with the aim of actively engaging training participants in "thinking critically about their own reactions, judgments, behavior, and intentions, integrating that thinking with their actions" (Brazelton Touchpoints Project, 2006, p.25). Six training participants from focus groups 1 and 2, completed the five reflective practice activities, sent every 15 days over a three months period, in a sequence that progressively requested them to more explicitly connect ES&KW principles and functions to their daily work, asking for concrete illustrations. These included, for example, reflective practice 4: Please choose one key working function that you have put into practice with a family and reflect upon it; Briefly describe the family; How did the family respond to the key working function that you have put in practice?; What meaning did you make of this?

Semi-structured interviews with both trainers and participants, examining their views on the training's impact, were conducted in their workplace approximately four months after the training program. Interviews with trainers entailed questions about the program's principles, aims, content, and training delivery process; the concrete impact of ES&KW training on participants; and the challenges and opportunities regarding the implementation of key working. Questions to training participants included reflecting changes in their practice after the training; how they saw ES&KW in action in their organization, in their own practice, and in the practice

of their co-workers; examples of how they offered the key working functions as part of their work; and the impact of having a key working approach for children and their families. We were invited by two participants to spend the interview day with them, allowing us to observe the practical expression of key working functions with families and professionals they worked with. This provided the opportunity to discuss everyday challenges, thus developing further a "shared understanding about the aspects of the work that matter" (Beyer & Holtzblatt, 1998, p.38) in relation to the ES&KW training. Interviews with families were conducted four to five months after the training in their chosen location: four in their homes and one in the key worker's workplace. Topics comprised the profile of the child and family, the four key working functions and how each one was part of their key worker's support of them, asking for concrete examples (Table 4).

Table 4

Observations, focus groups, reflective practice and interviews were pre-arranged by a letter that provided information about them and assured confidentiality, anonymity, and the right to withdraw at any time without adverse effects. Participants gave their written consent to participate. Ethical agreement was provided for the study by the *identifier removed* Humanities and Social Science Research Ethics Committee, which adheres to the British Psychological Society guidelines.

Data analysis procedures

All the interview and focus group data were collated, transcribed, and analyzed by the lead researcher. The qualitative software NVivo10 (NVivo, 2012) was applied to integrate the various data sources, namely clustering patterns/themes, but also highlighting contrasts and singularities. Triangulation of data sources (different persons, time, and places) and methods (documents,

observation, interviews/focus-groups) aimed to bring "different foci and strengths, so that they can complement each other" (Miles, Huberman & Saldana, 2014, p.300). Peer debriefing between the two authors about the establishment of codes, themes, and sub-themes, how they merged and developed considering the research questions, formed an integral part of the research process. Coding of participants' responses is as follows. Trainers are coded T1 to T3. Training participants are coded TP and also by group (1 to 3) and letter, e.g. TP2c. Members of families are coded by letter code (e.g. A & M Family).

Results

Relationship between ES&KW training principles and content and the contemporary body of knowledge in ECI and ECSE

As outlined above, although ES&KW training is now implemented across the age range, we particularly wanted to understand if the principles that underpinned Early Support from its inception (that addressed children aged 0 to 5 and their families) remained as core elements of the new combined ES&KW training. As previously emphasized, while the age range was extended, Early Support still remains the program in England that addresses children aged 0 to 5 and their families. Our content analysis of the ES&KW training specifications, from drafts to final documentation, revealed that the program's training principles and content are clearly related to current knowledge regarding optimal ECI and ESE. Each fundamental ECI element - family centered orientation based on collaborative team process and implementation, held in inclusive, natural learning environments - can be directly articulated with the program's principles, content and key working functions as presented in Table 5. This alignment reinforces

the desired integration of ECI and ECSE contemporary pillars in the work of training

participants.

<div align="center">Table 5</div>

Connection between ES&KW principles, desired outcomes, training content and delivery

processes

Delivery processes includes (a) participant recruitment, (b) families' involvement, training (c)

content and (d) sequence, and (e) training delivery, which will now be addressed considering

ES&KW principles, desired outcomes and training contents.

Both trainers and training participants acknowledged that ES&KW (a) training recruitment was

challenging, particularly in achieving intended multi-agency groups. This was often explained by

the difficulty in reaching different services and cascading information: "I found this by complete

accident; there wasn't a coordinated approach to existing coordinators to say 'this is the training,

this is what's happening'" (TP2a). The role of trainers and regional facilitators involved in

recruiting participants wasn't always clearly defined, leading to insufficient communication

between them before the training, contrary to the specification in the training documentation:

> The model is great, you have the regional facilitator, the trainers, and the Central Early
>
> Support team next door . . . but perhaps the mechanism [is missing] for making sure that
>
> it happens systematically rather than from good will and enthusiasm. (T2)
>
> On the other hand, (b) families' participation was greatly valued and vividly expressed by

participants: "To have a parent there… it made me have a different train of thought; I've learnt to

listen more, and being more attuned to what the parents want and feel" (TP1b). Training

participants also valued the experience of having a trainer that also was a parent:

She was able to change some of the activities [sharing her own family experience], and

actually it was very good. I think people don't quite understand how many services a

child or a family can actually have… it suffocates… suffocates. (TP3b)

The impact of videos with parents, children and young people with SEN sharing their

story, was also described positively as a good way of bringing their voices into the training: "The

complexity comes through in a few minutes time…" (TP2e)

About three quarters of training participants described the ES&KW training (c) content

and (e) delivery as well structured and meaningful, underlining the effectiveness of its delivery

model: "It was nicely structured, everything was very clear, step by step, and so if you didn't

have an understanding of this it would be very clear and straightforward." (TP3b). Yet, one

quarter of participants highlighted that there seemed to be many activities proposed in a short

period of time: "In all training the timing was really hard, and I understand that when you have

to fit it in a two day program, [it's difficult to choose] what takes priority..." (TP2a). These

training participants furthermore reflected on the training groups' range of experiences and

knowledge about ES&KW having an impact on the depth to which the content were approached

and discussed: "Because it was trying to give so much more of an overview, you were almost

exploring it from the very beginning, and so you weren't able to dig deep into some of these

concepts." (TP2a)

As to the coherence between the two training days, all training participants proposed that

the (d) sequence of some content related to key working defined by Early Support should be

changed: "The information from Day 2 would have more benefit if it was in Day 1. This key

working function [emotional support], we need to understand it, before we know about aims and

processes of helping [Day 1 content]." (TP1a). Trainers also observed that Day 1 was

particularly intense taking into consideration its amount of content, and expressed their concern

about the way they delivered the training: "Day 1 is really heavy, there's a lot to get through, and

certainly for me on the course that you observed, perhaps I haven't quite thought through." (T1).

The fact that key working content was addressed in Day 2 was also stressed by all trainers:

> Doing it all in Day 2… you don't have time for the group to come back and ask any
>
> questions [about key working], whereas if you got it in Day 1, there is a potential that you
>
> could then have some reflection, particularly around practice. (T1)

Although content, and sequence proposed by Early Support were followed by trainers, as

indicated by our observations, their characteristics, experience in training delivery, and

knowledge about Early Support, created a personalized approach to (e) training delivery. Trainer

1 was particularly successful in keeping to time and maintaining momentum. All sessions were

completed, as well as most of the activities, with strong group participation. Throughout each

session, participants were observed becoming progressively more willing to share their

experiences and thoughts with the group. In fact, some group members, besides being

professionals, were also family members of children with SEN, only revealing this during the

training. From this ethos of trust, a supportive training atmosphere emerged: "It was an

exceptionally good group, in terms of having worked together and produced. Day1, as they

didn't know each other, certain personalities [were] taking over the day. That changed on the

second day, how they worked together." (T1). Trainer 2 particularly explored with participants

the meaning they attributed to the training's content, capturing participants' views, decisions,

and feedback. All the training process was registered and shared with participants, and activities

were built on their perspectives and thoughts, aiming for complete understanding of what was

being discussed. Consequently, although all activities were completed, some were more deeply

explored than others, underlining a participant led dynamic process in training: "It's a very dynamic process! You know you potentially can cover [Day1 content] on the second day, if that's what the group needs . . . it's not a formal process of 'this exercise takes this long'." (T2). Finally, Trainer 3 was a parent and therefore her own parenting experiences were present in all activities, along with experiences of working with other families in similar situations. When reflecting about the challenge of integrating both roles in training, the intention of giving participants a parent's view based on a parent journey, in a non-judgmental way was emphasized: "Everyone that works with children, they're coming because they want to help. It can be difficult to make sure it's not just about me and my children and what they would need; I think I've just learnt to adapt it." (T3). We also observed how this trainer particularly encouraged participants to apply the program's content to their practice using local experiences, consistently bringing them to the training dynamic. Together, participant recruitment, family involvement, and training delivery made the principles and desired outcomes of the training 'come alive', underlining the importance of the process to achieve the program's desired outcomes.

The impact of ES&KW training on the practitioners' motivation and competence to fulfill the key working functions in partnership with parent/carers

In the follow up interviews, participants underlined the importance of reflective practice proposed by the researchers after the ES&KW training: "Reflective practices… it makes you think all the time" (TP1b). Reflective work offered a context for examining their thoughts, experience and insight. Participants' reflections highlighted the impact of ES&KW training in different dimensions, from integrating the key working approach when working with families: "Although I am not a key worker officially I can still carry out some of the functions in my current role and change the way my approach" (Reflective Practice /RP, TP2c), to reflection about how this approach should be accomplished:

Some of the 'softer' skills required for key working are more difficult to disseminate, but I feel these are the most crucial elements in offering ES&KW with integrity to its underpinning ethos. By this, I mean the skills required to be approachable, non-judgmental and acting with understanding but maintaining a person-centered approach. This is something I am working hard to address and I will now use the principles and parts of the training to further address this. (RP, TP2a)

Interviewees highlighted several transformations that occurred in connection to ES&KW training, related to working in partnership with other professionals and parents: "The most important thing was enhancing my learning of work in partnership with all the different professionals and the parents, and to listen to the parent's voice, and not just to make assumptions." (TP1b). Key working functions, as a way of working, were also emphasized:

I found it actually a useful way of looking at it. I think in the past three or four years in practice that's what we've been providing, it felt we were getting that right, and the training validated that. We've devised a new key working leaflet based on the functions, and I'm looking at it and thinking, "Yes, this is exactly what we offer". (TP2b)

The concrete impact of training on specific professional practices was likewise underlined:

I often ask professionals "what would the child think about that idea?" I also make sure that the priorities for the family are discussed at the beginning of the meeting. Any actions will then relate to these specific priorities. We will also focus on the positive aspects of a child's life and try to clearly understand why this works. (TP2b).

Impact of ES&KW training on the well-being and quality of life of families being served by the training participants, in view of their individual needs and strengths

Finally, interviews with five families with whom these training participants worked, examined their experiences with respect to the four key working functions. These interviewees emphasized how the training in the emotional and practical support underpinned the other key working functions, since building a trusting relationship was foundational for them: "She knows and she understands where we're coming from; we know we can trust her. It's not somebody coming in that just got it out of a book. She does fit into the family." (A&M Family). When families spoke about their key workers they emphasized what their life was like before and after the key working support. Feelings of deep loneliness and distress were contrasted with feelings of hope and a sense of security in being supported to face complex circumstances:

> She puts hope and puts smile upon me, when there was nothing… It's like when you've been abandoned: you are nobody, you're frustrated, you don't know what to do. We didn't know where to go since we were new in the country… so much to learn, especially when you have a special needs child. (D. Family)

Families emphasized that their key workers worked *with* them, helping to understand what is involved in particular situations, so they can face them autonomously in similar future circumstances:

> With M. we understand together. (K. Family)

> When I go to school they tell me this is this. I will be quiet there, but when I get out I call C. and say: "Please can you inform me in this area, what it is about?" She will give me more knowledge about it so, in case next time I come across this I'll know what to do, to say, to have my idea about it, to decide about it. (D. Family)

Because their children have multiple and complex needs a large number of professionals are involved in supporting them: "When people say to me 'Who's he under?' I'm like, 'Who's

he *not* under, really?'" Coordinating services and practitioners around the child, young person,

and family was described as essential, as exemplified by a mother of twins with multiple needs:

> At times, we had almost about 20 people, all professionals. They come here now, because
>
> I said, "I can't do this, I can't travel around…", and that's where C. and R. [key workers]
>
> coordinated everybody; they literally called everybody: "You have to come to the family
>
> home, because they can't do it". (A&M Family)
>
> Considering planning and assessment, families highlighted the key worker's role in

supporting, directly or indirectly, all family members; direct support particularly involved

children's siblings; indirect support addressed housing (three families) or the use of personal

budgets (two families) that increased the quality of each family's life. Finally, in what concerns

information and specialist support, providing information and signposting was underlined as

essential by all families: their key workers provided clarity and consistency about services and

practical support. The power of information and specialist support on children's and families'

lives was clear when families described how new knowledge and materials impacted on their

child's development and their well-being: "These last three weeks I see her smiling; now she is

starting to know her mum and I told my [other] children to start the Makaton - we have the book,

we read how to use" (K. Family). Families also expressed their hope and trust concerning their

child's near future, based on choices made with professionals and key workers, sharing their

views about what helped them feeling supported. Many topics, from parent and community

support groups to the empowerment of families themselves, are closely connected to the key

working functions, namely of information and signposting that meets each family's needs:

There's one workshop we did [where] I learned a lot from other mothers. We talk a lot, you come out it with some ideas… you think you're the only one with this kind of situation but then you are amazed… and that lifts you up. (D. family)

Discussion

This exploratory study of a new, combined training programme of ES&KW, developed out of an existing programme of Early Support, was guided by four research questions which we will now address. Some emergent gaps between the trainings' vision and delivery will also be highlighted. Considering the first research question (RQ1), although the ES&KW is now aimed at the age range 0-25 years, analysis of the training materials indicated that Early Support principles, key working functions, and the family partnership model (Davis, Day, & Bidmead, 2002), which underpin the training's content and delivery, remain having a family-centered orientation and directly relate to ECI and ECSE principles. Families are at the centre of the training program, not only as principal recipients, but also as active training partners, which meets the DEC recommended practices for personnel development (Hemmeter, Smith, Sandall, & Askew, 2005; Miller, & Stayton, 2005). Training principles and content were also built and developed around a progressively more integrated and collaborative team work. Nevertheless, key working functions in the ES&KW program seem to be closer to the U.S. dedicated and combined service coordinator role than to that of a primary service provider, highlighting the need for evidence-based transdisciplinary team work principles to be considered (McWilliam, 2010). Regarding intervention in natural environments, training participants were invited to apply training content and to embed "intervention strategies into everyday activities and routines

to provide maximum child learning opportunities" (Sawyer & Campbell, 2012, p.122), in partnership with families.

Regarding RQ2, analysis of the results derived by a range of methods indicated that, overall, ES&KW training content and the delivery processes observed and analysed, matched the intended principles and desired outcomes of the program, namely by supporting professionals' competences, skills, and knowledge to work in partnership with families, including two components of family-centered interventions emphasised by Dunst (2002) as central in family centered interventions. The relational component includes practices typically associated with good clinical skills such as active listening, compassion, and empathy, together with professional beliefs about and attitudes toward families, particularly those concerning parenting capabilities and competencies; the participatory component includes practices that provide families with opportunities to be actively involved in decision making and family–professional collaboration. Nevertheless, questions about participant recruitment and, particularly, about the ES&KW training curriculum - length, content, choice, and sequence - were highlighted by trainers and one quarter of training participants as complex. To face this constraint, trainers' training, enhancing their ability to deliver ES&KW content in the spirit of partnership, seemed crucial to meet its principles and desired outcomes. Training observations showed that all trainers, despite their different training experience, delivered the training as intended, since a limited degree of variation based on judgement was allowed by Early Support in order to make programme delivery appropriate to the participants and the settings (Early Support, 2013a). On the other hand, the possibility of training participants themselves undertaking T4T offered by Early Support after this initial ES&KW training presented, as stated in follow-up interviews, an added possibility of cascading the training to their teams and communities. This provided a basis for a

more holistic, coordinated, and seamless service delivery. Families' active participation in training was recognized by all focus group participants as having a major positive influence on the achievement of the training program's outcomes with concrete impact on the way they work together and with families. Thus, regardless of curriculum constraints, follow up interviews and reflective practice highlighted that training enhanced the collaborative approach increasing participants' motivation and competence to meet the key working functions in partnership with parents/carers (RQ3). Training participants particularly underlined how key working functions became more integrated in their work with families, both in terms of content and specific professional practice. Considering the impact of key working on the well-being and quality of life of families in view of their individual needs and strengths (RQ4), by interviewing families, we confirmed the positive impact it had on their lives: families affirmed how they felt supported to make their own decisions and choices, and the difference key working had on their well-being. The emotional and practical elements of the training underpinned the other three key working functions, with families stressing the importance of building trusting relations with practitioners. Families' comments indicate that ES&KW was providing a basis for practitioners to work together, coordinating services around the child and family, supporting a single planning and joint assessment process.

Limitations

The research design comprised a progressively more focused approach. The researcher's role, varied from a discrete presence in observations, to a progressively closer role: participants' involvement in focus-groups, reflective practice and interviews was increasingly more profound, demanding insightful decisions on how much opinion to reveal, how much to advocate or have a neutral position. Making sure our intentions were clear for participants - why we were there,

what we were studying, how we would collect information, and what we would do with it - helped address this limitation. Considering specific limitations, although trainers delivered the training as intended by Early Support - with a limited degree of variation based on professional judgement as allowed by the program - fidelity cannot be assessed as easily as when compared to a programme required to be implemented without deviation from the training manual. However, within this limitation we were able to identify a high level of adherence to the training guidance. A second limitation was that the number of participants involved in the focus groups, reflective practice, and follow up individual semi-structured interviews was smaller than originally planned limiting the range of experiences shared about the training's impact. Nevertheless, the proposed methodology was thoroughly followed. The aim of the study was primarily to have an in-depth understanding of the relationship between the foundational Early Support principles and the first impact of the combined ES&KW training, rather than seeking to produce results that could be generalised to the program itself. Consequently, our study should be seen as providing support for the usefulness of the program but should also be a means to facilitate a continuous debate about the ES&KW training, suggesting further questions, directions, and training implications.

Conclusions and implications

The present study highlighted that ES&KW training principles, content and delivery processes reflect current knowledge regarding ECI and ECSE. Participants underlined the importance of ES&KW training in supporting the implementation of ES&KW principles and functions, which were emphasized by families as truly valuable for their well-being. Moreover, the study also indicated possible improvements to ES&KW training based on previous and the current research. Closely monitoring the different training stages, and checking at all phases if the proposed

training aims were being accomplished, would limit the fading away of training impact with time

(Trivette, Dunst, Hamby, & Herin, 2009), starting from the preparatory stage of participants'

recruitment to achieve the intended multi-agency groups. A review concerning the training

curriculum and its practical implementation, based on trainers' and participants' observations

about the impact of length and sequence, would be profitable so that training can more clearly be

participant led, namely including fewer activities and giving more time for participants to discuss

and reflect about each of those proposed. Providing participants with follow-up support, to

enhance ongoing professional development plans, encouraging reflective practice, giving

feedback and guidance through consultation, could usefully be addressed so that the impact of

the training is sustained. After an initial period of ES&KW training delivery, with very positive

impact for participants, revisiting the training program on the basis of a rigorous evaluation can

increase its impact. Thus, to realize the ES&KW training's vision a "Team around the training"

is needed. All involved with key working, from families to health, social care, and education

professionals and managers, should continue the debate and reflection with those developing the

training, in a partnership approach, helping to harmonize the training with their needs and

strengths.

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