



BWRDD PARTNERIAETH RHANBARTHOL
GOGLEDD CYMRU
NORTH WALES
REGIONAL PARTNERSHIP BOARD



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board



Dr Ceryl Teleri Davies

Oxford Brain Story Evaluation

Version 2, January 2024



CONTENTS

Report Section	Page Number
1. Background	3
1.1 Introduction	3
1.2 Project aims	3
1.3 Aims of training	3
1.4 Project plan	4
2. Evaluation Process	4
2.1 Purpose of evaluation	4
2.2 Ethical considerations	5
2.3 Data analysis	6
3. Findings and Analysis: Questionnaire	7
3.1 Introduction	7
3.2 Pre-Questionnaire analysis	8
3.3 Post-Questionnaire analysis	14
3.4 Summary: Overall analysis	19
4. Findings and Analysis: Focus Groups	22
4.1 Introduction	22
4.2 Theme 1: The potential impact of the OBS	23
4.3 Theme 2: Accessible metaphors and analogies	24
4.4 Theme 3: Key takeaway points	27
4.5 Theme 4: Future developments	29
4.5.1 Responding to the bespoke and diverse needs of families	29
4.5.2 Disseminating the key concept and tools of the OBS	29
5. Conclusion and Recommendations	31
6. Acknowledgement	32
7. Bibliography	33
Appendices	
Appendix 1: Training slides	34
Appendix 2: Pre-Questionnaire	35
Appendix 3: Post-Questionnaire	37
Appendix 4: Focus Group schedule	40
Appendix 5: Project governance structure	42
List of Figures, Tables and Charts	
Figure 1: Project Plan	4
Graph 1: Local Authority participants	8
Graph 2: Participant work sector	8
Pie Chart 1: Decision to attend the training course	9
Table 1: Motivations for attending the training	9
Figure 2: Learning goals word cloud	10
Pie Chart 2: Confidence in the course meeting your learning goals	11
Table 2: Course Topics	11
Graph 3: Knowledge on this topic	13
Graph 4: Relevance to work role	13
Graph 5: Helpful to everyday life	14
Graph 6: Impact on Skill Development	14
Pie Chart 3: Did the course meet your learning goals	15
Pie Chart 4: Did the course cover topic hoped to learn about	15
Graph 7: Knowledge pre and post training	16
Pie Chart 5: Did the course meet your expectations?	16
Table 3: Key takeaway points	18
Pictures 1 and 2	19

An evaluation of the Oxford Brain Story Training

1. BACKGROUND

1.1 Introduction

The Oxford Brain Story (OBS) is a narrative framework that shares key scientific knowledge about early brain development through tools, resources and a certification course, with the aim of building resilience in families and communities (<https://www.oxfordbrainstory.org/for-professionals>).

1.2 Project Aims

The aim of the North Wales OBS project is to enhance the understanding of how early years brains are formed in order to both support and promote positive development for all children across North Wales. Evidence reflects that healthy development in the early years provides the building blocks for educational achievement, economic productivity, responsible citizenship, lifelong health, strong communities, and successful parenting of the next generation. Therefore, the overall aim of the North Wales OBS project is to:

- encourage the building of healthy brains for lifelong health.
- improve the quality of life and emotional well-being for all children and adults.
- improve relationships at all levels and increase an understanding of why people react in certain ways.
- have skills and knowledge across our early years workforce to be able to mitigate adversity (trauma) and build resilience and positive engagement in all areas of life for children and their families.
- evaluate whether the OBS could be promoted and developed beyond early years services.

1.3 Aims of the Training

The half-day training (3.5 hours) focuses on the content format of outlining the OBS, including the Brain Architecture Game, the OBS training video clips, which include micro discussion sessions and reflections (see Appendix 1: Training slides). The overall aim of the training was to:

- increase knowledge and understanding of the importance of early years brain development and how this can enhance outcomes, health, well-being and quality of life for families.
- understand the science and research behind the strategies for building healthy brains (and put scientific concepts into a narrative that is salient to both expert and non-expert audiences).
- utilise this information to develop relationships at all levels (e.g. with children, parents, families, work colleagues etc).



1.4 Project Plan

The overall project plan is summarised in Figure 1 below:

Figure 1: Project Plan



Work with the University of Oxford to develop training sessions.



Develop a North Wales OBS pilot project to deliver training to six participants across each North Wales local authority.



Evaluate the North Wales OBS pilot, analyse the findings and disseminate the evaluation results.



Advance knowledge to inform the potential development of this project through key evaluation recommendations.

2. Evaluation Process

2.1 Purpose of Evaluation

The purpose of this evaluation was to answer the following question:

Research Questions

What is the quality of the North Wales Oxford Brain Story training pilot and should the training be rolled-out across services in North Wales?

The overall aim is to evaluate the uses, limitations and impact of the North Wales OBS training pilot.

The key objectives are focused on:-

- identifying the attitudes and views of training attendees pre and post the OBS training delivery sessions.
- exploring the perspectives of training attendees of the OBS training.
- undertake an analysis of the uses, limitations and potential impact of OBS training.
- advance knowledge to inform recommendations on the future development and dissemination of the OBS training across North Wales.

This evaluation offers the opportunity to measure the impact of the OBS training pilot across North Wales. Using a co-productive approach with the project advisory group, the evaluation was designed to focus on two key data collection phases.

Phase 1: Pre and post training questionnaire: with the aim of gathering the attitudes and views of training attendees pre and post the OBS training delivery sessions.

Phase 2: Focus groups: with the aim of exploring the perspectives of training attendees of the OBS training.

2.2 Ethical Consideration

The key ethical issues considered were, consent, confidentiality, anonymity, completing research activity online, safeguarding matters and safe data management. A professional and inviting approach was adopted throughout in order to encourage a positive attitude and response rate, whilst working closely with the Project Steering Group throughout the process. The data collection tools were all bilingual (Welsh and English) to ensure the 'Active Offer' of language choice was robust throughout.

Informed consent relates to the participants' rights to understand the research they are going to take part in. The paramount principle was the receipt of active, informed and recorded consent from all participants (professionals and parents/carers). This extended to, but was not exhaustive to the purpose, content and outcome of the evaluation. The questionnaire asked participants to provide consent by ticking a box at the start of the electronic questionnaire, which provided a gateway to participation, that is, they could only view/have access to the questionnaire after ticking this box (to consent to participation). This emphasised that their participation is voluntary, that consent will be assumed as a result of completing the questionnaire and that they could select at any time to stop completing the questionnaire. Data was anonymised at source so that participants could not be identified, with each participant allocated a participation code, so if they wished to withdraw their questionnaire answers could be easily removed from the data. It was highlighted that participants could withdraw from the evaluation up to two weeks post participation, without having to give an explanation and with the assurance that this would not impact on their work role in anyway.

For the focus group phase, active consent was discussed at the start of each focus group, which outlined the right to withdraw from the evaluation up to two weeks after participation without having to give an explanation or any repercussions. All focus groups were completed over the virtual platform Microsoft TEAMS, with each group discussion starting with a review of the rights of participants (consent, confidentiality, duty to report, anonymity, right to withdraw). Assurance was also given at the start of each focus that the interviewer was within a confidential and secure room that could not be accessed by anyone else (to disturb or listen to the discussion). The interviewer also used headphones to maintain privacy throughout.

Anonymity refers to the capacity to identify research participants by name or any other identifiable information. Assurance was given throughout that no identifiable information would be shared as part of the

final evaluation report. Confidentiality relates to the responsibility not to disclose information shared during the research process. The limits of confidentiality relating to safeguarding matters and the duty to report any concerns of the infliction of harm to participants or others was explicitly outlined as part of the consent process. It was agreed in advance with the Project Steering Group that confidentiality would be breached on a '*need to know*' basis if a child protection concern or risk of significant harm arose. Full consideration was given to any legal requirement as per Part 7 of the Social Services and Well-being Act [Wales] 2014. If a child protection concern arose, consideration would be given to whether immediate action was proportionate or whether a direct discussion with the Project Steering Group was required. Essentially, absolute anonymity or confidentiality could not be guaranteed due to safeguarding requirements and the duty to report, which was clearly explained to participants.

All data was managed in accordance with the Data Protection Act 2018. Dissemination of research findings and publication matters were clearly explained, alongside careful planning of protecting participant identities within published data (with no-identifiable information noted in the final report).

2.3 Data Analysis

There are key benefits of adopting a 'mixed methods' approach to gathering the data, specifically the triangulating of data by using more than one method. Therefore, despite the challenges of a 'mixed methods' approach, including extensive data collection and the requirement of the analysis of different data sets, this approach was selected due to the following advantages: firstly, the questionnaire provided a general understanding of the trends and patterns of attitudes across a profile of multi-agency professional workers; secondly, the use of different data assisted in clarifying the research themes, with the questionnaire results assisting in both extending and refining the breadth of the qualitative/focus group inquiry. The aim was to use 'mixed methods' to enhance the reliability and validity of data and explore the relationships across and between the data sets.

The analysis of the professional pre and post questionnaires was supported by the Business Change and Innovation Officer at Conwy County Borough Council. Both questionnaires were sent to participants, with the questionnaire placed on the SNAP platform. The use of the SNAP platform assisted with the data analysis, with the overall result reports produced from the system. The use of Likert scales as part of the questionnaire design assisted with the process of data analysis, as coded answers were allocated a numerical score, with the SNAP report producing clear charts for each questionnaire section. A copy of the raw data was also provided from the system, which further assisted to ensure that the data was reviewed and cleansed. The availability of the raw data also allowed for cross-tabulation across questions. Visual aids were designed in the form of Tables, Charts and Graphs to assist in identifying trends and anomalies. Descriptive statistics were used to provide a summary of the data to evaluate the causal and actual relationships in the data. The coding and analysis of data was partly a strategic decision undertaken by the researcher; however, there is an ethical

obligation to interpret the data in a transparent manner.

Focus groups were recorded through the Microsoft TEAMS platform and transcribed by the researcher. The focus group schedule was closely linked to the research questions and the themes identified from the findings of the questionnaire (see Appendix 2: Focus group schedule). The focus group transcripts were individually analysed, with transcripts analysed and coded with reference to the research question, the identification of key words and themes. A list of key themes was identified for each focus group, which were then cross-referenced to produce recurrent themes.

3. FINDINGS and ANALYSIS: QUESTIONNAIRE

3.1 Introduction

The OBS training sessions were facilitated by one lead trainer, the Early Years Integration and Transformation Staff Training and Development Officer, Flintshire County Council. The training session were held in several locations across North Wales on the following dates:

9th November 2023- Flintshire and Wrexham.

15th November 2023- Conway and Denbighshire.

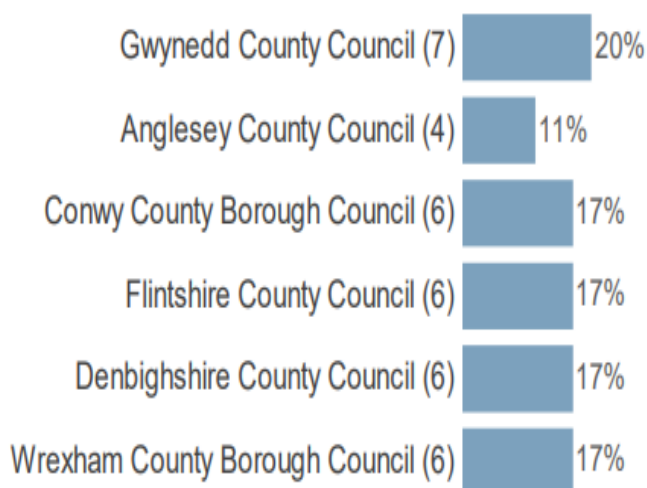
23rd November 2023- Gwynedd and Anglesey.

All training participants were invited to complete the pre-questionnaire before the start of the training session and the post questionnaire at the end of the training session. The pre and post questionnaires were co-produced with the Project Steering Group, with all edits and revisions to the final versions agreed with this Group. The Business Change and Communications Officer at Conwy County Borough Council assisted the researcher by placing both questionnaires on the SNAP Surveys platform, which offered a flexible survey software package. This allowed bespoke questionnaires to be designed and shared with the participant sample group through an online link. It was anticipated that both questionnaires would take approximately 5-10 minutes to complete. Both questionnaires were available in English and Welsh, with the Active Offer of language choice offered to all participants. To allow comparison between the pre and post questionnaire results, participants were asked to place their name on the questionnaires. Assurance was given in a statement at the start of the questionnaires that the confidentiality and anonymity of each participant would be respected, with the raw data information only available to the research lead. There was also assurance that no identifiable information would be included in the project report.

3.2 Pre-Questionnaire Analysis

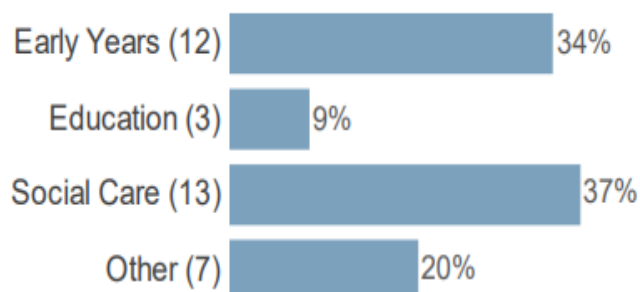
The pre-questionnaire was completed by all the training participants, with 35 responses completed, which equated to a 100% response rate. The participants were separated across the six local authority areas as illustrated by Graph 1.

Graph 1: Local Authority participants



The training participants were separated across three key sectors: Early Years, Education and Social Care, with seven participants noting that they worked in 'other' sectors, which included working as project managers in the local authorities. Graph 2 provides a visual summary of the work sectors of the training attendees.

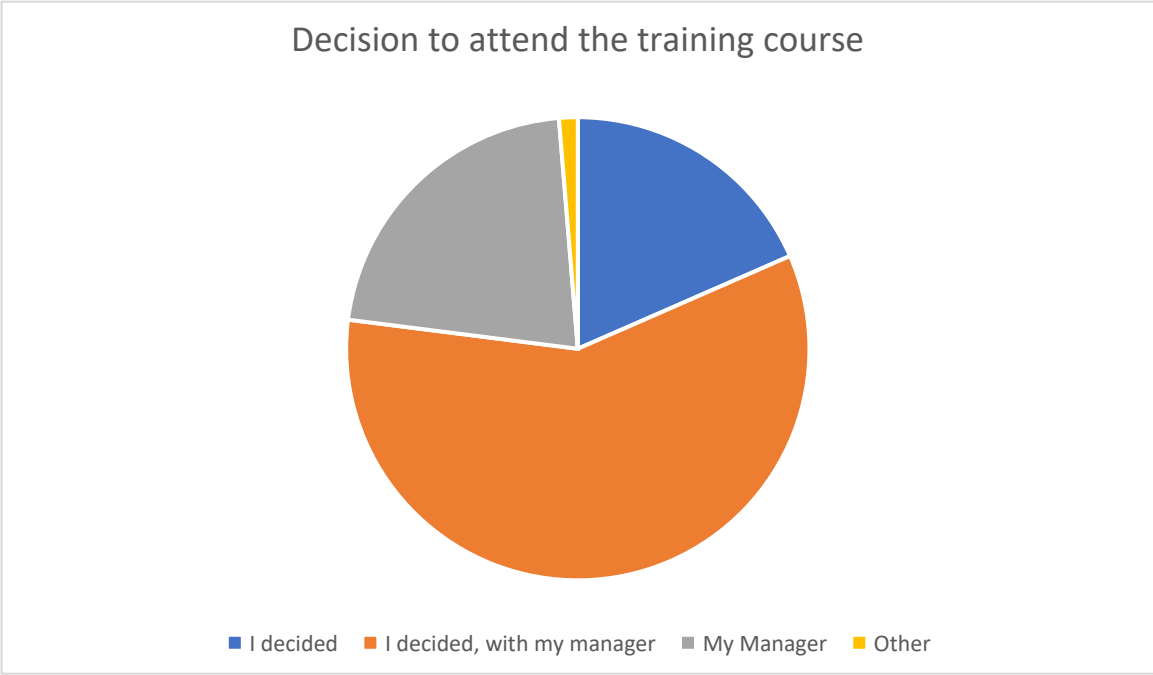
Graph 2: Participant work sector



One aim of the questionnaire was to gather a sense of the experience of the sample group of similar training to the OBS. From the sample, 80% of the sample had attended similar training, 14% had not attended this type of training previously and 6% of the sample responded 'don't know' to this question. The previous training attended included the GroBrain programme, foetal alcohol training, trauma informed schools UK training,

Kym Scott child development programme and the Early Years Foundation degree. From those who attended the training, the choice to attend was separated into four categories, with the majority of participants deciding to attend the course jointly with their line manager, as visualised in Pie Chart 1.

Pie Chart 1: Decision to attend the training course.



The motivations for attending the course were varied, with detailed responses provided by participants, which are separated into three key themes, as illustrated in Table 1:

Table 1: Motivations for attending the training.

Theme	Participants Feedback
Knowledge and Skills: Brain Development	<ul style="list-style-type: none">- I'm interested in the brain development of 0–5-year-old children.- To develop knowledge on early years and brain development and the importance of the first 1000 days.- I have a real interest in how the brain develops during the early years of life and how experiences impact upon all aspects of development.- To learn more about this and have more awareness of the topic.- To learn and develop my knowledge.- To learn new skills.

Knowledge and Skills: Trauma	<ul style="list-style-type: none"> - To increase my awareness of trauma. - To discuss the impact of ACEs on a person's brain development. - To understand how stress and trauma impacts brain development and how this can be influenced by other factors.
Application to Practice	<ul style="list-style-type: none"> - To learn about the Oxford Brain Story and how it can be embedded into the work that we do as a service. - Learn more about how I can better support people. - I have a very big interest in the topic and also to develop my career further. - To learn more and to apply it to my role. - To hear about recent research - To learn and expand on wellbeing, early intervention, and prevention in early year.

The identified learning goals were closely aligned to the motivations for attending the course, which is visualised in the generated word cloud, Figure 2 (the larger words were more prominent in the discussion).

Figure 2: Word Cloud: Identified Goals



Participants shared a positive outlook on the course’s ability to meet their learning goals, as illustrated in Pie Chart 2: Confidence in the course meeting your learning goals. None of the participants responded that they had no confidence in the course meeting their learning goals.

Pie Chart 2: Confidence in the course meeting your learning goals.



The questionnaire responses highlighted that participants were ‘open minded’ to attend the course, learn and apply the learning to their practice when working to support families to achieve positive outcomes. The participants were able to clearly articulate the topics they wanted to see covered during the course, which can be separated into key themes which align to their motivations for attending the course, as follows in Table 2.

Table 2: Course Topics

Theme	Participants Feedback
Theme 1: Brain Development	<div><ul style="list-style-type: none">- Brain development and the value of positive interaction- Areas of brain development e.g. baby brain development, development in the early years, neurodiversity in the early years- How we can help the brain develop and mitigate for when things go wrong.- The importance of language and early development.- Learning how to support children with emotional needs or additional learning needs.</div>

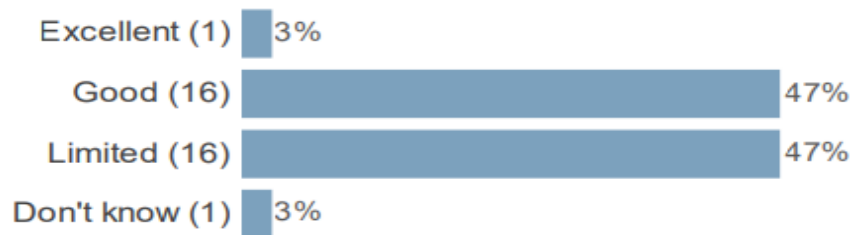
Theme 2: Trauma	<ul style="list-style-type: none"> - Impact of ACEs on brain development - Impact of trauma in early years - The impact of social factors on brain development and trauma. - The experience that impacts on healthy brain development.
Theme 3: Application to Practice	<ul style="list-style-type: none"> - Advice on how to support settings with this topic if they have concerns or worries. - Applying the learning to everyday practice to support families. - Brain function and influences: how best to support children and parents who have been through stress and trauma. - Brain development ongoing research and development. - The inclusion of factual information, which makes the course realistic. - Explore good practice tips. - Key messages to share with families.

A key theme across the responses highlighted that the participants were ‘open minded’ on learning and applying new knowledge and skills to support families to support the achievement of positive outcomes. Participants noted what they hoped to achieve from attending this course, which included better awareness, knowledge and understanding on this topic and gaining a sense of the resources available that can be applied in practice as strategies to support and build resilience in families.

Prior to attending the course, participants rated their knowledge on this topic, which was mostly categorised as ‘good’ or ‘limited,’ as summarised by Graph 3: knowledge on this topic.

Graph 3: Knowledge on this topic

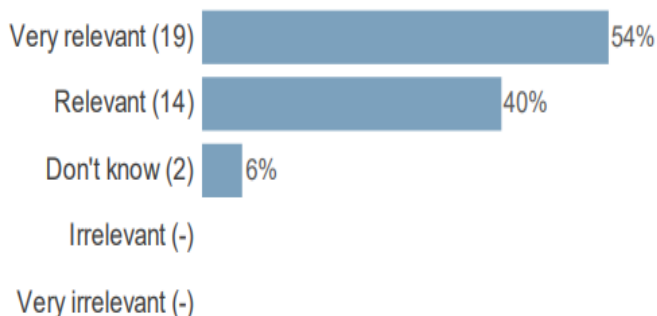
How would you rate your current knowledge of this topic?



There was general agreement across the participant sample group that the course is relevant to the job role, with 54% noting that the course is '*very relevant*' and 40% noting that the course is '*relevant*', as summarised in Graph 4: Relevance to work role.

Graph 4: Relevance to work role.

Do you think the course will be relevant to your work role?



The overall responses to the question around what could be done differently after attending the course focused primarily on building confidence and skills to better support families and to also understand where best to signpost families for guidance. There was also an overall aim to better understand brain development and cognitive function, the impact of trauma on brain development and to gain awareness on the best terminology to use in practice. Participants also responded that they wanted to gain a better understanding to apply this learning to the context of early years support, and within the context of better understanding their own needs and experiences. This parallel between the impact on their practice development and their personal life was echoed in the response to the next question of whether the course could be helpful within the context of their everyday life. As illustrated by Graph 5, 83% of participants replied 'yes' that the course would be helpful to their everyday life, reflecting the potential of the OBS to influence, practice, everyday life, and our social norms around how we discuss and understand brain development and trauma.

Graph 5: Helpful to everyday life

Do you think the course content will be helpful to your everyday life?



Overall, there was again a sense of a willingness to learn and adapt practice based on the new knowledge and skills gained as a result of attending the OBS training course. The potential influence of the learning from the course on skill development was also seen as positive, with 89% responding positive to this question, as illustrated by Graph 6.

Graph 6: Impact on Skill Development

Do you feel that your skills will improve as a result of this course?



3.3 Post-Questionnaire Analysis

The post-questionnaire was completed by 34 out of the 35 participants, which equated to a 97% response rate. The participants continued to be separated across the six local authority areas. The results revealed that 88% of the participants noted that their learning goals were achieved, with 12% stating that their learning goals were *partly* achieved. Some of the responses indicated that the initial learning goals were over ambitious, in particular as the course was a short, half day session. This reflected a 100% response rate to achieving individual learning goals as there were no response noting that this aim was not achieved (illustrated in Pie Chart 3). This positive response was also reflected when participants were asked whether the course covered

the topic they wanted to discuss, with 91% response ‘yes’ and 9% responding ‘*partly*’ (illustrated in Pie Chart 4).

Pie Chart 3: Did the course meet your learning goals.

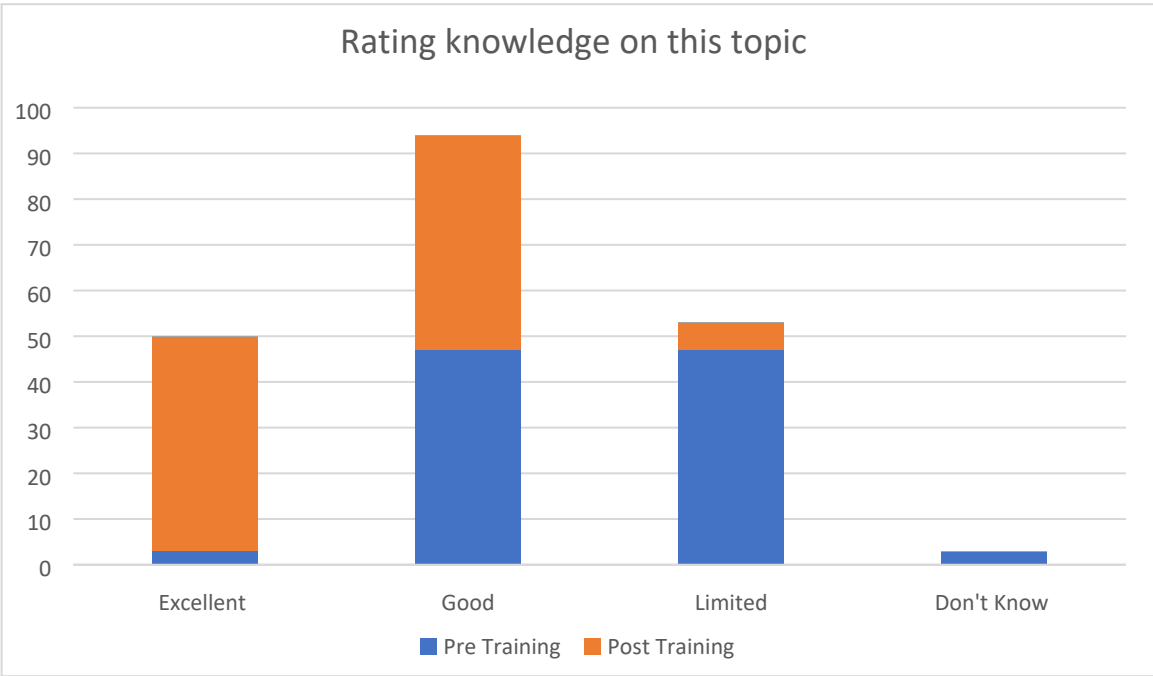


Pie Chart 4: Did the course cover topic hoped to learn about.



This positive response to the course content continued with 95% stating that the course fully met their expectations and 6 % responding that the course *partly* met their expectations. In comparison to the response to their knowledge pre training and post training, with knowledge measured by the participants as improved in both the excellent and good categories.

Graph 7: Knowledge pre and post training.



Participants shared their views on whether the course met their expectations, with positive responses received confirming feedback that the course met expectations.

Pie Chart 5: Did the course meet your expectations?



The overarching view was that participants wanted to apply and promote this model as a way forward across multi-agency services. The comments in the feedback expanded on this view by explaining in a thematic pattern that they now felt they could:



There were also views shared on how the course content could contribute to both their professional role and personal life, with the following shifts identified post training:

Professional role: 88% now stating that the course content will be helpful to their professional role, in comparison to a response of 54% pre training.

Personal Life: 94% now stating that the course content will be helpful to their everyday life, in comparison to a response of 83% pre training.

The results on the skills improvement remained similar pre and post training. The course structure received positive feedback, with 65% sharing a view that this was excellent and 35% replying that this was good, therefore no participants felt that the course structure was '*fair, poor or very poor*'. There were similar results when asked about the course content, with 62% stating that the course content was '*very engaging*' and 38% selecting '*engaging*'. Participants were very satisfied (59%) and satisfied (41%) with the variety in the course content, with 97% stating that the course content was easy to understand. The opportunity to collaborate during the course was also viewed as positive, with 68% stating that collaboration was '*very engaging*', 29% stating '*engaging*' and only 3% replying '*neither*'. The course delivery was also highly rated with 71% replying that

this was ‘*excellent*’, 27% selecting ‘*good*’ and only 3% selecting ‘*fair*’. There was consistent positive feedback on the course as a whole, including the structure, content, delivery, accessibility and engaging nature of the course activities. As a result, it was not a surprise that 62% of the participants noted that they would, ‘*highly recommend*’ the course, with 25% ‘*likely*’ to recommend the course to a friend or a work colleague. Overall, the course was rated as ‘*excellent*’ by 65% and ‘*good*’ by 35% of the participants.

Participants were asked to reflect and note down their main ‘takeaway’ points from the course, which are thematically summarised in Table 3.

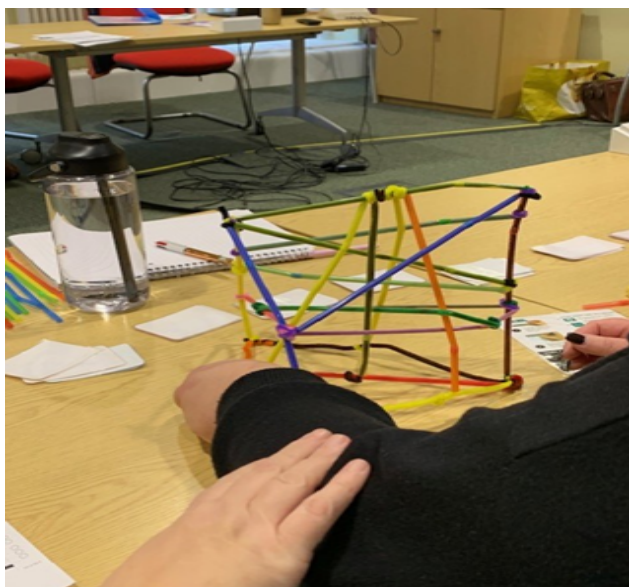
Table 3: Key takeaway points.

Theme	Participants Feedback
Theme 1: Course content	<ul style="list-style-type: none"> - The importance of brain development and the association with life experiences. - That everybody should be encouraged to access this material and learn about how the brain is built and resilience is developed. - Metaphors and activities: Serve and return and the use the green and red boxes and the brain architecture activity.
Theme 2: Hopeful messages	<ul style="list-style-type: none"> - Early years that are difficult can be changed to help the child. - There are always opportunities to support and make changes in families and that it is never too late. - That positives can help to mitigate negatives and this is a really powerful and empowering message to give to families. - The brain starts developing before birth and every experience negative or positive has an impact on brain development. However, even after some trauma, children and adults can develop resilience - it is the pattern of behaviours and support around you that has the influence, not the experiences in isolation. - That resilience can change, it’s not just something you are lucky to have. That red boxes don’t need to be taken away, and that you can be the person to add more green boxes - Reflect before acting. - The positive use of visual tools e.g. the brain architecture game, visual boxes, resilience scales were a really good visual way of understanding how experiences effect brain health. - The game is helpful in understanding the brain story concept

	importance of a secure foundation.
Theme 3: Application to practice	<ul style="list-style-type: none"> - I am encouraged that we can visually show parents that have experienced trauma and ACEs that we can still make a positive difference. - The ‘tipping point’ can be different for all families. - The importance of using accessible language for parents: families facing complex challenges can do well with the right support. - The brain building game was a simple yet powerful visual to get the messages across. - Videos are also useful to use with parents and professionals.

The feedback on all aspect of the course was positive, with the favourite aspects of the course noted as the brain architecture game, the visual tools and the use of metaphors.

Pictures 1 and 2: Examples of Brain Architecture structure completing during the North Wales OBS training sessions.



Many comments highlighted that the whole course was engaging and should be mandatory for the whole local authority workforce, with a key statement noting:

Key statement: *It all worked well. The game was excellent and really provided food for thought. I think it was great to have this at the beginning of the morning to get everyone engaged and then to follow on with the theory afterwards. Plenty of opportunities to stop and discuss the different topic sections and think about how the knowledge could be applied in our own roles and indeed our own lives.*

3.4 Summary: Overall Questionnaire Analysis

The participants clearly voiced that the North Wales OBS pilot training course aligned well with other training courses attended on a multi-disciplinary basis:

I feel that the OBS training has re-enforced the training I have received over the years from Solihull to Grobrain and ACEs. I feel that to standardise the training to multi-disciplinary agencies will support all agencies to have the same messages to support families.

The findings from the questionnaire supported the development of the OBS training across services, with key benefits identified by participants to practice development and to their everyday life. To summarise, the findings from the questionnaire outlined the following benefits gained from attending the OBS training.

Enhancing a visual approach to learning and practice

Participants shared that the training provided the confidence and the tools to explain to others about their individual brain story, using visual demonstrations, including how the brain manages to balance stress with the use of the 'green boxes'. The examples, metaphors and the practical brain architecture game were described as:

The game was interesting and could be used as a visual way to show how various experiences can shape/impact a child's brain development. The red and green boxes that show various experiences. Some red boxes can never be taken away (previous experiences) but others can be, with support from others, and green boxes could be increased by strengthening skills.

Participants shared that the activities could be sensitively facilitated with parents to assist them to see the various 'boxes' in their lives, in particular how the boxes (their experiences) can be re-shaped with support from others (friends, family and practitioners).




This approach offered the option of discussing this challenging and often complex issue without having to conceptualise experiences as trauma or ACEs. There was an overwhelming sense from the participants that having a practice toolkit with visual tools can be powerful in explaining and visualising complex and sensitive issues, offering a robust source of support for the families' accessing services. The feedback from participants

clearly demonstrated the commitment to working with families to discuss this issue in a manner that reduced the stress, impact and the realisation of the magnitude of experiences, including the actual or potential impact of difficult experiences. As such, some of the feedback received helpfully suggested that planning and care would need to be undertaken prior to offering the training or undertaking the activities to support the needs of families. A sensitive and mindful approach could also support some parental concerns, as explained:

My only thought is that when working with parents, many have concerns that their child may have ADHD. I think perhaps this could be addressed during the Air Traffic Control section. I also think that provided with this information early enough, it may help to mitigate some of those concerns.

Enhancing a mindful and reflective approach to working with families:

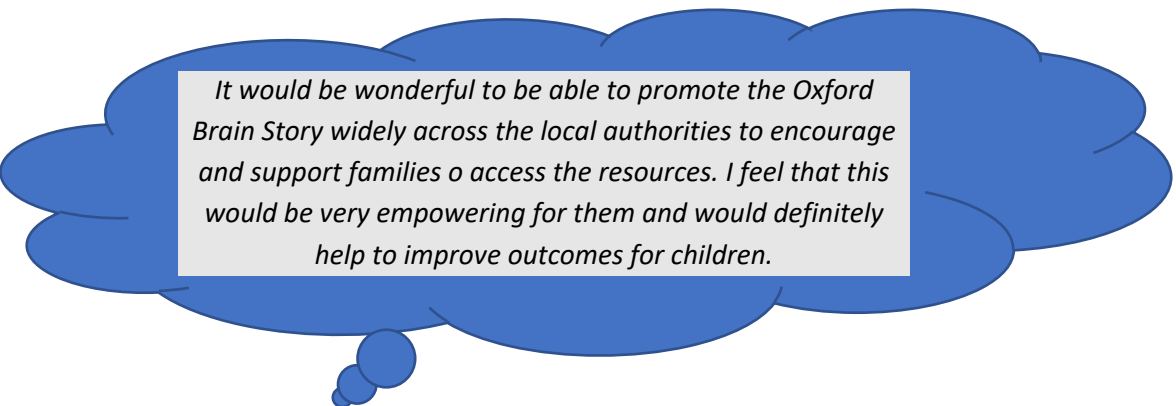
The feedback received from the questionnaires was rich, reflective, and illustrated a general mindful approach to practice and service delivery. The participants shared how they are mindful of exploring all options to support families accessing services. In addition, the feedback gave a sense that participants were more mindful of circumstances affecting adults and childhood well-being and would endeavour to pause and reflect on the individual's brain story. The importance of having more awareness of historical factors impacting families was a golden thread identified throughout the feedback. The brain architecture game gave the space for participants to reflect on the potential impact of a broad spectrum of experiences, as described:



Wow- where do I start? The exercise started very powerful. We threw a 1 on the dice and therefore there was poor start for our brain. Through fate and luck we managed to have less 'toxic' than positive experiences. We managed to build a good brain.

A key theme in the feedback received was that several of the participants shared that they would be more mindful of their experiences, behaviour and how they responded to life events. There was a clear drive to apply

the OBS learning as part of their everyday practice and experiences but also to promote the potential benefits and impact of OBS beyond their work setting, as explained:



It would be wonderful to be able to promote the Oxford Brain Story widely across the local authorities to encourage and support families to access the resources. I feel that this would be very empowering for them and would definitely help to improve outcomes for children.

A golden thread throughout the findings was the passion of the participants to support families in the best possible way, including enhancing the broader understanding of the challenging experiences of families and the potential contribution that OBS could make to address this challenge.

4. FINDINGS and ANALYSIS: FOCUS GROUPS

4.1 Introduction

For the 2nd phase of the data collection, four focus groups were facilitated through Microsoft TEAMS, lasting from 45 minutes to 70 minutes. The focus groups were held in December on the 5th (n=3), 7th (n=9), 11th (n=6) and on the 15th (n=4). There was one participant who wanted to contribute to the discussion but could not attend any of the focus group meetings. On the 19th December, an online interview was facilitated with this participant to ensure that their views and contribution could be included. Therefore, the final focus group sample (including the interview) was 23 participants, which equated to a response rate of 66% for this phase of the study, which is excellent. The number of participants was diverse and informed the development of the emerging key themes. The thematic analysis of the focus group transcripts identified a pattern of key themes throughout the discussion. Thematic analysis allows the identification of recurring themes, which is a flexible and accessible approach to qualitative data analysis. The thematic analysis identified the point at which no new concepts or themes emerged, illustrating the point of data saturation. The sample was also representative of a broad range of services, including social care, education, and health practitioners from services across North Wales. All participant details were anonymised, with each participant allocated a number as their individual code, noted as (P1-23) in the discussion. For information, please find a copy of the indicative focus group schedule in Appendix 2.

The discussion is structured around the emerging themes and the views shared by participants, to ensure that the analysis is grounded in their experiences of the North Wales OBS training pilot.

4.2 Theme 1: The potential impact of the OBS

The participants were asked to describe the impact of the North Wales OBS training pilot. Throughout the focus group transcripts analysis, all the responses received were positive and highlighted the potential of the OBS from both a practitioner and personal standpoint, which aligned to the questionnaire results. The passion around the potential and the impact of the North Wales OBS pilot was visibly clear from the discussion, as explained by Participant 1.

Powerful.... Yeah, exceptional for me, really. Just the whole experience was mind blowing, I thought. (P1)

The discussion throughout the focus groups was reflective, illustrating the impact of the training, and both the empathy and professional experience of the participants. The OBS gave participants a sense of awareness to how they responded and provided support to families.

I think it's just really useful to have in the back of our minds all the time that the person that we have in front of us has a range of experiences, you know, positive and negative and it's about bearing that in mind with any sort of current approaches that you're using and things that it might trigger for them. (P2).

There was also a sense of reflecting and being aware of how trauma can have a long-term impact on families accessing services.

Trauma can impact on anyone depending on your experiences and how that changes your identity. (P2).

The Participants reflected on how they could communicate the impact of trauma to parents/carers, the 'weight' of trauma and their own reflections on the balance and influence of trauma.

You've got all these positives, but the problem is that because of all the things that have happened to you, you've got all this trauma weight. I question, how can I make this bring the positives up and that for me has been the strongest message. (P2).

A key message to describe the potential of the OBS was around the potential to reinforce strength-based messages around focusing on the positives whilst acknowledging the impact of trauma.

It's not what they're doing wrong [parents/carers], but what's happened to you, and trying to really sort of get across that things can be OK that you know, despite all those ACEs, it's about looking at the strengths rather than focusing on what they can't do. (P8)

There was also a sense of the potential offered by the training, in particular the concept of the model, the simplicity of the training and the potential of the tools, as described by Participants 13 and 22.

I think it's a beautifully simplified model that everybody should be able to grasp the concept. It [the OBS] gives out key messages that are absolutely at the centre of everything we do as Family Workers (P13).

For me, I think it's a really good educational tool. (P22).

There was also a sense of excitement and hope around how the model could be applied in practice, the application to everyday work to support families, in particular to offer support around the impact of trauma, which was identified as a 'golden thread' throughout the work to support families.

It's so worthwhile, with amazing tips for working with families. It also allows you to reflect on yourself. I think this is a key difference with the OBS, this is unique-we had a chance to complete the game ourselves. Brain development and trauma is a golden thread throughout our work. This is very important to have in our box of tools. The OBS gives me the ability to reflect as part of my box of tools (P23).

Several participants shared the view that the training and the OBS model provided the opportunity to expand on a practitioner's 'toolbox'.

4.3 Theme 2: Accessible metaphors and analogies

The OBS training was clearly described by Participants as visually appealing in an accessible and simple manner, *I love the way it's actually visually exciting (P11)*. The visual impact was also appealing as it simplified the application of the model and training.

It was very visual. It wasn't too flowery language. It wasn't over complicated language, so yeah, anybody could be able to understand that. (P22).

This simplification of the language was seen as a way of avoiding the over complication what was often a sensitive and personal issue for families, it also provided a 'check and balance' for practitioners to avoid 'overloading' and 'overcomplication' the issue.

But yeah, I think the simplicity because I think that's a big thing and you know, not just for us as professionals, but you know in work we do get carried away with using these big terminology and sort of overloading them with all this complication. The terminology of the OBS was easy to follow, easy to understand, easy to explain (P8).

A key theme across the discussion was the influence of the metaphors and analogies used as part of the OBS training. This influence was both reflective and reflexive for participants, illustrating the impact on their work and the development of their professional identities.

We kind of know a lot more now [about brain development], so it's not all sort of weighted on genetics in terms of like where we go and how children develop and the opportunities they have as they grow...like how it is with the air traffic control. That's in my head. I always think about that now with my families in terms of trying to think from my point of view but explain it in their point of view about how different children operate based on their foundations (P11).

The discussion around the simplification and visualisation of key concepts continued with a focus on the key metaphors, with the 'serve and return', the use of the scales, the seesaw and the coloured boxes, which were popular across the focus group discussions. Understanding and visualising key concepts through metaphors was both a professional and personal preference.

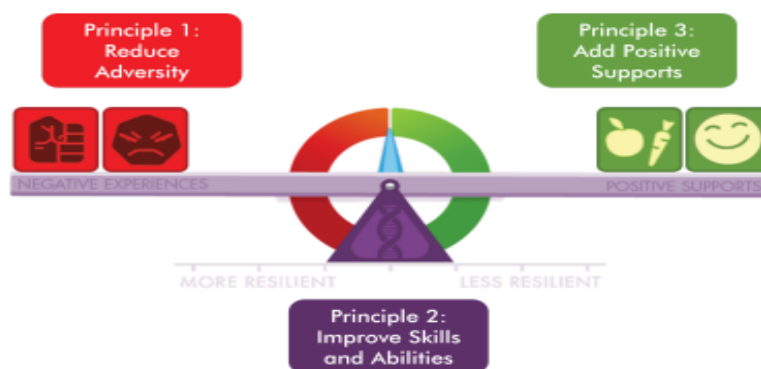
And the visual thing as well, you know, with the scales and the serve and return, you know it's nice to have that as I'm a quite a visual person as well. (P8).

There was also a focus on how the metaphors could facilitate a conversation with families, that could potentially have a positive impact.

The balancing with the red and green boxes, those are quite simplistic ways of being able to explain it to parents in a way that would make a good change for them (P11).

There was also a sense that the metaphors and tools offered by the North Wales OBS training pilot could be more accessible and inclusive for families.

But I think too often we use terms that are beyond our parents' comprehension beyond our comprehension quite often. And I just prefer the simplistic language backed up with all the visuals that were involved in the training (P11).



The OBS tools were seen as more inclusive but also had the potential to be applied to support parents/carers with different needs and learning styles. There was again a sense of the tools being useful prompts for professional and personal reflections.

Some parents have disabilities, the visual representation is really good, and I think it's quite powerful, especially the game [the brain architecture game] when playing it, you're thinking, my God, how am I doing it? And I think it's quite a powerful thing (P14).

There was also a sense that the metaphors could facilitate conversations with parents/carers around communication, parenting styles and the recent impact of the global COVID-19 pandemic.

But for me, the one that we're noticing most is communication because of the pandemic and impact on social interaction, speech and things are delayed with the

children and obviously that is a major factor and a focus of 'serve and return' and how important that is (P22).

The discussion indicated a shared view the metaphors could be used to facilitate strength-based conversations around the impact of trauma and how this impact can potentially be changed with hopeful messages and understanding.

I also liked the messages around the green boxes, you can never get rid of some boxes, but that's OK. Yeah, we can balance this out with putting more green boxes there, which I think that's a bottom for lots of people to realise. There are some things you can change, other things you can't, but those things that you can't change, it's OK (P20).

There was clear agreement that the metaphors and visual tools could be applied in practice to support the needs of families and also to make the discussion more accessible and inclusive.

Across the discussion, it was evident that the Brain Architecture game had a significant impact across the training cohort. The visual, reflective, participatory, and practical element of completing the Brain Architecture game was a key positive shared about the North Wales OBS training pilot.

I can see us using the visual tools and the game with our families. A key strength for me was the game because you can do it. You can see the element of chance when you roll the dice, but you can work together to address the challenges. When we were playing the game, it allows you to balance what matters to you, very reflective in the moment (P23).

The 'can do' and strength-based message of the game was a key element enjoyed by the Participants in a reflective and practical manner, with the general discussion of the focus groups highlighting how their specific Brain Architecture game developed during the training attended. This activity in particular raised several key points of reflections during the discussion, including empathy towards the challenging experiences of some families, with Participant 1 and 11 relating this to the number of straws allocated at the start of the game and the foundation of their base for brain development.

I get it, but the metaphors for it were really great. I can see if how alone and defeated people might be starting off with those straws or whatever the circumstances, they have their baby in (P1).

I felt really frustrated because I started off having really, really, really poor foundation. So, I was really cross that my foundation was poor. But you think if we think like that, just having that as a visual, imagine how really in real life how difficult that is for the actual person that has it. (P11).

Whilst the discussion and impact of the game was positive and central to the majority of the focus group discussion, there was also a focus on implementing the game in a person-centred or bespoke manner to support the diverse needs of families accessing support.

The game develops as you play. I think the game would need to be simplified to use with some of our families. I think it can be a flexible and adaptable tool to use with the families that we know well. We know our families and we understand different needs and learning styles (P23).

As suggested by Participant 23, the game could be adapted and used as a flexible tool. It was also advised that the application of the game with families should be linked to their assessment of needs, including whether the game should be played in a small group or on a one-to-one basis. It was clear that practitioners saw the value and potential of using the game as both a supportive and as a learning tool.

I think doing the activity itself is a strength if done in the right way because you remember it because you've done it, you've made it, you've built it, you've seen what's happened (P6).

The lasting impact of the metaphors, analogies and the Brain Architecture game was evident throughout the discussion, which aligns with the questionnaire feedback.



4.4 Theme 3: Key takeaway points

The feedback around the content and delivery of the course was excellent, for example, *Amanda was very, very good. (P1)*, with Participant 14 outlining praise for the approach and creative learning styles.

And I think just the way it's presented in general was great and it's quite short and snappy, you know, didn't feel like I was losing interest in it. The way Amanda presented it was great and there was a mixture of using different learning styles, then watching a bit of a clip and then sort of trying to pull everyone together, working as a group as well was really lively. (P14).

The course content was seen as key to the role of workers supporting families, in particular during early years.

To a lot of what we do, it's sort of the bread and butter of what we do really, isn't it, you know. I think everyone of us, no matter what role we're in, it's something that can be used (P8).

The application of the course content and tools as part of their interventions and professional support for families was seen as relevant and helpful. There was again a consistent link to the potential to also reflect and be aware of the course tools as part of their personal lives.

We work with the parents mainly so with this type of training it would be really good to pass on to them to teach them, you know, about their children's brain and their development, which is why I found this training so interesting. And I think, you know, remembering, thinking about that in our own lives as well. I mean it's something not only can we use professionally, but you know, personally as well, isn't it? (P8).

Whilst it was acknowledged that there were other similar training courses, the value and impact of the OBS and how it complemented other training was regarded as a strength.

We've had a lot of training around ACEs here, so adverse childhood experiences, and I think it's quite similar and we've done some training on trauma informed as well and kind of links in with the harmful sexual behaviour training that we had as well and yeah, so it's kind of similar, but I think everything together, you know, comes together nicely (P15).

With Participant 13 voicing a view of favouring the OBS, in particular the accessibility and application of the training.

I thought it takes it to a level that is enjoyable in a sense and really sort of available for everybody to tap into and to understand. And it was probably one of the better ones. No big disrespect to other training, I think this is a better model to be fair to put over those impacts of childhood and attachment etcetera. (P13).

Reiterating the discussion in theme 2, a key takeaway point shared was the strength-based and empowering concepts and tools offered by OBS.

It was about the balance and that we'll quite often say what parents should do to bring that balance up, but actually they can be the author of their own story. (P2)

The importance of resilience and promoting positive support was a key message that resonated with Participants.

If the trauma and things are dealt with and you build on that resilience, you can help make those connections good. (P6).

The strength-based focus on resilience and support re-shaped the conversations that could be facilitated with families, to focus on hope and repair.

I think for me it's the importance of the resilience, support and building the brain back up, even if it's had those knocks and those traumas and you know it's not, it doesn't have to be a really bad outcome. There's things that can be done to help repair. I think it brings it to the forefront of your mind when working with families that you know, we all focus on the trauma, don't we? (P6).

A key theme in the overall feedback on the course is briefly summarised by Participant 9: *So really highlighting talking about positives and strengths* and Participant 21 *You can start off with adversity, but with the right support network things can get better.*

The visualisation tools and the metaphors were again at the forefront of the discussion around what Participants would select as their key ‘takeaway’ point from the North Wales OBS pilot.

I think for me, I suppose it's the having the visual really does show and help understand why a child or a young person or parent even might be. Behaving in the way they are. If you know depending on what they've been through, so that sort of understanding that you could have, you know, children in a similar situation, but one will behave very differently because of things and but also you know that there is that change as well (P9).

The focus on empathy, understanding and awareness was again a key thread in the discussion around key aspect of the OBS which resonated with Participants.

So, when you go and work with that child, you don't know that they've had any trauma in the past, you know, so it's just to be aware, I think, you know what could have happened to that child and how is affected that child because we don't really get the back story (P15).

Participants shared how they felt hopeful about the OBS course content and the key messages around influencing change.

The balancing, how this can change with life event and support. You can change the impact of life events. I know that there's lots of information on their website, I'm looking forward to having a look over the information and the course details online (P23).

Participants were eager to learn further, to feel confident to apply the content and tools in practice, as part of their professional role and everyday experiences.

4.5 Theme 4: Future developments

4.5.1 Responding to the bespoke and diverse needs of families: Participants suggested adapting and using the OBS training to meet the bespoke needs of families, including parents/carers and children with learning disabilities and additional needs. For example, the guidance and support offered to play the Brain Architecture game.

Your brain has been affected by your upbringing, and I think that could have quite a negative effect on some parents, but I think you know, being mindful of that, how we might, present that information to parents, I think I've been mindful of the effect it may have on them... Yeah, I think some thought needs to go into because it, you know, because it I think there's a truthfulness in the information (P17).

The empathy towards families in discussing often complex and sensitive personal information was clearly reflected in the views shared by Participants. As highlighted by Participant 17, remaining mindful of the potential impact of discussing brain development and trauma was crucial throughout the provision of support for families. However, there was also the view that this training cohort had existing knowledge and experience of this topic, as highlighted by Participant 8.

Yeah, I was just gonna say I think, though, that it's always useful for us to bear in mind that we're the perfect candidates for this, aren't we? So, for a lot of them, they might be hearing those terms for the first time, so they might not pick up on what it means, maybe as easily as we would do because we kind of would like to, you know, we already like kind of know what we're looking for, don't we? Because we've all had such a good sort of foundation of knowledge already. (P8).

4.5.2 Disseminating the key concepts and tools of the OBS:

The enthusiasm in disseminating the key learning from the OBS training was clearly highlighted. The degree of enthusiasm extended across the Participants in a pro-active manner, including disseminating the learning with team members: *I'm taking that game into one of the team meetings in the new Year just to show some of the team as well (P5)*, and external agencies: *I'm actually thinking about whether there's a way of getting other agencies to play the game as well.....it would be really powerful (P1)*. With participants sharing a key commitment to sharing the key messages of the OBS training with other team members: *I would roll it out to staff because we like our staff to know what we're delivering to our parents as well. (P20)*

The impact of the training felt by the Participants was reflected in their multiple suggestions around future training developments, including the rolling out of the training across North Wales services. Including offering the training as part of staff induction: *I think it could be something that could be introduced to all Staff as part of an induction program (P17) and I think it would be a nice training for new professionals into roles as well. (P5)*. This development of the training was highlighted as requiring mandatory attention, as suggested by Participant 21: *I think everybody who's coming into working with children and adults, families, they definitely should be doing this as a mandatory course*. The recommendations around developing the training as a mandatory course was related to the view that *Everyone could benefit from doing the training (P3)*, with the suggestion of a 'roll out' plan that focused on staff in the local authority, focusing initially on targeting frontline practitioners supporting families. *Everyone in the Council, certainly anyone who's anything to do with frontline services to begin with, whichever field you're in, they have that training to actually get them to think and understand these issues(P1).*

Overall, the willingness to develop, adapt and apply the North Wales OBS training pilot to influence practice development and the outcomes achieved with families was a recurring theme. The aim of developing the training further was focused on *Getting the families to a place that is good enough for them (P3)* and

endeavouring to provide everyone to have the chance to reflect and apply the knowledge to practice and everyday life experiences.

5. CONCLUSION AND RECOMMENDATIONS

The data gathered for both phases of this evaluation clearly align to provide a comprehensive picture of the enthusiastic and positive feedback of the North Wales OBS training pilot. The key themes are clearly highlighted throughout the discussion of the questionnaire and focus group findings, in particular the potential of this model to enhance work practice to support families to understand the impact of trauma on brain development. As highlighted, Participants also shared the view that the impact of the OBS model could go beyond the professional role and provide rich reflections for personal life experiences. There was rich feedback that clearly supported the continued and sustained development of the North Wales OBS pilot across services, to enhance the support provided to families and in simplifying our understanding the impact of trauma on brain development. As such, the evaluation offers the following recommendations as part of a plan to develop the North Wales OBS pilot.

Recommendation 1: Continue to develop and extend the North Wales OBS pilot across North Wales, through a dedicated development plan.

Recommendation 2: Encourage the development of the North Wales OBS pilot as part of the induction pack and training for all new workers starting a role to support families within early years settings.

Recommendation 3: Explore the feasibility of ‘rolling out’ the North Wales OBS pilot across local authority departments, beyond early years support.

Recommendation 4: Develop guidance and principles around the use of the North Wales OBS tools to support families, with a focus on linking the application of the model to the assessment of needs, learning style and learning needs of parents/carers.

Recommendation 5: Develop a North Wales OBS practitioner forum to share good practice and practice development to promote the skills of practice leads who have completed the OBS training.

Recommendation 6: Develop a North Wales OBS Community of Practice to facilitate both the interface and knowledge exchange between research and practice.

Recommendation 6: Outline a plan for raising awareness across North Wales of the OBS pilot, including highlighting the key messages around healthy brain development and trauma.

Recommendation 7: Formulate a dissemination plan for sharing the evaluation findings across North Wales services.

Acknowledgement

We would like to thank the following people for their involvement and drive in taking this forward: Dr Ceryl Teleri Davies, Consultant; Gail Bennett, Early Years Pathfinder Regional and Flintshire Early Years and Family Support Service Manager; Kathy Williams, Flintshire Early Years Pathfinder Integration and Transformation Coordinator; Amanda Williams, Early Years Workforce Development Officer; Lesley Millband, Section Manager Family Support North and West and Victoria Owen, Business Change and Communications Officer, Conwy County Borough Council; Dr Elizabeth Rapa and Dr Louise Dalton, University of Oxford. We also offer our sincere gratitude to all the training participants, and all members of Groups who have supported the vision for seamless services focused on promoting key messages for children and families within the early years, to *ensure all children have the best start in life*.

Bibliography

Alberta Family Wellness Initiative, (2023). *BRAIN STORY: USING THE RESILIENCE SCALE AS A TOOL FOR INDIVIDUALS - Validation and Evaluation*, Palix Foundation

Alberta Family Wellness Initiative, (2023). *BRAIN STORY: ORGANIZATIONAL CHANGE MANAGEMENT QUALITY IMPROVEMENT IMPLEMENTED USING THE RESILIENCE SCALE: AN ALBERTA FAMILY WELLNESS INITIATIVE PROOF OF CONCEPT- Project Report and Initial Learnings*. Palix Foundation

Alberta Family Wellness Initiative, (2023). *BRAIN STORY: CREATING SYSTEMS INTEGRATION USING THE RESILIENCE SCALE STRATEGY TEMPLATE AND LETHBRIDGE CASE STUDY- Project Report and Initial Learnings*. Palix Foundation

Blackpool Better Start (2023), Useful Resources for Early Years Workforce.
<https://blackpoolbetterstart.org.uk/workforce-further-resources/>

Center on the Developing Child at Harvard University (2016). *From Best Practices to Breakthrough Impacts: A Science-Based Approach to Building a More Promising Future for Young Children and Families. Crafting a Roadmap to Better Outcomes*.
<http://www.developingchild.harvard.edu>

Flintshire County Council (2023). Early Years Brain Development
<https://flintshire.gov.uk/EarlyYearsAndChildcare>
<https://flintshire.gov.uk/en/Resident/Flintshire-Early-Years-and-Childcare/Your-Childs-Amazing-Brain.aspx>
<https://siryfflint.gov.uk/BlynnyddoeddCynnarAGofalPlant>
<https://siryfflint.gov.uk/cy/Resident/Flintshire-Early-Years-and-Childcare/Your-Childs-Amazing-Brain.aspx>

Lewing, B., Gross, J., Molloy, D. (2022). *Leading and delivering early childhood services: 10 insights from 20 places across England and Wales*. Early Intervention Foundation.

Messenger, C; Molloy, D. (2014). *Getting it Right for Families: A Review of Integrated Systems and Promising Practice in the Early Years*. Early Intervention Foundation.

Palix Foundation (2013). How brains are built Introducing the Brain Story - Air Traffic Control, Stress, Brain Architecture, Addiction, Serve and Return
<https://www.albertafamilywellness.org/resources/video/how-brains-are-built-core-story-of-brain-development>

Palix Foundation (2017). *BRAINS: JOURNEY TO RESILIENCE*
<https://www.albertafamilywellness.org/resources/video/brains-journey-to-resilience>

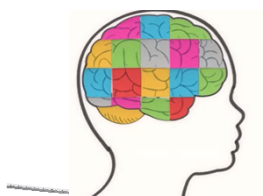
Palix Foundation, (2023). The Brain Story and the Resilience Scale Framework
<https://www.albertafamilywellness.org/brain-story-and-the-resilience-scale-framework>

University of Oxford (2023)
<https://www.oxfordbrainstory.org/for-professionals>
<https://www.albertafamilywellness.org/resources>



The Oxford Brain Story.

Pilot Training Sessions.
November 2023



Appendix 2: Pre-Training Questionnaire

Brain Story Questionnaire, Version 2, Oct 2023, Pre-Training Questionnaire

(Questionnaire administered through the SNAP Survey platform)

The regional partnership is funding an evaluation to explore the Oxford Brain story Training.

You are asked to complete this short pre-course questionnaire, which should take you around 5-10 minutes to complete. You will be asked to give your name, so that the pre and post questionnaires can link together. Your responses will only be seen by the researcher, so you can be totally honest as the information will be kept confidential and the data findings will be anonymous. There are no right or wrong answers, just what you think.

By continuing, you are giving your consent for this information to be used, anonymously, in any resources that are produced as part of this evaluation. You are also free to withdraw from this evaluation up to six weeks after your participation, without the need to give a reason.

If you wish to have more information or discuss anything about your participation, please contact Ceryl Davies on 07887888991 or via email ceryldavies24@hotmail.com.

1. About You

1.1 Your Name:

1.2 Which Local Authority area do you work?

- Gwynedd County Council
- Anglesey County Council
- Conwy County Borough Council
- Flintshire County Council
- Denbighshire County Council
- Wrexham County Borough Council

1.3 Which sector do you work?

- Early Years
- Education
- Social Care

1.4 How long have you worked in this sector?

Less than a year • 1-2 years • 3-5 years • 6-10 years • 11-20 years • Over 20 years

1.5 Have you ever attended a course on this topic or skill area in the past?

Yes, no, don't know

1.6 If yes, what was the name of the course/training (open box)

1.7 Who decided you should attend this course?

I did, I did with my manager, my manager, other

1.8 What are your motivations for attending this course? (Open box)

2 Learning Goals

2.1 What are your key learning goals for this course? (Open box)

2.2 How confident are you that the course will deliver on the learning goals?

Very confident, Confident, don't know, some confidence, no confidence

2.3 What topics are you hoping will be covered in the course? (Open box)

2.4 At the end of the course, what do you hope to have achieved? (Open box)

3 Knowledge and Skills

3.1 How would you rate your current knowledge of this topic?

Excellent, Good, Limited, don't know

3.2 Is there anything specific that you wish to learn from the course? (open box)

3.3 What would you expect to do differently as a result of attending this course? (open box)

3.4 How relevant do you think the course will be to your work role?

Yes, partly, don't know, no

3.5 Do you think the course content will be helpful to your everyday life?

Yes, partly, don't know, no

3.6 Do you feel that your skills will improve as a result of this course?

Yes, don't know, no

Thanks, please get in touch with Ceryl Davies on ceryldavies24@hotmail.com if you have any questions.

Appendix 3: Post-Training Questionnaire

Brain Story Questionnaire, Version 2, Oct 2023, Post-Training Questionnaire

(Questionnaire administered through the SNAP Survey platform)

The regional partnership is funding an evaluation to explore the Oxford Brain story Training.

You are asked to complete this short post-course questionnaire, which should take you around 5-10 minutes to complete. You will be asked to give your name, so that the pre and post questionnaires can link together. Your responses will only be seen by the researcher, so you can be totally honest as the information will be kept confidential and the data findings will be anonymous. There are no right or wrong answers, just what you think. By continuing, you are giving your consent for this information to be used, anonymously, in any resources that are produced as part of this evaluation. You are also free to withdraw from this evaluation up to six weeks after your participation, without the need to give a reason.

If you wish to have more information or discuss anything about your participation, please contact Ceryl Davies on 07887888991 or via email ceryldavies24@hotmail.com.

1. About You

1.1 Your Name:

1.2 Which Local Authority area do you work?

- Gwynedd County Council
- Anglesey County Council
- Conwy County Borough Council
- Flintshire County Council
- Denbighshire County Council
- Wrexham County Borough Council

2. Learning Goals

2.1 What were your course learning goals? (open box)

2.2 Did the course meet your learning goals?

Yes, partly, don't know, no

2.3 Did the course content cover the topics you hoped to learn about?

Yes, partly, don't know, no

2.4 Did the course meet your expectations?

Yes, partly, don't know, no

3 Knowledge and Skills

3.1 Post training, how would you now rate your knowledge of this topic?

Excellent, Good, Limited, don't know

3.2 Did the course content align with your expectations?

Yes, partly, don't know, no

3.3 What do you expect to do differently as a result of attending this course? (open box)

3.4 Was the course content helpful to your job role?

Yes, partly, don't know, no

3.5 Was the course content helpful to your everyday life?

Yes, partly, don't know, no

3.6 Do you feel like your skills have improved as a result of this course?

Yes, don't know, no

3.7 What are your key takeaway points from the course? (open box)

4 Learner Experience

4.1 How would you rate the course structure?

Excellent, good, fair, poor, very poor

4.2 How would you rate the quality of the course content?

Excellent, good, fair, poor, very poor

4.3 How engaging was the course content?

Very engaging, engaging, neither, not engaging, disengaging

4.4 How satisfied were you with the variety of the course content?

Very satisfied, satisfied, neither, dissatisfied, not satisfied.

4.5 Was the course content easy to understand?

Yes, partly, don't know, no

4.6 How would you rate the opportunities for collaboration during the course (e.g. the brain architect game)?

Very engaging, engaging, neither, not engaging, disengaging

4.7 Which sections of the course worked best? (open box)

4.8 Anything that you would like to change with the course content? (open box)

4.9 Is there anything that you were hoping to learn that wasn't covered? (open box)

4.10 How would you rate the course delivery?

Excellent, good, fair, poor, very poor

4.11 How likely are you to recommend the course to a friend or work colleague?

Very likely, likely, don't know, unlikely, very unlikely

4.12 Overall, how would you rate this course?

Excellent, good, don't know, poor, very poor

Thanks, please get in touch with Ceryl Davies on ceryldavies24@hotmail.com if you have any questions.

Aims of focus group: Dr Ceryl Teleri Davies, on behalf of the Regional Partnership is leading on the evaluation of the Oxford Brain Story training. The focus group forms the 2nd phase of this evaluation, thank you for completing the pre and post training questionnaire.

Prompt reminder:

- There are no right or wrong answers, this is based on your views.
- You can stop at any time without giving a reason, this will not impact on your role in anyway.
- You can also select to withdraw from the study up to 2 weeks after participation if you wish.
- If the researcher hears anything that causes concern about your health, safety, or well-being (or that of others) or if the researcher is told about poor practice, they have a duty to inform an appropriate professional.
- All your personal information will be kept confidential and anonymous, which means that no private or identifiable information will be shared in any report.
- Anonymised quotes from the focus groups will be selected and included as part of the project report. There will be no information shared about the identity of any of the participants.
- Agreement around maintaining confidentiality of the information discussed during the focus groups and respecting the views shared.
- Consent to TEAMS recording and note how recording will be used, stored, and destroyed.

Any questions?

Please feel free to contact me directly if you have any questions or comments after the focus group today.

a) Introduction:

- Can you introduce yourselves and your role please.

a) Main Discussion

- How would you define and describe the Oxford Brain Story?
- What has been your link to date with the Oxford Brain Story Project?
- What's your views on the Oxford Brain Story Project?
- What's your views on the Oxford Brain Story Training?
- Have you attended similar training in the past? How does this compare and potentially link in with previous training?
- How would you describe the strengths of this project and training?
- Are there any limitations?
- Did the training shape and develop your knowledge of brain development?
- Did the training shape and develop your knowledge of the impact of ACEs on brain development?
- In your view and experience, can this training and model contribute to your role development and practice?
- In your view and experience, can this training and model contribute to multi-agency practice to support children and families?
- In your view and experience, can this training and model contribute to the broader work of services and communities to support children and families?
- Is there a particular tool/aspect of this model/training that you will use? (Prompt- the use of metaphors/brain architecture)

- What's your views on the potential and application and development of this training and model within your area and across North Wales?
- Do you have any views on how this training/practice model could potentially be developed in the future?
- What would you like to see changed if anything?
- What have been your key 'takeaway' point from being involved in this project, training, and evaluation?

Do you have any future recommendations?

- Explore additional issues.
- Are there any issues or ideas that you would like to raise that we haven't discussed so far?

Thank you very much for attending.

<check participants are OK > Remain to answer any individual questions/queries.

Appendix 5: Project Governance Structure

- Steering Group Members: Dr Ceryl Teleri Davies (Consultant), Amanda Williams (Early Years Workforce Development Officer), Kathy Williams (Flintshire Early Years Pathfinder Integration and Transformation Coordinator), Lesley Millband (Section Manager Family Support North and West and Business Change, CCBC) and Gail Bennett (Early Years Pathfinder Regional and Flintshire Early Years and Family Support Service Manager).
- Local Pathfinder Boards including Flintshire Early Years Board; Wrexham Early Intervention and Prevention Board; (these need to be checked by Wrexham and added to by Gwynedd, Ynys Mon).
- Regional Early Years Partnership.
- North Wales Regional Partnership Board.
- This work forms part to the North Wales Early Years Pathfinder plan 2022-24, funded by Welsh Government.