<table>
<thead>
<tr>
<th><strong>Title</strong></th>
<th>Summary report on the inter-country adoption preparation “train the trainers” courses</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Authors(s)</strong></td>
<td>O'Brien, Valerie; Dempsey, Peggy</td>
</tr>
<tr>
<td><strong>Publication date</strong></td>
<td>2004-06-29</td>
</tr>
<tr>
<td><strong>Publisher</strong></td>
<td>Irish Adoption Board and HSE</td>
</tr>
<tr>
<td><strong>Item record/more information</strong></td>
<td><a href="http://hdl.handle.net/10197/3220">http://hdl.handle.net/10197/3220</a></td>
</tr>
<tr>
<td><strong>Notes</strong></td>
<td>HSE financed project as part of the Implementation of Standardsed Framework for Intercountry Adoption</td>
</tr>
</tbody>
</table>
Summary Report on the Inter-Country Adoption Preparation “Train the Trainers” Courses

Prepared for Mr John Collins,
CEO,
Adoption Board

Prepared by
Dr. Valerie O’Brien, University College Dublin and Ms Peggy Dempsey, SWAHB.

29 June 2004
Background Information
The provision of preparation courses for intending adoptive parents was integral to the Standardised Framework proposed and accepted for Inter-Country Adoption Assessment in Ireland. In November 2002 funding was made available by the Department of Health and Children to develop and provide ‘Train the Trainers’ for running these preparation courses. The aim was to increase/develop a pool of trainers to run the recommended courses for prospective adoptive parents.

- The need for this approach was identified, and came forward as one of the main recommendations from the National Conference on Inter-Country Adoption held in Kilkenny in April 2002;
- The standardised framework proposed that adoptive parents and social workers should co-work on the delivery of such courses together, and that the training should be standardised across the country;
- A “cascade” approach to delivering the training was proposed;
- Development and delivery of the training was undertaken under the auspices of the ICA Standardised Framework Implementation/Steering group

Purpose of This Report
The main purposes of this report are:
- To give overview of the state of development of the ‘train the trainers’ courses provided;
- To identify implementation issues/learning points derived from the initial stages of the training programme and to identify steps needed to mainstream this development.

Methodology used in preparing this Summary Report
The information on which this summary report is based is derived from a number of sources, all of whom were associated with the initial training. This includes formal and informal feedback from:
  - course participant evaluations;
  - course provider evaluations;
  - social work managers;
  - CEO of SWAHB (chair of steering group),
  - members of steering group.

The report also includes the observations of the authors of this report, Ms Peggy Dempsey, SWAHB and the external consultant to the project, Dr Valerie O’Brien, UCD.

The Implementation Approach
The development and delivery of this initial training programme is part of the overall implementation strategy for ICA assessment services. The strategy includes the following steps, after the acceptance of the Standardised Framework:
  - Establish an implementation structure
  - Access relevant expertise and support
  - Develop Course Content
  - Recruit the Initial Trainers
  - Deliver the “Train the Trainers” courses
  - Assist Health Boards to recruit adoptive parents and social workers as co-facilitators
- Train the co-facilitators
- Deliver Preparation Courses to potential adoptive parents.

**Philosophical Approach**

International practice demonstrates that satisfaction rates of course participants are high when preparation courses are co-run by professionals and adoptive parents. This philosophy was an integral part of the standardised framework for ICA assessment and preparation, which was adopted by Government in 1999, and was carried through for this training programme.

**Initial Steps**

Expressions of interest were sought from suitably qualified adoptive parent trainers and social work trainers. The request was circulated widely – to health board/ adoption agencies and to adoptive parent support groups. This model was viewed as positive by the majority of adoptive groups and social workers, and they were pleased with the direction of this initiative.

Interviews were held, and five trainers were selected to give a level of flexibility in the course provision. Many of the implementation issues had still to be worked out at this stage. Ms Ruth Kelly and Mr Frank Keating, (social workers) and Ms Marie Creedon, Mark Barbaroz and Ms Julie Kearns, (adoptive parents) were selected to take part in the initial training.

Dr Valerie O’Brien, UCD, provided a three-day training programme to the five successful participants. The arrangement agreed with the five participants was that they would be paid for their attendance at this course, but there was no guarantee that work would be available for any or all the trainers into the future. Many of the implementation issues and the design of the course programme were worked out in this context.

As it turned out, two of those trained in the initial batch, Ms Ruth Kelly and Ms Marie Creedon, provided all subsequent training courses. The assistance of the other three participants and their inputs at the initial stage is acknowledged.

**Overview of the Course**

The course aim is to train professionals and adoptive parents to co-run preparation courses. The New Horizon programme, used successfully in foster care, was influential in the model of training used.

The course is divided into six main sections, and is run over three days. The content involves participants receiving an initial input about training, and then starting to work on the six modules of the programme. The trainee group is divided into small working groups. Each group is given responsibility to present one module. This approach involves the group in:

- gaining familiarity with and synthesising the material;
- applying training approaches in course design; and
- delivering the module.

The other members of the trainee group provide a ‘real audience’ for each module presented, and in this learning environment, ‘training the trainers’ is accomplished.
The advantages of using this approach include:

- It is an effective method for training trainers;
- It assists persons who will co-train to be trained together,
- It provides familiarity with training material,
- It provides a safe environment for experience to be gained in training, for sharing experience and for improving skills.

Numbers Trained to Date
To date 27 social workers and 28 adoptive parents have been trained in four courses. All health boards, with the exception of the Southern Health Board and one community care area of Midland Health Board have participated in the training (See Appendix 1). The SHB social work manager declined the invitation to enable adoptive parent and social work staff participation in the training.

Course Size
Ideally, the trainee group should be no bigger than eighteen – twenty people. This number would maximise participants’ skills training opportunities. Two trainers are required to work with the group.

Key Issues which Arose

1. Mandate
There was some confusion among service managers as to the mandate for the training. The Chair of the Implementation Group, Mr Pat Donnelly, CEO, SWAHB sought clarification from HBs’ CEO group, which resolved that participation in the process was not optional, but reflected the direction that all health boards should go.

2. Fees for Adoptive Parent Participants
It took some time to reach the agreed stipend rate (€1,900 inclusive of all expenses) to cover costs involved in the preparing for the course, familiarisation with the course content, attendance at course, course review, travel, co-facilitated supervision (and any other additional training required) for the adoptive parent trainers. Negotiations involved HeBE, ERHA, Adoption Steering Group, the DoHC, the CEOs and finally to the ACE’s before agreement was reached.

3. Selection of Participants
Each agency was aware of their own service demand levels and the number of trainers needed to meet their annual service requirements. Recruitment and selection of adoptive parents and identification of professionals took place at local level. After this selection process, the selected people participate in the course. This recruitment and selection process was much slower than initially anticipated. Were it not for the assistance of the Principal Social Worker in the ERHA, who put forward many of the participants, the first course could not have taken place.

4. Budgets
In a number of health board areas, the extra cost of participation in the training had not been budgeted for, and this delayed and prevented the implementation.
5. **Driving the Work**
There was a requirement for very considerable efforts on the part of the authors of this report to drive the work and issues associated with the delivery of the training programme. This was probably because the training was perceived in some instances as external to health boards, and the voluntary nature of participation in the training.

6. **Course Delivery**
The course was designed around an intensive three days of work, delivered in a residential setting. Initially this posed difficulty for participants in balancing work/home commitments.

**Reflection on Issues**

1. **Positive Aspects**
   - The programme objective was achieved in that the cascade of steps outlined above were completed and the courses were delivered and a core of trainers is now in place across the country. This has extended to the delivery of co-facilitated preparation courses (SWAHB). There has been buy-in from all boards with the exception of the SHB;
   - The key role played by the adoptive parent and the social worker who stayed with the project for its duration cannot be overstated. They were highly-skilled and brought huge commitment to both the development and delivery of the courses. The SEHB, who released the social work trainer for the period, also made a great contribution to the training;
   - The type of co-training preparation courses envisaged in the standardised framework has been shown to work. A high degree of buy-in towards this philosophy was evident among practitioners;
   - A format, structure and content has been developed for the course which has been shown to work;
   - Recruitment of adoptive parents proved to be less difficult than originally anticipated and more adoptive parents put themselves forward than was initially hoped for. Good experience has been gained in the selection and recruitment of trainers;
   - The opportunity for social workers and adoptive parents to work together in a training capacity and to network in a social environment enhanced working relationships in an area that had been characterised by levels of difficulty and conflict.
   - The training provided an opportunity for both recently recruited adoption social workers and adoptive parents to gain skills in presentation and facilitation, and to have a chance to practice these skills.
   - The programme provided an opportunity for social workers to share knowledge and information about how they had developed the course, which had been issued as an outline in 2000. This reflects the high level of expertise and very good material available at local level, which is a resource to be tapped into and which can up-date the preparation course in the future.
   -
2 Weaknesses

- There was confusion over the mandate for the programme at local level, despite clear direction from the CEOs group;
- There was difficulty with information flow from the Project Steering Group to local level;
- The recruitment processes were slower than anticipated, and a number of scheduled courses had to be postponed;
- The level of knowledge of course content among some adoptive parents led to difficulty with implementing the co-training objective;
- There is a need to put skills and knowledge into practice, otherwise the learning may be forgotten, and skills lost;
- The aspect of supervisory structures to ensure quality standards was under-developed.

Taking the Experience Forward

It is suggested that it is necessary now to keep the momentum which has been generated as part of this programme moving forward to maximise the benefit of the money and effort which has been invested into the start-up of the programme. To date, there have been positive developments/benefits associated with the project as identified above. It is also necessary to address the negative issues which have emerged in moving forward. It is considered critical that the experience to date is not lost.

A number of specific issues are discussed below.

Costs
The co-facilitated preparation course will generate additional costs for the Intercountry Adoption Services in the health boards, and continued support and the necessary funding by the Boards/DoHC to maintain this model is essential.

Contract Issues
There is a need for a contract between the Boards and the adoptive parents, which reflects the self-employed nature of the arrangement but specifies the requirements in terms of quality of service, supervision and ongoing training.

Organisational
Principal Social Workers/Team Leaders from the Health Boards need to be briefed on the co-facilitation model and the implementation steps, including:
- Recruitment of social workers and adoptive parents;
- Training of social workers and adoptive parents;
- Adoptive parents need to sit in on full course to be familiar with course content;
- Adoptive parent and social worker work together on course preparation and provision;
- Supervision of adoptive parents and social worker on training issues;
- Ongoing training requirements for social workers and adoptive parents based on course participant feedback, trainer reflection and supervisory direction.
The place and role of the Adoption Board/ Adoption Authority in taking forward the implementation and overseeing of this area needs to be considered.

**Further Training**
It is suggested:

- That an opportunity/ forum is needed for social workers from the various different health boards who have developed and facilitated the courses to come together to exchange knowledge and information. This needs to be done in order that the best methods of training, ideas and dissemination of information can be collated and subsequently implemented in each local area.
- That further training is provided to social workers and adoptive parents on group work skills.
- That further training is provided to adoptive parents on the content of the courses.
- That a manual/ handbook be compiled which would bring together all the knowledge, information, techniques and training skills which were demonstrated both from the courses run to date. This would provide a comprehensive and detailed training manual which is relevant to Irish adoption.
- Principal Social Workers/Team Leaders from the Health Boards need to be briefed on the co-facilitation model. A one-day seminar needs to be organised for this purpose, so that issues which have been raised regarding supervision of the adoptive parent trainers and confidentiality can be dealt with consistently.

**Macro Issues**

- The change in the Health Board structures, with potential change in staff involved in the service, may impact on driving a national agenda in this field. As a counter balance, the potential exists for the Adoption Board/ Authority to act as the lead agency in this field;
- Issues relating to staffing levels and grades also tend to impact negatively on the delivery of the programme;
## Appendix 1

### Participants by Health Board Area

<table>
<thead>
<tr>
<th>Health Boards</th>
<th>Social Workers who participated in training</th>
<th>Adoptive parents who participated in training</th>
</tr>
</thead>
<tbody>
<tr>
<td>ERHA ICA Services</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td>Dartmouth Hse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Western Health Board</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>North Western Health Board</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>North Eastern Health Board</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Mid-Western Health Board</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Midland Health Board Laois/Offaly</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Midland Health Board Longford/Westmeath</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Southern Health Board</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>South Eastern Health Board</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>PACT</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>27</strong></td>
<td><strong>28</strong></td>
</tr>
</tbody>
</table>