COMMUNITY BASED DRUG EDUCATION

An evaluation of the CAD Family Focused Drug Education Programme and Tutor Training Programme

Yvonne Leckey & Martina Casey

January 2016

Community Awareness of Drugs (CAD)

&

North East Regional Drug & Alcohol Task Force

Table of Contents **Page**

List of Figures/Tables

Executive Summary
This report presents the results of a pilot training evaluation in the North East region to assess (1) the training and delivery of the CAD Family Focus Tutor Training programme and (2) the impact of the CAD Family Focus Drug Education programme on participants.

Background
Community Awareness of Drugs (CAD) is a voluntary not-for-profit organisation and registered charity that provides drug education and training programmes for parents, carers and the community and voluntary sector. Key services include: (a) the Family Focus Programme; (b) the Family Focus Tutor Training Programme; (c) Tailored Training; (d) assertiveness and drug awareness sessions with vulnerable young people; and (d) Education Days. All services adhere to the Drug Education Workers Forum (DEWF) Quality Standards in Substance Use Education. These standards provide a best practice resource which guides practitioners in the provision of substance use education. As part of the CAD Strategic Plan (2013-15), this evaluation was undertaken to determine if the Family Focus Programme could be replicated in Cavan, Monaghan, Louth and Meath.

Methodology
The evaluation took place between February 2014 and April 2015 and comprises four components;

- An assessment of the process of implementing the Family Focus programme in the North-East region;
- An evaluation of the effectiveness and delivery of the Family Focus Tutor Training Programme;
- An impact evaluation of the Family Focus programme on participants and children; and
- Recommendations for the future for programme replication.

Quantitative data was collected from questionnaires administered to 15 trainees undertaking the Tutor Training programme along with 28 participants who participated in the Family Focus programme. Supplementary documentation such as CAD reports, internal documents and email correspondence informed the overall implementation strategy in determining whether sufficient implementation structures were in place to achieve successful programme delivery.

Findings
Enablers to implementation were identified throughout the implementation stages and included; stakeholder consultation and buy-in; implementation champion and leadership; an implementation plan and a communication strategy.

A number of barriers were also found which impeded implementation, these included; a lack of resources for programme delivery; poor commitment by some organisations to the fidelity of implementation and insufficient data for evaluation purposes.

While the programme was, in general, delivered with fidelity, difficulties with incomplete or missing data limited our findings. Nevertheless, results from the evaluation of the Tutor Training Programme reveal:

- All trainees were satisfied with course preparation and content over both training days;
- All trainees were satisfied with training delivery methods and programme materials;
- All trainees commended the facilitators' knowledge and skill in addressing queries and providing impartial feedback to the group;
- The majority of trainees were confident in their ability to deliver the programme post-training.

Findings from the impact evaluation of the Family Focus programme have shown:

- Increased participant knowledge and confidence in dealing with alcohol/drug issues in the home;
- Specifically, considerable improvements were found in relation to knowing if their child had a problem with alcohol/drug use and knowing what to do to help prevent misuse of alcohol/drugs;
- Improved parent-child relationship was evident; parents were interacting with their children in a more positive way with many reporting they could have an open discussion with their child about drugs and consider themselves a good influence on their child;
- The majority of participants indicated they would be confident implementing what they have learnt on the programme and in developing a family-orientated drug prevention strategy.

Recommendations

- Strong management support and buy-in is essential from all stakeholders in the early stages to drive implementation of programme delivery and training.

- Promote greater collaboration with community organisations/agencies to build capacity for training and delivery purposes and to ensure sustainability.

- Building a supportive organisational culture is necessary throughout the implementation process to support the development of the programme and maintain consistent standards of practice.

- Importance of educating trainee tutors, prior to implementation, of the necessity for accurate and complete data for fidelity purposes.

- Designate an individual, or establish an implementation team, who will oversee data collection to ensure completeness of data and consistency of fidelity. The continuous (or future) use of programme data will help to monitor progress and improve tutor competency and confidence.

- Secure ongoing funding to ensure programme delivery is continued and replicated throughout the region.

- Explore other avenues of delivery; such as identifying key organisations/settings where individuals can be trained to deliver the programme on site eg. community workers.

- Provide additional content for the Tutor Training programme and greater opportunities for trainees to practice programme delivery.

- Programme tutors need to better manage their time to ensure the all components of programme are covered.

1. Introduction

This report summarises an evaluation of the CAD Family Focus programme, a drug education programme designed to support parents by providing knowledge to help prevent the onset of drug use. The programme evaluation was conducted by an external independent team of researchers including Yvonne Leckey (Maynooth University) and Martina Casey (University of Ulster) with advice and support from Prof. Catherine Comiskey (Trinity College, Dublin).

1.1 Background

Evidence suggests that the involvement of parents with their children is a major protective factor in reducing risk factors in young people and the provision of information on substance use to parents further reduces the risk of substance use amongst adolescents and young people (NACD 2010). Effective programmes which provide support to families are therefore recommended as a preventative and early intervention approach to delay substance abuse. The Family Focus programme is a model of best practice and is included on the Exchange on Drug Demand Reduction Action (EDDRA) as a recognised drug intervention programme. The programme is also continuously evaluated to ensure the programme develops in accordance with latest drugs research and participants needs.

An evaluation conducted in 2008 found that CAD's services are well respected by statutory, community and voluntary drug services providers and in providing parents with balanced information around substance use and misuse in order to reduce risks amongst children (Street 2008). A number of recommendations were made which included increasing links with local and regional drug task forces in order to explore options to deliver programmes in other areas and introducing a training programme for wider dissemination of the programme. These findings were adopted and expanded on in CAD's Strategic Plan (2013-15) which specifically highlighted research, evaluation and programme replicability, in building a comprehensive strategy to promote CAD's expertise in drug prevention and education. In particular, the report highlighted the need for evaluating both the Tutor Training programme and the Family Focus programme as models of replicability.

1.2 Methodology

The aim of the research is to undertake a pilot evaluation of the CAD Family Focus Drug Education Programme and the related Tutor Training programme, both of which were rolled out for the first time in the North East region (Monaghan, Cavan, Louth and Meath). The evaluation took place between February 2014 and April 2015. The report comprises three strands;

(a) the overall implementation of the Family Focus programme will be examined using an implementation science framework designed to determine how adequately the programme has been implemented, and identify any enablers and/or barriers to effective implementation.

(b) an evaluation of the Tutor Training programme is contained in the second part of the report (Results of the Evaluation) using data from questionnaires completed by 15 trainees on two occasions; at the end of each training day.

(c) an assessment of participant outcomes from the Family Focus programme is presented in the third section (Findings from the Family Focus Programme). Feedback was obtained from 28 participants on a pre- and post-programme basis.

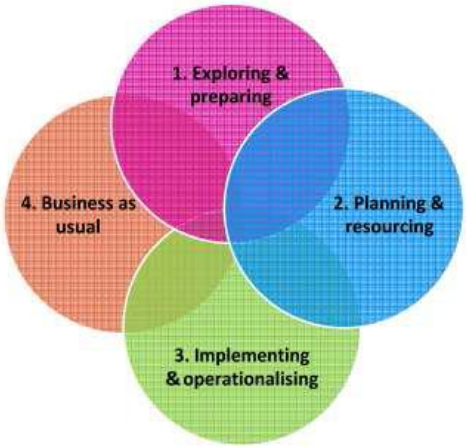
1.3 Funding

This project was funded by the North East Regional Drug & Alcohol Task Force.

2. Implementation Framework

In order to assess the implementation of the programme in the region, this evaluation employs an implementation framework proposed by the Centre for Effective Services (CES) (Burke, Morris and McGarrigle 2012), which describes four key stages of implementation; (1) programme set up (exploring and preparing); (2) installation (planning and resourcing); (3) early implementation (implementing and operationalising); and (4) full implementation ('business as usual') (*Fig. 1*). It must be noted that these stages do not operate in a sequential manner but may overlap throughout the implementation process. Therefore the process must anticipate and respond to any opportunities or challenges as they emerge across the implementation process.

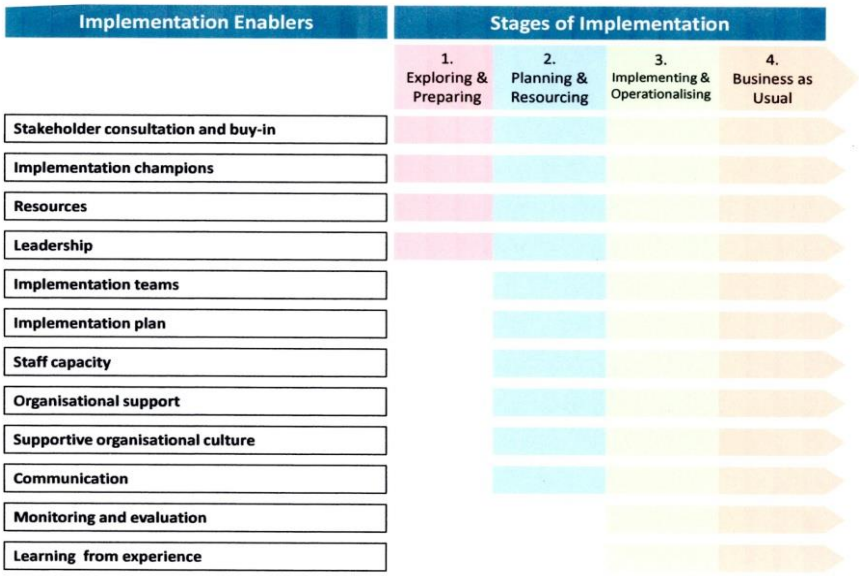
Figure 1: Implementation Stages



Source: Adapted by CES from Fixsen et al. (2005)

Each of these four key areas of implementation requires specific tasks that must be undertaken to ensure implementation is achieved as smoothly as possible. The first stage of exploring and preparing involves identifying needs of the population and developing a programme to address these needs. This involves consultation with key stakeholders and identifying leaders and champions to support and drive the implementation process. The next stage of planning and resourcing includes the preparatory activities needed to drive implementation; such as developing staff selection protocols and training systems and securing funding and resources to fully support delivery. An implementation plan must also be prepared outlining the steps to be taken along with assigned responsibilities. The third stage of implementing and operationalising involves programme delivery and establishing a panel of trainers for future delivery. Evaluation mechanisms should be in place to evaluate the outcomes and impact of the programme. Communication and monitoring are also an important part of this phase both to inform future organisational decisions as well as policy decisions. Business as Usual refers to the final stage of implementation where the programme is up and running and embedded within the community. Throughout these first three stages, there are a number of factors or enablers which contribute to the success of the implementation and operate at various stages of the implementation process (*Fig. 2*). These Implementation Enablers come into play at various stages through the implementation process and are essential to its success. CAD documentation including resource materials, programme manual, reports and email correspondence were examined as part of this process.

Figure 2: Implementation Enablers



2.1 Enablers to implementation

A number of enablers or facilitating factors were evident across the stages of implementation, these are outlined below and include; stakeholder consultation and buy-in, champion/leadership, resources, an implementation plan and a communication strategy. These enablers facilitated the implementation strategy throughout the initial early stages of the process and are detailed below.

Stage 1 – Exploring and Preparing

2.2 Stakeholder consultation and buy-in / champion / leadership

A key element of the early implementation phase involves fostering a supportive climate for implementation, and securing buy-in with key stakeholders (Burke et al., 2012). The development of partnerships is necessary to support the delivery of services and to secure support for replication. A key element of CAD's work is the building of partnerships and collaborative working with multiple statutory services and community organisations in order to facilitate the delivery of the Family Focus programme. In 2013, CAD took the opportunity to promote and expand its services within the north-east region of the country by contacting the North-East Regional Drug and Alcohol Task Force (the Task Force). The Task Force, and specifically the Prevention and Education Sub Committee, had long supported school-based peer education training in substance misuse prevention and were "*keen to provide support for a programme aimed at parents too*" (email correspondence between CAD and the Task Force). Having previously collaborated with CAD, the Task Force were exploring options to deliver a high quality evidence-based programme and the Family Focus programme was considered a natural fit with their organisational requirements. In early 2014, following a submission to the Prevention and Education Sub Committee, a joint project between the Task Force and CAD was established to undertake an assessment of the process of implementing the Family Focus programme in the North East region. This would also involve an evaluation of the effectiveness and delivery of the Family Focus Tutor Training Programme in addition to an impact evaluation of the Family Focus programme on participants and children. CAD's leadership, particularly in the early stages of the project, was instrumental in securing buy-in for the project. As champions of the programme, the Task Force actively promoted the implementation process and facilitated recruitment and training of staff.

Stage 2 – Planning and Resourcing

2.3 Resources

Having secured the necessary funding, the next stage was to plan for implementation and assess the resources needed to replicate the programme in the region. One of the major barriers to implementing evidence-based practices is the lack of resources. Sufficient resources are needed to facilitate and support programme implementation. Successful implementation also depends on the selection, training and coaching of suitable trainees to improve skills and encourage best practice. As part of the roll-out of the programme in the North East region, locally based agencies/organisations nominated staff as volunteers to train and deliver the Family Focus Programme. These partnerships served to minimise costs associated with recruitment, training and programme delivery while also ensuring programme sustainability. The Task Force and the Prevention and Education Sub Committee were tasked with identifying potential tutors from agencies working within the region. Prospective candidates would include; Community Development Workers, Social/Youth Workers, Family Support Group leaders, Parent Support Advisors and retired Teachers (CAD Annual Report 2013). Retired professionals or members of Drugs Awareness Groups were also to be considered. In addition, prospective trainees were to have the following attributes:

Selection criteria for Trainee Tutors

- Expertise of, and experience in, working with parents
- An empathetic approach and a commitment to working with parents
- An understanding of how to support parents from a diverse range of backgrounds and family circumstances
- Strong community and family links

According to the implementation plan, 16 trainee tutors would be recruited in late 2013 and undertake training in Spring 2014. Trainees would deliver programmes on a voluntary basis and had to commit to two programmes per year. Employers would release staff for the two day training and also for delivery of the programme twice yearly for six sessions at a time. Employers would also provide the IT requirements (such as laptop and projector) for the roll out programmes. A copy of the CAD slides on USB and a folder with all sessions including handouts was made available for all trainees.

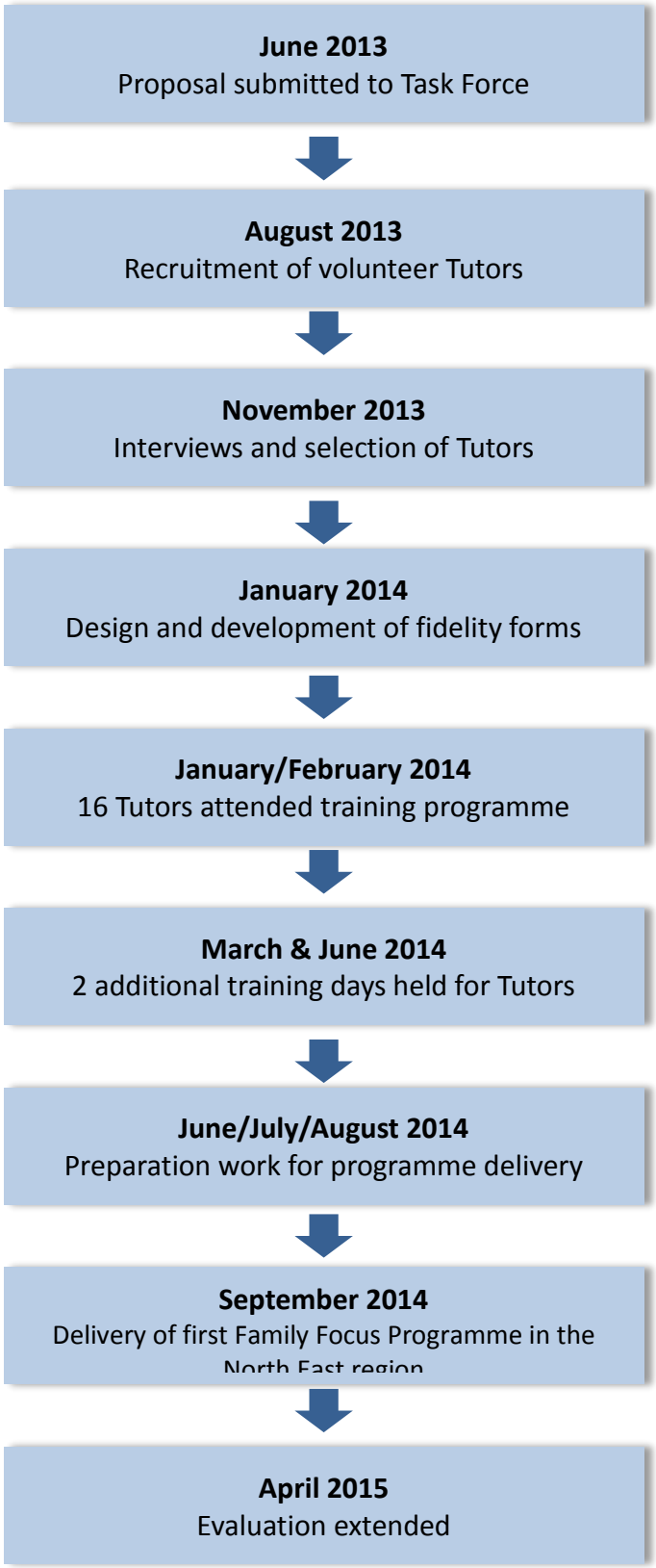
The initial recruitment phase proved successful. Recruitment began in August 2013 and, following interviews in November, 16 trainee tutors were engaged by CAD to undertake training for the Family Focus programme. The trainees were drawn primarily from three local organisations; four Trainee Tutors were recruited from Meath Community Drug & Alcohol Response (MCDAR) and a further seven were associated with the Irish Bishops Drugs Initiative (IBDI). Two trainees worked with Kells Resource Centre and the remaining two trainees were independent. One individual was unable to undertake training but offered his support to CAD; however, he changed jobs shortly after and subsequently withdrew. A total of 15 trainee tutors attended the two day training sessions held over two days in January/February 2014. An additional training session on the CAD Single Session Drug Awareness Presentation was attended by 7 trainees with a further 5 trainees attending additional training in June 2014.

2.4 Implementation Plan

While there was no evidence of an implementation team, the Family Focus Pilot Tutor Training Programme (2013), which formed the basis of the proposal to the Task Force, outlined the various stages of implementation and a timeline for programme delivery. This document also included the signing of a Memorandum of Understanding (MOU) and the planning and resourcing tasks such as recruitment, selection and training of tutors. CAD guided the implementation process through setting of goals, managing associated work and overseeing the process. The proposed timeline

covered 2013-14 with preparatory activities being undertaken in early 2013 and an anticipated completion date of December 2014 (*Fig. 3*).

Figure 3: Implementation Timeline



While the recruitment of prospective tutors was in progress, planning and administrative tasks were underway to assess fidelity of training and programme outcomes. Tutor and Trainee Tutor forms were devised to assess programme training, integrity and delivery. A participant questionnaire was also designed to identify immediate impacts in outcomes such as changes in knowledge, skills, and attitude that could be attributed to the programme. Results of the Tutor Training programme and Participant Outcomes are described later in the report.

2.5 Supportive organisational culture

In order to achieve full implementation, a supportive organisational culture must be created and maintained throughout the process. A supportive organisational culture supports programme implementation and ensures that all collaborators understand the programme vision and cooperate in the implementation. While both the Task Force and MCDAR were actively engaged in the implementation strategy, no evidence exists of a similar supportive culture within the other organisations in the region. During the evaluation period, trainees recruited through MCDAR have been the most active in the delivery of the Family Focus programmes. MCDAR's commitment to the implementation was driven by the need to provide a more relevant and up to date drug information programme that would inform both practice and delivery to their client population. As an evidence-based Irish programme, the Family Focus programme was seen as an appropriate choice for their population needs. Considerable time was spent by MCDAR tutors planning, reviewing and organising programme material to assess its suitability for both the trainers and the target group: *"Each completed programme was reviewed, as in our delivery and what could improve or ease the process."* (email correspondence between CAD and MCDAR May 2015). This initial investment in the programme would ensure MCDAR's continued support of the implementation strategy throughout.

2.6 Communication

CAD's existing communication strategy underlines the importance of raising awareness of its services, particularly among community organisations in the region. The Strategic Plan (2013-2015) outlines a range of communication strategies employed to promote its services amongst all stakeholders. These include single session information talks, education days and social media techniques. These approaches are necessary as a means of building engagement within communities, increasing awareness of CAD's services and keeping people motivated. Bookings are sourced mainly with Home School Liaison personnel, through word of mouth or contacts in community organisations. The single session information talks are also an important means of engaging individuals with the Family Focus programme.

Disappointingly, there were few bookings for the programme in Spring/Summer 2014 and consequently few opportunities for trainees to practice delivery of the programme. Despite this, delivery of single sessions to various local and community groups has been promising with a total of 14 sessions delivered during this time. Recipients included; Meath Travellers, HSE Social Work Navan, Parent Council Kells, Boyne Community School, Ashbourne Primary Care Unit, and Youthreach, Trim. Feedback from these sessions has shown high levels of engagement and discussion. However, CAD should explore alternative avenues for delivery. For example, it emerged during the course of the evaluation that a local school had decided not to deliver the Family Focus programme and instead chose to continue with delivery of another parenting programme by a staff member in-house. It may be necessary to examine alternative communication strategies to programme delivery and identify potential trainers from key sectors (such as schools) that have the prospect of delivering programmes on-site. Additionally, are there regional explanations for slow uptake of programmes in areas such as Cavan for example, where programme delivery was less successful.

Stage 3 – Implementing and operationalising

The implementation phase explores programme delivery and evaluation. Research demonstrates that poor quality implementation of a best practice programme can be less effective than a high-quality implementation of a less promising programme (Mihalic 2004). If replication of an intervention is to be successful, it needs a means of evaluating whether the programme is actually being implemented as the designers intended (Carroll et al. 2007). It is during the replication stage that implementation fidelity typically suffers and key programme components are modified (Dane & Schneider, 1998). Deviations from the intended programme can result in programme 'drift', such as poor training or insufficient time for delivery of programme content, and the use of fidelity measures can preclude this from occurring. Therefore, it is important to identify barriers to implementation fidelity and develop appropriate methods to address them. Several barriers to implementation were identified at this stage and are reviewed below.

2.7 Barriers to implementation

2.8 Tutor capacity / Organisational support

Implementation can often depend on factors directly related to the organisational structure, such staffing/tutor capacity. While it was acknowledged that the initial recruitment process had attracted highly motivated and experienced volunteers, programme delivery was slow and securing bookings proved problematic. According to the implementation plan, an anticipated sixteen programmes were scheduled for delivery in the region. As of April 2015, eight Family Focus programme were delivered along with 14 single information sessions. A number of factors emerged which impacted significantly on the roll-out of the Family Focus programme. The Task Force emphasised that *"more support in terms of coordination and administration"* (email communication with the Task Force) as well as funding and resource issues would need to be addressed to facilitate future delivery in the region. Specific challenges emerged in relation to retaining newly trained tutors. The trainees, all of whom were volunteers, were drawn primarily from three local organisations; Irish Bishops Drugs Initiative (IBDI), Kells People's Resource Centre and Meath Community Drug & Alcohol Response (MCDAR). Six staff members were recruited from the Irish Bishops Drugs Initiative, of which three trainees withdrew due other commitments and the remaining three anticipate roll out of programmes in the future. Two trainees were recruited from the Kells Resource Centre and delivered one programme. Only four staff recruited through the MCDAR were actively delivering throughout the implementation phase and could be attributed, in part, to their strong organisational support of the programme (as outlined previously).

In order to address these difficulties, subsequent discussions with the Prevention and Education Committee focused attention on developing stronger links with community and voluntary organisations with sufficient capacity to deliver programmes. A strategy was subsequently put in place to engage other community organisations, with the necessary resources and expertise, to recruit additional staff. At the time of writing (December 2015), additional staff have been trained and it is hoped that these Tutors will commence delivery within the region and assist in co-facilitating with Tutors from the first round of recruitment. This will be subject to the delivery locations and workloads of all tutors involved. However, it is expected that skillbase and experience of trainers will contribute to the success of the programme delivery into the future. The Task Force continue to be fully committed to supporting and coordinating programme roll-out in close collaboration with CAD.

2.9 Monitoring and evaluation

Some challenges were encountered with regards to the overseeing and monitoring of implementation process particularly with regards to the fidelity of programme delivery. In light of slow programme delivery and data collection difficulties, it was decided to extend the evaluation until April 2015 to allow tutors additional time to deliver the programme. Trainee Tutors (and their organisations) must commit to training, supervision, and monitoring of the

programme throughout the implementation phase. Establishing an implementation team consisting of members from each organisation would be useful to monitor and evaluate current programme activities with a view to sustaining the programme in the region.

Data collection from the evaluation is an essential part of this process, thus any monitoring mechanisms should be in place to assess the pace of programme implementation and development. A total of 8 programmes were delivered during the evaluation period, however, due to incomplete data the final analysis is based on the delivery of 5 programmes. This sample size is considerably smaller than originally anticipated and the findings presented in this report must take this into consideration. Nevertheless, it does underline the importance of ensuring that all practitioners comprehend the concept of implementation fidelity. It is only when programmes are implemented with fidelity that practitioners and participants alike can achieve the positive outcomes promised. Any ongoing monitoring and evaluation will identify any programme 'drift' that occurs and address these appropriately to improve future delivery.

Stage 4 – Business as Usual

2.10 Findings from the implementation process

Business as usual refers to the stage when core programme components and supports are in place and the programme has become sufficiently embedded. It can often take between 2-4 years to reach full implementation stage. At the present time, programme roll-out in still ongoing and additional funding and tutor capacity is required to ensure its continued implementation. Nevertheless, enablers have been identified that appear to require strengthening; these include building capacity within organisations for programme delivery, securing resources to maintain programme roll out, and greater monitoring and evaluation. Firstly, difficulties engaging community organisations may have repercussions for future delivery. Training alone does not ensure programme adoption; participating agencies and organisations must commit to programme delivery and incorporate its use into existing work practices to bring about sustainability.

Secondly, our findings further suggest that challenges to replication were compounded by increasingly limited financial and human resources and these factors limited the extent to which the programme could be successfully implemented and replicated. The negative impact of staffing and financial limitations is reflective of the existing climate whereby statutory and community/voluntary organisations are required to operate within restricted budgets and staffing cutbacks. In this context, the ability of organisations to commit to or deliver programmes in the short or longer term may be undermined. Finally, a lack of financial/resource capacity can seriously undermine organisational efforts to build effective services. The successful implementation of a programme, such as the Family Focus, requires well trained tutors and practitioners, high levels of engagement from participants and well developed organisational capacity and infrastructure.

2.11 Summary of key learning for replication

Summary of key learning from implementation process

- It is important that the organisational climate is examined to assess readiness to begin and sustain implementation of programme delivery. Ensure programme delivery is compatible with the existing organisational climate and culture.

- Invest enough time to ensure commitment from stakeholders, and recruit individuals with appropriate skill sets.

- Capacity building is vital for long-term sustainability of programme delivery in the region. These include fostering positive relationships with community members/practitioners and providing strong leadership to strengthen cross-community relationships.

- The most challenging barrier was the difficulty in securing bookings for the Family Focus programme and retaining the pool of newly trained tutors. Seek buy-in from high level management of organisations who can encourage and support staff to participate. Explore alternative avenues for delivery; eg. training retired teachers in schools to deliver the programme on-site.

- It is important to be clear with all tutors about the focus of an evaluation. The concept of fidelity needs to be introduced in an accessible manner to all those who have an impact on delivery. Highlight the importance of accurate and complete data for fidelity purposes.

- Identify a designated individual to manage overall programme implementation and ensure consistency of delivery and fidelity.

- Ongoing monitoring and evaluation will be beneficial to ensure the programme is embedded within the region. This involves continuous monitoring, communication and creating feedback mechanisms to inform the development of the programme. Ongoing assessments of fidelity may capture issues related to practitioners' drift or contextual issues that may influence the implementation and receipt of the intervention.

- Securing longer term funding will depend on demonstrating programme effectiveness and ensuring that local communities and organisations value the programme and see it as enhancing local service provision and improving participant outcomes.

3. Results of the Evaluation; Tutor Training Programme and Family Focus Programme

Assessment of fidelity is important to ensure continued validity of an intervention and to maintain consistent implementation of the intervention. Studies have shown that evidence-based prevention programmes are generally not as effective when delivered by prevention practitioners in the field, compared to their original efficacy (Botvin & Griffin 2007). In other words, interventions delivered initially under highly controlled conditions with high levels of implementation fidelity can become less effective when more widely disseminated. Programme adaptations/variations can occur and diminish the programme's effectiveness. Thus the monitoring of implementation fidelity is necessary in order to differentiate possible implementation failure from genuine ineffectiveness (Oakley et al 2006). Implementation fidelity is commonly defined as involving four key areas which need to be measured (Carroll et al. 2007):

(1) Treatment adherence, i.e. the degree to which a programme is delivered as intended;
(2) Exposure of participants to the full programme;
(3) Participant responsiveness and engagement with the programme; and
(4) Quality of delivery, which may include the level of skill, enthusiasm, and preparedness demonstrated by the therapist.

These key areas informed the design of questionnaires in conjunction with current Family Focus programme material (*Fig. 4*). All questionnaires were devised by the research team as a means of evaluating the effectiveness of the tutor training programme, fidelity of programme delivery and impact of programme on participants. Due to budget constraints, independent observations of tutors' delivery of the programme were not undertaken.

3.1 Questionnaire Design

Figure 4: Questionnaire Design

CAD Tutor forms

Tutor questionnaires gathered data on existing skill level, whether they engaged in CPD, and adherence to prescribed programme content, responsiveness and engagement of trainee and overall competence and confidence and in delivery of programme. Additional questions were asked regarding programme resources and the overall suitability of the programme for participants.

Trainee Tutor forms

The Trainee forms focused on adherence to prescribed manual content and included competency, delivery, communication and engagement with participants. Additional demographic information was also gathered such as qualifications and experience of Trainees. Perceived delivery of the programme was also explored; how confident they felt delivering the programme, whether theories were adequately explained, brainstorming techniques employed etc. The provision of resources required to run the programme (supplies, handouts) were also examined. In order to assess the engagement with the programme, a series of questions were asked around responsivity and engagement of participants, and if trainees experienced difficulties with any aspects of the programme or were given adequate opportunities to practice delivery skills. Suggested recommendations for future programmes were noted if applicable. Trainee data was collected on two occasions - at the end of each training day.

Participant forms

Participant feedback was evaluated across a number of areas; initial perceptions and attitudes around drugs in general as well as their relationship/communication with their child. In addition to demographic information, participants were also asked to rate their response to differing elements of programme content, tutor delivery and tutor knowledge. The degree to which expected outcomes (programme objectives) were achieved for participants was also obtained as well as the usefulness of key strategies or activities that were used in the workshop. Participants were also asked to indicate what areas of the programme could be improved and whether they would recommend the programme. Participants were also asked to rate materials/handouts provided and tutors' training. Participant data was collected using an anonymous questionnaire. The participant outcomes were assessed using a pre-post design in order to determine any changes in behaviour or attitudes as a result of the programme.

3.2 Analysis

The analysis used descriptive statistics of samples plus reliability analysis. Within each section, item responses were examined and total scores compiled. Assessment of age and gender differences using independent t-tests with a significance level of $p < 0.05$ was conducted. Open suggestions for improvement were examined qualitatively using a thematic analytical approach.

3.3. Findings from the Tutor Training Programme

The Family Focus Tutor Training Programme adopts a health promotion perspective and updates trainees on current drug use and trends with a view to enabling them to become more informed and confident in their role as drug educators. In addition to course content, the programme focuses on developing key facilitation skills such as managing the group dynamic, encouraging group discussion and brain storming techniques. Trainees are encouraged to practice delivery of components of the programme.

The Tutor Training programme was held over two days; one of the training days was held in Kells and the other in Ardee. Fifteen Trainee Family Focus tutors took part in the training, having an average age of 45.6 years and were drawn from a diverse range of professional backgrounds (*Table 1*). Eighty seven percent indicated having previous experience in delivering training with 80% having previous experience of working with parents. Almost three-quarters of the sample (73%) had worked or were working in the addiction field. As part of their training, tutors were also required to attend two additional training days in Dublin during which Dr. Des Corrigan, EU and Government Drugs Advisor, presents on New Drugs, Latest Trends. This was followed in the afternoon by a practical networking and training session which focussed on participants' delivery of a single session presentation and how this may result in securing future bookings for the Family Focus programme. Seven of the original trainees attended this session. Four individuals were unable to attend and a breakdown in communication resulted in a further four not attending. An additional full day training session in Dublin was attended by five trainees.

Table 1: Trainee professional backgrounds (n=14)

Area	Frequency	Percent
Nurse	1	6.7
Support Worker	1	6.7
Facilitator	1	6.7
Counsellor	4	26.7
Youth Worker	2	13.3
Community Work	2	13.3
Sales Manager	1	6.7
Banking	1	6.7
Addiction	1	6.7
Total	14	93.3
Missing	*1*	*6.7*

3.4 Effectiveness of Tutors

The skill, expertise and professionalism brought to the programme by the Tutors were acknowledged by all trainees. Trainees were also satisfied with the methods for training delivery and materials provided. With the exception of one, trainees were satisfied with the content of the training and relevancy of the content to the objectives / outcomes level. Similarly, comments relating to both course preparation and content were extremely positive. Trainees commended the facilitators on the effort and time in preparing for the programme. Some examples include:

"Your welcome, friendliness and professionalism is to be admired – a good team, good motivators"

"Good balance of knowledge and practical skills".

"Well done girls for all the hard work that this obviously took to put this all together"

"This is an intensive course and I feel it was well covered. Handouts and folder is user friendly".

"I felt that the programme was very informative …. I was kept interested in it at all times".

"It was a programme of learning, fun, information and skills".

"I feel that the programme has been well thought out and it's obvious that a lot of time and effort went into it. … Overall excellent".

3.5 Effectiveness of Training

Findings from the Tutor Training evaluation reveal that trainees acquired new knowledge and skills as a result of the two day training session. Eighty-seven percent of participants were confident in their ability to deliver the programme and agreed that training was sufficient for future delivery. In general, responses to improvement on training were positive. Trainees were satisfied with the content and organisation of the training days.

While the training was acknowledged by many to be informative, it was also considered quite intensive in terms of content and delivery time involved. Just over a third of participants felt that additional information on programme content should be provided (33%), while 20% felt the need for additional time for practice sessions. Similarly, 13% indicated a need for additional information on programme delivery with the same number reporting a need for additional discussion time. Some participants felt they would benefit from the inclusion of more interactive activities and greater time allocated to the 'Question and Answer' sessions:

"*I think the programme could do with an extra day and more working in groups.*"

"*I found the course a little rushed, more time needed to go through the manual …"*

"*I'd love to see more DVD options within the visual presentation on offer.*"

Indeed, it was noted by some participants that the training programme may be too short in duration and that more time may be required to allow participants to become more familiar with the manual and to allow more time for practise of programme elements. Including pre-training requirements, such as requiring participants to read the manual prior to training, will allow participants to improve their knowledge of the programme and facilitate the learning process.

At the end of the training session, all participants were asked to indicate their confidence in delivering a programme and with the exception of one individual, all participants felt sufficiently confident to co-facilitate delivery with an experienced tutor. Some barriers were identified such as 'stage fright', doubting oneself, and managing possible conflict within the group. It is noteworthy that all participants were satisfied with the level of post-training support available and excited about the prospect of future delivery:

"*I'm very excited going forward and look forward to delivering the pr*ogramme."

"*I am looking forward to getting a programme under my belt knowing how much parents will get from it.*"

"*The sessions are clear and easy to follow and I personally feel very comfortable about rolling it out and am excited about how it will evolve.*"

"*Very glad to see the programme coming to Meath and NE. Great potential to keep it alive and ongoing.*"

3.6 Trainee Tutor Fidelity

Trainee Tutor fidelity was assessed over the course of six weeks when they co-facilitated delivery for the first time. Due to loss of staff, only five trainees (from the initial 15 who undertook training) delivered the programme during the evaluation. Thus findings here relate to five trainee tutors who worked in pairs with lead facilitation alternating week to week over the six week period. Feedback was sought for each of the six sessions from the paired tutors.

Each week, tutors were asked to identify which components were delivered, if any components were adapted, if any components were added or skipped, and if the components were delivered within the allocated time. Further questions were included to establish if all the exercises for the respective sessions were included and if not, which exercises were missed. Information on participant numbers, responsiveness, engagement levels and difficulties were also sought for each week. For week six, in three of the programmes, tutors were asked to comment on the resources provided, the programme's relevancy, appropriateness and topic inclusion.

Findings show that adherence to delivery of the weekly key components was high and overall delivery performance results found strong agreement for participant engagement techniques such as prompts, engagement questions and responding to questions across all 6 weeks. However, some sessions were missed and it is not clear from the data whether these sessions were followed up with the following week. For Week One, two pairs of participants were unsure as to whether they had employed brain storming/problem solving techniques within the group with another pair indicating uncertainty of how well they had explained theories and concepts. While adaptations to programme content did occur, they emerged in the context of the group process; whereby participants expressed an interest in key areas such as cannabis which often resulted in additional time being allocated to the topic. This was particularly evident with one group where the tutors reported parental concern around the use of cannabis, as one facilitator noted; "*hearing how damaging cannabis was, as most of the participants were aware that their young people were using it*". Strict adherence to content is considered essential to maintain programme integrity, however deviations from content can be interpreted positively as facilitators altered the delivery in response to group discussion. If facilitators are reaching key programme objectives, there may be some flexibility within the programme to allay participant concerns concerning risk of drug use and encourage group discussion.

3.7 Challenges – Time management

A key learning for trainees appears to be time management. Covering the required content over the six weeks proved difficult for some tutors. The findings also reveal that the majority of exercises were not covered in Weeks Two, Four, Five and Six. As trainees become more familiar with programme content and more experienced in programme delivery, their ability to cover all programme content will improve. However, time management is essential for programme delivery and trainee tutors may require additional learning in this area. Building additional practice time into the training programme is recommended to reinforce the learning and manage any emerging difficulties in the training process.

3.8 Summary of key learning for replication

Tutor training programme - Key learning for replication

- Provide additional information on programme content
- Greater opportunities for trainees to engage in discussion
- The inclusion of a broader range of delivery techniques eg. interactive sessions to give trainee tutors a chance to learn and practice new instructional techniques
- Additional time allowed to practice delivery of training components particularly for less experienced trainees

4. Findings from the Family Focus Programme

4.1 Programme Outline

The Family Focus Programme promotes the role of the parent in educating their young people about the risks associated with substance use in an effort to reduce the demand for drugs / alcohol. As prevention is a key component of the programme, the programme aims to increase parental knowledge and awareness around drugs in order that parents develop a greater understanding of the dangers associated with problem drug/alcohol use. In particular, the programme seeks to promote healthier lifestyle choices among young people by encouraging healthy attitudes regarding the use of legal and illegal substances whilst also encouraging open communication with their children on drug related issues. Finally, each participant is strongly encouraged to develop a drug prevention strategy within their own home.

The Family Focus programme consists of six, weekly sessions lasting around two and a half hours. Discussion amongst participants is encouraged and topics include drugs and their effects, drug prevention; parenting; health promotion; mental health issues and treatment options. Programme content covers areas such as:

- Up to date information on drugs and alcohol; effects and risks associated with misuse
- Attitudes and decisions related to drug misuse
- Exploring the risk and protective factors associated with drug misuse
- Improving communication skills with children
- Developing a family focused drug prevention strategy in the home

4.2 Questionnaire design

A questionnaire was devised to identify immediate impacts in outcomes such as changes in knowledge, skills, and attitude that could be attributed to the programme. Participant feedback was sought on two occasions, pre- and post-programme. The programme was delivered on five occasions, across four locations in Kilcock, Athboy, Ashbourne and Navan. Three sites failed to complete either pre- or post-programme feedback forms, therefore participant outcomes are based on full pre/post programme data (n=28). The majority of participants were aged 35 years or older (85%), with five participants (13%) aged 34 years or younger. Thirty-five participants had children, ranging from 1 to 7 children in total with a mean of 2.5 children.

Participants were asked to indicate their main reason for enrolling for the programme. The majority (n= 21) responded that they wished to gain more knowledge, seven participants had concerns regarding a child taking drugs, whilst a further four enrolled on the recommendation of a relative or friend (*Table 2*). When asked to detail how they had heard about the programme, the majority indicated that it was through a school or Home School Liaison Coordinator (n = 21), while two had heard through a friend or relative and an additional four through another, unspecified, route.

Table 2: Participant responses for undertaking programme (n=32)

Reason	N
To gain more knowledge	21
Concerned about child taking drugs	7
It looked interesting	0
Friend / Relative recommended it	4

4.3 Programme results

Data from pre-programme questionnaires indicates that over half of participants responded that they were knowledgeable about the risks of taking drugs (56%) and that peer pressure can influence drug taking (77%). However, just over half of participants indicated that they knew little about different types of drugs (51%) or would not recognise the symptoms of drug misuse (44%) (*Table 3*).

Table 3: Pre-programme participant responses to drug knowledge (n=39)

Area Assessed	% Agree	% Unsure	% Disagree
Knows a lot about the different types of drugs	35.9	12.8	51.3
Knows a lot about drug taking risks	56.4	10.3	33.3
Would recognise symptoms of drug misuse	48.8	7.7	43.6
Knows peer pressure can influence child drug taking	76.9	7.7	0

At the completion of programme delivery participants were again asked for their responses to the same areas as was assessed initially. In particular, knowledge regarding different types of drugs and their use/misuse shows a substantial improvement across all four questions when compared to pre-programme responses (*Table 4*). In all areas, over 90% of participants were in agreement indicating an increase in knowledge of the symptoms and risks associated with drug misuse.

Table 4: Post-programme participant responses to drug knowledge (n=28)

Area Assessed	% Agree	% Unsure	% Disagree
Knows a lot about the different types of drugs	92.9	3.6	0.0
Knows a lot about drug taking risks	96.4	0.0	0.0
Would recognise symptoms of drug misuse	92.9	7.1	0.0
Knows peer pressure can influence child drug taking	100	0.0	0.0

Additional findings indicate that approximately three-quarters of the sample or higher felt they were well informed regarding alcohol (77%) and smoking (85%). Pre-programme attitudes and behaviours towards alcohol/drugs/smoking issues and influences were also assessed and findings demonstrate that the majority of participants had clear rules regarding alcohol/drug misuse in the home, engaged their child in open discussion about drugs/alcohol, considered themselves a good influence on their child, made an effort to know child's friends, were aware of the effects of parental smoking/drinking and encouraged child to use techniques to boost self-esteem. However, participants' responses were less positive for having a strategy to deal an incident of drug or alcohol use (18%) and knowing what they could do to help prevent their child misusing alcohol or drugs (33%). A total of 39% of participants felt that they would not be confident in dealing with alcohol or drug issues in the home and just under a quarter felt that they would not know if their child had a problem with alcohol or drug use (24%) (*Table 5*)

The same questions were administered to all participants after programme completion. *Table 5* illustrates participant responses pre- and post-programme with post-programme responses shown first and pre-programme responses in italics. A number of specific positive outcomes were noted such as knowing what to do to prevent child misusing alcohol/drugs, from 33% to 93% and knowing if child had a problem with alcohol/drug use' with 100% of the sample now in agreement compared to 45% pre-programme.

Table 5: Post-programme participant responses to alcohol/drugs/smoking influences (n=28)*

Area Assessed	% Agree	% Unsure	% Disagree
House has clear rules re alcohol/drugs/smoking	96.4 *(84.8)*	3.6 *(12.1)*	0.0 *(3.0)*
I can have an open discussion with my child re alcohol/drug use	96.4 *(75.8)*	3.6 *(15.2)*	0.0 *(9.1)*
Encourage my child to use techniques to boost self-esteem	92.8 *(75.8)*	7.1 (*18.2*)	0.0 (*6.1*)
Know what I can do to prevent my child mis-using alcohol / drugs	92.8 *(33.4)*	7.1 *(27.3)*	0.0 *(36.0)*
I can manage child conflict and encourage problem solving	96.5 *(45.5)*	3.6 *(36.4)*	0.0 *(15.1)*
Has a good relationship with child	92.9 *(91.0)*	3.6 *(9.0)*	0.0 *(0.0)*
Makes an effort to know child's friends	100 *(94.0)*	0.0 *(3.0)*	0.0 *(3.0)*
Talks to other parents re issues around alcohol drug/smoking	71.4 *(57.6)*	21.4 *(9.1)*	7.2 *(33.3)*
Tries to listen to child without interrupting	92.8 *(54.5)*	7.1 *(27.3)*	0.0 *(15.2)*
Would know if my child had a problem with alcohol/drug use	100 *(45.5)*	0.0 *(30.3)*	0.0 *(24.2)*
Considers self a good influence in child's life	100 *(84.9)*	0.0 *(15.2)*	0.0 *(0.0)*
Confident in dealing with alcohol/drug issues in the home	89.3 *(42.4)*	10.7 *(18.2)*	0.0 *(39.4)*
Has a strategy to deal with an incident of drug/ alcohol use	89.3 *(18.2)*	10.7 *(27.3)*	0.0 *(54.6)*
Is aware that own / partner's drinking/smoking can influence child's behaviour	100 *(93.9)*	0.0 *(3.0)*	0.0 *(0.0)*
Would be confident implementing what has been learnt on course at home	96.4 *(97.0)*	3.6 *(0.0)*	0.0 *(0.0*)

** pre-programme responses in italics*

Considerable improvements were also evident for confidence in dealing with alcohol/drug issues in the home which had risen to 89% compared to 42% pre-programme and having a strategy to deal incidences of drug/alcohol use up from 18% to 89%. Notable improvements were also demonstrated across areas such as; managing child conflict and encouraging problem solving, listening to child without interrupting, having an open discussion with child regarding alcohol/drug use and talking to other parents about alcohol/drugs/smoking. Overall, these results illustrate participants' awareness of the effects and risks associated with alcohol and substance misuse and importantly highlight improved confidence levels in implementing techniques/strategies in the home.

All participants found programme content and support material/exercises useful. Similarly, all participants responded positively to tutors' knowledge and teaching style and reported that their knowledge and skills have been greatly improved as a result of the programme. Participants were also given the opportunity to indicate if the programme could be improved. A large proportion of participants (n=18) were satisfied with the programme as it is currently presented. Five respondents suggested that the material be delivered at a faster pace; two participants felt the programme would have benefitted from less content, while one participant indicated more programme content. All participants but one (n = 27) responded that they would recommend the course to a friend or relative. Despite the low programme reach, the results suggest that the programme was of benefit to participants and was effective in improving participants' knowledge and awareness of drugs and alcohol and effects of misuse.

4.4 Challenges - Missing / Incomplete data

Difficulties emerged with regard to completion of participant questionnaires. While a total of 39 forms were completed pre-programme, only 28 were collected post-programme, therefore analysis could only be conducted on the post-programme responses. Reports suggest that the preparation for training, coupled with administering the evaluation questionnaires, was burdensome for some tutors. It may be necessary to consider tutor and participant burden and the possibility of amalgamating questionnaires if participants are required to complete more than one. In one instance, parents were sent on the programme by the principal of the school. Although this occurred on just one occasion, the circumstance was highly unusual and may have had an adverse impact on participant feedback and validity of responses for that group. Furthermore, in view of the long distances to attend the programme, the trainee tutors made a decision to consolidate programme content and deliver it over five sessions instead of six. Trainee tutor feedback forms did not reflect the programme adaptation as trainees completed the forms as they would have done for a 6 session programme. It was also found that some trainee tutor feedback forms contained missing data (though numbers were small) and we were unable to assess participant exposure to the programme due to missing attendance sheets. Furthermore, it must be emphasised that trainee tutor delivery and fidelity was based on findings from 5 tutors (out of the initial 15 trained), making it difficult to reach any definitive conclusions based on such a small sample size. Therefore the findings illustrated here must allow for the small sample size and any inconsistencies in data collection/completion. Continuous monitoring throughout the implementation stages however will minimise the occurrence of missing or incomplete data. Prior to the evaluation, it is important that the concept of fidelity is clearly explained to all those involved in the process as high fidelity is essential for programme roll out and replication. CAD personnel must explain the significance of the research and highlight the importance of truthful responses and full completion of questionnaires. Identifying a key individual who can oversee the implementation process and ensure the necessary forms are completed and returned will be vital to maintain adherence to fidelity and facilitate ongoing evaluation.

4.5 Summary of key learning for replication

Participant Outcomes - Key learning for replication

- Findings demonstrated beneficial effects of programme for all participants particularly with regard to knowing if their child had an alcohol/drug problem and knowing what to do to prevent the child misusing/alcohol drugs;
- Positive outcomes included improved parent-child relationship and communication;
- Responses indicated that the majority participants had a strategy in place to manage incidences of drug and alcohol misuse in the home;
- Programme could be condensed and delivered in a shorter time span.

References

Botvin, G. J., & Griffin, K. W. (2007). School-based programmes to prevent alcohol, tobacco and other drug use. *International review of psychiatry*, *19*(6), 607-615.

Burke, K., Morris, K. and McGarrigle, L. (2012). *An Introductory Guide to Implementation: Terms, Concepts and Frameworks*. CES Guide. Centre for Effective Services, Dublin .

Carroll C., Patterson M., Wood S., Booth A., Rick J. and Balain S. (2007). A conceptual framework for implementation fidelity [Electronic version]. *Implementation Science.* 2:40.10.1186/1748-5908-2-40 [PubMed: 18053122]

Dane, A.V. and Schneider B.H. (1998). Program integrity in primary and early secondary prevention: are implementation effects out of control? *Clinical Psychology Review.* 18:23-45.

Mihalic S. (2004). The importance of implementation fidelity. *Emotional and Behavioral Disorders in Youth.* 4(4):83-105.

National Advisory Committee on Drugs. (2011) Drug use in Ireland and Northern Ireland: first results from the 2010/2011 drug prevalence survey. Bulletin 1. National Advisory Committee on Drugs & Public Health Information and Research Branch, Dublin .

Oakley, A., Strange, V., Bonell, C., Allen, E., Stephenson, J., & RIPPLE Study Team. (2006). Health services research: process evaluation in randomised controlled trials of complex interventions. *BMJ: British Medical Journal*, *332*(7538), 413.

APPENDIX A - FULL EVALUATION RESULTS

Table of Contents **Page**

Glossary of Terms

Cronbach's Alpha (α) – A measure of scale (questionnaire) reliability. It measures internal consistency, that is, how closely related a set of items are as a group.

FFP – Family Focus Training Programme.

HSCL – Home School Community Liaison

Independent t-tests - a statistical test to determine whether two groups have different average values and if the difference is unlikely to have occurred because of random chance in sample selection.

LSD - Lysergic acid diethylamide – A hallucinogenic drug.

Median – The middle value in a list of sorted (ranked) numbers.

Modal Score – The value that occurs most often in a list of numbers.

Reliability Analysis – a statistical test to determine how well the items (questions) on a scale are measuring the same construct.

Significance Level of $p < 0.05$ - indicates a 5% risk of concluding that a difference exists between two groups tested when there is no actual difference.

SPHE – Social Personal and Health Education

SPSS – A statistical package for the Social Sciences

Thematic Analytical Approach – A qualitative analytic method to identify, analysis and report patterns (themes) within data, minimally organising and describing the data.

Wheel of Change – The Wheel of change, developed by James Prochaska and Carlo DiClemente (1982) is a model designed to help us understand the stages people go through in the change process.

WHO - World Health Organisation

Zinberg Triangle – Dr Norman Zinberg's description (1984) of the drug phenomenon in terms of a triangle of "Drug, Set, and Setting".

SECTION ONE – Evaluation of the Tutor Training Programme

Method
An evaluation of the Family Focus Tutor Training Programme was undertaken to assess the Tutor Training programme delivered to 15 trainee tutors in the North-East region.

Measurements
The Tutor Training form assessed programme content and delivery as well as opportunities for practice and discussion. Any difficulties with the programme were identified and suggested improvements were sought from participants.

Procedure
Quantitative data on was collected from questionnaires administered to 15 trainees at the end of each training day. Training was held over the course of two training sessions; one session was delivered in Ardee, the second session in Kells.

Statistical Analysis
Data collected from the Trainees was imputed into SPSS (version 21) by one of the research team who also conducted the analysis. Descriptive statistics of the sample were obtained followed by reliability analysis of the scales used for each section. Within each section, item responses were examined and total scores compiled. Assessment of age and gender differences using independent t-tests with a significance level of $p < 0.05$ was conducted. Open suggestions for improvement were examined qualitatively using a thematic analytical approach.

RESULTS – Participant Evaluation of Training
Facilitators: Day 1 & 2: Bernie McDonnell; Paula Tunney.

Trainee Descriptive Statistics
A total of 15 participants took part in the training with a gender breakdown of ten females and five males. Age was dispersed over a range of 35 to 57 years with a mean age of 46.5 years (SD = 7.1 years). In terms of area of residence 40% of the participants (n = 6) were from Cavan with an additional 40% from Louth, whilst Dublin, Meath, and Monaghan were equally represented by 6.7% (n = 1) of the sample. Trainees were drawn from a range of professional backgrounds as shown in *Table 1*, with 86.7% having experience in delivering training, 80% having previous experience of working with parents and 73.3% had or were working in the addiction field.

Table 1 Trainee Professional Backgrounds

Area	Frequency	Percent
Nurse	1	6.7
Support Worker	1	6.7
Facilitator	1	6.7
Counsellor	4	26.7
Youth Worker	2	13.3
Community Work	2	13.3
Sales Manager	1	6.7
Banking	1	6.7
Addiction	1	6.7
Total	14	93.3
Missing	1	6.7

Training Environment Results – Physical Aspects

Five items were used to assess the physical environment where the training was held (*Appendices 2 & 3*). Item scoring was on a Likert scale with a range of 1 to 5, where 1 was 'strongly disagree' and 5 was 'strongly agree'. A reliability analysis of this scale showed a Cronbach's Alpha of .895 (standardised $\alpha = .919$). A total score of 15 on these items represented 'a neither satisfied nor dissatisfied' opinion and less than 15 represented dissatisfaction with the physical environment. Results for Day 1 showed that overall the trainees were satisfied with the physical environment ($M = 22.6$, $SD = 2.64$) with a minimum score of 17 ($n = 1$) and five awarding the maximum of 25. A similar but improved result was found for Day 2 ($M = 23.9$, $SD = 1.53$) with a minimum score of 20 ($n = 1$) and eight participants awarding the maximum 25 points.

Using a median split on both age (Median = 46) and total scores on Environment for Day 1 (Median = 23) and Day 2 (Median = 25) independent sample t-tests were conducted to assess if those in the younger age groups scored differently from those in the older age group in this area. Results showed that there was no significant difference between the younger group ($M = 1.71$) and the older group ($M = 1.63$) for Day 1 ($t(13) = .342$, $p < 0.05$). A similar non-significant result was found for Day 2 (Younger group $M = 1.29$, Older group $M = 1.75$) $t(13) = -1.89$, $p < 0.05$, although there was a trend towards significance ($p = 0.08$). When scores were assessed by gender no significant difference was found for males ($M = 1.6$) compared to females ($M = 1.7$) for Day 1 ($t(13) = -3.62$, $p < 0.05$) nor Day 2 (male $M = 1.8$; female $M = 1.4$) ($t(13) = 1.472$, $p < 0.05$).

Training Content – Introduction Stage

Five items were also used to assess the early stages of the training on Day 1 (*Appendix B*), with scoring and implications identical to that previously outlined. Reliability analysis of this scale showed a Cronbach's Alpha of .804 (standardised $\alpha = .806$). The minimum score in this area was 19 ($n = 1$) and the maximum 25 ($n = 5$) with 25 the modal score and a median of 21.5. On the five items, all agreed / strongly agreed that the objectives of the training were presented and that adequate time was allocated to address participants concerns regarding the training. On the remaining three items there was a similar trend, with only one person unclear if the content of the training was outlined, if a group contract was established, and one person was also unsure on the clarity of training outcomes. Independent sample t-tests showed no significant difference by age (Younger group $M = 1.57$; Older group $M = 1.43$; $t(12) = .500$,$p > 0.05$), nor by gender (Male $M = 1.25$; Female $M = 1.60$; $t(12) = -1.155$, $p > 0.05$) for scores in this area.

Two additional questions were asked to assess the overall content of the training, one assessed participants perceptions of the difficultly level of the training and one asked if the content was focused and relevant to the objectives / outcomes. As can be seen from *Table 2* in relation to difficulty level, 80.6% ($n = 13$) were satisfied with the level of difficulty of training with only 6.7% ($n = 1$) dissatisfied. With regard to the focus and relevancy of the content to the objectives/outcomes (*Table 3*) 93.3% ($n = 14$) were in agreement with only one participant dissatisfied.

Table 2 Responses to the Appropriateness of the Level of Training Difficulty

Response	Frequency	Percent
Disagree	1	6.7
Neither Agree nor Disagree	1	6.7
Agree	7	46.7
Strongly Agree	6	40
Total	15	100

Table 3 Responses to the Focus and Relevancy of Content to the Objectives / Outcomes

Response	Frequency	Percent
Neither Agree nor Disagree	1	6.7
Agree	5	33.3
Strongly Agree	9	60
Total	15	100

Three items were included in this section for Day 2 and as can be seen in *Table 4* responses on all items were very positive with no indecision or disagreement.

Table 4 Responses Day 2 on Training Content – Introduction Stage

Item	Agree	Strongly Agree
	n (%)	n (%)
The Objectives of the Training were presented	5 (33.3)	10 (66.7)
The Content of the Training was outlined	4 (26.7)	11 (73.3)
I was clear regarding the Training Outcomes	4 (26.7)	11 (73.3)

Training Delivery

Training delivery was assessed using nine items on Day 1 (*Appendix B*) with scale reliability shown to be .915. A range of total scores from nine to 45 was possible with scores ≤27 representing disagreement or dissatisfaction with the overall level of delivery. Of those that answered all items (n = 13), participants rated this area of training highly (Figure 1) with a range of 32 (n = 2), to 45 (which was the modal score; n = 4), a Mean of 38.31 (SD = 38.31) and a median score of 36. A more detailed assessment showed that all participants were in agreement / strong agreement on the items measuring the suitability of the methods for training delivery and that the paperwork / hand-outs complimented the training. As to whether the methods used stimulated their attention only one person was unsure, with two also unsure if there were sufficient activities to stimulate training, the remainder all scored agreement or strong agreement on these items.

Areas where participants expressed disagreement included insufficient opportunities to practice programme activities (n = 3), the quality of the hand-outs being good (n = 2), and one person felt the pace of the training was not appropriate. Independent t-tests showed no age differences (Younger group M = 1.80; Older group M = 1.38; t(11) = 1.512, p > 0.05) nor gender differences (Male M = 1.40; Female M = 1.63; t(11) = -.746, p > 0.05) in this area.

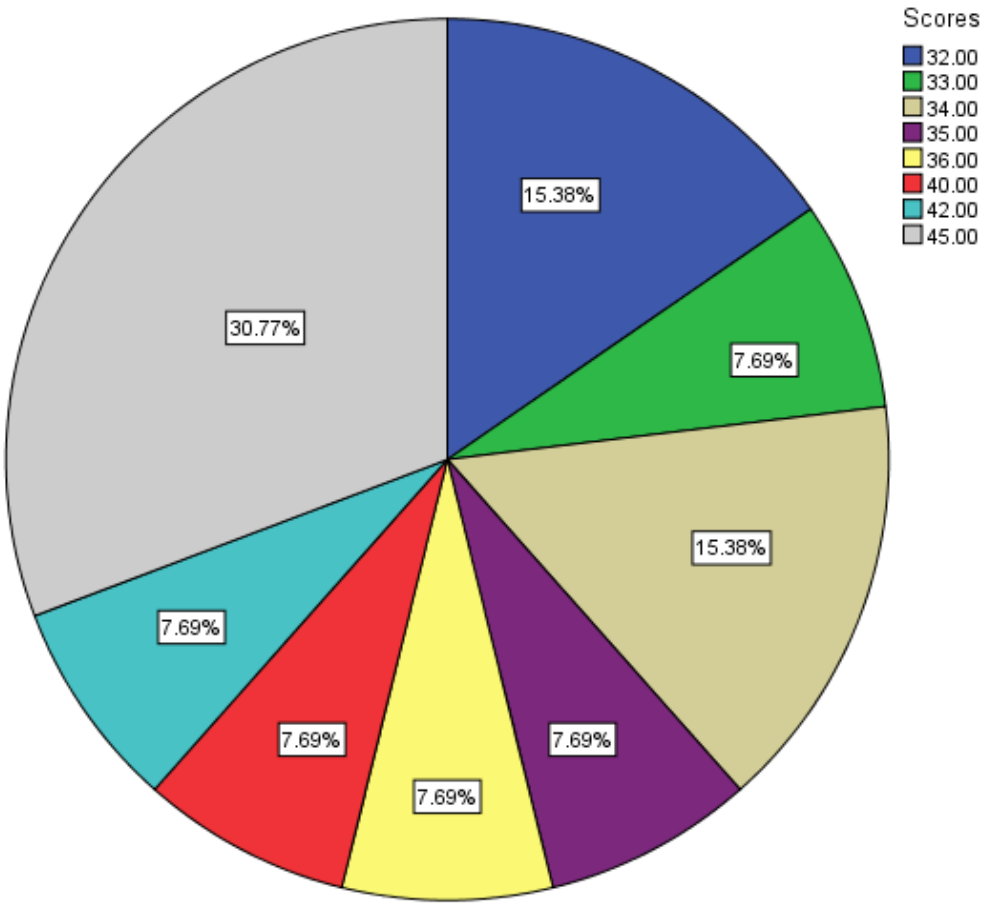


Figure 1: Day One - Percentage breakdown of Total Scores for Training Delivery

The same nine items were reassessed on Day 2 (*Appendix B*) using the same scoring system. Of those that answered all items (n = 14), 85.7 % of participants rated this area of training highly, agreeing or strongly agreeing with positive statements (*Figure 2*). The range was slightly larger range than was found on Day 1 (Range = 27 – 45), however the modal score remained 45 (n = 4) which was the highest score possible. The mean score for the nine items was 39.29 (SD = 6.21) with a median score of 41. When mean differences for Day 2 were assessed using independent t-tests there were no significant results by age (Younger group M = 1.57; Older group M = 1.57; t(12) = .000, p > 0.05) or gender (Male M = 1.50; Female M = 1.60; t(12) = -.318, p > 0.05).

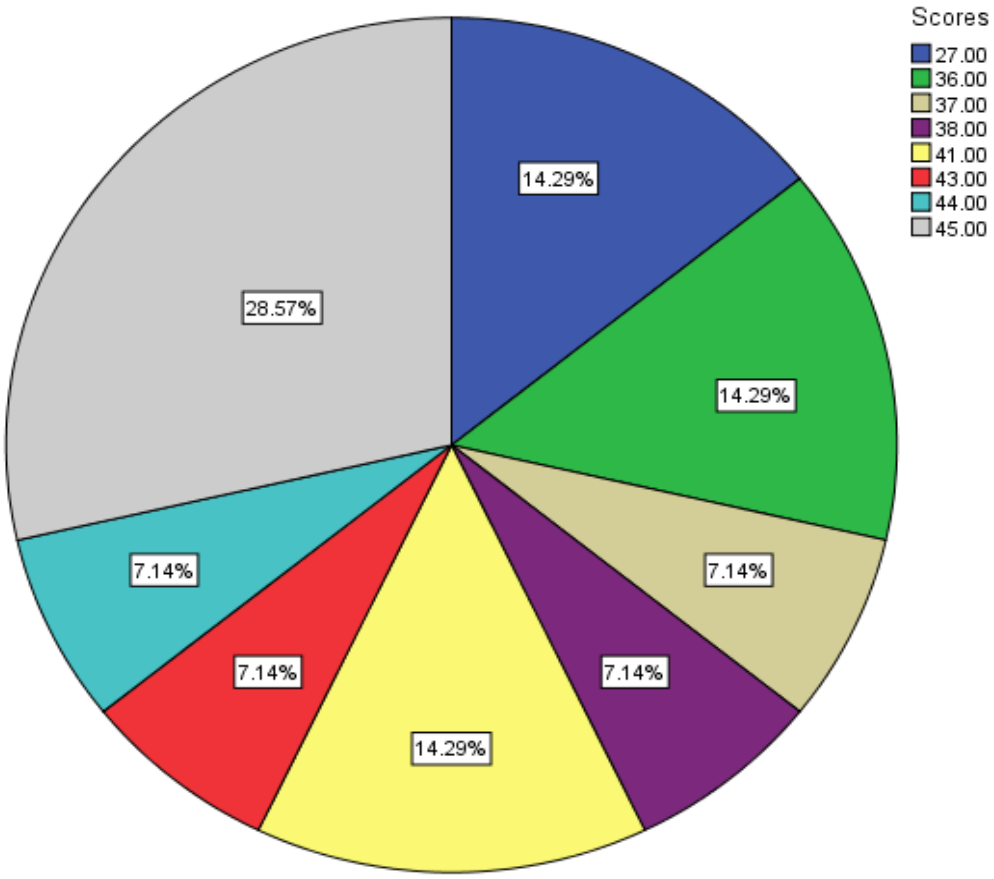


Figure 2 Day Two - Percentage breakdown of Total Scores for Training Delivery

Training Facilitators Performance Assessment

For Day 1 eleven items were included to assess various aspects of Facilitator/s performance as shown in *Appendix B*. Reliability of this scale was good, with a Cronbach's Alpha of .780. Scored on a Likert-type scale similar to that previously outlined a minimum score of 11 and a maximum of 55 was possible. Scores in this area ranged from 46 to 55 with a mean of 52.46 (SD = 2.96), a median of 54 with 55 as the modal score (n = 5). Of the participants who provided answers on all 11 items (n = 13), all positively agreed / strongly agreed on six items; Facilitator Welcoming and Friendliness; Facilitator Professionalism at all times; Preparedness of the Facilitator; Facilitator Theoretical and Conceptual Knowledge; Facilitators' Ability to Answer Questions; and their ability in Providing Consistent and Impartial Feedback. On an additional four items whilst most participants continued to agree / strongly agree with the statements, some participants were equivocal on the following; Provision of sufficient performance feedback (n = 4); Ability to Explain / Illustrate Theories and Concepts Clearly (n = 1); Acknowledgment of Participant Previous Experience (n = 3); and Group Dynamic / Disruption Management (n = 1). Additionally, individual examination of the item responses on this scale showed that one person disagreed with the statement that 'Facilitator Time Management was Good' with 14 responding that they 'strongly agreed' with this statement. Age and gender mean differences were assessed by independent t-tests with no significant differences found: Age (Younger group M = 1.67; Older group M = 1.43; $t(11) = .813$, $p > 0.05$): Gender (Male M = 1.75; Female M = 1.44; $t(11) = .978$, $p > 0.05$).

For Day 2 eight items were included in this section and responses to individual items are displayed in *Table 5* where it can be seen that the majority response on each item was a positive 'strong agreement', with a minimum number of 'agreements' and no unclear or negative responses. The range of scores was 38 to 40 with a mean of 39.67 (SD = .62), and a median, and modal score (n = 11), of 40. Mean differences for Day 2 in this section were also assessed by independent t-tests

with no significant differences found for age (Younger group M = 1.29, Older group M = 1.75; t(13) = -1.890, p > 0.05) nor gender (Male M = 1.80, Female M = 1.40; t(13) = 1.472, p > 0.05).

Table 5 Day 2 Responses on Facilitators' Performance

Item	**Response**	
	Agree	Strongly Agree
The Facilitator was welcoming and friendly	-	15
Displayed professionalism at all times during the training	-	15
The Facilitator was well prepared	1	14
Facilitator time management was good	-	15
The Facilitator acknowledged my previous experience	2	13
The Facilitator was able to answer my questions	1	14
Facilitator feedback was consistent and impartial	1	14
Management of the group (dynamics /disruptions) was good	-	15

Training Outcomes

In this section four items were included to obtain participant feedback regarding training outcomes pertaining to Day 1. The scale in totality showed a high reliability with a Cronbach's Alpha of .876. The total lowest score possible was 4 and the highest possible score was 20 with results showing a mean score of 17.71 (SD = 1.98) a median score of 18 and that the data had multimodal scores (n = 4) of 16 and 20. One item was included to assess if participants felt they had accomplished the training objectives with the sample equally divided between agreeing (n = 7) and strongly agreeing (n = 7) and one person failing to respond to this question. In terms of ability to implement what had been learnt, of the 14 participants who responded all give positive responses with nine agreeing and five strongly agreeing. While the majority of responses (80%) were positive on the sufficiency of the training to permit future delivery (Agree n = 5; Strongly Agree n = 7), two trainees were undecided and one disagreed. The final item in this section queried if additional resources that would enhance the future delivery of the program were provided, and again, the majority response categories were positive (Agree n = 7; Strongly Agree n = 7) with one person disagreeing. Whilst an independent t-test showed no significant result for gender (Male M = 1.75, Female M = 1.50; t(12) = .812, p > 0.05) significant differences were found on age. Age differences showed that those in the younger group scored higher (M = 1.86) than those in the older group (M = 1.29) (t(12) = 2.449, p < 0.05) suggesting that younger participants were more confident regarding future implementation of the training than older participants at the conclusion of Day 1.

On Day 2 seven items were used to assess the training outcomes with this scale showing a reliability estimate of .872. The possible range of scores on this scale was 7 to 35 with a score of 14 indicating dissatisfaction in this area. Results showed that the summed scores ranged from 25 to 35 with a mean of 31.87 (SD = 3.34), a median of 33 and the top score of 35 was the modal score (n = 4). Individual item responses on the seven items are shown in *Table 6* where it can be seen that on six of the seven areas a minority of individuals were uncertain regarding specific outcomes. It can also be seen that only one individual felt that the training was not sufficient to allow them to deliver it in the future. Mean difference testing by gender and age on this outcome section showed no significant differences (Gender: Male M = 1.40, Female M = 1.60; t(13) = -.694, p > 0.05): (Age: Younger group M = 1.71, Older group M = 1.38; t(13) = -1.300, p > 0.05). Thus, the significant difference between age groups found at the end of Day 1 in relation to readiness to implement the program, resources and support for future delivery was lost at Day 2 with the majority of trainees feeling positive in these areas.

Table 6 Day 2 Item Responses on Training Outcomes (N = 15)

Item	**Response (n)**			
	Disagree	**Equivocal**	**Agree**	**Strongly Agree**
Training objectives accomplished	-	1	6	8
Able to implement learning	-	2	5	8
Training was sufficient to allow future delivery	1	1	6	7
Provided additional resources will enhance my future delivery of the program	-	1	7	7
Provided with adequate materials to allow for future delivery	-	1	6	8
I know who to contact with any additional queries	-	-	-	15
Post-course training / support offered is adequate	-	1	-	14

Areas of Training Improvement

In this section participants were provided with eleven suggestions for ways that the Day 1 training could be improved and encouraged to tick all that they felt were applicable. In four of these areas participants had no suggestions for improvement; Improve organisation on the training day; Increase the content included; Allow less time for the delivery of content; Decrease the types of delivery included. In the remaining seven areas only a minority of participants suggested that changes could be made that would improve the Day 1 training as can be seen in *Table 7*, with one exception. The participants were divided as to whether the inclusion of more interactive activities was desirable, with a marginal majority feeling that it was (53.3%). The next most common area receiving improvement suggestions was in relation to whether more time should be allocated to the 'Question and Answer' sessions with just over one quarter (26.7%) providing a positive endorsement on this item. For Day 2 four items were included in this section and all four received scores for areas of improvement. The most common area identified by participants where perceived improvement was possible was on the item suggestion 'Provide additional information on programme content' (n = 5). Two to three participants scored on the other areas as can be

seen in *Table 7* however the majority for each item did not think that the programme would be improved by implementing the suggested options.

Table 7 Endorsed Responses on Training Improvement Items (N = 15)

Item	Day 1		Day 2	
	Yes n (%)	No n (%)	Yes n (%)	No n (%)
Provide better information prior to the training	3 (20)	12 (80)	-	-
Increase clarification of the objectives	3 (20)	12 (80)	-	-
Reduce the content included	2 (13.3)	13 (86.7)	-	-
Include more interactive activities	8 (53.3)	7 (46.7)	-	-
Allow more time for the delivery of content	3 (20)	12 (80)	-	-
Increase the types of delivery included	2 (13.3)	13 (86.7)	-	-
Allow more time for Q & A	4 (26.7)	11 (73.3)	-	-
Provide additional information on programme content	-	-	5 (33.3)	10 (66.7)
Provide additional information on programme delivery	-	-	2 (13.3)	13 (86.7)
Allow more time for practice sessions	-	-	3 (20)	12 (80)
Allow more time for discussion	-	-	2 (13.3)	13 (86.7)

<u>Qualitative Results</u>

To compliment this section on both days participants were asked for any additional suggestions that they thought would improve the training. On Day 1 seven of the fifteen participants provided some suggestions, and on Day 2 six added suggestions. The suggestions were qualitatively analysed and are reported under the following headings.

Preparation

Day 1: One participant felt they would have "*gotten more from the training*" if they had studied the programme before attending.

Timing

Day 1: The Day 1 training was held on a Friday and one individual thought that some alternative day, other than the week's end would be better, or an earlier finish if held on a Friday.

Day 2: One individual would have preferred if the training days were further apart to allow for preparation time.

Content
Day 1: One participant felt that additional clarification was required as to Facilitator expectations of trainees.
Day 2: It was suggested by one individual that more time could be spent on "*going through*" the manual during course time. A second would have liked more information to be provided on "*how young people use drugs*".

Delivery
Day 1: One individual thought that more participant interaction would help to "*get to know the programme a little better*". A second suggested that there should be more scope for the creativity of the facilitators to deliver the programme.
Day 2: One participant thought that additional delivery methods such as DVD or other visual input would enhance the programme.

Resources
Day 1: One individual thought that programme delivery could include more external resources and a second thought that some additional resources could be provided for use with parents e.g. "*handouts on setting boundaries*" and on "*how better to communicate with teens*". A third individual suggested that "*resources that are appropriate and have worked in the past that draw out / engage in the topic of the session*" could be included and would have preferred if newspaper articles included in the pack were dated.

Day 2: The suggestion for more information on parental – teen communication and boundary setting was reiterated on Day 2 by two participants. Additionally, one person suggested that the provided pack could be better organised and a second thought that the softcopy material could also be better organised (indexed and sessional sorted) and cross referenced with the provided hardcopy resources.

Logistics of Future delivery
Day 1: Information on how much time commitment was required from participants, how to identify suitable locations, and how to obtain funding to run the programme was suggested by one participant as areas for improvement.

A number of participants, whilst having no suggestions for improvements took this as an opportunity to express some positive comments on the programme. On Day 1 these ranged from a simple "*Great*" to few more detailed comments such as "*both the facilitators were very helpful and completely professional in every aspect*"; "*it was a good days training*" and "*the day was very worthwhile and informative for me to roll out the programme*". There was a similar occurrence on Day 2 with two additional comments; "*I really enjoyed the training, am delighted to be part of the programme and look forward to delivering it. Thank you for all your hard work and time*" and "*Well done to the facilitators they are friendly and informative*".

These are further supported by comments from the participants collected internally by the facilitators at the conclusion of Day 2 but referring to the training in totality. When examined using a thematic approach, themes were identified under the following:

Course Preparation
Two of the Trainees commented on the commented on the course preparation / design:
"*Well done girls for all the hard work that this obviously took to put this all together*"
"*I feel that the programme has been well thought out and it's obvious that a lot of time and effort went into it. … Overall excellent*".

Facilitators
A common occurrence (almost 50% of Trainees) in the provided feedback related to the facilitators' delivery of the course. Some made very simple but expressive comments such as "*facilitated very professionally*" and "*the facilitators were excellent*" whilst others were more elaborate "*Your welcome friendliness and professionalism is to be admired – a good team, good motivators*" and "*The amount of hard work, dedication and enthusiasm that you have put into the training has inspired me*".

Content
A number of participants commented very positively on the actual course content:
"*content was excellent*", "*Good balance of knowledge and practical skills*" and
"*I found the presentations very good …. The course overall is great and I hope more people will take on doing this*",
"*This is an intensive course and I feel it was well covered. Handouts and folder is user friendly*".

Course Descriptors
Some trainees were more descriptive on how they viewed the content with '*interesting*' and '*fun*' appearing in some comments and a theme relating to information / learning was also evident;
"*I felt that the programme was very informative …. I was kept interested in it at all times*"
"*I got great information*" and
"*It was a programme of learning, fun, information and skills*".

Over one third of the participants stated that they had enjoyed the course, comments included
"*I really enjoyed doing the training*" and "*Really enjoyed the two days*".

Two participants also commented on the group dynamics over the training – "*Support from the group was very positive*" and "*Today I learnt so much from the group dynamics and trading off the group listening to others and how they gave their point was great*".

Future Implementation
The most commonly occurring feedback was in relation to future implementation where all the trainees commented. All the comments were very positive, with the most common themes relating to positive anticipation, excitement and evolvement, for example:
"*I look forward to promoting and using it*"
"*I'm very excited going forward and look forward to delivering the pr*ogramme"
"*I am looking forward to getting a programme under my belt knowing how much parents will get from it*"
"*The sessions are clear and easy to follow and I personally feel very comfortable about rolling it out and am excited about how it will evolve*"
"*Very glad to see the programme coming to Meath and NE. Great potential to keep it alive and ongoing*".

SECTION TWO - Participant Evaluation

Method
An impact evaluation of the Family Focus Drug Education programme on participants in the North-East region was conducted to identify participant outcomes as a result of attending the programme.

Measurements
A Participant Feedback form was developed to assess the impact of the programme on participants in terms of raising awareness and knowledge of alcohol/drug misuse and associated risks, plus improved parent-child relationship and communication. A total of 28 participants undertook the Family Focus Drug Education programme and completed feedback questionnaires pre- and post- programme.

Procedure
The programme was delivered on five occasions, across four locations, by five trainee tutors working in pairs. Participant feedback was sought on two occasions, once at the beginning of the first training session, September 9th 2014 (n = 39) and again at the completion of programme delivery October 7th (n = 28). This analysis is based on the full data obtained from 28 participants.

Statistical Analysis
Data collected from participants was imputed into SPSS (version 23) by one of the independent research team members who also conducted the analysis. Background descriptive statistics of the sample were obtained e.g. age, children, reason for enrolling. This was followed by two assessments of current knowledge relating to alcohol, drugs and smoking, one prior to undertaking the training and a second on completion of the training, where the course content, materials and presentation were also assessed. Open suggestions for improvement were examined qualitatively using a thematic analytical approach. It should be noted that some participants failed to complete all sections of the questionnaires resulting in loss of data from Time 1 to Time 2.

RESULTS
Background
To provide a background of the sample, participant age was requested in one of four categories and whether participant had children and if so, how many. As can be seen from *Table 1* the majority of participants fell in the 35 years or older categories (84.6%), with only five participants (12.8%) aged 34 years or younger. A total of 35 participants had children, ranging from 1 to 7 children in total with a mean of 2.5 children (SD = 2.4).

Table 1 Participant Age Groups

		Frequency	Percent
Valid	26 - 34 yrs	5	12.8
	35 – 45 yrs	16	41.0
	45+ yrs	17	43.6
	Total	38	97.4
Missing		1	2.6
Total		39	100.0

Participants were given four options to describe their main reason for enrolling for the program and as can be seen from *Table 2*, the majority (n = 21) wished to gain more knowledge, seven participants had concerns regarding a child taking drugs, whilst a further four enrolled on the recommendation of a relative or friend. When asked to detail how they had heard about the programme (N = 27) the majority indicated that it was through a school or Home School Community Liaison (n = 21), while two had heard through a friend or relative and an additional four through another, unspecified, route.

Table 2 Reasons for Course Enrolment Responses (N=32)

Reason	N
To gain more knowledge	21
Concerned about child taking drugs	7
It looked interesting	0
Friend / Relative recommended it	4

Level of Knowledge

To establish participant levels of knowledge in the area of alcohol, drugs and smoking and areas that may influence use a series of self-assessment questions were asked of participants. A total of four questions assessed participant knowledge regarding drugs only with five possible responses ranging from 1 = 'Strongly Disagree' to 5 = 'Strongly Agree'. As can be seen in *Table 3* the majority of participants knew less about 'the different types of drugs' (64.1%) and 'recognising the symptoms of drug misuse' (51.3%) and more about the 'risks of taking drugs' (56.4%) and that 'peer pressure can influence drug taking' (76.9%).

Table 3 Participant Baseline Responses to Drug Knowledge (N=39)

Area Assessed	Mode	% Agree	% Disagree	% Unsure
Knows a lot about the different types of drugs	2	35.9	51.3	12.8
Knows a lot about drug taking risks	4	56.4	33.3	10.3
Would recognise symptoms of drug misuse	2	48.8	43.6	7.7
Knows peer pressure can influence child drug taking	4	76.9	0	7.7

Using the same scoring scale, three questions queried participant knowledge regarding alcohol and two questions assessed knowledge on smoking. The modal answer across all five questions was scored at 4, and on all questions approximately three quarters of the sample or higher admitted to being knowledgeable in the areas of alcohol, smoking and their effects.

Table 4 Participant Baseline Responses to Alcohol and Smoking Knowledge (N=39)

Area Assessed	Mode	% Agree	% Disagree	% Unsure
Know a lot about alcohol	4	76.9	12.8	10.3
Know a lot about the effects of alcohol misuse	4	76.9	12.8	10.3
I would recognise the symptoms of alcohol misuse	4	74.3	7.7	15.4
Know a lot about smoking	4	84.6	7.7	7.7
I know a lot about the effects of smoking	4	87.2	7.7	5.1

A series of additional questions assessed participant attitudes and current behaviours towards combinations of alcohol / drugs/ smoking issues and influences with responses shown in *Table 5*. Two areas where participants scored low included having a strategy to deal with an incident of drug or alcohol use with only 18.2% in agreement and approximately only one third (33.4%) knew what they could do to prevent their child misusing alcohol or drugs. Over half the sample (57.6%) admitted that they would not be confident in dealing with alcohol or drug issues in the home and a similar percentage (54.5%) felt that they would not know if their child had a problem with alcohol or drug use. As can also be seen, the majority of participants felt they had a good relationship with their child (91%), made an effort to know their child's friends (94%) and were aware that their own or a partner's behaviour in relation to drinking and smoking could influence their child's behaviour. A further 84.8% stated that their house had clear rules regarding alcohol, drugs and smoking. The area where the largest number of participants either agreed or strongly agreed (97%) was in relation to their confidence in implementing what has been learnt on the course in their home.

Table 5 Participant Baseline Responses to Alcohol/Drugs/Smoking Influences (N=28)

Area Assessed	Mode	% Agree	% Disagree	% Unsure
House has clear rules re alcohol /drugs/ smoking	4	84.8	3.0	12.1
I can have an open discussion with my child re alcohol/drug use	4	75.8	9.1	15.2
Encourage my child to use techniques to boost self-esteem	4	75.8	6.1	18.2
Know what I can do to prevent my child mis-using alcohol / drugs	2	33.4	36	27.3
I can manage child conflict and encourage problem solving	4	45.5	15.1	36.4
Has a good relationship with child	4	91.0	0.0	9.0
Makes an effort to know child's friends	4	94.0	3.0	3.0
Talks to other parents re issues around alcohol drug/smoking	4	57.6	33.3	9.1
Tries to listen to child without interrupting	4	54.5	15.2	27.3
Would know if my child had a problem with alcohol/drug use	4	45.5	24.2	30.3
Considers self a good influence in child's life	4	84.9	0.0	15.2
Confident in dealing with alcohol/drug issues in the home	2	42.4	39.4	18.2
Has a strategy to deal with an incident of drug/ alcohol use	2	18.2	54.6	27.3
Is aware that own / partner's drinking / smoking can influence child's behaviour	4	93.9	0.0	3.0
Would be confident implementing what has been learnt on course at home	4	97.0	0.0	0.0

At the completion of the program delivery participants were again asked for their responses to the same areas as was assessed initially. In the area of knowledge pertaining to drugs and their use substantial improvement was shown across all four questions (*Table 6*) when compared to

baseline responses. Statements one to three showed major improvement in terms of numbers agreeing with the statements when compared to Time 1 results (see *Table 3*) with over 90% of participants now in agreement with these statements indicating an increase in knowledge, and in relation to statement four pertaining to peer pressure influences there was 100% agreement with this statement. This is also reflected in the changes across three of the four questions in a positive direction on modal scores of statements pertaining to 'knowing a lot re different types of drugs' and 'recognition of the symptoms of drug misuse' which increased from a mode of 2 to a mode of 4. The third area showing an increase in modal score (from 4 to 5) was in relation to 'knowing that peer pressure could influence child drug taking'.

Table 6 Participant Completed Training Responses to Drug Knowledge (N=28)

Area Assessed	Mode	% Agree	% Disagree	% Unsure
Knows a lot about the different types of drugs	4	92.9	0.0	3.6
Knows a lot about drug taking risks	4	96.4	0.0	0.0
Would recognise symptoms of drug misuse	4	92.9	0.0	7.1
Knows peer pressure can influence child drug taking	5	100	0.0	0.0

A similar positive effect was seen at Time 2 on responses to statements pertaining to Alcohol and Smoking knowledge. Whilst these had relatively high agreement scores at Time 1 (see *Table 4*) substantial improvement was noted at Time 2 as shown in *Table 7*, where in all but one statement there was 100% agreement. Only one person remained unsure that they 'knew a lot about alcohol'. Whilst there were no changes in the modal scores across the areas of alcohol and smoking, remaining at 4, the minimum score increased from 2 to 3 so whilst some participants remained unsure re the statements, there was no longer any disagreement responses.

Table 7 Participant Completed Training Responses to Alcohol and Smoking Knowledge (N=28)

Area Assessed	Mode	% Agree	% Disagree	% Unsure
Know a lot about alcohol	4	96.4	0	3.6
Know a lot about the effects of alcohol misuse	4	100	0	0.0
I would recognise the symptoms of alcohol misuse	4	100	0	0.0
Know a lot about smoking	4	100	0	0.0
I know a lot about the effects of smoking	4	100	0	0.0

In the area pertaining to alcohol/Drugs/Smoking influences, responses are shown in *Table 8*, where Time 2 responses are shown first, and for ease of comparison, Time 1 responses are shown in bracketed italics. As can be seen, there was substantial improvement across 14 of the 15 areas assessed. In the majority of cases this was evidenced by either no participants in disagreement with the statement (14 of 15) and on one statement a drop from 33.3% to 7.2% 'Talks to other parents re issues around alcohol'. Whilst in three of the areas there was no previous disagreement, improvement at course completion was still evidenced as there was either a drop (1 area) or no participants now unsure (2 areas) in these areas. The only exception to this was the change noted in the last area 'Would be confident implementing what has been learnt on course at home'. At the beginning of the course no one was in disagreement nor unsure of this, whereas at course completion one person (3.6%) now felt unsure re implementation.

Table 8 Participant Completed Training Responses to Alcohol/Drugs/Smoking Influences (N=28)

Area Assessed	Mode	% Agree	% Disagree	% Unsure
House has clear rules re alcohol/drugs/smoking	5 *(4)*	96.4 *(84.8)*	0.0 *(3.0)*	3.6 *(12.1)*
I can have an open discussion with my child re alcohol/drug use	4 *(4)*	96.4 *(75.8)*	0.0 *(9.1)*	3.6 *(15.2)*
Encourage my child to use techniques to boost self-esteem	4 *(4)*	92.8 *(75.8)*	0.0 (*6.1*)	7.1 (*18.2*)
Know what I can do to prevent my child mis-using alcohol / drugs	4 *(2)*	92.8 *(33.4)*	0.0 *(36.0)*	7.1 *(27.3)*
I can manage child conflict and encourage problem solving	4 *(4)*	96.5 *(45.5)*	0.0 *(15.1)*	3.6 *(36.4)*
Has a good relationship with child	4 *(4)*	92.9 *(91.0)*	0.0 *(0.0)*	3.6 *(9.0)*
Makes an effort to know child's friends	5 *(4)*	100 *(94.0)*	0.0 *(3.0)*	0.0 *(3.0)*
Talks to other parents re issues around alcohol drug/smoking	4 *(4)*	71.4 *(57.6)*	7.2 *(33.3)*	21.4 *(9.1)*
Tries to listen to child without interrupting	4 *(4)*	92.8 *(54.5)*	0.0 *(15.2)*	7.1 *(27.3)*
Would know if my child had a problem with alcohol/drug use	4 *(4)*	100 *(45.5)*	0.0 *(24.2)*	0.0 *(30.3)*
Considers self a good influence in child's life	4 *(5)*	100 *(84.9)*	0.0 *(0.0)*	0.0 *(15.2)*
Confident in dealing with alcohol/drug issues in the home	2 *(4)*	89.3 *(42.4)*	0.0 *(39.4)*	10.7 *(18.2)*
Has a strategy to deal with an incident of drug/ alcohol use	2 *(4)*	89.3 *(18.2)*	0.0 *(54.6)*	10.7 *(27.3)*
Is aware that own / partner's drinking/smoking can influence child's behaviour	4 *(5)*	100 *(93.9)*	0.0 *(0.0)*	0.0 *(3.0)*
Would be confident implementing what has been learnt on course at home	4 *(4)*	96.4 *(97.0)*	0.0 *(0.0*)	3.6 *(0.0)*

The consequence of these changes and drops are evidenced in the main by a corresponding increase in the agree responses. Worthy of note are the areas where the three largest changes occurred, with the first in the area 'Has a strategy to deal with an incident of drug/alcohol use' where 89.3% of the sample were now in agreement, a change of 71.1% from baseline (18.2%). The other areas included were 'Know what I can do to prevent my child misusing alcohol/drugs, a change of 59.4%, from 33.4% to 92.8% and 'would know if my child had a problem with alcohol/drug use' a change of 54.5% with 100% of the sample now in agreement. Three other areas where participant confidence increased were in the areas of 'makes an effort to know child's friends', 'considers self to be a good influence on their child' and 'awareness that their own/partner's drinking and / or smoking can influence their child's behaviour' with 100% of the sample now in agreement with these statements.

Programme Content and Delivery

In addition to assessing knowledge related to alcohol/drugs/smoking participants were also asked to provide feedback on the programme content and delivery in a series of 11 statements with participant responses shown in *Table 9*.

Table 9 Participant Completed Training Responses to Course Content and Delivery

Area Assessed	% Agree	% Strongly Agree
Found the programme content to be useful	21.4	75.0
Found the support materials to be useful	50.0	50.0
Found the exercises to be useful	57.1	42.9
Found the group discussions to be helpful	46.4	53.6
Found the course to be well organised	35.7	64.3
Had sufficient opportunities for questions	32.1	67.9
Found Tutor 1's teaching helpful	25.0	75.0
Found Tutor 2's teaching helpful	28.6	71.4
Found Tutor 1 to be knowledgeable about content	21.4	78.6
Found Tutor 2 to be knowledgeable about content	25.0	75.0
My knowledge and skills have been improved as a result of the programme	35.7	64.3

All participants were either in agreement or strongly agreed with the statements provided. There was only one area 'found the exercises to be useful' where more participant responses fell in the 'agree' category than the 'strongly agree' and only one area where both these response categories had an equal number of responses 'found the support materials to be useful'. In all other areas assessed, the majority of the sample 'strongly agreed' with the statements and all felt that their knowledge and skills had been improved as a result of the programme (Agree = 35.7%; Strongly agree = 64.3%).

Using an "If applicable could the programme be improved" format participants were asked to 'tick the boxes that applied' in relation to the following, where it can be noted that the large majority of participants were satisfied with the programme as it is currently presented (n = 18). One person felt the programme required more content depth, whilst two would prefer less content depth, and a total of five people would like to have the material presented at a faster pace.

Table 10 Participant Responses as to How the Programme Could Be Improved

Area	N
No, the programme is fine as it is	18
More depth of content	1
Less depth of content	2
Faster pace of presenting material	5
Slower pace of presenting material	0
Provide more opportunity for discussion/ to ask questions	0

Qualitative Feedback

An opportunity of an open response was also provided in this area and there were four responses that included the following suggestions:

> "*More information breakdown of what is going to be covered*" (1 participant),
> "*Handout of course content/slides would be beneficial*" (2 participants),
> "*Five weeks is too long for parents commuting, and to give the time for a set night for 5 weeks*" (1 participant).

Open responses as to what areas of the programme were considered by participants to be particularly useful were also sought and brought a wide variety of responses which were categorised into the following main areas:

Area 1 – All content was informative / useful (9 participants)
Area 2 – Information provided regarding different types of drugs (7 participants)
Area 3 – The slide shows (5 participants)
Area 4 – Open discussions / listening (5 participants)
Area 5 – Meeting others / opportunities for group work (2 participants)
Area 6 – How to talk to young people regarding drugs / other options that are available (3 participants)

Whilst one person responded that they felt the handouts were the most useful aspect of the course, this was also the only area that also attracted comments when participants were asked to note the areas of the programme they considered less useful, with just two participants commenting. One of these participants merely stated "*handouts*", whilst the second expanded their answer to "*quality of handouts*".

Of the participants who answered the additional questions all (N = 27) responded that they would recommend the course to a friend or relative and when asked if they thought that they needed further information/assistance in the area of drug awareness/drug prevention (n = 24) the majority (n =16) of participants felt this would be helpful, with one participant stating that a newsletter as an update would be their preferred method of additional information.

SECTION 3 - Trainee Tutor Programme Delivery Evaluation

Method
An assessment of the delivery of the Family Focus Drug Education programme by trainee participants was conducted to evaluate trainee competency and confidence in programme delivery plus fidelity to programme content. Participant engagement and responsiveness with the programme was also examined.

Measurements
Trainee Tutor Fidelity forms was developed to assess fidelity to programme content across each of the six weeks of programme delivery. Five trainee tutors completed one form at the end of each session.

Procedure
The programme was delivered and assessed on seven occasions, across five locations, twice in the following locations: Kilcock and Athboy, and once in Ashbourne, Kells, and Navan.

A total of five trainee tutors working in pairs delivered the programme, with lead facilitation alternating week to week over the six week period. Feedback was sought for each of the six sessions from the paired tutors using standardised forms. For each week, the key components were listed and tutors were asked to identify which components were delivered, if any components were adapted, if any components were added or skipped, and if the components were delivered within the allocated time. Further questions were included to establish if all the exercises for the respective sessions were included and if not which exercises were missed. Information on participant numbers, responsiveness, engagement levels and difficulties were also sought for each week. For week six, in three of the programmes, tutors were asked to comment on the resources provided, the programme's relevancy, appropriateness and topic inclusion.

Statistical Analysis
Data collected from the trainee tutors was imputed into SPSS (version 23) by one of the independent research team members who also conducted the analysis. A series of descriptive statistics for each week of the programme are provided in the following results section.

RESULTS
Tutor Fidelity

WEEK ONE

In Week One, delivery of nine key Programme components was assessed with responses shown in *Table 1a*. As can be seen from the table, where complete information was provided, adherence to delivery of the key components was high, with only one key element Social Personal Health Education Programme (SPHE) programme - parental responsibility' missed. In terms of the additional Programme fidelity questions (*Table 1b*) there was one session with an adaptation, where the 'Active Listening' component was adapted to include an experiential exercise. There was also only one session where additional elements were added however no further detail as to the content was provided. Other than the SPHE component listed above, there were no other components skipped, all of the exercises were included in Week One and none of the sessions ran over on time.

Table 1a Delivery of Week One Key Components (N = 7)

Component	Yes	No	Missing
Registration & Introduction	7	0	0
Group Contract	7	0	0
Attitude Survey	7	0	0
Information & function of CAD	7	0	0
Active Listening	7	0	0
National Drugs Strategy - objective	7	0	0
SPHE programme - parental responsibility	6	1	0
CAD Quiz & Discussion	7	0	0
Feedback	7	0	0
Distribute handouts	6	0	1

Table 1b Week One Additional Tutor Fidelity Responses *(N = 7)*

Questions	**No**	**Yes**	**Missing**
Did you adapt any component of the sessions	6	1	0
Did you add some elements to the session	6	1	0
Did you skip some elements of the session	6	1	0
Did you over-run in time on some components	7	0	0
Did you cover all of the exercises?	0	7	0

The Delivery Process was assessed by a series of seven questions (*Table 1c*) and it can be seen from the table that in one session the format was not explained and in another session the relevant handouts were not distributed, with one additional pair of tutors failing to respond to any of the questions in this section.

Table 1c Week One Delivery Process of Programme *(N = 7)*

Questions (*Where applicable- Did you*...)	**Yes**	**No**	**Missing**
Make everyone welcome	6	0	1
Introduce yourself	6	0	1
Present Session goals	6	0	1
Explain format for Session	5	1	1
Provide relevant handouts for Session	5	1	1
Demonstrate accurate knowledge regarding the purpose of CAD and its programme	6	0	1
Provide additional information	6	0	1

Tutor delivery performance was assessed by a series of seven questions (*Table 1d*) and it can be seen from the table that one pair of tutors were uncertain of how well they had explained theories and concepts and an additional two pairs were uncertain of their performance in using Brain storming / Problem-solving techniques.

Table 1d Week One Tutor Delivery Performance (N = 7)

Questions (*Did you..*)	**Unsure**	**Agree**	**Strongly Agree**	**Missing**
Feel confident delivering the session today	0	3	3	1
Keep the group focused on today's topics	0	2	4	1
Adequately explain each theory/concept	1	2	3	1
Prompt parents to engage with the programme	0	2	4	1
Employ Brainstorming/Problem-Solving techniques	2	2	2	1
Ask questions to elicit responses	0	2	4	1
Feel you dealt successfully with parents' questions	0	2	4	1

<u>WEEK TWO</u>

Table 2a Delivery of Week Two Key Components (N = 7)

Component	**Yes**	**No**	**Missing**
Introduction & recap on previous session	6	0	1
National & Regional Drug Strategy	6	0	1
CAD as a voluntary organisation / registered charity	6	0	1
SPHE	6	0	1
Perspectives on Drugs	6	0	1
The brain as a 'work in progress'	6	0	1
What is a Drug Brainstorming Session / Drug Misuse	6	0	1
Drug Patterns (experimentation/social/addition etc)	5	1	1
Normative Education-based Exercise (ESPAD/NACD)	6	0	1
Why People Misuse Drugs Brainstorming Session	6	0	1
Suicide information	4	2	1
Family Focused Drug Prevention Strategy	6	0	1
Risk and Protective Factors	6	0	1
Garda Juvenile Diversion Programme	5	1	1
Safety Audit in the home	6	0	1
Name the Mystery Drug / Tobacco	6	0	1
Acknowledge drugs all around us	6	0	1
Would you miss anything – Bathroom Cabinet	5	1	1
Internet purchasing/prescription drugs	7	0	0
End of Session Review	6	0	1
Distribute handouts	5	0	2

In Week Two adherence to delivery of the key components (*Table 2a*) was relatively high with only four components missed; Drug Patterns (one session), Garda Juvenile Diversion Programme (one session), and Suicide Information (two sessions). As can be seen from *Table 2b* in terms of adaptations none of the components were adapted nor were any of the exercises missed. Additionally, in two sessions each, components were either added to (e.g. "*everyday drugs and paraphernalia"*, "*drug names and descriptions*"), skipped (e.g. "*information on Benzodiazepines*"), or ran over in time.

Table 2b Week Two Additional Tutor Fidelity Responses (N = 7)

Questions	**No**	**Yes**	**Missing**
Did you adapt any component of the sessions	5	0	2
Did you add some elements to the session	4	2	1
Did you skip some elements of the session	4	2	1
Did you over-run in time on some components	4	2	1
Did you cover all of the exercises?	6	0	1

Table 2c Week Two Delivery Process of Programme (N = 7)

Questions (*Where applicable- Did you*…)	Yes	No	Missing
Make everyone welcome	7	0	0
Introduce yourself	7	0	0
Present Session goals	6	0	1
Explain format for Session	6	1	0
Provide relevant handouts for Session	7	0	0
Demonstrate accurate knowledge regarding the purpose of CAD and its programme	7	0	0
Provide additional information	7	0	0

From the complete data provided on the delivery process (*Table 2c*) there was complete adherence to the process with only one exception where in one session the format for the session was not fully explained. Tutor delivery performance (*Table 2d*) shows that none of the tutors were in disagreement or uncertain regarding their performance across the seven areas assessed with most strongly agreeing with the majority of the statements.

Table 2d Week Two Tutor Delivery Performance (N = 7)

Questions	**Agree**	**Strongly agree**	**Missing**
Feel confident delivering the session today	4	3	0
Keep the group focused on today's topics	2	5	0
Adequately explain each theory/concept	1	5	1
Prompt parents to engage with the programme	2	5	0
Employ Brainstorming/Problem-Solving techniques	1	5	1
Ask questions to elicit responses	1	6	0
Feel you dealt successfully with parents' questions	1	6	0

WEEK THREE

Results on the delivery of Week Three key components are shown in Table 3a.

Table 3a Delivery of Week Three Key Components (N = 7)

Component	Yes	No	Missing
Check for outstanding issues from last week	7	0	0
Continue Safety Audit of Home - Solvents	6	0	1
Solvent Abuse; Definition/prevalence/effects/risks	7	0	0
Media coverage positive/negative	7	0	0
Effects & Risks of Poppers	7	0	0
Alcohol at home	7	0	0
Alcohol Advertising	7	0	0
Standard drinks / limits / measures	7	0	0
Effects of alcohol on the brain	7	0	0
Risks associated with alcohol abuse	7	0	0
Alcohol & Young Person / Man / Woman	7	0	0
Elderly & alcohol	6	1	0
Alcohol & STIs	5	2	0
Summary – alcohol related problems	7	0	0
Stages/Wheel of change	7	0	0
Magic Mushrooms	7	0	0
Distribute handouts	7	0	0

As can be seen from the table, adherence to the curriculum was high. Two components across three session were omitted; information on the 'Elderly and Alcohol' and 'Alcohol and STIs'. Considering additional tutor fidelity (*Table 3b*), none of the components were missed, in one session there was an adaption ("*Fish Cards*", "*Alcohol - Fact or Myth*") and also in one session tutors ran over on time when delivering component/s. In a total of four sessions elements were added to the sessions these included "*Drug names and descriptions*", "*Group work*", "*standard drinking information"* and "*some elements that had been missed from Week Two".* Only in one instance did one session omit an exercise (*Stages / Wheel of Change*).

Table 3b Week Three Additional Tutor Fidelity Responses (N = 7)

Questions	No	Yes	Missing
Did you adapt any component of the sessions	5	1	1
Did you add some elements to the session	3	4	0
Did you skip some elements of the session	6	0	1
Did you over-run in time on some components	5	1	1
Did you cover all of the exercises?	1	6	0

Table 3c Week Three Delivery Process of Programme (N = 7)

Questions (*Where applicable- Did you*...)	**Yes**	**No**	**Missing**
Make everyone welcome	7	0	0
Introduce yourself	5	2	0
Present Session goals	6	1	0
Explain format for Session	6	1	0
Provide relevant handouts for Session	7	0	0
Demonstrate accurate knowledge regarding the purpose of CAD and its programme	7	0	0
Provide additional information	7	0	0

Regarding the delivery process (*Table 3c*) adherence remained high in all areas, in one session each, the session goals and the format for the session were not presented, and two pairs of tutors omitted self-introductions. Tutor delivery performance results (*Table 3d*) shows that there were no negative nor uncertainty responses. Responses in the categories pertaining to theoretical explanations and brain storming / problem solving techniques were shown to be more evenly divided between the 'agree' and 'strongly agree' than those in other areas, where the majority of responses fell in the 'strongly agree' category.

Table 3d Week Three Tutor Delivery Performance (N = 7)

Questions (*Did you..*)	**Agree**	**Strongly agree**	**Missing**
Feel confident delivering the session today	2	5	0
Keep the group focused on today's topics	2	5	0
Adequately explain each theory/concept	3	4	0
Prompt parents to engage with the programme	2	5	0
Employ Brainstorming/Problem-Solving techniques	3	4	0
Ask questions to elicit responses	1	6	0
Feel you dealt successfully with parents' questions	1	6	0

WEEK FOUR

Results for the delivery of the key components for Week Four (*Table 4a*) show that in one session information regarding Liquid Ecstasy was omitted and in two sessions the effects of Ketamine were not presented. All other key components were delivered across all sessions where such information was provided. Additional tutor fidelity responses (*Table 4b*) show some variation in changes made to the delivery process with one session adapted ("*additional handouts provided"*), one over-running on time (on the topic of cannabis tutors spent additional time as parents in the session were finding this a problematic area with their own children) and one where not all the exercises were covered (e.g. *Conflict Exercise*). In two sessions some elements were skipped as detailed above, and in three sessions there were elements added to the session content (e.g. *"Drug Box - Imitation", "Picture Scenarios")*

Table 4a Delivery of Week Four Key Components (N = 7)

Component	Yes	No	Missing
Nine Steps (to getting along with teenagers)	7	0	0
Cannabis – identification and products	6	0	1
Brainstorm; Legalise/Decriminalise Debate	7	0	0
Methods of ingesting Cannabis	7	0	0
Effects of Cannabis / WHO report	7	0	0
Report on Cannabis & Learning	7	0	0
Cannabis & Cancer	7	0	0
Synthetic forms of Cannabis	7	0	0
Amphetamine / Methamphetamine	7	0	0
Dance Drugs / Wraps	7	0	0
Deaths from Ecstasy	7	0	0
Liquid Ecstasy	6	1	0
Ketamine Effects	5	2	0
LSD	7	0	0
Feedback	7	0	0
Distribute handouts	7	0	0

Table 4b Week Four Additional Tutor Fidelity Responses (N = 7)

Questions	No	Yes	Missing
Did you adapt any component of the sessions	6	1	0
Did you add some elements to the session	4	3	0
Did you skip some elements of the session	5	2	0
Did you over-run in time on some components	6	1	0
Did you cover all of the exercises?	6	1	0

The delivery process for Week Four (*Table 4c*) shows a very high adherence to the expected format where the only negative responses pertained to tutor self-introductions. *Table 4d* displaying the Tutor delivery performance results also shows positive responses in all areas with the majority of responses falling in the 'strongly agree' category. One exception is in the area of explanations of session theories / concepts where responses fell almost on par between 'agree' and 'strongly agree'.

Table 4c Week Four Delivery Process of Programme (N = 7)

Questions (*Where applicable- Did you*...)	**Yes**	**No**	**Missing**
Make everyone welcome	7	0	0
Introduce yourself	5	2	0
Present Session goals	7	0	0
Explain format for Session	7	0	0
Provide relevant handouts for Session	7	0	0
Demonstrate accurate knowledge regarding the purpose of CAD and its programme	7	0	0
Provide additional information	7	0	0

Table 4d Week Four Tutor Delivery Performance (N = 7)

Questions (*Did you..*)	**Agree**	**Strongly agree**	**Missing**
Feel confident delivering the session today	1	6	0
Keep the group focused on today's topics	1	6	0
Adequately explain each theory/concept	3	4	0
Prompt parents to engage with the programme	0	7	0
Employ Brainstorming/Problem-Solving techniques	1	6	0
Ask questions to elicit responses	1	6	0
Feel you dealt successfully with parents' questions	1	6	0

<u>WEEK FIVE</u>

Delivery of the key components for Week Five where the results are shown in *Table 5a* indicate that where the information was supplied there was complete inclusion of all key components. The results for the additional tutor fidelity assessment show that in one session each there were some adaptations ("*Handouts on Drug Box*"), additions (e.g. *missed elements from Week Four*), and omissions (no details provided). Also in one session each tutors ran over on time when delivering some components and not all exercises were included.

Table 5a Delivery of Week Five Key Components (N = 7)

Component	**Yes**	**No**	**Missing**
Effects of Cocaine Use	7	0	0
Opiates and pharmacological substitutes	6	0	1
Drug related disease; injection technique specific	7	0	0
Local/regional/national drug and alcohol services	7	0	0
Differences b/w regular drug using adolescent vs relatively drug free adolescent	7	0	0
Distribute handouts	7	0	0

Table 5b Week Five Additional Tutor Fidelity Responses (N = 7)

Questions	No	Yes	Missing
Did you adapt any component of the sessions	6	1	0
Did you add some elements to the session	6	1	0
Did you skip some elements of the session	6	1	0
Did you over-run in time on some components	6	1	0
Did you cover all of the exercises?	6	1	0

For Week Five delivery process adherence was high as shown in *Table 5c* where in only one session the session format was not explained. Also indicated is that three pairs of tutors no longer included self-introductions in the sessions.

Table 5c Week Five Delivery Process of Programme (N = 7)

Questions (*Where applicable- Did you…*)	Yes	No	Missing
Make everyone welcome	7	0	0
Introduce yourself	4	3	0
Present Session goals	7	0	0
Explain format for Session	6	1	0
Provide relevant handouts for Session	7	0	0
Demonstrate accurate knowledge regarding the purpose of CAD and its programme	7	0	0
Provide additional information	7	0	0

Table 5d Week Five Tutor Delivery Performance (N = 7)

Questions (*Did you..)*	Agree	Strongly agree	Missing
Feel confident delivering the session today	3	4	0
Keep the group focused on today's topics	2	5	0
Adequately explain each theory/concept	2	5	0
Prompt parents to engage with the programme	1	6	0
Employ Brainstorming/Problem-Solving techniques	3	4	0
Ask questions to elicit responses	0	7	0
Feel you dealt successfully with parents' questions	1	6	0

Tutor delivery performance results (*Table 5d*) showed strong agreement in the majority of areas with participant engagement techniques (prompts, engagement questions and responding to questions) being assessed as very positive. Whilst remaining on the positive end of the assessment scale, there was more division between 'agree' and 'strongly agree' in the areas of confidence in delivering the session and the use of brain-storming/problem solving techniques.

WEEK SIX

Delivery of the key components for Week Six showed high adherence to the programme outline across most areas as shown in *Table 6a*. Two exceptions to this were the failure to take a group photo with this occurring in all but one programme, and in five of the sessions tutors did not provide a reminder of the update opportunities provided by CAD in terms of education and training. Additionally, as shown in *Table 6b* in two sessions there were elements added to the programme (e.g. "*Zinberg Triangle", "Scenarios"*) and in one session some elements were omitted (e.g. group photos).

Table 6a Delivery of Week Six Key Components (N = 7)

Component	Yes	No	Missing
Divide participants into groups of three or more	7	0	0
Distribute scenarios and allocate one per group	7	0	0
Allow 15 minutes for smaller group discussion	7	0	0
Invite feedback from larger group	7	0	0
Reinforce helpful strategies from a parental perspective	7	0	0
Reinforce preventative measures	7	0	0
Distribute end of programme resources	7	0	0
Distribute certificates	7	0	0
Take group photo	1	6	0
Remind of CAD update opportunities/educ/training opps	2	5	0
Distribute handouts	7	0	0

Table 6b Week Six Additional Tutor Fidelity Responses (N = 7)

Questions	No	Yes	Missing
Did you adapt any component of the sessions	5	1	1
Did you add some elements to the session	3	2	2
Did you skip some elements of the session	6	1	0
Did you over-run in time on some components	6	0	1
Did you cover all of the exercises?	5	0	1

Table 6c Week Six Delivery Process of Programme (N = 7)

Questions (*Where applicable- Did you…*)	Yes	No	Missing
Make everyone welcome	5	0	2
Introduce yourself	2	3	2
Present Session goals	5	0	2
Explain format for Session	5	0	2
Provide relevant handouts for Session	5	0	2
Demonstrate accurate knowledge regarding the purpose of CAD and its programme	5	0	2
Provide additional information	5	0	2

In the Week Six delivery process assessment tutors from two of the sessions failed to respond to any of the questions as can be seen in *Table 6c*. Of those who did respond (n = 5) process adherence was very high across all areas with the exception of tutor self-introductions with only two tutor pairs complying.

Table 6d Week Six Tutor Delivery Performance (N = 7)

Questions	Agree	Strongly agree	Missing
Feel confident delivering the session today	1	4	2
Keep the group focused on today's topics	1	4	2
Adequately explain each theory/concept	1	4	2
Prompt parents to engage with the programme	0	5	2
Employ Brainstorming/Problem-Solving techniques	1	4	2
Ask questions to elicit responses	0	5	2
Feel you dealt successfully with parents' questions	0	5	2

Tutor delivery performance also contained missing data from two sessions resulting in information available from only five sessions as is shown in *Table 6d*. Of the data available, there was strong agreement with statements across all areas and, similar to Week Five, this was particularly evidenced in participant engagement techniques.

Training Programme – Resources and Content

The opinions of three paired Tutors were also sought on other aspects of the programme in a series of five questions with yes/no options and opportunity to comment further were applicable. The first of these referred to supplies - "Are adequate supplies provided to you to facilitate optimum delivery of the training?" The second question pertained to the suitability of the content of handouts and scenarios – "Did handouts/stories selected meet with the specific needs or interests of participants in each group?" A third question was posed in reference to the appropriateness of the teaching techniques in relation to participants – "Do you feel the teaching techniques are appropriate / adequate to engage parents/guardians?" with all three pairs providing positive feedback on these three questions.

Their opinions on the relevancy of the training was also sought – "Do you feel the programme training is relevant for the needs of parents today?" and again, all three pairs agreed that it was relevant. One final question sought their opinion to identify any additional aspects that could be added to the programme – "Are there other areas of the programme that should be included?" with none of the tutors identifying any additional aspects.

Participant Responsiveness, Engagement and Difficulties

Participant responsiveness and engagement in the training sessions was assessed over the six sessions by asking the tutors to provide answers on a scale of extremely unresponsive / unengaged (1) to extremely responsive / engaged (4) with results shown in *Table 7*.

Table 7 Assessment of Participant Responsiveness, Engagement and Difficulties

Aspect	Wk 1	Wk 2	Wk 3	Wk 4	Wk 5	Wk 6
Responsiveness (Scale)			**N**			
Mildly Responsive (3)	6	4	1	0	0	0
Extremely Responsive (4)	0	3	6	7	7	6
Missing	1	0	0	0	0	1
Engagement						
Mildly Unengaged (2)	0	1	0	0	0	0
Mildly Engaged (3)	6	2	1	0	1	0
Extremely Engaged (4)	1	4	6	6	6	6
Missing	0	0	0	1	0	1
Difficulty						
Yes	0	0	0	1	0	0
No	7	7	7	6	7	5
Missing	0	0	0	0	0	2

As can be seen in *Table 7* both responsiveness and engagement improved from Week 3 with the majority of participants scored at the highest level on both scales after the first two weeks. Participant difficulty with the content of the session was also assessed by asking tutors to identify "did the participants have difficulty with any areas in today's session?" and "if yes, please indicate areas". As can be seen from *Table 7* participants in one group in Week 4 were identified as having difficulty and this was identified from the area indicated question as difficulty with "*hearing how damaging cannabis was, as most of the participants were aware that their young people were using it*".

APPENDIX B – Questionnaires & Feedback Forms

CAD Family Focus Tutor Training Programme – Trainee Fidelity Questionnaire

DAY ONE TRAINING

Training Location ……

Training Facilitator ……

Participant ID number ……

Date ……

BACKGROUND

What is your gender Male ☐ Female ☐

What is your age ……

Area and County of residence ……..

What is your professional background ……..

Do you have experience in delivering training No ☐ Yes ☐

Do you have experience in working with parents No ☐ Yes ☐

Do you have experience in working in the field of addiction No ☐ Yes ☐

Your feedback on this training is greatly appreciated. Please rate your response to each question by circling the corresponding number.
The scale is rated 1 to 5
1 = Strongly disagree 2 = Disagree 3 = Neither agree nor disagree
4 = Agree 5 = Strongly agree

Training Environment - Physical Aspects

1.	The room was suitably sized for purpose	1	2	3	4	5
2.	The temperature of the room was comfortable	1	2	3	4	5
3.	There were adequate facilities (e.g. toilets)	1	2	3	4	5
4.	There were adequate breaks	1	2	3	4	5
5.	Equipment used in training was functional	1	2	3	4	5

Training Content - At an early stage

6.	The objectives of the Training were presented	1	2	3	4	5
7.	The content of the Training was outlined	1	2	3	4	5
8.	I was clear regarding the Training outcomes	1	2	3	4	5
9.	There was adequate time allocated to address my concerns regarding the Training	1	2	3	4	5
10.	A Training group 'Contract' was established	1	2	3	4	5

Training Content – Overall

11. The difficultly level of the training was appropriate	1	2	3	4	5
12. The content was focused and relevant to the objectives / outcomes	1	2	3	4	5

Training Delivery

13. The methods of delivery were suited to the content	1	2	3	4	5
14. The methods used stimulated my attention	1	2	3	4	5
15. There were sufficient activities to stimulate learning	1	2	3	4	5
16. I was given opportunities to practice programme activities	1	2	3	4	5
17. The strategies employed to engage me in the Training were appropriate	1	2	3	4	5
18. The paperwork/hand-outs complimented the training	1	2	3	4	5
19. The quality of the hand-outs/materials was good	1	2	3	4	5
20. The activities give me sufficient performance feedback	1	2	3	4	5
21. The pace of the training was appropriate	1	2	3	4	5

Training Facilitator/s

22. The Facilitator was welcoming and friendly	1	2	3	4	5
23. The Facilitator displayed professionalism at all times during the training	1	2	3	4	5
24. The Facilitator was well prepared	1	2	3	4	5
25. Facilitator time management was good	1	2	3	4	5
26. The Facilitator was knowledgeable of the theories/ concepts outlined in the sessions	1	2	3	4	5
27. The Facilitator was able to explain and illustrate theories / concepts clearly	1	2	3	4	5
28. The Facilitator acknowledged my previous experience	1	2	3	4	5
29. The Facilitator was able to answer my questions	1	2	3	4	5
30. Facilitator feedback was consistent and impartial	1	2	3	4	5
31. The Facilitator provided sufficient performance feedback	1	2	3	4	5
32. Facilitator management of the group (dynamics/ disruptions) was good	1	2	3	4	5

Training Results

33. I accomplished the objectives of the training	1	2	3	4	5
34. I will be able to implement what I learnt	1	2	3	4	5
35. The training was sufficient to allow me to deliver it in the future	1	2	3	4	5
36. I was provided with additional resources that will enhance my delivery of the program in the future	1	2	3	4	5

37. **How do you feel the training could be improved? Please tick all that apply**

a) Provide better information prior to the training ☐

b) Improve organisation on the training day ☐

c) Increase clarification of the objectives ☐

d) Reduce the content included ☐

e) Increase the content included ☐

f) Include more interactive activities ☐

g) Allow more time for the delivery of content ☐

h) Allow less time for the delivery of content ☐

i) Increase the types of delivery included ☐

j) Decrease the types of delivery included ☐

k) Allow more time for Q & A ☐

38. If applicable, please include below any additional suggestions (including activities and initiatives) that you think would be useful to improve the training.

THANK YOU FOR YOUR FEEDBACK

CAD Family Focus Tutor Training Programme – Trainee Fidelity Questionnaire

DAY TWO TRAINING

Training Location ……

Training Facilitators ……

Participant ID number ……

Date ……

Your feedback on this training is greatly appreciated. Please rate your response to each question by circling the corresponding number.
The scale is rated 1 to 5

1 = Strongly disagree ***2 = Disagree*** ***3 = Neither agree nor disagree***

4 = Agree ***5 = Strongly agree***

Training Environment - Physical Aspects

1.	The room was suitably sized for purpose	1	2	3	4	5
2.	The temperature of the room was comfortable	1	2	3	4	5
3.	There were adequate facilities (e.g. toilets)	1	2	3	4	5
4.	There were adequate breaks	1	2	3	4	5
5.	Equipment used in training was functional	1	2	3	4	5

Training Content - At an early stage

6.	The objectives of the training were presented	1	2	3	4	5
7.	The content of the training was outlined	1	2	3	4	5
8.	I was clear regarding the training outcomes	1	2	3	4	5

Training Delivery

9.	The methods of delivery were suited to the content	1	2	3	4	5
10.	The methods used stimulated my attention	1	2	3	4	5
11.	There were sufficient activities to stimulate learning	1	2	3	4	5
12.	I was given opportunities to practice programme activities	1	2	3	4	5
13.	The strategies employed to engage me in the training were appropriate	1	2	3	4	5
14.	The paperwork/hand-outs complimented the training	1	2	3	4	5
15.	The quality of the hand-outs/materials was good	1	2	3	4	5

16.	The activities gave me sufficient performance feedback	1	2	3	4	5
17.	The pace of the training was appropriate	1	2	3	4	5

Training Facilitators

18.	The Facilitator was welcoming and friendly	1	2	3	4	5
19.	The Facilitator displayed professionalism at all times during the training	1	2	3	4	5
20.	The Facilitator was well prepared	1	2	3	4	5
21.	Facilitators time management was good	1	2	3	4	5
22.	The Facilitator acknowledged my previous experience	1	2	3	4	5
23.	The Facilitator was able to answer my questions	1	2	3	4	5
24.	Facilitators feedback was consistent and impartial	1	2	3	4	5
25.	Facilitators management of the group (dynamics / disruptions) was good	1	2	3	4	5

Training Results

26.	I accomplished the objectives of the training	1	2	3	4	5
27.	I will be able to implement what I learnt	1	2	3	4	5
28.	The training was sufficient to allow me to deliver it in the future	1	2	3	4	5
29.	I was provided with additional resources that will enhance my delivery of the programme in the future	1	2	3	4	5
30.	I received adequate materials to allow me to deliver the programme in the future	1	2	3	4	5
31.	I know who to contact should I have additional queries	1	2	3	4	5
32.	Post-course training / support offered is adequate	1	2	3	4	5

33 **Overall, do you feel the training could be improved?** No ☐ Yes ☐

33a. **<u>If yes,</u>** please tick areas below *only* where training could be improved:

b) Provide better information prior to the training ☐

c) Improve organisation on the training ☐

d) Increase clarification of the objectives ☐

e) Reduce the content included ☐

f) Increase the content included ☐

g) Include more interactive activities ☐

h) Allow more time for the delivery of content ☐

i) Allow less time for the delivery of content ☐

j) Increase the types of delivery included ☐

k) Decrease the types of delivery included ☐

l) Allow more time for Q & A ☐

34. **If applicable, please include below any additional suggestions (including activities and initiatives) that you think would be useful to improve the training.**

THANK YOU FOR YOUR FEEDBACK

CAD FAMILY FOCUS TRAINING PROGRAMME

TRAINEE TUTOR FIDELITY FORM

WEEK ONE – SESSION ONE

Training Location ……

Your Tutor ID No. ……

Co-Facilitator/Tutor ID No. ……

Date ……

Please indicate which areas you covered today:

Registration & Introduction	No ☐	Yes ☐
Group Contract	No ☐	Yes ☐
Attitude Survey	No ☐	Yes ☐
Information & function of CAD	No ☐	Yes ☐
Active Listening	No ☐	Yes ☐
National Drugs Strategy - objective	No ☐	Yes ☐
SPHE	No ☐	Yes ☐
CAD Quiz & Discussion	No ☐	Yes ☐
Feedback	No ☐	Yes ☐
Distribute handouts	No ☐	Yes ☐

1. Did you cover all the prescribed content for Week One No ☐ Yes ☐

2. Did you adapt any component of the programme/sessions? No ☐ Yes ☐

2a. If yes, what components did you adapt ……

…...……..

3. Did you add some elements to the session No ☐ Yes ☐

3a. If yes, what did you add ……

……

4. Did you skip some elements of the session No ☐ Yes ☐

4a. If yes, what did you skip ……

……

5. Did you over-run in time on some components No ☐ Yes ☐

5a. If yes, please indicate components ……

……...……...……

6. Did you cover all of the exercises? No ☐ Yes ☐

6a. If not, how many exercises did you miss? Expected Total ☐ Missed ☐

6b. What exercises did you miss and why?

……...…….

…...…….

Participants

7. No. of participants in attendance today ☐

7a. Expected no. of participants ☐

Responsiveness/Engagement

On a scale where 1 = extremely unresponsive 2 = mildly unresponsive

3 = mildly responsive 4 = extremely responsive

8. How **responsive** were the participants 1 2 3 4

Using the same scale, replacing responsive with **engage**

9. How well did the participants actively **engage** with the programme 1 2 3 4

10. Did the participants have difficulty with any areas in today's session No ☐ Yes ☐

10a. If yes, please indicate areas ……..

……..

Delivery

If applicable, did you adequately:

11. Make everyone welcome No ☐ Yes ☐

12. Introduce yourself No ☐ Yes ☐

13. Present Session goals No ☐ Yes ☐

14. Explain format for Session One No ☐ Yes ☐

15. Provide relevant handouts for Session One No ☐ Yes ☐

16. Demonstrate accurate knowledge regarding the purpose of CAD and its programme? No ☐ Yes ☐

17. Provide additional information where applicable No ☐ Yes ☐

For the following, please rate your response to each question by circling the corresponding number. The scale is rated 1 to 5

1 = Strongly disagree ***2 = Disagree*** ***3 = Neither agree nor disagree***

4 = Agree ***5 = Strongly agree***

Did you:

18. Feel confident delivering the session today	1	2	3	4	5
19. Keep the group focused on today's topics	1	2	3	4	5
20. Adequately explain each theory/concept	1	2	3	4	5
21. Prompt parents to engage with the programme	1	2	3	4	5
22. Employ Brainstorming/Problem-Solving techniques	1	2	3	4	5
23. Ask questions to elicit responses	1	2	3	4	5
24. Feel you dealt successfully with parents' questions	1	2	3	4	5

CAD FAMILY FOCUS TRAINING PROGRAMME

TRAINEE TUTOR FIDELITY FORM

WEEK TWO – SESSION TWO

Training Location ……

Your Tutor ID No. ……

Co-Facilitator/Tutor ID No. ……

Date ……

Please indicate which areas you covered:

Introduction & recap on previous session	No	☐	Yes	☐
National & Regional Drug Strategy	No	☐	Yes	☐
CAD as a voluntary organisation / registered charity	No	☐	Yes	☐
SPHE	No	☐	Yes	☐
Perspectives on Drugs	No	☐	Yes	☐
The brain as a 'work in progress'	No	☐	Yes	☐
What is a Drug Brainstorming Session / Drug Misuse	No	☐	Yes	☐
Drug Patterns (experimentation/social/addition etc)	No	☐	Yes	☐
Normative Education-based Exercise (ESPAD/NACD)	No	☐	Yes	☐
Why People Misuse Drugs Brainstorming Session	No	☐	Yes	☐
Suicide information	No	☐	Yes	☐
Family Focused Drug Prevention Strategy	No	☐	Yes	☐
Risk and Protective Factors	No	☐	Yes	☐
Garda Juvenile Diversion Programme	No	☐	Yes	☐
Safety Audit in the home	No	☐	Yes	☐
Name the Mystery Drug / Tobacco	No	☐	Yes	☐
Acknowledge drugs all around us	No	☐	Yes	☐
Would you miss anything – Bathroom Cabinet	No	☐	Yes	☐
Internet purchasing/prescription drugs	No	☐	Yes	☐
End of Session Review	No	☐	Yes	☐
Distribute handouts	No	☐	Yes	☐

1. Did you cover all the prescribed content for Week Two No ☐ Yes ☐

2. Did you adapt any component of the programme/sessions? No ☐ Yes ☐

2a. If yes, what components did you adapt ……

…...……..

3. Did you add some elements to the session No ☐ Yes ☐

3a. If yes, what did you add …….

…….

4. Did you skip some elements of the session No ☐ Yes ☐

4a. If yes, what did you skip ……

…….

5. Did you over-run in time on some components No ☐ Yes ☐

5a. If yes, please indicate components ……

……...……...……

6. Did you cover all of the exercises? No ☐ Yes ☐

6a. If not, how many exercises did you miss? Expected Total ☐ Missed ☐

6b. What exercises did you miss and why?

……...…….

……...…….

<u>Participants</u>

7. No. of participants in attendance today ☐

7a. Expected no. of participants ☐

Responsiveness/Engagement

On a scale where 1 = extremely unresponsive 2 = mildly unresponsive

3 = mildly responsive 4 = extremely responsive

8. How **responsive** were the participants 1 2 3 4

Using the same scale, replacing responsive with **engage**

9. How well did the participants actively **engage**

with the programme 1 2 3 4

10. Did the participants have difficulty with any areas in today's session No ☐ Yes ☐

10a. If yes, please indicate areas ……..

……..

Delivery

If applicable, did you adequately:

11. Make everyone welcome No ☐ Yes ☐

12. Introduce yourself No ☐ Yes ☐

13. Present Session goals No ☐ Yes ☐

14. Explain format for Session Two No ☐ Yes ☐

15. Provide relevant handouts for Session Two No ☐ Yes ☐

16. Demonstrate accurate knowledge regarding the purpose of CAD and its programme? No ☐ Yes ☐

17. Provide additional information where applicable No ☐ Yes ☐

For the following, please rate your response to each question by circling the corresponding number. The scale is rated 1 to 5

1 = Strongly disagree ***2 = Disagree*** ***3 = Neither agree nor disagree***

4 = Agree ***5 = Strongly agree***

Did you:

18. Feel confident delivering the session today	1	2	3	4	5
19. Keep the group focused on today's topics	1	2	3	4	5
20. Adequately explain each theory/concept	1	2	3	4	5
21. Prompt parents to engage with the programme	1	2	3	4	5
22. Employ Brainstorming/Problem-Solving techniques	1	2	3	4	5
23. Ask questions to elicit responses	1	2	3	4	5
24. Feel you dealt successfully with parents' questions	1	2	3	4	5

CAD FAMILY FOCUS TRAINING PROGRAMME

TRAINEE TUTOR FIDELITY FORM

WEEK THREE – SESSION THREE

Training Location ……

Your Tutor ID No. ……

Co-Facilitator/Tutor ID No. ……

Date ……

Please indicate which areas you covered:
Session Three

Check for outstanding issues from last week	No	☐	Yes	☐
Continue Safety Audit of Home - Solvents	No	☐	Yes	☐
Solvent Abuse; definition/prevalence/effects/risks	No	☐	Yes	☐
Media coverage positive/negative	No	☐	Yes	☐
Effects & Risks of Poppers	No	☐	Yes	☐
Alcohol at home	No	☐	Yes	☐
Alcohol Advertising	No	☐	Yes	☐
Standard drinks / limits / measures	No	☐	Yes	☐
Effects of alcohol on the brain	No	☐	Yes	☐
Risks associated with alcohol abuse	No	☐	Yes	☐
Alcohol & Young Person / Man / Woman	No	☐	Yes	☐
Elderly & alcohol	No	☐	Yes	☐
Alcohol & STIs	No	☐	Yes	☐
Summary – alcohol related problems	No	☐	Yes	☐
Stages/Wheel of change	No	☐	Yes	☐
Magic Mushrooms	No	☐	Yes	☐
Distribute handouts	No	☐	Yes	☐

1. Did you cover all the prescribed content for Week Three No ☐ Yes ☐

2. Did you adapt any component of the programme/sessions? No ☐ Yes ☐

2a. If yes, what components did you adapt ……

…...……..

3. Did you add some elements to the session No ☐ Yes ☐

3a. If yes, what did you add …….

…….

4. Did you skip some elements of the session No ☐ Yes ☐

4a. If yes, what did you skip ……

…….

5. Did you over-run in time on some components No ☐ Yes ☐

5a. If yes, please indicate components ……

……...……...……

6. Did you cover all of the exercises? No ☐ Yes ☐

6a. If not, how many exercises did you miss? Expected Total ☐ Missed ☐

6b. What exercises did you miss and why?

……...…….

……...…….

Participants

7. No. of participants in attendance today ☐

7a. Expected no. of participants ☐

Responsiveness/Engagement

On a scale where 1 = extremely unresponsive 2 = mildly unresponsive

3 = mildly responsive 4 = extremely responsive

8. How **responsive** were the participants 1 2 3 4

Using the same scale, replacing responsive with **engage**

9. How well did the participants actively **engage** with the programme 1 2 3 4

10. Did the participants have difficulty with any areas in today's session No ☐ Yes ☐

10a. If yes, please indicate areas ……..

……..

Delivery

If applicable, did you adequately:

11. Make everyone welcome	No	☐	Yes	☐
12. Introduce yourself	No	☐	Yes	☐
13. Present Session goals	No	☐	Yes	☐
14. Explain format for Session Three	No	☐	Yes	☐
15. Provide relevant handouts for Session Three	No	☐	Yes	☐
16. Demonstrate accurate knowledge regarding the purpose of CAD and its programme?	No	☐	Yes	☐
17. Provide additional information where applicable	No	☐	Yes	☐

For the following, please rate your response to each question by circling the corresponding number. The scale is rated 1 to 5

1 = Strongly disagree ***2 = Disagree*** ***3 = Neither agree nor disagree***

4 = Agree ***5 = Strongly agree***

Did you:

18. Feel confident delivering the session today	1	2	3	4	5
19. Keep the group focused on today's topics	1	2	3	4	5
20. Adequately explain each theory/concept	1	2	3	4	5
21. Prompt parents to engage with the programme	1	2	3	4	5
22. Employ Brainstorming/Problem-Solving techniques	1	2	3	4	5
23. Ask questions to elicit responses	1	2	3	4	5
24. Feel you dealt successfully with parents' questions	1	2	3	4	5

CAD FAMILY FOCUS TRAINING PROGRAMME

TRAINEE TUTOR FIDELITY FORM

WEEK FOUR – SESSION FOUR

Training Location ……

Your Tutor ID No. ……

Co-Facilitator/Tutor ID No. ……

Date ……

Please indicate which areas you covered:

Session Four

Nine Steps (to getting along with teenagers)	No	☐	Yes	☐
Cannabis – identification and products	No	☐	Yes	☐
Brainstorm; Legalise/Decriminalise Debate	No	☐	Yes	☐
Methods of ingesting Cannabis	No	☐	Yes	☐
Effects of Cannabis / WHO report	No	☐	Yes	☐
Report on Cannabis & Learning	No	☐	Yes	☐
Cannabis & Cancer	No	☐	Yes	☐
Synthetic forms of Cannabis	No	☐	Yes	☐
Amphetamine / Methamphetamine	No	☐	Yes	☐
Dance Drugs / Wraps	No	☐	Yes	☐
Deaths from Ecstasy	No	☐	Yes	☐
Liquid Ecstasy	No	☐	Yes	☐
Ketamine Effects	No	☐	Yes	☐
LSD	No	☐	Yes	☐
Feedback	No	☐	Yes	☐
Distribute handouts	No	☐	Yes	☐

1. Did you cover all the prescribed content for Week Four No ☐ Yes ☐

2. Did you adapt any component of the programme/sessions? No ☐ Yes ☐

2a. If yes, what components did you adapt ……

…...……..

3. Did you add some elements to the session No ☐ Yes ☐

3a. If yes, what did you add …….

…….

4. Did you skip some elements of the session No ☐ Yes ☐

4a. If yes, what did you skip ……

…….

5. Did you over-run in time on some components No ☐ Yes ☐

5a. If yes, please indicate components ……

……...……...……

6. Did you cover all of the exercises? No ☐ Yes ☐

6a. If not, how many exercises did you miss? Expected Total ☐ Missed ☐

6b. What exercises did you miss and why?

……...…….

……...…….

Participants

7. No. of participants in attendance today ☐

7a. Expected no. of participants ☐

Responsiveness/Engagement

On a scale where 1 = extremely unresponsive 2 = mildly unresponsive
3 = mildly responsive 4 = extremely responsive

8. How **responsive** were the participants 1 2 3 4

Using the same scale, replacing responsive with **engage**

9. How well did the participants actively **engage** with the programme 1 2 3 4

10. Did the participants have difficulty with any areas in today's session No ☐ Yes ☐

10a. If yes, please indicate areas ……..

……..

Delivery

If applicable, did you adequately:

11. Make everyone welcome	No	☐	Yes	☐
12. Introduce yourself	No	☐	Yes	☐
13. Present Session goals	No	☐	Yes	☐
14. Explain format for Session Four	No	☐	Yes	☐
15. Provide relevant handouts for Session Four	No	☐	Yes	☐
16. Demonstrate accurate knowledge regarding the purpose of CAD and its programme?	No	☐	Yes	☐
17. Provide additional information where applicable	No	☐	Yes	☐

For the following, please rate your response to each question by circling the corresponding number. The scale is rated 1 to 5

1 = Strongly disagree ***2 = Disagree*** ***3 = Neither agree nor disagree***

4 = Agree ***5 = Strongly agree***

Did you:

18. Feel confident delivering the session today	1	2	3	4	5
19. Keep the group focused on today's topics	1	2	3	4	5
20. Adequately explain each theory/concept	1	2	3	4	5
21. Prompt parents to engage with the programme	1	2	3	4	5
22. Employ Brainstorming/Problem-Solving techniques	1	2	3	4	5
23. Ask questions to elicit responses	1	2	3	4	5
24. Feel you dealt successfully with parents' questions	1	2	3	4	5

CAD FAMILY FOCUS TRAINING PROGRAMME

TRAINEE TUTOR FIDELITY FORM

WEEK FIVE – SESSION FIVE

Training Location ……

Your Tutor ID No. ……

Co-Facilitator/Tutor ID No. ……

Date ……

Please indicate which areas you covered:

Session Five

Effects of Cocaine Use	No	☐	Yes	☐
Opiates and pharmacological substitutes	No	☐	Yes	☐
Drug related disease; injection technique specific	No	☐	Yes	☐
Local/regional/national drug and alcohol services	No	☐	Yes	☐
Differences b/w regular drug using adolescent vs relatively drug free adolescent	No	☐	Yes	☐
Distribute handouts	No	☐	Yes	☐

1. Did you cover all the prescribed content for Week Five No ☐ Yes ☐

2. Did you adapt any component of the programme/sessions? No ☐ Yes ☐

2a. If yes, what components did you adapt ……

…...……..

3. Did you add some elements to the session No ☐ Yes ☐

3a. If yes, what did you add …….

…….

4. Did you skip some elements of the session No ☐ Yes ☐

4a. If yes, what did you skip ……

…….

5. Did you over-run in time on some components No ☐ Yes ☐

5a. If yes, please indicate components ……

……...……...……

6. Did you cover all of the exercises? No ☐ Yes ☐

6a. If not, how many exercises did you miss? Expected Total ☐ Missed ☐

6b. What exercises did you miss and why?

……...……

……...……

Participants

7. No. of participants in attendance today ☐

7a. Expected no. of participants ☐

Responsiveness/Engagement

On a scale where 1 = extremely unresponsive 2 = mildly unresponsive

3 = mildly responsive 4 = extremely responsive

8. How **responsive** were the participants 1 2 3 4

Using the same scale, replacing responsive with **engage**

9. How well did the participants actively **engage** with the programme 1 2 3 4

10. Did the participants have difficulty with any areas in today's session No ☐ Yes ☐

10a. If yes, please indicate areas ……..

……..

Delivery

If applicable, did you adequately:

11. Make everyone welcome No ☐ Yes ☐

12. Introduce yourself No ☐ Yes ☐

13. Present Session goals No ☐ Yes ☐

14. Explain format for Session Five No ☐ Yes ☐

15. Provide relevant handouts for Session Five No ☐ Yes ☐

16. Demonstrate accurate knowledge regarding the purpose of CAD and its programme? No ☐ Yes ☐

17. Provide additional information where applicable No ☐ Yes ☐

For the following, please rate your response to each question by circling the corresponding number. The scale is rated 1 to 5

1 = Strongly disagree ***2 = Disagree*** ***3 = Neither agree nor disagree***

4 = Agree ***5 = Strongly agree***

Did you:

18. Feel confident delivering the session today	1	2	3	4	5
19. Keep the group focused on today's topics	1	2	3	4	5
20. Adequately explain each theory/concept	1	2	3	4	5
21. Prompt parents to engage with the programme	1	2	3	4	5
22. Employ Brainstorming/Problem-Solving techniques	1	2	3	4	5
23. Ask questions to elicit responses	1	2	3	4	5
24. Feel you dealt successfully with parents' questions	1	2	3	4	5

CAD FAMILY FOCUS TRAINING PROGRAMME

TRAINEE TUTOR FIDELITY FORM

WEEK SIX – SESSION SIX

Training Location ……

Your Tutor ID No. ……

Co-Facilitator/Tutor ID No. ……

Date ……

Please indicate which areas you covered:

Session Six – Group Based Work

Divide participants into groups of three or more	No	☐	Yes	☐
Distribute scenarios and allocate one per group	No	☐	Yes	☐
Allow 15 minutes for smaller group discussion	No	☐	Yes	☐
Invite feedback from larger group	No	☐	Yes	☐
Reinforce helpful strategies from a parental perspective	No	☐	Yes	☐
Reinforce preventative measures	No	☐	Yes	☐
Distribute end of programme resources	No	☐	Yes	☐
Distribute certificates	No	☐	Yes	☐
Take group photo	No	☐	Yes	☐
Remind of CAD update opportunities/educ/training opps	No	☐	Yes	☐
Distribute handouts	No	☐	Yes	☐

1. Did you cover all the prescribed content for Week Six No ☐ Yes ☐

2. Did you adapt any component of the programme/sessions? No ☐ Yes ☐

2a. If yes, what components did you adapt ……

…..……..

3. Did you add some elements to the session ☐ ☐

3a. If yes, what did you add …….

…….

4. Did you skip some elements of the session No ☐ Yes ☐

4a. If yes, what did you skip ……

……

5. Did you over-run in time on some components No ☐ Yes ☐

5a. If yes, please indicate components ……

……...……...……

6. Did you cover all of the exercises? No ☐ Yes ☐

6a. If not, how many exercises did you miss? Expected Total ☐ Missed ☐

6b. What exercises did you miss and why?

……...…….

……...…….

Participants

7. No. of participants in attendance today ☐

7a. Expected no. of participants ☐

Responsiveness/Engagement

On a scale where 1 = extremely unresponsive 2 = mildly unresponsive

3 = mildly responsive 4 = extremely responsive

8. How **responsive** were the participants 1 2 3 4

Using the same scale, replacing responsive with **engage**

9. How well did the participants actively **engage** with the programme 1 2 3 4

10. Did the participants have difficulty with any areas in today's session No ☐ Yes ☐

10a. If yes, please indicate areas ……..

……..

Delivery

If applicable, did you adequately:

11. Make everyone welcome No ☐ Yes ☐

12. Introduce yourself No ☐ Yes ☐

13. Present Session goals No ☐ Yes ☐

14. Explain format for Session Six No ☐ Yes ☐

15. Provide relevant handouts for Session Six No ☐ Yes ☐

16. Demonstrate accurate knowledge regarding the purpose of CAD and its programme? No ☐ Yes ☐

17. Provide additional information where applicable No ☐ Yes ☐

For the following, please rate your response to each question by circling the corresponding number. The scale is rated 1 to 5

1 = Strongly disagree ***2 = Disagree*** ***3 = Neither agree nor disagree***
4 = Agree ***5 = Strongly agree***

Did you:

18. Feel confident delivering the session today	1	2	3	4	5
19. Keep the group focused on today's topics	1	2	3	4	5
20. Adequately explain each theory/concept	1	2	3	4	5
21. Prompt parents to engage with the programme	1	2	3	4	5
22. Employ Brainstorming/Problem-Solving techniques	1	2	3	4	5
23. Ask questions to elicit responses	1	2	3	4	5
24. Feel you dealt successfully with parents' questions	1	2	3	4	5

Resources

25. Are adequate supplies provided to you to facilitate optimum delivery of the training No ☐ Yes ☐

26. If no, please state why ……..

...……

Did handouts/stories selected meet with the specific needs or interests of participants in each group? No ☐ Yes ☐

27. If no, please state why ……..

...……

Other

28. Do you feel the programme training is relevant for the needs of parents today No ☐ Yes ☐

29. Do you feel the teaching techniques are appropriate / adequate to engage parents/guardians No ☐ Yes ☐

30. Are there other areas of the programme that should be included No ☐ Yes ☐

If yes, please describe ……

…….

…….

CAD FAMILY FOCUS PROGRAMME

PARTICIPANT FEEDBACK FORM

SESSION ONE

Date ..... Tutor ID (if applicable) .....

Location …….....

1. What is your age *(tick box)* 18-25 yrs ☐ 26-34 ☐ 35-45 ☐ 45+ ☐

2. Do you have children? Yes ☐ **2b.** No. ☐ **2c.** If so, how many? .....

3. Where do you live? (eg. Dundalk, Co Louth) .....

4. What was the main reason you did the programme? *(please select one)*:

4a. I wanted to gain more knowledge about drugs in the home/community ☐

4b. I was concerned about my children taking drugs ☐

4c. It looked interesting ☐

4d. A friend/relative recommended the programme ☐

For the following questions, please rate your response to each question by circling the corresponding number. The scale is rated 1 to 5:

1 = Strongly Disagree 2 = Disagree 3 = Neither Agree/Disagree

4 = Agree 5 = Strongly Agree

	SD	**D**	**N**	**A**	**SA**
5. I know a lot about the different types of drugs	1	2	3	4	5
6. I know a lot about the risks associated with drug-taking	1	2	3	4	5
7. I would recognise the symptoms/signs of drug misuse	1	2	3	4	5
8. I know a lot about alcohol	1	2	3	4	5
9. I know a lot about the effects of alcohol misuse	1	2	3	4	5
10. I would recognise the symptoms/signs of alcohol misuse	1	2	3	4	5
11. I know a lot about smoking	1	2	3	4	5
12. I know a lot about the effects of smoking	1	2	3	4	5
13. In our house we have very clear rules about alcohol/drug use smoking	1	2	3	4	5

	SD	D	N	A	SA
14. I know how peer pressure can influence my child taking drugs	1	2	3	4	5
15. I can have an open discussion with my child around alcohol/drug use	1	2	3	4	5
16. I encourage my child to use certain techniques to boost his/her self-esteem	1	2	3	4	5
17. I know what I could do to prevent my child misusing alcohol/drugs	1	2	3	4	5
18. I can manage conflict with my child and encourage problem-solving	1	2	3	4	5
19. I have a good relationship with my child	1	2	3	4	5
20. I make the effort to know my child's friends	1	2	3	4	5
21. I talk to other parents about issues surrounding alcohol/drug/smoking	1	2	3	4	5
22. I always try to listen (without interrupting) to what my child has to say	1	2	3	4	5
23. I would know if my child had a problem with either alcohol or drug use	1	2	3	4	5
24. I would consider myself a good influence in my child's life	1	2	3	4	5
25. I am confident in dealing with drug/alcohol issues in the home	1	2	3	4	5
26. I have a strategy to deal with an incident of alcohol/drug use	1	2	3	4	5
27. I am aware that my and/or my partner's drinking/smoking can influence my child's behaviour	1	2	3	4	5
28. I would be confident implementing what I have learnt on the course at home	1	2	3	4	5

Thank you!

CAD FAMILY FOCUS PROGRAMME

PARTICIPANT FEEDBACK FORM

END OF PROGRAMME

Thank you for taking the time to complete this form today, we would like to get your opinion on the programme.

Date ..... Tutor ID (if applicable) .....

Location …….....

For the following, please rate your response to each question by circling the corresponding number. The scale is rated 1 to 5
1 = Strongly Disagree 2 = Disagree 3 = Neither Agree/Disagree
4 = Agree 5 = Strongly Agree

	SD	D	N	A	SA
1. I found the programme content to be useful	1	2	3	4	5
2. I found the handouts/support materials to be useful	1	2	3	4	5
3. I found the exercises to be useful	1	2	3	4	5
4. I found the group discussions to be helpful	1	2	3	4	5
5. I found the course to be well organised	1	2	3	4	5
6. I had sufficient opportunities to ask questions of the facilitator(s)	1	2	3	4	5
7. I found Tutor No. 1's teaching helpful	1	2	3	4	5
8. I found Tutor No. 2's teaching helpful	1	2	3	4	5
9. I found the Tutor No. 1 to be knowledgeable about programme content	1	2	3	4	5
10. I found the Tutor No. 2 to be knowledgeable about programme content	1	2	3	4	5
11. My knowledge and skills have been improved as a result of the programme?	1	2	3	4	5

For the following questions, please rate your response to each question by circling the corresponding number. The scale is rated 1 to 5:
1 = Strongly Disagree 2 = Disagree 3 = Neither Agree/Disagree
4 = Agree 5 = Strongly Agree

	SD	D	N	A	SA
12. I know a lot about the different types of drugs	1	2	3	4	5
13. I know a lot about the risks associated with drug-taking	1	2	3	4	5
14. I would recognise the symptoms/signs of drug misuse	1	2	3	4	5
15. I know a lot about alcohol	1	2	3	4	5
16. I know a lot about the effects of alcohol misuse	1	2	3	4	5
17. I would recognise the symptoms/signs of alcohol misuse	1	2	3	4	5
18. I know a lot about smoking	1	2	3	4	5
19. I know a lot about the effects of smoking	1	2	3	4	5
20. In our house we have very clear rules about alcohol/drug use smoking	1	2	3	4	5
21. I know how peer pressure can influence my child taking drugs	1	2	3	4	5
22. I can have an open discussion with my child around alcohol/drug use	1	2	3	4	5
23. I encourage my child to use certain techniques to boost his/her self-esteem	1	2	3	4	5
24. I have rules and boundaries with my child around alcohol/drug use	1	2	3	4	5
25. I know what I could do to encourage my child not to misuse alcohol/drugs	1	2	3	4	5
26. I can manage conflict with my child and encourage problem-solving	1	2	3	4	5
27. I have a good relationship with my child	1	2	3	4	5
28. I make the effort to know my child's friends	1	2	3	4	5
29. I talk to other parents about issues surrounding alcohol/drug/smoking	1	2	3	4	5
30. I always try to listen (without interrupting) to what my child has to say	1	2	3	4	5
31. I would know if my child had a problem with either alcohol or drug use	1	2	3	4	5
32. I would consider myself a good influence in my child's life	1	2	3	4	5
33. I would be confident in dealing with drug/alcohol issues in the home	1	2	3	4	5
34. I would have a strategy to deal with an incident of alcohol/drug use	1	2	3	4	5

	SD	D	N	A	SA
35. I am aware that my and/or my partner's drinking/smoking can influence my child's behaviour	1	2	3	4	5
36. I would be confident implementing what I have learnt on the course at home	1	2	3	4	5

37. What areas of the programme did you consider to be particularly useful? .....

.....

38. What areas of the programme did you consider less useful? .....

.....

39. If applicable could the programme be improved?

39a. No, the programme is fine as it is ☐

39b. More depth of content ☐

39c. Less depth of content ☐

39d. Faster pace of presenting material ☐

39e. Slower pace of presenting material ☐

39f. Provide more opportunity for discussion/to ask questions ☐

39g. Other areas .....

40. How did you hear about this programme *(please tick one)*?

Advertisement ☐ Through a friend/relative ☐ Through a school / HSLC ☐ Other ☐

41. Would you recommend the course to a friend/relative?

Yes ☐ No ☐

42. Do you think you need further information/assistance in the area of drug awareness/ drug prevention?

Yes ☐ No ☐

THANK YOU FOR YOUR TIME! ☺

Community Awareness of Drugs
5 Gardiner Row, Dublin 1, D01 R3K1
Telephone 01 878 3656
www.cadaboutdrugs.ie