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ADHD TRAINING PROGRAMME EVALUATION EXECUTIVE SUMMARY REPORT

Presented to the Dundee and Angus ADHD Support Group



EVIDENCE INTO PRACTICE

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EXECUTIVE SUMMARY

Introduction and background

The Dundee and Angus ADHD Support Group carried out research in 2018 into the needs of those with Attention Deficit Hyperactivity Disorder [ADHD] and those involved with ADHD in Dundee and Angus¹. Over 800 participants provided evidence to the research, including children, young people, parents, carers, teachers, police, health professionals, social workers etc.

The following training needs were identified through the research, and it was recommended that the Dundee and Angus ADHD Support Group should look to develop training programmes around the following needs:

- Training to help those with ADHD understand what it is and how to cope.
- Training for families to help them understand the condition and strategies to help deal with family situations and relationships.
- Training for public bodies and other agencies to gain a deeper understanding of ADHD and how it impacts within their organisations and work.
- Training to improve communication between Health Professionals, Parents and Caregivers, Social Work, Education, and other agencies e.g., Police, Criminal Justice.
- Training in partnership with Education to help whole class strategies / de-escalation techniques / family communication.
- Training for children and young people diagnosed with ADHD.

Funding was applied for and received from the Aspiring Communities Fund (ACF) with support from the European Social Fund (ESF) to support a series of training courses between June 2019 – June 2020 for children and young people with ADHD (and their parents/carers), as well as staff from education, police, criminal justice, social work and occupational therapy services.

Figure 8 Consultancy Services Ltd. (Figure 8) were contracted as of 1st August 2019 to complete an independent evaluation of the Dundee and Angus ADHD Support Group's training programmes for children and young people with ADHD (and their parents/carers) as well as staff from Education services. Dundee and Angus ADHD Support Group collected its own training evaluation evidence from the wider range of courses ran for other professionals, and this information has been analysed by the Figure 8 evaluation team and included within this final evaluation report.

¹ Dundee & Angus ADHD Support Group (2018). *Research into Attention Deficit Hyperactivity Disorder support needs in Dundee and Angus. Final Report.* Available at: https://www.adhddasupport.org/Handlers/Download.ashx?IDMF=88315db0-9b44-4dca-a1bc-addbacca693c

Evaluation objectives

This evaluation project set out to understand whether the ADHD training programme has helped professionals, children and young people with ADHD, and families/carers of those with ADHD to gain improved confidence, skills and knowledge in respect of ADHD.

Evaluation design and methods

The most widely known model for evaluating training programmes is the Four Level Evaluation Model by Kirkpatrick². This model identifies four levels of evaluation, each measuring a different outcome of training: reaction, learning, behaviour, and results.

This evaluation focuses on the first three levels to determine participant's reaction to training, learning and resultant behaviour or performance in the workplace/at home.

Summary of all activity and data

In this report a range of evaluative evidence has been brought together to assess the impact of a series of ADHD training programmes for professionals, children, young people, and families.

In total, **520** professionals from a range of health, educational, police, social work and youth work services participated in half-day training course focused at providing a better insight into the problems that are faced by those who live with, or are affected by, ADHD. A total of **111** of these professionals have participated in this evaluation study – the remainder completed their training prior to the evaluation process beginning.

Additionally, **24** children and young people participated in a six-week social skills training programme, with **32** parents participating in a parallel training programme focused on enabling parents to understand the condition better and find new ways to adapt the home setting to better support their children.

Strengths and limitations

Strengths

As indicated by the numbers above, a significant number of professionals across Dundee and Angus have benefited from undertaking the ADHD training programme.

The training has also managed to reach a sizeable number of children, young people, and parents, and has engaged them in a detailed, six-week course. This type of support and input, particularly for parents of children with ADHD, is uncommon and has provided a highly worthwhile intervention –

² Simmonds, D. (2003) Designing and Delivering Training, CIPD Publishing.

the full results of which will only be revealed over time as parents attempt to employ new strategies and coping mechanisms as a result of their learning.

The process of doing the project has helped to raise awareness of ADHD amongst a broad range of professionals who engage with children and young people who have ADHD, who otherwise would have been unlikely to focus much attention on how to adapt their own approaches or the environment within which they work.

Limitations

The biggest limitation of this project came about due to the onset of the Covid-19 pandemic, which massively affected the ability of the Dundee and Angus ADHD Support Group to deliver the social skills courses to children and young people, as well as the courses for parents. Only the first round of these courses were successfully delivered pre-pandemic, after which everything had to be moved to virtual (online) training, requiring significant modifications and flexibility from the course trainers – and participants.

Ultimately, these challenges affected the ability of the ADHD Support Group to meet the original target numbers for children, young people and parents attending the courses – not least of which was because CAMHS, who were due to be a key referrer into the courses, had to prioritise Covid-related measures above everything else once the pandemic had started. Given the high number of professionals that participated in training course pre-pandemic, there is no reason to believe that the ADHD Support Group would not have been able to reach their target numbers for children, young people, and parents if the pandemic had not happened.

Key Findings

Training programmes have successfully been delivered to the original target groups, albeit that target numbers of children, young people and parents were not met (primarily due to the onset of the Covid-19 pandemic, as detailed above).

Professionals

The key findings from the analysis of evaluation data from the training programmes with **professionals** are summarised as follows:

- Overall, participants were highly impressed with the quality of the training, with 53% of participants rating the training as 'exceptional'.
- Despite all participants reporting that they had received some prior learning regarding ADHD, the average (weighted) response in terms of how much knowledge participants felt that had (on a six-point scale, where 1=none and 6=extensive) was between 3.17-3.50 across a set of knowledge areas. As a result of the training attended, the weighted average rose to between 4.41-4.66 in the post-training responses, indicating an average increase in knowledge of almost 1.2 scale points on all subject areas indicated.

- Participants '**confidence**' levels in performing a range of tasks relating to ADHD also saw the average weighted rating (using the same rating scale) increase from pre- to post-training. This time the overall **increase across the given subject areas was around one full scale point** (with pre-training ratings identified as between 3.25-3.69, increasing to 3.21-4.56 post-training).
- Participants were highly satisfied with both the content and length of the training, with 89% indicating that the content was 'just right' and 81% indicating that the length of the training was also 'just right'.
- 17% of participants felt that 'everything was useful' with the training, with 42% commenting that the most useful aspect had been an increase in knowledge to aid practice development.
- In terms of what participants felt could be improved in the training, **19%** felt that the **training materials and resources** could be improved, and **17%** felt that the training could be improved by being **'slightly longer'**. A further **17%** felt there was **'nothing'** that could be improved about the training.
- Overall satisfaction ratings with the course trainer were very high, with 84% strongly agreeing
 that the trainer appeared knowledgeable about the subject, and 76% strongly agreeing that
 the trainer presented clearly to assist their learning. When asked to make some overall
 comments about the trainer, 90% of participants made positive comments.
- Participants were asked to reflect upon their personal outcomes associated with the training.
 Thematic analysis identified the following six key themes: modifications to work practice, better
 understanding of ADHD, new and improved strategies, better able to support children, increased
 knowledge, and utilisation of mood changing methods.

Parents and Carers

The key findings from the analysis of evaluation data from the training programmes with **parents** and carers are summarised as follows:

- Nearly **two-thirds of parents (62%) hadn't received any previous ADHD training** prior to attending the course with the Dundee and Angus ADHD Support Group.
- Prior to the training starting, **92**% of parents identified 'anxiety' as their primary topic of interest, with **77**% also noting 'resilience'. Parents main hopes and expectations for the training were centred around: (1) getting increased knowledge of ADHD, (2) being better able to support their child(ren), and (3) learning new coping strategies.
- Over 90% of parents 'strongly agreed' or 'agreed' with the statement that 'the training has given me strategies to help me deal with family situations and relationships.'
- **100%** of parents 'strongly agreed' or 'agreed' with the statement that 'this training has helped me to be more open and honest with my child when discussing their behaviour.'
- **100%** of parents 'strongly agreed' or 'agreed' with the statement that 'the training has given me a greater understanding of how my child's behaviour may be impacted by anxiety, sensory processing and emotional regulation difficulties.'

- Over 90% of parents 'strongly agreed' or 'agreed' with the statement that 'the training has given me strategies to help me deal with family situations and relationships.'
- Over 90% of parents 'strongly agreed' or 'agreed' with the statement that 'this training has helped me to feel more confident when supporting my child with social skills and verbal communication.'
- **100%** of parents **'strongly agreed'** or **'agreed'** with the statement that *'this training has given me a greater understanding of the importance of structure and how to implement it.'*

Children and Young People

The key findings from the analysis of evaluation data from the training programmes with **children and young people** are summarised as follows:

- **Two-thirds (65%)** of the young people who started the six-week training programme went on to complete it, which given the challenges for the majority of the participants in having to access the training programme online (due to the pandemic) is a positive sign that the training has been found worthwhile.
- Another indication of the benefits of the training is that seven (out of 12) young people who
 were not previously connected with the ADHD Support Group joined the waiting list for the
 ADHD youth group as a result of attending the training. The remaining twelve young people who
 completed the training are already members of the youth group.

Staff interviews

The key findings from the analysis of interview data from the post-training interviews with members of the ADHD Support Group staff and trainers shows that:

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ADHD youth group as a result of attending the training. The remaining twelve young people who
completed the training are already members of the youth group.

Conclusions

On the basis of the evaluation results, it can be seen that the three separate training programmes (for professionals, children/young people, and families) are in themselves both valuable and valued by the vast majority of those who participated. It is also clear that all three training courses had good quality, relevant content.

From the **reaction** of professionals to the training programme in their post-training evaluations, it is evident that the training has both a positive and beneficial impact on their knowledge, confidence, and skills in relation to ADHD issues. This **learning** is considered beneficial for translating training knowledge into practical changes in the workplace. As with any staff training initiative, we do not

know whether any practices or benefits of the training will endure, but measures of longer-term work practice (**behaviour**) change is something that could be built into a future training programme if followed up with a longitudinal study. It would also need to include ongoing work with the organisations receiving the training, to ensure that any 'undoing' effect of training gains is minimised as delegates return to their work environment and are influenced by the norms and accepted behaviours of those around them. This raises a key point about the importance of the work environment in the successful transfer of learning, one which should be considered in any future training programme of this nature.

It is also evident that the training has proved of immense value to parents of children with ADHD, in raising their knowledge and developing new coping strategies to manage homelife better for themselves and their child(ren). It has also proved valuable to parents as an opportunity to meet and share with other parents, which in itself helps to alleviate some of the sense of loneliness often felt due to thinking that nobody else experiences the same situation.

The reflective accounts provided by the trainers of the children and young people's courses demonstrate that those who managed to complete the training benefited greatly from their participation. A detailed case study documented in the main report provides great insight into the potential benefits for young people with ADHD participating in the training programme.

In summary, there is good data on staff perceptions of the quality, relevance and use of the training. There is also good data from young people and parents that is consistent with these findings. Overall, our results suggest that the training programmes have been successful and should be continued on an ongoing basis (subject to availability of funding).