



**Changing
Conversations**

Understanding
behaviour

LEAST RESTRICTIVE PRACTICE
End of project report

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CONTENTS

About the Institute of Health Visiting	3
Acknowledgements	3
Executive Summary	3
1. Introduction and background	5
2. Summary of scoping to inform the development of resources	6
2.1 Approach and method	6
2.2 Key findings and recommendations from the insights and scoping	7
3. Resource development	8
3.1 Imagery	8
3.2 Animation and supporting resources	9
3.3 Workshops	10
4. Delivery of workshops	11
5. Evaluation	13
5.1 Method	13
5.2 Outcomes from delivery of training events	13
5.3 Quantitative Feedback	15
5.4 Qualitative feedback	17
5.5 Evaluation of Masterclass	21
5.6 Feedback from the steering group	22
5.7 Challenges to the project overall	22
6. Summary of the evaluation	25
7. Future recommendations	26
8. Conclusion	27
9. References	27
Appendix 1 - Quality Assurance Process	28
Appendix 2 - Workshop event lesson plan	31

About the Institute of Health Visiting

The Institute of Health Visiting is a UK Centre of Excellence for health visiting, supporting the development of universally high-quality health visiting practice. Our aim is supporting excellence and consistency in practice, to improve health outcomes for all children, families and communities. As part of our portfolio, we offer a range of contemporary, acclaimed training programmes, developed in collaboration with some of the country's leading subject experts. We have earned a reputation for the high quality of our programmes, which have proved hugely popular as evidenced in our delegate evaluation and feedback.

Acknowledgements

The iHV is grateful for the support, advice and input of the many individuals who worked collaboratively with us throughout all stages of this project. This included The Burdett Trust for Nursing for the funding, parents and practitioners for their valuable insights, the individual contribution of steering group members, and the hard work of the dedicated iHV team including our wonderful admin team. We would also like to thank the animation company Fettle. And finally, we would like to thank the health visitors who attended the awareness events for their important contribution and commitment to raise the awareness of understanding behaviour and changing conversations with their colleagues, supporting the sustainability and ongoing success of the project.

Executive summary

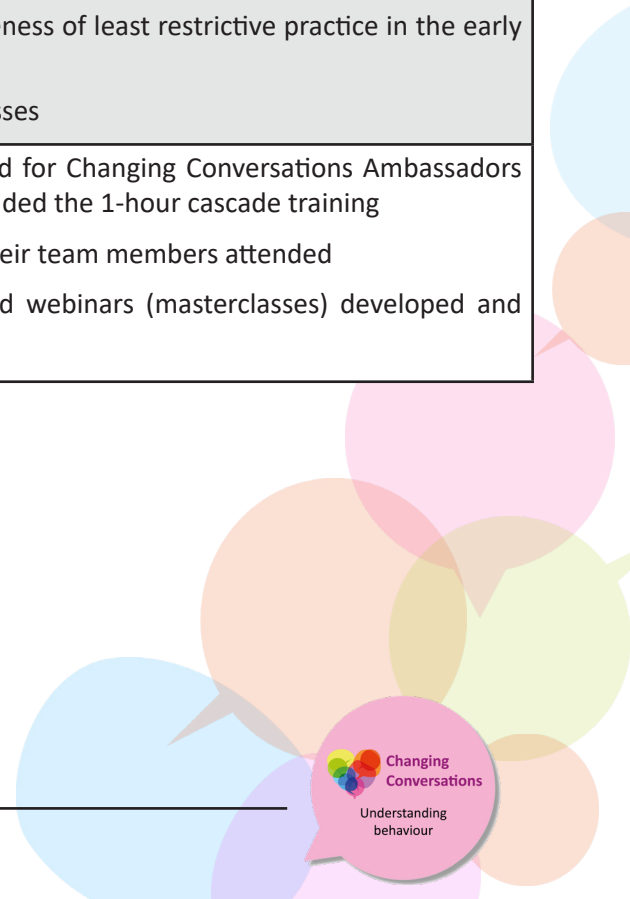
This project, supported by a grant from The Burdett Trust for Nursing, aimed to raise health visitors' awareness of the practical and ethical issues of restrictive and restraining practices in the early years and to promote the importance of respectful, positive behavioural support strategies that safeguard the rights of young children with disabilities. Improving health visitors' awareness and confidence in this area of their work will enable them to support and encourage parents to implement positive behavioural strategies with their children from an early age and avoid restrictive practices which can become difficult to change once embedded.

Identifying, understanding and supporting non-restrictive practice is not part of a health visitor's general training and there are few resources available for health visitors to help them in this specific aspect of their role.

Developing evidence-based resources for health visitors will support health visitors to improve their knowledge, skills and confidence in identifying and supporting children and their parents in this area of practice.

Project deliverables	Achievement
Development and dissemination of a National Survey to health visitors to determine current understanding, knowledge, confidence and training needs about restrictive practice in the early years, to inform baseline and training development	<ul style="list-style-type: none"> ✔ 158 health visitors responded ✔ Full Insights report produced ✔ Confirmed a general lack of health visitors' knowledge, skills and confidence in this area and the need for training and key topic areas to be addressed
Development and dissemination of a National Survey by The Challenging Behaviour Foundation to understand the views of parents/carers and support the development of resources	<ul style="list-style-type: none"> ✔ Purposive sample - 113 parents/ carers responded ✔ Survey report produced ✔ Key themes informed the development of the resources and training experiences of health visitor
Insights from parents/carers focus group led by The Challenging Behaviour Foundation	<ul style="list-style-type: none"> ✔ 4 parents/carers attended from across England ✔ Focus group report produced ✔ Key themes informed the development of the resources and training materials for health visitors

Project deliverables	Achievement
<p>Establish Steering group to ensure the project meets its objectives and a co-production group to gather experiences and identify current practice and critical challenges for families</p>	<ul style="list-style-type: none"> ✔ Steering group established with membership including: <ul style="list-style-type: none"> • parents of children with special educational needs • health visitors • early years workers • The Challenging Behaviour Foundation • The Sleep Charity • NHS England & NHS Improvement ✔ Co-design group established with membership including: <ul style="list-style-type: none"> • 3 parents • 5 health visitors • 1 expert charity ✔ Both groups were involved in reviewing and contributing to resources development throughout the project
<p>Scoping of current evidence base for restrictive practices and managing behaviour in the early years</p>	<ul style="list-style-type: none"> ✔ Literature review completed ✔ A-Z of resources produced ✔ Full Insights Report completed - pulling together the findings of the surveys and focus group, which identified the key themes to inform the development of the resources and training experiences of health visitor
<p>Development of resources and animation through co-production, accessible to health visitors via the iHV website</p>	<p>Resources to support practice included:</p> <ul style="list-style-type: none"> ✔ Literature review ✔ A-Z library ✔ Film of parent journeys ✔ x3 Good Practice Points ✔ x3 Top Tips for Parents ✔ Animation raising awareness of least restrictive practice in the early years ✔ Pre-recorded masterclasses
<p>Develop and deliver 4 half-day workshops for health visitors in specialist roles (SEND, HV for disability) and share resources through a series of webinars</p>	<ul style="list-style-type: none"> ✔ 4 virtual workshops held for Changing Conversations Ambassadors or those who have attended the 1-hour cascade training ✔ 73 health visitors and their team members attended ✔ A series of pre-recorded webinars (masterclasses) developed and shared



Project deliverables	Achievement
Evaluation and impact	<ul style="list-style-type: none"> ✓ 94% of participants completed the pre-evaluation questionnaire ✓ 93% of participants completed the post-evaluation questionnaire ✓ Masterclass evaluation is ongoing ✓ 100% of health visitors reported that they would recommend the training to a colleague ✓ There was an overall increase in health visitors' understanding, knowledge and confidence, about restrictive practices in the early years ✓ The key themes of the feedback highlighted the importance of being family focused, sharing leaning with colleagues, and continued professional development.

Future Recommendations

Whilst the objectives of this project were met, there are also specific project findings that highlighted the need for further training and resources in this topic area, including:

- Regular updating of these project resources to maintain their relevance by incorporating new evidence and policy and for quality assurance purposes
- Extending the reach of the resources by raising awareness with different audiences who work with families across health and social care services, including awareness sessions for Early Years workforce, children centre workers, family support workers and school nursing workforce
- Embedding trauma-informed practice into health visitor training to improve understanding of parental capacity for change
- To address the identified need for additional material to support health visitor practice by including more in-depth discussion and practical support on:
 - » Sleep
 - » Children with SEND/Autism/sensory needs
 - » Managing challenging behaviour

1. INTRODUCTION AND BACKGROUND

This report provides a summary of the stages of the “Changing Conversations – Understanding Behaviour” project delivery, from scoping through to development of the resources, delivery, and dissemination. We also present our key findings from the evaluation and make recommendations for future sustainability.

There are just over 40,000 children in England with learning disabilities (LD). These children are at greater risk of behavioural problems, compared to neuro-typical children, by the time they are 3 years of age (The Challenging Behaviour Foundation – CBF¹).

The Green Paper on Prevention² supports early intervention as a strategy for resolving problems quickly and preventing poor long-term outcomes. Early intervention (primarily through parent training) for childhood behaviour problems (where a child does not have a learning disability) is recommended by the Early Intervention Foundation³. The CBF¹ calls for programmes of work to develop more specific capability, to identify and respond rapidly to challenging behaviour by health visitors (HVs), GPs, and Early Years Practitioners.

HVs need to be aware, and confident, to encourage positive behavioural strategies from an early age. HVs provide leadership for delivery of the Healthy Child Programme 0-5 and work with partners to deliver a comprehensive programme of support to babies, young children and their families. “The Early Years High Impact Area 6: Ready to learn and narrowing the word gap”⁴ sets out the central role of HVs in child development. However, identifying, understanding and supporting non-restrictive practice is not part of HVs’ general training and there are few resources available for HVs to help them in this specific aspect of their role. Developing evidence-based resources for HVs will support HVs to improve their knowledge and skills in identifying and supporting children and their parents. Promotion of the principles of Positive Behavioural Support (PBS) will support HVs working with all families.

This project, supported by a grant from The Burdett Trust for Nursing, aimed to raise HVs' awareness of restrictive and restraining practices as a practical and ethical issue in the early years, and to promote the importance of respectful positive behavioural support strategies that safeguard the rights of young children with disabilities.

2. SUMMARY OF SCOPING TO INFORM THE DEVELOPMENT OF RESOURCES

2.1 Approach and method

iHV development projects embrace the principles and practice of co-production between professional and academic experts and parents as equal partners. To support the development of the resources for health visitors, it was essential to work in partnership with parents and key stakeholders - therefore, a model of co-production was adopted from the inception of the project. We utilised these methods throughout this project and worked with parents, health visitors, The Challenging Behaviour Foundation (CBF), The Sleep Charity, NHS England and London Early Years Foundation (LEYF) to gather insights to shape the final resources and workshops.

The project was led by a Steering Group comprising:

- Vicky Gilroy, Victoria Jackson, and Alison Morton (iHV)
- Jacqui Shurlock and Siobhan Humphreys (The Challenging Behaviour Foundation)
- Vicki Dawson (The Sleep Charity)
- Siobhan Gorry and Kelly Taylor (NHS England & NHS Improvement)
- Maria Goncalves (London Early Years Foundation Nursery)
- Kath Bromfield (Parent and Pathway Associates)

Engagement with these stakeholders was achieved using a Patient and Public Involvement (PPI) approach which included the following activities:

Baseline survey of health visitors' knowledge and understanding of restrictive practices in the early years	✓ 158 health visitors completed the survey during July and August 2020
National survey with CBF to gather views of parents/carers and support the development of resources	✓ 113 parents/carers completed the survey during August and September 2020
Insights from parents/carers' focus groups	<ul style="list-style-type: none"> ✓ Three were biological parents and one was a foster carer for 0-2 years, whose son with challenging behaviour (now 13-years old) was adopted. Two gave last minute apologies ✓ The family carers came from across England (Oxford, London & Greater Manchester) ✓ Ages of the children at the time of the focus group ranged from 7-years old to 13-years old ✓ Children had a range of diagnoses including Autism Spectrum Disorder (ASD), Attention Deficit Hyperactive Disorder (ADHD) and Foetal Alcohol Spectrum Disorder (FASD)
An "Experience-Based Co-Production" workshop to gather experiences of Restrictive practices as a response to challenging behaviour and identify key themes during the early years	9 people attended the December meeting: <ul style="list-style-type: none"> ✓ 3 parents ✓ 5 health visitors ✓ 1 expert charity

Map 1 shows the geographical spread of those who completed the health visitor survey, attended the focus group and co-production workshop.

The insights gathered from each of these approaches aimed to guide the development of the digital toolkit and 4 national events.

Map 1:



2.2 Key findings and recommendations from the insights and scoping

The insights gathered from the surveys and the parent focus group indicate that knowledge and skills are essential to support implementation of best practice. However, these alone are insufficient without consideration of the wider organisational and contextual factors which support embedding of practices as “business as usual” - these factors included sufficient time to build relationships, elicit needs, and support behavioural change using an approach which is personalised to individual needs, and the importance of organisational support and processes to ensure continuity of care. These factors were deemed essential to support health visitors to put their knowledge and skills into practice in ways that families find helpful. The key recommendations from the scoping were:

- a. Resources for professionals and families should emphasise the need for strengths-based support and the importance of understanding how and why challenging behaviours occur.
- b. Resources should: support the recognition of practices as ‘restrictive’ from a child-right’s point of view; challenge default justification of restriction or restraint in the context of age, development, risk of harm to self or others, impact on parents and the wider family / network and cultural expectations.
- c. Health visiting and wider support services should provide opportunities for families and children to be observed, listened to and reviewed to enable the early identification of challenging behaviours. HVs play a crucial role in linking families who would benefit from additional support with the services which provide more specialised help, through timely referrals which avoid unnecessary delays. HVs should avoid a ‘refer-on and desert’ approach and should maintain ongoing contact with the child and family through locally accessible and responsive support.
- d. Health visitors should be aware of the behavioural signs of developmental disorders, such as the emergence of autistic tendencies or sensory processing difficulties.
- e. Health visitors should be familiar with the range of positive support strategies as alternatives to restrictive practices.
- f. Promote key supportive relationships by ensuring that HV services are organised to afford the kind of continuity and consistency that will elicit need, broker engagement and bring about change. Continuity of practitioner is an essential component of effective support for all (‘universal’) families, and in particular for families with additional needs.

- g. Child and family health reviews at 1-year and 2½-years of age should be undertaken by a Specialist Community Public Health Nurse (SCPHN) – health visitor or, if delegated, by team members equipped with knowledge and skills to assess the roots of challenging behaviours and support adoption of positive behavioural approaches.

The insights from the co-production activities enabled the project team to co-produce, with parents, the topics and types of resources to support health visitors in their role supporting families to understand their child’s behaviour and use the least restrictive approach to behaviour management. The outputs from the project include full reports with the findings of the two surveys and focus group, and a report summarising the scoping and insights from all three reports, contact projects@ihv.org.uk if you would like a copy of these.

3. RESOURCE DEVELOPMENT

3.1 Imagery

The imagery for the project was important to ensure that it reflected the Insights gathered and the need for positive conversations. During the co-production work it was recognised that promoting the use of least restrictive practice and understanding that challenging behaviour is a form of communication, which built directly on another iHV project funded by the Burdett Trust for Nursing. This was the “Changing Conversations” ambassador training which aimed to raise awareness of the needs of children with autism and their families through positive messaging and conversations.

The imagery created for Changing Conversations can be seen in Image 1; the heart represents that conversations about autism should be positive and also the love that families have for each other. The heart is made up of a spectrum of coloured speech bubbles again reflecting conversations and that autism is a spectrum condition, and therefore every child and family are unique individuals with different support needs. For further information on the Changing Conversations project, please access the full report available [here](#).

Image 1:



Once it was agreed that the Changing Conversations imagery effectively represented the insights and scoping from this project, it was further developed to differentiate it from the image used solely for autism and to include all families and conditions. The insights and scoping highlighted that whilst restrictive practice was used to manage behaviour, it effectively ignored the root cause of the problem which the child was communicating through their behaviour. Managing behaviour in this way, without addressing the underlying need, would leave this unresolved and therefore more likely to reoccur. Due to this, it was felt that the focus of the project and resources needed to be ‘understanding behaviour’. If behaviour is understood, interventions and strategies can be put in place to reduce the need for restrictive practices. The imagery created can be seen in Image 2.

Image 2:



3.2 Animation and supporting resources

The grant proposal stated that resources would be developed in a variety of formats for parents/carers and practitioners to support behaviour management with a focus on the following areas:




- Minimising the use of medication for sleep management (chemical restraint)
- Reducing restrictive practice for managing tantrums/meltdowns and promotion of respectful positive behaviour support techniques for dealing with challenging behaviour
- Reducing the use of unnecessary restraint for giving medication/treatment to young children and minimise covert administration of medication



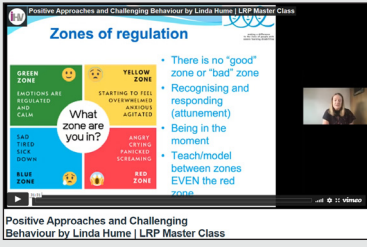

The bid had also stated that it would achieve this by creating the following resources using a rapid cycle improvement methodology, to pilot and refine the resources with health visitors and parents/carers:

- An awareness film
- Top Tips for parents
- Good Practice Points
- A –Z of evidence-based resources
- Examples of positive behaviour support approaches

Each resource was co-produced based on the themes elicited from the PPI strategy; they were co-authored with subject experts and peer reviewed by health visitors and parents to ensure they met the requirements of their intended audience. All the external links and resources that were incorporated into the final suite of resources were reviewed using a robust quality assurance process, which included reviewers from the iHV, at least one subject expert, a health visitor and parent, see Appendix 1. All resources aligned with national guidance/policies and were evidence-driven, thereby ensuring that health visitors and families could access them with peace of mind that the resources were safe and trustworthy. Table 1 gives further details on the resources developed.

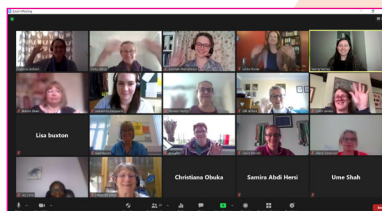
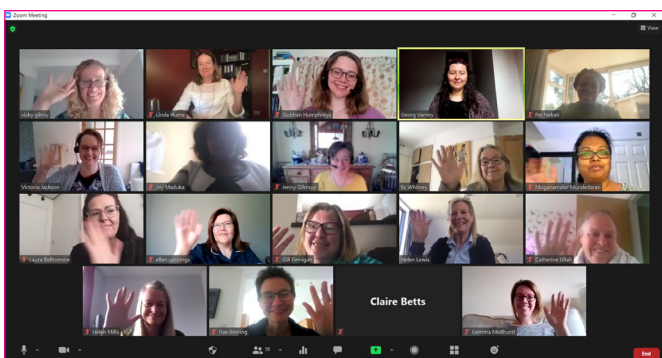
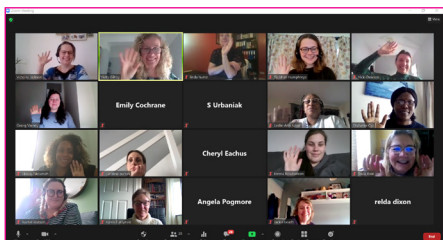
Table 1:

Resource	Description
Literature and policy review 	✓ The least restrictive practice literature and policy review was collated to support health visitors in their practice with families. It consists of reports, policies, articles and literature covering aspects of restrictive practice including health, education, behaviour and sleep.
A-Z of useful resources and organisations 	✓ The resources were selected following a strict quality assurance process and have been recognised as being useful to parents and health visitors. The A-Z is a collection highlighting specific resources which may be of benefit to some families and/or professionals.
Good Practice Points 	✓ Supporting sleep habits in children with additional needs ✓ Trauma aware and trauma-informed practice: Working with families ✓ What is positive behaviour support and how can it be helpful?

Resource	Description
<p>Top Tips for parents</p> 	<ul style="list-style-type: none"> ✔ Supporting sleep habits in children with additional needs ✔ Positive behaviour support and how it can be helpful ✔ How to look after yourself when your child's behaviour challenges
<p>Animation</p> 	<ul style="list-style-type: none"> ✔ A short 5-minute animation from the parent's perspective, raising awareness of what restrictive practices in the early years may look like and how early intervention can improve life outcomes
<p>Masterclasses</p> 	<ul style="list-style-type: none"> ✔ Positive Approaches and Challenging Behaviour by Linda Hume, PBS workshop coordinator ✔ Positive approach to sleep management by Vicki Dawson, CEO and Founder of The Sleep Charity ✔ STOMP-STAMP and how the principles apply to health visiting ✔ How to support parents to give medication in the least restrictive way
<p>Reports</p> 	<ul style="list-style-type: none"> ✔ iHV - Least Restrictive Practice: Health visitor survey report ✔ CBF - Experiences of and responses to challenging behaviour in young children: results of family carer survey ✔ CBF - Focus Group with Family Carers ✔ iHV - Least Restrictive Practice: Summary of the insights from parents and practitioners ✔ Final project report

3.3 Workshops

The project aimed to deliver four national training events to raise awareness and introduce the resources. The programme was structured to support the maximum use of the resources to inform practice. Once the four workshops had taken place, the attendees were given access to the resources and over the course of a month, each week a different masterclass - this was to ensure that they would not be overloaded with information and gave them time to watch each masterclass.



4. DELIVERY OF WORKSHOPS

The workshops were initially offered to Autism Changing Conversations Ambassadors and the people that had attended the 1-hour cascaded awareness session. This approach was taken as they have already received training on the importance of language and ways to communicate with families. They were also prioritised as they had a specialist interest in working with children with special education and disability needs (SEND), who are more likely to have behaviours in which restrictive practice may be used. Any remaining places were offered by direct emails to iHV members, and the remaining free tickets were “sold out” within 3-hours of advertising. The workshops were limited to 20 participants per session, this was agreed by the steering group due to the sensitivity and emotive nature of the topic. The workshops required personalised facilitation to meet the needs of the attendees and to ensure that the practical and ethical issues of restrictive and restraining practices in the early years were fully understood, alongside the context of this work within health visiting practice. In particular, why this is part of the health visitor’s role to support families with understanding their child’s behaviour, using positive approaches rather than managing it using restrictive practices.

- A total of **73** health visitor team members attended the workshops, with attendance from England, Scotland and Wales, although none from Northern Ireland; see map 2 of where attendees came from and Table 2 for job role of attendees.
- The events were co-delivered by Vicky Gilroy (iHV), Victoria Jackson (iHV), Vicki Dawson (The Sleep Charity), Siobhan Humphreys and Linda Hume (The Challenging Behaviour Foundation). A parent, whose video was shared as part of the workshop, also attended the final workshop.
- In preparation for the workshop, all attendees were sent information on the training and expectations of a virtual training event. They were also sent a pre-session evaluation form to complete.

Map 2:



Table 2:

Job role	Number attended	% of overall attendees
Health Visitor	45	62
Specialist Health Visitor - SEND	7	10
Community Nursery Nurse	7	10
Student Health Visitor	4	5
Health Visitor Team Manager/Lead	4	5
Service Manager/Lead	4	5
Clinical Practice Lead	1	1.5
Specialist Health Visitor - Perinatal and Infant Mental Health	1	1.5

- The aims of the workshop were to raise awareness of restrictive practices in the Early Years and the impact this has through the life course, with the objectives to:
 - » Understand what restrictive practice looks like in the Early Years
 - » Understand what challenging behaviour is communicating
 - » Consider other ways to support understanding what's behind behaviour
 - » Have an opportunity to network
 - » Introduce new resources to support practice

To achieve this, the attendees were provided with: background information about what restrictive practice is and how patterns developed in the early years have lifelong impact; the families' experiences; and the importance of helping them understand what their child's behaviour is communicating. This was achieved by showing the animation and two short films of a parent discussing her experiences. At the end of the event, attendees were provided with information on the resources and the masterclasses. See Appendix 2 for lesson plan of the awareness events.

- The masterclasses are 30-minute, pre-recorded webinars doing a deep dive into specific aspects of restrictive practices. Attendees are encouraged to watch the masterclasses and, in the comments section, leave a comment or question and complete a short evaluation. It is envisioned that this would provide an alternative interactive way to deliver learning to health visitors which could be accessed flexibly to accommodate their busy workloads and individual needs. The questions would then be collated and reviewed by the speaker to create an accompanying FAQ information sheet.

It should be noted that at time of writing the report, due to the ongoing evaluation of the masterclasses, the following resources are still in development:

- Top Tip for parents: How to look after yourself when your child's behaviour challenges
- Masterclass: How to support parents to give medication in the least restrictive way

5. EVALUATION

Evaluation is key to consider “what went well” and “what we could improve” in the future.

5.1 Method

- The pre- and post-questionnaires formed the main part of the evaluation, alongside an evaluation of the masterclasses
- Attendees were given access to the resources following the 4th workshop. This supported full participation in the evaluation process
- The masterclasses were released one at a time to allow flexibility in viewing and support completion of the evaluation
- The questionnaires focused on levels of confidence, knowledge, understanding and capability
- **94%** of participants completed the pre-evaluation questionnaire
- **93%** of participants completed the post-evaluation questionnaire, all participants were encouraged to complete the post-evaluations within 24hrs, after this time period they were then sent reminders to complete the post-evaluations
- Both pre- and post-questionnaires used the same 7 questions. Participants were requested to give a score between 1-4, using the values shown in Table 3. The post-evaluation also asked questions about the delivery of the events

Table 3:

1 = Not at all confident / No Knowledge
2 = Not so confident – have limited knowledge
3 = Somewhat confident – I feel that there are some gaps in my knowledge/skills
4 = Very confident / Very Knowledgeable - I am skilled in this area

5.2 Outcomes from delivery of training events

This next section provides an overview of the analysis from all pre- and post-training evaluation questionnaires from the combined workshops.

NB. Individual analysis of the four workshops has been undertaken but has not been reported here to maintain a concise reporting approach, please contact projects@ihv.org.uk if you would like more detailed analysis.

At the end of each of the four events, a quick poll was completed to get immediate feedback from the session. The responses were anonymised to reduce bias and encourage attendees to share their honest opinions, both positive and negative. Graph 1 shows the questions, and it can be seen that 100% of attendees responded positively.

Graph 1:



The comments left by the attendees at the end of the workshop also reflected the positive response, highlighting that they found the session informative and interesting and that they looked forward to accessing the resources and sharing it with colleagues.

“Thank you, great session, resources will be invaluable, and I plan to disseminate information within our service”

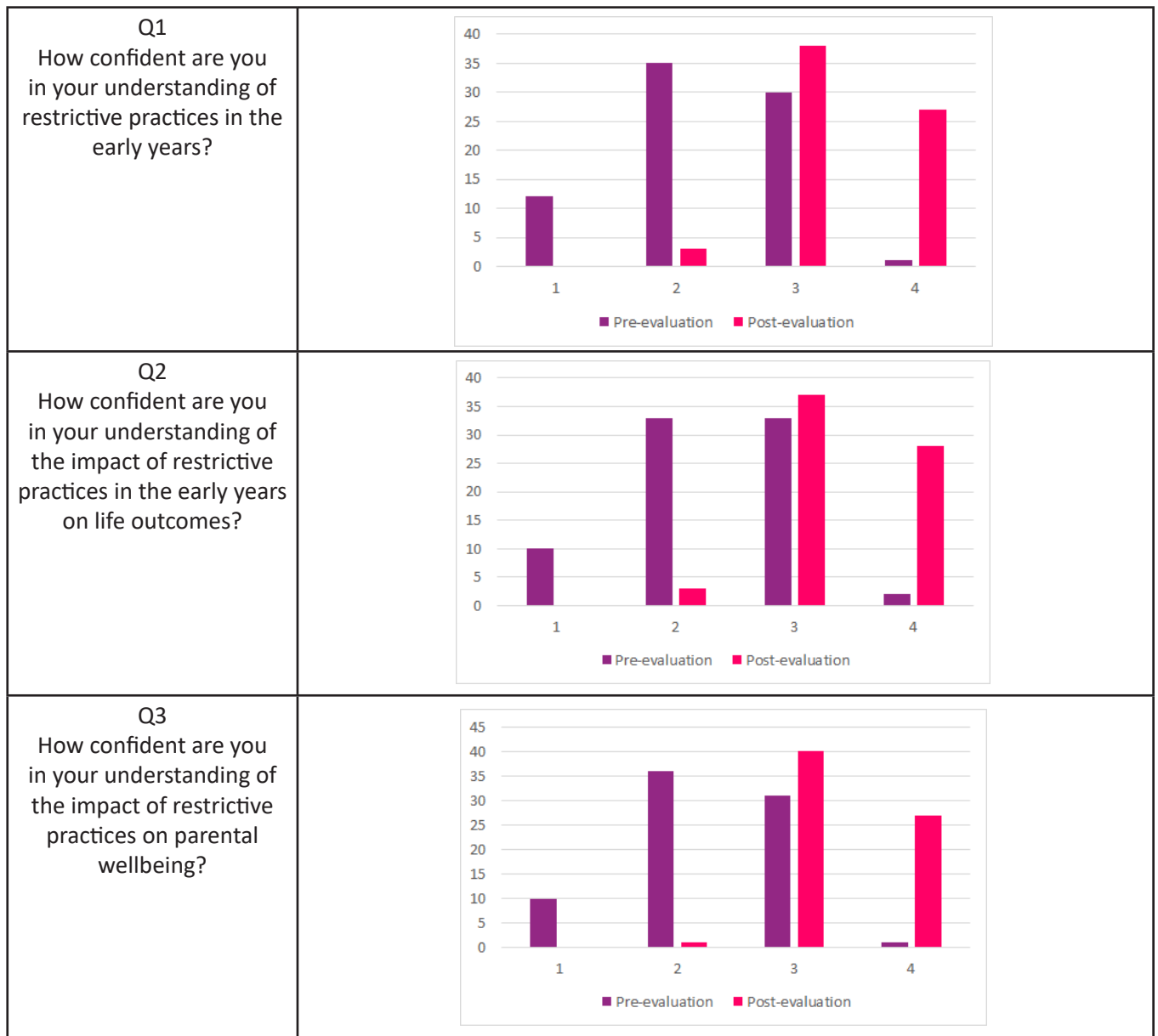
“As HVs we are often focused on safety and go for the obvious ways of maintaining safety which is not helpful to an individual child with sensory or other needs”

“Thank you for the session this morning, I found it very useful and am taking away lots of useful strategies and the importance of finding the reasons behind the behaviour.”

“Thank you for this session - very enjoyable. Loved listening to the lady speaking so positively about her experience of support from her HV.”

5.3 Quantitative feedback

The following graphs show the shift in understanding, knowledge, and confidence pre- and post-attendance at the workshop.

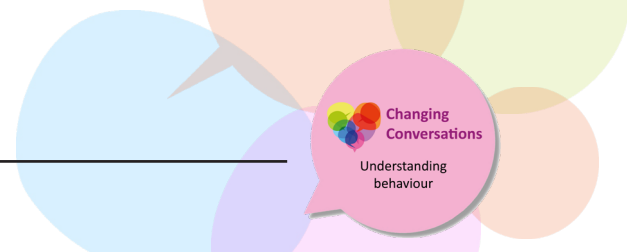


There was a significant shift in understanding of what restrictive practice is in the early years, its impact on life outcomes and parental wellbeing - with **58%** of attendees self-reporting low understanding before the workshop and **84%** self-reporting confident/very confident in understanding after the workshop.

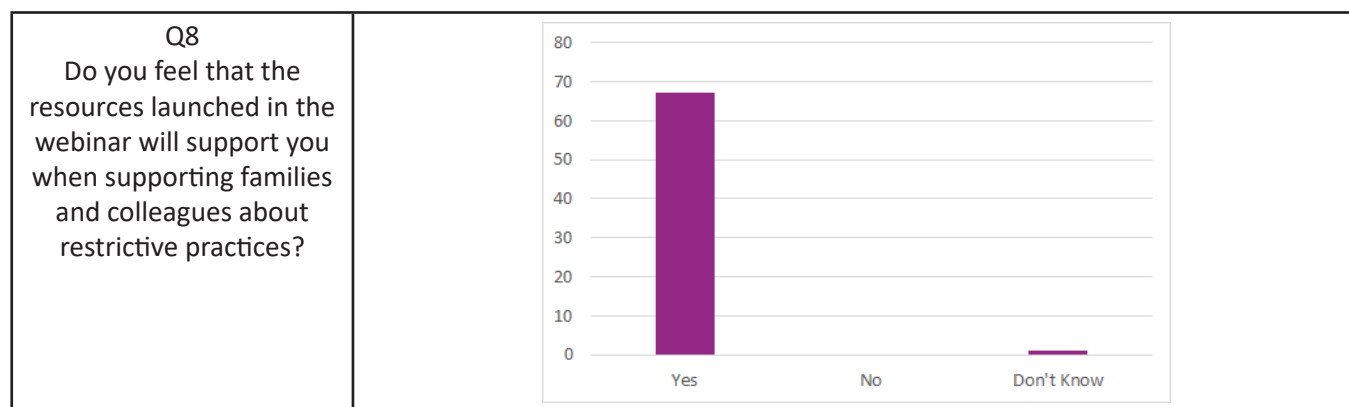
<p>Q4 How confident do you feel in having strengths-based conversations with families to support behaviour change and offer alternatives to restrictive practices?</p>	<table border="1"> <caption>Data for Q4: Confidence in having strengths-based conversations for behaviour change</caption> <thead> <tr> <th>Confidence Level</th> <th>Pre-evaluation</th> <th>Post-evaluation</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>5</td> <td>0</td> </tr> <tr> <td>2</td> <td>31</td> <td>3</td> </tr> <tr> <td>3</td> <td>37</td> <td>38</td> </tr> <tr> <td>4</td> <td>5</td> <td>27</td> </tr> </tbody> </table>	Confidence Level	Pre-evaluation	Post-evaluation	1	5	0	2	31	3	3	37	38	4	5	27
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A similar improvement in confidence of having strengths-based conversations with families can be seen, with **49%** of health visitors self-reporting low confidence in having strengths-based conversations before the workshop and **83%** self-reporting having a good to high confidence in having strengths-based conversations.

<p>Q6 How confident are you in your understanding of the impact of trauma on families who have children with additional needs?</p>	<table border="1"> <caption>Data for Q6: Confidence in understanding the impact of trauma</caption> <thead> <tr> <th>Confidence Level</th> <th>Pre-evaluation</th> <th>Post-evaluation</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>5</td> <td>0</td> </tr> <tr> <td>2</td> <td>26</td> <td>5</td> </tr> <tr> <td>3</td> <td>44</td> <td>36</td> </tr> <tr> <td>4</td> <td>3</td> <td>27</td> </tr> </tbody> </table>	Confidence Level	Pre-evaluation	Post-evaluation	1	5	0	2	26	5	3	44	36	4	3	27
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3	44	36														
4	3	27														
<p>Q7 How confident are you in your understanding of positive behaviour approaches to discuss with families?</p>	<table border="1"> <caption>Data for Q7: Confidence in understanding positive behaviour approaches</caption> <thead> <tr> <th>Confidence Level</th> <th>Pre-evaluation</th> <th>Post-evaluation</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>5</td> <td>0</td> </tr> <tr> <td>2</td> <td>26</td> <td>5</td> </tr> <tr> <td>3</td> <td>44</td> <td>36</td> </tr> <tr> <td>4</td> <td>3</td> <td>27</td> </tr> </tbody> </table>	Confidence Level	Pre-evaluation	Post-evaluation	1	5	0	2	26	5	3	44	36	4	3	27
Confidence Level	Pre-evaluation	Post-evaluation														
1	5	0														
2	26	5														
3	44	36														
4	3	27														



Again, there was a significant shift in self-reported confidence of understanding the trauma that families experience who have children with special educational needs and disabilities (SEND), from **40%** of health visitors having low confidence pre-workshop to **81%** having good to very good understanding post workshop. This was the same shift in understanding for discussing positive behaviour approaches with families.



All but 1 attendee, felt that the resources launched would help them to support families and colleagues about restrictive practices. This reflects the improved understanding that the workshop gave the attendees. One attendee responded with don't know - as the attendees were only told about the resources at the workshop, it is reasonable to expect that they will not understand their full impact or how they can support practice until they have reviewed the resources fully.

5.4 Qualitative feedback

The attendees were asked how their practice will change following what they had learnt in the workshop. Their response fell into 4 main categories:

- Sharing their learning and the resources with colleagues and other professionals they work with
- Being more family focused
- Improved awareness of restrictive practices and the need to challenge
- Continue to develop their own knowledge and understanding of restrictive practice and the needs of the child and family

The next section of this report will describe these 4 points in more detail:

a. Sharing their learning and the resources with colleagues and other professionals they work with

Many of the attendees understood the importance of sharing what they had learnt, with both the teams they work directly with and those colleagues from other teams and disciplines. They want to share their learning to ensure that the messages about understanding the behaviour and not managing it with restrictive approaches are widely understood, and that parents are listened to, not judged.

"This has given me the confidence and the evidence base to challenge the decision making within my trust to ensure that we are supporting our families where we know there is a need and making children and their outcomes a priority instead of chatting about short staffing KPIs. It gives the evidence to present to commissioners. I will be pursuing this."

"Highlight with colleagues the importance of looking at the why's it happening - not just 'how do we stop it' in relation to challenging behaviour"

"This workshop has raised my awareness about something that I had not considered before and that I am aware my colleagues also do not understand."

"It has given me the confidence and evidence base to introduce the positive approach to my practice and this will change life for my colleagues and families as they will have understanding support and choice."

b. Being more family-focused

A large proportion of the attendees recognised the need to be family focused, this included supporting families whilst awaiting referral, earlier intervention and giving families alternative strategies to restrictive ones. However, it also includes a change in professional attitude, ensuring parents were listened to and their experiences validated. Families were encouraged to look at the child's communication and ask more about the background rather than the immediate behaviour that the child was displaying.

"Listening more to parents' experiences and not rushing to solutions. Try to understand the meaning behind the words and behaviours exhibited"

"I will reflect in action and be sure to listen to the parents, rather than tell the parents what I think."

"Think about how I support clients to think about restrictive/behaviour options. Be focused on the child's perspective and understanding."

"A more informal assessment of families with children with special needs and also I believe this will help with children who exhibit challenging behaviours who do not have a formal diagnosis"

"It has made me think about a more focused approach with the parents and the language around this support"

"Explore more parents understanding of their child's emotions"

"I will definitely look more at the way in which I approach some of the challenging behaviours with children and their families face. I feel I can improve my knowledge base around this to better support families to achieve more positive outcomes."

c. Improved awareness of restrictive practices and the need to challenge

Attendees described how they wanted changes in future practice and were now more aware of what restrictive practice looks like in the early years and the importance of challenging this with families and professionals.

"I will be more curious about restrictive practices used by parents such as overuse of pacifier and will consider whether this could indicate additional needs in the child, or for additional support to the parent."

"I have a much better understanding of what constitutes restrictive practice and feel able to support parents to use more positive strategies for long term benefit"

"This was a great addition to the training on ASD supporting families. Also, this was not an area I had considered before as something HV could support with"

"Challenge all restrictive practice."

"More alert and understand the impact of restrictive behaviours on parents and children."

d. Continue to develop their own knowledge and understanding of restrictive practice and the needs of the child and family.

The attendees commented that having access to the workshop and resources represented the start of their journey on this topic and although many reported that they had increased confidence and knowledge on the subject, they also highlighted the need to seek out further learning on the topic.

"I realised that my knowledge was better than I thought, this has given me more confidence to support other staff"

"Doing this training has encouraged me to look for further reading on restrictive practices to better support the families I work with"

"I will reflect on my own practice and understanding of this issue and seek to increase my knowledge and understanding further."

At the end of the evaluation the attendees were asked if they would like further training and/or resources in this topic - **39%** of the attendees said yes, 6% stated that either they didn't know, or they did not want further training. The remaining 55% had a wide variety of suggestions of further training on other related topics they would like, see table 3.

Table 3:

Topic	% requesting the topic
Sleep	10%
Children with SEND/Autism/sensory needs	9%
Practical advice on managing challenging behaviour	6%
Group work/ deeper discussion on topics	6%
Positive behaviour strategies and positive discipline	5%
Sleep (complex needs)	4%
Presentations with families who discuss how the intervention worked for them	4%
Eating/feeding problems	3%
Trauma-informed training	1%
Parental containment and emotional capacity	1%
How to influence providers and creating pathways and structure for HV service that is equitable and effective	1%
Early support	1%
How we support families where EAL (English as an Additional Language)	1%
Policy documents	1%
Update on LRP	1%
Hard to engage families/families with mistrust of professionals	1%
Working with young people's social and antisocial behaviour. Particularly with teenage parents	1%
Following a patient journey - from theory into practice - ideas and tips on responding to what we see happening - tailoring response to the need of the family	1%
Mental health and child development, including family health and wellbeing	1%

Although the sample size is small, the findings indicate that further teaching is wanted and required. Training on how to manage specific behaviours, particularly for children with additional needs, in relation to understanding behaviour with more interactive teaching, including group work to delve deeper into topics.

"make the session longer, so can look at more practical examples"

"I still don't think I understand positive behaviour strategies fully - I think that needed to be more basic"

"Possible update on this session would be great. Any new developments in the area"

"In-depth discussion on positive parenting. Practical support on sleep and behaviour support for children with additional needs"

"More in-depth feedback from parents on success with positive behaviour approaches that they had experienced"

"More animated videos with group discussion"

"Longer discussions on examples/case studies for positive parenting techniques and effects"

There was the option to leave any other feedback and comments on what the attendees found most useful. There were several comments stating it was "all useful" and there was nothing that they wanted to add.

"It was all excellent and each section gave me something I didn't know. I found the practical applications most helpful."

However, there were other comments and key themes which can be considered in future projects and learning development.

What attendees like	
TOPIC	COMMENT
Virtual Training	<i>"Excellent presentation and ability to do this by Zoom is really good as it opens up sharing information and training across the country which enables more support to all families"</i>
The opportunity for networking, with other members of the health visitor team and other areas of the country	<i>"Really great to network with HVs from other areas of the country"</i> <i>"It was so nice to join a workshop with fellow HVs & CNNs from across the country. Thank you for a very professionally delivered session"</i>
Hearing from the parent	<i>"Listening to the parent - this is always so helpful to challenge practice and consider parents' experience"</i>
Complemented the Changing Conversations Training about autism	<i>"Thought it fitted in really well post ASD changing conversations training"</i>
Having the child in the centre and thinking about what they want	<i>"All of it was really helpful, but I feel the information around supporting challenging behaviour was excellent ... Looking at it from another angle really helps me look at my practice and how I can make it better"</i> <i>"I loved the emphasis throughout the whole workshop on the needs of the child, rather than the focus on ineffective parenting - how refreshing!"</i>

What attendees like	
TOPIC	COMMENT
Watching an animation about the topic and discussing it	<p><i>"I really found the animated video very powerful and made me question if any of the families that I have worked with felt like this. ... after the training I made some phone calls to check in with them"</i></p> <p><i>"Loved the animation - restrictive practice - to think wider - loved the parent's voice"</i></p> <p><i>"The video as it made me understand the gaps in our profession in understanding the journey parents go through"</i></p>
Understanding that restrictive practice affects all children and families	<i>"It can be used in all situations not just for SEND children."</i>

What could be improved	
TOPIC	COMMENT
There was small minority who feel that parents/carers don't want to change	<i>"It is wonderful working with families who are able and willing to explore different techniques but sadly, in our particular area, there are a lot of our families that are looking for a quick fix and are either unwilling or not able to dedicate their time to put these things into practice. This appears especially so when there is a family with multiple siblings, no support from extended family etc etc"</i>
Some sections too long	<i>"Although it was impactful, I felt the talk on family trauma was too long. It is important that we recognise this as professionals, but practical advice would have been a better use of this time. I absolutely think the family trauma talk was useful, just a bit over long"</i>
Wanted more practical support	<i>"Would have like to know more on more to support parents with children that have sensory issues around food. Most parents in one way or another will force-feed their children"</i>
Would like follow-up support	<i>"Could do with coming back as a group to discuss individual cases- almost like an action learning set"</i>
Wanted it to be longer	<p><i>"Good speakers, I enjoyed the discussion from the parents too. Longer sessions needed"</i></p> <p><i>"I would have been happy for this training to have been longer to go into more depth as all topics discussed were really interesting and helpful"</i></p>

5.5 Evaluation of masterclasses

At the time of writing the report, the evaluation of the masterclasses is still ongoing. They are being released one at a time to enable the attendees to have time to watch each one and reflect on it as part of their continued professional development. Therefore, there is a small amount of feedback on the Positive Approaches and Challenging Behaviour masterclass by Linda Hume (The Challenging Behaviour Foundation) and the Positive approach to sleep management masterclass by Vicki Dawson (The Sleep Charity). The evaluation received so far has been overwhelmingly positive with **100%** of respondents saying that the masterclasses were relevant to their practice, the content was informative and will support their practice. They all also stated that 30-minutes was the right length of time for a masterclass and that they would recommend them to colleagues.

5.6 Feedback from the steering group

A short questionnaire was sent to the steering group members to provide feedback on our engagement, co-production approach and role in the project. This asked 5 questions:

1. Did you feel you were able to influence the development of the project?
2. Were you able to be involved in the creation of the resources?
3. Did you feel that your views were listened to?
4. Were you kept up to date with the development of the project?
5. Did the final resources meet your expectations of what the project was about?

1 = Did not meet your expectations, 5 = Exceeded your expectations.



100% of respondents answered yes for questions 1-4 and rated us **4.64 out of 5** for question 5 on their expectations of the project. All respondents also stated that they would work with the iHV again on another project.

"Great teamwork, really enjoyed working with you"

"I think it was very interesting to take part in this project and to get to know the work that is taking place in other services, and of course to be able to contribute with the early years views"

We are delighted that the engagement has been positive, and it reinforced the importance of co-production as a central component of effective projects which we will build on in the future.

5.7 Challenges to the project overall

As with all projects, there have been some challenges, specifically that the COVID-19 pandemic started during the project.

Table 4 on page 23 provides a summary of the challenges and mitigation that was taken.

Table 4:

Challenge	Mitigation	Outcome
Changing to virtual	<ul style="list-style-type: none"> iHV used one online platform Guidance sent to attendees on how to attend virtual training Events held at various times and days Mix teaching methods Breaks 	<ul style="list-style-type: none"> iHV developed competency in digital solutions Supported attendees to understand expectations of attending virtual training and how to prepare Allowed flexibility for attendees to attend around work pressures Breakout rooms, pre-recorded and live presentations, poems and parent voices offset "Zoom fatigue" Regular breaks ensured a healthy approach to screen time was taken
Health visitor redeployment and recovery	<ul style="list-style-type: none"> Live webinars changed to pre-recorded masterclasses Continued professional development (CPD) 	<ul style="list-style-type: none"> A healthy approach to screen time was taken and to allow flexibility for attendees to attend around work pressures Allowed for flexibility for attendees to cascade around work pressures Comments section available on masterclasses to allow participants to ask the experts questions Highlighted the importance of CPD during a national crisis to ensure families continue to receive the best possible care and health visitors have access to all the resources they require
Tech issues/recording	<ul style="list-style-type: none"> Pre-recorded sessions Event specific tech support Pre-event practice session and clear tech plan 	<ul style="list-style-type: none"> Ensure continuity throughout the events and, if any presenters were unable to attend due to COVID or internet issues, their presentation was not lost Ensured smooth running of the event and a point of contact for attendees if issues arose Allowed all members of the presentation team to understand all roles and detect any issues and resolve them before the event

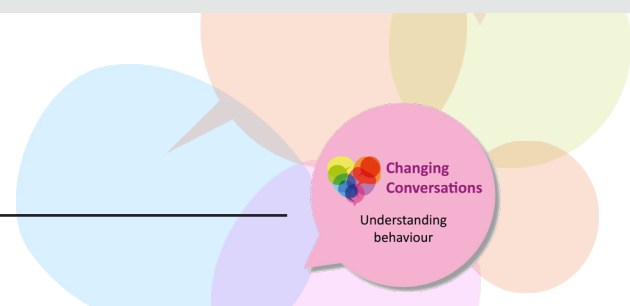


Table 4 cont'd:

Challenge	Mitigation	Outcome
Poor participant engagement	<ul style="list-style-type: none"> • Slow at completion of evaluations / providing feedback • Participants difficult to engage, they did not ask questions or comment during sessions 	<ul style="list-style-type: none"> ✓ The resources and workshops were designed with a flexible approach to mitigate workplace constraints ✓ The resources were released in a stepped approach to allow for time to review and reflect on learning ✓ Regular reminders were sent giving details about resources available and how to comment ✓ Places offered to those who already understand the importance of listening to parents and the specific needs of children with SEND ✓ Workshop size was kept small to enable group discussion ✓ Given details on how to contact privately if they did not want to share their views/questions publicly
Session too long	<ul style="list-style-type: none"> • The trauma session was too long and not enough time on the lived experience 	<ul style="list-style-type: none"> ✓ The pre-recorded session has been removed from the workshop and made available as part of the resources ✓ A shortened version of the talk given in the workshop, allowing for more time to be given to sharing the lived experience

Despite the mitigation that was put in place and how quickly the spaces for the workshops became full, the follow-up engagement from attendees has been limited and it is therefore difficult to provide a full evaluation of the resources. To avoid overload of information, the resources were released in a stepped approach, this also allows for feedback to be used to amend the new resources. The attendees were emailed on a weekly basis with information on the new resources released that week and a reminder to complete the evaluation on the masterclass to inform the context of the next. At time of this report's publication, less than 20% of attendees have completed the masterclass evaluation. It is unknown whether the lack of engagement is due to factors related to our approach at the iHV (for example, resources not meeting the need of the attendees, the evaluation process being too complicated, or a different post-event communication and cascade of resources being needed. Alternatively, the resources may have answered all the attendees' questions and therefore there are no gaps in their knowledge and limited motivation to provide feedback), or external factors, for example, due to workplace constraints or other competing priorities. A separate review of this project is needed to compare with previous projects to understand what may improve post-event engagement.

6. SUMMARY OF THE EVALUATION

The project achieved its aims to raise health visitors' awareness of restrictive and restraining practices and to promote the importance of respectful positive behavioural support strategies that safeguard the rights of young children with disabilities. This is evidenced by the project evaluation summarised below:

- i. Strengthening health visitors' awareness to promote a culture to challenge poor practice and champion the least restrictive and restraining practice in the early years.

The evaluations show that the attendees recognise that a change in culture is needed and are actively planning on sharing their learning with colleagues and parents to champion the least restrictive and restraining practice in the early years.

- ii. To increase health visitors' confidence to work with parents to support them to develop the skills to manage behaviour with least restrictive practice.

Attendees also reported an increased confidence in their knowledge and skills to support families. However, they also reported that they wanted additional training on specific areas including sleep, children with SEND, Autism and sensory needs, practical advice on managing challenging behaviour, and to have this in a way that involves group work in the format of an action learning set to enable the sharing of information and learning from experiences, allow for deeper discussion, as well as discussing individual scenarios.

- iii. Development of resources and practical guides on alternatives for parents/carers, which engage health visitors in the principles of "Positive Behavioural Support" (PBS) approaches to support best practice and build on learning from best practice and evidence from field experts to support the project aims.

This has been achieved with positive feedback on the materials available, with attendees specifically commenting on their confidence to use them with families as they are evidenced-based and have been quality assured. This was especially noticed in the evaluation of this element which showed an increased awareness and understanding in the evaluation. The attendees also liked the variety of the resources that included written, animation, and pre-recorded videos.

- iv. To complement the iHV's work developed as part of a separate recent award by the Burdett Nursing Trust to support health visitors' work with families with children who may be autistic.

The attendees who were Changing Conversations Ambassadors, or who had received the 1-hour cascade training, reported that this workshop and suite of resources successfully enhanced and built upon the knowledge, skills and confidence that they had gained through the iHV Changing Conversations around autism project and added extra value, as well as raising their awareness of a new area of support that families need.

7. FUTURE RECOMMENDATIONS

Recommendation	Possible solutions
Ongoing training for health visitors and their teams on understanding behaviour to reduce the use of restricted practice to manage behaviour in the early years	<ul style="list-style-type: none"> • Deliver an iHV Insights webinar to share the learning and launch the resources to our members • Obtain further funding to develop the workshops into full training • Explore funding options to develop other training within this area such as e-learning and webinars • Package the workshops into a training programme which health visitor services can purchase individually or for their teams – iHV to cover the development and web maintenance costs and then recoup this by making a charge for HVs to access the resources • Obtain funding to ensure resources are kept up to date and refreshed as needed
Further training and resources for health visitors, specifically on how to implement practical support in practice	<ul style="list-style-type: none"> • Ensure training going forward has a practical element in it, which includes a protected time within the session to practise it • Look for funding to develop further training on specific topics such as Sleep, Children with SEND/ Autism/sensory needs and practical advice on managing challenging behaviour • Investigate opportunities for sessions which allow health visitors to have an in-depth discussion on a topic and discuss specific example cases in an action learning set style
As COVID-19 restrictions reduce, consider how training will take place going forward	<ul style="list-style-type: none"> • Have blended approaches to training so that face-to-face training does not prevent health visitors attending due to restrictions in geography and travel • Have resources in a variety of formats to allow for sharing in both virtual and face-to-face training • Ensure that there is time built into all training for networking and sharing of experiences between participants
Improved health visitor understanding of the parent's experience	<ul style="list-style-type: none"> • Ensure that the family's voice is at the centre of all iHV training - giving clarity to their journey and experiences and informing resource development through co-production • Ensure that, as part of all iHV training, trauma-informed practice is embedded and how it impacts a parent/carer's ability to change or implement new strategies

8. CONCLUSION

This project has achieved its aim of raising awareness of restrictive practice in the early years and its impact throughout the life course. Having a mixture of workshops and masterclasses has worked well, although further evaluation of the masterclass format and methods for evaluation are needed.

The key impacts of this project are that it has:

- Increased reported capability in the health visitor workforce to support families to understand their children's behaviour and reduce restrictive practices when managing behaviour
- Provided evidence-driven, quality assured resources and an animation to support best practice and increase awareness of least restrictive practice in the early years
- Increased the reported confidence of health visitors to discuss restrictive practices with families, colleagues and other professionals
- Raised the profile of the role of the health visitor in supporting this important agenda

The need to consider the sustainability of the resource, its wider dissemination and the ongoing needs of children who experience restrictions are essential. We will continue to engage with key stakeholders to take this learning forward.

From the evaluation of the training and resources, the following recommendations are suggested:

- Regular updating of the resources to maintain the relevance and quality assurance
- Wider dissemination of the learning and resources to raise the awareness amongst different audiences, including: Early Years workforce, multi-agency training, school nursing
- Embedding trauma-informed practice into health visitor training to improve understanding of parental capacity for change
- Explore options to further develop the resources to increase their scope and provide more in-depth discussion and practical support on:
 - » Sleep
 - » Children with SEND/Autism/sensory needs
 - » Managing challenging behaviour

We would again like to thank the families, health visitors and experts from across the health and social care system who generously shared their time and expertise to support this project.

9. REFERENCES

1. The Challenging Behaviour Foundation (2019) The Positive Behavioural Support (PBS) Information Pack for Family Carers. <https://www.challengingbehaviour.org.uk/wp-content/uploads/2021/02/pbsfamilycarerresource2019.pdf>
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3. Law, J., Chorlton, J, and Asmussen, K. (2017) Language as a wellbeing indicator. London. Early Intervention Foundation. <https://www.eif.org.uk/report/language-as-a-child-wellbeing-indicator>
4. PHE (2021) Supporting public health: children, young people and families. <https://www.gov.uk/government/publications/commissioning-of-public-health-services-for-children>

APPENDIX 1 - QUALITY ASSURANCE PROCESS

Quality Assurance Process for Resources

This guide provides the process for reviewing resources to form part of the training toolkits.

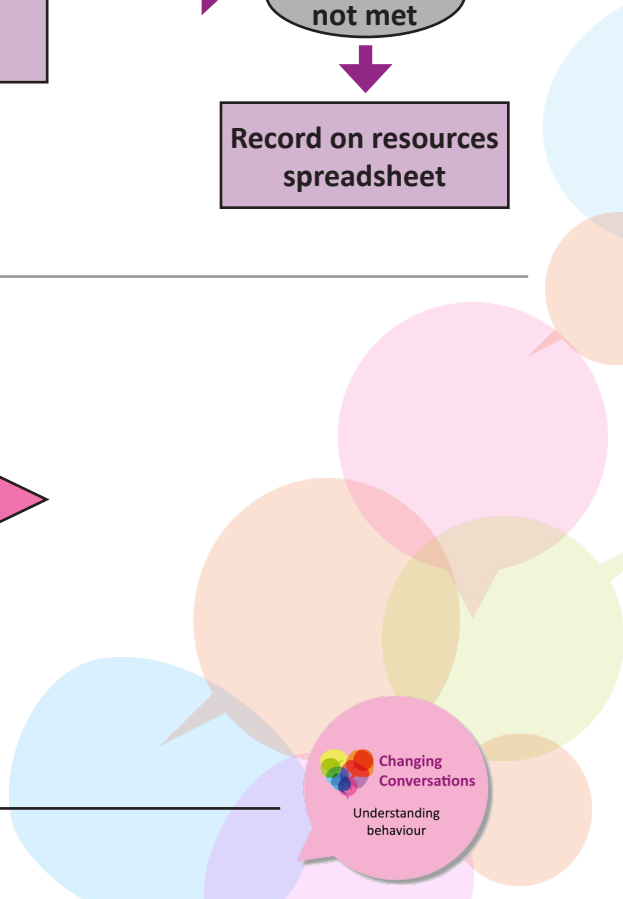
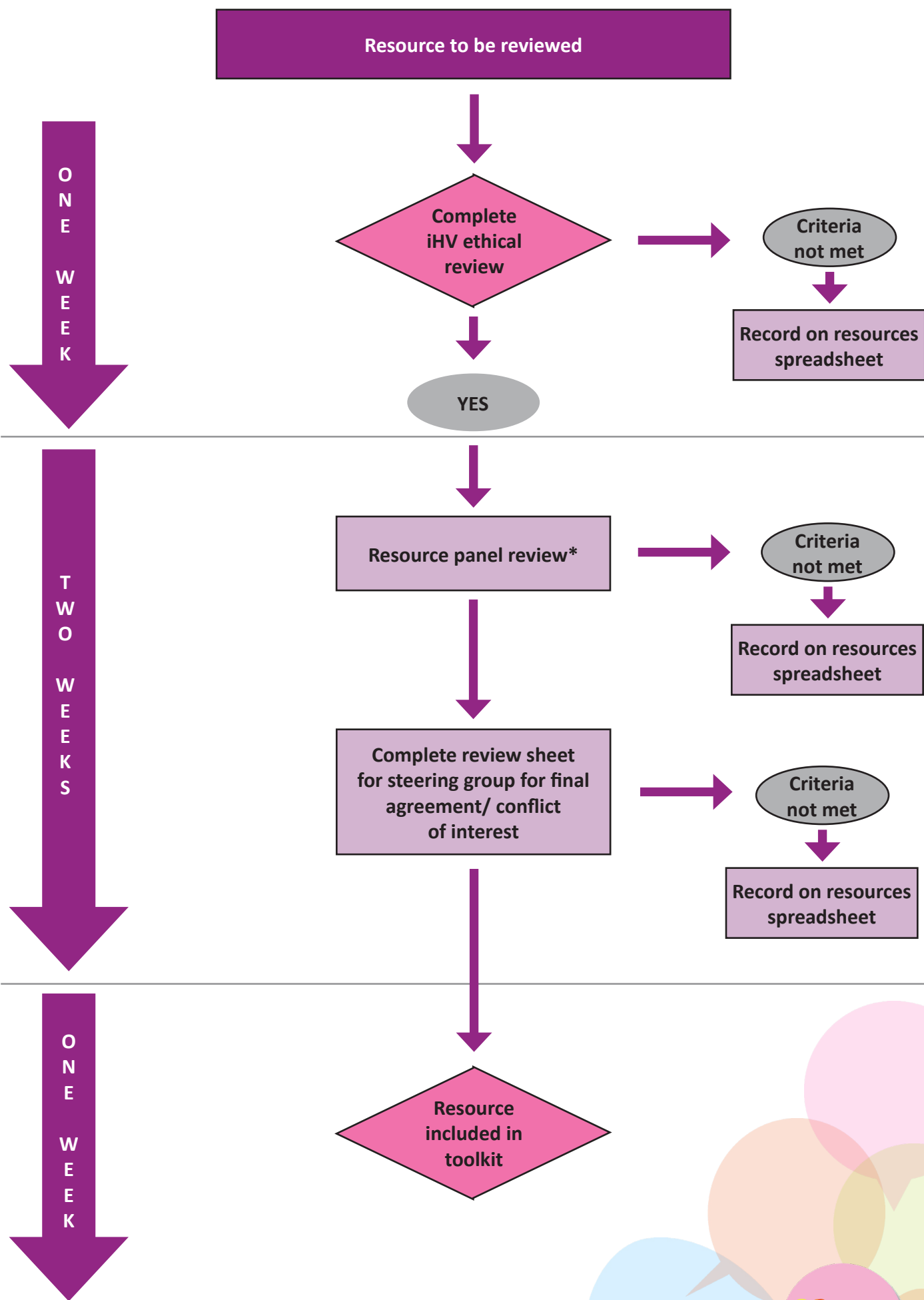
The resource to be reviewed will first go through the ethical review process completed by iHV project team, once the resources passes this stage it will then be reviewed by the resources review panel.

*Resources review panel

Panel members:

1. Parent from the co-design process
2. Subject expert/Steering group member
3. Health visitor

Review panel to each independently complete the review form available, via this link <https://bit.ly/35GIOay>.



The Institute of Health Visiting Quality Assurance of Resources Form

This form is intended to guide you through the QA process for resources to support projects and be included in publicised resources pack and on the iHV website

Assessor and Resource Details			
Name of Assessor			
Job Title (if appropriate)			
Name of Organisation (if appropriate)			
Title of resource to be reviewed			
Audience of the resource	<input type="checkbox"/> Professional	<input type="checkbox"/> Family	
Resource review by	<input type="checkbox"/> Parent <input type="checkbox"/> Health Visitor	<input type="checkbox"/> iHV team <input type="checkbox"/> Subject expert	
Structure of the resource			
Is the resource clear and easy to follow?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
Is the content clear and meaningful, in terms of the target audience?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
Is there an appropriate mix of materials?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
Does the resource use appropriate language that is non-discriminatory and inclusive?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
Assessment			
Does it advertise products or services for commercial gain?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
Does it provides advice and guidance	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Do not know
• Based on up-to-date research and evidence?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Do not know
• Based on experience of children and/or families?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Do not know
• Do you think it is appropriate for parents/carers?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
• Do you think it is appropriate for professionals?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
Is the resource suitable for those who are part of minority groups, e.g. BME, Gypsy, Roma and Traveller, Deaf and socially deprived communities?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Do not know
Is the resource suitable for all family members, e.g. the needs of fathers, same sex couples, parents with disabilities, children in care?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Do not know
Approval of resource			
Please expand on the answers as needed			
I confirm that I recommend this resource is included in the iHV toolkit	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
Assessors E-signature:		Date:	

APPENDIX 2 - WORKSHOP EVENT LESSON PLAN

Ambassadors for changing the conversation lesson plan			
Time	Activity	Resources and roles: Facilitator/Admin	Resources and roles: Delegate
09:20 - 09:30	Arrival, refreshments, networking	Check name badge on the zoom and register (and alter if needs). Meet and Greet Ask to write name, where from and hope - write in chat in one post Copy and save chat Check and respond to any technical challenges for individual delegates	Bring a cuppa
09:30	Welcome and introduction: inspire and energise! Housekeeping Overview of the day: Aims and learning outcomes	Slide 3 facilitator - introductions of the core team and state why here today Admin introduce role Slide 4-5 facilitator Housekeeping Q & A and hopes for the day say hello to the group Slide 6-7 facilitator aims and learning outcomes & brief overview of the project	Slides and participants
09:40	Sharing insights, why are we here?	Slide 8 Overview of the project – facilitator summary Slide 9-11 Insights from health visitors - facilitator summary Slide 12 Parent insights - Play pre-recorded session (3 minutes)	Slides
09:50	Awareness animation	Facilitator Introduce film – National Autistic Society (NAS) is here for Q&A Show pre-recorded session – (14 Minutes) Monitor chat for questions - Facilitate Q &A	Slides and play video
09:55	Group work	Facilitators introduce KIDS and film Insights from parents - show film (18 Minutes)	Group work
10:25	What is restrictive practice	Introduce group activity Into breakout groups x 5 random for 10 mins not facilitated Gather feedback one point from each group	
10:30	Sleep and restraint	Facilitator Introduce video (The Sleep Charity) Play pre-recorded session – (12 Minutes)	Slides and play video
10:40	Break	All have a comfort break play music	
10:50	Parent voice	Play video of parent voices (6 minutes)	Participants watch films
10:55	Positive behaviour approach	Facilitator Introduce video (NAS) Play pre-recorded session – (11 Minutes)	Participants watch films
11:25	Q&A	Facilitator Introduce video (Empowering Parents Empowering Communities and Parent) Play pre-recorded session (11.30 mins)	Participants watch films
11:45	Parent voice	Play video of parent voices (6 minutes)	Q&A
11:50	Introduce the resources and next steps	Introduce the resources - talk through and next steps iHV	Participants watch films
11:55	Summary close and evaluation poll	Chair's closing messages Promote the poll and reminder of evaluation survey	
12:00	Close		



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