An integrated learning scheme for community practitioners involved in the care of children and young people

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ABSTRACT

Background

There are a wealth of health, education and voluntary groups providing services for children and their families, but this care tends not to be integrated. A deprived borough of London tested whether providing short training and networking sessions would improve knowledge and referrals between services supporting children.

Methods

This was an uncontrolled longitudinal study completed as a service evaluation. Three sets of workshops were offered in each of four geographic localities from December 2016 to February 2017. Relevant local organisations were invited to send attendees to all sessions. The sessions involved case discussions, teamworking exercises and presentations from teams such as local health visitors and CAMHS. Mixed methods were used to assess impacts including pre and post workshop surveys with a Likert scale for statements such as “I know a lot about local health services”. These covered knowledge of health/education/social care/voluntary sectors, confidence in navigating local services, and communication between different services. Analysis of quantitative data used unpaired t-tests as questionnaires were anonymised. Other methods included structured telephone interviews and a one month follow-up survey.

Findings

There were 302 attendances from 202 unique individuals. Attendees came from 22 local services from the health (n=99), education (n=145), social care (n=39) and voluntary (n=19) sectors. The pre and post surveys (completed by 84% and 73%) demonstrated significant increases in self-assessed knowledge of health/social
care/voluntary services and confidence in inter-sector working (all p<0.0001).

However self-assessed knowledge and confidence had decreased by one month follow-up (n=65). Respondents to the follow-up survey who attended all workshops (n=24) had higher scores compared to those who did not, regarding knowledge of voluntary services (p=0.049) and recent collaboration (p=0.014). Telephone interviewees (n=30) suggested networking was helpful.

**Interpretation**

We found that participants had transient increases in self-assessed knowledge and confidence in inter-sector working. The findings imply that professionals may find such integrated schemes useful, but further development is required to embed knowledge and connections long-term. Further research should assess the impact of such schemes on patients or clients.

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**Contributions**

LM, RC and DdS conceived of and designed the study. EA undertook data collection and writing. DdS, LM, RC and MP contributed to analysis and writing.

**Conflicts of interest**
The training programme was funded by Newham Together, the Newham Community Education Provider Network. The funding was provided to the network by Health Education England. Part of the funds allocated for training were used to undertake the evaluation which is the focus of this study. Neither the training funder nor training provider controlled how the evaluation was undertaken, the results or the analysis.

**Word Count of Abstract**

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