WY-FI Workforce Development and Learning

Year 4 Impact Report
&
Year 5 Activities Proposal

14th June 2018

Roger Abbott – Workforce Development and Learning Coordinator
Simon Dixon – Workforce Development and Learning Volunteer

Workforce development

Contents

Introduction

Workforce development in WY-FI focussed on two key elements, a training programme and multi-agency practice development groups (PDGs). The aims of both were to build a network of contacts and enhance the skills and knowledge of the West Yorkshire workforce in relation to those experiencing multiple disadvantage. Consequently, this is intended to improve outcomes and service experience for those we work with. Additionally, they contribute to the long term aim to achieve an improved system which is person-centred, strengths based and trauma informed. The aims of the PDGs are stated fully in the notes from each meeting:

➢ Improving confidence and skills in working with challenging individuals;
➢ To understand each other's work;
➢ To share good practice;
➢ To support each other to overcome specific difficulties;
➢ To identify any gaps or barriers in services, and;
➢ To improve the service user experience of services.

This report reviews both elements of workforce development with a view to assessing the impact of the activities in respect of the above aims.

Part 1 – The Training Programme

Provision

WY-FI's Workforce Development Programme for Year 4 (June 2017-May 2018) aimed to provide a classroom-based training programme. Through evaluating the impact of training delivered during Year 3, reviewing notes from PDGs and taking into account the direction and learning from the national Fulfilling Lives Programme, WY-FI's training programme needed to be more focussed than previously and consist of the following topics:

➢ Complex Trauma and Trauma Informed Care (provided by Homeless Link)
➢ Navigating Mental Health Services (Homeless Link)
➢ Psychologically Informed Environments (DISC WY-FI In partnership with N&G Fulfilling Lives)
➢ Learning Difficulties and Complex Needs (Community Links Training)
➢ Awareness of MCN in Women (Together Women Project)
➢ Awareness of MCN Male Prison Leavers (DISC WY-FI)
➢ Awareness of MCN BME Communities (Touchstone)

The above courses were delivered as planned with the following exceptions:

Awareness of MCN in Women was delivered just once as the provider ceased to respond to enquiries about further dates. Negotiations with another provider are in progress.

Awareness of MCN in Male Prison Leavers required a complete re-write. It was decided to postpone this until the new WY-FI led criminal justice network has become established and their learning could translate into relevant training for the benefit of the workforce.

In addition to the list above, a course from Year 2 was delivered early in year 3, Staying Alive: Mental Health Interventions for People Sleeping Rough was replaced for the rest of the year by Navigating Mental Health Services.
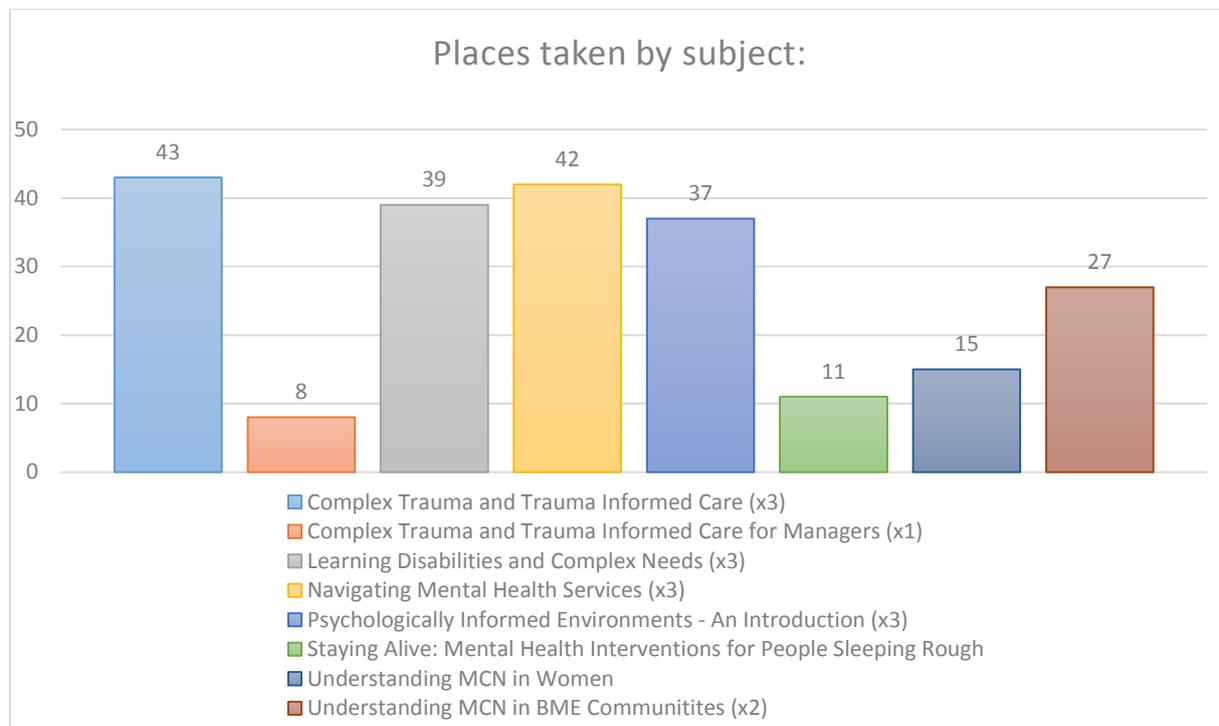
Training Participation Analysis

The analysis of training participation looks at how many individuals attended, the number of organisations they represented, the locality they are based in and a broad view on their job roles.

Attendance

Training Courses provided: 17   **Total number of training places taken up: 222**

Places taken by subject:

The average number of places taken up per course through year was 13. Given that there were a maximum of 16 places available on each course, this represents good attendance for the year at 82% and is an improvement on last year's 72%. In addition, there were significant waiting lists for each course which was often in double figures. The appetite for training in relation to complex needs is clearly present in the workforce and that which is offered through WY-FI is popular.

Representation

Of the 222 places taken up, 41 were taken up by staff from inside the project, the remainder from the wider workforce. It is also clear that several individuals from both groups attended more than one course through the year.

Individuals who have attended training	**158**	**Organisations represented**	**37**
Those from outside of WY-FI	117	by WY-FI Staff only	3

By Locality

There is a significant imbalance in the proportion of places taken up across the localities of West Yorkshire. Of particular note is that half of the places taken up by non WY-FI staff work in Leeds. This can probably be explained by the location of the training – all took place at the WY-FI Hub premises in Leeds centre. It would be expected (when considering the size of the LA areas by population) that Bradford in particular and Wakefield to a lesser extent would have a higher representation at the training. This does raise questions as to the reach of WY-FI's workforce development activities in

these areas, especially considering that the navigator teams and MARBS are well established and successful. Attendance from Calderdale was very high proportionally.

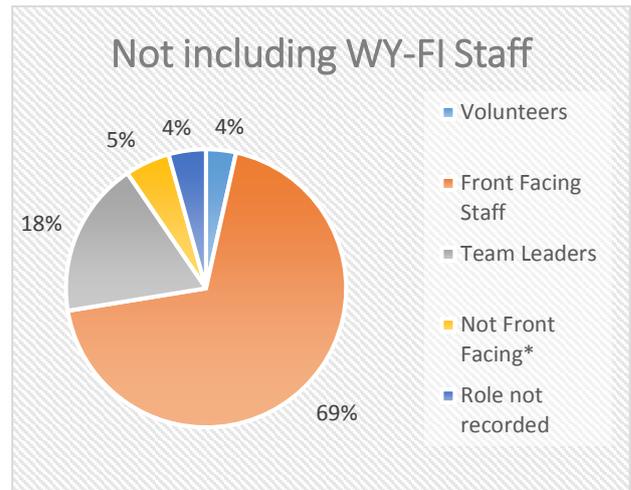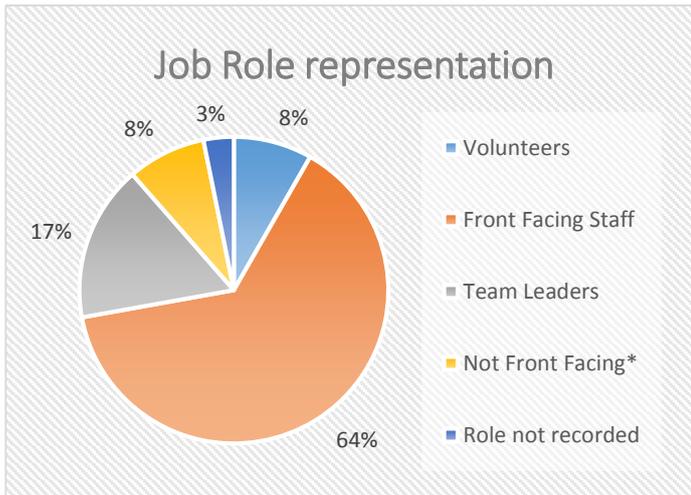| Locality representation (by individual attendee)		Attendees not from WY-FI
Bradford	15	6
Calderdale	23	16
Kirklees	29	20
Leeds	65	59
Wakefield	17	10
West Yorkshire Wide	5	2
Out of Area	4	4
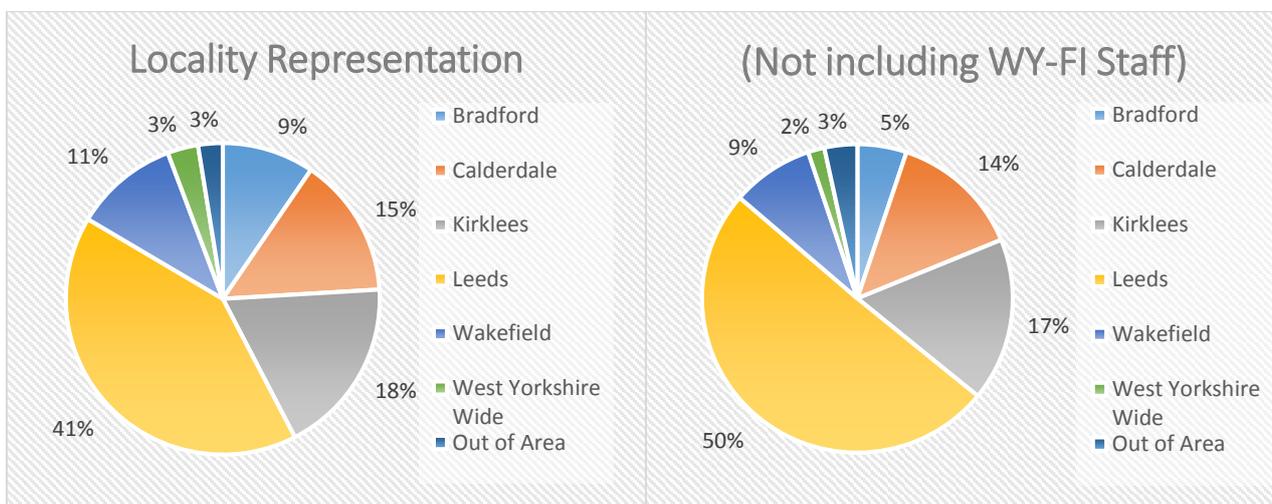
By Job Role

WY-FI's training programme is aimed primarily at front facing staff, that is those in services who interact regularly and directly with people experiencing multiple and complex needs. The exception to this was the Complex Trauma and Trauma Informed Care for Managers. Also, half the places on Psychologically Informed Environments – An Introduction were allocated to senior managers. The following charts are dervied from examining the job roles of attendees. Team Leaders are those responsible for supervising staff but also carry a caseload of their own. All volunteers who attended are peer mentors and are front facing. The training has achieved its aim of reaching those who have direct contact with their service users. 91% of non WY-FI attendees have front facing roles.

Job Role representation (by individual attendee)		Attendees not from WY-FI
Volunteers	13	4
Front Facing Staff	101	80
Team Leaders	26	21
Not Front Facing*	13	6
Role not recorded	5	

*(this includes senior managers, administrators and any other "back office" staff)

Job Role representation

- Volunteers: 8%
- Front Facing Staff: 64%
- Team Leaders: 17%
- Not Front Facing*: 8%
- Role not recorded: 3%

Not including WY-FI Staff

- Volunteers: 4%
- Front Facing Staff: 69%
- Team Leaders: 18%
- Not Front Facing*: 5%
- Role not recorded: 4%

Measuring the Impact

In order to measure the impact of the training on the work being undertaken, a survey was sent to delegates one month after the course took place. The intention here is to assess whether the training had resulted in a change of practice and whether this in turn had affected the outcomes for people experiencing multiple and complex needs. It is necessary to allow time for delegates to both reflect on their learning and have the opportunity to apply it in the field. These questions were sent via email:

> 1. **Knowledge of the subject before completing the course Rated 1 (Little or none) to 5 (Excellent)**
> 2. **Knowledge of the subject after completing the course. Rated 1 (Little or none) to 5 (Excellent)**
> 3. **How has your new knowledge changed your approach to working with people experiencing multiple and complex needs?**
> 4. **Please describe how your new knowledge helped someone with multiple and complex needs. Please include any specific outcomes.**
> 5. **Have you had an opportunity to share your learning with your colleagues? Please indicate how this took place.**

The response to questions 1, 2 and, to a lesser extent, 5 can be assigned numeric values and therefore produce results which can be amalgamated and quantified to show trends and patterns between courses. These answers can be interpreted more easily to measure impact than questions 3 and 4, the answers to which are free text which have proved to be less helpful. Nevertheless, some interpretation of these open responses has been undertaken and is shown later. Future evaluation questionnaires should contain a greater number and proportion of questions which produce quantifiable results. This year's evaluation has been direct. That is, the questions relating to the training's impact on work practice and the subsequent impact on service users' experiences were asked *directly* of the delegates. Instead, it would be preferable to ask questions that produce a range quantifiable data which, in turn, can be interrogated to answer the key questions relating to impact.

Response Rate

Courses analysed[1]:

Course Title	Number Evaluated
Complex Trauma and Trauma Informed Care	2
Complex Trauma for Managers	1
Learning Disabilities and Complex Needs	2
Navigating Mental Health Services	3
Psychologically Informed Environments, An Introduction	2
Understanding Multiple and Complex Needs for Women	1
Understanding Multiple and Complex Needs in BME Communities	1

Total No. of Participants: 165   **Total Number of Survey Responses:**   48   **(29%)**

Responses returned by Course
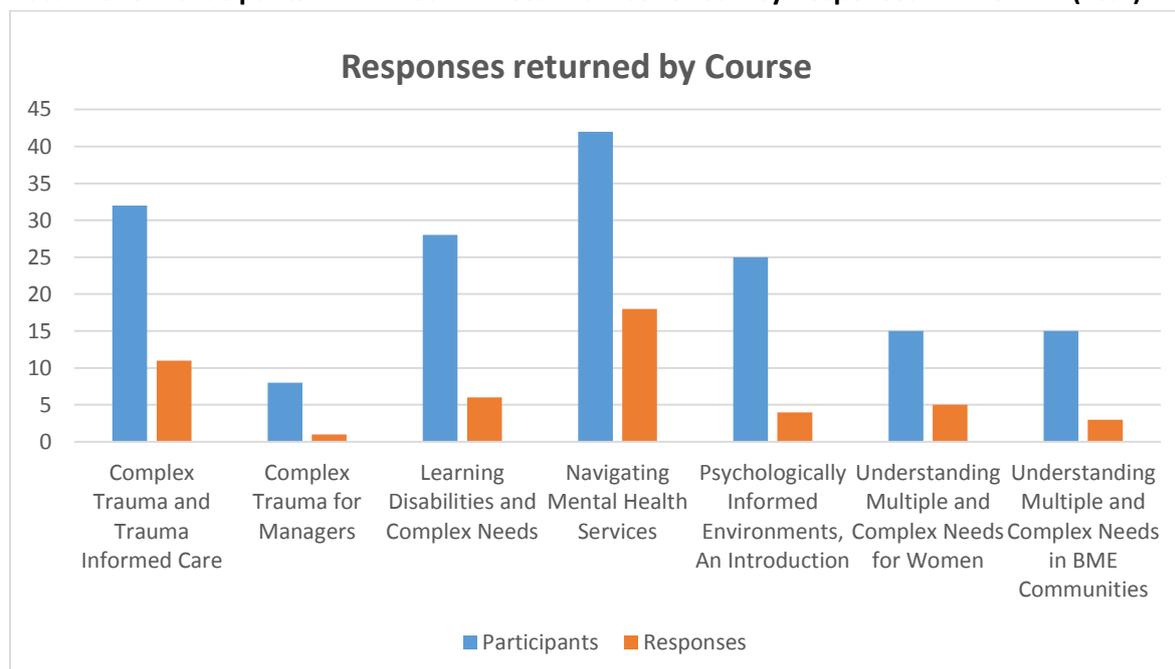
Notes and Comments

Limited data source: (29% response rate)

Highest response rate: Navigating Mental Health Services (43% from 42 participants).

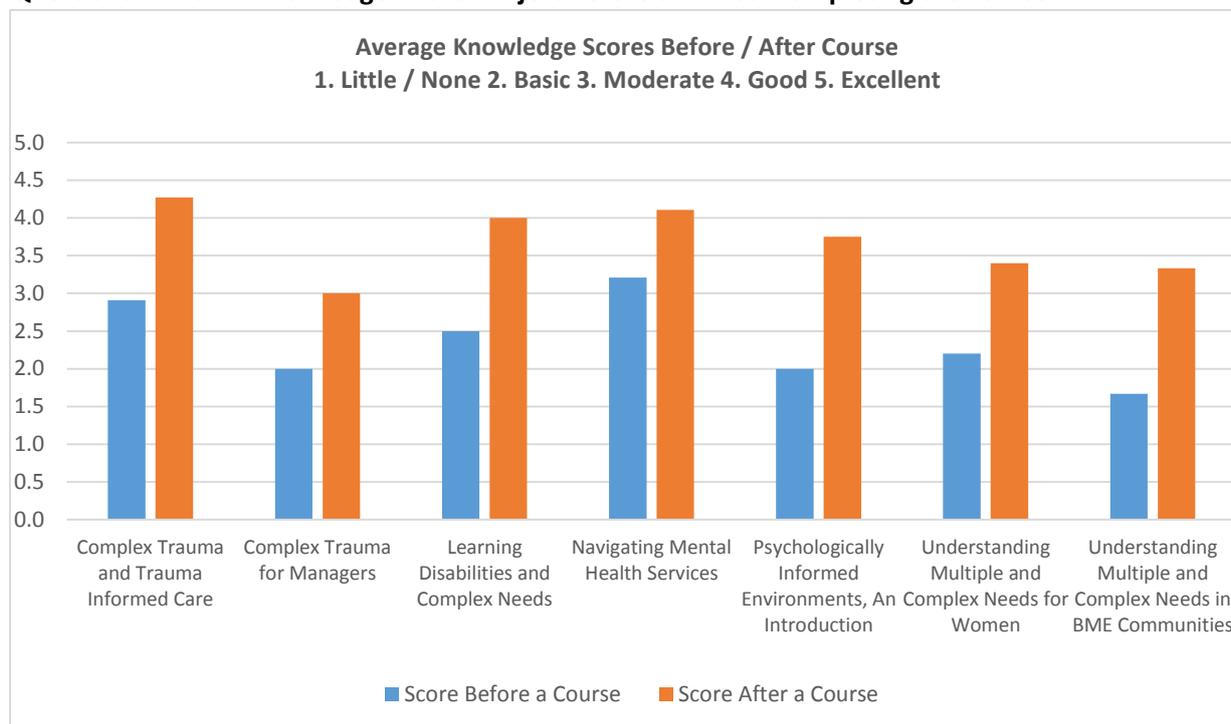Lowest response rate: Complex Trauma for Managers (13% from 8)

Psychologically Informed Environments, An Introduction (16% from 25)

The surveys were sent out 4 weeks after the course was completed with a reminder 2 weeks subsequently. The response rate is low which has a significant bearing on how accurately the impact of the training can be measured. It is necessary to look very closely at how future training programmes are evaluated in order to produce a significantly higher response rate. For example, the delegates can be made aware *in advance of the training* and as a condition of their attendance that they complete any and all evaluations relating to it.

---

[1] The following courses were not evaluated as they took place a significant number of months before the surveys were devised: Learning Disabilities and Complex Needs - 14/06/2017; Staying Alive: Mental Health Interventions for People Sleeping Rough - 28/06/2017; Complex Trauma and Trauma Informed Care - 23/06/2017. The following courses were not evaluated as they took place recently and surveys were not sent out before the cut-off date for this analysis: Psychologically Informed Environments, An Introduction – 19/04/2018; Understanding Multiple and Complex Needs in BME Communities – 22/05/2018

Questions 1 and 2 - Knowledge of the subject before and after completing the course

Average Knowledge Scores Before / After Course
1. Little / None 2. Basic 3. Moderate 4. Good 5. Excellent

Notes and Comments

All courses show an increase in theoretical knowledge after the course.

|		
Highest average knowledge before**:**	Navigating Mental Health Services	(**3.2**)
Lowest average knowledge before:	Understanding MCN in BME Communities	(**1.7**)
Highest average knowledge score after:	Complex Trauma and TIC	(**4.3**)
Lowest average knowledge score after:	Complex Trauma for Managers	(**3.0**)
Highest % increase in knowledge after:	Understanding MCN in BME Communities	(**100%**)
	Psychologically Informed Environments (PIE)	(**88%**)
Lowest % increase in knowledge after:	Navigating Mental Health Services	(**28%**)

From the point of view of impact on the knowledge and understanding of delegates, all training had a positive impact. Some courses were more impactful than others but it should be noted that there is a lower starting baseline of knowledge in these courses and therefore more room for improvement. Nevertheless, there is a reasonable case here for continuing with PIE, Understanding MCN in BME Communities, Complex Trauma and Learning Difficulties. It is surprising that Navigating Mental Health Services was not more impactful. Also, it is curious that the delegates reported a moderate understanding of the topic before the course. This seems contrary to the reported need for this particular training identified in last year's training needs analysis which suggested that members of the workforce required some support and training in this area. There needs to be a strong case identified elsewhere in this analysis to keep this topic on the programme next year.

Question 5: Have you had an opportunity to share your learning with your colleagues? Please indicate how this took place

Knowledge Sharing - All Courses / Knowledge Sharing - All Courses
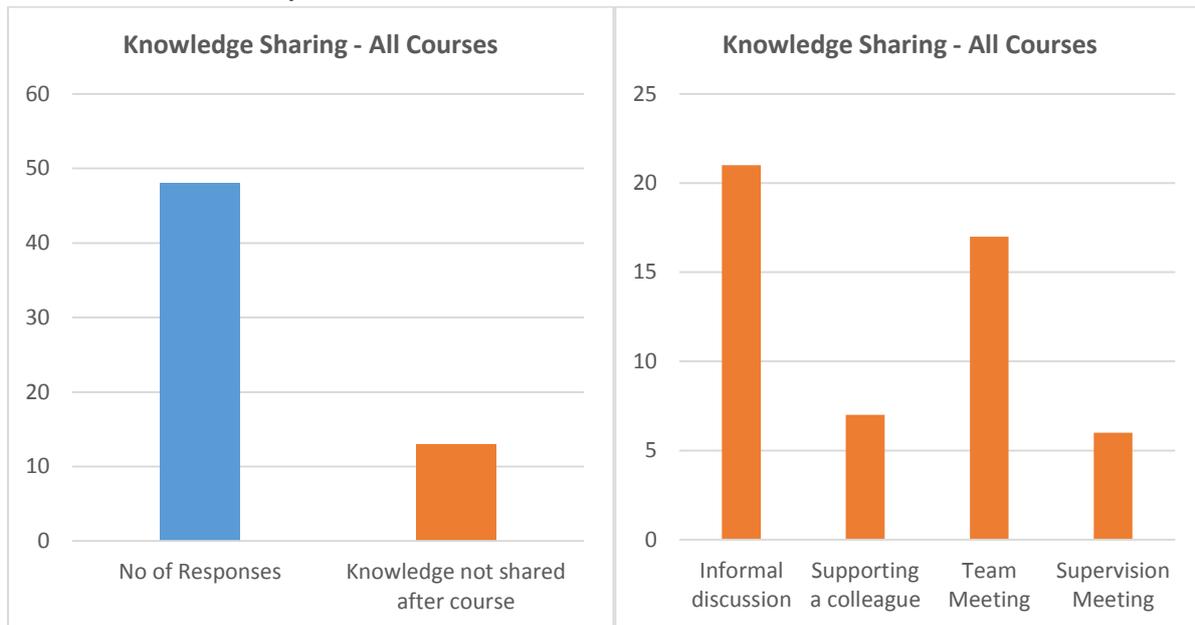
Notes and Comments

27% of people responding to feedback surveys have not had chance to share their knowledge.

41% of opportunities to share information is by informal discussion
33% of opportunities to share information is in team meetings
14% of opportunities to share information is in supporting a colleague
12% of opportunities to share information is in supervision meetings.

31% of sharing opportunities are in: **Navigating Mental Health Services**
8% of sharing opportunities are in: **Psychologically Informed Environments, An Introduction**

Although it is encouraging that 73% of the respondents have shared their learning, it could be much higher. Informal discussion with colleagues is arguably the least effective means of sharing learning as it is not recorded and probably not followed up. Sharing knowledge in this way is the least likely to imbed long term changes to practice. To affect change, there needs to be a formalised sharing of learning and follow up to it through organisational support and supervision and, ideally, reflective practice meetings. The very low proportion of delegates who shared their learning through supervision meetings suggests that there are few formal structures in place in the workforce to follow up on training. It is rarely feasible to allow every member of a team to attend all relevant training opportunities. It would be very beneficial to enable those who have attended training to share their experiences with colleagues so that the training benefits the wider team.

Evaluation – Questions 3 and 4 – Qualitative Responses

Question 3: How has your new knowledge changed your approach to working with people experiencing multiple and complex needs?

As stated previously, the responses to this question are difficult to measure. It has been possible to group the responses according to key phrases contained in them. Using this approach, the responses to this question have been grouped accordingly:

MOVING FORWARD
- Better understanding of the different types of trauma
- Provided a coherent framework
- WYFI project takes a TIC approach
- Improving how I validate traumatic experiences
- I feel I need to go over the course materials to consolidate
- Am able to work more efficiently
- Made my working approach more effective.
- I think as an introduction to MH issues it was excellent
- For people working in mainstream MH services it is fairly basic
- Really good to meet other people, and get different contacts
- I am now aware of the services that are out there
- I am aware of other agencies I can approach
- I'm having to bridge the gap between what the beneficiary needs and what is on offer!
- Discussed within the team how the way in which we interact and feed back to each other helps to create a strong PIE within our office.
- Already this is being implemented through team meetings
- This has not yet been explored. There is a definite intention to do this
- I will consider referring to TWP (which I didn't before)
- I have more understanding of what TWP offer.
- I can make suggestions to Navigators

SELF AWARENESS/REFLECTION
- Gave me a good insight
- A better and more empathetic approach
- I am more understanding
- I am more aware
- It has reaffirmed what I was already doing.
- It has given me more understanding of the tools used to assess for different mental health conditions
- Made me more aware of varying issues
- Thought provoking
- I think the training has re-enforced my existing knowledge
- The best thing I can do often is just listen
- It has added to my existing knowledge
- I have much more insight and understanding
- Since the training I feel more knowledgeable and more empowered.
- Gained a more personal understanding of how the team individually work out solutions
- Enabled me to understand why the current processes are in place
- Problem solving together has been key to my own self development and I feel PIE will greatly improve this
- I never thought about operating a gender-specific approach and now I will
- Much more awareness of the challenges faced by people from BME backgrounds
- Better understanding of how to help and support

CLIENT BASED LEARNING
- Avoid triggering anxiety for clients
- I think about my clients in a more holistic way
- Remembering every beneficiary has their own individual requirements
- I recognise the need to take a holistic approach
- It gave me more understanding of the different types of learning disabilities so much more knowledge now
- I would say my approach has not changed but my understanding of how to deal with these people has
- I would like to dedicate a few hours of my time to just listen
- Not taking for granted the specific needs of women in services
- It's also helped me to consider how women coming into my workplace as clients probably feel
- I will be more aware of the barriers for women when accessing services
- Better idea of the barriers that many face

CONFIDENCE
- It has given me more confidence in my approach
- Given me more confidence
- I feel more confident in discussing learning disabilities with other professionals
- I finished the training feeling confident in applying my knowledge
- More confident in my approach
- More confident in describing and thinking about complex trauma

NO IMPACT
- "No"
- I'm unsure that it has...
- Unfortunately I did not feel the training met the title objectives
- Not much as I believed that this was about making referrals
- I wouldn't say it has changed my approach
- I haven't yet worked with a beneficiary from a BME community

Although the limitations to analysis of this type of question are clear and have been discussed, the reflective nature of this question itself should cause delegates to pause and consider the training and how it affected their practice. Most of the responses, particularly grouped under "self-awareness/reflection" and "confidence", relate to internal changes for the delegates rather than a changed approach to the direct work with service users. It is true that it is necessary to undergo an internal change before it can be externalised as a change to approach. However, this does raise a question about what follow up to training there needs to be in order to ensure these internal reflections are actualised in the workplace and not allowed to fade as time elapses following the training day. As discussed in the previous section, effective follow-up to training is essential.

The responses grouped here under "No Impact", primarily relating to the first and second run of Navigating Mental Health Services, suggest that this course did not meet some individuals' expectations. This was discussed with the trainer at the time and the final run contained some alterations. Nevertheless, it further supports the case that this course is not an essential component of future training offers.

Question 4 - Please describe how your new knowledge helped someone with multiple and complex needs. Please include any specific outcomes.

This question produced a wide range of answers, ranging from the long and very specific to the brief and enigmatic (e.g. N/A). It is probably most useful to classify the responses according to the degree of impact reported. The chart below shows the number of responses for each course divided into four categories. A "Positive Specific Outcome" is a response which describes how the learning was applied directly to work with an individual which, in turn, produced a positive step forward for them. A "Positive Unspecific Outcome" contains a report of applying new learning generally to working with clients. "Not Applied" refers to reports where the new knowledge could be applied but the opportunity has not arisen. "Cannot Apply" contains all answers where it is clear that the learning is not applicable to the respondent's role.
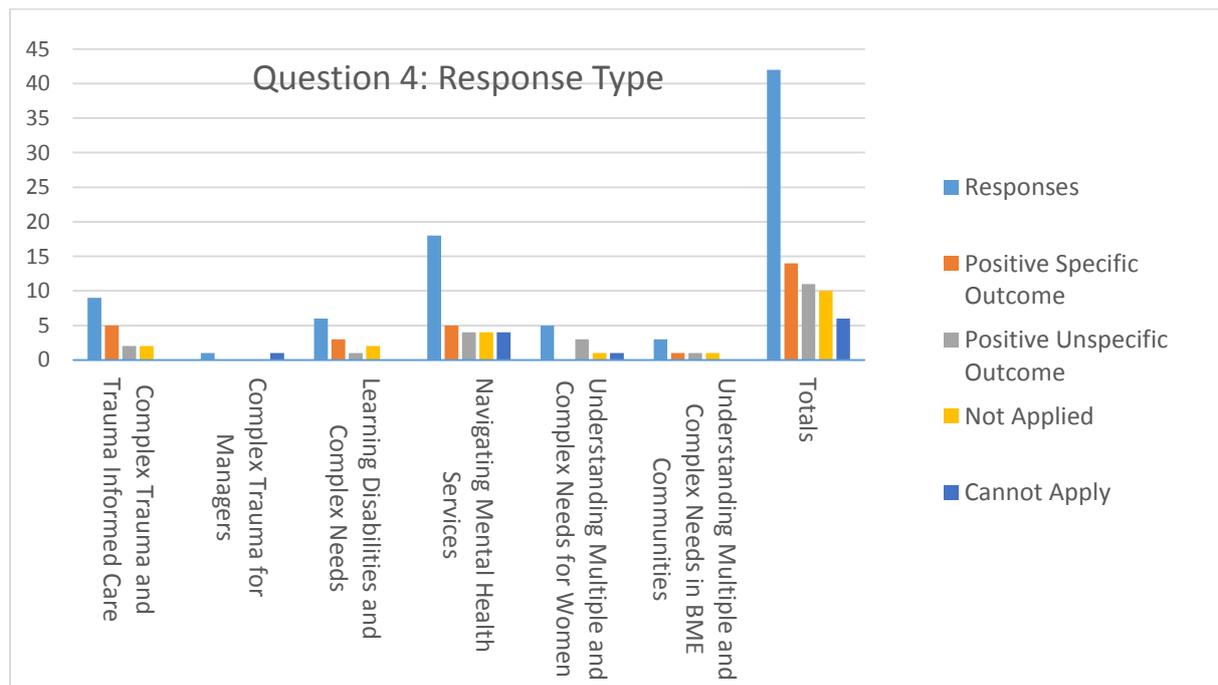
Notes and Comments

Overall, the respondents reported more positive outcomes for clients than not. However, only 60% reported positive outcomes and only 56% of those reported specific positive outcomes for clients. Given that everybody who attended the training reported an increase in knowledge as a result of the training, it should not be inferred that the training was ineffective. Consider the responses to sharing learning and the internalised nature of the delegates' reflections and, taken together with the responses to this question, and it is reasonable to conclude that the absence of structured follow-up and reflective practice following the training could be responsible for the low direct impact on outcomes for service users.

Summary

Participation

➢ The training programme offered by WY-FI during Year 4 of the project was very well attended and reached over 100 individuals (and 37 organisations) from the wider workforce (those employed outside of WY-FI) in West Yorkshire. Clearly there is an appetite for training which focusses on skills and knowledge relating to MCN. The training offer next year needs to continue in this vein and offer broadly the same topic areas to reach more individuals in the workforce.

➢ The training was aimed at front facing staff and most of those who attended work directly with these clients. This can be considered a success.

➢ There was a disproportionate distribution of attendance based on locality. It is important to make a specific effort to engage more colleagues from Bradford and Wakefield in next year's training offer.

Impact

It should be noted that all conclusions drawn here are from a very small data set. The action to take from this is to ensure that the next training programme in WY-FI contains a robust means of gathering data in order to measure impact more accurately. The following questions were asked of training delegates:

> 1. **Knowledge of the subject before completing the course Rated 1 (Little or none) to 5 (Excellent)**
> 2. **Knowledge of the subject after completing the course. Rated 1 (Little or none) to 5 (Excellent)**
> 3. **How has your new knowledge changed your approach to working with people experiencing multiple and complex needs?**
> 4. **Please describe how your new knowledge helped someone with multiple and complex needs. Please include any specific outcomes.**
> 5. **Have you had an opportunity to share your learning with your colleagues? Please indicate how this took place.**

➢ All training had a positive impact on the knowledge of the attendees. All attendees reported at least a moderate level of knowledge following the training – this is defined as having the confidence to apply the learning in the workplace. Most courses exceeded this, however, and attendees reported having the confidence to apply their knowledge and support their colleagues in the subject.

- Means for sharing learning consistently with colleagues and structured follow up is not in place for most staff. Next year's programme could be utilised to support this and examine how well it impacts on the application of learning for staff.
- The impact of the training was primarily on the individual staff members who attended and did not extend much beyond this to their colleagues.
- In the main, the impact was on the staff who attended rather than on outcomes for service users. They reported changes to their internal thought processes and attitudes rather than changes in practice. For training to be effective it needs to build in a means of ensuring that learning changes practice and consequently impacts positively on people experiencing multiple disadvantage.
- There was some direct positive impact to outcomes for people experiencing MCN. However, most respondents reported no specific positive outcome. Again this is a matter of follow up and imbedding learning rather than course content.
- To measure impact more accurately, the means of gathering data needs to be looked at. Asking questions directly of participants with an open question produces results which are difficult to collate and analyse. It is preferable to design evaluations which produce quantifiable responses (such as rating scales). These responses can then be interrogated to measure impact meaningfully.

Proposal for Year 5

WY-FI's training offer for the workforce in West Yorkshire will continue to offer the trio of awareness raising courses, "Understanding MCN…" and will trial and evaluate a new training suite focussing on working effectively with complex needs. This suite will support the work of the multi-agency PDGs by reinforcing the importance of reflective practice. Also, it contributes to the long term aim to achieve an improved system which is person-centred, strengths based and trauma informed.

The Complex Needs Training Suite

The principal training offer for Year 5 will consist of a suite of courses delivered by one provider. The intention is to provide an opportunity for a group of front facing staff from across West Yorkshire to experience a cohesive training package containing key principals and learning which both the National Fulfilling Lives programme and MEAM have established are fundamental to working with multiple disadvantage. Also, the programme of training will be evaluated robustly to measure the impact this training has on its participants, their colleagues and, most importantly, the people they work with.

Most of this training has been developed over recent years by colleagues at Community Links Training. Work is underway to make some modifications to the existing courses to bring them together and ensure their cohesion. In addition to the existing packages, WY-FI is in a position to contribute a training element on Psychologically Informed Environments.

All participants will complete an introductory course over two days which will consist of the following elements:
- Psychologically Informed Environments
- Personality Disorders and Trauma
- Risk Enablement
- Working with Challenging Behaviour

The participants will each then choose to complete 3 of the following extension courses (all 1 day each:

- ➢ Understanding Personality and Personality Disorders
- ➢ Working with Personality Disorders
- ➢ Trauma Informed Practice
- ➢ Dual Diagnosis – For mental health practitioners
- ➢ Dual Diagnosis – For substance use practitioners
- ➢ Learning disabilities, cognitive impairments and complex needs
- ➢ Working with Psychosis

The training will be provided to a cohort of 32 people. These will be selected following expressions of interest. The selection will ensure that there is representation on the training from all HARM areas and a proportional representation from the five localities in West Yorkshire.

In exchange for receiving this training free of charge the participants will agree to the completion of periodic evaluations to measure the impact this training is having:

- ➢ Pre-course to look at learning needs and expectations.
- ➢ Four weeks after the introductory course which will include their selection of extension courses.
- ➢ Four weeks after each extension course.
- ➢ An overall reflection on the whole experience.

To support the participants in the evaluation process they will be provided with tools to help them assess the development of their practice such as a reflective log template to complete. If any participants do not take part in the evaluation process, a fee will be charged to their employing organisations of £75 per day of training attended.

Understanding MCN…

In addition to the above, WY-FI will continue to offer the following to participants in the above programme as well as any other members of the workforce:

- ➢ Understanding multiple and complex needs in BME Communities. To be delivered by WY-FI delivery partner, Touchstone.
- ➢ Understanding multiple and complex needs in Women. To be delivered by Clare Jones from Women Centred Solutions.
- ➢ Understanding multiple and complex needs in Prison Leavers. To be delivered by the WY-FI Workforce Development and Learning Team following consultation with the WY-FI led Criminal Justice Network.

Each of the above will be offered 3 times over the course of Year 5. The participants will complete evaluations four weeks following the courses to measure impact. Consideration will be given to charging a fee to the participants if they choose not to complete the evaluations.

Costs

An outline of the costs for this proposal will be submitted to the WY-FI Senior Programme Manager in a separate document.

Part 2 – Multi-agency Practice Development Groups

There are six PDGs currently running across West Yorkshire: two in Calderdale (Upper and Lower Valley) and one each in Leeds, Bradford, Wakefield and Kirklees. They remain at varying stages of development with some being more established than others.

One common theme emerged from these meetings and the attempts to convene them over the last year. Before meaningful reflective practice can take place between staff from different services and across the HARM areas, it is essential that the members of the group understand each other's roles and boundaries – that is, their primary task. It is necessary to spend time establishing mutual trust. This already exists between some organisations in Kirklees which explains why the group there has been engaging in useful reflective work all year. Time needs to be spent across the other localities to develop this trust and the PDGs will be utilised to do this with a view to bringing reflection in when it is appropriate to do so. A progress summary for each locality follows.

Kirklees

Feedback from the attendees of the Kirklees group (the most well established) suggests that the opportunity to have thematic discussions based on real examples of working with multiple disadvantage is very welcome. It gives the theme presenter some specific actions to take forward and apply in their work as well as triggering ideas and thoughts in other attendees as to how their approach could be changed. More recently the group has expressed a desire to have a general discussion on a particular theme chosen in advance of the meeting. It has been decided to take this forward and hold this general discussion while ensuring that space is left in the meeting for individuals to bring any specific situations for action learning. Attendance from some key agencies, notably the local addiction and recovery services, has gone down in recent meetings. It is important to make contact with these agencies and endeavour to enable them to re-join the meetings.

An evaluation survey was sent out to all those who have attended the meeting since it began in November 2016. This results of which will be looked at and reported on in August 2018. It would also be useful for the notes from these meetings to be reviewed and evaluated. This could include drawing out common themes, looking at how learning is taking place. This could be a project for our evaluation partners, CRESR, to complete.

Meetings Summary

Date	Staff	Topics/Themes Discussed
14/06/2017	8	Engagement with statutory homelessness provision; Personality Disorders
11/07/2017	12	Engagement in services; locating next of kin; Prison leavers and Housing,
16/08/2017	16	Personality Disorders workshop
27/09/2017	5	Information Sharing; Homelessness Reduction Act; Mindfulness;
07/11/2017	6	PD workshop reflections; engagement; long term supported housing
13/12/2017	7	Engagement and boundaries
15/02/2018	8	Universal Credit; Access to Adult Social Care and MH Services. Threatening behaviour and staff welfare. Choices and responsibilities.
20/03/2018	6	Accessing Social Care; Universal Credit; Staff safety and welfare (threats from former clients); Building relationships; Homelessness Reduction Act
24/04/2018	5	Accessing Social Care; Carers/Concerned Others; Evaluating the PDG

Actions for Year 5

➢ Contact key managers in the CHART services to encourage and enable attendance at the PDG
➢ Complete evaluation report
➢ Agree a research question with CRESR

Calderdale

There are two groups running in Calderdale to meet the needs of a locality with a challenging geography which effectively separates the workforce into an upper valley group and a lower valley group.

The upper valley group has met regularly since December 2017. The decision to focus on building networks and strong relationships between staff from different agencies proved to be successful initially with staff representing all four HARM areas in attendance during December's meeting. However, since then the membership has dwindled somewhat and has changed. Specifically, the mental health team is no longer represented as a key member of staff moved on from their role. More recently, the neighbourhood policing team has undergone some changes and are no longer represented. In addition, there has been attendance from agencies who work with younger clients (specifically, the young persons' substance misuse service and the families' support worker from the local High School). This has given the meetings a different focus and conversations have often focussed upon younger people.

On reflection, the decision to hold back on reflective practice until a regular group is established and instead focus on networking and information sharing has not worked. The membership has been in constant flux and therefore the networking and information sharing has been ad hoc. For the group to work as an effective forum for meaningful reflective practice, it is necessary to look again at how to take this group forward. To this end, an offer of delivering a workshop on Psychologically Informed Environments has been made. The intention here is to focus on the reflective practice element of PIE. Hopefully, this will encourage those who attend the training to meet regularly and focus themselves on reflection rather than simple networking. The networking can take place at an alternative forum and does not need facilitation from WY-FI's Workforce Development Coordinator.

Meetings Summary (Upper Valley)

Date	Staff	Topics/Themes Discussed
25/07/2017	6	Health Providers' attitudes/behaviours towards our client group
15/11/2017	4	Multi-agency networking
13/12/2017	12	Networking and information sharing
07/02/2018	5	Young people and service cuts
28/03/2018	7	Networking; Community Opportunities
25/04/2018	4	Continued networking

The Lower Valley PDG continued to be poorly attended until early in the year. A decision was taken during January's meeting to target seven key organisations in the area who work with complex needs. These organisations were contacted and invited to attend a meeting in March at a new venue. Although not all seven organisations have attended all the meetings, the group has come together and committed to reflective practice from the outset using the action learning model employed successfully in Kirklees. This is very encouraging and it appears that seeking organisational

commitment to the group from a select number of organisations has worked. This commitment needs maintaining, however, and regular contact needs to be maintained with this group through Year 5. Also, it is important to look at growing the membership as the group progresses.

Meetings Summary (Lower Valley)

Date	Staff	Topics/Themes Discussed
16/06/2017	4	Assets in Calderdale Upper Valley
20/07/2017	2	Information exchange between the Women's Centre and WY-FI CBT Therapist.
24/08/2017	3	Explanation for new attendees.
19/10/2017	17	Personality Disorders workshop
16/11/2017	3	Relationships with other services
14/12/2017	6	Networking and information sharing
14/02/2018	2	Networking and information sharing
22/03/2018	7	Referrals to Housing service for Offenders; Managing an inappropriate referral/client.
03/05/2018	4	Housing a challenging client; Engagement

Actions for Year 5

➢ Deliver PIE training for the upper valley group with a view to enabling reflective practice to start.
➢ Maintain regular contact with the existing membership organisations in the lower valley.
➢ Increase the membership of the group through the year.

Wakefield

The Wakefield PDG was re-launched in January, again with a view to build a network of staff to share information and, in time, move on to reflective practice. The first meeting was attended by representatives from four organisations – all of whom found it beneficial to come together and intend to continue attending. Unfortunately, this continuation did not happen. No one from that first meeting returned and those who have attended only came to one meeting. Fortunately, a number of approaches that have worked elsewhere can be tried here. Also, ensuring that Wakefield is represented proportionately at the WY-FI training should enable a good level of interest in attending reflective practice groups.

Meetings Summary

Date	Staff	Topics/Themes Discussed
21/06/2017	8	Multi-Disciplinary Teams for Adults; Risk Assessments and information sharing
20/07/2017	1	Managing HMO's
22/08/2017	6	The future of the Wakefield PDG – agree to relaunch with a focus on the new housing services landscape in Wakefield
08/02/2018	4	Networking and information sharing
20/03/2018	1	Conversation with the one attendee
09/05/2018	3	Housing access – forming a reflective practice group

Actions for Year 5

➢ Target six organisations in the Wakefield District to commit to enabling staff to attend.
➢ Provide an opportunity for PIE training for those organisations.

Bradford

This group met three times during the summer of 2017. The groups were attended almost exclusively by staff from WY-FI. As these staff have the opportunity to attend a WY-FI PDG, a decision was made to suspend this group. With support from the local WY-FI delivery partner organisation's operations manager, a PDG has since been offered to a group of organisations in Bradford who have agreed that they would benefit from reflective practice. There has only been one meeting of this group so far and only one of the organisations who expressed an interest was present. It has been very difficult to find a "way in" to Bradford. This is reflected in the very low attendance at WY-FI training from staff based in Bradford. As with the group in Wakefield, ensuring that Bradford is well represented on the WY-FI training programme for Year 5 should build some interest and commitment to attending reflective practice groups.

Meetings Summary

Date	Staff	Topics/Themes Discussed
19/06/2017	3	Hot Topic: The practice of moving people on from the city centre and its implications.
17/07/2017	5	Street Begging and moving people on. Challenging manipulative behaviour.
18/08/2017	4	Street begging. Personality disorders.
18/05/2018	5	1st Meeting – topic brainstorm

Actions for Year 5

➢ Continue to target the key organisations identified by our local operations manager.
➢ Meet with the service manager to look at next steps for Bradford.

Leeds

This group has successfully and seamlessly transitioned from a networking group to a forum for reflective practice. A number of the regular attendees have completed the Introduction to PIE training and are applying some principals learned into this group. Some participants have ceased to attend once the group became more focussed on reflective practice than on information sharing. Although this is a shame, they are still in touch with the group and are welcome to return. They will be contacted individually to be invited back early in year 5.

Meetings Summary

Date	Staff	Topics/Themes Discussed
26/06/2017	18	Introduction to PDG's and action learning; Hot Topics for Leeds.
31/07/2017	8	Challenging and manipulative behaviours; Encouraging services to provide support; PIP assessments
11/09/2017	5	Professionals' meetings and Mental Capacity. New Housing model in Leeds.
02/11/2017	15	Personality Disorders workshop
30/11/2017	12	Reflective Practice; Networking
09/01/2018	8	Networking and information sharing
21/02/2018	11	Re-offending and breaking the cycle. Care Coordination. Networking.
29/03/2018	4	Non-engagement; Housing Support in the Community
08/05/2018	7	Challenging clients; Information Sharing

Actions for Year 5

➢ Contact previous attendees and invite them to return

Summary

Establishing multi-agency practice development groups in each locality across West Yorkshire continues to be challenging, interesting and complex. Work in this area during Year 5 needs to look at the impact of this work and evaluations such as those begun in Kirklees will be extended out to the other areas. At some point this year, a decision will have to be made about which groups are more likely to provide WY-FI with sufficient evidence to assess whether this approach has an impact on work practice and outcomes for people experiencing multiple disadvantage. Those groups that are not in a position to help with this learning will have to be wound up so that the evaluative work can be given sufficient focus.