FIGURE 8
CONSULTANCY SERVICES LTD

2021

ADHD TRAINING PROGRAMME

EVALUATION REPORT

Presented to the Dundee and Angus ADHD Support Group

EVIDENCE INTO PRACTICE

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CHAPTER 1: INTRODUCTION

Introduction and background

1.1 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 Angus[1]. Over 800 participants provided evidence to the research, including children, young people, parents, carers, teachers, police, health professionals, social workers etc. Key findings from the research indicated the following:

- Although there is an increase in training for ADHD, many staff have never received this and so may be disadvantaged in dealing with ADHD and getting the best from their class as a whole (section 9.1.3, pg.114).
- Some Social Work staff have received ADHD training whilst many had not received any within the past three years which could restrict appropriate positive interventions (section 9.1.6, pg.115).
- ADHD Europe member organisations provide more training for children with ADHD than the Dundee and Angus ADHD Support Group (section 9.1.7, pg.116).

1.2 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.

1.3 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 to the following groups between June 2019 – June 2020:

[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

1. Education staff across Dundee and Angus
2. Children and young people with ADHD
3. Parents and carers of children and young people with ADHD
4. Community Police, Criminal Justice Staff, Social Workers, Occupational Therapists, Employers, etc.

1.4 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 programme in relation to groups 1, 2 and 3 above. Dundee and Angus ADHD Support Group collected its own training evaluation evidence from the wider range of courses ran for those in group 4, and this information has been analysed by the Figure 8 evaluation team and included within this final evaluation report.

Evaluation objectives

1.5 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.

Structure of the report

1.6 The report is divided into three key sections:

- The first part (Chapter 2) provides an overview of the evaluation design and methods.
- The second part (Chapter 3) presents the findings of the evaluation methods.
- The third part (Chapter 4) summarises the key findings from the evaluation and recommendations for consideration of the Dundee and Angus ADHD Support Group.

1.7 Detailed, supplementary evidence is provided in the **Part 2 – Supporting Evidence Report** which is available upon request and online at the Dundee and Angus ADHD Support Group.

Covid-19

1.8 The planned programme of training was severely affected by the onset of the global Covid-19 pandemic. Training with groups 1 and 4 had been completed prior to the first lockdown but training with groups 2 and 3 had only just begun. The first national lockdown led to a significant pause in the social skills training programme for children, young people and families/carers as the key members of staff at Dundee and Angus ADHD support group were furloughed. Once staff were brought back to work, plans were instigated to change the training programmes from being face-to-face to being run wholly online (Zoom). An extension to the timeframe for the training programme was granted by the funders which has enabled several training courses to take place post-onset of the pandemic.

CHAPTER 2: EVALUATION DESIGN AND METHODS

Evaluation design

2.1 The most widely known model for evaluating training programmes is the Four Level Evaluation Model by Kirkpatrick[2]. This model identifies four levels of evaluation, each measuring a different outcome of training: reaction, learning, behaviour, and results.

Evaluation methods

2.2 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. To achieve this, the evaluation has been conducted in three parts:

- Distribution of a web-based, pre-course questionnaire to measure participants' baseline confidence levels in relation to their current ADHD knowledge and skills, as well as current knowledge and experience of practice. This will help inform specific session content.
- Completion by each participant of a Course Evaluation form upon completion of each training session/workshop. This stage of the evaluation will be focused on Levels 1 and 2 of Kirkpatrick's Model – participants' reactions to training and learning. It will include a repeat assessment of participants' confidence levels in relation to their knowledge and skills to allow a pre- and post-training comparison to be made. It will also include specific questions pertaining to the facilitator and course content/materials. Comments made will be reviewed and reflected as necessary in subsequent sessions.
- Completion of a one-month post-development (web-based) questionnaire for professionals to focus on 'on-the-job' performance, Level 3 of Kirkpatrick's Model. The 'Work Practice Questionnaire – Post Training Scales'[3] will be used, which is a simple 12-item questionnaire that can be completed online. The WPQ Post-Training Scales address participants' perceptions of the impact of training on their knowledge, skills, and abilities (Perceived Training Outcomes) and the relevance of training to their work practice (Perceived Training Relevance). The focus of these scales is on the perceived utility of training in regard to knowledge and skill development and improvement of work practice. Research evidence indicates that utility type reaction measures (training considered relevant to job) are strongly related to learning, performance, and training

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

[3] D. Addy, D., Skinner, N., Shoobridge, J., Freeman, T., Roche, A. M., Pidd, K., & Watts, S. (2004). Handbook for the Work Practice Questionnaire (WPQ): A training evaluation measurement tool for the alcohol and other drugs field. Canberra: Australian Government Department of Health and Ageing.

transfer, as participants who perceive training as being useful to their work and career development have been found to be more likely to learn and apply that learning[4,5].

Data collection

2.3 For all courses run with professionals and parents/carers, all participants were invited to complete a pre-training survey and then a post-training survey.

2.4 For all courses run with children and young people, the trainers collected a range of evidence as appropriate to each group.

2.5 At the end of the training programme, Figure 8 researchers completed interviews with the trainers of the children/young people and parents/carers training courses, along with an interview with the ADHD Support Group Project Manager to discuss their feedback on the training programmes and any lessons learned. The structure of these interviews included the following elements:

- Hopes/expectations of the trainer of the training programme – and whether they were met (fully, partially, etc.).
- Did everything go to plan with the training, whether related to covid-19 or something else?
- What worked best about the training and what did not work so well?
- With the benefit of hindsight, what would you have changed about the course? Looking forward, if you were to run the course again, what else would you like to do/put in place to improve it further?
- What has been the overall impact of the training on (1) the work of the ADHD support group, and (2) children and young people?
- Overall personal reflection on the benefit(s) of the training programmes.

2.6 Details of the findings from the above evaluation work are presented in **Chapter 3** of this report. Copies of the surveys and interview schedule are provided in the **Part 2 – Supporting Evidence report**.

Summary of all activity and data

2.7 Prior to the Figure 8 evaluation work commencing in August 2019, the Dundee and Angus ADHD Support Group had already facilitated a range of training sessions (Between February-June 2019) for which they collected their own evaluation data. An overview of these courses,

[4] Velada, R. and Caetano, A. (2007). Training transfer: the mediating role of perception of learning. *Journal of European Industrial Training*, 31(4): 283-296.

[5] Nikandrou, I., Brinia, V. and Bereri, E. (2009). Trainee perceptions of training transfer: an empirical analysis. Journal of European Industrial Training, 33(3): 255-270.

and numbers of participants, is presented in the table below. The full evaluation report compiled by the ADHD Support Group on these courses is provide in the **Part 2 – Supporting Evidence** report.

Table 2.1: Training courses run prior to start of the formal training evaluation

Date of training	Training Group	Numbers completing training
Feb 2019	Angus Teachers and Educational Support Staff	**28**
Feb 2019	Dundee Learning and Care Assistant's and Support Staff	**59**
Feb 2019	Dundee Science Centre staff	**8**
Feb 2019	Dundee Teachers and Educational Support Staff	**29**
Feb 2019	Youth Group staff	**8**
May 2019	Angus Teachers	**28**
May 2019	Dundee CAMHS staff	**10**
May 2019	Dundee Social Workers	**30**
May 2019	Dundee Teachers	**59**
June 2019	Dundee and Angus Parents and Carers	**125**
June 2019	Educational Psychologists	**25**
Total number of participants completing training		**409**

2.8 The table below shows the total number of training courses run and numbers of participants that are included in the Figure 8 evaluation work, by training group (professional, children/young people, families/carers). The final two columns indicate the numbers of completed evaluation surveys (pre- and post-training) by the professional's group and by parents/carers. Evaluation work with the children and young people was conducted in different formats and will be reported separately in the 'Findings' section of this report.

Table 2.2: Training courses included in the formal evaluation – with numbers of completed evaluation surveys

Training Group	No. of groups	Total participants (started)	Total participants (completed)	No. of completed pre-training surveys	No. of completed post-training surveys
Dundee teachers	1	58	**58**	**23**	**111**
Police	1	17	**17**		
Social work / social care staff	4	21	**21**		
Youth work staff	1	15	**15**		
Children and young people	6	37	**24**	n/a*	n/a*
Parents and carers	6	35	**32**	**13**	**11**
Total number of participants completing training			**167**		

***** It was decided that surveys would not work with children and young people, and bespoke evaluation methods were designed and agreed – see **Section 3.50-3.57**

Analysis

2.9 Based on the evidence collected through the varied evaluation processes detailed in **2.3-2.5** above, the Figure 8 research team have compiled findings, presented in **Chapter 3**:

- To provide evidence of the extent to which the training has met its stated objectives; and
- To provide measures of the impact it is having on the work practice of professionals and home lives of children, young people and families.

CHAPTER 3: FINDINGS

3.1 The findings from the training programmes run by the Dundee and Angus ADHD Support Group are provided below in the following three sections:

A. Findings from training courses run with professionals.

B. Findings from training courses run with parents and carers.

C. Findings from training courses run with children and young people.

3.2 Additionally, analysis of the interviews conducted with the course trainers of the children/young people's and parents/carers training courses, and the ADHD Support Group Project Manager, is provided at the end of this section under heading 'D'.

A. Findings from training courses run with professionals

3.3 As noted in **Chapter 2**, all participants who completed one of the training courses for professionals (noted in **Table 2.2** above) were provided with the opportunity to complete two different surveys – (1) a pre-training survey sent out via a weblink to Survey Monkey a few days prior to the training course, and (2) a post-training survey sent out either as a weblink to Survey Monkey following completion of the training, or completed as a hard-copy version of the survey at the end of the training course.

3.4 In total, **seven** courses were run for the following range of professionals between August 2019 – November 2019, with a total of **111** participants:

- Teaching staff (Dundee) [n=58]
- Police [n=17]
- Social work and social care staff [n=21]
- Youth work staff [n=15]

Pre-training professionals survey - results

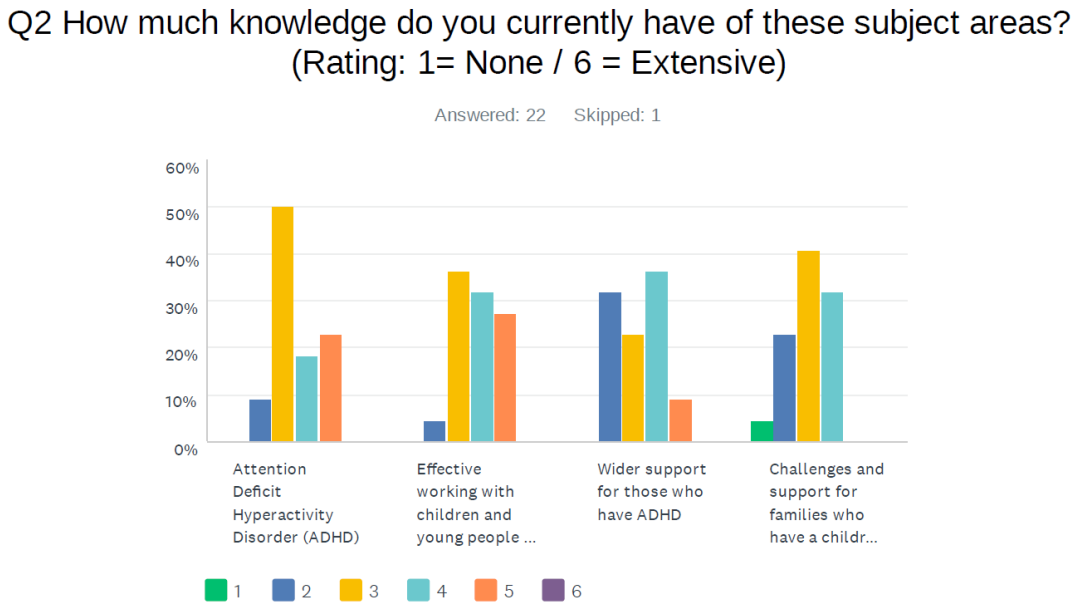
3.5 A total of **23** pre-training surveys were completed by participants prior to training, representing a response rate of **21%**. All responses received were from either education staff or social work/social care staff.

3.6 Respondents were asked **how much knowledge they have (pre-training) of the following subject areas,** on a scale of 1-6 where 1=none and 6=extensive:

- Attention Deficit Hyperactivity Disorder (ADHD)
- Effective working with children and young people who have ADHD
- Wider support for those who have ADHD

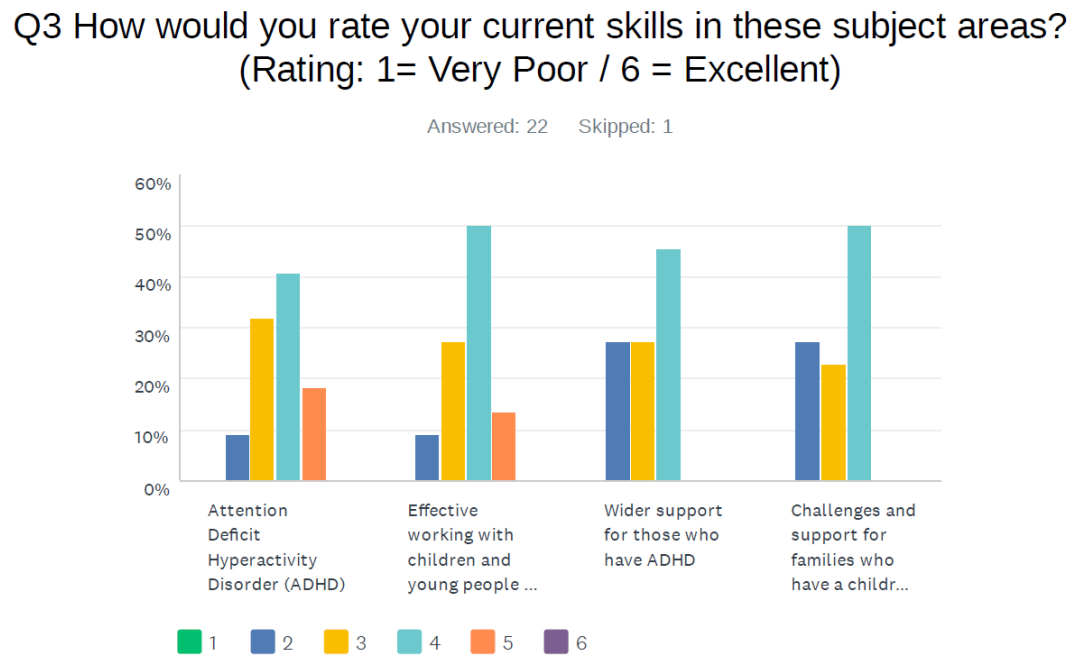
- Challenges and support for families who have a child(ren) with ADHD

The results are shown in the graph below, with the weighted average of responses for each question ranging from 3.00-3.82:



3.7 Respondents were then asked how they would **rate their current skills in the same set of subject areas**, this time on a scale of 1-6 where 1=very poor and 6=excellent:

The results are shown in the graph below, with the weighted average of responses for each question ranging from 3.18-3.68:



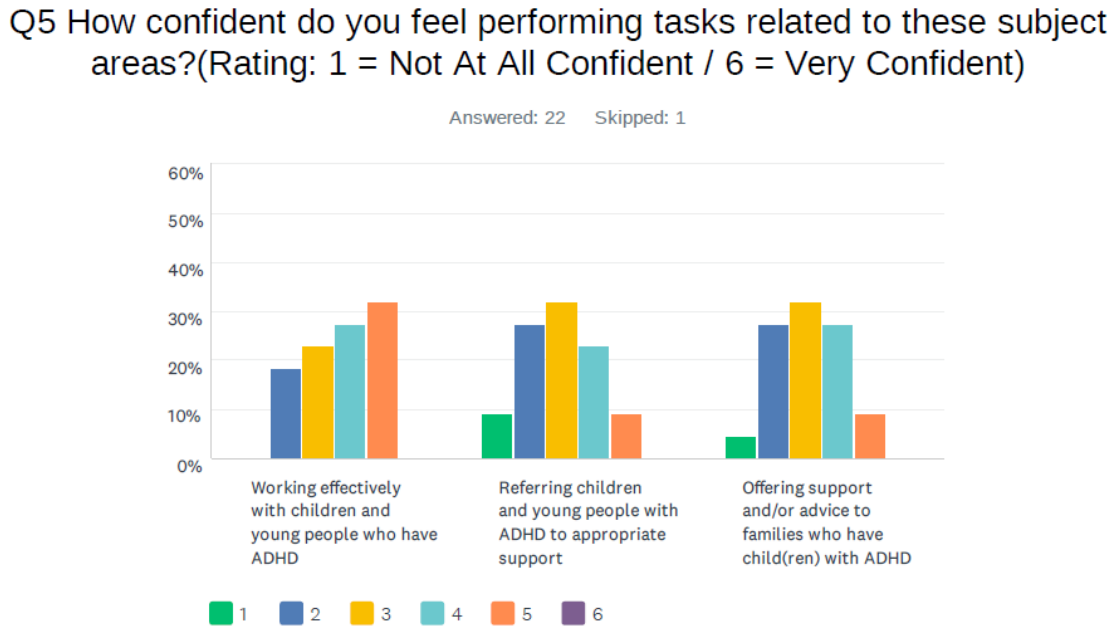
3.8 Respondents were then asked to indicate where their **prior learning** had come from with regard to ADHD. Respondents were allowed to tick all applicable options, and the results are shown in the table below:

ANSWER CHOICES	RESPONSES	
In-service training	77.27%	17
Multi-agency training days	27.27%	6
Online ADHD training	22.73%	5
Own reading of research on ADHD	63.64%	14
Attending conferences/seminars	18.18%	4
Academic course	9.09%	2
None	0.00%	0
Total Respondents: 22		

3.9 Respondents were then asked **how confident they feel performing tasks related to the following subject areas**, on a scale of 1-6 where 1=not at all confident and 6=very confident:

- Working effectively with children and young people who have ADHD
- Referring children and young people with ADHD to appropriate support
- Offering support and/or advice to families who have child(ren) with ADHD

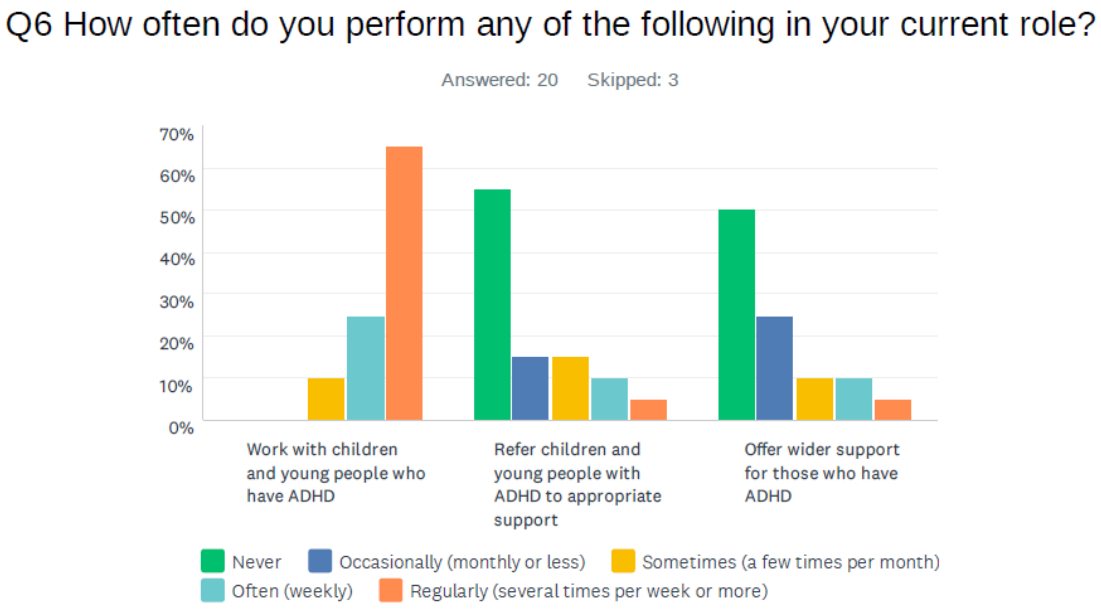
The results are shown in the graph below, with the weighted average of responses for each question ranging from 2.95-3.73:



3.10 Respondents were then asked **how often they perform any of the following tasks**:

- Work with children and young people who have ADHD
- Refer children and young people with ADHD to appropriate support
- Offer wider support for those who have ADHD

The results are shown in the graph below:



3.11 Respondents were then asked to note **which aspects of the training subject area were of most interest to them**. The results are shown in the table below:

ANSWER CHOICES	RESPONSES	
Recognising signs of ADHD	75.00%	15
Helping young people to help them understand the condition and strategies to help deal withsituations	100.00%	20
Management of the condition	70.00%	14
Signposting to support services and treatment options	55.00%	11
Training for children and young people diagnosed with ADHD	75.00%	15
ADHD treatment	55.00%	11
Other (please specify)	10.00%	2
Total Respondents: 20		

3.12 Respondents were then asked to note **which aspects of the training subject area they currently find most challenging**. **Fifteen** responses were received which focused heavily around **managing and coping with behavioural issues** as well as knowing where to **signpost** for further help.

3.13 Respondents were then asked to note **what issues around ADHD present themselves in their day-to-day work**. **Sixteen** responses were received which again focused heavily around **managing and coping with behavioural issues** and the knock-on effect that can have on other young people.

3.14 Finally, respondents were then asked **how they expected the training to impact on their work**. **Sixteen** responses were received which were overwhelmingly focused around having **better knowledge in order to improve skills** for managing children and young people with ADHD effectively, which then has the added knock-on effect of **better supporting young people**.

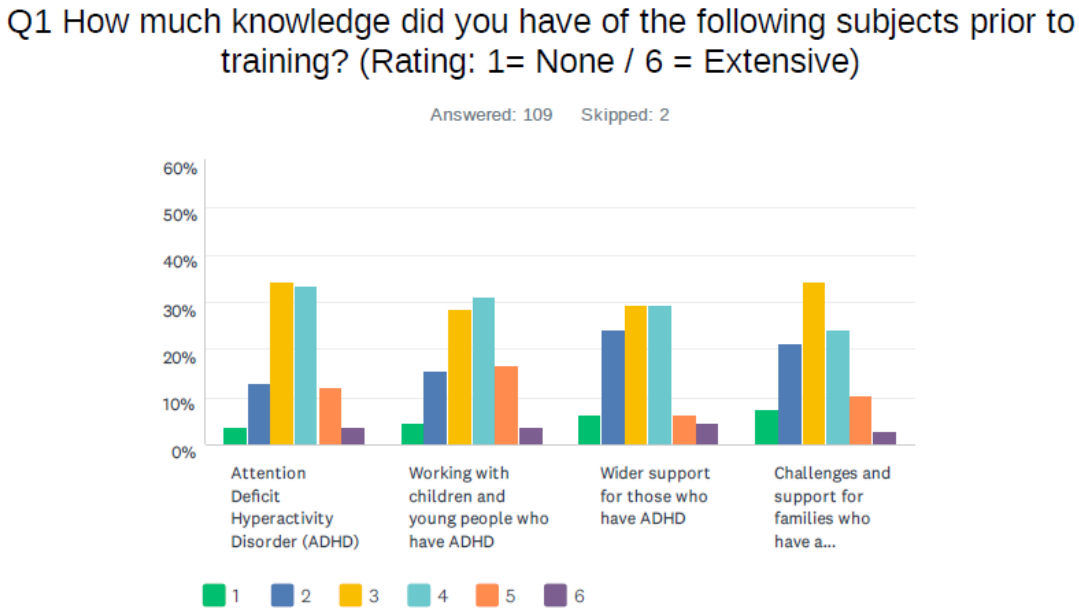
Post-training professionals survey - results

3.15 A total of **111** post-training surveys were completed by participants following their training, representing a response rate of 100%.

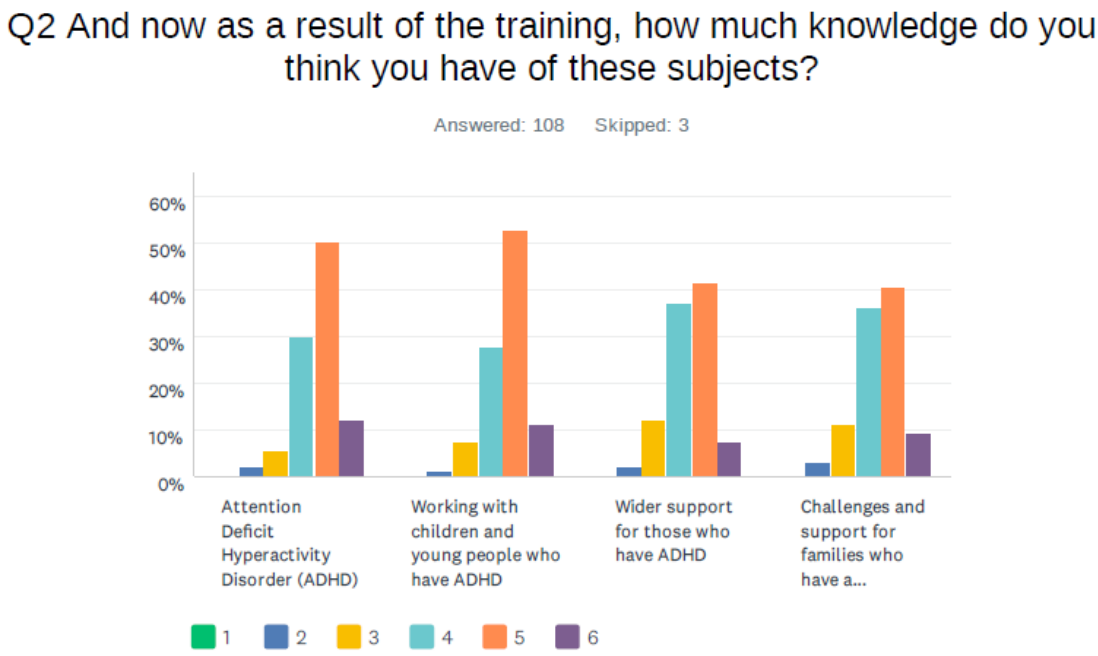
3.16 Respondents were asked **how much knowledge they of the following subject areas prior to the training**, on a scale of 1-6 where 1=none and 6=extensive:

- Attention Deficit Hyperactivity Disorder (ADHD)
- Effective working with children and young people who have ADHD
- Wider support for those who have ADHD
- Challenges and support for families who have a child(ren) with ADHD

The results are shown in the graph below, with the weighted average of responses for each question ranging from 3.17-3.50:



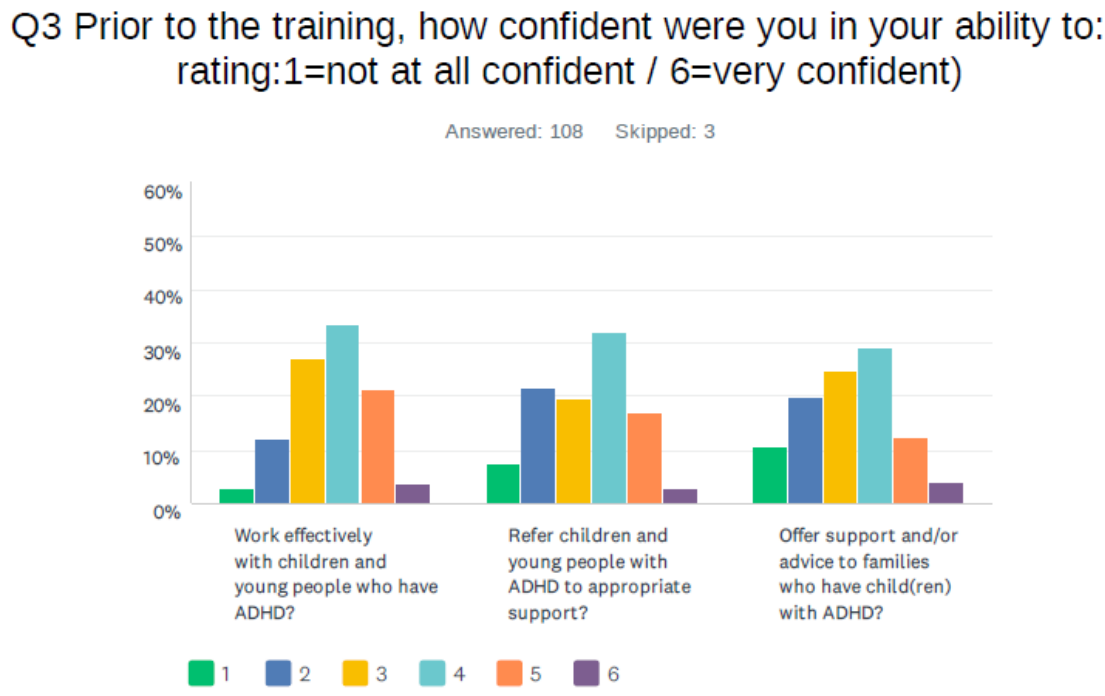
3.17 Respondents were then asked, **as a result of the training, how they would rate the knowledge they have of the same subject areas**, using the same scale of 1-6 where 1=none and 6=extensive. The results are shown in the graph below, with the weighted average of responses for each question now ranging from 4.41-4.66, indicating an **average increase in knowledge of almost 1.2 scale points on all subject areas**:



3.18 Respondents were then asked **how confident they felt in performing tasks related to the following subject areas prior to the training**, on a scale of 1-6 where 1=not at all confident and 6=very confident:

- Working effectively with children and young people who have ADHD
- Referring children and young people with ADHD to appropriate support
- Offering support and/or advice to families who have child(ren) with ADHD

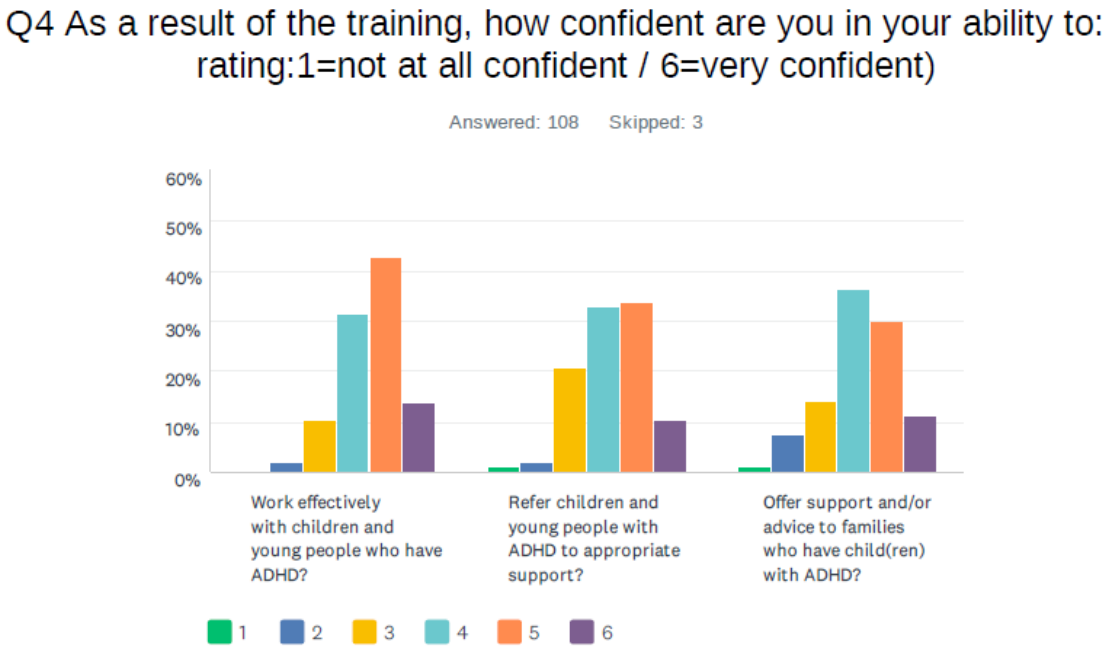
The results are shown in the graph below, with the weighted average of responses for each question ranging from 3.25-3.69:



3.19 Respondents were then asked, **as a result of the training, how confident they now felt performing tasks related to the following subject areas**, on a scale of 1-6 where 1=not at all confident and 6=very confident:

- Working effectively with children and young people who have ADHD
- Referring children and young people with ADHD to appropriate support
- Offering support and/or advice to families who have child(ren) with ADHD

The results are shown in the graph below, with the weighted average of responses for each question now ranging from 4.21-4.56, indicating an **average increase in confidence of almost one scale point on all subject areas**:



3.20 Respondents were then asked to comment on **personal outcomes associated with the training** (e.g. What difference will this training make to your work? What will you implement as a result of this training? Are there likely to be any barriers that will stop you implementing what you have learned?). Through a process of coding the qualitative responses, the following **six key themes** were identified from the dataset, with each theme being mentioned by at least 10% of the respondents:

Table 3.1: Personal outcomes from the training

Theme	Mentions	Examples
Practice	**19** (22.62%)	*'This training has given me more confidence on what to expect and how to manage a child with ADHD. Background is very important.'* *'Learning new techniques and thinking about the child's point of view will be hugely beneficial.'*

		'It will make me feel more confident and relaxed when working with ADHD.'
Better understanding	**17** (20.24%)	*'Better understanding about what undiagnosed disorders children and young people may have, and how it may affect offending.'* *'Feel I will now have a better understanding and use communication more effectively in dealing with these young people.'* *'I will alter how I speak to individuals with ADHD and will have a better understanding of how to deal with them more effectively.'*
Strategies	**14** (16.67%)	*'I work with many children with ADHD and this training has explained this condition very well and given very helpful strategies to use.'* *'The techniques and strategies that have been suggested will, I believe, help.'* *' I will implement many of the strategies mentioned within the workshop.'*
Support children	**12** (14.29%)	*'It will help to aid with the children I work with.'* *'Benefitted from training and have more confidence in supporting family I work with to nurture and understand children.'* *'This training will help me work better with the children in schools and their families.'*
Knowledge	**9** (10.71%)	*'Improved knowledge in communicating with parents and shared language with professionals.'* *'Thought it crystalised much of this teaching practice succinctly in a way that can be applied across the board.'* *'I had gained some knowledge on ADHD through previous visits to the hub, both from the staff and engaging with the children. I have now gained further knowledge that I will be able to implement into my daily duties.'*
Mood	**9** (10.71%)	*'Going to try to reframe for all colleagues to help gauge the young person's mood.'* *'I will implement the mood changing methods.'* *'Should enhance my thought process to engage a more informed new/opinion which in turn shows impact on any decision made. Will keep mood and mindset at the core of my interactions.'*

3.21 Respondents were then asked to **rate the content of the training**, as to whether it was 'too little', 'too much' or 'just right'. **89% of respondents felt it was 'just right'** with 6% responding that it was 'too much' and the remaining 5% responding that it was 'too little'.

3.22 Similarly, respondents were asked to **rate the length of the training**, as to whether it was 'too short', 'too long' or 'just right'. **81% of respondents felt it was 'just right'** with 11% responding that it was 'too long' and the remaining 8% responding that it was 'too short'.

3.23 Respondents were then asked to note the **least useful aspect of the training**. Out of the 40 respondents who commented, **26 (65%) noted *'nothing'***. The only significant other response was that **12 (30%)** respondents made mention to **specifics of the training materials** with several referencing *'too many'* and *'cluttered'* PowerPoint slides in the presentation.

3.24 Respondents were then asked to note the **most useful aspect of the training**. Out of the 69 respondents who commented, **12 (17%) noted that everything was useful**. The most significant response was that **29 (42%)** of respondents commented that **increased knowledge to aid practice development** was the most useful aspect, as indicated in the following examples:

> *'How to de-escalate situations and look for the reason behind the behaviour.'*
>
> *'Having the correct mindset when working and supporting individuals.'*
>
> *'Different ways to begin conversations with children with ADHD.'*

The **quality and usefulness of the training materials and resources** were also commented upon regularly, by **19 (28%)** of the respondents.

3.25 Respondents were then asked to note **what could be done to improve the training**. Out of the 54 respondents who commented, **nine (17%)** said there was **nothing that could be improved**. **Ten (19%)** of respondents commented that the **training materials and resources could be improved** and a further **nine (17%)** of respondents felt that the **training could be improved by being *'slightly longer'***.

3.26 Respondents were then asked to comment upon the trainer. **84% of respondents 'strongly agreed' that the trainer appeared knowledgeable about the subject** (with only three respondents rating the trainer as less than five on a six-point scale) whilst **76% of respondents 'strongly agreed' that the trainer presented clearly to assist learning** (with only five respondents rating the trainer as less than five on a six-point scale).

3,27 When asked to make some overall comments on the trainer, **92 (90%) of respondents made positive comments**, with typical ones being along the lines of:

> *'Very enthusiastic and funny and kept us engaged.'*
>
> *'Great trainer, will definitely recommend to my colleagues - should be compulsory for all staff who work with YP affected by ADHD.'*
>
> *'Very knowledgeable, good delivery of subject and made it very easy to understand.'*

3.28 Finally, when respondents were asked to rate the quality of the overall training programme, **just over half (56 out of 106 who responded, 53%) rated the training as being 'exceptional'**. The full set of ratings, where 1=unacceptable and 6=exceptional, are presented in the table below:

ANSWER CHOICES	RESPONSES	
1	1.89%	2
2	0.00%	0
3	7.55%	8
4	8.49%	9
5	29.25%	31
6	52.83%	56
TOTAL		106

When asked to sum up their overall experience of the training programme, **just over one in four (27%) of respondents said the training was *'enjoyable'***.

B. Findings from training courses run with parents and carers

3.29 As noted in **Chapter 2**, all participants who completed one of the training courses for parents and carers (noted in **Table 2.2** above) were provided with the opportunity to complete two different surveys – (1) a pre-training survey sent out via a weblink to Survey Monkey a few days prior to the training course, and (2) a post-training survey sent out either as a weblink to Survey Monkey following completion of the training, or completed as a hard-copy version of the survey at the end of the training course.

3.30 In total, **six** courses were run for parents and carers between January 2020 – February 2021, with a total of **35** participants, of whom **24** completed the training[6].

Pre-training parents/carers survey - results

3.31 A total of **13** pre-training surveys were completed by parents and carers prior to training, representing a response rate of just over **37%**.

3.32 Respondents were asked whether they had previously received parent training to help manage their child's ADHD diagnosis. Nearly **two-thirds of parents (62%) hadn't received any previous training** with the remaining parents reporting that they had.

3.33 Respondents were then presented with a range of training topics (detailed below) and were asked to note the areas which were of most interest to them (with the ability to tick up to three out of the five options). The options given were:

- "The ADHD house": Assessing factors in a family / home situation

[6] A seventh course was run for parents in Angus in [August 2019], to which **thirteen parents** participated, but no evaluation forms were completed, so this course hasn't been included in the evaluation data.

- Making sense of the ADHD diagnosis
- Anxiety, sensory processing and emotional regulation
- Creating and maintaining structure
- Resilience (the ability to recover quickly from difficulties / adapting in the face of adversity)

Responses are indicated in the table below, with **92%** of those responding identifying the **'anxiety'** topic as the primary issue of interest, follow by **'resilience'**, which was noted by **77%** of respondents.

ANSWER CHOICES	RESPONSES	
"The ADHD house": Assessing factors in a family / home situation	38.46%	5
Making sense of the ADHD diagnosis	23.08%	3
Anxiety, sensory processing and emotional regulation	92.31%	12
Creating and maintaining structure	46.15%	6
Resilience (the ability to recover quickly from difficulties / adapting in the face of adversity)	76.92%	10
Total Respondents: 13		

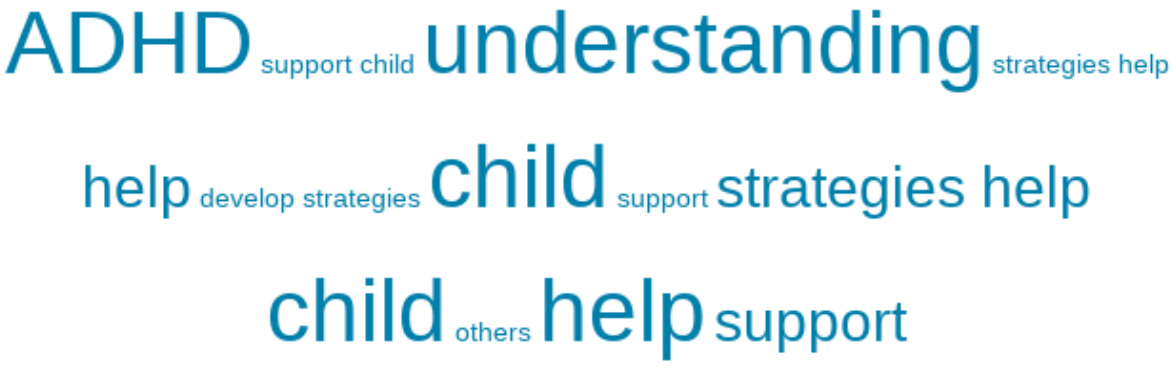
3.34 Respondents were then asked to indicate whether they agreed or disagreed with the following set of statements. Responses are shown in the table below:

	STRONGLY AGREE	AGREE	UNSURE	DISAGREE	STRONGLY DISAGREE	TOTAL RESPONDENTS
I have a clear understanding of my child's ADHD diagnosis	7.69% 1	53.85% 7	30.77% 4	7.69% 1	0.00% 0	13
I have strategies to help me deal with family situations and relationships	7.69% 1	30.77% 4	38.46% 5	23.08% 3	0.00% 0	13
I think clearly about problems and solutions in the home	7.69% 1	46.15% 6	30.77% 4	15.38% 2	0.00% 0	13
I am able to be open and honest with my child when discussing their behaviour	15.38% 2	76.92% 10	0.00% 0	15.38% 2	0.00% 0	13
I understand how my child's behaviour may be impacted by anxiety, sensory processing and emotional regulation difficulties	15.38% 2	46.15% 6	30.77% 4	7.69% 1	0.00% 0	13
I feel confident when supporting my child with social skills and verbal communication	7.69% 1	7.69% 1	30.77% 4	46.15% 6	7.69% 1	13
I understand the importance of structure and how to implement it	7.69% 1	46.15% 6	46.15% 6	7.69% 1	0.00% 0	13
I understand the importance of recognising and developing resilience	15.38% 2	53.85% 7	23.08% 3	7.69% 1	0.00% 0	13

As can be seen from the results, there was **significant levels of uncertainty** about whether parents agreed or disagreed about most of the statements, indicating that training could play an important role in helping to resolve such uncertainties. The **only statement where all parents either agreed (85%) or disagreed (15%)** with the statement was the statement that says, **'I am able to be open and honest with my child when discussing their behaviour.'**

3.35 Finally, parents were asked what their **main hopes and expectations** were for attending the training course. A variety of responses were received, which are depicted in the word cloud below. The consistent themes emerging were around: **(1) getting increased knowledge of**

ADHD, (2) being better able to support their child(ren), and (3) learning new strategies to manage and cope with their child(ren)'s behaviour.

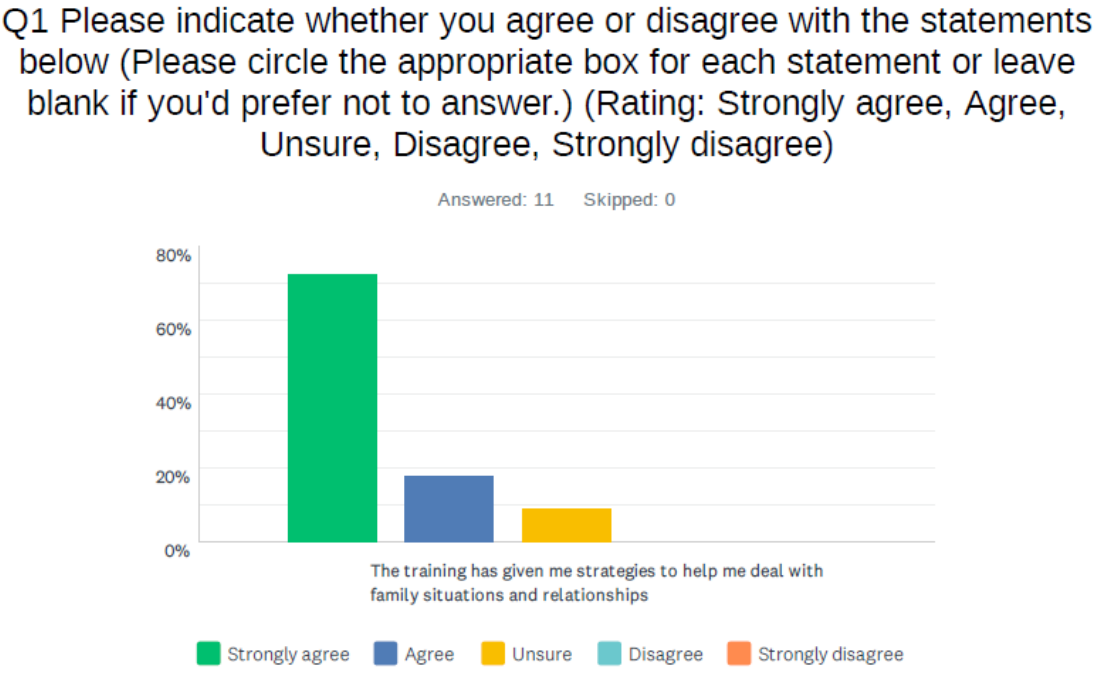


Post-training parents/carers survey - results

3.36 A total of **11** post-training surveys were completed by participants following their training, representing a response rate of **34%**.

3.37 Parents were asked to indicate whether they agreed or disagreed with a set of five key statements (rating options: Strongly agree, Agree, Unsure, Disagree, Strongly disagree), each statement followed-up with an open question about what changes/actions the parent intends to take as a result of the training programme.

3.38 The first statement was, *'The training has given me strategies to help me deal with family situations and relationships.'* **Over 90%** of respondents **'strongly agreed' or 'agreed'** with this statement (with nobody in disagreement), as indicated in the graph below.



3.39 In terms of strategies that parents were planning on utilising at home within family situations and relationships, a number were noted, including:

'Taking a calmer approach.'

'Being more patient through better understanding of my child.'

'Being reflective and more open with communication.'

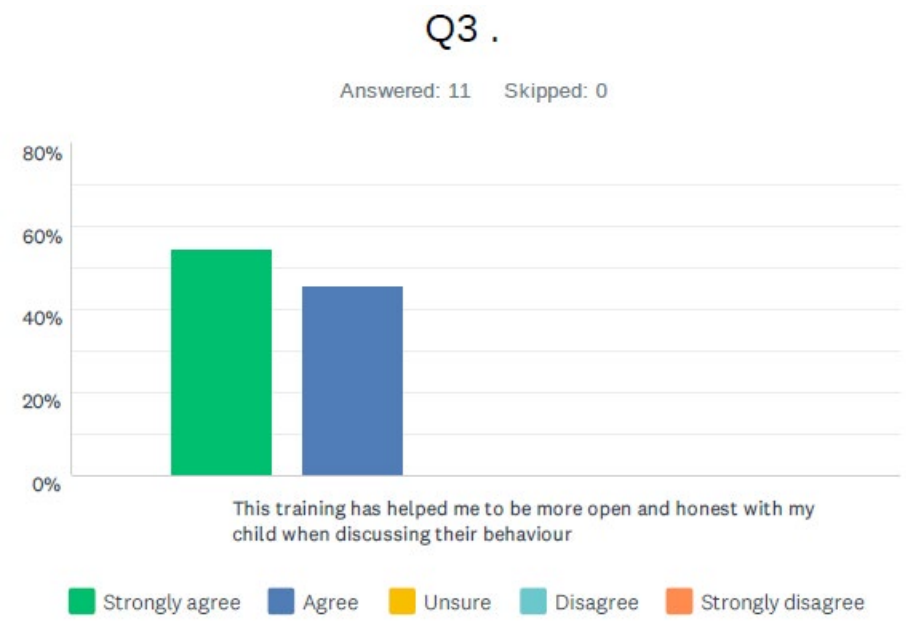
'Not being so judgemental in dealing with the issues faced.'

'Letting go of the small stuff.'

'Having more empathy and understanding.'

'Picking my battles carefully.'

3.40 The second statement was, *'This training has helped me to be more open and honest with my child when discussing their behaviour.'* **100%** of respondents **'strongly agreed' or 'agreed'** with this statement, as indicated in the graph below.



3.41 In terms of approaches that parents were planning on doing (post-training) when discussing their child's behaviour, a number were noted, including:

'We intend to buy a kitbag to use at home.[7]*'*

'Show tolerance and give more support to maintain my child's behaviour.'

'Try and take a step back and reflect.'

'I now ask him why he thinks he is doing what he is doing.'

[7] 'Kit bags' are tools used within the social skills settings with things like a talking stick and finger puppets included to aid communication.

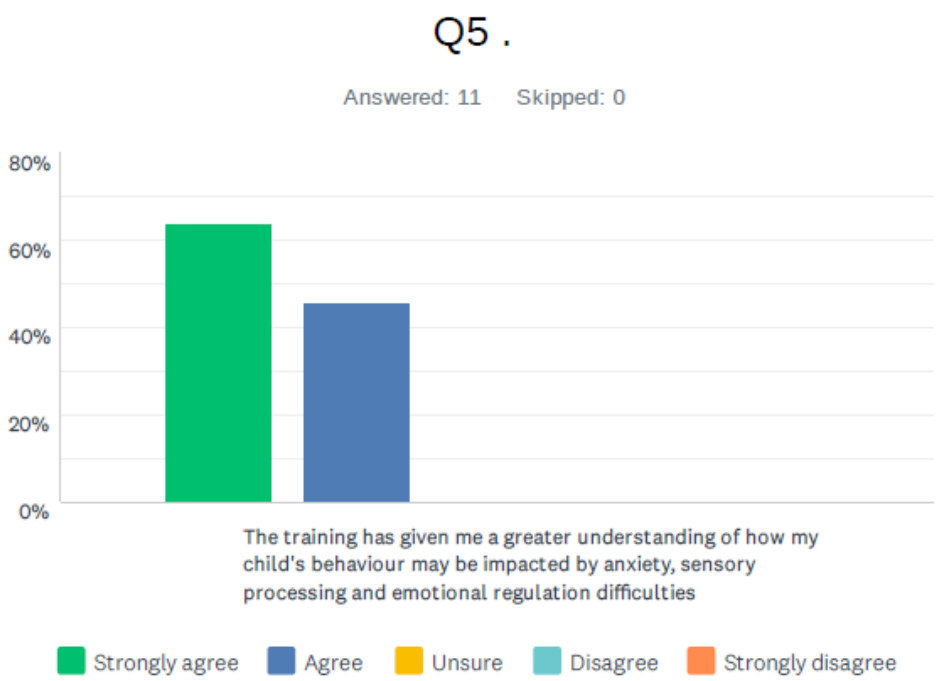
'Empathise, Support, Act as a detective and ask questions about what my child finds difficult to understand because of behaviour, rather than behaviour itself.'

'Allow my child to be involved in finding their own solutions.'

'Seek positives as much as possible.'

'Focus on their good behaviour and offer praise for it to help boost self-esteem.'

3.42 The third statement was, *'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.'* Again, **100%** of respondents **'strongly agreed' or 'agreed'** with this statement, as indicated in the graph below.



3.43 In terms of approaches that parents were planning on doing (post-training) to understand their child's behaviour and how this may be impacted by anxiety, sensory processing and emotional regulation difficulties, a number were noted, including:

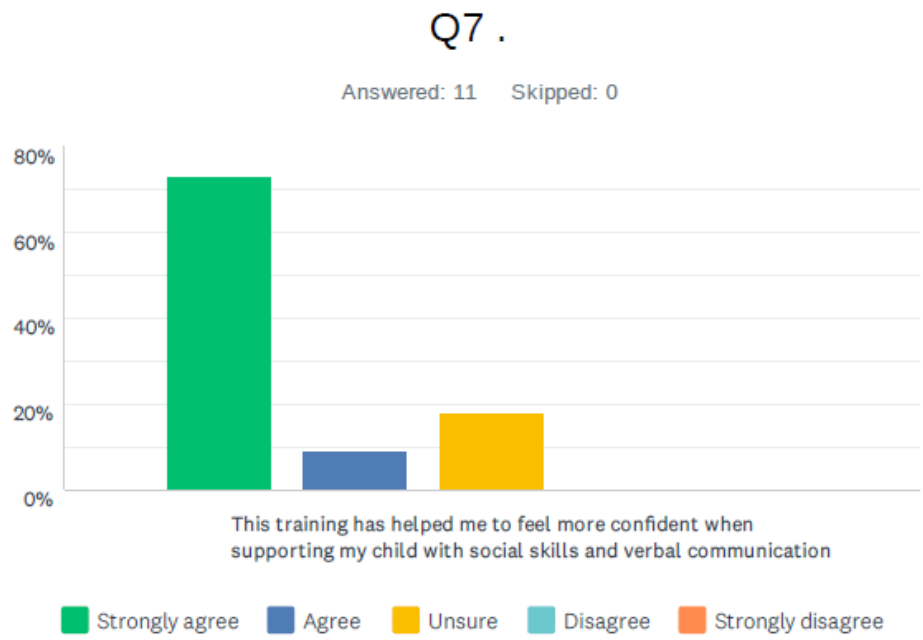
'Now I have a better understanding about my daughter, I now understand how her behaviour might be impacting her mood and try to help her by discussing any issues she might be worried about.'

'Try to help my child identify emotions. Try to understand what thoughts might be contributing to these emotions. Understand my emotions better as well.'

'I've bought a weighted blanket and will look at reducing/understanding anxieties. I will liaise with school to support with anxieties and sensory issues.'

'I will speak to the school about my child's sensory issues. I haven't wanted to be that parent who picks up on everything, but I realise it is to the detriment of my own child who has sensory issues.'

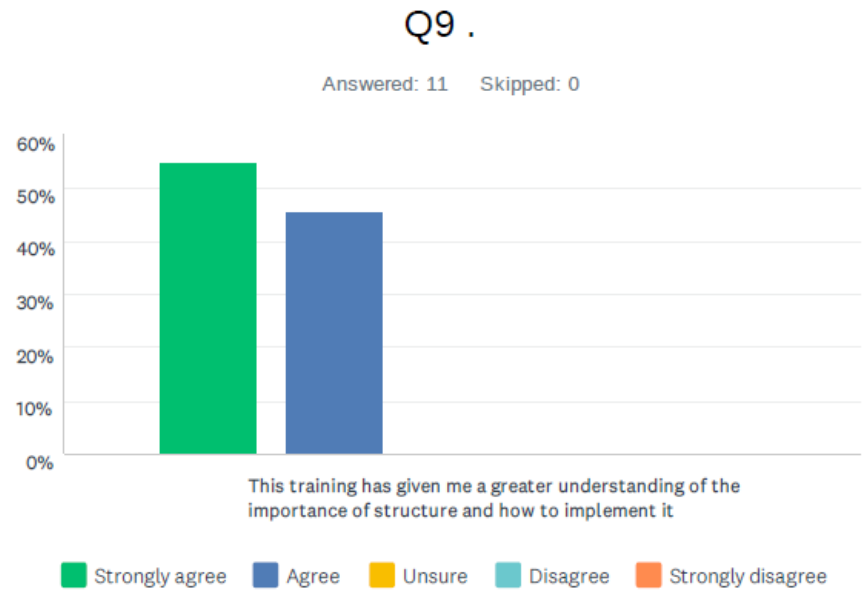
3.44 The fourth statement was, *'This training has helped me to feel more confident when supporting my child with social skills and verbal communication.'* **92%** of respondents **'strongly agreed' or 'agreed'** with this statement (with no parent in disagreement), as indicated in the graph below.



3.45 In terms of approaches that parents were planning on doing (post-training) to support their child with social skills and verbal communication, a number were noted, including:

> *'The strategies used with the kitbag are excellent and we will continue to use these at home.'*
>
> *'Talk to her about how she feels and reassure and comfort her and listen to her more.'*
>
> *'Keep communications open. I feel more confident overall of my understanding in social skills.'*
>
> *'I speak to him more often about how he feels.'*
>
> *'Encourage to attend ADHD support group.'*
>
> *'Use social stories. Discuss emotions and identify words to describe the emotion and appropriate actions.'*

3.46 The fifth and final statement was, *'This training has given me a greater understanding of the importance of structure and how to implement it.'* **100%** of respondents **'strongly agreed' or 'agreed'** with this statement, as indicated in the graph below.



3.47 In terms of approaches that parents were planning on doing (post-training) to with regard to implementing structure, a number were noted, including:

'Allow and plan for when structure/routine needs to change.'

'We have structure in place and if it changes, we now discuss this with him.'

'Try to support with tasks e.g., offer to help/breakdown into chunks. However, this is difficult as she usually refuses any help. We will then use visuals and lists.'

'Use a whiteboard and discuss daily/weekly plans/schedule.'

'Continue to speak about the day in advance and plan for known event well in advance of going to be able to answer any questions.'

'Having a better understanding helps me to implement ways to help [name]. We can look at different levels of things to do with [name] and to keep that line of structure ticking over. Finding ways to help [name] become happier.'

3.48 Parents were asked to note the most important parts of the training. A number of consistent themes emerged for the responses, centring around **better understanding, recognising you're not alone, and accepting and offering more support for both themselves and their children**:

'Understanding ADHD Understanding my daughter Understanding myself.'

'Knowing that other people are dealing with what we deal with. Having strategies to put in place as a result of a better understanding of the condition.'

'Feeling not alone.'

'Meeting other parents - watching my child enjoy a social club and be himself for a few hours in a social space without judgement. Knowing of agencies available for support.'

'Connecting with other parents. Understanding what leads up to the angry outbursts. Learning the importance of building the child's self-esteem.'

3.49 Finally, parents were offered the opportunity to make any other comments about the training programme they had completed. **Six** parents took the opportunity to **express gratitude and thanks** for the training:

> *'The course has been excellent.'*
>
> *'It was fun, informative, worthwhile and helped give me confidence in myself and in my daughter and dealing with her.'*
>
> *'I thoroughly enjoyed this training course as did my daughter. I have also been able to talk with other families.'*
>
> *'It was very insightful into the difficulties faced by the young people and the parents.'*
>
> *'Thank you. Really enjoyed it. Would've preferred face to face naturally but trainer was great at bringing us together and involving us.'*
>
> *'This course was very worthwhile. My child was sad to end it but got so much out of it in the short space of time. It was nice to see that he opened up about his feelings and how he views his ADHD as he won't talk about it at home.'*

C. Findings from training courses run with children and young people

3.50 Various discussions took place with the ADHD Support Group and the two trainers who were going to facilitate the children and young people's sessions, in order to develop a bespoke approach to this part of the evaluation. Clearly, completing detailed surveys was never going to be appropriate, and given the onset of the global pandemic, it made more sense to allow the trainers to find and develop ways to capture the thoughts and feelings of the children and young people in more creative ways. This has led to a substantial mosaic of evidence, too much to include in this headline report. We have therefore included examples here but have detailed the full breadth and wealth of evidence in the **Part 2 – Supporting Evidence Report**.

3.51 In total, **6** courses were run for children and young people between January 2020 – February 2021, with a total of **37** participants, of whom almost two-thirds (**24, 65%**) completed the training.

3.52 The evaluation team worked with the trainers to develop bespoke evaluation measures, the starting point of which was to identify a clear set of learning outcomes which then aided in identifying suitable methods for gathering evaluation evidence.

3.53 A copy of the lesson plan for the six-session training programme is included in the **Part 2 – Supporting Evidence report**. An overview of the training content and the identified learning outcomes is provided below:

Table 3.2: Training content and learning outcomes

1	Understanding ADHD and Developing Friendships	• Children will begin to recognise ADHD traits within themselves • Children will begin to feel part of the group
2	Listening skills and Verbal communication	• Children will develop new conversational skills • Children will practice turn taking, • Children will begin to develop skills to self-regulate
3	Communicating through body language	• Children will be more aware of body language within communication • Children will begin to recognise the importance of body language within communication
4	Recognising friendly behaviour	• Children will be able to recognise friendly and unfriendly behaviour in others • Children will be more aware of their own behaviour to others
5	Anger management; Dealing with teasing; and Self-regulation techniques	• Children will begin to understand how they react when they begin to feel angry • Children will work on what they can do to stop their anger getting out of control
6	Cyberspace/ overview of our time together	• Children will have a better understanding of ADHD, and how this affects them in social situations • Children will understand that the group has come to an end • Children will feel confident in using the skills they have learned

3.54 Given the identified learning outcomes above, it was important to identify the best ways of capturing children and young people's feedback on dealing with emotions, communication, and social skills. The two trainers from the ADHD support group found a variety of visual and written methods for doing this, the full suite of which is provided within the **Part 2 – Supporting Evidence report**.

3.55 The two trainers also kept reflective accounts following each session which have evidenced the progress made by children and young people on the training courses, as well as challenges faced by individuals within the group, and possible actions to mitigate said challenges. The structure of the reflective accounts covered the following elements: Learning objectives; Group dynamics; What went well; What could be better; Challenges; Any other comments. It is not possible, for confidentiality purposes, to detail the information provided in these reflective accounts. However, they have all been reviewed by the evaluation team and have provided a significant contribution to our conclusions about the quality and effectiveness of the training programme.

3.56 The two trainers were able, with one of the young people, to discuss in significant details their experience of participating in the training course. This is summarised in the box below and care has been taken to ensure the individual remains anonymous. Following review of the range of evidence and reflections provided by the trainers, we have concluded that this is a typical example of the type of experience young people have from participating in the social skills course, rather than a standalone experience.

Table 3.3 Case Study

"I don't know any people with ADHD so I like this place [training session] *that I can talk and not feel judged. This is a calm place and I feel like I can just talk, and you'll understand…I am trying to work on not falling out with my mum.*

I liked the anger [session] *last week. I think that was really helpful. I've not had an argument with mum the whole week, which is weird…I've learned how to see when I'm getting upset or angry and take myself away to my bedroom, sometimes if I just have a nap now, I wake up feeling a lot less angry…I normally go to my* [sibling] *and get out the house when I'm arguing a lot with my mum.* [My sibling] *was always the person who could calm me down. But now that* [my sibling] *is working offshore I know I can't always go to* [my sibling], *so I need another way to calm down.*

I'm changing the way I normal act to get better. I think I've learned better ways to do this through these social skills…Yesterday people in school and teachers were annoying me and normally I'd blow up, but I walked away from them to calm down by myself.

I have to work really hard to stop myself getting angry, but I've seen the positives from it, like when I don't get really angry at mum. She's been noticing and taking me out for a drive and a McDonalds as a treat.

I'm noticing changes at home because I'm walking away more and letting myself restart. It's not magic, I still need to work on a lot but it's getting easier.

I definitely get on better with my mum and she's able to let me go away and calm myself down now…My anger then goes into sadness once I've calmed down and it's hard to say sorry to mum because I'm sad from what I said/did.

I don't eat for ages after I've exploded. This normally happens like once a week I have a huge meltdown. But I've not had this in the last week.

I feel like I've learned loads about myself and my ADHD with you guys. More than I have in CAMHS. I feel like I can read myself and a situation more now…CAMHS is so negative. You have to wait like 2 years for an appointment and then when you do get one, they sometimes cancel it last minute. They don't actually spend time with you there, they only know your name. But with this I feel like I can rely on this happening at the same time every week. And I know you guys will actually want to listen and help. I feel like I'm at a comfortable stage with you guys. At the start I was shy and didn't want the camera on [Zoom] *or anything but now I know you I enjoy coming on. With CAMHS it was a chore to go but I actually look forward to this."*

3.57 Out of the 24 children and young people joined the social skills course, twelve (12) of them already attended the youth group run by the Dundee and Angus ADHD Support Group, with the remaining twelve (12) being first time referrals into the ADHD Support Group. From the twelve (12) who were new to the ADHD Support Group, seven (7) have joined the waiting list for the youth groups as a result of participating in the training. The remaining five (5) were either considered to be better suited for help from other organisations, or they decided they were not ready for the youth group.

D. Findings from interview with ADHD Support Group staff/trainers

3.58 At the end of the training programme, Figure 8 researchers completed interviews with the trainers of the children/young people and parents/carers training courses, along with an interview with the ADHD Support Group Project Director to discuss their feedback on the training programmes and any lessons learned.

3.59 Discussions with ADHD Support Group staff began with a discussion about their hopes and expectations for the training programmes with professionals, children/young people, and families:

> *'The hopes for the professionals were to give them a better insight into the problems that come around and happen with children with ADHD.'*
>
> *'What the group were hoping to achieve at the end of this was a service that we could provide for children with a diagnosis of ADHD to help and support them get through their academic years and their life as such.'*
>
> *'We've been quietly building ourselves up to be able to provide this service because, unfortunately due to cut-backs, et cetera, then CAMHS aren't in a position to deliver and these are very, very important parts that need to be brought into these families' lives.'*
>
> *'We've got a slide and it's the Four E's - so it's "enable, explore, empower and educate." So, basically, that's what we set out to do…I'm a great believer in education in all forums*

of education. So, for me, that's exactly what it was about. It was about enabling them to look at things in a different light and to have an awareness of the difficulties.'

3.60 The discussion then moved on to explore whether the training programmes were delivered as planned, with particular reference to the impact of the Covid-19 pandemic. General comments made included:

'But the reality is, when you're working with children with ADHD, you have to think on your feet and sometimes the plan goes out the window because you can't follow basically an outcome sort of driven plan, it has to be about the needs of the children. So, I suppose in terms of what I wanted the children to get from it, I think we totally fulfilled it.'

'We were going to look at children who were in the titration period between getting their diagnosis and medication. That didn't really go to plan that well because we were waiting for waiting lists for people getting back to us. A lot of parents at the start said that they were really keen to do it and they wanted to be on the waiting list, but when it actually came to it, they pulled out very last minute…We did have to change for loads of different reasons.'

The initial training courses with professionals were all completed pre-Covid, but only the first set of the children/young people and family courses was delivered pre-Covid. The impact on the ability of the ADHD Support Group to deliver the social skills course once the pandemic had hit was, understandably, highly challenging.

'I think it was going very well to plan until COVID came in and then we had to stop and then we started again then we had to stop, and we've had to do it over Zoom. Again, it's difficult for some of these children with social skills. And I mean as an adult it's difficult to sit on these. I mean we're used to them now but last year at this time, we were all sitting struggling about having to go on and talk for hours and what not, it was difficult…When it came to Zoom calls, that was an entirely different way of presenting and we weren't able to get the figures as much, but the ones that we did get, it's made a difference to.'

'It was obviously slightly different because of COVID, so that kind of hit everybody differently. So, there was a lot of starting and stopping. I would say the main group that we did that was in line with our main goals would have been that first group we did when COVID hadn't really hit yet, and we were still able to be face-to-face and we were able to be in the offices without obviously PPE, without masks on. So, that would have been probably the only realistic one that met our expectations of what it would be like.'

However, despite the challenges presented by the pandemic, opportunities were also noted about the adaptations required as a result of having to move all training online.

'I think COVID was helpful, though, because it highlighted that some children actually prefer video sessions. So, I think going forward we would need to include that because for one of the girls, the girl that actually said about it being better than a CAMHS

appointment, there is no way she would've ever come to the actual group. Just not cool. We'd have completely ruined her street cred, but when she could log on from the comfort of her own room and no one needed to know she was doing it, she actually really, really thought about her anger and started to change things at home. So, I think that would have to be... so in a way, we would never have found that out if it hadn't been for COVID.'

3.61 The ADHD Support Group staff were asked to comment on what worked best about the training programmes. They talked about how professionals were benefiting from enhanced knowledge and time to reflect on how that should be translated into the work environment.

'I would say that teachers are getting a better understanding of ADHD, I do. I think overall the feedback that we're receiving [is that] *they seem to be able to sort the issues out and be able to help and support the families as we're going along...I think the Education Department do have a better understanding of ADHD and I think that helps through what we've been able to deliver to them, to let them see that it's not all bad behaviour and there's reasons for these actions.'*

Staff also noted a number of significant benefits for children, young people, and families as a result of participating in the training.

'I think what's worked best is being able to give the parents a good understanding of ADHD and let them understand why their child's behaving in a manner that they do. I think that's been a very important base. It's also been good listening and seeing the children respond better in a social setting as to what they did when they first come through the door. When it comes to the end, they're a lot more relaxed and we can see that it's made a difference.'

'The workbooks that we... the resources that we were using worked really well.'

'I think we did really well at helping children to see the positives about them and their ADHD because I think sometimes it can be like in school and even at extracurricular activities, they're often told off a lot just because they are hard work. Of course they're hard work but I think it's trying to help them see that it doesn't need to always be a negative.'

'I think we also worked quite well with parents. Although we didn't have much time with them, like there was a couple of children that struggled in groups, so there was sort of like a strategy with the parent before and after which would help him to manage group better because there was a reward at the end if he managed and stuff like that.'

3.62 Staff were also asked to comment on what didn't work so well, and they referred to the stress of having to deliver training in the landscape of significant Covid-related restrictions, as well as the restricted involvement of CAMHS due to the pandemic.

'At times very stressful due to the restrictions. I mean it's been very, very difficult to make these courses work because of the current climate. But do you know what Andy, everybody's done the job that they said that they would do, it's just unfortunate that we weren't able to tick the box of figures that we said we would do.'

'What could have been better is just that unfortunate situation of doing this through COVID, having the restrictions, not having as many kids attend, either because of restrictions, or just because of the speed we went through it, or even just maybe not reaching the same people. We were maybe expecting people like CAMHS to be able to reach out and put those feelers out, but if they're not doing that, we're just almost expecting people to see an advert on Facebook and then to share it and then to come in. So, that was maybe what could change.'

3.63 A range of suggestions were put forward by staff as to how the course could be improved, ranging from delivering more of it outdoors, to having better planning processes and greater access to information about course participants.

'To have it more outdoors… Because I think it's important for children with ADHD to be taught just that little bit differently from others and sitting in a classroom setting, it's shown that it's very, very difficult for them. So yeah, I think I would've liked more outdoor work with them but due to the time of year, that wasn't possible. And then obviously due to the COVID, that's just put everything down on that, but I mean we did speak at one point that if we could've picked the kids up and we could've... I mean you could do the social skills with them outside, you could and that would be good, I would like to see that.'

'I think if I were to do it again, and if it was maybe me who was organising the … admin stuff, I would have maybe spent more time liaising with schools, even doctor practices, GPs and getting those feelers out there from them, that this is something we are wanting to do, and getting them to sow the seed, because it was maybe too fast us approaching some families and saying "yes, you can start this eight weeks social skills course. We start next week", but they don't know us. It would have maybe been better building up that relationship with the families first.'

'In hindsight, going forward, if we could change stuff, I would have more of a relationship with the adults, the parents' classes, and have more relationship with parents.'

'Yeah. I think I would've definitely, not necessarily how the course was run, but I think the preparation stage before we get the children. I think actually like we should've had a lot more knowledge on the child's diagnosis, the medication, when they found out about having ADHD, what do the parents think about ADHD, how is their parenting approach with ADHD, are they traditional parents, are they going with the flow and learning to adapt new parent and... Like I just think once we start to get to know... same with child protection concerns. Has there been child protection concerns? Is there social work involvement? All these things would have been really, really helpful, I think.

3.64 Overall, learning and impact of the training programmes was commented on in a number of ways. Firstly, the observation that having a group of kids together with ADHD in a training session helps them to socialise in an honest and open manner, without feeling judged.

'So, a lot of them did benefit from being in contact with other kids who were similar. So, no matter the lesson plan that we were doing that day, a lot of them did benefit from just being able to talk openly and not feel judged.'

Secondly, staff reflected that a six-to-eight-week course needs to be viewed as just the beginning of a process of learning, which needs to be built upon.

'Six to eight weeks is not enough time for you to make a huge difference or a visible difference in that family and child's life. You're really sowing the seeds and making them aware of things that maybe they do because of their ADHD or things that they can maybe change or think about differently. But in six weeks, you're not going to change somebody's mind and they're going to totally understand a social situation that they didn't understand before. But you are just starting to talk about it.'

Staff also reflected on the benefit to children, young people, and families that the training and support from a group such as the Dundee & Angus ADHD Support Group can have in terms of their engagement with statutory services such as CAMHS.

'I think in terms of the ADHD support group, I mean it's definitely boosted their numbers for youth groups because a lot of the children have wanted to attend youth groups after attending the social skills and I think it's great feedback like that parents and children are saying they're getting more out of it than the CAMHS appointments.'

3.65 Finally, staff were asked to give an overall personal reflection on having been involved in the training programme. A lot of positivity was shared, both in terms of the benefit for training participants but also benefit for the ADHD Support Group as a whole.

'I think it's been an excellent opportunity for us to be able to deliver social skills courses on the level that we've delivered and see the results coming from them, and I think that the workers have done an absolutely excellent job.'

'Yes, I loved doing it. I think it was something new and I think it was something that is not offered. They're not going to get that type of support from a lot of other places. It was very detailed, and even though it was only the six to eight weeks, they still had that support from Sarah doing the family support, and us in the youth group. So, yes, I think it was such a steppingstone for even the ADHD charity, to be able to now go on and better themselves even more and take what we've learnt and adapt it slightly and then have something else in place for after it.'

CHAPTER 4: SUMMARY

4.1 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.

4.2 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.

4.3 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

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

4.5 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 – 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.

4.6 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

4.7 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.

4.8 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

4.9 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).

4.10 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 (see **Table 3.1**).

4.11 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.'*

4.12 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.

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

- 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.

Conclusions

4.14 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.

4.15 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.

4.16 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**.

4.17 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. The detailed case study (see **Table 3.3**) provides great insight into the potential benefits for young people with ADHD participating in the training programme.

4.18 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).